Child Sexual Exploitation in Oxfordshire: Agency Responses since 2011

Oxfordshire Safeguarding Children Board

February 2015

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Foreword

As Independent Chair of the Oxfordshire Safeguarding Children Board (OSCB), it is my responsibility to ensure that the learning from Serious Case Reviews is fully adopted in Oxfordshire and that these lessons result in tangible improvements to services, leading to better safeguarding of children and young people. I will ensure that the partnership within Oxfordshire is held to account for these improvements and we will continue to publish an annual statement on our work in this area as we have this year.

Maggie Blyth
Independent Chair, Oxfordshire Safeguarding Children Board
February 2015

Introduction

This report has been written in conjunction with the Serious Case Review (SCR) into Child Sexual Exploitation (CSE) within Oxfordshire. Its purpose is to provide assurance to the people of Oxfordshire that agencies have learnt lessons from the SCR and that these lessons have been acted upon. Agencies in Oxfordshire have made great strides towards making children safer from child sexual exploitation but there is still more to be done.

The progress updates contained in this report focus on the learning for the agency and the changes to practice that have resulted. All agencies have made a commitment to improve staff training, revise relevant procedures and review internal communications; as such, these actions have been removed from this report to enable us to focus on the specific, unique actions of the agencies concerned.

As this SCR concludes in Oxfordshire, latest reports to the OSCB indicate that there have been over 370 children at risk of CSE across the county in the last 15 years. This number continues to rise and emphasises the importance for all organisations and professionals working with children to ensure that they are equipped and trained to recognise the risks facing some children in relation to sexual abuse, harm and exploitation. Furthermore, it is vital that the OSCB and its partner agencies continue to work hard to prioritise the focus on providing services to children at risk of CSE, and to work within schools and all communities to raise awareness of CSE. Ensuring that perpetrators are convicted will also involve close cooperation with our criminal justice partners. Our priority continues to be to make sure that there is a holistic and wide-reaching response to CSE – one that holds all organisations to account.

Multiagency practice changes

There have been significant developments in relation to the multiagency work undertaken in Oxfordshire.

Kingfisher

Oxfordshire County Council (OCC) and Thames Valley Police (TVP), in partnership with local Health Services, have established the Kingfisher team to ensure effective joint working and dedicated time to build trusting relationships with victims and those at risk of CSE. The team has had a very successful first two years, with numerous convictions and many more cases under active investigation. Children have been supported to recognise that they are victims of CSE and have been protected from abuse through the use of specialist tools looking at healthy and unhealthy or abusive relationships.

Social workers in Kingfisher have smaller caseloads and spend more time directly with each child. This allows them to take time to build trusting relationships, which enable the child to disclose. The team has also recruited an additional worker to focus on engagement with targeted communities, including the South Asian community, specifically girls and women. This is part of the Engagement Strategy and is targeting an identified 'gap' in Kingfisher.

The team has developed a new partnership with Barnardo's, building on work initially commissioned from Donnington Doorstep, and funding for a second worker has been secured to develop further work with families through the Troubled Families grant.

Successful disruption activities have taken place throughout Oxfordshire. Raids have taken place across Oxford City on various licensed premises where there was concern about possible links to CSE. Kingfisher social workers are involved in this activity, enabling identification of young people at risk and providing an immediate offer of support. Other Council and partnership services have been involved in this disruption activity, for example the Fire Service and Environmental Health.

A Specialist Health Practitioner has been commissioned to integrate with and provide support to the team. This enables rapid health assessments and specialist referrals to be made. The practitioner also provides continuity and support through direct casework and coordination, in consultation with other health practitioners. Pathways have been developed to enable the team to access 'fast-track' referral to Mental Health Services for those in need.

The Young People's Drugs and Alcohol Service in the Early Intervention Hubs has provided a part-time worker for Kingfisher. This has greatly enhanced the effectiveness of casework being undertaken with children whose risk of CSE is connected with the use of drugs: for example, with a group of children in one area found to be using ketamine in conjunction with sexual activity.

Monthly extended team meetings are now operating across the county, led by Kingfisher and involving a wide range of partners including schools and the voluntary sector. These are proving effective in implementing the CSE Screening Tool in the early identification of children at risk and enable targeting of new 'hot spot' areas.

Kingfisher has developed a good relationship with the new Adult Sex Worker Service provided by the Elmore team (a local charity specialising in supporting vulnerable people with complex needs). This was an identified issue in the SCR, where young girls appeared to be targeted by adult sex workers acting for the perpetrators.

Kingfisher has its own dedicated Independent Reviewing Officer (IRO) who independently chairs the cases of all children subject to Child in Need, Child Protection, Looked After Children and Leaving Care Plans. The IRO not only quality assures Children's Plans but also plays a key role in escalating particularly challenging issues: for example, difficulties identifying suitable placements for exploited children, pressures in the team, and long-term therapeutic support.

Multiagency Safeguarding Hub (MASH)

This new initiative, commencing in September 2014, integrates frontline staff across Policing, Social Care and Health. Its purpose is to keep vulnerable children safe by ensuring that information concerning children in need of protection is shared quickly and effectively amongst partner agencies. The MASH model is recognised as best practice nationally as the most effective way of ensuring multiagency input into safeguarding.

National Health Service (NHS) commissioners and providers have worked together with their partners, supporting the MASH and contributing to the Multiagency Risk Assessment and Management Plans by ensuring rapid information sharing. There is a commitment to ensure a full-time presence within the MASH workforce that contributes to the assessment processes.

TVP is also working with partner agencies to implement the MASH model across the Force. Hubs are operational in Buckinghamshire (Aylesbury and Milton Keynes) and Oxfordshire (Oxford), and in development in Berkshire (Reading and Slough).

Complex Case Panel

Alongside other key partners in Health and the Police, a number of County Council services are involved in the Oxfordshire Complex Case Panel, which was set up in 2010 to address concerns about a small proportion of young people with multiple needs who present serious ongoing concerns to the Education, Health, Social Care and Youth Support services in their area.

It is recognised that these services will have offered interventions at different times in the young person's history but may not have been able to commit the necessary resources and expertise in an integrated way to achieve the desired outcomes. Senior leaders across services accept and share their responsibility for the young person. For the child and family, the outcome will be a more seamless service based on needs and not on service-specific boundaries.

Missing children

There is a very strong working relationship between OCC and TVP and significant work has been completed in this area. The OSCB Inter-agency Procedure for Children Missing from Home or Care has been updated to reflect the latest guidance. The Missing Persons Panel tracks and monitors all young people at highest risk (after two missing reports in a 90-day period) within the county, on a monthly basis.

Detailed missing children reports, which highlight trends and issues, are presented to the OSCB CSE subgroup, which undertakes an oversight and challenge role on behalf of the OSCB and ensures the links between 'missing' and the risk of CSE remain a key consideration. The OSCB reports on matters relating to children missing in its Annual Report.

Values Versus Violence

The Values Versus Violence Programme, designed by the Dot Com team to empower young people through child-friendly, colourful educational resources to develop positive behaviours and solid values to keep themselves and their friends safe, has been piloted in Oxford City primary schools. Through the programme, children are given skills to develop effective strategies for dealing with peer pressure, recognising risky situations and knowing who in the community can help them. Resources are designed to regularly check the impact on young people's awareness, understanding and behaviours relating to personal safety and values.

Early evaluations in some schools show a huge impact on young people's awareness of risky behaviours and potential harms, indicating resilience to risks they face in everyday situations. Plans are in hand to roll out this programme to all other primary schools across the county.

Oxfordshire Safeguarding Children Board

The OSCB produced a comprehensive report for the SCR, which outlined a number of lessons and areas for improvement. In 2013, it commissioned an independent review of its function and this has led to improvements outlined below. During 2014, with the arrival of a new Independent Chair, the focus has been to ensure that the OSCB fulfils its statutory scrutiny role and oversight of the Child Protection partnership in Oxfordshire through enhanced strategic governance arrangements. Learning by the OSCB can be broken down into three main areas for improvement: leadership and accountability; quality assurance and scrutiny; and impact on practice.

Leadership and accountability
During 2014, the OSCB established a clear protocol and Memorandum of Understanding with other strategic partnerships such as the Health and Wellbeing Board and the Children's Trust to ensure that it had oversight of all matters relating to children at risk across the county. During the past year, the OSCB has:

- Established a biannual Chief Officer Safeguarding Summit
- Agreed an evaluation of the Kingfisher team
- Secured increased funding and commitment from District Authorities
- Developed a Community Engagement strand to its work, supported by two strong lay members
- Introduced a challenge log to take forward urgent actions and address pressures within the Child Protection System.

Quality assurance
Through its different subgroup activity, the OSCB now robustly monitors and oversees the effectiveness of multiagency work. Actions are logged and tracked until discharged. It last provided an independent analysis of the Child Protection System in Oxfordshire in its Annual Report published in July 2014, which was presented to Chief Officers of key agencies across Oxfordshire and key governing bodies by the Independent Chair.

Impact on practice
The OSCB has an important role to play in communicating messages to improve joint working across the Child Protection partnership and to change the way frontline staff work together. The Review has highlighted that, whilst it is a strategic partnership, Board members must also be sure that they have processes that allow them to hear of operational concerns at an early stage. The Board now makes early decisions on whether a collective response/action is necessary to have immediate impact on practice. Examples during 2014 have included self-harming adolescents, suicide prevention and working with neglect as part of a wider understanding of CSE.

The OSCB now ensures that its role is widely understood by staff at all levels, so there are routes in for frontline concerns to be heard. The OSCB has had to ensure that learning from reviews and improvement in practice is a central part of its work programme. Through this role, it needs to promote clear processes that are understood and followed concerning resolving differences of opinion about cases or groups of cases, both internally and across agencies.

The OSCB are working to ensure that the voices of young people and families are central to its work, especially in assessing the effectiveness of services in the Child Protection partnership.

Actions taken so far

A considerable amount of resource and work has been invested in the past four years by all OSCB partner agencies to address lessons learnt from work in relation to CSE. The improvements have been achieved through the efforts of individual agencies as well the coordinated work of OSCB multiagency subgroups. CSE remains a high priority.

Strong leadership and improved accountability has been essential to embed change

Since 2011, an OSCB subgroup has been in place to lead the multiagency work on CSE. It is currently led by the Oxford LPA Commander for Thames Valley Police and includes members from the local Community Safety Partnerships, the NHS County and District Councils and voluntary sector agencies. It leads on strategy, is a steering group for the Kingfisher team (detailed earlier in this report), and scrutinises CSE prevalence and missing children reports. Its work programme is divided in to five themes:

- Raising awareness to improve early identification
- Improving statutory responses and the provision of services
- Improving evidence
- Improving prosecution procedures
- Improving disruption.

The impact of this group has been far reaching across the Child Protection partnership; OSCB Position Statement (January 2015) outlines progress in full. Examples include:

- Bespoke Safeguarding sessions to groups in Oxfordshire, such as a multi-faith conference and an Oxford pastors forum to raise awareness of push/pull factors
- A Screening Tool for CSE, developed with the support of local practitioners in 2012, now used consistently to identify children at risk
- Persistent multiagency 'strategy discussions' to deliver clear decisions on actions to keep children safe where CSE has been identified
- Weekly reviews of all new children referred to Kingfisher, so children can be kept safer
- Professionals working in Sexual Health Services trained in CSE, so are better able to identify vulnerabilities and escalate safeguarding concerns
- Victim Support programmes developed, ensuring children are kept safe throughout the process of an investigation
- Disruption activities leading to the closure of a premises identified as a potential location for grooming victims
- Disruption activities leading to successful targeting of CSE perpetrators for drug supply offences

The OSCB regularly provides 'horizon scanning' of new national guidance and information, ensuring that issues are allocated to subgroup chairs. Board meetings enable the escalation of emerging issues and are checked for a coordinated response: for example, female genital mutilation, self-harm and suicide over the past 12 months. An action log is maintained so members can track the issues that have been brought to the table and how well they have been addressed.

Quality assurance has been essential to test change

An OSCB subgroup scrutinises the effectiveness of multiagency working, specifically where case reviews have identified areas for improvement. CSE casework was tested in 2014 through an audit of cases by colleagues from the Police, Social Work and Health in the Kingfisher team, which confirmed positive working arrangements to keep children safe. This was part of larger programme reviewing work with over 117 vulnerable young people from the perspective of all agencies. Based on the Quality Assurance work carried out by the Independent Reviewing Officer looking at Kingfisher cases since November 2012, a further Assurance Report has been commissioned, so the Board can be appraised of the standard of case work before the publication of its Annual Report.

The bar has been raised on OSCB performance reporting. Since 2012, each agency has reported on its safeguarding processes to the subgroup; these are then scrutinised. Agencies also carry out self-assessments of their safeguarding standards against section 11 of the Children's Act 2004, which checks that agencies have made practitioners aware of the CSE Screening Tool. This self-assessment is checked further in a peer review for Board members, which tests the substance of their responses. The impact has been that agencies regularly check and scrutinise their internal processes.

CSE has been a prominent agenda item at Board meetings, and members are aware of the scale and scope of the issue. They have been kept abreast of the SCR and actions taken post-investigation by the CSE subgroup.

The OSCB Annual Report provides significant detail on the Quality Assurance work undertaken and gives an indication of the Board's understanding of the local context. This can be found on the website.

Impact on practice has been essential to sustain change

The three Safeguarding Boards in the area have had some change in Independent Chairs; these new Chairs are setting out priorities and revising their way of working to ensure there are routes for fieldwork concerns to be heard. They are committed to ensuring that any similar concerns are reported upwards, to Board level, so that a more strategic oversight is developed and maintained.

On average, 4,000 members of staff and volunteers are trained through the OSCB each year. CSE is part of core Safeguarding training and a bespoke course has been developed locally using early messages from the SCR and feedback from families. All OSCB trainers have been briefed on the CSE Screening Tool, procedures and escalation. The OSCB Training Review in 2014 confirmed the practical application of the OSCB training courses: attendees felt more knowledgeable about local safeguarding issues and knew how and where to raise a concern. The Kingfisher team and individual agencies have led their own training, which has increased the numbers trained. More safeguarding training is taking place across faith communities in 2015.

The OSCB has developed a Learning and Improvement Programme, where each case review leads to a learning summary called 'Eyes on' for practitioners and these are all published on the OSCB website. A series of learning events ran in 2014/15 focusing on learning points: the perspective of the child, resources, and case studies for practitioners. The impact has been that a further 500 practitioners are informed of current safeguarding concerns.

The OSCB has supported the staging of *Chelsea's Choice*, an awareness-raising play, introduced to Oxfordshire by the OSCB in 2012. It was piloted with Banbury Academy and the Children in Care Council, which recommended that other children should see it. Three years later, through funding from the County Council and extensive support from Kingfisher, it has been seen by 18,000 pupils and hundreds of teachers, with a further 6,000 pupils due to see it by the end of March 2015.

The 2013 review also highlighted the need to strengthen the routes through which children's and parents' voices can be heard on the effectiveness of Safeguarding work. This led to the Board's own sounding boards, representation at the Youth Parliament and collation of children and young people's views on safeguarding and risk expressed in the representative agencies.

The OSCB is ensuring the programme of change outlined in this report is embedded and that agencies are evidencing what they are doing to safeguard children in Oxfordshire. The overriding learning point is shared strategic accountability and responsibility: the Board is only as good as the sum of its parts.

Further areas for development

- The Community Engagement strand of the revised CSE Action Plan requires strengthening.
- Training in CSE must be provided to faith groups.
- The Board should consider the introduction of a faith-based subgroup.

Responses to CSE by agency

Oxfordshire County Council

Following the recognition of CSE, Oxfordshire County Council (OCC) has implemented considerable changes to improve its skills, knowledge and response to this form of child abuse. These changes have been based on the learning obtained from Operation Bullfinch, the Individual Management Reviews (IMRs), learning from national reviews and reports, visits to and discussions with other LA areas across the country, and by learning from the feedback from some of the victims and their parents.

OCC's most important learning is about how staff work with children and families at risk of child sexual exploitation, and how they listen to them and understand their experience. OCC staff are committed to referring to children at risk of CSE as 'children' and not 'young people' to ensure their legal position as a child and their vulnerability and needs are seen and responded to. When working with adolescents who are developing self-determination, the Council has challenged practitioners to ensure they assess the impact of children's age, developmental stage and external factors, such as past neglect, abuse and grooming, on their true capacity to make decisions.

The Council has also tackled the previous failure to escalate information about high-risk incidents and cases. Now staff and managers at all levels understand the importance of sharing the responsibility for risk in the organisation, so that when threats affecting groups of children are emerging, there can be an effective strategic response and the dedication of resources much more promptly. OCC has learned to engage its councillors more closely in the Safeguarding agenda so the Council has a genuine understanding of its importance.

OCC established a Member Safeguarding Panel, which examined the Council's and the local Safeguarding Board's Quality Assurance of Children's Safeguarding. It made recommendations that strengthen the awareness and accountability of elected members, which have been implemented. In addition, the Corporate Parenting Panel has maintained a strong focus on this area of work and in particular the issue for children missing from care. The Cabinet has received a number of reports and briefings, enabling them to consider progress and to ensure that elected members are updated on the national agenda.

The Council has also appointed an Interim Strategic Lead for Child Sexual Exploitation to ensure this work retains a strong strategic focus and progress is independently challenged and monitored.

A series of workshops took place during January and February 2015 for 450 staff across OCC's Children's Services, which focused on making sure that the learning from the IMR is shared widely. This has provided a crucial opportunity for staff to understand and face up to the extreme harm caused to children, even when social workers, the Police and other agencies were involved.

These workshops involved practitioners, first-line and middle managers in shaping the response, including ensuring recommendations are implemented. Additional workshop sessions are planned for school-based staff, and Childcare Lawyers have attended both the generic workshops and a dedicated workshop for lawyers.

OCC now produces a summary report looking at high-risk cases which have been escalated to senior managers and which identifies trends and patterns. This is presented to the OSCB Executive, and in this way the evidence of concerns being escalated is demonstrated. It means that the OSCB has access to critical information, which enables it to carry out its challenge function in relation to interagency Safeguarding practice.

A recent example of where this has made a difference to vulnerable children is the identification of an increase in self-harm incidents, leading to a strategic response that has informed practice development. Similar work has been identified with regard to an emerging gang and drugs culture in one part of the county.

Both of Oxfordshire's children's homes have continued to show reductions in Missing episodes for children from the point of admission, compared to reports prior to admission. This is despite the fact that both are now looking after some of Oxfordshire's riskiest young people. Important lessons have been learned regarding strong management oversight, good relationships with the young people, clear risk assessment and very high expectations of school attendance and attainment. Staff in these homes have gained expertise in prevention, reducing and managing Missing episodes, which has been shared across the rest of the service and with external providers.

Schools, the Early Intervention Service and other Education services have engaged positively with a range of developments since the cases reviewed as part of the SCR. Schools and Education services recognised the risks of exploitation facing children who are absent from school and that vulnerability to grooming is not just a night-time issue. As a consequence, they have become more committed to managing children with behavioural problems on site and tackling non-attendance and Missing episodes. They are clearer about their roles and responsibilities. Tighter monitoring has been introduced for all children accessing alternative provision and there is better post-16 support.

There is a greater understanding of the importance of proper recordkeeping, transfer of files, and coordinated assessment and planning for children in care and children on Child Protection Plans. The Early Intervention Service has good links with all secondary and primary schools and provides additional support to children who are vulnerable or having social and emotional difficulties.

The OSCB has developed a wide electronic network of Designated Safeguarding Leads in nurseries, schools (of all legal statuses) and colleges. This has been used to ensure that guidance, information and training on CSE and other safeguarding matters go directly into settings via a regular news bulletin.

Schools have responded enthusiastically to a range of initiatives to develop awareness and resilience in pupils. The LA has continued to play a supporting role in facilitating these initiatives, including the provision of funding.

Recently the responsibility for commissioning Drug and Alcohol Services has become part of the County Council function. The SCR has highlighted concerns that parental substance misuse and substance misuse by young people can be risk factors that need to be taken seriously. They can be used as an identifier and should trigger action to deal with them. It is key to look at the cause and underlying reasons for the substance use, not just the drinking or drug taking behaviour itself. This should include the source/supplier of the substances, as this may identify other areas of concern such as CSE.

Other services engaged with families can be overly optimistic about what engagement in Drug and Alcohol Services can achieve in terms of positive outcomes for the family without taking into account the risks of relapse. Knowledge and understanding of substance misuse as a risk factor needs to be consistent across agencies working with young people and adults.

Service-specific learning

Children's Social Care

Summary of progress achieved

Children's Social Care (CSC) has improved its frontline work with adolescents, recognising that Risk Assessment and Risk Management Plans need to be in place, not just for Child Protection cases, but also for looked after children who are vulnerable to being targeted by abusers. A very thorough multiagency Risk Assessment Tool has been developed and implemented. The impact of this has been audited by the OSCB and indicates improvement in professionals working together to reduce risks.

In recognition of the vulnerability to exploitation that neglect creates in children, CSC has initiated a multiagency pilot project focused on accelerating the protection of 100 children who are currently subject to Child Protection Plans and making sure the services are in place to help families sustain good care of their children in the long term. The learning from this pilot will be used in the future shaping and delivery of services across the county.

Oxfordshire's Children Education and Families Directorate used Troubled Families funding to set up a one-year pilot post in the STEP OUT project, Donnington Doorstep, to provide support to parents of children at risk of CSE. On completion of the pilot, it has been decided to develop this work further with Barnardo's.

OCC has been asked to take part in the National Trafficking pilot, and there has already been success in identifying victims of CSE as victims of trafficking, with appropriate referrals and support being put in place.

Oxfordshire has also been selected as one of three local authority areas to pilot the See Me, Hear Me approach set out in the Office of the Children's Commissioner's report and is looking forward to developing the skills of workers in engaging with children and young people at risk of CSE.

Both the Children in Care Council and the Youth Parliament have debated CSE and fed their views through to elected members and senior managers. Their input has increased the decision-makers' understanding of risk and safeguarding for young people and has contributed to prioritising the new model of perseverance by a consistent worker, even when young people are not ready or unwilling to engage with a professional.

Further areas for development

- Further work is needed to engage with children and parents from minority communities and plans are in place to develop this.
- Some Social Work caseloads remain large and senior managers must continue to monitor this and take steps to ensure that allocated workers have the capacity to undertake the work needed.

Education and early intervention

Summary of progress achieved

In 2013 and 2014, all Oxfordshire state schools and many independent school year 8 and 9 children took part in session using the drama *Chelsea's Choice*, which has now been seen by around 24,000 secondary school children. This is being repeated in March 2015. Kingfisher staff have supported each session and received direct referrals as a result of pupils having participated.

Oxfordshire became a partner of the GW Theatre Company to enable the LA to support the development of the production *Somebody's Sister, Somebody's Daughter* and to advise on the supportive curriculum resources. Arrangements are in place to roll this out to years 10 and higher in all secondary schools and FE colleges in January to June 2015. Oxfordshire Schools and Learning team is now working with the GW Theatre Company to develop a year 6 production to address similar issues.

The Childline Abuse Awareness Programme has been used in primary schools. This national programme trains volunteers to deliver assemblies. Education and CSC staff are liaising with the local Childline Coordinator to deliver this in Oxfordshire. The emphasis is on encouraging children to recognise abuse/neglect and speak out.

Schools are the biggest users of the CSE Screening Tool. This is a form that helps practitioners tease out evidence of risk to CSE that could be present in a child's circumstances. Having identified several risk factors in a child, they will refer direct to Kingfisher or attend one of Kingfisher's regular extended team meetings to discuss their worries and decide whether to refer the child.

An Inclusion Consultant has been appointed to support community development. Community briefings are routinely held in different parts of the county to raise awareness of priority work in schools and the community. There have been recent briefings made to Oxford Pastors Forum, Oxfordshire Faiths Forum and a specific briefing held at the Asian Cultural Centre for South Asian Elders involving heads of voluntary organisations, local business people and members of the mosque committees.

The Early Intervention Service also runs a group called Kim's Story for young women, which aims to help young women identify situations and people that maybe harmful and raise awareness of risky behaviours, power imbalance and the importance of healthy lifestyles. It aims to empower young girls to make informed choices and build confidence and self-esteem. The girls have reported very positive comments around better recognition of unsafe situations and stating safe.

Schools have embraced their responsibilities to teach children about e-safety and the dangers of online grooming. Many have extended this learning to parents/carers sessions. The Council's Anti-bullying Coordinator provides schools with curriculum materials and runs two anti-bullying weeks a year to encourage schools to participate.

Legal Services

Summary of progress achieved

The key area with regards to Legal Services relate to a review of the Legal Advice Panel process assessing how decisions are monitored and ensuring they are actioned in a timely manner. This has been reviewed in conjunction with CSC and is now subject to monthly monitoring so that decisions not implemented can be quickly followed up. A central record is now kept of all Care Proceedings and Legal Advice Panel decisions.

The need for Legal Advisers to be aware of the wider powers available to protect children beyond the familiar Children Act remedies has been recognised. A briefing is provided which forms the basis of induction and advice to new staff and is available for circulation to social workers and others.

Briefings provided to social workers on the appropriate use of section 20 voluntary accommodation is incorporated into the annual training provided by Legal Services. Legal Services is working with CSC on a joint protocol on access to legal advice, clarifying roles and responsibilities. Legal Services is now invited to and formally attends Complex Case Panels and the Protocol on Access to Legal Services was agreed in February 2015.

Further areas for development

- Joint training between Legal Services and IROs on Childcare law and practice and review of effective collaborative working will be in place by March 2015.

Youth Offending Service (YOS)

Summary of progress achieved

The YOS had a limited amount of involvement with the children in the SCR and recognised that it needed to be a partner in safeguarding children at risk of sexual exploitation. It has now taken steps to ensure stronger representation in appropriate interagency forums.

In 2012, a major restructure of the YOS was undertaken which considerably reduced the size of the agency and put the service on a statutory post-court footing. The legislative requirements of the Legal Aid, Sentencing and Punishment of Offenders Act 2012 are now delivered by the service. The YOS is a significantly different organisation from the one in existence before 2012. The Pre-court, Prevention and Diversion Services, which were the services accessed by the children in the SCR, are now managed through the Early Intervention Service.

All YOS open cases that also have open Social Care intervention have 'joint supervision' between the relevant YOS team manager and case holder and their counterparts in Social Care. As part of the standard assessment paperwork, the CSE Screening Tool is added to all new files made up for YOS clients.

Multi-professional meetings are coordinated with external agencies; this includes the monthly Risk Panels for the North and the South/City area. The Risk Panels cover YOS young people who are deemed to be at high risk/high vulnerability of becoming victims or perpetrators of harm, and are attended by multiagency partners. The YOS has initiated some mapping with TVP and the Principal Social Worker, looking at the wider issues of exploitation of young people through drugs.

Health work in YOS teams is another positive link to school nursing and reaching challenging young people.

Adult Social Care

The county's Adult Social Care service was involved with one family that had a wide range of problems.

Agency learning and summary of progress achieved

It has been acknowledged that the awareness of CSE among Adult Social Care staff was minimal at the time of these events (up to 2007), and that a general awareness-raising programme is essential for all adult frontline workers.

Improving practice to enable increased joint working was a key issue. There will therefore be a named Adult Social Care social worker allocated where cases are also known to CSC and attendance at case conferences.

Partnership working between Adult Social Care and all agencies across Oxfordshire was assessed as needing improvement. The Adult Social Care Service is now represented on the Oxfordshire Community Safety Partnerships.

Greater focus on work with parents with disabilities and young carers was identified as being essential. A quarterly Social Work group has been in place since June 2014, focusing on looking at learning and sharing expertise in adult casework; all adult teams are represented.

The countywide Sensory Impairment team is crucial in providing an interpretation service for parents with disabilities. The SCR identified that knowledge and understanding about sensory impairment in non-specialist agencies was relatively poor and needed improvement to avoid the exclusion of such families from mainstream support. The Sensory Impairment team will continue to provide this service and offer support and further training to partnership agencies.

Further areas for development

- Adult Social Care is implementing a new Adult Social Care IT System; as part of the specification, there will be the requirement to identify any children living within the household. A report can be produced and matched with the Children's Frameworki system. Adult Social Care will become an integral part of the MASH in 2015.

Public Health

Summary of progress achieved

School Health Nursing: A new contract was awarded to Oxford Health from April 2014. School Health Nurse (SHN) provision was increased to ensure that a SHN would be available during term-time in every secondary school. The contract makes the provider's responsibilities with regard to CSE more explicit and these include early identification, support and measures to safeguard the child. The contract also specifies the relationship between School Nursing and Sexual Health Services, Children and Adolescent Mental Health Services (CAMHS) provision and other partners to ensure that services are delivered in a more joined-up way. Monitoring includes the number of CSE screenings completed.

Sexual Health Services: Joint work between Public Health and the Safeguarding Manager made the children's safeguarding requirements in the contract for Sexual Health Services more robust. This entails a comprehensive screening of all children presenting to the service to assess capacity to consent, any risks of harm in their sexual activity, including the presence of any coercion, abuse or neglect, and clarity about the duty to disclose information.

The providers of services have attended a challenge session with the Public Health Governance Board, attended by the Safeguarding Manager, to test their implementation of the CSE Screening Tool and their actions in safeguarding children. This provided reassurance as to the current practice.

Drugs and Alcohol: The Young People's Substance Misuse Service, which started in October 2014, gave greater emphasis to working with children of drug- and alcohol-using parents and on a 'whole family' approach. The service is also commissioned to provide in-reach provision to children's homes as a priority group. Two new dedicated outreach workers support this targeted approach to vulnerable groups.

The Public Health team has commissioned new drug and alcohol education programmes for year 8 and year 9 pupils in secondary schools in Oxfordshire, with additional teacher, governor and parents training sessions.

Adult Drug and Alcohol Treatment Services have been recommissioned to create one Oxfordshire-wide integrated Drug and Alcohol Treatment Service. The service specification has greater emphasis on whole family working, with performance measures on children of drug- and alcohol-using parents.

Safeguarding children audits of adult case files were conducted in 2012, 2013 and 2014, and parental substance misuse audits of CSC files were conducted in 2013 with findings fed back to the

OSCB Quality Assurance and Audit (QAA) subgroup and an Action Plan compiled and reviewed. In 2014/2015, audits continue to build on learning and service developments to improve Adult and Children's Services delivery.

Health Services

Oxfordshire Clinical Commissioning Group

Since the abuse came to light, there has been widespread action across Health Systems to understand how such crimes could have continued over such a long period of time and why Health Services did not pick up that abuse was happening.

The 2013 reorganisation of the NHS has meant that there have been changes of responsibility since the time covered by the SCR. For the purposes of this summary, learning and actions relate to work by Oxfordshire Clinical Commissioning Group and, before it, Oxfordshire Primary Care Trust (PCT). This statement includes actions that we have taken as commissioners of health services and actions for primary care which was, at the time of the abuse, commissioned by Oxfordshire PCT. It is vital that the reorganisation of the NHS is does not hinder the important lessons of the SCR.

Three key areas of learning for Health Services have been identified that require commissioners and providers to clearly identify ways of working that promote professional curiosity to safeguard children.

First, it has been recognised that Health Services rely on self-reporting by patients, carers and families. It has been show that, in some services, it is not uncommon for a young person to provide inaccurate information. This is particularly the case with Sexual Health Services, and practitioners need to be alert to this. Skilled questioning is required to establish whether a young person's relationship is consensual. Victims do not necessarily see themselves as victims and may perceive that they are consenting to a relationship.

Supporting behaviour change is also a challenge. Health provision is based on patient engagement and consent to treatment. Services are challenged when people disengage. This is a particular issue in Mental Health Services. Health professionals need to be more proactive in supporting young people to maintain contact with services and should consider whether non-engagement is a potential safeguarding issue.

Healthcare providers do not have a single shared health record. However, it is now recognised that health professionals need to proactively seek information to develop a full health picture of a patient and to contribute to identifying any vulnerability.

Summary of progress achieved

All safeguarding schedules for commissioned services now contain explicit requirements for providers to train staff in awareness of CSE. This is monitored through the contract, with provider information cross-referenced against incident reports, activity data and audit reports.

All providers' policies, processes and pathways include CSE. There is a recommendation that the Assessment and Screening Tools developed by the British Association for Sexual Health and HIV BASHH are used. If a decision is made not to use these tools, this needs to be justified and documented.

READ codes are codes used in general practice to provide recognisable information in clinical records. A national system of codes for CSE was requested, has been accepted and will be available to use in GP and Health Record Systems in early 2015. This will mean 'at risk of CSE' and 'victim of CSE' can be clearly flagged in a patient's health record.

Each of the 80 GP practices in Oxfordshire now has a lead GP with responsibility for safeguarding. These leads have all received training and follow-up materials. Awareness in GP practices is now good, and there is a plan to develop knowledge assessment to measure this in 2015.

A Safeguarding Resource Area has been created for important safeguarding documents on the Clinical Commissioning Group (CCG) intranet, accessible by all GPs. This resource links to the OSCB resources and the CSE Screening Tool used in training events.

Public Health is now responsible for Sexual Health commissioning and has recently retendered the services to provide a more integrated Sexual Health Service, which is now being provided. These services are provided by Oxford University Hospitals NHS Trust. Termination of Pregnancy Services have also been recently re-procured by Oxfordshire CCG. All Sexual Health Services are required to actively undertake risk assessments and ensure appropriate information sharing to protect vulnerable young people. Specialist training in Sexual Health Services has been undertaken to share lessons from the SCR and to help practitioners develop greater awareness of the issues of young people and CSE. Another Public Health-commissioned service is Community Pharmacies, which provide emergency contraceptive services. These pharmacists have been trained to recognise CSE, and now undertake an assessment that includes assessing for key signs of risk or vulnerability.

Further areas for development

- There is currently a review of commissioned CAMHS that will address the needs of young people who are vulnerable, looked after or on the edge of care. This will include a new pathway for assessment and therapeutic intervention for children and young people who have been sexually abused (exploited).

- The CCG has already commissioned a CAMHS Transition Service, whereby young people who were in CAMHS when they were under 18 and require more intensive, sustained support to promote their recovery and independence may stay in CAMHS to complete their treatment until their 25th birthday if necessary.
- A service redesign is underway for looked after children (LAC) linked to the work taking place in the LA. Health professionals recognise that they are required to be more proactive in supporting young people to maintain contact and in seeing non-engagement as a potential safeguarding issue. Oxfordshire CCG is working with partners to provide professionals with development opportunities that assist them to understand the reasons for disengagement and challenging behaviour through case studies.

Oxford Health NHS Foundation Trust

Like other agencies, practitioners involved with the young people subject to the SCR were very worried about the behaviour of the girls but unable to name what was happening to them. Staff lacked knowledge of CSE, specifically about how the offenders had groomed the victims. This combined with a lack of understanding about the factors that might contribute to keeping young people safe in these circumstances.

Safeguarding systems and processes in place during the timeframe for this SCR were more applicable to managing cases of intrafamilial sexual abuse than abuse taking place outside the family.

Staff who work with children and families must have the knowledge and skills needed to identify children and young people who may be at risk of CSE and ensure they work in partnership with other agencies to keep them as safe as possible. Staff must consider the cumulative impact of emotional and physical neglect on children and young people and their vulnerability to child sexual exploitation. The relevant assessment tools need to be completed in order to clarify and monitor the concerns/risk and to evidence decision-making.

Staff providing contraceptive and sexual health advice have an important role in undertaking preventative work around healthy relationships and need to use more professional curiosity to identify relationships that could be exploitive in nature, alongside providing advice and support about sexual health needs.

Looked after children are particularly vulnerable to CSE. While Trust staff were aware and had concerns, their understanding was that cases and risks were being managed because CSE was involved with all cases and held the same information relating to the concerns about this group of young people. There is now the very clear expectation that staff must escalate their concerns about actions needed if there is no active progress in ensuring young people's safety, following OSCB

Child Protection Procedures and Trust Escalation Guidelines. The escalation process is included in all safeguarding children training.

Summary of progress achieved

The Trust was commissioned to deliver the Specialist Nurse role in the Kingfisher team in 2012. The Specialist Nurse provides health expertise and case management for children identified as being exploited or groomed for exploitation. The role is managed through the Trust's Looked After Children Service and the Specialist Nurse attends the Missing Children Panel as a health representative.

All young people under 16 (or older if at risk) accessing contraception or sexual health advice from School Health Nursing Services are assessed using a Sexual Exploitation Screening Tool to explore in more detail the nature of their relationships, including those described as consensual by the young person. The purpose is to assist in identifying relationships that could be exploitative in nature and to ensure that risks of CSE are identified and managed in line with OSCB CSE procedures.

A new role of Specialist Nurse for LAC was created in 2010. This person acts as the Lead Health Professional for young people resident in children's homes in order to develop a longer-term relationship and to ensure their Health Assessments are completed and health needs identified. They also attend LAC Reviews. LAC Initial Health Assessments are now completed by doctors working with the Service. The assessments are informed by Social Care histories and GP information, and this has resulted in improved Health Plans, which are shared with GPs and the social worker to inform the LAC Review.

In recognition of their vulnerability, all looked after children now have immediate access to Child and Adolescent Mental Health Service provision. This includes an Outreach Service available 24 hours a day, seven days a week designed to respond promptly and effectively to crisis situations.

The Service maintains its role with a small caseload of young adults up to the age of 25 years who have a distinct set of vulnerabilities/emotional and mental health needs, where these are felt more clinically appropriate to a specialist service than Adult Mental Health Services.

Following a retendering process in 2013/14, School Health Nurses are now based in secondary schools for 30 hours per week during term-time. This has facilitated increased access for young people and closer working relationships with schools in relation to pastoral support and the development of School Health Improvement Plans, which may incorporate sexual health work.

The Trust also provides a targeted health service for young people in the YOS. This involves three nurses providing assessment and care coordination and is managed as part of the new School Nursing Service.

Further areas for development

- To extend LAC training and awareness to other services to ensure staff have increased knowledge and skills in working with children who are looked after and the statutory requirements of health staff.
- To work with the CCG and OCC to review the role and responsibilities of the Lead Health Professional role for looked after children.
- To work with other health providers to formalise information sharing about missing children who have been discussed at the Missing Child Panel to make sure that teams working with or coming into contact with these young people are aware of risk issues and that they have been reported as missing.

Oxford University Hospitals NHS Trust

There has been significant learning and action within Oxford University Hospitals NHS Trust (OUH) since the recognition of CSE in Oxfordshire and the subsequent SCR. It is recognised that victims may present to a variety of departments within OUH, including Sexual Health Services, the Emergency Department (ED), maternity, paediatric and outpatients. The importance of exploring and being curious about the wider vulnerabilities of children presenting in these situations, in addition to managing the presenting medical problem, is now understood. Staff are more aware that information given by children in some circumstances – for example, in Sexual Health Clinics or EDs – in relation to the number and age of sexual partners, or cause of injuries, is not always accurate or complete. Staff are encouraged to show professional curiosity and respectful challenge to find out more, to use the CSE Toolkit and seek advice from the Trust Safeguarding team if they are concerned about CSE.

Victims of CSE sometimes present with problems more commonly seen in adults – assault, sexually transmitted infections and pregnancy. It is essential that they are managed as children rather than adults in these situations, and that safeguarding aspects are always considered.

The importance of health professionals sharing relevant information about concerns in relation to possible CSE with CSC or the Police has been emphasised. It should not be presumed that information is already known, even when the child is already known to these other agencies, or that key workers or others accompanying a child will automatically share information.

Previously, there was limited understanding among staff about what it meant to be a looked after child and the different roles and statuses of various support, outreach and keyworkers who attended with the children. It is important that staff are aware of the vulnerabilities of children

who are looked after, that they sometimes need additional protection through Safeguarding processes. Staff should not just deal with the 'here and now' of the medical issues. They should assess the wider vulnerabilities, not presume that CSC is fully aware of all of the issues and risks, and they should share information with CSC.

It is recognised that staff who work with children and families should receive appropriate training to ensure they have the knowledge and skills to identify those at risk of CSE, and to share information (where appropriate) and work with other agencies to protect and meet the needs of these vulnerable children.

Summary of progress achieved

For the past three years, all Safeguarding Children training has included specific information about CSE, and more detailed, targeted training has been provided for sexual health staff, paediatricians, paediatric surgeons, psychologists, obstetricians, midwives and ED staff, including information about the CSE Toolkit and the Kingfisher team. This has led to a much greater understanding and awareness of CSE, and its indicators. Staff are encouraged to be more professionally curious and challenge information they are given when caring for vulnerable young people, particularly where there are indicators of CSE.

Staff are now consulting the Safeguarding team for advice when they have concerns about possible CSE. Examples of consultations over the past year have included contacts from junior doctors, surgeons, paediatricians, psychologists, Sexual Health Services, midwives and GPs. Staff are supported in gathering information, completing the CSE Toolkit, sharing information, referring to the Kingfisher team or CSC, and following up referrals to ensure they have been acted on. In addition, staff have been made aware of the importance of professional challenge and escalation to managers if they feel their concerns are not being listened to. The escalation process is included in all Safeguarding Children training.

Genitourinary Medicine (GUM) and the Contraceptive and Sexual Health Service (CASH) are now commissioned as one integrated Sexual Health Service (Oxfordshire Sexual Health Service (OSHS)). Prior to this integration, CASH was provided by Oxford Health NHS Foundation Trust and GUM by OUH. OSHS has reviewed its service and Young Person Vulnerability Questionnaire following the Bullfinch investigation.

OSHS now holds weekly multidisciplinary team (MDT) meetings to review the notes of all under-16s seen in the service and to discuss those where there are any possible concerns about CSE (or other abuse) to ensure that appropriate actions have been taken and information shared if necessary. The Service is using the CSE Toolkit and records of potentially vulnerable young people are flagged to increase awareness.

Sexual Health Services is now sharing relevant information, where appropriate, directly with Kingfisher, the OUH Safeguarding team and School Health Nurses when they have concerns. There is now heightened awareness of the limited function of keyworkers as a conduit of information (there is no reliance on them to share concerns with CSC).

The Service has adopted a Proforma for Assessment for CSE, produced by the British Association of Sexual Health and HIV (BASHH) and Brook.

Midwives now routinely undertake a Health and Social Assessment to score the level of concern, which identifies risks in young people. They also use the CSE Screening Tool for all pregnant girls under the age of 16. Referrals are made to the CSC team when there are concerns. They are also more aware of the vulnerabilities of these young women during the pregnancy and the potential safeguarding issues in relation to the unborn child.

Information on recognising CSE, risky behaviours in teenagers and assault of minors is now included in all Child Safeguarding training for ED staff. The ED has recently appointed a new Community Safety Officer who liaises inside and outside the Trust about prevention and management of relevant issues, such as use of alcohol and drugs in teenagers, and this includes liaison with Kingfisher. The Paediatric Liaison Service, formerly part of Oxford Health, is to be brought under OUH, which will facilitate timely and effective liaison with Primary Care staff about children admitted or seen in ED, and detect any additional safeguarding concerns.

For young people who are admitted with self-harm, particularly those with atypical presentations and frequent attendances, professionals have been given additional training to consider the possibility of CSE. Where there are concerns, an MDT meeting is held before the child is discharged. Staff are more aware of the need to look behind challenging behaviours for the possible cause and to consider CSE. A Liaison Child and Adolescent Psychiatrist at OUH advises on complex cases.

Further areas for development

- To implement a system that will flag all looked after children on hospital electronic records (as for children on Child Protection Plans). This has been agreed in principle. There are plans do this manually initially, and then to establish a process for this to happen electronically under plans for the National Child Protection – Information Sharing programme.

Thames Valley Police

The Operation Bullfinch investigation provided significant learning for Thames Valley Police (TVP), particularly in relation to how the Force manages Child Protection and Missing Persons investigations. This learning process started with the investigation itself, as the Senior Investigation Officer (SIO) developed a better understanding of CSE and the challenges investigating offences linked to this form of abuse bring. This progressed through the investigation to the trial, with pioneering work conducted around investigative techniques, particularly in relation to how best to support the victims and secure their evidence, using covert tactics to explore this and, where relevant, take some of the pressure off them. The results of this work have been far reaching, with this case now nationally recognised and used to support a variety of developments across the country, primarily within the Police and wider Criminal Justice System.

Five key areas of organisational learning were identified for the Force, specifically around:

Missing persons

- The need to bring an investigative mindset to these reports
- The importance of supervision and the formal review process in Missing Person investigations
- Risk does not decrease the more a child goes missing; the opposite is true
- Safe and Well checks are critical in ensuring the child's safety and securing evidence
- The importance of a multiagency approach to the follow-up interventions such as 'return interviews'

Criminal investigations

- Moving away from victim disclosure-led investigations towards the evidence-based approach taken in domestic abuse cases.
- Bringing the full arsenal of investigative options to Child Abuse investigations, including covert tactics
- The importance of making full use of Special Measures at Court for CSE victims
- The need for all agencies to proactively share information, intelligence and evidence on CSE
- The need to look wider than just the individual incident, victim and/or suspect when investigating CSE
- The more effective use of disruption tactics alongside the investigation to ensure the faster protection of children and to provide additional opportunities to secure evidence

Intelligence

- Ensuring that staff understand how best to submit Safeguarding information to ensure this can be effectively acted upon and shared with relevant partner agencies

- The need for locally based PVP intelligence analysis and development to effectively progress Safeguarding intelligence
- The importance of increasing awareness in the wider community to promote more proactive identification and reporting of potential CSE

Multiagency working

- Recognition that existing Safeguarding processes (*Working Together*) were designed to manage the multiagency response to interfamilial abuse and that CSE does not comfortably fit into this
- The need to have offender-focused processes running alongside the victim-focused structure to ensure the effective sharing of the information needed to support Investigation and Disruption Plans

General police contact

- Recognition that CSE can push a child into crime, and having the necessary awareness and Safeguarding procedures in place in police custody and wider criminal justice processes to identify this
- The need to equip frontline staff with the necessary knowledge and support to be confident to use the range of powers available to them to safeguard children

Summary of progress achieved

There has been a significant amount of progress in the way the Force prevents, disrupts, identifies and investigates CSE since Bullfinch. CSE is and remains a Force priority and TVP is investing more resources than ever before to tackle CSE across the Thames Valley. Of the 2,052 recorded crimes in the Thames Valley involving the sexual abuse of children (July 2013 – October 2014), 224, just over 10%, were flagged as potential CSE offences.

TVP has recruited additional staff to those teams working in this area, including:

- Five dedicated CSE officers
- 23 additional officers for the Child Abuse Investigation Unit (CAIU), consisting of 18 Detective Constables, three Detective Sergeants, a Detective Inspector and a Detective Chief Inspector

TVP has created four new flags on the Police National Computer (PNC) to support police across the country to recognise, disrupt and conduct enforcement activity around CSE.

TVP has created a specific 'Child Sexual Exploitation (non-crime occurrence)' classification on the Crime Recording System with a flag, so that any crime report can be highlighted as being CSE related, enabling these concerns to be readily identified and allocated appropriately.

The number of referrals to specialist CSE teams from police officers is monitored throughout the Thames Valley area. Between November 2012 and November 2014 there were 693 referrals across the force area:

- Berkshire – 250 children
- Buckinghamshire - 237 children
- Oxfordshire – 206 children

While not all these referrals have proved to be CSE, it clearly demonstrates the early recognition of potential cases.

To improve response times in relation to missing person reports, TVP implemented an Automated Escalation Process to ensure that any delays in attending are reviewed by the Control Room Sergeant and then Inspector, using five- and 30-minute triggers. These attendance times are monitored by the TVP Performance team and included in a quarterly CSE Force Crime Risk meeting chaired by a chief officer.

LPAs across TVP have specific Patrol Plans and Taskings in place, focusing staff on *'hotspot locations*', and ensuring staff are aware of potential CSE victims and perpetrators.

With regards to community engagement, Police input into the 12-week orientation programme lone migrants must complete. Input includes CSE, consent, sexual assaults, equality and cultural differences.

The LPA Independent Advisory Group has good representation from members across the communities of Oxford. This includes Pakistani, Muslim and other representatives from various faith groups.

Community engagement with the BME community is extensive. The Community and Diversity Officer (CaDO) has developed close relationships with a number of hard to reach groups. BME engagement includes:

- Oxford Central Mosque – weekly visits by CaDO
- Medina Mosque – weekly visits by CaDO
- Muslim community events – CaDO/LPA Commander
- Oxford Muslim community initiative (educational project for Muslim children)
- Christian Life Centre (African Caribbean community) – CADO

East Oxford Neighbourhood team holds regular 'Have your say' events on Friday afternoons at Manzil Way to ensure effective engagement with the Muslim community. The East Oxford NAG (Neighbourhood Action Group) has been revamped and is now operating well, with strong community engagement.

Further areas for development

- The commitment to provide bespoke training to Inspector rank officers will be an ongoing commitment as individuals are promoted.
- Leaflets containing information about CSE to hand out at Safe and Well checks have been created. Evidence of their use and impact needs to be assessed.
- The training introduced to improve the response to missing persons will become part of business-as-usual training for all new recruits.

Oxford City Council

Since 2011, Oxford City Council has carried out extensive work to develop its understanding of CSE, how it operates, its prevalence and the important role that District Councils have in identifying, preventing and disrupting CSE in Oxford.

Proactive and routine intelligence-sharing between Community Safety and Safeguarding functions, as well as joint operations, have proved vital to effectively combating CSE.

It has also become clear that CSE is not an isolated one-off event and that engaging with communities to raise awareness and change perceptions and challenge behaviours is required.

Summary of progress achieved

The City Council has worked with frontline staff to enable them to recognise the signs of CSE and encourage them to come forward to report concerns within the communities they are working in. Work has also been done to look at ways in which the City Council can raise awareness and change perceptions and behaviours within communities.

The Council has revised the guidance for Hackney carriages and private hire vehicles, drivers and operators. Drivers' application forms include a section on CSE and trafficking. There are robust procedures to remove licences from those suspected of serious crimes. This approach has also been shared with other districts in Oxfordshire.

A 'fit and proper person' test has been introduced in respect of landlords when placing vulnerable persons.

The disruption work referred to earlier has also involved officers from the City Council contributing towards joint operations with Police and other agencies at public houses and guest

houses where links to CSE and or trafficking are suspected. Operation Nightsafe, the night-time economy safety operation, includes City Council officers conducting licensing checks to combat underage drinking to identify premises of concern. Further crime reduction investment has been made in areas of concern including additional lighting in parks and CCTV.

To raise staff awareness, the Council has developed a 'Keeping people safe' intranet page, containing all information on safeguarding of children and vulnerable adults and sexual exploitation in one place, with links to other relevant websites. There is also a leaflet that provided basic awareness of safeguarding, details of named Safeguarding Officers and where to go for more information.

A City Council Community Safety Officer with skills and knowledge of CSE, sex working and trafficking has been assigned to work alongside the Kingfisher team to aid the flow of intelligence.

The CSE Prevalence Report now forms part of the action planning for the Community Safety Partnership.

In April 2014, Oxford City Council held a conference on human trafficking for frontline professionals and members of the BME community. Speakers included the Police and Crime Commissioner and representatives from TVP, UKHTC, the Forced Marriage Unit, Stop the Traffik, ECPAT and StreetUK.

With regards to engagement work, the Council has worked to engage local projects providing activities to support a number of groups, including those from the Indian subcontinent, African Caribbean groups and newly arrived refugees and asylum seekers. It has also developed a Youth Ambition project to support females aged 14-19 with targeted work for those with low self-esteem. The Council has commissioned a local youth provider to deliver interventions and support vulnerable groups within BME communities.

The Council has also helped commission and develop projects across Oxfordshire:

- BME pilot project: (MUMTA) Mothers, held at the Sunrise Project, Banbury
- A Pakistani Father Support project at the Sunrise Project, Banbury
- Assisted piloting a schools project to 'build resilience through youth work' in the South and Vale District
- Assisted in piloting a 'train the trainer' course – *Love to be me* – in the West Oxfordshire District
- Supported housing for young people and youth projects across the county
- Commissioned a youth mentoring programme across Oxfordshire

- Funded a Children's Society project, working with migrant and refugee children to improve their understanding of UK society, law and behaviour

The City Council is piloting how a District Council can become an integrated part of the MASH.

Effective means of escalating concerns within and across organisations have been implemented in accordance with OSCB guidance.

The Council has also strengthened its Safeguarding policies and procedures and verified that they are being followed.

Further areas for development

- To make routine the review of prevalence and action planning by the Community Safety Partnership.
- To work with licensing departments of the other District Councils to create common licensing standards across the county for Hackney carriages and private hire vehicles, drivers and operators.
- To further develop good liaison between Community Safety Partnerships and the OSCB.
- Working with OSCB's CSE subgroup, to identify an ongoing, coordinated programme involving the City Council, County Council and Police working in communities and with young people at risk.

Children and Family Court Advisory and Support Service (Cafcass)

In the past three years, Cafcass has contributed to five SCRs where CSE was identified as an issue in England, including the one in Oxfordshire. It has started to collate national data about children known to Cafcass who have been subject to CSE, derived from SCR submissions and from notifications to the Policy team by operational staff. It has collated and disseminated these data to staff through the internal Cafcass Research Programme, and will continue to do so in future as more notifications are made.

The learning derived from contributions to SCRs to date is:

- All the cases involved adolescent girls in Public Law cases, subject to Care and/or Secure Accommodation applications
- The girls were extremely vulnerable. It seems probable that they were groomed for exploitation because of their vulnerabilities, and then made considerably more vulnerable as a consequence of the CSE
- No substantial disclosure of CSE had been made to a Cafcass Officer, ie the CSE was known about to the network and may even have acted as one of the 'triggers' of the application

- It seems that, in some cases, the CSE may have continued after the proceedings had been brought
- It seems likely that some of the men described as 'boyfriends' had been, or perhaps still were, perpetrators of CSE
- The reluctance of some of the girls to name the father of any children that they had as a result of CSE may have indicated a continuing fear of reprisal should the CSE be further disclosed

The Operational Management Team (OMT), chaired by the National Service Director and attended by all Assistant Directors, Senior Heads of Service and Heads of Service, has regularly reviewed the organisational response to CSE, instigated a number of steps to support practice and set in train a CSE strategy. Cafcass's understanding of the profile of children known to have been the victims of CSE has grown as a consequence of these steps, and staff awareness has increased. As of March 2015, it will be possible, through the Electronic Case Management System, to better record and collate data regarding CSE, which will in turn strengthen staff understanding and awareness.

Summary of progress achieved

Cafcass has developed mechanisms for disseminating learning derived from each multiagency review to which it contributes, in the belief that these mechanisms maximise the learning for staff involved in the review, the service area and the organisation as a whole.

Strengthening practitioner awareness of CSE was the principal learning point for Cafcass because it potentially applies to all practice staff and entails the promotion of knowledge and skills. A number of steps were taken as an immediate response to Cafcass's involvement in this SCR:

- An online training module was devised and made available to practice staff
- A set of key messages from the literature and research into CSE was provided to all staff and made available on the My Skills portal
- The dissemination of summaries of some of the high-profile SCRs involving CSE
- Summaries of written submissions to SCRs presented to the Cafcass Board, then placed on the intranet
- The dissemination of essential information through the intranet and the staff newsletter

More recently Cafcass has devised, and is starting to implement, a CSE strategy, which entails the following:

- Collation of reliable data regarding prevalence, and the profile of cases known to Cafcass where CSE features
- Revision and delivery of the training module on CSE

- Review of Cafcass policy
- Creation of CSE Ambassadors in service areas/teams to, for example, collate information on CSE inquiries and LSCB training and initiatives, maintain a record of Cafcass attendance at LSCB training/events, advise staff and promote awareness
- Secondment of a member of staff to support the delivery of the strategy at a national level and, for example, co-ordinate and support ambassador activity, collate LSCB training and contribute to the national training

The extent, and manner, of management oversight is set out in the Quality Assessment Framework and relates to a number of factors. Mechanisms by which managers exercise oversight include: situational supervision; regular performance and learning reviews of all staff; oversight of Safeguarding letters and reports to the Court; evidence of management oversight on all case recording and decisions; the completion of a minimum number of Quality Assurance Tools; oversight of Case Plans; and practice observation.

All of the above are supported by regular auditing by managers of the quality of work, together with national audits and a programme of area peer reviews. Managerial oversight within Cafcass was reviewed in the national inspection of Cafcass by Ofsted in 2014 and assessed as being good.

Updated guidance has been issued, together with template letters to be sent to the IRO at the start and conclusion of care proceedings. This is supported by audit and by the IRO protocol between Cafcass and the Association of Directors of Children's Services.

There are no outstanding actions derived from this review. However, as set out above, Cafcass is committed to collating and disseminating data about children known to it who have been subject to CSE, and to implementing its CSE strategy.

Crown Prosecution Service (CPS)

There was real value in bringing together the Prosecution team, from investigators through to leading Counsel, early in the investigation. This was important to ensure that the victims only gave evidence once and that the most serious offences and offenders were tried.

The decision to open the case fully to the jury was valuable in securing convictions because it allowed them to understand the full extent of the defendants' actions before they heard evidence from the victims.

The importance of the Prosecution dealing with the issue of consent upfront with the jury cannot be understated. By doing this work, ensuring that it is clear that a person consents if she agrees by choice, and has the freedom and capacity to make that choice, greatly helped the case. This approach overcame the evidential hurdle that some of the girls appeared to give ostensible

consent, and even on occasions said they had consented. That consent was not genuine consent within the law.

The use of language in reports was recognised as important, reminding those dealing with CSE of the vulnerability of the victims as children, rather than considering them to be young women who were out of control. This had the advantage of focusing on the offending of the perpetrators and their exploitation and corruption.

The need for strong judicial trial management of the case and protections in respect of the evidence given by the victims and witnesses enabled them to give their best evidence and provided a just outcome.

Summary of progress achieved
A dedicated Rape and Serious Sexual Offences (RASSO) team of lawyers and paralegals has been established who work across Oxfordshire, handling early investigative advice to the police, decisions on charging and prosecutions of rape, serious sexual offences and child abuse.

The CPS has appointed a dedicated CSE Specialist Lawyer in the Complex Casework Unit, who is part of a national network of specialists and new guidance on the handling of CSE cases has been issued to all lawyers.

The new *Guidelines on Prosecuting Cases of Child Sexual Abuse* issued by the Director of Public Prosecutions on 17 October 2013 specifically cited Operation Bullfinch as an example of the type of case that the guidelines are designed address.

Donnington Doorstep

Summary of progress achieved
The National Working Group (NWG) for Child Sexual Exploitation has carried out an audit of the STEP OUT project. The findings of this audit will be shared with the Board of Trustees and will inform the future development of Doorstep's policies and procedures. These are regularly updated and have been developed in line with OSCB, Ofsted, and Oxfordshire's Early Intervention and Children's Centre guidance.

All Doorstep staff have regular supervision meetings with their line managers. Appraisals for 2014/15 began in October 2014, with a timetable for all 30 staff appraisals to be completed by March 2015.

The Chair of Trustees meets regularly with the Doorstep Manager. These meetings will be aligned to the Board meetings in order to ensure that Board policies and decisions are implemented. The Manager has had monthly external coaching since July 2013.

Supervision of Family Support work is undertaken by the relevant line manager and includes casework discussion and regular group casework reviews. Direct access to a Locality Social Worker is available for individual case consultation.

STEP OUT staff are line-managed within the agency by the Doorstep Manager. Professional casework supervision is provided by social workers from CSC. Current arrangements for casework supervision are not ideal but necessary until the project is able to appoint a manager with appropriate qualifications and experience to provide in-house casework supervision. This aspiration depends on future funding being secured; in the meantime the current arrangement with CSC will continue.

The organisation is currently awaiting the outcome of a bid for three-year funding. Once this has been secured, a managed transition to the STEP OUT project becoming a separate organisation will take place.

Paper case files are kept in line with good practice from the OCC Early Intervention paperwork protocols, with intelligence records held separately.

The Doorstep Manager, in agreement with Kingfisher, revised the Social Care standard contract to include guidance on recording and sharing of records to cover the unusual and potentially complex requirements.

All Doorstep staff are familiar with and follow current guidance with regard to 'no names consultations'.

Further areas for development

- The Board of Trustees has yet to decide how best to scrutinise policies and procedures in terms of implementation.
- There is still work to be done to strengthen information-sharing and recording practices within the organisation.

Appendix 1

Contact for agency queries
Should you have any queries about the agency responses above, please contact the relevant agency representative below:

Agency	Contact
Oxfordshire Safeguarding Children Board (OSCB)	Kay Bishop – kay.bishop@oxfordshire.gov.uk
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Appendix 2

Glossary	
CaDO	Community and Diversity Officer
CAFCASS	Children and Family Court Advisory and Support Service
CAIU	Child Abuse Investigation Unit
CASH	Contraceptive and Sexual Health
CCG	Clinical Commissioning Group
CPS	Crown Prosecution Service
CSC	Children's Social Care
CSE	Child Sexual Exploitation
DC	Detective Constable
DCS	Director of Children's Services
DfE	Department for Education
ED	Emergency Department
GP	General Practitioner
GUM	Genitourinary Medicine
IMR	Individual Management Reviews
IRO	Independent Reviewing Officer
LAC	Looked After Children
MASH	Multi-agency safeguarding hub
MDT	Multi-disciplinary Team
NHS	National Health Service
NWG	National Working Group on CSE
OCC	Oxfordshire County Council

OH	Oxford Health NHS FT
OMT	Operational Management Team
OSCB	Oxfordshire Safeguarding Children Board
OSHS	Oxfordshire Sexual Health Service
OUH	Oxford University Hospitals NHS Trust
PCT	Primary Care Trust
QAA	Quality Assurance & Audit
RASSO	Rape and Serious Sexual Offences
SCR	Serious Case Review
SHN	School Health Nurse
SIO	Senior Investigation Officer
YOS	Youth Offending Service