

Merseyside Multi Agency Protocol

Child Sexual Exploitation

2016 – 2017



Merseyside Multi-Agency Protocol to reduce harm caused by Child Sexual Exploitation (CSE)

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1. Introduction

This protocol sets out a multi-agency procedure for tackling child sexual exploitation across Merseyside.

The protocol details how through the multi-agency child sexual exploitation meeting, here after known as **MACSE**, we can reduce the harm posed to children and young people from child sexual exploitation.

What is child sexual exploitation?

Sexual exploitation is child abuse and children and young people who become involved face huge risks to their physical, emotional and psychological health and well-being.

The nationally agreed definition of child sexual exploitation which will be utilised across Merseyside is:

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' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, attention, gifts, money) as a result of them performing, or others performing on them, sexual act or 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/child 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 child's limited availability of choice resulting from their social/economic and/or emotional vulnerability"

Why do children and young people become involved?

The common issues and reasons can be due to a number of factors including a child's low self-esteem and a poor self-image.

Young people who run away from home are recognised as being more at risk of being targeted as a victim of sexual exploitation.

Vulnerabilities are identified and targeted by the abuser, whether the child is living with their family, looked after, away from home or they have run away.

It is often the case that children and young people do not perceive themselves to be victims, as they consider they have acted voluntarily. The reality is that their behaviour is not voluntary or consenting.

2. Aims and Purpose

This protocol does not replace, supersede or singularly address child sexual exploitation. The protocol should always be followed in conjunction with the current safeguarding procedures and is meant to reinforce safeguarding and thus more comprehensively reduce the opportunity for further sexual exploitation of children.

The aims and purpose of the protocol procedures are to:

- To identify those at risk of being sexually exploited
- To apply pro-active problem solving to address the risks associated with victims, perpetrators and locations and ensure the safeguarding and welfare of children and young people who are or may be at risk from sexual exploitation
- To take action against those intent on abusing and exploiting children and young people in this way
- To ensure timely and effective interventions with children and families to safeguard those vulnerable to sexual exploitation

This multi-agency protocol seeks to unify a process of recognition, risk assessment, referral and discussion amongst professionals utilising a single process and document set for all. This protocol aligns with local arrangements to safeguard children, and sets out a clear pathway by which to ensure all organisations unify to provide the best service possible for children and young people sexually exploited in Merseyside.

3. Multi- Agency Objectives

- Identify those who are at risk of being sexually exploited by sharing information at an early stage and assessing risk
- To carry out the CSE2 risk assessment according to a common framework and develop a MACSE plan for the child (see appendix)
- To address the risks associated with victims, perpetrators and locations by proactive problem solving
- To work collaboratively to ensure the safeguarding and welfare of children and young people who are being or are at risk of being sexually exploited
- To take effective action against those intent on abusing and exploiting children and young people in this way
- To provide early intervention to reduce the harm posed to children and young people
- To investigate, prosecute and disrupt perpetrators
- Promote positive physical and emotional health and well being of individuals identified as being at risk of child sexual exploitation
- To develop a shared picture of child sexual exploitation intelligence across Merseyside

4. The Multi-Agency CSE (MACSE) meeting

Child sexual exploitation takes place in local communities and information known to the full spectrum of statutory and voluntary sector agencies should be used to highlight the threat and establish and reduce risk. It is anticipated that an improved intelligence picture will enable effective action in a greater number of cases of child sexual exploitation, thereby reducing the harm that would otherwise be caused to the young victims and their families.

It is envisaged that a multi-agency child sexual exploitation meeting, (monthly as a minimum) otherwise known as MACSE meeting will provide the framework to allow regular information sharing and action planning to tackle child sexual exploitation across Merseyside.

The MACSE meeting will take place in each Basic Command Unit across Merseyside (i.e. Wirral, Sefton, Knowsley, St Helens & Liverpool).

Representatives from a broad range of statutory, voluntary and community sector agencies will contribute to the meeting.

The meeting will receive referrals of concerns of child sexual exploitation.

The meeting will consider each referral against intelligence held by the range of agencies represented at the meeting, and intelligence provided by additional agencies unable to attend meetings, but required to provide intelligence in every relevant case.

In the case of each referral, the CSE2 multi-agency risk assessment (appendix 4) will be reviewed and a MACSE plan will be developed, detailing the response to be provided by relevant agencies. If a CSE2 has not been received as part of the referral process, the risk assessment should be completed at the MACSE meeting.

The MACSE meeting will have the potential to call upon the diverse skills and experience available from amongst its members.

In conjunction with dealing with individual cases of child sexual exploitation, the meeting will be a forum for information sharing to increase the understanding of the threat posed by child sexual exploitation across Merseyside.

The MACSE meeting will not supersede safeguarding processes. The child's welfare is paramount the MACSE process will supplement safeguarding processes by contributing information gathered at the MACSE to meetings where the child's plan is being discussed.

5. MACSE Process and Terms of Reference

The Multi-Agency CSE Meeting (MACSE) will not supplant, replace or override current safeguarding procedures.

Where there are CSE concerns, the child should be referred to Children's Social Care immediately to ensure safeguarding procedures are commenced and a strategy meeting convened as is usual practice for safeguarding concerns. The MACSE process will run alongside the safeguarding process to ensure all information in relation to CSE is collated at a central point.

The Process

Any agency concerned that a child is at risk of CSE, should as per the flowchart at Appendix 1 refer their concerns to Children's Social Care in the relevant area (Links to local area contacts can be found at Appendix 5)

All agencies should detail their concerns on a CSE1 form (with the exception of the Police who will supply a VPRF1 form) and complete the CSE2 risk assessment form to the best of their ability before submitting to Children's Social Care in their local area (MASH/ CADT / CARELINE etc)

Children's Social Care will review the information supplied as per the normal safeguarding processes and will determine whether the criteria for a CSE strategy meeting has been met (see local processes for requesting a CSE strategy meeting)

Children's Social Care will in respect of ALL CSE referrals forward the CSE1 and 2 (where received) to the MACSE via local processes to for discussion at the meeting.

A multi agency decision should be made as to whether this would be an appropriate case for the MACSE meeting and a rationale clearly recorded for cases not progressing.

The MACSE meetings will be chaired by Merseyside Police (usually a Detective Inspector from the BCU) and will co-ordinate the multi agency response to each referral which should be captured in the MACSE plan. Good practice would be for the meeting to be jointly chaired by Police and Children's Social Care however a single chair is sufficient.

Administration support for the MACSE meeting will by local arrangement (see local processes)

See local processes for the distribution of meeting papers, notes, MACSE plans etc (Each Local MACSE to develop local processes)

This protocol is designed to enable the monthly MACSE meeting to convene to discuss nominees having initially consulted internally to establish the levels of existing intelligence held in respect of threats and risks posed to them ie via the MASH.

The protocol is designed to ensure that if AT ANY STAGE concerns are such that the child or young person requires immediate support from any agency, then the appropriate referral is made to instigate child protection procedures, as per the local safeguarding policy in that authority area.

The needs of children and young people who are being or are likely to be sexually exploited will change over time. Service responses need to be flexible to respond to these changes. Early intervention is essential to prevent escalation of harm and interventions will then be tailored to respond to the needs of the individual.

Key principles:

- All referrals to be reviewed by multi agency professionals and any discussions detailed.
- Any incorrect referrals not to be progressed should be noted as such and a rationale recorded.
- All referrals where there are concerns about CSE should be risk assessed (or the risk assessment reviewed) and a MACSE plan developed for the child on the CSE2
- Agreement to generate a CSE flag for a child should be agreed by multi agency partners
- The CSE2/ MACSE plan should be updated to reflect all multi agency involvement / interventions in relation to the CSE concern
- A summary of actions should be disseminated to all agencies within locally agreed timescales
- Cases will be closed to MACSE when it is deemed by multi- agency representatives that the CSE risk has been reduced to the child or child or it is agreed by the partnership that support is in place to manage the risks.
- The rationale for closing a case to MACSE should be agreed by the multi agency partners and the rationale for closure detailed on CSE2.
- Once a case is closed to MACSE, the complete CSE2/MACSE plan should be disseminated to all agencies involved with the child for recording on individual case management systems.
- In cases where the risk is not decreasing, this information should be escalated via the MACSE Chair to the Head of Children's Social Care Safeguarding.

Out of Area Looked After Children (including placements within Merseyside):

It is often difficult to ascertain which MACSE should discuss the case if a looked after child is placed outside of the host authority. This protocol directs that the case should be discussed by the MACSE where the **child is living**.

Cross border Concerns:

If the child crosses locality boundaries, information should be shared at the relevant MACSE (or equivalent if external to Merseyside) meetings via CSE1 and CSE2.

The primary responsibility for this child remains with the MACSE where the child lives until the transfer to another MACSE is agreed and the CSE1 and 2 shared. CSE2 should be updated to reflect the decision to transfer the case to a different MACSE.

Cases which cross several boundaries (ie: Sefton child, placed in Liverpool, experiencing CSE in Wirral) should be reviewed on an individual basis and the most appropriate MACSE meeting agreed between professionals.

If a child is open to one MACSE and transfers address, the CSE1 and CSE2 should be shared via the normal referral route (ie: front door of children's social care) for discussion at the relevant local meeting.

The Police representative on the MACSE which covers the address for the child is also responsible for making links with other relevant police force areas in order to share information appropriately.

Repeat cases to MACSE:

A repeat referral to MACSE is defined as a new CSE1 received – ie: a new CSE concern has been raised. This is also the case if the child is already open to MACSE.

If the MACSE determines that there are significant concerns about a child where the partnership activity has not negated the risk, the case should be escalated through local escalation processes.

Links with other concerns ie: MARAC / MARGG / Radicalisation / Trafficking etc

If there are concerns regarding any of the above issues, a referral should be made to via the relevant local pathways. CSE2 should be updated to reflect this referral.

MACSE Records:

It is imperative that all information brought to the meeting must be current and that sufficient time has been taken to recover the information in the appropriate format in readiness for the meeting. Delays in the presentation of information to the meeting or representatives attending un-prepared, may well increase risk.

Representatives will be responsible for the management, handling, storage and review of information provided to them by partners

This process will run in parallel alongside safeguarding processes and it is therefore important to emphasise that organisations must continue to apply themselves to their own organisation's policy in respect of CSE.

MACSE Membership:

The MACSE meetings will be comprised of statutory and voluntary and community organisations. Specified statutory organisations are mandated to attend and participate in the MACSE meetings, as below.

Mandatory contribution to MACSE Meetings

- Children's Services
- Police
- Education (to represent –Primary, Secondary, AEP, Special Schools)
- Probation
- YOS / YOT

- Youth Service
- Local CSE Service
- Local Missing Service
- Health (which should include - Public health, Sexual Health, Acute Trusts, Providers, GPs, Community health, CCG, CAMHS)
- Probation

A range of other agencies, not limited to the list below, are encouraged to attend at every MACSE meetings and provide their expertise towards tackling child sexual exploitation. Their attendance is essential where their agency is making a child sexual exploitation referral to the meeting.

Additional agencies who may have information to contribute to MACSE Meetings

Housing advisory services

Housing providers

Substance misuse service providers

Vulnerable Families Projects

Young Peoples Service.

Voluntary services

Mental health care providers

PACE – Parents Against Child Sexual Exploitation

Medical emergency departments

RASA

Note: Inevitably there will be locally commissioned, area-specific service providers involved in safeguarding in the local authority area holding the CSE meeting. Those providers should be approached by the LSCB to reinforce the commitment of all organisations to the multi-agency referral, risk assessment and CSE meeting structure. The bespoke support services provided by these organisations across Merseyside are invaluable to this process and there should be a determined effort to include them in the process.

General Roles and Responsibilities

The MACSE meetings will be held in each of the geographical areas of Merseyside i.e. Wirral, Sefton, Knowsley, St.Helens and Liverpool.

The chair's role in each meeting will be to ensure that:

- All members are offered equity with regard to opportunities to contribute to the meeting
- The function of the meeting is maintained and it is conducted within the agreed timescale
- The efficient administration of the meeting is maintained
- The information shared is accurately recorded and disseminated through the meeting
- Attendees adequately research each case prior to the meeting, liaising directly with the case holder/practitioner in the case
- Actions / requests for information are directed to the case holder/ practitioner
- Actions are collated and returned to subsequent meetings
- If the chair is unable to attend, a vice chair will be nominated to chair the meeting
- Additional information around actions which can be taken by the Police in these cases is detailed in the CSE Disruption Toolkit which is available via the Police intranet.

The Single Point of Contact (SPOC) roles:

SPOCs should:

- Attend meetings regularly or send information in relation to the cases referred
- Contribute to the information sharing which enables the meetings to fulfil their purpose
- Implement appropriate levels of disclosure of information shared at the meetings to enable further integrated working with other frontline partners
- Adequately research each case prior to the meeting, liaising directly with the case holder/practitioner in the case
- Take actions on behalf of the service and ensure these are communicated to the dedicated worker in the case
- Ensure actions are pursued and results returned to subsequent meetings
- Ensure agency records are updated with discussions from the meeting

Agency representatives must take responsibility for ensuring the actions are disseminated within their agency and be able to report an update on actions at the following meeting.

Information Sharing

Information can be shared without seeking consent and where it is felt necessary to override a refused consent, however this can only take place where you believe or suspect that a child may be suffering, or is likely to suffer, significant harm; or when it is necessary in the public interest to do so. It is important to strike an appropriate balance between protecting the confidentiality of individuals and sharing appropriate information with other professionals, in all cases any information shared must be proportionate to what is hoped to be achieved.

New Members

New members who are invited to partnership meetings will be provided with an overview of the purpose of the relevant meeting and will be introduced to other members by the chair.

Quorum

No business will be transacted at a meeting unless at least four partner organisations are represented, two of which must be Police and Children's Services.

Scope

References to children and young people are those defined by the Children Acts 1989 and i.e. this protocol relates to children and young people, up to the age of 18.

This work relating specifically to child sexual exploitation will contribute and compliment the safeguarding of children and young people in Merseyside.

The arrangements will take account of statutory duties and powers of partner organisations, including, but not restricted to, those contained within the Crime and Disorder Act 1998; Section 82 of the NHS Act 2006; the Mental Capacity Act 2005 and statutory guidance to support the Multi-Agency Public Protection Arrangements (MAPPA) and Working Together to Safeguard Children 2013.

Governance

- The MACSE meeting will align to the Merseyside Police Basic Command Units (BCUs) and be accountable to the BCU Detective Chief Inspector (DCI) and via them to the Local Safeguarding Children Board Child Sexual Exploitation Sub Group and Performance Sub Group.
- The BCU DCIs are accountable to the Senior Responsible Officer (SRO) meeting, chaired by the Detective Chief Superintendent (or nominee)
- The Force Crime Operations Unit lead for Protecting Vulnerable People and chair of the Tactical Protecting Vulnerable People meeting will maintain an overview of the MACSE meeting process and will highlight any strategic issues to the Merseyside Multi-Agency Strategic Child Sexual Exploitation Gold meeting
- A Strategic governance of the wider multi-agency response to child sexual exploitation across Merseyside will be undertaken as detailed within the pan Cheshire Merseyside child sexual exploitation strategy via the bi-annual Multi-Agency Strategic Child Sexual Exploitation meeting

6. Agency Roles and Responsibilities

It is fully recognised that in order for the process described in this protocol to be successful in tackling child sexual exploitation, a full spectrum of agencies including voluntary and community sector agencies must be engaged.

Individual agencies should develop internal procedures linked to this protocol for children and young people who are at risk of exploitation who are already being exploited. Internal procedures should align with the flowchart at appendix

It is the responsibility of the referring agency to determine whether the referred child's parents are informed that their child will be discussed at the MACSE meeting.

Clearly best practice would always be to inform/ consult with parents regarding their children, but this may be detrimental in some cases. It may not always be in the child's best interest to inform parents and each case should be considered on its own merits.

Safeguarding Processes and Forms for Merseyside LSCBs can be found at Appendix 5

The role of Children's Social Care

Children's Social Care hold the lead responsibility for responding to children abused through or at risk of sexual exploitation.

In the event that there are immediate concerns relating to the safety and wellbeing of a child or young person, contact must be made with Children's Social Care via their contact centre as soon as possible.

If information comes to the contact centre via the public, the contact centre must consider whether there are immediate concerns for the child's safety, and if so, child protection procedures should be initiated. If child protection procedures are not considered appropriate, the worker, in discussion with the referrer, should consider the risk level and discuss it with their team manager.

When a referral is received regarding a child in the care of the local authority, the allocated social worker must inform their team manager. If this is a child of another local authority then the appropriate local authority must be immediately informed

If the child is in a residential unit, the staff should be asked to take positive action to clarify and record suspicions and minimise the child's involvement in sexual exploitation

If the child is in foster care, the social worker and supervising social worker should meet with the foster carer to decide which steps the foster carer could reasonably take in order to safeguard the child.

When a case is already allocated to a social worker, concerns may be presented by another professional or by the child's social worker. The risk of harm to the child needs to be re-assessed in the light of the new information, a discussion held with the relevant team manager and the case progressed as above.

The MACSE meeting does not supersede the requirement for a strategy meeting where there are concerns of child sexual exploitation. For all cases thought to be child sexual

exploitation, a strategy meeting should be held to include all appropriate agencies and ensure detailed information is shared in order to safeguard the child.

The strategy meeting is another opportunity to review the CSE2 or complete one if one hasn't been received as part of the referral process.

Strategy meetings should continue to monitor the exploitation risks to the child. There should be a link person between the MACSE meeting and the CSE strategy meeting to ensure information from both meetings is shared appropriately.

Strategy meetings should ensure information is shared in relation to any police investigation including details of potential perpetrators.

The Police Role

To tackle child sexual exploitation, Merseyside Police will undertake to:

- Identify instances of child sexual exploitation
- Assess and manage risk to children and young people to prevent harm and/or reduce the impact of harm
- Undertake criminal investigations and take positive action against abusers
- Work with partner agencies to support and protect child victims and their families
- Develop intelligence to prevent instances occurring, support investigations and to assist partner agencies to take positive action
- Identify and record themes, patterns and trends in child sexual exploitation

Investigating child sexual exploitation requires a proactive approach to intelligence gathering, so that patterns of abuse and the form it takes, can be identified both locally and on a larger scale. It is vital this information is shared with partner agencies to help identify and protect those at risk, and to identify potential perpetrators. Ensuring that links are made with children and young people who are going missing, or displaying any of the warning signs or vulnerabilities from the checklist (**Appendix 2**), can help to identify and manage risk at an early stage.

It is vital that Merseyside Police work closely with partner agencies to develop a coordinated response to any concerns about child sexual exploitation, ensuring that the child's welfare and safety is the primary consideration when responses are planned.

Role of Health Services

Government guidance on children involved in sexual exploitation, notes:

'Because of the universal nature of most health provision, health professionals may often be the first to be aware that a child may be involved, or be at risk of becoming involved, in sexual exploitation. Children involved in sexual exploitation are likely to need a range of services, including advice and counselling for harm minimisation, health promotion, advice on sexually transmitted diseases and HIV'

Health professionals should be alert and competent to identify and act upon concerns that a child is at risk of or experiencing abuse through sexual exploitation. They have a crucial role in providing support for the physical and mental health of these children.

The Single Point of Contact (SPoC) in each health trust should monitor information to identify children in the community who may be being targeted for sexual exploitation.

Where health professionals have immediate concerns using the risk assessment, they should make a referral to children's social care as described earlier.

Where the concerns are not immediate or are unclear, staff should discuss the case with their safeguarding lead. A decision should be made as to whether this would be an appropriate case for referral and inclusion in MACSE meeting.

Health staff should offer and/or continue to provide health education, counselling, sexual health and medical intervention to the child as an appropriate part of early intervention.

Health professionals who may be invited to attend MACSE meetings include:

- All current health professionals involved with the child, including school nurses, nurses working with children in care, GP's, practice nurses, health workers involved with outreach clinics, sexual health, family planning services, maternity and CAMHs
- Any previously involved health professionals (recent past) who would have a useful contribution to make to the meeting (i.e. most recent health reports and knowledge of child while at school)
- Health professionals involved in any screening or medicals involving the child who is the subject of the meeting (e.g. Community Medical Officer, GP, SARC);or

Health professionals should engage with the local MACSE process even if they do not have past or current involvement with the children identified to the meeting. Children referred to MACSE are likely to require health intervention or have future involvement in health services and it is imperative that health agencies are sighted on previous concerns.

Role of Schools and Colleges

Staff in schools, further education colleges and other education establishments, are uniquely placed to recognise and refer children who are abused through sexual exploitation. They are also in a position to help children to avoid being sexually exploited and to support abused children to recover.

Personal, Social and Health Education (PSHE) programmes can help children make informed and healthy choices about issues such as sexual activity, grooming techniques, drug use and keeping themselves safe.

Schools should also be aware of who is picking up or meeting children at the end of the school day and also be aware of their respective 'E-Safety' processes which help inform children and families on how to be safe online.

Representatives from education have an active role, which is not limited to prevention, but also to sharing information in respect of children and young people with whom they share a great deal of time and experiences. It is anticipated that education will have regular representation at the monthly MACSE meeting and provide, amongst other information, when a child or young person has been missing from education.

Role of the Youth Offending Service

Youth Offending Team/Service practitioners from the five Merseyside YOTs deal with young people who have or are at risk of committing offences, but can also be the victims of sexual exploitation. The expectation in terms of practice is as follows:

- All young people will be managed in ways that reduces their vulnerability/safeguarding need, and any risk of harm they may present through skilled assessment, the delivery of well-targeted and quality interventions and risk/vulnerability management planning. The sharing of information with other key agencies will be central to this.
- Recognition of factors, which pose a risk to children's safety and welfare, and the implementation of agency procedures to protect children from harm (MAPPA/MARAC/Child Safeguarding procedures)
- Provision of services to child victims of serious sexual offences

In conjunction with the other agencies and organisations involved in the MACSE meeting, Youth Offending Teams/Services will be integral to the success of the process in providing and sharing of information and intelligence. It is anticipated that Youth Offending Teams/Services will have regular representation at the monthly MACSE meeting for their geographical area.

Role of Probation

Probation staff will deal with perpetrators, and in some cases victims, of child sexual exploitation, including children. The expectation in terms of practice is as follows:

- All perpetrators will be managed in ways that reduces the risk of harm they may present through skilful assessment, the delivery of well-targeted and quality interventions and risk management planning. The sharing of information with other key agencies will be central to this
- Recognition of factors, which pose a risk to children's safety and welfare, and the implementation of agency procedures to protect children from harm (MAPPA/MARAC/Child Safeguarding procedures)
- Provision of services to child victims of serious sexual offences in conjunction with the other agencies and organisations involved in the MACSE.

It is essential that each of the agencies agree to implement and adhere to the principles set out in the Terms of Reference.

7. Multi-Agency Strategic or Safeguarding Hub - MASH

Safeguarding vulnerable people is the responsibility of all public agencies, including those that are statutory, non statutory or from the voluntary services sector. There is a key acknowledgement that services engaged in the safeguarding of children and adults need to work together in a structured way to keep those people safe.

The principles of a Multi-Agency Safeguarding Hub are that employees from the local authority, police and health services will be based within the MASH, co-located in one office/unit. Each of the staff there will continue to be employed by their individual agency.

MASH will provide information sharing across organisations involved in safeguarding, analysing information that is already known to individual organisations together to inform all safeguarding decisions.

The concept of MASH is developing across Merseyside. Merseyside aim to have a fully operational MASH within each Local Authority area. Once this has been achieved, CSE referrals should be processed by MASH in each area in order to gather information at the earliest stage. The information from MASH should be shared with the MACSE meeting via local processes.

8. Intelligence

PAIR: Where an agency has soft intelligence this can be shared with the police using the PAIR system - Partnership Automated Intelligence Report.

If a professional has intelligence to submit they should call: **0151 777 8100**

An automated recording system will ask you to 'dial 1' if you work for Merseyside Police or 'dial 2' if you work for a partner agency.

The professional must give their **name, organisation** and the **intelligence** report they wish to submit.

The call will be concluded after the caller is asked how they know this intelligence.

Partners can report intelligence to PAIR 24 hours a day, 365 days of the year.

This should only be used for intelligence where details of a child are not known. Any concerns regarding children need to be submitted via the process outlined above.

Local Protecting Vulnerable People Meetings:

Local PVP meetings will review intelligence captured at MACSE, via PAIR and other relevant sources.

The PVP meeting will also review the top 5 missing children on a regular basis. If there are concerns about the whereabouts of one of these children and additional information is required, a referral to MACSE can be made by the local Police CSE co-ordinator via CSE1 to obtain information from partner agencies.

9. Flagging Records

It was agreed that the requirement to flag a case as CSE should be agreed at a multi agency forum ie: MASH/ MACSE/ CSE strategy meeting. The multi agency forum should decide whether the flag should indicate whether as per the agreed Merseyside definitions:

- a) The child is thought to be at risk of CSE
(CSE1 received identifying CSE indicators)
- b) The child is thought to be a victim of CSE or experiencing CSE
(Those where there has been a police investigation)

The decision should be documented on the CSE2 with a review date as per local MACSE processes.

Closing cases to MACSE and removing flags:

The decision to close a case to MACSE and remove the flag should be made on a case by case basis by a multi agency forum. The rationale for closure should be clearly evidenced on CSE2.

Sharing information with agencies on when to add/ remove CSE flags should be as per local MACSE processes in each area.

Appendices

- Appendix 1 Referral flowchart to CSE (MACSE) meeting
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Appendix 1

Referral process to MACSE meeting

Concern(s) or need(s) identified as part of an agency's assessment including CSE risks

Discuss with safeguarding lead and record concerns

Complete Multi Agency Referral form + CSE1 + CSE2 and refer to social care front door
MASH / CARELINE / CADT

If the case is open to Social Care, social worker must be informed

Decision made as to whether case meets criteria for CSE Strategy Meeting or further investigation via local safeguarding procedures
(see Appendix 5)

If the social worker is the person identifying CSE concerns on an open case, they should complete CSE1 and follow internal safeguarding procedures

The CSE1 and additional information from the front door should be shared with the MACSE Co-ordinator via local processes.

ALL CSE forms whether high, medium or low risk should be sent through social care front door to MACSE to ensure ALL CSE information is collated at a central point in Merseyside

Warning Signs and Vulnerabilities Checklist

There are common vulnerability factors in children and young people that can lead to them being more likely to be exposed to sexual exploitation, and common signs and behaviours displayed by those who are already being sexually exploited.

The following are typical vulnerabilities in children prior to abuse:

- Living in a chaotic or dysfunctional household (including parental substance use, domestic violence, parental mental health issues, parental criminality)
- History of abuse (including familial child sexual abuse, risk of forced marriage, risk of 'honour'-based violence, physical and emotional abuse and neglect)
- Recent bereavement or loss
- Gang association either through relatives, peers or intimate relationships (in cases of gang-associated CSE only)
- Attending school with young people who are sexually exploited
- Learning disabilities
- Unsure about their sexual orientation or unable to disclose sexual orientation to their families
- Friends with young people who are sexually exploited
- Homeless
- Lacking friends from the same age group
- Living in a gang neighbourhood
- Living in residential care
- Living in hostel, bed and breakfast accommodation or a foyer
- Low self-esteem or self-confidence
- Young carer

The following signs and behaviour are generally seen in children who are already being sexually exploited:

- Missing from home or care
- Physical injuries
- Drug or alcohol misuse
- Involvement in offending
- Repeat sexually-transmitted infections, pregnancy and terminations
- Absent from school
- Change in physical appearance
- Evidence of sexual bullying and/or vulnerability through the internet and/or social networking sites
- Estranged from their family
- Receipt of gifts from unknown sources
- Recruiting others into exploitative situations
- Poor mental health
- Self-harm
- Thoughts of or attempts at suicide

Any child displaying several vulnerabilities from the above lists should be considered to be at high risk of sexual exploitation. However, children without pre-existing vulnerabilities can still be sexually exploited so any child showing risk indicators in the second list, but none of the vulnerabilities in the first list, should also be considered as a potential victim.

Appendix 3

CSE1 FORM				
REFERRERS DETAILS				
Name Date of referral.....				
Agency Name Job Title.....				
Agency type: Health / Children's Services / Education / Youth Services / Police / Probation / Voluntary services Other – please state.....				
Email address..... Telephone No.....				
CHILD DETAILS				
Forename(s)..... (M/F)				
Surname / family name(s)..... D.O.B.....				
Ethnicity..... Religion..... Nationality.....				
Address..... Postcode.....				
Is this Address: Home / Other family member address / Foster care / Residential Care / Semi independent Hostel / Secure unit / Other – please state				
Home tel no. Mob / other contact no.....				
GP name..... Surgery.....NHS No:				
School				
CHILDRENS SOCIAL CARE INVOLVEMENT				
Not known to CSC	EHAT / CAF	Child in Need	Child Protection Plan	LAC / Leaving Care
Is this child placed here from another local authority? YES /NO				
If yes – state which.....				
PARENT/CARER/GUARDIAN'S DETAILS			Parental Responsibility? Yes / No	
Forename(s)..... (M/F)				
Surname / family name(s)..... D.O.B.....				
Ethnicity..... Religion..... Nationality.....				
Home address.....Postcode.....				
Home tel no. Mob / other contact no.....				

Occupation.....	
PARENT/CARER/GUARDIAN'S DETAILS	Parental Responsibility? Yes / No
Forename(s)..... (M/F)	
Surname / family name(s)..... D.O.B.....	
Ethnicity..... Religion..... Nationality.....	
Home address.....Postcode.....	
Home tel no. Mob / other contact no.....	
Occupation.....	
SIBLINGS	
Relationship to young person	
Forename(s)..... (M/F)	
Surname / family name(s)..... D.O.B.....	
Home address.....Postcode.....	
Home tel no. Mob / other contact no.....	
Relationship to young person	
Forename(s)..... (M/F)	
Surname / family name(s)..... D.O.B.....	
Home address.....Postcode.....	
Home tel no. Mob / other contact no.....	
SUSPECTED PERPETRATOR DETAILS	
Forename(s)..... (M/F)	
Surname / family name(s)..... D.O.B.....	
Home address.....Postcode.....	
Home tel no. Mob / other contact no.....	
Has suspect previously breached a court order or police bail? Y / N If Y provide details below	
<u>Child suspects only (under 18 years)</u>	
School / occupation.....	

Please state whether the following are applicable to this young person...	Yes	No	Don't know
Absent from school			
Attending school with young people who are sexually exploited			
Change in physical appearance			
Drug or alcohol misuse			
Evidence of sexual bullying and/or vulnerability through the internet and/or social networking sites			
Estranged from their family			
Friends with young people who are sexually exploited			
Gang association either through relatives, peers or intimate relationships (in cases of gang-associated CSE only)			
History of abuse			
Homeless			
Involvement in offending			
Lacking friends from the same age group			
Learning disabilities			
Living in a chaotic or dysfunctional household (including parental substance use, domestic violence, parental mental health issues, parental criminality)			
Living in a gang neighbourhood			
Living in hostel, bed and breakfast accommodation or a foyer			
Living in residential care			
Low self-esteem or self-confidence			
Missing from home or care			
Not in education, employment or training			
Physical injuries			
Poor mental health			
Receipt of gifts from unknown sources			
Recent bereavement or loss			
Recruiting others into exploitative situations			
Repeat sexually-transmitted infections, pregnancy and terminations			

Self-harm			
Thoughts of or attempts at suicide			
Unsure about their sexual orientation or unable to disclose sexual orientation to their families			
Young carer			
If you are not ticking any of the above CSE indicators, please consider if a CSE specific referral needs to be made			

CIRCUMSTANCES OF INCIDENT / ANY OTHER INFO	
Type of CSE you think this may be or may be heading towards – Please select the one you consider to be most relevant to this situation	
Boyfriend / Girlfriend Model	
Online / Phone / Internet	
Organised/ networked sexual exploitation or trafficking	
Party Model	
Peer to Peer	
Group / Gang exploitation	
Lone Offender	
Other – Please state	

ASSOCIATES OF CHILD / RELEVANT PARTIES
ASSOCIATES OF SUSPECTED PERPETRATOR / RELEVANT PARTIES
IF MISSING WHO WERE THEY FOUND WITH AND WHERE?
LOCATIONS OF CONCERN WHERE YOU BELIEVE CSE IS AN ISSUE
VEHICLES THAT COULD BE LINKED TO CSE AND TO THE CHILD /YOUNG PERSON
TELEPHONE NUMBERS LINKED TO THE CHILD / YOUNG PERSON
TELEPHONE NUMBERS LINKED TO THE SUSPECTED PERPETRATOR

Are Parents/ carers aware of these concerns?	YES / NO
Does the child have awareness of these concerns?	YES / NO
Does the young person consent to you sharing this information?	YES / NO

PLEASE SEND THIS FORM VIA SOCIAL CARE FRONT DOOR TO THE MACSE (Multi Agency CSE) MEETING

It is the responsibility of the referring agency to determine whether the referred child's parents are informed that their child will be discussed at the MACSE meeting.

Clearly best practise would always be to inform / consult with parents regarding their children, but this may be detrimental in some cases. It may not always be in the child's best interests to inform parents and each case should be considered individually.

Child Sexual Exploitation Measurement Tool & MACSE Plan - CSE2 - Merseyside

Guidance Notes:

Having a single way of defining when a child is at 'high', 'medium' or 'lower' risk of CSE will allow partners to develop a better perspective on the prevalence and nature of CSE across the 5 LA areas and to provide a more consistent and appropriate service to the young people at risk of, or experiencing, CSE. If used consistently it is hoped this 'measurement of risk' tool will allow teams to measure whether the risk to a young person is increasing or decreasing and so put effective measures in place to try to manage this. A 'lower' risk score does NOT mean that no action needs to be taken as the earlier the intervention the better the chances of stopping the young person slipping further into sexual exploitation or could even prevent it from occurring.

Who completes it and when?

This is NOT a screening tool. It is designed to measure the level of risk of CSE **once some indicators have already been spotted**. It should be carried out on ALL children who have been referred into Children's Social Care showing indicators of CSE. It is recommended that completion of the CSE2 is started by the allocated social worker with input from the child, parents and carers and will incorporate key information shared by partners in the Strategy Meeting. Following the Strategy Meeting the social worker will have 10 days to complete the form and share the outcome of the assessment at the MACSE meeting.

The outcome of this measurement will be shared at the MACSE meeting, the Police will be responsible for creating (or updating) the CSE flag on their police system, for that particular young person. With regards to other flagging for other agencies, the multi-agency partners will collectively decide whether the child should be subject to a flag on their record and also when a flag should be removed. Behind the flag will be the risk level posed to that child, a general summary of rationale supporting that assessment, and the date (see Merseyside CSE Protocol for more details on flagging records)

The tool should be repeated by the lead professional whenever incidents occur which could change the level of risk to the young person. It should also be repeated as a matter of course every 3 months. All completed versions need to be kept and NOT overwritten so that the risk to the young person can be monitored over time. Teams must show they have reduced the risk to an individual as part of their exit strategy. Any interventions that appear to help lower the risk to individuals can be shared with teams in other areas via LSCB networks.

A discussion with the young person should also be held by the social worker so that their wishes, their level of understanding and their willingness to engage is considered. When a young person is hard to engage, the person with the best relationship with them should lead the work with oversight from the social worker. Remember, sexually exploited children are victims of abuse even if they don't see it as such. The lead professional should then update the multi agency forum on an ongoing basis until it is decided that a case will be closed to MACSE.

How to complete it?

Scores from the categories plus a score for your professional judgement are added together to provide a RAG rating of risk. The first page provides a summary of the scores where you can see at a glance whether the risk to that child has increased or decreased since the last time it was conducted. Fill this page in at the end. First go through the tool with multi agency partners using information provided. Once a lead professional has been identified, the wishes and feelings of the young person should be taken into account and any amendment to risk score clearly documented.

Data Monitoring

This Measurement tool should assist colleagues across Merseyside to consistently measure and monitor the risk to an individual young person and help you to take appropriate action. Completing the Data Monitoring Tool on the back page will also help us compile data on the nature of CSE, spot trends as they emerge and have a more reliable indication of the prevalence of CSE in your local area as well as an idea of the type of young people who may be most at risk. Please report this information into your local LSCB CSE Sub Groups every quarter so your Board can monitor this data as well as any issues that may arise in using the Measurement and Data Monitoring Tools. It's based on the Bedfordshire toolkit and includes additions suggested by colleagues across Greater Manchester who have been working with victims of CSE.

The Gold Pan Merseyside Group hope to gather data from all 5 LSCBs to build a picture of CSE across Merseyside which will enable us to tackle it more effectively.

If you would like to suggest amendments to this form please contact nikki.owens@liverpool.gov.uk

**Child Sexual Exploitation Measurement Tool
Front Summary Sheet**

Young Person's Information					
Name		D.O.B		Age	
Address		Date of Assessment		Reason for Assessment	
		Date Referred		Referral by (agency)	

Identity									
Ethnicity		Nationality		Gender		Sexual Identity		Disability	

Nature of Exploitation											
Internet/ Phone		Party		Boyfriend / Girlfriend		Lone Offender		Group / Gang		Peer on peer	

Current Living situation											
At home		Living with other family member		Foster care		Residential care		Semi / Independent Living		Homeless	

Children's Social Care involvement													
Not open to CSC		EHAT/ CAF		CIN		CP		LAC		Leaving Care		Other LA	

EET													
School / College		AEP		PRU		SEN / Statement		Employed		NEET		EHE	

Health concerns													
Alcohol use		Drug use		Cigarette use		Mental Health		Emotional Health		Physical Health		Sexual Health	

Other Risk Factors											
Childcare History		Missing Incidents		Domestic Violence		Other Violence		Self-Harm		Peers/ Associates	

Criminal Justice Issues				
YOS		Current Orders		Previously Known Details

Indicator	Score		Score
1. Episodes of missing from home/care		7. Engagement with appropriate service	
2. School/college attendance		8. Sexual Health	
3. Misuse of substances		9. Association with risky peers/adults	
4. Parent/carer – young person relationship		10. Social Media (internet / mobile etc)	
5. Accommodation		11. Self harm / mental health concerns	
6. Ability to identify abusive/exploitive behaviour		12. Frequent school / home moves	
Total Assessment Score			

Professional Judgement Score:	Overall Score (Total from 10 categories plus Professional Judgement Score)
--------------------------------------	---

RAG Rating			
High (41 – 60)		Medium (21 – 40)	Lower (10 – 20)

When previously reviewed on this young person had a risk score of

Since the last review, this assessment shows the risk to this young person has

Increased	Decreased	Stayed the same
------------------	------------------	------------------------

1. Episodes of missing from home/care		Assessor reflections
1	No missing episodes.	Times missing? Where do they go? Why do they go? Is carer aware of missing episode?
2	Stays out late, no missing.	
3	Occasionally goes missing, whether for short or prolonged episodes	
4	Frequent and short missing episodes	
5	Frequent and prolonged missing episodes	

2.School/College attendance		Assessor reflections
1	<ul style="list-style-type: none"> Engaged / re-engaged in education or training, or In work or actively seeking employment 	
2	<p>Is participating in education or employment but attendance is a concern. Education could include:</p> <ul style="list-style-type: none"> Is on a roll at a school or PRU Is on a roll at a school or PRU with alternative provision in place Is on roll at a college Is employed with training 	
3	<ul style="list-style-type: none"> Is on a reduced timetable, or Is persistently absent from school, or Sudden noticeable change in attendance, performance or behaviour at school 	
4	<ul style="list-style-type: none"> Young person is excluded from school with no planned provision, or A NEET (not in education, employment or training) <p>But where the young person is showing an interest in accessing opportunities.</p>	
5	Young person is not attending school or is a NEET and shows no interest in accessing educational or training opportunities.	

3. Misuse of Drugs or Alcohol		Assessor reflections
1	No concerns	Where do they take them? How do they fund it? Who with? Type / class of substance?
2	Some concerns about drugs or alcohol (or cigarettes in younger children)	
3	Uses drugs or alcohol– increasing concerns	
4	Alcohol/drug dependency suspected	
5	Young person is dependent on alcohol / drugs. Known / disclosure or appears dependent on alcohol/ drugs.	

4. Parent/Carer – Young Person Relationships		Assessor reflections
1	Parent/Carer and young person have a positive relationship and communicate effectively. Carer demonstrates emotional warmth and provides stability for young person. Young person responds to boundaries.	
2	Parent/Carer and young person generally have a positive relationship. Appropriate boundaries are in place. The young person does not always adhere to them.	
3	<ul style="list-style-type: none"> • Sudden negative change in quality of relationship, or • Relationship between parent/carer and young person is strained 	
4	<ul style="list-style-type: none"> • Historic abuse in family (emotional, neglect, physical or sexual) or • Poor or negative communication with young person not responding to boundaries 	
5	<ul style="list-style-type: none"> • Current / suspected abuse in family (emotional, neglect, physical or sexual) or • Poor communication, low warmth, attachment or trust. Parent/Carer does not implement age appropriate boundaries. 	

5. Accommodation		Assessor reflections
1	Young person & Assessor are satisfied accommodation meets the young person's needs ie: the environment is a stable place where the young person feels safe.	
2	<ul style="list-style-type: none"> • Young person & Assessor are generally satisfied with accommodation and accommodation meets most of the needs of young person, or • some concerns about longer term stability. 	
3	<ul style="list-style-type: none"> • Unstable or unsuitable accommodation. Young person & assessor are not satisfied where the young person is living, • Or Recent placement change 	
4	Frequent placement changes	
5	Looked After / Temporary Accommodation / sofa surfing / Homeless	

6. Ability to identify abusive/exploitive behaviour		Assessor reflections
1	Young person has a good understanding of exploitative / abusive behaviour and can use it to keep themselves safe	
2	Reasonable understanding of abusive / exploitative behaviour	
3	Some understanding of abusive / exploitative behaviour. May recognise risks in theory or risks to their peers but cannot apply it to keep themselves safe.	
4	Very limited recognition of abusive / exploitative behaviour	
5	<ul style="list-style-type: none"> • No recognition of abusive / exploitative behaviour, or • The young person's parent/carer cannot identify or recognise the risk of abuse or exploitation 	

7. Engagement with appropriate services		Assessor reflections
1	Good engagement with all appropriate services	
2	<ul style="list-style-type: none"> Reasonable engagement with all relevant services, or Good engagement with a single service provider but less so with others 	
3	Some engagement with services, occasional contact.	
4	Brief engagement with service: early stages or sporadic contact	
5	Not engaging with service / no contact	

8. Sexual Health Activities and Awareness		Assessor reflections
1	Is not sexually active but is aware of where to get support and advice when needed. No concerns re: sexual health	
2	Young person is sexually active and in an equal consensual relationship with a peer. Young person does not feel pressured, they feel they can say 'no' and is following 'safe sex' advice.	
3	<ul style="list-style-type: none"> Is not sexually active but is feeling pressured to become sexually active, or There are some sexual health concerns 	
4	Young person is sexually active but is not receiving support from any sexual health services.	
5	<ul style="list-style-type: none"> Young person feels pressured to have sex or to perform sexual acts in exchange for status/protection, possessions, substances or affection, or Young person is in a sexual relationship with an adult / there is a wide age gap, or Young person is under 13 and sexually active, or Young person has many sexual partners / many tests for STIs or pregnancy, or Sex is non-consensual – young person is experiencing violence or coercion with sex, or are unable to consent due to intoxication, or Young person is made to watch sexual acts being performed on others. 	

Note: Consider referring young person for a full Sexual Health Assessment if they have not been referred in via this route.

9. Association with gangs/criminals or adults and peers who pose risk		Assessor reflections
1	Young person not at risk. May have some contact with vulnerable peers but has other positive networks.	NB. In this context ‘risky’ means that they either present a direct risk to the young person (i.e. in terms of domestic abuse / physical violence or sexual abuse / exploitation) or they are likely to draw the young person towards other adults / peers who present this risk
2	Young person is aware of gang activity in their area but is not actively involved.	
3	Young person socialises with vulnerable peers or is in contact with peers who pose a risk	
4	Young person is in contact with risky adults. They are developing an awareness of risks/exploitation but contact has not significantly reduced	
5	<ul style="list-style-type: none"> • Young person is known to be habitually associating with risky adults and/or peers and does not act on this, or • Young person is actively involved with a gang or criminal group or associated to gang members through peers or family. 	

10. Social Media (Internet and mobile usage)		Assessor reflections
1	Young person uses the internet and or has an instant messaging account e.g. whatsapp, BBM, Snapchat etc. They have good awareness of potential risks / danger of internet use and there are suitable parental controls in place	
2	Young person has accessed one or more social networking sites and may have links to, or is ‘friends’ to numbers of unknown people (ie: doesn’t know them in real world)	
3	<ul style="list-style-type: none"> • Unmonitored / secretive use of internet • Young person receives texts / calls from unknown people • In possession of a mobile phone which parent / carer has no or only limited knowledge of. 	
4	Young person proactively exposes themselves to online dangers – for example facebook, dating sites, tinder, broadcasts pin on BBM etc. Or regularly posts inappropriate images of themselves online unprompted.	
5	<ul style="list-style-type: none"> • Young person has posted inappropriate language / information / sexual pictures when contacted by an adult / older peer / unknown person. Does not acknowledge the risks of this, or • Young person plans to meet face to face person they only know online 	

11. Child Mental Health / Self Harm Concerns		Assessor reflections
1	No concerns around mental health / self harm	
2	Some concerns around mental health / self harm - no evidence	
3	Evidence of self harm – one occasion	
4	Evidence of self harm – on numerous occasions	
5	Clear indicators and evidence of mental health / self harm on regular occasions	

12. Frequent school / home moves		Assessor reflections
1	No concerns regarding school / home moves	Please list schools attended primary and secondary – this is of particular importance for children who are moving between primary and secondary schools and also for children who have had a number of school moves:
2	Recent school / home move	
3	2 or more moves at school / home	
4	Several moves at school / home (increasing concerns around stability)	
5	A number of school / home moves	

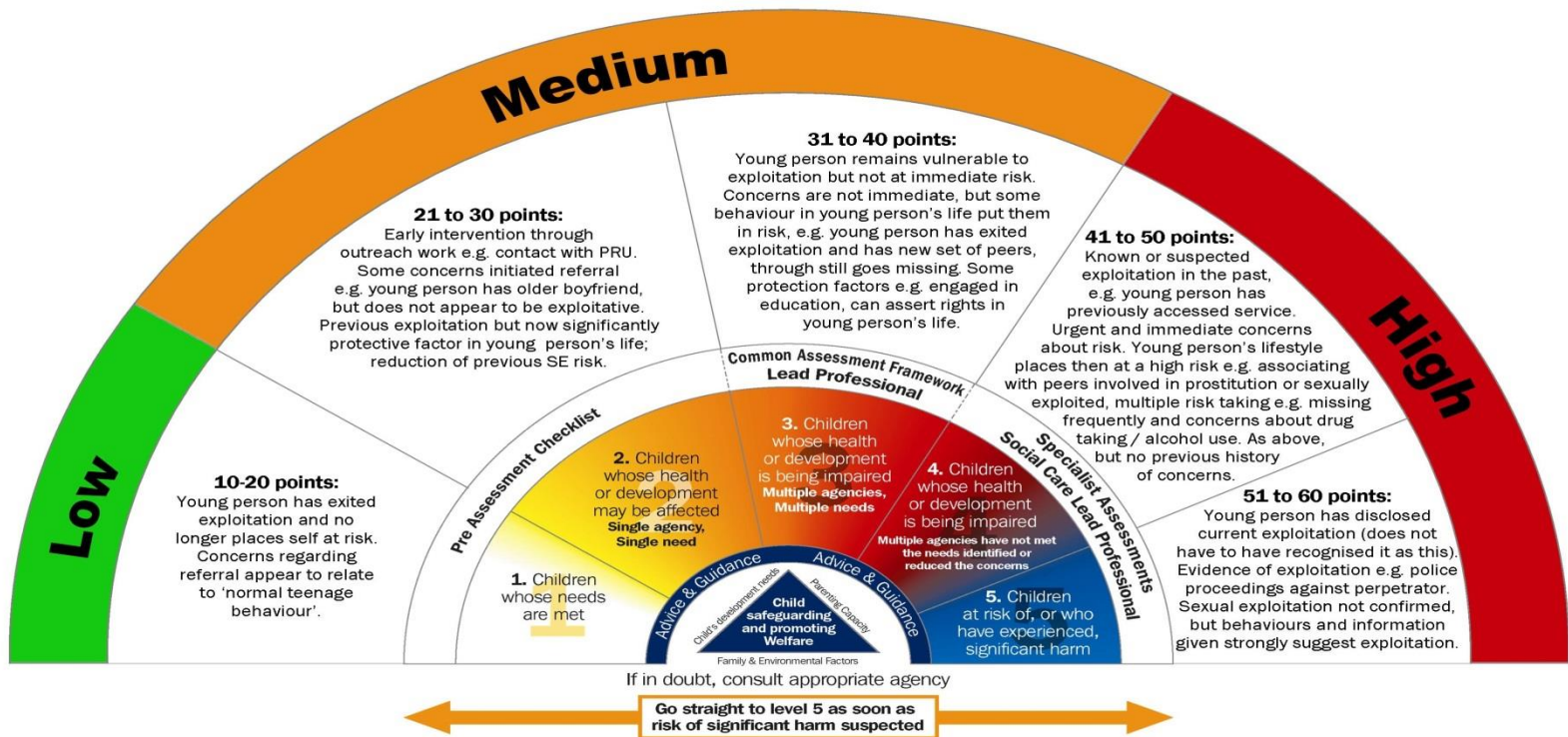
Professional Judgement * Please score this section 1-10 (10 being a higher risk) and carry the score forward to your overall score *

*Use this section to provide an analysis of what the information you have from all agencies is telling you about the young person and their life Highlight any concerns that have been raised which add to the young person’s vulnerability such as recent bereavement, domestic abuse, mental health issues, low self-esteem, learning disabilities etc. (use the vulnerability indicators in the guidance section) **Also include any previous referrals (even if NFA) and whether young person has received any gifts – money, mobile phone, clothing, accessories etc.***

Also consider: Is this a repeat referral? Any information that is missing from agencies? Other information which indicates ris

Total Score:

Now carry this score forward and include in the total on the front page.



Agencies:	Contributed:	Wishes and feelings of young person / family :	
YOS	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Health (GP, Mental Health etc)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Education / College	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Area social worker	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Parent / Carer	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Young person	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Housing	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Residential care Home	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Foster Carer	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Sexual Health Advisor	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Police/CSE team	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Alcohol/Drug Services	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other Local Authority	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other	Yes <input type="checkbox"/> No <input type="checkbox"/>		

MACSE Plan

Those persons present are reminded that the matters discussed at the meeting and any notes taken are strictly confidential and shall not be shared outside the meeting. Similarly, copies of these minutes shall not be photocopied or shared without the express consent of the agencies represented. All agencies shall ensure that the minutes are retained in a secure location and destroyed when no longer relevant or required. Agencies are reminded of the requirements of the information sharing protocol for the partnership and shall adhere to its terms and conditions in relation to all information shared in this meeting.

Summary of concerns:

Summary of case discussion:
Date:

DATE CASE CLOSED TO MACSE:
RATIONALE FOR CLOSURE:

<u>Actions</u>	<u>Person/ Service Responsible</u>	<u>Timescales</u>	<u>Completed Yes / No</u>
Prepare (Profile)			
Prevent			
Is it the decision of the multi agency meeting that this child should be flagged for CSE on agency records? Y/ N			
Protect			
Pursue (Prosecute)			
Other			
Review date:			

WARNING

Any police potential prosecution /action elements must not be shared with the child and family.

Appendix 5

Links to Local Safeguarding Processes

CSE Concerns should be forwarded to Children's Social Care using the Multi Agency Referral form used by the local authority area. In addition CSE1 and CSE2 forms should be completed.

Links to each local authority area's safeguarding procedures and referral forms are detailed below:

Liverpool

http://www.liverpoolscb.org/reporting_concerns.html

Sefton

<http://www.seftonlscb.co.uk/worried-about-a-child.aspx>

Knowsley

http://lmbcdev.co.uk/kscb/?page_id=87

St Helens

<http://sthelenslscb.org.uk/if-you-have-any-concerns/>

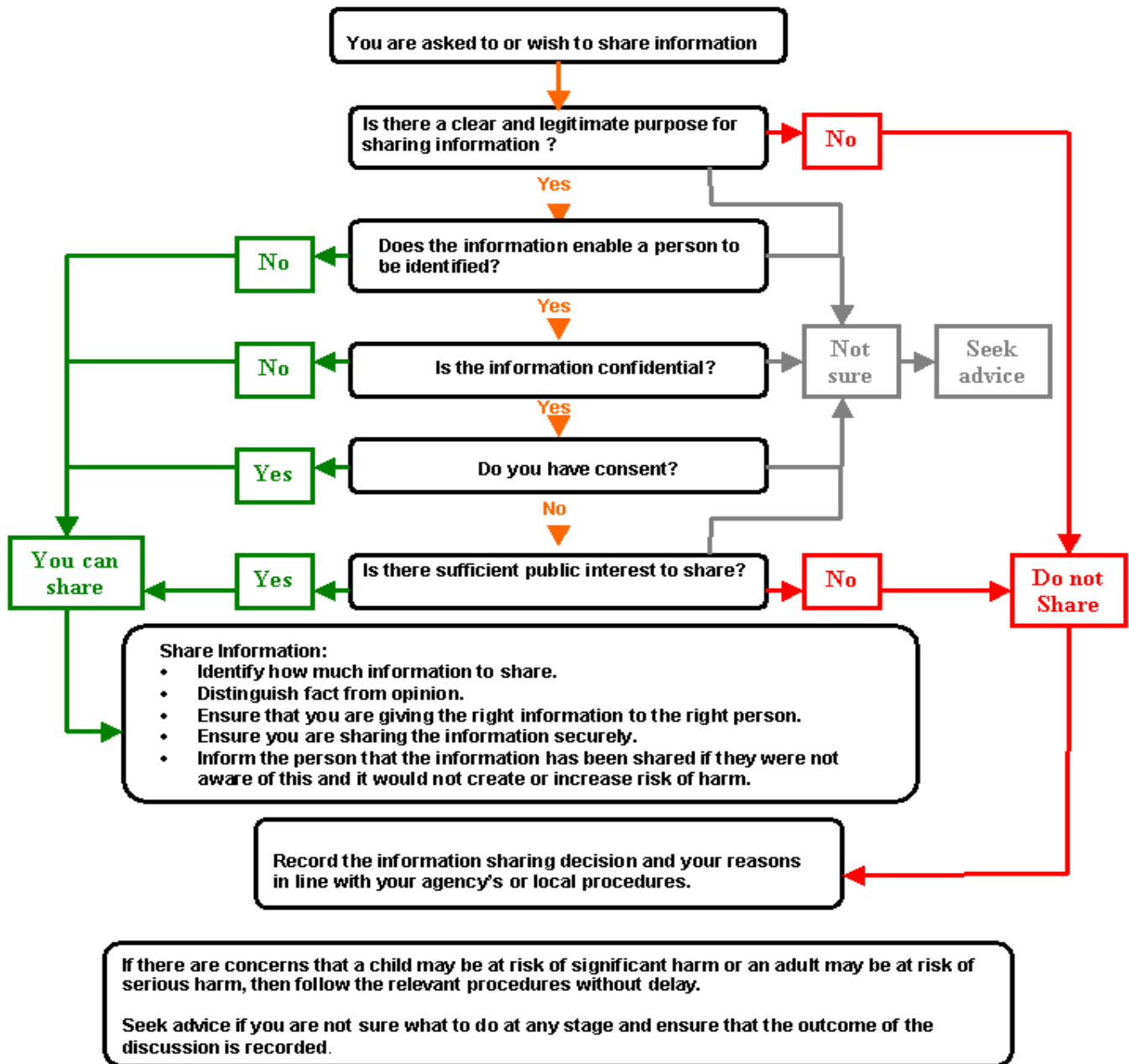
Wirral

<http://www.wirral.gov.uk/my-services/children-service/local-safeguarding-childrens-board/information-professionals/worried-about-child>

At the conclusion of case, the completed CSE2 should be distributed by the MACSE administrator to all agencies involved with the child in order that single agency records can be updated.

FLOWCHART FOR INFORMATION SHARING

Flowchart of key questions for information sharing



Appendix 7

DEFINITIONS/GLOSSARY OF TERMS

The following words and phrases used in this document have the following meanings:

ACPO- means Association of Chief Police Officers

Agreement- means this Information Sharing Agreement together with any additional documents referred to or attached as part of this Agreement.

Chief Constable- means the Chief Constable of Merseyside Police

Data Controller, Personal Data, Data Subject, Data Subject Access and Relevant filing System are defined within the Data Protection Act 1998.

Information- means any data or information disclosed under this agreement

MOPI Guidance – Guidance on the Code of Practice on Management of Police Information.

Need to know- is applied on a case by case basis and relates to those who are involved in the sharing of personal data/information and why they need to know about the information to be shared.

ICO- means Information Commissioners Office.

Relevant Filing System- The ICO provides the following guidance.

You can apply the “temp test”. If you employed a temporary administrative assistant (a ‘temp’), would they be able to extract specific information about an individual from your manual records without any particular knowledge of your type of work or the documents you hold?

The ‘temp test’ assumes that the temp in question is reasonably competent, requiring only a short induction, explanation and/or operating manual on the particular filing system in question for them to be able to use it.

See additional guidance as required [ICO relevant filing system information](#)

Necessary quality of confidence- is described in [ICO guidance on necessary 'quality of confidence'](#).

IGM- means Merseyside Police Information Governance Manager.
Granville Southworth 0151 777 1422

MASH- means Multi-Agency Safeguarding Hub Or Strategic Hub

MACSE meeting- Multi-Agency Child Sexual Exploitation meeting

Signatories to the Protocol

This protocol is provided to meet the needs of MACSE meeting and the management of associated intelligence and information. It is intended that signatories will use the protocol for this purpose.

Liverpool Local Safeguarding Children’s Board

Signed

Name

Title: Chair Liverpool LSCB

Wirral Local Safeguarding Children’s Board

Signed

Name

Title: Chair Wirral LSCB

St Helens Local Safeguarding Children’s Board

Signed

Name

Title: Chair St Helens LSCB

Knowsley Local Safeguarding Children’s Board

Signed

Name

Title: Chair Knowsley LSCB

Sefton Local Safeguarding Children’s Board

Signed

Name

Title: Chair Sefton LSCB

