



Telford & Wrekin  
COUNCIL

Addenbrooke House Ironmasters Way Telford TF3 4NT

## CHILDREN & YOUNG PEOPLE SCRUTINY COMMITTEE

Date **Monday, 16 May 2016** Time **6.00pm**

Venue **Madeley Academy, Castlefields Way, Madeley, Telford, TF7 5FB**

### Enquiries Regarding this Agenda:

Democratic Services	Deborah Moseley	01952 383215
Media Enquiries	Corporate Communications	01952 382407
Lead Officer	Fiona Bottrill, Scrutiny Specialist	01952 383113

Committee Membership: Councillors **K R Guy (Chair)**, S Barnes, J A Francis, E J Greenaway, J Jones, J Loveridge, J A Pinter and K L Tomlinson

Co-Optees: Mr A Atkinson, S Rayner and Ms M Ward

## AGENDA

- 1. Apologies for Absence**
- 2. Declarations of Interest**
- 3. Minutes** Appendix A  
To confirm the minutes of the meeting held on 21 July 2015.
- 4. Co-option of Members to the CYP Committee**  
To approve the co-option of:-
  - Lyn Fowler (Newport Town Council representative)
  - Carolyn Healy (The Gorge Parish Council representative)
  - Sue Hudson (Roman Catholic Diocesan Representative); and
  - Sandra Osman, (Primary Heads Forum representative)
- 5. Approval of the Committee's Report: "Everyone's Business: A Scrutiny Review of Multi-Agency Working Against Child Sexual Exploitation"** Appendix B  
To consider and approve the report on multi-agency working against child sexual exploitation.

Following the meeting there will be a performance by Loudmouth Theatre of 'Working for Marcus'. (This performance is not suitable for children under the age of 14.)

## **CHILDREN & YOUNG PEOPLE SCRUTINY COMMITTEE**

### **Minutes of a meeting of the Children & Young People Scrutiny Committee held on Tuesday, 21 July 2015 at 9.30am in the Quaker Room, Meeting Point House, Town Centre, Telford**

**PRESENT:** Councillors S Barnes, E J Greenaway and J A Pinter (Chair for the meeting)

Co-Optees: Mr A Atkinson and Mr S Rayner

**IN ATTENDANCE:** Sharon Conlon, Safeguarding Lead - Adults and Children, South Staffordshire and Shropshire Healthcare NHS Foundation Trust; Emma Feely, Patient Liaison Officer, Shropshire Doctors Co-operative Ltd; Simon Langford, Named Nurse for Safeguarding Children, South Staffordshire and Shropshire Healthcare NHS Foundation Trust and Suzanne Llewellyn, Deputy Chief Crown Prosecutor (West Midlands), Crown Prosecution Service

#### **CYPSC-01 ELECTION OF CHAIR FOR THE MEETING**

**RESOLVED** – that Councillor J Pinter be appointed as Chair for the meeting.

#### **CYPSC-02 ELECTION OF VICE-CHAIR**

In anticipation of the number of formal and informal meetings the review of multi-agency working against Child Sexual Exploitation (CSE) was expected to require over the course of the year, Members considered that it was important to retain some flexibility and agreed that in the absence of the Chair, the practice of appointing a Chair for the meeting should be retained rather than appointing a Vice Chair for the municipal year.

**RESOLVED** – that a Vice-Chair not be appointed.

#### **CYPSC-03 MINUTES**

**RESOLVED** – that the minutes of the meeting of the Children & Young People Scrutiny Committee held on 3 March, 13 March and 16 March 2015 be confirmed and signed by the Chair.

#### **CYPSC-04 APOLOGIES FOR ABSENCE**

Councillors J A Francis, K R Guy (Chair), J Jones, and K L Tomlinson; Ms M Ward (Co-optee); and Mr A Proctor, Head of Safeguarding, West Midlands Ambulance Service.

#### **CYPSC-05 DECLARATIONS OF INTEREST**

None.

**CYPSC-06 SCRUTINY REVIEW OF MULTI AGENCY WORKING AGAINST CHILD SEXUAL EXPLOITATION (CSE)**

The Chair welcomed Members to the first meeting of the municipal year and, as some of the Members were newly elected, invited the Scrutiny Group Specialist to provide background to the review so far. The Scrutiny Group Specialist reminded the Committee of the scope of the review and referred to the minutes included with the agenda paperwork which detailed the events of the previous Inquiry Days. Although the formal Inquiry Days had focussed on policies and procedures, the Committee were reminded to bear in mind the devastating effect this crime had on individuals and their families and, to this end, with the permission of the copyright holder, a clip from the Channel Four documentary “Dispatches – The Hunt for Britain’s Sex Gangs” was played.

(a) To receive evidence from participants in themed groups

**Crown Prosecution Service (CPS)**

The Chair welcomed Suzanne Llewellyn, Deputy Chief Crown Prosecutor (West Midlands) and asked her to introduce herself and explain the role of the CPS in tackling CSE.

Ms Llewellyn advised the Committee that the CPS was the main prosecuting authority in England and Wales. The Police had powers to prosecute some low level crime, such as road traffic offences or some guilty pleas but all other offences, including sexual offences and child sexual exploitation cases, were referred by the Police to the CPS. The CPS was arranged in 13 areas across England and Wales, each headed by a Chief Crown Prosecutor (CCP).

The West Midlands Area, consisting of the counties of Warwickshire, Shropshire, Hereford and Worcester, Staffordshire and the metropolitan area of West Midlands (including the cities of Birmingham, Wolverhampton and Coventry), was headed up by Chief Crown Prosecutor Grace Ononwu OBE with Ms Llewellyn as her Deputy. Following centralisation in the two years previously, the West Midlands area now operated from the main office in Birmingham with a branch in Stoke. The Rape and Sexual Offences (RASO) Unit operated from Birmingham with the support of 14 specialist prosecutors and a number of case workers and administration staff. Every CPS area maintained a RASO Unit, with specific criteria applying to the appointment of its barristers: all must be specialists in the field and received specialist training. The West Midlands Unit had been reviewed to ensure that it was sufficiently staffed with the expertise and resilience to deal with any growing demand this area of business created. All connections with ISVA services had been maintained following the centralisation process. The protocol under which the Unit operated was publicly available on the CPS website. Under the protocol, the CPS strived to provide continuity of advocate to work with the police, victim and witnesses and arrange special measures for victims at court. With regard to the partnership approach, the RASO Manager would meet with the relevant Chief Superintendent early in the proceedings as Child Sexual Exploitation cases could grow very quickly and making a strong case in a proactive way was more conducive to a positive outcome due to the time constraints that would apply.

The Chair asked Ms Llewellyn to clarify the timescales for prosecution. Ms Llewellyn advised this was dependent on the case, following a perpetrator being charged and bailed, where a vulnerable victim was involved the Court would seek to list the case as early as possible, but where the perpetrator remained in custody, the Court would prioritise the case to be heard within 182 days.

Cllr Greenaway asked how many cases of CSE had been prosecuted and the conviction rates in the borough. Ms Llewellyn advised that CSE cut across a number of different offences: rape, child prostitution, sexual assault, grooming and assault and the CPS did not flag or collect specific data on CSE as a result, although the West Midlands area was looking into a local auditing system until a national flag was created. She was able to state that the area was generally successful with prosecutions for sexual offences. In the West Midlands, the conviction rate for rape was generally over 60% and for sexual assault over 80%; both figures were higher than the national average and this performance normally placed the unit in the top 5 of the 13 CPS areas. Ms Llewellyn would provide exact figures following the meeting.

Cllr Greenaway asked about the thresholds for prosecution. Ms Llewellyn advised that this was subject to the Code for Crown Prosecutors, as published on the CPS website, and the policy on Rape and Sexual Offences. Essentially the requirement was that there was a realistic prospect of conviction although the Court standard was obviously higher.

Cllr Greenaway asked if trafficking offences were taken into account. Ms Llewellyn responded that the advocate would look at all the evidence presented by the Police at the charging stage and apply the relevant tests to ensure that they were satisfied of a reasonable prospect of conviction.

Cllr Greenaway asked whether Ms Llewellyn was of the opinion that sufficient legislation existed to prosecute cases of CSE. Ms Llewellyn replied that cases of CSE generally captured offending relating to assault and sexual offences for which a raft of legislation existed. In these cases, it was important to ensure there was sufficient evidence and to support victims and witnesses to engage in the process and go to Court. Mr Rayner queried whether this meant that the Police had a more difficult job to do. Ms Llewellyn answered that it was important for the Police to work with the CPS from the start, and CPS West Midlands encouraged the Forces it worked with to do this. This meant that evidence and lines of inquiry could be examined and a case built around it from the start.

Mr Atkinson stated that he believed there was a difference between whether there was 'sufficient' legislation or 'specific' legislation under which CSE cases could be prosecuted. He felt that in these cases, there would be a search for appropriate legislation which had meant in the past perpetrators may have escaped prosecution. He felt that the term CSE was more commonly used and part of the public consciousness so he questioned whether specific legislation would help? Ms Llewellyn responded that the sexual offences connected to CSE were included in the Sexual Offences Act 2003, Offences Against the Person Act 1861 and various drugs legislation. In order to prove a case, it was important to be specific about the

offence. The Sexual Offences Act 2003 had been extended to fit different scenarios with sentencing reflecting the seriousness of the crime. There were lots of different offences included to meet different scenarios if a case was broken down into elements and, from her legal perspective this was not at all confusing. In fact, such a specific approach supported the CPS in effectively persuading a jury whereas if the legislation was more 'woolly' it would be more difficult to prosecute.

The Scrutiny Group Specialist asked for clarification as to where trafficking legislation sat in the system. Ms Llewellyn advised that it was a separate section of the Sexual Offences Act. In order to clarify this point further, she advised that most cases of CSE included a number of offences, eg drugs, trafficking and sexual offences. When the CPS took a case to the Crown Court in order to get an indictment, the advocate would explain the case to the jury in story form to support each count. So the first count may be grooming which would start the case ('story'), followed by a move onto drugs offences (the second count) and then the third count of sexual assault followed by a fourth count of exploitation. The case ('story') would be built chronologically and the jury had a copy of the case. This approach meant that it was possible for the jury to convict on some or all of the parts of the case. If there was a single offence of "child sexual exploitation" this breakdown and conviction in parts would not be possible which may affect conviction rates.

Cllrs Greenaway and Pinter noted that the Sexual Offences Act was now over ten years old and asked Ms Llewellyn if she considered it should be reviewed to incorporate crimes which utilised more modern technology. Ms Llewellyn did not have a personal view but she stated that legislation was regularly reviewed to ensure that it was a good fit for the modern society. She repeated her view that there was enough legislation to deal with the criminal scenarios presented by CSE cases.

Clarification was sought as to how the CPS West Midlands worked with the local Police when they were based in Birmingham. Ms Llewellyn repeated that the Birmingham branch worked with all Forces across the region. If there was a case of CSE in Telford, the expectation would be that the local Police Force would let the CPS know and a case worker would be allocated to the case.

The Scrutiny Group Specialist asked Ms Llewellyn to comment on how well she considered partner organisations were working together, including the Local Authority and health organisations, and particularly if all organisations were able to provide the relevant evidence when the police were building a case. Ms Llewellyn commented that the Police was the lead partner which the CPS worked with closely, however, in cases of CSE there would be some educational and medical witness evidence required. This could often be good corroborative evidence and the Police would be tasked to check this out. A protocol existed with third parties to make disclosure of relevant information before charging. Educational and medical evidence could potentially make a stronger and more complete case which could result in a guilty plea instead of a trial. At the point of charging, there were steps in place for the police to work with schools and families to see what was proportionate in terms of witness protection and bail conditions.

Mr Rayner asked how the CPS shared learning from CSE cases across all Force areas. Ms Llewellyn replied that a factor in centralisation of the CPS had been to

facilitate sharing good practice and learning. A monthly review of failed cases was undertaken to ascertain any points of learning and the Police were offered training and sharing of lessons learned. Learning was also shared via the regional RASO Forum. Mr Rayner asked Ms Llewellyn whether the performance of West Mercia and West Midlands Police Forces was on a par and Ms Llewellyn considered that both forces worked well but she was unable to comment specifically on CSE cases.

Cllr Pinter noted that the CPS did not keep records specific to CSE and asked if this system was likely to change. Ms Llewellyn pointed out that the rape conviction rate, which included CSE cases, was high. She noted that the percentage of unsuccessful cases did not necessarily mean that a case had been lost since there were other reasons a case could fail, eg the victim did not attend Court or the defendant died before the trial.

Cllr Pinter noted that a characteristic of CSE cases was that victims were groomed to the extent that they did not realise they were victims. She asked how this impacted prosecution. Ms Llewellyn advised that, quite often, in giving evidence, a child would say that they had told someone, perhaps a teacher or parent about a specific event, such as thinking they were pregnant or that they missed a period of schooling as result of what they were going through, which could then be corroborated or assist in demonstrating a pattern of behaviour.

In response to a question by Cllr Barnes, Ms Llewellyn advised that data on rape and sexual offences was not broken down to show child victims, since a key question would be how far the breakdown should go towards identifying familial abuse or grooming by gangs or individuals. Ms Llewellyn also confirmed that, in CPS terms, a child was someone under the age of 18.

Mr Rayner asked how the CPS worked to support and prepare victims and witnesses for the court process. Ms Llewellyn advised that she had not been involved in the Operation Chalice trials but generally there was an emphasis in the CPS towards improving victim experience. Training opportunities were available to ensure that victims were not stereotyped and that victim behaviour was more clearly understood. CPS Policy was to ensure continuity of advocate - a person who was linked to the Witness Care Unit and was responsible for ensuring the proper care of victims and witnesses. Ground Rules Hearings allowed for the best way to communicate with and receive the best evidence from vulnerable victims to be discussed prior to trial. Engagement with victims and witnesses before trial had traditionally been sensitive due to the perceived fine line between keeping a victim informed and coaching a witness; the report on public consultation on the draft CPS Guidance on Speaking to Witnesses at Court was due for publication in the near future. Ms Llewellyn also referred to special measures, such as giving evidence by video/TV link and noted that in West Midlands and Staffordshire, evidence could be given from specialist rooms rather than the victim entering Court.

Cllr Greenaway noted one element of successful prosecution was a strong witness and questioned whether there was any potential to roll out pilots which allowed cross-examination by video link. Ms Llewellyn responded that evidence could be taken by video and played in Court and cross-examination undertaken by TV link. There was currently no provision for pre-recorded cross-examination. Cllr

Greenaway pressed the point that pre-recording may enhance a victim or witness's ability to provide their best evidence. Ms Llewellyn did not dispute this and noted this was an element of the public consultation on Speaking to Witnesses at Court. Advocates were trained to meet with victims and witnesses prior to trial to discuss what would happen and ensure that any special measures, such as arranging to give evidence by video link, were discussed. When the Police provide pre-charging advice to the CPS, they are also asked to give information about any special measures vulnerable victims may require which was followed by a separate needs assessment undertaken by the Witness Care Unit to ensure that the right special measures were sought.

Mr Atkinson asked whether the CPS had a role to play in educating the public about child sexual exploitation. Ms Llewellyn considered that in the wider sense, there was a role for the CPS. She referred to the CPS website which regularly published success stories in the RASO Unit, although these may not relate solely to CSE. Members of the public were invited to attend the Violence and Women and Girls (VAWG) Scrutiny Panel and the key messages were disseminated to the public. Conferences with the Police and Crime Commissioner about Female Genital Mutilation had taken place and were available to health authorities and schools. Outreach took place via community events and speeches to conferences and universities were frequent. Ms Llewellyn personally worked with ISVAs at Worcester University.

Cllr Greenaway welcomed the VAWG Scrutiny Panel asked CSE came under this umbrella or whether it should be subject to a separate Scrutiny Panel? Ms Llewellyn advised that the Scrutiny Panel considered a mixture of cases which were chosen at random six weeks in advance. The Scrutiny Panel had improved transparency.

Cllr Greenaway noted that boys were also victims of CSE and asked if figures were available on the number of cases but Ms Llewellyn advised that there were no specific figures relating to CSE but data on rape and sexual offences could be provided.

The Scrutiny Group Specialist noted that as part of the response to the public consultation on the terms of reference for this Review, questions were raised about how organisations learn from the experience of victims and their families. Ms Llewellyn indicated that the CPS had engaged in this way and that a victim had provided information regarding their experience and shared their perspectives. This had been a very valuable experience Ms Llewellyn would not rule out doing this as it had been very interesting. She noted that victims' perceptions were not always obvious to professionals. The Witness Care Unit also undertook surveys with victims after Court.

Mr Atkinson drew questioning to a close by asking what one thing Ms Llewellyn would change if there were no obstacles. She stated that she would want to ensure that everything possible was done to stop CSE happening.

*The Chair thanked Ms Llewellyn for her contribution and the meeting adjourned at 10.45am and reconvened at 10.53am.*

## Health

The Chair welcomed those attending the meeting to provide evidence to the Committee. She asked those attending to introduce themselves and the role of their organisation in tackling CSE.

Ms E Feely introduced herself as the recently appointed Patient Liaison Officer and Clinical Risk Manager at Shropshire Doctors Co-operative Ltd (known as ShropDoc). Part of her role was to deal with safeguarding referrals on behalf of the Medical Director. Shropdoc provided services from nine bases located around Shropshire, Telford and Wrekin and Powys: Brecon, Bridgnorth, Llandrindod Wells, Ludlow, Newtown, Oswestry, Shrewsbury, Telford, Welshpool and Whitchurch. Currently working with over 300 doctors and 200 nurses dealing with over 200,000 calls per year, Shropdoc provided urgent medical services for patients when their GP surgery was closed and also routine referrals to hospital, oncology palliative care, GP reception cover during staff training, physiotherapy triage and out of hours medical services to HM Prisons and MOD facilities. Ms Feely advised the Committee that Shropdoc provided annual robust safeguarding training for staff and referred to the “missed contact” procedure wherein follow-up would be made with patients who failed to attend appointments, particularly when a child was involved. She advised that the service had a robust drug prescription protocol and kept detailed notes as a matter of course. Although she was new to the role, she had already supported the provision of evidence in a rape case. The Scrutiny Group Specialist advised the Committee that Ms Feely had stepped in to attend the meeting at very short notice.

From the South Staffordshire and Shropshire Healthcare NHS Foundation Trust (“the Trust”), Ms S Conlon introduced herself as the Safeguarding Lead for Adults and Children and Mr S Langford indicated that he was the Named Nurse for Safeguarding Children. Ms Conlon advised that whilst the Trust provided mental health, learning disability and specialist children’s services across South Staffordshire, no children’s services were provided in Shropshire or Telford & Wrekin. She indicated that the Trust turnover was £179 million per year. The Trust was a member of the Local Safeguarding Children Board (LSCB) and had signed up to the board’s multi-agency policies and procedures, of which CSE was a priority. Mr Langford indicated that his responsibilities centred on raising awareness of safeguarding children issues across the organisation, which involved face-to-face supervision as well as running a telephone support service for all staff and deciding upon what action to take in safeguarding cases. An important part of the role was the provision of education and training for staff to keep them up-to-date.

Cllr Greenaway asked the representatives how well they thought organisations were working together and who their main partners were.

Ms Feely advised that Shropdoc aimed to keep safeguarding procedures simple to ensure that they were easy to follow for staff. Therefore, safeguarding referrals would generally be made to 999 in an emergency or to the relevant Local Authority. Shropdoc’s duty of care would over-ride data protection concerns in the event a referral was required and patients were always made aware that Shropdoc centres were “safe place” bases providing a haven for vulnerable individuals whilst emergency services were awaited.

Ms Conlon repeated the Trust's status as a member of the LSCB which led to co-ordination with other local agencies. Partner agencies were able to undertake checks with the Trust as to whether individuals were known to them. The role was very much to identify vulnerable children and ensure referral was made as appropriate. A robust system of referral was in place and all referrals were tracked to their final outcome.

Cllr Greenaway asked whether the Trust had seen a rise in disclosure of historic sexual abuse among adult patients. Ms Conlon responded that the Trust did not capture data in a way that would allow her to answer this question. However, she was aware that disclosures were possible and staff contacted herself or Mr Langford for further advice. Mr Langford added that although the Trust did not provide children's services locally, it was always possible that staff dealing with adults may become aware of issues connected to child protection, for instance if there were concerns regarding a patient's capacity to parent or if a CSE victim transitioned to adult services and disclosed details of further perpetrators and it was important that the Trust had robust procedures in place to share intelligence with the Police.

Mr Rayner asked whether health organisations were advised of the outcome of safeguarding referrals. Mr Langford advised that the Trust had a threshold document to guide staff on cases when it was believed children were in need of protection. When referrals were made to the Local Authority in accordance with that guidance, it was up to the Local Authority to decide if the information met their own thresholds. This information was then fed back to the practitioner making the referral. Ms Conlon added that part of her role was to monitor all referral activity but at the moment no feedback loop existed to record outcomes and she acknowledged that it would be useful to monitor this data. Mr Rayner asked whether any mechanisms for appeal existed if organisations were unhappy with the response following a referral. Ms Conlon advised that escalation policies existed and she had been involved in such cases. Mr Langford advised that the number of escalated cases generally remained static.

The Scrutiny Group Specialist asked Ms Feely to confirm whether Shropdoc updated a patient's GP when safeguarding referrals were made. Ms Feely responded that Shropdoc were not designated doctors and therefore there was a duty to share information; this occurred automatically through a shared software system which pushed information through to relevant surgeries. The child protection system flagged individuals who were at risk so that call handlers were immediately made aware of vulnerable children. This had recently proved invaluable when the Police were notified of concerns following a missed contact.

Mr Atkinson asked how organisations made sure that the organisation itself, not just individual staff, continued learning in this field. Ms Feely responded that a lot of information was recorded and learning protocols existed wherein outcomes were reported on in order to continually learn and develop policies and disseminate information throughout the organisation. Ms Conlon referred to good working relationships with partners and the need to give assurances to the Trust Board. It was important that the organisation supported and educated frontline staff.

The Scrutiny Group Specialist noted that support for victims of CSE and their families may be ongoing and asked for more information about how the Trust responded to issues as victims transitioned into adulthood. Ms Conlon advised that patients were referred to Trust services by their GP. It was acknowledged that the impact of CSE did not stop at age 18 and there were implications into adulthood, therefore, all information on CSE was extended to the Trust's adult workforce as practitioners may come into contact with victims during the course of their work.

Referring back to the evidence given by the CPS, the Scrutiny Group Specialist asked whether the Trust had any experience of providing evidence in Court cases and how the representatives felt that process had worked. Ms Conlon advised that the Trust had not been involved in CSE cases but if they had, the safeguarding process would be no different than that for neglect or abuse and she would be responsible for supporting the Police on behalf of the Trust. A big focus of her role was on prevention, identification and educating the workforce and support agencies.

Mr Atkinson noted that although the term CSE was commonplace, it was not a specific offence in terms of the law. He asked the health representatives for their thoughts on whether it would be more helpful if specific legislation existed. Ms Conlon advised that in her opinion child sexual exploitation fell within the general scope of child abuse and even if the term was recognised in law, it would not alter Trust practices. Ms Feely stated that Shropdoc sought to keep its child protection procedures simple and any complications would not be welcomed. To this end, she agreed that CSE fell within the scope of current practice on child abuse and neglect and it was for other organisations with appropriate expertise to decide whether referred cases constituted exploitation.

Cllr Greenaway asked how health professionals provided long term support for victims post-prosecution. Ms Conlon repeated that the Trust did not provide child services in Telford & Wrekin, but in general support would be dependent on individual needs. Cllr Greenaway asked if there was a standard process for victims requiring ongoing support. Ms Conlon indicated that following identification of a victim, the Local Authority would make a referral to Child & Adolescent Mental Health Services (CAMHS) if appropriate although it was acknowledged that support may not be required until later. Support was not prescriptive as everyone's needs differed. The emotional wellbeing of families would be assessed through the normal avenues by the Local Authority.

Noting that one aspect of Mr Langford's role was to provide training, Cllr Pinter asked him to expand on this element of his role. Mr Langford advised that the approach varied depending on the level of contact practitioners had with children and families. Training for those with low level contact was provided online but those with higher level contact received face to face training. Update training also referenced CSE. Cllr Pinter asked whether new staff received training on CSE and Ms Conlon confirmed that training was provided as part of the induction process.

Mr Rayner noted that the Trust worked across a number of Local Authority areas and asked about the representatives' perception of local services. Ms Conlon stated that CSE was a national issue; she sat on a number of LSCBs and she considered that

the activities and actions of each were all very similar. The Trust had greater involvement in Staffordshire due to the nature of services provided but felt that the level of interaction by agencies was similar. She could not comment on comparison of the expertise of agencies as she was more exposed to services in South Staffordshire.

Cllr Pinter concluded the debate by asking the representatives if there were any questions which the Committee should explore with the other organisations involved in the review. Ms Feely said that there were no issues that she could think of at that time and Ms Conlon suggested the Committee could explore issues around the transition from child to adult services and coordination by the Police at the point of referral.

The Chair thanked the representatives for attending and the Scrutiny Group Specialist reminded them that the next stage of the review involved the Committee meeting with frontline staff and, if any questions were raised as a result of those inquiries, it may be that further responses would be sought from the representatives.

(b) To agree the next steps in the review;

The Scrutiny Group Specialist reminded the Committee that this in depth review would be likely to take the remainder of the municipal year due to the level of triangulation required and that the work programme had been cleared to accommodate this. Following the election, the Committee was requested to consider and confirm the membership of the Review Working Group. It was **AGREED** that Councillors Barnes, Greenaway and Pinter would join Councillor Guy and Ms Ward on the Review Working Group. The Scrutiny Group Specialist would check with the Members who had been unable to attend this meeting whether they wished to take part.

(c) To make any interim recommendations considered necessary.

The Committee considered that the evidence received had further set the scene for the following steps in the review and that no recommendations were required at this stage.

## **CYPSC-07 CHAIR'S UPDATE**

In the absence of Councillor Guy, the Scrutiny Group Specialist advised that all Members were encouraged to complete the Ollie training module and the Committee were asked to promote this learning among respective political groups. Councillor Greenaway asked for the link to the PACE/Virtual Learning College training for parents to be re-circulated.

The Scrutiny Group Specialist noted that the Chair had attended a theatre production at Lawley Primary School with the aim of increasing awareness around the dangers of sexting. She would ask the Chair to report on this by email.

A number of Members expressed concern regarding recent media reports that several secondary schools across the borough had been placed into special

measures. Members were of the view that it was important that the Committee understood what the governance and support arrangements are in place for schools in special measures, what issues needed to be addresses at these schools, what the role of the School Improvement Team is for schools that are judged to be in Special Measures, and what assurance can be provided about the performance of other schools across the Borough.

Some discussion took place into how this could be accommodated within the resources available as a result of the prioritisation of the CSE Review, including inviting Committee Members to a holding to account session by the Scrutiny Management Board with the Cabinet Member for Children and Young People or holding an informal Member-led meeting. The Scrutiny Group Specialist agreed to pass the Committee's concerns to the Chair and seek his view on the most appropriate way forward.

The meeting ended at 11.55am

**Chairman:** .....

**Date:** .....

**TELFORD & WREKIN COUNCIL**

**CHILDREN AND YOUNG PEOPLE'S SCRUTINY COMMITTEE**

**16 MAY 2016**

**SCRUTINY REPORT ON MULTI-AGENCY WORKING AGAINST CHILD  
SEXUAL EXPLOITATION**

**REPORT OF SCRUTINY SPECIALIST**

**1.0 PURPOSE**

- 1.1 To approve the scrutiny report on multi-agency working against child sexual exploitation (CSE).

**2.0 RECOMMENDATIONS**

- 2.1 That the Committee approves the scrutiny report attached on multi-agency working against CSE.

**3.0 PREVIOUS MINUTES**

- 3.1 CYP SC – 4 November 2014  
CYP SC – 3 March 2015  
CYP SC – 13 March 2015  
CYP SC – 16 March 2015  
CYP SC – 21 July 2015

**4.0 BACKGROUND INFORMATION**

- 4.1 The Children and Young People's Scrutiny Committee agreed to undertake a review on Child Sexual Exploitation (CSE) at the Committee meeting held on 4<sup>th</sup> November 2014. Following consultation on the terms of reference it was agreed that the review would focus on the question 'How well are organisations in Telford and Wrekin working together to prevent CSE, protect and support victims and their families and prosecute perpetrators?'

## **5.0 REPORT AND RECOMENDATIONS**

- 5.1 The report attached sets out the work carried out by the Children and Young People's Scrutiny Committee and the range of individuals, groups and organisations that were involved in the review. The recommendations are set out on pages 67 – 81 of the report attached.
- 5.2 The Local Safeguarding Children's Board will consider the recommendations and the full response will be considered by the Council's Cabinet.

## **6.0 EQUAL OPPORTUNITIES**

- 6.1 The review has considered implications for different groups regarding CSE including the age of the children / young people involved, the needs of adult victims / survivors of CSE, some faith communities and children and young people with disabilities.

## **7.0 ENVIRONMENTAL IMPACT**

- 7.1 There are no specific environmental impacts arising from this report.

## **8.0 LEGAL COMMENT**

- 8.1 The Council is under a legal requirement to provide an overview and scrutiny function in accordance with provisions at section 9 of the Local Government Act 2000 (as amended) and associated legislation. Government guidance states that Overview and Scrutiny Committees should have flexibility to determine most of their work plan. Paragraph 4.1 demonstrates the actions taken by this Committee in accordance with those requirements and provisions.
- 8.2 The report makes reference to a number of provisions where there are legal implications for the Council such as the information sharing protocol with the police (page 41 of the attached report), the Council need to ensure that those procedures comply with appropriate legislation and guidance. It is also the case that statutory requirements must be adhered to when ensuring that the recommendations in the attached report are being implemented (again, the use of personal data is a key area here).
- 8.3 The recommendations in the attached report have an impact upon a wide range of agencies. Those that relate specifically to matters within the Council's control can be considered by Cabinet and, if accepted, can be put forward for implementation. This Committee can/may wish to arrange for a date to review the progress on any recommendations at a future date.

## **9.0. LINKS WITH CORPORATE PRIORITIES**

- 9.1 The Scrutiny review on multi-agency working against child sexual exploitation contributes to the corporate priorities to put our children and young people first, to protect and support our vulnerable children and adults and to improve the health and wellbeing of our communities.

## **10.0 OPPORTUNITIES AND RISKS**

- 10.1 The recommendations set out in the report provide an opportunity to further develop services and raise awareness to prevent CSE, support and protect victims and their families and prosecute perpetrators.

## **11.0 FINANCIAL IMPLICATIONS**

- 11.1 There will be financial implications arising from the recommendations in this report, some of which may be significant, both for the Council and its partner organisations.
- 11.2 The Local Safeguarding Children's Board and the Cabinet will need to examine in more detail the specific resource implications, taking into account the delivery options and proposed timescales for implementation, arising from each of the recommendations as they consider their responses to the Committee in relation to this report .

## **12.0 WARD IMPLICATIONS**

- 12.1 There are no specific ward implications resulting from the recommendations in the report.

## **13.0 BACKGROUND PAPERS**

- 13.1 Background documents are set out in pages 89-100 of the report attached.



Addenbrooke House Ironmasters Way Telford TF3 4NT

## **Everyone's Business**

### **Scrutiny Review of Multi-Agency Working Against Child Sexual Exploitation**

#### **Report of Telford & Wrekin Council's Children and Young People Scrutiny Committee**

**May 2016**



# Contents

---

Foreword.....	4
What is Child Sexual Exploitation? .....	6
What is Grooming?.....	7
Who is at risk?.....	8
Who are the perpetrators?.....	8
CSE in Telford & Wrekin .....	10
Experts by experience: views of victims and survivors .....	12
Voices of experience: views of family members of victims and survivors.....	15
Views of Children and Young People .....	17
Findings: The Scale of Abuse .....	23
Police Data.....	23
Referrals to the Council’s Family Connect Service .....	25
Other Data.....	27
Findings: Prevention – Raising Awareness .....	29
As part of the Tackling Child Sexual Exploitation Action Plan, the government will also be funding a new communications campaign to encourage members of the public to recognise and report child abuse and neglect.....	30
Children and Young People.....	30
Parents and Families.....	31
Local Communities.....	33
Organisations .....	34
Perpetrators.....	35
Online Safety.....	36
Findings: Information Sharing .....	37
Prevention .....	37
Protection and Support.....	37
Post-Prosecution .....	42
Findings: Protection and Support .....	44
CATE/CSE Care Pathway .....	44
Therapeutic Support.....	45
Sexual Health .....	48
Findings: Disruption .....	49
West Mercia Police.....	49
Licensing.....	49

Taxi Licensing .....	50
Other licensing issues .....	52
Findings: Prosecution.....	54
Legislation .....	54
Building the Case .....	55
Conviction Rates .....	56
Lessons Learnt.....	56
Sentencing and Release from Prison .....	57
Findings: Capacity and Resources.....	59
CATE Team.....	59
Police and Police & Community Support Officers (PCSOs) .....	60
Licensing.....	61
Sexual Health Services .....	61
Counselling and Therapeutic Services.....	63
General Practice.....	64
Conclusion .....	65
Recommendations .....	68
Who to contact for help if you are concerned about the welfare of a child or young person.	83
Acknowledgements.....	84
Members of the Committee .....	84
Witnesses.....	84
Appendix 1: Terms of Reference.....	87
Appendix 2: Summary Report for Young People .....	92
Appendix 3: What is Scrutiny? .....	95
Appendix 4: Local Safeguarding Children’s Board .....	96
Appendix 5: Suggested Reading .....	98

# Foreword

---

Working on this scrutiny review has been a learning process for all the members of the Children and Young People Scrutiny Committee. We were not experts in this area – and this was the point – our job was to talk to people who did know about child sexual exploitation (CSE) and then to ask the questions that we think the people of Telford and Wrekin would want to know. After we consulted on the scope of the review, we set ourselves the question ‘How well are organisations in Telford and Wrekin working together to prevent CSE, protect and support victims and their families and prosecute perpetrators?’



I would like to thank everyone who contributed to this work, but I particularly want to thank the victims and survivors of CSE and their families who gave us their views. This has been the most profoundly moving and inspiring part of this review; that people, who have experienced or seen their children become a victim of horrific abuse, have the courage to tell us what they think about the support and protection they received and how services can be improved.

It has taken just over 18 months to meticulously complete this work and during this time several national reports and inquiries have been published into CSE in other areas of the country. CSE is now correctly recognised as an emerging national issue, a priority for policing across the country and reflected by the College of Policing incorporating this area into their Protecting Vulnerable People training and awareness. In our report, we set out the roles that different organisations have to tackle CSE but we also learned that we all have a role in tackling CSE, as CSE is everyone’s business. We have concluded that based on the evidence presented to us, organisations in Telford and Wrekin are working well together to respond to known cases of CSE. Accordingly we would like to highlight the work of the CATE team, the West Mercia Police force, the development of the CSE pathway and the Family Connect service as key to demonstrating a joined up approach across the key organisations in the Borough. We have heard that organisations recognise that CSE is a national problem that affects Telford and Wrekin, that they are sharing information and training staff appropriately. Conversely, we also heard that there are people who have been affected by CSE who have not sought support and that people who have reported abuse have not always received the support they needed. These concerns have been raised with the appropriate organisations as soon as they were brought to the committee’s attention and, alongside the Local Safeguarding Children’s Board, we will monitor and scrutinise each organisation’s responses.

Our recommendations are set out at the end of the report and make a range of suggestions about how organisations can improve the way they work but also how we all have a responsibility to stop CSE happening in the first place. Perpetrators of CSE exploit the vulnerability and innocence of children and young people, and they

are able to do this if they can also exploit the lack of awareness in wider society and the reluctance to discuss such a difficult and sensitive subject.

Our recommendations have been based on the information we heard over this long diligent period and I am aware that some services partly due to this scrutiny process have changed while we have been producing the report. For example, I have been informed that towards the end of last year the staff from the police harm assessment unit have moved so they are now based with the Family Connect Service and that Telford & Wrekin Council's licensing policy changed to include the requirement for all drivers of licensed vehicles to attend driver awareness training which included training on CSE.

As a Scrutiny Committee, we cannot change the way organisations work. Our role is to make recommendations that will be considered by the decision makers in the different organisations. The response to our recommendations will be considered by the Telford and Wrekin Local Safeguarding Children's Board and then presented to the Council's Cabinet in July. I look forward to receiving this response which will help us all to keep our children and young people safe – it is all of our business.

Cllr Kevin Guy

Chair, Telford and Wrekin Council's Children and Young People Scrutiny Committee

Date: 16 May 2016

**Questions or comments regarding this review?**

Please contact: The Scrutiny Team, Telford & Wrekin Council, Addenbrooke House (2nd Floor), Ironmasters Way, Telford, TF3 4NT or telephone 01952 383114 or email [scrutiny@telford.gov.uk](mailto:scrutiny@telford.gov.uk)

# What is Child Sexual Exploitation?

---

Child Sexual Exploitation (CSE) is a form of sexual abuse that involves the manipulation and/or coercion of young people under the age of 18 into sexual activity in exchange for things such as money, gifts, accommodation, affection or status.

The Government launched a consultation on the definition of CSE in February 2016<sup>1</sup>. The definition in this consultation set out that:

‘Child sexual exploitation is a form of child abuse. It occurs where anyone under the age of 18 is persuaded, coerced or forced into sexual activity in exchange for, amongst other things, money, drugs/alcohol, gifts, affection or status. Consent is irrelevant, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation does not always involve physical contact and may occur online.’

The term ‘Child Sexual Exploitation’ is sadly now commonplace in our language. Many organisations and charities talk about CSE as a crime so we were surprised to learn that there is not a specific crime of CSE in the legal system.

However, the Crown Prosecution Service (CPS) were very clear that CSE is a form of child abuse and the methods of exploitation can encompass a number of other associated crimes including drug offences, trafficking, assault, sexual assault and rape. It is important for prosecutors to select offences which match the facts of an incident or series of incidents which ensure the case can be presented to a jury in a logical manner. It is also important that the offences selected provide the Court with sufficient sentencing power. Therefore a raft of legislation covers offending which falls within the title CSE which are utilised to prosecute perpetrators.

In speaking to the CPS, West Mercia Police and the Police and Crime Commissioner, all considered that current legislation offered sufficient opportunity to prosecute perpetrators. In fact, the CPS felt that a specific crime of Child Sexual Exploitation may muddy the waters, it may be difficult under one umbrella offence of CSE for a jury to be sure to the standard which the criminal law requires i.e. that they are satisfied so they are sure, beyond reasonable doubt over all of the acts alleged. For example, a jury may be sure regarding sexual assault but not drug offending or grooming in any one case. It would be difficult to see how a jury could then convict. Whereas under the current legislation, each piece of offending is broken down into separate charges to reflect the overall criminality which allows the jury to acquit / convict in this more structured manner.

---

<sup>1</sup> Statutory definition of Child Sexual Exploitation, Government consultation document available from: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/500097/HO\\_DfE\\_consultation\\_on\\_definition\\_of\\_child\\_sexual\\_exploitation\\_-\\_final.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/500097/HO_DfE_consultation_on_definition_of_child_sexual_exploitation_-_final.pdf)

## What is Grooming?

Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse or exploitation. This is generally achieved by offering the child affection, excitement or attention in the form of gifts, rides in cars, cigarettes, alcohol and drugs. The child may think that they are 'in love' or that they are 'special'. Eventually, the child will be asked to engage in sexual activity to prove their love, to retain their 'status' or in payment for 'gifts'. Over time, the relationship can become increasingly abusive as the groomer uses coercion and threats to keep control.

Children and young people can be groomed online or in the real world, by a stranger or by someone they know - for example a family member, friend or professional.

Child sexual exploitation is often called a "hidden" crime because many children and young people don't understand that they have been groomed, or that what has happened is abuse. Sometimes they may be too scared to tell anyone what's happening.<sup>2</sup>

Grooming can happen in a number of ways. The most well-known method, utilised by the perpetrators investigated by Operation Chalice, is the "**Boyfriend Model**" which generally involves a male perpetrator befriending a much younger female victim and showering them with gifts or attention for which they later seek payment in the form of sexual activity with him and other males. This type of grooming can happen to boys too.

"**Peer-on-Peer Exploitation**" involves children being sexually exploited by their peers, who they may know from school, living in the same neighbourhood or through mutual friends or family. This form of abuse may be one-on-one or it may take place within a gang environment, where sexual activity may form part of an initiation rite or punishment. This form of exploitation is growing, with young people exchanging sex for cannabis.

**Online Exploitation** or "**Sexting**" involves a young person being persuaded or forced to send or post sexually explicit images of themselves through mobile picture messages/applications (eg Snapchat) or take part in sexual activities or conversations via a webcam or smartphone. This type of exploitation leaves a child vulnerable to blackmail, bullying and harm, particularly as the sender has no control about how the picture is passed on. Sexting is illegal since it involves producing and distributing images of child abuse.<sup>3</sup>

The "**Party Lifestyle Model**" involves grooming whole groups of young people invited to 'parties' held at a range of venues: hotels, flats, bars, etc. Drugs and alcohol may be offered for free as an incentive to attend more parties then, after some weeks of attending parties, 'repayment' for the consumption of drink, drugs,

---

<sup>2</sup> NSPCC, *Grooming* (2015) [online] Available from <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/grooming/what-is-grooming/> [Accessed 7 December 2015]

<sup>3</sup> Weale, S (2015) Sexting becoming the norm for teens warns child protection experts. *The Guardian* [online] 10 November Available from <http://www.theguardian.com/society/2015/nov/10/sexting-becoming-the-norm-for-teens-warn-child-protection-experts> (Accessed: 11 November 2015)

takeaways, phone credit etc. is discussed. If a 'party' is held some miles away from the child's home, the child may feel they have to engage in sexual activity in return for a ride home.<sup>4</sup>

## Who is at risk?

**Any child or young person, from any social or ethnic background, can be exploited.**

Boys and young men can be at risk as well as girls and young women, although research shows that male victims are less likely to disclose abuse<sup>5</sup>. Young people in care or who are experiencing problems at home and go missing can be particularly vulnerable but exploitation also happens to children from loving and supportive homes. Increasing use of the internet and mobile technology gives perpetrators access to a greater number of young people: young people whose vulnerability may be so subtle, perhaps simply by virtue of their youth or inexperience, that they would not normally be suspected of being vulnerable to abuse and may not display currently accepted indicators of abuse or exploitation<sup>6</sup>. While high profile cases of gang related CSE have focused on urban areas it has been brought to the committee's attention that children and young people in rural areas are also at risk and perpetrators can use any means to groom them. The example was given of the farmer from Derby who was convicted of grooming in 2012. He had used tractor rides to engage with children and to groom them.

Before CSE became more widely understood, victims could be dismissed as simply having "difficult" teenage behaviour or having made poor "lifestyle" choices<sup>7</sup>. We want to make it clear that it is **never** the child's fault and such opinions are antiquated and unacceptable.

## Who are the perpetrators?

Despite a number of high profile cases in various parts of the country (including Telford) which involved the prosecution of Asian men of predominantly British-Pakistani heritage, we want to make it clear that there is no standard profile for the perpetrators of this crime. We recognise that "Operation Chalice" was purely about the criminal behaviour of a few individuals and *the people who commit this crime may be of any age, nationality, race, faith or gender*. Perpetrators do not necessarily fit the stereotype of a dirty old man in a rain coat - many sexual offenders are part of every community and class<sup>8</sup>.

---

<sup>4</sup> Nutland, C *The 'party lifestyle' model. The new face of grooming in the UK* (Accessed from <http://www.safeguardingchildren.co.uk/resources/party-lifestyle-model-new-face-grooming-uk/>)

<sup>5</sup> Barnados (2014) *Hidden in plain sight: A scoping study into the sexual exploitation of boys and young men in the UK Policy briefing*

<sup>6</sup> Barnados (2015) *Digital Dangers*

<sup>7</sup> Coffey, A (2014) *'Real Voices' Child sexual exploitation in Greater Manchester: An independent report* p115

<sup>8</sup> Coffey, A (2014) *'Real Voices' Child sexual exploitation in Greater Manchester: An independent report* p103

What we understand to be common among groomers, is that they are very manipulative people who exert some sort of 'edge' over their victims – which can be as simple as their age, physical strength, economic status or just being 'cool' or seen to care about the young person.

## CSE in Telford & Wrekin

---

Child Sexual Exploitation is certainly not a new phenomenon. Over recent years, however, there has been a significant shift in the level of professional understanding of this so called 'hidden' crime. The Barnardo's report "Puppet on a string: the urgent need to cut children free from sexual exploitation" published in January 2011 emphasised that this appalling form of child abuse is more prevalent than most people could ever imagine. A series of high profile investigations and criminal trials in Rotherham, Rochdale, Derby and Oxfordshire also hit the national headlines, bringing this atrocious form of abuse out of the shadows and into the public consciousness.

Professor Alexis Jay's 2014 report<sup>9</sup> into the sexual exploitation of children in Rotherham was particularly damning. The catalogue of abuse and abject failings across agencies which she exposed was shocking and these criticisms still reverberate across the sphere of child protection work. The report by Louise Casey, BE<sup>10</sup> following her Independent Inspection of Rotherham Metropolitan Borough Council and Ann Coffey MP's report<sup>11</sup> into the extent of abuse in Greater Manchester followed. These reports added further criticisms of the child protection system and made recommendations for the government, local authorities and other agencies to consider and learn from.

However, before the Rotherham, Rochdale, and Oxfordshire cases hit the headlines, there was a significant investigation in Telford about the exploitation and trafficking of young girls. This local investigation began when youth workers became concerned about the activities of young girls with older men and the lack of information which the young girls would share. These concerns resulted in the development of a project to work with any young person who professionals had concerns about relating to the potential for what is now recognised as CSE. This became known as the CATE Project (Children at Abused Through Exploitation). Over a period of time, CATE practitioners worked with a number of young girls to gradually win their trust and passed on any child protection information to the Police and Social Care<sup>12</sup>. The joint working between the West Mercia Police and the local authority culminated in Operation Chalice which led to the successful prosecution of nine men in 2012. After an eight week trial, 7 men were jailed for a total of 49 years.

The Council's Director for Children and Family Services and the Senior Investigating Officer issued statements in response to the trial<sup>13</sup>. The case was also the subject of a hard-hitting Channel 4 documentary, "The Hunt for Britain's Sex Gangs"<sup>14</sup>.

---

<sup>9</sup> Jay, A (2014) *Independent Inquiry into Child Sexual Exploitation in Rotherham 1997 – 2013*

<sup>10</sup> Casey, L (2015) *Report of Inspection of Rotherham Metropolitan Borough Council*

<sup>11</sup> Coffey, A (2014) *'Real Voices' Child sexual exploitation in Greater Manchester: An independent report*

<sup>12</sup> Telford & Wrekin LSCB (2014) *Child Sexual Exploitation Learning Overview Report*

<sup>13</sup> Shropshire Star (2013) *Telford Gang is Jailed for Sexually Abusing Girls* [online] 10 May. Available from <http://www.shropshirestar.com/news/crime/2013/05/10/horror-of-telford-girls-sex-abuse-ordeal/> [Accessed 20 November 2015]

<sup>14</sup> *Dispatches: The Hunt for Britain's Sex Gangs* (2013) Documentary [Channel 4 on demand <http://www.channel4.com/programmes/dispatches/on-demand/50530-001>]

Our Review has to a large extent focused on the local learning of these CSE experiences and the subsequent creation of a robust and active framework of strategic and operational management developed through a partnership approach with all relevant agencies, co-ordinated by the Local Safeguarding Children Board. However, we have also considered how the local approach has incorporated national lessons learnt and adopted recommendations made by national bodies where appropriate.

## Experts by experience: views of victims and survivors

---

“Educate children, educate parents”

When we first set out to undertake this review, we did not intend to directly approach any known victims and survivors of CSE because we felt they had already suffered so much torment at the hands of their abusers and during cross-examination in Court that it was unfair to ask them to discuss such a personal and traumatic period of time with a group of strangers. However, we knew our review would be missing a crucial element if we did not meet with the people who had cause to engage with the agencies and services involved. We were so grateful and humbled when our draft Terms of Reference was published for comment and some very remarkable people came forward and asked to speak to us, both directly and via other agencies. It was also suggested to us by one of the services supporting victims that an online survey would allow any victims and survivors who felt unable to engage in face to face meetings with a way to contribute to the review. The survey was available from the end of September to the beginning of November 2015 and responses were received from 19 people and we also met with one survivor of CSE.

We would like to thank everyone who spoke to us or took the time to complete the survey for your frankness and honesty – your input has been vital to this review.

The victims and survivors who shared their views were abused over a wide-ranging timescale (all respondents were female). Some had first sought help prior to the CATE Project being set up, some during the evolution of the CATE Project when professionals were starting to understand CSE better and others had accessed services more recently. However, views about how good services were did not depend on when the services were accessed and half of the people who responded to our online questionnaire had never made contact with any local organisation. We chose not to ask why as we accept that victims of this type of abuse generally do not consider themselves victims until much later.

Victims and survivors told us that the organisations they found most helpful were Axis Counselling, the Independent Sexual Violence Advisor (ISVA) Service, witness protection, the Police and college advisors/counsellors. It is interesting that a strong theme here is the counselling or therapy element of support as this is an area which victims and survivors also tell us needs bolstering as there are long waiting lists to access counselling and therapy locally. Victims and survivors tell us that it is crucial that early support is available to help victims recognise themselves as victims and begin to deal with the mental and emotional consequences of abuse. Victims and survivors have impressed upon us that this support is needed much sooner than it

has historically been available so that victims can start rebuilding their lives and limit the detrimental impact on long-term mental health as much as possible. This gap in counselling support and specialist therapy has also been identified by the CATE Team who work closely with victims and survivors.

We were also told that ongoing support for victims and survivors in other areas could be improved. For instance, we were told that it is essential for victims to be offered a full sexual health check, particularly if their abusers have been identified as having an sexually transmitted infection, carried out by staff that have been trained to understand the impact of the abuse. This also applies to routine sexual health screening eg cervical smears as the experience is much different for a survivor of abuse.

A common theme raised by victims and survivors was the need for professionals and parents receiving the first disclosure of abuse to believe what they are hearing. Victims and survivors noted professionals need to be more aware of CSE when they are engaging with young people in case the young person is a victim: saying 'the wrong thing' or not providing opportunities for the young person to speak without their parent present can seriously undermine the likelihood that a disclosure could be made. This links strongly with the view of victims and survivors that there needs to be more focused education available to agencies, parents and children and young people. Victims and survivors highlight the importance of raising awareness with parents of the indicators of abuse and also providing ideas about how to discuss difficult or taboo topics with their children and provide children with opportunities to talk about their concerns and worries. In common with many of the individuals and organisations we have met as part of this review, victims and survivors have impressed upon us the need to educate parents, young people and organisations and there are some survivors who would be willing to share their stories as part of training programmes and campaigns to help raise awareness.

Naturally, not everything victims and survivors told us was positive and there were some agencies which received criticism. The set up at Shrewsbury Crown Court, for instance, was criticised as, although victims subject to witness protection were protected in the Courtroom by screens, they could then come face to face with the accused in public areas of the building. One charitable organisation was criticised for their lack of knowledge and understanding when victims went to them for help. While we have not named that organisation in this report to protect the identities of the people who have provided evidence for this review, it would be fair to assume that if staff at one organisation have been ill-equipped to deal with such a disclosure of abuse then there may be other organisations who are similarly unprepared and this links strongly to the need for more awareness raising activity. As well as being cited as two of the most helpful organisations, Axis Counselling and the Police also received negative comments from some victims and survivors. In the case of Axis, funding restrictions clearly have an impact on the support that they are able to provide. The diverse comments for these two organisations may also be due to the particular personal circumstances involved or the timeframe when they were contacted.

Victims and survivors were also critical about how easy it can be to obtain emergency contraception or abortion services without appropriate questions being

asked. Concern was raised that these services can be obtained from a range of providers (sexual health clinics, GPs and pharmacies) without any questions being raised of familiar faces. Victims and survivors acknowledged that they rarely (if ever) wanted to answer questions about whether or not they were being abused but did tell us that if providers of these services asked questions in a supportive and non-judgmental way, it may prompt them to open up.

There were also diverse views about whether organisations work well together, with the view that agencies need to “work together and communicate effectively” in order to obtain “justice” for victims coming across strongly. On the theme of justice, the view of victims and survivors is that sentences for this type of abuse are not long enough and tougher sentences would act as a deterrent. In order to improve the way agencies work to prevent CSE, victims and survivors feel that more education would enable early identification of potential and actual victims. Victims and survivors feel that organisations and local businesses need targeted training to relate CSE to the work that they do, rather than simply repeating the indicators of abuse which key agencies are looking for.

Victims and survivors have evidently been frustrated by bureaucracy in the past, pointing out that the Committee’s recommendations and any evolution of processes to prevent abuse needs to happen quickly in order to prevent more children from becoming victims and protect those who are already being exploited sooner.

Victims and survivors told us that it was important to them to feel that all organisations involved were committed to obtaining justice in their case and that their evidence was not being used to bolster a separate case to the detriment of their own. Similarly, victims and survivors consider that statutory organisations need to be mindful of their response to publicity about CSE: a defensive or negative response which aims to defend the reputation of an organisation can be very damaging and put off other victims from coming forward.

# Voices of experience: views of family members of victims and survivors

---

“You never think it’s going to happen to you”

When we published our draft Terms of Reference for comment, we were contacted by some parents of victims or survivors who asked to speak to us about their experiences of the services they received when they were going through what was undoubtedly a very traumatic period of their lives. This led us to believe that there may be other parents who might want to share their thoughts but felt unable to take part in face to face meetings.

We decided to publish an online survey so that as many parents of victims and survivors of CSE as possible could share their views. The confidential survey ran in tandem with the confidential survey for victims and survivors, from the end of September to the beginning of November 2015. We received 7 responses and would like to thank everyone who spoke to us or took the time to complete the survey. Your views have been invaluable to this review.

The parents who responded to our questionnaire had accessed services over a wide period of time - some had first expressed concerns for their child prior to the CATE Project being set up, some during the evolution of the CATE Project when professionals were starting to understand CSE better and others had cause to access services more recently.

We were unsurprised that parents indicated the first organisations they had contacted were Social Services and the Police but it was a little more surprising to see Axis Counselling as the first port of call for concerned parents. Other organisations which parents told us had been involved in supporting their families were the Council, CATE Team, Independent Sexual Violence Advisor (ISVA), School, and Children and Adolescent Mental Health Service (CAMHS). Ostensibly, Social Services, the CATE Team and the Council are one body.

There were different views about the quality of the protection available for families and how well organisations had worked together to support families. When parents thought the protection was low, the reasons they gave us were that the police investigation was slow, the Council and social workers had been dismissive and communication with them had also been poor. Similarly, some parents felt that there had been little joint working and agencies had not wanted to accept responsibility. Some parents felt that when they had sought help, they had been passed from pillar to post. It was also unclear to parents whether there had been a multi-agency risk

assessment or safety plan put in place, which supports comments that communication with parents can at times be poor. We asked parents what could be done to better protect victims and parents told us that agencies needed to listen to them and communicate much better, work with parents and engage in face to face meetings to provide regular feedback. Parents also pointed out that the time they needed help the most was usually outside normal office hours so it would be helpful if both direct lines and emergency out of hours numbers were provided to them at the outset rather than parents having to search for help when they need it.

We asked parents for their ideas on how awareness about the risks of CSE can be raised among parents and carers. Reflecting the comments of others we met with, parents consider that awareness raising activity is a fundamental part of prevention and protection. Parents told us that they felt it was important that key agencies acknowledge that there is still a risk of CSE happening. Parents thought that education within key agencies, particularly schools, was important and that it would be helpful if parents and children received the same risk messages through joint sessions in schools. With regard to awareness raising among parents, it was pointed out that risk messages should be the same regardless of the family's background and, in common with other groups, parents considered that it would be useful if real life and survivors' stories were utilised in training and educational materials in order to bring home the message that 'it can happen to you'.

# Views of Children and Young People

---

“We need to know more about CSE”

From the outset of this Review, we have heard over and over again that more awareness raising with children and young people and education in schools is imperative in the fight against CSE. We knew that some awareness raising had already taken place in some schools but also that CSE is one of those taboo subjects that it can be difficult to know how to talk about. We were also extremely concerned about the growing risk to children online. We wanted to find out what children and young people in the borough already understand about CSE and keeping safe online and what **they** think would best help to raise awareness and keep them safe.

We met with Primary School Children from Team Safeguarding Voice<sup>©</sup> (TSV)<sup>15</sup>, over 40 secondary age children (including a minimum of 7 young people with disabilities) and three care leavers.

Helping children and young people to understand the risks of CSE in an age appropriate way was the key theme from all the consultation sessions. This also dominated the discussions about how to protect young people from CSE – the main response was that young people will be better able to protect themselves and their friends if they are better informed.

## **Children and Young People’s Understanding of CSE and How to Stay Safe**

The children involved in TSV demonstrated a sophisticated understanding of safety issues – when talking about safety, the conversation covered road safety, healthy eating and lifestyles as well as personal safety and online safety.

There was a wide variation in the level of understanding of CSE by young people at secondary school. Some young people were not aware of the term CSE or what it meant. A larger proportion of young people were aware of the term CSE, or Child Sexual Exploitation, but it became apparent during the discussion that the level of understanding was not deep eg they had a stereotyped view of perpetrators and wanted to discuss in some detail if age difference in a relationship is an important factor in CSE, how old a young person has to be to be able to give consent to have sex and the dynamics of power and control in a relationship. When this was explained the young people felt it was important that other young people have the chance to understand these issues as well.

---

<sup>15</sup> More information about TSV is available from:  
[http://www.telfordsafeguardingboard.org.uk/lscb/info/13/i\\_work\\_with\\_children\\_young\\_people\\_and\\_parents/4/children\\_safeguarding\\_children](http://www.telfordsafeguardingboard.org.uk/lscb/info/13/i_work_with_children_young_people_and_parents/4/children_safeguarding_children)

## **Social Media/Technology/Online Gaming**

The children involved in Team Safeguarding were very aware about staying safe on-line and that they would talk to an adult if something worried them. They also said they would keep messages or pictures as evidence. Some children involved in TSV said that the fact that their parents kept log on passwords so that children had to ask to go online and could monitor online activity helped to keep them safe. They also thought it was sensible and acceptable for parents to use settings which forward mobile phone messages to the parent phone.

Most young people at secondary school understood how to stay safe online but some did say they would give details online to someone they did not know. One group of young people commented that there is peer pressure to have the latest gadget and this means that young people do not always know how to use this safely. Most young people recognised that online gaming was a route that perpetrators could use for grooming. However, a few young people in one group did say that they would play with people they did not know.

## **Age Range**

There was a consensus that children in primary school need to understand how to keep themselves safe and maintain safe relationships. Young people at secondary school also supported the idea that children in Key Stage 2 should be involved in discussions about safe relationships and online safety and who to contact if they had concerns. It was felt that it was too late to start these discussions once someone started secondary school.

## **Young People with Disabilities**

Some of the issues that were discussed with young people reflected the Barnado's report 'Unprotected Overprotected'.<sup>16</sup> Within the group of young people who met with the Committee, there was a wide range in their understanding of CSE and grooming. It was recognised that young people with learning disabilities may find it more difficult to recognise fake friends online or signs of grooming.

## **Who Children and Young People Would Tell if They Have Concerns**

Children involved in TSV were able to identify a number of people they would talk to if they were concerned about their safety. They were also clear that if they were concerned about a friend that they would tell an adult and that keeping secrets when someone is being hurt does not help that person.

Children of secondary school age were also able to identify a long list of people they could talk to but this was complicated by the fact that they may not feel comfortable to approach people in specific roles either because of that particular relationship (eg a parent or a teacher) or because of lack of trust in an organisation (eg one group talked about losing confidence in the police following the murder of Georgia

---

<sup>16</sup> Barnado's (2015) *Easy read version of 'Unprotected, Overprotected: meeting the needs of young people with learning disabilities who experience, or are at risk of, sexual exploitation*

Williams). The consensus was that all adults living with, supporting or working with children and young people need to understand CSE so they can provide appropriate support and ensure they get appropriate specialist support.

An interesting discussion developed with young people at secondary school when considering what they would do if they were concerned about a friend who may be involved in CSE. Some young people said that they would not want to break a friend's confidence or 'get them into trouble' by telling an adult, rather they would encourage their friend to speak to someone themselves.

One issue that came up is that young people can sometimes feel that parents can be overprotective when they try to raise concerns about a young person's safety. It is important that the messages about staying safe online are re-inforced by other adults working with young people and important that young people have the time to be able to discuss this with each other. (This links with the importance of developing a borough wide approach across all schools for TSV which directly engages children and young people in these issues)

### **CEOP 'Red Button'**

This was discussed in one discussion group with young people at secondary school. Young people talked about 'clicking the CEOP red button' on a website, when gaming online or if they were using social media.



It was felt that this was not widely promoted and that more could be done to raise young people's awareness of this facility. (CEOP is the Child Exploitation and Online Protection Agency)

### **Awareness of Telford & Wrekin Council's Family Connect Service.**

In several discussion groups, young people said they would contact 'the Council' or 'social services' but only one discussion group specifically mentioned Family Connect.

### **Care Leavers**

The main issue that was raised by Care Leavers was having a relationship with someone you trust and it was felt that the relationship with the social worker was particularly important. The experience of the three care leavers' relationships with the social workers had not always been positive and they would not have talked to them about concerns about CSE. Another issue that is specific to children in care was that they often move homes, carers and schools which makes it difficult to develop relationships of trust. There was a very strong view from Care Leavers that parents and foster parents should be made aware about CSE – to the extent that there should be compulsory training for all parents and carers.

## **How to Raise Concerns**

In one discussion group with young people at secondary school, the distinction was made between knowing 'who' to tell about CSE and 'how' to tell them. It was discussed that while a young person may know who they could talk to, actually starting the conversation may seem too difficult.

## **How Young People want to be Informed about CSE**

Young people at secondary school identified a number of ways to communicate with young people on this issue. The order in which we list them here does not indicate preference.

One group commented that getting the message about CSE to young people needs to be a consistent long term approach rather than a 'one off' campaign. The language used to communicate about CSE with young people is important – it needs to be relevant to them. This was a specific issue raised at the young people's disability forum who said the information 'needs to be in a language we can understand' (ie using colour and pictures).

From people who have experienced CSE – All the discussion groups for young people at secondary school said that being able to talk to or hear the experience of people who have been victims of CSE would be very powerful. This was a particularly strong view from care leavers who expressed very clearly that they had professionals involved in their lives and that personal experience was more important in getting a message across for them.

Drama Productions – Using drama was mentioned as a particularly effective way of getting the message about the risks of CSE across to young people. It was highlighted that this is a particularly good way to show young people how the grooming process works and that a victim of CSE may be made to feel that he or she has made these choices.

Social Media / Websites / Gaming platforms – Young people recognised the risks that social media can bring and that it is used by perpetrators when grooming victims. However, there was a clear message that social media is part of their lives – it was highlighted that young people use social media to share their concerns and inform each other. It was discussed that social media can be part of the solution in tackling CSE if young people are given the right information. Websites and social media that are popular with young people should include information about CSE and who to contact. YouTube was seen as a good way to provide local information because it is easy to create videos and this can be shared locally by young people. It was also seen as a way to get real life stories about CSE to young people if survivors are brave enough to come forward and create a video. It was also suggested that a free App could be developed to raise awareness for young people.

A particular issue raised by the Young People's Disability Forum was that information on websites needs to be accessible. While organisations want to make sure that there is a lot of information available – this can make it difficult to navigate.

If people cannot find the information they may give up and not find out about CSE or know who to contact if they have concerns.

Schools – All young people recognised the important role schools have in raising awareness about CSE including assemblies, workshops and peer mentors. Personal, Social and Health Education (PSHE) and Relationship and Sex Education (RSE) was seen as a key part of the curriculum and young people were keen for ‘experts’ from outside the school to talk to them about sensitive subjects such as CSE – particularly people who have been affected by it. The children involved in TSV felt that the TSV approach should be implemented in every primary school.

Friends – Young people identified peers as an important protective factor – they can look out for each other and share information. As highlighted above, children involved in TSV felt that this peer support and mentoring should be available in every primary school. However, they were also aware that bullying can take place and that a young person’s ‘reputation’ will be damaged if they come forward.

Places of worship

Companies eg football clubs having an awareness raising day

Celebrities and Role Models

Parents and Family – Young people recognised that not all young people can talk to their parents about a sensitive subject like CSE but several of the groups did say that knowing that their parents were aware of what they were doing on social media and when they were gaming helped to protect them. Children and young people identified grandparents and extended family as important and if they were not able to talk to parents they may be able to talk to another family member.

Childline/Samaritans/Helplines – These were organisations that were commonly mentioned by young people but it was discussed that a national charity may not be able to provide specific information about local services eg the CATE Team.<sup>17</sup>

### **What young people at secondary school wanted to know about CSE:**

- Statistics about CSE
- How CSE starts, grooming and understanding power and control dynamics in a relationship
- Legal age of consent
- Who is involved – both what perpetrators are like and who can become a victim
- What support is available to people once they have disclosed eg counselling support and support through the court process
- Assurance that if someone comes forward that they will be believed, that young people will not be blamed if they are sexually exploited and they will not be in trouble
- How to respond to peer pressure

---

<sup>17</sup> It should be noted that Child Line will notify Family Connect of any call that are believed to need further investigation.

- Where to go for help
- Difference between Girls and Boys – Younger children found it difficult to think about how boys and girls might think differently about keeping safe – they felt that boys and girls need the same messages about keeping safe. Young people at secondary school identified that while there are universal messages that are relevant to boys and girls regarding CSE they also said that:
- Boys may be less likely to talk about their involvement in CSE (including less likely to talk to their friends) so there is a need to raise awareness that there are male victims of CSE.
- Boys and girls need different information about how to handle situations
- Boys can be groomed into becoming perpetrators

### **What Young People Think Might ‘Blow the Awareness Raising Message Off Course’**

- Information about CSE is not accessible (this was a particular issue from the Young People’s Disability Forum)
- Fear of threats from perpetrators
- Fear of going to court and perpetrators going free
- Lack of confidence / low self esteem
- Worried about consequences of coming forward eg fear of being bullied / blackmailed / being judged
- Not enough support for victims
- If a young person who is a victim of CSE has a mental health issue eg depression or a drug or alcohol addiction this will make it more difficult to come forward.
- Being shunned by a religious community
- National politicians not keeping their promises
- Lack of money to address this issue
- Family problems
- Fake friends

### **What young people want to change**

During one discussion a young person said that the law should change since under current legislation when a young person comes forward as a victim of CSE it is not always possible to prosecute the perpetrators.

## Findings: The Scale of Abuse

---

**“The biggest problem is how many more cases are just not known about”**

Local Government Association (LGA)<sup>18</sup> guidance suggests that all LSCBs should have a process in place to map the extent and profile of CSE in the area so that a detailed understanding of the scale and nature of the problem at a local level can inform the local response to CSE. According to the LGA, the mapping process should include a profile of children identified as at risk, a profile of offenders and an understanding of ‘hotspots’ or vulnerable locations.

At our second Inquiry Day in March 2015, we were told that there is not a national dataset for CSE so it is not possible to compare the scale of CSE in Telford with other areas or measure how well the Council and its partners are tackling CSE in comparison with other local authorities. At the time of the Inquiry Day, the Council and police were carrying out analysis to develop this locally and, additionally, the Council was working to develop benchmarking data with the regional Association of Directors of Children’s Services.

At our first Inquiry Day, the Police cautioned against using individual partners’ data or perceptions on the potential scale of CSE without context. This is because on its own, a piece of intelligence obtained by one agency may not have much impetus but by building a more holistic picture and drawing information from across agencies via the Harm Assessment Unit and Family Connect, a more significant situation may emerge.

### **Police Data**

The West Mercia Police and Warwickshire Police Problem Profile for CSE (Version 1, September 2014)<sup>19</sup> provides some data about the number of victims or children at risk of exploitation. The information has been collated primarily from scanning recorded offences/crime incidents across both force areas during the period April 2013 to August 2014. We do not propose to repeat the data in full here but we will highlight what we think is pertinent to this section of the report.

---

<sup>18</sup> LGA (2015) Tackling Child Sexual Exploitation: A resource pack for Councils

<sup>19</sup> West Mercia Police and Warwickshire Police (2014) *Problem Profile for CSE* [online] [https://www.westmercia.police.uk/media/5773/CSE-problem-profile-v1-29Sep2014/pdf/CSE\\_problem\\_profile\\_v1\\_29Sep2014.pdf](https://www.westmercia.police.uk/media/5773/CSE-problem-profile-v1-29Sep2014/pdf/CSE_problem_profile_v1_29Sep2014.pdf) (Accessed 18 December 2015)

Over the period April 2013 to August 2014, 721 persons were identified as a victim or child in child protection incidents where CSE was likely to be an element. Of this number, 89 had a home address in Telford & Wrekin and 72 of these were under 18.

81% of total victims were female and 94% of CSE victims were white, 0.7% Black, 0.3% Asian and 0.3% Chinese. 44% of all victims were in offences with lone offenders and 32% were in online CSE offences or indecent images of children. The peak age group in both types of offence was 14-15 years. In gang/group type CSE, victims tended to be older, with half of victims being aged 16-17 years. 16-17 year olds made up a quarter of all CSE victims. 12% of all CSE was perpetrated against males by males.

The Profile data also tells us that scanning revealed 399 CSE perpetrators across both force areas, 95% of which were male. 29% of perpetrators were aged 18-21 years, and 18% were aged 25-34 years old. In just over one third of all CSE cases, there was no identified perpetrator to link to the victim but when the identity of the perpetrator was known, 90% were White, 7% were Asian and 2% were Black.

Victims and offenders were more likely to be acquaintances rather than strangers.

The West Mercia Police and Warwickshire Police Problem Profile for CSE (Version 1, September 2014) also includes details of 'hotspots', but this information is sensitive and has been redacted in public versions.

At the time of writing this report, the Home Office released crime statistics for the number of recorded sexual offences against children in England and Wales for the period September 2014 to September 2015. While these figures relate to a whole range of child sex offences, we feel that it is worth including them here in the absence of any CSE specific national benchmarking data. During the period September 2014 to September 2015 there were 36,855 recorded sexual offences against children in England and Wales. 11,317 of these were rape offences, which represents an increase of 75 per cent compared to the average for the previous three years, and it is 44 per cent higher than the number recorded in the 12 months to September 2014. For the period September 2014 to September 2015, Telford and Wrekin recorded 256 child sex crimes and although this was certainly not the highest number of recorded child sex crimes, it equates to the highest rate of recorded child sex crimes at 15.1 per 10,000 residents. The second and third highest rates were in Rochdale (14.1 per 10,000 residents) and Stoke on Trent (13.5 per 10,000) with Rotherham coming in fourth (13.5 per 10,000 residents). The figures, set out in Table 1, reveal that many areas, including Telford and Wrekin, have seen marked increases in recorded child sex crimes over this 12 month period. The Chair of the review asked for an explanation of these figures and was informed that the high profile of Operation Chalice may have increased local reporting of CSE and that there are good recording practices for cases of CSE. It should be noted that the figures below relate to all sexual offenses committed against children, not just offenses that are related to CSE. West Mercia Police view the increase in reporting of child sexual offences as a positive step indicating community confidence in reporting such matters.

Table 1

**Child sex offences for the year up to and including September 2015 – areas with highest rates**<sup>20</sup>

<b>Community safety partnership area</b>	<b>Child sex crimes</b>	<b>% Change since last year</b>	<b>Rate per 10,000 people</b>
Telford and Wrekin	256	146.20%	15.1
Rochdale	300	98.70%	14.1
Stoke-on-Trent	338	32.00%	13.5
Rotherham	350	90.20%	13.5
Barrow-in-Furness	88	49.20%	13
Northampton	278	93.10%	12.7
Doncaster	385	25.00%	12.7
Great Yarmouth	122	60.50%	12.4
Southampton	302	102.70%	12.3
Calderdale	249	156.70%	12
Bradford	623	89.90%	11.8
Nottingham	365	135.50%	11.6
Blackpool	163	16.40%	11.6
Barnsley	274	90.30%	11.5
North East Lincolnshire	178	28.10%	11.1
Hastings	97	94.00%	10.6
Braintree	159	231.30%	10.6
Isle of Wight	146	124.60%	10.5
Nuneaton and Bedworth	132	109.50%	10.5
Waveney	121	51.30%	10.4

### **Referrals to the Council's Family Connect Service**

We requested data on the number of CSE related contacts coming into Family Connect to get a picture of the scale of reporting and the source of contacts. In the seven months from 1 January to 31 July 2015 data from Protocol (the system used by children's services) showed there were over 4000 contacts into Family Connect of which there were 137 (3%) contacts with an indicator of CSE. This could be either where CSE was recorded as the reason for the contact or where any words associated with CSE had been highlighted through a data text matching process built into the Family Connect system as a safeguard to flag potential risk factors. For this reason, the figures must be treated with caution as it is unlikely that CSE will be a factor in all these cases, and the data is not disaggregated into existing or new contacts making it unclear how many individuals they relate to. Clearly we cannot make any assumptions about the scale of CSE from the data (the data does not provide certainty about the number of individual cases where CSE is a factor and we

<sup>20</sup> Mirror (2016) Sex crimes against children rocket 75% [online] 27 January. Available from [http://www.mirror.co.uk/news/uk-news/sex-crimes-against-children-rocket-7243478?ICID=FB\\_mirror\\_main](http://www.mirror.co.uk/news/uk-news/sex-crimes-against-children-rocket-7243478?ICID=FB_mirror_main) (Accessed 25 January 2016)

do not know how many cases are unreported) but it does provide a snapshot in time of the number of reports where there were indicators of CSE.

Total number of contacts into Family Connect 1 Jan-31 July 2015	1458
Number of contacts with indicators of CSE	137
Number of CSE contacts referred to Safeguarding	45

The data was not sufficient to show how many safeguarding referrals had been referred to CATE or at what stage of the pathway a referral may have been made. Further data from CATE records showed that over the same seven month period there were 44 referrals to the CATE team with between 5 and 10 referrals each month. Again it is not clear whether these are all new cases, or how they correlate to the data from Protocol, but the figures may give some indication of the number of cases where CSE was a significant risk factor and the impact on the CATE caseload.

The data provided to us showed weaknesses in the systems for collecting and managing CSE data but we understand that this has been recognised and that there are plans to review the systems to improve performance management and data analysis.

Data was broken down by the source of contact because we wanted to see which organisations were making referrals and if there were any gaps which may indicate an awareness or training deficit. The table below shows the source of contacts referred to Safeguarding during the seven months from 1 January to 31 July 2015 (not all of these would be related to CSE) with almost three quarters coming from the local authority, police and schools. Again, the figures must be treated with caution as some of the contacts may be repeat calls from an organisation about an existing case and it is not clear how many individuals they relate to. However, the figures provide a snap shot of referral activity across the range of partners.

Table 2

Organisation	Number of contacts to Family Connect referred to Safeguarding 01.01.15-31.07.15
Local authority	221 (27%)
Police	218 (26%)
Education	154 (18%)
Other	89 (11%)
Health	78 (9%)
LA – external	41 (5%)
Individual	26 (3%)
Housing	5 (1%)
Total	832

Referrals from Housing (defined as Registered Social Landlords or Local Authority Housing) accounted for 1% of the total and we are not clear whether this would be within expectation. There are around 13,000 registered provider properties in the borough and using the formula for calculating school places gives a crude estimate

of 5,700 children living in the properties. Registered providers are well placed to play a key role in identifying risk factors (for example complaints about noisy parties, unsocial activity, drug or alcohol misuse in a property involving young people which may indicate CSE) and more broadly in raising awareness about CSE with tenants.

Wrekin Housing Trust (WHT) is the largest registered provider in the borough and we were pleased to hear that the Trust is a partner in Family Connect and represented on the Telford & Wrekin Safeguarding Children Board. Information from WHT assured us that the Trust has safeguarding policies in place informed by best practice from the LSCB. All housing staff receive training on safeguarding and how to make referrals with Family Connect being the default position. However, they also said the training was not CSE specific and further training would be welcome. The Trust had not communicated specific messages about CSE to tenants via newsletters or the website and saw this as more of a generic role for the Council but would be willing to signpost and share links and suggested there should be more online provision to help raise awareness. We have made a recommendation about the development of online training and the roll out of the Say Something If You See Something campaign and have suggested that there should be a focus on registered housing providers as it was not clear to us how information is shared with other providers with properties in the borough.

## Other Data

Axis Counselling told us that the number of sexual offences increased in 2014 and that West Mercia Police had seen a 75% increase in rape cases and 45% increase in sexual offences. This is supported by data provided on the West Mercia Police website<sup>21</sup> and comments that the Police and Crime Commissioner made to us at the Inquiry Day about the “Savile effect” which had increased reporting nationally; the Police and Crime Commissioner told us that he had reallocated underspent budgets to support this increase. The ISVA service has also seen an increase in demand for service of 45% (all sexual offences) and Axis Counselling estimates that 15% of its cases are CSE related.

While the Sexual Health Service doesn’t track cases of CSE, we were told that anecdotally, professionals would say there are now more patients they have concerns about. This is based on the perception that more patients are presenting with complex infections and more young people need longer consulting times.

We recognise that CSE affects males as well as females but we have received little evidence on the specific issues for male victims. We heard that none of the victims of Operation Chalice were children in care at the time the investigation started.

Despite the success of Operation Chalice, it is clear that CSE is still taking place in Telford and Wrekin, although the true scale of this crime is unknown. We have been told that in some areas the activity of people suspected of involvement in CSE is “blatant”. The Street Pastors provided particularly compelling eyewitness accounts

---

<sup>21</sup> West Mercia Police (2015) *FOI 6283 Rape, Sexual Assault stats* [online] <https://www.westmercia.police.uk/disclosure-logs?foiid=14733>

of predatory behaviour going on in the night time economy and expressed some forthright views that a new generation of post-Chalice perpetrators is growing up and that open acknowledgement of the problem is needed for the issues to be tackled.

Several organisations told us that the number of people accessing services was a small proportion of the total number of cases and this is supported by the responses to our online survey which show that half of respondents had not contacted a local service for help. This view is supported by the Children's Commissioner Report<sup>22</sup> which found that research suggests that approximately 1 in 8 victims of sexual abuse come to the attention of statutory organisations.

---

<sup>22</sup> Protecting Children from Harm: A critical assessment of child sexual abuse in the family network in England and priorities for action, November 2015.

## Findings: Prevention – Raising Awareness

---

“There has to be a drive to publicise and educate, not an expectation that people will come to you”

Education is a powerful weapon in the fight against CSE and during the course of this review, one of the major themes we have consistently heard from the many groups, individuals and survey responses we received is that there needs to be more awareness raising activity if we are to prevent CSE. This is an issue that has also been raised nationally and different areas are dealing with it in different and often novel ways.

For instance, National Working Group on CSE (NWG Network) Say Something if You See Something campaign<sup>23</sup> has really gained momentum with both Telford & Wrekin and Shropshire Councils signing up to equip taxi firms and local businesses operating in the nighttime economy to identify and report child welfare concerns; there has been a superhero twitter profile picture campaign started by PC Rob Stevens in Northamptonshire which had an international reach;<sup>24</sup> and in Manchester young people affected by CSE takeover a radio show every Thursday evening to share their experiences<sup>25</sup>. Some councils, including Telford & Wrekin, have commissioned drama productions to visit local schools and provide an opportunity to explain the issues and involve children and young people in discussions around CSE which can continue in Personal, Social, Health & Economic (PSHE) lessons. In 2015, NWG Network kick started National CSE Awareness Day,<sup>26</sup> an annual event which the Council and its partners took part in on 18 March.

---

<sup>23</sup> NWG Network (2015) *Say Something if You See Something Update* Blog Post 1 May 2015 viewed 22 December 2015 [Accessed from <https://natworgroup.wordpress.com/2015/05/01/say-something-if-you-see-something-update/>]

<sup>24</sup> Northants Police (2015) *Police officer's novel idea for raising awareness of child sexual exploitation (CSE) goes global* Blog Post 22 September 2015 viewed 22 December 2015 [Accessed from <http://www.northants.police.uk/#!/news/26814>]

<sup>25</sup> Smith, D (2015) How community radio is helping young survivors talk about sexual abuse. *The Guardian* [online] 16 November Available from <http://www.theguardian.com/social-care-network/2015/nov/16/community-radio-young-people-child-sexual-exploitation-abuse> (Accessed 18 November 2015)

<sup>26</sup> NWG Network (2015) National Child Sexual Exploitation Awareness Day [online] <http://www.stop-cse.org/national-child-exploitation-awareness-day/> (Accessed 22 December 2015)

As part of the Tackling Child Sexual Exploitation Action Plan, the government will also be funding a new communications campaign to encourage members of the public to recognise and report child abuse and neglect.

## **Children and Young People**

As set out earlier in this report, we had some inspiring conversations with children and young people. Children and young people have varying levels of awareness about CSE but all of them were clear that age-appropriate consistent messages are needed to help them protect themselves. As set out earlier, the children and young people we met with had some really interesting ideas about how this could be achieved.

We also heard from numerous organisations and individuals that more awareness raising about CSE needed to take place with children and young people in the borough, with more focus on sex and relationships in PSHE lessons being widely supported. This reflects the recommendations of a number of cross-party parliamentary committees and prominent Government advisors that it is essential to introduce age-appropriate PSHE and RSE as statutory subjects in primary and secondary schools. In particular, the Children's Commissioner recommends that all children receive "compulsory lessons for life, to understand healthy and safe relationships and to talk to an appropriate adult if they are worried about abuse."<sup>27</sup>

The children and young people we spoke to often told us that they would initially speak to their friends about concerns or worries. For this reason, we are supportive of peer to peer opportunities afforded to children and young people so that they can share their experiences of growing up in the world today and build resilience by giving them the confidence, skills and information to make informed decisions.

During the course of this review, we heard lots of praise for Children Safeguarding Children - an initiative of the LSCB piloted in Holmer Lake Primary School by a group of children in Years 4-6 who created a Children's Safeguarding Board called Team Safeguarding Voice<sup>®</sup> (TSV). We were delighted to be able to meet with this inspiring and knowledgeable group of young people and we were very impressed by the activities TSV told us they had undertaken, particularly around cyber-bullying, keeping safe online and sexting. We support the LSCB's efforts to roll out this project to more primary and secondary schools in the borough. We are also conscious that pupils involved in the TSV model develop valuable skills which could be further built upon throughout their educational journey.

Although it was not the case with Operation Chalice, evidence from national reports suggests that young people with learning disabilities are at increased risk of CSE. Our research informs us that young people with learning disabilities share many of the same vulnerabilities to CSE as all children and young people but this can be compounded by insufficient information about sex and healthy relationships due to the mistaken belief that their needs are not the same as for all children or that they cannot be exploited. The risks can be further increased by a lack of empowerment and the potential for social isolation.

---

<sup>27</sup> Children's Commissioner (2015) *Protecting Children from Harm*

Our discussions included children and young people with disabilities and the head teacher of a local special school. We were unsurprised that children and young people with disabilities share the opinion of all the young people that we spoke to that in order to protect themselves, they need more information and understanding about CSE. In speaking to the head teacher of a local special school, we understand that the main issue for educators in this sector is modifying mainstream materials to make the information accessible and ensuring that parents with learning disabilities are also given opportunities to understand the risks facing their children. As an example, we were referred to the easy read version of Barnado's report "Unprotected, Overprotected"<sup>28</sup> which uses simple language, large print and a lot of images to make it more accessible for children or their parents with learning disabilities. We also recognise the communication efforts which are required between special schools and pupils and their parents.

In common with national reports<sup>29</sup> and the testimony of the victims and survivors who shared their views with us, children and young people felt it was important that they be afforded opportunities to talk alone with trusted adults and that adults are equipped to believe what they are being told and take appropriate action. Awareness raising among adults – parents, family members and professionals – needs to address this issue.

## **Parents and Families**

As part of this Review, we wanted to know what parents and carers already know about CSE. To achieve this, we ran an online survey to ask these and other questions. The results of the survey showed that of the 32 responses an overwhelming majority of parents and carers know that CSE affects both girls and boys, with a small number thinking only girls could be affected. A large majority also strongly agreed or agreed that CSE is a concern in Telford and Wrekin.

The majority of respondents to the survey told us that they receive information about CSE or online grooming from news reports, websites and friends or family. Other less popular sources of information were the Council, Police, School, Voluntary or Community Organisations and GP or health organisations.

The reliance on news reports supports comments made in informal meetings with the Police that the media can, has an important role to play a role in raising awareness in the local community.

In our meetings with children and young people and in feedback from victims and survivors and other organisations, it has been made clear that it is not enough for parents and carers to be made aware of the indicators of CSE. Parents can be daunted by the prospect of discussing difficult or taboo topics with their children but we have discovered that there are already some tools available to encourage and empower parents to find ways to have these discussions with their children and

---

<sup>28</sup> Barnado's (2015) *Easy read version of 'Underprotected, Overprotected: meeting the needs of young people with learning disabilities who experience, or are at risk of, sexual exploitation*

<sup>29</sup> Children's Commissioner (2015) *Protecting Children from Harm*

provide frequent opportunities for children and young people to talk to adults about the things that bother them without worrying we will be upset or angry.

For instance, in 2013, in response to concerns following the Jimmy Savile scandal and YouGov findings that many parents never speak to their children about sexual abuse, the NSPCC launched the Underwear Rule campaign<sup>30</sup> to help parents teach their children about sexual abuse in an easy to understand way. The campaign suggested that parents "talk PANTS" to their children

<https://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/underwear-rule/>

We heard complimentary support for the Underwear Rule from Team Safeguarding Voice and the Sexual Health Service.

The Sex Education Forum<sup>31</sup> also provides tips to parents on how to talk to children about sexual matters, including healthy relationships and provides a comprehensive resource list to help parents find suitable ways to talk to their children about a variety of sex and relationship topics.

There is also a wealth of online information available to parents. For instance, the Parents Protect<sup>32</sup> website provides information and resources to raise awareness about child sexual abuse, answer questions and give adults the information, advice, support and facts they need to help protect children. PACE<sup>33</sup> - Parents Against Child Sexual Exploitation offers support to the parents and carers of children who are - or are at risk of being - sexually exploited by perpetrators external to the family. They also offer an online learning programme for parents at <http://www.paceuk.info/the-problem/keep-them-safe/>

However, comments from parents and other people we have spoken to have made it clear to us that parents do not want to search for information and reaching out into the community to encourage people to talk about CSE and educate them would be more fruitful since people may not come forward for advice about an issue which is either not high on their radar or because they have an "it won't happen to me" attitude. Respondents to our online survey suggested that the distribution of a short



Figure 1

<sup>30</sup> <https://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/underwear-rule/>

<sup>31</sup> [www.sexeducationforum.org.uk/parents-carers](http://www.sexeducationforum.org.uk/parents-carers)

<sup>32</sup> <http://www.parentsprotect.co.uk/>

<sup>33</sup> [www.paceuk.info](http://www.paceuk.info)

information video could address this and parents have suggested that hearing survivors' stories and increasing local understanding of how the Council is working to protect children would also be helpful. As the current internet presence of the Family Connect service is inadequate, we feel that the creation of a galaxy website for the Family Connect service [and associated promotional campaign] could address many of these issues by providing a 'one stop shop' approach where information about a variety of issues can be easily found alongside information about choosing schools, childcare and activity clubs as well as reporting welfare concerns.

As we have previously mentioned, CSE is considered to be a hidden crime and we are conscious that raising awareness in the community can result in a higher number of referrals and reports of abuse. We are aware from our discussions that professionals need to take the concerns of parents seriously when they report crime. Professionals need to be appropriately trained to recognise exploitation in a variety of forms and contexts and have professional curiosity when reports of the indicators of CSE are received.

## **Local Communities**

CSE affects all communities. As we stated earlier in this report, neither victims nor perpetrators come solely from any particular social, economic, ethnic or faith background. However, we cannot ignore the fact that the convictions in Operation Chalice were of men of British Pakistani heritage. Nor can we ignore the fact that it is believed that there is significant under-reporting of CSE against Asian or Muslim children and young people<sup>34</sup>. We also acknowledge the findings of Louise Casey BE following her Inspection of Rotherham Metropolitan Borough Council that there was an "archaic culture of sexism, bullying and discomfort around race" at that Council which consequently allowed racial tensions to grow<sup>35</sup>. We were also concerned that Muslims may have experienced a negative response from other people following reports in the local and national media featuring the involvement of Asian men in CSE and wanted to know how local agencies had responded to this. We also wanted the views of any concerned parents and professionals living in an area associated with CSE. It is for these reasons that we decided to actively seek the views of Muslim groups in the area which was the focus of Operation Chalice.

During these conversations, we discovered that engagement with local Mosques at some key points during Operation Chalice had taken place, but that there had not been on-going support. We heard that the generic use of the term 'Muslim' to describe specific groups or individuals involved in CSE was not helpful and concern that where this does happen CSE may be viewed as a specific issue for the 'Muslim community'. In the aftermath of Operation Chalice, local Muslims had felt somewhat "targeted" and "isolated", in particular due to incidents outside one of the Mosques and an earlier March by the English Defence League (EDL). The Shropshire Islamic Foundation (SIF) is working to address negative perceptions and help young people understand Islam by visiting various schools and scout groups. SIF is also involved in the Telford and Wrekin Interfaith Group (TWIG).

---

<sup>34</sup> The Muslim Women's Network UK (2013) *Unheard Voices: The Sexual Exploitation of Asian Girls and Young Women*

<sup>35</sup> Casey, Louise CB (2015) *Report of Inspection of Rotherham Metropolitan Borough Council*

We asked about raising awareness of CSE within faith and community groups and we were told that the Imam at Tan Bank Mosque had addressed the issue of CSE and radicalisation at several Friday congregation meetings and there are specific groups for women to meet and discuss issues. There is also a group at Tan Bank Mosque aimed at teenagers which includes discussions led by a qualified teacher about how to function in society. We were told that physical resources in one of the local Mosques is somewhat limited and that there is very little for young Muslim boys to do after school.

The women's group we spoke to indicated that the Police had talked to them and shown videos about what to look out for to identify signs of CSE and about internet safety, but more information would be welcomed.

In common with parents of all faiths, Muslim parents have concerns about their children's access to Social Media but that there are language and cultural barriers to parents accessing online information which might inform them about how to protect their children. We learnt that one local school offers English Language lessons to parents of its pupils which had proved extremely helpful and the women's group felt that parents of children in other schools needed to be able to access similar facilities.

Since we met with the women's group, the government has announced investment in English language lessons for Muslim women in England. While we acknowledge the controversies surrounding this investment, we also recognise that this funding offer may provide sought-after opportunities that would not otherwise be available. However, ideally we would like to see English language lessons available to all communities in the borough. With good language skills people can know their rights and be empowered to participate in society - get a job, help their children with homework, manage finances, etc. - as well as become more informed to protect their children.

## **Organisations**

Throughout this review, during our discussions with the many organisations we have spoken to and contacted, we have been keen to ensure that training opportunities are available to all staff in order to support their role in tackling CSE. We have consistently been advised that training opportunities are generally good and our key partners' frontline staff all receive training in some form, whether that be face to face or as an e-learning module.

Here at the Council, we have two e-learning modules available to all staff and Councillors, CSE training is a compulsory part of every Councillor's induction, and we are assured by the Police and Police & Crime Commissioner that CSE is a key module of their induction procedures. All health organisations and schools we spoke to provided safeguarding training in some form.

We have not had access to any external organisations' training programmes and, as we are not experts, we cannot comment on the adequacy of training. However, it has been acknowledged that training can always be improved and some frontline staff have indicated that, in some cases, training materials require updating. In

particular, we heard that the Police training module for new recruits needs constant refreshing, that PCSOs would appreciate wider training to incorporate connected crimes, for instance traffic enforcement, and that more tailored training opportunities would be welcomed by GPs and Licensing colleagues. Frontline staff would generally welcome regular updates about referral mechanisms and our discussions led us to believe this would be a particularly useful element of the induction programmes for staff in schools, colleges and academies. This should include teaching assistants and non-teaching staff eg lunch time supervisors.

In terms of wider training opportunities for businesses and organisations, we welcome the roll out of the Say Something if you See Something campaign. The CATE Team and PSCOs also told us about their personal safety concerns when coming into contact with perpetrators, who can often be threatening and intimidating. From these discussions in particular, we recognise how important it is for organisations to assess the danger to their staff and provide personal safety awareness training to complement CSE awareness training. We were assured by West Mercia Police that conflict management and personal safety training is provided for all PSCOs and that no incidents had been reported.

## **Perpetrators**

At our Inquiry Day in March, we had the pleasure of talking to the Probation Service about their work with offenders. We asked if there were any lessons that could be drawn about what might be done to prevent individuals from becoming perpetrators. Whilst this was a difficult question to answer since there are many reasons why an individual might offend, early identification of risk factors was identified as important in preventing the distortion of social norms which could later lead an individual into criminal behaviour. The Probation Service suggested that education plays a key part in developing an individual's recognition of appropriate behavior and understanding of the consequences of their actions. This point was also supported by our meetings with young people who identified that more lessons about sex and healthy relationships would have the effect of both girls and boys developing greater mutual respect while also increasing their understanding of consent and how to behave in relationships.

## Online Safety

It is understandable that children and young people want the latest gadgets and technologies and parents may feel that the children are safe at home when playing on mobiles, tablets, home computers and video games consoles. However, online safety is an area of concern but it is not just social media which poses risks, even popular online multiplayer video games can be a danger if access and chat controls are not fully utilised. The internet can provide opportunities for paedophiles and predatory sex offenders: they can hide behind fake photographs and false identities to make friends with children, surprisingly quickly and easily earning their trust. Children will not even be aware that they are talking to someone whose sole aim is to take advantage of them. We were told during the review that the internet is a global play-park and even adults occasionally need to be reminded that if you wouldn't do something in real life in public, it's not a good idea to do it online. Due to increasing concerns about online CSE and indecent images of children, we were keen to find out what steps are being taken to raise awareness of online safety.

When we met with Team Safeguarding Voice<sup>©</sup> we were told that they had written a leaflet on Sexting for the LSCB due to increasing concerns around online safety. The leaflet was so easy to understand that it had been shared with all Primary and Secondary Schools to disseminate to pupils and parents to help them understand the risks and law.

The NSPCC has also created an online guide for parents to explain what children do online and through social networking and how parents can start conversations with their children about staying safe online, and what a parent can do if they are worried about online safety. The guide also includes a specific section and infographic dedicated to keeping children safe whilst playing the popular game Minecraft.<sup>36</sup>

At the time of writing this report, the Government was consulting on measures that would require all schools to filter inappropriate online content and teach pupils about staying safe including online harm. This also coincides with a further package of measures to help keep children safe online including guidance for parents and professionals.<sup>37</sup> Whilst these measures are primarily a response to the rising risk of children being targeted by radical groups, the measures include keeping children safe from cyber bullying and pornography as well as the risk of radicalisation.

---

<sup>36</sup> NSPCC (2015) *Online Safety* [online] <https://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/online-safety/> (Accessed 30 December 2015)

<sup>37</sup> <https://www.gov.uk/government/news/new-measures-to-keep-children-safe-online-at-school-and-at-home>

# Findings: Information Sharing

---

## **Prevention**

We have already discussed the awareness raising that has taken place in schools through peer to peer groups like TSV and also in PSHE/RSE lessons. All of the children and young people we spoke to wanted more information to help them understand more about the dangers of CSE so that they could protect themselves and their friends from harm. We have set out in an earlier section the type of information young people want to receive.

Some schools make information available to parents via the school website (eg the information leaflet TSV created on sexting) and the head teacher at one school that we spoke to has also made efforts to engage with parents by holding an evening information session although this was not as well attended as the school hoped. The Council's leaflets about the CATE service are available on the Council website but we have already pointed out that information could be more effectively and accessibly presented through a galaxy website for the Family Connect service.

The Council and its partner agencies have also made efforts to reach the public, including through National CSE Awareness Day and we understand the Council intends to participate in this year's event too.

## **Protection and Support**

Family Connect is the single point of contact (or 'front door') to all children and family services, enabling people to get the right help at the right time. The secure office from which Family Connect operates brings together a range of professionals under one roof enabling people to access information, advice, guidance, support and assistance for all calls received by Family Connect. This includes internal services (Safeguarding, Children & Family Locality Services, cohesion staff, social workers, Children's Disability Team, SEND officer, education officers) as well as representatives from external agencies (including civilian Police HAU staff, Probation and Community Rehabilitation Company, CAMHS, Community Health and Wrekin Housing Trust). The Family Connect Service would benefit from the addition of professionals from substance misuse and mental health services, Jobcentre Plus/DWP and Housing Benefit. Staff offer a triage service for safeguarding referrals and decide the most appropriate course of action but they do not deliver any interventions themselves.

There is an operating protocol for every type of call that comes in. Everything is scripted and the system has alerts and triggers built in so that it raises the level of risk based on information selected within the system. If a call reaches the complex or acute threshold an email will be sent to the safeguarding advisors to review the case. The risks are built into each separate pathway so the system will pick up the different indicators of CSE. If the system registers three records of the same name an alert is sent to the Family Connect group specialist who looks at the reasons why so that the case can be escalated if necessary. Schools have to report children

missing from school for 15 days (the limit is being reduced to 10 days) and the police report all missing children to Family Connect. Every missing report is assessed for links to CSE. Missing reports trigger an automatic alert to say that the child may be in danger. 10 days is still a long time for a school to report a child missing but often the child may come to the attention of other services such as the Police and be picked up before the 10 day threshold.

All contacts coming into Family Connect are logged onto the system and relevant information is passed to Safeguarding. The advisors can react very quickly to check nine different internal systems to find any record of the child. When a safeguarding call (including CSE concerns) reaches the Safeguarding desk, social workers can build up a picture of the child very quickly by initiating a MACE (Multi-Agency Child Enquiry).

Once a MACE is issued, all professionals in the room have to say what they know about a child/young person or a suspected perpetrator as names crop up. Information sharing is protected so that other services/agencies can input information into the MACE and view information related to their service but they cannot see information put in by other services/agencies. Only the Safeguarding social worker can see all the information so they have a complete chronological story for the child on one record and can initiate the appropriate process – ie child protection or CSE pathway.

CSE cases are referred to the CATE Team, or a Risk Panel or Strategy Meeting is convened and the information collected during the MACE follows the referral. In order to release information to people outside the room, consent is required but there is a protocol in place so that partners know that if Family Connect is seeking information or consent, it is linked to a safeguarding issue.

Family Connect does not monitor actions assigned to other organisations – due to capacity issues, they rely on the integrity of the partner agencies to take the necessary action. If actions aren't carried through, parents normally call back into Family Connect and this enables a record to be made on the system where issues have not been resolved.

Uniquely to Telford and Wrekin, if a vulnerability to CSE is identified, Family Connect will pick it up and run with it regardless of age and will make referrals to CATE or work with adult services.

The Family Connect Service has been likened to a Multi-Agency Safeguarding Hub (MASH) due to the co-location of a number of partner agencies, but we understand that a MASH functions on a more operational level to not only quickly and efficiently identify emerging problems but also ensure that the most appropriate response is promptly delivered to safeguard and protect the child. At our first Inquiry Day in March we were told that the only MASH in West Mercia is situated in Herefordshire and that the Police would like to explore the establishment of a MASH or co-location in other areas.

During the course of this review, we heard about the effectiveness of the MASH model to improve safeguarding responses for vulnerable children. However, we also

note arguments that the MASH model is based on normal child protection procedures which we have explained are not suitable for CSE cases. Although there is a clear connection between the two, there is also a distinct difference in that child protection cases are based upon tangible evidence (eg a broken arm) which results in an instantaneous case. In contrast, CSE is indicator based resulting in a different referral mechanism and an assessment of risk leading to protracted investigation of indicators until a disclosure is made.

Both the CATE Team and Police CSE Team supported co-location to facilitate a more dynamic response to referrals. Both felt that co-location would improve information sharing in both directions and the ability to manage risk through quicker and more effective responses which would free up investigation time.

In the absence of a MASH or co-location, the Police told us that the recent creation of the Police CSE Team had created a clear pathway of information between them and the CATE Team, with a proper mechanism for sharing information (via email). The CATE Team play an active part in the identification of young people involved in CSE by gathering information and intelligence to share with the Police. The CATE Team and Police CSE Team both told us how they share information to build association charts of events, names and places which enables investigation to take place. This information is not only used for prosecution evidence in one case, but may also identify other vulnerable young people who need support.

Police Community Support Officers are uniformed civilian members of police support staff. They can be likened to the eyes and ears of the Police on the street. They also have a role to play in providing information for CSE investigations. For instance, they may spot suspicious loitering activity, which they can attempt to disrupt by maintaining a presence in the area or by spotting cruising cars and “tagging” them for subsequent investigation. PCSOs told us that that the majority of cars that are stopped are ‘trade cars’ (not taxis). This means that checks won’t identify who is driving the car as it will belong to a company who may own 50 cars and have insurance for any driver. This makes it that it is very difficult to find out quickly who is driving the car.

When we spoke to PCSOs, they told us they are not informed of operations taking place in their area: they only have information about situations they are dealing with and they do not find out what happens with the intelligence they provide, for instance if they have “tagged” a vehicle, there is no feedback if the vehicle was subsequently stopped. Similarly, PCSOs are also only provided with information about vulnerable young people within their specific area but often information from surrounding areas might be relevant as individuals are not confined to the vicinity of their homes. We were also told that the relay of information between PCSO teams can be delayed by changes in shift, and that information about offender movements (ie into or release from prison) can also be slow.

Both the Police and Crime Commissioner and PCSOs told us that Telford’s Street Pastors also share useful information regarding vehicles suspected of being involved in CSE which helps to build an investigation.

All education providers in the Borough can contact Family Connect to raise safeguarding concerns or share information that may indicate a child or young

person is at risk of CSE. Feedback from schools and further education colleges that had used the Family Connect Service was positive. Members were also given assurance that relevant information was shared when children moved from primary to secondary school or between secondary schools. However, it was raised that information about vulnerable students who have experienced CSE or students who are suspected perpetrators has not always been passed on to the Further Education colleges.

We know that information sharing by health providers is subject to strict patient confidentiality rules and data protection. We also know from our discussions with NHS staff at the Princess Royal Hospital that the difference in the way Welsh Authorities interpret data protection has caused issues when information is sought from Powys. Since our hospitals also provide care for people living in mid-Wales we support any efforts to alleviate this position. Similarly, we also noted that the hospital could encounter difficulties in accessing the medical records of children placed in care in Telford and Wrekin by other authorities and that hospital staff felt that there could be better information sharing taking place across hospital trusts. However, we were pleased to note that the CP-IS (Child Protection – Information Sharing) system, which links health and local authority systems on a national level to flag patients subject to child protection or care plans, was due to be implemented at the Princess Royal Hospital although the roll-out of the system had been delayed.

The CATE Team told us that good links exist between them and the School Nurse Service, health workers and with CAMHS. CAMHS told us that there is a Link Worker allocated to the CATE Team who attends as many of their meetings as possible. The meetings clash with CAMHS Team meetings so in advance of the CATE meeting, the Link Officer receives names and risk assessments from CATE to check against the CAMHS caseload and if any are flagged up, the CATE meeting is prioritised. Information is shared at meetings and recorded in the young person's file. Information can be shared in both directions; mainly it is CATE referring people to CAMHS but there have been cases where CAMHS have made referrals to CATE where CSE has come to light during counselling but consent must be gained to share information unless there is a safeguarding issue.

Although Family Connect told us that GPs make appropriate referrals, the CATE Team told us that obtaining information from GPs can be difficult. CAMHS also told us that if a young person presents to their GP for a referral to CAMHS after their case with the CATE Team has been closed, the referral often only makes reference to current difficulties the young person is experiencing and makes no mention of their past involvement with the CATE Team. The CATE Team feel very strongly that CSE is a safeguarding issue and that the same level of access to information should apply. At the time we spoke to the Team, they told us that work was in progress to develop a process to bring notification to GPs about young people allocated to the CATE Team into line with the notification process in Child Protection matters.

GPs expressed some frustrations about the referral mechanism to CAMHS and Early Intervention Services through Family Connect but we were assured by GPs that this was being addressed and the system was otherwise considered very good.

## Disruption and Prosecution

We have found that organisations in Telford and Wrekin are working well together to share information about known cases of CSE. However, as we have set out, we also understand that the number of cases of CSE are far greater than the number of cases that have been identified by statutory organisations. During this review, we have found opportunities to strengthen information sharing between organisations to inform disruption and prosecution of crime related to CSE. Further detail of our findings relating to disruption and prosecution are set out in pages 49-57 of this report.

We were reassured to hear that Council Licensing Officers are involved in the CSE Strategy Group and the operational Task Force and that there is an information sharing protocol with the police and co-operation during investigations so that an investigation is not compromised. Officers also told us there are clear lines of communication between Telford & Wrekin and Shropshire Council on taxi issues. Post-Rotherham, there have been joint meetings between the Chairs of the Licensing Committees and there is an attitude of 'that's not happening on my watch' among the Councillors.

However, we were very concerned by eyewitness accounts from the Street Pastors about suspicious activity by predatory vehicles – including Private Hire Vehicles (PHVs) – around the night time economy and in particular around clubs on under-18 nights. They had witnessed occupied vehicles parked in known spots near the clubs or driving around to find young people who may be particularly vulnerable as a result of alcohol or drug use. The registration numbers of suspicious vehicles are logged and passed to the police for them to act on. We would like to assume that details relating to PHVs are shared with the licensing authorities but to ensure this happens we have made a specific recommendation that this must be done.

Officers in Telford & Wrekin and Shropshire identified the need for a common database for local authorities to share information about taxi drivers. When taxi drivers apply for a license, they have a duty to disclose licenses held with other authorities or if they have had a license revoked by another authority. However unless the applicant makes a voluntarily disclosure, there is no IT system for authorities to check information held by other authorities. We discuss this further in pages 50-51 below.

We were very concerned by evidence from officers in Shropshire that information which could help licensing officers build a picture of an applicant to inform a licensing decision may not be disclosed in an enhanced Disclosure and Barring Service (DBS) check. Disclosure of information must meet 'pressing social need' criteria, so for example involvement in a domestic abuse incident would not meet the criteria if the incident took place at home and not in course of the person's taxi driving duties. Further, information for DBS checks is filtered by the national DBS team and taxi drivers are deemed to be lower risk than other employment categories which can also compromise disclosure of information. Officers in Shropshire had raised the matter to no avail and other authorities have expressed similar concerns. We have urged in our recommendations that the DBS reviews the guidelines at national level.

As mentioned earlier, a key issue identified by Licensing Officers in Telford & Wrekin and Shropshire was the need for a system to record and analyse soft intelligence relating not only to taxis, but also to premises to identify patterns of activity and develop an intelligence-led approach to prevention and disruption.

The Committee has recognised the excellent work of Family Connect in terms of sharing information via the Multi-Agency Safeguarding Hub. However, records relate to people rather than premises or taxis. The CSE Task Group had been considering the appropriate platform to develop a database for recording information about premises and taxis and we are suggesting IDB, originally developed for use by Trading Standards, should be considered for this purpose. Many local authorities are at the early stage of developing intelligence databases; IDB is accessible to all subscribing authorities (most authorities subscribe) and would enable relevant data, including taxi related data, to be accessed by other authorities. (The Law Commission recommended implementing a national database for taxi information but this has yet to come to fruition.) We have been told that the police do not currently subscribe to IDB and this would need to be addressed and the database would need to link to the systems at Family Connect.

Key to success of this approach is that all Council staff visiting licensed premises or working in places where young people congregate understand the importance of recording soft intelligence which may not seem significant in isolation but is crucial to building up a picture of CSE activity. This approach to gathering and recording soft intelligence needs to become embedded into officers' roles.

## **Post-Prosecution**

Representatives of the Probation Service explained to us that information was generally shared with them through the Multi Agency Public Protection Arrangements (MAPPA) process. When an offender is due to be released from custody, partner agencies (including the police, social workers, housing and mental health) formally come together to assess the offender and create a management plan for their release. This process was rated very highly and we were told that good links between the majority of parties existed, although increased attendance by representatives of the UK Border Agency, would be helpful to improve knowledge or information about Deportation Orders.

We had some concerns about housing for ex-offenders and how victims can be protected from coming into contact with their abusers when they are released from prison. We were told that it is highly unusual for the Probation Service to suggest that a high risk offender reside in the same area as their victim(s). It is more usual for a person released from prison on license to be directed to live in an approved premises, for example for a 12 week transitional period subject to license conditions which may include a curfew and drug and alcohol tests. The only approved premises in the area is Brady House in Worcester. Over this 12 week period the Probation Officer works with the Police to see where the person might be placed – still subject to license conditions. These conditions receive input from the Victim Liaison Officer and may stipulate that the ex-offender is excluded from a particular

place although sometimes being too specific can be counter-productive and it is better to say that contact with the victim must not be made.

We were assured that if a property had been converted to a sub-standard condition, it would not be considered suitable and would not be approved. Also properties located too near the victim would be seen as unsuitable. The Probation Service told us that, in the case of Houses in Multiple Occupation (HMOs), local police are helpful and share information about who else is in the accommodation but it can be a struggle to obtain the same information in other policing areas.

We also approached the Wrekin Housing Trust to ask them about their safeguarding practices. Unfortunately, the Trust were unable to meet with us in person but they did offer written assurances that instances of anti-social behaviour at their properties are recorded and any associated safeguarding concerns are reported to Family Connect and Neighbourhood Delivery Groups.

The Probation Service also made us aware that reforms to the Probation Service has meant that information on low-risk and some medium-risk offenders is now held by private Community Rehabilitation Companies (CRC) on separate computer systems which restricts the information available to them. At the time we met with the Probation Service, this was a fairly new arrangement and we have not had the opportunity to meet with representatives of any local private Community Rehabilitation Companies for their views.

# Findings: Protection and Support

---

## **CATE/CSE Care Pathway**

In Telford and Wrekin, the LSCB oversees a partnership approach to CSE which has led to the development of a unique framework of strategic and operational management. This approach began, as we set out earlier in the report, as a response to the proactive approach to safeguarding which culminated in Operation Chalice. It is called the 'CATE Care Pathway' or 'CSE Pathway'. This approach has been designed to fit the unique challenges of CSE rather than trying to fit CSE into the usual child protection procedures

Young people at risk of CSE may not meet thresholds for a Section 47 investigation under the auspices of the Children Act 1989 or, due to the nature of their abuse, normal child protection routes are inappropriate. Young people who are at risk from CSE typically will not effectively engage with social workers or police officers especially in response to the first professional intervention relating to CSE. Young people who have been groomed may not even recognise themselves as a victim or may have learned a conditioned denial response and reject initial offers of help or support.

Initially, when a referral is received by the Council's Family Connect Service, we were told information is assessed by the Safeguarding Lead and then routed to either Child Protection or the CATE Team if CSE is considered to play a part in the situation. One of the CATE Team will be allocated to the case and they will undertake an initial risk assessment with the young person and other agencies. Within six weeks, a Multi-Agency Risk Assessment Panel is convened at which all agencies are required to attend to consider the report of the CATE Practitioner, Police intelligence and information from other agencies relating to the case. The Risk Panel agrees the level of risk – Low, Low-Medium, Medium, Medium-High or High – which determines the level of intervention and immediate action required. If risk is assessed as 'red' (high) or 'amber' (medium), a Strategy Meeting will take place, attended by all partner agencies, with the aim of creating a safety plan, supporting parents and taking action against the perpetrators. Strategy Meeting Reviews take place to keep plans and risk assessments up-to-date until a resolution and exit strategy have been achieved. If it is believed at any stage that a parent is failing to protect their child, Child Protection procedures will take over. However, if parents are trying to protect and support their child, they will be involved in the process.

During this process, the role of CATE Team Practitioners is to support young people who are considered vulnerable or at risk of CSE. The CATE Team are Youth Workers, not Social Workers, who work with young people to build trusting relationships, challenge their perceptions and overcome their resistance to support by helping them recognise that they are being sexually exploited. The process can be difficult and lengthy and it can take professionals a long time to build up enough trust to overcome a young person's resistance to being helped and supported to exit an abusive situation.

The work of the CATE Team has been commended throughout this review, and the approach to working with the victims and joint work with West Mercia Police was instrumental in the success of Operation Chalice. We are satisfied that the CATE/CSE Care Pathway approach, which is regularly reviewed by the LSCB for effectiveness and improvement, is the most appropriate way to safeguard young people who have been identified as vulnerable to or at risk of CSE.

However, throughout our discussions it has become clear to us that victims and survivors and their families, frontline staff and some organisations are not fully aware of the range of support available through the Pathway or how and when each element of support should be accessed. For instance, some parents of victims and survivors told us that they had felt passed from “pillar to post” and the ISVA service explained how they should be involved early in a case. The flowchart we were shown to explain the CATE/CSE Pathway does not include the range of support available to victims, survivors and their families. To this end, we feel it would be helpful if the support available from the full range of organisations was mapped. This information should be provided to organisations and victims and their families to more fully explain how and when relevant services fit into the CATE/CSE Care Pathway approach, and how services should be accessed.

### **Children in Care / Children and Young People who are Missing**

The Children and Young People Scrutiny Committee had previously undertaken a review on the childcare placement strategy in 2013. This included recommendations to encourage co-operation between police and providers and ensure that the Council gives all providers information about support services they could access to help the children in their care, to ensure that robust systems are in place for statutory return interviews for children and young people who are missing and that quality assurance systems are put in place by Independent Reviewing Officers for the review of care plans.

### **Therapeutic Support**

Since an inherent part of this type of abuse is that young people do not recognise themselves as victims, accessing vital early support can prove difficult.

Following identification of mental health issues during risk assessments, victims of CSE may be referred to CAMHS to carry out a mental health assessment. CAMHS do not accept direct referrals, referrals are made by Family Connect or Princess Royal Hospital in emergency self-harm cases. The outcome of the initial assessment depends on the engagement with the service by the young person, whether there are any mental health concerns and whether these are severe and impacting on them day to day. The threshold for CAMHS is that the young person is suffering from severe, complex, pervasive and persistent mental health problems. There is no specific criteria for diagnosing mental health needs in CSE cases and diagnoses are around the presenting mental health issues.

It may be that CAMHS is not right for the young person at the time, but may be helpful at a later stage. In these cases, a letter is sent to the person who made the referral to inform them of the outcome of the assessment and that they should make another referral should things change or the young person is able to engage. A letter is also sent to the young person's family to notify them of the outcome of the assessment and to let them know that they can ask to be referred again at a later date depending on concerns and appropriateness. The letters are not followed up because the service lacks capacity to do so. We were concerned that victims and survivors may not request a second referral and therefore not get the support they need.

CAMHS told us that establishing and maintaining a therapeutic relationship is vital in the first instance. The outcomes of therapy are far better when a young person is ready and wants counselling and it is not being forced on them. CAMHS do not prescribe a set number of appointments or sessions. However, the situation is reviewed after a number of sessions and in cases of CSE the number of sessions can be more open ended due to the nature of the client group and depending on the severity of mental health difficulties, as there are usually complex issues.

There are a number of therapies available including:

- Talking therapies such as Cognitive Behavioural Therapy (CBT)
- Person centred work, solution focused brief therapy
- Eye Movement Desensitisation & Reprocessing (EMDR) This is a psychotherapeutic procedure developed to treat traumatic or "dysfunctional" memories and experiences mainly used in the treatment of Post Traumatic Stress Disorder
- Occupational Therapy
- Medication is not normally the first route in the therapy, but maybe prescribed if necessary at a later stage of treatment

If a young person wants to talk when their allocated clinician is not available, there is a duty clinician to provide cover or the young person may choose to wait to see their own clinician. If the young person is in crisis, the allocated clinician is contacted if they are available or a message is left for them to call them back.

We were informed towards the end of our review that the NHS is re-commissioning emotional health and wellbeing services for children and young people aged 0-25.

Young people who do not meet the threshold for CAMHS, may be referred to Axis Counselling who provide psychological help for victims of childhood sexual abuse, rape and sexual violence as well as providing the local ISVA Service. Axis Counselling employs 10 therapists. As discussed previously in this report, there is significant demand for this service resulting in long waiting lists. All clients receive an initial assessment appointment within 10 working days and contact is maintained with clients on the waiting list. We understand that the availability of therapeutic support for victims and survivors is not just a local issue and that this has been

highlighted by Professor Alexis Jay one year after her report into abuse in Rotherham and by Scrutiny Reviews in other local authorities.<sup>38 39</sup>

The support provided by Axis Counselling is not unlimited. Therapists use monitoring tools to assess clients' progress and Axis Counselling told us that most clients can receive the support and help needed within 18 sessions. If a case is particularly complex, eg involving gang rape, it is acknowledged that those clients may need support for up to 2 years. We recognise that it is clearly not always in a client's long term interest to require prolonged or indefinite support.

Axis Counselling told us that clients who access the service may not initially present as victims of CSE but their experience is revealed by later sessions. Similarly, clients may access the service about historic child abuse but during counselling it emerges that they have actually been raped more recently.

Axis Counselling offers a service called "Axis Link" which works with family members and partners who often find the client's situation difficult to understand. Axis link offers 6 sessions to family members or partners. Sometimes, through this support, it emerges that there is intra-familial abuse or that a family member has also experienced abuse.

The CATE Team told us that there are a lot of young people who may benefit from therapeutic counselling, but they don't meet the diagnostic threshold for the service. For those young people at risk of abuse but who fall below the diagnostic thresholds of CAMHS or Axis Counselling, there is nowhere else for them to go. The CATE Team do their best to find help for the young people that they work with, but it is a very frustrating and often unfruitful process.

The CATE Team explained that services with a lower threshold to access services, such as Relateen which provides counselling around relations and low self-esteem, do not provide a specialist service for victims of CSE who are struggling with the trauma that this form of abuse causes.

We have become aware that there are a range of organisations that can provide support to victims and survivors of CSE and that people who are affected by CSE do not always understand what support is available or how to access it. We also heard that there can be confusion about the role of the CAMH service and that it would be helpful to make clear the role of the CAMH service in diagnosis of mental health issues and in providing intervention or ongoing support.

---

<sup>38</sup> Birmingham City Council Scrutiny Review Report, We Need to Get It Right, A Health Check into the Council's Role in Tackling child Sexual Exploitation, December 2014,

<sup>39</sup> Buckinghamshire County Council, How Are We Preventing Child Sexual Exploitation and Supporting Young People in Buckinghamshire? 2015

## Sexual Health

Some survivors of CSE told us that they had concerns about how easy it had been for them to regularly access emergency contraception and abortion services without challenge.

The Sexual Health Service told us that patient records follow an individual which allows safeguarding concerns flagged in the record to be raised with them when they present at clinic. If a professional has concerns about a patient, they will raise them during the consultation and, if the patient is accompanied, the professional will insist on some time alone with them. It is unusual for the Sexual Health Service to be the first agency to make a safeguarding referral – normally patients would already be known to Family Connect or the Police. Additionally, we were reassured that professionals have a lot of tools available to them to overcome issues with people using a false identity and to work with a patient to try to find the truth. Despite this, the most important thing is that the patient walks away having received the service and is not scared off.

We were further re-assured that the Sexual Health Service doesn't have an age limit for safeguarding and an automatic 'phrase of competency' isn't assumed. This means that it is not automatically assumed that someone over 16 has the maturity, capacity or choice to give consent.

The GP representative we spoke to told us that learning from Operation Chalice has resulted in significant improvement in awareness among GPs who are now primed to at least highlight risky behavior, offer regular contraception and prompt a visit to the sexual health clinic.

Public Health Commissioners told us that extensive training has taken place with pharmacies on emergency contraception and screening/testing, which has included information regarding referral to Family Connect for safeguarding issues. There are also safeguards in place if C-Cards<sup>40</sup> are used too frequently. We were given assurances that local mainstream agencies providing sexual health services (eg Terence Higgins Trust, Community Pharmacies, GPs) are similarly aware of Family Connect and referral mechanisms.

We were also pleased to hear that the Public Health Commissioner has been involved in the commissioning of the CCG's tender for the contract for termination services so that links to contraception and sexual health can be built into the specification.

---

<sup>40</sup> A 'C-Card' or 'Condom Card' allows young people to access condoms for free by showing the card at certain local access points.

# Findings: Disruption

---

## West Mercia Police

We also recognised that it is important that information is shared to enable the police and other enforcement agencies to disrupt the activity of perpetrators. However, the complexity of this work became apparent as it was explained that it is important that disruption activity does not compromise the investigation of cases that will be prosecuted. West Mercia Police assured us that the safeguarding of victims and potential victims is the priority.

We were told by West Mercia Police that the disruption strategies used in Telford and Wrekin include:

- sharing information about young people who go missing, victims of CSE and perpetrators
- Training of officers on CSE markers
- Using information about CSE to inform the work of patrolling officers and Safer Neighbourhood Teams
- Working with partner organisations to understand relationship issues for young people
- Working with educational organisations
- Engaging with the business community to encourage reporting
- Analysis to identify children and young people who are more likely to become victims of CSE
- Understanding trends and events that impact on understanding and investigation of CSE
- Issue Abduction Warning Notices where appropriate
- Arrest perpetrators where disclosures are made

## Licensing

There has been a growing recognition of the potential for local authorities to make greater use of licensing and enforcement powers as tools to prevent or disrupt CSE. In October 2014 Osfted's report 'The exploitation of children: it couldn't happen here could it?' found that '...disruption does not depend solely on the police. Most local authorities are beginning to realise the potential of developing a more joined-up approach to disruption through better sharing of information and by making full use of the powers available to the local authority and its partners. This includes better use of enforcement powers in relation to the licensing of taxi drivers and fast food establishments.'

A key focus of work in local authorities has been on taxi licensing although the use of wider licensing and public protection powers are being increasingly considered in relation to tackling CSE. We met Licensing and Enforcement officers at Telford & Wrekin, and at Shropshire Council, to find out how they were responding.

## **Taxi Licensing**

### **Licensing policies**

The use of taxis for trafficking and exploitation has been a feature of CSE cases around the country. The Casey report highlights failings by Rotherham MBC to take steps to ensure only fit and proper persons are permitted to hold a taxi license and to properly investigate complaints.

In 2010, most taxi operators and drivers then working in the borough re-licensed in Shropshire in protest at an increase in taxi fees to cover the cost of service. This had given rise to concerns that taxi licenses which may have been refused by Telford & Wrekin were being granted by Shropshire and that, with the exception of plying for hire violations, Telford & Wrekin lacked powers of enforcement over drivers operating in the borough but licensed in other areas. The Law Commission in May 2014 highlighted enforcement difficulties associated with vehicles working outside their licensing area and the consequent risk to customer safety. The Commission recommended that licensing officers should be able to undertake certain enforcement action on taxis licensed outside their area (including suspending a license and recommending sanctions to which the 'home' authority must have regard) but a draft Bill has yet to come to Parliament. Further, deregulation enacted on 1 October 2015 allows Private Hire Vehicle (PHV) operators to hold licenses with more than one authority and to sub-contract bookings to drivers licensed in other licensing areas adding complexity to enforcement activity.

Taxi driver and vehicle fitness conditions are for each local licensing authority to decide and can vary considerably from area to area. In granting a taxi driver's license the licensing authority is required to satisfy itself that the applicant is a 'fit and proper' person. The definition of 'fit and proper' is not defined by statute thus allowing scope for local interpretation. Authorities can also exercise power to suspend or revoke licenses on the 'balance of probabilities' rather than meeting higher evidentiary thresholds required by a court of law (although decisions can be overturned by a magistrate) giving greater scope to exercise sanctions where there are grounds for concern.

We heard that Telford & Wrekin has a history of robust taxi licensing processes compared to other authorities and that policies had been reviewed and strengthened in the light of reports on Rotherham with additional driver checks being introduced. There was a prevailing view that Telford & Wrekin's licensing policy was more robust than Shropshire and whereas this may have been the case until recently, Shropshire Council spent 18 months carrying out a whole scale review of the Hackney Carriage and Private Hire Licensing Policy culminating in the introduction of a revised policy in April 2015.

The revised policy and licensing conditions are significantly more robust and mark a change in Shropshire's stance on licensing – more hard-line, and placing greater responsibility on the trade for safeguarding. The revised policy was acknowledged by officers at Telford & Wrekin as now being more robust than Telford & Wrekin's. There is much to commend in the new policy, notably the inclusion of The Child Exploitation and Trafficking of Children and Young People section which provides information for taxi drivers and operators to help them identify and report concerns about child safety particularly related to CSE, and a specific requirement for operators to have a suitably trained Designated Person with specific responsibility for safeguarding as a condition of licensing. Tougher vehicle fitness standards, more rigorous 'fit and proper', 'right to remain' and reference checks, fixed internal plates on the passenger side of the windscreen and driver ID badges are some of the other areas strengthened. The Policy has given officers more confidence to make tougher licensing decisions which are less likely to be overturned by magistrates on the grounds that the decision does not follow policy.

The Law Commission has recommended the introduction of consistent national standards for taxi licensing conditions and we have made a recommendation about this. However, in the absence of national legislation we feel that as a minimum, Telford & Wrekin's and Shropshire's policies should be aligned to discourage drivers 'shopping around' for authorities with less rigorous standards. It was noted that there had been a trend of operators and drivers re-licensing in Telford since the introduction of tougher standards in Shropshire.

Officers in Shropshire felt that what would really make a difference would be for Telford & Wrekin to introduce an emissions standard test; older vehicles are less likely to meet the emissions standard and require operators to invest in newer vehicles – this has the effect of discouraging people buying cars cheaply at auction, licensing them as taxis and then using them as a front for organised crime. We have made a specific recommendation about this, although recognise that introducing the emissions test would require investment in air quality testing and if the same result can be achieved in other ways we would welcome creative thinking. To work most effectively, taxi licensing policies should be aligned across a wider geography and it would be worth considering how this could be done with other neighbouring authorities.

### **Taxi driver training and reporting mechanisms**

Our starting point is that the overwhelming majority of taxi drivers are law abiding people. Taxi drivers are well placed to act as the 'eyes and ears' in local communities and can be a good source of intelligence if they know what to look out for and, importantly, if they can be confident that they can report concerns without fear of reprisal.

We were pleased to hear that all new drivers being licensed by Telford & Wrekin receive CSE awareness training using the 'Say Something if You See Something' toolkit (produced by the NWG Network and the Children's Society to support work with retail, transport, leisure and hospitality businesses to protect children from child sexual exploitation) and that the programme would be rolled out to all existing taxi license holders as well as other licensed businesses. Shropshire Council has

developed bespoke taxi driver training as a condition of licensing which includes CSE awareness, the responsibilities of taxi drivers for safeguarding and working against CSE, how to keep themselves safe, who to report concerns to and specific training for drivers carrying young passengers – there could be a benefit in comparing the training to see if any learning can be drawn from this – and we have made a recommendation about this.

We were pleased to hear that the CSE Task Force was looking at the option of setting up a Hotline for drivers to report concerns anonymously and we have recommended that this is implemented to encourage reporting. (As noted earlier, Shropshire’s policy requires operators to have a nominated safeguarding contact and this could also be considered in the review of licensing policies.)

## **Other licensing issues**

### **Licensing policies and awareness raising**

The fourth licensing objective under the Licensing Act 2003 is to protect children from harm. The Children’s Commissioner’s inquiry into CSE identified hotels, bed and breakfasts, shops and food outlets as key locations in which abuse takes place. The Say Something if You See Something campaign and toolkit mentioned earlier helps staff in these businesses to recognise the signs that sexual exploitation is taking place and sets out what action they can take in response.

We have recommended the continued roll out of the campaign in Telford and Wrekin. Shropshire intends to go a step further by developing bespoke policies for licensed businesses where people may come into close contact with young people to strengthen safeguarding requirements and responsibilities. We have recommended that Telford & Wrekin carries out a similar review of policies to strengthen conditions around safeguarding. We were particularly concerned by eyewitness accounts from the Street Pastors of risky behavior of young people around under-18 events in nightclubs, often involving alcohol or drugs, making themselves vulnerable to predators. We have made some specific recommendations aimed at strengthened licensing conditions and better regulation of events to keep young people safe.

### **Staff training**

We were pleased that officers in licensing and enforcement were receiving CSE awareness training. However, the issue had been raised that the training focuses on recognising signs of CSE in victims rather than in premises. We were assured that this was being looked at and have not made any specific recommendations about this but would urge that this gap is filled and that the training should be provided to all Council staff who visit licensed premises or who work in public places where young people congregate.

Further, it may be useful for officers to consider developing a Licensing and Enforcement Disruption Toolkit (similar to that used by West Midlands Police to bring together all the policing powers that officers can deploy to disrupt CSE) focused on local authority powers. This may already exist but we could not find any

examples in other authorities. It may be something to explore further with peers in other authorities to share information and ideas about how powers can be applied to good effect.

## Findings: Prosecution

---

At our Inquiry Day in July, we had a very enlightening discussion with the Deputy Chief Crown Prosecutor for the West Midlands area about the way the CPS works with the Police and the prosecution of CSE-related crime. We do not propose to reiterate the public minutes of that conversation here but we will instead draw attention to particular aspects of the discussion.

The CPS is the main prosecuting authority in England and Wales. The Police have powers to prosecute some low level crime, such as low level road traffic offences and more low level offending. All other offences, including sexual offences and cases of CSE, are referred by the Police to the CPS for consideration of whether to commence prosecutions and thereafter the prosecution process.

The CPS is arranged in 13 areas across England and Wales, each headed by a Chief Crown Prosecutor. The West Midlands Area, consists of the counties of Warwickshire, Shropshire, Hereford and Worcester, Staffordshire and the metropolitan area of West Midlands (including the cities of Birmingham, Wolverhampton and Coventry). The West Midlands Rape and Serious Sexual Offences (RASSO) Unit operates from Birmingham with the support of 16 specialist prosecutors and a number of case workers and administration staff. Specific criteria applies to the appointment of in house and independent barristers instructed by the CPS to prosecute these cases at court, all are required to have received specific training in this field. The protocol under which the Unit operates is publicly available on the CPS website. Under this protocol, the CPS strives to provide continuity of advocate to work with the police, victim and witnesses and arrange special measures for victims at court.

### Legislation

As we stated at the outset of this report, there is not a specific crime of CSE. The CPS representative for the West Midlands region, West Mercia Police and the Police and Crime Commissioner all consider that current legislation offers sufficient opportunity to prosecute perpetrators. The CPS told us that CSE generally captured offending relating to assault and sexual offences for which a raft of legislation existed.

Most cases of CSE include a number of offences, eg drugs, trafficking and sexual offences. These crimes are covered by the Sexual Offences Act 2003, Offences Against the Person Act 1861 and various drugs legislation. Legislation is regularly reviewed and the Sexual Offences Act 2003 has been extended to include numerous offences, which are specific to various different scenarios of offending. CSE cases are broken down into elements (or 'counts') and, while this may not seem the most logical approach for a lay person, we are assured it is not confusing to the legal mind.

Each piece of offending is broken down into separate 'counts' on the overall indictment lodged against the perpetrator, this allows the case to be presented to the

court in the form of a chronological 'story'. For example, the case may begin with grooming, which would be the first 'count' in the 'story', followed by a move onto drugs offences (the second 'count') and then the third 'count' of sexual assault followed by a fourth 'count' of exploitation. This approach means that it is possible for a jury to convict on some or all of the 'counts' in the case. The CPS told us that if there was a single offence of "Child Sexual Exploitation" this breakdown and conviction in parts would not be possible which may affect conviction rates.

During the course of this review, we welcomed the removal of references to the term 'child prostitution' from UK legislation. The Serious Crimes Act 2015 replaced this term with references to the sexual exploitation of children<sup>41</sup>. We believe this goes some way towards changing attitudes about this type of abuse and recognising that the children and young people involved in exploitative abuse are victims.

## **Building the Case**

It is important for the Police and CPS to work together from the outset so that evidence and lines of inquiry can be examined and a case built around them from the start. Child Sexual Exploitation cases grow very quickly and making a strong case in a proactive way is more conducive to a positive outcome due to the time constraints that apply. We were informed by West Mercia Police that the issues identified by the HMIS National Child Protection Inspection for West Mercia<sup>42</sup> regarding the timeliness of submissions to the CPS and the CPS timescales for charging decisions were directly related to work load.

Victims and survivors told us that any trust established between the police and victim can break down during the lead up to a court case – even if the relationship with individual officers has been good. One reason given for this was the perception that the focus of the prosecution was not on getting justice for the individual but on building a high profile case and getting a conviction. We believe that the early involvement of the ISVA Service or Witness Care Unit is imperative to provide victims and witnesses with an appropriate contact to look after their needs and to ensure that they receive care and understanding throughout the criminal justice process.

In addition, the Code of Practice for Victims of Crime is the statutory code which sets out the minimum level of service victims should get from criminal justice agencies (including the police, Crown Prosecution Service, Courts Service and the Probation Service). The Witness Charter also sets out the standards of care a person can expect if they are a witness to a crime or incident in England and Wales.

---

<sup>41</sup> Home Office (2015) *Serious Crime Act 2015 Fact sheet: Overview of the Act*

<sup>42</sup> HMIC West Mercia - national child protection inspection (2015) available from: <http://www.justiceinspectorates.gov.uk/hmic/publications/west-mercia-national-child-protection-inspection/>

## Conviction Rates

The CPS told us that CSE cuts across a number of different offences: rape, child prostitution, sexual assault, grooming and assault and the CPS does not flag or collect specific data on CSE as a result, although the West Midlands area was looking into a local auditing system until a national flag was created. Data on rape and sexual offences is not broken down to show child victims, since a key question would be how far the breakdown should go towards identifying familial abuse or grooming by gangs or individuals.

The West Midlands CPS told us they are generally successful with prosecutions for sexual offences, with conviction rates above the national average placing the unit in the top 5 of the 13 CPS areas. The CPS shared their conviction rates for 2014/15 with us and these are detailed in the Table 3 below.

Table 3

### **CPS Rape and Sexual Offences Performance Data for West Mercia**

	Conviction Rates					
	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	National Q4 14/15
Rape	56.8%	58.5%	61.3%	63.6%	64.9%	56.9%
Sexual Offences	82.8%	86.1%	86.7%	87.4%	85.8%	77.5%

The remaining cases are not necessarily unsuccessful because a case has been lost as there are many other reasons a case can fail. For example, the victim may not have attended Court or the defendant might have died before the trial.

Whilst conviction rates are above the national average, victims and survivors have told us that they think sentences are too lenient and longer prison terms would act as a deterrent for crime. The young people we spoke to also thought that education about CSE should include the implications of crime for offenders so that prison sentences and the implications thereof can be better understood and deter potential offenders from committing the crimes encompassed by CSE. Some victims / survivors of CSE said that the sentences for perpetrators of CSE should be longer. We have not made any recommendations regarding the length of sentences as this is part of the judicial process but want to make sure that the concerns of the victims / survivors are fully conveyed.

## Lessons Learnt

We have been informed that centralisation of the CPS has facilitated sharing good practice and learning. A monthly review of failed cases is undertaken to ascertain any points of learning and the Police are also offered training and sharing in lessons learned. Learning is also shared via the regional RASSO Forum.

We are conscious that for many victims involved in Operation Chalice, the Court process had been extremely traumatic so we wanted to know what the CPS has

done to gather feedback from victims. The Deputy Crown Prosecutor advised us that the CPS had run a valuable session in which a victim had been invited to talk to them about their experience and perspectives. The Witness Care Unit also undertakes surveys with victims after Court.

When we met with the CPS, the public consultation on the draft CPS Guidance on Speaking to Witnesses at Court had recently closed. This consultation included consideration of engagement with victims and witnesses before trial and the implementation of special measures. Following consultation, the guidance has been broadly accepted although it is disappointing to note that many of the consultation responses were from within the legal profession or made by external organisations rather than individuals (ie victims) <sup>43</sup>.

## Sentencing and Release from Prison

Sentencing guidelines are fixed by the Sentencing Council after consultation with relevant statutory organisations and the public. These guidelines help judges and magistrates to decide the appropriate sentence for a criminal offence, after taking into account any factors which may affect the levels of sentence, for instance the harm caused to the victim and how culpable the offender is. The Sentencing Council raised sentences in its guidelines for sex offences (including CSE) in 2013<sup>44</sup>. There are a vast range of sexual offences listed in these guidelines, with sentences which vary from community orders to life imprisonment. Exploitation offences currently attract a maximum of 7 years' custody, meeting a child following sexual grooming can attract a custodial sentence of 1 to 7 years and trafficking for sexual exploitation can attract a custodial sentence of up to 12 years. Custodial sentences of between 4 and 19 years' can be applied in rape cases or, in severe cases, over 20 years.

<sup>43</sup> CPS (2015) *Guidance on Speaking to Witnesses at Court* [online] [http://www.cps.gov.uk/consultations/speaking\\_to\\_witnesses\\_at\\_court\\_responses.html#a09](http://www.cps.gov.uk/consultations/speaking_to_witnesses_at_court_responses.html#a09) (Accessed 6 January 2016)

<sup>44</sup> Sentencing Council (2013) *Sexual Offences: Response to Consultation* [online] <http://www.sentencingcouncil.org.uk/publications/item/sexual-offences-response-to-consultation/> (Accessed 18 January 2016)

A person is automatically placed on the **Sex Offenders' Register** if they have received a conviction or caution for the sexual offences set out in Schedule 3 of the Sexual Offences Act 2003 (which includes offences related to child sexual exploitation) or if they are made the subject of a Sexual Harm Prevention Order or Sexual Offences Prevention Order. This means that when offenders are released from prison, they are required to notify the Police of their whereabouts and other personal information. The Police monitor this information and may inform local head teachers, doctors, youth leaders, sports club managers and landlords about the person's movements.

Offenders who have been subject to a custodial term of 30 months or more are subject to the notification requirements for an indefinite period. For shorter sentences, community orders or cautions the period over which the notification requirements apply varies. The Court has no discretion in respect of these rules and a Court Order is not required: the Court's role is simply to inform offenders of the requirements. If an offender fails to comply, a prison sentence can be imposed.

Offenders can apply to be removed from the register 15 years after their initial registration following their release from custody. The Police consider such applications against guidance on the risk to public safety provided by the Home Office and the National Police Chiefs' Council.

The Probation Service told us that upon conviction or upon becoming subject to a Sexual Offences Protection Order (SOPO), the pre-sentencing report for offenders convicted of offences related to CSE normally recommends that the person should be subject to a SOPO for life and be put on the Sex Offenders Register. This means that even when the Probation Service's work with an ex-offender ends, they remain on the police radar.

Probation Officers carry out risk assessments on individuals in order to pinpoint attitudes and behaviour that need to be addressed through rehabilitation and, when offenders are released on license they have to join support groups which look to address the underpinning reasons for offending. License conditions are related to the type of offence which has taken place. For example, if someone has been convicted of viewing child pornography, conditions might include no internet access, or not to delete the computer browsing history or even not be allowed to own a computer. Computer use can also be monitored by the Police.

If an offender breaks their license conditions, they can be recalled to prison.

## Findings: Capacity and Resources

---

We are conscious that we have conducted this Review against a backdrop of dramatic cuts in public sector expenditure. The Council and many of its partner agencies are facing stark budget challenges over the coming years. The LSCB gave us assurances at our Inquiry Day in March 2015 that there had been no diminution of input from partners as a result of budget cuts and that partners would seek to preserve budgets as long as possible. However, during the course of our discussions, we have noted some resource issues which have caused us particular concern.

### **CATE Team**

The CATE Team is a relatively small team of specialist youth workers operating within the Council's Cohesion Services. We were told that NWG Network recommend the ideal caseload for a CATE worker is 8-10 high priority cases but that the local CATE Team have caseloads which are almost double that, although this is a mix of low/medium/high priority work. The CATE Team also indicated that because they are youth workers, not social workers, they do not receive access to the same professional supervision arrangement which they felt would benefit them.

A critical element of the CATE workers' role is building trust with young people and this can take a considerable amount of time. For instance, the Team told us that children at high risk of CSE should be seen two to three times per week for potentially up to two to three hours at a time but the Team are not able to meet these targets. Accompanying a young person to a doctor's appointment or to the sexual health clinic can take a disproportionate amount of time. The Team were concerned that this decreased capacity reduces the protective measures that can be put in place.

We were told that surges in work to the CATE Team can be accommodated by reassigning Family Intervention Practitioners (FIP) but as there is no additional funding available, this has the effect of leaving the FIP Team short-staffed, and the FIP Team have a role in supporting the families of victims. When we met with the CATE Team, there were discussions taking place about stepping down low risk cases to the Youth Innovation Team in order to reduce the CATE caseload. The Police told us that low risk cases were dealt with by Barnardo's workers in other force areas. Although we had been told by the Police and Crime Commissioner at our Inquiry Day that funding for Barnardo's workers was available, the Police told us that this had not come to fruition. The ISVA Service also explained to us that early referral to them, as recommended by NWG Network, would create some capacity in the CATE Team. This is because once a disclosure has been made to the CATE Worker, they become a witness in the case and it is not appropriate for them to provide support during the investigation (eg at Achieving Best Evidence interviews) or Court process.

The CATE Team also told us that they were aware of opportunities to deliver training to other authorities and organisations but the high caseload meant there was no

spare capacity to undertake this work and these opportunities to generate income for the Council had been lost.

## **Police and Police & Community Support Officers (PCSOs)**

When we spoke to the Police, we were told that the Harm Assessment Unit (HAU) had been set up in June 2014 at Malinsgate. The HAU operates similarly to Family Connect insofar as they filter referrals but they also undertake ICT for Shropshire. As noted by the HMIC National Child Protection Inspection for West Mercia,<sup>45</sup> the team is under-resourced and split with half resource to Telford & Wrekin and half to Shropshire. However, CSE is not factored into the supply and demand contract so when information is shared from the CATE Team or Family Connect, the Police CSE Team operates like an HAU but instead of the work being done by civilian staff, it takes up investigation time.

The Police also told us that there can be delays in getting forensic examination of seized electrical devices (ie mobiles, laptop, i-pad, x-box). In cases where there is not a disclosure and a potential offender is not on bail, the examination slips down the priority list causing significant delay. This is an issue which was also highlighted by the HMIC National Child Protection Inspection and the Post-Inspection Review<sup>46</sup>. Data from the West Mercia Police website shows that in August 2015, the High-Tech Crime Unit were working on 38 computer related child abuse cases and 25 mobile phone child abuse cases. There were a further 60 computer related child abuse cases and 54 mobile phone child abuse cases waiting to be allocated for analysis. The oldest computer related case was a low priority case received on 14 January 2015 and the oldest mobile phone case was also a low priority case, received 22 May 2015. During 2014/15 there were a total of 1,590 computer related exhibits and 2,058 mobile phone exhibits outsourced to providers.<sup>47</sup> We were told that there were proposals to introduce a Digital Management Unit at every Force Hub to provide a quicker (5 day) turnaround in forensic examination. However, these proposals were being considered in the context of proposed savings.

During our Review, we also heard about concerns that the reduction in police resources could result in a perceived reduction in support for PCSOs when they are dealing with non-emergency situations. While this is an operational matter that is outside the scope of this review, this has been included in the report and West Mercia Police provided assurance that police officers are available to support PCSOs and that the West Mercia Police Force has increased the number of officers during times of austerity and continues to recruit. Safer neighbourhood teams include Sergeants, Police Constables and PCSOs all work from the same building and patrol officers are the 24/7 response to incidents and they may be based in a smaller number of patrol areas but are deployed onto streets as demand requires.

---

<sup>45</sup> HMIC (2015) *National Child Protection Inspections West Mercia Police 4-14 November 2014*

<sup>46</sup> HMIC (2016) *National Child Protection Inspection Post-Inspection Review West Mercia 18-21 August 2015*

<sup>47</sup> West Mercia Police (2015) FOI 6513 High Tech Crime Units [online]

<https://www.westmercia.police.uk/disclosure-logs?foiid=12433> (Accessed 6 November 2015)

## Licensing

We note from the Jay report<sup>48</sup> that one of the common threads running through CSE cases across England has been the prominent role of taxi drivers in being directly linked to children who were abused. Although we have not been made aware that this was an issue during Operation Chalice or that there are known problems at the time of writing this report, it is a theme which we cannot ignore since the Council has contracts with local taxi operators to transport some of our most vulnerable children within the area.

When we met with the Licensing Team in Telford & Wrekin, we were told that over the last four years taxi drivers have mainly sought to register with the Shropshire Licensing Authority. The staffing structure at Telford & Wrekin reflects this and Enforcement Officers have a range of duties. Recent changes to Shropshire's Licensing Policy mean that operators and drivers are now looking to renew licenses through Telford & Wrekin Licensing Authority. The result will be that there is a burden on local capacity and resources due to the increase in the number of drivers subject to enforcement by this Licensing Authority. Additionally, the current licensing fees set by Telford & Wrekin Council are not sufficient to cover the cost of enforcement; the cost is borne by the Authority and not the taxi trade.

## Sexual Health Services

One of the issues that arose at a number of meetings with frontline staff, was the changes to sexual health services for young people that have taken place in recent years. The CATE Team, Police, GP representatives and Axis Counselling all highlighted the loss of the Youth Sexual Health Service in Hollinswood. We were already aware that the clinic at Aqueduct was not ideally situated but the CATE Team told us that it was poorly serviced by public transport and offered little in terms of anonymity which meant that young people will not visit the clinic unless they are taken there. This was a cause of great concern to us and we met with the Council's Public Health Commissioners to explore the reasons for the changes to Sexual Health Services.

We were told that the mandatory duty to ensure the provision of sexual health services was transferred to the Council on 1 April 2013. From that date, the Council took on the management of contracts previously procured by the PCT and also the commissioning process going forward. Under 'The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013', the Council commissions comprehensive open access sexual health services, including free STI testing and treatment, notification of sexual partners of infected persons and free provision of contraception. Staffordshire and Stoke on Trent NHS Trust provide sexual health services for Shropshire and Telford & Wrekin.

---

<sup>48</sup> Jay, Alexis OBE (August 2014) *Independent Inquiry into Child Sexual Exploitation in Rotherham 1997 – 2013*

Other specialised services are directly commissioned by CCGs (abortion, sterilisation, vasectomy, non-sexual health elements of psychosexual health and gynaecology) or NHS England (contraception provided as an additional service under the GP contract, HIV treatment and care, promotion of opportunistic testing and treatment for STIs and patient-requested testing by GPs, sexual health elements of prison health services, sexual assault referral centres, cervical screening and specialist foetal medicine services).

Sexual Health Services operate on a hub and spoke model, which is now prescribed by the national service delivery model. The hub is the Aqueduct clinic and the 'spokes' in the community provide layers of care for STI and HIV treatment and care, counselling and outreach.

Outreach takes place via weekly clinics at TCAT and New College which offer contraception and STI screening as well as health promotion activity. The Trust accepts that outreach is not being delivered as envisioned, but the college clinics provide a captive audience. There is also a strong link with the School Nursing Team who deliver weekly clinics in schools as well as being available when needed and are also able to provide a sexual health service.

Risq in Hollinswood, which was aimed at young people and primarily dispensed contraception, was well located as it was just a short walk from the Town Centre. However, the building could not be converted to enable fitting and screening services and, therefore, had to be closed as not fit for the purpose of providing integrated services.

We quickly realised that both the Commissioners and Sexual Health Service Manager appreciated that Aqueduct is not the right location for the hub. However, they told us that they had faced a big challenge to find a more appropriate hub site. When we met with them, premises at Bishton Court had been identified as accessible but sufficiently remote to support confidential access and it was anticipated that the new hub would open there in March 2016. We were told that the CATE Team had been involved in service discussions and it is envisaged that they will have access to one of two counselling rooms on site with a separate waiting area. We are delighted to welcome this new provision but we are also conscious that Commissioners need to maintain a dialogue with service users, especially the CATE Team, to ensure that it is providing services as envisaged for vulnerable young people in particular.

We were also advised that Telford is one of the only local authorities where nearly all GPs offer Long Acting Reversible Contraception (LARC) (implants, injections and intra-uterine devices). Young people are encouraged to use this type of contraception and we recognise the benefits of their use. However, we also note that the fitting of contraceptives is a specialised area and as GPs are already under pressure, unless they are paid to provide the service, they cannot do it as it requires another GP to be employed to cover the general medical appointments. Difficulties in recruiting GPs are addressed later in this section of the review.

Some gaps in service have been created by the complex new arrangements for the commissioning of sexual health services, which is fragmented between Local

Authority, CCG and NHS England responsible components. One of these gaps is in follow up testing for Sexual Assault Referral Centre (SARC) patients under 13. However, positive relationships are being built to look for ways to address these gaps.

## **Counselling and Therapeutic Services**

As mentioned previously in this report, there has been a significant increase in the reporting of rape and sexual offences, both within West Mercia and nationally. This surge in reporting has been attributed to the “Savile effect” and the success of Operation Yewtree in encouraging victims to come forward. The breathtaking extent of Savile's crimes has given many women the confidence to talk about their own traumatic experiences for the first time, but research tells us that most rapes still go unreported and we cannot escape the fact that victims of CSE do not recognise themselves as victims.

The ISVA Service told us that there is an automatic mandatory referral of sexual offenses to an ISVA. Locally, the ISVA service, which is operated by Axis Counselling, has seen an increase in demand of 45% for all sexual offenses. We were also informed that if someone who accesses the ISVA service has been a victim of CSE they are referred to the Axis counselling service; Axis Counselling estimates that 15% of its cases are CSE related. As NHS Adult Psychological Service and Child and Adolescent Mental Health Service (CAMHS) do not provide specialist help, they also refer to Axis. The role of the ISVA service is to offer practical help taking people through the court process whereas Axis counselling provides psychological help.

However, victims and survivors of CSE told us that it was difficult for them to access counselling or therapeutic support due to long waiting lists. Axis Counselling confirmed that there is a great demand for their service with 201 people on the waiting list and 86 people in therapy (as at September 2015). Every individual on the waiting list has been seen for an initial assessment and Axis Counselling keeps in touch with them to check whether their circumstances have changed. Axis told us that the needs of young people can vary over time and that cancelled appointments can be offered to those needing support.

When we met with the Police and Crime Commissioner, he advised us that the local ISVA Service had received an award of £118K from his Grant Fund in 2014 and he hoped this would continue in future years. We were told that the ISVA Service receives further funding from the Home Office and Comic Relief. Counselling support is funded by the Ministry of Justice. Additional funding has also been provided by Telford and Wrekin CCG, although these funds (cut by 2.5%) ceased in December 2015. Bids for further CCG funding have been made for both Adults and Children's Services but only the Adult Service bid was successful.

Limited access to mental health care for all children and young people who have suffered sexual abuse is a problem across the UK. Many children and young people do not have a diagnosable issue but still need therapeutic support to help them deal with the trauma and help to prevent problems developing in adulthood. However, as

noted earlier in this report, a lack of options for early intervention means that young people need to have severe mental health problems before a service is available to them.

When we spoke with them, CAMHS identified gaps in their therapy provision as follows:

- No trauma specific therapies currently available except Eye Movement Desensitisation & Reprocessing (EMDR)
- Art Therapist
- Family Therapist (although recruitment was under way)
- Psychologists (there are none in Telford or Shropshire)
- Dedicated CSE Consultant (although practitioners are skilled at engaging young people which is the critical skill with CSE victims)

## **General Practice**

Our review revealed that, in common with national pressures, there were capacity issues in local general practice. Some of these local issues had been resolved through practice mergers and other practices had been successful in recruiting GPs. However, there are difficulties in attracting trainee GPs to the area; recent recruits had been existing GPs from nearby areas who had family ties to the region. In 2015, there were 300 allocated trainee places in the West Midlands, of which a meagre 200 were filled with only six based in the county.

We were told that work pressures and the declining status of the profession are the main reasons young medical students shun General Practice. During training, some medical students acquire the perception that General Practice is “rubbish” whereas other universities, eg Keele, have a strong teaching team and are able to get students into practices during their first year of training. Many newly qualified GPs leave the UK to work in Australia or Canada where working conditions and lifestyles are considered much better.

While this is concerning, it is a national problem and we recognise that the Council is committed to investing in Telford’s future, ensuring that the Borough is an attractive place to live, work and visit.

# Conclusion

---

The Committee has been assured by the level of commitment from all the organisations that participated in the review to tackle CSE. All the statutory organisations recognised CSE as an ongoing issue both nationally and locally and demonstrated their commitment to the work of the Local Safeguarding Board and CSE partnership groups. Most of the local organisations that responded to the online questionnaire also understood how they could help to tackle CSE.

The Committee has concluded that, based on the evidence presented, organisations in Telford and Wrekin are working well together to respond to known cases of CSE. We would like to highlight the work of the CATE team, the development of the CSE pathway and the Family Connect service as key to demonstrating a joined up approach across the key organisations in the Borough.

The focus of the review has been on partnership working across Telford and Wrekin but during the review we have spoken to organisations that work across local authority boundaries regionally and nationally. We were pleased to hear from organisations that work across a wider geographical area that in many areas of work Telford and Wrekin is leading the way. However, it was also brought to our attention that cross boundary working can be an issue eg staff in the police and NHS trusts need to understand the different CSE pathways for different local authority areas. We have not made any recommendations regarding cross boundary working as it is for each local authority area to determine what works within their locality – however we are conscious of the pressures this places on frontline staff and the importance of maintaining effective partnership working across the region.

While we did not identify any systemic failings or denial that CSE is a serious problem we have heard that some victims and survivors of CSE and their parents have not received the support they needed. We were concerned that nearly half of the victims and survivors who responded to the online questionnaire had not spoken to any local services or organisations about the exploitation they had experienced. However, we have also noted the findings of the report by the Children's Commissioner that nationally approximately 1 in 8 victims of all forms of sexual abuse come to the attention of statutory agencies.

The depth and scale of this review has meant that it has taken 18 months to complete. During this time a number of national inquiries and reports into CSE have been published which highlight that this is a developing area of work. The Committee hopes that this report will be seen in the context of this learning process. The key issues that we have identified are:

## **Understanding the scale of the problem of CSE in Telford and Wrekin**

While the Committee recognises that organisations in Telford and Wrekin have processes in place to respond to cases of CSE as they are identified, it has become clear that it has been difficult to use the broad definition of CSE to gain a common understanding of the scale of the problem of CSE in the Borough. From the evidence we have received we believe that there are far more victims than are currently

recognised and accessing services. We recognise that this is a national issue and that there is no national data set for CSE. However, we believe that this local knowledge is essential to inform the awareness raising and prevention work set out below.

### **Prevention - CSE is everyone's business**

At each of our meetings we asked what would be the one thing they think would help to tackle CSE. All the organisations we spoke to said that raising awareness to prevent CSE was essential. In our recommendations we recognise the role of statutory organisations in preventing CSE. However, we believe the issue of prevention is also much broader and that everyone in the Borough, whether organisations or individuals, we all have a role in helping to prevent CSE. One of the priorities within this must be to ensure children and young people are given appropriate information about CSE to help keep themselves safe – this is what the young people we spoke to asked for. Our recommendations also set out how parents, schools, academies and colleges can work with young people to achieve this. We also recognise that the information that can be gathered by different organisations and services needs to be shared and used to inform the prevention and disruption strategies.

We believe that it is important to emphasise that people from all backgrounds can become victims of CSE regardless of family background, ethnicity or educational achievement. We also heard that there is no stereotypical perpetrator of CSE and while some high profile national cases have focused on perpetrators of British Pakistani heritage, CSE is not crime that is specific to any race or faith community.

### **Support for victims, survivors and their families**

We want to thank all the victims and survivors of CSE and their parents who took the time to meet with us or give us their views through the online questionnaire. We heard clearly that there is not enough therapeutic and counselling support for victims and survivors of CSE. We also heard that needs of parents of victims of CSE should be recognised and support should be available for them. We are concerned that if the services available are unable to respond to the current level of known need that this is not going to improve as work is undertaken to clarify the actual scale of the problem of CSE.

In this public report, we have not used information that would identify individual cases. Victims, survivors and their parents who gave us their views were assured that their anonymity and confidentiality would be respected. There were no instances during the review where information was disclosed where the individual could be identified that required a referral on safeguarding grounds. However, where there have been criticisms of individual services this has informed the recommendations in this report and the specific issues have been raised with the Chair of the Local Safeguarding Children's Board, Council's Cabinet Member for Children, Young People and Families and the Director of Children's Services.

### **Learning**

At the beginning of this review we also asked the question – have organisations in Telford and Wrekin learnt from the experience of Operation Chalice and other national reports and inquiries into Child Sexual Exploitation. We heard that the Local

Safeguarding Children's Board commissioned work that was carried out by New Start which aimed to learn from the experience of all stakeholders in Operation Chalice and assess the level of support for young people, communities, families and staff affected by CSE. This report commended the work undertaken in Telford and Wrekin to protect children from CSE and highlighted how preventative work can be taken forward. The key areas identified in this report were:

- Nature of Agencies involved and their remit
- Education
- Work with families and siblings
- Work with Communities
- Therapeutic Support
- Post 18 support
- Staff Support
- Communication

During our review, we found that multi-agency working to tackle CSE has remained focused on responding to cases of CSE as they are identified and that while some of these learning points had been implemented there is more that can be done. We hope that the recommendations in this report will help organisations both locally and nationally to make further progress in these areas.

### **Interim Findings**

During the review some emerging findings were shared with the Director of Children's Services and the Local Safeguarding Children's Board, the CCG's commissioning of the Child and Adolescent Mental Health Service and the consultation on the Health and Wellbeing Strategy. The Committee took the view that learning from this review should help to inform the development of services while the review was taking place so we anticipate that some of the recommendations we are making will be implemented when this report is published.

# Recommendations

---

## Understanding Scale of CSE

### **Recommendation 1: Initial work to identify scale of CSE**

The Committee recognises that the term CSE is a broad definition that covers a range of criminal offences, and that organisations in Telford and Wrekin are working together to identify the indicators of CSE which will enable them to then identify victims and take appropriate action. The Committee recommends that the current data from the West Mercia Police Problem Profile, Family Connect, the CATE Team and other Council services is used to develop a common understanding the scale and types of CSE in the Borough and how this changes over time. The facts about the scale of CSE in the Borough should be made accessible to the public and used as part of the awareness raising activity with the public, young people of secondary school age and training staff and volunteers. (The committee recognises that recorded data will reflect that CSE is an under-reported crime and that this exercise will not provide a definitive figure but want to ensure that organisations are working together to develop a common understand of CSE in the Borough.)

### **Recommendation 2: Ongoing Monitoring of Scale of CSE**

All LSCB partner organisations and the CPS should flag/record all cases of CSE. This data should be reported initially to the LSCB and then on a 6 monthly basis to the CSE Strategy Group and compared to the data held on Family Connect to ensure that there is a shared understand of the scale of CSE in the Borough and that trends in the data are monitored and inform the planning and delivery of all relevant services. The LSCB should include local data on CSE in the Board's Annual Report.

### **Recommendation 3: Annual Review of CSE Strategy**

That the CSE strategy is reviewed annually by the LSCB and informed by the experience of survivors of CSE, their family and carers and front line staff. The updated strategy should reflect changes in models of CSE and this should inform training for staff and volunteers

**Recommendation 4: Impact of Cuts to Services**

The Committee was assured in March 2015 that local resources to tackle CSE had not diminished as a result of government cuts. However, as further cuts are made the Committee cannot be sure that this will continue to be the case in the future. The Committee recommends that the LSCB monitors the impact of cuts to local services and also the loss of expertise and knowledge within organisations as staff numbers are reduced.

**Recommendation 5: Links to Other Policies and Strategies for Adults**

The Committee recognises that, while the definition of CSE sets the age limit for victims as 18 years of age, the impact of CSE for the victim and their family is lifelong. The Committee therefore recommends that the Council and CCG review the following strategies and policies to ensure that the needs of those affected by CSE are recognised and met:

- The Joint Strategic Needs Assessment
- The strategies and action plans for the Commissioning and Transformation Partnerships
- Adult Safeguarding Policies and Procedures

The Committee recommend that these reviews takes place by July 2016 and are then updated following the publication of the NICE Guidance on CSE due to be published in 2017.

**Support for Victims and Survivors****Recommendation 6: Mapping Support and Agreeing Thresholds**

The Committee commends the development of the CSE Pathway and the work of the CATE team as an alternative route to child protection procedures to provide support and protection to victims of CSE. The Committee recommends that a mapping exercise is undertaken to identify the support available for victims of CSE from the range of organisations from identification through to prosecution and post sentencing. For example this should include CATE, ISVA, AXIS, CAMHS, PCSOs, Youth workers, Victims

Liaison Officers, Witness Care Unit and other relevant services. This information should be available to victims and their families to explain the roles of the different organisations and how they are accessed.

The mapping exercise should also inform a multi-agency agreement on the threshold of need for different services and set out clearly how organisations support victims/survivors according to the level of risk and how services change as the level of risk increases or reduces. The planning of any transition process should take into account the need for vulnerable young people to have continuity of support from staff with whom they have developed a relationship of trust. In their role as corporate parents, members want to ensure that as part of their assessment and care planning, all children in care are assessed for their risk of CSE and that this is reviewed on an ongoing basis by the Independent Reviewing Officer as part of the child care plan.

### **Recommendation 7: Therapeutic Support**

#### **Local Recommendation 7a**

The need for therapeutic support for victims and their families has been highlighted during this review. From the evidence the Committee has received the level of need for this service is far greater than current services are able to provide. The Committee recognises that this is not just a local issue as it has also been identified by Professor Alexis Jay in 2015 and by other local authority scrutiny reviews. Due to the complex and sensitive nature of this service, it must be provided by experienced and qualified practitioners and this will have significant resource implications. The Committee recommends that local organisations work together to ensure that the immediate and ongoing therapeutic need of victims/ survivors and their families are recognised in the commissioning strategies.

#### **National Recommendation 7b**

However, given the scale of cuts to local public sector organisations, the Committee also recommends that the Department of Health, the Home Office and the Department for Local Government and Communities urgently review the national funding available to support for victims of CSE and their families. This should include support available from the point at which a young person is identified as a victim of CSE, through the criminal justice process and long term support.

### **Recommendation 8: Child and Adolescent Mental Health Services**

When commissioning the Child and Adolescent Mental Health (CAMH) service, the CCG ensures that:

The role of the CAMH service is clarified with partner organisations, professionals and service users so there is a clear understanding of the role of the CAMH service in both diagnosis of mental health issues and also in providing ongoing intervention and support.

Victims of CSE who are referred to the CAMH service but do not recognise the need for or want specialist help at that time are contacted by the CAMHS at a later stage to invite them to seek support.(currently patients who decline the service are not followed up and a second referral is required)

Appropriate training is provided so staff supporting young people with mental health issues recognise and respond appropriately to CSE. The committee would like to highlight this specifically for services for young people who self-harm or have attempted suicide.

Current gaps in the CAMH service that should be addressed in the commissioning process are support provided by the following professionals: Art Therapist, Family Therapist, Psychologists and Dedicated CSE Consultant.

A more robust CAMH service within the CATE team is developed similar to the CAHM and Youth Offending Team model.

The referral process for GP to access CAMHS and the Family Intervention Service should be streamlined so if a patient is referred by a GP to CAMHS but does not meet the criteria for this service the patient is referred to the Family Intervention Service (not back to the GP to make another referral through Family Connect.)

### **Recommendation 9: Sexual Health Services**

The Committee welcomed the development of the new sexual health service in Telford Town Centre that will have specific facilities for vulnerable young people, including victims of CSE. Given the need identified for this service by a range of different individuals

and organisations during the review, the Committee recommends that, after the service has been in place for 6 months, members of the CSE operational group review how this service is meeting the needs of victims of CSE. Any issues from this review should be reported to the CSE operational group or the LSCB. Some specific issues that have been identified during this review are:

- All victims of CSE should be offered a full sexual health check, for people aged 13 or over through specialist sexual health services commissioner by Telford & Wrekin Council and for those under 13s through the Sexual Assault Referral Centre (SARC) commissioned by NHS England
- When a perpetrator of CSE has a sexually transmitted infection the affected victims are offered support and screening. NB for children under 13 the screening is through the Sexual Assault Referral Centre (SARC) commissioned by NHS England
- All victims of CSE who have been raped can choose to be examined by an appropriately qualified female clinician within the specified timescales required for evidence, through the Sexual Assault Referral Centre (SARC) commissioned by NHS England
- Young people who frequently access emergency contraception services or have repeat abortions receive appropriate support and advice from primary care, pharmacies and specialist sexual health services about CSE. The commissioning responsibilities for these services are as follows:
  - Emergency contraception services in pharmacies and specialist sexual health services – Telford & Wrekin Council
  - Abortion services and emergency contraception in primary care/General Practice - NHS Telford & Wrekin CCG

### **Recommendation 10: Support for Victims in the Criminal Justice System**

#### **National Recommendation: 10a**

The Crown Prosecution Service implements a system to flag cases of CSE that they receive to report and analyse this information nationally. (Linked to Recommendation 2 above)

### **Local Recommendations 10b**

Building on the CPS monthly review of failed cases, it is recommended that West Mercia Police and West Midlands CPS report annually to the Telford and Wrekin CSE Strategy Group the number of cases of CSE where an investigation has identified victims and perpetrators of CSE but the cases have not gone to court because of insufficient evidence or where the witness withdrew from the process. This information should be shared with the ISVA service and CATE Team to identify learning from these cases to improve the support provided to victims of CSE during the criminal justice process and increase the chance of prosecution and conviction. Where appropriate victims of CSE should be invited to contribute to this learning process.

Some specific learning points that have been identified in this review are:

- Victims need to retain confidence in the commitment from all organisations to seek justice in their specific case and that the evidence they provide is not used to build a separate case to the detriment of their own.
- Courts and staff supporting victims through the court process review the facilities and processes to ensure that victims of CSE are not in a public area in the court building with defendants.

### **Support for Families of Victims and Survivors**

#### **Recommendation 11: Safety Plans**

An audit of all current CSE cases should be carried out to ensure that victims and parents of victims of CSE should be involved in developing a Safety Plan for their child. (where the young person is not subject to a child protection plan). The outcome of this audit should be reported to the CSE Strategy and Operational Groups to identify any actions required.

#### **Recommendation 12: Parent Support Group**

The LSCB / local authority should consult with parents of victims of CSE with a view to establishing a local parent support group. It is recommended that PACE (Parent Against Child Exploitation) is involved in this work. This work should include consideration of

specific support that fathers of victims of CSE may find helpful.

**Recommendation 13: Mapping Support for Parents**

As set out in Recommendation 6 above, parents of victims of CSE should have accessible information about the range of support services available to their children. Organisations supporting parents should work together to co-ordinate their work and map out the support available for parents. Where possible this should identify a 'parent/ family key worker' and provide contact details for out of hours services.

**Awareness Raising and Training**

**Recommendation 14: Raising Awareness**

A long term approach to raising awareness of CSE is needed, similar to a public health campaign. The awareness raising needs to be sustained over a long period and target specific groups. Based on the Committee's consultation with a range of groups it is recommended that the LSCB develops a long term CSE awareness raising strategy for the following groups. Where appropriate victims / survivors and their families should be given the opportunity to be involved and consulted about the work.

**Recommendation 15: Young People**

Young people aged 11-18 in Telford and Wrekin are provided with the information they asked for about CSE as set out in pages 17-22 of this report. The Committee want to ensure that this information is accessible to all young people including those with disabilities and recommends that learning from the NSPCC report 'Underprotected / Overprotected' is used as part of this work.

**Recommendation 16: Children**

All children at primary school are made aware of risks of abuse and neglect in an age appropriate way including how to stay safe online. (see Recommendations 18a and 18b below)

### **Recommendation 17: Parents**

- All parents should be encouraged and, where appropriate, supported to talk to their children aged 6-11 about safety using the NSPCC PANTS rule.
- All parents are informed about the risks of CSE, what the signs are, and who to contact if they have concerns. This should include information on risks of CSE including through social media, online and gaming and how parents can discuss these risks with their children and help to protect them.
- Information for parents should include case studies and videos that explain the reality of CSE.
- Specific training on CSE should be provided for all foster carers and staff working with children in care of the local authority.

### **Recommendation 18: Role of Schools and Colleges in Raising Awareness**

#### **National Recommendation 18a**

The Committee supports the joint letter from Parliamentary Select Committee chairmen that Sex and Relationship Education (SRE) should become a statutory part of the curriculum and the recommendation from the Children's Commissioner that "all school equip all children ...to understand healthy and safe relationships and talk to an appropriate adult if they are worried about abuse". The Scrutiny Committee recommends that informing children and young people in an age appropriate way about CSE should be included in any future statutory SRE curriculum.

#### **Local Recommendation 18b**

- Prior to any national decision about making SRE a statutory part of the curriculum, the authority works with the Primary Heads' Forum and Telford & Wrekin Learning Partnership to seek a joint voluntary agreement for all schools, academies and colleges to teach SRE as part of the curriculum and that CSE is incorporated in an age appropriate way to help safeguard all young people at schools in the borough equally. A package incorporating CSE staff training and SRE curriculum content should be developed jointly (as a co-funded or traded service) possibly linked to the Prevent training currently provided. This should build on existing or free to use material and take into account the views of young people set out in pages 15-20 of this report.
- Work in this area should take into account any future guidance from the Department for Education on the requirement for schools to filter inappropriate contact online and also to teach children about online safety.

- The Committee commends the work of Team Safeguarding Voice (TSV) and recommends that this approach is adopted by all primary and secondary schools in the Borough in line with the existing policy of the LSCB. The skills and knowledge of children involved in TSV at Primary schools should be recognised and developed at Secondary School.
- The LSCB works with Further Education Colleges to ensure appropriate systems are in place so that they receive information about vulnerable students and suspected perpetrators from schools and other statutory organisations.
- The Committee recommends that taxi drivers and operators that provide an excellent service for school transport should be recognised eg through a 'taxi driver of the year award' or a register of taxi drivers and companies that are recommended by schools.

#### **Recommendation 19: Local Organisations and the Public**

- A range of methods should be used eg through schools, websites, local media, local employers and businesses. As most parents who responded to the questionnaire reported they got information about CSE from the media, the Committee recommend that opportunities to raise awareness of CSE through local newspapers and radio is explored.
- The Committee recommends that the LSCB engages with the Shropshire Islamic Foundation to explore opportunities for joint working to tackle CSE. An issue raised by the Muslim Women's group was the lack of ESOL courses and computers for women to access information. The Committee recommends that consideration is given to finding ways to use the funding recently announced by the Government to develop local provision to meet the needs of the community.
- The Council's Online training module on CSE should be updated in line with Recommendation 32a below and promoted to all organisations in the Borough alongside the continued roll out of the 'Say Something If You See Something' training for local businesses. Organisations should be encouraged to train staff and volunteers including the CVS, housing providers, faith organisations and local businesses. Due to the low number of referrals to Family Connect from Housing Providers, the Committee recommends that this is priority for the LSCB.

#### **Recommendation 20: Elected Members**

Training on CSE should continue to be included in the induction programme for all new Councillors. (This should be open to Borough, Town and Parish Councillors.) An annual update on CSE should be provided for Members with specific training for Members with specific responsibility eg Members of Licensing Committee

**Recommendation 21: CATE Team Training**

The work of the CATE Team has been commended throughout this review and was instrumental in the successful conviction of CSE perpetrators in Operation Chalice. It is recommended that the expertise of the CATE team is used as part of the CSE training offer that can be marketed externally and that the local knowledge is used to enhance training for local organisations.

**Recommendation 22: Organisations responding to publicity**

The Committee recognises that there may be concerns about organisational reputation when there are media reports of specific cases of CSE. However, the Committee recommends that all organisations consider the impact of their public statements relating to specific cases on victims.

**Information Sharing, Identification, Support, Protection and Disruption**

The Committee highly commends the development of the Family Connect service and the CSE Pathway which demonstrate the commitment from partner organisations to tackling CSE. (The role of the local authority in leading the development of these services is recognised by the Committee.) However, the Committee also recognises that no system is perfect and makes the following recommendations that will hopefully improve the robustness of these services:

**Recommendation 23: Referrals to Family Connect**

Family Connect is designed as an open system – referrals made to other teams in the council or external organisations are not followed up. Members were concerned that if a CSE referral was not acted on – this would only be picked up if a second call were made to Family Connect.

The Committee recommend that the robustness of this service is tested by an audit of 10% of the CSE related referrals to identify if the required follow up action was taken by the team or organisation that received the referral. The outcome of this audit should be reported to the LSCB to consider any action required.

**Recommendation 24: Monitoring Referrals to Family Connect**

The Committee understand that work is under way to review the way referrals to Family Connect are recorded and monitored. The Committee recommend that this review ensures that there is a system in place for recording, analysing and reporting data about CSE related contacts and referrals and that calls from schools to contact a social worker via Family Connect regarding an existing child protection case is not recorded as a referral.

**Recommendation 25: Raising Awareness of Family Connect - Public**

Through the awareness raising campaign, all organisations and members of the public should be made aware that Family Connect is the service to contact for non-emergency concerns relating to CSE.

**Recommendation 26: Raising Awareness of Family Connect with Educational Establishments**

There should be an ongoing training programme for schools, academies and colleges on the Family Connect Service so that new staff are aware of how to make referrals to this service and how the information will be used.

As schools, academies and colleges have such an essential role in the safeguarding of children against CSE it is recommended that an audit of all referrals from schools to Family Connect is carried out. If any schools are identified as having a low referral rate the safeguarding leads from these educational establishments should be contacted to find out why and encourage the school to make appropriate referrals and invited to see the service in operation.

**Recommendation 27: Online Access to Family Connect**

A wider issue about the online accessibility of the Family Connect service was identified during the review (this issue is not specific to CSE). This has been recognised by the Family Connect Service as an area for improvement. The Committee concluded that the online Family Connect Service is totally inadequate and recommends that:

- A Family Connect brand is developed to ensure that telephone and online services provided by Family Connect are recognised as a single service. The website should include information about how the Family Connect Service works and the names / logos of the partner organisations involved.
- A link to the Family Connect webpage is on the Council's home page
- Online service for Family Connect are further developed, particularly to provide information for children and young people

and enable concerns to be raised on line.

**Recommendation 28: Capacity of the CATE Team**

The Committee had concerns that the work load of the CATE team is above the level recommended by the National Working Group. The Committee recommends that once the support pathways for victims, survivors of CSE and their families is developed that a review of the work load of the CATE team is undertaken to ensure that the specialist skills are used in the most appropriate way while recognising the need for victims and survivors to maintain on-going relationships. The Committee recommend that the maximum number of cases for each CATE worker should be determined by the LSCB. If this limit is consistently breached then it is recommended that through the LSCB partner organisations review the resources available.

**Recommendation 29: Out of Area Placements**

OFSTED revisits the recommendations from the 2014 report, From a distance, looked after children living away from their home, to ensure that placing authorities provide appropriate information to the receiving local authority, NHS organisations and police with a specific focus on placement of victims of CSE. This work should also ensure information sharing processes are in place between specialist residential homes for victims of CSE and the local statutory organisations and specific risks or issues should be brought to the Telford and Wrekin LSCB and shared with neighbouring LSCBs if required.

**Recommendation 30: Information Sharing with Community Health Trust**

As a matter of urgency, information sharing systems are put in place to ensure that clinicians working for Shropshire Community Health Trust have access to the same child protection information as the staff at the hospital trust.

**Recommendation 31: Whistle Blowing Hotline**

A whistle blowing hotline is established to enable people who have information but may want to provide this anonymously to raise concerns about CSE.

## **Recommendation 32: Disruption Activity**

### **Local Recommendations 32a**

- A strategy is developed, supported by an appropriate IT system, to enable licensing and enforcement officers at the Council to record and share intelligence on CSE internally and with the police. This should include bespoke training for all enforcement staff and other Council staff working in public places to ensure they are aware of how to identify indicators of CSE in premises, locations and licensed businesses and how to record this information. It is recommended that the IDB system should be considered as the information sharing platform as this is accessible to other subscribing local authorities but it would be essential that the police and Family Connect also have access to this system.
- Consideration should be given to developing a local authority licensing and enforcement Disruption Toolkit (similar to the toolkit used by West Midlands Police which sets out policing powers) so that staff are clear about the powers that exist and how they can be used by the authority or in conjunction with the police to disrupt CSE activity. This could be developed with peers in other authorities.
- Telford & Wrekin Council's licensing policies are reviewed as a matter of urgency to include the following:
  - A review of taxi licensing policies to bring them up to the same standard as Shropshire's in terms of safeguarding responsibilities. In particular that:
    - CSE training should be a condition of driver licensing
    - Vehicle safety and emissions standards should be consistent with Shropshire
    - A requirement for operators to have a designated CSE contact for drivers to report concerns confidentially
  - A review of the licensing conditions for all licensed businesses where children and young people congregate to strengthen safeguarding conditions. This must include robust conditions for night clubs holding under-18 events by requiring events to be age limited for 12-15 year olds or 16-18 year olds and for all under-18 events to be ticketed in advance.

### **National Recommendations 32b:**

At a national level the Committee supports the recommendation from the Law Commission that there should be consistent national standards for licensing.

That the DBS checking service recognises taxi driving as a high risk occupation that has prolonged, regular and unaccompanied contact with children so that all relevant information is disclosed to licensing authorities.

PCSOs should have access to information to identify drivers of cars that are registered as trade vehicles. The Committee recognises that if this information is not already available that this recommendation should be directed nationally to the Driver and Vehicle Licensing Agency (DVLA)

### **Support for Staff**

#### **Recommendation 33: Supervision for CATE Team**

Regular professional supervision arrangement should be in place for members of staff in the CATE team.

#### **Recommendation 34: Personal Safety**

All organisations whose staff work with or come into contact with perpetrators of CSE ensure that the personal safety risks for their staff are properly assessed and managed.

### **Examination of Digital Evidence**

#### **Recommendation 35: Forensic Examination of Digital Devices**

It was reported that there were delays in forensic examination of electrical devices seized. The Committee recommends that the LSCB monitors the implementation of the West Mercia Force Hub to ensure that there is a 5 day turn around on forensic examination of electrical devices.

## Preventing CSE / working with Perpetrators

### **Recommendation 36: Working with Potential Perpetrators of CSE**

Organisations should work together to identify people at risk of becoming perpetrators of CSE and prevent them from becoming involved. This could be linked to the Prevent agenda since perpetrators can groom other young people to procure victims of CSE – this can be seen as a form of radicalisation.

## Housing

### **Recommendation 37: Appropriate Accommodation**

Housing providers work with the probation service to ensure appropriate accommodation is available for perpetrators of CSE when they leave prison.

### **Recommendation 38: Housing Providers**

Linked with Recommendation 19 above, the LSCB ensures that relevant information on CSE is shared with all housing providers in the borough and the Board ensures on going engagement of housing providers in tackling CSE.

# Who to contact for help if you are concerned about the welfare of a child or young person

---

If you have a concern about the welfare of a child and/or young person you will need to contact **Family Connect** on **01952 385385** to speak to a Family Connect Advisor.

Family Connect Advisors are available between 9am - 5pm Monday to Friday (excluding bank holidays).

## **Out of Hours Service**

If you need to report concerns about the welfare of a child outside of office hours please contact the Emergency Duty Team on 01952 676500.

If you believe a criminal offence has been committed you can contact **West Mercia Police** on **0300 333 3000** or **101**.

**In an emergency always dial 999.**

# Acknowledgements

---

## **Members of the Committee**

### 2014/15

Councillor Stephen Burrell  
Councillor Gill Green  
Councillor Kevin Guy (Chair)  
Councillor Roy Scammell  
Councillor Jackie Loveridge  
Councillor Alan Mackenzie  
Councillor Jane Pinter  
Councillor Chris Turley  
Mr. Shaukat Ali (Co-optee)  
Mr. Austin Atkinson (Co-optee)  
Ms. Emma Ofori (Co-optee)  
Mrs. Sandra Osman (Co-optee)  
Mr. Steve Rayner (Co-optee)  
Ms. Mel Ward (Co-optee)

### 2015/16

Councillor Steve Barnes  
Councillor Joy Francis  
Councillor Jayne Greenaway  
Councillor Kevin Guy (Chair)  
Councillor Janice Jones  
Councillor Jackie Loveridge  
Councillor Jane Pinter  
Councillor Karen Tomlinson  
Mr. Austin Atkinson (Co-optee)  
Ms. Carolyn Healy (Co-optee)  
Mrs. Sandra Osman (Co-optee)  
Mr. Steve Rayner (Co-optee)  
Ms. Mel Ward (Co-optee)

## **Witnesses**

The Committee is indebted to the victims, survivors and family members who were willing to share their experiences with us both in person and by completing our online surveys.

We would like to thank the children and young people who took part in the review, particularly:

- The Youth Forum
- Team Safeguarding Voice© at Holmer Lake Primary School
- Students at Ercall Wood Technology College

- Students at Madeley Academy
- Care Leavers Forum
- Young People's Disability Forum

We would also like to thank the following people who took the time to talk to us:

- Jo Banks, Associate Director Patient Safety – Shrewsbury and Telford Hospitals NHS Trust
- Peter Barrow, Licensing Technical Officer - Telford & Wrekin Council
- Jas Bedesha, Cohesion Service Delivery Manager - Telford & Wrekin Council
- Mandy Beever, Licensing Manager, Shropshire Council
- PCSO Zoe Beven (SNT Wellington West & Rural)
- Liz Calcott, Telford and Wrekin CAMHS Team Manager
- Karen Collier, Operations Manager Health and Community Protection – Shropshire Council
- Sharon Conlon, Safeguarding Lead Adults and Children – South Staffordshire and Shropshire Healthcare NHS Foundation Trust
- Alex Critchwell, Sexual Health Manager
- Frances Darling, Senior Commissioner, Shropshire Council
- Chay Davis, Head Teacher – Ercall Wood Technology College
- Siân Dean, Head Teacher – Holmer Lake Primary School
- Superintendent Steve Eccleston, Head of Protecting Vulnerable People Unit – West Mercia Police
- PCSO Sarah Edwards (SNT College & Arleston)
- David Evans, Chief Officer – Telford & Wrekin Clinical Commissioning Group
- Sister Tracey Fearn, Paediatric A&E Sister, Princess Royal Hospital
- Emma Feely Patient Liaison Officer – Shropshire Doctors Co-operative Ltd
- Suzanne Fisher, Principal Licensing Officer - Telford & Wrekin Council
- Linda Fletcher, Public Protection Manager (Business Regulation) - Telford & Wrekin Council
- Dr. Mahadeva Ganesh, Consultant Paediatrician, Designated Doctor for Safeguarding – Shropshire Community Health NHS Trust
- Dr. Dody Herman, Emergency Medicine Consultant Princess Royal Hospital
- Gary Hickey, Headmaster, Adams Grammar School
- DS Mark Hill, West Mercia Police
- Chris Hinde, Probation Officer – National Probation Service (West Mercia)
- Steve Hosking, Locality Manager Cohesion – Telford & Wrekin Council
- Anita Hunt, Public Protection Manager (Trading Standards, Domestic Pollution & Housing), Telford & Wrekin Council
- Dr. Ali Jan and Wehid Iqbal, Shropshire Islamic Foundation
- Laura Johnston, Director of Children & Family Services – Telford & Wrekin Council
- Pam Kaminski, Head of Learner Services – Telford College of Arts and Technology
- Tina Knight, Principal Officer Child Protection – Telford & Wrekin Council
- Gill Knox, Head Teacher, Haughton School
- Simon Langford, Named Nurse for Safeguarding Children – South Staffordshire and Shropshire Healthcare NHS Foundation Trust

- Dr Jo Leahy – Telford & Wrekin Clinical Commissioning Group
- Licensing and Public Protection Teams, Telford & Wrekin Council
- Suzanne Llewellyn, Deputy Chief Crown Prosecutor (West Midlands) – Crown Prosecution Service
- Debbie Lloyd and the Family Connect Team
- Bill Longmore, Police and Crime Commissioner
- Duncan Marshall, Senior Deputy Head Teacher – Madeley Academy
- Andrew Mason, Independent Chair – Local Safeguarding Children’s Board
- Paul McCreary, Head of Public Protection – Shropshire Council
- Nicky Minshall, Service Delivery Manager Health Wellbeing and Public Protection, Telford & Wrekin Council
- Liza Morgan, Axis Counselling
- Christine Morris, Executive Lead for Quality, Safety and Nursing – Telford & Wrekin Clinical Commissioning Group
- Helen Morris, CATE Team – Telford & Wrekin Council
- The Muslim Women’s Group (Noor Group)
- New Start Networks CiC - Francesca Varutti, and Helen Torrington
- Gail Naidoo, Axis Counselling
- Liz Noakes, Assistant Director: Health, Well-Being & Public Protection and Statutory Director of Public Health – Telford & Wrekin Council
- Stacey Norwood, Public Health commissioner, Telford & Wrekin Council
- Helen Onions, Consultant in Public Health, Telford & Wrekin Council
- Rev. Keith Osmund-Smith, Street Pastors
- Helen Owen, Licensing Technical Officer, Telford & Wrekin Council
- Karen Perry, Assistant Director: Children's Safeguarding & Specialist Services – Telford & Wrekin Council
- Jo Phillips, CATE Team – Telford & Wrekin Council
- Sherryn Ravenscroft, Mental Health Practitioner
- Audrey Scott–Ryan, Designated Nurse Safeguarding Children and Young People – Telford & Wrekin Clinical Commissioning Group
- Teresa Tanner, Named Nurse for Safeguarding Children & Young People, Princess Royal Hospital
- Leanne Thomas, CATE Team – Telford & Wrekin Council
- Superintendent James Tozer, Telford & Wrekin Policing Area – West Mercia Police
- DS Sophie Wade, West Mercia Police
- Grant Tunnadine, Team Manager Investigations, Shropshire Council
- Jim Watts, Probation Officer – National Probation Service (West Mercia)
- Councillor Paul Watling, Cabinet Member for Children, Young People and Families
- Catherine Whitehead, Assistant Principal Student Voice and Reputation – New College Telford

We would also like to thank True Vision for permission to use extract of the programme ‘The Hunt for Britain’s Sex Gangs’ at our committee meetings and there are also numerous PAs who facilitated these discussions to whom we are very grateful.

# Appendix 1: Terms of Reference

---

## **1.0 Background**

It was agreed at the Children and Young People Scrutiny Committee on 4 November 2014 that a working-group would carry out a review on Child Sexual Exploitation.

## **2.0 Membership of Sub Group**

Cllr Kevin Guy (Chair)  
Cllr Steve Barnes  
Cllr Joy Francis  
Cllr Jayne Greenaway  
Cllr Janice Jones  
Cllr Jane Pinter

If the Scrutiny Committee identifies any particular knowledge or skills gaps in the membership of the Review Group which could be filled by a co-opted member, parties with relevant skills or experience may be invited to participate in the Review as time limited co-optees for the duration of the review. Time-limited co-opted members will not have voting rights.

## **3.0 Chairing**

Chair of CSE Review Working Group is the Chair of the CYP Scrutiny Committee. The Chair of a Scrutiny Committee would usually have a casting vote if there is a difference of views within the Committee. As the Members of the working group aim to work through a process of consensus, the Chair's casting vote will be waived.

## **4.0 Quorum**

Under most circumstances it is expected that there will be a minimum of two members at any working group meeting. However, there may be occasions where it is appropriate for one member of the working group to receive evidence accompanied by a Scrutiny Officer.

## **5.0 Political Balance**

The Working Group is not required to be politically balanced, as the Group's findings and report will be considered and approved at a formal meeting of the Children & Young People Scrutiny Committee which is politically balanced.

## **6.0 Scope**

**The focus of this Scrutiny Review is:**

“How are organisations in Telford and Wrekin working together to prevent CSE, protect and support the victims and their families and prosecute perpetrators?”

## Lines of inquiry

- How well have organisations implemented lessons learned from Operation Chalice and contributed to the development and implementation of the CSE support and protection pathway?
- How well are organisations responding to the findings and recommendations of national reviews and inquiries including the Jay Report (July 2014), Coffey Report (October 2014), DCLG Select Committee report (November 2014) and Ofsted Report (November 2014).

The Terms of Reference for this review will be published for public comment during January 2015. The Committee will consider the comments received and may amend the Terms of Reference for the Review or refer issues to the relevant organisation to respond.

## 7.0 Powers

The Children & Young People Scrutiny Committee is the main mechanism by which Scrutiny members scrutinise and monitor the planning and performance of the Council's services to children and young people, and the Council's Corporate Parenting role. The Committee may also scrutinise the services of partner organisations in accordance with national legislation. All partner organisations included in this Review have agreed to participate on the same voluntary basis. However, the Council's Scrutiny Committees do have some legislative powers to scrutinise partners as follows:-

- The Police and Justice Act 2006 provides powers for scrutiny committees to investigate work being undertaken by Community Safety Partnerships (known locally as the Safer Telford and Wrekin Partnership) as a whole rather than a power to scrutinise individual partners (eg the Police). Scrutiny of the Safer Telford and Wrekin Partnership is exercised by the Customer, Community & Partnership Scrutiny Committee.
- Under the Health and Social Care Act 2012, the Health and Adult Social Care Committee scrutinises and monitors the planning and performance of the Council's adult social care services and NHS services.

The Children and Young People Scrutiny Committee and the Working Group established to carry out the review will invite partner organisations to participate in the review on a voluntary basis.

The Local Safeguarding Children's Board (LSCB) endorse these terms of reference and all the partners commit to supporting this review. The LSCB agrees to co-ordinate the joint or individual organisational responses to the Scrutiny Committees recommendations.

## 8.0 Timescales and Ways of Working

The Children and Young People Scrutiny Committee will agree the terms of reference for this review having considered the comments from partner organisations

and the public. The Children and Young People Scrutiny Committee will receive evidence from partner organisations at Inquiry Day(s) to be held in February / March 2015. It is anticipated that the review will conclude in February 2016. The Committee may decide to publish an interim report if there are recommendations the Committee will want to make before the review has concluded.

The Working Group and the full Children & Young People Scrutiny Committee will work through consensus for the purposes of this Review. Where there are differing views within the Working Group these will be reflected in the public report.

The Working Group will follow the Centre for Public Scrutiny principles of good scrutiny when undertaking this review:

- Providing a "critical friend" challenge;
- Reflecting the voice and concerns of the public;
- Taking the lead and owning the scrutiny process; and
- Making an impact on the delivery of public service

The Inquiry Day(s) in February / March 2015 will be held as public Committee Meetings. The following organisational representatives will be invited:

- Cabinet Member for Children's Services, Telford & Wrekin Council
- Director of Children and Family Services, Telford & Wrekin Council
- Assistant Director Children's Safeguarding & Specialist Services, Telford and Wrekin Council
- Director of Public Health, Telford & Wrekin Council
- Chairman, Local Safeguarding Children's Board
- Chief Constable, West Mercia Police
- West Mercia Police and Crime Commissioner
- Chief Crown Prosecutor, Crown Prosecution Service
- National Probation Service
- Secondary Schools Representative
- Academy Schools Representative
- Further Education College Representatives
- Chair / Chief Operating Officer, CCG
- Chief Executive, Shrewsbury and Telford Hospitals NHS Trust
- Chief Executive, Shropshire Community Health Trust
- Chief Executive, South Staffordshire and Shropshire NHS Foundation Trust
- Chief Executive, West Midlands Ambulance Service
- Chair/Chief Executive, Shrop Doc / GP Federation

The Committee wants to ensure that children, young people, family and carers are appropriately involved in the review. Prior to the Inquiry Day(s) the Committee will request that the statutory organisations provide information about how they have engaged with children, young people and their families / carers to help shape the services in response to Child Sexual Exploitation.

Following this meeting/s the Working Group will determine the issues that will be scrutinised in more detail. The evidence for this stage of the review may be sought

through meetings, focus groups, questionnaires etc. Members may seek the views of front line staff from partner organisations and local groups. It is at this stage that the views of children and young people may be sought in line with the Council's policies on consultation.

Minutes will be taken as a record of public meetings and a summary of the evidence received at working group meetings will be included in the Scrutiny Report.

## **9.0 Training**

All Members of the working group will undertake the Council's on-line training module on CSE. There will be a follow up training / workshop session for the Members prior to the Committee Meeting.

## **10.0 Confidentiality and Safeguarding**

The Scrutiny Review is not a Serious Case Review or full scale investigation along the lines of the Jay Report. It will not investigate previous or current cases of Child Sexual Exploitation. Any information received in the course of the Review regarding individuals will be managed in confidence in line with the Council's policies. However, if any information is provided about cases or allegations are raised in the course of the Review then those issues will be reported to the appropriate organisation in line with the Council's safeguarding policies.

The Committee recognise that CSE is an issue that directly affects some individuals, families and communities in Telford and Wrekin. The direct voice of victims and their families will not be actively sought again as it is acknowledged that providing evidence is a difficult process and some of their feedback has been included in published reports. However, if victims or their families express a wish to voluntarily engage in the review (either through commenting on the terms of reference or otherwise) that will be welcomed. In such an event, the Committee's final report will be anonymised in order to protect identities.

## **11.0 Resources for review**

In order to devote sufficient time and focus to this Review, Members have agreed to postpone all other items on the Work Programme for Children & Young People Scrutiny Committee. In order to focus limited resources efficiently, the Review Working Group will only select witnesses and activities that are necessary to address the concerns identified in the scope.

The Scrutiny Management Board will oversee the allocation of scrutiny officer resources to the Scrutiny Committees, and will make decisions where there are competing demands for resources.

## **12.0 Background Publications**

Supplementary Guidance to Working Together to Safeguard Children, DCSF (2009)

Report of the Independent Reviewing Officer in Relation to Child Sexual Exploitation Issues in Rochdale Metropolitan Borough Council During the Period 2006 to 2013, Anna Klonowski (21 May 2013)

Child Abuse through Sexual Exploitation (CATSE) Learning 2008 – 2013, New Start (October 2013)

If Only Someone Had Listened, Office of the Children’s Commissioner (November 2013) [includes the See Me, Hear Me Framework]

Child Sexual Exploitation Learning Overview Report, Telford & Wrekin LSCB (April 2014)

Telford & Wrekin LSCB Annual Reports

Independent Inquiry into Child Sexual Exploitation in Rotherham 1997 – 2013, Alexis Jay OBE (August 2014) (“The Jay Report”)

Tackling Child Sexual Exploitation – Summary of Recommendations, National Working Group Network: (2014) [as referred to by the Jay Report]

‘Real Voices’ Child sexual exploitation in Greater Manchester: An independent report, Ann Coffey, MP (October 2014) (“The Coffey Report”)

West Mercia Consortium Inter Agency Child Protection Procedures (October 2014) [http://westmerciaconsortium.proceduresonline.com/chapters/quick\\_guide.html](http://westmerciaconsortium.proceduresonline.com/chapters/quick_guide.html)

Child sexual exploitation in Rotherham: some issues for local government, DCLG (November 2014)

The sexual exploitation of children: it couldn’t happen here, could it? Ofsted (November 2014)

HMIC Crime inspection 2014 West Mercia Police (November 2014)

We Need to Get it Right: A Health Check into the Council’s Role in Tackling Child Sexual Exploitation, Birmingham City Council (December 2014)

Report of Inspection of Rotherham Metropolitan Borough Council, Louise Casey CB (February 2015) (“The Casey Report”)

HMIC National Child Protection Inspections West Mercia Police 4-14 November 2014 (February 2015)

Oxford Safeguarding Children Board Serious Case Review into Child Sexual Exploitation in Oxfordshire: from the experiences of Children A, B, C, D, E, and F, Independent Reviewer: Alan Bedford MA (Social Work), Dip.Crim (March 2015)

# Appendix 2: Summary Report for Young People

---

## **Everyone's Business:**

### **A Scrutiny Review of Multi-Agency Working in Telford and Wrekin to tackle Child Sexual Exploitation**

#### **Summary Report for Young People**

In 2015, members of the Council's Children and Young People Scrutiny Committee met with over 50 young people to find out how well they thought that organisations were working together to help keep children and young people safe from child sexual exploitation (CSE).

They heard from people who have been affected by CSE and they met with a lot of different organisations. A full report on the information that they gathered is available at:

[www.telford.gov.uk/scrutinyreviewofcse](http://www.telford.gov.uk/scrutinyreviewofcse).

This summary report has been written for young people. It highlights what young people told us and how we think the different organisations that work with children and young people could keep them safe from CSE in the future. The Local Safeguarding Children's Board and the Council will respond to the recommendations and decide what they can do.

**Young people told us:** Primary school children should learn at school how to stay safe and have safe relationships

**We said:** All schools, (primary and secondary) should develop a Team Safeguarding Voice which helps children and young people to understand the different types of abuse that can affect them, how to stay safe and what to do if they are worried about themselves or someone else.  
All schools, academies and colleges in Telford and Wrekin should agree that Sex and Relationship Education should be taught at school and that this should include information about CSE that is age appropriate.

**Young people told us:** Young people want to know how to keep themselves safe and how to get help for themselves and their friends. They want to understand what child sexual exploitation means, how grooming happens, what the risks are and what type of people can sexually exploit children. Hearing about what has happened to other people who have been victims of CSE is the best way to get the message across.

**We said:** Local organisations should work together to run a campaign about CSE for young people and adults. Victims and survivors of CSE and their families should be given the opportunity to be involved in the campaign and raise awareness of the problem.  
Facts about the scale of CSE in Telford and Wrekin should be made available to young people of secondary school age.

**Young people told us:** Information for young people about child sexual exploitation should be reliable, easy to find and easy to understand. There should be clear information on websites. Young people need to know about local issues in Telford and Wrekin, which organisations can help them and how to contact them.

**We said:** The on line service for family connect should be developed further to provide information for children and young people about CSE. It should let children, young people and adults raise concerns on line.

**Young people told us:** Young people with disabilities and special needs should have information to help them to understand the risks of child sexual exploitation.

**We said:** Information about CSE should be available to all young people in ways that they can understand. Local organisations should use advice from the National Society Prevention Cruelty to Children (NSPCC) on CSE and how to talk to young people with disabilities about it.

**Young people told us:** All parents, foster parents and carers need to understand about child sexual exploitation. They need to know how they can help keep children and young people safe, including how to keep them safe on line.

**We said:** All parents should be encouraged to talk to their children about safety using the NSPCC PANTS campaign  
<https://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/underwear-rule/>  
There should be local information about CSE for parents that includes stories from people who have been affected and videos that explain the reality of CSE.  
All foster carers and staff working with children in the care should have specific training on CSE.

**Young people told us:** Children and young people should be believed if they say that they are affected by CSE. All adults who work with children and young people should be taught what to look out for and how to support affected children and young people.

**We said:** There should be a campaign to raise awareness of CSE in Telford and Wrekin.  
All organisations should be encouraged to train their staff and volunteers so that they understand what CSE is, what the signs are and where to go to for help.  
When a case of CSE is taken to court, the victims should be able to trust the criminal justice process and have faith that they will be treated with care and respect.

**Young people told us:** There should be good support for victims of CSE including good mental health support.

**We said:** Local organisations should make sure that there is support for victims of CSE. The mental health and sexual health needs of children and young people affected by CSE should be met.  
Victims and survivors of CSE and their families should have information about the help and support services that are available to them and how to get help.  
The Government should increase funding to support victims and survivors of CSE and their families.

What will happen next?

The Local Safeguarding Children's Board and the Council will consider the recommendations that we have made. They will decide which things they can do.

## Appendix 3: What is Scrutiny?

---

Local authority scrutiny is part of the governance arrangements for local councils and there is a legislation that sets out the role of the scrutiny committees<sup>49</sup>. Each council can agree its own scrutiny arrangements and in Telford & Wrekin Council there are 5 Scrutiny Committees – one of which is the Children and Young People Scrutiny Committee that carried out this review. The councillors on the Scrutiny Committees are from all the political parties represented on the Council but they cannot be Executive members who make decisions about Council services and policy. Some scrutiny committees have places for statutory co-optees and Committees can also co-opt other members who can bring skills and knowledge to the scrutiny process. The role of a scrutiny committees is to:

- Hold the Executive Members and decision makers of the Council to account
- Be an independent ‘critical friend’
- Be a voice for local people
- Make recommendations that will improve local services

Scrutiny Committees have the power to require information about council services and policy and that Executive Members and senior council officers attend scrutiny meetings. Local government scrutiny also has a statutory role in scrutinizing the planning and provision of local NHS services and the work of the local Crime and Disorder Partnership. Other local organisations do not have to contribute to the work of Scrutiny Committees, but the experience on Telford and Wrekin has been that most organisations welcome the opportunity to meet with Scrutiny Members and take part in the work of Scrutiny Committees.

---

49

[http://cfps.org.uk/domains/cfps.org.uk/local/media/downloads/L12\\_389\\_CIFPS\\_Pulling\\_it\\_together\\_v3.pdf](http://cfps.org.uk/domains/cfps.org.uk/local/media/downloads/L12_389_CIFPS_Pulling_it_together_v3.pdf)

# Appendix 4: Local Safeguarding Children's Board

---

## Statutory Function

The Children Act 2004 sets out the statutory objectives and functions of a local safeguarding children's board. Section 13 of the Children Act 2004 "requires each local authority to establish a Local Safeguarding Children Board (LSCB) for their area and specifies the organisations and individuals (other than the local authority) that should be represented on LSCBs". Working Together to Safeguard Children 2015 further details the representation on the Board.

The Board is a key statutory mechanism for agreeing how the relevant organisations in Telford and Wrekin will cooperate to safeguarding and promote the welfare of children in the area and for monitoring the effectiveness of local services and legislative requirements; put simply "**safeguarding is everyone's responsibility**". The **vision** of the Telford & Wrekin Safeguarding Children Board (TWSCB) is: To put the voice of the child and young person first by listening, protecting, being supportive and building lives for the future; and Leading and driving forward excellence in safeguarding to support all services and improve the lives of children and young people.

## Strategic Priorities for 2014–15

***"To co-ordinate what is done by each person or body represented on the Board for the purpose of safeguarding and promoting the welfare of children in the area, and to ensure the effectiveness of what is done by each such person or body for that purpose."*** (Section 14 of the Children Act 2004)

- To provide leadership to all agencies to achieve effective inter-agency working.
- To hold agencies to account for their responsibilities to safeguard children and young people.
- To co-ordinate a multi-agency approach to minimise harm to children and young people.
- To deliver an effective Training Strategy which responds to the needs of partner agencies.
- To maintain an effective Learning and Improvement Framework to enable partners to be clear about their responsibilities, to learn from experiences and to improve services as a result.
- To manage change positively in response to Working Together to Safeguard Children 2015 and the Munro Report.
- To ensure the involvement of children and young people in the work of the Board.

## TWSCB Meetings

The Board is chaired by Andrew Mason, an Independent Chair, and is comprised of the following partners:

Telford and Wrekin Local Authority - Children's Safeguarding, Adult Social Care, Public Health, Legal Services and the Lead Member for Children and Families (as an observer)

Telford and Wrekin Schools (including primary, secondary, special, academy schools and further education)

Health (including the Clinical Commissioning Group, Shropshire Community NHS Trust, NHS England, Adult Mental Health, Shrewsbury and Telford Hospital NHS Trust )

West Mercia Police

West Mercia Youth Offending Service

West Mercia National Probation Service

Herefordshire, Shropshire & Telford Community Rehabilitation Company

West Midlands Ambulance Service

Children and Family Court Advisory and Support Service (CAFCASS)

As well as partner agencies the TWSCB also has representation from Community Members, Housing Association, Voluntary Groups, Faith Groups, Early Years provider and the Lead Governor.

The Board meets bimonthly and the minutes are published on the website once agreed at the following meeting. The link to the Boards website is below:

<http://www.telfordsafeguardingboard.org.uk/lscb/>

## Appendix 5: Suggested Reading

---

In addition to the background publications set out in the Terms of Reference, the following websites, reports and publications have proved useful in informing the work of the Committee.

Academy of Medical Royal Colleges - Child Sexual Exploitation: Improving Recognition and Response in Health Settings (September 2014)

[http://www.aomrc.org.uk/doc\\_download/9777-cse-press-release.html](http://www.aomrc.org.uk/doc_download/9777-cse-press-release.html)

Barnardo's - (numerous publications/research)

[http://www.barnardos.org.uk/what we do/policy research unit/research and publications/sexual exploitation research resources.htm](http://www.barnardos.org.uk/what_we_do/policy_research_unit/research_and_publications/sexual_exploitation_research_resources.htm)

Dr Nina Burrowes - "The Courage to be Me" (2014) An illustrated story about courage, self compassion and hope after rape or sexual abuse. *Read online for free. The book tells the story of how victims can begin to rebuild their lives. There are no images of rape or abuse.*

<http://ninaburrowes.com/books/the-courage-to-be-me/preface/>

The Children's Commissioner - (numerous publications/research)

<http://www.childrenscommissioner.gov.uk/publications>

The Children's Society – "Old enough to know better? Why sexually exploited older teenagers are being overlooked" (November 2015)

<http://www.childrenssociety.org.uk/what-we-do/resources-and-publications/old-enough-to-know-better-why-sexually-exploited-teenagers-are>

College of Policing - Responding to child sexual exploitation

<https://www.app.college.police.uk/app-content/major-investigation-and-public-protection/child-sexual-exploitation/>

Department for Education -

- Tackling Child Sexual Exploitation Action Plan

<https://www.gov.uk/government/publications/tackling-child-sexual-exploitation-action-plan>

- What to do if you suspect a child is being sexually exploited

<https://www.gov.uk/government/publications/what-to-do-if-you-suspect-a-child-is-being-sexually-exploited>

Focus on Survivors - "Hear Me. Believe Me. Respect Me." (October 2015) *A survey conducted by University Campus Suffolk and Survivors in Transition, with support from the Survivors Trust of adult survivors of child sexual abuse and their experience of support services.*

<http://www.ucs.ac.uk/Faculties-and-Centres/Faculty-of-Arts,-Business-and-Applied-Social-Science/Department-of-Psychology,Sociology-and-Social-Work/Focus-on-Survivors-Final-Copy-Logo-Blk.pdf>

Girlguiding - Care Versus Control: Healthy Relationships (2013)

[http://girlsattitudes.girlguiding.org.uk/pdf/2025\\_Care\\_Versus\\_Control.pdf](http://girlsattitudes.girlguiding.org.uk/pdf/2025_Care_Versus_Control.pdf)

Health Working Group Report on Child Sexual Exploitation (January 2014)

<https://www.gov.uk/government/publications/health-working-group-report-on-child-sexual-exploitation>

Law Commission – Taxi and Private Hire Services (May 2014)

[http://lawcommission.justice.gov.uk/docs/lc347\\_taxi-and-private-hire-services.pdf](http://lawcommission.justice.gov.uk/docs/lc347_taxi-and-private-hire-services.pdf)

Ministry of Justice - The Code of Practice for Victims of Crime (October 2013)

<https://www.gov.uk/government/publications/the-code-of-practice-for-victims-of-crime>

Muslim Women's Network - Unheard Voices: Sexual Exploitation of Asian Girls and Young Women (September 2013)

<http://www.mwnuk.co.uk/resourcesDetail.php?id=97>

NWG Network - (numerous publications/research)

<http://www.nwgnetwork.org/>

Ofcom – Children and Parents Media Use Report (November 2015)

<http://stakeholders.ofcom.org.uk/market-data-research/other/research-publications/childrens/?a=0>

Ofsted - The voice of the child: learning lessons from serious case reviews (April 2011)

<http://webarchive.nationalarchives.gov.uk/20141124154759/http://www.ofsted.gov.uk/sites/default/files/documents/surveys-and-good-practice/t/The%20voice%20of%20the%20child.pdf>

PACE & Safeguarding Children e-Academy (YouGov Survey Results) - Are parents in the picture? Professional and parental perspectives of child sexual exploitation (November 2013) <http://www.paceuk.info/what-we-do/publications/parents-picture/>

PACE - (various parent-focussed publications which highlight the problems parents report they have encountered in reporting CSE) <http://www.paceuk.info/what-we-do/publications/>

University of Bedfordshire - The International Centre: Researching Child Sexual Exploitation, Violence and Trafficking (numerous publications/research)

<http://www.beds.ac.uk/intcent/publications>

West Midlands Police CSE Problem Profile (October 2014) (redacted)

[https://foi.west-midlands.police.uk/cse-problem-profile-724\\_15/](https://foi.west-midlands.police.uk/cse-problem-profile-724_15/)

Winston Churchill Memorial Trust/Professor Andrew Rowland – “Living on a Railway Line. Turning the tide of child abuse and exploitation in the UK and overseas: international lessons and evidence-based recommendations” (October 2014)

<http://www.wcmt.org.uk/sites/default/files/docs/reports/Professor%20Rowland%20Andrew%20Living%20on%20a%20Railway%20Line%20FINAL%20Full%20Size%20DOUBLE%20SIDED%20PRINTING%20PROTECTED%202014.pdf>