



care
inspectorate

Preventing and responding to child sexual exploitation:

evidence from inspections of care services
for children and young people



HAPPY TO TRANSLATE

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Foreword

It is everyone's responsibility to ensure that Scotland is the best place for children to grow up. Fortunately, most young people in Scotland are supported to have a strong sense of self and identity, and grow up free from harm, neglect or abuse. However, a small number of children do not experience that support and some of these children are exposed to child sexual exploitation. There is significant evidence to link such adverse childhood events to poor outcomes later in life.

In the Care Inspectorate, we work across a wide range of registered care services, social work services and local partnerships. We expect staff working in the sector to be confident and competent in their child protection responsibilities, including deterring and responding to the potential for child sexual exploitation. Our strategic scrutiny work, over a number of years, has sought to ensure that education, social services and police are working well together to protect children from harm. This report presents the findings from our scrutiny of child sexual exploitation in registered care services for children and young people, carried out between 2015 and 2017.

During this time, we found examples of emerging and established practice designed to ensure children and young people are not exposed to child sexual exploitation, and to support children who have been exposed to this exploitation to become emotionally resilient and address experiences of trauma or neglect.

The conditions which allow child sexual exploitation to take place are often complex, and require a multi-agency approach where leaders at a national level and in partnership robustly understand and evaluate the effectiveness of their interventions. At a care service level, this cross-disciplinary work and willingness to robustly self-evaluate is equally important. I hope the findings of this report prompt further and sustained efforts across the care and support sector to maintain the emphasis on child protection, and ensure that the risk factors and signs of child sexual exploitation are well understood.

Although preventing and reducing child sexual exploitation is vitally important, it must be seen in the broader context of supporting children to flourish in environments which are designed to ensure they have the best start in life. This requires staff working in care and support to be ambitious for the people they are working with, and leaders to ensure the services they are planning, commissioning and delivering are of a high quality. Scotland's new Health and Social Care standards firmly embed a rights-based approach, where quality in care is assessed through the lens of the person experiencing care. I hope the learning from this report can help care services make these standards a reality for every young person.

We will continue to provide scrutiny and support improvement in the way child sexual exploitation is prevented and responded to, within the broader policy context of improving experiences and outcomes for children, particularly those who may be vulnerable.

From 2018, the Care Inspectorate is leading a new model of joint inspections of services for children and young people in local areas across Scotland. These inspections look at how well partners – health, education, police, social work and the third sector – work together to protect children who are living with significant risks and are involved in the child protection system. We will report on our findings from these inspections in due course.

Karen Reid

Karen Reid
Chief Executive

1. Purpose of report, background and context

The findings in this report arose from a focused programme of scrutiny to see whether the foundations are in place to support care services to prevent and respond effectively to child sexual exploitation. The Care Inspectorate has the responsibility to register, inspect and support improvement and innovation in services for children and young people. We can therefore provide a unique overview of the quality of care services across Scotland.

In response to the Public Petitions Committee Inquiry into Child Sexual Exploitation in Scotland, the Minister for Children and Young People announced in January 2013 a programme of action to address child sexual exploitation in Scotland.

A ministerial working group on child sexual exploitation, comprising key partners, was established to develop Scotland's National Action Plan to tackle Child Sexual Exploitation.¹ The action plan identified the following areas which required particular focus:

- prevention of abuse (with specific measures for dealing with particularly vulnerable children)
- disruption and prosecution of offenders
- supporting children and young people affected by child sexual exploitation.

The action plan identified lead responsibility for the Care Inspectorate to "support all inspected care services for looked after and accommodated children... to address any issues in identifying and supporting vulnerable children and young people who may be at risk of or affected by sexual exploitation".

All children are potentially at risk of being sexually exploited. However research has shown that a number of factors can increase a young person's vulnerability to sexual exploitation. These include a disrupted family life, a history of abuse, mental health issues or parental substance misuse.

We also know that some groups of young people are more vulnerable to targeting by perpetrators. These include young people who go missing or are looked after, children and young people with learning disabilities, those who are excluded from school or who misuse drugs and alcohol.

Looked after and accommodated children and young people are some of our most vulnerable. Therefore, it is essential that staff working with this group of children and young people have a good knowledge and understanding of what constitutes child sexual exploitation in order to keep them safe. It is essential they can identify warning signs and take appropriate action to support and protect children and young people who are victims of, or are at risk of, exploitation by looking out for them.

¹ Scottish Government (2016) Scotland's National Action Plan to tackle Child Sexual Exploitation
<http://www.gov.scot/resource/0046/00463120.pdf>

2. Key findings

More detailed findings about key areas of practice are presented in the report below. Our main findings are:

- Overall, within registered care services, staff were generally well informed about the risks of child sexual exploitation. They understood their roles and responsibilities and inspectors were confident they would act appropriately to protect children and young people who they identified as being at risk from child sexual exploitation.
- Where children were identified as at risk of, or had been subjected to child sexual exploitation in the past, inspectors found that the majority of care plans contained effectively-implemented strategies to help young people to be safe. High quality care and support was often associated with effective inter-agency working, collaborative arrangements across a wide range of partners, and confident staff who could exercise their responsibilities at the right time.
- Staff awareness was supported by well-considered policies, coupled with effective training and development which helped staff to be confident. The majority of services were found to have either a child sexual exploitation policy in place or were well on the way to developing one. Even where policies were not quite finalised, providers had been proactive in providing learning and development opportunities for staff to raise their awareness of this type of child abuse. In some care services, we identified the need for a wider range of staff to be confident in understanding the risks of child sexual exploitation.
- Private providers, generally speaking, performed better in respect of having completed policies in place at the time of inspections. Local authorities were slightly further behind at the time of scrutiny, and a higher percentage of services in the voluntary sector were noted as having incomplete policies in place. However, many care services in the voluntary sector were working hard to develop their policies and our expectation would be that this work should now be completed, with approaches to ensure these policies are having a positive impact embedded across all sectors.

3. Definition and understandings of child sexual exploitation

Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (for example food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.²

The above definition is what was used for the purpose of gathering information for this report, as it was relevant at the time period during which this focused programme of scrutiny was initiated. In 2016 the new national definition of child sexual exploitation for Scotland was defined as a form of child sexual abuse in which a person(s), of any age, takes advantage of a power imbalance to force or entice a child into engaging in sexual activity in return for something received by the child and/or those perpetrating or facilitating the abuse. As with other forms of child sexual abuse, the presence of perceived consent does not undermine the abusive nature of the act.³

The profile of child sexual exploitation has increased significantly over the past few years particularly in light of Alexis Jay's report into child sexual exploitation in Rotherham, with the lessons learned and development of national strategies.⁴ The issues are complex. We now have a greater understanding of how children and young people are placed at risk when targeted for grooming and exploitation by perpetrators as well as the extremely serious impact this has on their wellbeing and safety. However, the true prevalence of this type of exploitation remains unknown.

Scotland's new Health and Social Care Standards, introduced from April 2018, set out the quality of care and support that people should experience regardless of setting.⁵ They apply across social care, social work, children's services, and beyond. Some are particularly relevant for children who have experience of, or are at risk of, child sexual exploitation.

² Department for Children, Schools and Families (2009) Safeguarding Children and Young People from Sexual Exploitation <http://www.uknswp.org/wp-content/uploads/SAFEg.PDF>

³ Scottish Government (2016) Child Sexual Exploitation Definition and Practitioner Briefing Paper <http://www.gov.scot/Resource/0050/00508563.pdf>

⁴ Alexis Jay (2014) Independent Inquiry into Child Sexual Exploitation in Rotherham (1997 – 2013) http://www.rotherham.gov.uk/downloads/file/1407/independent_inquiry_cse_in_rotherham

⁵ <http://www.newcarestandards.scot/>

1.29. I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect.

3.20. I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.

3.21. I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm.

3.23. If I go missing, people take urgent action, including looking for me and liaising with the police, other agencies and people who are important to me.

3.25. I am helped to feel safe and secure in my local community.

4. The Care Inspectorate's scrutiny and improvement support role

The Care Inspectorate is the independent scrutiny and improvement body for social care and social work in Scotland. This means we provide public assurance about the quality of care, highlighting excellent practice where we see it as well as identifying and supporting improvements where necessary. Our responsibilities cover both regulated care services and the strategic co-ordination and provision of care across local partnerships.

The Care Inspectorate has a statutory duty to support improvement in care. Inspectors and our dedicated team of improvement advisers play a key role in building the capacity and capability for improvement at a national and local level.

The Care Inspectorate also investigates complaints about care services from anyone, including complaints made anonymously. Where an inspection or complaint investigation suggests that the quality of care is not good enough, we support improvement in a variety of ways. Inspectors play a major role in demonstrating effective practice, encouraging managers and staff to reflect on their own practice, as well as signposting to improvement support that is available.

Our inspections are risk-based and intelligence-led. This means we use information from a wide range of sources to schedule and plan scrutiny, concentrating resources where we have the greatest concerns. All care homes for children and young people are inspected on an unannounced basis by an inspector. The inspector can be accompanied by an inspection volunteer (someone who has a personal experience of care).

In 2015, 2016 and 2017 our inspections were informed by the (then current) National Care Standards, knowledge of best practice in each sector and a quality framework. We look at up to four themes during each inspection, depending on the risk attached to a care service. These themes are:

- the quality of care and support
- the quality of the environment
- the quality of staffing
- the quality of management and leadership.

We evaluate these care services on a six-point scale:

6. Excellent
5. Very Good
4. Good
3. Adequate
2. Weak
1. Unsatisfactory

After each inspection, we publish a report describing what we have found in the care settings. These reports are available on the Care Inspectorate website.⁶

The Care Inspectorate works closely with service providers to help improve the quality of care. Where we believe changes or improvements should be made that would benefit the people using a care service, we make recommendations. These may be made in a report following an inspection or if a complaint has been investigated and upheld.

Where a service is not supporting good outcomes for people, we may make a requirement. A requirement focuses clearly on evidence about poor care experienced or a potential risk identified within the service, and when implemented should improve outcomes for people who use the service. Again, this may be made at an inspection or after a complaint has been upheld. We set a timescale for the requirement to be met, which may be days, weeks or months. This timescale depends on the seriousness of the issue, the extent to which it is having an impact on people who use the service, and the nature and the speed with which it could be reasonably implemented. When requirements have been made, we expect care services to draw up an improvement plan for change. At subsequent inspections, or sooner if the issues were very serious and required immediate action, we will check to see whether requirements have been met.

Where services are not making improvements for people a graduated approach to enforcement is usually taken, in other words adopting the least restrictive action that is likely to address the identified issues and bring about the necessary improvements/outcomes. The first step in this approach will be discussion with the provider to secure a resolution. This would not rule out the option to move directly to legal sanctions, where circumstances deem this necessary in the interests of the people experiencing care. If improvement is not demonstrated and people are at risk, we have extensive enforcement powers to require improvement, including through the courts. These are exercised rarely, because we always seek to support improvement first. However, in specific circumstances such as where there is a risk to the life, health, or wellbeing of people we may at any time give an improvement notice. This can result in cancellation of registration where the service does not comply with required improvements within the specified time period.⁷

In this report's case studies, we have changed the names and other identifying factors to protect people's identity.

⁶ <http://www.careinspectorate.com/>

⁷ Public Services Reform (Scotland) Act 2010 <https://www.legislation.gov.uk/asp/2010/8/contents>

5. What we did to understand more about child sexual exploitation in care

The Care Inspectorate undertook two distinct pieces of work, linked to the prevention of abuse and the support of children and young people affected or at risk of child sexual exploitation. This work was undertaken during inspections carried out between April 2016 and March 2017. The full data from the child sexual exploitation scoping exercise is attached in an appendix to this report. The service types included in this work were:

- care homes for children and young people
- mainstream residential school care accommodation
- residential special schools
- secure accommodation
- adoption services
- fostering services.

There were two stages to the work we undertook. The first stage was designed to gather evidence about what work had been undertaken in services to support staff understanding of child sexual exploitation and to ensure children and young people were supported and protected from the risks. Initially services completed a self-evaluation of their policies and practice and submitted this as a part of their annual return for 2015. This was analysed during the period February to June 2016. Links to good practice for services were incorporated in the return which enabled them to identify areas where they were working well to protect children and highlighted additional learning to further improve the quality of their knowledge and understanding in relation to this issue.

STAGE 1: Analysis of annual returns

- We analysed the information from self-evaluation of policies and practices submitted by services as a part of their annual return for 2015.
- A total of 405 care services completed the annual return information in relation to child sexual exploitation.



STAGE 2: Gathering and analysing evidence from inspections carried out during 2016-17

- Our inspectors explored staff understanding of child sexual exploitation across 332 services, and evaluated how well services were supporting and protecting children and young people from risks.
- The specific evaluation of child sexual exploitation awareness, training and practice was made at every inspection.
- During these inspections, the Care Inspectorate made 65 recommendations linked to child sexual exploitation across 64 (19%) services. In addition, five requirements linked to child sexual exploitation were made across four services (1%).

The second stage of our work involved the validation of the self-assessment information which we gathered during the inspection year April 2016 to March 2017. Services undertake a self-assessment before their inspection is carried out. This gives the provider the opportunity to detail strengths and areas for improvement against each of the four quality themes – quality of care and support, staffing, environment, and leadership and management. The inspector reviews this before the inspection and selects some of the evidence that the provider says they have to support the outcomes for people experiencing care at the service. This is validated by speaking to people and observing practice as a central part of the inspection. Where a service identifies areas for improvement and has a plan in place to address such areas, and where this will impact positively on outcomes, the inspector will see this as a strength and report accordingly on the plans in place.

During each inspection, the Care Inspectorate also assesses the safety and welfare of young people and the robustness of child protection practice and outcomes. This report contains an analysis of the inspection findings and the evidence from both stages of our scrutiny activity.

Stage 1: Analysis of annual returns

Each year, providers of registered care services are asked to complete an annual return for the Care Inspectorate, which is a document that requests a range of information regarding the service.

In the 2015 annual return (submitted early 2016), we told providers that we were gathering information about child sexual exploitation in preparation for an inspection focus area (IFA) which would form part of the inspection process during the 2016-2017 inspection year. An inspection focus area looks in detail at particular areas of practice. In this case, we looked in detail at the level of knowledge and activity across care services for children and young people. We included specific questions relating to child sexual exploitation. The information provided by services when they submitted their annual return helped us understand the current situation in Scotland and allowed us to identify where improvements in knowledge and skills were needed.

A total of 405 care services completed the annual return information in relation to child sexual exploitation. The largest proportion (245) of these was care home services for children and young people. Care homes accounted for 60% of the total returns we received. The remaining 160 were split across the following service types:

- fostering services (14%)
- adoption services (9%)
- residential special school care accommodation services (9%)
- mainstream school care accommodation services (5%)
- school hostels (2%)
- secure accommodation services (1%).

As part of this process we also provided information to support the development of practice, highlighting the work of The International Centre: Researching child sexual exploitation, violence and trafficking at the University of Bedfordshire.⁸ Where services were beginning to build their capacity

⁸ <https://www.beds.ac.uk/ic>

to recognise and protect children and young people from child sexual exploitation, this information was intended to help with them further supporting the achievement of positive outcomes for children and young people. Providing links to best practice is an integral part of the Care Inspectorate's approach to scrutiny and improvement.

Stage 2: Gathering and analysing evidence from inspections carried out during 2016-17

During the inspection year from April 2016 to March 2017, our inspectors explored staff understanding of child sexual exploitation across 332 services, and evaluated how well services were supporting and protecting children and young people from risks.

In order to measure performance across the sector, we developed a set of questions within our annual return to support inspectors in their evaluation as part of the inspection process and ensure consistency in our approach. We were then able to validate the information provided by services through the annual returns and establish how well services thought they were protecting children and young people from the risks or potential risks of child sexual exploitation.

The specific evaluation of child sexual exploitation awareness, training and practice was made at every inspection. We covered or took account of:

- the service's policy on child sexual exploitation
- staff awareness and the service's policy
- the safety of young people at risk of child sexual exploitation and how this was being maximised.

During these inspections, the Care Inspectorate made 65 recommendations linked to child sexual exploitation across 64 (19%) services. In addition, five requirements linked to child sexual exploitation were made across four services (1%). The most common themes in these requirements and recommendations related to the need for care services to:

- ensure that all staff were trained to safeguard by having appropriate knowledge and skill in relation to child sexual exploitation
- review or develop child protection/safeguarding policies and practices more fully to reflect current best practice and include child sexual exploitation
- review or develop risk assessment procedures to reflect current best practice and include child sexual exploitation.

6. Key practice areas

Policies and procedures

Important findings

- Many policies we reviewed clearly set out how care services were preventing and responding to child sexual exploitation, either as part of a wider child protection approach or as stand-alone policies.
- Inspectors found good examples of training to support the implementation of these policies, and this was often associated with the provision of high-quality care and support.
- 77% of care services had effective systems in place to identify children at risk of child sexual exploitation and we identified many examples of effective risk assessment tools which were designed to inform decision-making.

Overall, the findings from the analysis of the annual returns data were encouraging. Most of the services stated they had a policy on child sexual exploitation, and the majority of remaining services were in the process of developing a policy. Of those that had not begun to develop a policy, mainstream school care accommodation and fostering services were the furthest behind other service types in this aspect.

However when we reviewed this information in the second phase, during our inspection activity, the percentage of services without a policy in development had reduced to 2%. In these 2% of services where there was no specific action being taken in respect of child sexual exploitation we were able to support them to take appropriate action.

Where the child sexual exploitation policy was in place, inspectors who commented stated that this policy was clear and comprehensive. In some cases it was formed as part of the service's overall child protection policy rather than a standalone policy, or training had been provided to staff on the child sexual exploitation policy.

Where policies were in development, inspectors commented that the draft policies were at or nearing finalisation, some reference to child sexual exploitation was made within the service's child protection policy, or that while the policy was still in development a proactive approach had been taken to improve staff knowledge through training and guidance on child sexual exploitation issues.

Where the child sexual exploitation policy was not in place or in development, of the six inspectors who commented two stated that the service was advised to prepare a policy. One service was reviewing its child protection policy to include child sexual exploitation. In another service, the inspector found that the staff awareness was sufficient but the child sexual exploitation procedures needed to be updated. In two other services, inspectors commented that the high supervision level of children indicated a lower risk of child sexual exploitation as the children using the service had high levels of personal care due to disability. However, the service was advised to make reference to child sexual exploitation in their child protection policies while the children were in the service.

Where policies were in development, we were reassured that most were at or nearing finalisation and child sexual exploitation was a feature of staff development within the service. In some cases, while the policy was still in development a proactive approach had been taken to improve staff knowledge through training and guidance on the issues. In this way, services were seeking to minimise the risk to children and young people from child sexual exploitation until such times as policies were finalised.

Among the key strengths our inspectors looked for in terms of the protection of children and young people from child sexual exploitation were:

- the development of comprehensive guidance frameworks to support practice which outlined clearly the responsibilities of staff
- the availability of training to support the implementation of policies and procedures
- suitable risk assessment tools and good multi-agency approaches to enable staff to effectively consider all of the elements in relation to individual children and young people.

We found 18% of services had systems in place that were effective in some areas but required to be improved further through better risk assessment processes, making their child protection policy more specific in relation to child sexual exploitation and increasing staff awareness. However, almost all services (77%) had an effective system in place to identify children at risk of child sexual exploitation.

On its own, a policy in relation to child sexual exploitation will not necessarily protect and support children at risk of child sexual exploitation. To be implemented effectively, policies must be accessible, shared, and understood by staff who are confident in their responsibilities. Raising the awareness of staff through training and development opportunities is essential to develop a core understanding of roles and responsibilities. During our inspections, we were able to assess how well policies had been implemented and whether staff could recognise child sexual exploitation in order to take appropriate actions to ensure children and young people were protected.

Staff knowledge and understanding

Important findings

- Staff training plans around child sexual exploitation were often well-established in care services, but their prevalence was lower in school care accommodation than other types of residential settings.
- In a number of cases, it was necessary for care services to further build staff confidence and competence in identifying risk indicators for child sexual exploitation.
- In 6% of care services, only a few members of staff were aware of their responsibilities about child sexual exploitation, whereas in 43% of care services, a majority of staff were aware of their responsibilities. This suggests that even where child sexual exploitation training is embedded into the learning culture of the care service, further work is needed to ensure that a wider range of staff are confident about their responsibilities.

The annual return information highlighted whether services had a child protection training plan in place that included child sexual exploitation so that staff could effectively identify children who may be at risk of or suffering from child sexual exploitation. Almost all of the services responded that they either had a staff training plan for child protection in place which included the ability to identify child sexual exploitation issues, or were developing one.

This finding was mirrored across most service types. Care home services performed particularly well with 82% having a training plan in place. Mainstream and residential special school care accommodation had fewer, with only 70% and 57% respectively having a training plan in place. In other service types 10% had no training plan in place and 6% had none currently in development.

We found no evidence to suggest that children and young people had been put at risk of child sexual exploitation as a result of the failure to develop appropriate training plans. However, we know that a lack of awareness from staff can lead to cases of child sexual exploitation being missed. When we evaluated staff understanding of the subject of child sexual exploitation during our inspections we were reassured that services had undertaken significant work to highlight this issue to their staff and as a result staff awareness of this issue had increased significantly.

Almost all (92%) of the inspectors stated that the child sexual exploitation policy provided staff with a comprehensive framework of practice and set out clear responsibilities for them. The main themes which inspectors commented on from these cases were that:

- roles and responsibilities were clearly defined
- staff had either undergone associated training or training was arranged
- suitable risk assessment tools were in place
- there was good partnership working in multi-agency groups.

The remaining 8% (13 care homes and 5 school care accommodation services) suggested the child sexual exploitation policy was only partially comprehensive and clear. The main theme from the inspectors' comments in these cases was that the policy and/or training could better guide staff to identify the main risk indicators.

In almost half of the 224 services which had a policy in place all staff who were asked as part of the sample during inspection were they aware of their roles and responsibilities in relation to the child sexual exploitation policy confirmed that they were. In 43% of these services the majority were aware of their roles and responsibilities. In 6% of these services only a few staff were aware of their responsibilities and 4 staff in 2% of services were not able to demonstrate any knowledge or understanding of their role. Where the staff had a clear understanding of their roles and responsibilities, this was associated with effective training being highlighted as having been undertaken.

In the minority of services where inspectors found that few staff were aware of their roles and responsibilities in relation to child sexual exploitation this was attributed to a lack of staff development and information sharing. Of the 332 services inspected, these issues were highlighted in 42 services. In some cases this was specific to service type, such as those services where there was a high supervision level of children and child sexual exploitation was not considered to be a

high risk factor. In others, while staff did demonstrate some awareness of the issues, they had yet to participate in training, although this had been scheduled.

Inspectors sought to determine how many of the staff were aware of the risk and vulnerability indicators that would trigger child sexual exploitation concerns. Where it was found that all or the majority of the staff were aware of the risk and vulnerability indicators, the main themes from the inspectors' comments were that:

- staff were able to demonstrate a good knowledge of potential risk and vulnerability indicators, including providing examples
- staff had received effective training on child sexual exploitation.

Where the minority or none of the staff were aware of the risk and vulnerability indicators, inspectors commented that:

- there was a partial awareness
- this was due to the nature of the service providing high supervision levels meaning child sexual exploitation was not a major risk
- training was due to take place.

One inspector noted: "The majority of staff spoken with required prompting for clear answers. Most related the questions to online safety."

Good practice example

One local authority provided inter-departmental multi-professional awareness raising sessions which a large number of their social work and social care staff attended. Their Child Sexual Exploitation Officer attended service group meetings, all staff meetings, carer consultation groups and also a support group set up for foster carers who care for teenagers. Across these meetings/ groups the officer shared information on the key indicators for child sexual exploitation and offered supports to foster carers regarding how to support young people who are at risk or have been involved with child sexual exploitation. In addition, the Police Scotland's Divisional Missing Person Coordinator and the local authority's Offsite Resource Manager have offered training to staff and foster carers around how to plan, prevent, and support young people away from missing episodes. A voluntary organisation worker has also delivered training to mainstream schools, community youth groups, and residential staff and carers.

The impact of this has been that foster carers and staff across a wide variety of settings are better informed to recognise the indicators associated with child sexual exploitation, appropriately manage the risks, and to ensure that adequate supports are put in place for young people.

Care planning

Important findings

- 95% of care services demonstrated care plans which contained effective and implemented strategies to maximise the safety of young people in connection with child sexual exploitation. Most were considered to be fully effective and some, while requiring improvement, demonstrated effective features.
- Effective care plans and care planning were associated with appropriate identification of risk, very good risk management strategies, regular review, and collaborative work with other agencies.
- In some cases, assessment was not adequate, and care plans contained insufficient detail on the risks and vulnerabilities of individual young people which may impact on the ability to provide the best possible care and support.

We expect that all young people living in or supported by care services are treated with dignity and respect, with their individual needs, preferences and aspirations being assessed and met; and their basic human rights are upheld. We expect that they are listened to, feel included and are treated fairly, and experience care that is consistent with the new Health and Social Care Standards.⁹ They should receive information and the necessary support to continue to participate in decisions which affect them now and in the future.

Care homes must prepare a written care plan with full involvement of the child or young person and their representative. This should set out how their health and wellbeing will be met. In the case of child sexual exploitation, it is vital that this is discussed with the child or young person and they should be as involved as they can be in developing, agreeing and reviewing any restrictions to ensure they understand how to keep themselves and each other safe. Where a person's independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively. The person should be as involved as they can be in agreeing and reviewing any restrictions to their independence, control and choice.

The care plan must be regularly updated to support and direct the care in a very person-centred and practical way. These care plans should be reviewed with the young person at least every six months, or more frequently if their needs or circumstances change. They should include the young person's needs, wishes and choices, personal preferences, interests, communication needs and how these will be met. The plan should detail any necessary equipment or adaptations, as well as when relatives should be contacted, and who should be contacted if the child or young person wants to raise a complaint or concern.

We expect to see that young people have access to independent advocacy should they want it. We also expect the care and treatment that young people living in a care home experience follows best

⁹ <http://www.newcarestandards.scot/>

practice, takes account of all relevant legislation and is designed to support that person to have the best possible outcomes.

Almost all (95%) of the services inspected either had care plans which contained fully or partially effective implemented strategies to maximise safety, 75% were evaluated as being fully effective and 20% were identified as requiring some development, but still had features of effective strategies.

For those that contained effectively implemented strategies, inspectors commented that:

- all care plans had very good risk management strategies
- there was evidence of young people being appropriately identified as at risk and regularly reviewed
- there were good links demonstrated with other partner agencies (such as Police Scotland and social work).

For those care plans which were partially effective this was mainly due to a lack of detail on identified risks and vulnerabilities. Although in some cases inspectors noted that risks were identified in the care plan, better strategies were needed to minimise risk behaviours and in one case the care plan needed to develop to be more specific to child sexual exploitation. Online behaviour is one example of a specific risk in relation to child sexual exploitation as we know that the internet and social media make it easier for perpetrators to connect with young people anonymously, and access and share images.

Where inspectors found the service care plans did not contain effectively implemented strategies, in some cases they did find evidence of comprehensive assessments. Within three services, inspectors also found evidence of ineffective risk assessment or safeguarding plans around young people who were using the service at the time. Recommendations or a requirement were made in these cases around improved staff training and use of the appropriate assessment tools at appropriate times.

Involvement of young people and others in assessing and responding to risks

Important findings

- High quality care and support was often associated with effective risk assessments, often with collaborative working by police, social work and other agencies, and staff who are confident in putting their training into practice.
- Multi-agency working can allow a wide policy overview of the risks which contribute to and are associated with child sexual exploitation. This often requires the involvement of practitioners from beyond social work and children's services.
- The involvement of children and young people in assessments of risk can contribute to effective and innovative strategies to reduce or prevent harm.

We know that where risk assessment procedures are in place these must have the capacity to be individualised to meet the needs of each young person, and young people and relevant others must be involved in their development. Involving young people in this assessment is an important area of practice. Where children or young people are identified as being at risk of child sexual exploitation, it is vital that all the relevant agencies, including health, social work, police and education, work together with the service providers and communicate effectively with each other to support positive outcomes for the children and young people.

Where services had effective systems in place to identify young people at risk of child sexual exploitation, strengths identified included:

- effective risk assessments and strategies were in place
- there was good evidence of collaborative working with Police Scotland and/or social work
- staff had received child sexual exploitation training which resulted in them demonstrating confidence and higher knowledge about child sexual exploitation.

Where the systems were partially effective, inspectors often found that there was a good awareness of child protection more widely, with good risk assessment procedures in place and good evidence of collaborative working, aimed at minimising and responding to risk. In some cases, there could be further development of effective systems, such as updating risk assessment processes or making the child protection approaches more specific to child sexual exploitation.

Where there were no effective systems in place, inspectors who commented found that work was being done to address this such as the introduction of the Barnardo's Sexual Exploitation Risk Assessment Framework (SERAF) template.¹⁰ One inspector found that one young person was not identified as being a possible risk of child sexual exploitation where it would have been appropriate to do so. Another inspector commented that the high supervision levels of children indicated a reduced risk of child sexual exploitation as the children had high levels of personal care due to disability. However, staff were advised to make reference to child sexual exploitation in their child protection policies while the children were in the service.

We found examples of effective multi-agency working, with care services working across professional boundaries to put the needs of people first. This included cases where professional dialogue focused on discussing patterns of risk-taking behaviour, but also on responding to risks posed by the night-time economy and the inappropriate behaviour of adults.

¹⁰ http://www.barnardos.org.uk/serafservice/seraf_service_sexual_exploitation.html

Good practice example

One local authority has been working closely with the Child Sexual Exploitation Officer (co-funded by Police Scotland and a voluntary organisation) and Police Scotland's Divisional Missing Person Coordinator. As part of their Child Sexual Exploitation Action Plan, managers from foster care and residential services, alongside colleagues from wider Children and Families Services, work in partnership with the Anti-Social Behaviour Team, Out of Hours Team and Community Police Officers to help tackle child sexual exploitation in their area. During a recent inspection, the inspector spoke with workers and foster carers about their understanding of child sexual exploitation and highlighted the importance of continuing to have open and honest conversations with young people.

The impact of this close inter-agency working has been the creation of an operational group who meet on a fortnightly basis to help support any looked after children who are being reported absent/missing and discuss patterns of risk taking behaviour which may identify them as at risk of child sexual exploitation. There is an information sharing focus to this group and all professionals involved work closely in identifying groups of young people who are frequenting party flats to determine hotspots across the city, establish patterns of risk and identify potential areas of concern while focusing on the night-time economy and inappropriate adults.

Involving young people in assessing personal risks and planning how their needs and choices will be met is almost always an essential element of effective practice. During our scrutiny and improvement work, we identified a number of examples of cases where young people who had experienced or were at risk of child sexual exploitation were supported to be involved in planning and sustaining changes in their lives.

This case study identifies how effective multi-agency working, and care and support tailored to a person's individual needs, supported them to become a peer advocate for change.

Amy's Story

During our inspection activity we identified a young person who had directly influenced the service approach to child sexual exploitation as a result of her experience. Amy is a young person with experience of this form of abuse. Her key worker Sally was concerned with how best to support Amy to recover from this experience and to ensure that she was protected from any further abuse. Amy's story highlights the positive outcomes that can be achieved when effective child sexual exploitation systems to prevent or lessen the risk of abuse, and support recovery, are in place and implemented effectively.

Initially Sally worked with Amy to help her to understand how she could keep herself safe, reflecting with her on the risks she had been exposed to and how she could use the support of others. Sally then ensured that Amy had opportunities for healing both within the context of the care service and through access to specialist services.

Sally worked closely with the social worker to ensure that risk was clearly stated and understood by all practitioners in the service. She then conducted a review of existing research and practice to develop a resource folder for all staff working in the service, including short training modules. The service had established a very good relationship with the local GP and was able to progress a referral to the local community and mental health team (CAMHS services) and Amy was fully supported by the key worker to attend therapeutic sessions.

The work carried out enabled Amy to develop a very insightful understanding of the risks of child sexual exploitation, both those that she was exposed to and the potential risk to other young people. She wanted to share her learning with others and was supported by staff to produce a statement written to young people which tells her story and advises others on what they should do if they are in similar circumstances. This statement has been used, with agreement from Amy, as a powerful message to staff working with young people.

Our findings from inspections support the positive impact this work has had within the service. In particular, all staff were trained effectively to enable them to respond appropriately where children and young people were at risk from child sexual exploitation. This was true of all staff groups from initial induction through to more experienced staff undertaking on-going professional development. All young people now coming to live in the service have an initial assessment completed in relation to child sexual exploitation. The key worker and front line staff involved with Amy, and Amy herself, have directly influenced policy and practice in the service and across the provider's other services.

Amy's story demonstrates the importance of individual practitioners' accountability and responsibility when supporting some of our most vulnerable young people. Policies and procedures must be reinforced by appropriate development for staff, with staff empowered to innovate and tailor their practice according to the needs, rights, choices and wishes of individuals. While the registered care service has a key role in relation to this, practitioners across the sector must also maintain and build on their knowledge and understanding in order to ensure children and young people can achieve the best possible outcomes now and in the future, and are fully involved in decisions about their own lives.

Absconding

Important findings

- 45% of care services reported having a specific policy or procedure to prevent or respond to young people missing, suggesting further work in this area can play a role in improving experiences and outcomes for people.

Child sexual exploitation is a complex area of protection. It is one which requires an on-going focus to ensure services continue to develop their capacity to recognise where this may be happening, in order to take appropriate action to minimise risks to young people. Young people going missing can often be an indicator that they may be at risk of child sexual exploitation. We therefore asked services to provide information on their procedures on children who go missing, within their annual return.

Of the 226 annual returns received, just under half (45%) stated that they had specific policies and procedures in place to deal with absconding/missing persons in line with Police Scotland MISPER protocol for missing persons.¹¹

- 25% described using a traffic light risk assessment based on a young person's risk to themselves, to others, vulnerability, habits, etc.
- A further 25% had a multi-agency agreement in place, usually with Police Scotland, and a local partnership agreement with local authorities.
- 3% of services (6) highlighted that they use the MISPER protocol which includes prompts/questions designed to gather a wide range of information regarding possible sexual exploitation.
- 1% of services (2) are currently developing a missing child policy. The remaining 1% stated some other response ranging from a general statement that they are aware of what to do if a missing person situation arises, to the fact that the issue is highlighted in team meetings.

¹¹ <http://www.scotland.police.uk/assets/pdf/151934/184779/missing-person-investigationsop>

Through our scrutiny activity we were made aware of a case where a young person who was absconding, and was not effectively supported or protected from the risks of child sexual exploitation and as a result came to significant harm.

Joanne's story

Joanne is a teenager and has been looked for the past two years. She has a history of absconding from care services and, as a result, has experienced a number of moves to different care homes. She is a very vulnerable young person who has experienced neglect and trauma in her early years and as a result had very poor self-esteem and personal resources to keep herself safe.

We became aware of Joanne during an inspection of a care home located in a rural setting some distance away from her home and the people she had been spending time with. It was known that Joanne had been sexually exploited by this group although she didn't acknowledge this herself. Joanne's care plan included information about past abuse but there was no detailed risk assessment in place to address any further risk of child sexual exploitation. We put in place a requirement that the service update risk assessments where child sexual exploitation was a concern and put a clear action plan in place to address the risks identified. It was the service's view that removing Joanne from the area where the abuse had happened meant there was no further risk. However, Joanne's story highlights why this is not the case.

Joanne had started to go missing from the service on a regular basis, often leaving during the night, and was returned by the police on numerous occasions. There was liaison between Police Scotland and the Care Inspectorate about these incidents, and follow up with the service provider. Despite this risk, the provider did not consider using waking night staff within the service.

After Joanne went missing from the service on one occasion there was appropriate involvement from Police Scotland. She was later found in a flat after she had been missing for a week. She had been given food and alcohol by those present in the flat and she had been sexually exploited. Charges of serious sexual assault were made in respect of the alleged perpetrators.

Whilst it is not possible to say that the failure of the provider to engage waking night staff would have prevented this experience, it is clear that the risks of continued exploitation were not fully considered by the service. This is particularly true where the young person does not consider that they have been the subject of abuse.

In Joanne's case her poor experiences, inability to identify the harm and risk she was being exposed to, and the 'benefits' being provided by her perpetrators (attention, a place to be away from the care home, food, and alcohol) outweighed any risks.

Because we considered Joanne's safety, health, and welfare had been seriously compromised while she was missing from the service, we required the service to improve the care and supervision

of Joanne in order to keep her safe, for example by putting waking night staff in place. We also requested that the service provide us with an updated assessment and action plan in relation to child sexual exploitation, to assure us that improvements were being made generally and in particular to support Joanne.

The provider recognised that it had not fully considered the challenges of keeping a young person safe from child sexual exploitation. In particular, it recognised the skill required in working with a young person to help them understand the risks and potential consequences of their behaviour.

We followed up the progress made within this service at the next inspection and we were reassured that the service was able to demonstrate how learning from this experience was contributing to the protection of children and young people. Developments in systems and training for staff had resulted in considerable improvements in the way the service assesses and addresses the risk of child sexual exploitation.

7. Conclusions and recommendations

Overall our findings across the two stages of our work highlighted that the developments in terms of awareness and understanding of the issue of child sexual exploitation within registered care services are mainly positive. The majority of services are undertaking appropriate action to protect young people from the risk of child sexual exploitation. Where we have identified that improvements were needed we were able to highlight these to the providers in our feedback, sign-posting them to best practice, and, where considered necessary, making recommendations or requirements.

Areas for improvement have included:

- services ensuring all staff are familiar with child sexual exploitation and the associated risks/vulnerabilities
- the development of, or finalising of, a child sexual exploitation policy
- ensuring an effective child sexual exploitation risk assessment framework/risk management plan is in place for a young person's safety
- ensuring developed child sexual exploitation policies are robust and in-line with current practices.

The exercise of gathering information through the annual return process and during inspection activity provided a good level of assurance that overall, in the services that formed part of our sample, staff have a good awareness of child sexual exploitation. The majority of services were taking appropriate action to ensure that they can protect children and young people from the risks associated with this form of abuse.

As part of the inspection process, inspectors were able to comment on what they see as strengths within the service and possible areas where some improvements could be made.

Themes on service strengths which arose from inspections were that:

- staff had received child sexual exploitation training and as a result they demonstrated a good awareness of the risk and vulnerability indicators
- protocols were in place with Police Scotland and social work services and this multi-agency approach was working well to protect children and young people
- managers were ensuring their service's child sexual exploitation practices were well audited and managed, and ensuring that where issues may arise the service could review and improve to minimise the risk to children and young people.

Effective systems are crucial in protecting children and young people. However we must not be complacent and must ensure that the risks associated with child sexual exploitation and the impact on young people has a high profile within our communities. Staff working in care services must continue to develop their understanding and approaches in protecting young people from this form of abuse.

We have identified that across most services staff have an understanding of child sexual exploitation and services have developed appropriate policy frameworks to identify and address risks to children

of child sexual exploitation. As our knowledge and understanding of this area of abuse advances, the Care Inspectorate will continue to address this through:

- prevention – ensuring that services remain focused on any risks to children
- intelligence – collecting intelligence on child sexual exploitation
- Improvement – sharing examples of effective practice as part of our work to support improvement
- enforcement – through further scrutiny work being undertaken.

8. Next steps

The Care Inspectorate will continue to inspect registered care services, and during 2018 and beyond will introduce new scrutiny models which reflect the new Health and Social Care Standards. We will also continue to support improvements in the quality of care and support through our inspectors and other improvement support interventions, including in relation to child sexual exploitation.

In addition, the Care Inspectorate provides scrutiny and improvement support across local authorities, community planning partnerships, and health and social care partnerships in respect of social work and children's services. In much of this strategic scrutiny, but not all, we work with a range of other scrutiny and improvement partners to maximise the impact of our collective knowledge and experience, and to reflect the importance of multi-agency working in supporting children and young people.

As part of the Scottish Government's child protection improvement programme, Scottish ministers asked the Care Inspectorate to work with our scrutiny partners to develop and lead a revised model of joint inspection that takes a more focused look at vulnerable children and young people in local areas. We will focus on how well partners – health, education, police, social work and the third sector – work together to protect vulnerable children. These are children who are living with significant risks and are involved in the child protection system.

As we develop and implement this model, the Care Inspectorate will want to see how effective the partners are at identifying those children and at reducing risks promptly for them, working together to make them safer within their families. In addition, inspectors will look at the experience and outcomes of children and young people who were subject to corporate parenting responsibilities and whether partners' work together is achieving real improvements in their lives and helping them to succeed into adulthood.

This will include children and young people who are looked after away from home in fostering, residential, and secure care, and those who are using through and after care services. Inspectors will take a closer look at those who are looked after at home and those in kinship care because less is known about the experiences and outcomes for these children and young people. Inspectors will take account of the rights of looked after children and care leavers and the duties, powers and expectations placed on corporate parents.

Care experienced children and young people, many of whom also have experience of child protection, are helping to design these inspections and identify what questions they think the inspections should answer. Their most important message is that children and young people should be enabled to experience sincere human contact and enduring relationships. So, inspectors will look at how well the system is organised to ensure children and young people can experience continuity in their care and develop lasting relationships, and how well staff are supported and equipped for their task.

Young inspection volunteers will play a key role in the inspections, meeting with young people and interviewing senior managers, helping to identify what is working and what isn't.

In each community planning partnership area inspected, we will publish a report showing our findings.

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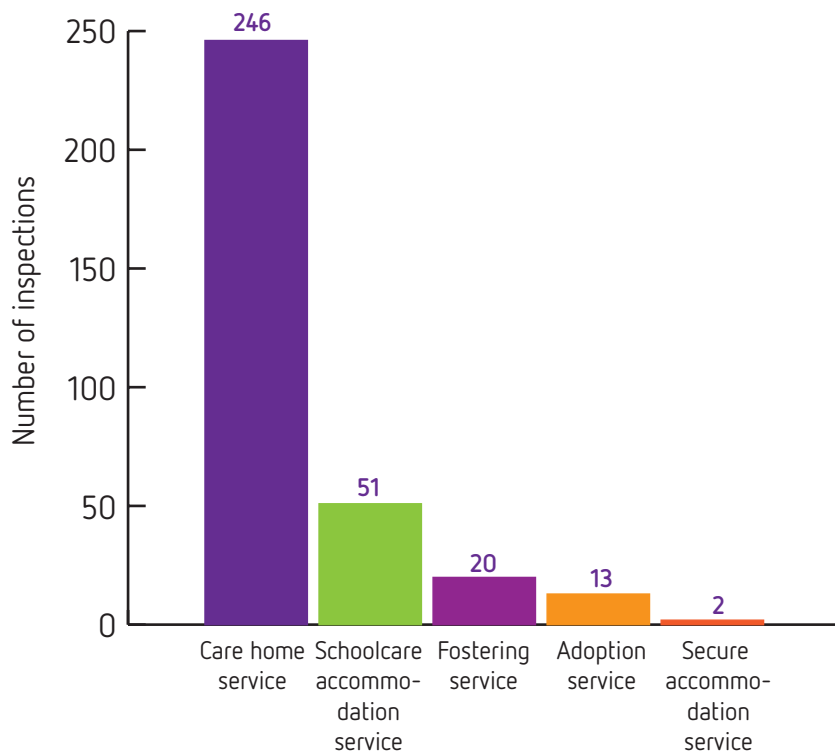
Appendix: Child sexual exploitation scoping – inspection data analysis

Number of child sexual exploitation inspections 2016/17

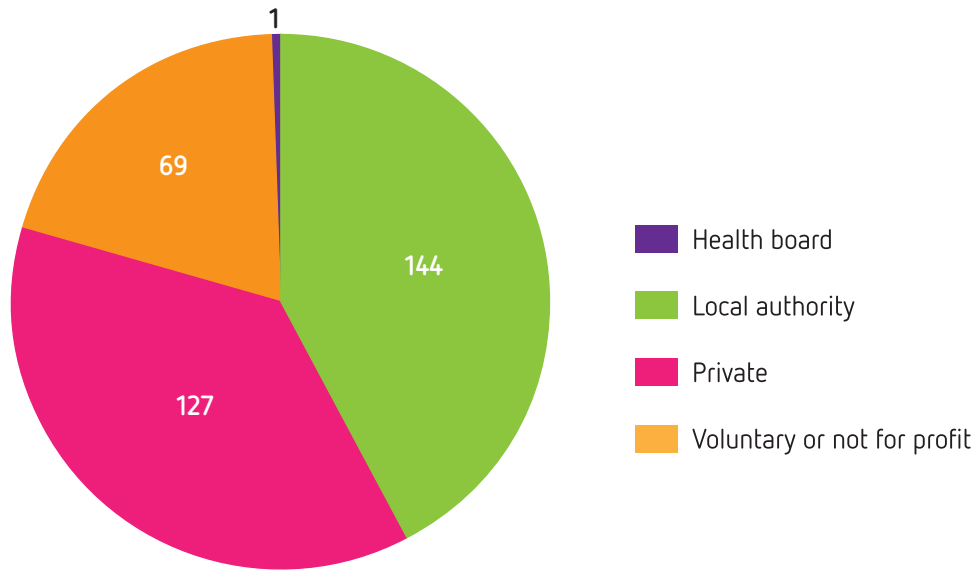
332 inspections were carried out in 2016/17 where child sexual exploitation was scoped as part of the inspection. These were separated into the following service types:

- Care homes for children and young people (74%)
- School care accommodation services (15%)
- Fostering services (6%)
- Adoption services (4%)
- Secure accommodation services (1%).

Number of child sexual exploitation inspections by care service type



Number of child sexual exploitation inspections by service sector



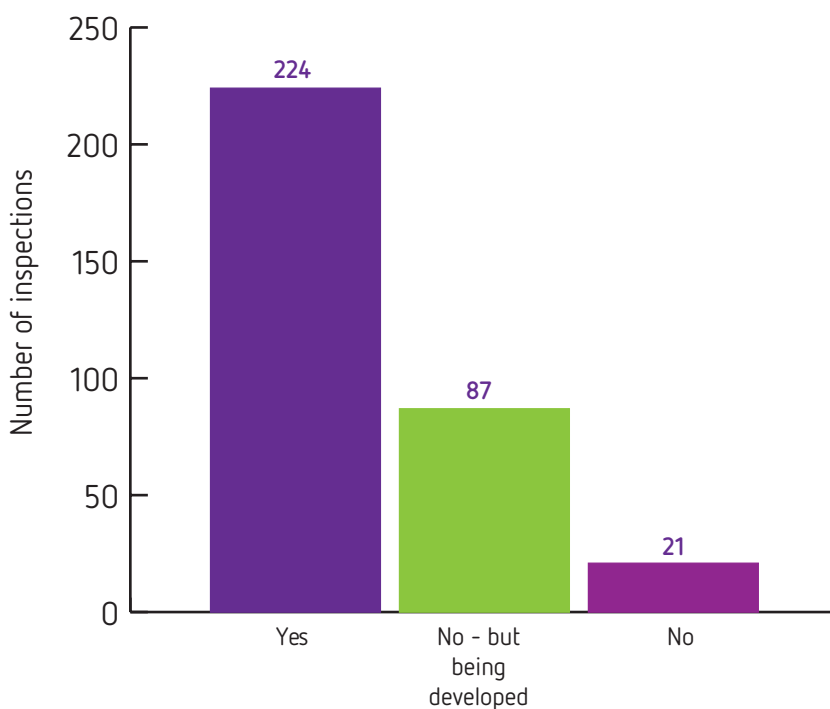
When looked at by service sector:

- 42% were provided by local authorities
- 36% were provided by the private sector
- 20% by the voluntary or not for profit sector
- the remaining service was provided by the health board.

Did the service have a child sexual exploitation policy?

The initial question looked to establish whether or not the service had a child sexual exploitation policy in place.

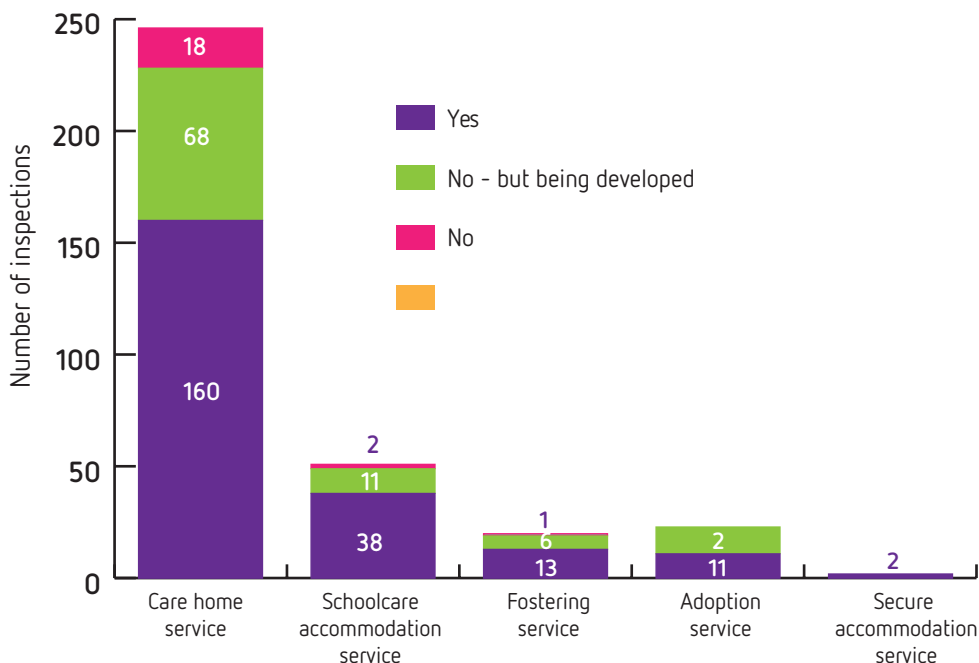
Did the service have a child sexual exploitation policy?



Of the 332 inspections carried out inspectors found that the majority (94%) either had a child sexual exploitation policy in place or were in the course of developing one.

- 67% (224) of the services inspected had a child sexual exploitation policy in place.
- 26% (87) were in the process of developing one.
- 6% (21) did not have one.

Did the service have a child sexual exploitation policy? By service type

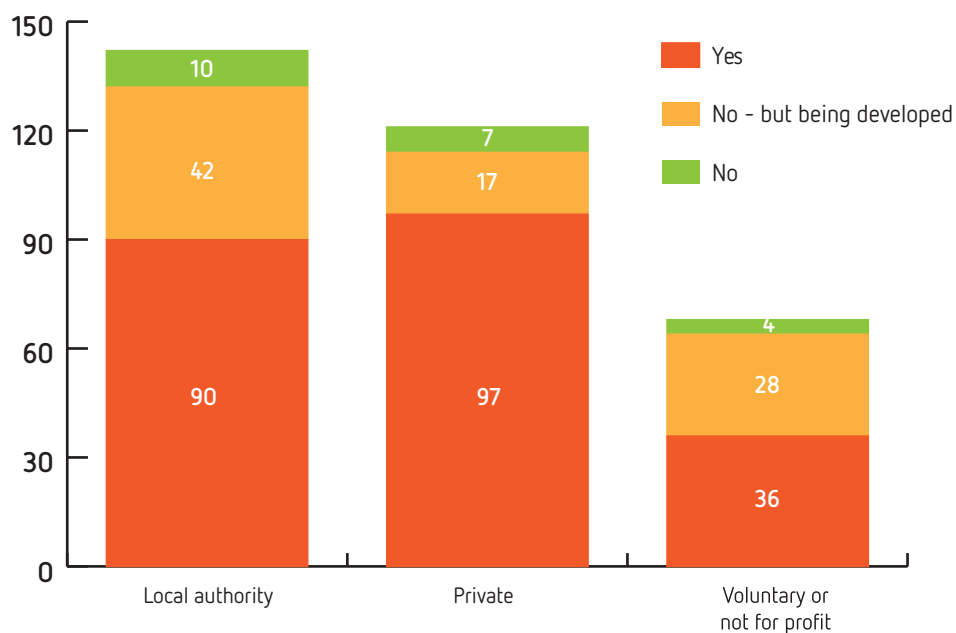


The majority of services across each service type had a child sexual exploitation policy in place at the point of inspection with proportions set-up ranging between 85% of adoption services and 65% of care home services.

Where services did not currently have a child sexual exploitation policy in place, most of the remainder had one in development. Only a small proportion within three of the service types did not have a policy in place or in development:

- 18 care home services
- 1 fostering service
- 2 school care accommodation services

Did the service have a child sexual exploitation policy? By service sector



When looked at by service sector, the majority within each sector had a policy in place.

Just over half (53%) within the voluntary sector had a policy in place compared to 80% within the private sector and 63% provided by local authorities. However, where there was no child sexual exploitation policy in place the voluntary sector was proactive in dealing with this, with 41% having a policy in development. This meant a smaller proportion within the voluntary sector that did not have one in place or in development compared to the other sectors. For instance, 7% (10) of the local authority provided services did not have a child sexual exploitation policy or have one in development.

Summary

- Almost all of the services inspected either had a child sexual exploitation policy in place (67%) or in development (26%).
- Where there was no child sexual exploitation policy in place these were in the minority (6%), the largest proportion of which being care home services. Where this was the case services were advised to prepare a policy. One service was reviewing its child protection policy to include child sexual exploitation. In another service, staff awareness was sufficient but the child sexual exploitation procedures needed updating, while two others provided high supervision levels, so there was a lower risk of child sexual exploitation (although these services were still advised to make reference to child sexual exploitation in their child protection policies).
- When looked at by service type, at least two-thirds of the services had a child sexual exploitation policy in place (care home services – 65%), with adoption services comparing well against other service types (85%).
- Private sector services compared well against other sectors with a higher proportion of services with a child sexual exploitation policy in place (80%).
- Just over half of voluntary services had a child sexual exploitation policy in place (53%), albeit most of the remaining half were developing theirs.

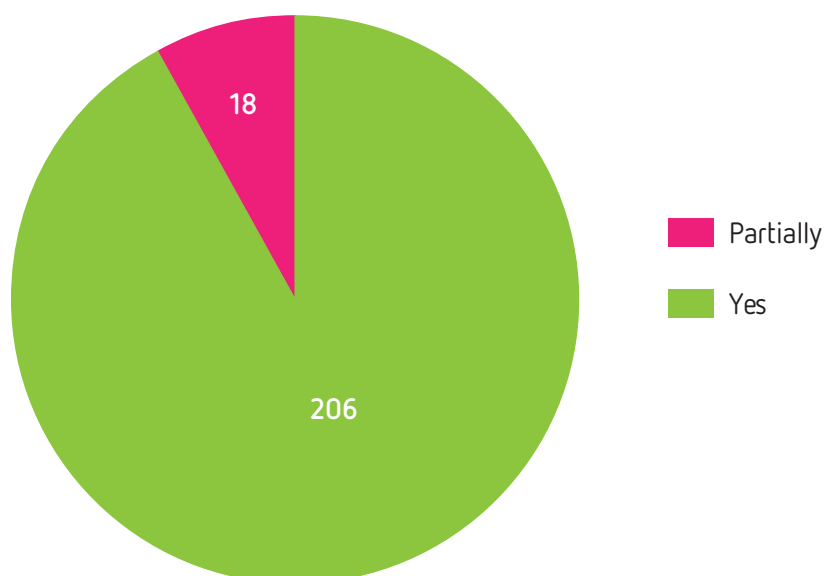
Did the service's child sexual exploitation policy provide staff with a comprehensive framework of practice and set out clear responsibilities for them?

The inspectors were then asked to look at the content of the child sexual exploitation policy and how comprehensive it was in laying out practice and responsibilities for staff.

Of the 224 services which had a child sexual exploitation policy in place:

- almost all (92%) of the inspectors stated that the child sexual exploitation policy provided staff with a comprehensive framework of practice and set out clear responsibilities for them
- the remaining 8% (13 care homes and 5 school care accommodation services) suggested the child Sexual Exploitation policy was only partially comprehensive and clear
- the main theme from the inspectors' comments in these cases was that the policy could better guide staff to identify the main risk indicators.

Did the service's child sexual exploitation policy provide staff with a comprehensive framework of practice and set out clear responsibilities for them?



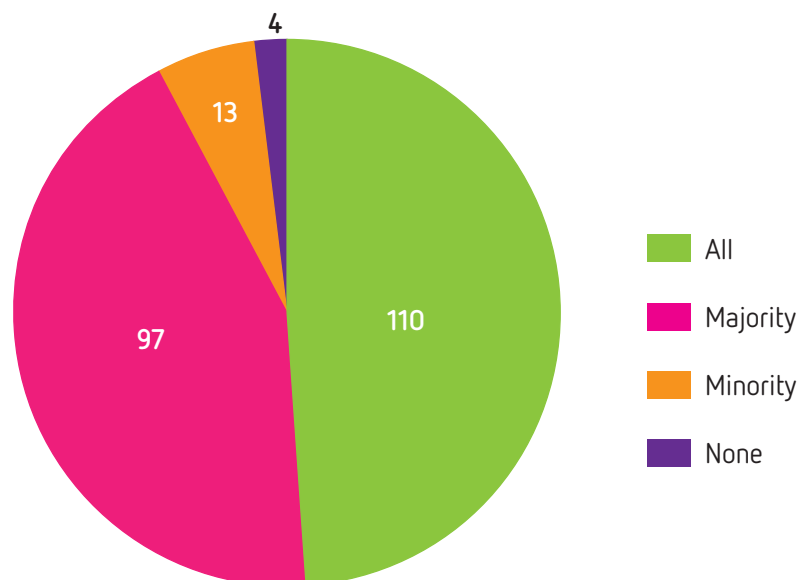
Summary

- Where a service was found to have a child sexual exploitation policy in place, almost all (92%) of them had a policy which had a comprehensive framework of practice and set out clear responsibilities for staff.
- Clearly defined roles, the availability of training, suitable risk assessment tools and good multi-agency approaches were highlighted by inspectors as being key; these positive results were found across all service types and across all service sectors.
- In the remaining 8% where child sexual exploitation policy was determined to be partially effective for staff in terms of practice guidance, the main observation was that the policy could better guide staff to risk indicators.

How many staff were aware of their roles and responsibilities as detailed in the service's child sexual exploitation policy?

Inspectors then sought to determine how many of the staff were aware of their roles and responsibilities as detailed in their service's child sexual exploitation policy.

How many staff were aware of their roles and responsibilities as detailed in the services's child sexual exploitation policy?



Of the 224 services inspected which have a policy in place, in almost half (49%) of them all of the staff who were asked as part of the sample were aware of their roles and responsibilities in relation to the child sexual exploitation policy. The remainder are broken down in:

- 43% the majority were aware
- 6% the minority were aware
- 2% (4 services) none of the staff were aware¹².

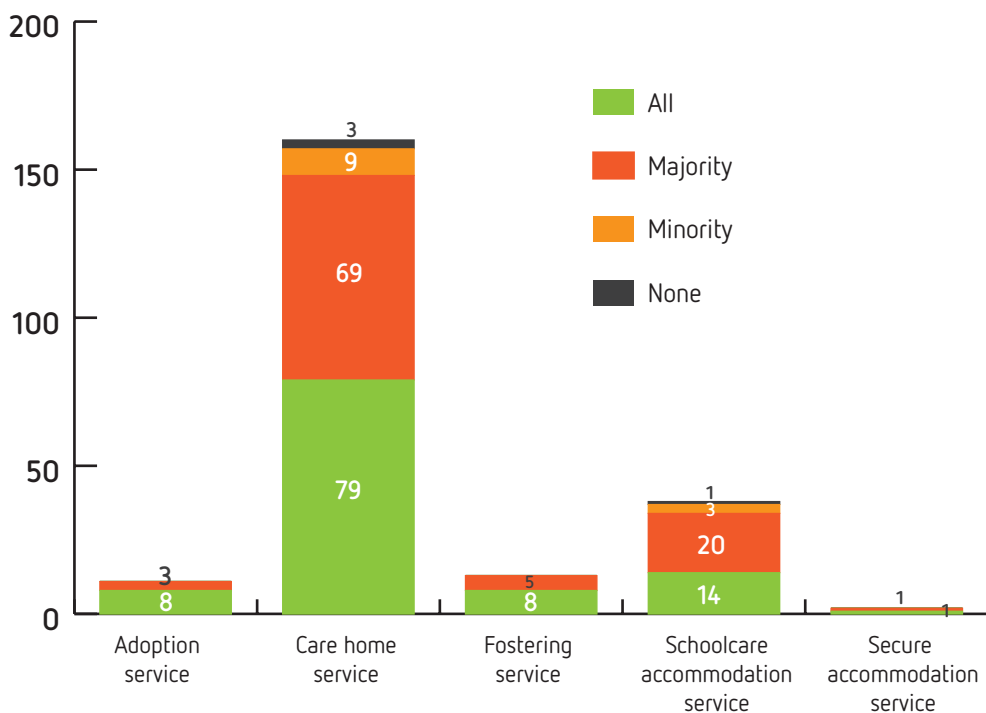
Where all or the majority of the staff were aware of their roles and responsibilities, inspectors commented that:

- staff were knowledgeable and had a clear understanding of their roles and responsibilities
- staff had received training.

Where the minority or none of the staff were aware of their roles and responsibilities inspectors commented on the quality or availability of training.

¹² The definition used for Inspector scoring criteria: majority is more than 50% of staff sample, minority is less than 50% of staff sample, partially is defined as 'one aspect unmet', 'headed in the right direction', 'system/process could be improved'.

How many staff were aware of their roles and responsibilities as detailed in the service's child sexual exploitation policy? By service type

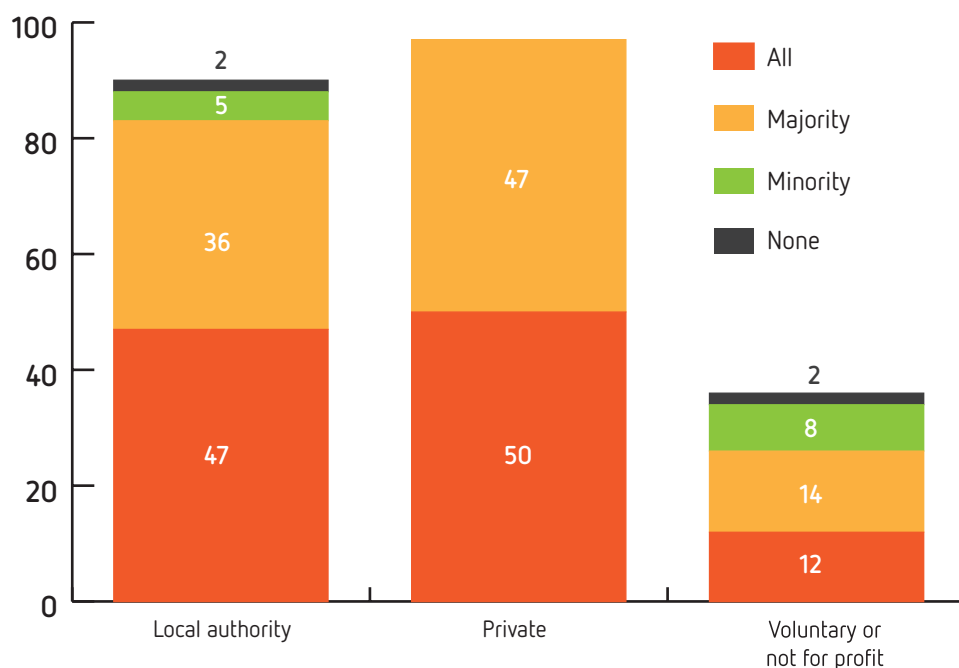


Where there was a child sexual exploitation policy in place, staff in the adoption and fostering services seemed to compare well against staff in other service types. All staff were aware of their roles and responsibilities in 73% of adoption services and 62% of fostering services.

- Where all staff were not aware, the majority of the remainder within each service type were aware.
- In 8% (12) of the care homes services and 11% (4) of the school care accommodation services a minority or none of their staff were aware of their roles and responsibilities as detailed in their service's child sexual exploitation policy.

Comparing service sectors in relation to having a child sexual exploitation policy in place, the private sector services compared slightly better than the local authority services and better again than the voluntary sector.

How many staff were aware of their roles and responsibilities as detailed in the service's child sexual exploitation policy? By service sector



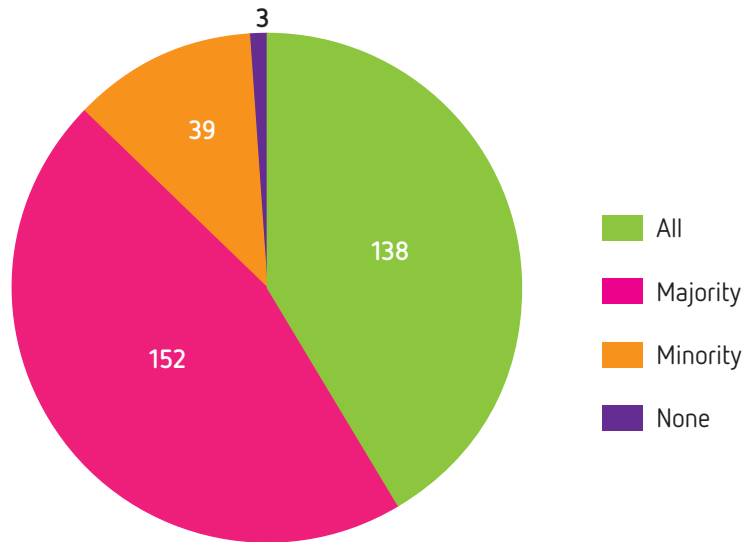
- All or the majority of staff were aware of their roles and responsibilities for child sexual exploitation in the private sector, compared to 92% of local authority services and 72% of voluntary services.
- The minority or none of the staff were aware in 28% (10) of the voluntary services.

Summary

- Where a service had a child sexual exploitation policy in place, in almost all of the services (92%) either all staff or the majority of staff were aware of their roles and responsibilities as outlined in their child sexual exploitation policy.
- Inspectors commented in such cases that staff were knowledgeable, had a clear understanding of their roles and responsibilities and had received training.
- The minority or no staff were aware of their roles or responsibilities in 8% (18) of services, with inspectors commenting that there were issues with training being either not in-depth enough or due to be provided.
- Adoption and fostering services compared well against other service types with all or the majority of staff in 100% of the services inspected being aware of their roles and responsibilities.
- 8% (12) of the care home services had situations where the minority or no staff were aware of their roles and responsibilities in relation to child sexual exploitation as did staff in 11% (4) of the school care accommodation services.
- Private sector services compared well to other sectors, with all or the majority of the staff employed in this sector being aware of their roles and responsibilities in relation to child sexual exploitation.

How many staff were aware of the risk and vulnerability indicators that would trigger child sexual exploitation concerns?

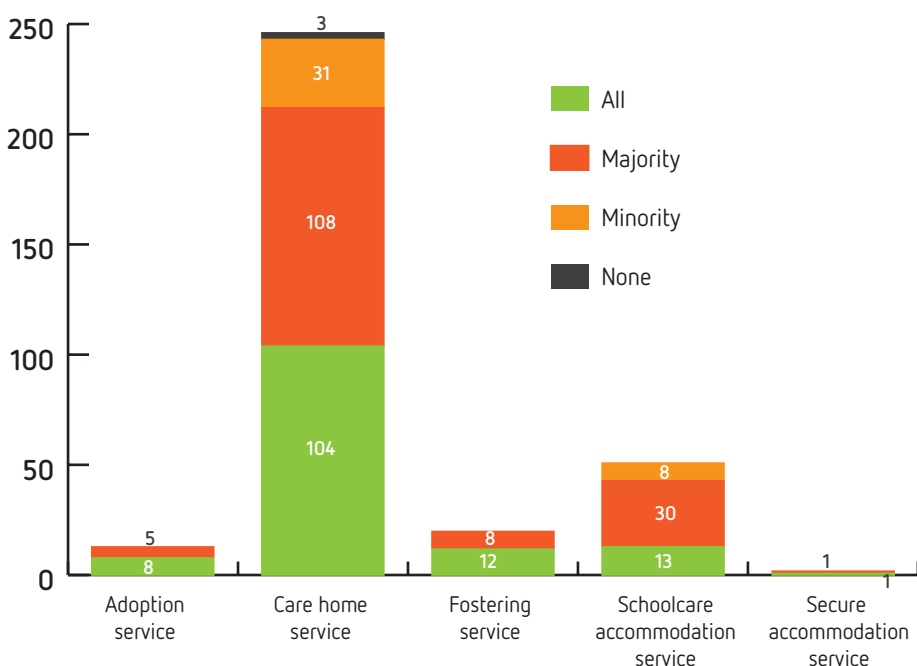
How many staff were aware of the risk and vulnerability indicators that would trigger child sexual exploitation concerns?



Of the 332 services inspected, inspectors found that in:

- 46% (152) of the services inspected, all of the service's staff were aware of the risk and vulnerability indicators
- 42% (138) of the services inspected the majority of the staff were aware
- 12% (39) of the services inspected the minority of staff were aware
- 1% (3) of the services inspected none of the staff were aware.

How many staff were aware of the risk and vulnerability indicators that would trigger child sexual exploitation concerns? By service type

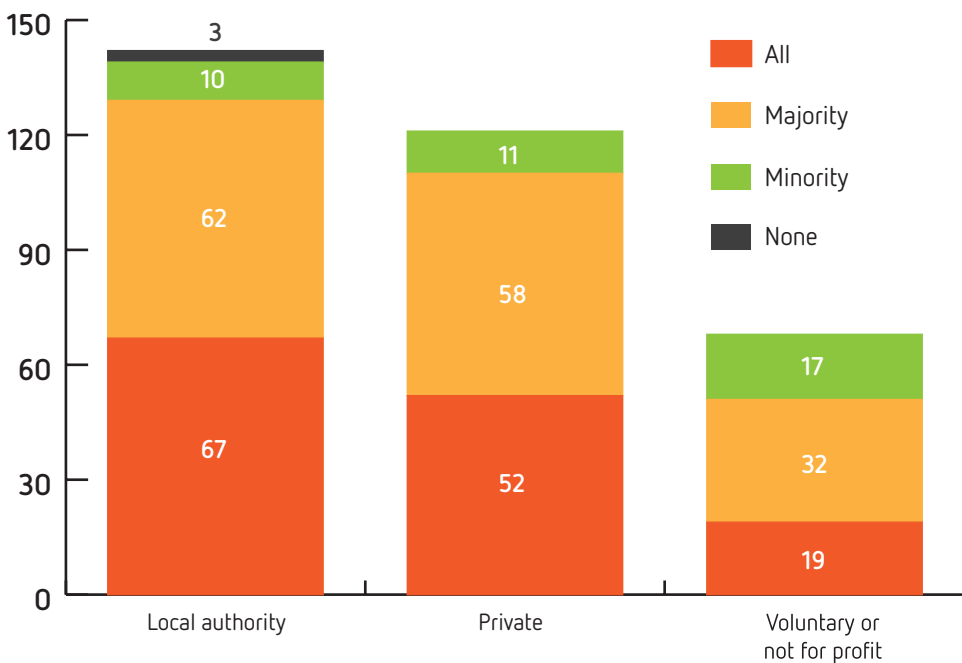


Levels of awareness differed between service types.

In all of the adoption and fostering services inspected either all or the majority of the staff were aware of the risk and vulnerability indicators that would trigger child sexual exploitation concerns.

This proportion fell slightly for other service types, although performance was still positive with staff in more than 80% of the remaining service types being aware of the risk and vulnerability indicators. In 86% of care home services all or the majority of staff were aware, and this was the case in 84% of school care accommodation services.

How many staff were aware of the risk and vulnerability indicators that would trigger child sexual exploitation concerns? By service sector



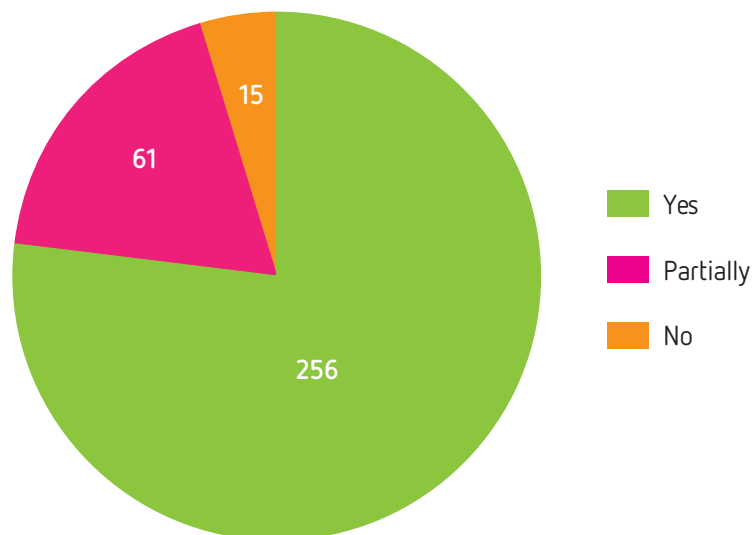
- Findings on staff awareness of risk vulnerability indicators were best in the local authority sector with 91% of services having staff who were all aware or the majority were aware. This was followed closely by the private sector (91%) and voluntary sector (75%).
- There was a higher proportion of services inspected in the voluntary sector where the minority of staff had any awareness of the risk and vulnerability indicators (25%) compared to 9% in the private sector and 9% in the local authority sector.

Summary

- In almost all of the services (88%) either all staff or the majority of staff were aware of the risk and vulnerability indicators that would trigger child sexual exploitation concerns.
- Inspectors commented in such cases that staff were able to demonstrate a good knowledge of potential risk and vulnerability indicators, including providing examples, and had received effective training on child sexual exploitation.
- The minority or no staff were aware of the risk and vulnerability indicators in 13% (42) services (including 3 services where no staff had awareness), with inspectors commenting that staff demonstrated a partial awareness, or that this was due to the nature of the service (high supervision) meaning child sexual exploitation was not a major risk or that training was due to take place.
- Most of the services where the minority or no staff were aware were care home services (33), with the remaining 8 being school care accommodation services.
- When looked at by service sector, staff awareness of risk vulnerability indicators was best in the local authority sector, with 91% of services having staff who were all aware or the majority aware. This was followed closely by the private sector (91%) and voluntary sector (75%).

Did the service have effective systems in place to identify children at risk of child sexual exploitation?

Did the service have effective systems in place to identify children at risk of child sexual exploitation?



The focus then shifted to the systems the service had in place to identify those at risk of child sexual exploitation.

- More than three-quarters (77%) of the services had an effective system in place to identify children at risk of child sexual exploitation.
- 18% had a partially effective system in place.
- 5% did not have a system in place.

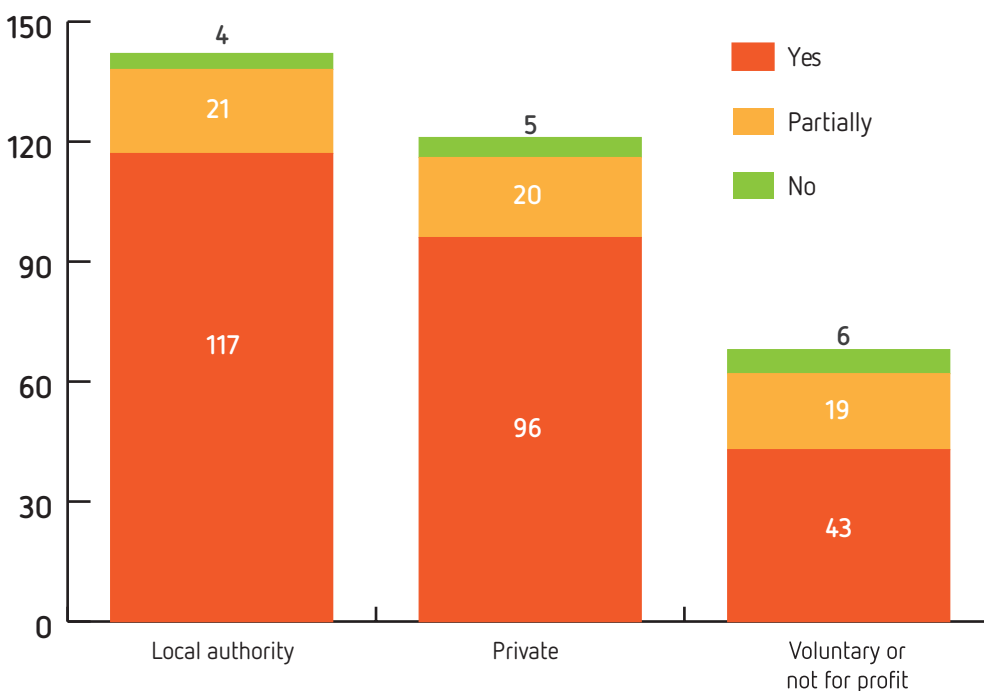
When looked at by service type:

- Secure accommodation, adoption and fostering services compared more favourably to other service types with all of the services having effective systems in place or partially in place.
- Almost all of the care home services and school care accommodation services had an effective system in place or partially in place (95% and 96% respectively).
- Of those where no effective system was in place, the majority (12) were care home services (albeit this made up only 5% of the total number of care home services inspected).

Results by service sector suggest that local authority services had more services with effective systems in place compared specifically to the voluntary sector, albeit both had positive results.

- Almost all (97%) of the local authority services either had an effective system to identify children at risk of child sexual exploitation in place (82%) or partially in place (15%). This almost mirrored the private sector.
- 91% of the services inspected in the voluntary sector either had an effective system in place or partially in place, however just under two-thirds (63%) had effective systems in place and 28% were partially in place. There were also a slightly higher proportion of services in the voluntary sector with no effective systems in place (9% or 6 services).

Did the service have effective systems in place to identify children at risk of child sexual exploitation? By service sector



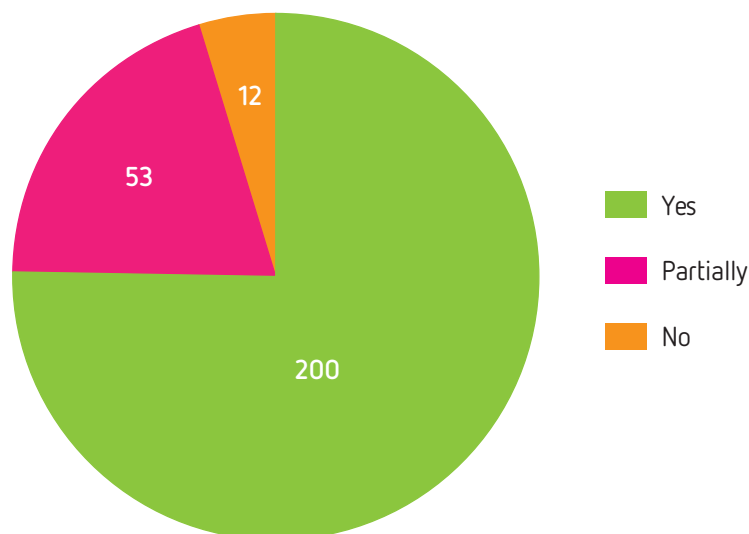
Summary

- Almost all of the services inspected (95%) had a fully or partially effective system in place to identify children at risk of child sexual exploitation. 5% (15 services) did not.
- Where effective systems were fully or partially in place inspectors commented that there was good evidence of collaborative working, a good level of training and staff knowledge demonstrated on child protection and child sexual exploitation issues, and good/effective risk assessment procedures and strategies in place.
- Where there were deemed to be no effective systems apparent, inspectors found that there was work being done to address this – in other words introducing the Barnardo’s Sexual Exploitation Risk Assessment Framework (SERAF) template. One service received a recommendation relating to improving staff awareness and use of the system/tool and another was deemed to be at low risk of child sexual exploitation as it was a high level supervision service.
- Across the service types, at least 95% had, or partially had, effective systems to identify children at risk of child sexual exploitation in place, only 5% of care home services and 6% of school care accommodation services did not.
- When examined by service sector almost all of the services within each sector had or partially had effective systems in place; slightly less so in the voluntary sector albeit this still amounted to 91% of the services inspected.

Did care plans for relevant young people contain effectively implemented strategies to maximise safety?

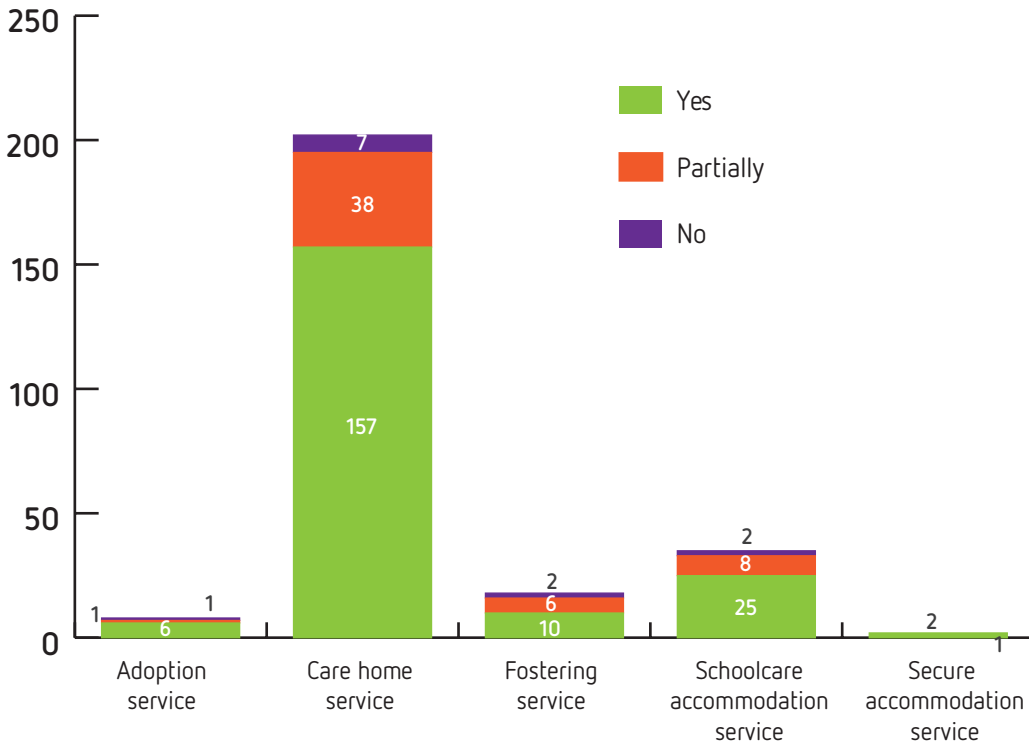
Inspectors looked at examining the content of the young people’s care plans, specifically looking to see whether or not the care plans contained effectively implemented strategies to maximise their safety.

Did care plans for relevant young people contain effectively implemented strategies to maximise safety?



- 75% of the care plans contained effectively implemented strategies to maximise safety
- 20% partially did this
- 5% did not.¹³

Did care plans for relevant young people contain effectively implemented strategies to maximise safety? By service type



The majority of the services within each service type had care plans which effectively implemented strategy to maximise safety, this included:

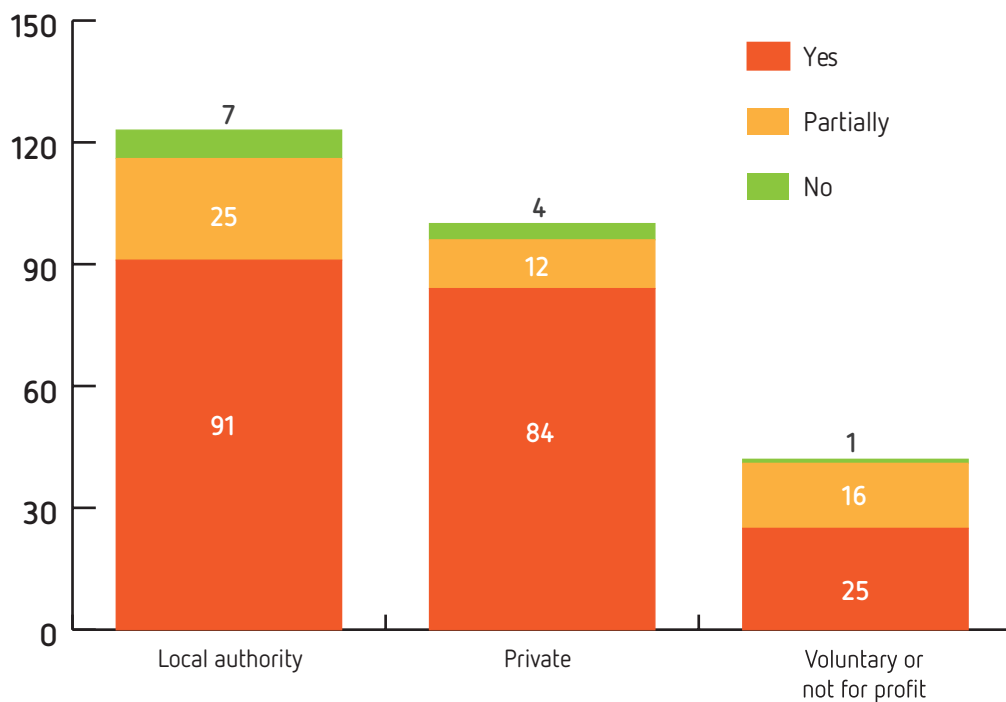
- 78% of care home services
- 75% of adoption services
- 71% of school care accommodation services
- 56% of fostering services.

Most of the remainder had care plans with partially effective strategies (despite only 56% of fostering services having effective care plans, 33% were partially effective). This left a small number of services under each service type which were not.

Comparing service sectors, a higher proportion of private sector services had care plans with effectively implemented strategies (84%), compared to (74%) of local authority services and 60% of voluntary services. Again most of the remainder had partially effective care plan strategies.

¹³ Inspectors in 67 of the 332 inspections stated 'not applicable' here as no children using the service were identified as being at risk at the time of the inspection. These were excluded from analysis in this question.

Did care plans for relevant young people contain effectively implemented strategies to maximise safety? By service sector



Summary

- Almost all (95%) of the services inspected either had care plans which contained effectively implemented strategies to maximise safety (75%), or partially did (20%).
- For those with effectively implemented strategies inspectors found that the care plans had very good risk management strategies; there was evidence of young people being appropriately identified as at risk, and regularly reviewed; and there were good links demonstrated with other partner agencies.
- For those partially effective, this was mainly due to a lack of detail on identified risks and vulnerabilities. There was also mention that although risks were identified in the care plan, better strategies were needed to minimise risk behaviours.
- The majority of the services within each service type had care plans which effectively implemented strategy to maximise safety. Most of the remainder had care plans which were partially effective, particularly fostering services.
- A higher proportion of private sector services had care plans with effectively implemented strategies (84%) compared to (74%) of local authority services and 60% of voluntary services. Again, most of the remainder had partially effective care plan strategies.

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