



0219 SCR Lauren

GSCE Response to the findings and recommendations Dec 2020

1. The importance of an effective professional response to the sexual abuse and exploitation of children (those under 18)

Recommendation 1: The Gloucestershire Safeguarding Children Executive (GSCE) needs to ensure that action is taken to address:

- Where early help plans are deemed an appropriate response to the early signs of sexual exploitation. That the sexual exploitation itself is addressed directly and not just focussed on addressing family difficulties or programmes designed to educate young people.
- Ensure that there is a process in place whereby all children who are subject to a CiN plan or CP plan because of sexual exploitation have a disruption plan in place which would be incorporated into these wider plans.
- In cases of sexual exploitation nationally there are well documented concerns about the engagement of vulnerable, traumatised and abused young people in action to address their abuse. The causes for this are well known and should not be automatically focussed on a failure in the young person. Professionals need to be supporting young people, addressing their fears and reluctance, alongside recognising their capacity. This should be a routine part of the early help/child in need/child protection planning and discussion process.
- There were considerable concerns that the vast majority of professionals working with Lauren struggled to avoid victim blaming language which implied choice and control. Some professionals went further and actively implied “promiscuity”. All seemed to lose sight that she was a child with a learning disability who was being exploited. This remains a national and local issue which the safeguarding partners will need to consider how best this can be addressed; The Children’s Society and other agencies have produced guidance about language. This is not a solution because this is about attitudinal change, but might be a helpful starting point

Response to Recommendation 1:

- From a GCC Children’s Services perspective, there is a clear expectation, in accordance with statutory guidance, child protection procedures and local thresholds, that any evidence of actual or likely significant harm of abuse as a result of sexual exploitation will result in a statutory social work single assessment, strategy discussion and section 47 enquiries. Whenever Early Help practitioners identify the risk of likely or actual sexual exploitation this will be screened using the agree screening tool and escalated. Since contextual safeguarding focuses on the risk that young people experience beyond their families within their neighbourhoods, schools and on line for example, focusing on family issues alone is insufficient in isolation to whatever else is going on for the child. Likewise, focusing on programmes to educate young people in isolation from taking statutory safeguarding practice may unhelpfully convey that if only the young person could be more educated about sexual exploitation they would be safe. This takes insufficient account of the risk that adults pose through grooming and exploitative behaviours and fails to address the need for disruption

- CIN and CP Planning with children where there are concerns about sexual exploitation will include a disruption plan as well. Recent changes to the CIN review process have strengthened the opportunity for managerial oversight and for CP Planning this is subject to review by the Child Protection Conference Chair. Reminder communications have been sent and future quality assurance audits, reviews and dip sampling will test compliance and impact. Whilst there has been no mention of the High-Risk Planning Meetings (HRPM) process for children in care this has also been highlighted as a requirement.
- Any programme, plan or approach to educate or support a child victim or survivor of sexual exploitation will acknowledge the inherent risk of causing further harm through re-traumatising the child as a result of them re-living their experiences and fears. The focus on promoting relational practice is key to develop the necessary rapport and building trusting relationships. In line with the previous point, Team Managers and Child Protection Conference Chairs are responsible for reviewing support and intervention to ensure programmes, plans and approaches are appropriate to meet the child's needs.
- Children's Services has recently commissioned the services of the National Working Group (NWG) and is using their resources, which benefits from models of national best practice, to provide an update and refresh of ways of working, including the use of non-victim blaming language. This was also a feature of the recent Children of Concern in the Community report. Children's Services has also signed up to be part of a Missing Pilot with the Children's Society in association with the NWG to test how effective local practice is in respect of missing and return interviews.

In addition to the above, Children's Services and the Gloucestershire Constabulary are exploring options to review the joint Exploitation Team to ensure that joint resources are appropriately deployed and used to strengthen practice, approaches and pathways for a more bespoke offer. The outcome of the preliminary planning and exploration which is currently underway will come together in Spring 2021.

Gloucestershire Health Trusts are committed to keep the focus on the experience of the child. The use of language and language used in record keeping is considered within the revised 'Level 2 children's training and 'Record Keeping' training and will commit to the promotion of GCC Young ambassadors 'Language that cares' campaign through 2021.

Within the Trusts this raises the issue of consent in individuals of reduced capacity, and the importance for health professionals in taking the core principles of assessing consent and capacity into all assessments, including for individuals with learning difficulties/disabilities. There is a continued need to promote across the Trusts the need to consider the 'unthinkable' in assessment and effective assessment needs best practice information sharing from other (especially community based) agencies.

There is no CSE category recorded on CiN or CP plans, the reason for this is that generally no child is put on a plan because of CSE. CSE is usually not the only issue and the significant reason for the plan is emotional/neglect/physical due to other factors. It would therefore not be possible to check whether there are or aren't disruption plans in place for cases where CSE is a factor. In addition to this, the CSE team are not informed of every child on a plan in which CSE risk is a factor. A child may be at risk of CSE by virtue of multiple ACEs due to family circumstance but no actual exploitation has taken place and therefore there would

be a safeguarding plan but not a disruption plan. What we will do is continue to reinforce the need for CSE screening tools to be submitted by social workers for all children (including those on plans) where CSE risk is identified. Any screening tool received that identifies possible perpetrators will receive consideration of safeguarding and disruption toolkit. This information is recorded on the enquiry and liquid logic where appropriate.

2. The importance of recognising the specific needs of disabled children and young people and responding appropriately.

Recommendation 2: The GSCE should ask core agencies involved with Lauren to undertake an Equalities Impact screening of their current service offer to assess the extent to which it effectively addresses the needs of learning-disabled children and young people not known to specialist services.

Response to Recommendation 2

GCC CSC has already embarked upon improvement activity to strengthen its practice in this area. The recent CIN Census return revealed that the codes for reporting disability contained within the electronic recording system were not sufficiently comprehensive and this is being addressed to improve the functionality of the system.

There is also a screening exercise to review provision for disabled children and young people, including learning-disabled children and young people, known to Children's Safeguarding and Care but not allocated within the specialist Disabled Children & Young People's Service (DCYPS). This screening exercise will help to determine whether the existing service offer effectively addresses the needs of all learning-disabled children and young people even if they are not allocated within the specialist DCYPS.

Gloucestershire Health Trusts are confident that all service delivery, policy and procedures are subject to robust equality impact assessment as a standard process. The current impact assessments need to be scrutinised regards the specific needs of learning disabled children and YP not known to specialist services.

Further action: Safeguarding Children Strategic Health Group to collectively undertake a review of assessments regards equality impact assessment and their inclusion of learning disabled children and young people, this must incorporate Sexual Health Services.

Recommendation 3: The GSCE may wish to develop guidance regarding best practice in working in a child centred way with children and young people with learning disabilities who receive services from non-specialist agencies.

Response to Recommendation 3

GCC CSC has progressed a number of initiatives to address the needs of all vulnerable children and young people whilst undertaking visits, assessments and direct work, including:

- Essentials 2.0 Programme
- Practice Fundamentals Tool

- Engagement Champions in each team to promote direct working tools and approaches
- Visiting Pack
- One-page profile

All of the above are aimed at establishing clear expectations about what good practice looks like when working in a child centred way, including with children and young people with learning disabilities.

The DCYPS is being targeted as a pilot service for the use of electronic tablets with disabled children and young people to promote communication and direct work skills.

Gloucestershire's Health Trusts support all work that is specific to those YP with disability / SEND. However the Trusts are conscious that it is not clear about what information and guidance is currently available within the Trusts and the wider partnership. Further work is needed with Learning Disability and SEND services involving those working directly with children (health and social care) to set out best practice approach that can be applied across the Trusts. In addition work is needed to clarify current practice & NICE guidelines in place with CAMHS/children with disabilities within Gloucestershire Health and Care for sharing across the partnership. Added to this the county needs an agreed process whereby Learning Disability is confirmed for adolescents, as this has many important consequences. There currently is not an agreed process between health and education in the county.

Further action: Safeguarding Children Strategic Health Group to follow up on activity with GHC, LD and SEND services during 2021 and feed back to the QiiP on progress against action.

Recommendation 4: The transition planning from children to adult social care services was not effective. It is not clear if this was just an issue for Lauren or there are wider concerns about transition planning. The GSCE should seek further information to evaluate what action needs to be taken in this area.

Response to Recommendation 4

It has been established that transition planning is not always as effective as it needs to be for all children requiring on-going support as they turn 18 years of age and become young adults. As a result, Children's and Adult Services have worked collaboratively to develop a new 'Preparing for Adulthood Strategy' which addresses the joint issues regarding transition planning. The draft Strategy is currently awaiting formal sign off and approval but it does recommend a Transition Panel to bring all relevant parties together in a timely way to agree joint arrangements in advance of a child's 18th birthday.

Gloucestershire Health Trust support and engage in partnership work specific to those YP with disability / SEND. From a health perspective transition planning takes place between child and adult health / mental health services but acknowledge that there are varying degrees of success on a case by case basis. Gloucestershire Hospitals Trust has a Transition Policy for clinical transitions using the 'Ready, Steady, Go processes'.

3. Recognising, assessing and responding to adolescent neglect

Recommendation 5: The GSCE needs to assure itself that the planned refocus on the GSCB Neglect Strategy, procedures, single agency training and multi-agency training programme results in demonstrable improved outcomes for children living in neglectful circumstances.

Response to Recommendation 5: The GSCE has set up a Neglect working group under the Quality and Improvement in Practice (QiiP) subgroup. The working group have reviewed and monitored the launch and landing of a Neglect toolkit for the partnership. During September and October 2020, the GSCE undertook a Neglect Audit to understand and test the partnerships understanding of neglect and its ability to respond. The Audit Report is due to be submitted to the Neglect Working group for consideration and a paper to the QiiP in December 2020

S11 Assurances that staff are undertaking safeguarding training appropriate to their roles and that key identified themes are prioritised including training to ensure confidence and competency in the use of specific safeguarding toolkits

Gloucestershire Health Trusts have a key partner in the Neglect Working group and support a review of the Neglect Strategy that encompasses adolescent neglect. In October 2019 the counties GP Forum focused on neglect and CSA. And within the Trusts findings from safeguarding reviews continue to be shared at safeguarding supervision. Level 1 & 2 training packages are regularly reviewed to incorporate new learning and recommendations. Specialist Safeguarding Children Nurses being intrinsic to the neglect training delivery, with a commitment to maintain that footing. The Trusts Section 11 report for 2020 highlights Neglect training as a key priority within the Trusts with Specialist Safeguarding Practitioners encouraged to raise the profile of adolescent neglect and indicators of neglect as part of the Neglect Training programme, along with a continued focus on the promotion and use of the Neglect tools available through the GSCE.

Further Action: QiiP Neglect Working Group to report back to the GSCE in 2021 on progress across the partnership with a partnership maintained focus on neglect for 2021.

4. Understanding Relational and Developmental Trauma; the importance of professional recognition that this causes increased vulnerability to children and negative impact on children's lives

Recommendation 6: Multi-agency partners of the Gloucestershire Local Safeguarding Children Board (GSCB) have already made a commitment to a trauma informed and restorative approach to practice, informed by the learning from ACEs. The findings from this review of Lauren's circumstances needs to inform the ongoing development of a trauma informed approach and the GSCE should satisfy themselves that this would make a difference to the service response to young people like Lauren.

Response to Recommendation 6:

As part of the GCC Children's Transformation Programme, Children's Social Care have commissioned the roll out of an ACEs aware Trauma Informed Model of Care (TIMOC). This is being led by Dr Ana Draper and associates and is already being rolled out as part of the mobilisation of Trevone House, a new specialist residential provision for older children in care and care leavers aged 16 – 25-year olds in Gloucester. The TIMOC will eventually be rolled out across the whole of the workforce and, as a result of match funding from the DfE,

it will also be possible to train key partners too. This will mean that there will be a consistent TIMOC within the safeguarding partnership.

Gloucestershire Health Trusts concur that there has been a huge amount of work and training to ensure that staff are ACE aware with an example in Gloucestershire Hospitals Trust of an ACE 'pilot' project in place through 2020 coupled with training sessions on Aces offered by the Trust over 2019 and 2020. GHT have ran a pilot within antenatal care to look at factors that make it a complex task for health professionals to assist new/ 'soon to be' parents with addressing ACEs factors in their lives, for the benefit of the infants future.

Gloucestershire Trusts collectively need to understand how they make this work practical, within short appointments, clinic settings and planned and unplanned attendances. And therefore, how we know that there is an impact for children and families.

5. Dealing with professional disputes and differences of opinion in ways that put the child and young person at the centre.

Recommendation 7: The GSCE to undertake work to promote the role of escalation in partnership working in the context of respect and mutual understanding of others' roles and responsibilities. There should be a focus on restorative practice principles that foster and enhance partnership working and a culture where respectful professional challenge is productive and welcomed as the voice of a 'critical friend'.

Response to Recommendation 7: Escalation remains a priority for the Board and is part of a detailed and robust programme of challenge and assurance with all partners. Awareness seminars have been delivered across the partnership with more recent Webinar available in 2020 as part of the training curriculum. Escalation is a focus for the GSCE Delivery Steering Group and the foundation of a Task & Finish Group instigated in 2020 by the GSCE.

Following the 'Children of Concern in the Community' report that was recently presented by the interim Director of Children's Safeguarding and Care to the GSCE Delivery Board and Executive it was agreed that a small group of strategic safeguarding partners would form and meet on a regular basis to:

- Identify children of concern
- Share information and confirm the nature and level of concern
- Create a safe forum within which to offer professional challenge and support
- Work together to problem solve identified multi-agency partnership issues
- Agree clear lines of communication to clarify and confirm key messages
- Provide advice, guidance and direction to front line practitioners and teams

The safeguarding partnership representatives were discussed at the Executive meeting and are Gail Hancock (GCC CSC), Arman Mathieson (Police), Imelda Bennett (CCG/Health) and Wendy Williams (Integrated Commissioner CCG and GCC).

Associated with point number 5, it is entirely possible that the partnership group outlined above could be asked to review specific children of concern and related partnership issues prior to any disputes and difference needing to be escalated.

6. The operation of routine support and safeguarding processes for Lauren

Recommendation 8: The GSCE will need to be assured that the current improvement plan for Children's services delivers change that will make a difference to children like Lauren and this this work is being done alongside multi-agency partners as critical friends.

Response to Recommendation 8:

The Children's Services Accelerated Improvement Plan (AIP) is refreshed by the interim Director for Children's Safeguarding and Care and reviewed on a monthly basis by the independently chair Improvement Board. Membership of the Improvement Board includes the GSCE Chair. The most recent Board convened in November 2020 considered the refresh of the AIP following the recent Ofsted Focus Visit which concluded on 8 October 2020. The Ofsted Focus Visit letter was published on their website on 20 October 2020.