

‘safeguarding is everybody’s business’

**A Review of Child Sexual Exploitation
by a working group of the
Children, Young People and Learning
Overview and Scrutiny Panel**



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1. Lead Member's Foreword

1.1 I must start this Foreword by thanking a number of individuals:

Firstly, Andrea Carr as my lead officer with thanks for her encouragement and support during this review.

My thanks must also go to the members of the Working Group:

Cllr Mrs Gill Birch
Cllr Ms Moira Gaw
Cllr Sarah Peacey
Cllr Mrs Mary Temperton

Thank you colleagues for approaching this sensitive issue with enthusiasm and good spirit.

1.2 The purpose of this review and its resultant report has been to ensure that our arrangements as a Council with regard to Child Sexual Exploitation continue to be of the highest standard. I must stress that this review was not convened through any concerns that our arrangements were in anyway lacking but we must never become complacent and in light of recent national headline cases it was felt both appropriate and timely to revisit our practices and processes.

1.3 My thanks must also go to specific officers who joined the Working Group namely, Lorna Hunt, Sonia Johnson and Karen Roberts who each contributed so much to this review. Their professionalism and dedication in the face of such delicate, difficult and often demanding situations was reassuring, complacency is not in their vocabulary. It will come as no surprise that during our interviews there developed an overwhelming sense that a social worker's job is without doubt a vocation. They often have to become involved in the most sensitive areas of people's lives at a time when they are at their most vulnerable.

1.4 My thanks must also go to Robert Sexton, Debbie Smith and Dr Katie Caird for their invaluable contribution. We also felt it was very important to talk with our partner agencies, Thames Valley Police, Education and the NHS to gauge their involvement with officers of the Council.

1.5 We were very impressed by the cohesive manner in which the agencies were able to work together on such an important matter and would hope that with the advent of the Multi Agency Safeguarding Hub that this will make inter agency working ever closer.

1.6 I speak for my member colleagues when I say that this review has been enlightening, profound and at times shocking but I feel reassured that we are continuing to make every endeavour to keep our young people safe.

Councillor Mrs Jennie McCracken
Working Group Lead Member

2. Executive Summary

- 2.1 Owing to concerns arising from the increasing level of awareness of child sexual exploitation following recent high profile cases in areas such as Rotherham, Rochdale and Oxford, Members of Bracknell Forest Council's Children, Young People and Learning Overview and Scrutiny Panel selected child sexual exploitation as a review topic in the 2015/16 Overview and Scrutiny Work Programme. A Working Group of the Panel was then established to carry out a review of child sexual exploitation in Bracknell Forest to establish the extent and scale of any instances of it in the Borough and to review actions to prevent it and to make recommendations to tackle any issues identified. The Working Group was also mindful of the Government's response to reports of child sexual exploitation and guidance / measures to deal with it.
- 2.2 The Working Group commenced its work by scoping its review of child sexual exploitation. The scoping document is attached to this report at Appendix 1 and describes the purpose, key objectives, scope, background, specific questions for the Working Group to address, sources of information gathering, key documents / background data / research, timescale, outputs to be produced, reporting arrangements and monitoring / feedback processes for the review.
- 2.3 This report describes the work of the Working Group between August 2015 and May 2016 which has consisted of fact finding meetings with relevant Council officers from the areas of Children's Social Care, Education, Youth Offending, Youth Services, Community Safety and Regulatory Services. The Working Group also met representatives of relevant partners such as the Thames Valley Police, the Designated Doctor for Safeguarding, Sexual Health professionals, the Voluntary Sector, headteachers and representatives of local schools, and members of the Designated Child Protection Lead Network. The review also featured undertaking research relating to child sexual exploitation which focused on gathering data and the findings of reports into instances of child sexual exploitation in other areas of the country. This report sets out the findings of the review and is organised in the following sections:
- Part 1 Lead Member's Foreword.
 - Part 2 Executive Summary of the review.
 - Part 3 A summary of the Working Group's investigation and information gathering.
 - Part 4 Conclusions reached by the Working Group following the review.
 - Part 5 Recommendations to the relevant Executive Member.
 - Part 6 Glossary of terms.
- 2.4 Working Group Members hope that the report will be well received and look forward to receiving responses to their recommendations which recognise the key need to prevent and tackle child sexual exploitation.

3. Investigation and Information Gathering

What is Child Sexual Exploitation (CSE)?

- 3.1 CSE is a form of sexual abuse that involves the manipulation, coercion or trafficking of children and young people under the age of 18 into sexual activity in exchange for things such as money, drugs / alcohol, gifts, accommodation or affection. In addition to being damaging to the health, wellbeing, education and life chances of children and young people, it is a violation of their human rights and can also constitute an act of violence, and a criminal act in the case of children under 16 years of age.

Definitions of CSE

- 3.2 Since 2009 the following statutory definition for CSE has been included in the 'Safeguarding Children and Young People from Sexual Exploitation' (2009) supplementary Government guidance to 'Working Together' (2015):

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

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

- 3.3 As a number of alternative definitions have developed over time, this has led to the use of different definitions or using the terms 'child sexual abuse' and 'child sexual exploitation' interchangeably, creating challenging inconsistencies in risk assessment and data collection. To avoid this confusion, the Government has consulted on a simplified and shortened version of the existing definition for universal agreement and application across all agencies and partners to enable them to create more easily joint risk assessments and work together to target disruption and investigate offending. The new statutory definition subject to consultation is set out below and seeks to define grooming and the issue of consent clearly and to reflect that the sexual abuse or exploitation of children is always the responsibility of the perpetrator and that CSE is a subset of child sexual abuse, although the manner in which it occurs can be different to other forms of child sexual abuse, such as familial sexual abuse.

'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.'

Types of CSE

3.4 In addition to the organised / networked sexual exploitation and trafficking by grooming gangs and groups, CSE can take other forms such as the inappropriate relationship model of exploitation, the boyfriend model of exploitation and peer exploitation which are explained below. The common theme in all cases is the imbalance of power and the control exerted over young people. This imbalance can limit victims' choice and lead them to perceive their situation with their abuser as consensual and normal. Young people who are targeted for exploitation tend to be the more vulnerable.

- The inappropriate relationship model of exploitation – this usually involves one perpetrator who has inappropriate power or control over a young person (physical, emotional or financial). One indicator may be a significant age gap. The young person may believe they are in a loving relationship.
- The boyfriend and peer model of exploitation - the perpetrator befriends and grooms a young person into a 'relationship' and then coerces or forces them to have sex with friends or associates. Sometimes this can be associated with gang activity.
- Organised / networked sexual exploitation and trafficking - young people, often connected, are passed through networks, possibly over geographical distances, between towns and cities where they may be forced / coerced into sexual activity with multiple men. Often this occurs at 'sex parties', and young people who are involved may be used as agents to recruit others into the network. Some of this activity is described as serious organised crime and can involve the organised 'buying and selling' of young people by perpetrators.

3.5 Other scenarios of CSE include situations involving peer-on-peer abuse, 'sexting' (sharing inappropriate or sexually explicit images or messages on-line or through mobile phones) and predatory use of on-line gaming and social media. CSE covers a very wide range of activity which is not limited by gender, age, ethnicity or religion.

3.6 Vulnerable boys can be groomed as victims of men or women and also groomed by older men to introduce them to young girls. This aspect of CSE is less widely recognised and male victims are often perceived as young offenders.

3.7 Many victimised children and young people may be reluctant to disclose sexual exploitation or seek support, often due to stigma, prejudice or embarrassment or the fear that they will not be believed. Others may not realise that they are being exploited and view themselves as being in a relationship which seems normal to them.

CSE Risk Factors

3.8 Risk factors for CSE include poor school attendance, regularly going missing / running away from home or returning home late, using drugs / alcohol, having friends who are older or who have been exploited, engaging in risky relationships, involvement in gangs or domestic abuse. A quick guide to risk factors for CSE is attached at Appendix 2.

Signs of CSE

3.9 Although children and young people who are the victims of sexual exploitation often do not recognise that they are being exploited, there are a number of tell tale signs that a child may be being groomed for sexual exploitation. These include:

- going missing for periods of time or regularly returning home late.
- being secretive about where they are going.
- regularly missing school or not taking part in education.
- appearing with unexplained gifts or new possessions.
- associating with other young people involved in exploitation.
- having older boyfriends or girlfriends.
- suffering from sexually transmitted infections.
- mood swings or changes in emotional wellbeing.
- lack of interest in activities and hobbies.
- drug and alcohol misuse.
- displaying inappropriate sexualised behaviour.

The National and Local CSE Picture

National

- 3.10 There have been several incidences of CSE on a large scale that have been considered of national significance. The offence itself is not new, but the systematic and industrial scale of the exploitation in places such as Rotherham has taken many people by surprise.
- 3.11 Police recorded 36,429 sexual offences against children in the UK in 2013/14 which was the highest number in the past decade. The UK also saw a sharp increase in numbers of recorded sexual offences against children during 2014/15, possibly due in part to increased willingness to report sexual abuse following recent high profile abuse cases in the media and changes in policing. The data covers a range of sexual offences, including rape, sexual assault, sexual activity with a minor and child grooming. The data does not reflect the total number of sexual offences committed against children as crime statistics suffer from under-reporting. The focus of police-recorded crime statistics is on offences, rather than on victims of crime making it hard to establish the total number of sexual offences committed against children because offence types cover different age groups.
- 3.12 The National Society for the Prevention of Cruelty to Children (NSPCC) recorded 22,754 offences against children in 2013/14 (22,294 excluding offences that include victims up to the age of 18, abuse of a position of trust and abuse of children through prostitution and pornography). This equates to a rate of 2.2 sexual offences per 1,000 children aged under 16.
- 3.13 There has been an increase of 26% in the number of recorded sexual offences against children aged under 16 in the last year. Having remained fairly stable, ranging between 1.4 and 1.7 per 1,000 children aged under 16 between 2004/05 and 2012/13, the rate of sexual offences has increased to the high of 2.2 in 2013/14.

3.14 The number and rate of sexual offences against under 16s in England in 2013/14 were:

- 5,852 recorded offences of rape of girls under 16 (2,631 offences of rape of a female child under 13 and 3,221 of rape of a female child under 16).
- 4,825 offences of sexual assault against girls aged under 13.
- 1,407 recorded offences of rape of boys aged under 16 (1,029 offences of rape of a male child under 13 and 378 of rape of a male child under 16).
- 1,520 recorded offences of sexual assault against boys aged under 13.

Offence category	Number of offences
Rape of a female child under 16	3,221
Rape of a female child under 13	2,631
Sexual assault on a female child under 13	4,825
Rape of a male child under 16	378
Rape of a male child under 13	1,029
Sexual assault on a male child under 13	1,520
Sexual activity involving a child under 16	5,562
Sexual activity involving a child under 13	2,698
Abuse of position of trust of a sexual nature (includes under 18)	176
Abuse of children through prostitution and pornography (includes under 18)	284
Sexual grooming	430
Total	22,754

3.15 In 2014/15, “sexting” was mentioned in 1,213 NSPCC counselling sessions which was comparable to the rate in 2013/14. Instances have risen from approximately 250 in 2011/12 when it was first recorded. In 2015, following the passage of the Serious Crime Act (England and Wales) it became illegal for an adult to send a sexual message to a child intentionally. Cases of sexual grooming and communicating indecently with a child rose from zero in 2005 to 375 in 2013/14. In 2013 the National Crime Agency (NCA) estimated that there were 602 child victims of trafficking, up 10% from 549 in 2012. NCA data showed the most prevalent exploitation type for trafficked children was sexual exploitation (236, i.e. 40%). Of the victims of child trafficking referred to the Child Trafficking Advice Centre over the past seven years, sexual exploitation formed the largest exploitation type and there has been a 48% increase in it from 2012/13 to 2013/14.

3.16 The Working Group received CSE data which provided national school sexual abuse figures; information from the Consultant in Public Health relating to conceptions and abortions; and comparative graphs concerning legal abortions per 1,000 women in 2014 across south east unitary authorities, rate of teenage conceptions under 16 years 2011-2013 in south east unitary authorities, Bracknell Forest under 18 years teenage conception rate 2000-2013 and under 18 years teenage conception rate 2013 across south east unitary authorities. Although the Borough previously had a high rate of teenage pregnancies, this has steadily decreased to one of the lowest levels in the south east following targeted work.

Local

3.17 Local instances of CSE are comparatively low and mainly involve vulnerable young girls being exploited by older male abusers who they perceive to be their

boyfriends in return for love and affection rather than drugs / alcohol and gifts. Neglect is thought to be a factor and the girls' vulnerability shifts the power balance in favour of the older abusers, who are generally in the 17-21 years age group whilst the girls are 13-14 years old. Although the girls may have return interviews following spells of going missing, they are often reluctant to divulge information regarding their situation as they regard themselves to be in a loving relationship and wish to protect their 'boyfriends'. However, concerned friends sometimes report what is happening as they think it is wrong or criminal.

- 3.18 There is a link between substance misuse and CSE. This mainly takes the form of cannabis and / or alcohol at present as mephedrone use has significantly decreased locally. A recent Overview and Scrutiny review of substance misuse found that parents were insufficiently informed of the signs and consequences of substance misuse by their children. It also has links with children going missing, poor educational attainment and crime.

Safeguarding Structure

- 3.19 The Local Safeguarding Children Board (LSCB) is a partnership with responsibility for working together to oversee the safety and wellbeing of children and young people in Bracknell Forest. The LSCB is made up of representatives from a broad range of services that work with children and young people, or with their parents / carers, in statutory, voluntary, community and independent settings. These partners include the Council, Thames Valley Police, probation, health services, schools, and voluntary and community services. Two groups meet in Bracknell Forest to monitor the work in relation to CSE, namely, the LSCB CSE Strategic Sub Group and the CSE Operations Group, subsequently renamed Sexual Exploitation and Missing Risk Assessment Conference (SEMRAC) to be consistent with other local authorities.
- 3.20 The Head of the Youth Offending Service (YOS) chairs the CSE Strategic Sub Group which is a multi-agency group with strategic representatives of all partners and also benefits from the findings of Operation Bullfinch, a joint police investigation into suspected serious sexual offences against children within Oxfordshire.
- 3.21 SEMRAC is co-chaired by the Head of Specialist Services and Detective Inspector (DI) Berenger of Thames Valley Police (TVP). Its role is to aid the prediction and prevention of CSE by predicting which children may be at risk of exploitation in the area and by intervening. The Group meets monthly and has representation from all relevant partners.
- 3.22 The police use the Problem Analysis Triangle (PAT) which recognises that for a CSE crime to be committed, the following elements must be present:
- a victim / young people at risk
 - an offender / person of interest
 - a location

If one or more of these elements do not occur, then a crime cannot be committed. By identifying common elements in incidents of CSE, it may be possible to prevent further crimes by removing or altering one or more of the elements.

Witness Evidence

Introductory Meeting with Children's Social Care and other Council Officers

- 3.23 The Working Group was advised that the Council and its partners had been working together for some years to prevent and tackle CSE and work had been improved and re-profiled over the past two years with the benefit of highly skilled officers and partnership work. A specific CSE social worker had been appointed. Early intervention was a main strand of work. The police had invested significant resources into tackling CSE as it was viewed as a priority issue.
- 3.24 A CSE screening tool had been developed to assist with the identification of exploitation. Although schools made the highest number of CSE referrals and partners worked with them, CSE occurred outside school and absence was one of the greater common denominators, all victims had poor attendance.
- 3.25 A serious case review in another part of the country had found that school absences had been a major contributing factor and returns to school had presented issues. Ofsted highly rated safe houses were often limited and it sometimes became necessary to place children and young people out of the Borough for their protection from CSE, in which circumstances location risk assessments would be undertaken and area crime reports obtained to challenge and minimise risks. Unsuitable accommodation would be rejected. The area SEMRAC would be contacted in the event of concerns. Recruiting more foster carers was a preferable and more stable resolution than placements in children's homes or safe houses although fosterers may be less inclined to receive more challenging children. Home educated children could be particularly vulnerable to CSE as their whereabouts could be unknown.
- 3.26 Each Bracknell Forest school had its own process for dealing with missing pupils which reflected statutory requirements and the DfE guidance. Any unauthorised absence would not necessarily result in a missing person report to the police or referral to Children's Social Care unless the defined threshold was met or there were other known risk factors. Patterns or regularity of absences could be indicators of children being at risk of exploitation and methods such as making enquiries of school friends, telephoning parents or involving Education Welfare may be utilised where there were concerns.
- 3.27 As younger children were now being targeted by perpetrators, it was felt that CSE awareness raising education in secondary school should commence at the age of 12 with appropriate materials. Also, plans should be progressed for raising awareness amongst primary age children.
- 3.28 The Council was employing social media to promote a 'Nine Signs of Child Sexual Exploitation' campaign featuring a different message every day aimed at parents to raise their awareness and advise them how to ensure that their children were safe on-line. Over 2,000 people visited the on-line campaign, 35 of whom downloaded additional material. A similar campaign was being pursued in Manchester. Members of the CSE Strategy Group could send similar awareness messages via their own social media outlets. The use of a range of different media to raise awareness would be beneficial.

Internet Safety

- 3.29 The internet offers one of the greatest grooming opportunities as it is a means for children to forge relationships with complete strangers, possibly with

assumed identities, in their own homes often without their parents' knowledge. This can raise the self-esteem of a potential victim without them being aware that they are being groomed and can lead to meetings with perpetrators. The Bracknell Forest E-Safety Sub Group, which previously worked to raise awareness of children, young people, vulnerable adults, their parents / carers and organisation staff and volunteers to enable them to keep themselves and those in their care as safe as possible when using the internet and other electronic communication technologies, has now been disbanded. The on-line risks around CSE have been integrated into SEMRAC and discussions are being held with the Children, Young People and Learning department about how other areas of e-safety can be mainstreamed.

- 3.30 The Working Group met the Council's Community Safety Manager who gave a verbal presentation in respect of internet safety in the context of CSE. Work on internet safety had commenced in 2011 and sought to keep children and young people safe on-line. The Working Group was advised that the internet was an extremely broad and constantly evolving medium. There were two links between the internet and CSE:
- pro-active on-line grooming by child sex offenders
 - youth led and produced exploitation
- 3.31 Pro-active on-line grooming was undertaken by individuals, groups or gangs and victims were often unaware that they were being groomed for CSE.
- 3.32 Youth produced sexual content consisted of young people sharing indecent images of themselves with boyfriends / girlfriends on-line. These images could then be shared more widely.
- 3.33 Although traditional grooming where perpetrators took time to build a relationship with their victims continued, on-line grooming was more common as it was a rapid process providing greater access to children and young people. Research undertaken by the Child Exploitation and On-line Protection (CEOP) Agency found cases where there were only two to three on-line contacts between exploiter and victim over one or two weeks prior to offences being committed. On-line exploiters utilised a 'scatter gun' approach by contacting up to 500 young people simultaneously and then targeting the most vulnerable.
- 3.34 Many children and young people were accessing and being exposed to pornography on- and off-line which made it appear normal and acceptable behaviour leaving victims less able to challenge abuse. Exposure to pornography also occurred accidentally through innocent use of the internet and could adversely affect emotional wellbeing. Young people, who were often more ICT aware than their parents, were able to navigate around protective firewalls and tracking applications and much viewing of sexual images took place utilising electronic equipment without parental controls activated. The parental control feature was not necessarily a default setting making it particularly important for parents to activate it. Larger IT companies were working towards the feature becoming an opt-out default. Material posted abroad was often more accessible. It was felt that parents, who may be naïve or in denial of the risk to which their children were exposed, needed to be educated to acknowledge the risk and support their children to avoid abuse, exploitation and peer pressure. However previous attempts to engage parents had been unsuccessful.
- 3.35 The Internet Watch Foundation was the United Kingdom (UK) hotline for confidentially and anonymously reporting criminal on-line content as follows:

- Child sexual abuse content hosted anywhere in the world
- Non-photographic child sexual abuse images hosted in the UK
- Criminally obscene adult content hosted in the UK

- 3.36 Research had indicated that the amount of youth generated sexual content (photographs and videos) available on the internet had increased over the three year period from 2012 to 2015 and involved younger children. 85.9% of content that was created by young people of 15 years and younger happened via webcams and there had been an increase in the number of live images. Images mainly featured girls and 90% of images assessed during the research had been uploaded from their original location and were being shared on image sharing websites. Skype and webcams could be utilised to record, upload and share images and users needed to log-out to prevent people from continuing to view images. 80% of images of young people were produced in the home environment, most commonly in the bedroom or bathroom, and parents were encouraged to keep computers etc in a family area and not in their children's bedrooms to reduce risk of abuse. Public policy research had found that 80% of school age children felt that it was too easy to view pornography and sexual images on the internet. 70% of young people accessing pornography were 13-15 years of age and whilst NSPCC research indicated that the majority of parents of 14 year olds thought their children were not accessing it, this was not the case. 77% of young women interviewed stated they felt they should look differently as a result of accessing on-line pornography whilst 75% felt they should act differently. This was a result of behavioural norms shifting and young people (both boys and girls) expecting girls particularly to behave in a sexualised way. Society in general was becoming more sexualised. Although this was national research, it was accepted to be reflected locally.
- 3.37 Research published in 2014 indicated that in one month alone (December 2013), 44,000 primary school age children visited adult websites and 1 in 20 visitors to pornographic websites were underage. 112,000 UK males aged between 12 and 17 years accessed on-line pornography in the month of December 2013. This research was limited to those accessing these sites from a laptop or PC. As the majority of young people access the internet via smartphones, tablets or other internet-enabled devices these numbers were likely to be higher. Technology was evolving rapidly and its use was part of normal life for young people.
- 3.38 It was felt that there was a gap in Personal, Social, Health and Economic (PSHE) education during the transition from primary to secondary school with no specialist intervention in Years 7 to 8. There were high expectations of PSHE teachers who were not fully trained to provide education regarding CSE, pornography and domestic abuse etc in addition to their core teaching subject. Although such education had been delivered by school nurses in primary schools in the past, that resource was no longer available and there was a need for trained experts who were not embarrassed by the subject matter and could offer emotional support. However, the age group to which PSHE content was targeted was an issue as it could adversely affect younger children who were not ready for it and the correct balance needed to be found. Many young people were receiving an education through viewing pornography which normalised it, although this could be damaging to those that felt uncomfortable with it and as a result have difficulties with future relationships. Differing cultures and beliefs could also be a factor as some parents were against their children receiving sex related education.

- 3.39 Some attractive young women recognised that they held sexual power over young men and behaved accordingly. It was difficult to educate them to realise their vulnerability as the balance of power could rapidly change and lead to abuse and exploitation.
- 3.40 There was a single point of entry to refer CSE concerns and all vulnerable children and young people were screened by relevant agencies such as the Council, schools and GPs. If young people were assessed as risk Level 1, the Common Assessment Framework would apply. When risk Level 2 was reached young people would be assessed by the Duty and Assessment Team or referred for child protection. Schools referred other children and young people who had not been identified as being vulnerable. The CSE system was very clear and all agencies utilised the same risk assessment tool and made referrals to SEMRAC where necessary. There was also a need to maintain a focus on vulnerable young adults following transfer from Children's Services to Adult Services.
- 3.41 The Community Safety Partnership had been in discussion with a local company in an endeavour to secure sponsorship towards work to develop a responsive website for young people with a survey function to provide local data to inform messages to be delivered during annual visits to schools. A school competition to design parts of the website and the involvement of children by the web company were proposed. The extent of the project would depend on the level of funding available. It was unlikely that the Public Health team would be able to contribute any funding due to in year budget reductions.
- 3.42 A report produced by Oxfordshire County Council outlined actions it had taken in response to CSE which included recruiting new school staff and nurses; extending the PSHE programme; increasing the use of awareness raising initiatives; and employing 21 additional child protection officers. These measures had serious resource implications for that Council.
- 3.43 Measures to combat on-line CSE in Bracknell Forest included partners working in an integrated manner, raising awareness of the risks, and providing e-safety education to keep vulnerable children and young people safe on-line. A training package had been developed specifically for foster carers and was being delivered in partnership with the Family Placement Team. A daily log sheet completed by foster carers indicated whether misuse of technology was apparent. Internet safety featured in every Looked After Child's care plan. Looked After Children (LAC) were considered to be particularly vulnerable owing to their backgrounds. Although the focus of internet safety work had been on older children, younger ones were now at risk of exposure from sources such as handed down computer equipment for homework etc. The first stage of the Nine Signs of CSE campaign had been successful and the second stage, which would continue the theme of e-safety, was due to commence shortly.

Thames Valley Police (TVP)

- 3.44 DI Berenger, who headed the Criminal Investigation Department (CID) for the Local Policing Area (LPA), attended the meeting to explain TVP's role and involvement in CSE. She had worked in Bracknell Forest for one year, managing lower level, volume crime, and was the LPA's single point of contact for CSE. More serious and complex crimes would be referred to Force CID.
- 3.45 The DI co-chaired SEMRAC, the referral route to which was usually via the CSE risk assessment tool, however, it was sometimes through the Common

Assessment Framework (CAF) process, one outcome of which could be for the lead professional to complete a CSE risk assessment. All LPAs across the Thames Valley had a CSE Operations Group and they interacted at a county level. Although all organisations involved in CSE were represented at the local Operations Group, which had a meeting attendance of around 25 people, the area where representation and engagement was lacking was parents but they would be a problematic inclusion into the Group due to the sensitive discussion. It was acknowledged that more work was required in this area to protect children and young people at risk.

- 3.46 Following the CSE scandals in Rotherham and other towns, there had been a significant police reaction across the country with forces adopting different approaches to tackling CSE. TVP has established a Problem Solving Team at its Headquarters which has been looking at the various approaches with a view to identifying a common and effective model and adopting best practice. Berkshire cluster meetings of operational group chairs suggested that Bracknell Forest was ahead of other areas with a more joined up approach and frequent close contact between partners enabling a rapid response to indications of vulnerability. Reference was made to Operation Bullfinch, a joint police investigation into suspected serious sexual offences against children within Oxfordshire.
- 3.47 It was explained to the Working Group that the term CSE was not an offence per se. It had a wide definition and was the title of a type of criminality which overarched many different criminal offences. Case investigators were trained to interview victims in a relaxing environment and manner which put them at ease utilising video recording techniques.
- 3.48 Partner organisations had differing definitions of what constituted CSE and, from the police's perspective, situations which represented risk in general were too quickly branded as CSE. Unlike the national picture, at the time of the meeting there was no reported CSE outside the home / or non inter familial abuse taking place in Bracknell Forest, however, as there were many vulnerable children and young people at risk in the Borough who could be potential CSE victims, the local emphasis was on prevention work. Reported rapes in the Borough were not related to CSE.
- 3.49 The Neighbourhood Police Team or a TVP CSE engagement officer would be tasked to undertake some engagement work and gather intelligence, which could include home and meeting place visits. At the time of the meeting there were 10-20 young people appearing on the SEMRAC agenda for assessing and monitoring. The number had been over 30 a year previously owing to the initial reaction to CSE following media exposure of situations in towns including Rotherham. However, there was currently a clearer understanding of the issue amongst partners leading to early recognition of the signs and prompt intervention.
- 3.50 Professional knowledge and judgement was utilised by SEMRAC to identify risk and allocate a vulnerable child to one of three risk indicator levels with Level 1 constituting the lowest level of risk and Level 3 the greatest risk. Up to approximately two months before the meeting, virtually all children and young people referred to the SEMRAC agenda were girls in the 13-15 years age group who were vulnerable to CSE and in situations where they may be exploited by others. However, the current gender balance was 1 in 4 which was in line with the national picture of boys / girls as more screening tools were being completed. Although it was believed that drug use was being financed by participation in minor criminality and the boys on the agenda were not being

groomed for CSE, there was a potential for sexual exploitation if they were to fall into the control of a perpetrator. Lack of parental control was one reason for children and young people appearing on the agenda. It was recognised that evolution and human nature dictated that young girls of 14-16 years of age were attracted to older boys of 17-19 years due to the level of immaturity in boys of their own age. The police would assess the balance of the relationship and seek clarification from partners about the older person and professional judgement would be utilised in relation to any police disruption. There had been situations where the older party had been served notices advising them to cease relationships with the younger person as they could be committing criminal offences. However, it was the policy of the Association of Chief Police Officers and the Crown Prosecution Service that young people who were engaging in sexual activity which was not exploitative should not be criminalised and instead, education be the way forward.

- 3.51 The children and young people at risk on the SEMRAC agenda generally engaged and responded well to intervention and therefore could be removed from the list when they were no longer considered to be in situations where others might exploit them. Schools and other partners were making referrals to the agenda more rapidly to ensure early assessment and monitoring.
- 3.52 Although Children's Social Care attempted to track vulnerable LAC who were placed in other police areas, the local police force did not always risk assess or monitor them.
- 3.53 Approximately one third of the local children and young people who went missing attended College Hall Pupil Referral Unit (PRU) after being excluded from local secondary school(s). 220 different young people missing reports had been issued, 71 of which referred to five young people, 80% of whom were College Hall pupils. Most of the young people on the agenda from College Hall were boys. Educating excluded pupils together at College Hall could create an increase in peer pressure amongst the pupils to be even more risk averse. Neighbourhood police teams and partners worked closely with the PRU to tackle drug use and risky or offending behaviour. Representatives of College Hall attended meetings of SEMRAC to share knowledge and information. Some secondary schools monitored their pupils who had been referred to College Hall.
- 3.54 The Working Group was advised of a case where a man had been charged with seven counts of sexual offences against children aged between 13 and 15 years. Although the vast majority of the 70 girls interviewed by police were from Wokingham, seven girls from a secondary school in Bracknell Forest had been involved. These local girls had already featured on the SEMRAC agenda over the previous 12 months. However, no claims of CSE were made, possibly because of peer pressure by others sexually involved with the man or failure to recognise that what had occurred was wrong or exploitative. Children and young people were often reluctant to discuss exploitative situations with the police as it made them feel uncomfortable and criminalised. Encouraging young people to report when their peers were being targeted for CSE would facilitate early intervention. Girls from stable family backgrounds attending other schools were also pursuing risky behaviour, possibly as an act of defiance or perceived fun and were vulnerable due to over protection and parental ignorance that their children could be potential victims.
- 3.55 Early identification of warning signs was important as whilst at school this young man had shown interest in sex from an early age. He had been bullied at school and had progressed from related negative feelings to ones of

empowerment and control through sexual exploitation of young girls. The man's activities across Bracknell Forest and Wokingham were verging on more organised CSE as he had employed grooming techniques and demonstrated intent to exploit including establishing a social media profile to gain trust and friendship. Unhappiness at home and a need to feel good about themselves made young people vulnerable to grooming.

- 3.56 Comparison between Bracknell Forest and Wokingham indicated that the latter had more young people at high risk of CSE owing to a children's care home which received referrals of young people from London which attracted their perpetrators from London into the Wokingham area and gave them access to the other young people in the home.
- 3.57 Some young people were considered to be at risk owing to peer pressure from stronger characters who derived perceptions of kudos and empowerment by befriending lonely and less popular girls, taking them to parties and introducing them to drugs / alcohol resulting in risky behaviour. Raising of self-esteem and confidence gave vulnerable young people the strength to resist such manipulation. Rapid screening was necessary to identify any patterns and probable risk triggers and to intervene. There was a significant link between those children who go missing and risk of CSE, therefore missing children were seen as a significant trigger for CSE. However, not all children at risk of CSE had reported missing episodes.
- 3.58 As young people did not recognise CSE risks, educating them around the dangers associated with drugs and parties was suggested as a topic they could relate to. Leaflets concerning risks and signs of CSE directed to parents were given to children to take home although it was not known how many reached parents.

Schools, Education and Targeted Services: CSE and Missing

- 3.59 The responsibilities of the Head of Targeted Services included managing the safeguarding and inclusion functions, tackling children missing education (CME) and raising schools' awareness of related issues. Child Protection leads and representatives of the LSCB and schools, including College Hall, attended SEMRAC and meetings were well attended giving an overall strategic view of safeguarding. An Adolescent At Risk Panel met monthly to discuss risk factors with a view to reducing the number of young people taken into care.
- 3.60 Schools ran a rolling 3 yearly safeguarding and training programme for staff. This was either delivered internally by the Designated Lead for Child Protection or by the Bracknell Forest Safeguarding and Inclusion Manager. This training included CSE as part of the content of the course.
- 3.61 Day to day responsibility for the delivery of CSE inputs in schools was the responsibility of individual schools to manage. The importance of addressing risks regularly through an established programme of PSHE education could not be over-emphasised. Various interventions provided through Targeted Services had either directly addressed CSE issues or had addressed some of the wider risks around the subject of CSE. These interventions ran across each of the key stages and were specifically designed to give age appropriate messages. For example, the Safeguarding and Inclusion Team delivered the 'Digiduck's Big Decision' workshop. This workshop was run in Key Stage 1 and told a story of friendship, risks and responsibility on-line for younger children. 'Safe Signs' was a further intervention and had been developed for Year 7 and explored the differences between healthy and unhealthy relationships. The topics of power,

pressure and coercion were explored. The Behaviour Support Team ran a programme called 'Protective Behaviours' which was a practical down to earth approach to personal safety. It was a process that encouraged self-empowerment and brought with it the skills to raise self-esteem and to help avoid being victimised. This was achieved by helping individuals to recognise and trust their intuitive feelings (Early Warning Signs) and to develop strategies for self-protection.

- 3.62 In addition to specific classroom interventions, the Safeguarding and Inclusion Manager had commissioned Borough wide events for all schools to access. The 'Chelsea's Choice' drama production, portraying a series of events culminating in the sexual exploitation of a young person, had been performed over the past two years for secondary school age pupils to raise awareness of CSE and give young people the skills and knowledge to be able to protect themselves from this form of abuse. An opportunity for pupils to interact at the conclusion of the play was provided, which was an important part of their learning. There was a desire to undertake further work in primary schools to reach children at a younger age. New providers were being investigated at this time.
- 3.63 Reasons for missing education included sickness, awaiting a school place having recently moved into the Borough, waiting for a special school place and not in education.
- 3.64 When pupils were absent from school, they were initially followed up by school based staff. However, once a threshold was met, schools referred to the Education Welfare Service. Education Welfare Officers were trained in safeguarding and child protection and were able to identify the signs of CSE. As part of the referral process, Education Welfare Officers endeavoured to undertake a home visit and also to see the child or young person that had been referred. Should any risk of CSE become apparent during these meetings or visits, Education Welfare Officers would make an appropriate referral to Children's Social Care. It was noted during this review that fixed term exclusions were often the reason for school absences. Over recent years successful efforts had greatly minimised the number of permanent exclusions of children and young people. However, fixed term exclusions had more recently started to increase. The Working Group noted that a small number of schools in particular appeared to have high exclusion levels, this included the Pupil Referral Unit, College Hall. A large proportion of young people at risk of CSE attended College Hall. It was noted that children and young people, particularly vulnerable ones, were safer in school as their whereabouts was known and they could be supervised and protected. Following changes in exclusion guidance, there was a requirement for schools to organise full time alternate provision for education from day 6. In these circumstances, schools had been asking other schools within the Borough to 'host' the excluded pupil for the duration of the exclusion. Whilst efforts were being made to offer alternatives to College Hall for permanently excluded children and young people, options were limited due to the small size of the Borough. The Fair Access Panel decided on the most appropriate education placement for pupils referred to it. College Hall staff attended schools in the Borough to offer outreach support to vulnerable pupils at risk of exclusion.

Targeted Youth Support

- 3.65 The Targeted Youth Support Manager advised that she was a member of the LSCB Strategic Sub Group working from a more informal youth service angle. The Strategic Sub Group had developed the LSCB Strategy and monitored the

implementation of its action plan; provided strategic co-ordination and oversight of multi-agency activity within the CSE agenda; and considered national developments and report recommendations. Members of the Strategic Sub Group were the strategic leaders of the LSCB partner agencies. There were links to SEMRAC with jointly chaired meetings to share information and discuss children and young people on its agenda.

- 3.66 Capacity was an issue for the Targeted Youth Support Service as its remit included engagement with children outside school hours in addition to making regular visits to schools supporting them with PSHE, sexual health service delivery and engaging with some of the missing or vulnerable young people on a regular basis. The Manager had responsibility for CME / CSE and missing children. Staff within the Service conducted return interviews for those young people who went missing and the staff worked with them when they reappeared from spells of absence. The Youth Service also worked with these young people before their situation escalated and became a more serious absence. The work included raising self-esteem and self confidence. Work with Year 11 students explored what constituted good relationships, morality, consent and all aspects of safe sex to strengthen students' resilience. There were 11 drop-in sexual health clinics for young people across the Borough, some within schools and some within the community. Young people were also able to text concerns and receive answers and advice remotely on the Text Us service. Repeat visits to the drop-in clinics were recorded to ensure targeted work towards frequent users as they may be at risk. PSHE had been delivered to 1,400 young people last year in the drop-in clinics by highly trained youth workers who were confident to impart the messages. In the Borough there were approximately 11,500 young people aged 13-19 years of whom 10-12% were engaging through PSHE.
- 3.67 Other work consisted of pursuing the Prevent agenda, which concerned preventing radicalisation and extremism and had similar triggers to CSE; was around grooming and prevention work regarding CSE / Prevent; and providing resources and support for schools, parents, Children's Centres and foster carers in order to raise awareness of grooming and risks.
- 3.68 Reference was made to a Youth Council conference in February 2015 where some pupils from all secondary schools met without other young people to discuss what CSE meant to them. The outcomes mirrored other feedback that resilience, protecting friends and whistleblowing were paramount and that police involvement was not always wanted as young people were afraid of being labelled or taken from their parents. These views were fed into the Conference on Risky Business and it was expected that they were cascaded within schools.

Safeguarding and Inclusion

- 3.69 The Working Group met the Council's Team Manager for Safeguarding and Inclusion whose role was varied and involved working with schools in an advisory and consultative capacity to assist with issue resolutions in areas including safeguarding and pupils at risk of exclusion. She sat on the LSCB Strategic Sub Group, was a member of SEMRAC and chaired the Fair Access Panel which sought school places as soon as possible for children and young people who were deemed as vulnerable or difficult to place in school, meeting the requirement for local authorities to ensure that all children and young people who needed a school place were offered one.
- 3.70 Half termly briefing meetings for headteachers with the Director were held and safeguarding was a standing item on the agenda. The Safeguarding and

Inclusion Manager facilitated these briefings and covered current issues, new policies and developments in education safeguarding guidance. Designated child protection leads and deputy leads from schools were briefed on safeguarding and child protection matters at termly network meetings and the agenda covered key subject areas and included different speakers e.g. Children's Social Care Duty and Assessment Team. CSE and CME frequently appeared on the agenda and in the last year Prevent training, learning disabilities briefings and advice on undertaking risk assessments had been provided. Future meetings would focus on delivering an update in respect of the MASH and related referral thresholds to support schools. Although universal multi-agency safeguarding training was available through the Council's Learning and Development Team, schools sought more specific training targeted at a school environment. The Safeguarding and Inclusion Manager had therefore adapted the universal training and included CSE. A company which provided training, consultancy and children's services to the social care sector was engaged to deliver whole day training to designated leads. The Team Manager had also assisted schools to organise events such as 'Chelsea's Choice'. New productions would include evening sessions to enable parents to attend. Education inputs were targeted and delivered at appropriate levels to avoid saturation.

- 3.71 The Team Manager advised that as 'Chelsea's Choice' had now been seen in the Borough for two years running, efforts had been made to identify a new alternative. An organisation named 'loudmouth', which provided education and training through theatre productions, had a new and improved offer entitled 'Working for Marcus' as part of PSHE education. This was a powerful programme to prevent and raise awareness of CSE, including relationships, on-line sexual exploitation and abuse by organised groups or gangs. The programme included workshops and lesson plans to provide a strong educational base that was informed by the research based drama. Nationally, 20,000 young people had seen the production which was favourably rated by Dr Barnardo's charity and the Home Office. It was possible for 300 young people to watch the production at each sitting which was of an hour and a half duration followed by a 30-40 minute workshop for 30 young people to discuss arising issues. The Team Manager hoped that the production could be delivered to Year 8 pupils in Bracknell Forest, with possible adaptations for primary age and special school pupils. The normal daily cost of the production was £1,200 and it was hoped that financial contributions may be forthcoming from other budgets. These had been suggested as the Public Health budget, Parent and Teacher Association and parental contributions or sponsorship from local businesses. Parental permission would be required before pupils viewed the play, which had been well received at schools. The Working Group viewed a free trial performance of 'Working for Marcus' organised for the Designated Child Protection Lead Network and were impressed with the play. Viewing of the play elsewhere had generated twelve disclosures of exploitation, three of which were referred to Safeguarding Teams leading to the names of perpetrators being identified and police arresting a gang.
- 3.72 The YOS also worked with schools, delivering a group work programme to pupils who were assessed as being at risk of CSE. Engagement work had previously taken place with the 14-15 years age group. However, following a suggestion that a younger age group should be targeted, engagement with Year 7 in one of the Borough's secondary schools had taken place, representing the youngest age group worked with. Statistical evaluations of CSE educational work in schools showed that 87% of pupil recipients viewed the issue differently afterwards and that 94% felt better equipped to identify the signs of CSE and make life changes as a result.

- 3.73 Training was also provided by the Safeguarding and Inclusion Manager for school governors to assist them to meet their statutory safeguarding responsibilities, which included CSE. Training attendance was being extended from 2½ to 4 hours over two sessions. The Safeguarding and Inclusion Manager advised that local police had provided some in-school training which was agreed at a national level. However, clarity of content was required to avoid gaps or overlaps with other work in schools. As police representatives attended the Strategic Sub Group this offered an opportunity to discuss consistency of training provision.
- 3.74 The Team Manager attended SEMRAC and reported on school attendance figures at meetings as absences constituted the highest CSE risk as all victims had poor attendance. Co-ordinated interventions led to improved attendance for many of the young people noted to be at risk. Schools and GPs were reminded that exclusions and sick notes increased absences and therefore CSE risk. Secondary school designated leads attend the SEMRAC which facilitated joint working and understanding. More efforts were being made to send pupils to other schools, through managed moves in preference to excluding them. LAC were particularly vulnerable and robust measures were taken to ensure that they remained in school. There was a zero tolerance in the Borough to the permanent exclusion of LAC. Although the number of permanently excluded pupils has reduced to just one over the last four years, the number of fixed term exclusions had increased slightly and numbers fluctuated. The risk to the pupil and the safety of other pupils needed to be balanced when decisions to exclude to another school were made. When a pupil had been excluded for more than 15 days in a term a Governors' Disciplinary meeting took place and the Team Manager would challenge it where appropriate. Parents and carers were notified by schools of absences through the first day contact system. CSE / safeguarding referrals from schools had increased as awareness had grown.
- 3.75 Most primary and some secondary schools had a Family Support Advisor (FSA) who undertook much work with families. It was not appropriate for an FSA to assume a clear safeguarding lead role which should be the responsibility of a member of the Senior Leadership Team with decision making powers, as was set out in guidance. However, it was clear that FSAs did hold some complex cases where safeguarding issues were apparent. Although FSAs were not invited to attend Designated Lead meetings, they had their own forum which the Team Manager attended. Other schools which did not have an FSA identified a staff member to undertake at least some of the work of FSAs, but operating under an alternative title or framework.
- 3.76 Safeguarding work in schools from KS 1 to 4 consisted of:
- Embedding on-line e-safety including highlighting the dangers of image sharing. There was development scope to provide more in-depth education in this area.
 - Rolling out of protective behaviours work in Years 5 and 6 facilitated by the Behaviour Support Team to help pupils with the issues of personal safety.
 - Other work around primary interventions including the 'Digiduck' e-safety input targeted at Key Stage 1.

- Use in some schools of the 'Hector Dolphin's World' Safety Button which was a child-activated safety tool reporting to CEOP which children could use if something on-screen upset or worried them.
- Delivering the NSPCC Underwear Rule known as the 'PANTS' campaign, which taught children that anything inside their pants was private, from a young age to protect children from sexual abuse.
- Identifying vulnerable children at the point of transfer from primary to secondary school as they may become at risk of CSE at secondary school. Secondary schools were advised which children were considered to be vulnerable.
- Giving children opportunities in school to share concerns in arenas such as informal 'circle time' open discussions or privately via 'worry boxes' where written concerns could be posted for collection and action by designated leads.
- Highlighting the importance of appropriate relationships as this was crucial to safeguarding and minimising CSE and would include describing aspects of a negative relationship with a 'boyfriend' such as coercion. The 'Safe Signs' intervention considered these issues in depth.

Schools

- 3.77 The Headteacher of College Hall PRU and the Assistant Headteacher & Safeguarding Lead at Ranelagh School met the Working Group and briefed members in respect of the role of schools / education in safeguarding against CSE, including CME.
- 3.78 The Headteacher of the PRU advised that its teenagers were dismissive of CSE and many did not recognise relationships as being coercive. Some young people used drugs and alcohol which put them at increased risk and continued risky relationships to maintain the drug and alcohol supply. Many of the present cohort of young people did not appreciate the ramifications of sharing nude 'selfie' photographs with boyfriends, not realising that the photographs remained on the internet after the relationship had ended. An example was given of the difficulty placing a pupil in a local school after an image she sent to her boyfriend was shared and she was afraid and embarrassed to join a school where all pupils had seen her naked. Image sharing was now taking place amongst primary age children. Peers also shared images and uploaded profiles on social media which acted as bait to exploiters. Many parents did not appear to acknowledge the dangers or need for e-safety, unfortunately only four had attended an e-safety session designed for parents delivered at a secondary school in the Borough. Although few local instances of CSE had been identified to date, this could change and it therefore remained high profile at the PRU and at the forefront of the minds of teachers who had benefitted from training and used the CSE checklist and toolkit. Examples of positive working relationships between Council staff and schools were given, which had led to the important exchange of information and multi agency working.
- 3.79 The headteacher felt that CSE education could not be delivered at a young enough age and cited an example of a pupil who had been abused for three years and did not realise that it was wrong until she joined secondary school and received training at 13 years of age. The importance of identifying vulnerable children and protecting them by building understanding and positive relationships was stressed.

- 3.80 Shame and guilt were issues as they were barriers to pupils coming forward to report exploitation. When such behaviour was detected the PRU would ask pressing questions. A bespoke drama package may be one method of overcoming barriers such as guilt and shame which could be internalised having a negative impact on pupils' emotional wellbeing.
- 3.81 Unsafe on-line experiences were reported at schools and the PRU had undertaken work in this area. In secondary schools safeguarding leads were the contact for reports of such behaviour and made referrals where necessary. Designated leads would also be the contact in primary schools, however, children of primary age could be more reluctant to come forward as they feared being in the wrong. Certain types of out of character behaviour by individuals could be an indicator of an issue and signs were identified.
- 3.82 Sexual health training was offered at College Hall as part of PSHE. The YOS delivered separate training sessions for girls and boys in respect of keeping safe and safe relationships. There was a need to educate boys and young men of the consequences of having sex with underage girls. Pupils would be directed to the Skimped Hill clinic for sexual health services or the school nurse would be contacted if necessary.
- 3.83 Tackling CSE was work in progress at Ranelagh School and updated schemes of work in respect of healthy relationships, sexting, e-safety etc. were delivered in a child friendly manner from Year 7 building during Years 8 and 9 when sex education was introduced. The schemes highlighted what constituted pressure from others and how to deal with it. This work intensified through Years 10 and 11 becoming more open and frank as it progressed. As pornography had become deeply rooted it had been the recent focus of work to demonstrate to pupils that the type of behaviour depicted in it did not necessarily reflect normal balanced relationships or accepted behaviour.
- 3.84 There was a no mobile phones policy in the School and they would be confiscated if used there.
- 3.85 E-safety sessions had been delivered to parents and feeder schools. The session for parents was well attended and led by 6th Formers who discussed concerns such as inappropriate texts and images with them afterwards. Work with the School's ICT department was being undertaken to revamp and relaunch a safeguarding site on its website to provide separate information sections and signposting to help for pupils, staff and parents addressing mental health, sexting etc. There would also be a Blog for pupils and parents to use and converse. Work with Year 6 would be launched in September 2016 followed by work with Year 7 regarding responsibility with technology and pornography etc. Positive mental health was a priority for Ranelagh School as concerns had arisen recently owing to stress and relationship / family issues. Emotional wellbeing counselling was offered to pupils.
- 3.86 The Youth Services Team visited the School to lead on sex education sessions which they did in an open fashion discussing the risks involved. In addition to delivering two sessions per year in schools for Years 9, 10 and 11, Youth Services had a weekly presence in schools at advertised lunchtime drop-in sessions where pupils could share any concerns. The sessions were meaningful and well attended, particularly as pupils became more familiar with the Youth Workers who brought a complementary skill set to the School. When NSPCC representatives visited schools it was noticed that pupils were more prepared to speak to them regarding sexual matters than their own teachers

owing to the difference in the relationship between them. Youth Line representatives visited schools to offer pupils information, advice and support and young people were able to book sessions. It was acknowledged that face to face interaction was more effective than anonymous on-line services which would not assist a young person making a cry for help. Wellbeing units and open discussion around mental health issues were welcomed. A delay was being experienced for young people seeking to access CAMHS services. Reference was made to the effective BASE project, (Barnardo's Against Sexual Exploitation), however, there were limited community services locally for Bracknell Forest to work with Dr Barnardo's to deliver the project in the Borough.

3.87 Pupils reacted differently to the CSE awareness raising with some of the younger ones finding it an alien concept. Although a small number of parents had complained that their children were receiving this type of education, the majority welcomed it and the Assistant Headteacher was confident that the correct safeguarding / educational balance had been struck. Two sessions of an e-safety play had been enacted in February 2016 to convey open messages with the financial assistance of parents. In order to learn about e-safety, parents were signposted to website sites such as the NSPCC and 'Thinkuknow', a CEOP guide to internet safety and safe surfing for young people with sections for parents and teachers also. As many parents were unaware of their children's sexualised behaviour, they could be shocked to discover that they viewed pornography and shared nude photographs, sometimes by way of foreplay. Inappropriate behaviour often came to light as a result of rumours or behavioural changes which were investigated by the School. The Assistant Headteacher found SEMRAC meetings useful as they alerted her to children at risk, CSE hotspots and the identity of possible perpetrators.

3.88 The Working Group met 25 members of the Designated Child Protection Lead Network representing Bracknell Forest and independent local schools in order to gain further understanding of schools' CSE work. The following points arose from the discussion:

- Easthampstead Park Secondary School worked with the YOS and girls groups from Years 7 and 8 as Year 10 was considered to be too late to receive CSE awareness education. Regular relevant messages were delivered in assemblies and other training was delivered by means such as video. Pupils were aware of risks and vulnerability.
- Sandhurst Secondary School's methods of tackling CSE were both proactive and reactive as necessary. Assemblies, the PSHE and citizenship curriculum, parents' information sessions and safety on-line education were utilised to raise awareness of CSE. Unfortunately, few parents realised the dangers of CSE or attended the sessions.
- Great Hollands Primary School taught underlying protective skills in Years 3 and 4. The NSPCC taught sessions in Years 5 and 6 without making specific references to sex and these had led to disclosures. The Behaviour Support Team operated courses to train school staff to educate pupils in respect of protective behaviours and positive risk taking.
- Ascot Heath Infants School had received a disclosure of a serious case of child sexual abuse over an eighteen month period, not involving the parents, following the running of a campaign. Of the 200 parents invited to attend awareness training, only one had declined. The training, which

had focused on tale telling and positive and good behaviours, had been well received by pupils and parents alike.

- Training had been delivered at Kennel Lane Special School where CSE awareness levels were high. Teachers were well equipped to identify signs of abuse which appeared the same in the School's pupils as those in mainstream schools.
- There was high CSE awareness, good attendance and effective knowledge sharing and training at Garth Hill College. The College focused on absentees as regular attendance was considered crucial owing to the close links between absenteeism and abuse with perpetrators known to take pupils out of schools after morning registration during free periods and lunch breaks and returning them for afternoon registration giving the illusion of daylong attendance. Attention was paid to 'soft' information to distinguish between gossip / rumours and reliable third hand information to identify any signs of CSE. Fingerprint scanning registration was not used or considered reliable as others could use a pupil's fingerprint card.
- Topics and content covered within PSHE, citizenship, and economic education / tutoring at The Brakenhale School featured modules of work relating to alcohol, drugs and risky behaviours (age appropriate). Modules covered within the IT / Computing curriculum included internet and e-safety. External visits to the School were arranged to provide support and raise awareness in respect of risky behaviour and CSE through drama workshops and NSPCC leaflets. Other inputs around the area of CSE were delivered at assemblies on the topics of staying safe on-line, anti-bullying and keeping safe. CSE resources utilised on a one to one basis with individual students when needed included CEOP packs. In the event of a concern regarding CSE, the School would complete the CSE tool and make a referral.
- Safeguarding remained a high priority at College Town Junior School and related staff meetings were held to maintain the emphasis and exchange relevant information to ensure that nothing was overlooked. There were some concerns in Year 3 and a traffic light system was utilised to evaluate and monitor these.
- Newbold College provided preventative and safety training through methods including PSHE and ICT such as on-line safety and use of the CEOP reporting system.

Involve

- 3.89 Philip Cook, the General Manager of Involve, a charity which supported and empowered the voluntary and community sectors across Bracknell Forest and Wokingham, attended the meeting to provide a briefing in respect of the charity's CSE involvement, work and events.
- 3.90 Involve had a seat on the LSCB and its Strategic Sub Group which gave an overview of CSE locally. The charity had also been invited to join SEMRAC as it did not have any representatives of the voluntary sector amongst its membership. Involve had held a successful joint community learning event in Bracknell on 15 July 2015 focusing on children and young people to bring topics including CSE and the Prevent agenda to the attention of charities, community groups and individuals working with children and young people. The event

would be repeated in Sandhurst. A community newsletter had been circulated shortly before the meeting and information in respect of events and news was included on Involve's website. The LSCB Business Manager provided the main communications channel between the voluntary sector, the Council and partners.

- 3.91 Mr Cook was unaware of a specific local volunteer support group for children and young people, however, support from Dr Barnardo's, the NSPCC, Berkshire Women's Aid, various helplines and Bracknell Forest's on-line Kidz Zone were available. Barnardo's and the NSPCC were London-based without a local delivery point. Although Youth Line received telephone calls in relation to CSE, it may not be able to report occurrences owing to client confidentiality and wishes. Where Children's Centres were concerned, people were advised that information provided would be treated in confidence although it would be necessary to disclose a situation where a safeguarding issue met the reporting / referral threshold. However, there were usually earlier signs of abuse before the need to make a disclosure arose and children and young people were signposted towards support as appropriate, possibly via the CAF. As CSE grooming gangs did not have a high profile in Bracknell Forest, the need of a specific volunteer support group was doubtful. However, there had been a recent emerging issue with one gang of men from Guildford who sought to infiltrate Bracknell Forest and had targeted some local young people. The gang had been rapidly quashed before any significant harm could occur as it had come to the attention of the Children's Specialist Support Team and then the police within a few days of the initial approach. Strengthening young people's resilience and staff training were crucial to tackling it.
- 3.92 The General Manager had taken up his post in December 2014 and sought to spread awareness of CSE utilising events as a starting point. Increasing community resilience, including tackling hate crime, was an area where he chose to focus and expand work with a view to making early interventions and prevent situations from escalating beyond Level 1. It was acknowledged that the redevelopment of the town centre and new house building would change the dynamics of the Borough by increasing the living and working population and by introducing a night time economy, requiring greater vigilance. The local workforce who did not live in the Borough could present challenges as they were largely unknown.

Children's Specialist Support Team (CSST)

- 3.93 Lilian Dickinson, the CSST's appointed social worker for CSE since November 2014, briefed the Working Group in respect of her role and work relating to CSE and missing children. This included screening and engaging with young people, and referring them to the SEMRAC agenda or CAF as necessary. All children with screening tools were added to the SEMRAC agenda for that month. One area of her responsibilities was to interview LAC, Child Protection (CP) and Children in Need (CIN) children within 72 hours of their returning from a spell of absence. The one-to-one return interviews were carried out mainly in schools, where resources were provided, avoiding core lessons and in a neutral and balanced manner to encourage any disclosure. Children and young people would rather that these did not take place at home and often preferred to speak to the appointed social worker as an independent person rather than their own allocated social worker. The two most extreme recent missing cases involved boys who did not attend the PRU and who had been drawn in to risky behaviour through on-line gaming. Some preventative work had been undertaken to keep them safe. Girls tended to be reached via Facebook and the community. Boys were less likely to disclose sexual abuse than girls as they felt more ashamed

and stigmatised. In addition to CSE, exploitation in general was assessed. The most common reason locally for children and young people being drawn into CSE was neglect, often coupled with mental health issues, and a lack of affection, parental supervision and boundaries. Parental criticism could lead to low self-esteem, particularly for boys.

- 3.94 Information ensuing from the return interviews was collated into six monthly reports to depict patterns, ages and venues associated with missing children and young people. CSE work included attending SEMRAC and other relevant meetings and fortnightly delivery in schools featuring a six session programme (longer if necessary) which covered grooming, CSE and on-line activities, pitched as appropriate to the individual groups of children and young people. The recipients were mainly over 11 years of age. When direct disclosures were made, the appointed social worker liaised with the police and became involved in any subsequent evidence gathering interviews and supported the child within the court process. Although she undertook direct work with focus groups and individuals, the appointed social worker was not allocated specific case work, which gave her flexibility in her role. She had access to the records of children and young people and updated their files with her findings. Although ICT systems were linked, they were such that it was necessary to manually input information and travel through the system to identify causes of concern. Following monthly SEMRAC meetings, links and flags to CSE and risk were added to the ICT systems. Strategic work with the police and other partners included mapping exercises to identify young people at risk and perpetrators and to plan disruptive tactics. As ever changing and growing circles of friends complicated the mapping of links to young people at risk, work focused on the circle of one young person at a time. Where there were indications of risk Levels 2 or 3, a mapping exercise was undertaken and included persons of concern who sometimes re-emerged from previous situations.
- 3.95 Disruptive techniques ranged from formal action to subtle approaches and were tailored to the individual circumstances of a case based on gathered intelligence. They included the issue of abduction notices by the police which required parents' signature and prevented the recipient of the notice from taking the relevant child or young person anywhere. If a crime was being investigated against the child by the person alleged, bail conditions could also be utilised to prevent a perpetrator from seeing other known parties. After-school appointments and strict parental boundaries could prevent a child from going out during the evening and keep them safe from perpetrators. Although mobile phone and internet applications could block inappropriate use, these were rapidly overcome as technology developed at such a rapid rate. Changes employed by 'Snap Chat' had resulted in the company owning and retaining all photographs posted there, possibly unknown to some users. Irrespective of the application, the message to children and young people was to avoid posting photos that they would not want their family and others to see and to learn parameters and who they could trust with photographic material.
- 3.96 At the time of the meeting, approximately 24 children were being supported by the appointed social worker, some of whom had gone missing, and 45% of whom were LAC, including those placed out of the area. Every monitored child underwent a full assessment to enable all issues to be identified and followed up. Sometimes work with children took place over a lengthy period and helped them to feel more settled. The children and young people continued to interact with their allocated social worker and case notes and notifications were shared. Following the closure of cases when children and young people were assessed to be no longer at risk, contact was maintained and some support offered to

prevent them from regressing into further risk of exploitation by others or to ease them through the court process.

- 3.97 Parental views varied widely between some who were keen to set protective boundaries and others who were more relaxed and did not acknowledge the risks. Although a presentation had been given to parents, traditional methods of delivering messages were felt to be less successful than modern means, such as social media and websites, which were considered to be the way forward. Face to face meetings which offered some interaction were thought to be beneficial. Any suitable materials suggested at conferences were adopted as appropriate. The School Awareness Group showed video clips and downloaded material although constant updating of such resources was required. A recent BBC piece concerning rape was considered to be useful and would be copied onto a DVD for use in schools.
- 3.98 PSHE lessons assisted young people to recognise risks and build individual resilience. Delivery from the age of 12-13 years was necessary for prevention and Ofsted made a judgement on the curriculum. There was a Neglect Strategy and Children's Centres screened for signs of neglect whilst seeing parents and children together.
- 3.99 There was a gap in the loop where Levonelle, the morning after pill, was concerned as there were no records concerning the number of times it was prescribed for an individual or where it was obtained. Pharmacies were commissioned by Public Health to provide emergency hormonal contraception to anyone under 18 years but no invoices had been received since contracts were issued in April 2014 indicating that no pills had been dispensed or, for some reason, pharmacies were not recharging the Council. Also, it was possible for young people of 16 years and over to obtain the pill from local pharmacies without a prescription or identification for a cost of approximately £20 which made tracking usage difficult.
- 3.100 The single appointed social worker post, which had been elevated from temporary to permanent status, was considered to be very valuable and as an independent role it attracted more disclosures. Attracting more community volunteers, including parents, to build a robust community network would be beneficial and it was suggested that Involve may be able to assist with this.

Sexual Health

- 3.101 Dr Matthew Hamill and Mr Joseph Pakia were invited to attend a meeting of the Working Group to provide a briefing in respect of their roles and responsibilities relating to CSE and to explain local sexual health services.
- 3.102 Dr Hamill advised that he was the local lead consultant in respect of sexual health services and safeguarding providing services up to and including Level 3 (the most specialist services) at clinics in Skimped Hill Health Centre in Bracknell, the Outpatients Department at St Marks Hospital in Maidenhead and the Garden Clinic, Upton Hospital in Slough. Mr Pakia was a sexual health advisor to patients including children under 16 years of age in Bracknell and Slough. The services provided links between NHS groups.
- 3.103 The Skimped Hill clinic operated the walk-in SpeakEasy Clinic for young people aged 18 years and under from 3:30 - 5:30 pm on Thursdays to enable children and young people to attend after school. There were also appointment-only clinics on Mondays from 11:00 am – 2:00 pm and from 3:00 - 7:00 pm and on Thursdays from 10:00 am – 2:00 pm. The walk-in clinics were more suitable

than appointments for younger people as they tended to forget and miss appointments. Approximately 20 young people were seen during the two hour walk-in session which was normally staffed by one doctor, nurse and health advisor. The clinics maintained dignity, privacy, respect and confidentiality in a safe, welcoming and non judgemental environment and did not share information with any other parties, including parents and GPs, unless there was a safeguarding concern or Section 47 child protection issue.

- 3.104 Access to a dedicated young people's sexual health services was available for children from the age of 13 years and upwards which included advice, prevention, diagnosis, treatment and contraception. Some clients included children and young people under the age of 18 years who went missing, were in care, abusing drugs and alcohol or suffering from mental health issues. Harm reduction and safe sex were promoted. Also abstinence, delaying sexual intercourse. Ongoing dialogues took place where repeat visits were required enabling relationships with clients to be built. A young people's proforma (CSE screening tool) was used to focus advice and personal questions relating to sex. Questions would include the nature of sexual activities and whether photographs of nudity were shared, the latter being a means of raising awareness of the possibility of photographs being widely circulated outside the subject's knowledge or control. Young people tended to be honest and answer questions truthfully and their presence in the clinic constituted the first step towards seeking assistance and advice and they usually returned for follow up sessions where necessary. Young people often welcomed the opportunity to confide in an independent adult and receive some counselling. Concerns around vulnerability and being at risk were demarked on records by a ## (double hash) entry. On their first visit, vulnerable young people were referred to clinicians who would check for any signs of exploitation and resulting action taken and their case would be reviewed at each return visit. Over 50% of young people visiting the clinic sought contraception services.
- 3.105 Chlamydia tests were performed at all clinics and local young people with positive test results were referred for treatment (usually at Skimped Hill but they could choose to attend the Slough clinic if they preferred). The Chlamydia screening programme across Berkshire had been discontinued owing to budgetary constraints although tests could be performed by GPs or in the Sexual Health Clinic. This was particularly unfortunate as the screening programme had attracted young people to the clinic giving advisors an opportunity to engage with them and offer information and advice and also to assess whether other tests or interventions were necessary. The cessation of the Health Promotion Service also resulted from budget reductions. However, leaflets and the website were sources of information and school nurses should be aware of services on offer and where to refer pupils for assistance. Promoting the Skimped Hill clinic through schools would be advantageous and enable children and young people to learn sexual facts from professionals rather than from peers who may be misinformed. However, without further commissioning the Service would not be able to expand to meet potential increased demand.
- 3.106 Monthly safeguarding meetings operated by health advisors took place enabling information to be shared with clinicians and nurses working within the clinic. Any safeguarding alerts were discussed at the meetings as a learning exercise. Cases did not have to wait to be discussed at the meetings before being reported and referred to Children's Social Care. In the absence of a specific group to consistently share information, Children's Social Care could regularly send a secure list of children and young people assessed by SEMRAC as being at risk of CSE to the clinic to enable it to cross match names with its client

records. It was suggested that the police be requested to contact the clinic to explain its arrangements regarding CSE to promote understanding and joint working.

- 3.107 It was acknowledged that young people were living in a sexualised society where viewing pornography was common and some were vulnerable owing to exposure to drugs and alcohol. As age gaps could be indicators of exploitation, instances where under age girls were in the company of older men were a concern. Other situations could be more subtle and advisors looked for signs such as power imbalances, the involvement of friends, drug use and gifts when making efforts to establish clients' circumstances and risk of exploitation. Concealed factors such as low self-esteem or eating disorders may also be present.
- 3.108 The seeking of more than one abortion would not necessarily trigger an alert from Sexual Health to Children's Social Care if the young women concerned appeared to be in non abusive relationships, however, they would be advised that it was not a good form of contraception and be offered more suitable or appropriate methods. Although the clinic served women of all ages, particular care was taken of younger women who were deemed to require greater support and advice. Boys were rarely seen at the clinic and it was therefore difficult for advisors to establish the extent to which they might be victims of CSE. Clinic visits by 13 year olds with several sexual partners were a rarity. Although it could be perceived that the clinic was facilitating early sex by offering contraception and advice, this was not the case and young people who attended the clinic were safer than those who did not as they were educated to practice safe sex and contraception and were treated for any related infections.
- 3.109 It was expected that a rise in the number of underage sex convictions would be seen as it was the main method of tackling it available to the police although issues around consent and rape were difficult to prove. A recent example was given of a 16 year old girl being groomed over the internet by a previously unknown friend of a friend and meeting him to have sex after 45 minutes of on-line contact. There was no prosecution in this case as the girl was not underage and was thought to have consented to sex although she had clearly been exploited to a degree. Reference was made to a news report and television programme in respect of a 14 year old boy who was groomed by a man via internet war gaming and subsequently abused and murdered by him when they met. Internet safety and grooming continued to be significant areas of concern. Grooming cycles tended to commence with peers who introduced potential victims to older abusive friends.
- 3.110 Dr Hamill acknowledged that it was extremely difficult to estimate the scale of CSE and whilst it could be assumed that there were few instances locally as little came to the attention of the NHS, it was probable that many cases went unreported and local levels were higher than estimated, particularly under a wider definition including domestic sexual abuse and peer exploitation.
- 3.111 Raising awareness of and promoting the sexual health service was identified as a benefit.

General Practitioners (GPs) and Designated Doctor for Safeguarding

- 3.112 A presentation was given to approximately 120 GPs in 2015 to raise their awareness of CSE and encourage them to identify signs of it and report it. Confidentiality could be an issue. Caution regarding the issue of sick notes was encouraged as they allowed a CSE victim to be absent from school and at risk

of further abuse. Practice nurses were also involved in treating children who were experiencing, or at risk of, CSE. The acquisition of sexually transmitted infections was not necessarily an indicator of CSE. Although contraceptives were obtained from GPs, victims could present for treatment and advice to the school drop-in centres or clinics which did not share information with GP's. Whilst risk assessments could be undertaken at clinics, there was no desire to discourage young people from accessing services. The lack of joint working in this area was identified as an area in need of consideration and improved reporting and referral to Children's Social Care by GPs and communication between surgeries was sought in circumstances where young people made repeat visits for contraceptives or displayed any signs of abuse. It was suggested that GP training and employment of best practice could be improved in these areas. Although GPs did not attend SEMRAC, they were represented by the Clinical Commissioning Group (CCG) which should feedback to GPs any concerns raised, however, there was some doubt that this was happening. Dr Katie Caird, Designated Doctor for Safeguarding, could be requested to include outcomes of Summary Care Records, which were for the storing and sharing of records for improved patient care, in the next mandatory training session for GPs.

3.113 Dr Caird briefed the Working Group in respect of the local child protection picture from her perspective as a named doctor for safeguarding, senior partner at Boundary House Surgery since 1988 and child protection lead for the CCG. The Working Group was reminded that GPs were independent contractors and not employees of the NHS.

3.114 Nationally GPs had changed their focus to include child protection in recent years and it was Dr Caird's role to train and encourage GPs to be aware of safeguarding issues and act accordingly. There was a named lead doctor for safeguarding in each GP practice and all met on a biannual basis to discuss CSE and safeguarding and it was hoped that information exchanged would be disseminated through practices. A link had been formed with Frimley Park Hospital and a representative attended the meetings.

3.115 There was compulsory GP training and two child protection training sessions had been held during the past year which included the police and covered the Prevent agenda and FGM aspects of safeguarding. CSE was always covered in training sessions which could also include case scenarios and the bruising protocol. In addition to targeted training days, updates were provided. The sessions were well attended and allowed certificates to be obtained as they were checked by the Care Quality Commission during inspections. Sufficient information in respect of CSE and safeguarding was provided and guidelines issued by the General Medical Council and collegiate were followed. Locum doctors were also trained and contracted to provide out of hours care. Primary care nurses also received training.

3.116 Dr Caird was required to complete statutory reports in respect of under 18's in addition to adults which were audited. She was a member of the Learning and Improvement Sub Group of the LSCB which had considered three CSE family cases last year. Although GPs were attaching more importance to CSE than previously and discussing related matters with Dr Caird, the amount and fragmentation of their workload impinged on their effectiveness to identify and act on it. This was exacerbated by a turnover in social workers leading to loss of continuity and differing approaches. GPs were generally informed when their patients were admitted to hospital A&E departments and were able to access their electronic notes rapidly to facilitate recognising signs of CSE. Although there had been 2,000 patients allocated to each GP surgery in the past, there

were now 10,000 patients spread across ten doctors and also patients using walk-in centres leading to the loss of some of the local GP knowledge base. Difficulties were experienced in recruiting doctors owing to a poor reputation of the role nationally and much paperwork tied to the job. Many newly trained doctors wished to work part time, take a year out following qualification or travel. Extended hours worked from 6:30 to 8:30 pm five days per week in the CCG area put the out of hours service at risk.

3.117 The Working Group was advised that GPs were permitted to provide contraceptive advice and treatment to girls under 16 years without parental consent following the ruling in the Gillick v West Norfolk 1984 case provided that they had the competency to make a choice concerning contraceptives. In the past the onus had been on doctors to judge whether an underage girl had the capacity to choose to take the contraceptive pill, however, the focus was now on why she wanted to be prescribed it at such a young age. GPs now looked into girls' history and welfare and posed key questions such as the age of their boyfriend and whether they had been given alcohol or drugs to gauge whether there were indications of CSE or child protection issues before prescribing contraceptives. The pill would not be prescribed by GPs to girls under 13 years of age and child protection measures would be instigated if it was sought by such young girls. It was confirmed that the morning after contraceptive pill could be obtained from a number of other sources at a cost and without records being kept. Sexual health services would not notify GPs of the prescription of the pill, however, referrals for terminations would be via GPs as part of their contract with the CCG. Obtaining more than one termination was not seen as an indicator of CSE by GPs as abortion numbers had remained consistently high over a number of years with a third of women obtaining them and a third of that number having another. Implants were considered to be one of the most effective forms of long-acting reversible contraception as there was no requirement to remember to take a daily pill. Children's Social Care welcomed information concerning the number of 13 and 14 year olds obtaining contraceptives and advised that no referrals had been received to date. SEMRAC did not receive GP referrals.

3.118 Dr Caird did not receive communications from school nurses and felt that children and young people were reluctant to see their GP in respect of sexual matters as there was a danger of encountering neighbours etc at a GP surgery leading to their parents discovering the visit which they wished to remain secret. This rendered GPs' records incomplete. School counsellors, who treated possible CSE as a child protection issue, could provide an information link. They advised pupils that information provided would remain confidential unless safeguarding concerns were identified as they sought to look after children's best interests. Although there had been an increase in the number of children and young people considered to be at risk of CSE and in need of child protection, this was due to the higher profile which was afforded to it. One report per week to the Child Protection Conference was typical and numbers varied between practices. A pan-Berkshire proforma was utilised with specific questions to obtain the necessary information. 78% of Bracknell Forest reports were determined not to be a cause for concern whilst this was the case with 52% in Windsor and Maidenhead and 10% in Reading. Where it was suspected that a local child was suffering, or likely to suffer, significant harm, a Section 47 enquiry investigation would be pursued in a multi-agency conference to check the child's welfare and take any appropriate resulting action which should be relevant and proportionate.

3.119 Although not recorded in GPs' notes, they were also seeing an increase in sexualised behaviour, particularly in boys who were viewing pornography on the

internet as young as ten years of age thinking it was normal behaviour. Use of pornography was leading to a cultural change involving and normalising anal sex. The need for parents to be more aware of the potential dangers of the internet and step in to prevent it was again highlighted. This could be reported to the police but it was outside their control.

3.120 Reference was made to a visit to a local school that day by the NSPCC to raise awareness of mental and physical abuse.

3.121 As children and young people were growing up so rapidly and indulging in sexualised behaviour more commonly associated with adults, the Working Group sought to reinforce the fact that up to the age of 13 years children should be treated as children, and up to 18 years as young people. Use of terms such as “young man / young woman” by some partners wrongly portrayed them as adults.

Regulatory Services

3.122 The Head of Regulatory Services met the Working Group to explain CSE training and Disclosure and Barring Service (DBS) checks for hackney carriage and private hire drivers and operators and also the Hotel Watch Scheme. For background information, the Working Group received a report relating to taxi driver training and DBS checks previously prepared for the Licensing and Safety Committee. The report highlighted that addressing the issue of CSE had become a priority and a matter of great importance for the community and public authorities.

3.123 The Working Group was advised that findings of reviews into CSE in areas such as Rotherham and Oxfordshire had indicated that there were substantial links between taxis / cars and CSE with children and young people being abused in vehicles whilst being transported or driven to destinations where they would be abused. Taxi drivers could be ignorant that they were transporting children and young people for CSE purposes, could facilitate CSE by delivering them to exploiters or could be perpetrators committing abuse in their vehicles or offering free transport in return for sexual services. Such behaviour damaged taxi drivers’ reputations and many young girls were reluctant to use taxis alone, particularly at night. However, CSE links to taxis was not a significant issue in Bracknell Forest and of the 350 licenced drivers, two drivers had their licences revoked over the past four years owing to accusations of CSE related behaviour.

3.124 At its meeting on 7 January 2016, the Council’s Licensing and Safety Committee resolved that the introduction of mandatory safeguarding / CSE training for all hackney carriage and private hire vehicle drivers and operators be agreed and that the trade and the general public be consulted on the content and extent of any training provision prior to implementation. In addition to protecting children and vulnerable people, the training would protect drivers and operators from accusations of CSE. Some drivers were known to take the longest darkest route and have flirtatious sexual conversations with passengers and hopefully training would highlight that this type of behaviour was inappropriate.

3.125 Other Berkshire unitary authorities had similar concerns and were keen to adopt a similar approach and discussions were taking place to deliver training jointly to achieve economies of scale and consistency across boundaries. A meeting with other unitary authorities to discuss the way forward was due to take place. There were over 3,000 licenced drivers across Berkshire and approximately 350

new licences were issued each year. In Bracknell Forest there were 30-40 drivers requiring training each year and it was felt that this number could be trained each month across Berkshire. 60 – 70 drivers / operators in Bracknell Forest had received some training to date through the Home to School provision. Training was time consuming and could be costly and it was felt that the cost should be met by taxi businesses. Drivers and operators appeared prepared to undergo training although there was some trade resistance to the cost. Training was to become a condition of a driver's licence. The licences of 100 drivers had been revoked in Rotherham recently for failure to undergo training. Initial discussions indicated that training, which could be provided by a single or multiple contracted training providers, might consist of a course of up to two hours in length followed by a test and could be delivered to 30 recipients at a session. Costs would be dependant upon a number of factors including location, multiple courses on a single day and all of these matters would be addressed as part of any negotiated contract. The training was a little broader than CSE and included safeguarding and vulnerable adults. Language difficulties would be built into the programme to assist understanding and it was expected that two trainers might be needed at each session, one to deliver the CSE training and the other with language skills. Drivers would be given messages that although friendliness was acceptable, early grooming and exchange of telephone numbers was not.

- 3.126 It was unknown if there was significant under reporting of incidents or whether reports were made through other routes such as the police. It could be difficult to substantiate incidents. It was suggested that the CSE module for Member training could be expanded to include taxi driver training. Although officers had delegated authority to revoke licences, there was a route of appeal to the Licensing Panel, which would consider issues emerging from DBS checks, and then to the Magistrates Court.
- 3.127 Although 99% of drivers were self-employed, they worked with operators to gain work. Operators needed to be aware of possible CSE and act on any complaints. Unlike hackney carriages which operated on the streets and from taxi ranks, private hire transport was booked in advance.
- 3.128 The Council provided Home to School transport and these drivers were already obliged to undertake safeguarding / CSE training and there were clear indications that the training had been beneficial, particularly in terms of raising awareness among drivers. The Chair of the LSCB was supportive of the proposals that all drivers and operators received this training.
- 3.129 The Council had no control over the use of CCTV in taxis and although the Protection of Freedoms Act 2012 applied to local authorities, it did not apply to taxis. A clear policy in respect of CCTV was required and Bracknell Forest was consulting on a set of conditions relating to CCTV which would be applied to licences. If operators did not comply with these conditions concerning camera use, recording and viewing they would be obliged to remove the cameras from taxis. A licence from the Data Commissioner may be required to view recorded material. It was acknowledged that although CCTV in taxis could intrude on the privacy of customers, it could also protect drivers from assaults or failure to pay the fare. The Council did not favour audio recording and felt that recording should be limited to video whilst vehicles were in motion. If audio was available then it should only be activated in the event of a problem or assault. It was felt that CCTV material should only be accessed as part of investigation of crime by the police or other similar law enforcement agencies. Although limousines could pose a danger, there were none licenced by Bracknell Forest at present.

Drivers could be suspended following the receipt of too many penalty points for bad behaviour.

- 3.130 Under the Hotel Watch Scheme, police officers had visited all local hotels and tested them to ascertain whether they would sell a room to an adult male with a 15 year old girl. Of four premises, two had sold a room and a third was prepared to had the officer not run out of funds. The same two hotels also sold alcohol to the underage person in a test proxy sale. The hotels were subsequently re-tested and passed. Future re-testing involving an older woman with a young boy was being considered. Although adults could claim that their younger companion was their son or daughter if challenged, this would be difficult to prove or disprove. Reference was made to an incident in Reading where a registered sex offender with a young girl had unsuccessfully attempted to obtain a room. Hotel managers were keen to prevent such incidents to protect their hotel's reputation although this depended on factors such as staff awareness and turnover.
- 3.131 Regulatory Services also undertook test purchasing in respect of a range of restricted products although efforts were concentrated on the underage sale of alcohol and gambling. Approximately 40 test purchases had been made and one in five outlets had sold alcohol to underage people which was a higher rate than previously. The target was to achieve a rate below 15%. Evidence of underage drinking in the local area or intelligence suggesting that underage sales were taking place was utilised to test local shops and target high risk premises. Retailers were given verbal warnings and fixed penalty notices involving the police. Repeat sales could result in a review or revoking of a licence to sell alcohol. There was concern that vulnerable young people may be approached by perpetrators whilst in gambling premises and the Council was proposing to work with the Gambling Commission in betting shops and public houses around high risk betting machines.

4. Conclusions

- 4.1 CSE is a form of sexual abuse that involves the manipulation, coercion or trafficking of children and young people under the age of 18 into sexual activity in exchange for things such as money, drugs / alcohol, gifts, accommodation or affection. In addition to being damaging to the health, wellbeing, education and life chances of children and young people, it is a violation of their human rights and can also constitute an act of violence, and a criminal act in the case of children under 16 years of age. CSE does not always involve physical contact and may occur on-line. It is not limited by gender, age, ethnicity or religion and recorded instances of CSE nationally have increased in recent years.
- 4.2 From the evidence gathered during the review, it is clear from all involved that CSE is very much at the forefront of the agendas of the Council and its partners which replicates the attention given to the issue nationally. The issue was recognised at an early stage in Bracknell Forest where systems, structures and a strategy have been developed to tackle it which are more advanced than in many other areas.
- 4.3 Although the review has revealed that CSE is not a significant problem in Bracknell Forest and there is no evidence here of the networks of organised gangs and groups that have operated in other parts of the country, there are some concerns locally, particularly around 13-14 year old girls being groomed by older male abusers who they perceive as boyfriends. Therefore children and young people at risk are identified and monitored and interventions made where necessary. However, CSE can be a hidden form of abuse and it is likely that instances are more prevalent than those which come to our attention.
- 4.4 Although children and young people may not realise that they are being groomed for, or being subjected to, abuse, it is important to remember that they cannot consent to their own abuse and are victims in need of protection. The most common reason locally for children and young people being drawn into CSE is neglect, often coupled with mental health issues such as low self-esteem, a perception that sexualised behaviour in their age group is normal, and a lack of affection, parental supervision and boundaries.
- 4.5 Continued CSE training, awareness raising and prevention measures are crucial and should involve closer managing of absences and working with parents and boys / young men. In addition to the statutory organisations, all have a role in preventing CSE through being alert to the signs and sharing information.
- 4.6 There is a lack of joint working with sexual health services, GPs and CAMHS which requires improvement to protect children and young people. However, with the advent of the MASH this should improve.
- 4.7 Up to the age of 13 years children should be treated as children, and up to 18 years as young people. All correspondence and conversations should reinforce this fact and professionals should avoid using terms such as “young man / young woman” in relation to children as young as 13 years of age.
- 4.8 It is likely that the night time economy in Bracknell will expand following the redevelopment of the town centre leading to more prevalent use of drugs and alcohol and increasing the scope for CSE to occur.

4.9 The Hotel Watch scheme and taxi operator / driver training are welcomed as a means to tackle CSE with extending training.

5. Recommendations

Whilst recognising that the majority of the following recommendations are likely to have budget implications, it is recommended to the Executive Member for Children, Young People and Learning that action be taken to ensure that:

Children and Families

- 5.1 Closer work with parents be undertaken to raise their awareness of CSE, to educate them to manage their children's use of the on-line world and to maintain an open dialogue and set boundaries with their children. Also, consideration be given to having a CSE parenting worker, or some form of direct delivery parenting, to enable work to be carried out simultaneously with the child and his / her parents, such as that offered by Dr Barnardo's.
- 5.2 The awareness and use of the CSE screening tool and prevention work with children and young people identified as having Level 1 vulnerabilities (see Appendix 2) be promoted across partners.
- 5.3 The monitoring and management of unauthorised school absences and fixed term exclusions be strengthened, with a particular emphasis on undertaking return interviews.

Training

- 5.4 A fluid rolling programme of incremental and age appropriate prevention be pursued to raise awareness levels and provide children with the resilience and knowledge to identify grooming and make safe decisions around internet use and relationships. This should include the production of a suitable primary school poster. In addition to identifying and protecting victims of CSE of both genders, a stronger emphasis be placed on raising boys' and young men's awareness of the possible consequences for them of having sex with underage girls.
- 5.5 All existing and new taxi drivers in Bracknell Forest receive safeguarding / CSE training during the next twelve months and training be rolled out to neighbouring authorities.
- 5.6 Bespoke training be provided for Attendance Officers to highlight the links between missing pupils and CSE.

Local Safeguarding Children Board

- 5.7 The LSCB Strategic Sub Group be requested to undertake a stocktake of all CSE school training delivered during the last two years in order to identify and remedy any gaps. A central depository be developed to capture all the education and training sessions being delivered in schools to children, to avoid duplication and identify gaps.
- 5.8 The LSCB be requested to evaluate how CSE is incorporated into the Council-wide training programmes, stating who is able to access this training, ensuring outcomes are measured and changes made as a result.

Other Agencies

- 5.9 The police be requested to provide an intelligence briefing to the Sexual Health Service to establish closer liaison and two way information sharing with that service.
- 5.10 Regulatory Services continue to work with the police to rollout the Hotel Watch Scheme across the Borough.
- 5.11 The Designated Doctor for Safeguarding, Dr Katie Caird, be requested to include the use of Summary Care Records in the next mandatory training session for GPs in order to identify, and improve the care for, exploited children and young people through the storing and sharing of patient records.
- 5.12 The Clinical Commissioning Group be requested to provide a stakeholder map of who in the organisation is responsible for CSE in Bracknell Forest, the roles of the representatives that attend SEMRAC and who in Health Services they report back to so that information is cascaded through all organisations.
- 5.13 The membership of SEMRAC and the CSE Strategic Group be expanded to include a primary school lead and representatives of CAMHS and the Sexual Health Service to enable relevant reports to be received from all involved organisations.
- 5.14 The Pan Berkshire SEMRAC chairs add to their agenda the reporting of the top level of 'persons of interest' across Berkshire as a means to compare and monitor possible CSE perpetrators.

6. Glossary

CAF	Common Assessment Framework
CAMHS	Child and Adolescent Mental Health Service
CEOP	Child Exploitation and Online Protection Agency
CID	Criminal Investigation Department
CIN	Children in Need
CME	Children Missing Education
Council	Bracknell Forest Council
CP	Child Protection
CSE	Child Sexual Exploitation
DBS	Disclosure and Barring Service
DI	Detective Inspector
FSA	Family Support Advisor
GP	General Practitioner
ICT	Information and Communications Technology
LAC	Looked After Children
LPA	Local Policing Area
LSCB	Local Safeguarding Children Board
MASH	Multi Agency Safeguarding Hub
NCA	National Crime Agency
NSPCC	National Society for the Prevention of Cruelty to Children
Ofsted	Office for Standards in Education, Children's Services and Skills
O&S	Overview and Scrutiny
Prevent	Work to comply with the duty in the Counter-Terrorism and Security Act 2015 to prevent radicalisation and extremism
PRU	Pupil Referral Unit
PSHE	Personal, Social and Health Education
SEMRAC	Sexual Exploitation and Missing Risk Assessment Conference

TVP	Thames Valley Police
YOS	Youth Offending Service

BRACKNELL FOREST COUNCIL

CHILDREN, YOUNG PEOPLE AND LEARNING OVERVIEW AND SCRUTINY PANEL

WORK PROGRAMME 2015/16

Terms of Reference for:

CHILD SEXUAL EXPLOITATION (CSE) OVERVIEW AND SCRUTINY WORKING GROUP**Purpose of this Working Group / anticipated value of its work:**

- | | |
|----|--|
| 1. | The purpose of this Working Group is to carry out a review of CSE in Bracknell Forest and to make recommendations to tackle any issues identified. |
|----|--|

Key Objectives:

- | | |
|----|---|
| 1. | To gain an understanding of what CSE comprises and who it affects. |
| 2. | To ascertain the extent, scale and nature of CSE in Bracknell Forest. |
| 3. | To measure the impact of CSE on children and young people in terms of their physical and mental health and wellbeing. |
| 4. | To explore and evaluate the effectiveness of Bracknell Forest's partnership response to CSE. |
| 5. | To explore safeguarding arrangements to prevent CSE. |

Scope of the work:

- | | |
|-----|---|
| 1. | CSE in Bracknell Forest. |
| 2. | The physical and mental health implications of CSE. |
| 3. | Relevant data, reports and research. |
| 4. | Actions to prevent and intervene in CSE and the outcomes. |
| 5. | Partnership working. |
| 6. | Impact of the Nine Signs of CSE campaign. |
| 7. | Protocols with Health. |
| 8. | Prosecution outcomes. |
| 9. | Training for carers. |
| 10. | Schools / Youth Services. |
| 11. | Resourcing |

Not included in the scope:

- | | |
|----|--|
| 1. | Criminal activity associated with CSE. |
| 2. | Other forms of child sexual abuse. |

Terms of Reference prepared by:

Andrea Carr

Terms of Reference agreed by:

CSE Overview & Scrutiny Working Group

Working Group Membership:

Councillors Mrs Birch, Ms Gaw,
Mrs McCracken, Peacey and Mrs Temperton

Working Group Lead Member:

Councillor Mrs McCracken

Portfolio Holder:

Councillor Dr Barnard

Departmental Link Officer(s):

Karen Roberts and Sonia Johnson

BACKGROUND:

1. CSE was selected as a review topic in the 2015/16 Overview and Scrutiny work programme owing to concerns associated with the increasing level of awareness of it following recent high profile cases in areas such as Rochdale, Rotherham and Oxford; the Government's measures outlined in its publication '*Tackling Child Sexual Exploitation*'; the Government's intention to deliver a new system of multi-agency inspections; and a wish to establish the extent and scale of CSE in Bracknell Forest and review actions to prevent it.

SPECIFIC QUESTIONS FOR THE WORKING GROUP TO ADDRESS:

1. What is the level, extent and nature of CSE in Bracknell Forest?
2. What is the Council and its partners doing to prevent and tackle CSE?
3. How effective are the partnership arrangements to deal with CSE?
4. How can we know that the Council, and those with whom it works, will be aware when significant problems arise, and do we have confidence that this information will be acted on?
5. Does O&S itself have access to information which will allow us to confidently challenge, on the basis of evidence, the Council's assertions about the quality of a service?
6. Do Council officers and officers from other agencies agree and accept that O&S has this role to play?

INFORMATION GATHERING:

Witnesses to be invited / met

Name	Organisation/Position	Reason for Inviting / Meeting
Janette Karklins Lorna Hunt	BFC, Director of Children, Young People & Learning BFC, Chief Officer: Children's Social Care	To provide information on the nature and level of CSE in Bracknell Forest and actions being taken to prevent and tackle it.
Karen Roberts Sonia Johnson Lilian Dickinson	BFC, Head of Service – Strategic Lead for LSCB BFC, Head of Service – Operation Lead BFC, Social Worker for CSE / Missing	To explain the role and functions of the LSCB Strategic Sub-Group and of the CSE Operations Group.
Mandy Wilton Debbie Smith Liz Hassock	BFC, Head of Targeted Service BFC, Team Leader – Safeguarding and inclusion Targeted Youth Support Manager	To advise on schools including children missing from education.
Kellie Williams	BFC, Community Safety Manager	To advise on internet safety.
Local sexual health providers	NHS Sexual Health Services	To provide information on local services for young people.

Katie Caird	NHS, Designated GP lead for CP	To advise on GP's role in CP.
John Goosey / Christina Berenger	Thames Valley Police	To gain information concerning the police's involvement in and response to CSE.
Bracknell Forest schools	Representative(s) of local schools.	To explore schools' involvement with, and experience of, CSE.
Robert Sexton	BFC, Head of Regulatory Services	To advise on CSE training for taxi drivers and the Hotel Watch Scheme.
General Manager	Involve	To explain any voluntary sector provision for & knowledge of CSE.

Site Visits

Location	Purpose of visit
-	-

Key Documents / Background Data / Research

1. Tackling child sexual exploitation – A resource pack for councils, LGA December 2014
2. The sexual exploitation of children: it couldn't happen here, could it?, Ofsted
3. Child sexual exploitation in Rotherham – Alexis Jay Report September 2014
4. March 2015 Government publication – Tackling Child Sexual Exploitation
5. Bracknell Forest CSE Risk Assessment tool.
6. Bracknell Forest Safeguarding Children and Young People from Sexual Exploitation Strategy and Supporting Action Plan.

TIMESCALE

Starting: August 2015

Ending: June 2016

OUTPUTS TO BE PRODUCED

1. Report of the review with conclusions and recommendations.

REPORTING ARRANGEMENTS

Body	Date
Report to the Children, Young People and Learning Overview and Scrutiny Panel	7 September 2016

MONITORING / FEEDBACK ARRANGEMENTS

Body	Details	Date
Reporting to Children, Young People and Learning Overview and Scrutiny Panel by Executive Member.	Written report	January 2017

BRACKNELL FOREST COUNCIL

Quick Guide to Identify the Risk Indicators for Child Sexual Exploitation

<p>Level 1 - Low Level Risk Indicators</p> <ul style="list-style-type: none"> • Regularly coming home late or going missing • Overt sexualised dress • Sexualised risk taking including on the internet • Unaccounted for monies or goods • Associating with unknown adults or other sexually exploited children or young people • Reduced contact with family and friends and other support networks • Sexually transmitted infections • Experimenting with drugs and/or alcohol • Poor self image, eating disorders and/or some self harm. 	<p>Level 2 - Medium Level Indicators- any of Level 1 and ONE or more of these indicators</p> <ul style="list-style-type: none"> • Getting into cars with unknown adults • Associating with known CSE adults • Being groomed on the internet • Clipping i.e. offering to have sex for money or other payment and then running before sex takes place • Disclosure of a physical assault with no substantiating evidence to warrant a S47 enquiry, then refusing to make or withdrawing a complaint • Being involved in CSE through being seen in hotspots i.e. know houses or recruiting grounds • Having an older boyfriend/girlfriend • Non school attendance or excluded • Staying out overnight with no explanation • Breakdown of residential placements due to behaviour • Unaccounted for money or goods including mobile phones, drugs and alcohol • Multiple sexually transmitted infections • Self harming that requires medical treatment • Repeat offending • Gang member or association with gangs.
<p>Level 3 - High Level Indicators- any of Levels 1 and 2 and ONE or more of these indicators</p> <ul style="list-style-type: none"> • Child under 13 engaging in sexual activity • Pattern of street homelessness and staying with an adult believed to be sexually exploiting them • Child under 16 meeting different adults and exchanging or selling sexual activity • Removed from known 'red light' district by professionals due to suspected CSE • Being taken to clubs and hotels by adults and engaging in sexual activity • Disclosure of serious sexual assault and then withdrawal of statement • Abduction and forced imprisonment • Being moved around for sexual activity • Disappearing from the 'system' with no contact or support • Being bought/sold/trafficked • Multiple miscarriages or terminations • Indicators of CSE in conjunction with chronic alcohol and drug use • Indicators of CSE alongside serious self harming • Receiving rewards of money or goods for recruiting peers into CSE. 	
<p>What to do if you suspect CSE:</p> <p>You can report your concerns via Crime Stoppers Tel: 0800 555 111 Call the police non-emergency Tel: 101 In an emergency dial 999 Contact Children's Social Care for the areas you are concerned about in Bracknell Tel: 01344 352020</p>	

For further information on the work of Overview and Scrutiny in Bracknell Forest, please visit our website on:
<http://www.bracknell-forest.gov.uk/scrutiny>

or contact us at:

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