

Preventing Violence against Vulnerable People in the West Midlands

Tackling Child Sexual Exploitation across the West Midlands Metropolitan Region

Assessment: April - June 2016

The West Midlands Metropolitan Region are committed to issuing regular snapshots of the nature and scale of child sexual exploitation (CSE) across the West Midlands, based on data from the seven Local Authorities within the West Midlands Police boundary, in conjunction with the police, working together as seven CSE Operational Groups meeting regularly to assess priorities and progress. This is the fourth of our quarterly assessments and covers the period of April to June 2016.

What is CSE?

CSE is a form of abuse where children received something (accommodation, drugs, affection, gifts, money, drugs) in 'exchange' for sexual activity. It is child abuse, involving the child being forced, coerced or intimidated, and sexual activity with a child under 16 is unlawful in any case. Often the victim is groomed into believing the abuser cares for them. The perpetrator is exploiting them through abuse of power, and many victims worry they won't be believed. There are many different methods and approaches to sexually exploit children and young people, which can be undertaken by an individual, peers, groups and gangs. While there is no specific criminal offence of 'CSE', common offences can include rape and other forms of sexual assault, trafficking and child abduction.

What does this snapshot tell us?

NB: It must be noted that there are robust systems in place to accurately record and report on the numbers of "significant" and "serious" risk children as they currently receive a statutory response. Those young people identified as "at risk" may not require a statutory response and may be receiving appropriate alternative support services in accordance with their level of need. Work is on-going to develop recording and reporting capability for this cohort therefore whilst the numbers give an important and relevant insight into the impact of awareness raising activity and scale; direct comparisons between Local Authorities are unlikely to be accurate.

Young People at Risk:

- There are currently a total of 1085 children with identified CSE risk indicators, this compares to a total of 884 at Q4 2015/16. This is an increase of 23% on last quarter and is consistent with the upwards trajectory of identification we are observing at each quarterly collection. All Local Authorities have had new

referrals during this quarter and all Local Authorities bar one have had an increase in their overall numbers.

- 271 young people out of the total of 1085 were newly identified over the last quarter and this is a 8% decrease from Q4 2015/16. Although every Local Authority has received new referrals, they have been at a lesser number. The reduction of 8% is not as significant as the 26% increase from Q3 to Q4 2015/16 so there remains a general trajectory upwards which is positive. We will need to monitor this next quarter to consider whether the increase is plateauing.
- There has been some movement between risk levels with at least 153 children showing a reduction in level of risk as opposed to 125 at Q4, this is a 22% increase. Without the qualitative data it is not possible to say what the reason for risk reduction is. We continue to see overall more new referrals than risk reductions, which supports our hypothesis that children require long term intervention once identified and is the reason that whilst new referrals have slowed there is an overall increase in numbers. However this quarter there has been a percentage decrease on new referrals and a continued increase in risk reductions. If that trend continues the disparity between pace of new identification and risk reduction may reduce, however it is too early to determine that from this Qs data. We would need the qualitative data to be able to consider whether the increase in risk reductions was as a result of more effective intervention based on increased understanding of what works.

N.B It is important to note that where cases are closed it is not always possible to reflect within this data set whether this was due to other factors such as; turning 18 or moving out of area. Therefore the number may be slightly higher but we are only counting those children where we are clear that there has been a reduction in CSE risk level.

- Of the children identified with CSE risks, 90 (8%) have had risk factors identified but are awaiting a risk assessment; they will be receiving a service relevant to meet immediate needs.
- 124 of the children identified were at the highest level of risk (serious), which requires detailed intervention plans. The number has increased this quarter and is 11% of the total which is a continued (albeit slight) reduction from 14% in Q4. A key performance indicator for successful interventions is the reduction in number of young people at the highest level of risk, while the numbers of children identified at the lowest level of risk increases. This would demonstrate early identification of risk and effective intervention to safeguard young people from CSE. This is the fourth Q that we have seen this slight but evidently downwards trend.

N.B the caveat here is that we do not know the reasons for reduction or whether there is then a subsequent increase of re-referral. There is always going to be a margin for error within these categories based on the children awaiting risk assessment.

- We have the recorded ethnicity of 967 of the cohort. The reason for the unknowns is not provided for the purpose of this data set but likely to be; for new referrals where it has yet to be obtained, where ethnicity has been requested and refused or inputting errors. Of those 967 the significant majority of children identified were White British (67%). The second largest cohort was mixed (unspecified) (10%) and Pakistani (5%). This is remaining fairly consistent which suggests that we are still not sufficiently identifying CSE risk in some communities.
- Only 15% of the cohort is male; a similar percentage for the third consecutive quarter, but a slight increase from 14% at Q4. We still need to understand why there are significantly lower numbers of young males being identified. There does not appear to be a correlation between areas which have a specific boys service and the number of boys being identified although it is positive that once identified they will receive a bespoke, specialist service. Barnardos¹ found that there were some particularly prominent routes for young males into CSE and that whilst they were less likely to be identified initially; when they were identified the risks were likely to be particularly high. They also found that professionals tended to show a less protective attitude to young boys than young girls and that there were specific issues around disclosure in line with social attitudes and gender stereotypes. We need to ensure that this knowledge is embedded into practice and that young males are being appropriately identified. There is an ongoing workstream to support this work and we must be conscious of the link between gangs, crime and CSE.
- The age range this quarter's cohort starts at is 7 and goes up to post 18. The youngest child is in the "at risk" category which is positive as it means that the underlying vulnerabilities and risk indicators have been identified early and appropriate safeguards and interventions to reduce the risk have been implemented. This supports the anecdotal concern that risks are presenting earlier than we have been previously identifying them and supports the need for awareness raising and prevention work in primary schools.
- In this quarter the most frequently occurring age range across all three risk levels is 14 – 17 as opposed to 15 -17 in the last quarter however despite some slight variation those middle teenage years continue to be the most commonly occurring on a recurring basis. The largest number of children fell within the 16, year old, female, "at risk" category with 132 children. The largest number of males at 23 were 15 year old, "at risk". For "significant risk" the most commonly identified age is 15 for both male and female. For "serious risk" it is aged 16 for female and 15 for male, although these numbers are significantly smaller. The fact that the majority of our risk sits within the middle teenage years, at the point transition to adulthood should be considered, the work around rising 18s and transition is vital to ensure that the needs to these children continue to be met.

¹ Barnardos (2014). *Hidden in Plain Sight : A scoping study into the sexual exploitation on boys and young men in the UK – Policy Briefing.*

- 52% of our cohort are “at risk” which would suggest we are identifying early but we should focus on any lessons we can learn from those 15 – 17 year olds who were identified as “significant” and “serious” risk about how we could have identified them earlier to prevent escalation.
- For this dataset, missing data was received from 6 out of 7 Local Authorities but one collected in such a format that I could not compare/combine it with the other 5. From the available missing data from those 5 authorities, it would seem that of all of the children who have had missing episodes 30% are identified as being at risk of CSE. Using the same data from the same 5 LAs it would appear that only 12% of our CSE cohort have had a missing episode. This has decreased from 19% last Q.
- Despite an increase in the number of children identified as at risk of CSE following a missing episode, Barnardos (in 2011) identified that 50% of sexually exploited young people they worked with in 2009/10 went missing on a regular basis and the links between missing, CSE and gang involvement are well documented with figures suggesting that as many as 70% of children who are sexually exploited go missing². Greater Manchester’s “Its Not Okay” campaign suggests that 95% of their CSE cohort have been missing at least once. Some young people go missing because of the sexual exploitation and other are at risk of being groomed or targeted for exploitation because of their missing episodes. There are a number of hypothesis that could contribute to the much less significant correlation we are noting in the West Midlands; missing children at risk of CSE may still be have been classified as absent therefore episodes are not being identified in missing figures, carers are not reporting children missing on some or all occasions, children are not being correctly identified as at risk of CSE after their missing episode. These issues will be explored in the regional missing and absent workshop to ensure a consistent and effective response to missing children. This figure will be monitored.
- This quantitative return is unable to tell us any detail about the way in which a child has been exploited for example on street/online, peer to peer, organised group/gang or boy/girlfriend model. Anecdotally and through discussions with CMOG chairs and CSE co-ordinators it is identified that online grooming and exploitation through the use of social media, gaming and other online forums is prevalent and growing.
- In all cases the current identified cohort “at risk” of CSE makes up no more than 0.7% of the child population of the authority area, this is slowly rising as overall numbers of children identified increase. This is an increase again from Q3, which highlights on going improvements in identification of young people at risk of CSE.

Offenders:

² R.Sturrock & L.Holmes (July 2015) “Running the Risks” Catch 22; OCC inquiry into gangs and groups;
E.Smeaton (July2013) “Running from Hate to What you think is Love”

- West Midlands Police are currently aware of 436 suspected CSE offenders, of whom 23 were newly identified in Q1. The increase in numbers in this quarter is in part due to a change in reporting capability. There are challenges around the reporting of suspected offenders, who may be recorded for crimes that have no direct reference to CSE, although are part of wider disruptive and pursuit activity in relation to CSE investigations. As we improve identification of victims we expect to see improvement in our identification and pursuit of offenders. There has been an increase in numbers which would suggest this, but we would need to see this sustained over a longer period of time using the same reporting method to evidence any correlation of significance. There are currently 59 complex investigations on-going.
- Ethnicity data is not sufficiently detailed to give a clear analysis of ethnicity profile within the offender cohort.
- Over the last 3 months a variety of 'pursue' methods have been utilised to tackle the offenders of CSE. In relation to prosecution, 12 charges have been achieved, 4 arrests have been made and 1 case is currently awaiting CPS decision. There have been two Sexual Risk orders achieved which are the most commonly used Civil option and 15 Child Abduction Warning Notices have been served, these are vital disruption tactics and form part of the wider evidence base against a perpetrator. 3 child disruption notices have been served.

Locations:

- Any location could be vulnerable to the potential for CSE activity, anywhere there are children or anywhere hidden and inconspicuous. This is why it is so important to raise awareness within the community of signs and warning indicators to look out for. With the increase of online activity and grooming, historically safer places can now contain risk as children may have significant unrestricted time with internet enabled mobile, computer and gaming devices for example in education settings and their own homes.
- There are some locations that are more frequently identified than others and approximately 170 locations across the west midlands metropolitan region have been identified to be considered for disruptive action as a result of intelligence or information about activity relating to CSE. Hotels are the most represented followed closely by commercial businesses and residential properties.

NB. Location information is sensitive and any detail that may be identifiable will not be disclosed to ensure that on-going pursue or investigative action is not compromised.

- Child Exploitation and Missing Operational Groups (CMOGs) continue to use a multi- agency approach to gathering intelligence and directing disruption tactics. There are now clear examples of where information and intelligence sharing between partner agencies and the Police has led to direct action to protect a child and disrupt offenders.

- Coventry CSE Team have been able to utilise mapping activity to improve identification of children who may be at risk of CSE. A strategic leadership group is called to have strategic leadership and direction over complex cases and this has ensured partnership working is effective and that resource gaps can be identified and responded to in order to provide a proportionate response to identified risk.
- Sandwell has the commissioned provider for missing welfare return interviews sitting in the CSE team. The intelligence sharing following these incidents is enabling improved identification of networks of young people which includes those who are at risk of CSE.

What is different this quarter?

Although there is some variation in the numbers, the data is still fairly consistent with what was reported last quarter. We now have 12 months of data and have seen numbers continue to rise, the rate differs between LAs. We continue to train and raise awareness with professionals and the community. Recording and tracking of cases is becoming increasingly accurate and we will continue on this journey considering how we look behind the numbers to understand the experiences of these children and how to best meet their needs.

So if the numbers have gone up over a short time period then things are getting worse?

No, because ultimately we want to see increased reporting and identification of young people earlier and a reduction in the number of those at highest risk due to increased understanding of what is an effective intervention. The picture is a fluid one as there will be constant changes in the cohort of young people as they move up and down the risk categories, in and out of areas or reach adulthood. However it is a positive picture that a significant number of the cohort are in the lowest category of risk, this needs to be tracked over time but suggests that we are beginning to identify and respond early. We know that it can take a long time for children to identify as a victim, disclose and begin their recovery but ultimately we want to see a long term trend of those at highest risk reducing. We are seeing a percentage reduction, albeit very slight this quarter, and will continue to track whether this is sustained and look behind the numbers to understand what is working to reduce this risk.

CMOGs are working hard to disrupt offender activity and identify themes and trends, and agencies are working hard to safeguard and protect young people, but we still have some way to go with our communities to tackle the underlying attitudes and beliefs that contribute to CSE which will eventually result in a sustainable reduction in prevalence of this problem. There are some good examples of community work taking place but we need to ensure that this is embedded, sustainable and consistent across the WM.

What about the variations across the region?

These will continue to be assessed by us regionally and locally. We are very clear that all parts of our region are facing this threat and need to work together to combat it. Many perpetrators of CSE operate beyond local boundaries and some victims get trafficked across the region and beyond. We recognise there is more to do in particular in ensuring a consistent level of response to episodes of children going missing and to information sharing cross borders and there are work streams looking at this particular issue and how to improve. There are robust systems in place to accurately record and report on the numbers of “significant” and “serious” risk children as they currently receive a statutory response. Those young people identified as “at risk” may not require a statutory response and may be receiving appropriate alternative support services in accordance with their level of need. Work is on-going to develop recording and reporting capability for this cohort therefore whilst the numbers give an important and relevant insight into the impact of awareness raising activity and scale; direct comparisons between Local Authorities are unlikely to be accurate

Why concentrate so much on CSE when there are much bigger numbers of children at risk of familial abuse and neglect?

It is true that the overall numbers of children at risk of CSE are relatively small compared to wider problems of abuse and neglect. But we are absolutely clear that the hidden nature of CSE, the extent of the harm experienced by victims, and public concerns about the growing threat of online activity and inappropriate sexual "norms" for young people, makes this work an absolute priority.

So what have you actually done to combat this threat?

- **Regional Accountability** – The regional CSE co-ordinator and implementation officer report into the Preventing Violence Against Vulnerable People Board chaired by Solihull LA Chief Executive and Assistant Chief Constable Carl Foulkes to support Safeguarding Boards’ leadership of local arrangements because this is a “cross-border” threat. Each LA also has a strategic CSE sub group that ensures action plans and strategies and are effective and having the relevant impact on operational practice.
- **Operations Groups (CMOGs)** - are central in tracking and pursuing offenders and supporting victims, driven by a core team of; a senior police investigator and key decision-makers from Children’s Services, NHS, voluntary & community sector, youth services, probation, licensing and others.
- **Prevention** –this quarter we have met with voluntary sector providers to discuss prevention initiatives, share best practice and develop the resource on challenging unacceptable behaviours. There has been ongoing partnership work within the local authorities to raise awareness within the night time economy and hospitality industry which has led to examples of intelligence being shared and reports being made. We continue to develop resources for and deliver training to taxi drivers, hotels and other licensed premises across the region. Solihull and Coventry have each delivered to over 1000 drivers, nearly all of those who hold licences, this is now mandatory training for Coventry drivers and will soon be for Solihull. Wolverhampton and Dudley have also started roll out.
- **Voluntary Sector** – Key voluntary sector partners are engaged in specific projects in some of the local areas to target; the night time economy, engaging

with the BME community, work with young men, the impact of pornography and continue to work with some of our most high risk young people.

- **Protection** – In addition to the ongoing processes of multi-agency safeguarding we have been raising awareness of the Modern Day Slavery Act 2015 and the use of the National Referral Mechanism as a safeguarding measure for Children who have been trafficked for the purpose of Child Sexual Exploitation, as part of the Police Sentinel campaign and the See Me Hear Me regional campaign.
- **Justice** – Police are working hard to secure Sexual Risk Orders and other civil interventions against suspected perpetrators. We engage with licensing to close venues or amend licence conditions and there are a number of on-going criminal investigations but we are engaging with the CPS and the judiciary to ensure that we get as many cases as possible through to prosecution.
- **Campaign** – www.seeme-hearme.org.uk is about to launch a fresh part of the campaign using digital advertising to reach young people through the platforms that they use. We will also be outdoor advertising in strategically planned locations across the region. We have an active social media presence on facebook and twitter. Twitter –‘SEEMEHEARMEWM Facebook – www.facebook.com/SeeMeHearMeWM

Who do I contact if I have any concerns about a child or young person at risk of CSE?

You should expect an immediate and supportive response from any of the professional agencies involved in this work - whether a teacher, GP, social worker or youth worker. But if you don't know anyone to contact please get hold of West Midlands Police on 101, Barnardo's on 0121 359 5333 or any of the services listed on www.seeme-hearme.org.uk

July 2016

**West Midlands Operations Groups' Data on young people at risk of CSE by Local Authority
Area: April - June 2016**

BIRMINGHAM	
273 young people at risk	<i>Risk Level</i>
<i>Breakdown:</i>	66 - Serious Risk (24%)
232 -Female (85%)	79 -Significant Risk (29%)
41 -Male (15%)	128 - At Risk (47%)
Age range 11-17	0 -Awaiting Risk Classification
<i>Ethnicity</i>	
White UK - 125 (46%)	
White Other - 9 (3%)	
Irish - 1 (0.37%)	
Asian Other - 10 (4%)	
Bangladeshi - 3 (1%)	
Indian - 4 (1%)	
Pakistani - 34 (12%)	
Black Other - 2 (1%)	
Black African - 6 (2%)	
Black African Caribbean - 20 (7%)	
Gypsy Roma - 2 (1%)	
Mixed Parentage Other - 11 (4%)	
Mixed Parentage White/Asian - 7 (3%)	
Mixed parentage White/Black African - 0 (%)	
Mixed parentage White/Black Caribbean - 17 (6%)	
Other - 34 (12%)	
Information not yet obtained - 16 (6%)	

NB: It must be noted that there are robust systems in place to accurately record and report on the numbers of “significant” and “serious” risk children as they currently receive a statutory response. Those young people identified as “at risk” may not require a statutory response and may be receiving appropriate alternative support services in accordance with their level of need.

Work is on-going to develop recording and reporting capability for this cohort therefore whilst the numbers give an important and relevant insight into the impact of awareness raising activity and scale; direct comparisons between Local Authorities are unlikely to be accurate. Whilst any child may be a victim of CSE there may also be any number of other demographic variables that impact on the slight variation in prevalence in any one Local Authority area.

Coventry

245 young people at risk

Breakdown

199 - Female (81%)

46 - Male (19%)

Age Range 7 - 18+

Ethnicity

White UK - 185 (75%)

White Other - 12 (5%)

Irish - 0

Asian Other - 3 (1%)

Bangladeshi - 1 (0.5%)

Indian - 5 (2%)

Pakistani - 1 (0.5%)

Black Other - 0

Black African - 6 (2%)

Black African Caribbean - 2 (1%)

Gypsy Roma - 4 (2%)

Mixed Parentage Other - 26 (11%)

Eastern European - 0 (%)

Information not yet obtained - 0

Risk Level

16 - Serious Risk (7%)

66 - Significant Risk (27%)

163 - At Risk (66%)

0 - Awaiting Risk Classification

% of identified young people at risk of CSE against population of 0 - 17 year olds (taken from ONS census data 2013)

Across All Risk Categories:

Coventry 0.7%

Sandwell 0.4 %

Solihull 0.4%

Dudley 0.3%

Wolves 0.3%

Bham 0.2%

Walsall 0.2%

Significant & Serious Only:

Cov 0.2%

Bham 0.1%

Sandwell 0.1%

Wolves 0.07%

Dudley 0.07%

Solihull 0.06%

DUDLEY**99 young people at risk****Breakdown:**

89 - Female (90%)

10 - Male (10%)

Age Range 11 - 17

Risk Levels

10 - Serious Risk (10%)

13 - Significant (13%)

76 - At Risk (77%)

0 - Awaiting Risk Classification

Ethnicity

White UK - 88 (89%)

White Other - 2 (2%)

Irish - 0

Asian Other - 0

Bangladeshi - 0

Indian - 0

Pakistani - 2 (2%)

Black Other - 0

Black African - 0

Black African Caribbean - 0

Gypsy Roma - 0

Mixed Parentage Other -

Mixed Parentage White/Asian - 1 (1%)

Mixed parentage White/Black African - 1 (1%)

Mixed parentage White/Black Caribbean - 5 (5%)

Other - 1 (1%)

Information not yet obtained - 0

SANDWELL**161 young people at risk****Breakdown:**

143 - Female (89%)

18 - Male (11%)

Age Range 8 -18+

Ethnicity

White UK - 11 (69%)

White Other - 8 (5%)

Irish - 1 (1%)

Asian Other - 3 (2%)

Bangladeshi - 0

Indian - 3 (2%)

Pakistani - 5 (3%)

Black Other - 0

Black African - 4 (2%)

Black African Caribbean - 6 (4%)

Gypsy Roma - 0

Mixed Parentage-14 (9%)

Other - 3 (2%)

Information not yet obtained - 3 (2%)

Risk level:

15 - Serious Risk (9%)

29 - Significant Risk (18%)

69 - At Risk (43%)

48 - Awaiting Assessment (30%)

N.B MASE pending & awaiting classification

SOLIHULL

87 young people at risk

Breakdown:

78 (90%) - Female

9 (10%) - Male

Age Range 12 - 18+

Risk Level:

4 - Serious Risk (5%)

10 - Significant Risk (12%)

58 - At risk (69%)

15 - Awaiting Risk Assessment (18%)

Ethnicity

White UK - 72 (83%)

White Other - 1 (1%)

Irish - 0

Asian Other - (%)

Bangladeshi - 0

Indian - 0

Pakistani - 0

Black Other - 0

Black African - 0

Black African Caribbean - 2 (2%)

Gypsy Roma - 0

Mixed Parentage Other - 9 (10%)

Other - (%)

Information not yet obtained - 1 (1%)

Chinese - 1 (1%)

WALSALL**50 young people at risk*****Breakdown:***

43 - Female (86%)

7 - Male (14%)

Age Range : 9 - 17

Risk level:

4 - Serious Risk (8%)

12 - Significant Risk (24%)

34 - At Risk (68%)

0 - Awaiting Assessment

Ethnicity

White UK - 37 (74%)

White Other - 0

Irish - 0

Asian Other - 0

Bangladeshi - 0

Indian - 1(2%)

Pakistani - 2 (4%)

Black Other -

Black African - 1 (2%)

Black African Caribbean - 4 (8%)

Gypsy Roma - 0

Mixed Parentage - 2 (4%)

Eastern European - 3 (6%)

Other -

Information not yet obtained - 0

WOLVERHAMPTON

80 young people at risk

Breakdown:

61 - Female (76%)

19 - male (24%)

Age Range : 9 - 18

Ethnicity

White UK - 36 (45%)

White Other - 5 (6%)

Irish - 0

Asian Other - 1 (1%)

Bangladeshi - 0

Indian -

Pakistani -0

Black Other - 0

Black African -

Black African Caribbean - 1 (1%)

Gypsy Roma - 0

Mixed Parentage Other - 7 (9%)

Eastern European - 1 (1%)

Other - 0

Information not yet obtained - 29 (36%)

Risk level:

9 - Serious Risk (11%)

11 - Significant Risk (14%)

33 - At Risk (41%)

27 - Awaiting Assessment (34%)