

Child Sexual Exploitation Strategy (CSE) Discussion Aide Memoir

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This document is designed to help you consider ways to safeguard children who have been sexually exploited. This should be used in addition to your existing local authority strategy discussion process. It is primarily designed for use in sit-down strategy meetings but can be used to prompt telephone strategy discussions as well. This is guidance to assist your decision making and planning with regards to CSE, you may not need to do everything documented and there may be actions not on this memoir you need to consider.

Strategy Planning:

Is there more than one victim or suspect/offenders? If yes, a complex strategy meeting should be considered. Please follow South West Child Protection Procedures for guidance on Complex Strategy Meetings for Organised/Large Scale abuse.¹

Are all the victims from the same local authority? If not, ensure all local authorities are invited and agree who should be the lead authority for the complex strategy meeting with Senior Managers from respective authorities.

Ensure all relevant partners/agencies are invited:

Agency	Named professional/s
The referring agency	
All relevant local authority professionals	
Police (Child protection DS, local beat manager, misper coordinator etc)	
Health (GP, sexual health, school nurse etc.)	
Education (pastoral services, teacher, school safeguarding lead etc)	
Housing	

¹ http://www.proceduresonline.com/swcpp/bristol/p_org_complex_abuse.html

Non statutory services such as Barnardo's, Catch 22, youth services, YOT, ISVA (for any age child.)	
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If this is a sit-down strategy meeting, are there urgent safeguarding actions that need to be carried out before the strategy discussion/meeting? If yes, ensure these are complete first.

Were any of the suspected or alleged offences committed, facilitated by, disclosed or witnessed by a young person or young people under 18? If yes, has a safeguarding referral been made for them? A separate strategy discussion/meeting must be held for additional victims or suspects under the age of 18. Consider use of the Harmful Sexual Behaviour Strategy Discussion Aide Memoir.

What information do you want professionals to bring with them to the meeting?

Strategy Agenda:

1. Introductions
2. Summary of concerns and purpose of strategy discussion to include relevant information from planning stage to be given by chair or most appropriate professional.
3. Information given by each professional present.
4. Actions to consider:
5. Decision: Is there a child suffering from or at risk of significant harm and therefore will a Section 47 Assessment be undertaken? Record rationale for this decision.
6. Safeguarding Plan:

Supporting Disclosure from victims (no disclosure.)
Allocate single named lead professional
Identify what support is required and make appropriate referrals
Lead professionals to arrange informal meeting with child to explain criminal justice options (liaise with police pre meeting)
Ensure the voice of the child or young person is heard
Provide parents/carers with information about the situation in a format they can understand. Consider support required for them (http://paceuk.info/)
Consider 3 rd party disclosure of perpetrator information (if known) to victim, parents/carers as appropriate
CSE or other appropriate flags on CSC, health and police systems
Provide child with details for support services out of hours
Ensure relevant information is shared with education and health (GP) if not

present
Supporting Disclosure from victims (who are making a disclosure.)
ABE arrangements. Options around who, when and where for victim. This should be a joint interview with CSC. (If not, why not?) Ensure appropriate support from appropriate professional before, during and after ABE. This must be well coordinated. Consider use of mobile equipment and intermediary.
If the victim is over 14, link in with SARC for advice for young people and parents about engaging with this process
Consider referral for an ISVA – (they will work with any age child. The youngest they have worked with has been 2 years of age but can work with the family.)
Ensure relevant information is shared with education and health (GP) if not present
Physical Safety
Has a CSE risk assessment been completed?
Has the child or young person been trafficked? A person commits an offence if the person arranges or facilitates the travel of another person ('V') with a view to V being exploited. It is irrelevant whether V consents to the travel and V can be trafficked within the UK. If yes, Refer to NRM (National Referral Mechanism.)
Measures taken to prevent contact between victim and suspect (s) (Include protective measures within any educational settings and online.)
Young person to be contacted by (text/call) by (person) every (frequency)
Multi-agency trigger plan for reporting to police and response required if contact isn't made
Information marker on home address and victims mobile phone (police)
Skyguard alarm (Police)
Home alarm/ home security (Police)
Download Hollie App (consider whether use of safety alarms will increase risk taking before actioning)
Brief staff at supported Accommodation. Add suspected perpetrators to ban list
Is alternative accommodation required?
Provide young person with new mobile phone/SIM card
Increase expectations on level of supervision by commissioned placements
Add young person to LPA briefing (iTask – police.)
Mobile CCTV options?
Is a Child Abduction Warning Notice appropriate (Police)
Civil orders for perpetrators – police or local authority led?
Sexual and Mental Health
Forensic medical to be offered for any sexual assault within forensic window
If forensic medical declined, alternative medical examinations for health and welfare to be considered and promoted
Hepatitis B vaccinations to be offered

Post sexual assault health appointment offered with support
Contraception support and advice offered
Refer for an emergency mental health assessment
Refer to mental health services
Integrate mental health safety action plan
Support provided from ongoing worker identified to make and attend appointments where needed
Ensure all relevant information from this section is shared with education and GP if not present
Police investigation
What will contact between the police and child look like? (Victims Codes of Practice.) Contract for contact? Consider exit strategy at this stage as well. If complex CSA or CSE consider victim strategy/policy to include victim contact logs.
Police should refer to CSE Investigators Guide and Disruption Tool
Liaise with police in relation to their expectations of parents/carers in evidence gathering. Also consider who will support parents with this.
Is there a trigger plan in place for missing episodes?
Is there a plan to disrupt perpetrators or seek civil orders should a prosecution not succeed?
Identify who new information regarding the child should be sent to within the police (OIC, SCU etc.)
Consider planning for support for court and post-trial support. (SIO to have multi agency support in planning for the investigating officer's exit strategy.)
Community
Support required for under-18 witness/es to abuse?
Targeted CSE group work with peer group
Contextual safeguarding required within peer group? (Actions taken to reduce risk from peers to others.)
Contextual safeguarding required in school or college? (Actions taken to reduce any risks in school or college)
Contextual safeguarding required in vulnerable location or wider community? (Actions taken to reduce risks at a location or in a community)
Think about safeguarding online
Do professionals working with the child need any particular training? Ie. CSE training?
Should there be a referral to the CSE Network Meeting?

7. Summarise key points and key professionals for relevant actions. Do actions have agreed timescales?
8. Date for updates or next meeting to be agreed
9. Conclude.