

# KENT PUBLIC HEALTH OBSERVATORY

Kent Joint Strategic Needs Assessment (Kent JSNA)

## Kent 'Child Sexual Exploitation' JSNA Chapter Summary Update '2014-15'

Contact: [Colin.Thompson@kent.gov.uk](mailto:Colin.Thompson@kent.gov.uk)

Website: [www.kpho.org.uk](http://www.kpho.org.uk)

# Kent Child Sexual Exploitation JSNA Chapter Update 2014

## Introduction

The National Working Group for Sexually Exploited Children and Young People (2008) defines Child Sexual Exploitation (CSE) as involving exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (eg food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. CSE can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability<sup>1</sup>.

CSE is a form of child sexual abuse. As with all types of abuse, it can have a devastating impact on the child or young person who is being exploited. Child sexual exploitation is a shocking crime with consequences that can exact a toll on the young people who are subjected to it for some, throughout the course of their lives. It can disrupt their social lives and education, and cause long-term mental health problems including self-harm, attempts at suicide, and relationship behaviours which can affect achieving a fulfilling life.

It is often a hidden problem, not easily spotted by health professionals, families and carers, or it can be reported readily by victims, some of whom may not see it for what it is: children being exploited. The English Children's Commissioner estimated 16,500 to be at risk in the year to March 2011 and identified 2,409 victims; where gender was known, seven in 10 were girls and one in 10 were boys<sup>2</sup>. The age range of those affected appears to be going down too, with evidence of some 10 year olds being involved and an incident with a four year old. Some of the children and young people also have other vulnerabilities, including a history of familial child abuse, but children from any background irrespective of class or ethnicity may be affected. Young people themselves may be involved in recruiting their friends and also act as perpetrators too.

## Who's at Risk and Why?

Any child or young person may be at risk of sexual exploitation, regardless of their family background or other circumstances. This includes boys and young men as well as girls and young women. However, some groups are particularly vulnerable. These include children and young people who have a history of running away or of going missing from home, those with special needs, those in and leaving residential and foster care, migrant children, unaccompanied asylum seeking children, children who have disengaged from education, children who are abusing drugs and alcohol, and those involved in gangs<sup>3</sup>.

The following are typical vulnerabilities in children prior to abuse<sup>2</sup>:

- living in a chaotic or dysfunctional household (including parental substance use, domestic violence, parental mental health issues and criminality)
- history of abuse (including familial child sexual abuse, risk of forced marriage, risk of honour-based violence, physical and emotional abuse and neglect)
- recent bereavement or loss
- gang association either through relatives, peers or intimate relationships
- attending school with young people who are sexually exploited
- learning disabilities
- unsure about their sexual orientation or unable to disclose sexual orientation to their families
- friends with young people who are sexually exploited
- homelessness
- lacking friends from the same age group
- living in residential care
- low self-esteem or self-confidence
- young carers
- mental health of young person.

The following signs and behaviour are generally seen in children who are already being sexually exploited<sup>1</sup>:

- missing from home or care
- physical injuries
- drug or alcohol misuse
- offending
- repeat sexually-transmitted infections, pregnancy and terminations
- absence from school
- change in physical appearance (ie significant weight loss)
- evidence of sexual bullying and/or vulnerability through the internet and/or social networking sites
- estranged from their family
- receipt of gifts from unknown sources
- poor mental health.
- self-harm
- thoughts of/ or attempts at suicide
- recruiting others into potentially exploitative and risky situations.

### **Level of Need in the Population**

Prevalence of CSE is extremely difficult to estimate and this has been acknowledged by the NSPCC<sup>4</sup>. Alongside definitional problems (partly due to the many forms that CSE can take), methodologies for identifying numbers vary. Official records will not capture the majority of incidents, as many remain undisclosed and unreported. It is likely that prevalence figures are significant underestimates.

It is not possible to state definitively how many children are victims of CSE in any given period because there is no recognised category of abuse for sexual exploitation as part of standard child protection procedures.

There is some data available around risk factors. Data from the National Drug Treatment Monitoring System for 2013-14, showed that there were 542 clients in substance misuse who had one or more children living with them. This amounts to 19.6% of the treatment population. There is no data that currently captures the number of children.

We know from local Multi-Agency Risk Assessment Conferences (MARACs) data for victims and families between October 2013 and September 2014 that there were 1,860 children across Kent living in homes where there is known domestic abuse.

The rate (per 10,000 children aged under 18 years old) of Kent children in care has increased from 2007 to 2013; however it has been consistently lower than the national rate (figure 1). This difference is not significant.

**Figure 1: Rates (per 10,000 children aged under 18 years old) of children in care in Kent, South East and England (2005 to 2013)**

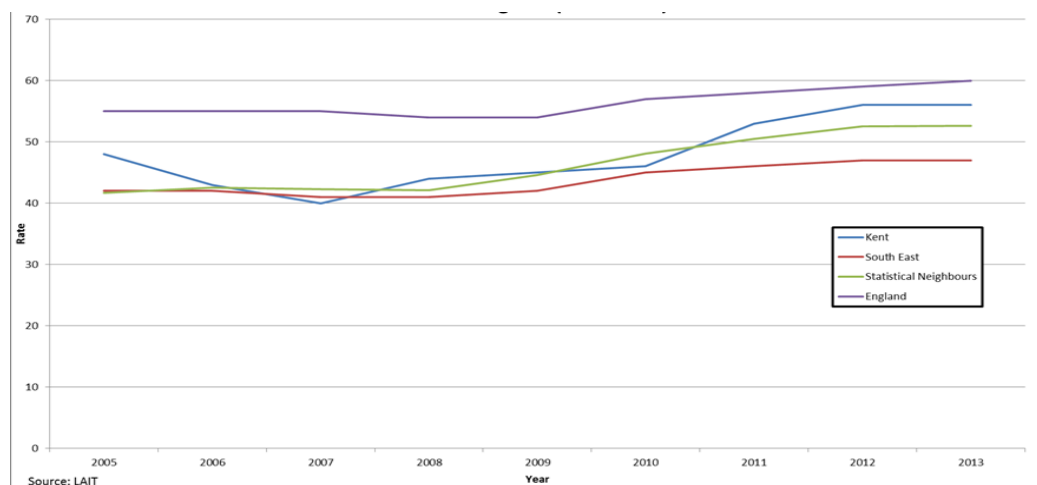
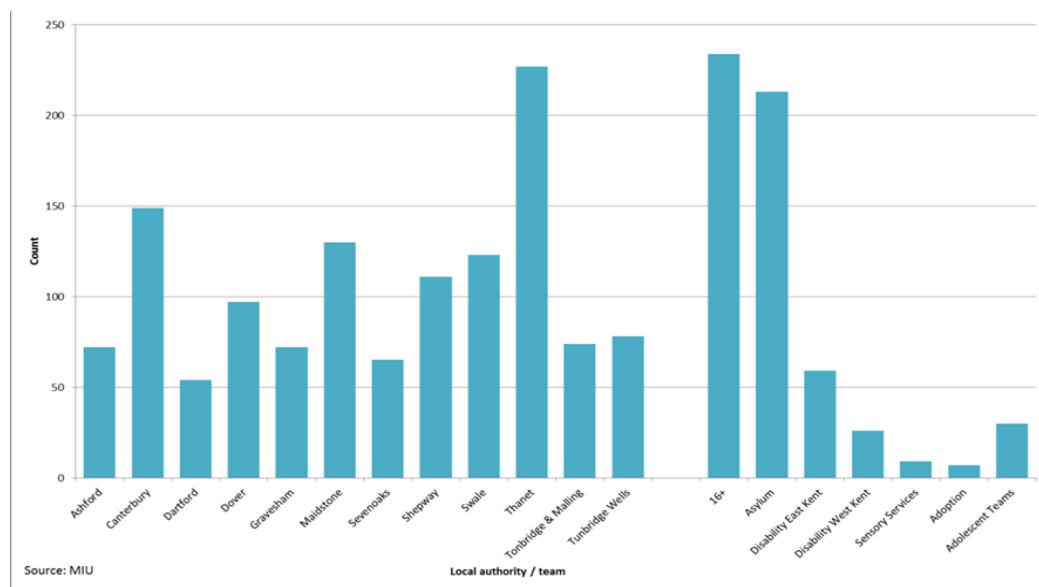


Figure 2 shows that Thanet had the highest number (277) of children in care and that the Unaccompanied Asylum Seeking Children (UASC) service was looking after 213 children.

**Figure 2: Number of Kent children in care by district and local service (Sept 2013)**



### Current Services in Relation to Need

Kent Safeguarding Children Board has been working with Barnardo’s to develop CSE awareness-raising workshops for everyone who works with children and young people, either directly or indirectly. Training has been provided to all the relevant agencies including health, police, probation, education, social care, fire and rescue, youth service and the voluntary and community sector (Table 1). In total, 194 people from a range of different organisations have received training. During the workshop, participants are shown a DVD based on the comments of victims of CSE (in conversation with a sexual health outreach nurse) voiced by an actress. ‘Chantelle’ talks about her background in care and what has happened to her, providing a real-life account of what CSE can look like.

A more intensive course for front-line professionals has been running since September 2013. This one-day workshop uses ‘immersive learning’ techniques based on real-life scenarios. Participants are given the opportunity to use the Kent and Medway CSE risk assessment toolkit, which has been designed for professionals working with children and young people who are at risk of being exploited. The toolkit can be used to assess the level of risk, and it also outlines some common intervention strategies. [http://www.kscb.org.uk/pdf/CSE-Toolkit%20Kent%20and%20Medway%20V3%20May%2014%20\(2\).pdf](http://www.kscb.org.uk/pdf/CSE-Toolkit%20Kent%20and%20Medway%20V3%20May%2014%20(2).pdf)

Schools are made aware of the issues and Kent Safeguarding Children Board Procedures. The CSE Toolkit is provided during single agency safeguarding training for designated staff.

The University of Kent is offering training called ‘Looking for Lottie’. It was developed by the Centre for Child Protection at the University of Kent with NHS Health Education Kent, Surrey and Sussex. The training offers health, social care and education professionals the opportunity to train on key aspects of online CSE. It

is an interactive and immersive simulation, based on real cases and research. It is designed for use with both professionals and young people (11-18).

**Table 1: Number of people from different organisations receiving training around CSE from January – November 2014 (KSCB training data)**

| <b>Organisation</b>                            | Jan-14 | Feb-14 | Mar-14 | Jun-14 | Jul-14 | Aug-14 | Sep-14 | Oct-14 | Nov-14 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Borough Councils                               |        |        | 1      |        |        |        |        |        | 1      |
| District Councils                              |        |        |        | 1      |        |        |        |        |        |
| Private Providers                              |        |        | 2      |        |        | 1      |        | 1      | 2      |
| Charitable Organisations                       | 1      | 4      | 3      | 3      | 6      | 3      | 3      | 2      | 2      |
| Kent Fire and Rescue Service                   |        |        |        | 1      |        | 1      |        |        |        |
| Kent Police                                    |        | 1      | 1      |        |        |        |        |        |        |
| Crime Reduction Services                       |        |        |        |        |        |        |        |        |        |
| Kent Probation                                 |        |        |        |        |        | 1      |        |        |        |
| Youth Centres                                  |        |        | 1      |        |        |        |        | 1      | 1      |
| Housing  |        | 2      | 7      | 1      | 1      |        |        |        |        |
| <b>Education</b>                               |        |        |        |        |        |        |        |        |        |
| Early Years Setting (Play Groups/ Pre-Schools) |        | 1      |        |        |        |        | 2      | 1      |        |
| Primary Schools                                |        |        |        | 1      |        |        |        |        |        |
| Secondary Schools                              |        | 2      | 4      |        |        |        | 2      |        |        |
| Independent Schools                            |        | 1      |        |        |        |        |        |        |        |
| Special Schools                                | 2      | 1      | 2      |        |        |        |        |        |        |
| Pupil Referral Units                           |        |        |        |        |        |        |        |        |        |
| Colleges                                       |        | 1      |        |        |        |        |        |        | 7      |
| After School Clubs                             |        |        |        |        | 1      |        |        |        |        |
| Children's Centres                             |        |        | 1      | 1      | 1      |        |        | 1      | 1      |
| <b>KCC</b>                                     |        |        |        |        |        |        |        |        |        |
| KCC Specialist Children's Services             | 1      | 9      | 7      | 6      | 8      |        | 5      | 4      | 3      |
| KCC Education and Young Peoples' Services      |        | 2      | 1      | 2      |        |        |        |        | 3      |
| KCC Customer and Communities                   |        | 6      | 5      | 1      | 1      | 1      | 1      | 1      | 1      |
| KCC Social Care and Wellbeing                  | 3      | 1      | 1      |        |        |        |        | 1      |        |
| <b>Health</b>                                  |        |        |        |        |        |        |        |        |        |
| Kent Community Health Trust                    |        | 5      | 4      | 3      | 4      | 1      | 2      | 3      | 5      |
| Kent and Medway NHS & Social Care              |        | 1      |        |        |        |        | 1      |        |        |

|   |   |    |    |    |    |   |    |    |    |
|---|---|----|----|----|----|---|----|----|----|
| Partnership Trust                             |   |    |    |    |    |   |    |    |    |
| Sussex Partnership NHS Foundation Trust       |   |    |    |    |    |   | 1  |    |    |
| East Kent Hospitals Uni. NHS Foundation Trust |   |    |    |    |    |   |    |    |    |
| Maidstone & Tunbridge Wells NHS Trust         |   |    |    |    |    |   |    |    |    |
| NHS Eastern and Coastal Kent PCT              |   |    |    |    |    |   |    | 1  |    |
| NHS Canterbury and Coastal CCG                |   |    |    |    |    |   |    | 1  |    |
| Total:  | 7 | 37 | 40 | 20 | 22 | 8 | 17 | 17 | 26 |

An online survey was sent to three Kent based organisations in January 2015. The survey aimed to better understand the tools used by the providers of sexual health services to identify CSE; the training received; the training need and monitoring processes. The responses confirm that staff working in the services - clinical and non-clinical - have all been trained and attended updates on CSE in 2014.

There is variation in recording of children accessing these services who have been identified as being sexually exploited. This may be a reflection of the tools used, but the responses would suggest that effectiveness of identification is an area for further exploration.

**Table 2: Responses to CSE online survey**

| Question   | Provider 1          | Provider 2    | Provider 3 |
|--|---------------------|---------------|------------|
| Clinical staff working in sexual health trained on Child Sexual Exploitation   | 12 (10 trained 83%) | 87.67 WTE     | 10         |
| Non clinical staff working in sexual health trained on CSE                     | 4 (2 trained 50%)   | 19.6 WTE      | 5          |
| Clinical staff working in sexual health to receive training on CSE in 2015     | 12                  | All new staff | 100%       |
| Non clinical staff working in sexual health to receive training on CSE in 2015 | 4                   | All new staff | 100%       |

|   |                                   |   |      |
|---|-----------------------------------|---|------|
| Clinical staff working in sexual health using a CSE assessment tool                                       | 12                                | All   | 100% |
| Number of children accessing the service in 2014 identified as being sexually exploited                   | 2                                 | Unknown as this information has not been centrally collected. If they are a new referral to sexual services it would be apparent but if they were already known to social services they would not be flagged. | 74   |
| Of those CSE trained front line staff working in sexual health, how many have received an update in 2014? | 16 following BASHH/Brook guidance | All   | 100% |

The practice across the services on tools used to assess CSE is different. This may be a reflection of the levels of service provided historically and the varying access to wider partners in KCC and other organisations. The tools used are:

- a The Brook CSE pro-forma screening and referral tool.
- b Kent Safeguarding Children Board - Safeguarding Children Abused through Sexual Exploitation Toolkit.
- c Clinical pro-forma for under 18 year olds written to incorporate 'Spotting the Signs' guidance 2014.

There has been varying degrees of engagement by the providers of sexual health services, with Kent Safeguarding Children Board (KSCB) during 2013 and 2014 and responses do not suggest that they have been involved in a consistent systematic process.

- a Referrals to specialist children's services on line and via telephone with telephone follow-up.
- b A middle manager was a part of Operation Lakeland. The service worked with the operation through the arrest of the alleged exploiters. Kent Community Health NHS Foundation Trust (KCHFT) is part of an ongoing review for lessons learnt.

In order to ensure that any subcontracted workers receive appropriate training and support to address CSE such as pharmacies, providers have it as part of their service level agreements or include it as a mandatory part of employment. The latter



requires staff to pay for the training they attend. This would indicate that there is inequity in access to training.

The 'voice of the child' is a strong focus for the Kent Safeguarding Children Board, which is working to ensure that what children need and want influences all policy and procedures. The Board is working with the Kent Youth County Council, Children in Care Council, various youth groups and secondary schools to raise awareness of safeguarding and ensure that young people's voices are heard.

Work is being undertaken around identifying perpetrators. The Kent Safeguarding Children Board have policies and procedures to ensure that partner agencies work co-operatively to identify and deal with children and young people who are both victims and perpetrators of CSE.

There has been a focus in Thanet to improve and sustain measures to safeguard and protect children at risk of CSE. A three phased approach commissioned by the Kent Drug and Alcohol Team and delivered by Barnado's, was undertaken; including background research, the extent to which the policies of the Kent Safeguarding Children Board were fit for purpose and the identification of training needs across Thanet. It resulted in awareness raising training being delivered across Thanet at different levels for those working with or on behalf of children or young people that consisted of more specialised training for those in key professional roles working with children at risk of sexual exploitation.

## **Evidence of What Works**

Findings from research, enquiries and inspections conclude that for children looked after by local authorities, good care is fundamental to keeping children and young people safe. The basic principles of good practice are reflected in Ofsted's inspection frameworks<sup>5</sup>. They are identified as follows:

- listening to children and young people
- visiting regularly and getting to know them well
- ensuring access to accurate information about children and young people
- responding quickly to emerging difficulties
- ensuring effective management oversight
- good training and challenging and reflective supervision for professionals
- good commissioning arrangements
- good assessments and care planning for children and young people
- good joint working and information sharing across services.

Barnado's published a comprehensive guide to reducing the risk and keeping young people safe<sup>6</sup>. They looked at what interventions work in terms of engaging with young people who are currently experiencing sexual exploitation or are at immediate risk. Barnado's identified the five most significant positive outcomes that significantly reduce the risk of ongoing sexual exploitation to be:

- a reduction in the number of episodes of going missing
- reduced conflict and improved relationships with parents and carers

- access to safe, stable accommodation
- an improved ability to recognise risky and exploitative relationships
- an increased awareness of the young person’s own rights.

The Office of the Children’s Commissioner produced an inquiry into gang and group-based CSE<sup>7</sup>. They identified nine key foundations of good practice that have contributed to “exemplary approaches to protecting children and young people against exploitation at the hands of gangs and groups. These approaches are identified in Figure 3.

**Figure 3: Foundations for good practice to protect children from CSE, Replicated from Office of the Children’s Commissioner<sup>7</sup>**



Various local authorities are undertaking work around awareness raising in relation to CSE. The document link below highlights some of the areas with the most experience, and the different approaches they are taking.

[http://www.local.gov.uk/c/document\\_library/get\\_file?uuid=fd8a2a91-bb11-4710-9641-97e8eefa44a8&groupId=10180](http://www.local.gov.uk/c/document_library/get_file?uuid=fd8a2a91-bb11-4710-9641-97e8eefa44a8&groupId=10180)

## Unmet Needs and Service Gaps

- a There is a lack of data available to understand the full extent of child sexual exploitation across the county. As a result it is not possible to appreciate the full affects as to whether a positive difference is being made in the prevention, protection and prosecution of child sexual exploitation. A proposal is being submitted to the Kent Safeguarding Children Board for a county Multi-Agency Sexual Exploitation (MASE) strategy group. This will be presented with multi-agency information and intelligence on CSE where a greater understanding of the issues can be gained. It will also link in to the issues around gangs and their impact on CSE.
- b There is a need to ensure that information, intelligence and disruption techniques utilised by the police and other agencies is shared proactively with key partners to improve the protection of children in the area and increase the rate of referrals for CSE as a result of the greater awareness and understanding of the issue.
- c There is the need to ensure that actions identified from the recently published Child Sexual Exploitation Strategy are implemented, with the overall responsibility lying with the Kent Safeguarding Children Board.
- d There is a need for schools to continue to raise awareness; protecting children at risk of or who have suffered from sexual exploitation. Schools shared their experience of using the tool kit to identify clear concerns about a child but still had difficulty in getting referrals into social care accepted. Schools have reported difficulty accessing the CSE training due to places being taken up by social care staff.
- e There is also a lack of consistency across the county in terms of school staff attending child sexual exploitation training resulting in an inconsistent approach to raising awareness of child sexual exploitation risks through Personal Social and Health Education (PSHE).
- f Auditing of child sexual exploitation case files needs to be included in the Kent Safeguarding Children Board Audit Programme of 2015-16.
- g It is important to act upon and use information about children missing from education, home or care that effectively make links with the bigger picture about child sexual exploitation. All missing children return interview forms need to be submitted to KCSB for analysis.

## Recommendations for Commissioning

- a Ensure actions that are outlined in the production of a future strategy and action plan around CSE are implemented. This will be owned by the Kent Safeguarding Children Board.
- b Although there has been considerable training offered to a wide range of professionals, there needs to be a continued focus on raising awareness

utilising a range of agencies, school and community settings (including parents and faith groups and community safety partnerships). This will be owned by the Kent Safeguarding Children Board and all partner agencies that includes schools. Additional capacity should be secured to ensure that professionals working in schools can access training on CSE.

- c Provision of online training link to all providers. The frequency of training needs to be agreed. Time for training should be protected as part of clinical governance.
- d Maintain a system to monitor the numbers at risk of child sexual exploitation using data from a range of agencies. This will be the responsibility of the MASE strategy group.
- e Ensure there is an integrated approach in terms of CAMHS provision needs, such as securing alternative specialised therapeutic provision for individual young people who have been sexually exploited. This is the responsibility of Specialist Children's Services and Sussex Partnership Trust.
- f Designated doctors and nurses for Safeguarding to continue to support the work on child sexual exploitation via the Kent Safeguarding Children Board Health Safeguarding Group.
- g Young people need to be made more aware of sexual exploitation and enabled to recognise risky behaviours. This will be a role of schools and Kent County Council Safeguarding Team.

### **Recommendations for Needs Assessment**

A robust needs assessment should be developed. This can be undertaken when there is better information sharing systems in place. It should also include qualitative analysis with professionals and survivors of CSE. This will support the work of the MASE strategy group.

### **Key Contacts**

Colin Thompson, Consultant in Public Health, Kent County Council,  
[colin.thompson@kent.gov.uk](mailto:colin.thompson@kent.gov.uk)

Mark Janaway, Kent Safeguarding Children's Board Programme and Performance Manager [Mark.Janaway@kent.gov.uk](mailto:Mark.Janaway@kent.gov.uk)

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