

PART 21

CHILDREN INVOLVED IN PROSTITUTION

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Introduction

1. It is widely recognised that the majority of young people do not voluntarily enter prostitution. Their involvement is rather indicative of coercion or desperation rather than choice. There is therefore a need to ensure that local agencies act quickly and sensitively in the best interests of the child concerned. It is important that effective prevention, protection and reintegration strategies are put into place to ensure better outcomes for young people at risk. All services must be able to recognise situations where children might be involved, or at risk of becoming involved in prostitution. They should regard them as children in need, who may be suffering or may be likely to suffer significant harm.
2. Prostitution exposes young people to sexual abuse, emotional abuse, assault and rape and may even threaten their lives. It deprives them of their childhood, self esteem and opportunities for good health, education and training. It can thereby result in early entry into the criminal justice system, drug dependency and homelessness resulting in their social exclusion.
3. Children involved in prostitution should be treated primarily as the victims of abuse and their needs require careful assessment. They are likely to require the provision of supportive services and in some circumstances to protection under the Children Act 1989.
4. Whilst there is no single route through which children become involved in prostitution, the most common factors are vulnerability and low self-esteem. Vulnerable children are identified and targeted by those who exploit children through prostitution irrespective of whether a child is living with their own family, looked after away from home or has run away.
5. This is the policy of Staffordshire Safeguarding Children Board (SSCB). It is expected that all agencies contributing to the policy will adhere to these principles of practice and make reference to the guidance contained in the document "Safeguarding Children Involved in Prostitution", supplementary guidance to Working Together to Safeguard Children (Department of Health 2000), and to local child protection procedures.

Definition

6. Child Prostitution is the sexual exploitation of young men and women under the age of 18 years. It is often characterised by coercion in involving young people in the provision of sexual services on the basis of "exchange" such as for money, drink, drugs and other consumer goods or even a bed for the night.

7. While it is acknowledged that young people over the age of 16 years may give legal consent, welfare considerations under the Children Act 1989 should be recognised in considering the sexual exploitation of young people. Due consideration should therefore be given to any individual circumstances in which the alleged involvement in prostitution of anyone under the age of 18 years might apply.

Principles

8. All children and young people who are exploited by prostitution should be treated primarily as victims of abuse.
9. Children and young people who are victims of abuse are likely to need support to safeguard and promote their welfare. These should accord with the provisions under the Children Act 1989.
10. Every effort should be made to provide children with safe exit and recovery plans within existing local arrangements.
11. The primary law enforcement role of the Police is to enforce the criminal law against abusers and coercers.
12. Each child should be treated as an individual and account taken of the child's religion, culture, language, gender, sexuality and disability.

Policy Implications

13. Young people who are identified as vulnerable to exploitation from prostitution are primarily "in need" of support or services under Section 17 of the Children Act 1989.
14. Where the continuing risk of significant harm applies as per Section 31 of the Children Act, local Child Protection Procedures will apply.
15. The priority for the Police must be to investigate and prosecute those who abuse, coerce or otherwise involve children in prostitution.
16. Distinctions need to be made in practice between young people on the margins of prostitution, those who engage in criminal activity and those requiring exit plans from entrenched exploitation.

Confidentiality

17. The sexual exploitation of a child or young person raises issues of confidentiality which may require particular sensitivity.
18. Personal information about children and families held by professionals and agencies is subject to a legal duty of confidence, and should not normally be disclosed without the consent of the subject. However, the law permits the disclosure of confidential information necessary to

safeguard a child or children in the public interest: that is, the public interest in child protection may override the public interest in maintaining confidentiality. Disclosure should be appropriate for the purpose and only to the extent necessary to achieve that purpose.

19. When deciding whether children have the capacity to make decisions about agreeing to disclosure, agencies must take into account the effect of coercion and the vulnerability of the individual child.
20. Where children do not have the requisite capacity and understanding, decisions to pass on personal information may be taken by a person who has parental responsibility or an appropriate adult, in consultation with the child involved.
21. Public interest, however, would dictate that if the child may be at continuing risk of significant harm, disclosure should be made to Social Services with or without the consent of the child or young person.

Referral Process

22. Where agencies have concerns about a child or young person in this context they should discuss their concerns with the First Response Team.
23. When any person contacts the First Response Team with concerns about the possible sexual exploitation of a child, the police and the First Response Team must consider her/his immediate safety, including police protection powers under Section 46 of the Children Act 1989.
24. Within 24 hours the First Response Team will:
 - Discuss the reasons for concern with the referrer;
 - Consult other agencies, as appropriate.

Initial Assessment

25. An initial assessment will be completed within 7 days. It will be led by the Children's Social Care but will involve other relevant professionals and agencies and will address:
 - The child's developmental needs.
 - Their parent/carers' capacity to meet the child's needs.
 - The significance of any social and environmental factors that are likely to impact upon the child.
 - The provision of supportive services as/if appropriate.

26. Any assessment of the risk to, and needs of, a child or young person must include assessment of the risk to and needs of siblings, other children of the family or household or peer group. Any response must address her/his individual needs including issues of gender, race, culture, religion and sexual orientation.
27. Throughout the assessment process active consideration needs to be given to the provision of services in safeguarding a young person's welfare including those provided by the Voluntary Sector. These may include the provision of alternative accommodation options.
28. If, at any point, it appears that the child might be at continuing risk of significant harm from the care he/she is likely to receive, the local Child Protection Procedures should be invoked.

Strategy Meeting

29. In all cases consideration should be given to calling an early strategy meeting to agree any action that needs to be taken on an inter-agency basis. Where the continuing risk of significant harm is identified at an early stage of the Initial Assessment, arrangements must be made to convene a strategy meeting within two working days.
30. Those invited to the Strategy Meeting will include:
 - Divisional Detective Inspector/LPU Commander.
 - Police Child Protection Unit.
 - Assessment and/or Care Management Social Worker, as appropriate.
 - "Provider" social work staff, as appropriate.
 - Probation Service.
 - Designated/named professionals who may have a direct contribution to make by way of sharing or in acting upon information e.g. Education, Designated Nurse/ Doctor (Child Protection) or their deputy.
 - Youth Offending Service.
 - Specialist projects, incl. Voluntary sector, as appropriate.
 - Any other staff, as appropriate.
31. The purpose of the strategy meeting is to determine:
 - The basis and extent of concerns (sharing information), including coercers.
 - Whether a formal investigation is required, what form it should take and within what timescales.
 - Whether child protection procedures should be invoked.
 - The need for undertaking a core assessment (35 working days).
 - The most appropriate support for the young person and their family (S 17 Children Act) including issues of accommodation.
 - The management of potential media interest.
 - Roles for individual agencies.

Criminal Justice Action

32. The responsibility to take action under the criminal law against coercers and abusers lies with the police. In pursuing the arrest and prosecution of these offenders, they may call upon the assistance of any statutory or voluntary agencies involved.
33. Sex offenders who abuse children in this way should feel the full force of the criminal law. If the child is the victim of serious offences, the most serious charges that the evidence will support should always be used. The police and prosecutors should consider using all the appropriate offences for any particular situation.
34. The criminal investigation will seek to assemble evidence that will support charges to reflect the full extent of the abuse. However, those investigating criminal actions must understand that the welfare of the child is the paramount concern, and take care to ensure that in obtaining evidence they do not compound the abuse suffered by the child.
35. All agencies involved with the child should be meticulous in their note keeping and should document carefully any information which could assist in the bringing of charges against those exploiting the child. This may take the pressure off the child to be the principal witness against a sex offender.
36. If the prosecution of a sex offender requires the evidence of the young person, attention must be paid to her/his safety, including the possible need to move her/him and to maintain the confidentiality of information. This may require the close co-operation of the police, witness support, the Children's Social Care Department and other agencies.
37. Only when it can be clearly demonstrated that all diversionary interventions have failed will Police consider criminal justice action against the child. However this will only be considered following a re-convened strategy meeting where an agreement is reached that this is the only course of action.

Guidelines for Working with Parents/Carers

38. Work with parents will be undertaken on the basis of partnership in order to identify and address the concerns. It is acknowledged that this will be an extremely stressful time for parents which will pose a number of challenges.
39. Parents/carers may become concerned about a child's frequent absences from school, their relationship with an older person or their misuse of substances. Since early recognition plays an important part in managing this behaviour, and in minimising risks, a parent's

concerns should be taken seriously by any agency when they might approach for help and/or advice.

40. Following an Initial Assessment further support to the family should be considered and services offered via an explicit service plan. Help and assistance can also be obtained from the voluntary sector where appropriate.

Guidelines for Working with Residential Staff/Foster Carers

41. It needs to be acknowledged that children and young people who are living away from home may be particularly vulnerable to abuse and exploitation from external influences.

42. When a residential social worker or foster carer suspects or knows of the child's involvement in prostitution, he/she should inform their line manager/link worker and:

- Inform the child's area social worker.
- Continue in the interim to provide positive care and support for the child that includes giving appropriate advice about minimising risks.
- Offer a sensitive and welcoming response to children/young people on their return to the placement.
- Consider the possibility that young people may also be affected by substance misuse and of any action that might be taken.
- Consider the health needs of the child and take appropriate action.

43. Where there are continuing concerns that the child is involved in prostitution, the additional steps will apply:

- Involve the local policing unit, as appropriate, supplying any information that may help the Police with their enquiries.
- Prior to the placement there should be an open and honest exchange of information regarding the young person's circumstances and relevant information contained within their care plan.
- Identify resources and professional guidance (including the use of the voluntary sector) in order to assist young people to work towards a safe and effective exit and recovery plan.
- Evidence from research identifies that looked after children who go missing are particularly at risk of sexual exploitation. Residential staff/foster carers should refer to the 'Joint Protocol for Children missing from care or other placements in Staffordshire and Stoke-on-Trent', also agreed with Staffordshire Police, to effect a safe return for the child.

- Due consideration must be given to the formulation of an effective pathway plan for each young person post 16 years.

Health Care Considerations

44. Children and young people who become involved in prostitution may neglect their own health needs.
45. Substance misuse can often be a contributory factor when children are engaged in prostitution.
46. Professionals who are involved must ensure that the child/young person is made aware of health screening and counselling services and be encouraged to access them via their own General Practitioner.
47. Advice on issues such as “Safe Sex” should be offered to the young person concerned. There is a high risk of infections and pregnancy within this vulnerable group. Relevant information should be given regarding pregnancy in order for young people to be able to make informed choices.
48. Young people involved in prostitution may have been subjected to physical assaults and harassment. This abuse may be continuing alongside sexual exploitation. Appropriate help and guidance regarding self protection must be made to all young people concerned.
49. Consideration must be given to the emotional well-being of the young person concerned.

Exit and Recovery Strategies

50. A range of initiatives need to be acknowledged as part of exit strategies. These may include individual work with young people, group work where appropriate and the utilisation of voluntary sector initiatives.
51. Consideration should be given to whether the statutory agencies should attempt to work directly with the child or whether it would be more appropriate for help to be offered through a voluntary organisation. Some children will not find direct contact with statutory agencies acceptable and will take decisive action to avoid such contact.
52. Children who are being sexually exploited, and who are being coerced and controlled by abusing adults, can be a very mobile group because of the level of organisation of the abusers. Effective work is that conducted with social work staff and police in other areas in maintaining channels of communication.

53. Perseverance over time in obtaining the young person's trust in undertaking core assessments and in establishing meaningful service plans may help to support effective exit strategies.
54. Re-establishing contact with wider family networks and re-integration of the young person into age-appropriate activities and lifestyle, have been critical features of more successful initiatives in this area of work in other parts of the country. It is essential that young people have the opportunity of being understood and supported by their family members.

Monitoring and Review

55. The effective implementation of this protocol will rely upon accurate reporting and the collection of case material centrally. This will include information held by the agencies involved and via the child protection register.
56. There will also need to be a review of trends and outcomes both in respect of statistical analysis, case auditing, and criminal convictions.