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Social Services and Well-being (Wales) Act 2014

Statutory guidance in relation to Part 7 of the Act—
safeguarding children from child sexual exploitation

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.

Safeguarding children from Child Sexual Exploitation (CSE)

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Introduction

1. This guidance is for both devolved and non-devolved safeguarding board partners in Wales and is issued jointly by the Welsh Ministers and the Secretary of State.
2. This guidance is issued under section 28 of the Children Act 2004 (referred to as the 2004 Act), and section 139 of the Social Services and Well-being (Wales) Act 2014 (referred to as the 2014 Act).
3. Section 28 (2) of the 2004 Act places a duty on those persons and bodies to whom section 28 applies to make arrangements for ensuring that when discharging their functions they have regard to the need to safeguard and promote the welfare of children. The persons and bodies to whom this duty applies are listed in section 28(1).
4. In so far as the guidance applies to local authorities in Wales, a Local Health Board, certain NHS Trusts and youth support services, the guidance is issued by the Welsh Ministers and those persons and bodies must have regard to the guidance when discharging their duty under section 28(2).
5. In so far as the guidance applies to probation services in Wales, youth offending teams in Wales, Police and Crime Commissioners and the Chief Officer of Police for a police area in Wales, the British Transport Police Authority, the National Crime Agency, the governor of a prison or secure training centre in Wales and the principal of a secure college in Wales, the guidance is issued by the Secretary of State and those persons or bodies must have regard to the guidance in discharging their duty under section 28(2).
6. Section 139 of the 2014 Act requires a safeguarding board partner, when exercising its functions as a safeguarding board, to have regard to any guidance given by the Welsh Ministers. This guidance will assist each Safeguarding Board Partner to take all reasonable steps to ensure that the Safeguarding Board on which it is represented fully applies this guidance in addressing issues of Child Sexual Exploitation (CSE).
7. Guidance issued under section 139(3) of the 2014 Act applies to the following safeguarding board partners
 - (a) local authorities;
 - (b) the chief officer of police for a police area, any part of which falls within a Safeguarding Board area;
 - (c) Local Health Boards;
 - (d) NHS Trusts;
 - (e) the Secretary of State to the extent that the Secretary of State is discharging functions under sections 2 and 3 of the Offender Management Act 2007 in relation to Wales;

- (f) any provider of probation services that is required by arrangements under section 3(2) of the Offender Management Act 2007 to act as a Safeguarding Board partner in relation to a Safeguarding Board area.
8. Safeguarding Board partners and other relevant individuals or organisations **must** have regard to this statutory guidance unless local circumstances indicate exceptional reasons justifying a variation.
 9. The guidance should be read in conjunction with chapter 1 of volume 1 of *Working Together to Safeguard People* issued under section 131 of the 2014 Act which provides guidance on the duty to report children at risk. It should also be read in conjunction with Volume 5 which provides advice on what should happen if an individual has concerns about the well-being of a child (including those living away from home), and in particular reasonable grounds to suspect that a child is experiencing or is at risk of abuse, neglect or other kinds of harm and has needs for care and support.
 10. Achieving good well-being outcomes for children requires all those with responsibility for assessment and the provision of services to work together according to an agreed plan of action. Effective collaboration requires organisations and people to be clear about:
 - the legislative basis for the work;
 - their roles and responsibilities for safeguarding and promoting the well-being of children (section 28 of the Children Act 2004);
 - the protocols and procedures to be followed, including the way in which information will be shared across practitioner boundaries and within agencies, and be recorded;
 - which organisation, team or practitioner has lead responsibility, and the precise roles of everyone else who is involved;
 - the importance of ensuring that children, adults, family members and carers are fully involved, and the rights of the child protected;
 - any timescales set down in Regulations or Guidance which govern the completion of assessments, making of plans and timing of reviews;
 - the need to ensure that, in accordance with section 6 of the 2014 Act, a person exercising functions under the 2014 Act in relation to a person who has, or may have, needs for care and support, must, in so far as it is reasonably practicable, have regard to the wishes and feelings of the individual, and must have regard to the importance of promoting and respecting the dignity of the individual.
 - the need to for a person carrying out functions under the Act in relation to a child falling within section 7 of the 2014 Act to have due regard to Part 1 of the United Nations Convention on the Rights of the Child in accordance to Part 2 of the 2014 Act, and

- the important role of third sector organisations in reporting children experiencing harm or at risk of harm and in the protection of, children at risk.
11. This guidance also includes non-statutory guidance which is intended to provide information to assist Safeguarding Boards. Whilst it does not have the force of statutory guidance, it represents good practice.
 12. Child Sexual Exploitation (CSE) is a form of child sexual abuse which involves an element of exchange between the abused child (up to the age of 18 years) and the person perpetrating or facilitating the abuse.
 13. CSE has been recognised as a form of child abuse for a relatively short period of time and remained a particularly hidden form of abuse until the mid 1990s when some of the first services for affected children were opened. This early practice provided evidence on the nature of CSE as a form of abuse and as practice developed so did research and campaign work led by the third sector which sought to advocate for appropriate responses to children sexually abused in this way.
 14. The derogatory way in which children's experiences of this form of abuse were commonly represented in the media, in policy, through the criminal justice system and through practice compounded a situation in which CSE was poorly understood, managed and policed.
 15. The first policy relating to children abused through CSE was issued in 2000 for England and Wales and was entitled '*Safeguarding Children involved in Prostitution*'¹, it was not until 2008 that the term Child Sexual Exploitation was included in the *All Wales Protocol*² issued under the All Wales Child Protection Procedures. This was followed by statutory guidance issued by Welsh Government in 2011³ which set out that '*children who are sexually exploited should not be regarded as having bad or criminal behaviour*'.
 16. Since that time evidence from practice, research and from a number of high profile cases in the media has helped to reshape common perceptions and judgements about the sexual exploitation of children.
 17. However, the Welsh Government commissioned review of current policy undertaken by CASCADE and published in 2017⁴ found that while there is an increasing awareness of CSE by professionals and the public, there is evidence to suggest that some common misconceptions and misunderstandings around CSE remain.
 18. This guidance replaces the previous version of statutory guidance *Safeguarding Children and Young People from Sexual Exploitation -Supplementary guidance to Safeguarding Children: Working Together Under The Children Act 2004 (2011)*
 19. This guidance sets out expectations about the ways in which agencies and practitioners should work together to safeguard children from risk of CSE. The Wales Safeguarding Procedures and All Wales Practice Guides complement this guidance.

Relevant Legislation

Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015

20. On 29 April 2015, the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Bill received Royal Assent and became an Act. The legislation aims to improve the Public Sector response in Wales to such abuse and violence and was subject to rigorous scrutiny through the legislative process

21. The Act aims to:

- improve arrangements to promote awareness of, and prevent, protect and support victims of gender-based violence, domestic abuse and sexual violence;
- introduce a needs-based approach to developing strategies which will ensure strong strategic direction and strengthened accountability;
- ensure strategic level ownership, through the appointment of a Ministerial Adviser who will have a role in advising Welsh Ministers and improving joint working amongst agencies across this sector; and
- improve consistency, quality and join-up of service provision in Wales.

Modern Slavery Act 2015

22. The Modern Slavery Act 2015 consolidated existing slavery and trafficking offences⁵ into two offences:

- Human Trafficking, defined as “arranging or facilitating the travel of another person with a view to exploitation”. Travel includes within a country, not just across international borders.
- Slavery, servitude and forced or compulsory labour – the Act states that this offence has the ‘same meaning’ as for the purposes of Article 4 of the European Convention on Human Rights.

23. Certain frontline staff who encounter a potential victim of modern slavery or human trafficking have a duty to notify the Home Office under Section 52 of the Modern Slavery Act 2015 This requirement applies to the Police, Local Authorities, the National Crime Agency and the Gangmasters Labour and Abuse Authority.

Understanding Child Sexual Exploitation (CSE) as a form of child abuse

Throughout this guidance the term 'child' refers to children and young people up to the age of 18 years.

Summary:

- CSE is a form of child sexual abuse which involves an element of exchange.
- Any child can be sexually exploited irrespective of gender, ethnicity or sexuality.
- CSE can be perpetrated in many different ways and an understanding of key concepts such as grooming, control and coercion and the conditions of consent is important. As is the recognition that CSE can occur in the absence of grooming or obvious control and coercion. The way in which children perceive and experience CSE is diverse and may be part of a complex picture of interrelated safeguarding issues. Online and offline exploitation often overlap.
- Perpetrators of CSE come from a wide range of ethnic backgrounds, they are predominantly male but females do offend. They act as individuals, in groups and in gangs and offenders may be family members.
- Peer-on-peer abuse needs to be understood in the context in which it occurs and children who abuse need support. All Wales Practice Guidance on children where there are concerns about harmful sexual behaviour is available for use in conjunction with the Wales Safeguarding Procedures.
- Children rarely disclose CSE and the identification of CSE is particularly reliant on the knowledge and understanding of practitioners and professionals. Everyone who works with children should be alert to the signs that a child is being sexually exploited and understand their safeguarding responsibilities towards a child at risk.

Child Sexual Exploitation (CSE) -

Is a form of sexual abuse

that can include sex or any form of sexual activity with a child; the production of indecent images and/or any other indecent material involving children

Involves a child

It occurs to those up to the age of 18 years old

Involves some form of exchange

The exchange can include the giving or withdrawal of something; such as the withdrawal of violence or threats to abuse another person.

There may be a facilitator who receives something in addition to or instead of the child who is exploited.

Children may not recognise the exploitative nature of the relationship or exchange. Children may feel that they have given consent.

24. **Exchange** is a fundamental part of abuse through CSE. The involvement of exchange is what makes CSE distinct from other forms of child sexual abuse. The thing that is exchanged may be tangible (money, goods, accommodation, experiences) or/and may involve the meeting of an emotional need, a need related to self esteem or the need to be free from physical violence or threats to someone that the child cares about. There may be a person who facilitates and/or organises the exploitation of a child and who receives something in addition to or instead of the child. This person may or may not carry out contact sexual abuse with the child.

25. **Grooming** involves a situation where a person communicates with and attempts to form a relationship with a child with the intention of putting them in a position where they can be abused. Grooming can take place online or offline and will often involve the groomer providing the child with a relationship in which they feel understood or important. Grooming may involve the provision of material goods or experiences. Groomers work to develop a situation where the child trusts them and/or feels that the groomer can provide them with something they cannot get from anyone else. This could be friendship, a relationship which the child believes is a romantic relationship, a sense of belonging or a sense of importance where they are given status or goods which impress their peers. Grooming is often employed to get children into a position where a perpetrator or facilitator of sexual exploitation can abuse the child. However,

the grooming process is not evident in every case of child sexual exploitation. Children can come into contact with perpetrators in many different ways and the time between first contact and abuse taking place can be very short.

26. Coercion and control are often employed by perpetrators and facilitators of CSE as a tool to ensure that children engage in sexual acts. This can include control through the provision of something the child wants or needs such as money, alcohol or drugs, relationship(s)/affection, a promise to keep the child safe from others or accommodation. Or control can be exercised through the threat that these things will be withdrawn if the child does not participate in sexual acts with the main perpetrators or other abusers the perpetrator directs them to conduct sexual acts with. Coercion may take the form of threats of or actual physical violence, emotional abuse or threats to hurt someone that the child cares about. However **CSE can also occur in absence of any obvious signs of coercion or control.**

27. The way in which exploitation is understood by the child will vary from child to child. CSE-experienced children can fail to recognise their experiences as exploitative. However, many children do understand that they are being exploited but may still struggle to disclose or seek help because of stigma or because the thing they are receiving in exchange for the abuse is important to them. Some children may understand that they are being exploited but still perceive the exploitation as the best option available to them within the context of constrained choices. Some children may feel that they have very little control over the decisions that are made about them in other areas of their life and that the exchange involved in this form of abuse gives them a sense of control over what is happening to them. Some children may accept abuse as a normal part of life or feel that it is deserved because of their earlier experiences of abuse or feelings of worthlessness.

28. Consent: The age of consent (the legal age to have sex) in the UK is 16 years old. The laws are there to protect children. They are not there to prosecute under-16s who have mutually consenting sexual activity but will be used if there is abuse or exploitation involved. To help protect younger children the law says anyone under the age of 13 can never legally give consent. This means that anyone engaging in sexual activity with a child who is 12 or younger will be subject to penalties set out under the Sexual Offences Act 2003. The law also gives extra protection to young people who are 16 to 17 years old. It is illegal to:

- take, show or distribute indecent photographs
- pay for or arrange sexual services
- for a person in a position of trust (for example, teachers, care workers) to cause, incite or engage in sexual activity with anyone under the age of 18.

29. Conditions of consent: Part of the reason why CSE was not perceived as a form of abuse in the past was because children appeared to be consenting to participate in sexual acts in order to receive something or so that someone else would receive something. **We must be clear that children cannot consent to their own abuse.** However it is important to recognise that children may perceive that they are consenting or may appear to consent. The concept of 'conditions of consent' can assist us in understanding this. Research conducted by Hallett (2017)⁶ suggests that central to an understanding of CSE is the need to acknowledge that underpinning the exchange of sex is the meeting (and exploitation) of unmet needs. Factors such as

attitudes towards sex, past experiences, relationships (or lack of relationships), emotional and economic needs all shape the context in which we should consider the engagement of a child in sexual exploitation.

30. Online and offline abuse can overlap⁷: Children do not differentiate between the online and offline world in the same way that adults currently do and increasingly technology is a key part of the social lives and learning experiences of children. Online child sexual exploitation can occur through social networking, chat rooms, instant messaging, dating sites and many more platforms. Often the exploitation occurs without the child's realisation. Exploitation and abuse can take some of the following forms:

- encouraging a child to take part in or perform a sexual activity
- encouraging or asking a child (up to the age of 18 years) to take and share explicit images of themselves
- encouraging or asking a child to film themselves performing a sexual activity
- grooming
- bullying
- harassment
- baiting (a form of cyberbullying where a victim is accused of sexual promiscuity)

Online exploitation does not always lead to contact abuse (the child may not ever meet the person abusing them) but does cause great harm to the child. Technology can also facilitate the offline sexual exploitation of children. Offenders also use social media to identify young people to groom for CSE, they may use threats to share content or images of the child that they have procured online as a way of exercising control over a child and they may use technology to communicate with the child in order to facilitate offline abuse through CSE. Perpetrators may also coerce children into sharing images with them and then use threats related to sharing these images to control the child and abuse them further. As with all forms of exploitation the child may not recognise the coercive nature of the contact with a perpetrator.

31. CSE and other safeguarding concerns can overlap: Different types of abuse and exploitation are interrelated and this is one of the reasons why our response to children must be child focussed rather than issue based. Children who are abused through sexual exploitation may also experience child sexual abuse that does not involve exchange. We know that CSE is strongly related to other safeguarding issues such as going missing and child trafficking. Going missing from home or care can put children at risk of being sexually exploited or may be an indication that CSE is already taking place. Child trafficking involves the movement of a child from one place to another in order to exploit them. Children may also experience CSE as a part of Child Criminal Exploitation (CCE) or may be targeted for criminal exploitation because they are already being sexually exploited and vice versa⁸. There is emerging evidence from research that some children presenting with Harmful Sexual Behaviour (HSB) later disclose that they have also been abused through CSE.⁹ CSE may therefore be one part of an individual and complex experience of interrelated abuse and exploitation for each child.

Which children may be at risk of sexual exploitation?

32. It is always dangerous to make assumptions, generalise or rely on stereotypes when considering child abuse. While there are some common issues and patterns prevalent in cases of CSE, any child can be sexually exploited, the ways in which children are put in a position where abuse can take place are diverse and there are many different ways in which perpetrators operate. **There is no single victim profile, no single perpetrator profile and no single pattern of abuse which can be relied upon.**
33. **As with all forms of child abuse any child can be abused through CSE.** However there are some circumstances and experiences which may make some children particularly vulnerable. This does not mean that every child with a specific set of vulnerabilities will be abused through CSE and it does not mean that children without particular vulnerabilities will not be abused through CSE.
34. **Children with adverse childhood experiences:** We know that some children may be particularly vulnerable because of adverse experiences in childhood. Adverse childhood experiences (ACEs)¹⁰ range from suffering verbal, mental, sexual and physical abuse, to being raised in a household where domestic violence, alcohol abuse, parental separation or drug abuse is present. However, children who have not had adverse childhood experiences can also be sexually exploited.
35. Evidence shows children who experience stressful and poor quality childhoods are more likely to have poor well-being outcomes. This includes children who have unstable home or care experiences, children who have experienced trauma and abuse, children with low self esteem and children who are experiencing problems with education, mental health, alcohol/drug misuse or offending behaviour. These are children whose experiences and circumstances mean that they are more likely to have unmet needs and poor self-esteem and this in turn means that they are vulnerable to exploitation which may appear to offer a way to meet those needs.
36. **Care experienced children and children living with their families:** Care experienced children will have been subject to Social Services intervention because of abuse, neglect and other ACEs. This may help to explain why care experienced children account for a disproportionate number of victims of CSE and can be particularly vulnerable.¹¹ However, overall the majority of children abused through CSE live at home.¹² This means that family work is a vital element in meeting the care and support needs of sexually exploited children.
37. **Girls and boys:** Evidence from research and practice suggests that more girls are abused through CSE than boys; however this does not mean that boys are not sexually exploited. Recent media representations of high profile CSE cases have reinforced the misconception that only girls can be sexually exploited. Boys can be, and are, sexually exploited. A review of cases published by Barnardo's in 2014¹³ identified that a third of the CSE service users across the UK were boys. Research undertaken in Wales by Barnardo's Cymru in 2016¹⁴ identified some of the reasons why boys may be under identified as victims of CSE. The research suggests that the abuse of boys is poorly understood or misinterpreted; that their entry into CSE may be particularly complex and that professionals may be affected by stereotypes which impact on their ability to see boys as vulnerable to CSE.

38. **Disabled children:** Research undertaken by Franklin et al (2015)¹⁵ found that young people with learning disabilities are vulnerable to CSE due to factors that include overprotection, social isolation and society refusing to acknowledge them as sexual beings. The research suggests that a lack of awareness of the sexual exploitation of young people with learning disabilities among professionals also contributes to their vulnerability. Evidence from practice suggests that children who do not meet a threshold for a formal diagnosis of a learning disability or who have never been assessed are over-represented among children who are abused through CSE. Children with a disability are three times more likely to be abused in some way than children without a disability. Within this group, children with behaviour or conduct disorders are particularly vulnerable.¹⁶
39. **White and Black, Asian and Minority Ethnic (BAME) children:** Victims of sexual exploitation come from all ethnic backgrounds. Research published by Barnardo's (2016)¹⁷ evidences that two thirds of CSE service users were White and one third were BAME. The research also suggests that cultural and religious views and practices, particularly those that prize a female's virginity or a male's heterosexuality, may prevent victims from speaking out due to a fear of retribution or rejection from families. Research published by the Muslim Women's Network UK (2013)¹⁸ found that Asian children were not being identified or protected from abuse through CSE.
40. **Straight and LGBT+ children:** However children identify in terms of their sexuality or gender they may be abused through CSE. For children who are LGBT+ research suggests that a lack of appropriate information and support and feelings of isolation may mean that boys seek out adult gay online and offline communities and this may put them at risk. The same research suggests that LGBT+ children may face additional barriers to seeking help if they are exploited and that professionals do not give sufficient consideration to the possibility of abuse through CSE for LGBT+ children, especially within lesbian and trans relationships.¹⁹

What do we know about CSE perpetrators?

41. The widely reported cases of abuse through CSE that have been uncovered in places such as Rochdale and Rotherham have created a position where many relate the perpetration of CSE with gangs or large organised groups. However, perpetrators of CSE operate in many different ways. Research suggests that the two main motivations for offending related to CSE are sexual and financial.²⁰
42. **Individuals, groups and gangs:** There are cases from Wales involving single perpetrators who have exploited children for their own sexual gratification and for financial gain. There have also been police operations related to the arrest of connected perpetrators operating in groups. There is emerging evidence of CSE related to Wales based gangs in some areas of Wales. There is also evidence from practice of children placed in Wales from England who have been exploited by gangs and there is emerging evidence of Welsh children coming into contact with individuals who are connected to gangs in England.

- **Groups** – involves people who come together in person or online for the purpose of setting up, co-ordinating and/or taking part in the sexual exploitation of children in either an organised or opportunistic way.
- **Gangs** – mainly comprising men and boys, who take part in many forms of criminal activity (eg, knife crime or robbery) who can engage in violence against other gangs, and who have identifiable markers, for example a territory, a name, or sometimes clothing.²¹

43. **Peer-on-peer exploitation:** young people with, and without, pre-existing vulnerabilities can be affected by peer-on-peer abuse. As young people grow up and spend increasing amounts of time with their friends, at school and in their local neighbourhood, what happens in these environments will be reflected in the nature of the abuse they experience.²² We need to understand the context in which peer on peer exploitation happens. Research has informed the concept of Contextual Safeguarding which recognises that the different relationships that young people form in their neighbourhoods, schools and online spaces can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships.²³ Children who perpetrate abuse through CSE should be considered as children first, as children with care and support needs and receive support for Harmful Sexual Behaviour as set out in All Wales Practice Guidance on safeguarding children where there are concerns about harmful sexual behaviour which is available for use in conjunction with the Wales Safeguarding Procedures.

44. **Exploitation within families:** CSE can, and does, take place in families. The fact that the majority of CSE is extra-familial does not mean that CSE cannot take place within families or be facilitated by a family member. There have been cases in Wales of parents financially benefitting through the exploitation of their children who they have offered to others for sex in return for money. The element that differentiates this from other forms of child sexual abuse within families (which may be occurring at the same time) is that there is an exchange of money or goods involved, with a family member benefitting from the abuse of a child from the family.

45. **Ethnicity and gender:** High-profile CSE cases involving organised groups of men of Asian descent have led to a perception that CSE involves Asian predators and white victims. However there is clear evidence that perpetrators of CSE come from a wide range of ethnic backgrounds.²⁴ Research evidences that the majority of perpetrators of CSE are male²⁵ however they do not perpetrate all CSE and women can and do sexually exploit children.

How do we identify CSE?

46. **Disclosure:** There are a number of reasons why children abused through CSE are particularly unlikely to disclose that they are being abused.²⁶ For some children, sexual exploitation can be perceived as something they expect to happen to them or as something they deserve. Children may also regard the exchange involved in CSE as a way of regaining control over their bodies and their lives, as the best option open to them in the context of constrained choices and/or a coping mechanism. Unless the underlying needs and problems are addressed and met in other ways, children are unlikely to disclose or are likely to withdraw their disclosure.

47. A young person may have the additional fear of disclosure or of seeking help because of coercion and control and/or the potential repercussions from those who are exploiting them. Young people's family and friendship networks may be connected to the exploitation, and these can contribute to a feeling that the sexual exploitation is something 'normal' or expected, as well as working against disclosure for fear of further disruption to their lives.
48. Disclosure is therefore particularly unlikely in relation to this form of abuse. Many children will only disclose after they have been receiving support for a long period of time and have formed a trusted relationship with a worker. If a child does disclose it is important to listen to the child's experience on their own terms rather than focus on gathering factual information.²⁷ Research in Wales with children who have experienced CSE found that they often felt ignored or 'invisible' as a person and if a child does not feel listened to or understood at the point of disclosure this may increase their future vulnerability.²⁸
49. The fact that disclosure of this form of child sexual abuse is especially unlikely means that the identification of CSE is particularly reliant on the knowledge and understanding of practitioners and professionals. This calls for multi-agency training to ensure that everyone who works with children is aware of the signs of CSE and this issue is considered in Chapter 2.
50. However, research undertaken in Wales²⁹ found that a third of children in the research sample had disclosed abuse through CSE. Practitioners and parent/carers need information on identifying child sexual abuse, including CSE and on how to respond when a child discloses abuse.

Identifying and reporting Child Sexual Exploitation (CSE)

Prompt for practitioners and professionals

This prompt provides some information to assist in the consistent identification of CSE. When considering risk of CSE it is crucial that a child-centred approach which considers the holistic needs of the child is taken. Risk management should only be one element of the response to children's care and support needs where CSE is a concern.

Everyone who works with children should be alert to the signs that a child is being sexually exploited and understand their duty to report a child at risk. Speak to your manager or safeguarding lead about any concerns you have and make a child protection referral to your local authority Social Services. If you suspect a child is at immediate risk of harm you should phone the Police on 999.

Physical signs: bruising, unexplained injuries, sexually transmitted diseases.

Emotional signs: withdrawn, extreme mood changes, angry, self harm, suicidal, disengaged.

Material signs: mobile phone/technological equipment, clothing/footwear, regularly under the influence of alcohol or drugs, in possession of money, **when** there is no reasonable explanation for how they have attained or paid for these things.

Behavioural signs: secretive, periods of going missing, getting in or out of cars driven by unknown adults, described as out of control or as having risky behaviour by their family, carers or by practitioners, concerns about the way in which the child uses their mobile phone or the internet.

There is a statutory Duty to Report Children at Risk on relevant partners under Section 130 of the Social Services and Well-being (Wales) Act 2014. [Social Services and Well-being \(Wales\) Act 2014 Safeguarding Summary](#) This means making a referral to Social Services where you have any concerns that a child is at risk. You should ensure you understand the process for making a referral to Social Services and what information they will require - talk to your manager.

If you work in a health setting and have limited knowledge of the child you can use the Child Sexual Exploitation Risk Questionnaire (CSERQ) to inform your decision about making a child protection referral. <http://www.wales.nhs.uk/sitesplus/888/page/91733#CSE>

Child Sexual Exploitation (CSE) is a form of child sexual abuse which involves an element of exchange between the abused child and the person perpetrating the abuse.

Children (that means anyone up to the age of 18 years) who are abused in this way are unlikely to tell anyone about what is happening to them. The reasons for this are complicated and could be because they are frightened of what will happen if they tell, because they do not recognise that they are being abused, because they fear that they won't be believed or will be judged or because they feel that they are exercising control over what is happening to them in some way.

As with all forms of child abuse, CSE can happen to any child. However we know that some children may be particularly vulnerable. This includes children who have unstable home or care experiences, children who have experienced abuse in earlier childhood, children with low self esteem and children who are experiencing problems with education, mental health, alcohol/drug misuse or offending behaviour. There is evidence that children with additional learning needs or functioning difficulties may be particularly vulnerable. CSE happens to boys and young men as well as to girls and young women. There is evidence of additional barriers to disclosure and identification for some children including Black, Asian, Ethnic Minority (BAME) children; disabled children and LGBTQBT+ children.

The way in which exploitation is understood by the child will vary from child to child. Children can fail to recognise their experiences as exploitative. However, many children do understand that they are being exploited but may still struggle to disclose or seek help because of stigma or because the thing they are receiving in exchange for the abuse is important to them. Some children may understand that they are being exploited but still perceive the exploitation as the best option available to them within the context of constrained choices. Some children may accept abuse as a normal part of life or feel that it is deserved because of their earlier experiences of abuse or feelings of worthlessness.

As with any form of child abuse it is essential that practitioners act on their concerns. We know that different people involved in a child's life may all have different pieces of information or concerns which in isolation may seem to be worrying but not warrant further investigation, but when put together these concerns can evidence that the child has care and support needs.

Children identified as at risk of CSE should have any care and support needs met in order to prevent abuse. Abuse through CSE is usually (but not always) extra-familial. This provides an opportunity to work with parent/carers and families to keep the child safe and to meet care and support needs in a way that will reduce risk of CSE. However, practitioners should also be alert to any safeguarding or care and support issues within the family.

Summary:

- Prevention is not just about early intervention. Universal awareness raising and early intervention are central to efforts to prevent CSE. However targeted prevention work is also needed with children with identified vulnerabilities or risks associated with CSE. Prevention work is also an important element of work to support children who have been abused through CSE to prevent re-abuse in the future.
- Adverse Childhood Experiences (ACEs) in childhood can have detrimental impacts through the life course. Providing a safe and nurturing environment is the best way to ensure a child will be able to go on to achieve their potential. Research suggests a relationship between ACEs and risk of CSE. Resilience is identified as a protective factor against the impact of ACEs.
- Work to build resilient children, families and communities, through universal and targeted services, can support the well-being of children and this, in turn, can reduce their vulnerability to CSE.
- Support to provide children with a protective and consistent care giver, through family support or through secure and stable placements for children in care can act as a protective factor which builds resilience and in turn prevents vulnerability to CSE.
- Early targeted trauma informed support is needed for those children who have experienced and been affected by trauma in the form of physical, sexual or emotional abuse, and who have witnessed domestic abuse. There is a link between unaddressed well-being needs for children who have experienced childhood trauma and later victimisation through CSE.
- Creating safer public spaces and raising public awareness of CSE will contribute to making communities hostile environments for perpetrators of CSE and to keeping children safe.
- Workforce development is a crucial element of action to ensure children are kept safe, risk is identified early and abuse is prevented.

Prevention

51. Public and professional awareness and training, education and preventative services that support well-being all have a part to play in reducing the number of children who are abused through CSE.
52. Prevention is not just about early intervention. Universal awareness raising and early intervention are central to efforts to prevent CSE. However, targeted prevention work is also needed with children with identified known vulnerabilities or risks associated with CSE (as set out in Chapter 1). Prevention work is also an important element of work to support children who have been abused through CSE to prevent re-abuse in the future.
53. However, we know that preventing abuse from taking place is the best way to protect children from harm.
54. The emphasis on early intervention and prevention within the Social Services and Well-being (Wales) Act 2014 (“the 2014 Act”) and The Wellbeing of Future Generations (Wales) Act 2015 supports a need to focus efforts on building the resilience of individuals, families and communities to support good well-being and prevent harm.
55. The fundamental principles of the 2014 Act include increasing preventative services to stop needs growing and supporting people to achieve their own well-being. 'Well-being' is a broad term applied across several areas within the 2014 Act and includes safeguarding (the prevention of and protection from abuse, harm and neglect), but it also applies to the physical, mental and emotional well-being of an individual. Trauma is well-established within the evidence base as a causal risk for CSE³⁰. Preventative services which support children to build resilience and self-esteem and recover from trauma may reduce the risk of CSE.
56. As individuals move from early childhood and into adolescence they spend increasing amounts of time socialising independently of their families. During this time the nature of young people’s schools and communities, and the relationships that they form in these settings can inform the extent to which they encounter protection or abuse³¹. The Well-being of Future Generations (Wales) Act 2015 aims to make Wales resilient, healthier, and more equal and a country of more cohesive communities.
57. The Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act (2015) aims to improve the public sector response to violence against women, domestic abuse and sexual violence, to prevent violence and abuse and to protect and support victims and survivors. To help achieve this public services need to work together to protect people experiencing violence against women, domestic abuse and sexual violence from suffering any further harm, and protect any children within the family.
58. Trauma, loss or grief in childhood can impact on the child’s current well-being and behaviour, but may also affect their longer-term developmental outcomes and mental health. Some children may have problems with developing secure attachments and with other aspects of their social and emotional development.³² A child’s capacity to deal positively with a traumatic experience will be affected by a wide range of factors,

such as the nature of the trauma, post-trauma environment, attachment relationships, their developmental stage, temperament, culture, history, resilience and sources of resilience and the level of other support available.

59. Recent research³³ suggests a high prevalence of prior abuse history and of a family history of domestic violence for children who received support because of CSE or Harmful Sexual Behaviour (HSB). The research concludes that the evidence considered speaks to the importance of directing attention to the needs of children who have experienced trauma in the form of physical, sexual or emotional abuse, and who have witnessed domestic abuse. The research indicates a link between unaddressed well-being needs and later victimisation through CSE.
60. Research on Adverse Childhood Experiences (ACEs)³⁴ evidences that the experiences we have in childhood, good and bad, are instrumental in determining our life outcomes. Providing a safe and nurturing environment is the best way to ensure a child will be able to go on to achieve their potential. Those who experience poor quality and adverse childhoods are more likely to have poor life outcomes. Research suggests that sexually exploited young people reported higher rates of adverse childhood experiences.³⁵
61. The Welsh Adverse Childhood Experience (ACE) and Resilience Survey³⁶ was undertaken to examine individual and community factors that may offer protection from the harmful impacts of ACEs on health, well-being and prosperity across the life course. Resilience is described as the ability to overcome serious hardships such as those presented through adverse childhoods. Identified factors, which can support resilience building include an always available adult, personal skills, positive relationships, community support and cultural connections, participation in organised sporting activities and an ability to influence ones own destiny.
62. The Welsh Government *National Action Plan – Preventing and Responding to Child Sexual Abuse 2019-2021* sets out actions for Safeguarding Board partners across Wales to promote the prevention of all forms of child sexual abuse- including CSE and Harmful Sexual Behaviour (HSB). The Welsh Government and the Safeguarding Children Boards will report annually on progress on the implementation of the National Action Plan.
63. *The National Online Safety Action Plan for Children and Young People in Wales* was commissioned by the Cabinet Secretary for Education. The action plan was published in July 2018 and sets out how the Welsh Government is working with teachers, parents and carers, learners and appropriate partners across Wales to keep our children and young people safe online.
64. The 46 commitments and actions in the action plan have been grouped into the following categories.
 - Advice and support – providing children and young people, education practitioners, education professionals, and parents and carers with information and knowledge to promote online safety for young people.
 - Collaboration – working together with UK wide partners and other organisations to take coordinated actions to meet our common aims.

- Communication and promotion – raising the profile of online safety to reach a wide audience and reinforce the importance of using the internet safely and responsibly.
- Guidance – maintaining statutory and non-statutory guidance to reflect technological developments and changes in how the internet is used.
- Research – supporting research into the use of the internet by children and young people so that we stay up-to-date with the evolving threats and continue to inform policy development and actions needed to promote online safety.
- Resources – providing a range of resources for children and young people, education practitioners, education professionals, and parents and carers to support the delivery of online safety education and promotion.
- Training and development – providing relevant training to education practitioners, education professionals, schools and other partners to support the delivery of online safety education to children and young people.

The plan provides a focus for the Welsh Government’s online safety work and will be reviewed annually to update actions.

Home

65. There is evidence that children who are abused through CSE have disproportionately high earlier childhood experiences of trauma.³⁷
66. Child protection issues such as child sexual abuse, physical abuse, neglect and emotional abuse are also over identified for children who are sexually exploited.³⁸
67. However, not all children who experience trauma and abuse in childhood are sexually exploited. Emerging evidence on the relationship between adverse childhoods and low mental health and poor well-being outcomes suggests that risks appear to be mitigated substantively by having trusted adult support always available in childhood.³⁹ Bellis et al (2017) further suggest that when faced with a traumatic situation proximity to an attuned and responsive caregiver is a critical contributor to a child’s sense of safety.
68. Hanson⁴⁰ suggests that high quality relationships are an important feature of resilient trajectories following childhood maltreatment and that experiences of a loving, consistent and positive relationship can contribute to the development of protective assets such as self-confidence, a sense of security, positive aspiration and social and emotional skills.

Resilient families

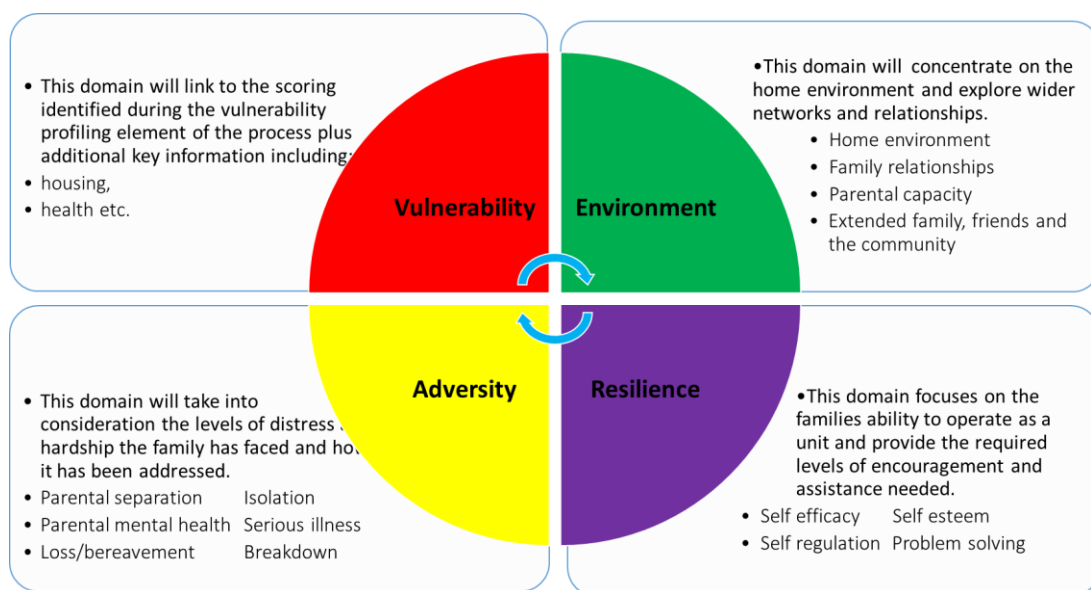
69. Children’s resilience to adversity is greater when they have access to at least one caring parent or another supportive adult in their extended family and support for family resilience can in turn support protective mechanisms in children.⁴¹

70. Although some families may be more vulnerable or face more adverse circumstances than others, a family resilience approach suggests that there is potential for families to strengthen their resilience in overcoming these challenges, even after severe trauma.⁴²
71. Research conducted in Wales⁴³ has considered evidence on a cohort of children who have been involved with social services, focusing in particular on children who were deemed to be at risk of experiencing CSE. The research found that family relations were generally poorest among the group of children identified as at significant risk of CSE, that they were this group were more likely to have a dysfunctional relationship with their parents and that parental rejection was most common for these children.
72. Early intervention and preventative family support services which build family resilience may therefore provide for protective factors against later risk of abuse through issues such as CSE.
73. Family and parenting support to nurture the capacity of parents and family members in adverse circumstances will contribute to outcomes for children in a positive way which may in turn help to protect them from risk of abuse through CSE later in childhood.
74. Research⁴⁴ suggests that when considering approaches to support positive parent child interaction in the early years, the evidence is strongest for programmes that target based on early signals of risk, such as child behaviour problems, insecure attachment, delayed development of speech and lack of maternal sensitivity, although other types of programmes have also been found effective.
75. **Flying Start** is an early years programme for families with children in some of the most disadvantaged areas of Wales. Flying Start provides quality childcare which is offered to parents of all eligible 2-3 year olds for 2 and a half hours a day, 5 days a week, an enhanced health visiting service, support for speech, language and communication and parenting programmes. The parenting programme element of Flying Start involves an approach which seeks to build and sustain positive, respectful relationships with parents to enhance their parenting skills in supporting their child's development, care and wellbeing. This includes working in partnership with parents to help them develop self-confidence in their parenting role. It also includes working with parents in ways that help them relate positively to their child.⁴⁵
76. **Families First** is designed to improve outcomes for children and families. It places an emphasis on early intervention, prevention, and providing support for whole families, rather than individuals. The programme promotes greater multi-agency working to ensure families receive joined-up support when they need it. The intention of the programme is to provide early support for families with the aim of preventing problems escalating. There are a number of guiding principles for services provided under the Families First programme with services expected to be:
- Family-focussed – services should take a whole family approach to improving outcomes;
 - Bespoke – services should be tailored to individual family circumstances;

- Empowering – services should seek to empower families to take control of their lives, to give them an increased sense of ownership and investment in their outcomes;
- Integrated - services should be effectively coordinated and planned to ensure a seamless progression for families between different interventions and programmes;
- Intensive – a vigorous approach and relentless focus must be maintained which can adapt to families’ changing circumstances;
- Local – services should address the needs of local communities and, where possible, seek opportunities to link in with other local programmes, including Flying Start and Supporting People;
- Pro-active – seeking early identification of need and securing appropriate interventions in a timely way;
- Sustainable – services should always seek to provide long-term sustainable solutions. They should seek to address the root causes of problems and not just the symptoms to enable families to continue to progress after intervention has ceased needs.

Rhondda Cynon Taf Resilient Families Programme

The Resilient Families Service effectively identifies families at risk of family breakdown before they get to crisis point as well as continuing support for families no longer requiring statutory intervention. It provides an opportunity to deliver swift, effective, consistent and bespoke support to families. Focusing on improving families’ ability to recover from adversity, be stronger and more resourceful is intended to facilitate a sustainable long term change as a result of intervention that the family is in control of.



The Gwella project

'Gwella' is a Welsh Government funded research and practice project operated in partnership between Barnardo's Cymru and CASCADE, Cardiff University. The aim of the Gwella project is to reduce the risk of vulnerable children and young people experiencing Child Sexual Exploitation (CSE) or demonstrating Harmful Sexual Behaviour (HSB), through the development of a prevention model for use in Social Care, in order to improve the well-being of children. The practice approach has been piloted in a number of local authorities with children aged between 5 and 11 years old with Social Services involvement in their lives where there have been historic concerns or evidence of early developmental trauma such as sexual abuse, neglect, physical abuse, emotional abuse and exposure to domestic violence. Key principles of the Gwella practice approach include:

- Understanding the impact of the trauma on the child's development
- Establishing a relational and therapeutic play based response around the child
- Enhancing/deepening the relationship between child and primary carer(s) is a prime goal
- Enhancing/deepening the relationship between child and other significant adults a prime goal
- Children will receive a bespoke response that meets their unique strengths and needs.

The early evidence from Gwella is promising and an evaluation will be published at the end of the project.

Stable and secure placements

77. There is an established link between poor experiences of care and risk of CSE⁴⁶. For some children growing up in care, instability and a lack of quality relationships can lead to further placement breakdown, which in turn compounds feelings of powerless and loneliness for young people⁴⁷. Hallett (2015) and Coy (2008, 2009), interviewed young people who described how such experiences had left them vulnerable to CSE where exploitative individuals appeared at first to offer a sense of belonging to the young person.

"I was in care and I was moved around here and there and anywhere. So I was always doing runners, and then when I met (name of person deemed to be exploitative) it was having someone who was there for me you know."⁴⁸

78. Research commissioned by the Welsh Government⁴⁹ found that over three quarters of the whole cohort of children (with a final Care Order in Wales over a twelve month period) included in a large-scale study experienced a high level of placement stability. In-depth analysis of a smaller sub-sample also found that 71% of those children had overall positive outcomes in relation to their home environment, communication and attachments, physical health and the absence of offending.

79. Factors associated with positive outcomes in the sub-sample included: younger age of the child at the time of the final Care Order (and often, therefore, more limited exposure to abuse or neglect); good or excellent home/school support; carer ability to facilitate beneficial contact with the child's natural extended family; the availability of therapeutic support provided at an early stage of a problem arising or proactively in response to known needs or experiences at the child's entry in to care, for example in relation to attachment issues, trauma or sexual abuse; child encouraged to participate regularly in positive activities; consistent Social Worker support and child placed alone or with siblings, as appropriate, to meet their needs.
80. However, the same research also found that plans were less likely to achieve permanency in the desired timescales where they had a history of extreme or chronic abuse and neglect, or were part of a sibling group to be fostered together. Also, a significant proportion of long term foster placements that were initially achieved could not be sustained over time and the children involved required at least one other permanent placement. Children with a plan for long term foster care that wasn't achieved in the short term were particularly vulnerable to subsequent multiple placement breakdowns.
81. Negative outcomes for children in the sub-sample were associated with: older age of the child at the time of the final Care Order; more significant exposure of the child to severe and/or chronic abuse or neglect; children displaying more challenging behaviours arising from their experience of abuse, including sexualised behaviour.
82. Evidence from the Care Crisis Review undertaken by the Family Rights Group⁵⁰ suggests that the majority of children placed away from home, whatever their placement or legal status, are likely to have high levels of need, or newly emerging needs, that require support, sometime on a long-term basis. The Review identifies the need for a range of services supporting emotional and mental health; advocacy and specialist services for children and advice and support for carers and adoptive parents to reduce placement breakdown.
83. The Ministerial Advisory Group on Improving Outcomes of Children was established in 2016. The work of the Group focusses on:
- identifying early and preventative action to help reduce the numbers of children taken into care
 - improving outcomes for children already in care
 - improving outcomes for care leavers
84. Work is on-going to build on good practice and what we know works to develop a more integrated system of support which identifies; tackles and repairs the impact of ACEs and other disadvantages as early as possible in a life course. Such holistic support would help parents and children including those within the care system, whether in residential or foster care and those families who would benefit from post adoption support or support within special guardianship arrangements. This work will in turn contribute positively to preventing CSE, where children and their families are supported to prevent the need for care and through measures to support stable and secure placements for those children who do enter care.

85. The National Fostering Framework (NFF) has been developed by local government, the third sector and other partners with support from the Welsh Government. Support at a national level is provided by the National Adoption Service, but the main focus of the NFF is on regional working. Each region has appointed a regional development worker, and has drawn up a regional development plan. These include regional approaches to marketing, recruitment and training, models of foster care, and the When I am Ready scheme for fostered children turning 18. At a national level, a new performance management framework has been developed and rolled out, and two major projects initiated – one on harmonisation of fostering fees and allowances, and the other on developing a national brand and marketing to support recruitment of local authority foster carers.
86. In addition, under the Ministerial Advisory Group programme, the Welsh Government is seeking to strengthen arrangements for supporting kinship carers, including Special Guardianship Orders (SGO) arrangements. Welsh Government has commissioned the Association for Fostering and Adoption (AFA) Cymru to develop and consult upon a national framework for special guardianship support services, including common eligibility criteria for financial and other support. Guidance on a local authority's duty to support these arrangements is set out in the Part 6 Code of Practice (Looked After and Accommodated Children). There is a separate Code of Practice on Special Guardianship Orders (SGOs), published in 2018.
87. The Ministerial Advisory Group Children's Residential Care Task and Finish Group was set up specifically to focus on improving outcomes for children in residential care and secure accommodation. Work to date has focused on improving data collection, so that we have a better profile of the children in residential care; evaluating new and emerging models of residential care, particularly those using therapeutic or trauma-informed approaches; and producing practice guidance on out of area and cross-border placements. A key strand of work has been to develop proposals for developing residential care for children and young people at the highest end of the continuum of need, especially those at risk of going into secure accommodation.

Education settings

88. Child Sexual Abuse has been associated with an overall reduction in educational engagement and attainment at school and in higher/further education. In some individual cases, however, it has also been linked to increased attainment. In these cases, educational engagement appears to function as a coping strategy for dealing with the abuse.⁵¹
89. The educational experience of children abused through CSE often reflects a pattern of truancy, being reported missing from school, temporary or permanent exclusion from school and poor educational outcomes.⁵²
90. Providing an educational environment in which there is a 'whole-school' approach to addressing gender inequality, sexual consent, and relationships built on respect is central to preventing violence and abuse, including CSE. The curriculum, school policies, pastoral support and school ethos all contribute to environments that enable or challenge exploitative practices and the attitudes that condone them.⁵³

91. Supporting children at risk of or abused through CSE to re-engage with education can also act as a protective factor to help prevent the likelihood of re-abuse.

A whole school approach to pupil well-being

92. The Welsh Government published *'Education in Wales: Our National Mission- Our National Mission 2017-2021'* in 2017.⁵⁴ The Action Plan sets out four enabling objectives including: Strong and inclusive schools committed to excellence, equity and well-being'. All learners must be supported to be emotionally and physically ready to learn in a safe and supportive environment. Equity requires that we ensure that the system, at school, local and national level takes account of and responds to the unique challenges that present themselves to individuals or groups of learners. The Welsh Government is working to strengthen partnership working to improve the early childhood experiences of children and ensure a widespread understanding of the importance of the first thousand days in a child's life. Working in partnership, we are determined that no challenge should prevent any learner from reaching their potential, including those learners who have or are experiencing multiple ACEs.

93. A new focus on a 'whole school' approach to mental health and wellbeing for children is being taken forward by the Welsh Government. Schools have an important role to help support emotionally-resilient and mentally healthy children. This means that the school ethos will support the broader mental health and well-being of learners, which in turn will help to prevent other issues from developing or escalating, including mental health issues.

94. The Centre of Expertise on Child Sexual Abuse⁵⁵ suggests that children who are out of school/education can quickly feel outside of the social mainstream and are thus more likely to be targeted by exploitative adults and peers. On the other hand, being connected to a settled education community is protective since it enables a sense of belonging and stability, and affirms self-belief.

95. Research⁵⁶ suggests that schools might improve attendance by adopting approaches that tackle ACEs and their consequences. Some schools working with public health agencies have adopted ACE-informed approaches (i.e. staff understanding ACEs and adapting working practice to support children who have or are experiencing them). This has increased attendance, reduced exclusions and improved educational attainment. Schools which operate trauma informed practices will enable school staff to change how they respond to children affected by exposure to traumatic events.

96. The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 aims to promote arrangements for the prevention of violence against women, domestic abuse and sexual violence; arrangements for the protection of victims of violence against women, domestic abuse and sexual violence; and support for people affected by violence against women, domestic abuse and sexual violence.

97. Prevention is one of the key purposes outlined in the Act and preventative measures should be outlined in local strategies. This includes a key objective to promote: Increased awareness in children and young people of the importance of safe, equal and healthy relationships and that abusive behaviour is always wrong.⁵⁷ A Good Practice Guide (2015)⁵⁸ developed in conjunction with Welsh Women's Aid, outlines

the key elements of a whole education approach to violence against women, domestic abuse and sexual violence.

98. Firmin (2017)⁵⁹ sets out that if children socialise in safe and protective schools (and community settings) they will be supported to form safe and protective peer relationships. However, if they form friendships in contexts characterised by violence and/or harmful attitudes these relationships too may be anti-social, unsafe or promote problematic social norms as a means of navigating, or surviving in, those spaces.
99. The findings of the Sex and Relationships Education Expert Panel were published in 2017⁶⁰ and recommended that a: 'A whole school approach is the single most important element for high quality and effective Sex and Relationship Education (SRE)- A whole school approach to SRE reinforces key messages across the curriculum and in different areas of the school and community. Supported by external agencies a whole school approach will be more likely to result in changing attitudes and behaviour.'

Spectrum Project - As part of the drive to tackle Violence against Women, Domestic Abuse and Sexual Violence, Hafan Cymru's Spectrum Project is funded by the Welsh Government to raise awareness of Domestic Abuse and associated issues in all secondary and primary schools in Wales.

Spectrum sessions:

- promote the importance of healthy relationships and raise the awareness of children, young people and adults about the issues of Violence against Women, Domestic Abuse and Sexual Violence;
- are delivered by qualified and experienced teachers;
- are cross-curricular and are designed to promote peer discussion, using a range of techniques;
- use materials that are sufficiently thought provoking without being so emotive as to cause distress, and include the concept of "he Safety Zone";
- are designed to promote discussion rather than disclosure; and
- conclude with information for young people on where they can access help and support, both inside and outside the school.

The Project also delivers training for all school staff and for parents on a whole school approach.

Operation Encompass, Pembrokeshire

The purpose of Operation Encompass is to safeguard and support those children and young people who have witnessed and/or been present at the time of a domestic abuse incident.

Operation Encompass aims to ensure that appropriate school staff are made aware at the earliest possible stage in order to provide relevant and tailored support to children and young people in a way that means that they feel safe and included.

Under the scheme, police will provide a report for schools before 9am the following day when they know a pupil has been exposed to a domestic abuse incident the previous day. Information is given in strict confidence to the school's designated safeguarding officer so that support can be given depending on the needs and wishes of the child.

Best practice examples of those options in the protocol underpinning the Operation Encompass are:-

- Monitor children at the start of the day; monitor their arrival and attendance, acknowledge what they've been through if necessary.
- Provide uniform / P.E. kit and education materials and food.
- Co-ordinate a support package around the child and family (e.g. TAF)
- Help the child make sense of the way they are feeling and behaving.
- Help the child to develop coping strategies.
- Go at the child's pace; follow their lead, develop a trusting relationship.
- Schools may apply for exceptional circumstances to Exam Boards.
- Schools to make allowances for the child not being able to engage fully in the day at school, both emotionally and physically.

The curriculum

100. Following the review conducted by the Sex and Relationships Education Expert Panel, the Welsh Government has taken the decision to introduce Relationships and Sexuality Education (RSE) as a statutory part of Wales' new curriculum which will be in place from 2022. At present, SRE is a statutory part of the basic curriculum in Wales but it is down to schools to decide their approach to the subject and this sometimes doesn't stretch beyond the biological aspects of human relationships. RSE represents a major departure from these traditional approaches because it broadens this area of

study and places an emphasis on forming and maintaining healthy, happy and fulfilling relationships. An early understanding of healthy relationships may help children to recognise relationships as unhealthy, which in turn may assist in preventing later grooming and abuse.

101. Learners will also be given a much broader understanding of sexuality that is fully inclusive of LGBTQI+ learners and includes wider issues such as consent, domestic abuse and respecting diversity. The decision to change the focus of this area of study to relationships and sexuality, as well as the decision to make it statutory, reflects its immense importance in terms of how learners understand themselves, each other, their community and society.
102. When Wales' new curriculum is in place in 2022, RSE will become statutory from the age of 5 to 16, but learners will not be taught about topics for which they are not developmentally ready. Recognising that these changes must be accompanied by the right training and support for teachers, and there will be changes to training in both initial teacher education and within the existing workforce.

Educated Otherwise Than At School (EOTAS)

103. In 2018⁶¹, 2188 pupils were recorded as being educated other than at school, with 1,609 of these receiving their main education outside of school. Seven out of ten pupils whose main education is other than at school were boys. Pupil referral units (PRUs) remain the most frequently-used education providing for pupils whose main education is other than at school. The Welsh Government published an EOTAS Framework for Action in 2017 which sets out a programme for improvement across EOTAS provision.⁶²
104. A report published by the Children's Commissioner for Wales in 2014⁶³ reports on survey data from children and found that many children reported issues associated with poor emotional well-being. There is some evidence⁶⁴ from England that organised gangs involved in Child Criminal Exploitation (CCE) target children attending Pupil Referral Units. Research undertaken in England suggests a clear link between CCE by organised gangs and CSE.⁶⁵ All education settings including alternative educational settings such as Pupil Referral Units should assume that CSE is an issue that needs to be addressed.⁶⁶

Safeguarding in Education

105. Schools and other education settings play an essential role in protecting children from abuse. They have regular contact with children and young people so are in a good position to identify signs of abuse and neglect. This means that education settings can contribute to the prevention of CSE in two ways. First, the role that schools can play in identifying children who may need some early intervention to reduce the risks of abuse or who are at risk so that measures can be taken to reduce neglect or abuse. Second, in the early identification of children who may be vulnerable to CSE or are already being abused through CSE.

106. The Welsh Government's 'Keeping Learners Safe'⁶⁷ sets out the safeguarding role of local authorities, governing bodies and proprietors of independent schools. Everyone in the education system shares an objective to help keep children and young people safe by contributing to: creating and maintaining a safe learning environment for children and young people; identifying where there are child welfare concerns and taking action to address them, where appropriate, in partnership with other agencies and through the development of children's understanding, awareness and resilience through the curriculum.
107. The Centre for Expertise on Child Sexual Abuse⁶⁸ suggests that schools are ideally placed to deliver information to students about CSE and a number of resources exist for them to use in doing so. Opportunities to learn about sexual exploitation should be available in age appropriate forms in both primary and secondary schools. Open conversations inside and outside the classroom can help children recognise potentially abusive behaviours, identify trusted adults who they can talk to and offer information about support services.
108. The Welsh Government Hwb⁶⁹ platform, hosts a national collection of digital tools and resources to support education practitioners in Wales. This includes resources to support safeguarding practice and classroom resources to provide children with information about safeguarding issues, including CSE.

Further education institutions

109. The statutory responsibilities for safeguarding and child protection apply to all children under 18 years of age, including 16 and 17 year olds attending FE institutions. FE institutions are autonomous bodies, however, Safeguarding Children Boards seek to engage all agencies and organisations working with children up to the age of 18 to support good safeguarding practice and FE institutions should seek to access information and training to support them in identifying and responding to children at risk of CSE.
110. Each school or FE institution should identify a designated senior person (DSP) with lead responsibility for managing child protection issues and cases. The DSP should know how to recognise and identify the signs of abuse and neglect and know when it is appropriate to make a referral to the relevant investigating agencies. Where an institution provides education and/or training for pupils under 16 years of age who are on the roll of secondary schools, the designated person liaises with the schools concerned and ensures that appropriate arrangements are in place to safeguard the children.

Health Services

111. Resilience is part of achieving good health and well-being for all children⁷⁰. Whatever kind of resilience is needed public health has an important role to play with local partners in developing the support networks and resources for children to draw on and help strengthen their response to trauma.
112. Universal health services such as the Healthy Child Wales programme and the School Nursing service support child development and well-being. Health practitioners delivering routine health support to children and General Practitioners are well placed

to identify early signs of trauma, poor emotional well-being and safeguarding issues such as abuse and neglect.

113. Children who have experienced abuse need access to evidence-based therapeutic approaches to help all children deal with the effects of abuse.⁷¹ An evaluation of the NSPCC programme 'Letting the Future in'⁷² suggests that therapeutic support for children who've been sexually abused has a positive impact and that therapeutic work can be successfully delivered by social care professionals who receive additional training. Children who are exposed to neglect, abuse and/or domestic abuse need timely access to therapeutic support so that these experiences do not negatively shape the way they negotiate relationships as they grow and impact on their well-being in a way that may put them at greater risk of CSE as they grow older.
114. The Welsh Government is commissioning an evidence review of trauma-informed interventions to inform the further development of evidenced therapeutic interventions and wider trauma informed services through a Hub and Spoke model. This will inform the development of support services for children who have experienced trauma, including those needing support into recovery because of sexual abuse.

Substance misuse

115. There is a link between alcohol and substance misuse, a history of sexual abuse and risk of CSE.⁷³ Evidence considered as part of the Coffey Inquiry into CSE in Greater Manchester found that one in ten young people under 18 being treated for drug and alcohol problems in three key Greater Manchester boroughs – Rochdale, Oldham and Stockport – has disclosed they have been sexually exploited.⁷⁴
116. Alcohol and substance misuse may put children in positions of risk where they are unsafe; may be used as a tool by perpetrators to groom and abuse children and may be part of the relationship of exchange and control present in CSE. Providing the range of education, prevention and treatment services for children and young people who misuse alcohol and substances is a key component of safeguarding and promoting the health and well-being of children.
117. Safeguarding children should not be seen as a separate activity from promoting their well-being and should be placed within the context of wider services for children with care and support needs therefore it is imperative that substance misuse services maintain good continuing collaboration with Social Services. Educating children about alcohol and drugs and providing good quality accessible substance misuse services to children who use alcohol and drugs will contribute to the prevention of CSE and in the early identification of children at risk of or abused through CSE

Sexual Health Services Child Sexual Exploitation Risk Questionnaire (CSERQ)

<http://www.wales.nhs.uk/sitesplus/888/page/91733#CSE>

Sexual health services are well placed to offer support, counselling, and information to enable children to understand healthy relationships, risks and develop strategies for staying safe. Sexual health services in Wales also use the Child Sexual Exploitation Risk Questionnaire (CSERQ), which was developed within Aneurin Bevan University Health Board (ABUHB) Sexual and Reproductive Health (SRH) Directorate. It comprises 15 questions (CSERQ15) which explore vulnerabilities and potential risk indicators for CSE. These questions relate to a young person's relationship with their partner, or the person with whom they are having sex, as well as home, social and educational factors. Clinicians are expected to complete the CSERQ15 at every visit more than four weeks from the previous visit. A shorter four question tool (CSERQ4), being completed at every visit. This provides for the early identification of vulnerability or risk of CSE so that children can be referred for an assessment by Social Services to prevent abuse before it happens or to prevent on-going abuse when children are already being sexually exploited. Research evidences that the CSERQ checklist enables health professionals to quickly explore a young persons' risk of CSE allowing prompt onwards referral for further assessment and support. It is well accepted by the young people themselves and the staff who complete it.

Community

118. A more resilient Wales is one of the seven goals of the Well-being of the Future Generations (Wales) Act 2015. The Welsh Government published 'Prosperity for All: the national strategy'⁷⁵ in 2017 which sets out in more detail how it will deliver the commitments of the Programme for Government, 'Taking Wales Forward'⁷⁶ within the long-term context of working with the wider Welsh public service to lay foundations towards achieving prosperity for all. The national strategy includes the ambition to build resilient communities. This includes work to build the capacity of communities as places which support better health and well-being and to improve the way we work with community groups and the police to develop safer communities.
119. Services operating in the communities where children live can provide positive social opportunities and support children's well-being and self esteem. This in turn builds their resilience and reduces their vulnerability to CSE by perpetrators who exploit low self esteem and poor well-being to abuse children.

Safer spaces

120. Research on a pilot approach to safeguarding in public spaces undertaken by Safer London (2017) suggests that in order to take appropriate action to protect children, we need to include public spaces in the safeguarding framework. Interventions, together with support, are required in the places where children socialise and spend time, such as shopping centres and transport hubs.⁷⁷
121. Perpetrators of CSE are known to use fast-food outlets, taxi firms and hotel rooms to facilitate and conduct abuse. Research⁷⁸ suggests that there is a need to provide industry-specific awareness-raising information and guidance for night-time economy workers on the warning signs of CSE, and on what to do if 'something doesn't look right'. The research recommends targeting awareness-raising efforts at night-time economy workers who may have close or frequent contact with children at risk of CSE but may not currently consider tackling this to be part of their role. Liaising with representative bodies for key night-time industries, to catalyse internal demand for information, guidance and awareness-raising and to support the ongoing provision of training and information-sharing. Broadcasting more generally to workers and the public that 'keeping an eye out' for the welfare of children in the night-time economy is a general responsibility, and using campaigns to reinforce the message that anyone can raise concerns with the appropriate bodies. Action such as this by local authorities and their partners has the potential to prevent abuse through CSE happening in the first place; to identify children at risk of abuse and those already being sexually exploited so that action can be taken to stop CSE.

Operation MAKESAFE - Tackling child sexual abuse and exploitation

Operation Makesafe was launched by Gwent Police in 2017. Operation Makesafe is an initiative focused on ensuring that people working in the business sector are aware of the early warning signs of child sexual exploitation (CSE). Local and national evidence shows that CSE can take place in hotels, pubs, cafés and places licenced to sell alcohol. Taxis can also be used to transport young people who are then exploited. This campaign is working to make sure people employed in these environments are able to spot the warning signs and have the confidence to easily report their concerns.

<https://www.gwent.police.uk/en/newsroom/operations-campaigns/operation-makesafe/>

122. The independent report into Child Sexual Exploitation in Greater Manchester by Ann Coffey, MP (2014)⁷⁹ suggests that community engagement is a key element in the prevention and identification of CSE. The report sets out that working with and gaining the trust of all the different communities is vital for police to be able to protect children in socially disadvantaged, disadvantaged and disengaged white and BAME communities. Coffey recommends that the public need to better understand what to look for in CSE in their neighbourhoods and that is why it is important to provide

communities with information about the nature of CSE in their local areas so that they can spot signs at an early stage. In this way heightening public awareness can be effective in supporting the police and safeguarding children.

Stop it Now! Is a confidential helpline and Freephone service available to anyone with concerns about child sexual abuse provided by the Lucy Faithfull Foundation and responding to:

- adults worried about the behaviour of other adults or children and young people
- those worried about their own sexual thoughts or behaviour towards children, including those with concerns about their online behaviour
- friends and relatives of people arrested for sexual offending, including internet offending
- any other adult with a concern about child sexual abuse - including survivors and professionals

Experienced advisors can offer confidential advice.

<https://www.lucyfaithfull.org.uk/stop-it-now-helpline-campaign.htm>

The Youth Service

123. A review led by Margaret Jervis, 'Our Future' was published in 2018⁸⁰ and reports that youth work (in all its diverse forms) operates from an 'opportunity-focused' perspective viewing young people holistically as having great potential.
124. A review of the current Welsh Government National Youth Work Strategy⁸¹ concluded that youth work in Wales remains committed to the social, educational, emotional and political development of young people; and much innovative and good practice deserves to be celebrated. The findings from this research and supporting recommendations will provide the Welsh Government and the Youth Work Reference Group with evidence which will be used to inform the development of a draft new Welsh Government strategy for youth work.
125. The principles underpinning Youth Work mean that the Youth Service is well placed to engage children at who may be vulnerable to or at risk of CSE in a meaningful way. Evidence from practice suggests that this can be an important protective factor in reducing the risks of abuse through CSE for children as part of a package of multi-agency support.

Torfaen Young People Support

TYPSS supports vulnerable young people (aged between 16 to 21 years), (up to 25 years for care leavers in higher education), including those who are looked after or care leavers or have care and support needs; are homeless; are not in education, employment or education (NEET); are disengaged and in need of support; have mental health needs; have substance misuse needs. They also give emergency advice and/or support for all young people (under the age of 21 years). The professionals working together include Torfaen's 16+ team, a Community CAMHS psychiatric nurse (CPN), the 16+ mentoring scheme co-ordinator, Torfaen Youth Service, Emphasis Project, housing and homelessness teams.

<http://www.asdinfo.wales.co.uk/torfaen-young-peoples-support-service/>

Youth Offending Services

126. Adverse childhood experiences have been identified as a key risk factor for offending and victimization, respectively.⁸² There is also an established link between risk of CSE and involvement in the youth offending system.
127. Research has suggested significant differences between male and female children supported by CSE services in terms of youth offending: 48% of males had a youth offending record, compared with 28% of females⁸³. The proportion of females in the research with a youth offending history is significantly higher than the proportion of females in the total youth offending population, with just over half (52%) of the boys receiving support because of CSE included in a recent study⁸⁴ conducted in Wales and the South West of England.
128. The Welsh Government/Youth Justice Board joint strategy⁸⁵ to improve services for young people from Wales at risk of becoming involved in, or in, the youth justice system sets out the expectation that children who are at risk of entering the criminal justice system, those who are involved and those leaving statutory youth justice services to be able to access support services no matter where they live in Wales. The strategy also sets out that services should work together to provide coordinated, multi-agency, wrap-around support which is consistent across Wales so young people do not fall into 'service gaps'; or move back and forth between services where there are disputes with regard to who is responsible for providing the relevant support.
129. The Welsh Government⁸⁶ and Ministry for Justice have published a Youth Justice Blueprint that set out Wales' key aspirations and guiding principles for young people in or at risk of entering the criminal justice system. Focussing on early intervention and prevention, the blueprint recommend a holistic and rehabilitative approach to divert people away from crime and to support those who find themselves in the criminal justice system.

The Enhanced Case Management (ECM) approach to working with young people with experience of the youth justice system

The Youth Justice Board (YJB) Cymru and the Welsh Government worked with four (then reduced to three) Youth Offending Teams (YOTs) and the All Wales Forensic Adolescent Consultation and Treatment Service (FACTS) to trial a new Enhanced Case Management (ECM) approach to working with young people who were in contact with the youth justice system. This approach was grounded in the Trauma Recovery Model (TRM) and was designed to:

- Provide YOT practitioners and managers with increased knowledge and understanding in relation to how early attachment, trauma and adverse life events can impact on a young person's ability to engage effectively in youth justice interventions.
- Provide a psychology-led approach to multi-agency case formulation and intervention planning. This, in turn, would enable youth justice staff to tailor and sequence interventions more effectively according to the developmental and mental health needs of individual young people.

An evaluation demonstrated improvements under the ECM approach which was supporting improvements in relationships, higher levels of engagement and enhanced outcomes for young people.

<https://gov.wales/docs/caecd/research/2017/170328-evaluation-enhanced-case-management-approach-summary-en.pdf>

Missing children services

130. The link between CSE and children going missing is inextricable since going missing can be both a cause and a consequence of being sexually exploited. Established research and practice evidence demonstrates a strong correlation between children going missing and risk of CSE⁸⁷
131. Research conducted in Wales found that children go missing for a number of interrelated reasons: to get away from conflict, because they feel emotionally isolated, because it is exciting, to spend time with other young people, or because of a relationship with an adult who is grooming or abusing them. When children go missing they struggle to access money, food and somewhere safe to stay, they experience conflict with other children and they are at risk of grooming, exploitation and sexual assault. When children return from a missing episode they feel anxious about the responses of parents, carers and residential staff.
132. Children in some circumstances are more likely to go missing than their peers. Looked after children are three times more likely to go missing than other children⁸⁸. Children placed outside their local area are at particular risk of going missing.⁸⁹ On 31

January 2016, Europol reported that 10,000 unaccompanied children are unaccounted for after arriving in Europe, with many feared to be exploited and abused for sexual or labour purposes.⁹⁰ It is estimated that 60% of suspected child victims of trafficking in local authority care go missing.⁹¹

133. In some areas of Wales third sector missing children workers work in partnership with the Police. They provide specific services to provide *Return Home Interviews* and aftercare to children in specific circumstances. They may also carry out work with a child to reduce the likelihood of them going missing in the future. Intervening when a child first starts going missing provides an opportunity to understand what is going on in the child's life, to provide early support and reduce the risks of future missing episodes. This in turn can prevent the risk of a child being abused or re-abused through CSE.

Workforce development

134. Young people who participated in the review of current CSE policy and practice in Wales undertaken by Hallett et al (2017)⁹² raised concerns about not reporting behaviour or incidents because of not trusting workers or the police, or not having good relationships with them. One participant described how the only reason he knew about a meeting taking place about him was because someone called to ask for his social worker's phone number. This incident led to him not trusting any of his workers and not believing them when they reassured him that what he said would be confidential:

"You know what to do next time don't you? Tell them F all!"

"Yeah well I stopped telling them everything!"

"You learn that from a young age"

"Yeah you learn from your mistakes"

135. The children that Ann Coffey, MP spoke to as part of her report into CSE in Greater Manchester (2014)⁹³ identified similar issues where children talked about their lack of trust in a number of different agencies:

"No-one cared or listened, and when I did try to tell some things to the teacher she said they were too busy and said 'shoo'. It's wrong; teachers need to go to a kid and offer help" (young woman describing how she tried to explain her behavior at school was because her father was physically abusing her).

"They look down on us so we would not go to them if we need help. We are being judged and they are not doing their job properly" (talking about the police)

"Nowadays you cannot trust anyone. So if you keep it to yourself, you can trust yourself" (care experienced young person talking about social workers).

136. Everyone who comes into contact with children in a professional or volunteering capacity should adopt [A Children's Rights Approach](#) in the way they deal with children and follow [National Participation Standards](#). Children must be able to trust that the adults who work with them are prepared to listen to them, to take their views seriously and to act on any concerns that children share with them. Children should also, as much as possible, be involved in decisions that affect them.
137. The Welsh Government has supported the establishment of an ACE Support Hub for Wales to help tackle ACEs. The Hub aims to be a centre of excellence, knowledge and expertise on ACEs for organisations, communities and individuals across Wales. The Hub delivers general awareness raising sessions and sector specific training across Wales to ensure that practitioners and professionals can become ACE aware and understand trauma informed practice. This is intended to change the way in which those working with children (and adults) understand presenting behavior that can be perceived as difficult and challenging. A trauma informed approach can improve the way in which practitioners and professionals across agencies engage and interact with children, leading to more informed positive responses to reduce vulnerability and support resilience.
138. Everyone who comes into contact with children in a professional or volunteering capacity also needs access to training appropriate to their role so that they are equipped to recognise the vulnerabilities associated with risk of CSE, spot the signs of CSE and respond appropriately. This includes training to ensure that relevant practitioners and professionals are familiar with the contents of this strategy, of the Wales Safeguarding Procedures and of All Wales Practice Guides.

Responding to Child Sexual Exploitation (CSE) – Safeguarding procedures

Summary:

- Practitioners must still follow safeguarding procedures in considering children at risk of or abused through CSE. A commitment to remain child-centred while following procedures which support consistent practice is crucial. Children should be involved in planning for their care and support needs.
- The Wales Safeguarding Procedures set out a consistent approach to safeguarding for children and adults at risk across Wales.
- A number of All Wales Practice Guides have been developed in relation to children in specific safeguarding circumstances which are to be used in conjunction with the Wales Safeguarding Procedures. These include an All Wales Practice on safeguarding children at risk of CSE and other All Wales Practice Guides on related safeguarding issues.

139. Part 7 of the Social Services and Well-being (Wales) Act provides a framework for safeguarding children and adults in Wales. Practitioners should be familiar with the contents of Part 7 of the Act and understand their roles and responsibilities under the legislation. There is a statutory duty to report children at risk on relevant partners under Section 130 of the Social Services and Well-being (Wales) Act 2014. [Social Services and Well-being \(Wales\) Act 2014 Safeguarding Summary](#)

140. The Wales Safeguarding Procedures have been developed with and on behalf of the six Safeguarding Boards in Wales. The Wales Safeguarding Procedures set out a consistent approach to safeguarding for children and adults at risk across Wales.

141. A number of All Wales Practice Guides have been developed in relation to children in specific safeguarding circumstances which are to be used in conjunction with the Wales Safeguarding Procedures. These include an All Wales Practice on safeguarding children at risk of CSE and other All Wales Practice Guides on related issues.

142. We know that children who are sexually exploited may also go missing, may be trafficked, may be abused or exploited and/or groomed online, that there is an overlap between Child Criminal Exploitation (CCE) and CSE and that some children may display Harmful Sexual Behaviour (HSB) and be victimised through CSE.

- All Wales Practice Guide –safeguarding children at risk of Child Sexual Exploitation (CSE)
- All Wales Practice Guide –safeguarding children who go missing from home or care

- All Wales Practice Guide- safeguarding children who may have been trafficked
- All Wales Practice Guide –safeguarding children from Child Criminal Exploitation (CCE)
- All Wales Practice Guide –safeguarding children from online abuse
- All Wales Practice Guide –safeguarding children where there are concerns about Harmful Sexual Behaviour (HSB).

143. A child-centred approach means that in considering cases referred because of concerns around harm because of risk of CSE practitioners should be aware of the interrelated nature of CSE with other forms of risk and abuse.

144. Agencies must work together to provide a joined up response to safeguarding issues as set out in the Wales Safeguarding Procedures.

145. Information sharing is central to good safeguarding practice. Practitioners must share information in accordance with data protection legislation. Data protection legislation allows for the sharing of information and should not be automatically used as a reason for not doing so. **One of the specific circumstances which provides for information sharing is in order to prevent abuse or serious harm to others.** When information is not shared in a timely and effective way decisions about how to respond may be ill informed and this can lead to poor safeguarding practice and leave children at risk of harm. Separate advice – *Working Together to Safeguard People- Non-statutory advice on information sharing to safeguard children* should be followed.

146. Our response to safeguarding issues must be proportionate, child centred and based on the individual needs and circumstances of the child. Children need to be meaningfully involved in the planning of their care and support.

147. Certain frontline staff who encounter a potential victim of modern slavery or human trafficking have a [duty to notify](#) the Home Office under Section 52 of the [Modern Slavery Act 2015](#) This requirement applies to the Police, Local Authorities, the National Crime Agency and the Gangmasters Labour and Abuse Authority.

A proportionate response

148. If the child is at immediate risk or you suspect they may go missing before their safety can be secured contact the Police on 999.

149. If any agency involved with the child has concerns that the child may have care and support needs that their parent(s)/carer(s) cannot meet without support, they should seek parental consent to refer the child to the home local authority Information, Advice and Assistance service for an assessment of their needs.

150. Relevant partners have a duty to report children at risk (Section 130) under [Part 7](#) of the Social Services and Well-being (Wales) Act 2014 . Section 130(4) defines a “child at risk” as a child who:

- a) is experiencing or is at risk of abuse, neglect or other kinds of harm; and

b) has needs for care and support (whether or not the Local authority is meeting any of those needs).

When a child has been reported under section 130, the local authority must consider whether there are grounds for carrying out enquiries under section 47 of the Children Act 1989 (section 47 enquiry).

151. If Social Services make a decision that the report/referral received does not relate to a child at risk they will make a record of this and the rationale for their decision.
152. Social Services of the local authority in which the child is located should make a decision on the evidence on whether to convene a multi-agency strategy discussion, to inform a decision on a response for the child, including whether to hold a multi-agency Strategy Meeting. Representatives of each local authority relevant to the child and any Youth Offending Service relevant to the child should be involved in the multi-agency strategy discussion. There should be no delay in responding to information about a child at risk because the child is not ordinarily resident in the local authority where the safeguarding issue is identified.
153. If the initial assessment or multi-agency strategy discussion indicate that there are no grounds to proceed to a Strategy Meeting or to a Section 47 Inquiry, consideration should be given to a referral for preventative work to reduce the likelihood of future risk of harm.
154. Where there is already a care and support plan, child protection plan or they are a looked after child or they are in the secure estate, there should be a multi-agency strategy discussion to decide whether a Strategy Meeting is necessary to inform the development or review of a plan for the child.
155. The arrangements for carrying out a Strategy Meeting are set out in the Wales Safeguarding Procedures and in Welsh Government [Working Together to Safeguard People Volume 5- Handling Individual Cases to Protect Children at Risk](#) issued under the Social Services and Well-being (Wales) Act. Wherever possible, the practitioners attending the Strategy Meeting should have direct knowledge of the child. It is, however, recognised that some agencies may come into contact with a child for the first time as a result of the issues being considered at the Strategy Meeting.
156. The Strategy Meeting should consider if there is any information or evidence relating to the child which suggests that there other specific safeguarding issues that need to be considered in addition to the primary presenting safeguarding issue. **The Strategy Meeting should be child centred rather than issue based.**
157. Social Services should also refer to All Wales Practice Guides issued with the Wales Safeguarding Procedures on any relevant related issues such as, Going missing from home or care, Child Trafficking, Child Criminal Exploitation (CCE) or Harmful Sexual Behaviour (HSB).
158. All children identified as potentially trafficked **must** be referred into Barnardo's [Independent Child Trafficking Advocates service](#) and the ICTA service will allocate the case for direct support to the child or for support via the ICTA Regional Practice

Co-ordinator. Making a referral quickly after identification could support in reducing missing and re-trafficking.

159. **The Strategy Meeting must result in a set of agreed actions to inform the development or review of a child protection and/or care and support plan for the child.** This plan must consider the holistic needs of the child in order to promote well-being and prevent future harm and must not be focussed exclusively on the management of risk.
160. Where the Strategy Meeting results in an agreement that a plan is not required the rationale for this decision should be recorded and consideration should be given to making a referral to preventative services.
161. Children and young people are entitled to an active offer of advocacy from a statutory Independent Professional Advocate (IPA) when they become looked after or become subject of child protection enquiries leading to an Initial Child Protection Conference. The **'active offer'** is made directly to the child by the Advocacy Service. An 'active offer' is a sharing of information about the statutory right and entitlement of a child in particular circumstances to access support from an Independent Professional Advocacy Service. Information should be shared with them that includes an explanation about the role of Independent Professional Advocacy, what it can and cannot do, how it operates based on their wishes and feelings, its independence and how it works solely for the child/young person, its policy on confidentiality and significant harm – it explains the statutory right of children and young people to be supported to express their views, wishes and feelings as well as their right to make a representation or complaint.

Planning for a child as they reach the age of 18

162. Some children will not be identified as abused through CSE or as a victim of trafficking until they are older. **Child protection duties towards them remain in place up until the date of their 18th birthday.**
163. Some children will remain at risk of sexual violence and exploitation into adulthood. It is important that planning for the child includes timely referral onto adult services as their 18th birthday approaches. If the child is looked after then these matters should be considered as part of the Pathway Planning process.
164. Arrangements should be made for the case to be reported as an adult at risk under Section 128 of the Social Services and Well-being (Wales) Act 2014.
165. Consideration should be given to whether the case is appropriate for referral to Bawso 0800 731 8147, New Pathways 01685 379 310 (Mid, West and South Wales) or The Live Fear Free Helpline or website 0808 80 10 800 <https://livefearfree.gov.wales>. They can provide support to adult victims of trafficking, modern slavery and violence against women, domestic abuse and sexual violence. More information is available at [Live Fear Free](#)
166. Under section 70 of the Housing (Wales) Act 2014 care leavers and persons at a particular risk of sexual or financial exploitation, 18 years or over but under the age

of 21 have a priority need for accommodation and there is a Duty on the local authority to secure suitable accommodation under section 75 of the Housing (Wales) Act 2014 for those in priority need subject to the satisfaction of other measures.

Responding to Child Sexual Exploitation (CSE) –putting the child at the centre to meet care and support needs

Summary:

- CSE can and does impact negatively on the well-being outcomes of children into adulthood. Our responses to children abused in this way must consider their care and support needs in a way that is likely to secure longer term improvements in their well-being.
- A focus on risk reduction in relation to CSE can lead us to concentrate on the ways we can get the child to reduce their “risky behaviour” and contact with perpetrators, rather than to consider which care and support needs lie behind presenting behaviour. There is evidence that an emphasis on following process and managing risk does not necessarily provide for the care and support needs of the child so that their longer-term well-being can be secured.
- There is no single model or intervention that can be evidenced as the single practice solution to supporting children who have been abused through CSE into recovery. It is also acknowledged that this can be a challenging and complex area of practice and one where practitioners may lack confidence in their ability to respond.
- Responding to the care and support needs of sexually exploited children is more likely to be effective where practice includes a trauma-informed, child-centred, strengths based approach which is based on the individual needs of the child as part of a multi-agency Care and Support Plan.

167. Evidence from research⁹⁴ which considers (retrospectively) Social Services cases that had been screened for CSE in childhood suggests that the impact of CSE continues to pervade negatively on children’s lives as they grow into adulthood.

168. The research included non-CSE cases (n=151) and CSE cases (n=54). At the point the research was carried out the individuals whose cases were considered had an average age of 26.9 years (ranging from 18 years to 33 years).

169. Of the total sample 54% of cases had had further Social Services involvement since the initial case closure. This figure increased to 67% of the CSE experienced cases. The CSE experienced group had poorer outcomes compared to other groups. A higher proportion had experienced continuing physical/sexual abuse in intimate relationships, had problems with alcohol/substance misuse, or mental health problems, and a lower proportion were in employment or training, or had stable housing.

170. This suggests that a long lasting legacy of experiencing CSE in childhood can be poor well-being and exposure to continuing risk in adulthood. The same research⁹⁵ found that 28% of the Non-CSE group had ever been pregnant/got someone pregnant

during their involvement with social services while 57% of the CSE experienced group had ever been pregnant/got someone pregnant.

171. The CSE experienced group were more likely to experience pregnancy. The research reports 93 known pregnancies for the total sample (n=205) with 51 of those pregnancies related to the CSE experienced group (n=54) within the sample. The outcome was known for 83 pregnancies, with 51 leading to live births. Just over 15% of these live births relate to children who have been removed from their parents care.
172. These findings are reflected in a body of evidence which sets out the link between child sexual abuse and later victimisation and poor well-being outcomes into adulthood (Trickett et al, 2011).⁹⁶
173. There is clear evidence that getting our response to children who are abused through CSE right is vital in order to stop lifelong harm and poor well-being for affected individuals and for their children if they become parents. A risk management approach which does not seek to manage risks within the context of a child centred care and support plan is not likely to support sustainable safeguarding or longer term well-being outcomes.

Moving beyond risk management

174. Child sexual exploitation involves emotional, psychological, sexual and often physical abuse. Many of the children who are abused through CSE will have also experienced trauma and/or abuse in earlier childhood. There is evidence to suggest that these children are more likely to experience fractured family relationships⁹⁷, and poor experiences of being in care⁹⁸. They are then exposed to further abuse and trauma through sexual exploitation.
175. These experiences will all impact on the ways in which sexually exploited children act and engage with others. The fact that children may present as uncooperative, aggressive, and unwilling to engage⁹⁹ and as 'risk taking' can mean that they are negatively perceived by practitioners.

“it’s like there’s this inside person and the outside person. And um, how you feel on the inside, you do things, and people might not know. Cos you look all hard and that. Like I had a reputation for fighting, so I get respect but then people don’t know what you’re really like, on the inside”¹⁰⁰

“I’ve tried lots of different services; I used to be quite an angry person, caught up in the moment. I wasn’t ready to accept the fact that I needed help”¹⁰¹
176. Children who have been sexually exploited will have experienced multiple abuses and breaches of trust. They may have past negative experiences of professionals, may fear that disclosure of abuse will result in reprisal from their abusers and may feel shame, anxiety and fear about being believed. All of these factors impact on the opportunities for children to recognise what is happening to them as abuse and to feel safe enough to disclose that they are being or have been sexually exploited.¹⁰²

177. The ways in which we respond to children who are at risk of or abused through CSE needs to be informed by an understanding of the full context of the child's life. Getting to a position of trust with a child who has been shaped by a history of being let down or hurt by adults demands the time to develop a relationship with the child.

"I refuse any type of like interaction with like services just because I know that one day they're going to have to leave. Why would I want to tell this person all my problems and just for them to leave one day? If, I think as you know a young person that it's based on consistency. So if you see the child once every four months then what's the use of being linked into that child if you're only seeing them once every four months? I understand if it was once or twice a month because then the child can build a bond and build a relationship and build trust but then if its once every three four months what's the use in having that person in a child's life? Because it's just another added person within that young person who has got to trust again so that young person could have like four or five different people you know and its really that young person could have like four or five different people you know and its really difficult" ¹⁰³

178. Hallett (2016)¹⁰⁴ suggests that a continued lack of acknowledgement of the child from those who should care and want to help children can leave them exposed to abusers. Engaging in behaviors seen by adults as 'risky' can often be understood by children as a way to cope and assert some control.

179. These 'risky behaviours' can become the focus of our practice responses with an emphasis on attempts to control the parameters of children's behaviour, physically and emotionally in order to reduce risk. CSE does cause significant harm and safeguarding procedures must be instigated to provide a proportionate response which prevents future or further harm to the child. However, there is evidence that in practice an emphasis on following process and managing risk does not necessarily provide for the care and support needs of the child so that their longer-term safety and well-being can be secured.

180. It has been proposed that our response to abuse through CSE is different to our response to other forms of child sexual abuse¹⁰⁵. Child sexual abuse has been seen as an issue affecting younger children, perpetrated largely within the family (or by individuals with access to the family) which prompts a child protection response where no blame is placed on the child who we seek to protect from harm. CSE involves the sexual abuse of children. However, the fact that children who are abused through CSE are often adolescents and are seen as having greater control over what happens to them can inadvertently lead to blame being attributed to the child. A focus on risk reduction in relation to CSE can lead us to focus on the ways we can get the child to reduce their "risky behaviour" and contact with perpetrators, rather than to focus on which care and support needs lie behind presenting behaviour.

"They'll tell us not to engage with these people (perpetrators) anymore, but they don't ask why we might have engaged with them in the first place" ¹⁰⁶

181. Children and young people participating in a Welsh Government commissioned consultation¹⁰⁷ talked about practitioners sometimes judging them, blaming them or

'branding' them. Evidence from a review in England ¹⁰⁸ also found that the language used by some practitioners included describing children as 'promiscuous' and as making risky choices. If we were to apply this language to situations involving adult survivors of sexual assault it would be seen as unacceptable and it is also unacceptable to apply language in this way to children who are sexually abused.

182. Adolescence is a period in the development of a child when they experience new risks as they explore their growing independence. However, it is important to recognise that different children will be more or less resilient and equipped in managing these new risks. Practitioners need to have an understanding of adolescence as a stage of child development and of the particular challenges for some children in negotiating this stage of development ¹⁰⁹. This supports a better understanding of a child's behavior and the ways in which they may perceive that they are exercising control through this behavior. At the same time avoiding practice which blames children for putting themselves at risk.

Relationships matter

183. Hallett (2017)¹¹⁰ reports that children's perceptions of what makes a good or poor practitioner largely focus on the development of rapport and that children respond more positively to practitioners who take a relational approach, while children are less likely to engage fully with practitioners who do not focus on developing a relationship.

184. The Care Crisis Review (2018)¹¹¹ also suggests that "relationships lie at the heart of successful developments in practice" (2018:25). The Review sets out the importance of 'respectful encounters' with children and their families with a focus on 'working with' rather than 'doing to'.

"There is a lack of communication not just between individual service providers but between those service providers and young people. Asking them what do you actually want, instead of telling us what we want and saying it's for our own good".

"Yeah you should ask us".

"I think a clear understanding of a child's needs as well".

"Yeah definitely".

"So be young person led rather than like, it's like we shouldn't fit one child into the mould, we should fit a mould into the child, you know what I mean?"
¹¹²

185. The views of the CSE experienced young people set out in the quotes above strongly reflect the findings of the first report of the Munro Review of child protection (2010)¹¹³

"It may seem self-evident that children and young people are the focus of child protection services but many of the criticisms of current practice suggest otherwise. In a system that has become over-bureaucratized and focused on meeting targets which reduce the capacity of social workers to spend time with children and young people and develop meaningful relationships with them,

there is a risk that they will be deprived of the care and respect that they deserve.”

186. Relational practice will support a child-centred approach. The Munro Review (2011)¹¹⁴ of the child protection system sets out that a child-centred child protection system means that everyone involved in child protection should pursue child-centred working and recognise children and young people as individuals with rights, including their right to participation in decisions about them in line with their age and maturity.

187. Co-production is a key principle of the Social Services and Well-being (Wales) Act 2014 and refers to a way of working whereby practitioners and people work together as equal partners to plan and deliver care and support. This approach is about working with people to find appropriate solutions. Where an intervention is needed, it should always be proportionate and timely and support people who need care and support and carers who need support to achieve their personal outcomes. Co-production calls for relational practice and a child-centred approach.

“One of my support workers who would always like take me for coffee and I’d have hot chocolate and they’d have coffee and it was kind of like, kind of like a safe environment for me, somewhere where I felt less, stressed and they kind of, we would work on issues but it was more like, we’d talk about an issue, and then maybe when we had done that we would move on to something else not work, and just things like that really, I liked the way that, you know it wasn’t too bogged down and horribly serious”¹¹⁵

“I had to confide in one person then have to tell another one, over and over. It doesn’t help”¹¹⁶

“ I came across one person who gave me a chance to talk and not just be all professional....I know , no matter what I’ve always got that person...That person makes you feel different, no matter how difficult the situation is you know someone supports you”¹¹⁷

“I found when I met P like you know he talked to me like on a level that I didn’t really talk to other guys like you know I thought everyone was either just didn’t like me or was like judging me you know for being gay and all that kinda stuff and I never really got that from P and he was kinda, like he’s [creative] as well and so am I and he kind of encouraged that and like gave me a vision of like the future where I can actually live a kind of life I was hoping for ...”¹¹⁸

“She’s chatty but stays in touch, a good listener and really wants people to do well, very approachable”¹¹⁹

188. The Children’s Commissioner for Wales has produced a principled and practical framework for working with children, grounded in the UN Convention on the Rights of the Child : ‘A Children’s Rights Approach’ (2017).¹²⁰ Services adopting a Children’s Rights Approach will operate in a way that will support a child-centred approach.

Involving children in planning for their care and support needs

189. Safeguarding practice involves professionals and other adults in a child's life making decisions about how best the child can be protected from harm. There are clearly some circumstances where sharing information about these decisions with a child or an adult in their lives could put them at further risk of harm. However, this does not mean that children should be provided with little or no information about the plans being made for their care and support.
190. In 2018 the Welsh Government commissioned a number of small scale consultations with children and young people who had experience of the child protection system about their experiences of receiving care and support.
191. Children and young people reported that information about the decisions being made about them was often not shared with them; they did not know when meetings about them were taking place or what the outcomes of these meetings were and that they did not know what written information was being recorded about them.
192. Some children and young people also spoke about the insecurity they felt because decisions about them were not explained to them or were not explained well. Many did not get an opportunity to ask anyone about the decisions that were being made about them or to ask questions to help them to understand why these decisions were being made.

How do children and young people feel when meetings are held about them?

193. Children and young people participating in one of the consultations¹²¹ commissioned by the Welsh Government identified four factors that influenced how much young people were told and whether they were aware of the meetings held about them: their age, their own initiative, the attitude of individual professionals and the risk of harm. Once they become aware of these meetings some young people would participate, but not all.
194. The experiences of young people who participated in meetings were mixed, but overall they were negative. Some felt that they had things explained to them and were listened to, but most did not. Overall, young people did not feel they were well supported in meetings, nor were they usually asked what they wanted to happen.

“Over 12 years I was not asked my views. I was told how things were going to be. It would have been much better if I could have had a say. Not once was I asked about meetings, though sometimes they touched upon the outcome of a meeting.”¹²²

“My views weren't really listened to. They talked around me. I was like a fly on the wall.”¹²³

How do young people feel when things are written down about them?

195. Most young people felt they had not received an explanation about what was being written about them, nor about why it was necessary to keep these records. They did not feel supported when things were written down about them and some felt peripheral to discussions which concerned them directly. Most young people felt that they had not been asked what they wanted to happen in a meaningful way.
196. Wherever possible the initial Strategy Meeting should include consideration of who in the child's life is best placed to explain to them the decisions that have been made in the meeting. A follow up discussion with the child should seek to identify who will communicate with them about future decisions and who will ensure that the views of the child are sought, recorded and taken into account in the planning of the child's care and support. This may involve explaining to a child why someone they would like to share information with them cannot act in this role if this is not appropriate but wherever possible the child's views should influence the decision on who will explain decisions to the child as their care and support needs are planned for and implemented.
197. Information should be shared with the child in an age appropriate way and take account of any information processing, communication or additional learning needs the child has. In other words when explaining to the child the decisions that are being made about them every effort should be made to ensure that information is shared in a way they are likely to understand. Children should also be given the opportunity to ask questions.
- “An explanation should be given in layman's terms so that a child can understand. It's a child's right to know.”¹²⁴
198. An agreement should be reached at the initial Strategy Meeting about whether there is any information that it is not safe to share with a child or with an adult in their lives because it would put them at risk of further harm and a record should be made of this decision.
199. Some children will be entitled to an **Independent Professional Advocate** and they should be reminded of this. When a child is subject to child protection procedures or becomes looked after they should receive an Active Offer of Independent Professional Advocacy. Information should be shared with them that includes an explanation about the role of Independent Professional Advocacy, what it can and cannot do, how it operates based on their wishes and feelings, its independence and how it works solely for the child/young person, its policy on confidentiality and significant harm – it explains the statutory right of children and young people to be supported to express their views, wishes and feelings as well as their right to make a representation or complaint.

Practice approaches informed by the individual needs of the child

200. There is no single model or intervention that can be evidenced as the single practice solution to supporting children who have been abused through CSE into

recovery. It is also acknowledged that this can be a challenging and complex area of practice and one where practitioners may lack confidence in their ability to respond.

201. There are however, some basic factors common across approaches that are being demonstrated as effective in working with children who have been through or are going through the trauma associated with abuse through CSE. These need to underpin practice that is planned around the individual needs of each child. While many of the experiences of abuse through CSE follow similar patterns, gender, past experiences, current circumstances and personal capacity need to be considered for each individual child in planning for their care and support. In this way practice is informed both by evidence of what works and by the individual needs of each child.
202. The opportunities to build resilience for an abused child are related to the availability and accessibility of contextually and culturally relevant services that can facilitate positive development in a context of significant adversity¹²⁵.

A trauma informed approach

203. When practitioners acknowledge that children have experienced trauma and have an understanding of the impact of trauma on the way in which children present themselves, act and communicate this can help to shape effective responses to the child.
204. Trauma informed practice¹²⁶ is not designed specifically to treat trauma related difficulties. Instead it seeks to address the barriers that those affected by trauma can experience when accessing the care, support and treatment they require for good well-being. Trauma informed practice seeks to ensure that practitioners:
- recognise that trauma is common;
 - realise these experiences might have a range of impacts which are relevant to the services they are delivering to this individual;
 - respond safely and effectively, ensuring that those who require it are referred for and receive the necessary trauma specific interventions for recovery.
205. It is important to reduce the risk of re-traumatisation¹²⁷ by ensuring that services are delivered in line with the key principles of:
- Choice;
 - Collaboration;
 - Trust;
 - Empowerment;
 - Safety.
206. Practitioners need to be informed about:
- the history of a child's life (what is the story behind the way the child behaves);
 - about the way in which a child presents their needs (about how they display/seek to meet their needs which may take a negative form);
 - the most effective ways to respond to that child (informed by assessment, the views of the child and by those who have a good understanding of the child).

This will provide practitioners with an understanding that can support a trauma informed response to the child. In this way an understanding of the context for the

child's behaviour helps practitioners to respond in a way which does not compound feelings of blame and shame and being out of control for the child.

207. It is important that even where it would not be appropriate for services coming into contact with a child to have detailed information about the child, that they are given information about communicating with and providing a service to the child in a way which reduces trauma. For example one CSE experienced child participating in a Welsh Government commissioned consultation spoke about feeling scared and vulnerable when visiting the dentist:

“Impatient at times, they don't understand personal space when we are feeling vulnerable, they should always explain what they are about to do”¹²⁸

A child-centred response based on individual needs and identity

208. Individual responses to traumatic experiences may vary widely, however, research has found a strong relationship between the degree of risk of experiencing multiple and complex negative outcomes following traumatic experiences and factors such as the age at which the experience/s occurred, the nature of the experience/s (with negative effects being particularly associated with trauma of an interpersonal nature such as child abuse and neglect), and the severity and chronicity of the experiences¹²⁹.
209. Trauma affected children may function at an earlier developmental level emotionally and socially than their chronological age suggests. Children who have experienced trauma may struggle to develop the regulatory skills needed for positive learning and social relationships. Understanding this can help to inform our response to children. For example our response to a 'temper tantrum' by a three year old is likely to be very different to our response to very similar behavior displayed by a thirteen year old. However, for some thirteen year olds their capacity to express their emotions in a way that is seen as age appropriate may be limited without our support¹³⁰.
210. Research has found that children with learning disabilities are vulnerable to CSE due to factors that include overprotection, social isolation and society refusing to view them as sexual beings¹³¹. The same research found that many of the children with learning disabilities currently being supported by the CSE services included in the study, did not meet the high thresholds for learning disability services, but had unmet needs associated with their impairment.
211. Other children may have cognitive, social and emotional functioning which is in line with our expectations of children of their chronological age. They may have resilience related to protective factors which may mean that they process the trauma of abuse through CSE in a different way to a child who has experience of trauma and/or abuse earlier in childhood.
212. Evidenced assessments to inform a view of the cognitive, social and emotional functioning of a child may be relevant for some children to help inform the approach to meeting their care and support needs. The interventions agreed for each child should be informed by an understanding of whether there are any

developmental issues which will require practitioners to understand specific communication needs or whether interventions should be adapted for a child in order that they can be effective. Work to build a relationship with a child may need to be undertaken before in-depth assessments are undertaken¹³².

213. Responding to the individual needs of a child also involves a consideration of **gender**. Research carried out in Wales and England¹³³ which considered boys and CSE, included evidence from practitioners and found that:

- Assumptions are made when the term abuse is mentioned – in males it is perceived as physical abuse; in females it is generally perceived to be sexual abuse.
- The term CSE conjures up a particular image –of a white teenage female who is ‘looked after’ and who dresses ‘provocatively’.
- There is a perpetrator gender assumption – there is an assumption that perpetrators are always male and it is very difficult to consider females as abusers/exploiters.
- There is a male stereotype of being tough and strong – whereas being a ‘victim’ of CSE is seen as the polar opposite.
- CSE is more difficult to identify in young males– practitioners expressed the views that there is a feeling that ‘evidence’ is needed for males, whereas ‘gut feeling’ can be trusted in female cases.
- Males are harder to engage than females –It was felt that males are not used to engaging directly or as freely as females and are more likely to play games or be task focussed when interacting. They felt that young men are also less likely to show their emotions.
- There is a lack of confidence around ‘going off script’– practitioners were worried about being laughed at for considering boys being victims of sexual assault, because boys are seen as sexual, perpetrators and of wanting sex.
- Concerns about appearing homophobic – concerns around responding to sexuality, ‘What if it’s just exploration? What if it’s their right to explore?’ There is a stereotype of a ‘promiscuous’ gay male.

214. These preconceptions serve to compound the situation for abused boys who may lack confidence that they will be listened to or believed. It is crucial that practitioners are open-minded to the reality that boys are also abused through CSE and that they develop their confidence to work with boys.

215. The positions presented in the research also reflect stereotypes about both boys and girls affected by CSE which are unhelpful. Terms such as ‘provocative’ and ‘promiscuous’ are associated with victim blaming in the context of sexual assault and must never be used.

216. An issue commonly raised in relation to working with boys is that of sexuality. The **sexuality and gender identity** of a child is an important consideration in planning support to meet their care and support needs. This is true irrespective of gender identity.

217. Evidence suggests that practitioners often lack confidence in supporting LGBT+ children and assumptions about sexual relationships in LGBT+ communities and a

lack of understanding of LGBT+ cultural issues can act as a barrier to providing effective support to children¹³⁴. Children may fall through the gap between LGBT+ services that lack confidence in relation to CSE and child protection services that lack confidence in relation to LGBT+ issues¹³⁵. In meeting the care and support needs of a child it may be necessary to seek advice from and where possible and appropriate involve the support of LGBT+ services.

218. Ethnicity can impact on the degree to which services can be considered equipped to meet the needs of BAME children. To work effectively with children from BAME communities it is crucial that practitioners have an understanding of any additional vulnerabilities and particular barriers to reporting CSE faced by children. Additionally, approaches that seek to safeguard children are reported as most successful when they seek to address the reality of the child's often multiple vulnerabilities and work within communities through those who have established trust. It is important then to understand the specific difficulties, often created by the intersection of socio-economic disadvantage, ethnicity, gender and immigration status¹³⁶.
219. It is important to be aware of cultural diversity and ask questions to avoid presuppositions or using judgemental language. It is important to ask a child how they identify themselves and to find out about their own individual beliefs and values.
220. Children from some communities may also be abused by perpetrators who will also exploit conceptions of shame and honour; fear of forced marriage or so-called 'honour-based' violence and normative gender expectations in order to further groom, silence and threaten them¹³⁷.
221. In meeting the care and support needs of a BAME child it may be necessary to seek advice from and where possible and appropriate involve the support of relevant BAME services¹³⁸.
222. Children trafficked from abroad may enter the UK through various means and may be trafficked into the UK for abuse through CSE. Some are brought to the UK clandestinely as unaccompanied asylum seekers, or students or as visitors. Children are also brought in by adults who falsely state that the child is their dependant, or are met at the airport by an adult who claims to be a relative. It is estimated that 60% of suspected child victims of trafficking in local authority care go missing¹³⁹. The [Independent Child Trafficking Advocates](#) service will assist in ensuring the child has a voice in the plans made for them, provide support in keeping children safe and work towards the prevention of re-trafficking.
223. There are central and obvious concerns to be addressed in planning for the care and support needs of children trafficked into the UK from abroad, including for many, processes related to Unaccompanied Asylum Seeking Children (UASC) status. [Welsh Government Unaccompanied Asylum Seeking Children Guidance for Professionals](#) is available. However it is important to remember that practitioners must still consider the measures that will be taken to respond to needs related to abuse through CSE as part of their planning with and for the child.

Working with families

224. The child protection system has traditionally focused on abuse and neglect occurring within the family rather than extra-familial abuse which is common within CSE (although as discussed in Chapter 1, family members can be perpetrators of CSE). There is evidence that the focus of CSE work can often be on managing risks associated with the child and does not sufficiently engage with families as a possible source of support in safeguarding and meeting the needs of the child. This includes the need to work with foster families.
225. The parents and carers of children affected by CSE have reported ‘victim family blaming’ ; feeling unsupported in managing the emotional impact of parenting a child abused through CSE and of feeling that they are not listened to or taken seriously¹⁴⁰.
226. There is evidence from research suggesting that adopting a wider family support approach in responding to children at risk of or abused through CSE is beneficial as families themselves can act as ‘agents of change’ and support safeguarding. Developing trust between practitioners and families and supporting parents, carers and children in supporting each other and rebuilding relationships among themselves can assist resilience.¹⁴¹
227. However, there is also evidence from research in Wales research¹⁴² where there were concerns about risk of harm from parents for two thirds of the children identified as at risk of CSE in the study.
228. This reaffirms the need to consider the individual circumstances of each child in making a decision about the role of parents and carers in planning to safeguard and meet the care and support needs of the child.

A strengths-based approach

229. Children who have experienced abuse through CSE will have been in situations where they have felt powerless; they may have adapted ways of exercising control which present as negative to the adults in their lives. Low self-esteem is consistently reported as a feature of CSE experienced children in research.
230. The development and implementation of a care and support plan for the child provides an opportunity for the child to feel listened to, important, and that their views matter. This can improve the likelihood of them engaging in support and help to build self-esteem; it puts the needs of the child at the centre of the actions taken by practitioners. There is evidence that the use of a strengths-based approach can improve social networks and enhance well-being¹⁴³.
231. Six standards of a strengths-based approach have been identified¹⁴⁴. Drawing on these standards can assist practitioners in approaching work with children abused through CSE:
- The child sets their own goals;
 - Assessment includes the strengths/resources the child has;

- The practitioner enables supportive links to resources in the environment (people, community and services);
- Purposeful identification of the child's strengths and of environmental strengths and how these can help children reach goals;
- There is a focus on hopefulness and possibility;
- The child is acknowledged as an expert in their own life and the practitioner works with them to enable choice.

232. This is not to underestimate the challenges of working with children who will often have complex needs or the need to make decisions that the child may not agree with in order to safeguard them. However, a strengths-based approach can help a child to build trust in the adults involved in their care and support and to believe that things can change positively for them. This will assist a child in thinking it is worth investing in the care and support offers provided for them. Young people (aged 15 to 26 years old) with experience of CSE and or going missing and or being trafficked took part in a Welsh Government commissioned consultation and some spoke about the sense of self-worth and value they found through positive relationships with practitioners:

“I had a lot of low self-esteem and he'd always tell me to use your gifts and talents and I will. He (practitioner at Drug and Alcohol service) told me he was proud of me for who I am and that's what I wanted to hear. I'll always thank him for that”

“If you're stuck in a situation they (practitioners at a specialist third sector service) make you realise you can come through it. They say I'm proud of you, they say things I can do”

“It gave me hope that something would change, to carry on and keep going”¹⁴⁵

A trusted relationship with a lead/key practitioner

233. There is evidence that supporting children who are at risk of or abused through CSE needs to include an opportunity for the child to develop a trusting relationship with a single, consistent practitioner as part of a holistic approach¹⁴⁶.

234. Evidence from CSE experienced children in Wales themselves¹⁴⁷ suggests that a positive consistent relationship with one practitioner where a child to feel listened to and that they matter can provide the first opportunity for a child to feel safe enough to accept support.

235. Creating a feeling of safety for children who mistrust adults and resist their support can be very difficult. Traumatized children present behaviour that may evoke negative responses from adults in their lives, creating a sense of warmth and predictable availability for children to feel safe is a crucial step before they may feel able to receive support for recovery¹⁴⁸.

236. An individual who can provide a lead/key practitioner role should be identified as part of the care and support planning for a child. This person may not be the Social Worker, who will however, retain overall responsibility for the case and for the development and review of a care and support plan with the child.

237. The Youth Service may be well placed to provide a lead/key practitioner role within the delivery of a multi-agency care and support plan. Children who participated in a Welsh Government commissioned consultation also identified third sector practitioners providing specialist services and practitioners from Drug and Alcohol services as providing non-judgemental and as making children feel valued.

238. Children who participated in the consultation¹⁴⁹ were asked what they expected from a good practitioner:

- They are friendly and helpful- “They help me through life as I need it “
- They treat you with respect- “Treat me as a human, I am not a label”
- They understand – “One person being so supportive, so good, goes a long way when they have time and effort for you”
- They listen- “Listen to me and react”
- Positive and non-judgemental- “Recognising improvements and not focussing on the negative”.

239. Consistency of care was a strong theme for children who participated in the consultation.

“I had 15 social workers in the space of 6 months”

“One thing they do wrong is drop cases- they should not drop us”

“Social workers aren’t invested in you – they have a million cases but don’t have time to check on you”

240. Evidence from an evaluation of a CSE service which worked with children and their families found that empathy, listening skills and not being excessively procedures bound were key practitioner skills identified by families¹⁵⁰.

241. Qualitative research¹⁵¹ with practitioners has identified a number of factors as important in building a trusted relationship with children vulnerable to CSE and CSA:

- Time is critical – it will take longer to build rapport and earn the trust of a child who has more complex needs. There may need to be a higher level of intensity of contact at the start of the relationship to demonstrate a commitment to the child. Once a trusted relationship has been established it may be possible to reduce the level of contact, if not the duration of the relationship.
- Be available – it is important that a practitioner can be available when a child needs to speak to them, without creating dependency. This demonstrates the commitment of the practitioner and their interest in the child. This may sometimes mean arranging a call back but every effort should be made to contact the child as soon as reasonable and possible.
- Consistency and continuity of care – this was identified as one of the most important aspects of building a trusted relationship, particularly for children who have been let down in their past relationships with adults.

- Reliable- it is important that the practitioner delivers on what they say they will do and does not let the child down. This means being open and honest about the professional limitations of the relationship and not making promises.
- Practitioner behaviours- non-judgemental, empathetic, good communication, active listening and able to demonstrate genuine interest in the child.

A multi-agency response

242. Proactively connecting children to services as part of a care and support plan which considers their holistic needs is important in terms of sustaining safeguarding.¹⁵² Shorter term actions which focus on immediate and current risks are important but if they are delivered in isolation they will not secure the longer term safety and well-being of children at risk of and abused through CSE.
243. Smeaton (2013)¹⁵³ suggests that effective multi-agency work is not only beneficial but an intrinsic part of providing effective responses. The [Code of Practice](#) on Part 4¹⁵⁴ of the Social Services and Well-being (Wales) Act 2014 sets out that a care and support plan should ensure that all of the roles and responsibilities of different agencies contributing to an individual's well-being are included to promote joint working and an integrated approach to care and support planning and delivery.

Social Services

244. Social Services retain responsibility for developing monitoring and reviewing the implementation of the Care and Support plan. This should include ensuring that the child is appropriately involved in decisions about the Care and Support plan and has any decisions which are made to keep them safe but that they may not agree with explained to them.
245. There should be agreed arrangements in place for agencies and services working with the child to raise concerns and identify if a review of the Care and Support plan is needed and for the child and their family or placement provider to be able to raise fresh concerns or to suggest changes to the Care and Support plan.
246. There should also be a decision about whether the social worker is best placed to provide the key/lead practitioner role. Care and Support planning should also include arrangements for step down support when a child has reached a point of stability in their recovery and timely planning for when a child reaches the age of 18 years where relevant.

Education

247. Evidence considered in chapter 2 set out the ways in which educational engagement and opportunities for positive social contact and relationships can be protective factors against abuse through CSE and this is evidenced elsewhere¹⁵⁵. Being connected to education can act in a protective way since it enables a sense of belonging and stability, and affirms self-belief¹⁵⁶. Schools, colleges and other education settings may need support and advice in relation to how best to accommodate and maintain the educational engagement or re-engagement of a child.

A Welsh Government commissioned small-scale consultation found that children who had been sexually exploited identified school as a positive and supportive place¹⁵⁷.

248. There should be agreement on a single practitioner in the education setting who can be a main point of contact for the child if they need to talk to someone or are finding it difficult to cope during the education setting day. Whichever practitioner is identified will need to work closely with the Designated Senior Person (DSP) and other key members of staff such as the school nurse. The DSP should act as a point of contact and a source of support, advice and expertise within the school or college, and be able to recognise and identify the signs of abuse and neglect and know when it is appropriate to make a referral to the relevant investigating agencies.
249. Schools, colleges and other education settings should also be vigilant of specific issues such as a child going missing during the school day and incidents of unauthorised absence. There should be agreement within the setting on how such incidents will be reported and recorded. There will need to be a discussion about how to ensure the safety of the child.
250. Generally, consideration should also be given to whether a child may be vulnerable to peer abuse within the education setting. Resources¹⁵⁸ are available on Hwb and settings should also refer to the Welsh Government's [Keeping Learners Safe](#) guidance.

Health

251. CSE is linked with negative impacts on physical and mental health and well-being. Poor health and well-being can also be factors in making children vulnerable to abuse or re-abuse through CSE. Children at risk of or abused through CSE may come into contact with a range of health related services including primary health care such as GPs, the School Nursing service; Looked After Nurse services; sexual health services; substance misuse services; sexual assault services; CAMHS and Accident and Emergency services.
252. Health services such as sexual health services, Accident and Emergency services and substance misuse services may be a continued point of contact with public services for children affected by CSE during periods when they contact with other services is limited. It is important that these services have processes in place to record and report safeguarding concerns about children.
253. Care and Support planning should include an agreement on how health services can be best represented at Strategy Meetings. Work to address the physical and mental health and well-being of children, including any substance misuse needs, will be an important element of building the well-being of the child and reducing on-going or re-abuse through CSE.
254. Children may have had mixed experiences of contact with health services, listening, explaining to the child in advance what will be involved in any treatment plan and setting out at each point of contact or appointment what to expect are important considerations as part of a trauma-informed approach. This is particularly important where a physical examination of the child is required. It is important not to

inadvertently reproduce situations where the child may feel disempowered and in a situation where they have little control which may be traumatic for them.¹⁵⁹

255. Care and support planning should consider how proportionate information can be shared with health services to ensure that their contact with the child is informed by an understanding of their experience of trauma and abuse (without the need to necessarily share detailed information). Subject to the point at which the child is in terms of on-going abuse or recovery it will also be important to advocate for the child where they fail to attend health appointments and to assist the child in attending appointments as part of on-going treatment.
256. Health practitioners should also be familiar with guidance and resources available via the [National Safeguarding Team \(NHS Wales\): Safeguarding Children](#)

The Police

257. The police are likely to have contact with many children who are abused through CSE, as a result of episodes of going missing and/or child trafficking and in some cases because of offending behaviour. A Child Information Form is included in the 'All Wales Practice Guide – Safeguarding Children missing from home or care' which is issued with the Wales Safeguarding Procedures. The Child Information Form is intended to record essential information that will support the police in responding when a child goes missing. The Care and Support planning process should include a review of whether a Child Information Form has already been completed in relation to the child and if one has been completed whether it needs updating. There should also be agreement on who will explain to the child that a Child Information Form is being completed, why it is being completed and under what circumstances it will be shared.
258. The Care and Support plan for the child should include an agreement on how the child should be transported to their family home or placement in the event that they go missing and are located by the police. There is an acknowledgement that there may be circumstances and incidents when this agreement cannot be followed.

Youth Offending Service

259. If the Youth Offending Service is involved with a child then they should be included in discussions and meetings about the Care and Support planning for the child where possible. For children and for boys in particular there may be a history of involvement with the Youth Offending Service before CSE is identified. The Youth Offending Service practitioner may have developed a positive relationship with the child which can be explored as a possible key/lead practitioner role as part of the multi-agency response. This does not mean that the Youth Offending Service take responsibility for managing the case.

The Youth Service

260. The Youth Service may also be in a good position to provide a consistent and flexible point of contact with the child and consideration should be given to a Youth Service practitioner as a possible key/lead practitioner role as part of the multi-agency response to the care and support needs of the child. The Youth Service will also be

able to support the child in engaging in positive social activities and peer relationships to help build self-esteem, improve well-being and resilience.

The Third Sector

261. There a number of specialist children's sector services for sexually abused children, including those abused through CSE. There are also third sector Violence Against Women, Domestic Abuse and Sexual Violence services that provide services for sexually abused and exploited children. There are also Substance Misuse services provided by the third sector that offer specific services for children and young people. More generally there are third sector services that provide child and youth engagement and activity offers. The Care and Support plan of the child should consider the opportunities for engagement of third sector services where appropriate. Children have identified the third sector as offering the time, flexibility and consistency they value in services and have spoken about trusting relationships with practitioners working in third sector services. Third sector practitioners may be well placed to provide a key/lead practitioner role as part of the multi-agency response.

Home

262. Some children will be living with their parents or other family members. Some children will be living with foster parents or in a Children's Home or other residential placement and a small minority will be living in a Secure Children's Home.

263. As long as sharing information will not put a child at risk of further harm, parents and family members should be included in the planning for the Care and Support needs of the child. The expectations that are placed on parents and family members as a result of the plan should be clearly explained to them, for example there should be agreement on what action a parent, family member, foster carer or residential carer should take in the event the child goes missing and efforts should be made to ensure that these arrangements are understood.

264. Any fresh concerns or information that a parent, family member, foster carer or residential carer have about a child should be shared and there should be an agreement on how they can make contact to share information that needs to be acted on before the next Care and Support plan review date. Those adults who have responsibility for the day to day care of the child may have an understanding of the child that can positively inform the Care and Support plan.

265. The Care and Support plan should also include an agreement on any additional support that should be provided to parents, family members, foster carers or residential carers to assist them in responding to the care and support needs of the child. This may include training.

Responding to the care and support needs of sexually exploited children

While there is no one single and proven service model for supporting children abused through CSE there is evidence that a number of factors are important in informing the way in which practitioners and services respond to the care and support needs of affected children.

Trauma – informed	Child-centred based on individual needs and identity	Strength-based	A trusted relationship with a lead/key practitioner	A multi-agency response
<p>Choice</p> <p>Collaboration</p> <p>Trust</p> <p>Empowerment</p> <p>Safety</p>	<p>Gender</p> <p>Ethnicity</p> <p>Sexuality</p> <p>Child development</p> <p>Disability</p> <p>Family circumstances</p>	<p>The child sets their own goals</p> <p>Assessment includes the strengths/resources the child has.</p> <p>The practitioner enables supportive links to resources in the environment (people, community and services).</p> <p>Purposeful identification of the child’s strengths and of environmental strengths (including the family) and how these can help children reach goals.</p> <p>There is a focus on hopefulness and possibility.</p> <p>The child is acknowledged as an expert in their own life and the practitioner works with them to enable choice.</p>	<p>A practitioner who:</p> <ul style="list-style-type: none"> - has the time and capacity to build a relationship with the child. - is available, consistent and accessible to the child. -is non-judgemental, has empathy and good communication skills and conveys a genuine interest in the child. -communicates with and explains decisions about the care and support of the child to the child. -delivers on what they say and is open and honest about the professional limitations of the relationship. 	<p>Connecting children to services and family/carer resources as part of a Care and Support Plan which considers their holistic needs.</p>

Responding to Child Sexual Exploitation (CSE) – Disrupting and prosecuting perpetrators and supporting child victims

Summary:

- Identifying, disrupting and prosecuting perpetrators is a key part of work to safeguard children and young people from CSE. While policing is non devolved, the four Welsh police forces and British Transport Police are statutory safeguarding partners under the Social Services and Well-being (Wales) Act 2014 and work in partnership to safeguard children in Wales at the local, regional and national level.
- Disrupting perpetrator behaviours should be viewed as an important part of local work to tackle CSE. Whilst there should always be a proactive investigation aiming for successful prosecutions, a disruption plan targeting suspected perpetrators can be extremely beneficial.
- There are a number of offences which can assist the police in disrupting perpetrators as well as a range of offences related to child abuse through CSE through which perpetrators can be prosecuted.
- Children are entitled to and will require support throughout child sexual abuse criminal investigations before, during and after trial at court. There should be an agreement in the care and support plan of the child about who will communicate what is happening at each stage of the process, including who is the best person to talk to a child where a decision is made that the investigation will not lead to a prosecution and what support will be provided at each stage where there is an investigation.

Policing and CSE

266. Identifying, disrupting and prosecuting perpetrators is a key part of work to safeguard children from CSE. While policing is non devolved, the four Welsh police forces and British Transport Police are statutory safeguarding partners under the Social Services and Well-being (Wales) Act 2014 and work in partnership to safeguard children in Wales at the local, regional and national level.

267. The UK government published its [Serious and Organised Crime Strategy](#) in 2018. The Home Office is working with the Welsh Government and the four Welsh Police and Crime Commissioners to implement the ambitions of the strategy. The strategy has links to other UK government strategies, including the [Modern Slavery Strategy 2014](#). It also links to the UK government's work on [Serious Violence Strategy 2018](#), particularly for threats such as child criminal exploitation through County Lines.

268. An overarching aim of the Serious and Organised Crime Strategy 2018 is to protect citizens by leaving no safe space for serious and organised criminals. But for those who unfortunately become victims or witnesses, the strategy supports a system that will identify faster those who are harmed and support them to a consistently high standard. The Strategy identifies three key areas of highest harm: child sexual exploitation and abuse, modern slavery and human trafficking, and fraud.
269. The Home Office has prioritised child sexual abuse as a national threat in the Strategic Policing Requirement. Forces must maximise their specialist skills and expertise to prevent and resolve child sexual abuse cases.
270. Police officers are likely to come into contact with sexually exploited children as a consequence of them going missing; becoming involved in offending behaviours such as substance misuse, criminal activity, gang association, anti-social behaviour or introducing other children to perpetrators of CSE.¹⁶⁰ Taking time to ask more searching questions can get underneath the immediate offence/ situation, possibly revealing that the child is also a victim.¹⁶¹

Multi-agency partnership working

271. While the police and criminal justice agencies lead on this aspect of work, the support of other partners, for example in recording information and gathering and preserving evidence is also vital. The identification of abuse through disclosure or other evidence may often be made by partner agencies that are already in contact with the child.
272. Multi-agency approaches enable organisations to contribute their specific role whilst also developing shared actions to protect young people and pro-actively investigate potential perpetrators.
273. Across Wales regional and local arrangements are in place usually led by the Police or Social Services which bring together agencies in regular partnership meetings to discuss CSE and related safeguarding issues (such as children going missing; child trafficking and Child Criminal Exploitation) with a number of aims:
- The coordination of partner agencies to support effective responses to CSE and related safeguarding issues;
 - The sharing and recording of information and intelligence on individual and related cases;
 - To support multi-agency learning in responding to local and regional patterns of CSE and related safeguarding issues and statutory responses;
 - To record, co-ordinate and review responses to CSE and related safeguarding issues;
 - To identify perpetrators, links, locations and offending patterns.
274. These arrangements are important in informing decisions made as part of the safeguarding process. Multi-agency working can also facilitate the sharing of intelligence to inform disruption and prosecution.¹⁶² Intelligence may include: names - including nicknames, addresses, 'hot spots', mobile numbers, car registrations and information about the role played by local businesses and connections between suspected offenders and children and connections between different children at risk.

This intelligence can help to inform the development of regional ‘problem profiles’ produced by police analysts.

275. The Wales Accord on the Sharing of Personal Information ([WASPI](#)) is a tool to help agencies share personal information effectively and lawfully. The consistent approach promoted by WASPI, and the good practice shared via the website, helps organisations to meet their data protection responsibilities as they move to collaborative service models within a changing legislative landscape. Each agency has its own organisational standards, professional codes of ethics and culture around information. The [WASPI Framework](#) provides a practical approach to sharing personal information, providing common standards and templates for developing Information Sharing Protocols (ISPs) and Data Disclosure Agreements (DDAs). Its overall aim is to help public service providers deliver effective services while complying with their legal obligations – namely the General Data Protection Regulation (GDPR) and the Data Protection Act 2018.

Disrupting perpetrator behaviours

276. Disrupting perpetrators should be viewed as an important part of local work to tackle CSE. Whilst there should always be a proactive investigation aiming for successful prosecutions, a disruption plan targeting suspected perpetrators can be extremely beneficial. A disruption plan might involve a number of activities, ranging from simple observation of an individual’s activities, to the use of a range of civil orders (see Offences below). The Home Office has published a [Child Exploitation Disruption Toolkit](#), 2019.

Supporting Child Victims of CSA

277. Evidence from the Independent Inquiry into Child Sexual Abuse (IICSA)¹⁶³ and from research¹⁶⁴ sets out the complex reasons why the disclosure of CSA by children may often be delayed and retracted.
278. The 2015 to 2016 Crime Survey for England and Wales ran for the first time a module of questions asking adults whether they were abused as a child.¹⁶⁵ Survivors who reported childhood sexual assault by rape or penetration (including attempts) were asked whether they told anyone about what was happening to them at the time of the abuse. Just under three-quarters (74%) of survivors did not tell anyone about the abuse at the time the abuse occurred. However, those aged less than 45 at the time of interview were significantly more likely to have told someone at the time the abuse occurred than those aged 45 to 59. This gives some indication that disclosure rates have increased over time. Only 1 in 10 (10%) of all survivors of childhood sexual assault by rape or penetration (including attempts) told someone in an official position about the abuse at the time, with 7% reporting the abuse to the police.
279. Once children are receiving support because of risk of CSE they may feel safe enough to disclose incidents of sexual abuse to a trusted adult. Practitioners should familiarise themselves with information about what processes will be followed after such a disclosure so that they can answer any immediate questions from the child.

280. There should be an agreement within the care and support plan for the child about who will communicate information to the child about what will happen at each stage of any criminal investigation related to a disclosure or other evidence. This should include an agreement on how the child will be supported through the investigation process and through any related prosecution process. There should also be a consideration of what support the child might need in the event that the case does not proceed to criminal prosecution or where a prosecution does not conclude with a guilty verdict for alleged perpetrators.

Sexual Assault Referral Centres (SARCs).

281. Where a child discloses an incident(s) of child sexual abuse or where there is evidence to suggest that they have been sexually abused they should be referred to a Sexual Assault Referral Centre (SARC). A SARC is a dedicated facility to provide immediate and ongoing client care, including medical, practical and emotional support within the context of a partnership arrangement between police, health and the third sector.

282. A paediatric forensic examination¹⁶⁶ will be required whenever a child has:

- made an allegation of sexual abuse
- sexual abuse has been witnessed
- a referring agency strongly suspects sexual abuse has occurred.

283. The Centre for Expertise on Child Sexual Abuse has produced a practitioners resource and a short film to support practitioners who engage with children prior to a possible referral for medical examination to have the knowledge and confidence to provide information and advice to children and non-abusing parents and carers. The [Medical Examinations Resource](#) sets out the role and purpose of the medical examinations for child sexual abuse.

284. The World Health Organisation has set out good practice statements on the provision of medical and emotional support for child victims of sexual assault:¹⁶⁷

- Health-care providers should provide first-line support that is gender sensitive and child or adolescent centred, in response to disclosure of sexual abuse.
- In line with the principle of “do no harm”, when the medical history is being obtained and, if needed, a forensic interview is being conducted, health-care providers should seek to minimize additional trauma and distress for children and adolescents who disclose sexual abuse.
- In conducting physical examinations and, where needed, forensic investigations, health-care providers should seek to minimize additional harms, trauma, fear and distress, and respect the autonomy and wishes of children or adolescents.

- Health-care providers should accurately and completely document findings of the medical history, physical examination and forensic tests and any other relevant information, for the purposes of appropriate follow up and supporting survivors in accessing police and legal services, while at the same time protecting confidentiality and minimizing distress for children or adolescents and their caregivers.

285. *The National Strategy on Violence against Women, Domestic Abuse and Sexual Violence- Cross Government Delivery Framework 2018-2021*¹⁶⁸ sets out work at the local, regional and national level to meet the objective to provide victims with equal access to appropriate resources, high quality, needs led, strength based, gender responsive services across Wales. This is one of six objectives included in the National Strategy for Violence against Women, Domestic Abuse and Sexual Violence that is published under section 4 of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015.

286. The UK Government Ending Violence against Women and Girls 2016 – 2020 Strategy Refresh 2019¹⁶⁹ sets out the strategic pillars: prevention, provision of services, partnership working, and pursuing perpetrators. The crimes addressed through the strategy include sexual violence.

Supporting Child Victims –criminal proceedings and prosecution process

287. In 2018 the Ministry of Justice published a cross-government [Victims Strategy](#) which sets out a criminal justice system wide response to improving the support offered to victims of crime and incorporates actions from all criminal justice agencies, including the police, CPS and courts.

288. The Code of Practice for Victims of Crime¹⁷⁰ (the Victims' Code) sets out the services that must be provided to victims of crime by organisations in England and Wales. The Victims' Code includes a chapter setting out the entitlements for children and young people at each of the following stages of the criminal justice process:

- Police Investigation
- Before the trial (Charge, Bail and Information about the trial)
- Trial
- After the trial
- Appeals
- After the sentence
- Restorative Justice
- Compensation
- How to make a complaint

It also includes a chapter on the duties of service providers for children and young people at each of these stages.

289. The Youth Justice and Criminal Evidence Act 1999¹⁷¹ (YJCEA 1999) introduced a range of measures that can be used to facilitate the gathering and giving of evidence by vulnerable and intimidated witnesses in criminal proceedings. These are collectively known as "special measures". Vulnerable witnesses are those who are under 18 or those with a disability. Special measures in the YJCEA 1999 include:

- screens, to shield the witness from the defendant;
- the use of a live link - where the witness gives evidence during the trial from outside of the court through a televised link into the courtroom;
- exclusion from the court of members of the public and the press;
- removal of wigs and gowns by judges and barristers;
- video-recorded interview admitted as evidence in chief;
- pre-recorded cross examination;
- use of a communication aid (such as through a communicator or interpreter);
- use of an intermediary (a communication specialist) to help the witness understand the questions they are being asked and to give their answers accurately.

290. Achieving Best Evidence in Criminal Proceedings - Guidance on interviewing victims and witnesses, and guidance on using special measures (ABE)¹⁷² provides guidelines for pre-trial preparation of young victims and witnesses. The guidance provides assistance for those responsible for conducting video-recorded interviews with vulnerable and intimidated witnesses as well as those tasked with preparing and supporting witnesses during the criminal justice process.

291. Crown Prosecution Service (CPS) Guidelines on Prosecuting Cases of Child Sexual Abuse¹⁷³ set out that victims and witnesses should be made aware at the outset of an investigation what is expected of them and should be offered support to help them in the process. Where appropriate, parents and guardians should also be made aware from the outset what is expected and the support that can be offered (it would be inappropriate if a parent or guardian was at the centre of the allegations). The CPS guide also sets out that for children the support available before, during and after trial in court should be explained to them in age appropriate terms (or developmentally appropriate terms) so that they understand what is being discussed and, where possible and appropriate, the parents or guardians are involved and the support available is also discussed with them.

Criminal Offences

Disrupting perpetrators

292. New police powers are in effect, which allow the police to close down establishments that might be used for sexual activity with a child. Police can also apply for a [Sexual Harm Prevention Order](#) (SHPOs) or [Sexual Risk Orders](#) (SROs) for any individual who poses a risk of sexual harm in the UK or abroad. For Sexual Risk Orders this applies even if the person has never been convicted in the UK or overseas.

293. **Criminal Offence of Sexual Communication with a Child:** As part of the Serious Crime Act (2015) an offence of sexual communication with a child was

introduced. This applies to an adult who communicates with a child and the communication is sexual or if it is intended to elicit from the child a communication which is sexual and the adult reasonably believes the child to be under 16 years of age. The Act also amended the [Sexual Offences Act 2003](#) so it is now an offence for an adult to arrange to meet with someone under 16 having communicated with them on just one occasion (previously it was on at least two occasions).

294. **Communications Act 2003** - Throughout the UK, the Act makes it an offence to make improper use of a public communications network. Section 127 specifically makes it an offence to send an electronic message that is grossly offensive or of an indecent, obscene or menacing character.

295. **Malicious Communications Act 1988**- In England and Wales, the Malicious Communications Act 1988 makes it an offence to send a communication with the intention of causing distress or anxiety.

296. Across the UK, the legislation setting out sexual offences also applies to online child sexual abuse, including:

- sexual communication with a child;
- causing or inciting a child to engage in sexual activity;
- causing a child to watch a sexual act;
- paying for sexual services of a child;
- causing or inciting sexual exploitation of a child;
- engaging in sexual activity in the presence of a child.

297. [Section 2 of the Child Abduction Act 1984](#) can be used to disrupt contact between an adult and a child or young person where the child is aged 16 or under through Section 2 Notices. It is an offence for a person not connected to the child to take the child away 'without legal authority'. In such cases, the Police may remove the child to a place of safety and issue a formal warning to the perpetrator. Although these cases do not require a complaint from the child, it does require the child's parent or guardian to make a statement. Although not a long-term solution to the problem, Section 2 notices are a useful tool in terms of immediately breaking contact between the child and the individual exploiting them. They are also useful in ensuring that the suspected perpetrator cannot claim they did not know the age of the child. The perpetrator's details will also be input on to the Police National Computer system.

The Sexual Offences Act 2003

298. In CSE perpetrators may commit one or more of a range of offences, some more specifically linked than others to the abuse. Police and other agencies should bear in mind the full range of offences that may be relevant. The Sexual Offences Act 2003 includes three broad categories of specific sexual offences against children:

- offences against children under the age of 13 (sections 5-8 of the Sexual Offences Act 2003) – sexual activity with a child under the age of 13 is an offence regardless of consent or the defendant's belief as to the child's age. The offences are rape, assault by penetration, sexual assault and causing or inciting a child under 13 to engage in sexual activity. The offences carry a

maximum sentence of life imprisonment or 14 years' imprisonment, depending on which offence applies;

- offences against children under the age of 16 (Sections 9-15 of the Sexual Offences Act 2003) – these offences apply regardless of whether the child consented to the sexual activity but, unlike with the offences relating to children under 13, an offence is not committed if the defendant reasonably believed that the victim was 16 or over. The offences are: sexual activity with a child, causing or inciting a child to engage in sexual activity, engaging in sexual activity in the presence of a child, causing a child to watch a sexual act, arranging or facilitating the commission of a child sex offence, and meeting a child following sexual grooming (under Section 15 an offence is committed if an adult communicates with a child on at least two previous occasions, and then meets the child, arranges to meet the child or (the adult or child) travels for such a meeting, where the adult intends to commit a sexual offence). These offences carry a maximum sentence of 10 years' or 14 years' imprisonment, depending on which offence applies. Where the offender is below the age of 18, the maximum sentence is 5 years' imprisonment;
- offences against children under the age of 18 – there are a number of sexual offences in the 2003 Act that apply to all children under the age of 18. These include sexual offences where there is abuse of a position of trust (sections 16-24) and familial child sex offences (Sections 25-29).

299. In respect of all children aged 13 or over, the general non-consensual offences in sections 1-4 of the 2003 Act are also relevant. These are rape, assault by penetration, sexual assault and causing a person to engage in sexual activity without consent. These offences all require that the victim did not consent to the sexual activity and the defendant did not reasonably believe that the victim consented. Whether a 14 – 17 year old has the capacity to consent and whether the defendant reasonably believed that the victim consented will be a question of fact to be determined by the court in each case.

The Modern Slavery Act 2015

300. The Modern Slavery Act 2015 consolidated existing slavery and trafficking offences¹⁷⁴ into two offences:

- Human Trafficking, defined as “arranging or facilitating the travel of another person with a view to exploitation”. Travel includes within a country, not just across international borders.
- Slavery, servitude and forced or compulsory labour – the Act states that this offence has the ‘same meaning’ as for the purposes of Article 4 of the European Convention on Human Rights.

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