



Child Sexual Exploitation – Responses to Diagnostic Exercise completed in February 2015

Following the completion of a report the Chair of the Lancashire Safeguarding Board wrote to the key agencies drawing the findings to their attention and asking for a response. This report details action taken in response the diagnostic exercise.

	Assessment	Response
1.	<i>A comprehensive CSE strategy is in place, supported by an appropriate action plan. Arrangements to monitor delivery of the strategy and plan are robust. The collaborative nature of strategic arrangements pan-Lancashire is positive, as is access on-line to a single operational protocol and a single set of policies and procedures.</i>	<p>Pan Lancashire LSCBs CSE Strategy Group remains in place to ensure this continues to be the case.</p> <p>All policies and procedures are reviewed regularly and up-dated on-line twice per annum.</p>
2.	<i>There is evidence of good practice and a great deal of appropriate activity to prevent CSE through raising public and professional awareness. However the scale of the challenge in ensuring community (both public and professional) awareness of CSE and recognition of the associated risks should not be under-estimated. With a diverse population, a wide geography, more than 800 schools and local services delivered via the County Council and 12 District Councils and a variety of health care providers, it is difficult to accurately record what is</i>	<p>The five Children's Partnership Boards have all agreed CSE as a priority for their work in the coming year with a particular focus on identifying and coordinating local resources and responses.</p> <p>LCC have commissioned a service for Lancashire schools to raise awareness, develop resilience and enable and support school staff to include "sex and relationships" as part of the curriculum - will roll out in</p>

	<i>being delivered where and to ensure comprehensive coverage.</i>	<p>2015-16 school year.</p> <p>Early Support Co-ordinators within LCC in each of the seven localities are collating information about local resources and identifying appropriate services for CSE.</p> <p>Targeted services will be provided in each area for young people and families who have experienced CSE and who require medium term support and services to return to "main stream" life.</p> <p>Early Break services for drug and alcohol problems, sexual health assessment and advice and support, school nurse support and peer mentors supported in YPS are also available to provide support.</p>
3.	<i>Although recommended practice, there has not been the appointment of a CSE coordinator to support delivery of the Strategy. This is currently a significant gap. If plans to develop an integrated business unit to support both the LSCB and the Lancashire Safeguarding Adults Boards (LSAB) then one post in the unit will be designated to undertake this role.</i>	<p>The restructure of the Business Unit is in progress and will include support for both the LSCB and LSAB. The team includes the designation of a member of staff as CSE Coordinator.</p>
4.	<i>The establishment of multi-agency specialist teams is positive. Two of the Lancashire teams are better established than the third which has only recently had a specialist LCC CSC input and specific focus on the North of the county. The size of the teams and the management arrangements need to be kept under review as the</i>	<p>All the multi-agency teams now have CSC representation by way of qualified social workers and support workers.</p> <p>LCC has established a single line-management Chain and single line of accountability for staff</p>

	<i>service develops further.</i>	<p>based in the teams.</p> <p>The staffing from the Constabulary has been reviewed as has the location of team bases.</p> <p>A further meeting is planned with the Chief Constable to review progress.</p>
5.	<i>The extent and nature of health care involvement in the teams needs to be determined and resourced.</i>	<p>LCC, North and Central CCGs and health providers have worked together to ensure that all three teams now have appropriate health resources. Interim funding from the CCGs has been matched by LCC with a contribution from the public health grant which has resulted in the immediate appointment of staff and will bridge the period to the completion of future commissioning arrangements</p>
6.	<i>Community based social care and health care services to support those at medium and low risk need to be robust and pathways for the delivery of services identified more clearly. Competent CSE risk assessments should be part of the process resulting in access to early help to avoid the risk of loss of intelligence. The engagement by the voluntary sector in the specialist teams is positive.</i>	<p>While CSE is currently included in the commission for school nursing there have been historical inherited differences in practice across the county. A new care pathway for school nursing has been produced nationally and LCC have indicated their intent to build this into new procurement of the service in 2016 and are also working toward this in current practice.</p>
7.	<i>There is clear evidence of a pro-active response to referrals in respect of CSE to protect and prosecute. However there is no evidence of consistency re referral thresholds and significant risks that intelligence is not effectively</i>	<p>See 3 above.</p> <p>The establishment of a single chain of line management is positive and, together with the work being done around Early</p>

	<p><i>passed to the specialist teams. In the two teams which cover more than one local authority area the management of referrals varies considerably depending on the local authority area and differs for LCC staff according to which social work team the social care staff are linked with. In the East there are also said to be variations between the two LCC localities with team boundaries described as being rigid. There is no single management chain supporting the LCC specialist staff.</i></p>	<p>Help and CSE, will resolve the issues identified re inconsistent application of thresholds and good practice responses.</p> <p>This is being kept under review by the LSCB CSE Strategic group.</p>
8.	<p><i>The service delivered via the police component of the teams is generally consistent. Changes to the operational arrangements within the police during 2014 located the specialist teams with management from HQ. Previously the Lancashire components of the service had been managed alongside the Public Protection Units where their core business often demanded priority. The separation was seen as positive but the system has not delivered the flexibility that is seen as desirable in meeting the demands on the teams.</i></p> <p><i>Plans for the future are for the management of the service to transfer to the Divisional Command but with resources still ring-fenced.</i></p>	<p>The Constabulary have been pro-active in engaging in discussion with the LSCB about the plans for the future and a further meeting is planned between the LSCB and Chief Constable in July.</p> <p>The commitment of resources from the Constabulary remains a priority and is not at risk.</p>
9.	<p><i>Arrangements need to be kept under review to ensure the multi-agency teams are able to offer a comprehensive response at a local level and that the quality of service is consistent across the county. The variability of the health care component of the teams is unacceptable – good practice needs</i></p>	<p>See 4 above. Interim arrangements have secured an appropriate level of health care support within the teams and this is to be built into future joint commissioning arrangements.</p>

	<i>be identified and replicated across the county.</i>	
10.	<i>Strong partnerships are in evidence across the county and are now overseen at a local level through the District Children's Partnership Board. The Partnership Boards need to review these local arrangements and ensure an appropriate range of services is available and delivery is coordinated.</i>	All 5 Children's Partnership Boards have adopted CSE as a priority and built actions into their work plans to ensure local arrangements are robust.
11.	<i>Inconsistencies in partnership arrangements within the specialist teams need to be resolved – particularly in respect of the role of health care services – alongside the role of the school nurse in respect of young people at medium or low risk.</i>	<p>The issues around role of the health care professional within the teams and school nurses has been actively addressed pending re-commissioning.</p> <p>The core staffing for the teams has now developed more consistency across the county but more needs to be done to ensure that some local flexibility is achieved alongside the strategic approach. For example in one district a grant has been obtained to increase CSE Training and in another additional support in terms of services for drugs and alcohol have been acquired.</p>
12.	<i>Appropriate police data is collected and informs strategic planning. The capture of multiagency data is less consistent and less reliable. The integration of the workers re Missing from Home in the teams promotes good information sharing.</i> <i>The data collected is more about volume (prevalence) and less about outcome – this is a weakness.</i>	<p>LCC are currently developing an Early Help IT system which will link to the statutory CSC system. This will allow for better analysis of data from CSE risk assessments and will provide more consistent and outcome focussed data.</p> <p>The system will be of particular value in making it possible to link incidents of</p>

		<p>children going missing from home with work around CSE.</p> <p>The capacity for capture and analysis of intelligence via the police systems is subject to further discussion.</p>
13.	<i>Leadership on the CSE agenda is a strong. Clarification of the complementary and different roles of the LSCB and community safety forums would be beneficial.</i>	<p>Work is in progress to develop a paper for the Chief Executives Group to clarify county wide responsibilities across strategic partnerships including the CYP Trust, Community Safety, Health and Well-being Board and the LSCB. The intention is that this will provide clarity and coherence to local CSE activity.</p>
14.	<i>CSE awareness raising and training are key components of the existing LSCB Learning and Development programme. A significant amount of training has been delivered in recent years. It remains the case however that the current capacity to ensure widespread CSE awareness and deliver appropriate training is not sufficient. A project approach is required to fully assess the training requirement and additional capacity needs to be developed via training of trainers to ensure an increased reach.</i>	<p>All LSCB Partner agencies adopted a policy position that level 1 CSE awareness training would be compulsory for staff. This is being delivered via a web-based module and to date has been completed by 10,064 staff members across the agencies.</p> <p>The LSCB Training and Development sub-group have been tasked with completion of a specific CSE Training needs analysis.</p>

A number of other actions have commenced since completion of the diagnostic exercise.

The focus on the potential to prevent and/or disrupt CSE via the licensing and enforcement duties of the District Councils has developed a clearer focus and, under the auspices of the Police and Crime Commissioner, a working group has been established to promote best

practice. Initially the work is around the licensing of taxis and Private Hire Vehicles with a view to establishing common standards and procedures which embed good safeguarding practice across the county.

Additionally the Police and Crime Commissioner has agreed to fund an interim increase in the availability of therapeutic responses to victims of CSE as part of his responsibility as the commissioner of victim support, pending a review.

Jane Booth

Independent Chair

Lancashire Safeguarding Children Board

July 2015