



Bristol City Council IICSA Submission

Disabled Children at risk of CSE (April 2017 – March 2019)

Overview

Lucy Young is a qualified social worker who has held senior management roles in local authority children and families services and has expertise in safeguarding and child protection. Lucy's posts have included Quality Assurance of social work practice. Lucy was commissioned by Ann James, Director of Children and Families Services to review Bristol City Council's practice in respect of Disabled Children at risk or victims of CSE to provide oversight and assurance of the evidence presented to the Independent Inquiry into Child Sexual Abuse.

Methodology

33 children were flagged as at risk of CSE with either a disability and/or an Education Health Care Plan (EHCP). There were 13 boys and 20 girls. This ratio reflects what is known of the national picture that boys with learning disabilities are more likely to be identified as at risk of CSE than boys without a disability.

28 cases were held in Area Teams, one in Early Help and three in the Disabled Children's Service. This report is based on a dip sample of 12 case files (six boys and seven girls). 11 children had mild to moderate learning disabilities and some also had diagnosis of Attention Deficit Hyperactivity Disorder, autism spectrum conditions, Oppositional Defiance Disorder and other unspecified behavioural disorders. One child had significant mental health issues.

Across this small sample of cases there is variability in the level of risk of CSE and therefore of the way this risk was assessed and managed.

What's working well?

The CSE checklist provided in the BSCB CSE Guidance is a tool designed to support practitioners with the initial identification of CSE. The guidance is clear that it does not replace an assessment. The CSE checklist was most effective when it was used as a tool to consider the child's vulnerabilities, family situation and behaviour and analyse the risks in this context. This then gave a clear view of the level and likelihood of CSE. In some cases there was a lower threshold for risk of CSE as a result of the child's disability. For example, they were more likely at risk of being exploited through social media or in the community than a non-disabled child of a similar age LCS **DPA**, LCS **DPA**).

There were good examples where the child's needs and vulnerability associated with their disability were clearly analysed and proactively linked to their vulnerability to CSE (LCS **DPA**, LCS **DPA**). In one case the checklist was repeated a year later to review the risk factors (LCS **DPA**).

The most prominent risk factor in terms of their disability was the child functioning at a lower level than their chronological age, their reduced ability to recognise danger, being isolated and vulnerable to predatory behaviour from older children and adults. These children were more indiscriminate in their use of social media.

In two cases the child posed a sexual risk to other children. They were appropriately seen as victims in their own right and assessed as also being at risk of sexual exploitation. In one case where the risk was well managed, Be Safe (an organisation working with children who pose a sexual risk to others) were able to do in depth work with the young person on friendship, relationships and sex. There was a regularly updated pictorial safety plan tailored to **child's** needs. When **child** reached 18 **child** continued to benefit from a high level of support (LCS **DPA**).

Risk of CSE is managed through child protection procedures, child in need processes and/or risk management meetings. Signs of Safety provides a framework for developing safety plans to