

Learning arising from Audit Sub Groups, December 2015
Multi-agency audit of 6 Somerset CSE cases

Issue identified	ASG recommendation
<p>The minutes from the CSE MASH panels are inconsistent. Actions are not clear.</p> <p>There is evidence, that some of the actions were not completed – who is responsible for ensuring completion?</p>	<p>Ensure panel actions and minutes are SMART.</p> <p>Clearer governance is needed; and a review mechanism to check that actions are completed.</p>
<p>Young people and perpetrators have moved across local authority borders, and this appears to have prevented effective working.</p>	<p>There needs to be better coordination between agencies in different areas, and consideration of cross-border issues. The front line understanding of young people or perpetrators moving over borders needs to be improved.</p>
<p>There was little evidence that the carers / parents had been offered support to enable them to effectively parent children affected by CSE.</p>	<p>Parents/carers support needs around dealing with CSE to be considered routinely.</p>
<p>There was evidence that some foster carers really struggled to cope with the needs of young people who had been through significant CSE.</p>	<p>Consider how foster carers training can equip them to deal with young people traumatised by CSE.</p>
<p>Not all agencies had been informed that the young people had been affected by CSE and/or been discussed at CSE panel. This meant they were not able to adequately support the young people.</p> <p>This would also apply to professionals working with siblings.</p> <p>This appears to be particularly complicated for colleagues in the various 'health' agencies; as on occasions it appears that because one person attended the panel, it has been assumed that all the relevant parts of health will be informed.</p>	<p>Safeguarding leads to be invited to Panels or at least to be informed that CSE is an issue for a particular young person. To include DSLs or Heads, and GPs or Practice Managers.</p> <p>Consideration of how information can be cascaded through 'health'.</p>
<p>There was little evidence that sexual health was considered, particularly prior to the CSE panel. This led to a delay in the young people getting their health needs met.</p>	<p>Better consideration of sexual health in plans, and pre-emptive sexual assault services (eg Hep B vaccine, blood testing etc)</p>

<p>In one case, an agency reported to panel that the young person was not known to their service (education attendance). However the audit found that the young person was well known to the service, but under a different surname.</p>	<p>It is recommended that the panel ensures that all aliases are sent out with the referral to ensure agencies can correctly check their records</p>
<p>As requested, the screening tool was discussed by the audit sub group members. ASG members; particularly those members who also sit on panels, had some ideas for improvements. These included recording whether the young person themselves was involved/consulted when the screening tool was completed, and also adding a space for recording known contacts/perpetrators which would give a better understanding of the case even in those early stages.</p>	<p>Add tick box to indicate whether young person was involved in completing the screening tool Add known contacts / perpetrators</p>
<p>The cases where the young person had turned 18 were particularly concerning as it appears they were going to fall through a gap in services as they were not considered eligible for ASC services.</p> <p>One young person who had experienced sexual abuse from a family member as a young child, and had an extensive history of sexual abuse and sexual exploitation was recognised to still be very vulnerable.</p>	<p>This area needs some work with the adult safeguarding board/adult social care to determine how the needs of these adults can be met. This will protect not only these adults, but also children that they mix with.</p>
<p>Missed opportunities for National Referral Mechanism (NRM) referrals.</p>	<p>Consider NRM referrals – earlier in the process.</p>