

## **Report from Birmingham Children's Trust to the Children's Social Care Overview & Scrutiny Committee 13 March 2019**

### **Contextual Safeguarding**

#### **Purpose**

To provide an update to the Scrutiny committee in respect of how, together with its partners, the Trust is responding to risks associated with contextual safeguarding.

#### **Context**

Contextual safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighborhoods, schools and online can feature violence and abuse. Often, parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships. In Birmingham, contextual safeguarding relates to children and young people who are at risk of:

1. Child Sexual Exploitation (CSE)
2. Children Missing from Home, Care and Education (Missing)
3. Criminal Exploitation - Gangs, County Lines, Gun and Knife Crime and Modern Slavery; and Prevent.

### **Leadership and Governance**

#### **Contextual Safeguarding Board**

In July 2018, the Children's Trust set up the Vulnerable Adolescents Board with a strong partnership focus to oversee procedural and practice developments for contextual safeguarding concerns, lead in the development of a new highly integrated Service offer for contextual safeguarding and ensure our new approach to working with vulnerable adolescents is designed to facilitate a smooth transition between children's and adult's services, ensuring the specific needs and development milestones of young adults with complex needs are being met through our service offers. The Board, which was renamed the Contextual Safeguarding Board in October 2018 to recognise the scope of exploitation, is now leading on developing our multi-agency response to this area of risk.

## Child Sexual Exploitation (CSE) and Missing

The Trust has robust mechanisms in place in order to respond to child sexual exploitation and missing referrals.

There is detailed guidance to support social workers with children and young people where there are CSE concerns. The guidance supports social workers to understand the various forms of CSE, grooming processes and vulnerabilities which may indicate CSE.

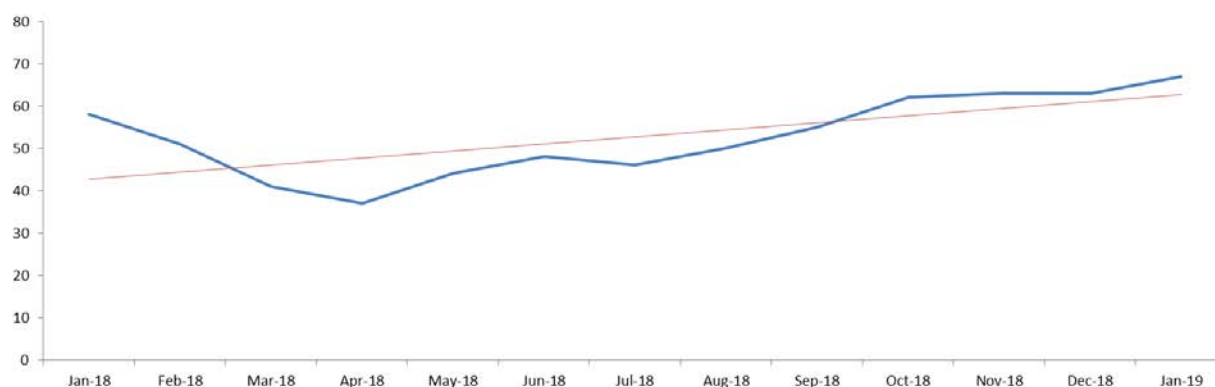
When CSE concerns are reported to the Children's Advice and Support Service (CASS), our front door, the standard CASS referral form and our CSE screening tool is completed. The CSE screening tool is passed to the Exploitation and Missing Co-ordinators. The information in the screening tool is used by social workers to support their family assessments. The Exploitation and Missing Co-ordinators are also available to support practitioners with their assessments.

Where there are CSE concerns a strategy or triage meeting is held which will involve an Exploitation and Missing Co-ordinator and the allocated social worker, Police, Health and Barnardos.

If the outcome of the strategy/triage is a medium or high risk, the children and young people will be referred to a MASE – Multi Agency Sexual Exploitation Meeting – where partners will share and clarify information, establish risk, consider disruption and identify links.

### CSE performance data January 2019

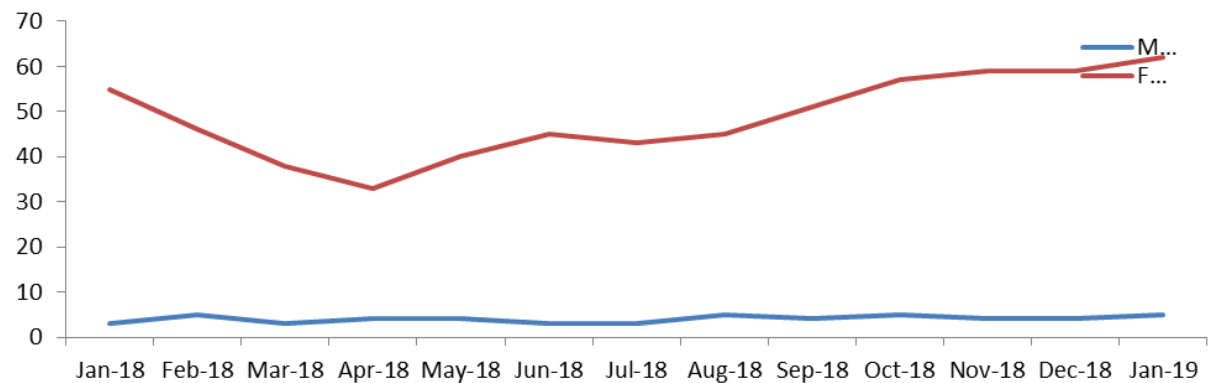
Total open CSE Episodes



| Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 58     | 51     | 41     | 37     | 44     | 48     | 46     | 50     | 55     | 62     | 63     | 63     | 67     |

The current number of CSE episodes being recorded has been increasing over the past 12 months, although the numbers are still relatively lower than what would be expected.

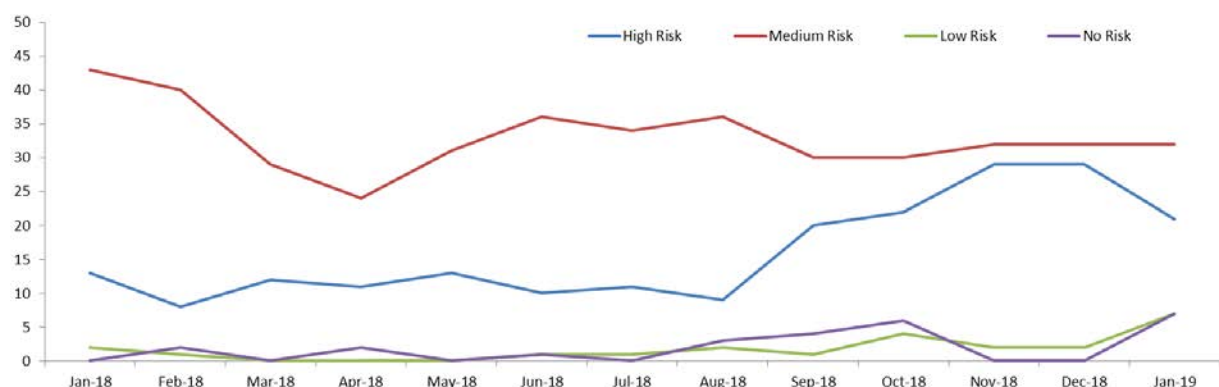
### CSE episodes by gender



| Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 3      | 5      | 3      | 4      | 4      | 3      | 3      | 5      | 4      | 5      | 4      | 4      | 5      |
| 55     | 46     | 38     | 33     | 40     | 45     | 43     | 45     | 51     | 57     | 59     | 59     | 62     |

The data indicates that there are very few cases of male CSE episodes being recorded. This may be due to reluctance by young males to disclose sexual exploitation.

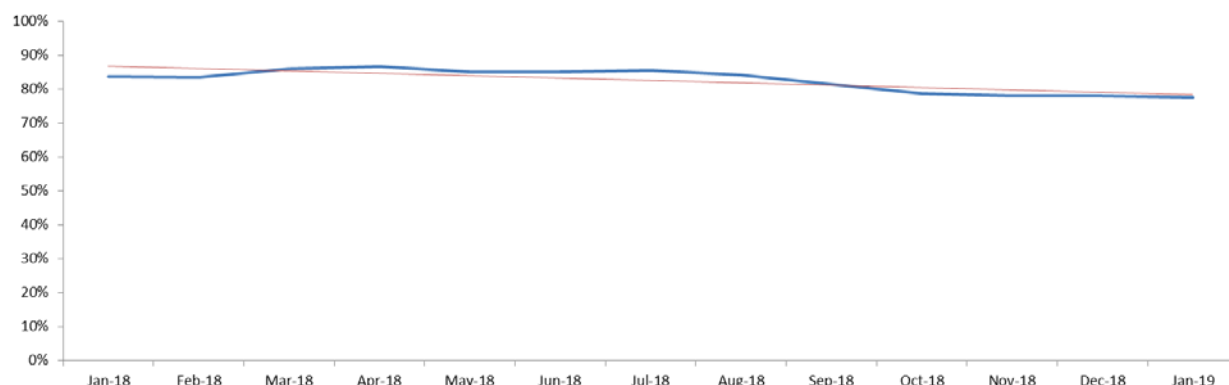
### CSE children by level of risk



|             | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 |
|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| High Risk   | 13     | 8      | 12     | 11     | 13     | 10     | 11     | 9      | 20     | 22     | 29     | 29     | 21     |
| Medium Risk | 43     | 40     | 29     | 24     | 31     | 36     | 34     | 36     | 30     | 30     | 32     | 32     | 32     |
| Low Risk    | 2      | 1      | 0      | 0      | 0      | 1      | 1      | 2      | 1      | 4      | 2      | 2      | 7      |
| No Risk     | 0      | 2      | 0      | 2      | 0      | 1      | 0      | 3      | 4      | 6      | 0      | 0      | 7      |

The trend of medium risk CSE has been declining slightly and stabilising over the past 12 months, compared with high risk where, despite a drop in January, the trend is increasing indicating that an increasing number of children have been assessed as high risk and are being managed accordingly.

### Children with overall reduced CSE risk over the past 12 months



| Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 84%    | 83%    | 86%    | 87%    | 85%    | 85%    | 85%    | 84%    | 81%    | 79%    | 78%    | 78%    | 77%    |

There has been a small decline in the number of children who are indicating a reduction in risk over the past 12 months, although the trend is relatively stable.

A dip sample of the CSE referrals in June 2018 was undertaken. This was completed as the partnership was concerned about the reduction in CSE numbers. It was agreed that a sample of referrals citing CSE would be audited to see if CASS responded according to the Right Help, Right Time threshold document. One of the hypotheses put forward by partners was that CASS was not responding correctly to the referrals.

A total of 46 children were referred into CASS during June 2018. 15 were randomly sampled and audited by a multi-agency group. Not all of the dip sample were CSE upon the auditing although the referrers had cited CSE as being a concern when they referred the young people in. Those that were CSE were appropriately managed.

The conclusion of the audit was this dip sample did not support the hypothesis / concern that CASS were not responding to CSE referrals as aligned to our threshold document. The reduction in CSE referrals continues to be an issue and the area CSE Operational Groups (COGs) are working hard with partners to raise awareness of CSE to ensure that all children where there is a concern around CSE are referred into CASS.

### Missing

The practice guidance for missing gives detailed support to workers about the roles and expectations of parents, carers, education, social workers and police - both when a child goes missing and when a child is found.

Birmingham Children's Trust is notified by the police of all missing and found children. This takes place through the Compact system. Other local authorities also notify Birmingham of children's missing episodes if they are placed outside of the city. If a looked after child is likely to go missing then the social worker will complete a 'missing risk assessment' form

with relevant details to assist a police search for the child if needed. These should be held by the carers.

If a child has been missing for 72 hours or more a strategy discussion will be arranged with the police (Locate team). The purpose of this is to consider the action taken so far and ensure all relevant information has been shared.

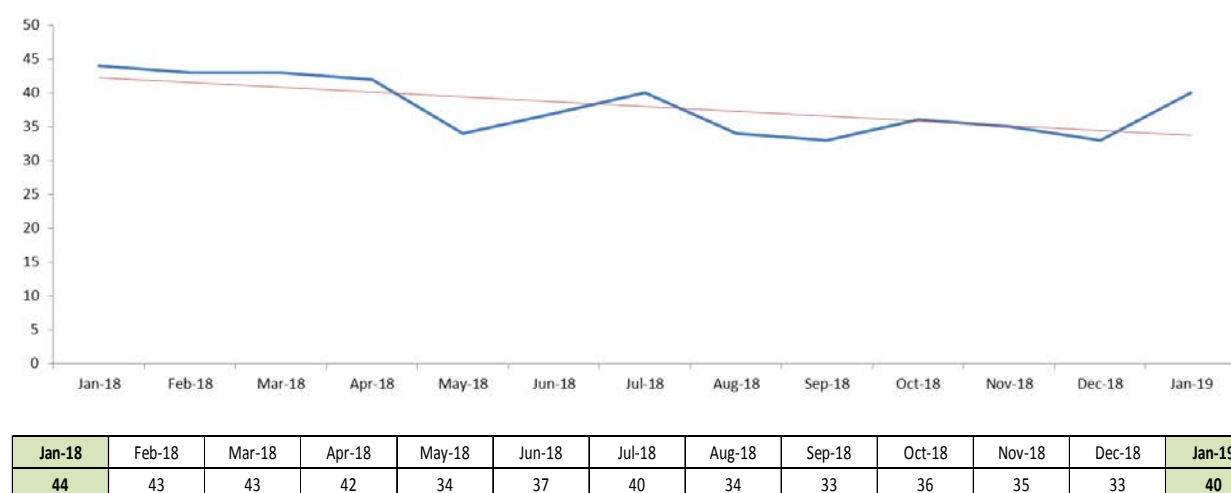
When a child is found the worker will make arrangements to see the child to discuss the missing episode as well as an independent return home interview (RHI) being offered to all Birmingham children, whether they are living in Birmingham or placed in another local authority. This offer of a return home interview is made by the Missing Support Workers in the Exploitation and Missing team. Birmingham Children's Trust forward police notifications (compacts) to other local authorities as Birmingham does not offer return home interviews to other local authority children.

If the child is an unaccompanied asylum seeking child and he/she goes missing then the child remains allocated to a worker and regular checks are maintained with the police and home office. If a child is found then their looked after status is maintained.

A Missing Operational Group (MOG) meets bi-monthly to consider issues and individual children; and a number of themes have been considered during 2018. Work is currently in place to merge the MOG with the new CSE structure.

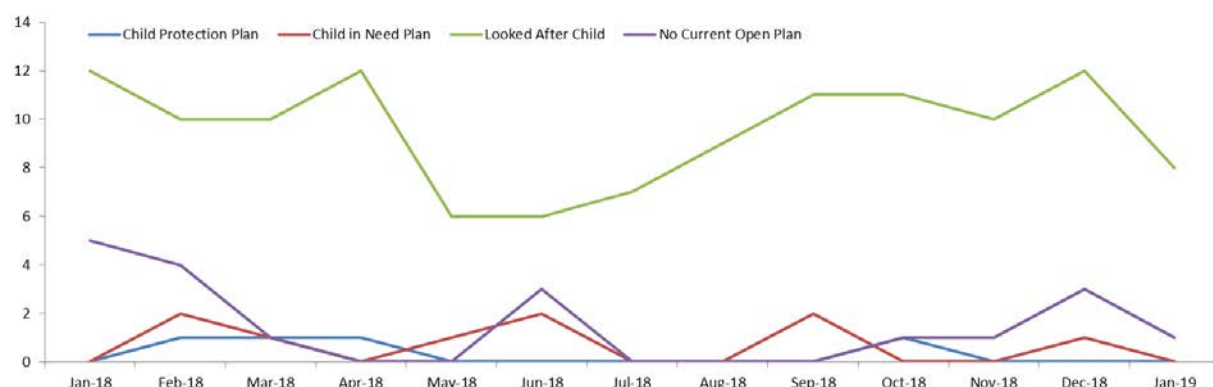
## Missing Children – performance data January 2019

Total of children missing at month end January 31<sup>st</sup> 2019



At January 2019 our figure is 4 less than this time last year and the overall trend is declining.

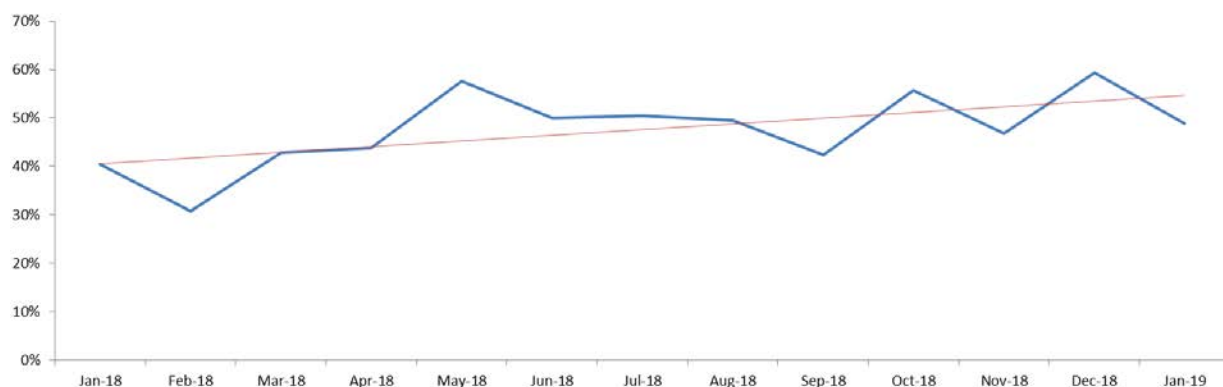
## Missing 3+ times within 30 days



|                       | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 |
|-----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Child Protection Plan | 0      | 1      | 1      | 1      | 0      | 0      | 0      | 0      | 0      | 1      | 0      | 0      | 0      |
| Child in Need Plan    | 0      | 2      | 1      | 0      | 1      | 2      | 0      | 0      | 2      | 0      | 0      | 1      | 0      |
| Looked After Child    | 12     | 10     | 10     | 12     | 6      | 6      | 7      | 9      | 11     | 11     | 10     | 12     | 8      |
| No Current Open Plan  | 5      | 4      | 1      | 0      | 0      | 3      | 0      | 0      | 0      | 1      | 1      | 3      | 1      |

Numbers are relatively stable. Children in care continue to have the most episodes of missing, although the trend is beginning to reduce again following an increase in September to December.

## % Successful return home interviews



| Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 40%    | 31%    | 43%    | 44%    | 58%    | 50%    | 50%    | 50%    | 42%    | 56%    | 47%    | 59%    | 49%    |

There has been a drop this month, but we remain 9 percentage points up on this time last year which is positive.

100% of missing children have received an offer of an RHI from April to November 2018, with the exception of October where it was 97%. In December and January the percentage offer has fallen to 79% and 58% respectively. This reflects issues around annual leave, paternity leave and sickness; and the fragility of such a small team.

Overall, the Trust is now better positioned to identify children living at home who need to be allocated a social worker following a period of being missing. This is in part due to the investment the Trust has made in recruiting Missing Support Workers (MSW) who are skilled and having detailed conversations with children upon their return and building trusting relationships resulting in a better understanding of why the missing episode occurred. Relationships have been formed with some young people where it has been important to extend the role of the MSW for additional tasks (eg. telephone contact with a young person whilst he is in YOI; attending a meeting of a 12 year old to praise the young person for the progress he has made overall and his reduction of going missing).

The return home interview reports are shared with the Partnership team of the Police. They compile data from the missing/found compacts and the Return Home Interviews of locations and places of interest re. missing children.

It is pleasing to note that the numbers of children missing from care has reduced:

- For the year 2016 the average was 153 episodes
- For the year 2017 the average was 83 episodes
- For December 2018 the average was 72 episodes.

As well as improvements in the Missing and Return Home Interview process having an impact, the positive effect has been enhanced by proactive responses from residential units and clearer care planning. In early summer the Police conducted interviews at residential units where there were high numbers of missing children. Their conclusion was positive about the residential homes and the actions they took. There has also been multi-agency support to the Home Care Forum (originally a forum for residential placements and the Police) which has assisted communication and understanding.

We have also written to other local authorities asking them to inform us of any children placed in Birmingham where they have concerns in relation to both missing and CSE – as we want to ensure that we are fully briefed on all children where these issues have an impact on their safety/welfare who reside in Birmingham. We now have a better, but nevertheless a 'point in time', picture of around 1000 children and young people placed in Birmingham by other authorities.

### **Gangs and criminal exploitation (inc county lines)**

Over 12 months ago there were no dedicated multi-agency arrangements to address criminal exploitation and gang affiliation. This has been addressed. We have a Birmingham Guns, Gangs and Organised Criminality Partnership (a sub-group of the Community Safety Partnership). As part of this work we have developed new governance arrangements to ensure partners know what they are required to do, and developed a Birmingham Guns, Gangs and Organised Criminality Strategy.

Criminal Exploitation and Gang Affiliation Practice Guidance, including screening tool and prompt sheet, has been developed to assist all stakeholders on what to look out for and what

to do in making a referral. This was promoted through staff briefings across key organisations. Bespoke briefings have also been given to magistrates and Heads of Safeguarding for all Birmingham Health Trusts. A number of schools have received training via the school and police panels, and in schools that have a higher concentration of victims of this sort of exploitation staff have received training specific to their pupils and neighbourhoods.

Gang affiliation and criminal exploitation concerns feature at all levels of the Right Help Right Time model, and will often involve Early Help where concerns are emerging but are not currently harmful.

In light of these developments we are improving our safeguarding activity to support children who are affected by criminal exploitation, 'County Lines' and gang affiliation. Right Help, Right Time practice guidance has increased awareness of the extra-familial risks. We have strengthened our multi-agency responses in strategy discussions in CASS/MASH and have established new city-wide multi-agency arrangements with the purpose of increasing partnership offers to children and families alongside statutory responses, and to increase disruption activity. New Criminal Exploitation and Gang Affiliation practice guidance has been written to embed these arrangements.

### **Criminal Exploitation**

The Criminal Exploitation Panel first met in March 2018. Since then this multi-agency body has examined and put additional safeguarding in place for 236 children, who have been identified at risk of or being criminally exploited. Each of these children have been subject of CASS & Multi Agency Safeguarding Hub (MASH) strategy meetings.

Our understanding and response to 'County Lines' through our Criminal Exploitation Panel came before the term appeared nationally. This is because of our adoption of a Public Health model as the means to tackle the issues. In Birmingham this means we have succeeded in bringing people and organisations around the table by having a trauma-informed approach at the core as intervening to mitigate trauma is everyone's responsibility. We also look at the child first and the offender second in tackling criminal exploitation.

There is on-going work to build resilience to trauma and to recover from its impact, introducing bespoke mentoring into key localities, encouraging the growth of Mentors in Violence Prevention in schools, as well as the UNICEF 'Rights of the Child' resilience programme, the arrival of Redthread into our hospitals to intervene at those teachable moments with people in the middle of medical and emotional trauma. We have a trauma informed YOS, have raised awareness across the partnership, Early Help Hubs with embedded police and health staff as well as a city-wide Think Family offer including multi-systemic therapy.

### **Gangs and Organised Crime groups**

As part of our wider Public Health model we also have a multi-agency Operations Group that is designed to disrupt and pursue Urban Street Gangs (USGs), Organised Crime Groups (OCGs) and key individuals.

The Criminal Exploitation Panel's work has identified 14 previously unidentified cohorts of children who are linked together in victim networks and are being exploited by (OCGs and USGs. We are currently aware of 44 OCGs and 11 USGs operating in the Birmingham area.



Based on January 2019 information there are 254 children age under 18 who are related to gang members as their child or sibling. The vast majority have received an assessment based on Right Help, Right Time with a relevant plan. This has improved since changes in the Right Help, Right Time framework.

Based on January 2019 information 69 children under the age of 18 are gang members within Birmingham. This figure is dynamic and does not include all the children on the periphery or at risk of affiliation. All have received an assessment based on Right Help, Right Time with a relevant plan and support and/or offender management.

The National Crime Agency (NCA) estimate that there are 90 drug lines running out of the West Midlands with approximately 60 running out of Birmingham. Birmingham is seen as a major "County Line" Hub.

We are currently tracking and taking action with regard to 56 known active drug lines via West Midlands Police which works closely with the West Midlands Regional Organised Crime Unit (ROCU).

Our work has informed and shaped various law enforcement operations:

- Operation SORA –16 interim gang injunctions for senior gang members and provided mentoring and skills support for 20 young people associated with rival gangs.
- Operation ARKLE – 7 young exploited children were rescued from exploitation in a national landmark multi-agency operation, where the enforcement action led to the imprisonment of an adult for 14 years for Child Trafficking offences as well as possession with intent to supply Class A drugs. None of the children who were exploited provided statements. Despite being involved in the sale and distribution of Class A drugs none of the children were prosecuted or used as witnesses, offering them both protection and support in the widest context possible.
- In addition to the successful enforcement action there are on-going joint police operations which involved West Midlands Police and representatives of the Birmingham Guns, Gangs and Organised Criminality Partnership in disrupting criminal exploitation.

## **Next steps**

Together with its partners, Birmingham Children's Trust has developed multi-agency responses to CSE), CCE (Child Criminal Exploitation) and children who go missing. However, in response to the growing concerns around children being at risk within the contexts, the Trust is working with partners to develop a Contextual Safeguarding Hub which will seek to align existing responses to CSE, CCE and missing within a wider system which:

1. Targets vulnerabilities within families and or extra-familial contexts and relationships.
2. Will develop alternative ways to work with children and young people and their families, recognising that traditional child protection processes place an onus on the family despite the fact the causes of contextual concerns are typically external.
3. Ensures our new approach to working with vulnerable adolescents is designed to facilitate a smooth transition between children's and adult's services, ensuring the specific needs and development milestones of young adults with complex needs are being met through our service offers.

The Hub will work with the different contexts influencing the lives of individual young people and their families. It will seek to disrupt and rehabilitate perpetrators, map locations of concern, undertake peer mapping in order to prevent other young people from being exploited and work with parents as partners where appropriate. The Hub's approach will also recognise that the influence of these different social contexts on young people can often restrict the extent to which parents and the family are able to influence and support young people when they are exposed to contextual risks.

The Hub will also recognise that the right person to work with and influence young people is not always the same professional, and that it should be determined by which professional has the best relationship with the young person.