



Report to Children Young People and Families Scrutiny Committee on 10th December 2018

Report of: Gail Gibbons – CEO Sheffield Futures

Subject: Sexual Exploitation Service Annual Report 2017-2018

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Summary:

The work of the Sheffield Child Sexual Exploitation Service and Alexi project is identified in the attached Sheffield Sexual Exploitation Service (SSES) Annual Report for the period 2017 -18. Key elements of the report identify the service user population for the period and key achievements which impact positively on young people accessing the service. The report also identifies key priorities for 2018 – 19.

Type of item:

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Community Assembly request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	✓
Other	

The Scrutiny Committee is being asked to:

- Receive the Annual Report and note its content
- Comment on and/or seek clarification on any issues raised

Background Papers:

Sheffield Sexual Exploitation Service Annual Report 2017-2018

Category of Report: OPEN

These reports are provided to enable discussion on:

- Progress, achievements and challenges in 2017/18
- Overview of work 2017/18
- Priority areas for 2018/19

Sheffield Sexual Exploitation Service

Sheffield Sexual Exploitation Service (SSES) is a co-located Multi-Agency Service responsible for tackling Child Sexual Exploitation (CSE) in Sheffield. The service works with children and young people experiencing or who are at risk of sexual exploitation who are age 18 and under, and some over 18s dependent on need.

Over the past year the service has continued to grow and work more holistically to support children and young people who are being exploited and to prevent young people from being exploited where they are presenting with CSE risk factors. Whilst we are making headway in relation to early identification of CSE, it remains everybody's responsibility to ensure that they understand the signs of child sexual abuse and to be aware of the referral pathways to safeguard these children and young people, many of whom are vulnerable and have a range of complexities.

In February 2017, The Government introduced new guidance for practitioners working with victims of Child Sexual Exploitation (CSE) and published the following revised definition:

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology. (Child Sexual Exploitation - Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation, DfE 2017)

Service User profile 2017/18

A total of **148** referrals received between 1st April 2017 and 31st March 2018

- A slight increase of 5% on the 2016/17 total of 141
- 45% were allocated to the Sexual Exploitation Service, 47% were allocated to Community Youth Teams for CSE early intervention/prevention work; an increase on the past 2 years; 2016/17 – 36.2%, 2015/16 – 42.6%
- 7.4% were already being supported by another agency or they moved out of city (they were referred on to the local CSE service wherever possible).
- The main referrers into Sheffield Safeguarding Hub (SSH) for CSE are Social Care 50%, Police 16.9%, School or College 10.8%, Parent/carers 6.1%, MAST 4.7% and Health 4.7%. The remaining 6.8% were from Permanence and Through Care, Children's Home, Housing, and Community Youth Team
- **Age** - the peak age of referrals is 15 with 30.4% of the total; the peak age in 2016/17 was age 16 with 30% of the total. Age 16 has fallen in 2017/18,

19.6% of the total. There are % differences across all the other ages but nothing significant

- **Gender** - 90% were for females. In 2016/17 the gender split was 98/2 whereas in 2015/16 the total females was 92%, again nothing significant
- **Ethnicity** - the majority of the referrals are White British with 66.2% of the total referral which is slightly lower than the 77% in 2016/17
- **Area** - there has been a significant drop in the West area referrals, 23% in 2017/18 compared to 37.6% in 2016/17 and the same in 2015/16. East is the same as 2015/16 38.5% but slightly higher than 2016/17, 31.2%.
- **LAC** - Of the 148 referrals in 2017/18, 18.9% are LAC which is double the 9% in 2016/17 and slightly higher than the 14% in 2015/16. A large proportion of these were living in residential care than in the previous years.

Key Achievements in 2017/18

- 1180 professionals have been trained across the city to recognise the signs of CSE.
- 388 young people have participated in education sessions aimed at teaching young people about the risks of CSE and how to help themselves and/or their friends if they believe they are in an exploitative situation.
- 18 parents have accessed parents sessions aimed at providing them with information to keep their children and communities safe from the harm caused by CSE, and how to seek help and support
- The Alexi Project ended in March 2018 after 3 years – Sheffield Futures, Safe and Sound and Link to Change formed a ‘super hub’ and jointly funded a Participation Development Worker and through shared resources, expertise and academic research, the ‘Live, Learn, Survive’ resource was developed and launched at an event to delegates around the country with workshops to demonstrate how the free resource is intended to be used with young people in the context of participation.
- The Transition Worker post completed in June 2018 identified a range of new organisations and the need for the development of pathways with adult services to ensure young people reaching 18 and beyond was supported through transitions into adult services across health, education, social care, etc.
- The Specialist Nurse role has been promoted so that wider health services can contact and discuss any cases / concerns linked to CSE and they are given guidance about making referrals via the Safeguarding Hub.

Developments in 2018/19

- The SSES service will co-locate with the Missing Children Team - based in Youth Justice Service (YJS). This will ensure that the SSES service and other partners – specifically South Yorkshire Police, social care, health and YJS, are working together robustly to keep children safe, in line with best practice nationally. These services will be based on Floor 2 of Star House.
- Funding from the Sheffield Adult Safeguarding Partnership has been secured to employ a vulnerable young adult sexual exploitation worker specifically to meet the needs of 18 – 25 year olds. This will also include awareness raising and training for professionals across the city.

Priorities for 19/20

- Integrate the Missing Children Team and SSES to ensure that the city provides a robust safeguarding approach to children and young people with multiple risk factors and vulnerabilities and incorporating/linking other pathways; Harmful Sexual (HSB) Behaviour and Criminal Exploitation Team (CET).
- The SSES Operational Group membership and objectives have been reviewed and an updated Terms of Reference, a change of name to Vulnerable Young People's Operational Board (reporting to the Vulnerable Young People's Strategic Board) and a new Action Plan incorporating all the vulnerable young people services SSES, Missing Young People, HSB and CET has been developed; this will be reviewed and evaluated at both Operational and Strategic Board
- Work with the SSCB to further develop an 'adolescent contextual safeguarding' approach to protecting children and young people within their social spaces and wider community as well as their family environment.