

Independent Scrutiny – Exploitation and Information Sharing

Progress:

An independent scrutiny exercise was undertaken focusing on the partnership response to exploitation, particularly focusing on information sharing. A range of activities were undertaken such as an audit of initial MAACE meetings, observations of live MAACE meetings, analysis of data and interviews with key partners.

Good Practice:

- Police, Childrens Services and Education were overall consistently present at MAACE meetings
- Parents were routinely invited to MAACE meetings along with the young person.
- There is evidence that links are made between Missing and Exploitation.
- There was no evidence of victim blaming, adultification or stereotyping of young people.
- Missing and Exploitation Hubs discuss and assess young people referred into the team within their daily meetings and subsequent MAACE meetings are held within timescales.
- There is a reduction in the number of young people managed at risk level 2/3.

Areas for further consideration:

- Health professionals were present for 4 out of the 16 Q3 meetings. Additional thought to be given to enable the most appropriate Health colleague to attend.
- Cross border information sharing is often reliant on direct existing relationships between key personnel, rather than being within policy, procedure, and guidance documentation.
- Evidence of active disruption and arrest activity was not identifiable.
- There is not consistent use of or the understanding of the Exploitation Screening tool.

Recommendations:

1. The HUB to receive all referrals and screening tools via the MASH, including those of young people already open to children's services. This supports a consistency of response and ensures clear pathways that are understood by all agencies.
2. Exploitation and Missing Hub Operating Model to be agreed, published, and shared with all partners.
3. Disruption actions need to be discussed and evidence within all MAACE meetings with subsequent plans being SMART. Disruption activity to be reviewed at each MAACE meeting.
4. Dedicated Health representation to be present at both in the HUB and MAACE meetings to ensure effective information sharing. Including GP's being routinely invited to all MAACE meetings.
5. Consideration to be given for a partnership approach to launch events, introducing the CSE and CCE pathways and revised screening tool.

