



Safeguarding Adolescents

Resource pack for sharing learning and improving practice



About this resource

This aim of this resource pack is to raise awareness of the Swindon approach to safeguarding adolescents at risk of exploitation through a shared set of values and principles.

The Swindon Safeguarding Partnership (SSP) is committed to improving our collective response to adolescent risk. The focus is on children but some information/resources will be applicable to those transitioning into adulthood/vulnerable adults.

How to use this resource

The expectation is that you will share this resource pack widely and use it:

- ✓ in team meetings
- ✓ as part of group/individual supervision or for your own development

This is a large document and you can look at it as a whole or dip in and out at your convenience.

Please use the navigation bar below and icons within some of the slides to access the relevant section.

There are hyperlinks to external resources such as websites which can be accessed by either ctrl+click on the image/icon or hyperlink. Alternatively you can use your mouse to right click and select open link from the options.

Information within this resource pack has been developed based on a presentation prepared by Waltham Forest with special thanks to them for use of their materials.

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take



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What is the 'safeguarding adolescents' approach?

Our vision: In Swindon we want to embed a culture of understanding about the complexity of safeguarding adolescents where we:

SEE adolescents as children first

MAINTAIN focus on the risks that adolescents are exposed to in contexts outside the family. Respond with the right conversation, right action at the right time

UNDERSTAND

- developmental needs of adolescents
- needs and risks for adolescents with special educational needs or disabilities (SEND)
- influences in adolescent lives, including those outside the family context

CONSIDER

the positive and negative impact of risks adolescents take in exploring their growing independence

RECOGNISE constrained choices that adolescents may feel powerless to avoid

VALUE

the diverse range of experiences of the adolescents in Swindon and respond to the needs of adolescents of all genders, ethnicities, sexual identities and beliefs, and those who are disabled



What is adolescence?

[THE LANCET Child and Adolescent Health](#) (2018) proposes 'Adolescence now lasts from the ages of 10 to 24, although it used to be thought to end at 19'.

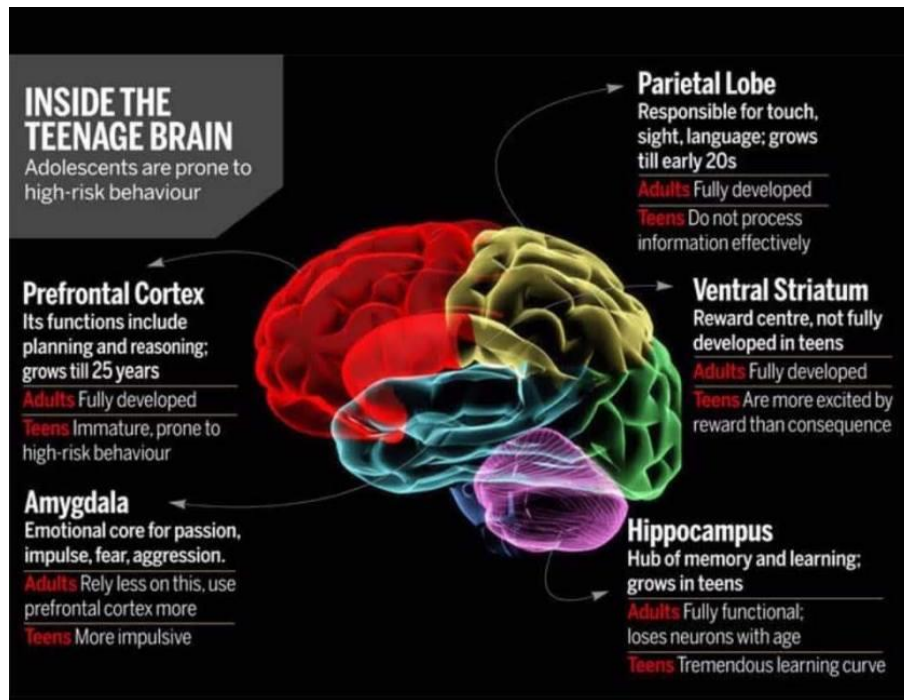
Teenage years are the biggest period of brain development for a child since babyhood. Changes begin during puberty and continue until the mid 20's but the pace is different for everyone.

The brain has to become more efficient and begin its journey to adult functioning, well used brain connections become stronger and those not needed are pruned away. During the teenage/young adult years the brain starts sorting and tidying its connections. Starting from the back of the brain working to the front.

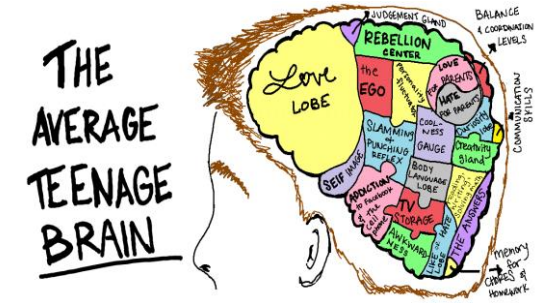
- The front of the brain is the last to develop. This helps us think things through, plan and control impulses. This explains why teens can tend to be forgetful and make decisions in the moment – sometimes leading to risky choices.
- The front part of the brain also helps us make sense of the emotions we see in others. So teenagers often misread what people are thinking and feeling. This makes relationships tricky for them and they are easily hurt and offended, or can accidentally hurt the feelings of others.

Teenagers have to rely more on the middle bit of their brain, the amygdala, more than adults do. This bit of the brain relies a lot on 'gut feeling' and on instinct. The fight or flight response is in here.

Dr Sarah Jane Blakemore explains more in a [video clip](#) later in this resource.



What does this mean?



Fight or flight causes young people to be more reactive, they act first and think later and are likely to make mistakes.

Whilst these changes are happening you are likely to see changes in behaviour. Teenagers tend to challenge boundaries, sleep more, and have the mood changes expected at this age. Often it is not an easy time and it can be hard for professionals/parents/carers to know what support to offer. Understanding these changes during adolescence can help understand difficult behaviour.

Peer influence: 'During adolescence, young people are influenced by their peers more than at any other time in their life ... Peers can set social norms and values that in turn inform young people's relationships and sense of self. In some settings peer influence can outweigh that of a young person's family, particularly in social contexts where peers are dominant such as in schools, youth clubs and other environments in which young people socialise. This level of influence means that peers can act as a positive influence for change as well as a driver of harmful ideals'. ([Firmin, 2015, p.20](#))



Transitions



Vulnerability does not always end when someone is 18 years old

In thinking about the extra-familial threats facing teenagers, such as sexual or criminal exploitation, it is sobering to note that perpetrators do not withdraw when a victim reaches 18 years old – but that professional services often do. [Research in Practice: Transitional Safeguarding](#)

There is a period of potentially many years during which a child turns into an adult. Preparation for that time and the change in legal frameworks need to happen early on.

Learning from a local case review has highlighted that during the period of transition communication and information sharing are crucial. This needs to be undertaken in a timely way with as much early liaison between agencies and professionals as possible. If there are issues about consent, there needs to be a robust consideration of the risks to the young person of not receiving a service, and consideration of a safeguarding response.

Consider how you may safeguard when a young person reaches the age of 18 years of age.

Further information regarding definitions, terminology, an in-depth understanding of child exploitation and resources to assist the professional response can be found in the [Child Exploitation Practitioner Resource](#).



What is Safeguarding Adolescents?

There are some important aspects of our safeguarding adolescents approach.

Click on the following slides or on each icon to find out more.



Children First



Constrained Choice



ACEs (adverse childhood experiences)



Trauma-Informed



Contextual Safeguarding



Reachable Moments



Working with parents/carers



What do we mean by Children First ?

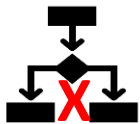


It is crucial that we see adolescents as children first. It may be tempting to view/treat them as mini-adults especially those who act older or are older. Remember they are still a child. Seeing an adolescent as a person makes it easier for us to see the wider context. We have adopted seven principles to improve our responses to adolescent risk:

See the person - not the behaviour, actions or offence

There is much more to an adolescent than their behaviour. Be aware of your own emotional responses

- 1. Work with adolescent development** – particularly perception, autonomy, aspiration, and skills
- 2. Work with adolescents as assets and resources** e.g. draw on strengths to build confidence and resilience
- 3. Promote supportive relationships between adolescents and their family and peers**
- 4. Prioritise supportive relationships between adolescents and key practitioner(s) through service design**
- 5. Take a holistic approach both to adolescents and the risks they face** e.g. avoid labelling adolescents according to risks
- 6. Ensure services are accessible and advertised** – respond to adolescent autonomy, advertise benefits and provide outreach
- 7. Equip and support the workforce**



What is Contextual Safeguarding? (now referred to as assessment of risk outside of the home*)

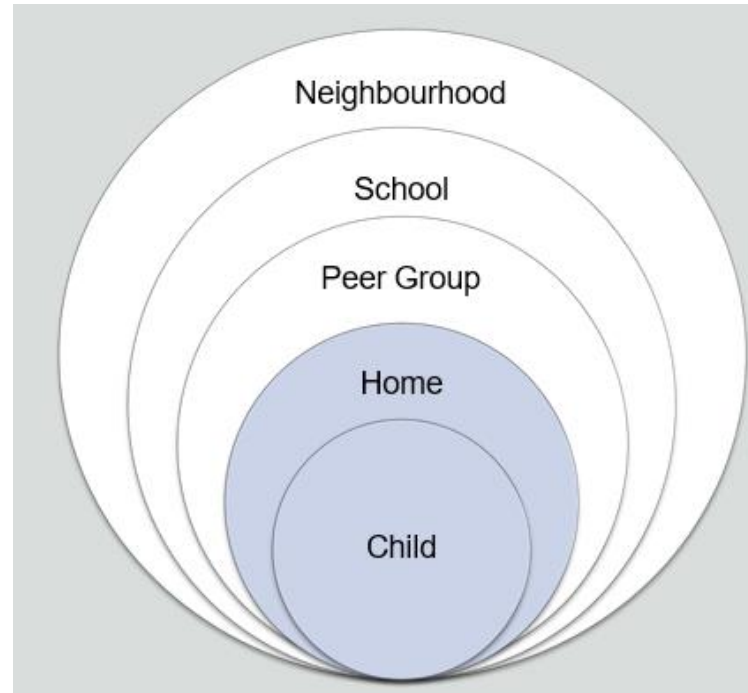


It is an approach to understanding and responding to adolescents' experiences of significant harm outside of their homes and beyond their families.

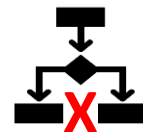
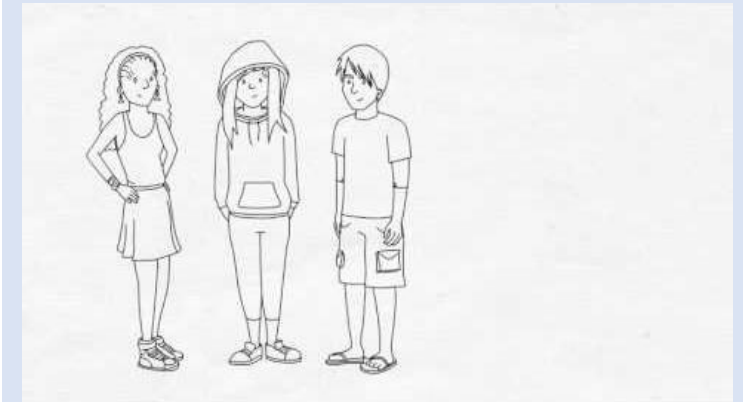
It recognises that the relationships adolescents form in neighbourhoods, schools and online can feature violence and abuse.

Parents have little influence over these contexts, and adolescents' experiences of extra-familial abuse can undermine child-parent relationships.

* December 2020 the terminology in [Working Together](#) (2018) was changed to 'assessment of risk outside the home'. See [NSPCC Briefing](#) for an overview of changes.



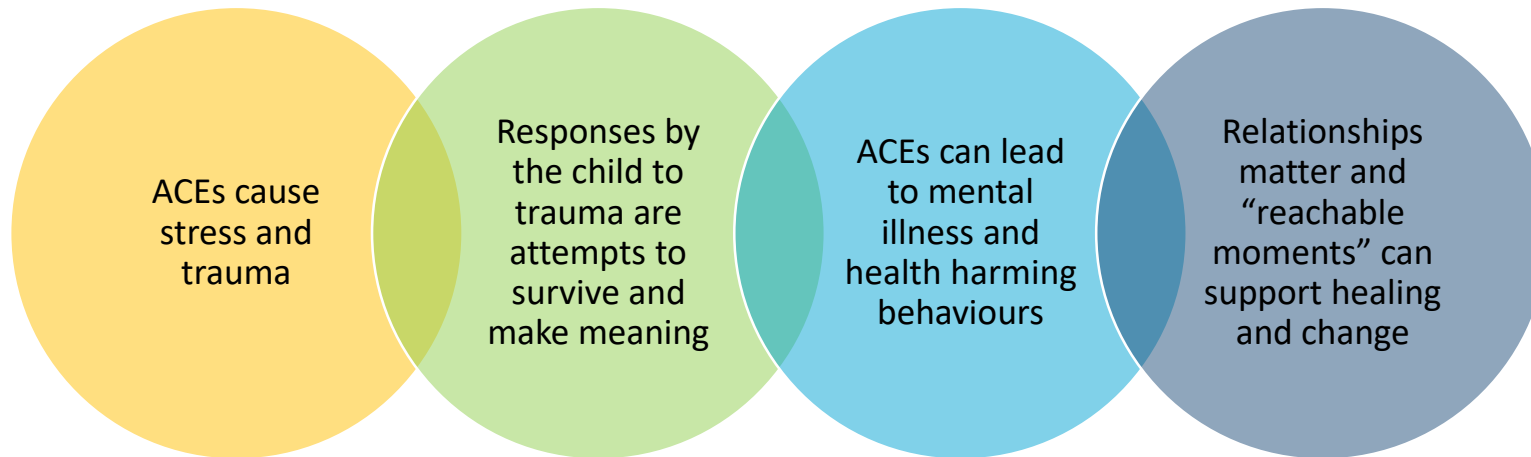
This short video from The Contextual Safeguarding Network provides an overview of contextual safeguarding and what it means in practice for different social contexts.



What are ACEs?

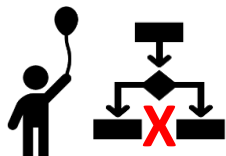


Adverse childhood experiences or ACEs are traumatic events occurring before the age of 18 years, that can have negative lasting effects on health and behaviour. High or frequent exposure to ACEs, without the support of a trusted adult can lead to toxic stress.



Public Health Wales has done work to raise awareness of ACEs and this short animation film developed with Darwen Local Authority provides an introduction to the subject.

5.40 minute clip

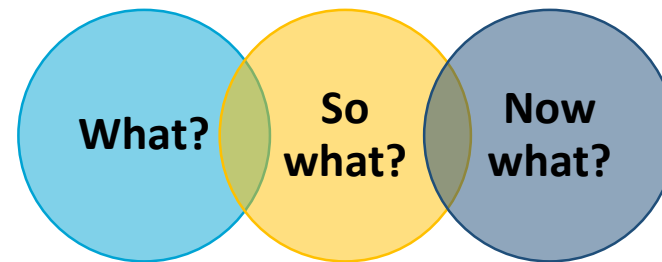




What does Trauma-Informed mean ?

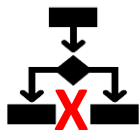
Research has shown that experiences of trauma can have a significant impact on adolescent brain development. In general, trauma can be defined as a psychological, emotional response to an event or an experience that is deeply distressing or disturbing.

Trauma can be thought of as an umbrella term under which Adverse Childhood Experiences (ACEs) belongs. Some adolescents will have a traumatic response to risk and/or harm that they have experienced. Trauma is subjective - an event that is traumatic for one person may not be for another. Individuals should be able to develop their own narratives.

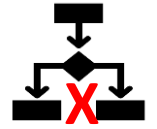


An understanding of trauma helps practitioners to recognise that rather than being completely in control of decision-making, adolescents often make constrained choices compared to developed adults who can make choices, over which they have full control.

A 'trauma-informed approach' starts with a premise of asking **"What has happened to you?"** as opposed to **"What is wrong with you?"**



What is Constrained Choice?



CONSTRAINED = forced to do something against your will.

The choices of an adolescent who has experienced trauma and other factors such as grooming are highly likely to be constrained. In some cases, due to the impact of trauma, an adolescent may not be in a position to make any choice at all.

Some adolescents may have experienced trauma related to their SEND e.g. through prejudice from others or failed educational placements.

Adolescents with SEND may not be able to identify or communicate their traumatic experiences.

Where communication is not effective, choices may be constrained e.g. the adolescent cannot express a wish not to take part in an activity or to associate with a peer.

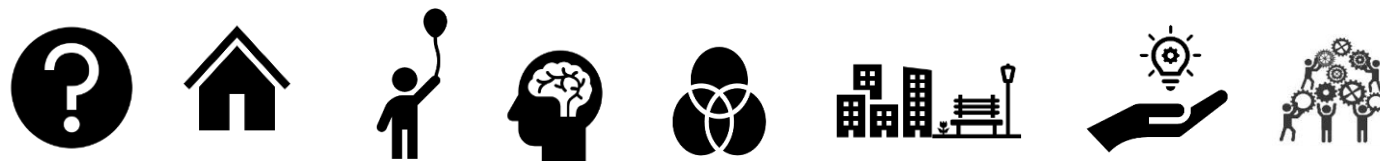


1.46 minute clip

It is vital that we choose accurate and neutral language to describe children and adolescents that demonstrates an understanding of constrained choice. This 'victim blaming language' film by young people in Waltham Forest highlights the importance of the language we use.

“Nothing about you without you” (often used in health reform)

Harnessing and channelling adolescents' own independent choices is key to supporting them with building resilience.





What are Reachable Moments?

These are the occasions when a child comes into contact with a service at a time when they are vulnerable. This is a reachable moment because it gives us an opportunity to make a connection with that child, offering a chance to actually reach them.

Why are reachable moments so important?

Making a connection in a reachable moment could potentially change the direction of travel for a child and make a difference to their whole life.

Example: A child is found in a county lines situation and arrested. They are far from home, on their own and feeling afraid of what is going to happen to them. The child is fearful of the criminal justice system, how their carers/parents are going to react and the organised crime group which is exploiting them with whom they may also have a drug debt. This presents a “reachable” moment for any professional now involved. Due to the fear and vulnerability this child is experiencing it may be more likely that they positively receive offers of help and support.

Our role is to make sure that offer of support is about the...

right conversation, with the right action, at the right time.



Working with parents/carers



- Parents and carers are often excluded in work with young people who are, or who are at risk of being, exploited by perpetrators external to the family.
- In cases where parents and carers are in no way connected to the abuse they can still be treated as though they are partly responsible for what has happened.
- In these situations research suggests it is crucial to work with parents and carers, to help them understand what the young person has gone through, the risks they face, and how they can be protected.
- Direct work with parents can help to improve family relationships, and equip the whole family with the knowledge they need to help keep young people safe. Wherever possible, parents and carers should be included as partners in safeguarding their children”.
- Parents and carers know their children and this knowledge and active involvement is central to developing a robust plan to safeguard the child.

Source: [University of Bedfordshire](#). Also a short [video clip](#) (1.30 minutes). Although written in the context of sexual exploitation this is equally relevant to all forms of exploitation.



Watch/Listen to these films

Here are a selection of films that provide more information and further opportunity to explore some of the topics covered in this resource pack. To *access the video please ctrl+click on the image to open the hyperlink.*

Reachable moments

Ian Wright talks about a teacher who made a difference to his life

2.30 minute clip



Contextual Safeguarding

Dr Carlene Firmin explains more

15 minute clip



Adolescent Brain Development

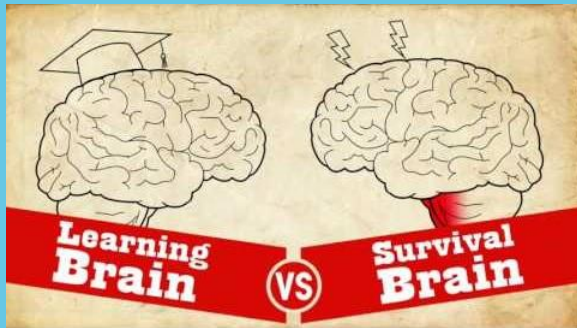
Dr Sarah Jane Blakemore explains more

14 minute clip



Watch/Listen to these films

Trauma Informed & Trauma

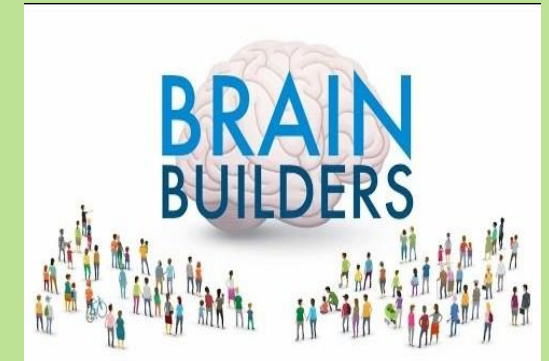


From Jacob Ham, in simple terms

Each clip 5 minutes

ACEs: Impact on
brain, body and
behaviour
6 minute clip

NSPCC: How a child's
brain develops through
early experiences
4 minute clip



Top Tips: Opportunities to support

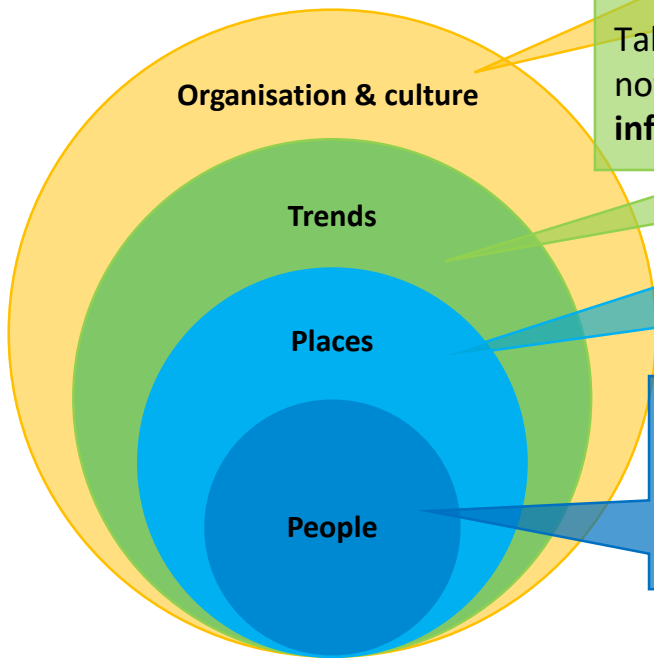
All practitioners have opportunities in every day work with adolescents to identify risks outside the family home:

Use of language when describing children – how staff and your organisation operates (e.g. bullying).

Take note of themes and trends that are coming to notice in your agency. **Consider should you pass this information on?**

Listening out for locations where adolescents who are at risk say that they are spending time... **Consider should you pass this information on?**

Listening out for names of peers or adults with whom adolescents mention they are spending time. **Consider should you pass this information on?**



The role of trusted adult is to build a relationship so that adolescents feel able to talk. This approach should not be used to pry into adolescents' personal lives.

Many adolescents go through a period where they need independence and personal space and may seem to communicate less. They may be reluctant to provide details about their friends or about places where they are spending time, they should not be pushed by intrusive questions.

Think about whether your interaction with an adolescent could be that REACHABLE MOMENT



Top Tips: Effective Engagement

The starting point for all practitioners if they are concerned about an adolescent should be a quality conversation. Here are some top tips to support effective engagement with adolescents:

ACKNOWLEDGEMENT:

Thank adolescents for being able to talk to you. Listen to what they have to say, and later support them

ENVIRONMENT:

Give time and space. Pick the right place

SENSITIVITY:

Describe areas of concern sensitively with adolescents. Consider the pace and number of questions

AWARENESS:

Stay alert! Keep your eyes, ears and body language open to what the adolescent has to say, without judging, being shocked, commenting or advising (in the first instance)

ACTIVE LISTENING



ADJUSTMENTS:

Adapt your communication accordingly to needs of adolescents with SEND or work with an advocate who knows them well

LISTEN, LISTEN, LISTEN:

The single most important principle is to really hear what the adolescent has to say



Top Tips: Effective Engagement

SEE READINESS TO CHANGE:

Approach early engagements with curiosity and look for signs that they are ready to change.

CURIOSITY:

Find out what matters to them.
What are their hopes and dreams?
Their personal strengths?
Learn about the assets around them such as peers, family, friends, activities they enjoy or networks they are part of.

AVOID CORRECTION: Instead of questioning the decision, question how they arrived at their thinking.

IDENTIFY STRENGTHS



START NEUTRAL: Don't discuss the consequences of their behaviour during early stages of engagement, unless there are clear and immediate child protection concerns.

CUT THE JUDGEMENT:

Avoid phrases like 'I'm disappointed with you'.

FEEDBACK:

Give feedback that is specific and focused on desired behaviours.

WHAT'S IN IT FOR THEM?

Listen out for motivation to gain an understanding of what they wants.



TOP TIPS: Effective Engagement

We often fall into the habit of doing an assessment to an adolescent rather than with them. Adolescents who are more involved in making decisions about their care and the services supporting them are more likely to engage meaningfully, develop positive relationships with professionals and improve outcomes.

THEIR VIEW:

Seek their perception of their behaviour rather than talking about your perceptions.

Adolescents with SEND should be given opportunities to communicate their views, with support. There will be valuable information about them in Education, Health and Care Plan's (EHCP) and school or college support plans.

**THEY TAKE
THE LEAD**



SOLUTION-FOCUSED:

Ask questions that lead to solutions, rather than remaining on problems, issues, and mistakes.

OFFER A WAY OUT:

Explain to adolescents that they can end a discussion or engagement.

FOLLOW UP!

Make sure that anything you put in place actually happens and they are kept informed of this.

EMPOWER:

Resist the urge to “solve the problem” for adolescents but rather enable them to reflect and set goals to which they are more likely to be committed to.



What children say they value in a worker

Take time to understand my life

Look out for signs I am being hurt and get me the right support quickly

Keep trying to get a hold of me even when I don't turn up or I say no at first/or something more direct e.g. F*** OFF!

Keep me busy with safe things to do

Understand that the way I behave is because of what is happening to me, has happened to me in the past or is because of what I see around me

Help my parents understand that being exploited is not my fault



Continued...

Look into it whatever I say/tell you even if I cant tell you everything. Know that sometimes I will show you in different ways – not just speaking

Treat me with respect and understand why I might struggle to trust adults

Help me manage difficult feelings

Explain why a decision has been made about me

Be realistic about what I can do in the situation I'm in to 'keep safe'

Help to get people hurting me locked up

Keep on my level, start conversations, be interested in me

Don't tell me off for my abuse



Relationships!!!



- ✓ Relationships are the key to all interventions with children/young people
- ✓ These take time to develop for trust to be established
- ✓ Engaging children and parents in the planning process is essential
- ✓ The role of practitioners is to understand the challenges for children to trust, after having been exploited and groomed

Don't forget...

Every interaction is an intervention!



Top Tips: Strength Based Practice

Strength finding questions encourage inspire positive action. They help with clarifying goals and developing strategies for achieving them. Questions can also prepare people to deal more confidently with setback and disappointment.

APPRECIATING SUCCESS:

What is going well?

- * What are you/we doing better than before?
- * On a scale of 0 – 10, where were you/we then and where are you/we now?

ACKNOWLEDGING STRENGTHS

How have you/we coped with a similar situation in the past?

- * What skills/qualities do you/we bring to this situation?

DESCRIBING AN IMPROVED FUTURE/ GOAL:

What will be happening that isn't happening now?

- * How will you/we know that you/we are getting nearer to this goal?

DOING MORE OF WHAT IS ALREADY WORKING:

How could you/we make that happen more often?

- * When is this working best?
- * How can this happen at other times?

NOTICING EXCEPTIONS:

When does the 'problem' not occur?

- * When/ where does it have least impact?
- * What is making the difference?'

MINIMISING PROBLEM TALK:

How have you/we coped with a similar difficulty in the past?

- * How will you/we handle setback?
- * How will you/we talk ourselves through it?'



Top Tips: Working Together

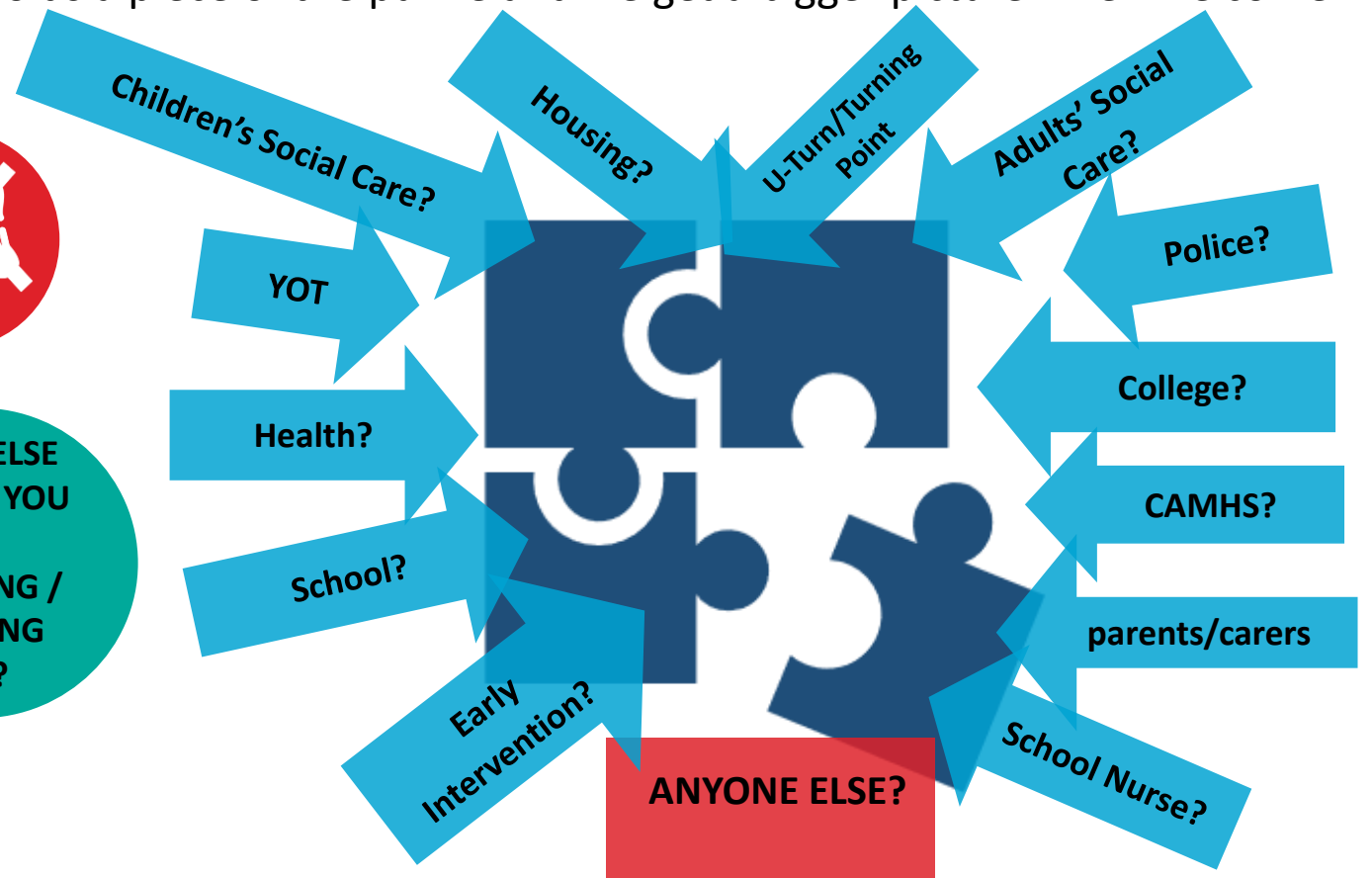
Multi-agency working is a crucial part of safeguarding adolescents. We need to make sure we meet and talk to each other altogether to share information. Everyone holds a piece of the puzzle and we get a bigger picture when we come together. **Remember you are not alone!**

MULTI-AGENCY RISK MANAGEMENT MEETINGS: Coming together as a group to discuss cases is important. Consider:

- Involvement of parents/carers and anyone else important to the child e.g. grandparent.
- Who are the other services/professionals involved?
- What do the other services know?
- Does anything need clarification?
- What action has been taken so far and is there anything else which should or could be done by your service and with/by other services?



**WHO ELSE
COULD YOU
BE
MEETING /
TALKING
TO?**



Multi-Agency Risk Panel (MARP) for those under 18 years

The purpose of [MARP](#) is to Quality Assure the safety planning in place for children at risk of Missing, and Child Exploitation.

MARP meets monthly and makes Multi-Agency recommendations regarding the safety planning to all partners to safeguard and promote the welfare of children and young people highlighted at MARP.

MARP does not replace or supersede any current policy or procedure in relation to child protection nor does it singularly address exploitation of children and should be followed in conjunction with current [child protection procedures](#).

Referrals to MARP are made by completion of a vulnerability checklist by the lead agency.

If you require further advice regarding making a referral, please contact opal@swindon.gov.uk.



Risk Enablement Panel (REP) for those over 18 years



To report a concern about an adult at risk of, or experiencing harm please [click here](#)

Criteria for Risk Enablement Panel

When to consider a REP?

When all other interventions have not produced an improvement in outcomes for the individual(s) of concern.

Small number of individuals are deemed to have mental capacity, multiple needs and may be at risk of significant harm but fall outside of the criteria for Adult Safeguarding investigations (Section 42 Criteria not met).

The majority of the cases have had a community safety focus.

Where multiple high risks have been identified following an assessment and evidence that all other interventions have not produced an improvement in outcomes for the individual adult. Panels will be for one case (or linked cases) meeting as and when required.

For those who are deemed to have capacity and;

- Section 42 Care Act 2014 Safeguarding criteria not met.
- Who are at risk due to self-neglect/self-harm (*Fall outside Safeguarding S42 Criteria*)
- With risk taking behaviours;
- Who are change resistant;
- Who refuse to engage with services;
- Who are 'frequent callers' to services and
- Where the agency is struggling to maintain a high-risk situation as a single agency.





Purpose of the Risk Enablement Panel

To facilitate, develop engagement and risk management plans and monitor their effectiveness:

- Share information to identify, clarify and agree on risk
- Promote safety and wellbeing of high-risk adults in Swindon
- Improve multi-agency communication pathways
- Utilise the resources in Swindon more efficiently
- Develop a Risk Management Plan
- For those who are not engaging, co-ordinate a Risk Management Plan to seize the opportunities that can enable engagement and/or monitor the well-being of the person e.g. outreach opportunities, support from the community and locality input
- Ensure any actions are covered by a legal framework or are lawful
- Improve agency accountability
- Identification of a lead/key worker
- Share risk across agencies
- Consider options that will enhance the range of possibilities available to professionals to improve the outcome for the individual

For further information contact RiskEnablementPanel@swindon.gov.uk.



National and Local Learning...

In 2020 the Child Safeguarding Practice Review Panel published [‘It was hard to escape’](#) Safeguarding children at risk from criminal exploitation. However they are equally applicable to all forms of exploitation.

Below are some of the key learning points identified relevant to this resource and which are also reflected locally.

Relationships with Children

- ✓ Only trusted relationships bring honest and open communication.
- ✓ So we need to earn the trust of these children.
- ✓ How? ‘Strengths-based, relationship-driven approaches’ (Lit Review).

Critical moments

- ✓ Agencies need the capacity and responsiveness to respond at critical moments.

Helping parents & extended families to manage risk

- ✓ Whole-family and non-judgemental approach between families and practitioners.
- ✓ Parents need help to handle stressed and frightened children.

Acknowledging & managing risk

- ✓ The role of inspectorates often pushes practitioners into an over-interventionist, rather than relationship-focussed approach.
- ✓ Reflect on whether all local agencies are contributing to risk management plans as needed, and how rapid changes to risk will be responded to.
- ✓ Intensive risk management plans (including use of electronic tags, curfews, training) alongside a strong relationship with the child can be most effective.

**It was hard
to escape**

Safeguarding children at risk
from criminal exploitation



Learning continued...

Critical moments'

- ✓ Vulnerable moments are when children are most receptive to help, such as when they are arrested / seriously harmed / excluded.

Parental engagement

- ✓ 'Services are slow to respond to parental concerns' (Literature Review)
- ✓ Parents felt blamed when they were engaged

Relocation

- ✓ Sometimes works in the short-term, much less likely in the long-term
- ✓ Disrupts family and community support, employment, education

Disrupting perpetrators

- ✓ Little insight about disruption, in contrast to the dual-approach for Child Sexual Exploitation

National Review Mechanism

- ✓ Misunderstood and inconsistently used

Risk management:

- ✓ Strong measures including use of electronic tags are effective

THE CHILD
SAFEGUARDING
PRACTICE REVIEW PANEL

**It was hard
to escape**

Safeguarding children at risk
from criminal exploitation



Discuss: Four examples



The next set of slides contain four case examples that aim to get you thinking either on your own or as part of a discussion in your team.

The first three are presented in their entirety with questions included. The fourth example is laid out in different parts. Make sure you start at part 1 and work your way through.

At the end of each case study there are some suggestions of things you may have considered, these are not exhaustive. Please take time to consider the case studies before referring to the suggestions.

Remember you can dip in and out of this resource pack if need be.



DISCUSS: What are the risks? And where?

Mustafa aged 14 and lives with his parents and younger twin brothers aged 12



- Mustafa is in year 10 and he has come to attention as his attendance is 79.82% which is below the school's target attendance of 96%.
- If Mustafa attends school, he often arrives late, sometimes after 10.30 am, which results in his overall attendance rate decreasing even further. The Education Welfare Officer (EWO) has explained the consequences his parents would face if his attendance does not improve and has informed him that she will be monitoring his attendance and will keep him up to date.
- On one of Mustafa's very late appearances, cannabis was smelt on him and when questioned about it seemed a little surprised but answered honestly, saying that he does smoke 'weed'.
- Mustafa has explained that he would be in serious trouble if she tells his parents and he has asked her to keep the conversation confidential, as he is "very afraid" of what his father would do. The Designated Safeguarding Lead (DSL) has explained her safeguarding responsibilities to Mustafa, stating that there may be circumstances in which she would have to speak to his parents.
- On further investigation, it seems that Mustafa's attendance and the behaviours he displays had not previously been investigated in school. There are concerns from school that Mustafa might be affiliated with a local gang.



Reflection – Case Study Mustafa



What are the risks?

Where are the risks?



These are some of the things you may have considered: Mustafa

Being [professionally curious](#) you may have wanted clarification of some of the information presented.

- ? Is his attendance just become an issue or is this following a pattern?
- ? Late arrival – what could be the reason?
- ? Linked to a local gang – what is the evidence/information?
- ? Is there evidence of harm outside of the home/family – are assumptions being made?
- ? Peer group – who are they ? Relationships can be positive but may also pose a risk.



Potential risks and where may be:

- ✓ Use of cannabis.
- ✓ Identity – are presumptions being made linked to ethnicity and gender?
- ✓ Relationship with dad – are there concerns?
- ✓ Risks may be at home or outside the home.

What else might you want to know/consider?

- Siblings.
- Is there a trusted professional?
- Consider completing a [child exploitation screening tool](#) to evidence concerns and if you need to make a referral.



Discuss: What questions would you ask? What are your concerns?

Part 1: Morgan aged 16 and lives with mum and two younger siblings



- Morgan was recently a victim of a stabbing. The incident occurred outside Morgan's home address. Morgan was taken to hospital via an ambulance and on discharge returned home.
- Shortly after discharge from hospital, Morgan attempted suicide through tablets and admitted again. Upon release Morgan returned home.
- Morgan's mother had a history of substance use and mental ill health. Morgan stated that when Morgan's mother became ill again, older friends had helped out with money, and in return Morgan helped them, initially moving packages and later selling drugs. Morgan disclosed when Morgan's mother relapsed, those friends from the local area had come to help at the address.
- Morgan attended 3 different secondary schools. Due to an underlying learning need, dyslexia, and with mother's illness, disclosed difficulty attending school and did not finish.

Part 2 continues on the next slide



Discuss: What are the reachable moments? Does Morgan's gender make any difference?

Part 2: Morgan aged 16 and lives with mum and two younger siblings



- Morgan had been arrested for possession with intent to supply Class A drugs earlier in the year and two mobile phones were seized.
- Recently drugs were stolen and Morgan is now in debt. Morgan was then threatened by people in the local area due to the debt.
- Morgan was taken to an address and threats of physical harm were made and was forced to work off the debt. Morgan was kept there for several days.
- During this period Morgan was not reported missing, because of mother's relapse, and Morgan's sister was afraid to report Morgan missing to the police.
- Morgan returned home several days later.



Reflection – Case Study Morgan



Part 1:

What questions would you ask?

What are your concerns?

Part 2:

What are the reachable moments?

Does Morgan's gender make any difference?

Consider how Morgan might be feeling?



These are some of the things you may have considered: Morgan – Part 1

Being professionally curious you may have wanted to ask the following questions.



- ? Who is working with Morgan? What agencies/professionals?
- ? Morgan's education?
- ? Has a safeguarding/child protection referral been made? If not consider completing a child exploitation screening tool to evidence concerns and making a referral.
- ? Have any assessments been completed around Morgan's learning need?
- ? What support is there for the mum and siblings?
- ? Who are Morgan's friends/peer group?
- ? Who are the concerning adults?
- ? Is there a coordinated plan – who should be involved?
- ? Is Morgan known to the Multi Agency Risk Panel (MARP)?



These are some of the things you may have considered: Morgan – Part 1

Concerns may have included.

- ✓ Risk of serious physical injury e.g. stabbings, self harm
- ✓ Child exploitation – criminal and sexual – possibly if plugging drugs
- ✓ Victim of trafficking
- ✓ Missing – not being reported
- ✓ Parenting capacity
- ✓ Unassessed learning need
- ✓ Risk to siblings
- ✓ Isolation
- ✓ Weapons
- ✓ Arrested
- ✓ Substance misuse



These are some of the things you may have considered: Morgan – Part 2

Consider what are the reachable moments for Morgan?



- ✓ This may be when presenting at the hospital (two occasions). Were Police involved ? Was a referral made to Children's Social Care (CSC)/[Multi-Agency Safeguarding Hub](#)?
- ✓ When Morgan was arrested. Did the police make a referral to CSC/MASH?
- ✓ If Morgan had been reported missing a return home interview.
- ✓ What did schools know, what did they see, could they have intervened earlier and did they share information.
- ✓ What intervention was there with mum – were adult services involved. Were any concerns passed on to CSC ([See the adult see the child](#))?
- ✓ Morgan is being trafficked and use of the National Referral Mechanism (NRM) should be submitted.

Does Morgan's gender make any difference?

- ✓ Did you think about Morgan being a female?
- ✓ Did this make a difference to your response?



These are some of the things you may have considered: Morgan – Part 2

Morgan may be feeling:

- ✓ Scared for self/family and siblings
- ✓ Fear of repercussions if they tell someone
- ✓ Isolated
- ✓ Physical pain from injuries
- ✓ Low self-esteem – depressed /Post Traumatic Stress
- ✓ Ashamed
- ✓ Trapped in a hopeless situation
- ✓ Not knowing who to trust
- ✓ Helplessness

By adopting a trauma informed approach this means considering what has happened to Morgan and being a victim of exploitation, as opposed to asking why did you do it/commit those offences.



Discuss: What are the potential risks here?

Sarah aged 17 and lives in her own home with her 6 week old baby



- Sarah is a care experienced young person who recently moved into her own home from semi-independent accommodation.
- Sarah has a new boyfriend who is somewhat older and not the father of the child.
- Sarah has been diagnosed with post-natal depression.
- Sarah's Family Nurse Partnership (FNP) practitioner noticed a smell of smoke and weed in Sarah's home on the most recent visit and saw lots of empty bottles. Sarah explained that her boyfriend and some of his friends had been over the night before. She also notices that Sarah is distracted on her phone and when asked she explains it is her boyfriend. At one point she takes a call from him and it sounds as though she is trying to appease him.
- Sarah tells her FNP practitioner that her boyfriend is arranging a party for his male and female friends and other adults that she does not know at her house next weekend. He has told Sarah to get some of her younger female friends to come along.
- Sarah will be leaving her baby with her foster mother with whom she now has a good relationship. Sarah has told her foster mother she is unsure about going as she is uncomfortable around his mates. She is evasive when asked about details of who will be coming to the party and becomes defensive when pushed for more information.
- Sarah asks the FNP practitioner to promise not to tell social services because she is frightened that her baby will be taken away.



These are some of the things you may have considered: Sarah

The potential risks may be related to:

- Child Sexual Exploitation
- Child Criminal Exploitation
- Domestic Abuse – coercion/control
- Cuckooing
- Drug/alcohol misuse
- Risk to the baby
- Sarah's health (post natal depression/self-esteem – previous trauma/life experience)
- Boyfriend – what is known about him? Concerns regarding domestic abuse/party
- Unknown males and females at the house

Other considerations?

- ? Where is the baby's father?
- ? Sarah may be viewed as a facilitator/perpetrator (does she have a choice?)
- ? Have the professional network been made aware of these concerns? Do not assume the information has been shared
- ? If not consider completing a [child exploitation screening tool](#) to evidence concerns and if you need to make a referral



Reflection – Case Study Sarah



**What are the
potential risks?**



DISCUSS: Part 1 - What are your initial thoughts?

Alex aged 15 lives with mum, dad and younger sister



- Alex attends a private secondary school and is doing very well academically
- Alex was referred by the GP to the dietetic team due to concerns of a possible eating disorder and is brought regularly by a parent.
- At age 11 years old, Alex was referred by the GP to a specialist enuresis clinic due to sudden bed wetting. There were no signs of infection or anything untoward when a urine sample was tested.

Part 2 continues on the next slide



Discuss: Part 2 - Is there anything of concern here?

What questions would you be asking if you were the dietician?

Alex aged 15 lives with mum, dad and younger sister



- Alex was taken to an appointment at the enuresis clinic by their mother. Mother was dismissive of the advice and Alex was not brought to any subsequent enuresis appointments. The enuresis clinic discharged Alex back to the GP.
- Father took Alex to a dietetic appointment and whilst he was talking to the dietetic team psychologist, Alex met with the dietitian who was seeing Alex for the first time alone. The dietician noticed that Alex seemed to have deteriorated since they were last seen and was described as very low in mood and looked exhausted. The dietician asked Alex some questions.
- Alex disclosed sexual abuse by his/her father since they were 11 years old and more recently had been taken to hotels to meet with other men who also sexually abused him/her.



Reflection – Case Study Alex



Part 1: What are your initial thoughts?

Part 2: Is there anything of concern here?

What questions would you be asking if you were the dietician?



These are some of the things you may have considered: Alex



Part 1 - Initial thoughts may include:

- Do we always identify CSE and child sexual abuse in relation to males?
- A child doing academically well does not always mean there are no underlying issues.
- Were school aware of any concerns/changes in Alex – given the observation by the dietician?
- Sudden bed wetting at this age with no clinical reasons for it could be cause for concern.
- **Be professionally curious** – remember child abuse can take many forms and it can happen to any child in any family, in any place or online.

Part 2 - Concerns you may have considered include:

- Mother's dismissiveness of the bed wetting and subsequently failing to bring Mary to appointments.
- Was Alex ever spoken to on his/her own?
- The physical deterioration is a concern and is a potential indicator of abuse.
- Was neglect considered? Was consideration given to completing a Graded Care Profile 2 (GCP2) assessment?

Further information regarding the [neglect framework and practice guidance/GCP2](#).

- Mother's relationship with Alex – is Mother a victim or colluding with dad?

If you were the dietician you might be asking/saying to Alex:

- ? What good things have been going on for you recently?
- ? Is there anything that is worrying you?
- ? I can see that you look a bit tired.
- ? How have you been sleeping?

Further guidance from NSPCC on [what to do if a child reveals abuse](#).

Next steps and other considerations:

- Reassure Alex that he/she's done the right thing, nothing to feel scared about and is safe.
- Take immediate steps to safeguard Alex and younger sibling be informed by safeguarding procedures/advice from Police/[MASH](#).
- Make an immediate referral to Police/[MASH referral](#) for Alex and younger sibling.
- Keep Alex informed about what you will be doing.



What action can you take? Some practical interventions.

- ✓ Challenge language - say what it is
- ✓ Engage with children/young people to map...
 - ✓ their peer relationships and friendships
 - ✓ areas where they feel safe/unsafe and
 - ✓ connections between children open to services
- ✓ Be **professionally curious**
- ✓ Recognise and capitalise on reachable moments
- ✓ Use **disruption tactics** such as Child Abduction Warning Notice (CAWN), Sexual Risk Order's (SRO's), National Referral Mechanism (NRM) applications
- ✓ Submit **Intelligence Reports**, (if this link is not available please report any intelligence via 101), make referrals to the Multi Agency Risk Panel (MARF), complete a Vulnerability Checklist (VCL), identifying Victim, Offender, Location & Themes (VOLT)
- ✓ Ask yourself – should you be the trusted adult that will continue to support the child?



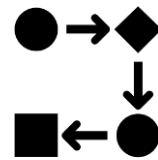


Key Messages – Child Exploitation

- ✓ Children/young people cannot consent to their own abuse.
- ✓ Safeguarding children/young people is everyone's responsibility. Share information – no matter how trivial you think it may be.
- ✓ Any child/young person, male or female, can be at risk of Child Sexual Exploitation or Child Criminal Exploitation.
- ✓ Child Sexual Exploitation is more than just sexual assault: Perpetrators who sexually exploit children commit multiple crimes when they do so.
- ✓ Perpetrators can be women as well as men.
- ✓ Grooming can take place in many forms; online, social media, mobile technology and face to face.
- ✓ Exploited children/young people may refuse help but they still need to be safeguarded, working with parents and children, wherever possible, is essential.



Useful Local and National Resources



Guidance, Report and Disruption Toolkits

[Appropriate Language](#): Child Sexual and/or Criminal Exploitation – Guidance for professionals



[Home Office: County Lines Guidance for professionals](#): children and vulnerable adults

[Modern Slavery Helpline](#): National Referral Mechanism (NRM) guidance for frontline professionals – adults and children

[HM Government - Information for First Responders](#): NRM guidance for adults and children

[Home Office](#): Practitioner Toolkit - Working with young people to prevent involvement in Serious and Organised Crime

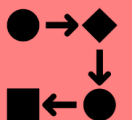
[The Child Safeguarding Practice Review Panel: It Was Hard to Escape](#): Safeguarding children at risk from criminal exploitation



[Home Office - Child Exploitation Disruption Toolkit: Disruption Tactics](#) (2019)

[Swindon & Wiltshire CSE Disruption Toolkit](#) (may also be applicable to CE) (2017)

[NWG Disruption Toolkit - Criminal, Civil and Partnership Disruption Options for Perpetrators of Child and Adult Victims of Exploitation](#) (2019)



Resources

[Child Exploitation Practitioners Resource](#): useful information, links to websites and resources for professionals working with those at risk of or being exploited in Swindon

[Local Offer – Swindon](#): A local website for children & adults who have support needs, giving you correct information and advice at any time

[Swindon Safeguarding Children - Child Exploitation webpage](#): information for professionals

[Swindon Safeguarding Partnership - Threshold Guidance – Right Help @ the Right Time](#): A guide to assessing levels of need and identifying the most appropriate support

[NPCC, Victim Support and The Children’s Society - Strategies, Guidance and Toolkits for professionals](#): child exploitation

[The Children’s Society - Stages of Recruitment Criminal Exploitation](#)

[The Children’s Society](#): Child Exploitation information/resources for professionals

[Contextual Safeguarding Network](#): brings together practitioners, researchers and policy makers who are committed to protecting young people from harm outside of the home

[National Working Group](#): range of child exploitation resources



Useful Websites



[Swindon Safeguarding Partnership Child Exploitation](#) – information and resources for workers and volunteers including:

- ✓ [Child Exploitation webpage](#)
- ✓ [Virtual courses/eLearning](#)
- ✓ [7-minute briefs/learning resources](#)
- ✓ [Local Procedures](#)

[South West Child Protection Procedures](#): Swindon Web enabled procedures manual

[Pace: Parents against child exploitation](#): a charity which brings a parent's perspective to resources for professionals and parents/carers

[Barnardo's](#): resources for professionals

[NSPCC](#): resources for professionals

[Missing People](#): information, services and resources for professionals and parents/carers – links to missing and exploitation

[Contextual Safeguarding Programme Website](#): information and resources for professionals

[SPACE- STOP & PREVENT ADOLESCENCE CRIMINAL EXPLOITATION](#): information for professionals and parents/carers regarding Child Criminal Exploitation (CCE) and County Lines

[The Children's Society](#): information and resources for professionals and parent/carers regarding child exploitation

[Public Health England](#): Guidance: County Lines exploitation for front-line health/care professionals but some useful information for all professionals





We want to know about your experience of using this resource and how much your practice has changed/improved as a result of this learning.

Please email us: safeguardingpartnership@swindon.gov.uk

If you want further advice/guidance regarding a child you are working with who is at risk/victim of exploitation please contact the OPAL team.

Email: opal@swindon.gov.uk

