

8.1 Safeguarding children and young people

The LSCB and Children's Trust Board monitor and evaluate the safeguarding of children and young people in the borough, a top priority for both Boards.

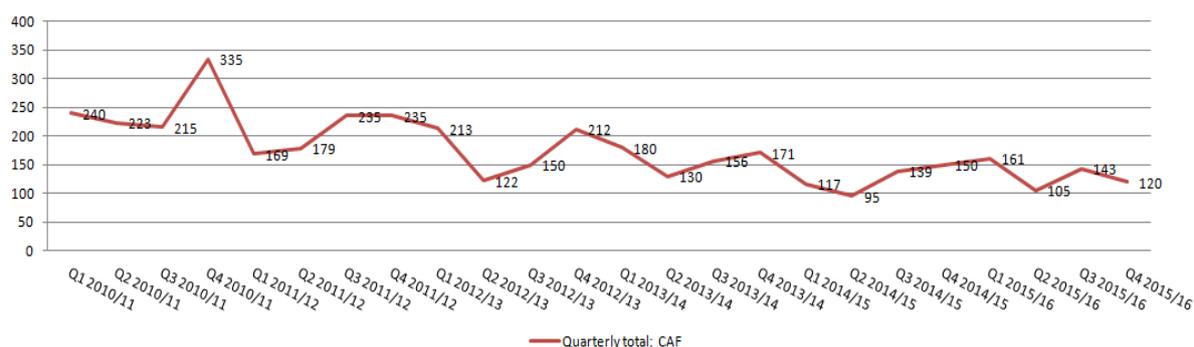
The paradox of safeguarding is that as a society we want the number of abused children to fall, yet we want to make sure that all children who are suffering abuse are in contact with services and supported into safer environments. Therefore, interpreting safeguarding data requires a note of caution, rising numbers of referrals may reflect increasing prevalence of abuse or may be as a result of better signposting of services and improving access for children and families in need.

8.1 Early help assessment and coordination tools

Barking and Dagenham practitioners continue to build on the successful implementation of the CAF process through early identification and intervention. Assessments are undertaken by trained staff members who have identified families with additional needs and require multi agency involvement in order to bring them back to universal services without needing ongoing support from a targeted service. The CAF is the primary assessment within the borough for early help and is the recording tool for evidencing the work undertaken with families involved in Troubled Families Phase 2 (TF2). All families involved in the programme should have their needs assessed by a staff member through the eCAF system unless they are receiving statutory intervention through social care.

The data below highlights the CAF initiation numbers since 2010. There have been 5023 CAFs undertaken by universal and targeted settings at the end of March 2016. This is an increase of 576 assessments on the last financial year. The quarterly breakdown of new CAFs initiated can be seen below:

8.1.1: CAF initiation statistics as of 31 March 2016



8.2 CAF statistics

The table below shows the breakdown of the age the children/young people were at the time the CAFs were undertaken. Two year old children are the age group where the CAF initiation is at its highest, which is in line with 2014-15 data. Unborn children to 2 years make up over 20% of the CAFs undertaken within LBBB showing that this is a critical time for service involvement and early intervention. These

children are only accessing universal and voluntary services showing that engagement with these children and families is critical as this group need targeted support best managed through a CAF.

There is a dip in CAF initiation for 11 year old children compared to the ages either side. This is an area that should be considered a priority for education services in order to assist the transition from primary to secondary schools. The numbers for children 11 up to 14 rise until they peak again at age 14. The smallest age group for initiation is the last group where young people are aged 18 to 21. This is to be expected as a number of services end their involvement at 18 years old. Some targeted services such as the Targeted Personal Advisors and Subwise drug service will work with young people above 18 if they have learning needs requiring additional support to transition to adult services.

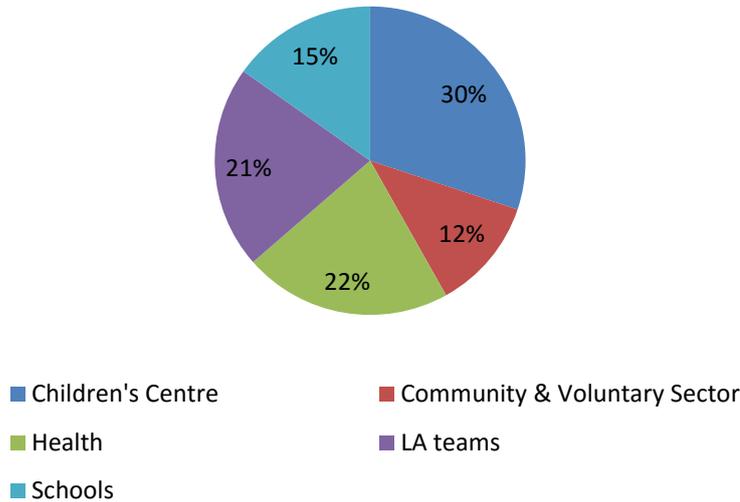
8.2.1: Age breakdown of CAFs up to 31st March 2016

Age at time of CAF being initiated	CAFs	B&D % breakdown by age	London % breakdown by age	total % of C/YP in B&D
unborn	74	21.50%	16.8%	
0	268			7.66%
1	273			8.04%
2	465			14.77%
3	398	20.29%	17.3%	13.12%
4	320			12.04%
5	301			11.95%
6	246	14.95%	16.8%	10.52%
7	249			11.64%
8	256			11.58%
9	223	12.96%	15.8%	9.50%
10	243			9.57%
11	185			8.29%
12	246	15.77%	17.4%	10.39%
13	265			11.82%
14	281			11.53%
15	241	12.78%	14.4%	10.41%
16	217			9.22%
17	184			7.78%
18	55	1.75%	1.5%	2.47%
19	18			0.85%
20	13			0.61%
21	2			0.09%
Total	5023	100%	100%	

8.3 CAF initiation for 5 years and under

As figure 8.2.2 shows, 2099 CAFs were undertaken for those children aged 5 and under. Just under a third (30%) were undertaken by Children’s Centre staff which includes the Targeted and Universal Early Intervention Workers and Play and Communication staff. Health services are the second highest initiator with 22% of all CAFs undertaken for this age group. This is an increase of 3% on last year’s data.

8.3.1: CAFs initiated: Pre-birth to 5 years old by setting (as of 31.03.16)



8.4 CAF statistics

8.4.1: CAF statistics as of 31st March 2016

CAF Status	No. of cases	%
Open	1543	30%
Closed	3480	70%
Total	5023	100%

The above table highlights the number of CAF assessments that have been completed in order to support children/young people and families with targeted support services. CAF is intended to be the process followed in order to provide quick and effective support to children and their families by supporting the additional needs identified so that they can be brought back to independence as possible. The higher number of closed cases evidences this point. The open case percentage has risen from 26% to 30% in the last year, but this is still a positive figure showing that the majority of CAF assessments are closed indicating short term intervention has been put in place.

8.5 Measuring the impact of early help and quality assurance

Barking and Dagenham has invested heavily in supporting Early Help across the borough. As systems are in place and embedded in a number of key settings, there is now more importance on measuring the impact of the services and Early Help interventions. Through quality assuring processes and interventions, we will be able

to provide challenge to those services that fall below the expected standards we require for our children and families. This also gives us the opportunity to learn about strengths and gaps in our Early Help service provision and build that into our commissioning arrangements.

Structured audits have taken place within 2015-16 to consider threshold application and to have a detailed review of cases accepted for long term social care intervention to learn from them. This year also saw the first Early Help quality assurance audits, where representatives of the Early Help Committee undertook audits on the CAF process undertaken by their staff as well as to observe TAF meetings held with the quarter. These audits were summarised and presented to the Early Help Committee in May 2016 where it was agreed that the process could be repeated in Q2 2016-17.

The Early Help Committee has been a sub group to the main LSCB board since 2014. It has excellent multiagency attendance from local authority teams and partners which supports consistency in approach to multi agency working, partnership working and sharing resources. For full details of 2015/16 early help quality assurance activity, please see reports on the LSCB Early Help website: <http://www.bardag-lscb.co.uk/Pages/EarlyHelp.aspx>

Children's social care – activity and demand

In 2015/16, alongside population growth and in the context of a high population of children and young people aged between 0 and 17 years of age (highest in the statistical neighbour group in 2014-15), the borough has reported a decline in safeguarding and looked after children numbers. The activity and performance information for the financial year 2015/16 demonstrates a decline across the majority of safeguarding activity in the Borough, although the number of contacts made to scoil care via partner agencies increased. There has been a fall in the number of social care referrals, the total number of open statutory cases, the number of assessments completed, the number of children subject to child protection plans and looked after children numbers. This section provides an overview of the activity data for the last financial year.

Social care contacts can be from members of the public or professionals across all agencies. The largest single referrers into the Front Door are the Police, Education and Health. In 2015/16, Barking and Dagenham received a much higher number of contacts into the front door of social care – MASH, but these did not impact on social care referrals. As at the end of March 2015/16, 11,393 contacts were received compared to 8,515 in 2014/15, representing an increase of 34%. This increase has been due to the increase in contacts received from the Police in the form of Merlins (66% of the growth). A number of actions have been taken in the last year as part of the Early Help and MASH project under Programme SAFE, including working with the Police and MASH on Merlins and how they are managed in the social care front door. This project is impacting on the number of Merlins coming through and subsequently social care contacts have declined to 785 in Q1 2016/17 compared to 1353 Q1 15/16, a decline of 42%.

In 2015/16, the number of referrals to statutory social care services decreased from 4,084 in 14/15 to 3,215 in 2015/16 - a real term decrease of 21% (Table 8.2.3). Barking and Dagenham's referral rate per 10,000 has decreased from 691 to 544. We are now in line with the national average (548), above the London average (478), but below our statistical neighbours (715).

The number of statutory social care assessments completed decreased in 2015/16 to 2,566 compared to 2,952 in 2014/15, a real term decrease of 13%. The timeliness of assessments is now monitored in terms of a statutory assessment to be completed within 45 days. In 2015/16, provisionally, 76% of statutory social care assessments were completed within 45 days, below our local target set at around 79%, but an improvement on our 2014/15 outturn of 71%. Performance falls below the national average of 82% and London average of 79%. Improving the quality and timeliness of assessments continues to be a top area for improvement.

Table 8.2.3: Pattern of service utilisation

	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16 (Prov)	1 year % increase
Number of contacts received (including multiple contacts on a child)	14,833	9,765	8,683	8,363	8,856	8,515	11,393	+34%
Number of referrals	3,043	2,704	1,812	2,586	3,126	4,084	3,215	-21%
Referral Rate per 10,000	632	546	337	470	558	691	544	-21%

Source: London Borough of Barking and Dagenham

In 2015/16, the total number of open statutory social care cases also decreased, falling to 2,035 compared to 2,326 in 2014/15, a 13% decrease in real terms. This is the first decline in open cases reported since 2008.

In 2015/16, the number of S47s undertaken slightly dropped to 1,218 compared to 1,234 in 2014/15. Our rate per 10,000 at 206 remains higher than all benchmarks – 186 for statistical neighbours, 137 for London and 138 for the national rate.

The number of Children subject to a child protection plan has decreased to 253 in 15/16 – a decrease of 28% on the 353 reported in the previous year. The rate per 10,000 is 43, compared to 60 in 14/15 and we are now in line with London (41) and National (43) averages, but below similar areas (52).

Looked after children numbers declined from 457 in 14/15 to 418 in 15/16, reducing our rate per 10,000 from 77 to 71. We are in line with similar areas (69), but above the national (60) and London (52) rates.

The number of children taken into care on police protection has been very high in previous years and was identified as an area for improvement following the Ofsted inspection in 2014. In 2014/15, focused partnership work between colleagues in the Police and social care on the use of police power of protection has led to positive improvements. The number of children taken into care through the use of Police Powers of Protection has significantly reduced with good progress made against our

local target set. Police Protection numbers in 15/16 declined to 54, representing 25% of all admissions into care. This compares to 69 (25% of admissions) in 14/15 and 134 in 2013/14 - 43% of all admissions. Children's services set a target of 20% reduction in use of police powers by March 2015 and achieved an 18% decline in proportionate terms. Based on actual numbers, the reduction is 60% over two years. Despite the good progress, performance is higher than the national average of 14%, but we have significantly closed the gap on the London average of 20%.

Although the ethnic make-up of the borough has changed significantly in the last 10 years, white British children remain disproportionately represented in statutory social care cases. For example, 50% of our looked after children and 49% of children on child protection plans are White British, significantly higher than the overall population of White British children in the borough of 33%. 19% of looked after children and 20% of children on child protection plans are Black - lower than the local black population of 36%, demonstrating an under representation.

Table 8.2.4

Indicator	LBBB 2010/11	LBBB 2011/12	LBBB 2012/13	LBBB 2013/14	LBBB 2014/15	LBBB 2015/16 (Prov)	SN Average 14/15	London Average 14/15	National Average 14/15
Number of open social care cases	1545	1714	2161	2184	2326	2035	n/a	n/a	n/a
All open cases at year end rate per 10,000	342	344	393	383	394	344	428	371	337
Number of children on CP plans	274	227	200	318	353	253	n/a	n/a	n/a
CPP rate per 10,000	55	42	36	56	60	43	52	41	43
Number of S47's	364	514	689	1231	1234	1218	n/a	n/a	n/a
S47 rate per 10,000	67	92	120	209	209	206	186	137	138
Number of LAC	411	427	420	458	457	418	n/a	n/a	n/a
LAC rate per 10,000	78	78	76	80	77	71	69	52	60

Poverty and deprivation, as well as domestic violence impact on social care. Barking and Dagenham has the 6th highest levels of child poverty in England and across London is ranked 4th worst for children aged under 16 and 6th worst for children aged under 18.

The prevalence of domestic violence is also impacting on the increases in social care demand. Domestic violence and abuse continues to be a significant issue in Barking and Dagenham. Using year to date totals, there were 2,568 offences in 2015/16 which represents an increase of 5.4% compared with 2,436 offences in 2014/15. Barking and Dagenham recorded the highest reported rate of domestic abuse offences across London again in 2015/16 – 27.2 recorded incidents per 1,000 population.

Fig 1. MOPAC Dashboard for domestic violence across London by borough 2015/16.

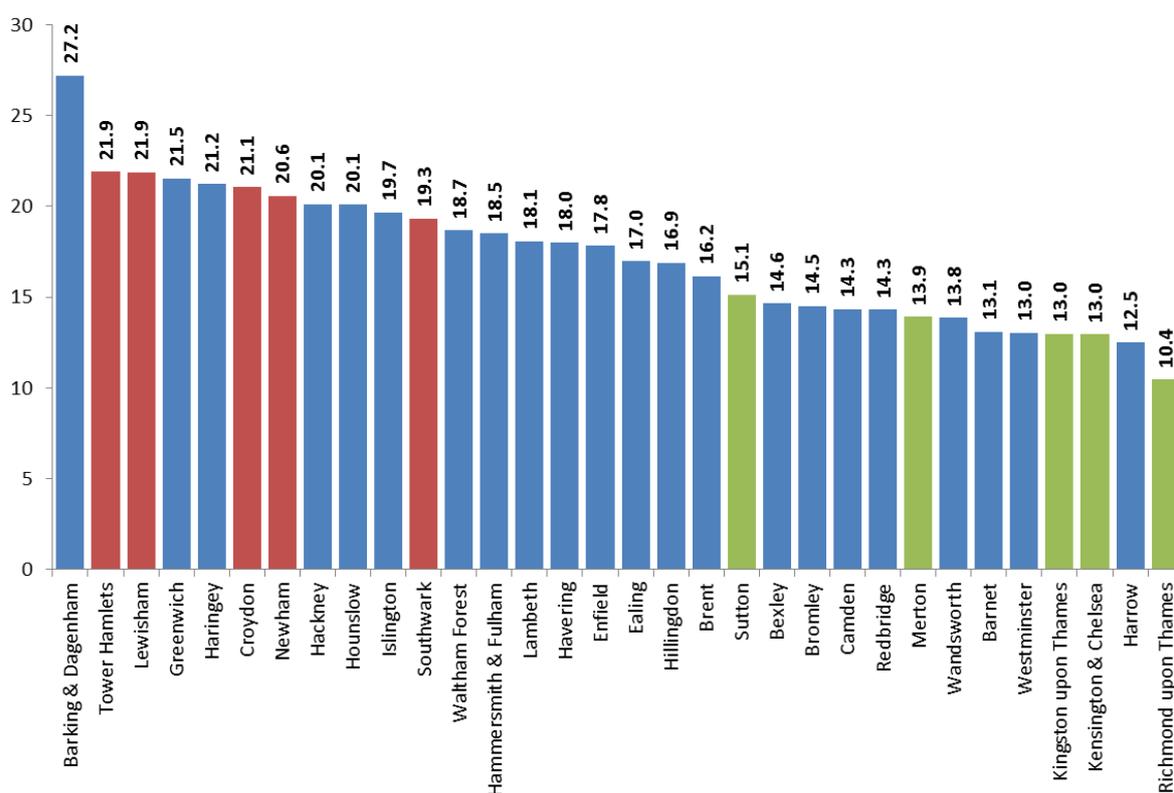


Fig 2 – Rate of Domestic incidents by 1,000 resident population

Domestic abuse is a factor that features in the majority (62%) of the borough’s open social care cases. The table below shows there has been a considerable increase in Domestic Abuse cases at contact level in social care. Numbers have increased by 86% in 3 years, from 1195 in 12/13 to 2,228 in 15/16. However the number of those contacts that progress to referral has decreased by 14% over the same period, from 501 to 432.

Table 6.3.1 Contacts and referrals to social care with Domestic abuse recorded as a stated issue

	LBBB 2012/13	LBBB 2013/14	LBBB 2014/15	LBBB 2015/16 (prov)
Number of Contacts	8,475	8,856	8,515	11,393
of which Domestic Abuse was a stated issue	1,195	1,944	1,935	2,228
% Contact which DA was a stated issue	14.1	22	22.7	19.6
Number of Referrals	2,586	3,126	4,084	3,215
of which Domestic Abuse was a stated issue	501	776	908	432
% referrals which DA was a stated issue	19.4	24.8	21.9	13.4

Source: Children’s social care

In 2015/16, the number of children subject to a child protection plan decreased; 253 compared to 353 in 14/15 – a decline of 28%. The rate per 10,000 has fallen from 60 to 43, and is now in line with the National (43) and London (41) rates, but lower than similar areas (52). The number of new child protection plans declined by 30% over the last year, from 440 to 306. The number of ceased child protection plans in 15/16 remained similar to 14/15 at just over 400.

Table 8.2.5: Number of children and young people with a child protection plan (CPP)

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16 (Prov)
Number of children subject to a child protection plan	274	227	200	318	353	253
Total number of new CPP	249	226	276	433	440	306
Total number of ceased CPP	174	274	302	314	405	406
Rate of CPP per 10,000 children	55	42	36	56	60	43

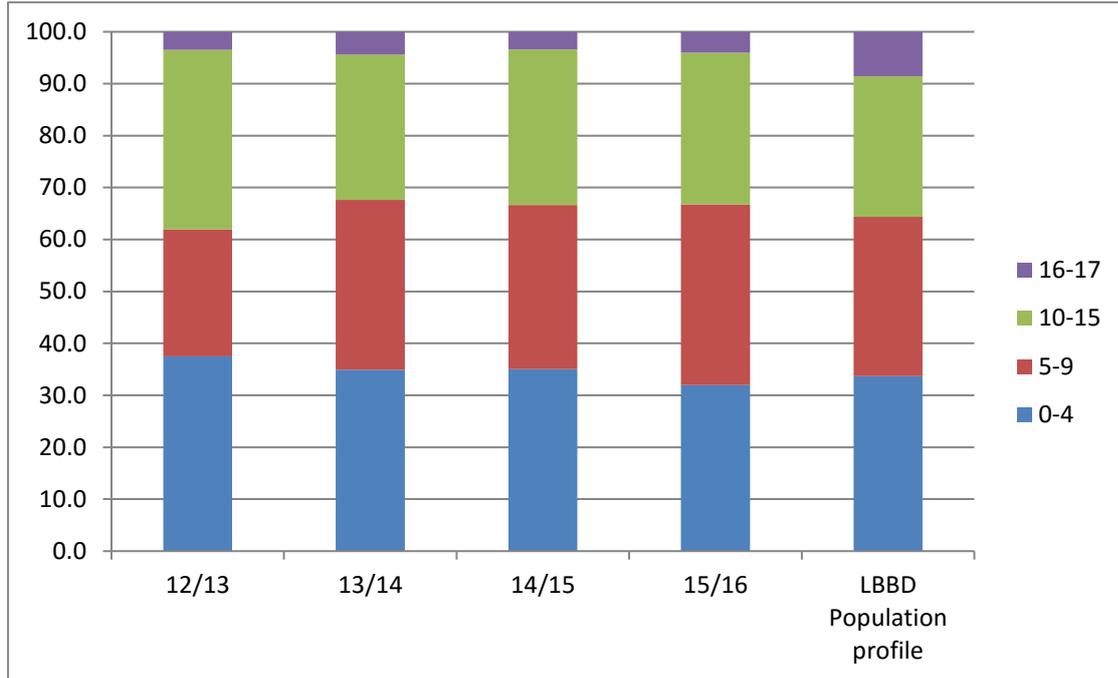
Source: London Borough of Barking and Dagenham

The profile of children subject to a child protection plan shows a high proportion of younger children aged 9 and under. (fig 8.2.7). This emphasises the need for early intervention and prevention work in pregnancy and early years settings. The age of children with a CPP is generally in line with the age breakdown of children in the borough, although the number of 16+ is slightly lower – 4% of all children on a child protection plan are aged 16 plus compared to 9% of the local population.

There has been a big increase in the % of children on a child protection plan that are male. In 14/15, 51% were male – in line with the local population. However, this has risen to 60% in 15/16.

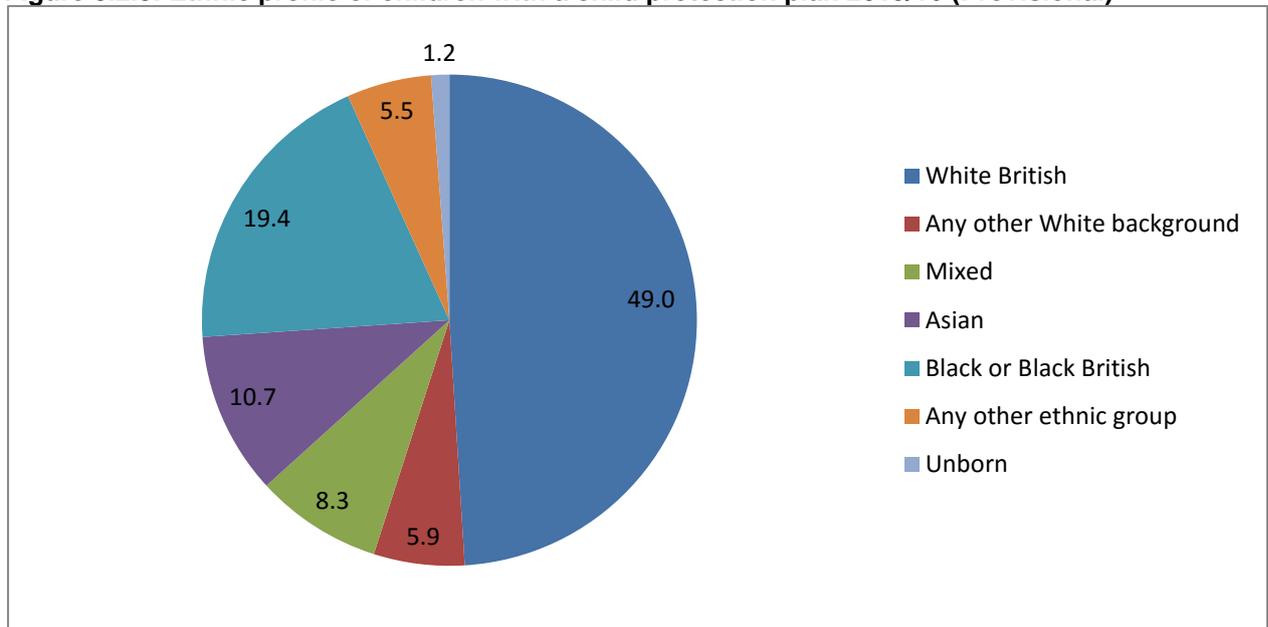
The ethnic profile of children on child protection plans is detailed in figure 8.2.8. 49% of children with a child protection plan are White British. This is an increase on the 46% reported in 14/15 and in context of a declining White British local population, which is currently 33% for under 18's. Sibling groups of 4 plus children currently represent 12% of all children with a child protection plan - a decrease from the 22% reported in 2014/15. (figure 8.2.9)

Figure 8.2.7: Age trends in % of children with a child protection plan 2015/16 (Provisional)



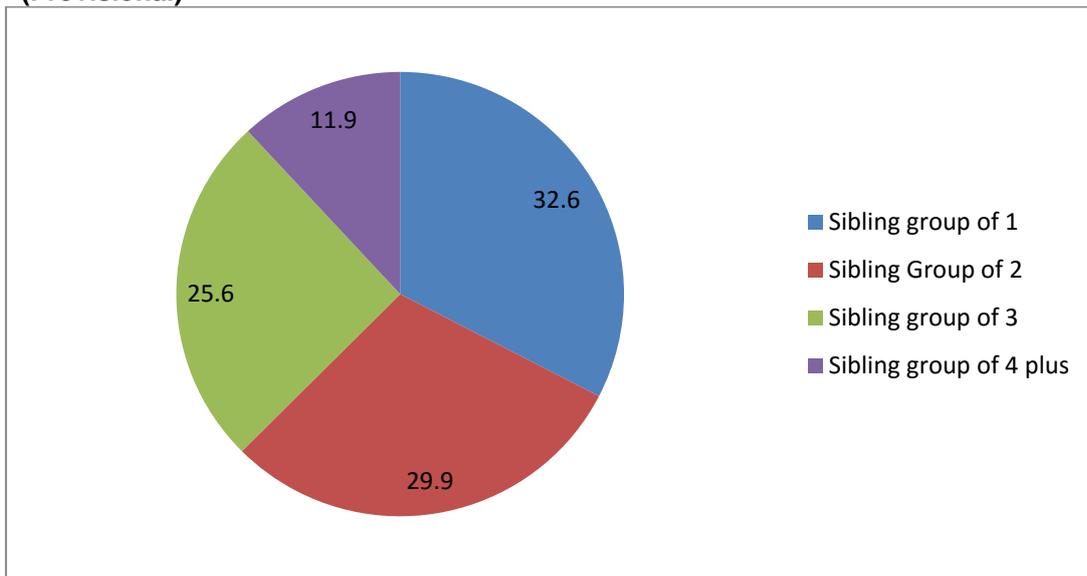
Source: London Borough Barking and Dagenham

Figure 8.2.8: Ethnic profile of children with a child protection plan 2015/16 (Provisional)



Source: London Borough of Barking and Dagenham

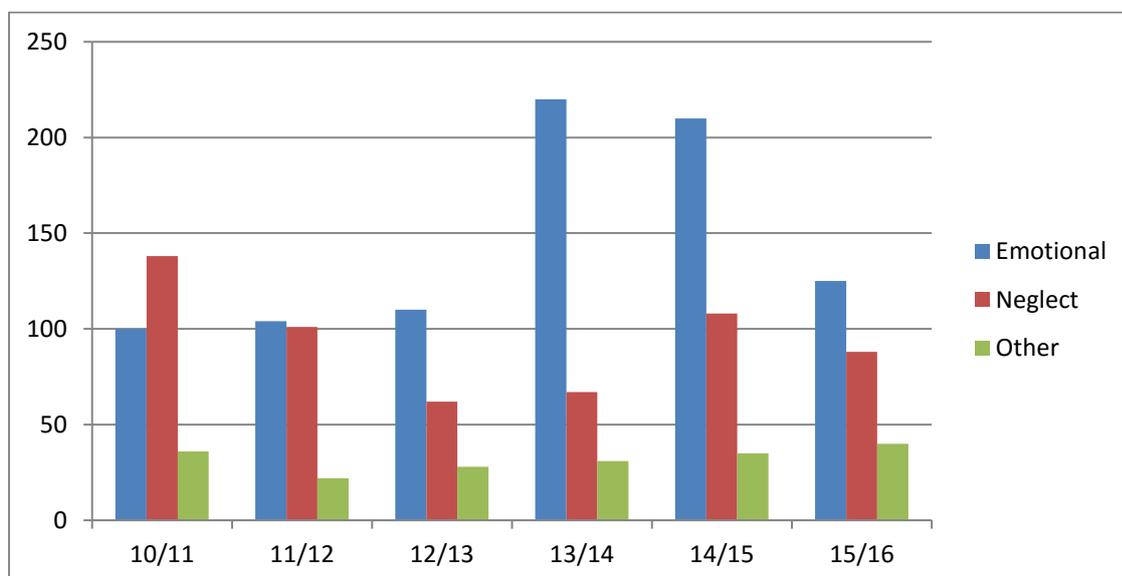
Figure 8.2.9: Proportion of new child protection plans by size of sibling groups 15/16 (Provisional)



Source: London Borough of Barking and Dagenham

Analysis of the types of abuse resulting in children being subject to child protection plans highlights emotional abuse and neglect as the two largest primary categories in the borough. Provisional data for 2015/15 shows that 50% of children on child protection plans are due to emotional abuse, a decline on the 60% figure in 2014/15, but still the largest category and this is closely linked to the high rates of domestic violence. Conversely, the % of children on a child protection plan due to neglect increased to make up 35% of plans compared to 31% in 2014/15 (Figure 8.2.10).

Figure 8.2.10: Trends in numbers of child protection order by category of primary abuse (15/16 data is provisional)



Source: London Borough of Barking and Dagenham

Comparison between the borough and statistical neighbours¹ (Table 8.2.6) illustrates the variation in proportions in categories of abuse between boroughs. Barking and Dagenham has higher levels of Emotional Abuse than the England average and lower levels of Neglect than the England and Statistical Neighbour averages.

Figure 8.2.6: Statistical comparators for category of abuse breakdown 2014/15

Area	Child Protection Numbers per 10,000 2014/2015	% of Child Protection Plan Cases by Category of Abuse				
		Neglect	Physical Abuse	Sexual Abuse	Emotional Abuse	Multiple
LBBDD	60	31	5	3	59	2
England Average	43	45	7	5	36	7
London Average	41	41	7	3	43	5
Statistical Neighbour Average	52	40	6	4	45	5
Greenwich	42	40	4	4	46	7
Manchester	79	49	3	2	38	8
Coventry	94	34	6	6	54	0
Nottingham	81	34	8	4	54	0
Waltham Forest	36	25	7	5	53	10
Newham	41	45	10	6	39	0
Luton	44	34	3	3	36	24
Enfield	31	48	5	1	45	1
Birmingham	45	30	10	3	55	2
Slough	28	56	7	2	33	2

Source: London Borough of Barking and Dagenham

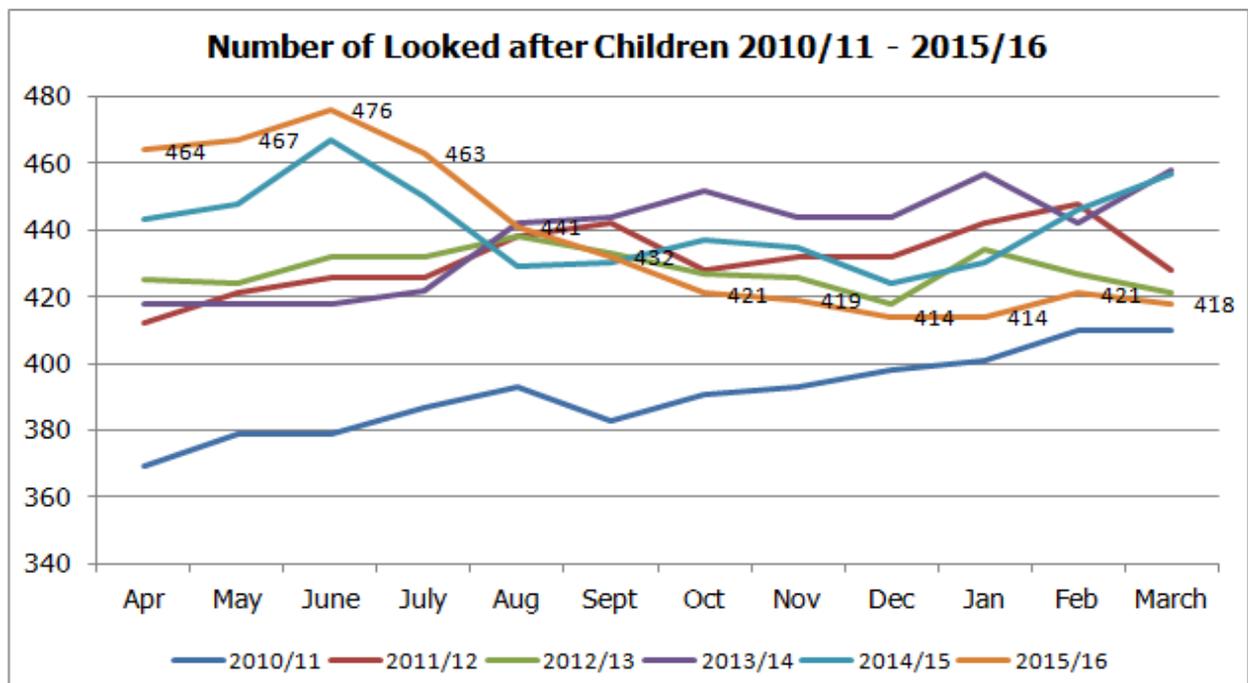
¹ The statistical neighbour groups set up by central government whereby each authority has other (economically similar) councils that they can compare themselves to as a group.

Looked After Children (LAC)

The 1989 Children’s Act defines looked after children as children who are subject to care orders and those who are voluntarily accommodated under the care of the local authority. Many children will have been affected by distressing and damaging experiences, including physical and sexual abuse and neglect. Some may be in care because of the illness or death of a parent. Others may have disabilities and complex needs. The majority of young people in care come from families who experience difficulties and are separated from them because their family was unable to provide adequate care.

In Barking and Dagenham, the number of looked after children was rising until 2013/14, when the borough had 458 looked after children at the end of the financial year, compared to 420 in 2012/13 and 410 in 2010/11. As of the end of 2014/15, the number of looked after children stabilised at 457, and has now declined to 418 as of March 2016. This was in the context of a growing child population in the borough. At the end of 2015/16, the looked after children rate per 10,000 0-17 year olds has fallen from 80 to 71. The borough’s looked after children rates are in line with similar areas (70) but above the national (60) and London (54) rates.

Figure 8.2.11: Monthly looked after children numbers in Barking and Dagenham; 2010/11 to 2015/16



By ethnicity, compared to March 2015, there was a 3% increase in the number of White British children being cared for by the authority in 2015/16 – rising from 47% to 50%. This is an over representation of the local under 18 population – 33% are White British. We are also seeing an increasing trend of Eastern European families featuring in our care statistics (increasing from 9% to 11% over the last year, and 6% in 2012), and Albanian young people are over represented in Unaccompanied Asylum Seeker figures. The Black looked after children population has declined by 4% to 19% - this is lower than the local population which is 36%. 7% of our looked after children were Asian compared to 20% of the local population.

Just over a third of the local under 18 population is aged under 5. As at the end of 2015/16, 14% of the looked after children were in this age category, a decline of 6% over the last year. The percentage of young people aged 16/17 in care has increased by 8% to 28% and is higher than the local population (under 10%), and national average for this age category (22%). The percentage of LAC aged 10-15 has remained comparable to the national average at around 38% but is higher than the local population (28%) and those LAC aged 5-9 (20%) are in line with the national average at 20%. Compared to the local population (30%) however, this is an under representation.

As at the end of March 2016, the percentage of looked after children that were female remained at 49%. Though this is still a little out when compared with the national position of 45% female LAC, our figures reflect the proportionate gender split in the wider child population of the borough.

Placement and provision

As at the end of March 2016, the percentage of looked after children that were placed in borough increased to 40% compared to 38% in the previous year. Around 58% are placed out of borough and 2% were placed with adopted parents. Although 58% of looked after children are placed out of borough, the vast majority are placed within 20 miles of the borough (84%).

In 2015/16, 49% of LAC were placed in Local Authority foster care (a decrease 52% in 14/15) and 20% were placed in agency foster care. (An increase from 18% in 14/15). 8% were placed in residential care, a decline on the 10% reported in the previous year.

In addition, there were a total of 176 care leavers aged 18 and over in the borough, increase on the 154 in the previous year. Barking and Dagenham uses a virtual school approach in its support for the learning of looked after children.

As part of the statutory provision for looked after children, there is a responsibility to ensure that all looked after children have an annual medical and dental assessment and a sight test. This assessment should include review of physical and mental health and social wellbeing, development, immunisation coverage and health promotion interventions where age appropriate around health risk behaviours such as smoking and alcohol.

The percentage of looked after children in care for a year or more with an up to date health check increased slightly from 93% in 14/15 to 94% in 15/16. Performance remains above the national average (88%), London average (90%) and similar areas (91%). Dental checks for all looked after children have increased from 80% to 85%, and medicals from 75% to 82%. Eye checks declined slightly by 1% to 76%. Dental, eye and health checks for all children in care remain areas for improvement.

Table 8.2.7: Coverage trends in health checks for children in care

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
% of children in care with up to date health checks in care for one year or more	91	94.2	71.2	94.7	92.7	94.2
% of children in care with up to date dental checks	69.8	78.4	60.1	83.2	80.2	85.0
% of children in care with up to date medicals	78	89	65.6	77.8	75.2	82.3
% of children in care with up to date eye checks	57.1	57.4	57.8	74.4	77.2	75.5

Source: London Borough of Barking and Dagenham

Children with identified health concerns are monitored, reviewed and referred as appropriate. We also have a designated paediatrician for looked after children whose key responsibility is to ensure children in care and adoption medicals are completed to a satisfactory standard and to raise any specific issues with regard to the health of children in care.

Unaccompanied Asylum Seekers (UASC)

The Home Office defines an unaccompanied child as “A person who, at the time of making the asylum application, is under 18 years of age or who, in the absence of documentary evidence, appears to be under that age, and who is applying for asylum in his/her own right and is without adult family member(s) or guardian(s) to turn to in this country”. This definition excludes children who are cared for by a distant relative or a sibling who is also little over the age of 18; however, unaccompanied children seeking asylum are not supported in the same way as adult asylum applicants. Under the Children Act 1989, support for unaccompanied children is the responsibility of local authority social services departments, regardless of the child’s immigration status².

There is a compelling evidence base that children who arrive in the UK as unaccompanied asylum seekers have multiple and enhanced needs because of their experiences of separation, loss and social dislocation and may need more additional support because of delayed or arrested development due to the upheaval and dislocation from their country of origin³.

² Support pack for advisors – unaccompanied asylum seekers. Refugee Council 2007. <http://www.refugeecouncil.org.uk/OneStopCMS/Core/CrawlerResourceServer.aspx?resource=78D8F52C-987F-448C-9FB4-19ECE3FC7688&mode=link>

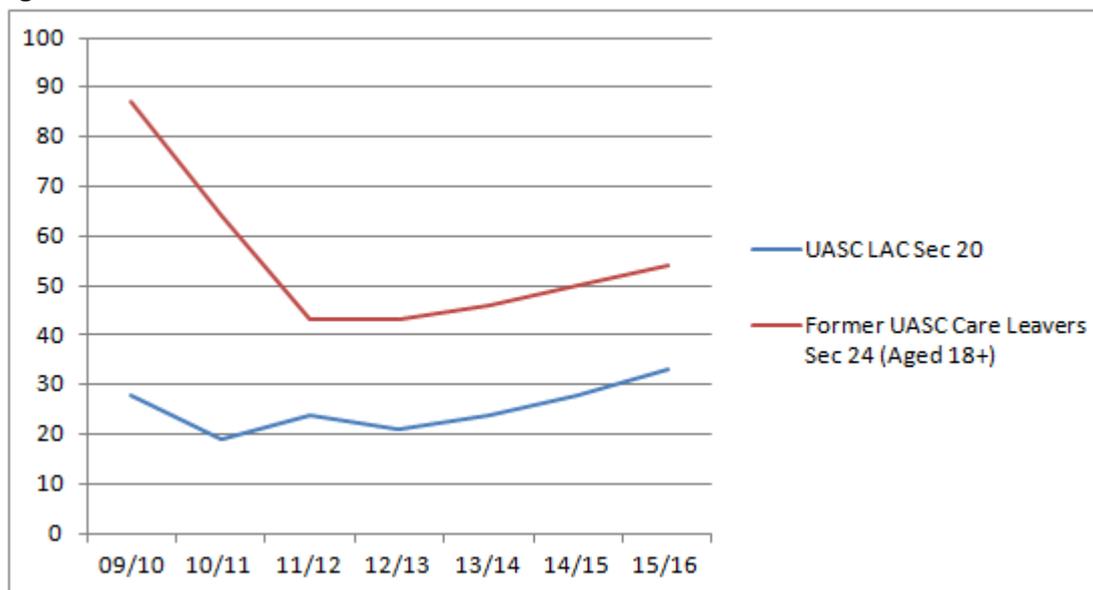
³ Another Country. Audit Commission. 2000. P66

UASC are classified into two groups depending on the relevant legal section:

- Section 20 – these are children aged 17yrs and below who have come to this country and are not accompanied by an adult who has responsibility for them, have the same legal entitlements as children who are British citizens. Once the young person turns 18yrs they lose all entitlements and must apply for refugee status, unless they are covered by section 24.
- Section 24 – these are young people who have been recognised as ‘looked after’ within the terms of the Children Act 1989 and are entitled to various forms of continuing support under the Children (Leaving Care) Act 2000.

Barking and Dagenham had seen a gradual downward trend in the annual numbers of UASC under both section 20 and 24 until 2013, but numbers have started to slowly rise over the last two years. There were 33 UASC children in care in 15/16, compared to 28 in 14/15. The number of 18+ Section 24 UASC increased from 50 to 54 over the same period. (Figure 8.15). These young people require coordinated and structured support and although they are small numbers their needs are substantial and complex.

Figure 8.2.12 End of Year numbers between 2009/10 and 2015/16



Source: London Borough of Barking and Dagenham

Child Sexual Exploitation (CSE)

Key facts on child sexual exploitation

The Department for Education defines child sexual exploitation (CSE) as a form of child abuse that involves children and young people receiving something—for example, accommodation, drugs, gifts, or affection—as a result of them performing sexual activities, or having others perform sexual activities on them. Underpinning this are exploitative relationships which are characterised by fear, deception, coercion and violence.

CSE can take many different forms, including the exploitation of boys and young men, and may be intra- or inter-familial, within a community, or carried out by people that the young person feels they have a relationship with, as well as by those less well known to them.

CSE has a significant impact on the short term and long term physical, emotional and mental health of children, which can result in self harm, attempted suicide, sexually transmitted infections, pregnancy, or injuries, as well as affecting outcomes such as educational attainment.

Risk factors for CSE

In order to identify and safeguard children at risk of CSE it is crucial to understand the patterns of exploitation. The Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups (CSEGG) identified 11 indicators of CSE risk in children aged 10+ that can be measured using education, police or other public service datasets, to identify children at risk locally:

- Child in Need or Children Looked After
- Children persistently absent from education
- Children permanently excluded from school
- Children misusing drugs and/or alcohol
- Children engaged in offending
- Children reported missing, or Children reported to be 'absconding'
- Children reported as victims of rape
- Children lacking friends of similar age
- Children putting their health at risk
- Children displaying sexually inappropriate behaviour
- Children who are self-harming or showing suicidal intent.

Nationally, the CSEGG Inquiry found that at least 16,500 children were at risk of CSE in England in one year, and 2,409 children were confirmed victims of sexual exploitation in gangs and groups during the 14-month period from August 2010 to October 2011. However, it is thought likely to be significant underreporting.

Other factors that have been linked to an increase in vulnerability to CSE include socioeconomic disadvantage; disrupted family life, domestic violence, and/or history of physical or sexual abuse; problematic parenting; parental drug or alcohol misuse or mental health problems; involvement in gangs; poor mental health, and learning disabilities.

The CSEGG Inquiry summarised the following about CSE in England:

- Perpetrators and victims are ethnically diverse and come from all social backgrounds.
- Perpetrators will sometimes operate within their immediate neighbourhood; others will move children significant distances.
- Abuse takes place in private houses, warehouses, public spaces, schools, hotels and hostels.
- Some groups of abusers are linked to extended or immediate family of some of the victims, with some overlap with intra-familial abuse. There are clear

differences as well as some overlaps between group associated and gang associated CSE.

- There are potential biases in the way that CSE is identified which means agencies are more likely to identify victims who are girls than boys, who are white than from an ethnic minority, and who are already known to children's services.

Far less is known about the characteristics of perpetrators than is known about victims of CSE. More is known about gang members, probably because they are known by professionals for reasons other than CSE. Recurring characteristics are abuse of power in relation to victims, and that the vast majority are males. Victims of CSE often do not recognise relationships as abusive so, in particular young people aged 16-17 may be overlooked or deemed as having 'choice'. Nationally, there has been an increase in children and young people reporting that mobile technology and messaging systems were used in their exploitation.

Child sexual exploitation in Barking & Dagenham

The Barking & Dagenham Safeguarding Children Board through its strategic group has developed a local problem profile for Child Sexual Exploitation. This profile, currently being updated for 2015/16, will continue to be refined as agencies share greater intelligence and awareness. The main source of data will be held by the Multi-Agency Sexual Exploitation (MASE) meetings which are held each month. All cases where professionals suspect or know that a child is a victim of or at risk of sexual exploitation are referred into the MASE meetings. The meetings are chaired by the police and are attended by professionals from key agencies including children's social care, youth offending, education, health, and preventative services.

There is currently no national dataset for Child Sexual Exploitation so at present we are unable to compare Barking and Dagenham's performance against other areas. However, our locally produced Problem Profile has collated information across a range of agencies. Data available from the MASE meetings informs the multi-agency action plan for reducing the risk of sexual exploitation.

During the year 2015-16, there were a total of 130 children (9 of whom were siblings) who were identified as being at risk/subject to sexual exploitation by Children's Social Care. Of the 130:

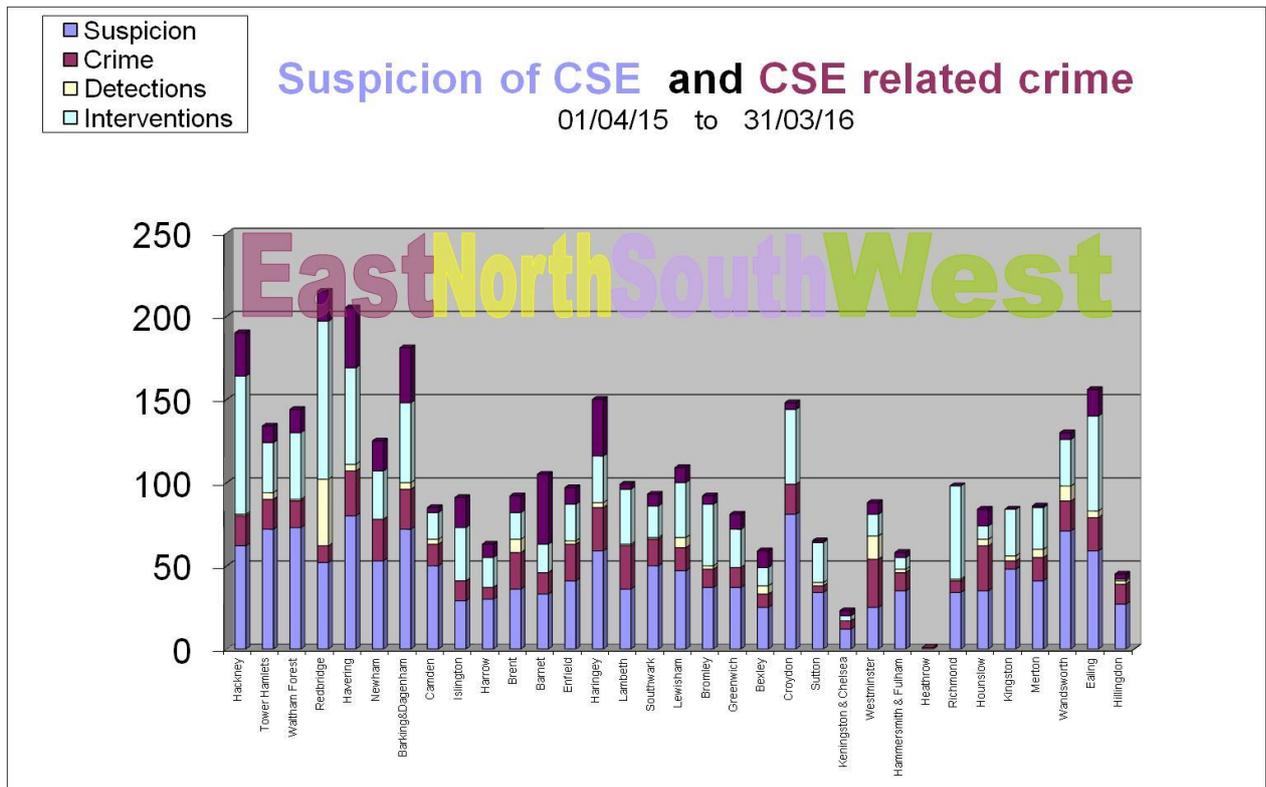
- 88% (114) were female;
- 81% were teenagers aged 13-17;
- All sections of the community were represented, but 56% (80) were White British, 15% (19) were White Other, 10% (13) were Black or Black British and 5% (7) were Asian;
- 25% (32) were reported missing/absent at some point during the year; and
- Currently, 9% (12) are in care, 6% (8) are on a Child Protection Plan and 18% (23) are on a Child In Need plan.

Police CSE Data

Figure 8.2.13 illustrates the different stages of CSE including; Suspicion, Crime, Detections and Interruption/Disruption for all local authorities in Greater London.

Overall Barking and Dagenham holds the fourth place after Redbridge, Havering, and Hackney. Looking only on number of committed crimes, Barking and Dagenham with 24 cases holds the 5th highest place after Westminster (with 29 cases), Hounslow and Havering (both with 27 cases) and Lambeth and Haringey (both with 26 cases).

Figure 8.2.13 illustrates the different stages of CSE including; Suspicion, Crime, Detections and Int/Distrupt for all local authorities in Greater London.



Identifying children and young people at risk of CSE

Barking and Dagenham has a part time CSE Co-ordinator who has developed referral pathways for CSE for use across all agencies. Social workers will use risk assessment tools to assist with identifying CSE and will work with police officers based in the MASH.

The Child Sexual Exploitation strategy and action plan is aligned to the Pan London Operating Protocol. The purpose of the strategy is:

- To focus and co-ordinate multi agency resources in tackling child sexual exploitation;
- To ensure that children and young people and the wider community across Barking and Dagenham, in particular parents and carers, are aware of CSE and its effects;
- To promote understanding through training and briefings for professionals
- To ensure that young people and the community are made aware of the issues around exploitation; and

- To bring to justice the perpetrators of child sexual exploitation and to ensure that young people are properly safeguarded in the course of any criminal proceedings.

Evidence of what works to tackle child sexual exploitation

The CSEGG Inquiry listed the following components of end-to-end prevention and support:

- Prevention (whole-school approaches; awareness-raising for parents/carers, communities and local businesses; training for professionals)
- Pre-emptive policing to forestall exploitation (including case profiling, perpetrator profiling, and multi-agency action)
- Targeted early intervention (with vulnerable young people and their families, and also with those with similar risk profiles to stop it happening to others)
- Enduring support for victims and families
- Identification and apprehension of perpetrators
- Rehabilitation of offenders
- Data sharing and analysis across agencies (both within and between boroughs)

Strategic coordination and intelligence

Barking & Dagenham has statutory oversight of CSE. A CSE sub-group was formed in 2015 as a multi-agency partnership with responsibility for identifying and responding to CSE. The sub group monitors the CSE strategy, and operational plan.

Early identification

CSE Champions have been identified in all agencies and across local maintained Secondary Schools, to support awareness raising and early identification.

Barking & Dagenham belong to the NWG who have trained multi-agency partners including social work and police to raise awareness and skills in identifying and responding to CSE.

Barking & Dagenham Police and partners support 'Operation Makesafe' which aims to raise awareness of CSE within Barking & Dagenhams hospitality, transport and licensed premises trades

Health professionals have an important role in early identification of CSE and awareness among staff as part of their safeguarding role is essential.

What more could be done to tackle child sexual exploitation in Barking & Dagenham?

- Ensure that the best possible data and intelligence is available to inform planning and action locally. This includes ensuring accurate and proactive

recording of children and young people at risk of CSE by Police and Health Services.

- Ensure that information on user voice is gathered routinely and used to inform service delivery across all agencies.
- Conduct regular self audits of CSE against the checklist for preventing, identifying and tackling CSE

Key commissioning recommendations

- Consult on and agree a local multi-agency (pan London compliant) dataset for CSE
- Maintain accurate and proactive recording of children and young people at risk of CSE by Police and health services.
- Ensure use of data to effectively identify and monitor children and young people at risk of CSE, including use of the CSEGG 11 indicators of CSE risk, and profile of perpetrators and links to gangs.
- Ensure regular audits of all CSE referrals and review data capture and analysis in order to inform strategic and operational planning.
- Continue to be aware of risks to young people placed out borough, and link them in to appropriate CSE services that can safely support them and their carers.
- Continue to build awareness and resilience in children and young people to help prevent them being sexually exploited.
- Ensure a consistent and systematic recording process to map and monitor persons of interest and perpetrators.
- Ensure effective support for any young person and their family when their case is progressing through to prosecution

Hospital admissions

Health services play a key role in identifying and responding to children experiencing harm and abuse. The former National Indicator NI70 records the number of hospital admissions relating to unintentional or deliberate injury of children. This reflects only part of the picture as many abusive injuries are minor and admission may only occur if recognised by the emergency room staff, and it does not separate out deliberate from unintentional. However, it is useful in reflecting trends. Barking and Dagenham has a declining rate of hospital admissions relating to injuries to children; 72.0 per 10,000 in 2015 compared to 74.7 in 2014. This is also below the national rate of 109.6 per 10,000,

Emergency Hospital admissions caused by unintentional and deliberate injuries to children (0-14) Rate per 10,000				
	2013	2014	2015	Latest Rank
Rate	68.2	74.7	72.0	12
England	103.8	112.2	109.6	

Child deaths

The Child Death Overview Panel (CDOP) was established in 2008 and is a sub Committee of the Local Safeguarding Children Board that reviews every child death at a strategic level. The purpose of the review is to identify modifiable factors that could be addressed to prevent or reduce the risks of future deaths.

A total of 22 children (aged 0-18) died between April 2015 and March 2016 who were resident in Barking and Dagenham. Since the establishment of the CDOP in 2008, the total number of child deaths in the borough is 199 with an annual average of 25; figure 8.2.8 shows the number has fluctuated from 32 in 2008 (the highest figure) down to 19 (the lowest in 2010). In the past 6 years, the majority of these child deaths have been infants (aged under 1 year).

Table 8.2.8: Annual Number of Child Deaths in Barking and Dagenham.

Year	2008	2009	2010	2011	2012	2013	2014	2015
Barking and Dagenham	32	24	19	27	25	27	23	22

Source: London Borough of Barking and Dagenham

Table 8.2.9 below shows a breakdown of Unexpected and Expected deaths since 2008. These deaths are categorised by the Designated Doctor for unexpected deaths.

Unexpected Deaths are defined as a death which was not anticipated as a significant possibility for example 24 hours before the death or where there was a similarly unexpected collapse or incident leading to or precipitating the events which led to the death. Expected deaths include those where the condition of the child was incompatible with life due to congenital or chromosomal abnormality or children where there was a clear and documented decision that palliative care was an appropriate care pathway due to a condition such as cancer.

Table 8.2.9: CDOP classification of child deaths in Barking and Dagenham

Classification	2008-09		2009-10		2010-11		2011/12		2012/13		2013/14		2014/15		2015/16	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Expected deaths	17	53.2	15	63	14	74	14	52	16	64	10	38	15	65	18	82
Unexpected deaths	15	46.8	9	37	5	26	13	48	9	36	16	62	8	35	4	18
Total Classified	32	100	24	100	19	100	27	100	25	100	26	100	23	100	22	100

Source: London Borough of Barking and Dagenham

Over the last 6 years, the majority of deaths have occurred in the hospital setting and this reflects both the proportion of deaths amongst neonates which by nature will usually occur within the hospital environment.

Analysis of child deaths

The rate of childhood mortality in Black African and Caribbean children has been higher than the rate in other ethnic groups over the past six year period from 2008/09.

The ethnic mix within Barking and Dagenham has changed since the 2001 census, seeing increases in the Black African population from 4.4% to 17.2% in 2016. The changes in population are even more marked amongst those aged under 18 years old (23% in 2016) and particularly in the younger age groups with Black African children 0-4 years old accounting for (also 23% in 2016)

There were no deaths that involved Project Indigo the Metropolitan Police Service response to Sudden Unexpected Deaths in Infancy (SUDI). In previous years, from 2005 to 2013, Barking and Dagenham saw 18 SUDIs. This is an average of two SUDIs a year.

Although the numbers are small, CDOP remains committed to analysing these deaths and the findings will be used to reduce the risks of future child deaths.