Child Sexual Exploitation and Public Health: Co-producing Public Health Support to the System-wide CSE Response in the West Midlands

1. Introduction

1.1 In the context of current public health challenges CSE is a relatively new problem, because until recently CSE was a hidden issue. However a number of high profile cases have exposed CSE as a serious problem across the UK and one of the more complex issues faced by West Midlands communities. This presents public health, alongside other strategic and frontline agencies with a number of challenges. It is clear that system-wide multi agency approaches are required to tackle CSE and public health has a range of opportunities to strengthen the development and delivery of local responses.

2. West Midlands Local Authority CSE Review

2.1 A review led by Lynn Gibbons (Specialty Registrar in Public Health at PHE) titled 'Understanding Child Sexual Exploitation (CSE) Work in the West Midlands – a summary' was published in February 2016 (see *Appendix 1*). The review, supported by Public Health Warwickshire, identified the current position of local CSE awareness and work across the 14 West Midlands Local Authorities. The objectives of the review were to:

- Understand the local context of CSE
- Understand how CSE work locally is making an impact
- Provide the case to bring together CSE leads, key partners and public health professionals to help identify the public health response and where bespoke support may be needed

2.2 The method utilised to inform the review was a questionnaire designed to capture information regarding strategic processes in response to CSE, identify gaps and where public health may be able to provide additional support and information. Requests to complete the questionnaire via semi-structured telephone discussions were circulated to all Local Authority CSE leads, and 7 leads covering 8 Local Authorities responded. Whilst the review is not therefore necessarily representative, there are similarities across those that responded and those that did not, therefore conclusions based on the feedback received were assumed to support work across the whole West Midlands region.

2.3 All of the Local Authorities (LAs) who completed the questionnaire have a cross sectoral CSE steering group or similar. Health input on these groups varied and only a small number had direct input from public health.

2.4 A summary of the review findings were:

- All of the LAs have a CSE strategy or plan, with a CSE lead (or relevant colleague) part of the WM Regional CSE Network.

- Good multi-agency partnership working via MASH (multi-agency safeguarding hub) aiming to "improve the safeguarding response for children and vulnerable adults through better information sharing and high quality and timely safeguarding responses".

- Other partnerships include Police, education, licensing and voluntary sector.

- All LAs are using a risk assessment framework to help identify those children at risk of CSE.

- Good examples of data sharing, particularly with the Police and how the MASH operates as a partnership.

- All LAs have a system for support for those children identified as being at risk of CSE or victims of CSE; however there is not a consistent system across the region.

- For the majority of LAs, the identification of perpetrators and 'hot spots' is undertaken by the Police – in one case there is a multi-agency panel.

- The majority of LAs have offered CSE training to target groups including taxi drivers, hoteliers and parks staff. Also good work with licencing committees and schools.

2.5 The review identified that public health can play a crucial role in the prevention of CSE through community engagement, partnership working and providing intelligence to help identify those at risk. It can also assist in support for victims by providing evidence for interventions and links across community and wider agencies. Public health has the capacity to build strong partnerships across agencies and to support colleagues who work with vulnerable young people. There are also opportunities linked to public health commissioned services including school nursing, sexual health and substance misuse, and in supporting the delivery of RSE/ PSHE in schools.

3. West Midlands Public Health CSE Workshop

3.1 In order to refine the public health contribution to CSE and seek consensus about which potential contributions public health should be prioritising Public Health Warwickshire worked with colleagues in PHE, West Midlands Police and other national, regional and local agencies to deliver a workshop on 26 April 2016 - Child Sexual Exploitation and Public Health: Co-producing Public Health Support to the System-wide CSE Response.

This workshop built on a smaller workshop held in January 2016 that was delivered jointly with the CSE National Working Group (NWG). Members of the CSE NWG health subgroup participated in this workshop with public health colleagues from WM PHE and Public Health Warwickshire. This clarified issues of concern that were taken forward for further exploration via the West Midlands workshop.

3.2 The aim of the West Midlands workshop was to develop a mutual understanding between CSE and public health professionals such that local systems can be more effective in tackling CSE, and to co-produce the public health response to support local strategic responses to CSE.

3.3 Each Local Authority CSE lead was invited to identify two front-line participants capable of informing discussions on the day. Alongside this, Local Authority Public Health departments identified two participants (one commissioner and one from a relevant front-line public health service) to attend. Over 100 professionals from across the West Midlands participated in the workshop.

3.4 A number of keynote speakers presented at the workshop including the CEO and Health Lead from the CSE National Working Group (NWG), the national PHE lead for Children, Young People and Families, a representative from Public Health Rotherham, Director of Children's Services at Walsall MBC and NHS England North Midlands Deputy Director of Nursing.

3.5 Following input from keynote speakers the remainder of the workshop focussed on table top discussions concerning four topics - Public Health role in system-wide working, Data collection and challenges, An approach to prevention, and Public Health commissioned services and CSE. The purpose of these discussions was to identify the key challenges in each topic and consider the Public Health contribution (see *Appendix 2* for thematic analysis of key challenges and *Fig.1* below for a summary of the Public Health contribution).

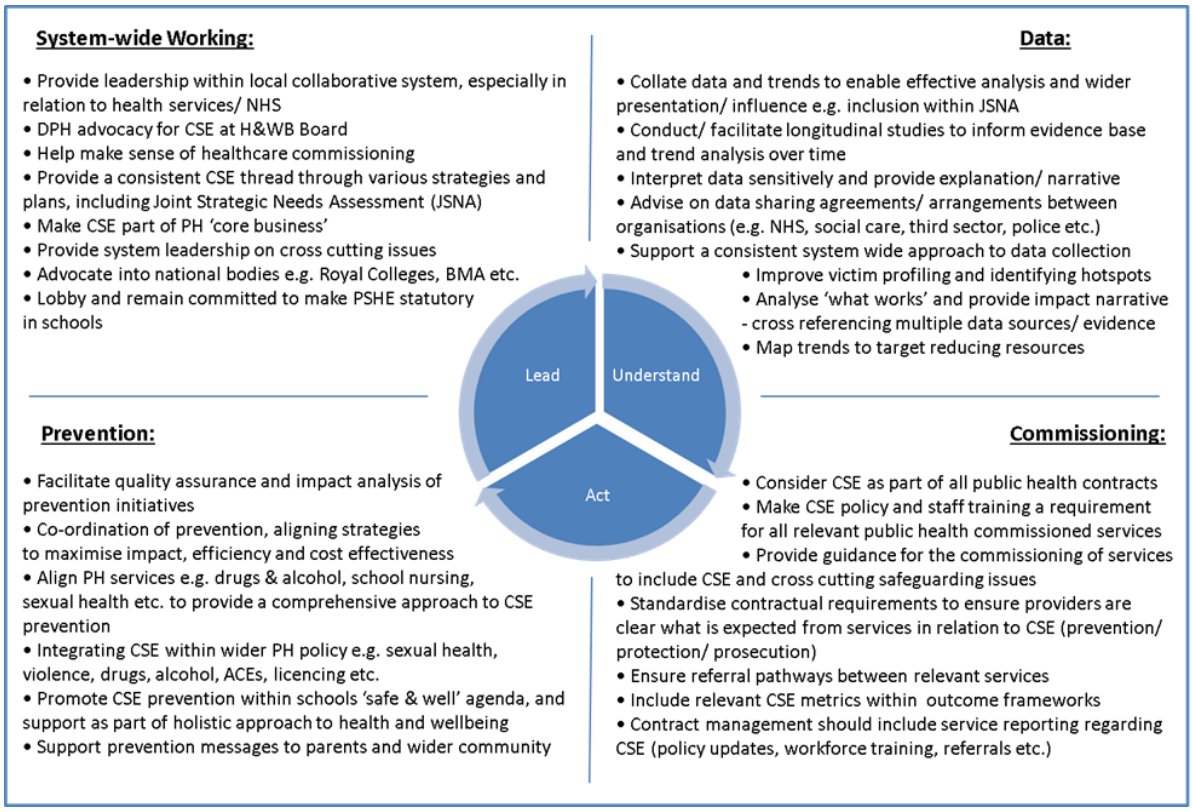
3.6 The workshop was well received by those attending with 100% agreeing that the event met their expectations, and 64% strongly agreed and the remaining 34% agreed that the event was useful to their work.

4. Conclusion

4.1 Directors of Public Health have an important advocacy role which applies to CSE, and clearly public health has direct CSE responsibilities in relation to its commissioned services but also has a wider system-wide contribution to make. The key areas of potential Public Health focus that emerged through this workshop require further exploration and consideration by Public Health teams at a local level.

4.2 The diagram (Fig.1) summarises the ways in which public health can contribute to an enhanced response to CSE and should form the basis for Directors of Public Health and Health and Wellbeing Boards to consider the 'Public Health offer' concerning CSE. This approach should also inform the "core offer" to Clinical Commissioning Groups.

Fig.1



4.3 PHE and the University of Bedford are due to publish (summer 2016) a high level summary of UK research evidence around the issue of CSE, through the lens of what an effective public health response to the issue might look like. The document is structured in three sections:

- An overview of the issue of CSE and its relevance to public health;
- An overview of what the evidence suggests an effective response to CSE should look like; and
- An exploration of what a local public health response to these issues may look like.

4.4 This comprehensive national publication will further inform the pro-active contribution of public health to CSE and reinforce the outcomes of the West Midlands review and workshop.

4.5 PHE West Midlands in its system leadership role for Local Authority Public Health teams will ensure that Directors of Public Health continue to have comprehensive awareness and understanding of CSE. The PHE West Midlands Sexual Health Lead will become a standing member of the West Midlands CSE Coordinators Network to support continued collaboration between local CSE leads and Local Authority Public Health teams. This liaison will also facilitate ongoing identification of operational gaps and research opportunities, as well as sharing good practice and developing the evidence base for public health responses to CSE.

4.6 Once National PHE guidance is published, PHE West Midlands will develop an assessment checklist, to support local teams in identifying and addressing gaps in the public health response to CSE and support a coordinated approach to key common challenges.

4.7 PHE West Midlands and Public Health Warwickshire will also seek opportunities to continue working collaboratively with the CSE NWG Health Sub-group on resolving public health challenges, as appropriate.

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Appendix 1:

Understanding Child Sexual Exploitation (CSE) Work in the West Midlands – a summary

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February 2016
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Executive Summary and Actions

"Child sexual exploitation is a form of child sexual abuse. As with all types of abuse, it can have a devastating impact on the child or young person who is being exploited. Child sexual exploitation is a heinous crime with consequences that can exact a toll on the young people who are subjected to it for some, throughout the course of their lives. It can disrupt their social lives and education, and cause long-term mental health problems including self-harm, attempts at suicide, and relationship behaviours which can affect achieving a fulfilling life.[1]" – Department of Health

Until recently, CSE was a hidden issue. Victims were often left unsupported and without a voice. Now, high profile cases have exposed CSE for what it is – a very serious problem across the UK, where system failures have historically let victims down.

It is also important to recognise that CSE is a complex issue, and not something that is dealt with in isolation. Those young people at risk of CSE are also vulnerable to a range of negative life experiences, including domestic violence, chaotic family life and substance misuse. It is therefore necessary to view CSE in this wider context of vulnerability, as one of many Adverse Childhood Experiences (ACEs) that can have a lasting impact on health and wellbeing.

Public Health can play a crucial role in the prevention of CSE through community engagement, partnership working and providing intelligence to help identify of those at risk. It can also assist in support for victims by providing evidence for interventions and links across community and wider agencies. Public Health has the capacity to build strong partnerships across agencies and to support colleagues who work with vulnerable young people.

There is great work going on locally and nationally to prevent and combat CSE and provide support for victims, but there are still challenges ahead. Public Health England's work on young people's resilience and the emerging ACEs agenda is developing evidence and strategies to support those who have been victims of adverse experiences. Work supporting healthy relationships and violence prevention can help young people to develop healthy attitudes towards others and be resilient to personal challenges.

The information below summarises key findings from the West Midlands CSE review and provides recommendations for PHE, local authorities and partner agencies, as well as next steps. The second section provides background information and more detailed findings from the review.

Key findings from review

- There is a huge amount of good work going on across the West Midlands, with CSE leads/teams working across local authority teams and with partner agencies. However, a lack consistency across the region can cause difficulties in working with regional partner organisations (e.g. police) or in cross border working with other local authorities.
- Although a large amount of data and information is collected to develop local problem profiles and identify young people at risk, each local authority and police force collect and share data in a slightly different way. The lack of consistency may cause issues (as above) and also there may be elements of risk that are not being identified.

[1] Department of Health, Health Working Group Report on Child Sexual Exploitation: Response to the Recommendations, 2014

- Partnership working has been identified as the primary key to success for CSE support work; there are good examples of partnership working, in particular with the local police force and voluntary and community support organisations. There is potential for these partnerships to be strengthened further. There is also a case for health, both public health and health care, to play a stronger role in mounting a strong local strategic response to CSE and wider vulnerability.
- Through the West Midlands CSE Network, there are good opportunities for CSE leads to network, exchange information and work together. There is less opportunity for the CSE leads to interact with public health colleagues.
- There is a general lack of knowledge amongst CSE leads about how the health 'system' works, including who is the right person/team to contact about certain issues, what health data is held and where, as well as how commissioning can support CSE work. There is also concern that it can be a difficult and lengthy process to access to health data, due to issues around Patient Identifiable Data (PID), thus possibly leading to some risk data being missed.
- Training is needed across the wider health and social care system to better identify those at risk of CSE. This includes for existing health and social care staff and other key sector workers, in order to recognise potential CSE victim but also with the correct level of risk and professional judgement to reduce over identification.
- Very little work on evaluation was identified. This makes it difficult to quantify the impact of CSE interventions, other than a simple recording of at-risk children identified and number supported through statutory processes. There is a need to develop an evaluation process for both strategic and 'on the ground' interventions to identify best practice.
- The majority of CSE is still primarily focussed on girls and women. There is a need for more support for young men (as victims and well as perpetrators).
- Cross boarder working is challenging, as processes and data agreements can differ. This is particularly the case when CSE teams are unaware of where children from their area have been placed (if out of authority boundaries) and what support they are receiving.
- There are opportunities to work within education on CSE prevention and support for victims (including disclosure), through for example, school nurses and the development of PHSE curricula.
- There is varying knowledge within public health departments regarding CSE, and uncertainty about how public health can best contribute to both prevention and support for victims.
- There is limited work on prevention of CSE and some areas are yet to engage fully with communities. With RSE/ PHSE are non-mandatory in schools, opportunities are lost to engage young people in those settings.
- CSE is often tackled in isolation and as an immediate issue; the long term health and wellbeing effects of CSE are not necessarily identified and

Recommendations for PHE

- Include CSE in wider programmes for vulnerable individuals, particular young people who may be at risk of other unhealthy behaviours or have other adverse childhood experiences (ACEs).
- Work with partners to develop a checklist and/or guidance to assist public health teams in their support of local CSE services (with input from this report and regional event, see below).

- Continue to have representation on West Midlands CSE Network, in order to share information and updates across the region and nationally.
- Liaise with West Midlands Regional Organised Crime Units (ROCU) after completion of national and regional problem profiling, in order to ensure a consistent approach to problem profiling and to identify any data gaps that can be addressed.
- Provide information for local authority CSE teams regarding the roles and responsibilities (including commissioning) across the health sector, in order to help CSE teams make contact with the correct organisation/person as needed.
- Support training for other health and social care professionals, including voluntary sector organisation, to develop better and more consistent problem profiling and risk assessments.
- Continue to develop and share the evidence base around topics in CSE, including recognising gaps in evidence and working with colleagues to fill these.
- Develop consistent monitoring and evaluation processes to help identify what works in supporting victims, including when they have transitioned into adult services.
- Support the development of intelligence gathering and data sharing agreements, including with other health data to help overcome problems linked with PID
- Promote the public health role in CSE prevention, including understanding social norms and healthy relationships, evidence, communication and community development. There are opportunities linked to commissioned services including school nurses, sexual health and substance misuse services, and in supporting the robust delivery of RSE/PSHE in schools.
- Promote cross boarder working through the development of consistent data collection and sharing approaches, including facilitating data sharing agreements. This is also relevant for across the health care sector, including primary care and A&E.

Recommendations for partner agencies (incl local authorities, police and NHS England)

- Include CSE in wider programmes for vulnerable individuals, particular young people who may be at risk of other unhealthy behaviours or victims of other adverse experiences.
- Continue to engage with PHE in the development of the public health support offer for CSE, in particular
- Where not already known, local authority CSE leads to make contact with the public health department and identify a named lead to support work locally. This includes ensuring public health involvement in CSE strategic steering groups (or similar).
- Develop and support data sharing agreements to assist in the development of consistent data collection approaches to create robust problem profiles and to identify any potential hotspots. This is particularly relevant where PID may impact on the access of CSE services to data.
- Support the development of public health guidance/checklist by providing information and feedback as requested.
- Promote the inclusion of RSE/PSHE in local schools, and work with public health to commission school nurses and include CSE training.
- Continue to work with communities to raise awareness of and combat CSE, using a community asset approach and making links with key community leaders.
- Provide, and allow staff access to, training on CSE, ACEs and wider vulnerabilities that can impact on young people's health and wellbeing.

Next steps

This review supports the development of the Public Health 'offer' to assist colleagues in delivering CSE work, including prevention, identification and risk profiling, victim support and prosecution. This work will also identify what additional support and information public health teams may need to best engage with colleagues working across the CSE agenda.

A West Midlands CSE event will be held in April 2016, to build a mutual understanding between professionals directly tackling CSE (and their commissioners) and Public Health professionals (in local authority departments and in Public Health England (PHE)) such that local systems can be more effective in tackling CSE. An outcome from the event will be the co-production the 'Public Health offer' to support the local strategic response to CSE.

In addition, Information from this review and the event will be used to develop guidance for public health teams, to help them engage with and support colleagues working on CSE locally. This combined work can include understanding how CSE links into wider work on ACEs and linking in with ongoing work, including the development of routine enquiry in CSE services, including those in contact with the criminal justice system. It can also build a relationship with the Violence Prevention Partnership in the West Midlands.

Conclusion

The sexual exploitation of children is a major problem shown to affect the health and well-being of individuals, families, communities, and society. It presents a range of challenges to support and provider organisations, who work to prevent it happening; identify and support victims and prosecute and deter perpetrators. This work has highlighted there is a huge amount of work being undertaken across the West Midlands to combat CSE, by identifying young people who may be at risk and providing support for victims. Good partnerships are in place between local authority CSE leads, other local authority teams, the police and other support organisations. High level strategic direction exists, and action plans are in place.

However, there are still challenges facing local authorities and partner organisations, including access and sharing of data and work across boundaries. In some places, only limited amount of prevention is being undertaken, and work with communities is still in development. However, public health, regionally through PHE and locally through local authority public health teams, has the potential to support the existing work, build partnerships and contribute significantly to shared commitments across the wider vulnerability agenda.

Review of Local CSE Systems

1.0 Definition

1.0.1 What is child Sexual Exploitation? 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 them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition, for example being persuaded to post sexual images on the internet or mobile phones without immediate payment or gain. In all cases, those exploiting the child or young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources[2].

2.0 Summary of Statutory Responsibilities and Recommendations

2.0.1 The statutory responsibilities of local agencies, including councils, are set out in the 2009 supplementary guidance on CSE. The 2011 National Action Plan further clarifies these, and also brings together a range of commitments from national and local partners[3]. This included a specific commitment for the Department of Health and in response was followed in 2014 by The Health Working Group Report on Child Sexual Exploitation. This recognised that the local authorities, Public Health England, NHS England and their partners "can commission services which take account of local need, are accessible, high quality and evidence-based. Furthermore, they are able to provide a range of interventions including signposting to specialist services and providing longer term support and rehabilitation." It also set out a range of recommendations for those agencies, across a range of topics including evidence, intervention and interruption, strategic co-operation, leadership and information sharing[4].

2.0.2 This was followed in March 2015, by the Coalition Government report "Tackling Child Sexual Exploitation", which set out a national response to the system failures where children were let down by the very people who were responsible for protecting them[5]. The report included a comprehensive and targeted set of actions to drive improvements across all parts of the system including healthcare, social care, education, law enforcement and criminal justice agencies.

2.0.3As part of this action plan, the Coalition Government committed to "Make sure that for the first time all professions work to the same definition of child sexual exploitation, so that they can more easily create joint risk assessments and work together to target disruption and investigate offending".

2.1 Local Authorities

2.1.1 Statutory requirements from the National Action Plan and related documents include, but are not limited to: mechanisms to collect prevalence and monitor cases of CSE, prevention activities, Local Safeguarding Children Boards (LSCBs) should have specific local procedures to cover CSE (e.g. a

[2] Local Government Association . Tackling child sexual exploitation A resource pack for councils. 2014
[3] Department for Education. Tacking Child Sexual Exploitation: Action Plan. 2011. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/180867/DFE-00246-2011.pdf
[4] Department of Health . Health Working Group Report on Child Sexual Exploitation, Response to the Recommendations. 2014. *https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/310392/Child_sexual_exploitation.pdf*
[5] HM Government . Tackling Child Sexual Exploitation. 2015. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/408604/2903652_RotherhamResponse_acc2.pdf

strategy, that has included service user feed young people), problem profiling, training and awareness raising, multi-agency partnership working, inter-authority working and cross boarder working with neighbouring local authorities.

2.1.2 The Health Working Group Report on Child Sexual Exploitation recommendations for local authorities includes Health and Wellbeing Boards (HWBs), as leaders in the local health and care system, can make an extremely valuable contribution to local action to tackle CSE. This includes ensuring that locally-owned processes to develop Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWS) consider the full range of issues affecting children and young people and locally-determined priorities are robust and appropriate. Health and wellbeing boards, of which local clinical commissioning groups (CCGs) are a member, also have a key role in ensuring that the commissioning, planning and delivery.

2.1.3 There is also specific opportunities for local authority public health departments to support the CSE agenda through commissioning (school nurses, sexual health and substance misuse services).

2.2 Public Health England (PHE)

2.2.1 PHE should seek to tackle child sexual exploitation through DPHs and their central role in the local health and care system. Public Health England (PHE) has a system leadership role for public health to support and enable Directors of Public Health and their teams, who have an important role in addressing child protection and sexual exploitation issues. PHE's role would be to promote awareness of this in the context of the DPH input to commissioning of all health and social care services to children and young people (0-19yrs) by local government.

2.2.2 In addition, PHE has commissioned the International Centre at the University of Bedfordshire to undertake a review of UK literature on child sexual exploitation and elicit learning of relevance to public health. The review will be published in spring 2016, and will focus on emerging implications for public health at the local and national level from the evidence in order to inform future work to support local authorities to tackle and prevent child sexual exploitation.

2.3 NHS England (NHSE)

2.3.1 NHS England established a CSE subgroup in 2014 which provides national leadership and support to health agencies to implement the recommendations of these reports. The sub-group is accountable to NHS England's National Safeguarding Group and membership consists of representatives from across health agencies including Designated Safeguarding Children Professionals; Health & Justice; Care Quality Commission; Public Health England; National Working Group CSE. The sub-group ensures that the actions relating to NHS England arising from recent reports are fully implemented, and also provides national leadership, support and advice in relation to Child Sexual Exploitation, including direct working with Clinical Commissioning Groups (CCGs), Healthcare Trusts and General Practitioners (GPs)[6].

2.3.2 There is also an expectation by Government that NHS E will demonstrate successful partnership working, including working with police and crime commissioners and community safety

[6] NHS England. 2015. https://www.england.nhs.uk/ourwork/safeguarding/our-work/cse/

partnerships (CSPs) to continue to reduce violence, share information and support victims of violent crime[7].

3.0 Previous work

3.0.1 Public Health England West Midlands (PHEWM) was initially involved in the provision of data and support to develop the regional 'problem profile' for CSE in 2014, covering the seven metropolitan authorities of the West Midlands Police area. This work also informed the regional CSE Framework and Risk Assessment, which is available for local authority and partner organisation use. There were then additional requests for PHEWM to support the wider CSE agenda, and to provide a link between national initiatives and local delivery. This review is part of the work to better understand how public health can best support local delivery for CSE services.

4.0 Aims and Objectives

4.0.1 The overall aim of this work was to identify the current 'picture' of local CSE awareness and working in the West Midlands. This includes where PHE can support the development and understanding of CSE profiles and risks, particularly through the use of the West Midlands framework and consistent and accurate data.

4.0.2 The objectives of this work are to:

- understand the local picture of CSE including: use of WM framework, CSE risk profiles and methodologies for identifying at risk children, data sharing, multi-agency working etc.
- understand how CSE work locally is making an impact (for example, safeguarding children and prosecuting perpetrators.
- provide the case to bring together CSE leads and key partners to help identify the 'universal offer' of PHE and where may need bespoke support.

5.0 Methodology and Methods

5.0.1 A guide questionnaire was developed with the PHE health and wellbeing lead and in was also informed by discussion with the West Midlands Regional CSE Co-ordinator (responsible for the West Midlands CSE Network and provides support for the seven Metropolitan authorities). The questionnaire was designed to capture information around both the strategic processes regarding CSE within the local authority, but also to identify any gaps in information (data, evidence etc.) and where public health may be able to provide additional support and information.

5.0.2 Requests to complete the questionnaire were circulated all Local Authority CSE leads. In total, seven CSE leads, covering eight local authorities, completed the questionnaire via a telephone discussion. As each of the LAs will have had different responses to the CSE agenda, the questionnaire was designed to be delivered through a semi-structured approach. This would allow for flexibility for both the interviewer and the CSE lead to explore topics, and for in-depth discussion on topics that were more relevant to their experiences, and therefore capture richer data.

[7] Department of Health. The Mandate. A mandate from the Government to NHS England. April 2014 to March 2015. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256406/Mandate_14_15.pdf

5.0.3 As not all Local authority CSE leads completed the questionnaire, the information below is not necessarily representative. However, as there are similarities across those that have replied, and therefore recommendations based on the feedback can be assumed to support work across the whole of the West Midlands.

5.0.4 There was also additional work and discussion with partner organisations that will feed into the recommendations of this paper. This includes work and an event with NWG (National Working Group), with the West Midlands Regional CSE Network and Co-ordinator, with other local authority public health consultants and with the pan-regional police ROCU.

6.0 Results – summary

6.1 Local strategic arrangements

6.1.1 All of the local authorities who completed the questionnaire have a CSE steering group or similar. In the majority of cases this group reports directly to the Local Safeguarding Children Board or to the board via a Children's Sexual Exploitation and Missing Group (CMOG). The CSE group was without exception a cross sectoral group, with representation from across the local authority and partner agencies, including: social care, young people's services, police, voluntary sector providers, education and health. The specific Health input on the group varied, but included reps from commissioned services such as sexual health and substance misuse and school nurses. A small number of the groups had direct input from public health, and one also had links with the CCG to provide 'therapeutic input'.

6.1.2 All of the local authorities also have a CSE strategy or plan, the majority of which include a work plan which is monitored frequently and updated as appropriate. In addition, all of the CSE leads (or a relevant colleague) are part of the West Midlands regional CSE Network.

6.2 Multi-agency and partnership working

6.2.1 Good multi-agency partnership working was highlighted by all. In addition to the CSE steering group, all leads mentioned the MASH (multi-agency safeguarding hub), a multi-agency team that "aims to improve the safeguarding response for children and vulnerable adults through better information sharing and high quality and timely safeguarding responses"[8]. There are additional partnerships that are enhancing work locally, in particular partnerships with local police which also includes data and information sharing agreements, and also work with education and licensing. The voluntary sector is also a key partner, both as a commissioned provider of services (such as Street Teams) and as a wider community support organisation. Specific partnership working with health includes with school nurses, public health input into the steering group and/or CMOG and in one case a public health commissioned CSE social worker that sits in the Police's Child Safeguarding Team.

[8] Home Office. Multi Agency Working and Information Sharing Project Final report. 2014. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/338875/MASH.pdf

6.3 Identification and profiling

6.3.1 All local authorities are using a risk assessment framework to help identify those children at risk of CSE. The majority use the West Midlands Metropolitan Area Child Sexual Exploitation Framework (2014)[9], with a few using other such as the Barnardos Risk Matrix and the Derbyshire Risk Matrix. All of the frameworks and risk matrices help to identify children at low, medium and high risk of CSE.

6.3.2 However, there are some issues related to identification and profiling. One is that the screening is done by other teams (for example, neighbourhood teams), who are very cautious and risk averse when it comes to CSE so have a very low threshold for referral and often confuse sexual abuse and harmful sexual behaviour. Therefore referrals to the CSE team are increasing, but on further investigation and using professional judgement, the team is often 'down grading' the risk or removing the child from the list altogether.

6.3.3 Data and information sharing is an important element of developing a robust profile. Across those local authorities who completed the questionnaire, there are good examples of data sharing, particularly with the police and how the MASH operates as a partnership. However, there are still issues with accessibility of health data and barriers of PID, which can slow the process down. Also in some cases there is a lack of a co-ordinated approach to data collection.

6.4 Pathways for at risk children

6.4.1 All local authorities have a system for support for those children identified as being at risk of CSE. The risk assessments used highlight those at low, medium and high risk; with local responses to those varying, there is not a consistent system across the region. In many cases, those at medium or high risk are overseen by a multi-agency panel, and those at low risk are given support by the CSE team or signposted to other agencies for support. In one case the CSE team works with those children at low and medium risk, with the social care team working with high risk children/

6.6 Perpetrator identification

6.6.1 For the majority of local authorities, the identification of perpetrators and 'hot spots' is undertaken by the Police. In one case there is a multi-agency panel to help identify hotspots, and one local authority has identified this area as needing improvement.

6.6 Training and campaigns

6.6.1 The majority of local authorities who responded have offered CSE training to target groups, in particular taxi drivers (5 of 8) and hoteliers (3 of 8, with 2 additional planned) and parks staff (1 of 8 with one planned). Only one of the local authorities reported no knowledge of training. There is also good work with licensing committees, and with schools as one CSE co-ordinator is working directly with schools and one LSCB is developing a training package for schools.

6.6.2 Some local campaigns have also been delivered, including a CASE project 'Communities Against Sexual Exploitation' and some awareness raising for GPs. One local authority CSE team attends local events and festivals to raise awareness on a face-to-face basis.

[9] West Midlands Metropolitan Area Child Sexual Exploitation Framework. West Midlands Police, Birmingham City Council, Coventry City Council, Dudley Metropolitan Borough Council, Sandwell Metropolitan Borough Council, Solihull Metropolitan Borough Council, Walsall Council, Wolverhampton City Council. 2014. http://www.local.gov.uk/documents/10180/6894592/West+Midlands+CSE+Regional+Framework_with+appendices+for+case+study+page.pdf/7159e5e7-d5ae-4148-865c-e56316347476

6.7 'Ask' of Public Health

6.7.1 There were a range of requests and suggestions as to how public health (nationally and locally) could support local CSE services. Data and information was mentioned by three local authorities, and includes access and use of wider health data (for example, A&E), support for linking of data to provide a better overall picture of risk and also how data can be used to develop quality information to improve services and outcomes. However, it was recognised that data protection around PID is an issue that needs to be overcome. There was also a request to help with a wider understanding of, and to reduce confusion about, the wider health system, particularly regarding 'who to speak to about what'. There was also a request for public health support around CSE prevention, including wider social issues (attitudes towards girls and women, healthy relationships) and early intervention. Finally, there was a request for local public health to provide a link with national information and policies on CSE and related topics, such as wider vulnerabilities and trafficking.

6.8 Need for support and additional information

6.8.1 The following were topics and issues raised by individual CSE leads, highlighting what additional support and information is needed locally:

- Working with Communities: There is a need to raise awareness in the community, but through controlled conversations to prevent 'scaring people.' There was also a request about how to work specifically with BME groups, as that is currently a challenge locally.
- Cross boarder issues: There was a request to help understand how to deal with challenges of cross border/boundaries. This includes how to co-ordinate information across local authorities and support organisations (including Police), in order to know where local young people may be placed and to ensure they are receiving support.
- Young men: The current profiling is predominantly about girls and young women, so work specifically with young men as victims and potential perpetrators would be welcomed.
- Funding: How other areas are funding CSE prevention and support work, especially with current budget pressures on local authorities and police, and how the services can be sustainable?
- Young people: How to best capture the views and feedback of young people? In some cases they used to attend the MASE meetings but the young people often found it difficult.
- Out of Hours: For examples, most support stops at 6/6.30pm. How do other areas respond if a young person has been missing/found/at a police station after hours?
- Gangs: In particular, how those who may have other vulnerabilities and may be targeted (e.g. gangs, radicalisation) are also linked to the risk of CSE. How can we look across vulnerable young people with a bigger lens on vulnerability, not just CSE?
- Schools: How can there be a better link with PSHE in schools, or how can CSE teams promote the uptake of PHSE within local schools? Also are there good experiences/examples of 'peer to peer' training, especially peer champions in schools.

6.9 Other good practice

6.9.1 Schools: One local authority has been doing work with schools, which includes the CSE lead attending designated safeguarding workshops for schools and schools cluster meeting. StreetTeams are also working with schools to help ID those at risk, but not to over ID. Another local authority has commissioned CSE theatre performances in schools.

6.9.2 Data sharing: One local authority has agreement with the police that allows the commissioned third sector missing co-ordinators to input data directly into the police system.

6.0 Related work

6.0.1 There is a range of work being undertaken across the West Midlands at both a strategic and a local level to prevent and combat CSE.

6.0.2 Solihull Metropolitan Borough Council hosts the regional lead for CSE; the Director of Children's Services is the thematic CSE lead for the ADCS network which covers the wider West Midlands region of 14 LAs and 4 Police force areas. The Solihull DCS leads the CSE co-ordinators network which includes a representative (CSE co-ordinator or strategic lead) from each other Local Authority areas. The aim of the network is to build closer working relationships, share information and develop regional responses to collective challenges.

6.0.3 Solihull also hosts the Regional Strategic Co-ordinator and Regional Implementation Officer who support the seven Local Authorities that make up the West Midlands Metropolitan Region, covered by West Midlands Police (Solihull, Birmingham, Coventry, Dudley, Sandwell, Wolverhampton and Walsall). The posts are joint funded until August 2017 by the 7 LA Chief Executives and the Chief Constable of West Midlands Police. The roles are to support the implementation of the Regional CSE framework and to highlight and progress strategic and operational issues as they emerge to improve our response to CSE across the region.

6.0.4 As well as the regional CSE Network and the work undertaken by individual local authorities, Regional Child Sexual Exploitation (CSE) Intelligence Analysts and co-ordinators have been recruited across the country to work within the Regional Organised Crime Units (ROCUs) in Home Office funded positions to improve the national policing response/intelligence picture regarding CSE. Each of the ROCUs, including that of the West Midlands, is undertaking both tactical and strategic analysis including a comprehensive National and Regional Problem Profile on CSE. Information is being collected at regional level to complete this profile, and all relevant agencies and organisations (including PHE and local authorities) have been requested to contribute.

6.0.5 PHE and Public Health Warwickshire lead the delivery a workshop for the CSE National Working Group Health Subgroup, which identified the following key aspects for further joint consideration: prevention of CSE (perpetrators and victims); data to support JSNA and operational processes; evidence – in particular what works in terms of interventions and clarifying the CSE responsibilities of Public Health commissioned services.

Appendix 2:

The following is a thematic analysis of the table top discussions in relation to the key challenges within each topic.

1. Public Health role in system-wide working

Key Challenges:
• Understanding commissioning roles and responsibility
• Data and information sharing between agencies
• Engaging H&WB Board with local CSE system leadership
• Potential duplication of work
• Ability to influence commissioning due to complexity of responsibilities
• Potential under/over reporting due to duplication of recording
• Not enough/ proper analysis of data

2. Data collection and challenges
Key Challenges:
• Data and information sharing between agencies
• Capacity/ skills for roust data analysis
• Maintaining confidentiality versus mitigating risk/ responding to need
• Capturing consistent low level data to identify risk
• Data quality and minimum reporting expectations

3. An approach to prevention
Key Challenges:
• Reliance on schools that are already overloaded with priorities
• The whole workforce needs to see prevention as part of their responsibility
• Co-ordinating prevention messages to avoid duplication
• Resources to support PSHE are reducing e.g. former use of theatre in education becoming too expensive with reduced budgets
• 'Fighting' the media - having to counter media portrayal of CSE (victims and offenders)
• Lack of school engagement – particularly in relation to Academies
• Increasing access to and more explicit content of pornography that disrupt social norms

4. Public Health commissioned services and CSE
Key Challenges:
• Working with partners to understand what is required from the commissioned services
• Keeping CSE on agenda when there are competing public health priorities
• Reduce variation in response to CSE across public health commissioned services
• Reduced funding
• Variation in the role and capacity of school nurses