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Working Together to Safeguard People
Volume 7 – Safeguarding Children from Child Sexual Exploitation

Part 7

Safeguarding children from Child Sexual Exploitation (CSE)

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Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
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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 this 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 and Volume 5 of *Working Together to Safeguard People*. Volume 5 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 6 (1) (a), (b) or (c) of the 2014 Act to have due regard to Part 1 of the United Nations Convention on the Rights of the Child in accordance with 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. The United Nations Convention on the Rights of the Child (UNCRC) is an international agreement that protects the human rights of children under the age of 18. There are 54 articles in the UNCRC. Articles 43-45 are about how adults and governments should work together to make sure all children are entitled to their rights. Articles 1-42 set out the rights to which each child is entitled. In 1991, it was ratified by the UK Government, which formally agreed to ensure that every child in the UK has all the rights listed in the UNCRC.

12. The UNCRC introduces the fundamental principle that the protection of children from harm is the responsibility of all individuals and agencies working with children and their families, and with adults who may pose a risk to children. Key articles include that every child and young person has a right to:

- article 12 : have their voice heard in decisions that affect them;
- article 13 : to information;
- article 19 : be protected from violence, abuse and neglect;
- article 24 : the best possible health;
- article 28 : an education;
- article 29 : an education that is directed to the development of the child's personality, talents and mental and physical abilities;
- article 33 : to be protected from dangerous drugs;
- article 34 : to be kept safe from sexual abuse and exploitation;
- article 36 : to be kept safe from harm to their development;
- article 39 : recovery from trauma and reintegration; and
- article 42 : know their rights as guaranteed by the UNCRC.

13. In 2011, Wales became the first administration in the UK to enshrine the UNCRC in domestic law, through the Rights of Children and Young Persons (Wales) Measure 2011. The Measure embeds consideration of the UNCRC and the Optional Protocols into Welsh law, and places Welsh Ministers under a duty to have due regard to the requirements of the UNCRC when making their decisions.

14. 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.

15. 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.

16. CSE has been recognised as a form of child abuse for a relatively short period 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.

17. 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.

18. 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 2011,[3] which set out that '*children who are sexually exploited should not be regarded as having bad or criminal behaviour'.*

19. Since that time evidence from practice, research[4] 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.

20. However, the Welsh Government commissioned review of current policy undertaken published in 2017[5] 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.

21. 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)*

22. This guidance sets out Welsh Government 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.

23. This guidance was developed with the support of a multi-agency Advisory Group chaired by Dr Sophie Hallett, Cardiff University.

Relevant Legislation

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

24. 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

25. 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

26. The Modern Slavery Act 2015 consolidated existing slavery and trafficking offences[6] 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.

27. 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.

Chapter 1

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

28. Throughout this guidance the term 'child' refers to children and young people up to the age of 18 years. This term is used to remind practitioners that the Social Services and Well-being (Wales) Act 2014 says that *"Child" means a person who is aged under 18*.

29. This means that the safeguarding duties set out in this guidance are owed to all children and young people up to the age of 18 years. We recognise that teenagers may not like being referred to as children and will prefer the term young person. The use of the term 'child' in this guidance does not mean that practitioners should use the term in practice with everyone under 18.

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

30. It is important to remember that children may not recognise or understand terms like CSE, grooming, coercion and other terms used in this guidance. When working with and talking to children it is important that practitioners use words that children understand and explain with care the terms that

may be used by practitioners and what is meant by these terms. It is also very important to avoid victim-blaming language.

31. 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 can be:

- Material things and experiences - money, goods, food, alcohol, drugs, accommodation, parties, trips.

- Things related to feelings- the meeting of an emotional need or a need related to self-esteem, feeling wanted, feeling that they belong, loved, in control and/or important.

- Things related to the need to be safe- the need to be free from threats and physical violence or threats to someone that the child cares about.

32. 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 directly sexually abuse the child but they benefit from the abuse of the child in some way.

33. 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 that 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.

- Grooming can take place over a very short period of time.

34. 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.

- 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.

35. The way in which exploitation is understood by the child will vary from child to child:

- Children abused through CSE 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, trauma or feelings of worthlessness.

36. Consent: The age of consent (the legal age to have sex) in the UK is 16 years old.

- The law is there to protect children. It is 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.

37. Part of the reason why CSE was not understood 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.

- Children cannot consent to their own abuse.

- 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 help us in understanding this. It is important to acknowledge that the exchange of sex can be the meeting (and exploitation) of unmet needs.[7]

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

38. Online and offline abuse can overlap.[8] 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. All Wales Practice Guide - safeguarding children from online abuse

- Online child sexual exploitation can occur through social networking, live streaming, 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, inciting or forcing a child to take part in or perform a sexual activity
    - Encouraging, inciting or forcing 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.

39. CSE and other safeguarding concerns can overlap**.** Different types of abuse and exploitation are interrelated. This is one of the reasons why our response to children must be child centred not issue based.

- Children who are abused through sexual exploitation may also experience child sexual abuse that does not involve exchange.

- Children who are abused through sexual exploitation might also be subject to neglect, emotional or physical or sexual abuse in their family – this does not mean that all children who are sexually exploited are from families where there is risk of abuse. All Wales Practice Guide- safeguarding children at risk of child sexual exploitation (CSE)

- 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. All Wales Practice Guide- safeguarding children who go missing from home or care
  All Wales Practice Guide- safeguarding children from trafficking

- 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 versa[9]. All Wales Practice Guide - safeguarding children from criminal exploitation

- Children presenting with Harmful Sexual Behaviour (HSB) may also be victims of abuse through CSE.[10] All Wales Practice Guide - safeguarding children where there are concerns about harmful sexual behaviour

CSE may therefore be one part of an individual and complex experience of interrelated abuse and exploitation for each child.

40. Every effort should be made to avoid the unnecessary criminalisation of children. Although a criminal justice response may be unavoidable in some cases, agencies should work together to prevent, unnecessarily, criminalising already highly vulnerable children wherever possible.

Which children may be at risk of sexual exploitation?

41. 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**.**

- 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.

42. We know that some children may be particularly vulnerable because of adverse experiences in childhood. Adverse childhood experiences (ACEs)[11] 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. Children who have not had adverse childhood experiences can also be sexually exploited.

43. 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 make it more likely that they have unmet needs and poor self-esteem. This in turn means that they are vulnerable to exploitation.

44. The majority of 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. [12]

45. However, overall the majority of children abused through CSE live at home.[13] This means that family work is a vital element in meeting the care and support needs of sexually exploited children.

46. CSE is particularly hidden, misunderstood and under-identified for some children.

47. Evidence from research and practice suggests that more girls are abused through CSE than boys.[14] This does not mean that boys are not sexually exploited. 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.[15]

48. Research suggests that the abuse of boys is poorly understood or misinterpreted; that their entry into CSE may be particularly complex and that practitioners may be affected by stereotypes which impact on their ability to see boys as vulnerable leading to under identification of abuse.[16]

49. Research[17] has 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. A lack of awareness of the sexual exploitation of young people with learning disabilities among practitioners can also contribute to their vulnerability.

50. 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.

51. 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.[18]

52. Victims of sexual exploitation come from all ethnic backgrounds. Research 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.[19] This can mean that children from some communities are not identified as at risk of or protected from abuse through CSE.[20]

53. 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. LGBT+ children may face additional barriers to seeking help if they are exploited and practitioners may not give sufficient consideration to the possibility of abuse through CSE for LGBT+ children, especially within lesbian and trans relationships.[21]

What do we know about CSE perpetrators?

54. 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.[22]

55. CSE may be perpetrated by individuals, groups or 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 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 evidence of Welsh children exploited by individuals who are connected to gangs in England via County Lines networks.

- 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.[23]

56. Peer abuse and exploitation happens where children abuse and exploit other children. This may involve harmful sexual behavior. Children involved in abuse through CSE may be victims of abuse themselves.

57. 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.[24] 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.[25]

58. 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 the All Wales Practice Guide - safeguarding children where there are concerns about harmful sexual behaviour .[26]

59. 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.

60. 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. [27]

61. Research evidences that the majority of perpetrators of CSE are male[28] however, they do not perpetrate all CSE and women can and do sexually exploit children. The Home Office paper published in December 2020,[29] looking at the characteristics of offending by groups, noted the diversity of ethnic and social backgrounds in offending and the importance therefore of collecting accurate data on offender characteristics to inform local problem profiles.

How do we identify CSE?

62. There are a number of reasons why children abused through CSE are particularly unlikely to disclose that that they are being abused. [30] 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.

63. 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.

64. 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.[31] 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.[32]

65. However, research undertaken in Wales [33] found that a third of children in the research sample had disclosed abuse through CSE. It is important that practitioners are equipped to respond in an appropriate and supportive way when a child does disclose abuse.[34]

66. The identification of CSE is reliant on the knowledge and understanding of practitioners. The SERAF (Sexual Exploitation Risk Assessment Framework)

was referenced in Welsh Government guidance issued in 2011 and in the All Wales Protocol issued with the All Wales Child Protection Procedures as a tool to aide identification of risk of CSE.

67. Evidence gathered through the review of arrangements under that policy[35] found that reliance on the SERAF and other risk assessment tools has led to a process driven approach to risk management, which does not secure longer term safeguarding, and well-being outcomes for children.

68. The Centre of Expertise on Child Sexual Abuse have also published evidence that an over-reliance on specialist risk assessment tools does not always support child-centred practice and may detract from professional judgement.[36]

69. This guidance replaces the Welsh Government guidance issued in 2011. The All Wales Protocol has been replaced by the All Wales Practice Guide - safeguarding children from child sexual exploitation[37], issued on behalf of the Safeguarding Boards with the Wales Safeguarding Procedures in 2019.

70. This guidance does not prohibit the use of risk assessment tools in relation to CSE. However, where used risk assessment tools should only inform a wider assessment of care and support needs. The process should not result in meetings where the focus is on the risk assessment and reducing a risk score without considering wider care and support planning to sustain change and support well-being in a child centred way.

71. The health NHS CSERQ is referenced in this guidance on the basis that limited contact time in health appointments means that an aide in making a decision about reporting a child as at risk rather than as a threshold tool in multi-agency safeguarding decisions about individual children.

72. A Prompt for Practitioners is included below and is included in the All Wales Practice Guide - safeguarding children from child sexual exploitation.[38] The prompt includes information on the physical, emotional, material and behavioural signs of CSE.

1. **Relevant safeguarding partners (under section 139(3) of the 2014 Act) must ensure that practitioners are aware of the physical, emotional, material and behavioural signs of CSE.**

2. **Relevant safeguarding partners (under section 139(3) of the 2014 Act) must ensure that practitioners have access to information about responding to disclosures of abuse by children in a safe and appropriate way.**

3. **All services who work with children and families should ensure that that practitioners are aware of the physical, emotional, material and behavioural signs of CSE and have access to information about responding to disclosures of abuse by children in a safe and appropriate way.**

Identifying and reporting Child Sexual Exploitation (CSE)

Prompt for practitioners

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. 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 children; disabled children and LQBT+ 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 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.

Chapter 2

Preventing Child Sexual Exploitation (CSE)

73. Public and professional awareness and training, education and preventative services that support well-being all have a part of to play in reducing the number of children who are abused through CSE.

74. Prevention is not just about early intervention. Universal awareness raising and early intervention are important in preventing CSE. Targeted prevention work is also needed with children with known vulnerabilities associated with risk of 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.

75. However, we know that preventing abuse from taking place is the best way to protect children from harm.

76. The importance of early intervention and prevention to support well-being, build resilience and prevent harm is reflected in key Welsh Government legislation such as the Social Services and Well-being (Wales) Act 2014 ("the 2014 Act") and the Wellbeing of Future Generations (Wales) Act 2015.

77. 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.

78. The Welsh Government *National Action Plan – Preventing and Responding to Child Sexual Abuse 2019-2021*[39] 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.

79. *The National Online Safety Action Plan for Children and Young People in Wales*[40] was commissioned by the Cabinet Secretary for Education 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. The plan provides a focus for the Welsh Government's online safety work and will be reviewed annually to update actions.

80. Research on Adverse Childhood Experiences (ACEs)[41] 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.[42]

81. There is evidence that children who are abused through CSE have disproportionately high earlier childhood experiences of trauma.[43] Child protection issues such as child sexual abuse, physical abuse, neglect and emotional abuse are also over identified for children who are sexually exploited.[44]

82. Trauma is well-established as a causal risk for CSE[45]. Preventative services, which support children to build resilience and self-esteem and recover from trauma may reduce the risk of CSE.

83. Research[46] suggests a high prevalence of prior abuse and of a family history of domestic violence for children receiving support because of CSE or Harmful Sexual Behaviour (HSB). The research sets out the importance of early support for 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 evidences a link between unaddressed well-being needs and later abuse through CSE.

84. However, not all children who experience trauma and abuse in childhood are sexually exploited. Evidence on the relationship between adverse childhoods and low mental health and poor well-being outcomes suggests that risks can be mitigated substantively by having trusted adult support always available in childhood and that 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.[47]

85. High quality relationships are an important feature of resilient trajectories following childhood maltreatment and 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. [48].

Resilient families

86. 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.[49]

87. 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.[50]

88. Research conducted in Wales [51] has considered children who have been involved with social services, focusing in particular on children who were identified as 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, who were more likely to have a dysfunctional

relationship with their parents and that parental rejection was most common for these children.

89. 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.

90. 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.

91. Research[52] 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.

92. Flying Start**,** an early years programme for families with children in some of the most disadvantaged areas of Wales includes working with parents in ways that help them relate positively to their child.[53]

93. 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.

94. Programmes such as Flying Start and Families First support resilient families and child well-being. Family and parenting support services are important in protecting children from vulnerability to risk and harm.

95. Services, which support families where issues such as trauma, child sexual abuse, sexualised behaviour and exposure to domestic abuse can help to protect children from later risk of abuse through CSE.

Stable and secure placements

96. There is an established link between poor experiences of care and risk of CSE[54]. For some children growing up in care, instability and a lack of quality relationships can lead to further placement breakdown, which in turn compound feelings of powerless and loneliness for young people[55].

97. Research commissioned by the Welsh Government [56] found that over three quarters of the whole cohort of the children 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.

98. The Ministerial Advisory Group on Improving Outcomes for Children 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

99. The work programme being taken forward to deliver on these ambitions includes work to support stability and well-being for children across the range of placements providing a home for looked after children. 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.

Education

100. 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.[57]

101. 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.[58]

102. The Centre of Expertise on Child Sexual Abuse[59] 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. Being connected to a settled education community is protective since it enables a sense of belonging and stability, and affirms self-belief.

103. 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. [60]

104. 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.

105. The Welsh Government has consulted on a 'Draft framework guidance on embedding a whole-school approach to mental health and emotional well-being'[61] . The consultation closed in September 2020 and the outcome of this will be published in due course. 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.

106. Research[62] 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. This has increased attendance, reduced exclusions and improved educational attainment. Schools, which adopt trauma informed practices, will enable school staff to change how they respond to children affected by exposure to traumatic events.

107. Prevention is one of the key purposes outlined in the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015. 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.[63]

108. Children who socialise in safe and protective schools (and community settings) 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 ways of behaving in those spaces.[64]

109. The Sex and Relationships Education Expert Panel[65] 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.'

110. An early understanding of healthy relationships may help children to recognise relationships as unhealthy, which in turn may help to prevent risk of grooming and abuse. New Relationships and Sexuality Education will become statutory from the age of 5 to 16 in 2022, but learners will not be taught about topics for which they are not developmentally ready. 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. 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.[66]

111. 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.

112. 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 safe by:

- 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.

113. The Centre for Expertise on Child Sexual Abuse[68] 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.

114. The Welsh Government Hwb[69] 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.

115. The Welsh Government published an EOTAS Framework for Action in 2017, which sets out a programme for improvement across EOTAS provision.[70]

116. All education settings including alternative educational settings such as Pupil Referral Units should assume that CSE is an issue that needs to be addressed.[71]

117. 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.

Health Services

118. 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.

119. Children who have experienced abuse need access to evidence-based therapeutic approaches to help them deal with the effects of abuse.[72] An evaluation of the NSPCC programme 'Letting the Future in'[73] 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.

120. 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.

121. The Welsh Government has agreed the implementation of an All Wales Traumatic Stress Quality Improvement Initiative (Traumatic Stress Wales) that takes a whole system, consistent approach, and is informed by the current evidence-base.This is not primarily a 'service' to be referred to but an improvement programme which will offer evidence based resources for practitioners dealing with individuals who have experienced trauma. Specialist work-streams are in place for key groups:

- children and young people,
- perinatal,
- prisoners,
- refugees, asylum seekers and other people seeking sanctuary, and
- survivors of sexual assault and gender-based violence.

122. Development of a cross sector an emotional stabilisation training package aimed at staff working in primary care, social services and the third sector has already been published and the Traumatic Stress Wales implementation team are working with partners to develop a complementary training programme.

123. The National Action Plan on preventing and responding to child sexual abuse[74] includes an action related to the Trauma Stress Service Quality Improvement Initiative service (Traumatic Stress Wales) and the provision of therapeutic support to children who are sexually abused.

Sexual health services

124. 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.

125. Sexual health services in Wales also use the Child Sexual Exploitation Risk Questionnaire (CSERQ), [75] which was developed within Aneurin Bevan University Health Board (ABUHB) Sexual and Reproductive Health (SRH) Directorate. This provides for the early identification of vulnerability or risk of CSE in the context of limited contact during health appointments. The

CSERQ informs decisions about reporting a child as at risk of CSE to Social Services.

Substance misuse

126. There is a link between alcohol and substance misuse, a history of sexual abuse and risk of CSE.[76]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 – had disclosed they had been sexually exploited.[77]

127. 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.

128. 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.

Contextual Safeguarding and Corporate Safeguarding

129. In order to understand the circumstances through which children might become vulnerable to abuse through exploitation it is useful to consider their situation in the context of the child's individual factors, home, peers, schools and neighbourhood.

130. Research has informed the concept of Contextual Safeguarding which recognises that the different relationships that young people form in their neighbourhoods, schools and online 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.[78]

131. Research on a pilot approach to safeguarding in public spaces 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.[79]

132. Perpetrators of CSE[80] are known to use fast-food outlets, taxi firms and hotel rooms to facilitate and conduct abuse. Research[81] 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.

133. Business's such as retail business's, food outlets, leisure facilities, transport providers and those operating in the night time economy have an important role to play in identifying and sharing information about safeguarding concerns.[82] Safeguarding Boards should work with Community Safety Partnerships to ensure that appropriate information about reporting specific (about individuals) or more general safeguarding concerns is available and promoted.

134. 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 identity children at risk of abuse and those already being sexually exploited so that action can be taken to stop CSE.

135. The independent report into Child Sexual Exploitation in Greater Manchester by Ann Coffey, MP (2014)[83] 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 while 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.

136. The Home Office paper published in December 2020,[84] looking at the characteristics of offending by groups, noted the diversity of ethnic and social backgrounds in offending and the importance therefore of collecting accurate data on offender characteristics to inform local problem profiles.

137. Safeguarding Boards should work with partners to ensure appropriate information to raise awareness of CSE, including how to identify and report concerns is available for promotion in community settings and is promoted to relevant businesses including those operating in the night-time economy.

138. The National Action Plan on preventing and responding to child sexual abuse[85] includes an action for Safeguarding Boards to consider learning from the Contextual Safeguarding Network on neighbourhoods and consider a regional pilot site for the Neighbourhood Assessment toolkit.[86]

139. Licencing and procurement arrangements provide opportunities to promote safeguarding. The provision of a safeguarding policy and training appropriate to roles, where included as an expectation for licensed premises or services and as part of tender exercises for publically funded services, can contribute to creating safer communities for children.

140. As part of work to deliver the National Action Plan on preventing and responding to child sexual abuse[87] the Welsh Government will work with the WLGA (Welsh Local Government Association) to develop a good practice guide on corporate safeguarding policy.

The Youth Service

141. Review evidence has concluded that youth work (in all its diverse forms) operates from an 'opportunity- focused' perspective viewing young people holistically as having great potential. [88] Youth work in Wales remains committed to the social, educational, emotional and political development of young people.[89]

142. The principles underpinning Youth Work and set out in the Youth Work Strategy, 2019[90] mean that the Youth Service is well placed to engage children 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.

143. The youth service is well placed to work with children where early intervention because of vulnerabilities can impact positively on self-esteem, provide positive peer opportunities and build resilience to prevent the risks of abuse through CSE.

Youth Offending Services

144. Adverse childhood experiences have been identified as a key risk factor for offending and victimization, respectively.[91] There is also an established link between risk of CSE and involvement in the youth offending system.

145. Research has suggested significant differences between male and female children supported by CSE services in terms of youth offending where nearly half of males had a youth offending record, compared with under a third of females[92].

146. It is important that children are not criminalised as a result of incidents and situations that they are involved in that are linked to their experience as victims of exploitation, they must be treated as children first and their care, support and protection needs should be considered irrespective of whether they have committed an offence.

147. The Welsh Government [93] 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 recommends a holistic and

rehabilitative approach to divert people away from crime and to support those who find themselves in the criminal justice system.

148. 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 has been positively evaluated.[94] Approaches which are trauma informed will assist in preventing risk of abuse or re-abuse through CSE.

Missing children services

149. 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

150. 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 CSE[95]. The research found that 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. Children returning from a missing episode reported feeling anxious about the responses of parents, carers and residential staff.

151. 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 children[96]. Children placed outside their local area are at particular risk of going missing.[97] 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.[98]It is estimated that 60% of suspected child victims of trafficking in local authority care go missing.[99]

152. 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.

Social Services

153. The need for early intervention and prevention from abuse, neglect or harm is set out under the Social Services and Well-being (Wales) Act 2014. Advice included in the Wales Safeguarding Procedures sets out the importance of offering early help is to children that are identified as vulnerable to possible abuse and neglect and their families.

154. Where concerns of abuse, neglect or harm are not substantiated it may still be determined that a child or family have needs for care and support. In these circumstances the authority should offer information, advice and assistance, which may include an assessment of the child or family's needs for care and support under Part 3[100] of the Act. Local authorities should not wait until the assessment is concluded before providing services to support the child and their family. These arrangements are set out in statutory guidance Working together to safeguard people-volume-5-Handling individual cases to protect children at risk.

155. While the engagement of children and families with preventative services is voluntary, every effort should be made to discuss the reasons why the support of a preventative service is being offered. The child and their parent/carers should be provided with information about a range of services relevant to the needs of the child and should be included in decisions about which support is the most appropriate.

156. It is also important that similar arrangements are made to in relation to follow on support for children when statutory safeguarding intervention comes to an end so that well-being outcomes can be supported, re-abuse can be prevented and safeguarding is sustained over the longer term.

Information sharing

157. Sharing information is an intrinsic part of any frontline practitioners' job when working with children. The decisions about how much information to share, with whom and when, can have a profound impact on individuals' lives. Information sharing helps to ensure that an individual receives the right services at the right time and prevents a need from becoming more acute and difficult to meet. Poor or non-existent information sharing is a consistently reoccurring theme in learning from Child Practice Reviews in Wales. Advice for practitioners on information sharing to safeguard children is available.

Workforce development

158. Young people have raised concerns [101] that they did report behaviour or incidents because they did not trust workers or the police, or did not have good relationships with them.

159. The children that Ann Coffey, MP spoke to as part of her report into CSE in Greater Manchester (2014)[102] identified similar issues where children talked

about their lack of trust in a number of different agencies and experiences of being let down.

160. 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 the 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 be involved in decisions that affect them.

161. 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 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.

162. 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 in an appropriate child-centred way. 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.

4. All services that provide information and/or support to children and families should ensure that practitioners and volunteers:

- **Are ACE aware;**
- **Understand what is meant by trauma informed practice;**
- **Are aware of the physical, emotional, material and behavioural signs of CSE;**
- **Know when and how to report a child at risk.**

5. Safeguarding Children Boards must ensure that CSE training that is relevant and appropriate to a practitioner's role is available and promoted across their region.

6. Local authorities should regularly review their corporate safeguarding policy and arrangements, working with partner agencies to identify ways in which they can promote communities that are safe for children and hostile to perpetrators.

7. **Local authorities must ensure that vulnerable children and their families are offered early help and support to prevent the risk of abuse. Where concerns of abuse, neglect or harm about a child who has been reported as at risk are not substantiated the authority should offer information, advice and assistance, which may include an assessment of the child or family's needs for care and support under Part 3 of the Social Services and Well-being (Wales) Act 2014.**

8. **All education settings, including alternative educational settings such as Pupil Referral Units should assume that CSE is an issue that needs to be addressed and have measures in place to contribute to the prevention of CSE.**

Chapter 3

Responding to Child Sexual Exploitation (CSE) – Safeguarding procedures

163. 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.

164. The GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping children safe. Fears about sharing information should not be a barrier to safeguarding and promoting the well-being of children at risk of abuse or neglect. Every practitioner must take responsibility for sharing the information they hold, and cannot assume that someone else will pass on information, which may be critical to keeping a child safe. Practitioners must understand how to work in collaboration with other agencies to share information in a proportionate and timely way to prevent harm. Advice for practitioners on information sharing to safeguard children is available.

165. Children at risk of extra-familial abuse must be safeguarded through the same procedures as children at risk of intra-familial abuse. Some children will be at risk of intra-familial and extra-familial abuse. All aspects of risk need to be considered in a child-centred way. Where possible working with the parent/carers of a child.

166. The arrangements for responding to children at risk are set out in Working together to safeguardpeople-volume-5-Handling individual cases to protect children at risk and in the Wales Safeguarding Procedures and must be followed in relation to children at risk of child sexual exploitation.

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

168. 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. Information included in any All Wales Practice Guides on safeguarding issues relevant to the child should be considered when responding to individual safeguarding needs in a holistic and child-centred way.

All Wales Practice Guide - safeguarding children from child sexual exploitation

All Wales Practice Guide - safeguarding children who go missing from home or care

All Wales Practice Guide - safeguarding children who may be trafficked

All Wales Practice Guide - safeguarding children from child criminal exploitation

All Wales Practice Guide- safeguarding children where there are concerns about harmful sexual behaviour

All Wales Practice Guide- safeguarding children from online abuse

169. Advocacy empowers entitled children and ensures their rights are respected and their views, wishes and feelings are fully reflected in decision making about what is happening in their lives. Advocacy is also an additional safeguard to protect from the risk of abuse. Advocacy can ensure assistance and support is provided enabling concerns to be listened to and dealt with effectively. Advocacy supports active participation in the decision-making processes and ensures views and wishes are heard at all times.

170. The National Approach to Statutory Advocacy (NASA), is a standardised approach to statutory advocacy services being delivered by the six Regional Social Services Collaboratives. These arrangements are set out in the Code of Practice on Advocacy (Part 10) under the Social services and Well-being (Wales) Act 2014.

171. 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 must be shared with them that includes an explanation about the role of Independent Professional Advocacy.

172. 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.

173. 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.

174. Arrangements should be made for the appropriate referral of children to the appropriate adult services as they approach their 18th birthday. This is set out in the All Wales Practice Guides and includes consideration of referral

of an Adult at risk under the Social services and Well-being (Wales) Act 2014 and/or referral to services offered as a result of the Violence Against Women, Sexual Violence and Domestic Abuse (Wales) Act 2015. Information is available on the Live Fear Free website.

175. 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. 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.

9. Where a local authority receives a report that a child is as at risk of abuse through CSE this must be considered in line with statutory guidance and the procedures set out in the Wales Safeguarding Procedures, the 'All Wales Practice Guide: safeguarding children from child sexual exploitation'. Any other All Wales Practice Guides relevant to the circumstances of the child should be considered in planning for the individual care, support and protection needs of the child.

10. Where a child is receiving care and support because they are at risk of CSE and is approaching their 18th birthday the local authority must consider whether a timely referral to adult services should be made as their 18th birthday approaches, in order that (where appropriate) an assessment of their needs for care and support under section 19 of the Act can be completed. And/or consider a referral to services available for people affected by issues considered in the Violence Against Women, Sexual Violence and Domestic Abuse (Wales) Act 2015.

11. Any other service involved with the child where there are concerns about risk of CSE and they are approaching their 18th birthday should consider whether to report the person as an adult at risk and/or make a referral to local services for those affected by sexual violence.

Chapter 4

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

176. Research[103] carried out in Wales suggests that abuse through CSE continues to have a negative impact on lives as children grow into adulthood. The research found that people identified as at risk of CSE in childhood were more likely to have further Social Services involvement after initial case closure and to have poorer outcomes compared to others supported by Social Services in childhood. This included continuing physical/sexual abuse in intimate relationships and problems with alcohol/substance misuse, or mental health problems. They were also less likely to be in employment or training or have stable housing.

177. Other evidence supports the link between child sexual abuse and later victimisation and poor well-being outcomes into adulthood.[104]

178. 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.

179. 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 relationships[105], and poor experiences of being in care[106]. They are then exposed to further abuse and trauma through sexual exploitation.

180. These experiences can 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 engage[107] and as 'risk taking' can mean that they are, negatively perceived by practitioners.

Children have explained:

"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"

"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"

(See,[108 109])

181. Children who have been sexually exploited will have experienced multiple abuses and breaches of trust. They may have past negative experiences of practitioners, 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.[110]

182. 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.

> Children and young people have explained:
>
> "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 it's really that young person could have like four or five different people you know and it's really difficult"

(See,[111])

183. Engaging in behaviors seen by adults as 'risky' can often be understood by children as a way to cope and assert some control. A continued lack of acknowledgement of the child's thoughts and feelings from those who should care and want to help children can leave them exposed to abusers.[112]

184. 'Risky behaviours' can become the focus of 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 and followed. 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 is secured.

185. It has been suggested that our response to abuse through CSE is different to our response to other forms of child sexual abuse[113]. 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.

> Children and young people have explained:
>
> "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"

(See,[114])

186. Children and young people participating in a Welsh Government commissioned consultation[115] talked about practitioners sometimes judging them, blaming them or 'branding' them. Evidence from a review in England [116] also found that the language used by some practitioners included describing children as 'promiscuous' and as making risky choices.

187. 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.[117]

Relationships matter

188. Research[118] has found 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.

189. The Care Crisis Review[119] also suggests that "relationships lie at the heart of successful developments in practice". The Review sets out the importance of 'respectful encounters' with children and their families with a focus on 'working with' rather than 'doing'

Children and young people have explained:

"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".

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

"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?"

(See,[120])

190. Relational practice will support a child-centred approach. The Munro Review [121] 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.

191. 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. 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.

Children and young people have explained:

"I had to confide in one person then have to tell another one, over and over. It doesn't help"

" 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"

"She's (practitioner) chatty but stays in touch, a good listener and really wants people to do well, very approachable"

(See, [122] [123] [124])

192. The Children's Commissioner for Wales has produced a framework for working with children, grounded in the United Nations Convention on the Rights of the Child: 'A Children's Rights Approach'.[125]

Involving children in planning for their care and support needs

193. Safeguarding practice involves practitioners 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, support and protection.

194. Children and young people taking part in consultations commissioned by the Welsh Government 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. They also said that they did not know what written information was being recorded about them.

195. 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.

196. 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.

> Children and young people have explained:
>
> "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."
>
> "My views weren't really listened to. They talked around me. I was like a fly on the wall."

(See,[126 127])

197. Agreement should be reached on who is best placed to explain to a child the decisions that are made about them. Wherever possible this should be someone identified by the child , if this is not possible for practical or safeguarding reasons this should be carefully explained to the child. The person who is identified to share information with the child may also be

the person who seeks and shares the views of the child about the decisions being made about them.

198. Information should be shared with the child in an age appropriate way and take account of any language preferences, 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.

199. Everyone feels more comfortable discussing personal and emotional matters in their first language. The Welsh Government has established a Strategic Framework for Welsh Language Services in Health, Social Services and Social Care- More than Just Words.[128] An 'Active Offer' means a service is provided in Welsh without someone having to ask for it. It is the responsibility of everyone who provides care services for people and their families across Wales to deliver the 'Active offer' and an information pack for those working in social care is available.[129]

200. Practice guidance for social workers registered with Social Care Wales is available[130] and sets out the Active Offer in relation to the Welsh Language and that social workers should make sure, where practical, that arrangements are made to meet a person's language and unique communication needs. Social workers should know how to access independent advocates or interpreters, where required.

> Children and young people have explained:
>
> "An explanation should be given in layman's terms so that a child can understand. It's a child's right to know."

(See,[131])

201. 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 service,
- 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.

The information should explain 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. More

information is available in the Part 10 Code of Practice (Advocacy) under the Social Services and Well-being (Wales) Act 2014.

Practice approaches informed by the individual needs of the child

202. There is no single model or intervention that can be evidenced as the one 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.

203. There are however, practice 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 the 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.

204. The opportunities to build resilience for an abused child are related to the availability and accessibly of contextually and culturally relevant services that can facilitate positive development in a context of significant adversity[132].

A trauma informed approach

205. 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.

206. Trauma informed practice[133] 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.

207. It is important to reduce the risk of re-traumatisation[134] by ensuring that services are delivered in line with the key principles of:

- Choice;
- Collaboration;
- Trust;
- Empowerment;

- Safety.

208. Practitioners need to gather information about and understand:

- 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. This approach will avoid compounding feelings of blame and shame and being out of control for the child.

A child-centred response based on individual needs and identity

209. 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. These include 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 experiences [135].

210. 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.[136].

211. 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 beings[137]. 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.

212. Other children may have cognitive, social and emotional functioning, which is in line with our expectations of children of their chronological age.

213. 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. Work to build a relationship with a child may need to be undertaken before in-depth assessments are undertaken[138].

214. Responding to the individual needs of a child also involves a consideration of **gender.** Research carried out in Wales and England[139], which considered boys and CSE, found that practitioners can hold gendered views and beliefs about CSE. The research suggests this can affect practitioner capacity to identify risk of CSE for males. The research also found that practitioners might misunderstand the abuse of males especially those who are non-heterosexual and lack confidence in supporting boys and young men.

215. 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.

216. The positions presented in the research also reflect stereotypes about both boys and girls affected by CSE that are unhelpful and damaging. Terms such as 'provocative' and 'promiscuous' are associated with victim blaming of girls in the context of sexual assault and these terms must never be used.

217. 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.

218. 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 children[140]. 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+ issues[141]. 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.

219. **Ethnicity** can affect the degree to which services can be considered equipped to meet the needs of children who are Black, Asian and Minority Ethnic. To work effectively with children from Black, Asian and Minority Ethnic 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 status[142].

220. It is important to be aware of cultural diversity and ask questions to avoid presuppositions or using judgemental language. It is also important to ask a child how they identify themselves and to find out about their own individual beliefs and values.

221. Children from some communities may also be abused by perpetrators who exploit conceptions of shame and honour. Fear of forced marriage or so-called 'honour-based' violence may be used to groom, silence and threaten children[143].

222. In meeting the care and support needs of a Black, Asian and Minority Ethnic child it may be necessary to seek advice from and where possible and appropriate involve the support of relevant Black, Asian and Minority Ethnic services[144].

223. 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 missing[145]. The Independent Child Trafficking Guardians 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.

224. 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 and related abuse as part of their planning with and for the child.

Working with families

225. 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 so that they have the information and support they need to assist the children in their care.

226. 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 seriously[146].

227. 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.[147]

228. However, a research study in Wales[148] found concerns about risk of harm from parents for two thirds of the children identified as at risk of CSE. This reaffirms the need to consider the individual circumstances of children when planning to meet care and support needs. Working with parents on risk of harm within the home at the same time as working with the child and parents on reducing the risk of abuse through CSE.

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 that present as negative to the adults in their lives. Low self-esteem is consistently reported as a feature for children abused through CSE.

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. The use of a strengths-based approach can improve social networks and enhance well-being[149].

231. Six standards of a strengths-based approach have been identified[150]. 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.

Children and young people have explained:

"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" (relationship with and approach by practitioner)

(See,[151])

A trusted relationship with a lead/key practitioner

232. 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 approach[152].

233. Evidence from children in Wales[153] suggests that a positive consistent relationship with one practitioner where a child feels listened to and that they matter can provide the first opportunity for a child to feel safe enough to accept support.

234. Traumatised children may present behavior that evokes negative responses from the adults in their live. 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 recovery[154].

235. 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 does not have to be the social worker. However the social worker will retain overall responsibility for the case and for the development and review of a care and support plan with the child.

236. The Youth Service can 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 being non-judgemental and as making children feel valued.

237. Children who participated in the consultation[155] 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”.

238. Consistency of care was a strong theme for children who participated in the consultation; they reported frequent social workers changes and a feeling that social workers did not have time to invest in a relationship with them. The evaluation of a CSE service working with children and their families found that empathy, listening skills and not being excessively procedures bound were key skills valued by families[156].

239. Qualitative research[157] 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

240. 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 outcomes.[158] 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.

241. Smeaton (2013)[159] suggests that effective multi-agency work is not only beneficial but an intrinsic part of providing effective responses. The Code of Practice on Part 4[160] 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.

242. 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.

243. 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.

244. 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.

245. Being connected to education can act in a protective way since it enables a sense of belonging and stability, and affirms self-belief.[161] 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 place[162].

246. Consideration should be given as to whether a child may be vulnerable to peer abuse within the education setting. Resources[163] are available on Hwb and settings should refer to the Welsh Government's *Keeping Learners Safe* guidance (2020).

247. CSE is linked with negative impacts on physical and mental health and well-being. Poor health and well-being can also be a factor 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. It is important that these services have processes in place to record and report safeguarding concerns about children. Health practitioners should also be familiar with guidance

and resources available via the National Safeguarding Team (NHS Wales): Safeguarding Children

248. Care and Support planning should include an agreement on the role of health services in meeting the needs of the child. 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 to protect them from further abuse and support recovery.

249. 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. Information sharing with the police can assist them in responding to incidents involving the child in order to keep them safe.

250. 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.

251. 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 for some children 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.

252. There are a number of specialist third sector services for sexually abused children, including those abused through CSE as well as Violence Against Women, Domestic Abuse and Sexual Violence services that provide services for sexually abused and exploited children. 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 the engagement of and referral to third sector services where appropriate.

253. 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 for some children as part of the multi-agency response.

254. 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.

255. 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. 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.

256. 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**
Choice Collaboration Trust Empowerment Safety	Gender Ethnicity Sexuality Child development Disability Family circumstances	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 (including the family) 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.	A practitioner who: - 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.	Connecting children to services and family/carer resources as part of a Care and Support Plan which considers their holistic needs.

257. The Welsh Government has commissioned an open access online training offer to practitioners on safeguarding adolescents, which will be available in 2021-2022. The training materials will be informed by research findings from a study (2019)[164] funded by the Welsh Government, which considered the outcomes for children abused through CSE.

258. A number of practice resources to help practitioners understand and reflect on the research findings and their own practice are already available on the Cardiff University, Keeping Safe project page.

12. Relevant safeguarding partners of the Safeguarding Board (under section 139(3) of the 2014 Act) must ensure that practitioners are aware of and familiar with the advice provided in this statutory guidance on evidenced practice approaches with children at risk of or abused through CSE.

13. Care and support planning for children at risk of or abused through CSE must involve relevant safeguarding partners working together to agree a child-centred care, support and protection plan to best support the well-being outcomes of individual children. The plan should not solely focus on risk management and Advice on this has been set out in this chapter.

Chapter 5

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

Policing and CSE

259. 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.

260. 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 and the Serious Violence Strategy 2018, particularly for threats such as child criminal exploitation through County Lines.

261. 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.

262. 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. The Home Office[165] has recommended that police forces should capture robust data on the characteristics of offending and share this data with partners to enable targeted local responses.

263. 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.[166] Taking time to ask more searching questions can get underneath the immediate offence/ situation, possibly revealing that the child is also a victim.[167]

Multi-agency partnership working

264. 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.

265. 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. It is important therefore that agencies, including the police, record information consistently and share it readily.[168]

266. 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).

267. 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.[169] 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.

268. 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

269. 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 published a Child Exploitation Disruption Toolkit, in 2019.

Supporting Child Victims of CSA

270. Evidence from the Independent Inquiry into Child Sexual Abuse (IICSA)[170] and from research[171] sets out the complex reasons why the disclosure of CSA by children may often be delayed and retracted.

271. 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.[172] 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.

272. Once children are receiving support, 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.

273. The Wales Safeguarding Procedures include Pointers for Practice: 10 Key principles for managing disclosures of abuse and neglect , information to help you manage disclosures by children. The NSPCC Let children know you're listening resources include an animation with advice about handling disclosures.

274. 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.

275. As set out in Chapter 4 the needs of the child should met through a child-centred care and support plan, irrespective of whether a criminal investigation is instigated in relation to the abuse the child has experienced through CSE..

Sexual Assault Referral Centres (SARCs).

276. 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 must 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.

277. A paediatric forensic examination[173] 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.

278. *The National Strategy on Violence against Women, Domestic Abuse and Sexual Violence- Cross Government Delivery Framework 2018-2021*[174] 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. Preparations are underway for the development of the next 5 year National Violence against Women, Domestic Abuse and Sexual Violence Strategy that will be published by the end of 2021.

279. The UK Government Ending Violence against Women and Girls 2016 – 2020 Strategy Refresh 2019[175] 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

280. 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.

281. The statutory Code of Practice for Victims of Crime[176] (the Victims' Code) sets out the services and a minimum standard for these services that must be provided to victims of crime by organisations (referred to as service providers) in England and Wales. The Ministry of Justice consulted on a revised Code, which was laid in Parliament on 18 November and will come into force on 1 April 2021. A primary objective of the review and revision of the Code is to make the document more accessible for victims, including children and young people and to make it easier for them to understand their role in the criminal justice process.

282. The Victims' Code includes a chapter setting out the enhanced rights for vulnerable or intimidated victims, including children and young people under 18 years of age. It also sets out the 12 key rights that all victims must receive at the various stages of the criminal justice process:

- To be able to understand and be understood
- Have the details of the crime recorded without unjustified delay
- Provided with information when reporting the crime
- Referred to services that support victims and have services and support tailored to your needs
- Provided with information about compensation
- Provided with information about the investigation and prosecution
- Make a Victim Personal statement
- Given information about the trial, trial process and your role as a witness
- Given information about the outcome of the case and any appeals
- Paid expenses and have property returned
- Given information about the offender following a conviction
- Make a complaint about your Rights not being met

The Code will be supplemented by a child friendly version.

283. The Youth Justice and Criminal Evidence Act 1999[177] (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 mental disorder or a physical 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;
- evidence given in private (available for some vulnerable and intimidated victims and witnesses);
- removal of wigs and gowns by judges and barristers;
- visual recorded interview admitted as evidence in chief;
- pre-recorded cross examination (nationally only available for vulnerable victims and witnesses);
- use of a communication aid (such as through a communicator or interpreter) (only available for vulnerable victims and witnesses);
- use of an intermediary (a communication specialist) to help the witness understand the questions they are being asked and to give their answers accurately (only available for vulnerable victims and witnesses).

284. Achieving Best Evidence in Criminal Proceedings - Guidance on interviewing victims and witnesses, and guidance on using special measures (ABE)[178] 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.

285. Crown Prosecution Service (CPS) Guidelines on Prosecuting Cases of Child Sexual Abuse[179] 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, non-abusing parents and guardians should also be made aware from the outset what is expected and the support that can be offered. 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, appropriate, non-abusing parents or guardians are involved, and the support available is also discussed with them.

286. Support for children through the criminal proceedings and prosecution processes is available through specialist services. Services such as Children and Young People's Independent Sexual Violence Advisors (ChISVAs) and equivalent services can support victims through criminal justice proceedings and liaise between the police, courts and other agencies, acting as an advocate for the victim. Services such as ChISVAs ensure that children and young people feel informed throughout the process and have information available to them.

Criminal Offences

Disrupting perpetrators

287. 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.

288. **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 (with the intention to do anything during or after the meeting, which if done would involve the commission of a relevant offence) having communicated with them on just one occasion (previously it was on at least two occasions).

289. **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.

290. **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.

291. 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.

292. 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

293. 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, sexual communication with a child and meeting a child following sexual grooming (under Section 15 an offence is committed if an adult has met or communicated s with a child on one or more occasion, and intentionally meets the child, arranges to meet the child or the adult or child) travels anywhere in the world with the intention to commit a sexual offence in respect of the child. 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).

294. 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

295. The Modern Slavery Act 2015 consolidated existing slavery and trafficking offences[180] 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.

14. **Relevant partners of the Safeguarding Board (under section 139(3) of the 2014 Act) across Wales must agree regional arrangements to bring together agencies in regular partnership meetings to consider CSE and related safeguarding issues such as children going missing; child trafficking and Child Criminal Exploitation to:**

- **support the coordination of partner agencies to promote effective responses to CSE and related safeguarding issues;**
- **support the sharing and recording of information and intelligence on individual and related cases;**
- **support multi-agency learning in responding to local and regional patterns of CSE and related safeguarding issues and statutory responses;**
- **record, co-ordinate and review responses to CSE and related safeguarding issues;**
- **identify perpetrators, links, locations and offending patterns and support the disruption of perpetrators;**
- **consider the ways in which contextual safeguarding can inform regional plans to disrupt perpetrators and prevent abuse.**

These arrangements should be in addition to and do not replace care and support planning for individual children.

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