Inverclyde council

AGENDA ITEM NO: 8

Report To:	**Health & Social Care Committee**	**Date:**	**7 January 2021**
Report By:	**Louise Long Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)**	**Report No:**	**SW/02/2021/SMcA**
Contact Officer:	**Sharon McAlees**	**Contact No:**	**715282**
Subject:	**Child Sexual Exploitation Research Report (SCRA and Barnardo's Scotland, October 2020)**		

1.0 PURPOSE

1.1 The purpose of this report is to:

a. advise the Health & Social Care Committee of the findings of the Scottish Children's Reporter Administration (SCRA) and Barnardo's Scotland national report on child sexual exploitation (CSE) in Scotland.

1.2 b. consider the report's findings in relation to Inverclyde's response to identifying concerns of CSE and its pathway of multi-agency safeguarding of vulnerable children.

2.0 SUMMARY

2.1 The SCRA and Barnardo's prevalence study is the first at a national level in Scotland on child sexual exploitation (CSE) and the first to consider the vulnerabilities to sexual exploitation experienced by both girls and boys.

2.2 Child sexual exploitation is a particularly hidden form of sexual abuse and crime. Victims may not be aware that they are being sexually exploited; such is the coercive nature of perpetrators and the control that they exert over their victims. It is very rare for a child to disclose that they are a victim, or in some cases even recognise that they have been victimised.

2.3 The study was based on data that was held by SCRA, which has a national focus on children most at risk aged 18 and under (the legal definition of a child in Scotland). This therefore involved children who were in the care system and involved in the Children's Hearing System (CHS). Previous studies have highlighted children in these circumstances, as being particularly vulnerable to CSE (Jay Report, 2014, Barnardo's 2014. Brown et al, 2017).

2.4 The framework of this national study has been used to scrutinise Inverclyde's local data over the last three years, and assess the workings of our local CSE safeguarding pathway that is overseen by Inverclyde's Child Protection Committee.

2.5 Our local data highlights that local partnerships are aware of our most vulnerable children, and established pathways are in place to respond to this complex area of safeguarding through a strategic and tiered approach:

- Prevention and early intervention;
- Intervention and recovery; and
- Disruption and prosecution.

2.6 The nature of this work requires a multi-agency workforce that is skilled and trained in trauma

informed practices; a current national agenda in Scotland.

3.0 RECOMMENDATIONS

3.1 The Committee is asked to:-

a. Note the content of this report

b. Note the implications for the wider safeguarding workforce trained in trauma-informed practices that aligns with the GIRFEC pathway.

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4.0 BACKGROUND

4.1 The safety and wellbeing of all children and young people is a key priority for the Scottish Government. Child Sexual Exploitation is an abhorrent crime and can have a devastating impact on its victims and their families. The Scottish Government has been working in partnership across agencies to develop a plan to tackle Child Sexual Exploitation that is innovative, challenging and ambitious in scope. One of the main aims of Scotland's National Action Plan is to support culture change throughout children's services agencies, and society at large, to ensure that Child Sexual Exploitation is recognised as an issue that needs to be properly tackled and addressed.

4.2 Scotland's National Plan to Tackle CSE was published in 2014. It focuses on prevention of abuse, prosecution and supporting children and young people affected by CSE. An update was offered in 2016 and a final Report on the Delivery of the Action Plan was published in July 2020. This noted progress in multiple areas. An early achievement was the Group's efforts in agreeing and establishing a national definition of Child Sexual Exploitation in Scotland. This was an important milestone which has enabled a common understanding of what is meant by CSE across different services and organisations. As a result of the work taken forward by the CSE Group and stakeholders, a lot more is known today about the nature of CSE and the response it requires.

4.3 The CSE Working Group works in partnership with Child Protection Committees Scotland to develop key messages on child sexual exploitation, as part of a wider series of messaging, to form the basis of ongoing efforts to raise public and media awareness of child protection issues and the role everyone can play to help keep Scotland's children safe from harm. This is part of the Child Protection Improvement Programme and cannot be separated from other strands of work in this area in relation, for example, to neglect and workforce development. This work is in turn cascaded to individual child protection communities.

4.4 Inverclyde CPC hosts a CSE sub-group whose role it is to cascade best practice to partners across the authority. This is spearheaded by a local training approach. Practitioners across health, education, and social work have been trained by the CSE Programme Manager for Barnardo's Scotland to deliver a rolling programme of training across the community planning partnership. The recent refresher of training for trainers was shared with another 3 local authoritie, all of which gave opportunities to share good practice in 2019.

4.5 In 2015-16, Inverclyde CPC focused its annual campaign on CSE, producing posters and leaflets to raise the profile of CSE within the Inverclyde community. It also hosted a Conference in 2016 which was attended by 99 practitioners from the police, education, health, 3rd sector, social work and other support services. The keynote speakers were: Daljeet Dagon Children's Services Manager, Barnardo's Scotland - Sexual Exploitation of Boys and Young Men & Exploitation in Gangs; Ethel Quale Reader in Clinical Psychology and Director of Research Edinburgh University - Exploitation Online; and Nicola Dalby Safe and Sound Derby – Hearing the Voice of the Victim. There were also workshops on: Local & Regional Responses to Child Sexual Exploitation; Child Trafficking for the Purposes of Labour Exploitation; Radicalisation as Exploitation and Exploitation in Residential Child Care Settings.

Shared learning from this conference helped to frame Inverclyde's CSE strategy from 2017 to the current period.

4.6 Awareness was raised with primary-aged children and pupils at St John's Primary in 2017 produced a website, which encouraged children and young people to speak out about things that might be worrying them.

4.7 The 'Wasted' programme (raises awareness around the hidden nature of CSE) for all S2 pupils and Barnardo's programme was piloted in 2 schools. This was led by the Community Learning Development Team (CLD) and Education's health and wellbeing lead.

4.8 Staff training sessions have also included the following:

- Multi-agency Awareness Raising sessions – 257 members of staff attended
- Individual staff groups:
  - 30 residential staff and managers;
  - 27 members of staff in education services;
  - 42 foster carers, kinship cares and adopters;
  - 13 members of the West College Scotland Safeguarding Group;
  - 36 members of the Community Learning and Development (plus some SDS staff); and a 9 further SDS staff.

4.9 As national awareness grows into this hidden form of abuse, there is awareness of new forms of exploitation (for example during lockdown there was a national increase in incidents of online exploitation) and planning innovative ways of disrupting perpetrators (for example by a focus on the night time economy in Inverclyde). Reflective learning is a key tool for increasing awareness. In 2019, CPC Scotland and NSPCC released a national campaign asking the public to be aware of hidden harms being perpetrated under the cover of lockdown, CSE particularly in relation to online exploitation, being one of these.

4.10 In Inverclyde we continue our multi-safeguarding approach. A Child Protection Practitioners Forum, held in January 2020 in relation to child trafficking and attended by 25 practitioners from across the authority has now led to the development of a CSE information website (see point 4.11). In March 2020 a GIRFEC Community of Practice was led by CSE Programme Manager for Barnardo's. 22 attended from health, police, social work, community safety and education.

4.11 Currently in development is a bespoke suite of web based information, support and practice tools, created in co-production with Inverclyde pupils which, in 2021, will be available to all schools, pupils, parents and carers within Inverclyde. Consideration is being given by the Scottish Government to extend this programme to all schools in Scotland, rendering Inverclyde once more a sector leader in the identification and disruption of CSE.

4.12 The SCRA/Barnardo's report, though limited in its scope (in being concerned with children already within the Children's Hearing System) offers good practice examples for practitioners in terms of ensuring that CSE is identified earlier as a risk factor and that children's panel members are clearly signposted to the potential impact of CSE on children's behaviour (for example going missing from home or involvement in anti-social behaviour). This should result in a more nuanced response to children who are identified as at risk.

4.13 There are opportunities in terms of the CSE risk assessment tool, utilised in the research, to identify children at risk at an earlier stage.

4.14 We believe we have been successful in raising the profile of CSE within Inverclyde but recognise that, as the landscape of exploitation is constantly shifting, we try to remain one step ahead of perpetrators. The best way to do this is to ensure that children and young people and their carer(s) are alert to the possibility of exploitation and know who to turn to if they are worried. In Inverclyde we are delivering this knowledge via training, communities of practice and user friendly internet tools as well as via traditional but essential routes such as building on relationships leading to improved communication.

4.15 CSE is not defined in law in Scotland, but there is a national definition that ensures all practitioners and agencies use the same definition to facilitate joint risk assessments and effective multi-agency responses. It highlights the behaviours of the perpetrator:

'CSE is a form of child sexual abuse in which a person(s), of any age takes advantage of a power imbalance to forces or entice a child into engaging in sexual activity in turn for something received by the child and/or those perpetrating of facilitating the abuse. As with other forms of child sexual abuse, the presence of perceived consent does not undermine the abusive nature of the act' (Scotland's National CSE Group, 2016).

4.16 Inverclyde's multi-agency response is based on this definition and covers three strategically directed practice areas:

- Prevention and early intervention;

- Intervention and recovery; and,
- Disruption and prosecution.

This aligns with articles 31 and 35 of the United Nations Convention of Rights that stipulate that children have the right to be protected from all forms of sexual exploitation, sexual abuse and trafficking (ratified December 1991).

4.17 **Prevention** involves work with children and their families through awareness raising, which is replicated with our multi- agency workforce. We have a local training group which over the last 3 years has offered training to practitioners with regard to identifying and responding to the signs of CSE. This built on awareness raising via the 2017 ICPC campaign which focused on CSE. Partners within Inverclyde as noted above are currently developing a website which will offer children, parents and professionals advice on how to recognise and respond to CSE. This includes co-production with local school children and may be rolled out across Scotland as an example of best practice.

4.18 **Early intervention** is promoted through Children's Services (social work) Request for Assistance Team (RfA); who acts a 'front door' to assess and respond to wellbeing need and any presenting risk that a child is experiencing. Where a child is assessed to be at risk of CSE, all immediate measures will be taken to safeguard them and an Initial Referral Discussion (IRD) co-ordinated by social work will take place with the police, health, education and any other relevant service to put a plan in place to manage this.

4.19 The pathway to respond to CSE concerns where the child is known to social work will again convene an IRD and a plan will be put in place to meet the immediate risk to them. Their circumstances will also be discussed at the Vulnerable Young Person's Group (VYPG) that is chaired by a DCI in Police Scotland. Its purpose is to identify, address and work collaboratively to safeguard a child who is a victim or likely to be a victim of CSE.

4.20 **Intervention and recovery** will be led by social work, with the child, with their significant family relationships and services including Barnardo's. Key services also involve therapeutic health, education, police and SCRA. This is complex and takes time given the nature and the victim's experience of CSE.

4.21 **Disruption and prosecution** are led by colleagues in Police Scotland and they note that the information shared by all agencies at VYPG meetings enables comprehensive identification of areas of risk. This can range from known associates, places frequented or known methods of transport. The assessment of this information frequently results in further intelligence profiles being created, assessed and shared with British Transport Police, Community Police Officers or circulated out with Divisions on ebriefs to relevant policing areas.

The sharing of this information results in increased intelligence being fed back in which can lead to a more targeted approach to subsequent safeguarding decisions, investigations and the prosecution of offenders.

4.22 Reviewing the local data over the last three years highlights what this means for children who are victims or are likely to be victims of CSE. In the last three years this relates to 16 children whose experiences and safeguarding have been tracked through the VYP Group and by the Child's Planning and Reviewing Officers.

4.23 All 16 children were known to social work services prior to the concerns around CSE being raised. All had experienced family vulnerabilities that involved domestic abuse, alcohol, drugs, mental health, bereavement and/or significant loss of relationships in their early years and childhood.

4.24 Indicators of behavioural vulnerability for the children included a reduction in school/college attendance, attendance at A&E, absconding, staying out late, missing overnight, drug/alcohol use, self-harming and/or visiting locations of known risk.

4.25 The age range, at which the children were assessed to be victims or likely victims of CSE was between 14 and 17 years.

4.26 Five children were supported by their extended families to remain in their local communities. The remaining eleven have spent periods or are currently in residential care, with three spending a brief period in secure care due to serious concern about their safety and welfare.

4.27 Our local findings align with the SCRA/Barnardo's studies in relation to boys being referred to SCRA initially on the basis of an offence ground and girls being referred on the ground that the child's conduct has had, or is likely to have, a serious adverse effect on the health, safety or development of the child or another person.

4.28 Practice learning and reflection highlight that the road to recovery for victims of CSE is best promoted through relationship-based practice that offers significant support over an extended period of time.

4.29 The models of CSE experienced by our children have centred on location, transportation and social media. We wholly endorse the SCRA/Barnardo's recommendations to improve prevention of CSE by increasing children's protective factors and resilience while tackling the risks posed by people and places (contextual safeguarding).

5.0 PROPOSALS

5.1 With oversight from Inverclyde's Child Protection Committee we will continue to engage in the national agenda to embed this form of contextual safeguarding, and also commit to the Independent Care Review's (ICR) Promise to have a national model of family support that offers intensive family support when this is needed.

5.2 Similarly we will continue to engage in the national agenda to develop a trauma-informed workforce across the community planning partnership, supported by the Scottish Government's commitment to this.

6.0 IMPLICATIONS

6.1 Finance

There are no financial implications in this report.

Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

6.2 Legal

There are no legal implications in this report.

6.3 **Human Resources**

There are no human resource implications in this report.

6.4 **Equalities**

Equalities

(a) Has an Equality Impact Assessment been carried out?

	YES
X	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required

(b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES
X	NO

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES –.
x	NO

6.5 **Repopulation**

There are no repopulation implications in this report.

7.0 CONSULTATIONS

7.1 The report has been prepared after due consideration with relevant managers in the HSCP and with partner agencies.

8.0 BACKGROUND PAPERS

8.1 SCRA and Barnardo's CSE Research Report October 2020

8.2 Case Study – Sam's Story see Appendix.

Sam's Story

First contact with social work is when Sam is 6. An anonymous referral is received stating that different adults are frequenting her home. Social work visit and find the family home cluttered and in poor condition. A family support worker is allocated to work with Sam's mother and help with routines for both her and her little brother who is aged, 3. Financial assistance is given to improve household conditions, routines are established and attendance at school and nursery increases.

After 6 months of sustained improvement in the family's circumstances, social work end their contact. Sam's grandmother stays nearby and she is identified as a significant source of support to the family.

The second social work contact is when Sam is aged, 9. A Community Psychiatric Nurse contacts social work and states that Sam's mother's alcohol misuse and depression is impacting on the care of her two children. A social worker visits the family and following an assessment, offers extended family support. Again there is sustained improvement in mother's alcohol use and mental health and family circumstances first stabilise and then improvement is noted. Social work support then ends after 12 months.

When Sam is aged 12, her mother forms a new relationship and the new partner is alleged to be physically abusive to her. A Child Protection assessment is initiated and both Sam and her brother's names are placed on the Child Protection register. Sam and her brother attend a Children Hearing and are placed on a compulsory supervision order (CSO) but stay with their mum.

Intensive support is offered but circumstances at home do not get better, and after a kinship care assessment and discussion through the Children's Hearing, Sam and her brother move to stay with their aunt and uncle. Both children settle very well and are thriving.

After 12 months the aunt and uncle apply for a kinship order and their CSO is terminated. The following few years are a settled period for both of the children.

Sam's gran died when she is aged 15 and at this point Sam begins to seek out more and more contact with her mum.

Sam starts to show some challenging behaviour at home and at school, begins to truant from school and has started to drink alcohol. Her aunt noted at this time that Sam had begun stealing from the family home, staying out late and becoming withdrawn.

She also starts self-harm, cutting her arms. This coincides with her starting staying out overnight. Her aunt reports her missing and the police refer her to social work.

A social worker visits the family; both Sam and her aunt are much stressed. Sams aunt says she needs support but Sam does not want to be involved with social work. The family are allocated a social worker however the risk to Sam escalates quite quickly and a full multi agency plan is put in place to address and mitigate the risks to Sam. A clear concern is emerging that Sam has become involved with at least one possibly more adult males who are exploiting her. Sam denies this and refuses to discuss any aspect of this with the staff involved with her or her aunt.

A month later, Sam is found by the police in Glasgow in a distressed state and has facial injuries; she states that she went to Glasgow meet a male, but will not give a name.

Intervention:

Sam's circumstances are discussed through an Initial Referral Discussion (IRD) and a referral is made to the Vulnerable Young Person's Group. This is a multi-agency safeguarding group with experience of responding and managing this form of abuse to children. This resulted in a multi-agency safeguarding plan being put in place.

Sam's social worker and a police officer build a relationship with Sam, and over the next few months Sam gradually discloses to them more and more information about the names, places and what has happened to her.

Disruption:

The police use this information to progress their inquiries and on this occasion are able to make arrests.

Recovery:

The social worker spends time with her aunt; helping her to understand how child exploitation happens and how it impacts on young people's physical and emotional wellbeing .This help supports the whole family to manage Sam's erratic moods and behaviour.

The social worker spends a lot of time with Sam; Sam gradually builds trust and this allows the social worker to help Sam build some protective factors and helping her to make sense of what has happened to her. This also leads the way for the social worker to start some therapeutic support for Sam laying the basis of what will be a long term recovery for her.

Sam is also put on a reduced school time table for a while, and receives help from her guidance teacher and a therapist in CAMHS.

Sam is now at college and still has a social worker. She is working hard to turn her life around, with help from her aunt. The long term trajectory for Sam , with the right support is positive .It will however be a slow and long term process.

Sam's Story

When I was 6, my dad left the house and my mum had a lot of different partners.

My mum struggled with alcohol and had depression, and I know she took drugs too.

My young brother and I had a social worker when we were young, and my mum hid things from them. My gran stayed near and when we were scared we went to stay with her. This was a happy time for me, I felt safe.

When I was 12 my mother's new partner hit me. Our names were placed on the Child Protection register and we went to a Children's Hearing. Things at home did not get any better, in fact things with mum got a lot worse. So we had to go back to the Children's Hearing and the social worker said that it would be better for me and my brother to stay with my aunt and uncle and the panel agreed to that

My younger brother got on well, and I did too for a while. It was really ok except that I was always worried about my mum. Then my gran died when I was 15, and things started to go really bad for me. Even although there was a lot of people around me, I felt really alone and that nobody loved me.

I started to get in trouble .It was fun at first, I started to truant and drink. I stole things too so I could get money. Me and my friends would ask random guys to buy us cigarettes or vodka.

I started to hurt myself. I hated my life. I would cut my arms.

One of these guys who gave me cigarettes took me to Glasgow, with one of my mates and bought us clothes. It made me feel special and that somebody at last really cared about me. There were times when I felt a bit scared but mainly I felt I could leave all the bad stuff behind and be somebody different. I started to stay out overnight and when my aunt tried to keep me in I started running away and staying away longer and longer. Eventually my aunt telephoned the police. A social worker started to come and see me and my aunt. I hated my aunt for doing this and I hated the social worker .I just wanted them to leave me alone and let me get on with my own life. I felt that I was in control at last and knew what I was doing.

There was one guy in the group that was really good to me and I thought he loved me .I would have done anything for him. I was really hurt and confused when he asked me to go with another guy, but I did it anyway. . By this time when I was away from home I was drinking quite a lot and sometimes taking drugs One time I was taken to a hotel in Glasgow, where there were other guys. I was made to do stuff that I did not want to do; it was a blur, they had given me alcohol.

I was dropped off at the train station and given money to get back home. A policewoman saw me at the station and asked if, "I was ok". I had a bruise on my face where I had struggled and got hit.

I told her that I had been hit, and was taken home.

My aunt and the social worker were there when I got home .I knew they were worried about me and wanted to help me but I was so confused .I started to tell my social worker little bits of what had happened to me; to see if I could trust her. The social worker spent a lot of time

with me and my aunt. She spent a lot of time with just me. One of the things she told me was that what had happened was not my fault and that was weird because I really thought it was my fault. Over the next few months I told the social worker more and more things. The names, places and what happened to me. We told the police all of this and then there was horrible stuff about maybe having to go to court.

I was put on a reduced school time table for a while, and also had help from a therapist in CAMHS.

I am at college now and still have a social worker. I can't change what has happened and one of the hardest things to do is to believe it wasn't my fault. The social worker keeps reminding me that I was a child and that I was vulnerable and that adults who could see I was vulnerable used that to harm me .The more time that passes the more I can see that that is right. I am working hard to turn my life around. My aunt is always there for me and I know now that she loves .