

Multi Agency Case Audit (MACA)

6 Step Briefing

Child Sexual Exploitation (CSE) 2

Theme / Cases

- Following the CSE MACA of August 2014 a programme of work by the CSE and Missing Children Sub Group was put in place to raise public and professional awareness of CSE and the issues surrounding it.
- Cases nominated by Quality Assurance Sub Group members and agreed by the Chair to ensure there is a cross selection of children, their requirements and service intervention.

Process

- Completed chronologies and audit tools submitted for 6 pre-selected cases from each agency.
- Multi agency meeting to examine and analyse each case.
- Learning Summary developed.
- Actions identified as part of MACA Composite Action Plan.

Strengths Identified Per Case

Case 1

- Kettering General Hospital appropriately completed a referral to Safeguarding Children's Services following concerns about risky online behaviour.
- Voices of both young person and Mother were well recorded.
- Mother very well engaged with services to protect her daughter.

Case 2

- Good partnership working and information sharing by Youth Offending Service (YOS).
- Good involvement and engagement with young person and Mother by YOS worker.
- Social Worker's professional curiosity led to referral to Reducing Incidents of Sexual Exploitation (RISE) team.

Case 3

- Good joint working, joint visits by RISE team and Social Worker.
- Voice of the Child clearly recorded and listened to.
- Social Worker and RISE committed to understanding the young person's vulnerabilities.

Case 4

- Extensive long term work with RISE.
- Mother engaged well with agencies.

Case 5

- Independent return home interview following a missing incident was completed on time, and the Voice of the Child recorded in this.
- Joint visit to see the young person in school undertaken by Safeguarding Children's Services and Police.

Case 6

- Good engagement with Early Help and use of Early Help Strategy.
- Social Worker maintained regular contact with both child and family.
- Kettering General Hospital appropriately completed a Paediatric Liaison Form and sent copies to the GP and School following the young person presenting with a minor injury.
- Young person engaged well with counselling while in residential care.

Findings Identified Per Case

Case 1:

- Opportunities for Early Help were missed.
- No evidence that the CSE Toolkit was completed.
- Initial assessment completed quickly but follow up support/counselling took some time.
- Father and Mother separated (historic domestic violence).

Case 2:

- Appropriate use of the CSE Toolkit.
- Appropriate processes followed and challenge made by agencies when stepping the case down.
- Disguised compliance by Mother and lack of professional curiosity, which showed a lack of consideration of drug use in conjunction with risk of CSE.
- Lack of consideration of reasons behind shoplifting.
- Difficulty with family engaging with Safeguarding Children's Services.

Case 3:

- Identified as at high risk of CSE through use of the CSE Toolkit.
- Lack of consistent family approach.
- Child Abduction Notice was served, but this did not appear to have been enforced.
- Strategy Meetings identified concerns with alcohol and drug use.
- Therapeutic placement was suggested but no evidence of follow up.
- School persistently refused to engage with safeguarding in terms of CSE and Step Down process.
- Concerns regarding timeliness of information sharing between Police and Social Work staff.

Case 4:

- Concerns about sexualised behaviour from the age of five and risk taking behaviours from age nine; CSE risk was not identified until the young person was fourteen years old.
- Frequently missing from education.
- 33 episodes of missing, many relating to meeting unknown males.
- Mild learning disability was confirmed by a clinical assessment.
- Difficult to engage with the young person as she does not consider risk when meeting unknown males.
- Voice of the parents was recorded, but little meaningful work has been done with them.
- Some professionals were judgemental in their terminology.
- No apparent plan in place for transition to Adult Services, although the young person was approaching eighteenth birthday.

Case 5:

- No evidence to confirm that CSE Toolkit was completed.
- Past history of domestic abuse and note of sexual assault by boyfriend. No record that this was shared.
- Active on Social Media, at the age of eleven exchanged explicit images with an unknown male.
- Evidence of drift and delay, insufficient efforts made to engage family.
- Missed appointment with School Nurse was not followed up.
- Lack of professional curiosity on understanding the Voice of the Child.

Case 6:

- No evidence of completion of CSE Toolkit throughout this case.
- Domestic violence between Mother and Birth Father as well as between Mother and Step Father.
- Mother and younger brother have additional needs of their own.
- Repeated incidences of going missing, often found outside the county.
- Following an allegation of rape there does not appear to have been a robust follow up by agencies.

Issues Identified Across Multiple Cases

- In all cases audited Social Media was used as a communication tool.
- Risk taking / unusually sexualised behaviour at an early age was evident in five out of the six cases.
- Domestic abuse was a feature in three of the six cases.
- All cases had episodes of missing from education.
- All had a degree of alcohol and/or drug misuse.
- The CSE Toolkit was not consistently completed.
- Timeliness of communications between Police and Social Workers was identified as an issue in two cases.

Good Practice and Evidence as a Result of this Audit and Similar Reviews

- Since the first CSE MACA in August 2014 the CSE Toolkit has been developed and launched at the CSE Conference in May 2015 offering a range of tools and information on the identification of CSE for all professionals working with children and young people in the county. The Toolkit can be accessed [here](#)
- To coincide with the launch of the Toolkit, the NSCB launched the first of two media campaigns aimed at increasing public awareness of CSE in March of 2015 reaching a total of 187,000 via DAX and 3.8 million people via social media. There were 3,874 unique hits to the CSE pages of the NSCB website during the campaign period. During and immediately after the communications campaign, the RISE team saw a 50% increase in referrals.
- CSE training is available at a variety of levels via the NSCB website and can be taken free of charge by all practitioners using the self registration system. Information on all can be found [here](#)