



**Serious case review
overview report
in respect of
Jeanette**

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1. INTRODUCTION

1.1 This report is about a remarkable young woman, who will be referred to as Jeanette. With the help of a kindly and persistent police officer, a caring, competent and confident social worker and a patient and non-judgmental foster family, Jeanette came through a life full of difficulty, upset, neglect and sexual exploitation to arrive at a point in her life where she was able to assist the police in bringing 17 successful prosecutions for a variety of trafficking and sexual offences including rape. She went through the trauma of hours of police interviews, examination and cross examination because she wanted to ensure that other young people did not go through the same humiliation and sexual abuse that she experienced.

1.2 The report will demonstrate how a lack of co-ordination amongst professionals - between 2009 and 2011 - failed to protect Jeanette despite the best efforts of practitioners from, in particular, Jeanette's school, police and the youth offending team. The report will then go on to explain how well her present social worker and foster family cared for her, the professionalism of the police in collecting evidence for a major prosecution and describe how Calderdale now deals with victims of child sexual exploitation.

1.3 Calderdale is a small Metropolitan Borough of West Yorkshire. Its main area of population is Halifax. This report refers to Calderdale when describing services and Halifax when discussing the geographical area where Jeanette and her abusers lived.

1.4 A number of reports have recently been written into child sexual exploitation involving Asian men and white girls¹ and this report builds upon the learning that those reports provided. Everyone involved in the production of this report shares Jeanette's wish that other young people will be spared the trauma that she has suffered. They hope that this report will:

- a) contribute to the rising awareness throughout the U.K. about child sexual exploitation,
- b) explain why Jeanette was particularly vulnerable to this abuse,
- c) consider whether there is a cultural link explaining why the men who abused Jeanette were almost all British Asian men of a Pakistani heritage,
- d) identify learning and contribute ideas to help better protect children in the future.

1.5 Jeanette is a white British woman. Between 2008-2011 (when she was 12 – 15 years old) Jeanette was abused by a large number of men, she suggested over 100; 54 were arrested, 25 of whom were charged.

1.6 Throughout this report I refer to Jeanette as a "child", not a "young person": not because I believe her to be childish or immature but to stress the fact that abusers are exploiting the emotional and sexual immaturity of children. As far as issues of sex and sexuality are concerned, young teenagers are still "children" and it is now generally accepted that the professional response to the protection of children from sexual exploitation is taken more seriously when they are referred to as "children" rather than "young people".

1.7 Often when British Asian men of a Pakistani heritage are convicted the word Muslim is used to describe them. This is the only part of this report where religion is referred to. This is because Islam does not preach that women should be abused and I have found no evidence that religion had a part to play in the events that will be described later in this report.

¹ Rochdale, Bristol, Rotherham and Oxford

2. METHODOLOGY

2.1 Serious case reviews are commissioned by local safeguarding children boards when a child has died through abuse or neglect or been seriously harmed and it is believed lessons can be learned from the way in which the local authority, their board partners or other relevant persons have worked together to protect the child. Boards are now able to design the way in which they carry out these reviews. Calderdale Safeguarding Children Board decided that this review would have a panel of senior managers (independent from Jeanette's case) from local agencies who work with children, written reports from each agency written by managers who were independent of Jeanette's case and two people independent of both the case and Calderdale agencies: one of whom would chair the panel and one of whom would lead the review and produce this report.

2.2 There is debate amongst professionals in the safeguarding arena about the need for analysis rather than description of events. This report contains a detailed summary of events, in a style more personal than most serious case reviews. The reason for this is to explain:

- why and how Jeanette became ensnared in this abuse,
- demonstrate that individual professionals were aware of the danger that Jeanette was in,
- describe how the lack of systems and procedures hampered those professionals, and
- provide a learning tool (via narrative) for professionals and the public alike.

The summary of events in this report has been read and approved by Jeanette herself.

2.3 The report describes events in the recent past, (mainly between 2009 and 2012), but the reader should be reassured that practice around child sexual exploitation in Calderdale had improved, largely because of Jeanette's assistance, before this review started. These changes are described later in this report in a section entitled "What Happens Now".

Terms of reference

2.4 I was guided by terms of reference² completed by the Panel, (copy included as appendix 1). Those terms contained some questions (listed below) set by the Local Safeguarding Children Board (LSCB) at the beginning of the review process. These questions were addressed by each agency report author and assisted me in understanding what had happened and why.

1. Determine whether the National, Regional and Local policies, procedures, thresholds and practice expectations of the agencies in use at the time were followed during this period. How would this be different now?
2. The vast majority of people who were questioned in regard to sexual offences against Jeanette are British Asian men of a Pakistani heritage. What, if any, are the gender, race and culture issues that are relevant to this case?
3. Were single and multi-agency communications and information sharing appropriate, accurate and acted upon?
4. Were single and multi-agency assessments and interventions child-focussed, appropriate, accurate, acted upon and complete?
5. Consider whether there are any common themes from previous serious case reviews or critical incident reviews and the effectiveness of agency's actions in relation to these.
6. Identify learning that will help partners and the LSCB to strengthen understanding of and response to Jeanette and to all vulnerable children and young people.
7. Did agencies understand and implement policy and practice in relation to CSE in their contact with Jeanette. If not, why was this?
8. Were any of the professionals or organisations involved with Jeanette working in isolation?

² A series of statements and questions relating to the quality of this report and the way in which the review should be conducted.

9. What can we learn from the engagement with the young person, parents and extended family in fully understanding vulnerability, harm, risk and effective interventions?
10. Was professional practice informed by appropriate and effective supervision?
11. Were there examples of challenge by the LSCB into systems and processes of identification and monitoring of victims of CSE, and were there occasions when challenge might have made a difference?

Independence

2.5 The independent chair was Maureen Noble. Maureen works as an independent consultant following a career of more than thirty years in a range of senior roles in public sector agencies. Maureen has a background in public protection and community safety and has worked with government at ministerial level in relation to national policy and transformation of public sector services. Maureen is a member of the NICE³ national working group on domestic abuse and acts as a volunteer strategic advisor to a national charity. Maureen has previously worked as an author and chair of numerous serious case reviews for Local Safeguarding Children and Adults Boards. She has also chaired and authored several domestic homicide reviews. She has not worked for any of the agencies involved in this review. Maureen is white British.

2.6 The lead reviewer was Barry Raynes. Barry is a non-executive director of Signis, a company which owns Reconstruct - which provides child care training and consultancy to managers and staff throughout the United Kingdom. Reconstruct also supplies advocacy, independent visiting and participation services to children.

2.7 Barry has thirty-five years' experience of child protection social work. He has been involved in over 30 serious case reviews since 2007 – either overseeing the work of Reconstruct's consultants or producing overview reports. He has written web-based child protection and child care procedures for more than 50 LSCBs and local authorities in England, Wales and Scotland. Barry has a Masters degree in public sector management and has studied to doctorate level. Barry is also white British.

³ National Institute for Health and Care Excellence

Serious Case Review Panel

2.8 The serious case review panel met on nine occasions between January 2015 and May 2016. The overview report was ratified at the local safeguarding children board meeting on 29th July 2016.

2.9 The panel comprised of:

Name	Designation	Organisation
Jamiila Sims	Service Manager	Children's Social Care
Steve Woodhead	Service Manager	Early Intervention
Janet Youd	Nurse Consultant Emergency Care, Acting Head of Safeguarding	Calderdale and Huddersfield NHS Foundation Trust
Jeff Rafter	Service Manager	Youth Offending Team
Tom Taylor	Assistant Principal	Jeanette's school
Donna Green	Programme Manager, Public Health	Branching Out
Darren Minton	Detective Chief Inspector	West Yorkshire Police
Ed Chesters	Detective Chief Inspector	West Yorkshire Police
Julia Kirkbright	Team Manager, Child and Adult Services, Legal	Calderdale Council
Gill Poyser Young,	Designated Nurse for Safeguarding Children	NHS Commissioners, CCG
Richard Haigh	National lead tackling CSE	Children's Society
Maggie Smallridge	Head of West Yorkshire National Probation Service (Bradford & Calderdale)	National Probation Service

Julia Caldwell, Calderdale's Board manager was present at all meetings acting as an advisor. None of the Panel were from an Asian background.

Family involvement

2.10 This report is about Jeanette, who is now an adult, and she has been involved throughout the process of the review. The Panel contacted her father and let him know that the review was taking place and he was invited to read the report before publication.

The consultation process

- 2.11** The review involved consultation with a high number of staff and members of the public:
- Jeanette
 - practitioners who had worked with Jeanette and their managers
 - discussion with senior managers of children's services in Calderdale, (via the Panel)
 - focus groups with members of Halifax's British Asian community
 - Jeanette's current social worker
 - the senior police officer leading the enquiry
 - experts in child sexual exploitation and race issues, (from universities and The Children's Society)
 - Jeanette's foster carers.

I found all these people to be reflective, open and frank and thank them for their contribution to this report. Details of the consultation process are as follows:

Jeanette

2.12 Calderdale's business manager and I met with Jeanette and her current social worker on three occasions. The first time we explained the serious case review process and asked Jeanette whether there were any areas that she particularly wanted us to explore. She said there weren't but that she would be interested to hear what we thought at the end of the process.

2.13 I had, by this first meeting, read the joint chronology and I mentioned to Jeanette that some of the staff members who had been involved in her case had been trying hard to protect her, in particular a school nurse. Jeanette had no recollection of this professional and was surprised to learn that she had had so many children's social care workers allocated to her. It therefore occurred to me that Jeanette's "story" – if written only from the perspective of professionals' case records – would not reflect Jeanette's life as she had lived it.

2.14 We asked Jeanette if she would be happy with me viewing the recordings that the police had made of her interviews for the prosecution case and she agreed that I could. This provided me with material that I have used within the summary of events section of this report and it gave me a better understanding of the crimes committed against Jeanette and the reasons for her vulnerability.

2.15 We met Jeanette a second time nine months later. The long gap had been agreed because Jeanette was, during that time, involved in the trial of her abusers and had experienced the trauma of being examined and cross-examined by both the prosecution and defence lawyers (this was video recorded for the trial). By the time we met I had formulated the "narrative" section of this report (Part 3) and I read it out to her whilst her social worker listened and asked Jeanette questions checking that she understood what I had written. Jeanette was indeed surprised by the amount of activity that had been occurring between professionals. She said she could only remember three of her ten workers from children's social care. In all Jeanette had eight social workers and two outreach workers. To avoid confusion for the reader I describe these generically as children's social care workers and refer to them individually as CSC(1) through to CSC(9).

2.16 On the third occasion we discussed the whole report and Jeanette told us she was satisfied with the findings.

Practitioners who had worked with Jeanette and their managers

2.17 I met on five occasions with the practitioners mentioned in the report and their managers. On the first four occasions I met separately with practitioners, and then their managers, and I met with them all together on the last occasion, along with the authors of the agency reports.

2.18 The main purpose of these meetings was to discuss the particular issues pertaining to child sexual exploitation work in Calderdale and their memories of Jeanette. They told me that there were now many systems in place which directed their work better, not only in terms of child sexual exploitation but younger children "in need"⁴ and vulnerable teenagers. It was clear they had already reflected on Jeanette's case and they were saddened by her experience. Though they thought her case to be extreme, they thought there were other children in the area who were also vulnerable to exploitation. They were confident that they were better able to protect these children but not naïve enough to believe that all children were safe from this type of abuse.

⁴ As defined by The Children Act 1989 (children who need services from the local authority)

2.19 I came to this piece of work fresh from reading the Jay report (2014) into child sexual exploitation in Rotherham⁵ which described professionals who were reluctant to speak out for fear of being called “racist”. I determined therefore that I would discuss the fact that most of Jeanette’s abusers were British Asian men and challenge practitioners to consider why this may be. My experience was that, whilst there was some understandable reticence to discuss these issues, professionals were able to examine race and culture, consider a range of explanations (which this report will cover) and be reflective about their own practice. The “understandable reticence” was simply that we were a group of white professionals discussing the culture of British Asians (if there is such a homogenous thing) – inevitably we were generalising, always we were talking from a standpoint of ignorance. No-one spoke of pressure from senior managers or politicians to not mention race and culture (as was identified in the Rotherham report) and I concluded that I was not dealing with professionals or organisations who were seeking to limit such discussion. The professionals pointed out to me that, though the men all came from a similar culture in terms of racial identity, they also all lived in the same area as Jeanette and many had some contact with an illegal drug culture operating in the area. I concluded therefore that there were three issues of culture to be considered:

- the cultural heritage of the British Asian men involved,
- the small area where Jeanette and her abusers lived (described as a “post code” issue by professionals),
- the subculture caused by illegal drug activity.

Discussion with senior managers of children’s services in Calderdale, (via the Panel)

2.20 The panel consisted of senior managers from agencies working with children in Calderdale. The purpose of the Panel was to plan the process of the review and quality assure this report. The issues we were discussing - race, culture, racism, sexuality and sexual abuse - were contentious and, at times, fraught. There was a healthy range of views expressed and I am grateful to the Panel members for their suggestions as they have improved the quality of this report.

Focus groups with members of Halifax’s British Asian community

2.21 I decided at the beginning of this process that I needed to have some interaction with members of the British Asian community living in Halifax if I was going to be able to explore the issues around race and culture and hear an Asian perspective of life in Halifax.

2.22 Calderdale Council employs a range of community workers and I liaised with two in particular. I decided that I did not want to meet with “community leaders”, who are often from a religious background and predominately men. This view is supported by Barnardo’s (2016)⁶ who suggested that “*access to communities should be via a broad range of stakeholders, rather than solely through male religious leaders, and particularly through those with child-centred perspectives*” (page 22). The community workers identified a number of British Asian men and women who would be happy to meet with me. Both groups were a mixture of invitees who the community workers work with on a regular basis, some of whom already knew each other, either through the Council of Mosques or a community group.

⁵ Independent Inquiry into Child Sexual Exploitation in Rotherham (1997 – 2013)

⁶ “It’s not on the radar: The hidden diversity of children and young people at risk of child sexual exploitation in England”

2.23 It was decided by the men and women themselves that it would be easier for them to speak openly about issues about sex, sexuality and culture if I met with them in separate gender groups. This I did on seven occasions. I made it clear at the beginning of each of the first meetings that I did not see the individuals in the groups as representing their “community”. With hindsight this was a very important statement to make as it freed up the participants to say what they thought. At the beginning, talking with and listening to the men’s group was difficult as the men were more defensive than the women. I did not think this was unusual because we were not only discussing issues of race and culture but gender and, in particular, male violence over women. I believe I established good relationships with both groups who spoke openly to me about their own views, their heritage, their experience of living in Halifax, how sexual relationships are discussed in their families and their thoughts about the events that had led to this review.

2.24 This was an essential and helpful part of the review process. There was a mixture of opinions (as there was in professional groups and the Panel). Some of the women in particular were clear that there were issues of gender imbalance and power within the area. Many people from both groups thought that the cultural impact of illegal drug use was at least as important an issue as race and culture and all agreed that the men involved in the abuse would be under no illusions that what they have done was wrong.

2.25 A lot of discussion focused upon the general experience of living as British Asians in Halifax, an acceptance that there was a separation between communities along with an acknowledgement that the separation was changing. Both men and women told me that the British Asian community in Halifax were much more open about discussing issues such as domestic abuse, child sexual abuse and child sexual exploitation now than recently, and that much work was being done by members of the community themselves in opening up discussion about these issues. Consequently, the belief was that children were safer now than they had been before. I will elaborate upon this later in this report under the section entitled “community engagement”.

Jeanette’s current social worker

2.26 Jeanette’s current social worker (known as CSC(9) in the narrative section of this report) and I have worked closely together throughout the process of this review. As well as being Jeanette’s social worker she is an experienced practitioner.

The senior police officer leading the enquiry

2.27 A recent report by the Association of Chief Police Officers and the Crown Prosecution Service⁷ indicates that people working on serious case reviews and the prosecution of offenders relating to the review should share information and co-operate. Although he retired towards the end of the process of this review, I worked closely with the senior investigating officer. Much of the material in this report relating to the perpetrators comes from him, and I found our discussions extremely helpful in compiling information about the offenders for this report.

⁷ “Liaison and information exchange when criminal proceedings coincide with Chapter Four serious case reviews or Welsh child practice reviews”

Experts in child sexual exploitation and race issues

2.28 It has become clear to me during the process of compiling this report that knowledge and understanding about child sexual exploitation historically and nationally has been much greater in the voluntary than the public sector. To assist me in understanding the general issues about child sexual exploitation I met with an experienced manager from Calderdale's women's centre. I was interested in exploring how to help children who don't know they are being exploited and abused, and I found the manager's suggestion, that there is a similarity to working with people who are victims of domestic abuse, and the importance of professional perseverance along with a belief that the person will eventually leave their abuser, very helpful.

2.29 I had one meeting with two Asian academics who have been studying race, culture and child sexual exploitation. This was helpful in confirming for me that research is limited in this area but that the academic world is taking the issue seriously. They confirmed that I would be unlikely to be able to come to a firm conclusion about issues of race and culture, but I should aim for the report to be helpful in elaborating the factors and pointing the way for future research in this area.

Jeanette's foster carers

2.30 I met on two occasions with Jeanette's previous foster carers: once to hear their experience and once to inform them of the conclusions of the report. I found them to be caring, considerate and professional, and I have included a lot of what they said to me in the narrative section of this report. They described well how they helped Jeanette move on from her abuse and have therefore provided information that could be useful for other carers in this situation.

Interviewing the perpetrators

2.31 There was discussion at Panel about the appropriateness of offering to interview the (then) alleged perpetrators for the benefit of this review: the majority opinion was that this would not be useful whilst the prosecutions were in process and therefore I have not attempted to have conversations with the offenders. This issue will be reconsidered now that the trial is over.

Agency reports

2.32 The following organisations produced reports detailing their involvement with Jeanette, critiquing the practice of the professionals involved whilst considering broader contextual issues relating to guidance, systems and processes.

- Children's social care
- Independent reviewing service
- West Yorkshire police
- Youth offending service
- General practitioner's service
- Calderdale and Huddersfield NHS Foundation Trust
- Education
- Sure Start (Parent Support Worker in School)
- National probation service

2.33 The Probation Service had no involvement with Jeanette. However, it was noted by the Panel that five of the men charged with offences against Jeanette were known to the West Yorkshire Probation Trust at the time of the offences. The agency report produced by the probation service identified that only one of these five men had any history of sex offending, and his offences were not similar to these offences in that the sexual offence was against an adult female in the context of a relationship. Although there was some general local learning for the probation service, the Panel were agreed that it was not possible for probation officers to predict that those five men would be involved in these types of offences.

2.34 The agency reports produced for this review were thorough and unstinting in their criticism of the work undertaken in Jeanette's case, and provided evidence about how things had improved in the Calderdale area in the last three years.

Timescales

2.35 The criminal prosecution of this number of offenders was complex and took two years to piece together and resulted in three separate trials spread between February and June 2016. There has been considerable delay between starting the review in January 2015 and finalising the report in November 2016. This is because it is not possible to publish a serious case review report until the trials associated with the case have been completed, as the content of the review report may prejudice the trial. This means that the review has taken 21 months.

Dissemination of learning

2.36 A culture of continuous learning and improvement in Calderdale across the organisations that work together is complemented by regular monitoring and review. This is outlined in the Calderdale SCB *Learning and Improvement Framework*. However, some examples of how the learning from this review will be promoted and embedded are:

- a) Training and briefings to professionals and young people
- b) Newsletters, briefing papers and learning lessons for front line practitioners
- c) Quality assurance through audit
- d) Performance management of indicators outlining practice improvements or need for development
- e) The production of a version of this report suitable for use with 14 year olds
- f) Publication on website
- g) Policy and procedure updates
- h) Action plans: translation of recommendations into SMART programme of action that lead to sustainable improvements in practice which have been monitored, implemented and updated through the Calderdale LSCB Case Review Sub Group and Business Group
- i) Challenge events for front line practitioners to ensure the learning has been absorbed

3. SUMMARY OF EVENTS (Jeanette's story)

3.1 This part of the report quotes from information that Jeanette gave to the police when she helped them put together the prosecution case. The quotes are displayed in italics and are used to explain Jeanette's story in her own words in order to help the reader understand how Jeanette became victimised by her abusers. It is important that the reader realises that the professionals working with Jeanette did not have access to all of this information at the time they were trying to help her.

From birth – ten years old (1995-2005)

3.2 Jeanette was the youngest member of her family, she has two siblings who are considerably older than her.

3.3 When Jeanette was a year old her mother was diagnosed with a life-threatening and life-changing disease and she was told that she had approximately 15 years left to live. Jeanette's mother's illness and short life expectancy was therefore ever present in Jeanette's life. This disease causes a disorder in movement and Jeanette remembered being bullied at school at the age of five because of the way her mother walked. Jeanette recalled that her father wanted her to walk home alone but her mother refused to allow this.

3.4 From the age of eight, Jeanette's mother's health deteriorated and Jeanette remembers that she and her sisters did most of the caring for her mother. Jeanette said that her father was often away from the family home. Jeanette's primary school attendance was 84%, and in addition she was late on average once every fortnight.

Age 11 (2006-2007)

3.5 By the time she was 11 years old, Jeanette's life at home was unhappy: her mother was ill, her father often absent and, when at home, there were lots of arguments. She was caring for her mother and was receiving little attention from her father. She started at secondary school, a transition that many young people find difficult at the best of times. There are no records to indicate that anyone had identified Jeanette as a young carer. Had she been, she would have been seen as a "child in need"⁸ and offered some support.

3.6 She told her present social worker (in 2015) that this was the time that she started to go out late at night to a local park, often with older young people, and she started to meet some of the men who would later go on to abuse her.

Age 12 (2007-2008)

3.7 When Jeanette was 12, her mother went into a care home full time and her eldest sister left home, leaving Jeanette with her father and her other sister (then aged 18). She described how her father was often away living at his girlfriend's house, meaning that there was often no gas, electricity or food at home. As a contrast to life at home, Jeanette enjoyed the attention that she was getting from men in the park and felt liked and accepted by them. There are no records to indicate that any professionals knew that she was spending her time in this way.

⁸ A definition from the Children Act 1989 which means a local authority (not necessarily children's social care) should provide services

3.8 In police interviews for the criminal proceedings associated with this case, Jeanette described how her father left the family home (this description was not known to professionals at the time they were trying to help her).

“My dad didn’t live there for about a year. I was there with my sister. There was nothing to eat or anything like that. I started drinking, 11 or 12. I just went out and had a drink with friends from school. I drank to forget about things”.

3.9 She also described how she became friendly with another girl, then aged 15, and how she began to be “groomed⁹” by men for abuse.

“I’d go out, hang out with friends I used to go with a particular girl. I’d hang around with her, she was 15, I was 12. We’d go out and meet random people, stay out all night. I thought she was alright but my mum never liked her. I felt sorry for her, she didn’t get on with her mum. We’d get drunk, get high. Sometimes we met people in the park. We’d get someone to buy us vodka. I started drinking at 11, smoked cannabis before cigarettes. We’d sunbathe, listen to music. People would talk to us. Men would stop and we’d get into cars. I started off with cannabis just before I was 13 then I got into heavy drugs as it went on. I didn’t know anyone who wasn’t taking drugs”.

3.10 Jeanette described an early incident when one of the men and two of his friends had keys to a house, and she went in with them and another girl. She was 12, and the other girl 16. They had some drinks, a bottle of vodka that was mostly drunk by the girls. Soon afterwards, the police came and said they suspected a burglary. The men were arrested and the police took Jeanette home. The other girl was left to make her own way home.

Age 13 (2008-2009)

3.11 Jeanette’s mother died soon after Jeanette’s 13th birthday and, three months afterwards, her father moved out of the property permanently - leaving Jeanette with her 19-year-old sister.

3.12 On 9th February 2009 CSC(1) was allocated to Jeanette because the Family Court had asked for a s(7) report¹⁰, but records offer no indication why. The children’s social care worker filed a report for court on 13th March, in which he was positive about Jeanette’s wellbeing and a recommendation was made that her father be granted parental responsibility as, presumably following the death of her mother, no-one had parental responsibility for her.

3.13 On 4th April Jeanette’s school reported to the police, but not to children’s social care, that she had brought cannabis belonging to her father into school and had distributed it to fellow students. On 5th June children’s social care received a referral from a youth worker, who knew Jeanette because an education welfare officer had asked that he work with her. He said that he was worried about Jeanette as he thought she may be involved in child sexual exploitation. The referral contained direct quotes from Jeanette which included reference to ‘cruising with older males’ and how her father never cooked for her and was never in. Apparently, Jeanette had said that her father was violent towards her after her mother had died and she had said: “if I start talking I won’t be able to stop and my dad would end up in prison”. Children’s social care case files indicate that the referral was ‘refused’ because it contained no new information since the Section 7 report for court had been completed.

⁹ The process by which the men “befriended” Jeanette and won her trust in order to abuse her.

¹⁰ A report for court to consider the child’s welfare

Age 14 (2009 – 2010)

3.14 On 5th August 2009 police officers went to a house because they had been informed by the mother of a friend of Jeanette's that her daughter, a third young woman and Jeanette were missing. Jeanette was found with the two other girls, in the company of two British Asian men. The girls did not make any complaints and the police officers took them home having warned the men about their behaviour. Once home, one of the girls said that she had been subjected to unwanted sexual advances from one of the men - who she said had tried to grab and kiss her. However, no further action was taken against the perpetrators because the young woman was not prepared to be interviewed and examined further. The police records show a referral was made to children's social care but there is no record of that referral being received. The allegation of sexual assault was not recorded as a crime, though it should have been.

3.15 On 1st November the school made a referral to Sure Start, who allocated a Parent Support Worker in School (PSWiS) to the family.

3.16 An Ofsted inspection into safeguarding arrangements in Calderdale took place between 18th-29th January 2010, which found safeguarding arrangements to be "inadequate".

3.17 On 12th February 2010 the PSWiS visited Jeanette, and then telephoned the police and children's social care because Jeanette said that she had been hit by her father because she was "out of control". The police visited with a children's social care worker who recorded that Jeanette had marks on her neck. Jeanette said that she did not want any further help. Jeanette was now living with her sister and said she didn't want to go home because her father hit her, was never at home, was a gambler and took drugs. Her sister told the children's social care worker and police officer that she was concerned because Jeanette was getting gifts and presents from Asian men. Later that same day CSC(2) was allocated to Jeanette.

"Guys would offer you drugs if you would sleep with them. They pull up in a car and ask where are you going they say why don't we go out for a drink. They're nice to you, they buy you a drink, I'd have vodka. Once you've had a drink they offer you drugs. You smoke cannabis anyway but heavier drugs when you've had a drink, you don't think about it. You just take it. You go to a hotel. Most of the time you don't remember because you're off your head. They all tell you fake names, obviously... I can't remember the first time I had sex, I've never had sex sober".

3.18 On 16th February CSC(2) recorded that Jeanette was a "child at risk and returning at 6am in the morning" and living with her sister was "not in the best circumstances". Shortly after this date Jeanette went to live with her aunt. There are no records of an assessment being completed until 8th April when CSC(3) was allocated to Jeanette. An assessment was started following a strategy meeting¹¹ called because of allegations of an assault on Jeanette by her father. The assessment was completed on 13th April. Jeanette continued to allege that her father had physically assaulted her. Prior to living with her aunt, Jeanette's school attendance had only been 37%. The assessment recorded that Jeanette was no longer receiving presents from Asian men.

3.19 The PSWiS closed the case on 6th April because Jeanette was now living at her aunt's and her school attendance had improved.

¹¹ A meeting between police officers and social workers to consider whether an investigation into child abuse should take place.

3.20 On 28th April an education welfare officer (EWO) contacted children's social care and the children's social care worker recorded the EWO: *"has been aware that Jeanette had been getting into cars with Asian males and drinking alcohol when she was not in school, however said he felt this is no longer the case and that she is safer at her Aunt's"*

3.21 On 3rd June someone from Jeanette's school made a referral for Outreach services¹² and eleven days later an outreach worker was allocated to Jeanette. The work to be completed was listed as *"relationships, parenting work with dad, awareness regarding bereavement"*. Two weeks later children's social care recorded that Jeanette was again living with her father.

3.22 On 25th June Jeanette said at her outreach session (with her father and aunt) that she knew some of her friends were at risk of child sexual exploitation by getting cannabis from Asian men but that she no longer had any involvement. It was noted that Jeanette's school attendance had fallen since she had returned home to live with her father.

3.23 On 1st July CSC(4) was allocated to Jeanette and over the next eight days this worker carried out three sessions with Jeanette or her father. On 9th July 2010 CSC(5) took over from the outreach worker appointed on 3rd June. She remained involved with Jeanette until May 2012.

Age 15 (2010-2011)

3.24 On 16th September 2010 CSC(6) was allocated to Jeanette, (records do not indicate why a change of social worker was needed). It is unclear why this happened, (because the records do not state a reason) but it may be that Jeanette was denying that she was being sexually exploited. The outreach workers had offered 15 sessions and Jeanette had attended for most of them whilst her father had missed most.

3.25 On 23rd November 2010 Jeanette was arrested for shoplifting. She was tested for drugs and was found to have taken cocaine. She received a Juvenile Reprimand¹³ for the shoplifting offence. Later that same day, staff from Jeanette's school discussed how worried they were about her and made a referral to children's social care which included Jeanette's comments that her father could turn violent when he was in a bad mood, and the fact that she regularly went out late at night and associated with older males. Jeanette's school attendance was 70%.

3.26 On 1st February 2011 a professionals' meeting was held following concerns expressed by the school nurse to CSC(6). Jeanette had told her outreach worker that she was going in cars with older males, but that nothing was happening, and that she was only going to look after the younger girls. She also stated that she was going out in the early hours of the morning without her father's knowledge. CSC(6) said that she would discuss the case with her manager about whether Jeanette could come into care voluntarily. The conversation took place on 7th February 2011 but no action was taken because of a reorganisation in the department. A further meeting was booked for 7th March 2011.

3.27 On 4th February Jeanette's father's partner rang children's social care to say Jeanette had been missing. The children's social care worker telephoned the missing person co-ordinator for the police, who added a 'flag' to Jeanette's name (on the police computer) to indicate that she was at high risk. This police officer remained working with Jeanette until August 2012. Because of the importance of his involvement this report will refer to him by the pseudonym "Robert". It is unclear exactly when Jeanette returned but she was back in the family home by 8th February.

¹² Unqualified workers who work with people in the community.

¹³ These replaced "cautions" and are issued for a minor first offence

3.28 On 7th February the school contacted CSC(6), who said she had discussed Jeanette with her manager, as agreed at the meeting held on 1st February, and the case was due to be transferred to another team because of a departmental reorganisation. There was no further comment made about the possibility of Jeanette going into care. CSC(6) said she had spoken to Jeanette's father's partner and advised her to report Jeanette to the police when she went missing.

3.29 On 8th February children's social care received a referral from an ambulance crew to say that Jeanette was not coping with her situation, running away, going missing for two days and her father had slapped her for refusing to say where she'd been.

3.30 The next day Jeanette went to school with a bruised lip. The school phoned the police, who noted that her father had hit her as a result of non-school attendance. A child protection referral was made to social care. That same day Jeanette told a teacher at the school that she had been pushed down the stairs at home by her father and that she stayed with a friend for two days. She would not say who the friend was. The school called children's social care and passed on this information.

3.31 The following day (10th February) the school phoned children's social care for an update but were unable to get any information. They then rang the police, who said a child protection investigation had been undertaken by children's social care (despite the fact that this now warranted a joint investigation between police and social care) and the case was now closed. There are no records of this investigation. Later that day CSC(7) was allocated to Jeanette.

3.32 On 16th February 2011 the school telephoned the police to raise concerns because Jeanette had left for school in the morning but had not arrived, they recorded her as "temporary absent". The next day the case was passed to Robert who, the following morning at 3:45 a.m. contacted Jeanette who stated that she was safe and well at a friend's house and would not be returning home until 9pm.

3.33 On 23rd February 2011 police officers went to Jeanette's sister's address to see if they could find her but there was no one in. Enquiries were made at the home of a friend of Jeanette and the friend said she had not seen Jeanette for a few days. Jeanette returned home later that night, stating she had been at the house of a 19-year-old male friend drinking vodka. Whilst away from home she had met up with her sister, who had brought her home.

3.34 On 7th March 2011 a meeting was held at the school, as Jeanette's school attendance was now 60%. The meeting discussed Jeanette's alcohol misuse, child sexual exploitation and physical abuse. Jeanette had been telling professionals that she was staying in hotels in Leeds, Manchester and Huddersfield. Professionals at the meeting expressed their dissatisfaction over the lack of involvement from children's social care. Concerns were also raised by school staff over the fact that a part-time children's social care worker was leading this case. The duty social worker present said that she would look into the case being transferred to a full time social worker.

3.35 Three days later Robert and a children's social care worker went to Jeanette's address to conduct a risk assessment but she was not present. Her father said she was spending time with a 19-year-old male, and that Jeanette had been found in possession of sums of money and vodka. The two professionals then went to Jeanette's school, saw her and completed a child sexual exploitation risk assessment form. She was assessed as medium to high risk. She said she was in a relationship with a 21-year-old man, she drank four bottles of vodka per week and used drugs. Throughout the meeting Jeanette constantly received calls to her mobile phone.

3.36 On 18th March 2011 CSC(8) was allocated and Jeanette told her that “*everything was ok*”. However, she also gave a clue about what was happening to her as she also said she’d been “*out in a taxi last night*”.

3.37 On 30th March 2011 police visited Jeanette at her home following a report from her father that she had returned home drunk. She was arrested in order to prevent a breach of the peace and taken to the police station. Whilst there, one of her friends came in claiming that, the night before, Jeanette had tricked her into getting into a car with two unknown Asian men. The friend stated she was taken to a restaurant in Huddersfield where she was sexually assaulted before being taken home. This event did not trigger a strategy meeting or a child protection inquiry for Jeanette – this may be because a professionals meeting was due to take place the following day. She was returned to her father’s care with no risk assessment or contingency planning.

3.38 The following day a further meeting of professionals took place. The minutes state that a girl claimed that Jeanette had enticed her into the car of an Asian male, where the doors were locked and the girl was touched inappropriately by two men. Jeanette was going out at night while the family were asleep. Her father’s girlfriend and her son had moved into the family home. Apparently Jeanette’s friend said that this was not the first time that Jeanette had tried to get her into a car. The police stated that Jeanette had been arrested and interviewed on suspicion of facilitating a child sexual offence, and at the conclusion of the enquiries she was not charged with any offences. Both the police and school made it clear at the meeting that they felt this case should be moved up to child protection from child in need – something that had been expressed at previous meetings. The children’s social care worker again said that the case would be discussed with her manager and the police were unable to take any disruptive action against the offenders, because neither Jeanette nor her friend had been able to identify the offenders.

3.39 On 6th April 2011 Jeanette’s father found explicit sexual messages on her phone suggesting sexual activity in exchange for money with five men. He banned her from leaving the house except to go to school. Robert took the phone for “*evidential purposes*” and tried, but failed, to identify who the holders of the numbers were. Jeanette was seen at school by CSC(8), regarding the concerns surrounding her mobile phone, sexually transmitted diseases and risk of pregnancy. This resulted in a child sexual exploitation meeting taking place the next day.

3.40 On 13th April 2011 Jeanette sent a text message to Robert asking him to ring her because she was out of credit. When he phoned she said she was in a hotel but she didn’t know where. Robert helped her to find out (she was in Bradford) and then collected her and took her to the police station where MCAT was found in her possession. She was arrested for possession of controlled drugs¹⁴ and a referral was made to the Youth Offending Team. It was established that Jeanette had been taken to the hotel by a British Asian man. This man was arrested on suspicion of rape and interviewed. He stated that he had seen Jeanette in Bradford on a few occasions in cars ‘chilling’ with other men. He said she had told him she was 19 years old. On 11th April 2011 he had seen her getting out of a black Mercedes. He asked Jeanette if she wanted to drive around and she agreed. They went to a hotel in Bradford where Jeanette had sex with him and some other men. Whilst in the room Jeanette had taken MCAT and cocaine.

¹⁴ This later became a “final warning”

3.41 In her video interviews with the police (this description was not known to professionals at the time they were trying to help her) Jeanette said:

"I drank to forget about things. I drank lots so I couldn't feel the sex and I've never had sex sober. They always offered me the alcohol. It was always hard stuff, I never poured my drinks. If I hadn't been drinking I would have seen it in a different light. I wouldn't have agreed to have sex if I hadn't had drink. It's not like I enjoyed the sex. If I got a text I thought I'd have a drink or a smoke. I was drinking every night, bottle of vodka every night. The men supplied me with the vodka, they just bought it anyway, I didn't have to ask for it. They'd sometimes get more people. I wanted someone to talk to, have a drink with, smoke and company. It wasn't about the sex".

3.42 The police records show that Jeanette told them she had had sex with three men but she was extremely vague about the details. She said that at least one of them knew that she was 15 years old. She denied being involved in prostitution¹⁵. The crime was reviewed by a Detective Inspector and finalised as a no crime with regard to the rape allegation. A Final Harbours' Warning¹⁶ was administered to one of the men.

3.43 Robert challenged the decision to prosecute Jeanette because he felt that she was a victim of child sexual exploitation and should have been dealt with as such and not be criminalised. Jeanette was bailed for a Final Warning for possession of a class A drug and was then taken to a Children's Home for one night, she then went to stay with her aunt. An appropriate adult¹⁷ from the Youth Offending Team (YOT) sat in with Jeanette during the interview. She passed information onto the YOT prevention co-ordinator for child sexual exploitation who agreed that a strategy meeting needed to be held (set for 20th April 2011) and allocated a YOT worker to Jeanette.

3.44 On 14th April 2011 Robert's manager sent the following email to CSC(8):
"I understand your team currently manage Jeanette aged 15 years. It is the view of West Yorkshire Police that she is currently leading a lifestyle that puts her at serious risk of significant sexual, physical and emotional harm. For some time now intelligence received by Social Care, Education and the Police has identified Jeanette as being at risk of Child Sexual Exploitation. Recent events have seen her arrested for facilitating a child sexual act upon fellow CSE victim and more recently a victim of rape by an adult male from Bradford who is currently under police investigation. Evidence gathering by the Operation Handle Team at the Safeguarding Unit has established that Jeanette was subject of sexual acts by at least a further four adult males at the hotel, Bradford on Monday 11th April 2011. Despite the best efforts of investigating staff, Jeanette has refused all cooperation with the Police and continues to act in a manner that puts her in great danger. We cannot clearly manage this risk as a single agency and it is my view that this case merits further assessment by Social Care and I would like you to consider bringing all professionals around Jeanette together in a child protection conference. Can you please give this case further consideration and update the Safeguarding Unit with any decisions made."

¹⁵ Earlier Government guidance (2000) has used the term "child prostitution" as opposed to "child sexual exploitation". This phrase is now no longer used because it implies a level of consent from the child.

¹⁶ Now known as "Child Abduction Warning Notices". Warnings are issued to people who are believed to have placed a child or young person at risk of offences being committed against them.

¹⁷ An adult who accompanies vulnerable people and adults who are being interviewed by the police.

3.45 On 18th April 2011 a YOT assessment was completed regarding the offence. The assessment concluded that Jeanette's vulnerability scored as Very High. It said:

"Jeanette is heavily involved in CSE and has been for a number of years, therefore she cannot see the risks she is placing herself in. It is also believed Jeanette has tried to entice other young girls into CSE and in some cases she has been successful. She admits to using class A mainly substances, (sic) MCAT and cocaine which she states are given to her by her older male friends. She frequently goes missing from home, often frequenting hotels with a number of different males, which places her in an extremely vulnerable and risky situation. There are also concerns that Jeanette will disappear once she has left school and she has indicated to me once she turns 16 she will leave home and obtain her own flat. There are a number of professionals currently working with Jeanette and her family, but from the information I have gathered from other agencies involved suggest that a number of professionals have been involved for at least two years, but no improvements seem to have materialised. In fact, things have probably got worse".

3.46 A week later YOT worker(1) met with Jeanette. They talked about her offence and how she found herself in the situation she did. Though Jeanette was quite open about what had happened she referred to these older males as friends of hers and she kept some details to herself.

3.47 On 12th May 2011 a meeting of professionals was held. The recent events were discussed and concerns were expressed that Jeanette was being sexually exploited. Education, social care, YOT, CSE worker, and Lifeline¹⁸ were present. Professionals requested that Jeanette be subject to a child protection plan. CSC(8) agreed to discuss this and a referral to the Family First Panel¹⁹ with her line manager. It was agreed that Lifeline would carry out an assessment to see whether they could work with Jeanette, and the outreach worker would have weekly sessions with Jeanette and separate meetings with Jeanette's father. The next day CSC(8) made a referral to the Family First Panel.

3.48 A week later a telephone call was received by CSC(8) from Jeanette's father's partner. She said that Jeanette had stormed out of the house because her dad had grounded her and also removed her mobile phone. She said there were disgusting text messages on the phone which she had given to Robert. She stated that she couldn't cope with Jeanette's behaviour any more, as it was making her ill, and that she and Jeanette's father didn't want her to return home as they could not keep her safe. Despite this, Jeanette returned home the next day. The police visited and Jeanette said she had been stopping with a friend who lived around the corner.

3.49 On 23rd May 2011 Jeanette's case was discussed at the Family First Panel. The outreach worker was asked to pick up extra parenting work.

¹⁸ A voluntary organisation that works with individuals, families and communities both to prevent and reduce harm, to promote recovery, and to challenge the inequalities linked to alcohol and drug misuse.

¹⁹ A committee of senior managers who agree the allocation of resources to families.

3.50 Three days later, YOT Worker(1) met Jeanette, her father and her father's partner and introduced them to Jeanette's mentor, YOT Worker(2) who happened to be the appropriate adult who Jeanette had previously met. Jeanette's father said that things had settled down since last week. Later that day a further professionals' meeting took place. Present were CSC(8), her manager, Robert and YOT worker(1). They discussed ongoing concerns regarding the risk to Jeanette. Robert explained that once Jeanette was 16 years old the police would have difficulty protecting her in her current situation. However, if she was looked after by the local authority the police would have better opportunity to safeguard her as a child at risk of child sexual exploitation until she was an adult²⁰.

3.51 At the end of May YOT worker(2) met with Jeanette after which she sent the following email to the YOT prevention co-ordinator for CSE:

"Jeanette mentioned meeting a guy called (NAME)²¹ who is 27... who drives a (CAR) (no colour given). Jeanette says she has known him for a few years. He has a girlfriend who she hasn't met. Jeanette says they go to places where the Police can't pick them up, but did not mention where? Jeanette said (NAME) owed her a bottle of vodka but wouldn't say why. Jeanette also said that when she is 16 she can do what she wants."

3.52 On 2nd June children's social care held a Gateway Panel meeting²² and a recommendation was made to ask Jeanette's father to agree to her being placed voluntarily in care,²³ even though it was recognised that this may be difficult to put into practice if Jeanette herself was not in agreement.

3.53 A week later Jeanette arrived at school by taxi for an exam. She said she had come from Manchester and she had been assaulted by a male who she then hit with a hammer. She was under the influence of drugs. She had a broken tooth and a split lip. Later that day Jeanette taken to the hospital by police and children's social care workers. Whilst there she said to the police that she wanted to get out of what she was involved in and she was placed in police protection²⁴. She became accommodated²⁵ and she was moved to a local foster placement. Because she was unable to give the police more information they were unable to take any action against the alleged offender.

3.54 Jeanette's story, as told to the police during a video interview was as follows, (this description was not known to professionals at the time they were trying to help her):

"When we got to the hotel one of the men would always go into the hotel first to check that the same male receptionist was on duty. He would then get money from the other males in the car to pay for the room. I had sex with one of the men, his brother and three other men in the same room. At this point the other males returned and had sex with me. I was not happy having sex but I did not actually say "no". I was very drunk having taken drugs and drunk vodka."

²⁰ This is presumably a reference to the age of consent rather than the duties and responsibility of the local authority.

²¹ All names, phone numbers and car registration numbers have been deleted from the text but "CAR" etc. left to demonstrate the detail of this professional's work.

²² These meetings are chaired by senior children's social care managers who make decisions about whether or not to a child should be accommodated into local authority care provisions either under S20 or under an Interim Care Order via court proceedings.

²³ Children Act 1989 s20

²⁴ Police can ask a local authority to look after a child for up to 72 hours.

²⁵ This means it was with the agreement of her father and done under s20 of the Children Act 1989.

3.55 On 15th June 2011 Jeanette was reported missing by her foster carer. Officers contacted Jeanette on her mobile. She was drunk and would not say where she was. Male voices could be heard in the background. She was found the next day at her father's house. Later that day YOT worker(2) arrived at Jeanette's house for her session, but was told by Jeanette's father's partner that Jeanette was now in care.

3.56 The next day Jeanette told Robert she had been in Rochdale with a friend and had become involved in a fight. She had bruises and her ribs were sore. She refused any medical treatment.

3.57 The following day YOT worker(2) visited the foster carers, who were unaware that she was involved with YOT.

3.58 On 20th June YOT worker(2) met Jeanette at college to help her enrol on a child care course. She later sent an email to the YOT prevention co-ordinator for child sexual exploitation saying *"Jeanette was picked up after the meeting by an Asian male in his 30s who was driving a (CAR), (COLOUR) (REGISTRATION PLATE). Jeanette has a further new mobile number – (NUMBER)"*

3.59 The next day Jeanette went missing again. She was found the following day at her sister's house by Robert. She stated that she had been walking the streets all night as she did not want to go home to the foster carers. She had been drinking vodka and taken cannabis. Two days later YOT worker(2) sent the following email to the YOT prevention co-ordinator for child sexual exploitation: *"Jeanette asked if she could use NAME's (YOT worker(2)) phone to make a call. The numbers rang off the phone were – (TEL. NUMBER) & (TEL. NUMBER). Jeanette said that the person she was ringing was known to her as (NAME), whom she had met up with last night at 19.50pm outside KFC. YOT worker(2) said that she had been with Jeanette prior to her meeting with this male so she waited around a while and noted down the details of the vehicle Jeanette got into – a taxi registration (REG NUMBER) (COLOUR) (CAR). She also told YOT worker(2) that the male who picked her up from college yesterday was known to her as (NAME)."*

3.60 On 24th June 2011 Jeanette was again missing. YOT worker(2) contacted Jeanette on her mobile phone during the evening and Jeanette said she was out in Halifax with friends. She said that she did not want to return to her foster carers, as they refused to let her stay out for the night. YOT worker(2) tried to talk her into going back and Jeanette returned to the foster carers the next day.

3.61 On 1st July Jeanette went missing. She returned on 4th July. On 7th July 2011 Jeanette's first Looked After Child²⁶ review took place. It was noted that she had been missing nine times since being placed in foster care on 10th June, just 27 days earlier. The decisions made at the review were:

- 1) Jeanette to remain accommodated. Father was present and agreed.
- 2) Move Jeanette to a foster placement outside of the district to afford her some protection.
- 3) Establish a clear plan of intervention to assist in breaking the cycle of abuse. Where possible current support to continue into new placement.

²⁶ These are meetings that take place to make sure that children in care are being looked after properly.

3.62 On 8th July 2011 Jeanette met her Lifeline worker for the first time (to start the assessment agreed at the meeting on 12th May) but she was under the influence of drink and drugs so an assessment was difficult. Three days later Jeanette told her Lifeline worker that she had been raped approximately six months ago. This information was passed to children's social care but Jeanette refused to make a statement to police.

3.63 In her police interview (this description was not known to professionals at the time they were trying to help her) Jeanette said:

"I had sex with one man. When he'd finished he went and got another man saying that I had to have sex with this man because he owned the house we were in. I refused. The first man became violent, pinning me to the wall. He said if I didn't have sex with the second man I'd have to walk home from Bradford. The other man stood there smiling. We had sex in a locked room with my arms pinned above my head²⁷".

Age 16 (2011-2012)

3.64 On 22nd July 2011, two weeks after the LAC review first made the recommendation, Jeanette moved to a new foster placement, one that was a considerable distance from Calderdale. Robert and CSC(8) drove her there. When they arrived Robert took all of Jeanette's phones off her, he said for evidence but it was also to help end the contact that she had with her abusers. The foster carers told me the following during my meeting with them in May 2015:

"Jeanette was standing on our door step with a black eye, smudged make-up, wearing low cut trousers and a low cut top with her fake tan running off her. She came in, sat down and said "you seem like a nice family but I won't be staying here for more than two hours". We were told that she was addicted to drugs and alcohol but that turned out to not be true. We showed her the room that she would have, and the foster father walked to the shop with Jeanette because she wanted a tuna and cucumber sandwich. We unpacked her bag noticing that all her belongings were in that one bag. We threw away two empty bottles of vodka but found one that was half-empty. We put it in our medicine cabinet and told Jeanette that she could have some when she wanted it. She only ever asked for one measure and eventually she threw it away saying "it probably wasn't any good any more".

3.65 The existence of the vodka put the foster carers in a difficult position as Jeanette was too young to have this in their house. However, they were at an early stage of forming a relationship with her and their judgment was that throwing the vodka away would be too confrontational. She was the carers' first full-time foster child, and their only previous experience had been to look after a young person for a week-end.

3.66 On 1st August 2011 the second Looked After Child Review took place. The decisions were as follows:

- 1) Jeanette to remain with her present foster carers.
- 2) to maintain the out of district placement whilst the plan of work outlined in this review is carried out.
- 3) Jeanette to attend a course on child care.
- 4) Social worker and carers to decide when a home visit is right for Jeanette to see her family.
- 5) Jeanette to receive self protection work.

3.67 On 12th August CSC(8) visited Jeanette and recorded that: *"Jeanette is making good progress in new placement, does not wish to return to Halifax, talks of having no childhood or family life"*.

²⁷ This information was not known by professionals at the time.

3.68 The foster carers told me that they noticed that Jeanette didn't know any TV programmes and took a while to relax. They described her as having a "disrupted socialisation" – by which they meant she hadn't been "taught" to act "normally". They had to encourage her to just sit and relax; they told her that she didn't need to come down in the evening in full make up, that it was OK to sit in a dressing gown and watch television.

3.69 They told me about the importance of believing her story and listening properly to what she was saying without pushing her to talk. They asked open questions when she brought up the subject about what had happened to her. At one time Jeanette read an article in a newspaper about child sexual exploitation and said that this had been what had happened to her. They encouraged her to believe that she had done nothing wrong and, in time, they noticed she placed the responsibility for the abuse with her abusers and not herself.

3.70 They noted that for many months Jeanette asked permission for things like having a biscuit or using the toilet. She explained that this was how she was expected to behave whilst at home. She said that if she just took something her father would hit her.

3.71 They encouraged her to believe in herself, and encouraged her to go to college - pointing out that she knew a lot about Health and Social Care because of the care she had given to her mother when her mother was ill.

3.72 The foster carers had two daughters, one a similar age to Jeanette and one younger, and they thought that this helped Jeanette because she could see how they dressed and behaved.

3.73 The foster father talked about the importance of keeping himself safe by staying downstairs if only he and Jeanette were in the house, not hugging her, being careful about telling her how good she looked because this would have been what her abusers would have told her. He movingly described to me the first hug that Jeanette had given him when she was 18 saying: *"I'm an adult now, so I can"*.

3.74 They described how the men who she had been mixing with retained a great emotional hold over her for a long while because they had been meeting a need that Jeanette had for company, love and approval.

3.75 On 5th September 2011 CSC(8) was allocated to Jeanette.

3.76 On 17th November 2011 Jeanette told her foster carer that she had once been raped by 19 men in one night. The foster carers passed this information onto CSC(8). This disclosure was the beginning of the process whereby Jeanette, with help from her social worker and foster carers, understood that she was not responsible for the abuse that she had suffered. This resulted in her making a full disclosure to the police regarding the sexual abuse she had suffered. She told her foster carers that she had thought about her niece and wanted to protect her and other children in Calderdale. She said that she wanted to talk to Robert and he conducted most of the initial interviews which took place between 1st February 2012 and 22nd March 2012.

3.77 Jeanette was surprised at her first Christmas with the foster carers because of the amount of presents that they and their family had bought for her. She said her previous Christmas had been celebrated by a McDonalds meal and a bottle of vodka. Jeanette drank a glass of wine with her meal and said it was the first time she had drunk alcohol out of a glass.

3.78 In February 2012 Jeanette was video interviewed for the first time. Her willingness to talk to the police and the evidence she provided resulted in eleven interviews being conducted. The extent of the enquiry was reported to West Yorkshire Police Gold Group and the case was subsequently transferred to the Homicide and Major Enquiry Team in August 2012.

3.79 She provided the police with further interviews between 6th November 2012 and 16th September 2014. In total 53 interviews were conducted, amounting to 44 hours of video evidence. This resulted in:

- 5,900 lines of enquiry being pursued
- 733 interviews (both complainants and suspects)
- 1,754 statements being taken
- 2,812 exhibits being seized
- 90 premises and 21 vehicles searched
- 413 Phones and SIM cards taken and examined
- 156 Computers and peripherals taken and examined

3.80 As a result of the disclosures made to the police by Jeanette, 54 suspects were eventually identified, arrested and interviewed between May and September 2013. Their home addresses were searched and, where appropriate, forensic examinations were undertaken. Crime scenes were identified in some hotels which underwent forensic examination. Identification procedures took place resulting in 20 positive identifications.

3.81 Of the 54 men identified and questioned, 25 were charged. All but one of the men were British Asians, the other was White British.

3.82 On 18th June 2012 CSC(9) was allocated to Jeanette's case. At the time of writing this report (October 2016) she is still Jeanette's social worker and has been instrumental in helping Jeanette put her life back together.

3.83 Jeanette's foster carers remained in contact with her for some considerable time after she was placed in their care.

4. ANALYSIS

Introduction

4.1 Jeanette's story describes an inadequate system. This inadequacy had already been identified by Ofsted. The three main agencies, police, health and children's social care initially failed to protect Jeanette, despite attempts made by individual professionals, until she realised she had been abused and actively sought out help. This happened after she'd been living in foster care. The terms of reference produced at the beginning of this process in January 2015 contained a number of questions based upon practice in Calderdale before 2012. The agency report authors have addressed those questions and I cover their answers in the *analysis of events* below. There have been many changes within the agencies that protect children in Calderdale since the summary of events described in this report; listed under the sub-heading "*What Happens Now*".

4.2 There was considerable contact between Jeanette and health professionals (both primary and specialist), and the review identified that communication between these professionals, particularly between the GP and the local Accident and Emergency Department could have been better. There were missed opportunities for these professionals to find out more from Jeanette about what was happening to her. There were aspects of Jeanette's experience that she found too difficult to discuss with me and which she did not want to appear in a public report. The Review Panel concurred with Jeanette's wish on the basis that the publication of the report should do no harm. The review has observed that the provision of health services to Jeanette was reactive and not based upon the risks inherent in a young person who was being sexually exploited. Opportunities to enquire about these risks were missed, which left Jeanette vulnerable in terms of her sexual health. As part of this exercise health colleagues conducted an internal review which identified some relevant learning which has already been implemented locally. As a result of this review health agencies can now be assured that the following are in place, which should reassure the local safeguarding children board that children and young people who are at risk of child sexual exploitation can be identified and appropriate actions taken:

- All children and young people who attend A&E, where there are causes for concern regarding behaviours including alcohol/substance misuse or sexualised behaviours, have a report shared with the acute hospital safeguarding team highlighting the concerns which are then reviewed and information shared to health agencies or children's social care and appropriate referrals made.
- Information with regard to spotting the signs of child sexual exploitation have been shared with all health agencies and is available on the clinical commissioning group's website and Intranet site which is accessed by GPs.
- Mandatory safeguarding training within all health agencies now includes 'spotting the signs of child sexual exploitation'.
- Health services contribute to the weekly child sexual exploitation hub and share information/actions with health partners including contraception and sexual health services.
- Safeguarding supervision is mandatory for all front line health practitioners, including A&E staff.
- Contraception and sexual health services have reviewed the proforma for use with children under 18 years of age, and now include questions relating to behaviours which could identify them to be at risk of child sexual exploitation.

- The GP in this case did not review A&E attendances by children and young people. The GPs now review all A&E attendances by children – this was implemented immediately it was highlighted during the writing of the IMR by the Named GP in Calderdale.

4.3 Jeanette’s school found the situation difficult to deal with. When she was at school she rarely behaved badly – a fact acknowledged by all the professionals who worked with her. School professionals called and attended many meetings, and made referrals to children’s social care. They were dissatisfied with the responses and made this clear at some of the professionals’ meetings, yet they never escalated their concerns to social care or police managers.

Analysis of events

4.4 The summary of events makes depressing reading and it is clear that children’s social care and the police failed to co-ordinate the professionals involved. The police’s missing person’s co-ordinator Robert’s own supervision, in this case, failed to support him in his attempts to help Jeanette. Calderdale’s children’s social care department had been inspected in December 2012 and June 2013 by Ofsted and was both times found to be “inadequate”. In January 2015 Ofsted declared Calderdale to be “much improved”, especially with regard to child sexual exploitation.

4.5 My analysis of the summary of events falls into three phases:

1. Jeanette’s pre-teenage years (1995-2009),
2. The period of time when Jeanette’s sexual exploitation was at its worst (2009-2011),
3. Jeanette working with professionals to build a prosecution case (2011-2016)

Jeanette's pre-teenage years (1995-2009)

4.6 Social workers first became involved in Jeanette's life in February 2009, when she was 13 years old. CSC(1) completed a s7 report for court recommending that Jeanette's father be given parental responsibility (presumably he was not married to Jeanette's mother). Between April – June 2009 police and social care received two referrals: one from Jeanette's school to the police (April) to say that Jeanette had brought cannabis, grown by her father, into school and was distributing it to other pupils; and one from a youth worker to children's social care (June) who believed that Jeanette was being exploited sexually, her father was violent towards her and never cooked for her. The police investigated the first referral as a criminal offence but could find no evidence to support further action, whereas children's social care did not take any action on their referral because they believed it offered no new information.

4.7 These two incidents contained clear evidence of a child (Jeanette was then aged 13) being at risk of significant harm, even without the allegation of child sexual exploitation, and it is difficult to understand how the referral from the youth worker could be dismissed as "no new information" by children's social care. Neither social care nor the police knew about both events. The only agency who did was the school, but because neither the police nor social care took the referrals any further there was no assessment which meant that the information was not shared appropriately.

The period of Jeanette's sexual exploitation (2009-2011)

4.8 There were many professionals trying to help Jeanette during this time including the police officer Robert, school professionals, children's social care workers and YOT members. This period of time is characterised by their own lack of co-ordination, and Jeanette being unable to recognise that she was being abused - which meant that she didn't provide information to help children's social care and the police to identify the men who were abusing her.

Lack of co-ordination

4.9 Ten children's social care workers were allocated to Jeanette between 2009 and 2011 but, aside from CSC(8) who took Jeanette into care, their intervention was ineffective. They were not helped by the constant reorganisation of the department, and their work is characterised by:

- lack of action,
- reluctance to take decisions,
- lack of clarity about the status of Jeanette's case and
- repeated reference to "checking with their manager".

4.10 On 10th February 2011 a teacher from Jeanette's school telephoned the police to make a referral. She was told that children's social care had completed a child protection investigation and there was to be no further action. Neither children's social care nor the police have any record of a child protection investigation. Professionals from the school should not have been satisfied by the word of a third party about another organisation – they should have followed up their concern with children's social care. The point about escalation could therefore also be made about the staff in Jeanette's school. They remained concerned for a number of years, and they were demanding children's social care workers at meetings, for example stating at the meeting held on 7th March 2011 that a part-time worker wasn't good enough (paragraph 3.34), yet they too failed to follow escalation procedures and discuss the situation with senior managers in children's social care.

4.11 The email from the police to children’s social care of 14th April 2011 (paragraph 3.44) reveals the concern that the police had that Jeanette’s case wasn’t being taken seriously enough. They asked the children’s social care worker to bring “*all professionals around Jeanette together in a child protection conference*”. There is no record to confirm that the sender of the email received a reply. It is curious that the police did not follow this up and “escalate” their concerns to higher management in both the police service and children’s social care.

Police lack of support for Robert

4.12 I met with Robert and he told me of the problems that he had faced when working with Jeanette. He explained that some of his seniors saw Jeanette as a “missing person” without realising that this was a sign of possible sexual exploitation which resulted in the risks being minimised. There were even times when Jeanette was recorded as an “unauthorised absence” – a less significant category.

4.13 As a missing person co-ordinator it was not unusual for Robert to be left to deal with very high risk situations around missing people, (both children and adults). This meant that he would often be required to deal with Jeanette’s ongoing chronic risk whilst dealing with emergencies. Robert said that there was a lack of interest from senior officers because Jeanette was not saying that she welcomed help from the police.

Jeanette’s inability to recognise the abuse

4.14 Jeanette was co-operative, up to a point, with professionals. She kept appointments but denied she was at risk even though she talked openly about being with men who were older than her. The fact that she didn’t recognise she was being abused undoubtedly made the professionals’ task of protecting her difficult. Therapeutic intervention (of whatever type) is largely predicated upon the willingness of the service user to admit to having a problem. Child protection practice overrides this in cases of younger children but struggles with older, more capable young people – simply because young people can’t be forced into accepting help that they don’t want – even when they need it. Jeanette was open about some of the things that were happening to her and the signs of child sexual exploitation were clear and were being picked up by the professionals around her. Her unwillingness to accept that she was being abused is not unusual in these situations, indeed it is to be expected. Protective action in Calderdale (as will be explained later) no longer relies upon an admission from the child.

Jeanette’s vulnerability

4.15 The summary of events describes a child who had lived a difficult life before she came to the attention of the men who would go onto abuse her. A life characterised by:

- caring for her mother from a young age,
- her description of neglect and physical abuse from her father,
- the loss of her mother when she was thirteen,
- living without parental supervision.

4.16 It isn’t surprising that Jeanette chose to leave what appears to have been a cold and neglectful household and seek company and adventure in the park - mixing first with older girls and then enjoying the attention she was getting.

4.17 In that latter regard she is unlikely to be different from many young teenage girls. All young people take time to understand their sexuality. Risk taking (sometimes involving alcohol and illegal drugs) is often a part of the journey into a mature outlook on life, relationships and sex. Most young teenagers share these experiences with people of their own age. It is unlikely that every experience they have will be positive but, for many, the positive outweigh the negative and the negative experiences do not cause dysfunction and trauma.

4.18 Jeanette's life was not like this. She didn't spend her formative years in the company of boys and girls of a similar age but older men who were using their significant difference in age to take advantage of her naïvety. They flattered her, offered her rides in cars, treated her - she thought - like a grown up by inviting her into their world and allowing her to smoke, drink and take drugs – an adventure with lots of associated risks.

4.19 As the abuse increased the less Jeanette was able to take part in her other life: her schoolwork suffered, her friendships ended, her estrangement from her family grew. She got sucked in to the point that the only thing that would stop the abuse was to move her a long way away, to remove all contact with her abusers, to let her spend time in a non-judgmental, secure, nurturing environment where she was loved for who she was, given time to reflect upon her experiences and move the blame away from herself onto the men who abused her. Her foster carers allowed her to live a normal life – for the first time for many years: watch TV in a dressing gown without make-up on, go shopping, go to the gym and attend college.

4.20 Many members of the public, and according to other reports some professionals, ask why young people allow this to happen to them - describe them disparagingly, place the responsibility for the abuse on their shoulders. But Jeanette's story is salutary. A young teenage girl like many others - unsure of who she is, confused by the feelings inside of her - is easy prey to men who are able to use their maturity and relative wealth to prey on her vulnerability.

Consent

4.21 This report is being written because of the abuse that Jeanette suffered. However, one of the aims of serious case reviews is to learn broader lessons. Some of the men prosecuted for Jeanette's abuse admitted they had sex with her but suggested in their defence that she "consented" to the sex and, they thought, was over the age of 16. They may, or may not, really believe this but it does highlight broader issues about the nature of "consent". Irrespective of age, a person cannot be said to have consented to sex if their decision-making is adversely affected by drink or drugs²⁸.

4.22 Did Jeanette consent? She herself, in a police interview, said she "didn't say no" which, at the time of the interview (2012) implied that she was still confused about consent and she believed she had some of the responsibility. But it's not an informed consent, it is compromised decision-making because she's not being given a proper and a fair choice. Sex happens when she is so intoxicated and drugged that saying "no" is not an option.

4.23 Despite the importance of considering the complex nature of consent, there were times when there was no ambiguity. For example, Jeanette described the following in this report (paragraph 3.63):

"the first man became violent, pinning me to the wall. He said if I didn't have sex with the second man I'd have to walk home from Bradford".

²⁸ *R v Bree* [2007] EWCA 256

Jeanette working with professionals to build a prosecution case (2011-2016)

4.24 Jeanette's move to her second set of foster carers in July 2011 was a life-changing event. Their care for her and the fact that she was now far away from her abusers meant that she had the space to reflect upon her life. She decided in December 2011 that she wanted to talk to Robert about the abuse that she had suffered and, in contrast to the second phase of the summary of events, the work of the police and CSC(9) was excellent - resulting in a huge collection of evidence whilst ensuring that Jeanette's welfare was looked after. This third phase was the opposite of the second phase: work was co-ordinated, people understood their roles and Jeanette accepted that she was abused and responded positively to the guidance that she was offered.

Conclusion to this analysis of events

4.25 The summary of events in this report demonstrates that individual professionals were aware of the danger that Jeanette was in and were trying to take appropriate action. These included:

- staff at the school who were making referrals to children's social care and attending professionals' meetings,
- Robert, the police missing person co-ordinator,
- YOT worker(2) who collected evidence against Jeanette's abusers,
- Jeanette's present social worker and CSC(8)
- Jeanette's previous foster carers.

4.26 Nevertheless, during 2009-2011 these committed individual professionals (and others) were unable to protect Jeanette because professionals in Calderdale did not, at that time, have an effective system for assessing and planning intervention for children at risk from sexual exploitation.

4.27 In practice, professionals had no system to support them beyond making referrals to children's social care - culminating in a series of meetings which did little more than allow professionals to express their concerns. The continual change of children's social care worker (ten in all) meant that no plan, even if formulated, could be implemented properly.

5. WHAT HAPPENS NOW IN CALDERDALE

5.1 The summary of events described:

- the failure to allocate a consistent children's social care worker,
- lack of suitable forums to discuss children at risk,
- lack of action to "disrupt" the abusers
- a police service that did not adequately support Robert in his dealing with Jeanette during her sexual exploitation.

5.2 I am an experienced author of serious case reviews and have often heard the phrase: "but it's different now" when I ask professionals about poor practice in the past. Sometimes they are correct, sometimes things aren't very different. Hearing and reading about the experiences of Jeanette, meeting her and listening to her speak on her video interviews has been a harrowing experience, but it has been mitigated by me meeting many of the professionals who were involved with her between 2010 and 2012 who describe very different working practices. In addition, I have:

- interviewed staff and managers,
- viewed minutes of meetings,
- read strategic plans,
- seen new training materials,

- obtained statistics,

and I am confident that practices, systems and processes have improved both the services to children in need and children at risk from significant harm and sexual exploitation in Calderdale. These changes have come about because of Jeanette's case. Professionals and managers in Calderdale realised long before this report was written that they had failed Jeanette and it is largely because of her situation that the changes described in this section have been implemented. That practices have improved has been confirmed by Ofsted, who noted that by January 2015 Calderdale children's social care was "Much Improved":

"CSE is given a high priority in Calderdale. Well-developed structures, systems and procedures, underpinned by a clear strategy and coherent action plan, are evidence of a collective determination to tackle child sexual exploitation." Ofsted inspection of Calderdale 2015 (page 44).

5.3 These changes and many more are now co-ordinated through the "Child Sexual Exploitation Action Plan" which is led by the safeguarding children board. This plan includes objectives designed to:

1. Identify locations and individuals or groups who sexually exploit.
2. Inform, engage, empower and protect children, young people, families and communities from being at risk or experiencing sexual exploitation by understanding the nature and impact of sexual exploitation.
3. Prevent children and young people experiencing or continuing to experience sexual exploitation.
4. Provide appropriate support, protection, intervention, information and services to children, young people, parents, carers, friends and communities.
5. Divert, disrupt and actively pursue those individuals and groups intent on exploiting children and young people.
6. Successfully prosecute those who perpetrate or facilitate the exploitation of children & young people.

5.4 The child sexual exploitation action plan describes strategic changes but there have also been specific process changes which ensure the objectives above are achieved. These include, but are not limited to:

Systems

- a multi-agency screening team (MAST).
- a joint police and social worker child sexual exploitation team, which includes a virtual team of partner agencies that meet on a weekly formal case monitoring basis.
- new panels to discuss children in need (Early Intervention Panel, Vulnerable Young Person Panel).

Practice

- a practice standards document.
- better definition of thresholds.
- new "missing" procedures.
- social worker re-allocation measurements.
- Revised CSE risk assessment that is completed by any agency involved with the child.

Multi-agency screening team (MAST)

5.5 A MAST has been implemented in Calderdale, which acts as a ‘first port of call’ advice service for professionals and members of the public who are concerned about children and young people. This team is multi-agency and shares all relevant information on a child and their family. The multi-agency nature of the team improves decision making.

Thresholds

5.6 A Calderdale continuum of need and response document, (copy included as appendix 2) has been implemented across all agencies. It provides clearly defined thresholds to ensure appropriate support services are identified via the Early Intervention panels when the social care threshold for intervention is not met. This better ensures that children and families get the right help at the right time. Joint forums exist with police, schools and health to ensure this document is purposeful, updated and is being adhered to in assisting all professionals who work with children and young people to jointly identify risk.

Multi-agency child sexual exploitation team/hub

5.7 This team is made up of two social workers and three police officers, all highly experienced in working with perpetrators and victims of child sexual exploitation. They are managed by a police sergeant and a social work team manager. The team meets three times per week with representatives from Youth Offending, Health, Family Intervention Teams and Safe Hands²⁹ to discuss new referrals and new information relating to children known to be at risk. An urgent meeting will be convened between police and social care if required on the other two days if new information cannot wait until the next scheduled meeting.

5.8 Children who have been sexually exploited or are thought to be at risk of sexual exploitation have their names added to a child sexual exploitation “matrix”³⁰ and are classified as red (high), amber (medium) or green (low) depending on how at risk they are considered to be. All children on the matrix are discussed weekly, new information is shared and actions are planned and reviewed. The names are added to the Police National Computer and they are also considered for a referral to the Calderdale Safeguarding Slavery Lead for the National Referral Mechanism³¹. Children on the matrix are allocated to a lead worker who keeps contact with them even if there isn’t an incident and whether the young person wants it or not. A child’s name is not removed from the matrix until there is clear evidence the child is no longer at risk due to successful interventions, a change in circumstances or when there has been no intelligence of concern received for a period of time. This process is not dependent on disclosures from young people. Some children are discussed but thought not to be at risk of child sexual exploitation - in these circumstances their names are not added to the matrix but a member of the team ensures that other professionals are able to take responsibility for their ongoing needs and welfare. The child sexual exploitation weekly hub consists of the child sexual exploitation team, health, CAMHS³², education, youth services, drug services and other partner agencies.

5.9 In addition to individual casework, professionals in the child sexual exploitation team:

- determine whether criminal offences have been committed,

²⁹ A specialist resource commissioned by Calderdale Council and managed by the Children’s Society working with children who have been sexually exploited or are at risk of exploitation.

³⁰ A system that grades their risk as green (low), amber or red (high).

³¹ A framework for identifying victims of human trafficking.

³² Children and mental health services

- secure evidence from victims and suspects,
- provide guidance to other professionals,
- provide awareness raising and preventative education for children who are at risk of being sexually exploited, and
- take action against people intent on abusing and exploiting children.

5.10 Key operational members of this hub and other partner agencies are also part of an operational group which meets monthly to feed back to senior managers the “on the ground” issues that their staff are facing, and contribute detail to the child sexual exploitation action plan.

New panels

5.11 Jeanette should have been defined as a child in need from a very early age. Later in life, but before she was sexually exploited, she was at risk of significant harm. Two panels have since been created in Calderdale, (“Early Intervention” and “Vulnerable Young People”) to ensure that cases like Jeanette’s can be properly assessed and discussed in a multi-agency forum. These panels are assisted by an early intervention single assessment system (known in other parts of the country as a common assessment), (copy included as appendix 3).

5.12 The early intervention panel meets fortnightly whilst the vulnerable young people’s panel meets weekly to support professionals who are concerned about children and young people. Discussion at panel enables professionals to provide a tailored and multi-professional service for children and young people.

5.13 A teacher from Jeanette’s school said she remembered going home “crying with frustration”, but confirmed to me that practice is much improved now as the panels, MAST and child sexual exploitation team achieve:

- better co-ordination,
- clarity of roles,
- allocation of lead professionals, and
- monitoring and review.

The frustration that she felt was exacerbated by there being no procedures in place at the time for her to “escalate” her concerns to senior managers.

Practice Standards Document

5.14 A practice standards document for children’s social care has been implemented and is being continually improved and updated. Currently on version 7 (December 2015), it is a quality control system covering all aspects of practice for social workers working with children and families: from referral to leaving care, (copy included as appendix 4).

Missing Procedures

5.15 The narrative of events in this report often featured times when Jeanette was noted by the police to be “missing”. At the time (2009-2011) “missing” teenagers were not always considered to be a high risk or a priority. This has now changed, and a new and revised missing procedures policy has been introduced which now defines a missing person as anyone whose whereabouts cannot be established and:

1. the circumstances are out of character, or
2. the context suggests the person may be:
 - a. subject of crime; or
 - b. at risk of harm to themselves or another, or
3. they are not at a place where they are expected or required to be but are not expected to suffer or cause harm.

If a child is missing for:

- three working days; or
- four separate occasions in any one month; or
- six separate occasions in any two-month period

and is a case open to children’s social care then a strategy meeting³³ is held to consider:

- what additional measures are required to protect the child;
- whether there have been further missing episodes;
- whether to circulate the child’s details to other local authorities and agencies in the area where the child may be;
- notifying national agencies;
- appropriate legal action if there is any concern that the child may be removed from the jurisdiction.

5.16 If the case is not open to children’s social care, and the criteria of four or six episodes is met, then the team who undertake the return interviews assess whether a referral should be made to children’s social care and whether or not to hold a professionals meeting.

5.17 All young people who have been missing are risk assessed for child sexual exploitation, and if there is any concern about any aspects of the young person’s situation the police make a referral to MAST or the Emergency Duty Team EDT if out of hours, including children missing for up to three working days, if they are not an open case. If they are an open case, then this information is provided to the child sexual exploitation team who assess the concern further. These changes mean that police officers now respond much quicker to young people who are missing and have a heightened sense of risk than they did in Jeanette’s case.

Social worker turnover

5.18 Jeanette has had her current social worker since 2012 but had many children’s social care workers, nine in all, between 2009-2012 during a period of high instability in the council. The children’s social care workforce in Calderdale is much more stable, with only 2% of posts filled currently by agency staff. Turnover of social work staff in 2015 was 18%. Workforce statistics (for all children’s agencies) are produced and monitored at monthly senior leadership performance meetings and by the LSCB.

³³ A multi-agency meeting which plans a child protection investigation

Co-ordination across geographic boundaries and within Calderdale itself

5.19 This section of the report contains many initiatives which, taken separately, are improving the protection of children throughout Calderdale. However, the systems are also well co-ordinated. There are clear protocols for moving children's cases from one panel to another and for ensuring that children have a lead worker who co-ordinates the services provided to them.

5.20 Abusers of children are not respecters of geographical boundaries. To combat this, Calderdale uses the same risk assessment forms (copy included as appendix 5) and shares information with Leeds, Kirklees, Bradford and Wakefield in a five authority approach -which means information about children and abusers is being shared throughout the West Yorkshire police area. Information is also shared across all other local authorities where relevant, and in all cases where children looked after are placed in other local authorities as this is a statutory requirement.

Jeanette's effect on these changes

5.21 It is worth noting that the improvements that have been brought about in Calderdale in the last four years are largely as a result of Jeanette's case. These improvements have come through her willingness to provide the police, and through them other agencies, information pertaining to how vulnerable she was and how determined her abusers were.

6. THE RELEVANCE OF CULTURAL ISSUES IN RELATION TO THE PERPETRATORS

Introduction

6.1 There was unanimous agreement amongst the Panel that issues of culture should be included in the review and general agreement about what follows. There were some differences of opinion relating to how far the analysis should move away from the case itself. Much of what follows is specific to Jeanette's situation but I accept the valid criticism that, in places, my writing is general and speculative. However, my discussion with the focus groups and academics has suggested areas for further research and I include these because they are relevant to general learning and will aid conclusions and learning in this report.

6.2 Cultural and religious issues are usually only addressed in reporting about abuse when the perpetrators or victims come from a minority group. Media coverage of the serial offender Jimmy Savile never refers to him as "the Catholic Jimmy Savile" nor does the media feel the need to point out that Rolf Harris, Gary Glitter, Stuart Hall and Max Clifford, currently in prison because of offences committed against children and women, are all from the white majority – with no reference made to their religious persuasion. Child sexual abusers come from all nationalities, cultures and religions.

6.3 Nevertheless, 53 of the 54 men charged with offences in relation to these crimes were British Asian men of Pakistani heritage, all of whom had spent their lives living in England and this mirrors reports into child sexual exploitation in Rotherham, Rochdale, Bristol and Oxford. The similarities between the offences and the offenders described in those reports and this suggest that a consideration of culture, whilst having the danger of stereotyping, is necessary to aid further research in this area and assist in learning. This section of the report will consider whether and how cultural issues have impacted on this case and will describe the measures that the Pakistani community in Halifax have taken to protect children in their area.

6.4 To tackle the complex issue of culture I will:

describe what we know about the alleged perpetrators	because this will indicate that the issues to be addressed are not just about race and culture
examine definitions	because those used for sexual abuse and sexual exploitation are conflated meaning that statistics are not able to differentiate between different types of abuse
consider the cultural implications relating to this case	because the vast majority of the people prosecuted for these offences were British Asian men of a Pakistani heritage
consider the issue of post code	because it could be that most of the perpetrators were British Asians of a Pakistani heritage because they lived in the same area as Jeanette
write about the Pakistani community in Halifax	because professionals need to have some understanding of the heritage of the groups with whom they work – White or Asian.
describe social capital, bonding and bridging	to consider whether Pakistani communities may be more insular than other black and ethnic minority groups
consider how sex and relationships are discussed	because this may be relevant to recommendations arising from this review
consider the role played by illegal drug dealing	because many of those prosecuted were involved in this criminal activity
describe what's happening now	because children are likely to be better protected by members of the public in Halifax in the future

The perpetrators

6.5 In June 2013 (during the arrest phase for this case) the 25 (then) alleged perpetrators who were charged by the police and who appeared in courts in February 2015 were aged from 22 to 41 years old - ten were over the age of 30, the average age was 27. It is difficult to establish whether they knew each other because, during their police interviews, they claimed to not know each other. Although the men were not a “gang³⁴” there were a number of distinct groups within those charged: five groups have been identified comprising of four, three, three, four and two men. Whether these groups were known to each other is still open to question - there are no obvious links between the other nine men. Nine have previous convictions for supplying controlled drugs.

6.6 Of the 25 charged six admitted to having sex but claimed they thought Jeanette was older than 16 and was consenting whilst the other 19 denied any sexual contact. Seven of the defendants lived in the Bradford area, one lived in Huddersfield and 17 lived in Halifax.

³⁴ An organised group in a hierarchy usually associated with illegal activities

6.7 Although some of those charged were unemployed, the police recorded the following occupations for the defendants:

- garage mechanic
- taxi driver
- staff in take away restaurants
- sales assistant
- textile worker
- painter/decorator
- doorman
- warehouse operative
- driving instructor.

The problem of definition

6.8 In considering whether there is a cultural dimension to child sexual exploitation it is necessary to turn first to definitions and consider the type of exploitation that this report is describing. Child sexual exploitation was defined as follows:

"Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. ... In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources..." HM Government 2009³⁵ (page 9).

6.9 Recent reviews into child sexual exploitation involving British men of Pakistani heritage have described similar situations to this report, and a more relevant definition of this type of abuse is offered by CEOP³⁶ who in 2011 provided the following:

'Localised grooming' is a form of sexual exploitation – previously referred to as 'on street grooming' in the media - where children have been groomed and sexually exploited by an offender, having initially met in a location outside their home. This location is usually in public, such as a park, cinema, on the street or at a friend's house. Offenders often act together, establishing a relationship with a child or children before sexually exploiting them. Some victims of 'street grooming' may believe that the offender is in fact an older 'boyfriend'; these victims introduce their peers to the offender group who might then go on to be sexually exploited as well. Abuse may occur at a number of locations within a region and on several occasions. 'Localised grooming' was the term used by CEOP in the intelligence requests issued to police forces and other service agencies in order to define the data we wished to receive.³⁷

6.10 There appears to have been many occasions where Jeanette's details were passed on from one man to another. The pattern of abuse that she suffered, and the abuse described in other reports, fits the description of "localised grooming". It may therefore be a better definition for researchers to use when considering whether there is a cultural element to this particular type of abuse.

³⁵ HM Government (2009) *Safeguarding children and young people from sexual exploitation* HMSO

³⁶ Child exploitation & online protection centre

³⁷ Out of mind, out of sight

What are the cultural issues relevant to this case?

6.11 Coming to a firm conclusion about issues of race and culture is impossible, given the lack of existing data, the difficulty in agreeing definitions of child sexual exploitation and the poor recording by professionals of the cultural background of perpetrators.

6.12 Many reports into the prevalence of abuse fail to measure the ethnicity of perpetrators. An exception to this is the recent report³⁸ by the Children’s Commissioner for England (OCCE) which gathered data from some police forces about the cultural background of perpetrators (between April 2013 – March 2014) of all forms of child sexual exploitation, (sole operators, gang and group based). The data was incomplete because 35% of forces did not contribute to the inquiry. The 25 police forces who did take part reported 3,968 perpetrators:

- 60% were White or White British,
- 10% were Asian or Asian British,
- 8% were Black or Black British,
- 2% were of another category and
- 20% were of unrecorded ethnicity.

6.13 If these figures are compared to the 2011 census it appears that White British were proportionately underrepresented because they make up approximately 85% of the male population, whilst British Asian and Black British men were over-represented (8% and 3.5% of the population respectively).

6.14 The differences were more pronounced when sole operators were removed from the figures. This left 1,231 perpetrators of group and gang-based child sexual exploitation reported by 19 police forces. Of these:

- 42% were White British,
- 14% Asian British and
- 17% were Black British,
- 23% were of unrecorded ethnicity and
- 4% were from different categories.

6.15 The following table shows the figures more clearly.

Nationality	England population	All categories of child sexual exploitation	Gang and group based child sexual exploitation
White British	85%	60%	42%
British Asian	8%	10%	14%
Black British	3.5%	8%	17%
Other	3.5%	2%	4%
Unrecorded	0%	20%	23%

- 6.16** There are at least three problems associated with this simple comparison:
1. that of definition of child sexual exploitation which has already been described.
 2. the sample: if the police forces who did return figures were those predominately in multi-cultural areas the comparison with the English population as a whole is inaccurate.
 3. professionals often reported perpetrator groups as 'Asian' without a more detailed analysis, which, when explored further turned out to include Afghan, Kurdish and White British perpetrators. An earlier OCCE report³⁹ was "in no doubt that data is gathered more assiduously on perpetrators identified by professionals as 'Asian', 'Pakistani' or 'Kurdish'".

6.17 This means that the figures are probably skewed by professionals only recording cultural background when the perpetrators are "Asian" or "Black British", and suggests that a large number of the unrecorded population could well be White British.

The relevance of post code

6.18 Many of the professionals involved in the case said they believed the main issue to be that of "post code" and not ethnic and cultural background because Jeanette and most of the men who abused her lived within a small area in Halifax. Although the percentage of British Asians of a Pakistani heritage in Calderdale equates to approx. 10% of the population, the Pakistani population in this area is approaching 90%.

6.19 This post code opinion is somewhat undermined by statistics produced by Calderdale's child sexual exploitation team. Between September 2015 and February 2016 the cultural identities of men suspected of being involved in child sexual exploitation in Calderdale were as follows:

- 12 White British
- 13 British Asian of Pakistani heritage
- 5 were from different cultural backgrounds

6.20 This means that British Asians of Pakistani heritage are over-represented locally because they make up 43% of this sample but only 10% of Calderdale's population as a whole. Further figures in February 2016 identified 18 perpetrators being "managed" by the child sexual exploitation team: 15 (83%) are described as "Asian".

The Pakistani community in Halifax

6.21 All seemingly similar groups of people contain individuals who are very different to one another and this community is no exception. I have been told (by the Asian men and women who I met) that the families of many of the people who now make up the community living in this area moved to England in the 1960s, mainly coming from the Mirpuri district of Pakistan. However, the majority of British Pakistanis living in Halifax now were born in Calderdale and have no direct association with Pakistan itself. I was told that many have no interest in visiting Pakistan and most feel well integrated into Halifax and see themselves as British.

³⁹ I thought I was the only one; the only one in the world

6.22 The women and men in the focus groups described a way of life typical of any small community. People know each other's business, they gossip and they look out for one another. The women in particular described how their lives are, to an extent, governed by the men in their families and they recognised that there were good and bad aspects to this - they were protected but also controlled.

6.23 The women in particular made distinctions between generations, believing that the older generation found it harder to believe that there may be a problem regarding the attitudes of young men in their community. They also described how it is harder for someone to talk about these issues if their only language is Mirpuri, as many of the terms needed to discuss sexual abuse are not translatable. They also acknowledged that those who don't speak English will be less informed because so much information is made available through English media. They believed that white girls were more vulnerable than Asian girls, but didn't necessarily think that Asian girls were not at risk. They acknowledged that some families were reluctant to call social workers or the police for help as other people in the community would soon find out about their problems.

6.24 Both men and women described the response of the community to the news of the allegations and said it caused shock and, initially, some disbelief. They said that some of those charged were respectable family men and others were already known to be involved in the illegal drug trade. They said that initially some people in the community didn't want to talk about it, found it hard to believe and were embarrassed, but that others have appropriately used the case as an opportunity to build upon the rising awareness in the community of the dangers of male power.

6.25 There was some discussion about how family life was changing within the community with younger parents now being more reluctant to accept extended family and community advice with regard to their parenting. There were bad and good things about this: the children could become more isolated but paternalistic community control has diminished. There are difficulties for young people and families as teenagers take on more of a White British lifestyle. Although there is more awareness of the dangers of sexual abuse than there was 15 years ago, children may now be more at risk because they are less "monitored" by the family and community.

6.26 The women stated they believed that female voices don't get heard much within the community. They believed that it was harder for British Asian girls of Pakistani heritage to come forward with disclosures about abuse because of their fear that their family's standing in the community may be damaged.

6.27 It is tempting, having read the paragraphs above, to presume that all these issues exist because the families are from a Pakistani heritage. However, many of the descriptions could also describe families from any background: male dominance and differences in attitude between generations also exists in the majority white population in the U.K.

Social bonding and bridging

6.28 The concept of social capital, bonding and bridging is helpful in considering how communities interact with one another and why they may do so in different ways. Social capital is a concept used to describe the collective benefits that a community derives from co-operation between individuals within that group. Social capital can be divided into two sub-categories, "bonding" and "bridging".

6.29 Bonding capital describes the links between individuals within a particular group, how individuals benefit from the common heritage of that group and the values they share with each other. It is more likely that oppressed and marginalised individuals bond more within their own community.

6.30 Bridging capital describes the connections between groups rather than the individuals within a group. Bridging allows different groups to share and exchange information, ideas and innovation and builds consensus among groups who represent diverse interests. Fukuyama (2002) described the growing contact between groups as a 'radius of trust'. Unlike "*bonding*", which occupies a narrow radius of trust, "*bridging*' creates a wider radius of trust; indeed, it builds bridges between communities".

6.31 The academics who I interviewed and the members of the focus groups with whom I spoke consider the British Pakistani community to be more "bonded" than "bridged". Individuals stay more within their community and mix less with outsiders. Whilst the advantage is that individuals within bonded groups feel safer and are better able to protect themselves, the disadvantage is they become more isolated.

6.32 In Britain it appears there is a vicious circle affecting British Asian Pakistani communities and their willingness to "bridge". The more society worries about, for example, radicalisation and stresses the Asian background of perpetrators of child sexual exploitation, the more the community will "bond" to better protect themselves.

Talking about sex and relationships

6.33 Both the Asian men and women groups spoke about how discussions about relationships were not open and did not happen between genders; for example, one young woman said to me: "*I wouldn't watch Eastenders with my brother*".

6.34 Discussion about sex and relationships is important but it can be more difficult for young people to talk openly to their family elders if they believe that they will be judged harshly. Sex before marriage is probably a greater taboo in British Asian families compared to their White British counterparts. If so, discussion about consent will be harder. Understanding consent about sex is not easy for young people, the more the issue can be discussed safely the better.

The relevance of the illegal use of substances (drugs and alcohol)

6.35 A view shared by many of the professionals who worked with Jeanette, and many of the men and women in the focus groups, was that the reason that most of the perpetrators were of Pakistani heritage was:

- (a) drug use was an important part of the method by which the perpetrators broke down Jeanette's resistance; and
- (b) most of the drug dealers in the area of Halifax where Jeanette lived were from the Pakistani community.

At the time of arrest 36% of the defendants had a history of drug offences (and a further 14% were charged with drugs offences associated with the crimes against Jeanette).

6.36 I have described (indeed generalised) about the culture of British Pakistani families in the section above. It is equally as valuable to describe (and generalise about) the sub-cultural aspects of illegal drug use and consider its relevance to this review.

6.37 Possession of illegal drugs offers excitement and risk and is an act which places the user outside the law and the conventions of their own community. The availability of illegal drugs assists in the abuse as both a bribe and an anaesthetic.

6.38 The men in the focus groups described the people involved in crime in the area they lived in as a “community within a community”. If culture and heritage is an issue in localised grooming, then the possibility that it is fuelled by illegal drug use must be taken seriously.

Action being taken by the British Pakistani community in Halifax

6.39 So far this section has failed to determine whether British Pakistani men are over represented amongst perpetrators of localised grooming. The lack of national data collection and research into this subject, alongside broad definitions of abuse, along with the fact that not all abuse is recorded means that a definitive answer to this question may never be found.

6.40 The section of this report entitled “What Happens Now?” has already detailed the action that professionals have taken and the rest of this section of the report will detail the action that the British Pakistani community in Halifax have taken to better protect children in Calderdale from child sexual exploitation.

6.41 Although there is no consensus amongst the men and women in the focus groups that British Pakistani men are more likely to abuse children in the way this report describes compared to other men, they do take the protection of all children seriously and have a good understanding of the risks that children take when they are out of their homes late at night. They have told me that there is much greater awareness of the dangers of abuse of male power, and consequently a greater determination to tackle, discuss and report issues of domestic violence.

6.42 A local group “TAG” (Together Against Grooming) has been set up by local Asian people to “work with others to respond to the issue of sexual exploitation of children and vulnerable young people”. <http://www.taguk.org/> Their website makes it clear that there is no Islamic or cultural justification for abuse of women or children but they have come together: “in response to a number of recent cases where the perpetrators have mainly been from an Asian/Muslim background”. This group of volunteers has written and presented many training sessions to churches, mosques and neighbourhood groups and all Calderdale’s youth workers to raise awareness of child sexual exploitation.

6.43 Between June – October 2015, more than 1,000 taxi drivers (most of whom are British Pakistani) attended compulsory training run by Calderdale council to raise awareness about child sexual exploitation and to encourage them to report suspicious activity. This has resulted in a number of referrals to police and children’s social care from taxi drivers.

6.44 A group of British Pakistani women have set up a child sexual exploitation group to offer training and information to young people about the dangers of grooming on the internet.

6.45 The local Cohesion and Equality Officer, himself a local British Pakistani, has visited all the mosques and madrassas in Calderdale to raise awareness about child sexual exploitation, furnish people with information about the danger signs to look out for, and explain how to make referrals to children's social care and the police. His experience has been that, though people remain fearful of making referrals to organisations because of possible reprisals from the men who they refer, they are continuing to contact him and give him information about men who they suspect, and he is passing on this information to the relevant authorities.

6.46 The local Neighbourhood and Cohesion manager, along with her assistant co-ordinators have integrated awareness of child sexual exploitation into the work that they do with local women's groups. They explained that people within the community are much more open about discussing issues of sex and relationships than they were two years ago and that this has resulted in them being better able to protect all children from harm, increased referrals to the police and encouraged women to better support each other.

6.47 The British Asian Pakistani community in Halifax increasingly accept that there are individuals within their community who pose a risk to children. British Asians are leading the way in Calderdale in raising awareness of the danger to children from child sexual exploitation amongst all members of the population.

6.48 This report has drawn from other reports into child sexual exploitation involving British Asian men from a Pakistani background. At the time of writing however there is also a focus in British society upon child sex abuse in the Christian church and amongst celebrities working in the media. We know from the past that children have been abused in boarding schools and children's homes by the very people paid to look after them. Jeanette's situation has many similarities with those other examples. A group of men, who have some similarity and allegiance with each other, find themselves (or put themselves) in a situation where they are given (or create) status and are able to create the opportunity to abuse children. They consider themselves to be inviolate of the law, create fear and dependency amongst their victims and use their status to silence those who may be suspicious of their activities.

6.49 Institutions, (by which I mean organisations rather than buildings) where men are able to dominate, place children at risk. The group who abused Jeanette were just such an institution: male dominated, untouchable (so they thought), some of them outside the law because of their drug dealing activities, threatening to the law abiding people around them – they created for themselves all the ingredients we know are needed to abuse children. All they then had to do was find vulnerable children to abuse. It may well be that it is this male dominance that is the real problem – not the racial and cultural background of the men involved.

7. CONCLUSION

7.1 This serious case review was commissioned by Calderdale safeguarding children board following the sexual exploitation of a single female child (Jeanette) between 2008-2011 when she was aged between twelve and fifteen by a large number of British Asian men of Pakistani heritage, 15 of whom are now serving custodial sentences (from 10 months – 25 years) for their crimes.

7.2 The review has highlighted that many individual professionals from all agencies who had contact with Jeanette realised that she was being sexually exploited from a very early point in their intervention with her. Unlike some other reviews into these matters, this review has not found any evidence of these workers being confused about issues relating to whether Jeanette was making a “lifestyle” choice, though there is some evidence to suggest that this attitude may have existed (in 2011) in higher levels of the West Yorkshire police force.

7.3 The review has found that, five years ago, those professionals were not supported by their senior managers with systems (i.e. risk assessment forms) and processes (i.e. early intervention panels) that would have helped them to collate information and draw up effective multi-agency interventions.

7.4 The review has found that the way in which children are now protected from child sexual exploitation in Calderdale bears no relation to the approach of 2011. Amongst other initiatives there is now considerable awareness in all agencies about risks, a dedicated multi-agency sexual exploitation team and considerable cross-border approach to the problem.

7.5 The review has not found that professional staff in Calderdale were fearful of discussing issues of race and culture, nor any evidence that anyone higher up in the organisations placed pressure upon professionals to cover up any discussions that could damage community cohesion. The review has found that community work is being carried out by council employees, police officers and local voluntary groups to raise awareness throughout all communities in Calderdale about the vulnerability of children and the grooming techniques of some adults.

7.6 This review has considered the relevance of race and culture and included information shared by two focus groups of Asian men and women. It has identified issues that related directly to this case and others that are broader and require further research. This review has also considered that cultural issues may not have been pre-determined by race but by illegal drug activity, the “community within a community” described earlier – or is indeed an issue of “institutional power” more to do with gender and not race.

7.7 The review found that Jeanette began to turn her life around when she was moved a considerable distance from her abusers in Halifax. Whilst this “out of borough” placement worked for Jeanette it should not be assumed that this review has concluded that this is the right answer for all children who are being sexually exploited. The importance of schooling, family and good friends should not be underestimated when considering the best way of protecting children.

7.8 The issue of consent to having sex in Jeanette’s situation was not complex. She was plied with enough drink and drugs so that she, in her own words, “didn’t say ‘no’”. As this report explains a person so intoxicated cannot give informed consent, whatever Jeanette’s abusers believed. But consent is a complicated issue and young people need assistance in understanding these complexities.

7.9 This report has been about one victim and, because of that and Jeanette’s willingness to share her experiences, the report has drawn upon a strong narrative. The point of this is to explain the following issues:

- Vulnerability
- Consent
- Use of drink and drugs
- Cultural issues
- The need for a co-ordinated response

7.10 The difficulty for Jeanette of bringing so many men to justice should not be underestimated; her decision to do so resulted in days of interviews with her by police officers and the stress of being cross-examined by many legal representatives.

7.11 Jeanette worked with me and her social worker to produce this report in the hope that other children would be better protected from child sexual exploitation than she was. Reports like this which highlight both poor and good practice are an important part of improving protection for children, and Jeanette can rest assured that her story has been told and will be shared to allow others to better understand this complex problem. Other reports have identified that children feel well supported during the process of prosecution but are left stranded when that support is taken away at the end of the trial. I am pleased to report that Calderdale children’s social care has committed themselves to continuing to give Jeanette the support she needs which includes regular visits from her social worker CSC(9) and counselling sessions as and when required.

8. FINDINGS

8.1 This serious case review does not lend itself to a series of simple recommendations because the events occurred over five years ago, and many improvements in practice, management and policy have already taken place throughout the agencies that make up Calderdale’s safeguarding children board. The review has, however, suggested some themes that require further exploration and these will be listed in this section of the report as “findings”. Some of these will have recommendations attached but others are listed as learning points for further consideration.

8.2 They are as follows:

1. Issues of race and culture
 - a. The role of culture
 - b. The role that substance misuse played
 - c. Ethnic mix of staff in the public sector in Calderdale
 - d. Prevention of child sexual exploitation
2. Young people’s understanding of child sexual exploitation
 - a. How to help children who don’t know they are being exploited and abused
 - b. Continuity of staff
3. Agency responsibility
 - a. Escalation and supervision
4. Learning from the case

Issues of race and culture

The role of culture

8.3 This review gave considerable thought to the issue of culture in child sexual exploitation cases and identified that, according to many recent reports and prosecutions, there may be a link between the cultural background of some British Asian men of Pakistani heritage and a type of child sexual exploitation known as “localised grooming”. Nevertheless, the review recognised that there were similar power dynamics in this case to other institutional abuse cases where the background of the men was not predominately Asian, and concluded that - though culture may have a part to play - gender is a consistent and predominant factor in almost all cases of child sexual exploitation and child sexual abuse.

8.4 There was debate within the panel relating to whether or not the author should limit his observations to this case or should consider wider cultural issues. Whilst this issue remained unresolved there was unanimous agreement amongst panel members that this review did not have the resources or remit to consider more general questions about the cultural identity of perpetrators of abuse in any depth.

The review makes a national recommendation that there be further academic research into the cultural identity of perpetrators of localised grooming, and suggests that gender power, bridging and bonding, criminality, male attitudes towards women and openness about sex and relationships be areas that research should consider.

8.5 The lead reviewer asked the child sexual exploitation team for statistics regarding the cultural background of the perpetrators who they were tracking. British Asian men of Pakistani heritage appeared to make up a disproportionately high number of these men. This report also acknowledged that national statistics regarding the cultural background of perpetrators were often poorly collected.

The review recommends that West Yorkshire Police and Calderdale safeguarding children board assures itself that regional statistics relating to perpetrators are accurate.

8.6 Although, as already noted, the cultural background of perpetrators is being collected in Calderdale, the lead reviewer was unsure how the information was being used.

The review recommends that Calderdale safeguarding children board asks the child sexual exploitation operational group to produce a plan relating to how they will make use of the statistics collected relating to the cultural background of perpetrators.

The role that substance misuse played

8.7 There is a common view amongst some professionals, many of the Asian men and women interviewed in the focus groups and members of the panel, that drugs were an essential aspect to the abuse of Jeanette, both in the way in which they were used along with alcohol to make her compliant and the fact that many of her abusers were involved in a “community within a community” – those using and dealing in illegal drugs.

The review recommends that Calderdale’s child sexual exploitation hub collect statistics relating to the known criminality of perpetrators with the intention of further considering the role that illegal drugs play in the sexual exploitation of children.

The review recommends that Calderdale safeguarding children board ensures that professionals working with children and young people are able to identify and act upon drug and/or alcohol use, including making referrals to specialist services where appropriate and

that drug and alcohol workers are fully trained in understanding issues of child sexual exploitation.

The ethnic mix of staff in the public sector in Calderdale

8.8 10% of Calderdale’s population are British Asians, yet the lead reviewer met only one Asian professional throughout the course of the review: the local cohesion and equality officer. Although Children’s Social Care services employ staff who fully reflect the ethnicity of the local population this may not be true of all agencies. Understanding the community with whom agencies work is much easier if the workforce reflects that population.

The review recommends that Calderdale safeguarding children board continues to support the work of community liaison officers and conducts a survey of its members to determine the ethnic mix of staff.

Prevention of child sexual exploitation

8.9 The review has highlighted that the local community and the council’s community workers are developing a range of initiatives relating to raising awareness in the public throughout Calderdale about child sexual exploitation, all of which are co-ordinated and supported by the local community centre. In times of austerity it can be easy to cut these services, often viewed as peripheral to the main “business”. It is the lead reviewer’s opinion that primary prevention is being cost-effectively implemented by these community services in Calderdale.

Young people’s understanding of child sexual exploitation

How to help children who don’t know they’re being exploited and abused

8.10 This report has documented how hard it was for professionals to help Jeanette when she didn’t realise (or admit to the fact) that she was being abused. The report has highlighted the importance of professionals not giving up on young people, not being frightened to continue to voice their concerns to the young people themselves and to develop a “thick skin” when they are told that their advice is unwelcome. It is also a systemic issue insofar as individual professionals need to be allowed to keep open cases of child sexual exploitation where progress may seem non-existent. The report also describes how long it can take for a young person to realise they are being abused – and acknowledges that this can often be after the child has turned 18 years of age.

The review recommends that Calderdale safeguarding children board assures itself that perseverance is still a key component of any training on child sexual exploitation and agencies ensure that cases of child sexual exploitation remain allocated even when progress may not appear to be evident.

The review also recommends that Calderdale safeguarding children board liaises with the adult safeguarding board to:

- ensure all professionals who work with young adults are aware of the issues relating to child sexual exploitation; and
- to ensure professionals are well placed to help relevant young adults come to realise that they have been abused and are not responsible for this abuse.

Continuity of staff

8.11 The panel noted how important it was for Jeanette that she had at least one professional in her life who maintained contact with her. For the summary of events described in this report that professional was Robert, since the prosecution case began that person has been CSC(9).

Agency responsibilities

Escalation and supervision

8.12 Although the report generally praises the perseverance of Robert and staff at Jeanette's school, the panel were disappointed at the failure of those professionals and their managers to use "escalation" procedures – a process whereby professionals can complain to their own senior managers, and those of other agencies, about action or inaction that they perceive to be detrimental to the welfare of a child.

The review recommends that Calderdale safeguarding children board is assured that its own escalation procedures are fit for purpose and that all professionals are aware of their existence and are confident in using them.

Learning from the case

8.13 Most reports into child sexual exploitation analyse the situations of multiple victims. This review is unique inasmuch as only one victim has been written about. Jeanette wishes the review to be used to protect better other children from the abuse she suffered.

The review recommends that Calderdale safeguarding children board, (with Jeanette's continued permission) commission a version of this report to be used with young teenagers to make them more aware of the dangers of child sexual exploitation.

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APPENDIX ONE



TERMS OF REFERENCE

SERIOUS CASE REVIEW

SUBJECT: Child M

STATEMENT IN RELATION TO CHILD SEXUAL EXPLOITATION (CSE)⁴⁰

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

Child sexual exploitation grooming can occur through the use of technology without the child's immediate recognition; for example, being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and /or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.'

Source: UK National Working Group for Sexually Exploited Children

PURPOSE OF THE TERMS OF REFERENCE

These terms of reference outline the system of accountability for the review's work. It has been drafted taking into account the following functions:

1. To stand as part of the commissioning contract enabling Calderdale Safeguarding Children Board to determine whether the Independent Chair and Independent Lead Reviewer have satisfactorily completed the tasks required. This document outlines what responsibilities the Independent Chair and Independent Lead Reviewer have and what tasks they are expected to undertake.
2. To act as a public document so that all stakeholders can hold the review to account for any specific failures to adhere to the terms of reference
3. To provide a way for all stakeholders, including the public, to determine whether the Serious Case Review process was adequate for the task.

PURPOSE OF THE REVIEW

The purpose of the review is to improve services and prevent similar serious abuse or neglect.

Serious Case Reviews should be conducted in a way in which:

- Recognises the complex circumstances in which professionals work together to safeguard children;
- Seeks to understand precisely who did what and the underlying reasons that led individuals and organisations to act as they did;
- Seeks to understand practice from the viewpoint of the individuals and organisation involved at the time rather than using hindsight;
- Is transparent about the way data is collected and analysed; and
- Makes use of relevant research and case evidence to inform the findings.

(Working Together, Chapter 4 para 10, March 2013)

SCOPE OF THE REVIEW

Initial terms of reference will be submitted to the Independent Chair of the CSCB based on information known at the time. It should be noted that the terms of reference are a living document and not set in stone. They may need to be amended, in the light of new information, at any point during the course of the review. The Serious Case Review Panel will have responsibility for agreeing any variation to the terms of reference.

The time period is from **1st September 2006**; when Child M commenced secondary school. The review period ends on the **31st August 2012** when the Gold Command Operation began. The SCR Review Panel will take into account relevant information from outside the time period under review, but this will not be analysed in detail.

The report will focus on service engagement and response to Child M. Family members may be discussed within the review, but only in relation to information contained within Child M's records:

ISSUES TO BE EXAMINED

1.
 - a. Look at the facts of the individual case and the young person's story and;
 - b. Benchmark local policy and practice against national guidance and local understanding in relation to CSE in the period under review.

2. Determine whether the National, Regional and Local policies, procedures, thresholds and practice expectations of the agencies in use at the time were followed during this period. How would this be different now?
3. 51 of the 52 people who were questioned in regard to sexual offences against Child M (and 24 of 25 who are being prosecuted) are Pakistani men. What are the gender, race and culture issues that are relevant to this case?
4. Were single and multi-agency communications and information sharing appropriate, accurate and acted upon?
5. Were single and multi-agency assessments and interventions child focussed, appropriate, accurate, acted upon and complete?
6. Consider whether there are any common themes from previous serious case reviews or critical incident reviews and the effectiveness of agency's actions in relation to these.
7. Identify learning that will help partners and the LSCB to strengthen understanding of and response to Child M and to all vulnerable children and young people.
8. Did agencies understand and implement policy and practice in relation to CSE in their contact with Child M. If not, why was this??
9. Were any of the professionals or organisations involved with Child M working in isolation?
10. What can we learn from the engagement with the young person, parents and extended family in fully understanding vulnerability, harm, risk and effective interventions?
11. Was professional practice informed by appropriate and effective supervision?
12. Were there examples of challenge by the LSCB into systems and processes of identification and monitoring of victims of CSE and were there occasions when challenge might have made a difference?

METHODOLOGY

Barry Raynes from Reconstruct is independently appointed as serious case lead reviewer. The review is managed by the Serious Case Review Panel and Independently Chaired by Maureen Noble. The administration process is managed by the Business and Quality Assurance Manager of the CSCB and the review is commissioned by the Independent Chair of the CSCB on the advice of the Case Review sub group and on behalf of the full Board. The LSCB Independent Chair will attend some panel meetings at the request of the Panel Chair or pursuance of his role as commissioner. Arrangements will be in place to feed back to the LSCB Independent Chair through panel minutes and the CSCB Business and Quality Assurance Manager.

Agencies providing chronologies, IMR reports and contributing to reflective events:

1. Children's Social Care, Children and Young People's Service
2. Youth Works, Children and Young People's Service
3. Independent Reviewing Officer (IRO) Service, Calderdale Metropolitan Borough Council
4. Calderdale and Huddersfield NHS Foundation Trust (School Nursing, Midwifery & Accident & Emergency Services)
5. Family Support
6. GP – NHS England
7. Jeanette's school
8. West Yorkshire Police
9. Youth Offending Team
10. Lifeline / Branching Out (Children & Young People Substance Misuse Service)
11. Others as appropriate

Panel members:

1. Independent Chair
2. Independent Lead Reviewer
3. Designated Nurse, NHS Commissioners, Clinical Commissioning Group
4. Detective Chief Inspector West Yorkshire Police
5. Service Manager, Children Social Care, CYPS, CMBC
6. Nurse consultant for Emergency Care, CHFT
7. Public Health (current commissioner of children and young people substance misuse service and school nursing), CMBC
8. Head of Youth Offending Team, CMBC
9. Service Manager, Family Support, CYPS, CMBC
10. Representative from Children's Society; Safe Hands Project
11. Education –Assistant Principal from Jeanette's secondary school
12. Contribution of Child M through advocate

A STATEMENT OF GOOD PRACTICE

The approach taken with the review should be proportionate: led by individuals who are independent of the case; professionals fully involved and able to contribute their perspectives without fear of blame; contribution of the young person and family members where applicable; publication and inclusion of the final report in the CSCB Annual Report; and improvement sustained through regular monitoring and follow up.

Criminal Proceedings and Concurrent Investigations

To ensure this review does not adversely affect the ongoing criminal process, it will be managed according to the arrangements which are subject to national guidance that has been agreed between chief constables (ACPO), the chairs of LSCBs and the Crown Prosecution Service (CPS) in England and the principles set out in the National Association of LSCB Chair guidance on SCRs and parallel processes.

Other concurrent investigations will be monitored and any learning will feature in the SCR overview report.

ETHOS OF THE REVIEW

Child M will be fully involved in the review and be consulted at each major stage of the process. This will include an awareness of the process and terms of reference, contribution to the questions forming the report and agreeing publication decisions. Interviews and involvement from any other family member will only be included with specific agreement from Child M but may include other family members.

An agreement on the parameters and governance of involvement with Child M will be agreed with the SCR Panel and the Senior Investigating Officer in the criminal case.

The family will be kept informed of the review and its progress (subject in this instance to consideration of Child M's views) and consulted prior to formal approval by the board and publication (This consultation may include issues regarding publication).

The Calderdale Safeguarding Children Board Independent Chair will meet with Child M and family members as advised by the Panel Chair if there is a need to respond to any specific or particular concerns or issues.

It is necessary to ensure that the processes of obtaining information, involving families, hearing from staff and professionals and writing the report have due regard to the matters in s149(1)(a)-(c) of the Equality Act 2010.

Hindsight bias and outcome bias will be recognised and reduced by using analysis which examines how things were and perceived to be at the time, why decisions were made and actions taken at the time.

The main objectives for the SCR Panel and the Independent Lead Reviewer are to:

Collate and analyse the detailed information and findings from information received from the agencies, practitioners and families involved, including the Individual Management Reviews, chronologies, practitioner learning events, interviews with family members, front line practitioners etc. In the light of this the aims are to:

- Confirm/agree any further Terms of Reference and time period for the SCR
- Identify if any further information is needed or other reports need commissioning
- Scrutinise and analyse to confirm learning and resolve any differences

The terms of reference should be subject to regular review and additions made where appropriate.

The reviewer will work with the SCR Panel in accordance with the terms of reference.

The Overview Report

The overview report should bring together the relevant information and analysis contained in the individual agency reports, together with any reports commissioned from other parties. The following format is suggested, although details may need to be changed depending on the nature of the case.

Introduction

- Summary of circumstances leading to the SCR.
- Terms of reference.
- List of contributors to the SCR, Panel members and Independent Lead Reviewer(s) of the report.

The facts

Genogram showing family membership, including extended family and index child's household unless this might lead to identification.

Summary of chronology of involvement with the child and family by all relevant professionals, paying particular attention to occasions when the child was seen and the child's views or wishes sought or expressed.

Summary of the relevant information known to the agencies involved about the parents/carers, and the home circumstances of the children

Analysis

A consideration of how and why events occurred, judgements and decisions made and actions taken or not. There may be comment as to whether, in the Independent Lead Reviewer's view, different decisions or actions may have led to an alternative course of events. The analysis section may also be able to highlight examples of good practice. The analysis should be structured so as to reflect these terms of reference.

Conclusions and Recommendations

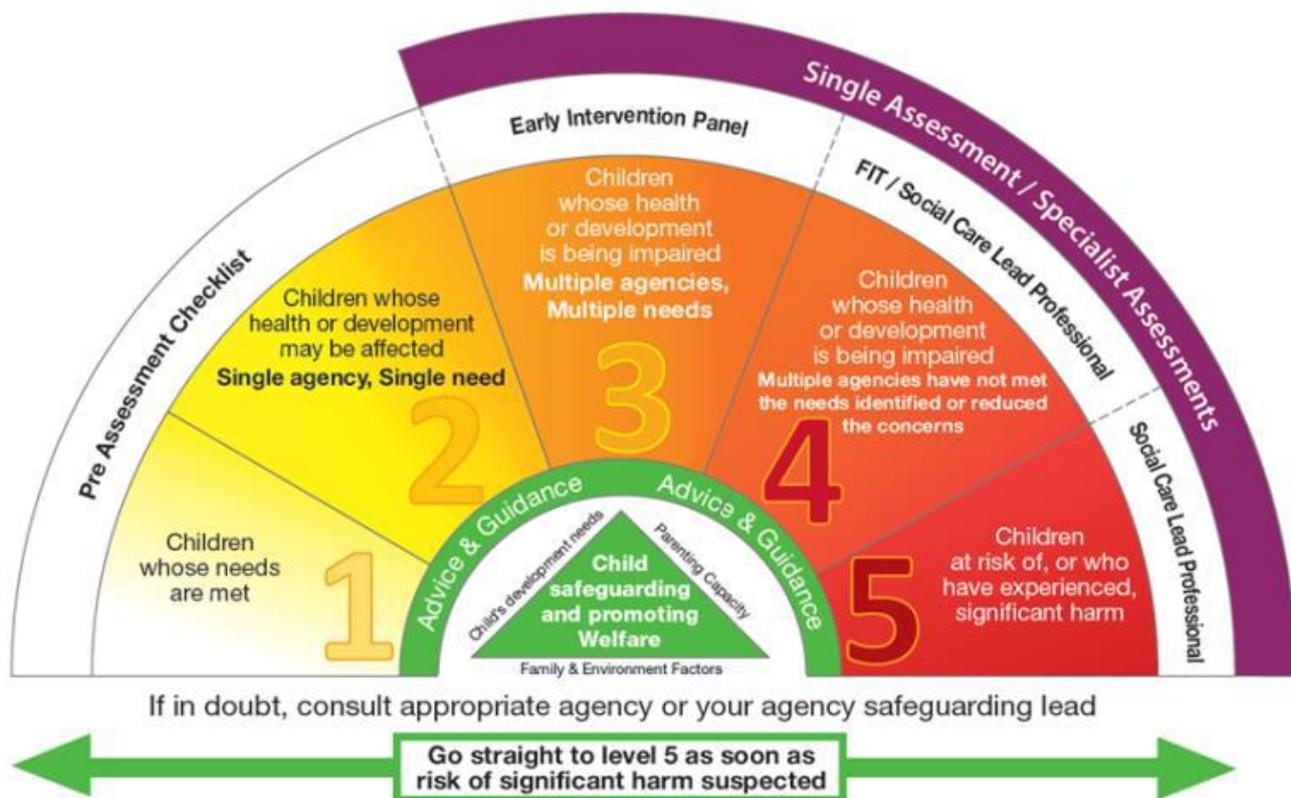
This should include a summary of the findings of the review, lessons to be learned from the case, and the Panel's recommendations for action. Recommendations should include, but not be limited to, the recommendations made in the individual agency reports. Recommendations should be few in number, focused and specific, and capable of being implemented.

The responsibility of accuracy lies with the Independent Lead Reviewer ensuring the report is structured and written so as to promote accessibility and understanding. The report must reflect the fact that it will be published with minimum redactions, so as to protect the child and to ensure that the reader can see how learning has been identified and acted upon.

APPENDIX TWO

Calderdale Threshold document: The Continuum of Need and Response:

The document can be found in full here: <http://www.calderdale-scb.org.uk/wp-content/uploads/2016/03/Continuum-of-need-website.pdf>



Level 1 represents children with no identified additional needs. Their needs are met through accessing universal services.

Level 2 represents children with additional needs that can be met by targeted support by a single practitioner or agency - universal services.

Level 3 represents children with additional needs that can be met by targeted support by a multi-agency integrated support package - mainly universal services coordinating their approach.

Level 4 represents children with significant additional needs that have not been met following a co-ordinated, multi-agency response from the Early Intervention Panel and for whom significant concerns remain. This is when Children's Social Care may become involved.

Level 5 represents children with complex needs at the highest level of vulnerability which will be met by multi-agency support from specialist services. (Social Care will always be the lead professional when a child protection enquiry is necessary, S47)

APPENDIX THREE

REFERRAL TO MAST: Secure e-mail: MAST@calderdale.gcsx.gov.uk NB; only works when sending from another secure email address, or FAX: 01422 392875 or Telephone 01422 393336

REFERRAL TO DCT: dctadmin@calderdale.gcsx.gov.uk - 01422 394091

REFERRAL TO EIP: Upper Valley eis.uppervalley@calderdale.gov.uk - 01422 368279

Lower Valley eis.lowervalley@calderdale.gov.uk - 01422 394094

Halifax Central eis.halifaxcentral@calderdale.gov.uk - 01422 392510

North & East eis.northandeast@calderdale.gov.uk - 01422 392495

Early Intervention and Safeguarding Statutory Request for Service/ Referral

- **For Referral to an Early Intervention Panel (EIP)** – All agencies please complete this form and attach a Child and Family Single Assessment, if completed.
- **For Referral to the Disabled Children’s Team (DCT)** - All agencies please complete this form and attach a Child and Family Single Assessment, if completed.
- **For Referral to the Multi-Agency Screening Team (MAST)** – For urgent **Child Protection** concerns, please contact MAST and complete this form within 24 hours. For all other requests for service/referrals please complete this form and attach the completed Child and Family Single Assessment.

PLEASE INDICATE REQUEST FOR SERVICE / REFERRAL TO:

Early Intervention Panel (EIP)

Disabled Children’s Team (DCT)

Multi-Agency Screening Team (MAST)

Please complete this form as fully as possible, if information is unknown leave blank. Please type this form or ensure it is written legibly. If you are aware that the child has a Social Worker, go directly to the Social Worker/ Team, there is no need to use this form. (Please refer to the practice guidance).

1. REFERRAL DETAILS						
Date of Referral					Time of Referral	
Name						
Job title						
Agency						
Address						
Telephone						
Email	Secure Y / N					
2. DETAILS OF CHILD / YOUNG PERSON						
Child’s Name		DOB / EDD		Age		Unborn Y / N
Gender M / F		Disability/ learning difficulty (if known please specify)		Ethnicity		

Is English their first language? (Included child and parents / carer)		If no, please specify preferred language		Is an interpreter needed? Y/N	
				Religion	
Address					
Postcode		Tel No			
Early Years Provider/School/College attended: (Also please give name of any key contact person)				UPN:	
				Attendance:	%
Child's GP Address/ Tel No				NHS No:	

3. DETAILS OF ALL SUBJECT CHILDREN

If not at the same address, a separate referral needs to be made in respect of each household.

(To add additional rows, right click in the final row, click 'Insert', 'Insert Rows Below')

Name	DOB / EDD / Age	Gender M/F	Disability	School / Nursery	Relationship to the above child	Child also referred Y/N

FAMILY / HOUSEHOLD MEMBERS

(To add additional rows, right click in the final row, click 'Insert', 'Insert Rows Below')

Name	DOB / EDD / Age	Gender M / F	Ethnicity	Parental Responsibility (PR)	Employed Y / N	Relationship to the above child

OTHER SIGNIFICANT PEOPLE LIVING IN THE HOUSEHOLD

(To add additional rows, right click in the final row, click 'insert', 'Insert Rows Below')

Name	DOB / EDD / Age	Gender M / F	Address/ Contact number	Ethnicity	Parental Responsibility (PR)	Employed Y / N	Relationship to the above child

4a. DETAILS OF REQUEST

Please detail why you are requesting a service, clearly specifying presenting issues and areas of concern, and the evidence you have to support this, for example child’s developmental needs, parenting capacity, or family and environmental factors. Please highlight any further actions required to support the needs / concerns.

4b. Is the child at immediate significant risk of harm? (MAST REFERRAL ONLY) Is there a concern regarding an injury, if so please include details of the injury/mark and when the incident/concern occurred. Has the child seen a medical professional?

5. Include anything else that you feel might be useful to know about the family e.g. mental and physical health issues, domestic violence, substance use, or any risks for workers visiting the family etc.

If you are currently providing a service to the family and are actively involved, should this request commence to a Child and Family Single Assessment, then you may be asked to undertake a joint visit with the allocated worker within five days.

11. CONSENT

Consent is only required to share information with other agencies, if there are no Child Protection concerns.

Consent is not required to undertake an Early Intervention or Statutory Child and Family Single Assessment which will identify any outstanding needs and services the child / family requires. However, consent should be sought to share information to enhance the assessment.

A. CONSENT - MULTI-AGENCY SCREENING TEAM / DISABLED CHILDREN'S TEAM ONLY

Parental consent is not required to share information or inform that a request for service/referral is being made, where there is a risk of immediate significant harm to a child/young person by the parent/carer and there is a statutory responsibility to refer Child Protection concerns to Children's Social Care.

Where the above does not apply, you must ensure the parent/carer or child/young person is informed that this request for service/referral is being made and consent dependant on the request being made.

Have you informed the parent / carer and child / young person, that you are making this referral? Y / N					
Do you have consent for this referral? Y / N					
Do you have consent to share information? Y / N					
Verbal consent Y/N		Parent/carer Y/N		Child/young person Y/N	
Written consent Y/N		Parent/carer Y/N		Child/young person Y/N	
If no, please state reason:					

Views of parent / carer and child / young person:

B. CONSENT - EARLY INTERVENTION PANEL ONLY

I agree to the gathering and sharing of information on this form with partner agencies and representatives of the Early Intervention Panel as required so that they can help to provide the right services for my child and family.

I agree that any personal information provided by me on this form will be treated in accordance with the provisions of the Data Protection Act 1998 and my family's details will be held on the Calderdale Children's Services databases.

PARENT / CARER: *(please state)*

Name:

Signed:

Date:

Contact Telephone Number:

YOUNG PERSON:

Name:

Signed:

Date:

If consent is not obtained, please state reason:

CHILDREN'S SOCIAL CARE PRACTICE STANDARDS

It is anticipated that the Social Care Overarching Principles are delivered by our staff operating these standards in their day-to-day practice.

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STANDARDS FOR ALL RECORDS	PERSON RESPONSIBLE
MULTI AGENCY SCREENING TEAM (MAST) – also see MAST practice handbook	
<p>The referral records the date and time the information was received and the names and details of the person making the referral.</p> <p>It will also record full basic details of the child/young person, parent/carers, significant others, everyone in the household, ethnicity, nationality, first language, religion, disabilities, SEN status and school attendance data and any communication requirements, as well as if consent has been obtained from the parent/carer.</p> <p>Full referral information and appropriate support evidence needs to be obtained at point of referral, including service being requested and any other agency/professionals involved with the child.</p> <p>It is essential the referral is recorded on CASS on the date of referral.</p> <p>The Referral Information Coordinator (RIC) alerts the Team Manager (TM), or Practice Manager to any immediate Child Protection referrals</p>	Referral Information Coordinator
<p>The referral is finalised within 24 hours unless it is an immediate child protection referral which should be completed within 2 hours.</p> <p>The referral records the decision made, further action required and outlines the reason for this. Decision will be informed by historical and current information held by Children Services, as well as partner agencies in MAST and this is to be recorded on Referral Record.</p>	Team Manager/ Practice Manager
<p>The referrer is informed in writing of the outcome of the referral and a case note added in the child’s record to confirm this has taken place within 24 hours of the decision.</p>	Referral Information Coordinator
<p>If an immediate Strategy Discussion is required, this is held with the partner agencies in MAST including relevant external agencies where appropriate.</p> <p>This is initiated and chaired by the TM, or PM, who will immediately notify the CAT Duty</p>	Team Manager/ Practice Manager

<p>Practice Manager (PM) and they will identify an appropriate experienced Social Worker to attend the meeting.</p> <p>The TM must ensure that full consultation takes place with all relevant agencies prior to the strategy meeting to ensure their information informs decision making.</p> <p>The TM/PM will immediately complete the CASS Strategy document recording the discussion and outcome of the meeting.</p>	
<p>The PM-reviews all Contacts/Referrals and identifies and allocates any tasks to be undertaken by the Screening Social Workers, that is required to make an informed decision in respect of the referral</p>	Practice Manager

<p>Screening Social Worker completes tasks identified by PM so the referral can be Reviewed and Outcomed within 24 hours</p>	Screening Social Workers
<p>The referral is finalised by the duty manager</p> <p>The PM is responsible for reviewing the information recorded by the Referral Information Coordinator or MAST Screening Social Worker and quality assurance of the referral.</p> <p>The referrer is notified of the outcome of their referral in writing within 24 hours of the decision.</p>	<p>Team Manager</p> <p>Referral Information Coordinator</p>
<p>CHILDREN'S ASSESSMENT TEAM (CAT)</p>	
<p>MAST TM/PM will allocate on CASS cases outcomed for further assessment to the CAT Inbox</p> <p>Where the complexity warrants it, this will be done following a personal or a telephone discussion between the TM and Duty PM and/or the allocated social worker.</p>	MAST Team Manager /Practice Manager
<p>The case is allocated to a suitably trained and experienced worker within 24 hours. All Section 47 investigations will be allocated immediately.</p>	Duty Practice Manager
<p>A 'face to face' discussion should take place between the social worker and the</p>	Duty Practice

<p>allocating Practice Manager-at the point of allocation.</p> <p>Although allocation should take place electronically within the CASS System this should <u>not</u> replace the need to speak with the worker. This discussion should include:</p> <ul style="list-style-type: none"> • The nature of the concerns • Historical facts to take into account • Timescale for visit to the child/family • Who the worker should speak to following the initial visit. 	<p>Manager</p>
<p>There is clear recorded instruction as to the initial work to be completed during the course of the Single Assessment.</p> <p>The Duty Practice Manager-should clearly record in a “Case Management” case note and within the Single Assessment the tasks and targets which have been discussed with the worker.</p>	<p>Duty Practice Manager</p>
<p>Child and Family Single Assessment (for comprehensive guidance supporting these standards, please see the Child and Family Single Assessment Guidance document)</p>	
<p>The timeframe will be clearly identified as the standard 15 days, with a progress review by day eight, unless further time is required for completion of a more comprehensive assessment. Additional time can be 25, 35 or the maximum 45 days. The case would then be reviewed as per procedures within supervision, at additional review points, or when the assessment is completed and submitted for sign off.</p> <p>The assessment will be regarded as completed once it has been signed off/approved by their line manager. Where the assessment is not completed within timescales, the reason for this should be recorded.</p> <p><u>Refer Child and Family Single Assessment Guidance.</u></p>	<p>Social Worker/Practice Manager</p>
<p>Unless the visit is made under Section 47, the social worker should – where appropriate - arrange to make the initial visit jointly with the referrer within five working days of allocation.</p> <p>At the first home visit made for the preparation of the</p>	<p>Social Worker and referrer where appropriate</p>

<p>assessment, the child/young person and his/her parent/carer is provided with a copy of:</p> <ul style="list-style-type: none"> • The consent to share information leaflet and signed • Consent obtained • The Complaints leaflet • The Access to Records leaflet. 	
<p>The child/young person must always be seen as part of the assessment and spoken to and seen alone where age appropriate.</p>	Social Worker
<p>The assessment record clearly, explicitly and separately records all of the following:</p> <ul style="list-style-type: none"> • Reason for the assessment • Child/young person’s developmental needs • Parents capacity to respond appropriately to child/young person’s needs • Family and environmental factors that impact upon the child and his/her family • The child’s and parent/carer’s views • An analysis of risk and protective factors in the family. <p>Information should be gathered from a variety of sources to inform the assessment including the child, his/her family and professionals in other agencies who know and are delivering services to the child and his/her family. The assessment should cover in detail the three domains and dimensions as detailed in the Framework for the Assessment of Children in Need and their Families, alongside Working Together (2015) Guidelines.</p>	Social Worker
<p>The assessment should take into account any previous involvement with the child/young person and the current assessment is set in the context of the historical information.</p> <p>A chronology should be updated as part of the assessment, or commenced as this provides a summary of previous involvement with the child and the historical context for any assessment. The chronology should include events significant to the child’s journey and a brief synopsis of the event and its outcome. This should include the multi-agency chronology provided and any other significant events reported by other agencies.</p> <p>Previous involvement with the child and his/her family is critical information to support</p>	Social Worker

<p>the evaluation and assessment of the current presenting needs. Any assessment of a child should be set in the context of previous involvement and concerns as this may highlight any emerging patterns or indicators of risk or harm in this family. As such, the chronology must be utilised whilst the assessment is being completed.</p>	
<p>The record should detail the date/s the child/young person and family members were seen for the purposes of preparing the assessment and clearly, explicitly and separately record:</p> <ul style="list-style-type: none"> • The wishes and views of the child/young person and how they have informed decision making • The wishes and views of the parents/carer and how they have informed decision making. <p>Gathering information and making sense of a family's situation are key phases in the process of assessment. It is not possible to do this without the knowledge and involvement of family. It requires direct work with the children and their family members and the social worker will need to meet with them to complete the assessment.</p>	Social Worker
<p>The assessment records the names and designations of all agencies/professionals that contributed or were consulted in the preparation of the assessment.</p> <p>Details of those who contributed to the assessment should be recorded in the assessment record. If information is requested but has not been provided within timescales, then this should be noted and once received, recorded in the case notes.</p> <p>In order to effectively complete an assessment of a family, this should be undertaken on a multi agency basis. An assessment planning meeting may be considered at the outset of the process in complex cases which identifies what information is required and who should provide this.</p>	Social Worker
<p>The assessment analyses the needs of the child, the parents' capacity to meet those needs and family and environmental factors impacting upon the family to inform the decision making process. There must be an analysis of the level of risk to the child.</p>	Social Worker

<p>The most important part of the assessment process is the analysis of the information gathered and the implications of this to the protection and welfare of the child. The social worker should identify any indicators of risk or harm or impairment to child's welfare as well as protective factors that will keep the child safe.</p>	
<p>Details of what further action is to be undertaken including the reason for this, need to be recorded within the assessment.</p>	Social Worker
<p>The outcome of the assessment is recorded and details of what further action, if any, is to be undertaken including the reason for this. The assessment record should explicitly detail:</p> <ul style="list-style-type: none"> • Any indicators of significant harm or impairment to the child's welfare • Protective factors • What needs to change or happen • What services are required to ensure that the identified needs of the child are met 	
<p>Where the assessment identifies the need for services to be put in place immediately, then this should be actioned and not delayed until all assessments are completed</p>	Social Worker
<p>There is documentary evidence that the child/young person and his/her parent/carer are informed of the outcome of the assessment and provided with a copy.</p> <p>Assessments are undertaken in partnership with families and the completed assessment should be shared with the child (dependent upon age) and his/her parent/carer and provided with a copy. This ensure that they fully understand the reasons for decisions reached by the social worker, have the opportunity to challenge the decision making process and can correct any factual inaccuracies in the record.</p>	Social Worker
<p>The assessment is authorised by the line manager</p> <p>It is the role of the line manager to ensure that the quality of the assessment meets the required standards and that the decisions reached are based on a sound analysis of the information gathered and will safeguard the child and promote his/her welfare.</p>	Practice Manager/Team Manager
<p>CIN PLANNING</p>	
<p>Following completion of the assessment where the outcome is this is a Child in Need, a CiN Planning Meeting should be convened within 10 working days where the plan will</p>	Social Worker

<p>be completed.</p> <p>Upon completion of the assessment, the plan should be prepared outlining the outcomes to be achieved and services delivered to meet the assessed needs. This should be completed within 10 days to ensure that services are co-ordinated and delivered to the child in a timely manner.</p>	
<p>The plan will be SMART and explicitly detail:</p> <ul style="list-style-type: none"> • The outcomes to be achieved • The actions required to achieve the outcome • Timescales for actions to be completed, either a target date or frequency • Who is responsible for the implementation of the action <p>The actions outlined in the plan should be specific, measurable, achievable, realistic and have set timescales. Terms like 'ongoing' and ASAP are not acceptable.</p>	Social Worker

<p>The plan will state the minimum visiting frequency required of the lead professional or the social worker.</p> <p>The plan should explicitly detail the minimum frequency that the lead professional or the social worker will visit the child and his/her family. The minimum visiting frequency should be individually determined based on the needs of the child but should not be less than four weekly.</p>	Social Worker
<p>The plan is prepared in consultation with the child/young person and his/her parent/carer and their views are recorded on the plan and agreed at the planning meeting.</p>	Social Worker
<p>The objectives of the plan and how they will be achieved are discussed with all relevant family members, agencies and professionals and their details recorded.</p> <p>The plan should be implemented by the team around the child led by the lead professional or the social worker and as such, it is essential for other professionals working with the child to know what services are being provided to the child and his/her family by whom and when. This ensures that there is no duplication of service delivery, that services provided are complimentary and everyone working with the child is aware of who is doing what.</p>	Social Worker

<p>The child/young person, his/her parent/carer and all key family members and agencies are provided with a copy of the plan within five working days of the meeting.</p>	<p>Social Worker</p>
<p>REVIEW OF CHILD IN NEED PLAN</p>	
<p>Reviews of the plan should take place at six weekly intervals. However, the multi-agency group may decide that less frequent reviews at up to three monthly intervals are required. Disabled children who are managed at CIN level 3 will be reviewed at a minimum of 6 months.</p> <p>Plans should be regularly reviewed by the multi agency team around the child to ensure that the plan remains relevant, the services delivered are effective and timescales for action are being achieved.</p>	<p>Social Worker/ Practice Manager</p>
<p>The review monitors progress against the implementation of the plan and this is explicitly recorded with any concerns or changes to the plan.</p>	<p>Social Worker/ Practice Manager</p>
<p>Any new information received about the child is evaluated and responded to</p> <p>Through the child in need review process, the team around the child should share information about the child and this information evaluated in the context of the assessment and plan. Assessment should continue throughout the period of intervention and professionals need to keep their judgements under constant critical review being willing to respond to and challenge new information. CIN Assessments should be updated annually, in line with other assessment processes.</p>	<p>Social Worker/ Practice Manager/Lead Professional</p>
<p>In circumstances where there is concern about additional risk, the Practice Manager may request that a Single Assessment is carried out by the social worker.</p>	<p>Practice Manager</p>

<p>The child/young person and his/her parent/carer are supported to participate in the review process. The plan will clearly indicate how their wishes and feelings have informed planning and service delivery.</p> <p>Throughout the period of involvement with a child and his/her family, it is important to develop a cooperative working relationship so that the family feels respected, informed and listened to and that professionals are working with them in an open and honest way. Parents and children should be fully prepared for any meeting understanding who will be there, the purpose of the review and how they will participate in the process. Parents and children should be given clear feedback on how their contribution has been taken</p>	<p>Social Worker/Lead Professional</p>
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into account and acted on.	
<p>Family members and other agencies/professionals are engaged in the review process</p> <p>Other professionals should be fully prepared for the review meeting by being informed of the type and purpose of the meeting, who will be attending and the expectations of them in the meeting. The views of partner agencies are then reflected in the documentation.</p>	Social Worker/ Lead Professional
CASE RECORDING	
<p>Case recording is child focussed</p> <p>The child must be seen and kept in focus throughout the intervention. It is imperative that the child's circumstances are seen through the child's personal experience. What does it feel like to be this child living in this particular set of circumstances? The voice of the child must be listened to and social workers should ask themselves what the child is telling them. Direct work with the child is essential to achieving child focussed intervention to ascertain their views and understand the meaning of their experiences to them.</p>	Social Worker/ Lead Professional
<p>A multi-agency chronology of key events for the child is maintained up to date</p> <p>The chronology is a means to provide an overview of events in the child's or young person's life and must be used by practitioners to as an analytical tool to help them understand the impact, both immediate and cumulative, of events and changes on the child or young person's developmental progress. An up to date and complete chronology ensures that any emerging patterns or issues within the family of a serious or deep rooted nature are identified and responded to.</p>	Social Worker/ Lead Professional
<p>Case records are up to date within 24 hours where there are child protection concerns and within a maximum of 48 hours for all cases.</p>	Social Worker/ Lead Professional

<p>All case records reflect professional practice in particular:</p> <ul style="list-style-type: none"> • Use plain English rather than jargon • Distinguish between fact and opinion • Demonstrate a commitment to the principles of equality and valuing diversity Are respectful of the child/young person and his/her family 	<p>Social Worker/ Lead Professional</p>
<p>Case notes will detail:</p> <ul style="list-style-type: none"> • The date of the contact • The reason for the contact • Who the contact was between • Details of the contact • The outcome of the contact • Whether the child was seen and spoken to and if seen alone • An analysis of the contact • Any further action to be taken arising from the contact 	<p>All social care staff</p>
<p>Professionals supporting the child and his/her family are referred to in the records by name and designation.</p>	<p>Social Worker/ Lead Professional</p>
<p>Case records show when information has been shared and with whom.</p>	<p>Social Worker/ Lead Professional</p>
<p>Case records are accurate and grammatically correct. Details of relevant agencies and family members in are updated as appropriate the maintained persons' section</p>	<p>Social Worker/ Lead Professional</p>
<p>Case records are subject to review and quality assurance in both supervision and file audit.</p>	<p>Social Worker/all Supervisors</p>
<p>CASE SUPERVISION</p>	
<p>Each child/young person's case is supervised on a monthly basis.</p> <p>Regular supervision is essential to safe social work practice. It should provide a safe but challenging space to oversee and review cases.</p>	<p>Practice Manager/Team Manager</p>
<p>Records of cases to be supervised should be reviewed by the manager either prior or during the case supervision</p> <p>In order to effectively supervise a case, managers must prepare for case supervision by reviewing the child's record to appraise themselves of the up to date circumstances</p>	<p>Practice Manager/Team Manager</p>

regarding the child, to quality assure the standards of practice and be reassured that the intervention with the child is outcome focussed and complies with procedures	
<p>A case supervision record is completed each time the case is supervised and explicitly details:</p> <ul style="list-style-type: none"> • Review of actions from the last supervision • Significant events since the last supervision • Any key decisions made • Reflective analysis • Actions to be taken by social worker with timescales <p>The case supervision template should be fully completed and this will promote discussion, critical evaluation and ensure management oversight and decision making.</p> <p>More general reflection on the social worker's practice will take place and be recorded in their personal supervision.</p>	Practice Manager/Team Manager
Case supervision demonstrates evidence of robust and effective management oversight	Practice Manager/Team Manager
Where individual cases are discussed within group pod supervision, the same standards for review and recording apply. (See Safe Successful Families Handbook for more detail).	
A copy of the case supervision record is stored in the child's electronic record.	Practice Manager/Team Manager/ Pod Coordinator
CIN with FIT lead (rather than social worker lead)	
The case is supervised by FIT on a monthly basis and management oversight by the Practice Manager is bi-monthly.	FIT Practice Manager
STANDARDS FOR VISITING	
All children should be visited by their social worker at an individually determined level agreed by the social worker and their line manager through the planning or supervision process which enables the effective delivery of services to safeguard the	Social Worker/Practice

<p>child and promote his/her welfare.</p> <p>The child’s plan should clearly detail the minimum frequency at which the child is visited by his/her social worker and visits carried out at least in accordance with this minimum level. It is essential that children are seen and spoken to regularly by their social worker and this will often need to be more frequently than the minimum level outlined in the plan. Good social work practice will be guided by professional judgement based on the needs of the child.</p> <p>In order to safeguard children and ensure that minimum standards are in place, the service has determined minimum visiting standards as follows:</p> <ul style="list-style-type: none"> • Children in Need – four weekly • Disabled children who are managed at CIN level 3 – eight weekly • Children subject to protection plans – Every 10 working days from the protection plan being put in place until the first review. Thereafter at a minimum of every 15 working days. • Children Looked After – Within five working days of placement (including where there has been a placement change) and weekly until the first review, thereafter minimum of monthly until the child has been in their permanent placement for one year, thereafter three monthly. Children placed for adoption – within 5 working days of placement and weekly until the first review, thereafter minimum of monthly until adoption is finalised. 	<p>Manager/Team Manager</p>
<p>CHILD PROTECTION STANDARDS</p>	
<p>a) STRATEGY MEETINGS/DISCUSSIONS</p>	
<p>This should be timely, but take place in sufficient time to protect the child and to allow partner agencies to attend.</p> <ul style="list-style-type: none"> • For allegations/information indicating risk of significant harm to the child, the strategy meeting/discussion should be held on the same day as the receipt of the contact. • Where additional information needs to be gathered, the relevant manager may - in consultation with the police - decide to extend the timescale to a maximum of 24 hours. • For allegations against staff that may result in disciplinary procedures a LADO referral should be initiated within one working day • Strategy Meetings/discussions should be led by a practitioner with line management responsibilities. 	<p>Practice Manager /Team Manager</p>

<p>Timescales for subsequent strategy meetings should be set at the initial meeting.</p>	
<p>The strategy meeting/discussion gathers information from and consults with key professionals involved with the child.</p> <p>Strategy meetings/discussions must involve children’s social care, health and the police as a minimum, but other key agencies should be involved as appropriate. In particular, every effort must be made to consult with the school or nursery and the referring agency. The TM-or Practice Manager must ensure that full consultation takes place with all relevant agencies prior to the strategy meeting to ensure their information informs decision making.</p> <p>The TM will immediately complete the CASS Strategy document recording the discussion and outcome of the meeting</p>	<p>Practice Manager/ Team Manager</p>
<p>The reason for the strategy meeting/discussion is recorded.</p>	<p>Practice Manager/Team Manager</p>
<p>The strategy record outlines information shared and an analysis of risk to the child.</p> <p>The tasks of the strategy meeting/discussion are to:</p> <ul style="list-style-type: none"> • Share available information; • Determined whether the threshold has been met for a section 47 enquiry/assessment to be initiated • Agree the conduct and timing of any criminal investigation, where relevant • Plan how the section 47 enquiry should be undertaken including the need for medical examination and/or treatment • Agree any action required to secure the immediate safety of the child • Determine what information will be shared with the family • Determine if legal action is required. 	<p>Practice Manager/Team Manager</p>
<p>Information shared and action agreed is considered within the context of child’s racial, cultural, religious or linguistic background</p> <p>This will include establishing whether an interpreter is required.</p>	<p>Practice Manager/ Team Manager</p>

<p>Any need arising from a disability is taken into consideration and appropriate plans put in place.</p>	<p>Practice Manager/Team Manager</p>
<p>The strategy record details the decision of the discussion/meeting and reason for this.</p> <p>Any information shared, all decisions reached and the basis for those decisions should be clearly recorded by the chair of the strategy meeting/ discussion and circulated within one working day to all parties to the discussion.</p>	<p>Practice Manager Team Manager/Pod Coordinator/RICS</p>
<p>b) SECTION 47 ENQUIRIES</p>	
<p>The section 47 enquiry/assessment should be led by a qualified and experienced social worker. Newly Qualified Social Workers do not lead section 47 enquiries within the first six months of practice, but may co-work with a suitably qualified and experienced worker.</p> <p>The lead worker is responsible for ensuring an accurate record of the section 47 enquiry/assessment.</p>	<p>Practice Manager/Team Manager</p>
<p>All children in the household must be visited and spoken to during a section 47 enquiry and their views recorded. Those who are the focus of the concern should be seen alone, subject to age. Parental permission should be sought wherever possible and appropriate.</p> <p>Children are a key and sometimes the only, source of information about what has happened to them. Accurate and complete information is essential for taking action to promote the welfare of the child. It is important that discussions with children are conducted in a way that minimises distress; leading or suggestive communication should always be avoided. Children may need to be seen away from home in a safe environment. Children may need time and more than one opportunity to develop sufficient trust to communicate any concerns they may have.</p>	<p>Social Worker</p>
<p>The child's parents/carers should be interviewed and their views recorded.</p> <p>The local authority has a duty to work in partnership with parents. In the great majority of cases, children remain with their families following section 47 enquiries, even where concerns about abuse or neglect are substantiated. As far as possible, enquiries should be conducted in a way that allows for constructive working relationships with families and parents/carers are given an opportunity to express their views and these are taken</p>	<p>Social Worker</p>

into consideration.	
<p>The needs and safety of all children in the household are considered and assessed</p> <p>Those making enquiries about a child should always be alert to the potential needs and safety of any siblings or other children in the household of the child in question. In addition, enquiries may need to consider children in other households with whom the alleged perpetrator has contact.</p>	Social Worker
<p>Non resident parents, others with PR and significant others are appropriately involved and their views recorded.</p>	Social Worker
<p>A Child and Family Single Assessment is automatically commenced at the same time as a section 47 enquiry is initiated.</p> <p>This should cover all relevant dimensions in the Framework for Assessment of Children in Need and Their Families, in addition to the child protection concerns. Information should be gathered in a systematic way and should include the history of the child, family and household members including any previous specialist assessments and an analysis of risk.</p>	Social Worker
<p>At the completion of the enquiries, the line manager analyses the information and agrees the outcome of the enquiry and/or plan any further actions in consultation with any relevant professionals.</p>	Practice Manager/ Team Manager
c) CHILD SUBJECT TO A PROTECTION PLAN	
<p>An initial child protection conference must be convened following a section 47 enquiry that concludes that a child is suffering significant harm and remains at risk of harm or likely to suffer significant harm. This has to be agreed by the relevant line manager.</p>	Team Manager/Practice Manager
<p>The initial child protection conference (ICPC) is held within 15 working days of the strategy meeting/discussion.</p>	Team Manager/Practice Manager/Independent Reviewing Officer
<p>An ICPC must consider all children in the family or household</p> <p>Even where concerns are being expressed only in relation to one child, all children must be identified and the risk of harm to them assessed.</p>	Independent Reviewing Officer
<p>The social work report includes a detailed analysis of the information for the child's future safety, health and development.</p>	Social Worker/ Independent

<p>The social work information to the conference should include:</p> <ul style="list-style-type: none"> • An up-to-date chronology of significant events and agency and professional contact with the family, incorporating all historical information • Information on the child’s current and historical developmental needs • Risks and protective factors • Information on the capacity of the parents and other family members to ensure the child is safe from harm and to respond to the child’s developmental needs within their wider family and environmental context • Views, wishes and feelings of the child, parents and other significant family members • An analysis of the implications of the information obtained for the child’s future safety and meeting his/her developmental milestones; • Recommendations to the conference • Consideration is given to how best to include partners who are known to have been violent/intimidating in the Child Protection Conference. It may be appropriate for the Social Worker to discuss an agreed strategy with the Independent Reviewing Officer when arranging the conference. 	<p>Reviewing Officer</p>
<p>The social work report is prepared and shared with the child/young person (where appropriate) and parents/carers at least five days prior to the conference. The report must be signed by the Team Manager or Practice Manager and be completed on CASS:</p> <p>For Initial Child Protection Conferences this should be no more than three days prior to the ICPC.</p> <p>For Review Child Protection Conferences this should be no more than five days prior to the RCPC.</p> <p>The social work report for the ICPC should include the outcome of the section 47 enquiry/assessment to date.</p>	<p>Social Worker/Team Manager/Practice Supervisor</p>
<p>The child (where appropriate) and parents/carers contribute meaningfully to and where possible attend the conference and their views are recorded and taken into account.</p> <p>Attendance at a conference must be carefully planned, the social worker should ensure that all person’s with parental responsibility and significant others are given sufficient information and support to make a meaningful contribution. The social worker must explain to child/parents/carers the purpose of the meeting, who will attend, the way in which it will operate, their right to bring a person for support or an advocate. The social worker should refer the child to the advocacy service with the child’s consent, unless this is not appropriate.</p>	<p>Independent Reviewing Officer</p>

	Social Worker
<p>The conference minutes have sufficient detail to provide the reader with an understanding of the information shared, issues discussed and reasons for decision reached.</p> <p>The record of the child protection conference is a crucial document for all relevant professionals and family members and should include:</p> <ul style="list-style-type: none"> • The essential facts of the case • A summary of the discussion which accurately reflects contributions made • All decisions reached with information outlining the reasons for the decision • A translation of decisions into an outline or revised child protection plan enabling everyone to be clear about their tasks <p>The main decisions should be recorded and circulated to all those invited to conference within one working day and the full minute circulated within 15 working days.</p>	Independent Reviewing Officer
<p>The Chairs summary accurately assesses the risk and ongoing likelihood of significant harm.</p>	Independent Reviewing Officer
<p>An outline Protection Plan which is outcome focused is discussed in conference and produced within one working day of the conference. The 1st group develops the Outline Child Protection Plan into a full Child Protection Plan which is SMART at its 1st meeting within 10 working days. The Practice Supervisor or Advanced Practitioner should attend the first core group meeting to quality assure the SMART plan.</p> <p>Guidance for core group members is available as part of the CSCB procedures and through the conference chair.</p>	Independent Reviewing Officer Practice Supervisor/Advance d Practitioner
<p>The protection plan clearly outlines what action should be taken in the event that parents/carers do not cooperate with the protection plan.</p>	Social Worker/Independen t Reviewing Officer/Team

<p>The Team Manager or Practice Supervisor must sign off the final Child Protection Plan. The contingency plan should be realistic, specific and clear.</p>	<p>Manager</p>
<p>Where the initial child protection conferences decide that the child does not need to become the subject of a plan, the conference will consider whether recommendations should be made for services to be provided to the child.</p> <p>The conference together with the family should consider the child's needs and what further help would assist the family in responding to them. Where appropriate, a child in need plan or CAF should be drawn up and reviewed in accordance with the standards.</p>	<p>Independent Reviewing Officer</p>
<p>The first core group meeting must be within 10 working days of the conference to produce an outcome focused detailed and SMART protection plan and this is distributed to family and professionals. They should be attended by the relevant Practice Supervisor or Advanced Practitioner</p> <p>The detailed child protection plan should:</p> <ul style="list-style-type: none"> • Have the child and his/her needs at the centre of the plan; • Include specific, achievable, child focussed outcomes intended to safeguard and promote the welfare of the child; • Include realistic strategies and specific actions to achieve the planned outcomes; • Clearly identify roles and responsibilities of professionals and family members including the nature and frequency of contact by professionals with children and family members; • Lay down the points at which progress will be reviewed and the means by which progress will be judged; • Set out clearly the roles and responsibilities of those professionals with routine contact with the child as well as any specialist or targeted support to the child and family. • Set out clearly the contingency plan 	<p>Social Worker/Practice Supervisor</p>
<p>At the first Core Group Meeting a Core Group Agreement should be drawn up which should address arrangements in respect of the work of the Core Group which should include:</p> <ul style="list-style-type: none"> • Chairing • Minuting <p>The same person should not be expected to both chair and minute the meeting.</p>	<p>Social Worker/Practice Manager</p>

<p>Core group meetings should take place at no less than four weekly intervals. The minutes of the meeting and the updated Child Protection Plan should be circulated by the social worker to all professionals and the family within 5 working days of the core group meeting.</p> <p>All professionals should be made aware that they have a responsibility to ensure they have an up-to-date copy of the Child Protection Plan.</p>	<p>Social Worker</p> <p>Independent Reviewing Officer</p>
<p>The core group meetings are attended by key family members, including the child where appropriate and professionals and these are recorded accurately to reflect what information has been exchanged, the progress against the child protection plan and future action attributed to different members of the core group.</p> <p>All members of the core group are jointly responsible for the formulation and implementation of the protection plan, refining the plan as needed and monitoring progress against the planned outcomes set out in the plan.</p> <p>Core group members may find it beneficial to arrange pre-planning time (immediately) prior to the full core group meeting to agree the agenda and approach to the meeting and highlight any specific issues to be addressed.</p>	<p>Social Worker</p>
<p>The Review Child Protection Conference (RCPC) must be held within three months of the initial conference and thereafter at intervals of not more than six monthly for as long as the child is subject to a protection plan.</p> <p>Review conferences may take place earlier, if this meets the needs of the case.</p>	<p>Independent Reviewing Officer</p>
<p>The social worker's report to the Review Child Protection Conference should be signed by a manager and be available on CASS five days prior to the RCPC.</p>	<p>Social Worker</p>
<p>Where a child protection plan is discontinued, the conference will consider and make recommendations regarding support and services that the child may still require and if a child in need plan or an Early Intervention Plan is recommended then this will be developed within 10 working days of the conference.</p> <p>The discontinuing of a child protection plan should never lead to automatic withdrawal</p>	<p>Independent Reviewing Officer/ Social Worker</p>

are willing to make a commitment to keep the child safe.	
<p>Child has been provided with an information pack upon becoming looked after (including details of complaints procedure and advocacy services).</p> <p>Children should receive a transparent service and know their rights to complain and see any records. Children should be provided with information relating to their placement, advocacy and independent visitor services and these should be discussed with the child to ensure s/he is aware of their rights and services available to them.</p>	Social Worker
<p>The Placement Information Record is completed prior or at the time of the placement is authorised by the Practice Manager and signed by all parties and distributed.</p>	Social Worker/ Practice Manager
<p>The child is allocated to a qualified social worker.</p>	Practice Manager /Team Manager
<p>The Care Plan is fully completed and identifies intended SMART outcomes and how these will be achieved. This is finalised at the placement planning meeting and at the latest within 72 hours of the child being placed.</p> <p>The child's care plan should be based on an up to date assessment of the child's needs and detail the services to be provided to meet these. The overall aim of the care plan is to reflect the plan for permanence for the child as agreed at the second review.</p>	Social Worker
<p>The Care Plan outlines the wishes and views of the child/young person and his/her parent/carer and how they have been taken into account in planning.</p> <p>Children and their birth families are important partners in the care planning process in line with statutory requirements. Consideration should be to the use of use of advocacy services to support children and parents throughout the process.</p>	Social Worker
<p>The Care Plan clearly details arrangements for contact between the child and his/her parents/siblings and this is communicated to child/parent/sibling/carer.</p> <p>The arrangements for contact must be at the heart of care planning including in processes and procedures related to adoption. Links with family and friends are vitally important to children looked after and provide important continuity and a sense of identity. Once a child becomes looked after, making appropriate arrangements for contact should be an early priority ensuring the child is able to see significant family</p>	Social Worker/ Contact Workers

<p>members whilst maintaining their safety and wellbeing. Contact arrangements should be confirmed in writing and include a risk assessment.</p> <p>The social worker should observe any supervised contact at least once between each review and be able to report on and analyse its content and quality.</p>	
<p>Effective work is undertaken with the child and family to enable those children who can return home to do so in a timely way.</p> <p>Children should not remain in care longer than is absolutely necessary and wherever possible arrangements should be made to facilitate the child's return home with a package of support services that will meet the needs of the child and his/her parents/carers.</p>	Social Worker
<p>A health assessment is completed within 20 working days of child/young person becoming looked after and is reviewed annually (6 monthly for children under 5).</p> <p>Statutory health assessments are able to identify health needs and health neglect that may otherwise go unrecognised.</p>	Social Worker Designated Nurse
<p>The child/young person has an annual dental check.</p>	Social Worker/ Carer
<p>A Strengths and Difficulties (SDQ) Questionnaire should be completed within six months of becoming Looked After and at annual intervals. The Review should identify who will do this.</p>	Independent Reviewing Officer/Social Worker
<p>The child/young person has a Personal Education Plan completed within 20 working days of becoming looked after and this is reviewed six monthly.</p> <p>It is important that there is an up to date record of the child's school and social workers work in partnerships with schools and designated teachers to promote a child's education, track their progress and agree and set priorities and targets.</p>	Virtual School/Social Worker
<p>An independent visitor is arranged for children and young people who would benefit from this service, including those who do not have contact with their birth family, in connection with the young person.</p>	Social Worker

Local authorities are required to appoint Independent Visitors for children and young people in their care who have had little or no contact with their parents for more than a year. Independent visitors are volunteers who are expected to befriend children, visiting them regularly and helping them participate in decisions about their future.	
<p>The child is involved in making decisions about his/her own life and this is reflected in their plan.</p> <p>Decisions must be guided by the welfare checklist which may mean overruling a child's wishes or preference based on balance of risks. Where this is the case, a full explanation will be given to the child and discussed at the Looked After Children Review.</p>	Social Worker
<p>A Permanence Plan is in place for the child/young person by the four-month review.</p> <p>An initial Permanence planning meeting must take place within 10 days of the child becoming Looked After. Subsequent Permanence Planning meetings must take place at least every six weeks in order to review the progress towards the Permanence plan. Permanence Planning Meeting should continue to be held up until the Permanence plan has been achieved.</p>	Social Worker/ Team Manager
<p>In the case of children who have a Placement Order in place for more than six months/Placed With Parents more than 12 months/Placed For Adoption more than nine months, Exception Reports should be completed. (See Appendix 5, Exception Reports, in the Draft Permanence Policy V8 August 2015). This version might now be different following procedures day.</p>	

LOOKED AFTER REVIEWS	
<p>The child/young person has a named IRO.</p>	Independent Reviewing Service (IRS)/Manager
<p>The first review is held within 20 working days of the child becoming looked after, the second within a further three months and subsequent reviews are held at intervals of not more than six monthly.</p> <p>If significant change in the child's care plan is proposed, then an early review should be</p>	Social Worker/ Independent Reviewing Officer

<p>arranged through the Independent Reviewing officer. A review is held prior to a child leaving care, if the child has been accommodated for at least 20 working days.</p>	
<p>The child/young person is given full opportunity to participate in his/her review through a variety of means. This may include a pre-meeting with the IRO.</p> <p>Children should be supported to participate in their looked after reviews, they may do this by attending in person, or providing their views to the meeting in writing or by other means. The review can be undertaken in a series of meetings. If they choose not to participate, the IRO should undertake a follow up visit or offer the child an opportunity to meet with the Children’s Rights Service. The means by which a child wishes to participate in the meeting should be discussed with him/her by the IRO and the social worker in sufficient time to allow for the appropriate arrangements to be put in place.</p> <p>If key professionals do not attend the review, they are expected to provide written information. This may include the school, the Virtual School and relevant health professionals.</p>	<p>Social Worker/ Independent Reviewing Officer</p>
<p>The review is attended by the child/young person’s parent/carer and key professionals.</p> <p>The child should be consulted about who they would like inviting to the review and this should be complied with unless there are valid reasons not to. Those attending the review will need preparation about the nature and purpose of the meeting, what will be discussed and how they will be expected to contribute to the discussion, who else will be there and how the meeting will be ran.</p>	<p>Social Worker/Independent t Reviewing Officer</p>
<p>The Social Work Looked After Children Review Report is fully completed addressing all decisions from the previous review and available to the IRO:</p> <p>Three days prior to the Initial Looked After Review.</p> <p>Five days prior to subsequent Looked After Reviews.</p> <p>A care planning meeting prior to the review may assist the social worker in reflecting activities across the agency teams.</p>	<p>Social Worker</p>
<p>The Chair sends the recommendation of the review to the social worker and the Practice Supervisor and Team Manager within two days,</p>	<p>Independent Reviewing Officer</p>
<p>The Team Manager responds to confirm or challenge the recommendations within 5</p>	<p>Team Manager</p>

<p>working days of receipt of the recommendations.</p> <p>If the Team Manager does not respond within the timescale, the recommendations will automatically become decisions. If recommendation is challenged the subsequent dialogue and outcome should be fully recorded. Where agreement cannot be reached, the issue should be escalated through the line management process.</p>	
<p>The Chair's report and review minutes are fully completed and available within 20 working days of review and sent to participants and key professionals.</p>	<p>Independent Reviewing Officer</p>
<p>ADOPTION OR LONG TERM LOOKED AFTER</p>	
<p>Work is undertaken with child to support them in planning for the future and understanding decisions taken. Life Story Work is prepared for and where appropriate with the child. For children placed for adoption, the Life Story Work has to be provided for the child and adoptive family by the 1st review in the pre-adoptive placement at the latest.</p> <p>The Later Life Letter has to be completed within 10 days of the Adoption Order.</p> <p>The local authority has a responsibility to ascertain the child's wishes and views specifically in relation to the possibility of a placement for adoption with a new family, his/her cultural upbringing and contact with his/her parent/guardian/other significant relatives. Life Story Work is an essential part of preparing a child for a permanent substitute family and helps the child make sense of their past experience.</p>	<p>Social Worker</p>
<p>As soon as a possible adoptive placement is identified; the Adoption Social Worker and Social Worker must meet to review the application within two working days.</p>	<p>Social Worker/Adoption Social Worker</p>
<p>For children placed for adoption, information and counselling is offered to parents/birth family members.</p> <p>There is a statutory requirement to provide independent counselling and information to the parent or guardian of the child explaining the procedures in relation to both placement for adoption and adoption, and the legal implications of adoption and provide him/her with written information. The local authority has a responsibility to ascertain the parent/guardian's wishes and views specifically in relation to the child, his/her placement for adoption including any views regarding his/her cultural upbringing and contact with the child.</p>	<p>Social Worker/Adoption Social Worker</p>

<p>For children to be placed for adoption, an adoption support plan has been prepared.</p> <p>All children placed for adoption must have a support plan in place that identifies their individual needs and those of their new family. This plan may be updated and reviewed until the child is 18 years of age.</p>	Social Worker/Adoption Social Worker
<p>Exception Reports must be prepared if a child has been placed for adoption and the Adoption Order has not been made within 40 weeks. This should be repeated quarterly thereafter. (See Appendix 5, Exception Reports, in the Draft Permanence Policy V8 August 2015). This version may now have changed following procedures day.</p>	Social Worker
<p>A statutory review must take place within 20 working days of the date the child was placed for adoption; the second review must take place within three months and thereafter at intervals of not more than six monthly until the adoption order is made.</p> <p>Each review should consider the timing of an adoption application being made. Unless there are complexities which need to be resolved, an adoption application will normally be recommended at the second review.</p>	Social Worker/ Independent Reviewing Officer
LEAVING CARE	
<p>Pathway Plans 15 ½ to 17</p> <p>Referrals are made at 15½ from the locality teams to the Pathway Team.</p> <p>The initial Pathway Pan and Needs Assessment is completed by the young person's 16th birthday.</p> <p>Statutory responsibility remains with the locality team until the Initial Pathway Plan is signed off by the Pathway Team Manager at which point the case is transferred to the Pathway Team Social Worker.</p> <p>Pathway Plans (which incorporate the Single Assessment and the Care Plan) will be reviewed at the CLA reviews.</p>	<p>Locality Practice Manager/Locality Social Worker/Pathway Team Manager/Pathway Social Worker</p>

<p>Pathway Plans post 18</p> <p>Pathway Plans for young adults aged 18 to 21, or up to 25 if in Further Education will be reviewed in discussion with the young adult every six months.</p>	<p>Personal Advisor/ Team Manager</p>
<p>Referrals</p> <p>A referral will be made to the Pathway Team when a young person who is Looked After reaches the age of 15 ½. The form is called Pathway Plan Referral Risk Assessment and Transfer Summary.</p>	<p>Locality Social Worker/ Practice Manager</p>
<p>Case Transfers</p> <p>Following completion and the Initial Pathway Plan, Needs Assessment and Risk assessment, the locality team Practice Manager will ensure all tasks are complete. The Pathway Team Manager will then sign off the Initial Plan and transfer the case to the Pathway Team Social Worker.</p>	<p>Locality Social Worker / Practice Manager</p> <p>Pathway Team Manager.</p>
<p>Looked After Young People</p> <p>Looked After Young People transferred to the Pathway Team will have an allocated qualified Social Worker.</p>	<p>Pathway Team Manager</p>
<p>Supervision Frequency</p> <p>Formal supervision will take place monthly in respect of all cases of young people aged 16 and 17. Where young people are aged 18-21 and settled, supervision will take place every 2 months, otherwise it will take place monthly. For young people 21+ and over supervision will take place three monthly.</p>	<p>Pathway Social Workers, Personal Advisors / Team Manager</p>
<p>Minimum Visiting Frequency</p> <p>Relevant Young People remaining in a placement will be visited following Looked After Children requirements.</p> <p>Young people living semi, or fully independently will be seen aged up to 18, every two months, if they do not wish to see a Pathway Advisor the reasons why not will be</p>	<p>Pathway Social Workers, Personal Advisors</p>

<p>recorded.</p> <p>18 to 21 there will be contact or visits every two months, with the expectation that the young person will be seen within the four-month period, if they do not wish to see a Pathway Advisor the reasons will be clearly recorded.</p> <p>21 to 25 where the young adult is in Higher Education contact will take place every three months.</p> <p>Text, e mail, and Facebook contact will be attempted where those young people do not want to see a Pathway Advisor.</p>	
<p>Vulnerable Young People</p> <p>Vulnerable young people who have a learning disability/difficulty or mental health problems will be referred to an adult services transition worker prior to their 17th birthday.</p> <p>Where a young person has a DCT Social Worker/Adult Social Care Social Worker they will remain the Lead Professional. The Pathway Team will provide access to financial support and will maintain the Pathway Plan in line with statutory requirement but will not be involved in service delivery.</p>	<p>Pathway Social Workers, Personal Advisors</p>
<p>At the first review following a young person reaching the age of 15½, the review will confirm that the Pathway Plan is being completed.</p>	<p>Social Worker/Independent Reviewing Officer/Pathway Worker</p>
<p>A Pathway Plan is in place for the first review following the young person's 16th birthday.</p> <p>A Pathway Plan records the assessed needs of the young person and the action and services required to respond to the assessed needs and to provide support during the transition to adulthood and independence.</p>	<p>Social Worker/Pathway Worker</p>
<p>The young person is fully involved in developing the Pathway Plan and it reflects</p>	<p>Social</p>

his/her priorities and aspirations	Worker/Pathway Worker
<p>Statutory reviews of the plan are held at intervals of not more than 6 months.</p> <p>The Pathway Plan should be kept under regular review to ensure the services delivered are in accordance with the wishes, views and needs of the young person.</p>	Social Worker/Pathway Worker/ Independent Reviewing Officer
The Pathway Plan is updated following the review.	Social Worker/Pathway Worker

APPENDIX FIVE



Calderdale's Child Sexual Exploitation Risk Assessment

This child sexual exploitation (CSE) risk assessment information sheet should be completed alongside the Child Sexual Exploitation Risk Assessment. **All** of the following information is required when there are concerns regarding a child being at risk of /or experiencing CSE. This assessment should be completed within **10 working days**.

Child's full name				Alias	
DOB		Age		Gender M/F	
Ethnicity				Religion	
Is English their first language?	Child	Yes		No	
	Parent/Carer	Yes		No	
If no, please specify preferred language				Is an interpreter required? Y/N	
Address and postcode				Contact number(s)	
School (if known)					
Other children (under 18 years of age) in household	Full Name	Date of Birth/Age	Gender M/F	Relationship to the above child	

Details of Parent/Carers and other significant adults in household	Full Name	Date of Birth (if known)	Parental Responsibility (PR) Y/N	Relationship to the above child
Other agency/professional involvement				
GP details and contact number (if known)				

Professional Completing the CSE Risk Assessment					
Name					
Job Title/Role					
Agency					
Address & Contact Details					
Date Assessment commenced		Date assessment completed		Initial/Review Assessment ?	



West Yorkshire Child Sexual Exploitation Risk Assessment (Part 2)

The West Yorkshire Child Sexual Exploitation Risk Assessment should be developed alongside with and complimenting any other plan for the young person's welfare. Please use this tool in line with local LSCB Procedures.

Professional Assessment of CSE Risk Indicators

- In order to identify children at risk of sexual exploitation or experiencing sexual exploitation and following a clear plan of effective inter-agency action, consider **ALL** of the 14 risk indicators and record a level of risk against each, before proceeding according to local procedures.
- **Note:** where a child under the age of 13 years old, and /or has learning disability and there are concerns regarding sexual exploitation, a referral to Children's Social Work Services is required.
- The 14 **main heading risk indicators** are not exhaustive; they are simply those mostly commonly recognised which may indicate a risk of sexual exploitation; there may be other relevant factors present which require consideration and analysis. **One** tick in a high risk box, or several in low risk may indicate a serious risk of sexual exploitation, alternatively this might be an indication of other concerns that require addressing via the child's overall plan, or by accessing other appropriate services
- The risk and vulnerability factors provided against each of the 14 risk indicator headings are also not exhaustive; they are simply prompts for consideration. Consequently, the recorded risk for each of the 14 risk indicators does not necessarily need to correspond with the risk and vulnerability factors highlighted. It is therefore important to provide analysis to evidence how the assessment of an individual risk indicator has been achieved.
- When assessing a child or young person's risk of CSE, it is essential to highlight if the concerns and the information being provided is **current or historic**. If the concern or information is historic but relevant, it is necessary to evidence how this relates to the current assessed risk.
- When completing the CSE risk assessment, it is crucial that the child or young person's use of **social media** is considered throughout.

*Please indicate a level of risk against **ALL** the following 14 risk indicators

		Risk Indicator	
(1) Family and peer relationships	No risk identified	No concerns identified in this area which relate to sexual exploitation.	
	Low	<p>Carer(s) show warmth, support the child and have positive communication with the child.</p> <p>Appropriate boundaries are in place and effective.</p> <p>The child /young person has positive friendships.</p> <p>But reported reduced contact with family /friends which is of concern and /or there is an unexplained change in attitude from the child /young regarding the relationship, which raises some concerns.</p>	
	Medium	<p>Carer(s) lack understanding, tolerance and warmth towards the child. Parents fail to report missing episodes.</p> <p>Family relationships are strained.</p> <p>Friends /carers report a change in behaviour /reduced contact. Appropriate boundaries are not always adhered to.</p> <p>Family /Friends /peers are known offenders.</p>	
	High	<p>Suspected abuse in family (emotional, neglect, physical or sexual).</p> <p>There is little or no communication between the carer(s).</p> <p>There is a lack of warmth/understanding, / attachment and /or trust.</p> <p>Parents fail to report missing episodes / Parent/Carer does not implement age appropriate boundaries.</p> <p>Breakdown in family relationships / no contact.</p> <p>Family /Friends /peers are known offenders.</p> <p>Child /young person is socially isolated from peers.</p> <p>Friends are assessed to be at risk of CSE.</p>	
Analysis			

		Risk Indicator	
(2) Accommodation	No risk identified	No concerns identified in this area which relate to sexual exploitation.	
	Low	Some accommodation issues / concerns, but overall accommodation meets the child /young person's needs and the child is happy.	
	Medium	Unsuitable/ unstable / temporary/overcrowded/hostel /refuge/ unsupported. The child /young person is unhappy with their accommodation and this impacts on their risk of CSE. Lives in a gang neighbourhood.	
	High	Unsuitable /unstable / temporary/ overcrowded/hostel. /refuge/unsupported. Concerns about location and isolation. The child /young person is unhappy with their accommodation and often stays elsewhere. Homeless or Sofa surfing. Care leaver or Looked After Child.	
Analysis			

		Risk Indicator	
(3) Education	No risk Identified	No concerns identified in this area which relate to sexual exploitation.	
	Low	Mainly engaged in employment / school /training. Some truanting but limited concerns, mainly positive friendships in education /training or employment setting.	
	Medium	Full time education /training or employment but irregular /poor attendance / whereabouts during school hours often unknown. Attendance at PRU /poor attendance. Regular breakdown of school /training placements due to behavioural problems. Friendships in education /training or employment setting are with others at risk of CSE. Noticeable change in attendance, performance or behaviour.	
	High	Regular breakdown of school /training placements due to behavioural problems. Not engaged in education/employment or motivated to be. Excluded. Whereabouts often unknown. Friendships /peer groups either within or outside the education/ employment /training setting are with others at risk of CSE.	
Analysis			

(4) Emotional Health	Risk Indicator		
	No risk identified	No concerns identified in this area which may relate to sexual exploitation.	
	Low	Concerns regarding fatigue, poor self-image, expressions of despair, low mood, Self-harm, Cutting, Overdosing, Eating disorder. Some sexualised risk taking.	
	Medium	Low self-esteem / self-confidence, expression of despair. Internal Self-harm: Cutting, Overdosing, Eating disorder. Sexualised risk taking. External (intensive acting out): Bullying / threatening behaviour, aggression, violent outbursts, Offending behaviour, sexualised risk taking. Concerning substance misuse.	
	High	Chronic low self-esteem / self-confidence. Mental health problems, expression of despair. Internal (Self-harm): Cutting, Overdosing, Eating disorder. Previous suicide attempts, sexualised risk taking. External (intensive acting out), Bullying / threatening behaviour, Violent outbursts, Offending behaviour, Repeated sexualised risk taking. Dependency on substances /alcohol.	
Analysis			
(5) Experience of Violence	Risk Indicator		
	No risk identified	No concerns identified in this area which relate to sexual exploitation.	
	Low	No known reported incidents of the child /young person being a victim of violence or witnessing domestic abuse, (including peer relationships) although some professional concerns.	
	Medium	Concerns that the child /young person has been /is being exposed to violence in the home and /or from others. Abusive significant relationship. Physical symptoms suggestive of physical /sexual assault. Disclosure of	

		physical / sexual assault followed by withdrawal of allegation. Living in a gang neighbourhood.	
	High	Known abuse towards the child /young person from family members. Peers /older friends/partners are violent towards the child /young person. Abusive significant relationship. Physical injuries – external / internal / disclosure of physical / sexual assault. Evidence of coercion /control.	
Analysis			
(6) Running away / going missing	Risk Indicator		
	No risk identified	No concerns identified in this area which relate to sexual exploitation. Concerns relate to behaviours which fall within normal child /young person behaviour.	
	Low	Often comes home late / Incidents of absence without permission and returning late. Whereabouts often unknown.	
	Medium	Often staying out late or overnight without permission /explanation. Whereabouts at times unknown child /young person secretive about where whereabouts. Repeated episodes of running away / going missing / away from placement. (Including short periods). Regular breakdown of placements due to behavioural problems.	
	High	Frequently reported missing due to /extensive and /or frequent periods of missing /running away /away from placement. whereabouts often unknown. Missing with others known to be at risk of CSE. Looking well cared for /not hungry, despite having no known base. Regular breakdown of placements due to behavioural problems. Pattern of street homelessness.	
Analysis			

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		Risk Indicator	
(7) Contact with abusive adults and / or risky environments	No risk identified	No concerns identified in this area which relate to sexual exploitation. Child / Young person has a good understanding of exploitative / abusive behaviour and can use it to keep themselves safe (including how to stay safe on social media /internet).	
	Low	Associating with unknown adults and /or other children at known to be at risk of sexual exploitation. Living in a gang neighbourhood. Accessing one or more social networking sites and may be 'friends' with a number of unknown people, but there are limited concerns.	
	Medium	Associating with unknown adults and/or other sexually exploited children /young people. Extensive use of phone (particularly late at night, & secret use). May have use of more than one mobile phone. Has access to premises not know to parent / carer. Reports from reliable sources, suggesting involvement in sexual exploitation. Reported to have been in in areas where there are concerns related to sexual exploitation and /or street sex work is known to take place Some understanding of abusive / exploitative behaviour and may recognise risks but unable/unwilling to apply knowledge.	
	High	And /or Evidence of association /relationships with adults /older peers believed /known to be involved in grooming /exploitation. Willing to meet up with people they have only met online. Seen /or picked up, in areas where street sex work is known to take place. Gang association either through relatives, peers or intimate relationships. Very limited or no recognition of abusive / exploitative behaviour.	
Analysis			
		Risk Indicator	
(8) Substance misuse	No risk identified	No concerns identified in this area which relate to sexual exploitation.	
	Low	Mild use of substances (including alcohol) drugs /alcohol, but concerns	

		relate to behaviours which fall within normal experimental behaviour.	
	Medium	Evidence of regular substance (including alcohol) use. Concerns for use / dependency & change / increase of use. Some concerns regarding how substance misuse is being funded. Concerns regarding how substances are being accessed.	
	High	Evidence of heavy /dependant /worrying substance misuse (including alcohol). Chronic dependency of highly addictive substances. Increased concerns for use / dependency and funding and supply of usage.	
Analysis			
(9) Coercion / control	Risk Indicator		
	No risk identified	No concerns identified in this area which relate to sexual exploitation.	
	Low	Some concerns about coercion /control within significant relationships. Reduced contact with family / friends, which raises concern.	
	Medium	Limited contact with family / friends. Appears to be 'controlled' / negatively influenced by others. Concerns about significant relationships and domestic abuse / violence. Disclosure of physical / sexual assault followed by withdrawal of allegation. Physical injuries – external / internal. Child / Young person is known to be associating with risky adults and /or peers and does want to alter this.	
	High	No contact with family / friends. Disclosure of physical / sexual assault followed by withdrawal of allegation. Physical injuries – external / internal. Significant relationship (s) is assessed to involve abuse /violence/ or is controlling. Abduction / forced imprisonment. Disappears from system (no contact with support systems). Gang association through relatives / peers or intimate relationships. Child / Young person is actively involved with a gang or criminal group or associated to gang members.	
Analysis			
	Risk Indicator		
	No risk	No concerns identified in this area which relate to sexual exploitation.	

(10) Rewards	identified		
	Low	Some unaccounted for monies and / or goods (new clothes, make –up, mobile top-ups, etc) and ability to fund non tangible goods.	
	Medium	Concerns about unaccounted for monies and / or goods, (new clothes, make –up, jewellery and mobile phones, mobile phone top –ups etc. Concerns regarding the funding of misuse of drugs /alcohol /use of tobacco through unknown sources. Some concerns about how the child / young person funds other items (fast food, taxi fares, etc).	
	High	Significant concerns regarding unaccounted for monies and / or goods, especially jewellery, items of clothing and mobile phones, which the child / young person is unable to provide explanation for. Has use of more than one mobile phone. Significant concerns about who / how the child / young person funds items such as fast food, taxi fares, alcohol and substance use, cigarettes, entry into clubs, trips away from home, etc.	
Analysis			
(11) Sexual health & relationships	Risk Indicator		
	No risk identified	No concerns identified in this area which relate to sexual exploitation, is not sexually active and is aware of where to get support and advice when needed.	
	Low	Young person is sexually active and in an equal consensual relationship with a peer. Young person does not feel pressured, they feel they can say ‘no’ and is following ‘safe sex’ advice. Possible evidence of having /had a sexually transmitted disease.	
	Medium	Recurring or more than one sexually transmitted disease. Miscarriage(s) /concerns about untreated STI’s, termination(s) Pregnancy. Young person is sexually active, is not practising safe sex and is not accessing /willing to access support from any sexual health services.	
	High	Recurring or multiple STI’s. Concerns about untreated STIs. Miscarriage(s), Termination(s) pregnancy. Physical symptoms suggestive of sexual assault. Young person presents as feeling pressured to have sex or to perform sexual acts in exchange for status /protection, possessions, substances or affection. Young person is in a sexual relationship with an adult / there is a wide age gap. Child is under 13 and sexually active, or Sex is non-consensual –young person is experiencing violence or coercion with sex, or are unable to consent due to intoxication /substance misuse.	

		Child / Young person is made to watch sexual acts being performed on others.	
Analysis			
(12) Sexualised Risk Taking	Risk Indicator		
	No risk identified	No concerns identified in this area which relate to sexual exploitation.	
	Low	Some concerns about sexualised dress / attire. Some reports (to parent /carers) about getting into cars with unknown peers /adults. Contacting unknown adults /older peers through the internet, but concerns are limited.	
	Medium	Overt sexualised dress / attire. Reports of getting into cars with unknown peers / adults. Has access to premises unknown to parents/carers. Concerns about proactive inappropriate /risky use of the internet and social media, sharing of images, sexting, making contact with adults / peers via social media. Older boyfriend (5 + years).	
	High	Overt sexualised dress / attire. Reports of getting into cars with unknown peers /adults. Accessing premises which are unknown to parents /carers. Clipping (offering to have sex and then running upon payment) Has posted inappropriate language / information / sexual pictures, when asked to by an adult / older peer / unknown person, and /or proactively uses the internet /social media to share images, make contact / arrange to meet up with adults / peers. Socialises with children /young people/adults known to be involved with sexual exploitation. Evidence of sexualised bullying via the internet /social media sites. Older boyfriend (s) (5+ years).	
Analysis			

(13) Risk to others	Risk Indicator		
	No risk identified	No concerns identified in this area which relate to sexual exploitation.	
	Low	No identified risk to others, but mild concerns about influence on other children & young people relating to CSE.	
	Medium	Concerns regarding negative influence on others relating to CSE. Concerns that the child might expose other children to risky situations /places /people. Bullying and threatening behaviour. Offending behaviour.	
	High	Places other children at risk of child sexual exploitation, via friendships, associations, venues. Displays violence towards others, angry outbursts (including family members and carers). Bullying and threatening behaviour. Offending behaviour. Gang association either through relatives, peers or intimate relationships.	
Analysis			
(14) Engagement with services	Risk Indicator		
	No risk identified	No concerns identified in this area which relate to sexual exploitation. Concerns relate to behaviours which relate to normal child / young person behaviours.	
	Low	Lack of engagement, some difficulty in contacting the child /young person which raises concern.	
	Medium	Some engagement but sporadic contact, often misses appointments, limited explanation, professional concern, sudden or lack of engagement, secretive and unwilling to engage meaningfully.	
	High	Brief engagement, frequently fails to attend appointments, or no contact/ engagement with services. Limited explanations / secretive and unwilling to engage meaningfully, concerning change in behaviour.	
Analysis			

Other child & family factors to consider. (Please highlight if any)	<p>Family: Including: Abuse /neglect in the family. Parental Substance misuse, Parental mental health, adult prostitution.)</p> <p>Child: Including: Learning disabilities, financially unsupported, Migrant /refugee /asylum</p>
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<p>are relevant.)</p>	<p>seeker, recent bereavement/ loss or illness of a significant person in the child's life, young carer. Unsure about sexual orientation or unable to disclose sexual orientation to their families.</p>

<p>Views of the child or young person. (regarding any identified/ potential risks and any support they would want/need)</p>	
<p>Has the child/young person contributed to this assessment (Yes/No and if no please explain why)</p>	

<p>Views of the parent / carer. (regarding any identified/ potential risks and any support they would want/need)</p>	
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<p>Other information</p>	<p>(*Such as the name of adults /peers about who there are concerns, relating to the child's risk of CSE)</p>
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<p>Overall analysis</p>	
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Calderdale’s Child Sexual Exploitation Risk Assessment Decisions and Further Action (Part 3)

- On completion of this risk identification tool, please make an initial judgement about the level of risk of Child Sexual Exploitation for the child / young person.
- Please **tick** against your assessed level of risk and discuss this with your Team/Line Manager /designated Child Protection Lead and take appropriate action to manage the risks, in accordance with the Local Authority / LSCB CSE procedures.

Overall Assessed Level of CSE Risk

No risk	Whilst there may be concerns for the welfare of the child /young person, which may involve the requirement of service provision, for other assessed risks, the assessment or risk indicates that there is no current risk of the child /young person being at risk of, or experiencing sexual exploitation. (Consider an Early Intervention Single Assessment (EISA) and/or a referral to the Early Intervention Panel for additional support services if required)	
Low Risk	The indicators and assessment raise some concerns that the child /young person is at risk of sexual exploitation, and /or places him /or herself at risk. Concern that the child / young person is at risk of being targeted or groomed, but there are positive protective factors in the child /young person life. (Please refer into the CSE hub who will provide additional support/advice and consider a joint visit – should the risk level be agreed the case will be discussed at the weekly CSE Matrix meeting to determine <u>if</u> the child/young person’s name should be added to the Matrix or signposted for additional services)	
	The assessment indicates that the child /young person is vulnerable to being sexually exploited / but that there are no immediate /urgent safeguarding concerns. There is evidence the child /young person may be a risk of opportunistic abuse, or is being targeted /groomed. The child /young person may experience protective factors, but circumstances	

Medium Risk	and /or behaviours place him / her at risk of sexual exploitation. (Please refer into the CSE hub who will provide additional support/advice and consider a joint visit – should the risk level be agreed the case will be discussed at the weekly CSE Matrix meeting and the child/young person’s name <u>WILL</u> be added to the Matrix and signposted for additional services)
High Risk	Indicators /Assessment /Evidence /disclosure, suggests that the child /young person is assessed to be engaged in high risk situations / relationships /risk taking behaviour and is at immediate risk of, or is experiencing sexual exploitation. (They may not recognise this) (Please refer into the CSE hub who will provide additional support/advice and consider a joint visit – should the risk level be agreed the case will be discussed at the weekly CSE Matrix meeting and the child/young person’s name <u>WILL</u> be added to the Matrix and signposted for additional services)

What support services will be provided by your own agency?			
Is the case being referred to the Early Intervention Panel Yes/No, if Yes what support/services are you requesting?			
Is the case being referred to the CSE Hub? Yes/No		Date of referral to CSE Hub	
Line Manager/ Designated Child Protection lead verification			Date agreed

Process and Timescales

Once the assessment is completed within 10 working days if the outcome is ‘no risk’ the assessment does **not** need to be sent to Calderdale’s CSE hub, however you can contact the hub via email for advice if required. If additional services are required via the Early Intervention Panel, then consent will be required by the child/young person and parent/carer.

If the outcome is ‘low, medium or high’ then refer to the CSE hub via email with a copy of your CSE risk assessment and they will contact you and provide a consultation of your assessment and decide if a joint visit is required to determine/agree the risk level within **five working days**.

Please send this assessment electronically via secure email to:

calderdale.csehub@westyorkshire.pnn.police.uk

CSE HUB ONLY

Date CSE risk assessment received into the CSE Hub		Date CSE risk assessment discussed at daily meeting by the CSE Hub	
Which worker/ agency (from the CSE hub) will follow up consultation/joint visit		Date contact made with the referrer	
Advice or action taken			

Assessed Level of Risk		Is this the same level as above Yes/No?			
If level has changed, please highlight what the lower or higher risks are					
Is the plan for the child young person's name to be placed on the Matrix Yes/No?		Date of Matrix Meeting		Level of Risk on Matrix	

Review timescales

- For those children and young people who are judged to be at low, medium or high risk of Child Sexual Exploitation, the level of risk must be reviewed with an updated risk assessment at the following frequency unless additional concerns are raised which require an immediate updated risk assessment.

Low risk – every three months

Medium risk – every three months

High risk – bi-monthly

If you are making a referral to an Early Intervention Panel or Children's Social Care (MAST) then please complete the Early Intervention and Safeguarding Statutory Referral/Request for Service form and attach an Early Intervention Single Assessment (EISA) and the CSE Risk Assessment if completed.

- For urgent or immediate **Child Protection** concerns, please contact MAST/or the police on 999 and do not delay by completing any forms.

REFERRAL TO MAST: Secure e-mail: MAST@calderdale.gcsx.gov.uk NB; only works when sending from another secure email address, or FAX: 01422 392875 or Telephone 01422 393336

REFERRAL TO EIP: Upper Valley eis.uppervalley@calderdale.gov.uk - 01422 368279

Lower Valley eis.lowervalley@calderdale.gov.uk - 01422 394094

Halifax Central eis.halifaxcentral@calderdale.gov.uk - 01422 392510

North & East eis.northandeast@calderdale.gov.uk - 01422 392495

Should you have any CSE information please complete the West Yorkshire information form and send to calderdale.csehub@westyorkshire.pnn.police.uk