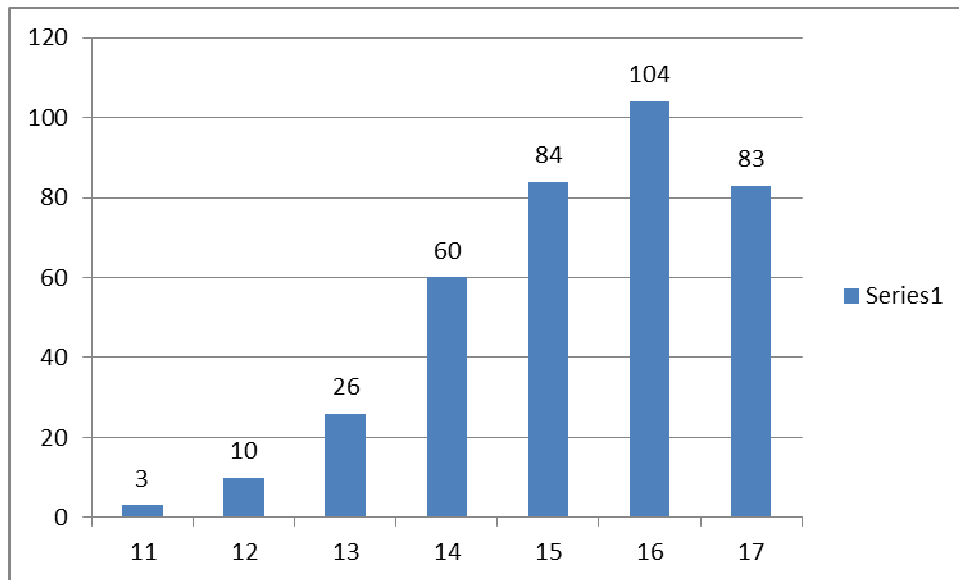


## Characteristics of CSE – Data Analysis – September 2016

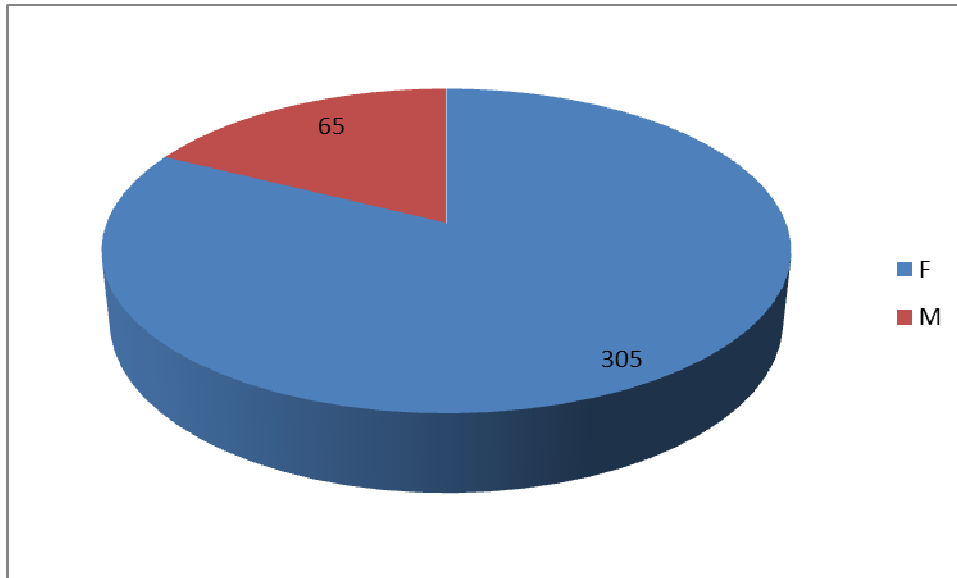
There were **307 young people** with a CSE classification opened during the period 14<sup>th</sup> September 2015 to 13<sup>th</sup> September 16.

### 1. Age Profile



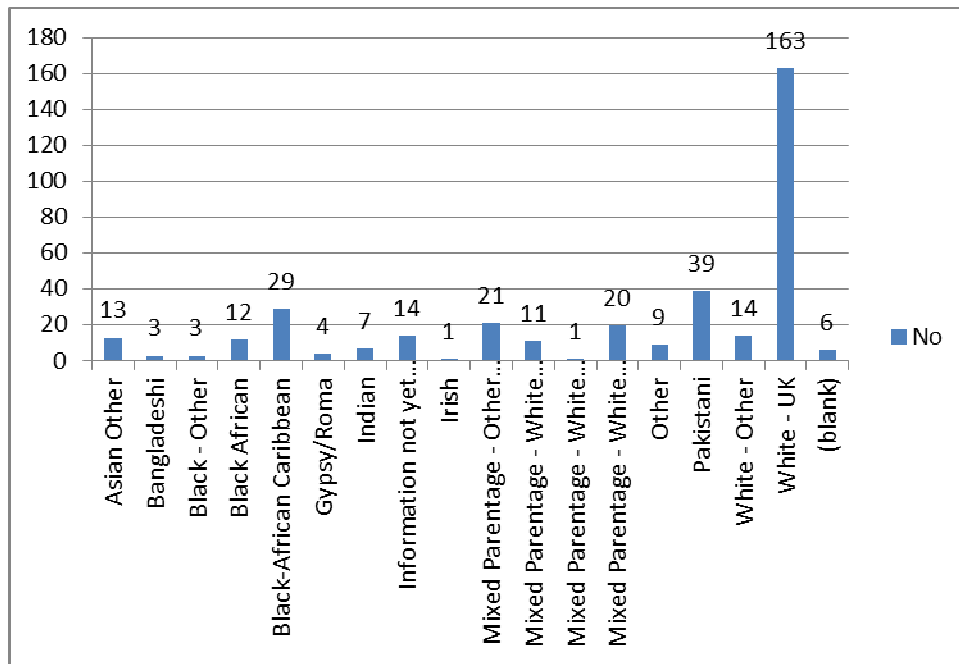
As indicated, CSE age profiles range predominantly between 14 – 17 years old, with a significant peak around 16 years.

### 2. Gender



305 cases of CSE over the past year (82%) are female, only 18% are male.

### 3. Ethnicity



Victims predominantly identified themselves as White – UK. This represents 44.1% of the CSE cohort and is a slight over-representation of this ethnic group in Birmingham, where the percentage for the city, as at census 2011, is 39.36%.

#### Numbers identified at risk in last Quarterly report – 30<sup>th</sup> June 16

##### **273 young people at risk**

232 -Female (85%)

41 -Male (15%)

Age range 11-17

##### ***Risk Level***

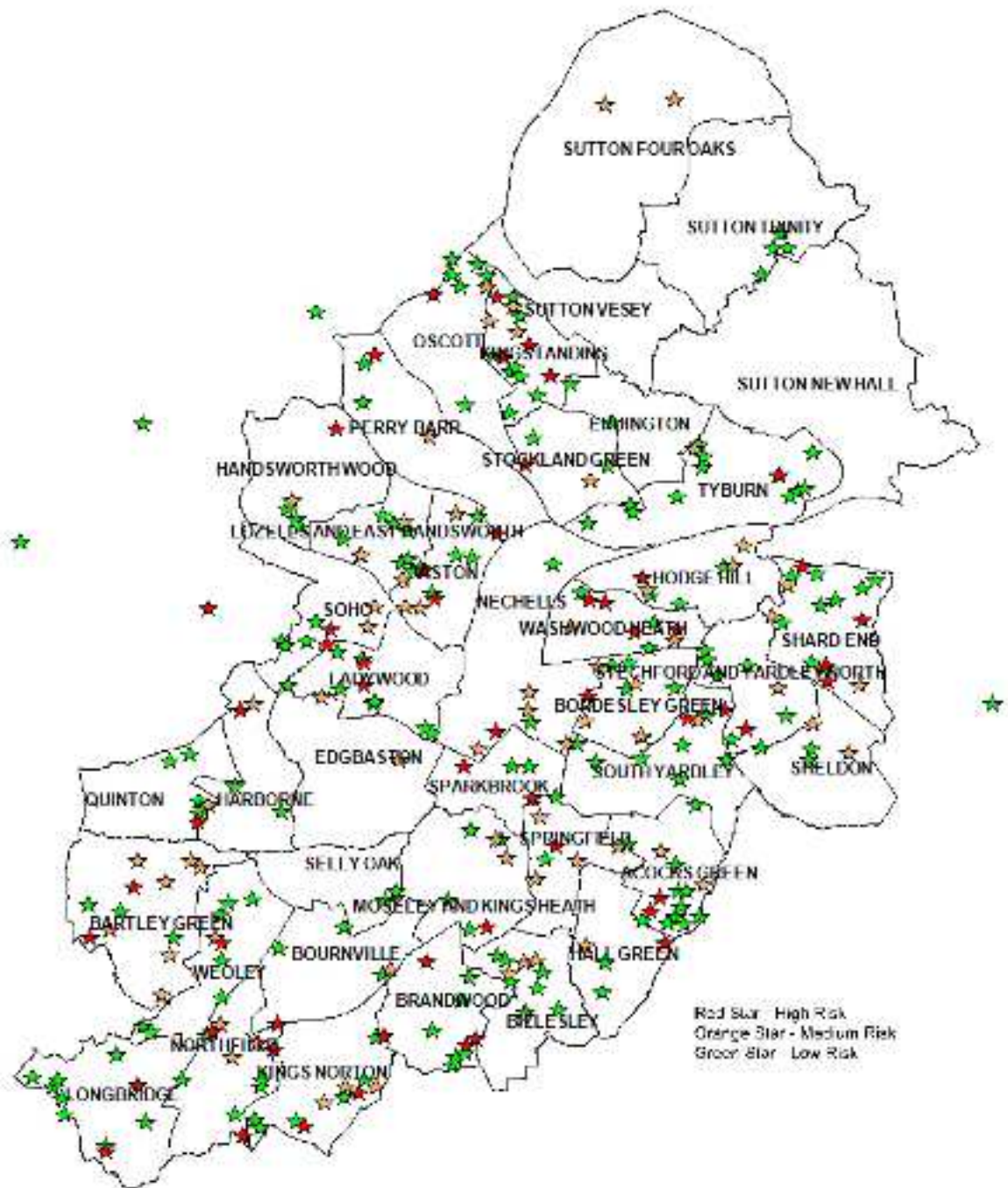
66 - Serious Risk (24%)

79 -Significant Risk (29%)

128 - At Risk (47%)

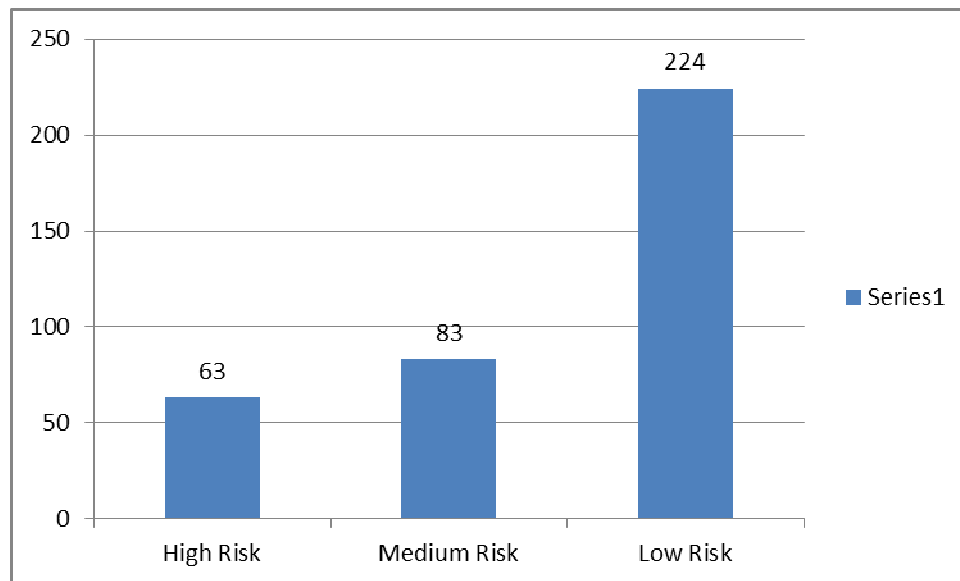
0 -Awaiting Risk Classification

#### **4. Geographical distribution by ward**



## 5. CSE by Risk Classification

Of the 307 cases with a CSE classification in the last 12 months, the vast majority were low risk - 61%, medium were 22% and high 17%.

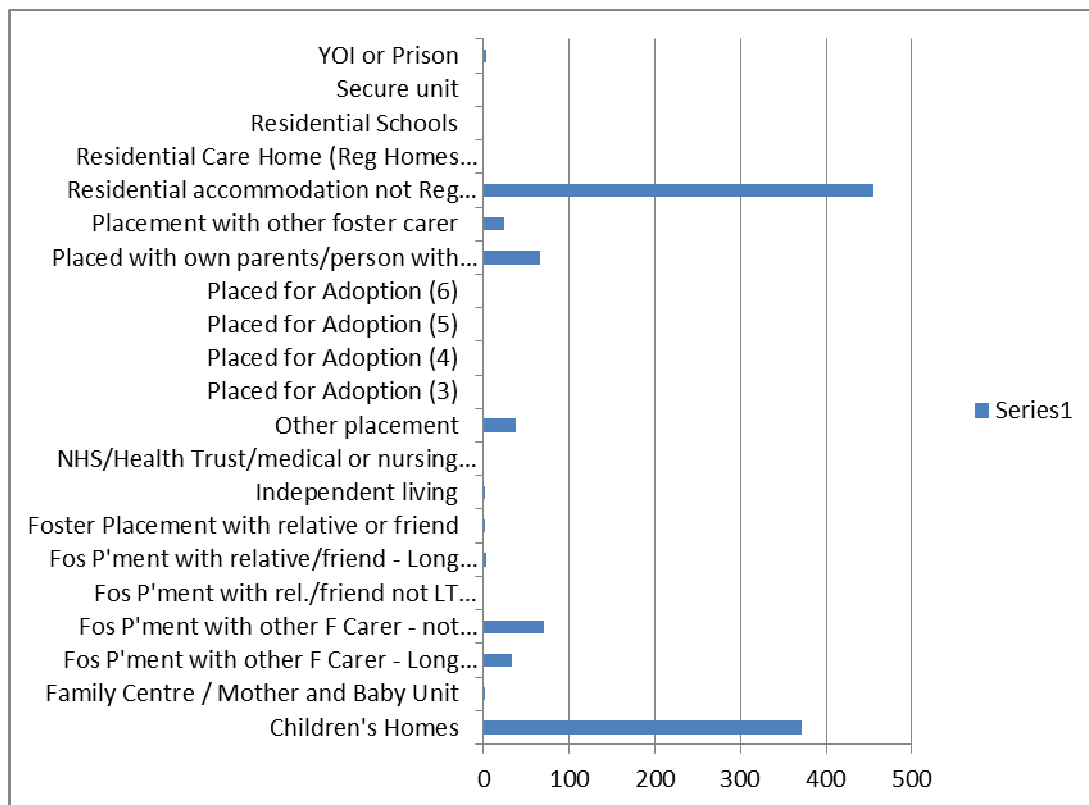


## **6. CSE and Missing**

There is a correlation between CSE risk and missing episodes indicated in the table on the next page. The number of episodes of missing instances for Children deemed to be high risk is significantly greater than for medium or low. Frequent missing episodes, combined with the other demographics, white UK, female and between the ages of 14 – 17 could act as an early warning indicator for potential CSE risk with perhaps an opportunity for earlier intervention.

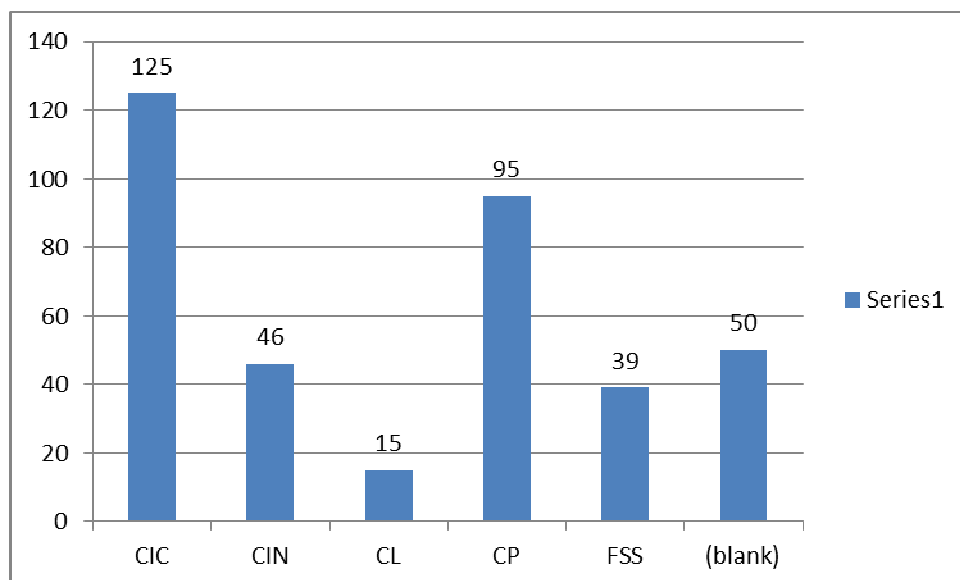
### **All children in care missing Episodes by placement type**

The greatest proportion of missing episodes reported for children in care is in children's homes/residential accommodation.



## 7. CSE and Status

As indicated by the following graph, the majority of identified CSE cases are from Children in care. The next highest cohort is on CP plans.



### **Summary**

CSE identification of children who are in care or on a CP plan seems to be the most prevalent. There are certain wards and particular schools, where clusters occur. The children most likely to be impacted by CSE therefore is likely to exhibit most or all of the following indicators

1. Female
2. White UK ethnicity
3. Aged between 14 – 17
4. Engagement with social care either in care, child protection
5. Have missing episodes which increase in frequency.
6. Where children are in care they are most likely to go missing, increasing CSE risk, from residential care.