

# CSE OPERATIONAL GROUP - ANNUAL REPORT

## April 2017 - March 2018



Cheshire East Local  
Safeguarding Children Board



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## Introduction

As reported at the end of last year's CSE Operational Group Report, The LSCB decided that it was no longer able support the administrative function of the CSE Operational Group but wished the process to be managed through a different delivery model. None of the partner agencies at the time felt able to provide support under the current model and so partners proposed a different process which was to be managed through the multi-agency MFH/CSE team. This model was accepted by LSCB Executive Group in June 2017.

The CSE Operational Sub Group previously considered all children for whom there are concerns in respect of CSE but not at child protection threshold, however it was identified that this resulted in a degree of dual process for children open to Children's Social Care as Children in Need. As a result the CSE Operational Group focus and tracking shifted to focus on children that are not open to Children's Social Care, where the screening tool indicates lower level concerns that require multi-agency information sharing and planning. The CSE Operational group also considers and monitors persons of interest and potential locations that present a CSE risk referred in by agencies or that have been identified by the Integrated Team through their over-sight of the CSE work. The Pan Cheshire CSE Screening Tool remains the mechanism for referrals into the group and the completing professional is invited to attend the multi-agency forum to share information, and agree a plan of intervention that will safeguard, manage and reduce the risk, promote welfare and prevent future harm. The Group also makes the decision as to whether a multi-agency CSE risk flag should be placed on the agencies child's record. It is expected that the young person assists in completing the screening tool and this is shared with them and their carers. The CSE Ops group then track the risks for these children/young people and ensure that plans are effective in reducing harm and promoting resilience for the child and their family. The screening tool is used to evidence this improvement before a child/young person ceases to be tracked.

The Group also has a role in reflecting on the shared intelligence across the agencies and using this to develop and inform the profile of CSE within Cheshire East, and assist in the targeting of work and strategic development of services.

## Overview

This report documents the themes arising from referrals considered by the Child Sexual Exploitation (CSE) Operational Group from April 2017-March 2018. The CSE Operational Group was run in the same way as it was in previously years until the end of July 2017. At this point the chair and format of the group changed to the new model so two shorter groups were held, one in the North and one in the South to ensure that appropriate professionals for the geographic area were present. The Group held 4 meetings in the previous format within this period, and after the changes, 7 meetings in the South and 7 meetings in the North. Under the previous format (until end of July 2017) there were 7 new children of concern discussed in the Operational Group and 4 Persons of Interest. Over the rest of the year, 18 children of concern were discussed who were outside the level for statutory intervention. Along with the children of concern there were also 7 concerning persons of interests, 1 Vehicle and 3 locations considered, flagged and tracked.

The number of referrals considered at the CSE Operational Group has inevitably reduced

under the new model, and this report can't comment on the plans that are in place for Children in Need as it is expected that this follows a 'business as usual' approach for social workers who are responsible for ensuring that risks are identified and managed within the context of the CiN plan and responsibility for over-sight lies with the Team Managers. Alongside ChECS, the Integrated Team have continued to provide scrutiny over all CSE Tools submitted by other agencies, as per the 2016-17 reporting period which continues to provide a level of quality assurance and this also ensures that the information is of a good quality and the level of concern is appropriate.

As a means of improving the quality of CSE tools to a good or better standard, where the quality of information can be improved, the Integrated Team provide feedback to the author and have also used the over-view across all tools to target awareness raising and partner briefings to ensure that the importance of good quality Screening Tools is understood.

The Integrated Team have also provided support to professionals who have never completed a tool or are apprehensive to ensure they have the confidence and understanding of how to complete the tool. Guidance and an example/template of a well completed tool for practitioners is available on the LSCB Professionals page for CSE which also sets out what makes the example a useful and extensively completed document. <http://www.cheshireeastlscb.org.uk/pdf/example-cse-tool.pdf>

Over the year, referrals to the Group were received from the Police, Cheshire East Council (Social Workers, Family Support Workers, Youth Prevention Service, and Youth Support Service), Schools, Commissioned Services, Voluntary Services, non-Local Authority Fostering Services and Health Services including CAMHS and A&E.

The full 2017-2018 data set for referrals received by the Group is included in the Appendix at the end of the report.

## **Young People at Risk of Sexual Exploitation**

### **Identification and Effectiveness**

There were 26 referrals for young people at risk of CSE that were considered by the group in 2017-2018, (one child was referred twice and only flagged once and another was referred twice and flagged on both occasions so this figure relates to 24 children and 25 flagged cases). From these, 22 (88%) were flagged as being at risk of CSE and for continued monitoring by the group, which is an increase from 73% in the previous year. This would suggest that the continued monitoring and scrutiny of CSE Tools provided by the Integrated MFH and CSE Team is ensuring that appropriate cases are brought to the CSE Operational Group.

The Operational Group was established in January 2014, with 44 referrals over 3 months for young people within that year, 31 of which were flagged as being at risk of CSE (70%). There were 73 referrals in 2015-2016, which indicated a good awareness of CSE by practitioners. There was a decrease of referrals in 2016-2017 which was identified as being likely to be due to the role of the Integrated CSE/MFH Team 'triaging' the tools and having early discussions with referring practitioners to ensure the correct level of support is provided to young people at potential risk of CSE. This has further reduced in 2017-18 and this can be attributed to the change in scope as previously addressed in this report.

Positively, 12 (52%) of the flagged children have now been closed from further monitoring due to an evidenced reduction of risk, using updated CSE Tools. These children did not require progression to Children’s Social Care as they might otherwise have, and is evidence of the difference the CSE Opps group can make. During 2017/8, 6 Children (26%) were escalated to Children’s Social Care for assessment and intervention and for these children, the CSE concerns identified were often a symptom of adolescent neglect. From these, 5 children were subsequently open as Child in Need. This is evidence that the CSE Ops group is applying the right thresholds and evidence for escalation to statutory services. For those children, 4 have now been closed and evidence of risk reduction has been evidenced through updated CSE Tools. 1 Child who was escalated to Children’s Social Care progressed to CSE Conference and currently remains subject to a CSE Plan. Within year, 5 Children who were flagged, currently remain flagged into the next annual reporting period.

Positively, in 74% of the cases, the action from the Group was to continue with the current level of support, refocus some of the plans and provide some expertise and tools to the lead professional to work on the issues that were making the young person vulnerable. It also involved parental support to build resilience and sustainable change. In addition, referrals for 3 siblings of an adult flagged person of interest were made to Children’s Social Care due to concerns of his behaviour within the household and the impact this could potentially have on his younger siblings. This evidences a ‘whole family’ approach within the CSE Ops group.

Ongoing support work has also been targeted with schools and parents in relation to more effective intervention and prevention where clusters of CSE concerns have been identified following referrals received.

<b>Actions from meeting for children flagged and tracked</b>		
Continue with current support, focus of plan	17	74%
Police investigation	9	39%
Liaison / work with School	18	78%
Work with parents or carers re CSE issues	10	43%
Liaison / work with Catch 22	22	96%
Identified need for CIN plan	5	22%
Referral for CAF (*most cases were already at CAF)	2	8%
Work with parent(s) re Missing From Home / Reporting MFH	4	17%
Escalation to consider CSE Plan	1	4%
Issue escalated to LSCB	0	0%
Issue escalated to appropriate agency	5	21%

## **Referrals**

The 26 referrals to the group came from a range of agencies, with the highest number coming from schools (50%), followed by Cheshire East Council - CEFS, Youth Prevention and Children’s Social Care (31%), Youth Justice (4%), CAMHS (4%), School Nursing (4%),

A&E (4%) and Catch22 (4%). Of the school referrals, half initially had concerns identified via the police however the school were the best placed professionals to complete a robust CSE Screening Tool to ensure an appropriate referral to the CSE Operational Group due to there being no other professionals involved. There was no pattern to these children and they were identified through reports to police from parents directly. There has been some overall improvements in quality in these screening tools that led to referrals, with some good evidence of multi-agency collaboration in completion.

There is no identified pattern in relation to any of the agencies being over cautious in referring young people to the CSE Operational Group as these continue to be screened out by the integrated MFH/CSE team and the conversion rate from consideration at the Group to flagging concerns, suggests the threshold is appropriate as discussed above.

For 46% of the young people considered, they were receiving or had already received support from CAMHS however only 4% of referrals were submitted by CAMHS. This has been a recurring theme over the years of the operational group, and challenges whether CAMHS services are robust in their identification and response to risks of CSE for the young people in their service. Further unpicking of this by the team suggests that CAMHS do have some input in CSE Tools submitted by other agencies and there being a more appropriate agency to complete and collate all of the information due to their relationship with the child however some further scrutiny of this could be explored regarding which point the issues were identified and whether they may have been identified sooner if instigated by the CAMHS worker.

Referred by		
Referred by Education	13	50%
Referred by CEC	8	31%
Referred by Youth Justice	1	4%
Referred by Catch22	1	4%
Referred by Health	3	12%

### **Profile of Young People at Risk**

The majority of young people identified at risk were girls at 92%. This presents as an ongoing trend based on previous years of reporting. It is known through national statistics and regional North West statistics (via TITAN) that there continues to be a low number of males identified and flagged due to CSE concerns. The assumptions made by professionals about the risks for males which may be a factor in their low representation in the figures, needs to be challenged by the Board and assurances from agencies sought.

The age range of young people was between 13-18 years, with the majority of flagged cases (87.5%) being 13-15 and the remainder (12.5%) being 16+. Based on previous reporting periods, the youngest children have been 12, this change indicates that children aged below 13 are being escalated for Children’s Social Care Intervention and not being managed at CAF Level due to the nature of concerns. Something that does need further exploration with regards to this age group is whether there are more children who have some early indicators of CSE are having CSE considered or whether this is being discounted due to their age.

### **Age and Gender:**

Number of children who are male	22	92%
Number of children who are female	2	8%

Number aged 6-12	0	0%
Number aged 13-15	21	87.5%
Number aged 16-18	3	12.5%

In the previous reporting cycle, it was reported that there was no systematic work within primary schools with children in respect of the risks of CSE or exploitation present. This was notable, because survivors report that they consider that that this is the age where work should be targeted to both increase awareness and build resilience and support. This is something that has been a focus over the past 12 months. On a Pan Cheshire basis, a theatre company, 2Engage, were commissioned to work with young survivors through SCiES and Catch 22, to develop a play to be targeted at primary aged children. This has been delivered free to schools who opted in, together with workbooks to ensure schools build on the messages with children and parents. In Cheshire East, 10 primary schools initially engaged with this opportunity. The Board may want to seek evidence of how these schools have used the material and any positive outcomes that have made a difference, as well as how other schools are planning to develop the work. In support of this work, the Integrated Team have also provided presentations at the Primary Schools Safeguarding Conferences throughout the year. It is hoped that the DfE new mandatory relationships and sexual education guidance due to be released within the next reporting period will have an impact on this, and all schools were encouraged to participate in this consultation via the SCiES newsletter.

### **Specific Vulnerabilities:**

Within the cohort, there were 17% young people identified as also having a learning difficulty. These children and young people are known to be additionally vulnerable to any form of exploitation. Not surprisingly, sexual exploitation becomes a feature when they become teenagers. This reinforces the critical need for preventative work to be accessible for all children and young people and also for front-line practitioners to be aware and sensitive to any additional vulnerabilities. The impact of this is that tools have been developed that specifically facilitate working with young people who have learning difficulties, to assist in the assessment, support and intervention. Both the NWG and CEOP have been developing resources specifically around children with learning difficulties and this information can be accessed via [www.nwg.org.uk](http://www.nwg.org.uk) and <https://www.thinkuknow.co.uk/>.

From the children considered, 12.5% discussed in the group identified as LGBTQAI and key actions in respect of these children was to ensure they had support sensitive to their additional issues, and for one child a significant concern lay with their parents accepting that their child was identifying as LGBTQAI.

### **Models of Risk:**

- The main risk factor was identified as online grooming, with social media being a

feature of 88% of referrals, with 36% of young people considered by the Group known to have sent inappropriate pictures. This fits with the national profile in terms of the 'easy' opportunities for exploitation that social media presents, coupled with young people's sense of 'normalisation' and pressure in sending pictures. Of the young people considered only 8% were thought to be at risk from significantly much older males, with the remainder thought to be at risk from a boyfriend, girlfriend or peers. Brook and CEOP have worked together on research called 'Digital Romance' unpicking how young people communicate in their relationship with a specific focus on how they use technology within relationships which can be accessed here: <https://www.thinkuknow.co.uk/professionals/resources/digital-romance/>

A qualitative national survey\* on sexting summarised their findings as:

- the primary technology-related threat comes from peers, not 'stranger danger'
- sexting is often coercive and girls are the most adversely affected
- technology amplifies the problem by facilitating the objectification of girls
- sexting reveals wider sexual pressures
- ever younger children are affected
- sexting practices are culturally specific

\*Source. Children, young people and sexting. Jessica Ringrose, Rosalind Gill, Sonia Livingstone and Laura Harvey (2012)

This does fit with the profile for Cheshire East children and young people referred into the CSE Operational Group, and reinforces the need for Primary schools to be proactive in addressing the risks with children and their parents in an age appropriate way at the earliest opportunity.

There was a significant issue identified through the CSE Operational Group regarding Snapchat and inappropriate images of children in Cheshire East being shared on groups via the app. Some of these included groups called 'Nudes Crewe', 'Crewe Exposed' and 'Nanny Exposed'. This led to schools becoming much more aware of the risks of these types of networks as well as an improvement in working relationships between Police and schools. There is also a challenge that the Board may wish to consider in how agencies are ensuring their front-line workers are 'social media savvy' so they can identify the implications of what young people are saying, ask appropriate questions and provide/model safe practice.

- Going missing from home or care was a factor in 50% of referrals. Substance misuse was a factor for 46% of young people. These are both risk taking behaviours associated with adolescence but increasing vulnerability. This highlights the importance of targeting work to those young people who have been missing from home or care and the importance of Return Home Interviews.
- Hostility with family members was a common theme for young people, with this featuring in 79% of those considered. Similarly, the setting or enforcing appropriate parental boundaries were identified as a factor for 70%. These figures are important issues that need to be taken into consideration in assessment, planning to support effective intervention, as work with parents/families as well as the young people is

critical to ensure sustained change. As per previous reporting periods, it is critical that young people feel supported and listened to when at risk of CSE, and possible breakdown in safe family relationships can act as a push factor for young people and prevent early identification and a means for the young person to leave a situation where they are being exploited. In Cheshire East the profile also suggests there are some strong links for some children and young people, between CSE and parental neglect which was a theme for all of the cases escalated to Children’s Social Care for assessment and intervention.

## **Indicators of CSE**

Schools were the highest referrers in 2017-2018 which is to be expected, especially given the shift to all cases discussed in the operational group being Early Help cases. Poor attendance is noted in 66% as a factor alerting concerns which remains consistent with 2016-17.

Most children had multiple factors identified which impacted on their level of assessed risk. Low self-esteem presented high in young people at 62% and identified self-harming at 33%. There were 20% who had difficulty managing anger, and 16% had low mood or depression. Adolescence is a time when moods fluctuate and CSE impacts on a young person’s self-esteem, mood and sense of control. This identifies that young people at risk of CSE have complex and multiple issues. There is a continued need to consider these as significant risk factors for making young people more vulnerable to CSE, and ensure that agencies support our young people who are struggling to cope with normal demands to enable them to be emotionally healthy and resilient.

<b>Indicators of CSE</b>	
Poor attendance at school	66%
Low self esteem	62%
Self-harm	33%
Anger management	20%
Low mood / depression	16%
Sexualised language	37.5%
Change in behaviour	50%
Suicide attempts/ ideation	8%
Visiting addresses where there are CSE concerns	29%
Sexually active	92%
Excessive use of mobile phones, including calls late at night	88%
Anti-Social Behaviour	42%
Sexually Transmitted Infection	8%
Change in appearance	37.5%
Unexplained money / goods	16%
Getting into cars	16%
Pregnancy scare	4%



Pregnancy or termination	4%
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What could be thought of as much more concrete indicators of CSE, such as visiting addresses where there are CSE concerns and STIs were not as commonly reported as mood and appearance changes, this needs to be taken into account in communicating to practitioners and agencies of the signs and indicators of CSE, and how to identify, assess and intervene earlier to support the involved young people at potential risk of CSE. It may also be a indicator of the 'invisibility' of some of the indicators where children/young people are not observed by agencies in the ways that schools are able to.

## Persons of Interest

### Identification and Effectiveness

There were 7 persons of interest discussed by the Group in 2017-2018. This has reduced from previous years due to the changes agreed by the Board to the CSE Operational Group whereby the Integrated MFH & CSE Team only bring persons of interest to the group that need to be flagged by agencies. Of those considered, only 1 of the 6 persons of interest was not flagged, however they were identified as requiring further multi-agency information to aid in the decision making. Whilst this one person wasn't flagged, referrals were made for siblings residing in the same address due to some of the concerning activity taking place in the home, largely around substance misuse and potential terrorism concerns (white supremacy). All of the referrals either resulted in a Police investigation or were currently being investigated upon referral. This again indicates a 'whole family' approach to risk assessment and management through the CSE Opps group.

In addition to those flagged and tracked by the group, the Integrated Team monitor the activity of flagged persons of interest who are not tracked by the CSE Operational Group because they are being monitored via other formal processes (e.g. Sexual Harm Prevention Orders, Probation, Sex Offender's Register, Custody).

### Referrals

All of the persons of interest were referred to the group via the Integrated Team which includes a police specialist within it. It is not therefore unexpected that referrals originate via flagging from the police. Given the age profile for our persons of interests these individuals are often known to other services, including probation, YOT, mental health and drug and alcohol services. It may be relevant for the Board to assure themselves that these agencies assess appropriately the potential risk they may pose for exploitive behaviour and seek to prevent through diversion and work to change thinking patterns and behaviour. A referral to CSC was made with regards to one of the referred Persons of Interest due to him being a child and not open to any services at the time of referral which led to a plan of support being put in place to address his wider needs.

### Profile of Persons of Interest

Of the referrals received, 100% were males. The age ranges of persons of interest were 16-23 years. The profile of some of the persons of interest in CE mean that schools provide a key role in relation to engaging with young people who are not only at risk of CSE, but also

those who are at risk of becoming perpetrators. There are also challenges in raising the awareness of young people to challenge the behaviours of their peers and to act to protect their friends. There have been 2 Prevention of Offending Panel Referrals and 1 new Social Care Referrals made for those children under 18 to ensure that appropriate planning and considerations were made for these children.

## **Risk Factors and Themes**

A high number considered were thought to put young people at risk through their exploitative 'relationships' with younger girls, often via social media, which dovetails with the finding that young people were most at risk from associations with 'boyfriends' or peers. From this group, 7% had had an allegation of rape made against them, and 75% were a risk to others through social media relationships and online activity. It is possible that as this is the most familiar model, we are missing opportunities to identify persons of interest that operate differently to exploit our children and young people.

There have been 2 occasions leading from intelligence at the CSE Operational Group, where multi-agency meetings involving Police, Youth Prevention, Youth Offending Service, Youth Support Service, Health, Housing, Probation and Children's Social Care, have been held to consider **groups** of young people and people of interest, to map out connections and risk management across agencies. This has been an effective multi-agency approach to managing complex exploitive relationships across groups potentially involving many victims.

It has been identified that although all person of interest referrals have been received by Police, various agencies have confirmed to have played an active part in contacting Police to discuss concerns relating to a potential person of interest, the referrals have then been received via Police. It is vital that all agencies are fully aware of the need to assess for potential risks and to ensure Police are contacted to discuss potential referrals to the group.

The police have worked with other agencies to put in place diversion tactics over the past 12 months. These have included placing markers on vehicles for stop and searches to try and disrupt and exploitive activity, Child Abduction Warning Notices where appropriate and seizing and searching mobile phones for scrutiny.

## **Places of interest**

Of the six locations identified as a place of interest and flagged in 2017-2018, two have been the addresses of flagged persons of interest. A hotel was identified as being a potential place of interest following an incident of a young person staying overnight and consuming alcohol whilst in the company of a concerning adult male, however it was not flagged as a result of the hotel being proactive in supporting the police investigation including voluntarily providing CCTV. A flagged hotel chain from last year's report made national headlines as a result of reporting a concern to police as they were suspicious of a relationship whoever this turned out to be a father and daughter and they were highly criticised in the media- as a result the integrated team reached out to this establishment to recognise their proactive pursuit of concerns and the integrated team also highlighted this

to the NWG. The reason for this was to ensure that if they identify future concerns they are dissuaded from reporting.

### **Future of the CSE Operational Group**

The CSE Operational Group has been managed and administrated by the MFH/CSE Integrated Team since the changeover in July 2018, however this has now changed as of April 2018 and will now be chaired and administrated by Cheshire Police, as per the arrangements in other Local Authorities across Cheshire. The Integrated Team will continue to screen all CSE Tools to ensure that there is consistency and quality in referrals, as per the previous 2 years.

The CSE Tool is due to change in the coming 6 months to widen the CSE tool to include Criminal Exploitation which will lead to the CSE Operational Group potentially requiring widening out to all forms of Child Exploitation.

### **Recommendations:**

Findings
Risks for boys are less likely to be identified and referred in
CAMHS have high level of involvement with cases but have only submitted a small number of CSE Tools.
CSE Tools for younger children appear to go through for assessment however unclear if CSE Tools are regularly being completed for this younger age group or if CSE is being considered.
Links to CSE Identified for a number of LGBT Young People.
Front Line Practitioners are not always Social Media Savvy and understand the nature of how CYP are communicating online.
Whilst there have been improvements in police diversion tactics this is still an area that could be improved and be more creative in how these approaches are utilised.

1. To consider and scrutinise the findings of the report.
2. To consider how the findings need to influence:
  - a. Work to equip the quality of practice of front-line workers in respect of CSE particularly:
  - b. Priorities and focus of the work of the Board in respect of CSE
  - c. Any strategic issues that need to be addressed on a PAN Cheshire basis

## Appendix

\*Please note reduction in numbers for 2017/18 due to change in scope of the Operational Group

Cheshire East CSE Operations Group Data Summary	2015/16	15/16%	2016/17	16/17%	2017/18	17/18%
Number of Meetings Held	12		12		18 *Split into North & South	
Total No of Referrals to the Group	93		71		26	
<b>Children and young people at risk of CSE</b>						
<b>Demographic - Children and Young People at Risk</b>						
No of Children referred to the group	73		56		24	
Number of children who are or have been flagged	39	53%	41	73%	22	88%
Number closed	53	73%	48	86%	19	79%
Number of children who are male	13	18%	9	16%	2	8%
Number of children who are female	60	82%	47	84%	22	92%
Age range						
Number aged 0-5						
Number aged 6-10			1	2%	0	0%
Number aged 11-15	49	67%	39	70%	21	87.5%
Number aged 16-18	24	33%	16	29%	3	12.5%
<b>Support Received from</b>						
Number receiving support from CAMHS	28	38%	26	46%	11	46%
Number receiving support from CSC	64	88%	49	88%	6	25%
<b>Referred by</b>						
Referred by Health	6	8%	2	4%	3	12%
Referred by CEC	24	33%	16	29%	8	31%

Referred by Police	13	18%	8	14%	0	0%
Referred by Education	20	27%	12	21%	13	50%
Referred by VCFS	10	14%	10	18%	1	4%
Referred by other agency	0	0%	8	14%	1	4%
<b>Themes from referrals for children and young people at risk</b>						
<b>Factors in the Abuse</b>						
On line grooming / Social Media	48	66%	46	82%	21	88%
Sending inappropriate pictures	29	40%	18	32%	8	36%
Risk from significantly older men	50	68%	44	79%	2	8%
Risk from association with boyfriend / peers	55	75%	42	75%	22	92%
CSE didn't involve physical contact	42	58%	28	50%	12	50%
CSE involved physical contact	32	44%	28	50%	12	50%
Issues identified with placement	4	5%	2	4%	1	4%
<b>Vulnerability Factors</b>						
Missing from home	26	36%	24	43%	10	41%
Missing from care	14	19%	13	23%	2	9%
Substance (drug) Abuse by child or young person at risk	23	32%	29	52%	11	46%
Transition issues to 16Plus	1	1%	2	4%	0	0%
Child or young person has a learning difficulty	12	16%	8	14%	4	17%
Child or young person has a disability	8	11%	2	4%	0	0%
<b>Parental/ Family Factors</b>						
Parental boundaries	25	34%	43	77%	17	70%
Teenage / child neglect	8	11%	6	11%	8	33%
Domestic violence	20	27%	22	39%	1	4%
Hostility with family members	41	56%	40	71%	19	79%
Victim of bullying at school	7	10%	2	4%	5	21%
Family break up	25	34%	21	38%	4	16%
Death of parent(s)	4	5%	2	4%	0	0%
Parent has history of criminal charges	4	5%	7	13%	2	8%
Parent has history of alcohol/ substance misuse	14	19%	9	16%	4	16%
Young person at risk is cared for by the Local Authority	17	23%	16	29%	2	8%
Young person at risk was cared for by the Local Authority and is a care leaver/Transition to Adult Services	5	7%	2	4%	0	0%
Historic sexual abuse	12	16%	3	5%	3	12.5%
<b>Indicators of CSE</b>						
Sexualised language	22	30%	20	36%	9	37.5%
Poor attendance at school	16	22%	37	66%	15	66%

Anti-Social Behaviour	10	14%	31	55%	10	43%
Change in behaviour	2	3%	7	13%	12	50%
Change in appearance	18	25%	19	34%	9	37.5%
Low mood / depression	16	22%	9	16%	4	16%
Low self esteem	37	51%	31	55%	15	62%
Self-harm	36	49%	24	43%	8	33%
Suicide attempts/ ideation	27	37%	22	39%	2	8%
Anger management	13	18%	41	73%	5	20%
Unexplained cash / goods	8	11%	9	16%	4	16%
Excessive use of mobile phones, including calls late at night	22	30%	31	55%	22	88%
Getting into cars	8	11%	14	25%	4	16%
Visiting addresses where there are CSE concerns	10	14%	10	18%	7	29%
Sexually Transmitted Infection	2	3%	3	5%	2	8%
Pregnancy scare	4	5%	2	4%	1	4%
Pregnancy or termination	2	3%	2	4%	1	4%
Sexually active	27	37%	26	46%	22	92%
<b>Actions from meeting for children and young people at risk</b>						
Police investigation	7	10%	5	9%	9	39%
Referral for CAF	10	14%	4	7%	2	8%
Referral to CSC	3	4%	3	5%	6	25%
Identified need for CIN plan	4	5%	5	9%	5	21%
Update Combined Assessment with a risk management plan	3	4%	1	2%	0	0%
Escalation to CP Plan	7	10%	4	7%	0	0%
Escalation to consider CSE Plan	3	4%	4	7%	1	4%
Continue with current support	52	71%	54	96%	17	74%
Issue escalated to LSCB	0	0%	0	0%	0	0%
Issue escalated to appropriate agency	2	3%	13	23%	5	21%
Liaison / work with School	9	12%	4	7%	18	78%
Liaison / work with Catch 22	26	36%	32	57%	22	96%
Work with parents re CSE issues	9	12%	11	20%	10	43%
Work with parent(s) re Missing From Home / Reporting MFH	3	4%	2	4%	4	17%
<b>Persons of Interest</b>						
<b>Demographic - Persons of Interest</b>						
Total number of referrals for persons of interest	20		15		7	
Number of POIs who have been Flagged	19	95%	13	87%	6	85%
Number of male POIs	19	95%	13	87%	7	100%
Number of female POIs	1	5%	2	13%	0	0%

Age Range of POIs						
Number aged 11-15	1	5%	2	13%	0	0%
Number aged 16-20	10	50%	4	27%	5	72%
Number aged 21-25	4	20%	5	33%	2	28%
Number aged 26-30	0	0%	1	7%	0	0%
Number aged 31-40	2	10%	2	13%	0	0%
Number aged 41-50	1	5%	0	0%	0	0%
Number aged 51-60	2	10%	1	7%	0	0%
Number aged 61+	0	0%	0	0%	0	0%
<b>Themes from POI Referrals</b>						
<b>Factors in the Abuse</b>						
Social Media relationships	8	40%	3	20%	5	75%
Risks posed to young girls by association	19	95%	14	93%	7	100%
CSE by association with siblings / peers	3	15%	1	7%	0	0%
Allegation of rape	3	15%	1	7%	2	29%
<b>Personal Factors</b>						
Controlling behaviours	11	55%	3	20%	5	75%
Own vulnerabilities – behavioural issues	3	15%	8	53%	4	57%
Anger management	5	25%	3	20%	1	14%
Alcohol abuse	0	0%	3	20%	2	29%
Drug abuse	3	15%	6	40%	4	57%
Family breakdown	0	0%	2	13%	0	0%
<b>History of</b>						
Registered sex offender	2	10%	2	13%	0	0%
Domestic violence	2	10%	0	0%	0	0%
Weapons offences	2	10%	0	0%	1	14%
Breaking terms of probation	2	10%	0	0%	1	14%
<b>Actions arising from meeting for POIs</b>						
Police investigation	11	55%	14	93%	7	100%
Ongoing Police monitoring	18	90%	14	93%	6	85%
Referral to CSC	2	10%	11	73%	3	43%
Referral to SMART Team	0	0%	0	0%	0	0%
Update Combined Assessment with a risk management plan	0	0%	1	7%	0	0%
Escalation to CP Plan	0	0%	0	0%	0	0%
Issue escalated to LSCB	0	0%	0	0%	0	0%
Issue escalated to appropriate agency	0	0%	12	80%	2	29%
Hold meeting with POI	0	0%	0	0%	5	71%
Identified for support from Prevention Team	6	30%	0	0%	2	29%
Police liaison with CEC Licensing re taxi	0	0%	1	7%	0	0%
<b>Locations</b>						

Number of locations identified	4		6		6	
Number in Crewe	2	50%	1	7%	3	50%
Number in Macclesfield	2	50%	4	27%	3	50%
Number in Sandbach	0	0%	1	7%	0	0%