CHILD SEX EXPLOITATION: AN EVIDENCE REVIEW

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Contents

1. EXECUTIVE SUMMARY

- This review has been compiled by Swindon Borough Council's Strategy and Research team in response to a request from the Children and Families service in April 2014.

  It incorporates a literature review on prevalence, risk, best practice and evidence on 'what works' in responding to CSE, as well as six in-depth interviews with practitioners in the UK, exploring individual local approaches.

- Data on prevalence of CSE can be contradictory; some studies suggest a possible reduction in recent years, whilst knowledge from specialist teams has identified a sharp increase in case referrals, further to the instigation of that service.

  Statistics indicate a recent rise in victims aged under 16 in the UK (relative to age 16 – 18). Any statistics on prevalence are however likely to be underestimates, due to the amount of activity that goes unreported.

  There are recommended data sources for starting to build a picture of local prevalence (see section **4**). National guidance strongly recommends using these to identify the potential extent of CSE locally.

  An interview with Swindon's Social Care Manager (South) suggested that certain trends in perpetrator behaviour are developing in specific communities in the borough; it is recommended that the data behind this be fully explored (section **4**).

- There are a number of risk assessment toolkits available (both in identifying those who might be at risk of being abused *in the future*, and those who are *currently subject to* abuse). Section **5** details these, and Appendix **3** includes a list for reference.

- There are many risk and vulnerability factors associated with CSE, but the one raised most frequently in our interviews was "missing children" (children going missing either from home or care). This is reflected in local practice; Bedfordshire and Blackburn for example both have a "missing persons" worker as part of their CSE response. That officer usually works directly with young people, including conducting 'return to home' interviews.

  Bedfordshire noted that this post has been critical for them; *"the young person doesn't see them as a social worker who might 'take them away', so they are often more honest with that person than they might be with a keyworker".*

- There is information available in the literature on what constitutes good practice. This review highlights in particular:

- o the "nine principles of good practice" (OCC, 2013), which focus on a child-centred approach;

- o Barnado's' five key points on what produces successful outcomes (including reduced number of episodes of going missing; reduced conflict; access to safe and stable accommodation; an improved ability to recognise risky and exploitative relationships; and an increased awareness of their [the young person's] own rights);

- o The four 'A's' (also Barnado's), which are key to supporting young people experiencing CSE: access, attention, assertive outreach and advocacy.

- o Our interviews with specialist teams flagged *non-time limited support* in *direct work* with victims as being crucial to establishing trust, increasing the victim's understanding of abuse, and reaching disclosure. Colleagues at Bristol's BASE team noted "a key attachment figure" (for that young person) being critical to reducing risk at an individual case level.

- o Where young people are experiencing lower levels of risk, the literature recommends indirect support (which may include referrals to Child and Adolescent Mental Health Services or help in accessing sexual health services).

- o Secure accommodation should only be considered where that young person is at serious risk of harm.

- It has been difficult to identify within this research what the 'optimum operating model' for managing CSE is. Whilst there are examples of areas that are responding well and consistently, there is little available that benchmarks 'what works' in terms of utilising a dedicated resource. In addition, some areas have only very recently funded or appointed a CSE lead worker (for example, Torbay), and the nature and scale of response varies significantly between authorities.

  Examples of local approaches are provided in section **6**.

- Ofsted have highlighted two areas as having a particularly strong response to CSE; Blackburn and Staffordshire.

  Staffordshire's response has been flagged due to their dedicated work between the police and children's homes; including the introduction of Single Points of Contact (SPOCs) within the police force that providers can go to should they suspect a young person to be at risk. Blackburn were highlighted for successfully building a picture around gang-activity by building trust with the young people affected over a period

of time, and also for developing their own performance indicators to measure success (in the absence of a national set).

- Awareness raising and training programmes are happening across the UK. Several are referred to within this review; Stockport's "preventative sexual exploitation framework" for schools has been highlighted by the LGA is being particularly successful. Since running training programmes in local schools using the framework, 14% of CSE referrals come from schools in the area.

- There is substantial evidence showing the potential negative impacts of an under-developed approach to CSE.

  Learning from serious case reviews has shown problems common to these reviews have included; confusion about sexual activity and the issue of consent (assuming those aged over 16 are engaged in consensual activity); linking CSE to risk taking behaviour (rather than viewing that young person as vulnerable); and a lack of action following disclosure, meaning that abuse was allowed to continue.

  Recent research has also highlighted the potential negative health consequences associated with not identifying risk soon enough – including Post Traumatic Stress Disorder (PTSD), substance misuse, self-harm, STIs, depression, eating disorders and flashbacks.

- Evidence of what works in relation to therapeutic services for sexually abused children and young people is acknowledged to be a gap (with the exception of Cognitive Behavioural Therapy), and a barrier to more consistent practice.

  As a result of this gap, the NSPCC are currently testing a new intervention; "Letting the future in" which uses a guide to help professionals work therapeutically with sexually abused children and young people and their safe (non-abusing) carers. This is currently available in 18 local authority areas (including Swindon), and will be evaluated rigorously to start to build this evidence base.

- Whilst the focus for CSE teams/LSCBs is primarily on "keeping the child or young person safe", work around "disrupting perpetrator behaviour" in order to stop the abuse and potentially lead to a conviction is also critical. The literature points to using the Child Abduction Act 1984 Section 2 notice as one successful way of doing this (see section **10**).

  'Mapping' of offender activity through on-going work with victims, potential victims, and their contacts is also highlighted as crucial in building a picture of local offenders.

- Possible ways to develop Swindon's operational approach to CSE were discussed in our interview with the Social Care Team Manager (South). Suggestions included introducing a "baseline level of service to be delivered in response to risk" and "a thorough assessment/audit of the characteristics of perpetrator activity within specific communities".

  It was noted that significant improvements have been made in understanding and recognising CSE over the past 18 months (in particular amongst our partner agencies). It was also observed that, occasionally, this can prove a hindrance where "along with a heightened awareness and understanding, comes a heightened level of anxiety". The possibility that some risks and vulnerabilities were being missed at the "front door" was also raised.

- The literature highlights the importance of continuous, rigorous evaluation to ensure that an LSCB's approach to CSE is working. Various tools are available to support authorities in doing this; for example, Bedfordshire University's self-assessment tool (see Appendix **3**).

- It should be acknowledged that this report focusses broadly on what works in responding to CSE; it does not explore in depth the nuanced nature of response relevant or appropriate to the many different forms of CSE (e.g. internet based, gang or group based, peer to peer, etc.; see definition of CSE, p5).

2. BRIEF

As part of Ofsted's recent examination, questions were posed around whether sound practice in CSE is widespread and embedded in Swindon.

The examination found that, although the strategic foundations are in place, it was not possible to confirm sound, widespread and embedded CSE practice in Swindon.

A literature review of the research into CSE was therefore commissioned to the Strategy and Research team (in April 2014) as part of a wider audit into our current approach.

APPROACH

Following consultation with the Children and Families service, the following areas of focus were identified for the review.

Relating to the subject area:

- Research identifying prevalence, risk factors, and impacts of CSE.

Relating to experience in responding to CSE:

- Evidence of the harm suffered when practice in CSE is under-developed.

- Evidence of recognition, harm minimisation, support for victims, willingness to take action, timely and proportionate interventions from other areas (in UK and including an international perspective if possible), to include:

  - what operational and practice approaches are in place, and how embedded these are;

  - what kinds of resources/services (e.g. treatment models) are producing the 'best' outcomes;

  - details of the approach to perpetrators as well as victims.

Primary research:

Given the importance of understanding "what works" in relation to approaches to CSE, an additional primary research strand of this work was identified.

Six in-depth interviews were carried out with practitioners in this field. These interviews have been used to gain insight into experience of responding to CSE as outlined above.

Interviews have focussed on local authorities with substantial experience in this area, including Oxfordshire, Blackburn, Bedfordshire, Barnado's' BASE team in Bristol, and Luton.

One interview was also carried out with an SBC social care manager, in order to explore the effectiveness of current approaches locally, as well as any barriers faced.

A topic guide[1] for these interviews was designed in consultation with the strategic lead in this area, and interviews were transcribed and analysed by the Strategy and Research team.

3. INTRODUCTION

In starting to research this topic, it is important that we are clear on what is meant by CSE. The NWG Network (National Working Group for Sexually Exploited Children and Young People) introduced the following definition in 2008:

> *'The sexual exploitation of children and young people under the age of 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/ or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition, for example the persuasion to post sexual images on the internet/mobile phones with no immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources." (Barnado's, 2013, p5)*

This form of exploitation can manifest itself in different ways. It can involve an older perpetrator exercising control over a younger victim; it can involve peers manipulating or forcing victims into sexual activity (sometimes within gangs and gang-affected neighbourhoods); it can also involve opportunistic or organised networks or perpetrators (NSPCC, July 2013). Technology is widely used by perpetrators as a method of grooming and coercing.

This review will make use of the extensive body of research already available in this area. The NSPCC summarise a selection of the key publications over the past ten years, here.

Alongside this, a number of national guidelines have been made available to assist local authorities in developing their response to CSE. The key national guidelines published since 2009 are highlighted in the Table in Appendix 2, and referred to throughout.

Swindon's LSCB work has drawn upon many of these, and outlines the Borough's strategic approach to addressing CSE.

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[1] The topic guide identified a number of pre-determined open-ended questions to form the basis of the interview. See Appendix 1.

4. PREVALENCE

"Prevalence of CSE is notoriously difficult to estimate", acknowledges the NSPCC's 2011 report (p10). Alongside definitional problems (partly due to the many forms that CSE can take), methodologies for identifying numbers vary. Official records will not capture the majority of incidents, as many remain undisclosed and unreported. It is likely that prevalence figures are significant underestimates.

The OCC's 2013 report set out a number of indicators, collectively known as the CSEGG dataset (most of which are routinely collected by local authorities), which could be used to start to build a picture of likely prevalence in a given area (p116)[2].

Some studies have suggested that the incidence of CSE may be declining, further to a peak in the early 1990s (see Jones and Finkelhor study of abuse in North America, 2001); and in 2010 the NSPCC found some evidence of a reduction in child abuse (Child Abuse and Neglect in the UK today, 2011).

Interviewees noted however the need to apply caution in our understanding of local prevalence, due to the amount of cases that we are likely to be unaware of; in Blackburn, when questioned about the impetus for a specialist service, it was noted *"we didn't know it was there until we started looking for it; the more you find out, the more you realise that it exists – especially as cases are often linked".*

Specialist providers Barnado's (at the BASE team in Bristol) noted *"we've had a strong history of service provision in this area. When we started out 10 years ago (in Bristol), the 'street' crime – sexual abuse linked to prostitution – was much more visible. We've tackled much of that – it still exists, but to a lesser extent – what we're finding now is that the cases are largely hidden; we have to actively look for them".*

In March 2014, the NSPCC published their annual publication, "How Safe are Our Children", which analyses the latest child abuse figures for the UK. There are limitations to these statistics; they are based on police recorded crimes (i.e. offences), rather than victims of crime, and so suffer from under-reporting.

The data indicates that the number of recorded sexual offences against children under 16 (in England and Wales) increased by 23% between 2004/05 and 2012/13. There has been a 10% increase in the last year. However, rates have remained fairly stable, ranging between 1.4 and 1.8 sexual offences per 1,000 children aged under 16.

According to data based on NSPCC FOI requests, the number of sexual offences against under 18s peaked in 2009/10, and the number has gradually fallen each year since then.

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[2] The dataset is geared towards identifying the extent of gang or group-based CSE, although many of the risk factors associated with the dataset apply to all types of CSE.

The contrast between a declining number of sexual offences against under 18s, compared to an increasing number against under 16s, can be explained by a rise in the number of offences against young children. The NSPCC's FOI requests found that the number of recorded sexual offences against under 10s increased by over 16% between 2011/12 and 2012/13 (NSPCC, 2014, p29).

In our interview with the Social Care Manager (South Team) in Swindon, it was noted that the majority of cases presenting to date at Swindon's Multi Agency Risk Panel (MARP) are from either the Children in Care team, or the South area team, with fewer from the North. This was explored further during the course of the interview;

"*we are starting to see some trends emerging in the sorts of organised activity we believe to be going on. In Swindon, some of what we have observed is a link between Goan males and young people associated with that community in a particular area. Ultimately the highest abusers of children in the UK are white males…b*ut *we have recently observed these commonalities*".

The discussion that followed focussed on the need to look at the data to identify patterns; potentially an exercise tracking the ages, nationality, background and geography of offender activity. The Rochdale case review was flagged as having carried out a similar exercise.

When exploring the likely extent of organised activity, the following observation was made: "*I think there is some organised stuff. Is it sophisticated? I don't know…I don't think it is on the level of some areas, but it is there, and it could become a bigger problem*".

5. ASSESSMENT AND RISK

The risk factor identified most frequently by interviewees as part of this research was "missing children". During periods of going missing from home or care, young people are more likely to get involved with other vulnerable young people and exploitative adults *"through a need for somewhere to hang out and receive acceptance"* (Barnado's, 2006, p3).

The link between missing children is well documented across CSE research, perhaps most notably in Barnado's 2013 publication "Running from hate to what you think is love"[3]. The research carried out a series of in-depth interviews with young people who had gone missing from home (or residential/foster care), and professionals working with those young people, in order to produce an evidence base that outlines the relationship between running away and CSE.

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[3] See also the recent report from the Joint Inquiry into Children who go Missing From Care.

All interviewees within the Barnado's research stressed that there is "no single link" between running away and CSE[4], but identified numerous factors with can lead to a young person running away and becoming a victim of CSE; these can include domestic abuse, family breakdown, and low self-esteem.

In order to better understand the scale of the issue locally, the Department for Education (DfE)'s 2012 Progress Update outlined a requirement for all authorities to review their data collections around children who go missing from care, who may be at risk of sexual exploitation.[5]

There are a number of other warning signs that are recognised within the literature. These include inappropriate sexual or sexualised behaviour, repeat STIs, having older boyfriends or girlfriends, use of drugs and alcohol, truancy/disengagement from education, emotional neglect and access to pornography.

An interview with professionals at Oxfordshire revealed that "Night terrors" were regularly identified as a possible indicative factor; *"at initial assessment, that's always one of our questions; 'how are you sleeping?'"*.

An interview with Blackburn made reference to social class in relation to CSE; *"We are increasingly working with children from what you might call middle class families. That might not be what people expect; but absent parents….emotional neglect…occurs everywhere"*.

Although the above provides an indication of some of the key risk factors and warning signs, OCC's interim report (2013) published two essential lists; one identifying 'a vulnerabilities checklist' for children who *may be* being exploited, the other listing the warning signs that a young person *is* being abused (p114). These have been widely distributed and referred to. Swindon's LSCB work also refers to the NSPCC factsheet on Identifying children and young people sexually exploited through street grooming. Finally, Derby City's Risk Assessment Toolkit has been flagged as a valuable resource.

6. WHAT WORKS? MODELS OF LOCAL DELIVERY

A key priority of this review is to identify what models of delivery produce the 'best' outcomes for those either at risk of or experiencing CSE.

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[4] The literature additionally states the importance of recognising that, whilst many young people who go missing can be subject to sexual exploitation, not all young people who run away experience CSE.

[5] Meanwhile, Government is working closely with an expert group to develop a data collection system which gives a clearer national picture of the numbers of children who go missing. This was further to DfE's 2012 report that "Ministers were alarmed" to find no coherent set of figures for the number of children who go missing from care.

Barnado's published a comprehensive guide to reducing the risk and keeping young people safe, in their 2006 study **"[Reducing the risk: Barnado's support for sexually exploited young people](#)"**. This two year evaluation looks at what interventions work in terms of engaging with young people who are currently experiencing sexual exploitation or are at immediate risk.

In view of the identified risks and their extensive experience in this area, Barnado's state that "the five most significant positive outcomes (which, when taken together, significantly reduce the risk of ongoing sexual exploitation), are:

> - A reduction in the number of episodes of going missing;
>
> - Reduced conflict and improved relationships with parents and carers;
>
> - Access to safe, stable accommodation;
>
> - An improved ability to recognise risky and exploitative relationships;
>
> - An increased awareness of their own rights" (Barnado's, 2006, p2).

THE 'NINE FOUNDATIONS' OF GOOD PRACTICE

The OCC's 2013 Inquiry into gang and group-based CSE identified pockets of good practice across a number of LSCBs. Based on primary research with those areas that are being particularly proactive in tackling CSE, the OCC identified nine key foundations of good practice that have contributed to *"exemplary approaches to protecting children and young people against exploitation at the hands of gangs and groups[6]"* (p32).

These nine foundations are indicated in the text box below.

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[6] Note this report focusses specifically on gang and group-CSE, although the nine principles are considered transferable to all forms of CSE.

Figure 4: Essential foundations for good practice

Focus on the child

Scrutiny and Oversight

Gaining a child's confidence

Pre-emptive action

Leadership

Joined-up working

Strategic planning

Spotting the warning signs

Everyone on alert

Replicated from "If Only Someone Had Listened", 2013, OCC, p 33.

The first of the nine foundations; "focus on the child" states that the child should be at the centre of any professional decision making regarding their safety, welfare, care and protection (OCC, p33). Importantly however, the guidance warns against placing too much emphasis on a victim making a full disclosure about the extent of the abuse they suffered. This was reinforced by our interview with the manager of Oxfordshire's Kingfisher service; *"Disclosure does not have to be the first aim; keeping that child or young person safe really is the first and foremost priority."*

The second priority links to this; by building up a relationship of trust (in order to gain a child's confidence) from the initial point of contact.

The OCC's research identified leadership as a priority, and found that 77% of key agencies have appointed a lead CSE professional; but that fewer than half have CSE leads from local authority education and youth offending teams[7].

Areas showing strong operational practice have focussed on creating the conditions (at school, at home, for example) in which *"everyone is alert to the signs that a child may be at risk"* (p35). Based on evidence of how to achieve these conditions, the OCC published their "Recognition and Telling Framework" to help adults to understand what might be going on for a child or young person (OCC, p37).

Local initiatives cited as successful in awareness raising include Camden's "Stop Sexual Exploitation" campaign, Protect and Respect, a bespoke service run by the NSPCC, and Say something if you see something, a toolkit available from the Children's Society. The film "Chelsea's Choice" has also been used within schools, by a number of the areas we spoke to.

In relation to "spotting the warning signs", the report noted that whenever a CSE service is opened, more victims are identified. Barnado's have highlighted one case where *"as a result of services being improved because of training, there was a five-fold increase in a period of three months of children and young people being identified as at risk"* (p42).

Regarding joined-up working, the report advocates the *"bringing together of a number of agencies including police, children's and health services under one roof"* (known as a Multi-Agency Safeguarding Hub (p44).[8] The "minimum requirement of a multi-agency strategy" is stated in much of the guidance around local authority response (see also Cutting them Free, Progress Update, 2012).

Provided a multi-agency approach is established, the next steps should be developing pre-emptive action; with the early flagging-up and breaking up of the networks that exploit children becoming the norm. Pre-emptive action should involve *"combining all data, intelligence, experience and know-how in order to intervene earlier"* (p48).

Once a sound strategic approach is in place, it is essential that local areas review the impact of measures taken. The OCC recommends that the question *"is this working for children?"* be posed at every stage, through local scrutiny, oversight and regular evaluation of strategies and interventions.

Derby were highlighted by the OCC as having a strong approach to evaluation; Derby's LSCB receives a report on the effectiveness of the CSE strategy at every meeting and also

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[7] The research recommends that each LSCB agency have an allocated lead CSE representative.

[8] Swindon currently have a Multi Agency Risk Management Group (an approach advocated) but are not co-located.

commissioned an external evaluation of the implementation of actions following a Serious Case Review relating to CSE (Association of Independent LSCB Chairs, 2013, p6).
The University of Bedfordshire's 'Self Assessment Tool' can be used to help LSCBs to assess the effectiveness of their strategy, and progress in protecting children from CSE.

In identifying these 'nine foundations of good practice', the OCC observed that many areas are still to bring their response to CSE up to a consistent level, addressing each of these areas. They found for example that *"whilst 98% of LSCBs told the Inquiry they considered CSE to be a strategic priority, almost half were unable to tell us how many victims had been identified in 2012 in their local area"* (2013, p23).

The report found that in numerous cases, language remained a barrier; with regular reference to "children putting themselves at risk". They also noted a failure amongst the majority of LSCBs interviewed, to include children and young people in their strategy development.

INTEGRATED OR SPECIALIST?

Much is written in the literature (and was queried during interviews) about whether specialist service provision is the 'best' model, or whether integrated provision and awareness is 'better'.

In querying this during our interview with Barnado's, less reference was made to whether a specialist service is the answer, but more to the paramount importance of getting the model 'right'. The model Barnado's have promoted for some years focuses on the 'four A's':

- Access;
- Attention;
- Assertive outreach and
- Advocacy for young people in need.

In order to achieve the four As, relationship building through *direct work*[9], and *non-time limited support* was flagged. In our interview, discussion was had around how feasible it would be to provide this kind of work within existing child support structures (e.g. social care/work): *"I think it's very difficult, they [the social worker] already has a huge caseload, and limited time/resources. Specialist provision enables that ongoing, non-time limited support. We work with the young person as long as they need us".*

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[9] This is particularly important for those young people currently experiencing (as opposed to those identified as at risk of) CSE.

Barnado's are currently working with Swindon through the council's 'spot purchasing' of support from them. As well as their long-established service level agreement (SLA) in partnership with Bristol City Council, they also have an SLA in place with South Gloucestershire council.

In 2011, Barnado's published "Reducing the Risk, Cutting the Cost". The publication aimed to estimate the financial cost of CSE with, and without, a (Barnado's-provided) intervention. The analysis concluded that the *"financial returns of Barnado's work with young people who have been sexually exploited are substantial, with the intervention paying for itself multiple times over. Based on a number of assumptions made about how severity of risk changes over time, there is a potential saving of £12 for every £1 spent on providing the intervention."* (p14). These figures are based on assumed costs of a young person going missing, of substance abuse, disengagement from education, and accommodation need. Savings are shared by multiple agencies, including health, the police, the welfare system, and so on.

It is recommended that people identified at lower risk of exploitation will need protective, indirect interventions to prevent risk and help them stay safe. Barnado's note that *"a support plan could include referral services to Child and Adolescent Mental Health Services or help in accessing sexual health services"* (2012).

Barnado's note that, alongside support work (either direct or indirect), some young people who are at high risk of exploitation (or who are already being looked after by the authority) may need alternative accommodation as part of their plan. The research states that "*placing a young person in secure accommodation should ONLY be considered when they are at grave risk of significant harm"* (Barnado's, 2011). Areas may want to consider offering specialist training to foster carers to develop a local pool of carers who can provide additional support to young people and children at risk of CSE.

CASE STUDIES

In 2013, the LGA published "How councils are raising awareness of CSE"; a case study report of what's happening in the UK. The study focuses on some of the areas with the most experience, and the different approaches they are taking.

Several of the areas covered have multi-agency teams following high-profile cases; including Blackpool, Oxfordshire and Rotherham. Oxfordshire are one of the only areas to have a team co-located with the police (the Kingfisher team); the report notes this to be particularly beneficial in information sharing.

Much is written within the report on training. The report cites on-going whole-community awareness-raising work in Rochdale as a good example (further to the high-profile case in

the area in 2012). As well as training sessions, an e-learning package has been developed, and all 60 of Rochdale's councillors have also now taken part in awareness-raising sessions.

In Stockport, the value of a "preventative sexual exploitation framework" for schools is cited. Training on the framework has been delivered to all schools in the authority area, and the schools each have a designated child protection lead, either a designated officer or head teacher. Since the framework was put into place, 14% of referrals into the multi-agency CSE process have come from schools (p10.)

In addition to the LGA's case study report, the following areas have been highlighted by Ofsted as showing particularly innovative approaches to managing CSE.

Staffordshire

In 2013, Ofsted highlighted **Staffordshire County Council** as having a robust oversight and management of children and young people going missing, minimising the risk of harm as a result of CSE. The briefing is available here.

In the county, closer working between the police and children's homes in the area developed over a period of two or three years. Initially, this was focussed on reducing the number of incidents reported to the police involving the young residents of those homes. Officers worked with the care home managers, to reduce formal action.

As this working relationship developed, the conversation moved on to young people going missing and CSE. The county's children's services started to meet quarterly with the children's homes managers to share information on a more consistent basis. The success of the joint approach has been put down to two specific initiatives: single points of contact (SPOCs), and workshops held by the police and independent providers. SPOCs are either police community support officers or police officers, who play a critical role by maintaining regular contact with individual children's homes. To date, 12 training workshops have been held by the police, and attended by children's homes staff and partners.

Blackburn

Ofsted have also flagged up **Blackburn** (and the specialist team Engage, one of our interviewees) as being a good practice area. The briefing is available here. In 2005, Operation Engage, a police-led initiative of one officer and one social worker, was set up to consider why Lancashire Police (Eastern Division) had the highest number of children being reported as 'missing from home' in the county.

Working from their base in a local community centre, the team spent many months building a relationship with the children reported to be going missing. As relationships of trust built up, the children began to disclose numerous unreported rapes, acts of physical violence, substance abuse, and poor home circumstances. The grooming process they had undergone

changed their behaviour, leading them to rebel against their family, which was then reported as a 'missing from home' statistic; the crimes against them went unreported and uninvestigated.

The team has grown since then to include 11 members of staff. The interface with children and families is carried out by the team's specialist CSE workers, building on best practice from voluntary sector approaches which are significantly different to approaches used by the police and social workers.

The team work through all cases alongside other professionals, if already open. Cases are held by/within the team at a lower level or where there are no concerns other than CSE.[10]

In the absence of any CSE-specific national performance indicators, Engage have developed their own criteria, which have identified successes such as a conviction rate for the team of 98%.

DEDICATED RESOURCE

As this research has developed, interest was expressed in whether LSCBs have a specific, dedicated CSE post, and if so, how they use that officer's time. In addition to the in-depth interviews, a number of follow-up phone calls were therefore made to explore this question.

Discussions were had with Richmond Upon Thames, Torbay, Gloucester City/ Gloucestershire, Devon, Plymouth, Bedfordshire and Oxfordshire[11].

A general trend from these discussions was that where whole dedicated teams are in place, they often include two or three social workers who will case hold.

Areas that have a single CSE lead worker are less likely to case hold, but may provide specialised (often non-time limited) additional resource alongside the lead social worker. Other models where a single officer leads on CSE include that individual co-ordinating and tracking CSE work and approach (including evaluation);and or working closely with missing children including conducting return home interviews.

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[10] The Engage team have shared their draft framework which describes the interface with the team at different levels of risk (this will be made available to Swindon practitioners alongside this report).

[11] These areas were selected based on either proximity (other LAs in the South West) or demographic similarity (Richmond and Gloucester both have similar dependency ratios and proportions of the population aged under 18, as Swindon does). Oxfordshire and Bedfordshire were asked as part of the original in-depth interview process.

Richmond-Upon-Thames

Richmond is part of the Pan-London Protocol for CSE.

Richmond have decided, based on the size of the authority number of cases they currently deal with in their area, not to have a dedicated CSE post.

One of the important developments for them has been the introduction of monthly 'MACSE' (Multi agency CSE) meetings, which discuss specifically CSE cases. Previously cases were dealt with as part of monthly MISCA (missing children) meetings, but the MACSE meetings were introduced to separate the two. MACSE meetings follow MISCA, and are chaired by the police, which is a noted advantage.

Contact for more info: Natalie Allen: natalie.allen@richmond.gov.uk

Torbay

In June 2014, Torbay's LSCB agreed a co-ordinator role. At the time of writing, the job spec. for the post was being finalised.

The idea behind the co-ordinator post is to have one person with an overview of the authority's response to CSE. As cases come in, they will go directly to that postholder. The postholder won't necessarily do the casework; this will be in conjunction with a local, national-lottery funded project, Checkpoint.

Contact for further info: Lisa Jennings lisa.jennings@torbay.gov.uk.

Devon

Devon's LSCB have a designated CSE resource. This is a small team, managed by a social work trained manager.

The team is made up of 6 specialist Youth Workers, with a three-fold focus; to conduct return to home interviews; to increase education around CSE, specifically through tailored work with schools; and preventative work through focussing on children at risk of experiencing CSE. The team does not casehold, but provides additional support to the social worker in charge.

The team has been in place since September 2013. They have found using external resources such as the NWG particularly beneficial for accessing training.

Contact for more info: Andrea Morris: andrea.morris@devon.gov.uk.

Gloucester City/Gloucestershire County

In Gloucestershire, in September 2011, a pilot on CSE was run looking at scoping prevalence on CSE and necessary actions.

As a result of the pilot, the Multi Agency Working Group was tasked with two main things; updating the 'Missing' protocol and writing a protocol on CSE to be led by the police. These were both launched in late 2012.

Specialist CSE provision is currently purchased from a local charity, [GDVSAP](#); in addition there is a dedicated team at the police, made up of 6 officers (founded in September 2013). The relevant lead social worker case holds, while the charity provides specialist, non-time limited interventions.

There is no CSE Strategy in place at present. Bristol University are currently carrying out an evaluation of the charity's CSE service in the county.

Contact for more info: Amanda Wilson: mailto:amanda@gdvsap.net

Plymouth

In Plymouth, there is a dedicated team (the REACH team), who have been in place for 14 months. The team is made up of 8 members of staff.   Staff come from a range of backgrounds, including youth workers and social workers.

The work tends to be split in that those working in child protection carry out time-limited interventions, whilst the REACH team work closely with victims to build up longer-term relationships. REACH will work with the allocated social worker (the caseholder) in the first instance to identify whether additional services are required.

Contact for further info: Tony Staunton Tony.Staunton@plymouth.gcsx.gov.uk. More information available [here](#).

Bedfordshire

Bedfordshire have a dedicated Missing Persons worker who does not case hold but does 'return home' interviews with all those reported missing, and this often includes a six week review. This covers looked after children as well as those living at home.

Bedfordshire's LSCB feel that *"This seems to work as the perception is not that they are 'a social worker who will take them away' so they may be more honest than they would with the keyworker (if there is one).We do not have a dedicated CSE worker, due to sometimes the crossover of CSE in conjunction with other parenting/safeguarding concerns"*

Contact for more info: Claire Collins Claire.Collins@centralbedfordshire.gov.uk.

Oxfordshire

In Oxfordshire, the social workers within the specialist (co-located) Kingfisher team case hold. This allows for relationships to be built with potential victims so that they feel safe to make disclosures. All information is then shared with police within the team and helps build intelligence profiles of victims, alleged perpetrators and locations.

Oxfordshire's team manager notes: *"It is made clear to the children they are working from the outset that information will be shared with the police. We introduce the police case investigator at an early stage to allow victims to feel comfortable when making statements."*

Contact for further info: Sue Evans, sue.evans@oxfordshire.gov.uk

Swindon

The possible role of a dedicated CSE worker in Swindon was discussed in our interview with the Social Care Team Manager (South) in Swindon.

The interview flagged that having a single person case holding could be problematic; "*I think emotionally it's pretty horrific for a single person".* A useful role for such a post could however be to "*track, monitor…keep on top of the work that the MARP does…that could be helpful."* Caseloads were however highlighted as the first thing to tackle; "*if our caseloads go down, our monitoring and planning would be much smarter. But there's scope to have additional resource….there's always use you can make….specialist training, an extra body to be independent of the authoritative social worker in charge."*

TOOLKITS AND FRAMEWORKS

Numerous frameworks and toolkits are available to help identify, manage and plan for risk; as well as to monitor the outcomes and effectiveness of local CSE strategies. Several have been referred to within this review; a summary is available in **Appendix 3.**

7. HARM SUFFERRED WHEN APPROACHES ARE UNDER-DEVELOPED

In November 2013, the NSPCC published the briefing "[Learning from case reviews around CSE".](#) The briefing notes that *"it is clear from these reviews that CSE can be particularly hard for professionals to recognise and respond to"* (p1)*.*

There were a number of key issues or failings common to several of these serious reviews.

Firstly, in several instances confusion about sexual activity and the issue of consent was cited; a failure to recognise that *"the fact that young people are engaged in what they view as consensual activity does not mean that they are not being exploited".* Victims may be

coerced; some may believe they are behaving as they wish; in addition, 16 and 17 year olds were sometimes viewed (by the authorities) as being more in control of their choices.

Linking CSE to risk taking behaviour was raised as a common factor. We also heard discussion of this in our interviews; *"When dealing with troubled children, practitioners need to see young people as vulnerable children in need of protection, rather than focussing on their challenging behaviour"* (NSPCC, 2013, p1).

Finally, disclosure of sexual exploitation was identified; in several of these cases, no actions were taken by agencies against perpetrators following disclosure (further, in some instances, no subsequent support was provided to the young person, meaning the abuse continued).

The briefing goes on to identify lessons for improving practice; 'an early and comprehensive assessment' must be carried out once warning signs are recognised. Such assessment must include issues of 'capacity of consent', taking into account the grooming process and issues of coercion which may be experienced.

In terms of interventions, the briefing states that practitioners must balance the young person's right to make their own decisions and assess their risk, with the need to protect the young person from exploitation. Finally, disclosures must be taken seriously and dealt with as a crime. Actions taken following disclosure should *not* depend upon the victim's willingness to act as a witness in trial (NSPCC, 2013, p1).

In 2014, the DH published a [briefing on the health impacts](#) which can result from CSE. These include but are not limited to Post Traumatic Stress Disorder, substance abuse, self-harm, physical injury, STIs, depression, eating disorders and flashbacks. Clearly these risks are heightened for vulnerable young people, where approaches to CSE are underdeveloped.

8. BARRIERS TO CONSISTENT PRACTICE APPROACH

In their 2011 report, the NSPCC pointed to some of the gaps in public policy which are resulting in inconsistent practice. These included access to therapeutic services; and consistent risk assessment.

A barrier recognised by colleagues in Oxfordshire is that, given the relative infancy of *some* of this work, there is limited evidence available around what (particularly therapeutic) models produce the best outcomes.

Elsewhere, interviewees commented that a 'one size fits all' understanding of 'what works' in terms of therapeutic models would be difficult as "it's entirely case specific." A therapeutic model cited by two areas that is being used is Dialectical Behavioural Therapy (DBT). Multi-systemic therapy (MST) was also flagged as beneficial in some instances.

Our contact at Barnado's was keen to note the value of certain therapeutic approaches, but emphasised that *"the underlying thing is for that young person to have a key attachment figure, a relationship. Some children will have a parent or a carer who can be that person, but some will need additional support. All the research will point towards having a key attachment figure."*

In April 2012, the NSPCC published a [research review](#) looking at the types of therapy which are effective at helping children and young people who have been sexually abused. The review noted that *"with the exception of Cognitive Behaviour Therapy (CBT), therapeutic approaches to helping sexually abused children have received little attention from researchers."* It found that the evidence that does exist pointed to the importance of: the therapeutic alliance between the client and therapist, the involvement of the non-abusing parent, and the adoption of a child-centric approach.

As a result of the gap in availability and evidence of therapeutic services, the NSPCC have introduced a new intervention; ["Letting the future in".](#) This intervention is based on a guide that will help professionals work therapeutically with sexually abused children and young people and their safe (non-abusing) carers. It is currently available in Swindon, and will be subject to rigorous testing and evaluation. The model draws on child development, attachment theory, resilience factors, and sexual abuse models.

In our interview with the Social Care Team Manager at Swindon, we discussed barriers to a consistent approach in Swindon.

One potential issue raised was that risks and vulnerabilities might sometimes be being missed at the 'front door'; although it was noted that *"there is a lot going on at the front door, and sometimes the issue won't present as CSE; there can be a lot of other stuff going on".*

Discussion was had around information sharing and the role of other agencies; *"I think, until recently, not all our partner agencies were seeing or accepting risk. So 18 months ago we'd be saying 'we're concerned that this kid is going out and not coming back'….and they might view that as 'just a difficult kid'. That's improved. The police are now really hot on it. But whilst partners are now much more attune to it….sometimes their anxiety has increased, and at times that can be a hindrance. Sometimes they want to take bigger steps in terms of planning for that young person…they're not always ready for that."*

Possible changes for Swindon that could support a more consistent approach were discussed. In addition to prioritising reduction of caseloads, an important suggestion was to have a baseline, consistent level of service provision; *"There are different things that might affect why that person is identified at risk. But I think we need a baseline approach to how we work with families or individuals in relation to CSE…it would be useful to say 'this is the service we provide when we see these risk factors' – then you know that the approach you*

might be taking in South on a case basis, is the same as would be taken in North, for example".

9. INTERNATIONAL PERSPECTIVE

In 2010, Lalor and McElvaney published an "overview of the nature and extent of CSE in Europe". The report states that the extent of CSE across all European countries is difficult to quantify, stating three key problems; "the majority of cases are not known about by official agencies; differing definitions and methodologies make it difficult to suggest prevalence figures, and reliable figures on trafficking are 'impossible to obtain'".

In 2012, Pearce published her work "Challenging Sexual Violence in Europe: Using participatory method with children"; a scoping exercise taking stock of activities across Europe that involve young people as participants in effort to prevent sexual violence against children. The review catalogued work across 47 countries, 20 of which had projects specifically focussed on preventing CSE.

The Netherlands were cited as having particular experience in this area, running projects working *with* children to prevent violence *against* children, as well as projects that work with boys and young men.

Indeed in 2004, Barnado's published a report "What works in CSE: Sharing and learning", a partnership project with the Netherlands. At that time however, a key distinction between the approach in the Netherlands and UK was that the Netherlands accepted the use of 'secure provision' in a closed setting, which is not the case in the UK (or certainly, this is not promoted by Barnado's).

10. PERPETRATORS

Much of the focus in the literature is on the protection and prevention of harms to victims, with less discussion of perpetrators.

The primary focus of the local authority specialist teams we spoke with is on prevention of harm for victims (or potential victims); police and the criminal justice agencies lead on work dealing with perpetrators.

Colleagues at Bristol and Blackburn did however speak about the need to gather information gradually, over a period of time, around and about the perpetrator; 'mapping' activity through on-going work with victims (alongside the police and other public sector partners).

Blackburn gave the example of using the Section 2 of the Child Abduction Act 1984 to assist in "disrupting perpetrator behaviour".

The Child Abduction Act 1984 Section 2 states that an offence is committed by taking or detaining a child under 16, so as to keep the child from the lawful control of someone who *has* or is *entitled to have*, the lawful control of the child. An offence may be committed if a child goes willingly with an abductor as a result of an inducement. A child's parent or carer can make a statement to the police stating that they do not give permission for the child to be with a particular adult. A letter may then be sent to the abductor from the Police (Warwickshire County Council, 2013).

Warwickshire's comprehensive CSE strategy also notes that "disrupting perpetrator behaviour is an important part of work to tackle CSE". Whilst there should always be an investigation aimed at prosecution, a disruption plan targeting suspected perpetrators can also be very beneficial. Such disruption activity can include observation of an individual's activities, but also the use of civil orders such as the Section 2.

The Licensing Act 2003 can also be used to prevent children and young people from gaining access to adult venues such as pubs and clubs where they may be particularly vulnerable to grooming (Warwickshire, 2013).

In Swindon, our Social Care Manager spoke of disrupting perpetrator behaviour through case planning in partnership with the police.

The NSPCC's 2011 publication "Sexual Abuse: A Public Health Challenge" reports on treatment programmes for adult sex offenders (p35). It cites recent research demonstrating the positive results of treatment outcomes with sex offenders, but notes a concern that demand for accredited sex offender programmes has outstripped provision. To ensure high quality is maintained within sexual offender programmes, the NSPCC has called for all programmes to be nationally accredited and thoroughly researched and evaluated.

11. CONCLUSIONS

A primary focus of this review has been to assess both the potential extent and prevalence of CSE, and 'what works' in relation to responding to it.

A sound strategic approach to CSE is the starting point for LSCBs; Ofsted found this to already be in place in Swindon. In an operational sense, it is clear from the councils we spoke with that many areas are increasing their emphasis on CSE. This is through both awareness raising and in many cases additional resource.

In responding to those who are currently victims of CSE, "non-time limited support" was stated as a key factor in improving outcomes for those individuals; by providing a safe, accessible environment and on-going support "for as long as is needed".

It is difficult to identify an optimum operating model for any additional resource in Swindon (should that be considered a priority); it would need to complement and add to existing work in the borough.

Sensible first steps could include;

- Analysis of perpetrator patterns and likely extent of prevalence, including detailed assessment of local community-based patterns, as per our discussions with the Social Care Team Manager (South), Section **4;**

- A data audit assessing likely risk levels across our children in care population (using the data sources outlined in section **4**) would also be beneficial;

- Working alongside social care staff to identify what a baseline level of service in response to CSE could look like. This process, combined with the data analysis suggested, should help to identify the requirement (or otherwise) of additional resource in Swindon.

- The introduction of rigorous monitoring and evaluation of interventions in Swindon in relation to CSE, in order to build a picture of "what works" locally. The University of Bedfordshire's Self-Assessment Tool could be used to help achieve this (see Appendix **3**).

Appendix 1: Interview Topic Guide

Intro: *My role is Evidence and Evaluation Lead at Swindon BC. I have been asked to lead on a piece of research that will review the available literature on the topic of CSE, and will also assess how approaches to managing and responding to CSE vary across the UK. As part of that, I'm carrying out a series of informal interviews with those working in the field.*

I would like to record the interview for ease of writing up findings. Everything you say is completely confidential, and I will ask your permission should I want to quote anything discussed directly – this could be anonymised, or not included if that would be your preference. Findings will be published at the end of June 2014. Any questions about the process?

1/ Contact

Can you tell me a bit about your role please?

2/ Strategy and Operational Practice/Approach to CSE

What do you know about the strategic approach to CSE, that's adopted in your area?

How does the strategy relate to practice (does it relate to practice)?

How does your authority recognise CSE (i.e. identify risk), minimise harm to victims, provide support for victims, willingness to take action, timely and proportionate interventions?

Have there been any examples of where the approaches you have described have not worked?

What kinds of resources/services (foster/residential care/treatment models) are producing the 'best' outcomes?

What approach is taken to perpetrators?

3/ Future

What (if anything) do you think would improve consistency of response to CSE in your authority?

What more would you like to know about approaches taken to CSE (elsewhere)?

Do you think there is a role to be played at the national level in improving consistency and response etc.? What do you think that role is?

Appendix 2: National Guidelines

The table below highlights the key national guidance documents published since 2009.

Title and Date	Provider	Details
"If only someone had listened" Inquiry into CSE in Gangs and Groups, 2013 (three reports)	Office of the Children's Commissioner	Extensive review of current LSCB activity, identifying models of good practice.
"Cut them free", 2012	Barnado's	Report calling for urgent action for CSE to be tackled in the UK
Urgent reforms to protect children in residential care from sexual exploitation, 2012	Department for Education	Details of a push to combat sexual exploitation of children in care.
Progress Update to the Action Plan (below), 2012 Update	Department for Education	Provides a progress update on the above
Sexual Abuse: A Public Health Challenge, 2011	NSPCC/Department of Health	Pulls together current knowledge on the causes and consequences of child sexual abuse, levels of service provision and examples of good practice within the UK and highlights the gaps in public policy.
Action Plan for Tackling CSE, 2011	Department for Education	Brings together actions by the government and a range of national and local partners to protect children from this largely hidden form of child abuse.
Safeguarding Children & Young People from CSE, 2009	Department for Education	Statutory guidance outlining who organisations and individuals should work together to protect young people.

Appendix 3: Toolkits and Frameworks

The table below summarises some of the key toolkits and frameworks available to support those working directly in the field of CSE. This is not an exhaustive list, but focuses on those published in the last 2 – 3 years, that were referred to regularly within the literature.

Swindon's LSCB are likely to be familiar with these; the below is intended as an easy summary and reference point.

Title and Date	Provider	Details
See Me, Hear Me, 2013	Officer for the Children's Commissioner (OCC)	The Framework sets out the agencies, networks and stage-by-stage coordination of what is needed to enable effective practice and to ensure joined-up working. This joined-up approach reflects all messages in Working Together to Safeguard Children guidance on CSE (DSCF, 2009) and all the major child abuse enquiries.
Recognition and Telling Framework, 2013	OCC, p35/36	Framework to help adults understand what might be going on for a child or young person who comes to their attention because of their behaviour.
CSE in Gangs and Groups, Warning Signs and Vulnerabilities Checklist, 2013	OCC, p114	Warning signs and vulnerabilities checklist for those at risk of CSE, specifically of gang and group based violence.
Say Something if you See Something, 2013	Childrens Society	A toolkit to help hotels, take-aways, leisure centres and other businesses spot the signs of child sexual exploitation.
Self Assessment Tool, 2012	University of Bedfordshire	This tool can be used to assess progress in protecting children from sexual exploitation.
Derby City Council, Risk Assessment Tool, 2012	Derby City Council	An example of a well-established and recommended risk assessment tool.

References[12]

Barnado's (2006) Reducing the Risk: Barnado's support for sexually exploited young people

Barnado's (2011) Reducing the Risk, Cutting the Cost: An assessment of potential savings from Barnado's interventions
http://www.barnardos.org.uk/reducing_the_risk_cutting_the_cost__final_.pdf

Barnado's (2011) Tackling CSE: Believe in Children,
http://www.barnardos.org.uk/tackling_child_sexual_exploitation.pdf

Barnado's (2012) Cutting Them Free: Believe in Children, Progress Update
http://www.barnardos.org.uk/cuttingthemfree.pdf

Barnado's (2013) Running From Hate to What You Think is Love,
http://www.barnardos.org.uk/15505_cse_running_from_hate_2l_web.pdf

Barnado's (2014) The range of health impacts that can result from CSE,
http://www.barnardos.org.uk/health_impacts_of_child_sexual_exploitation.pdf

Department for Education (2012) Report from the Joint Enquiry into Children Who Go Missing From Care, https://www.gov.uk/government/publications/report-from-the-joint-inquiry-into-children-who-go-missing-from-care

Department for Education (2012) Progress Update: Child Sexual Exploitation Action Plan, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200107/DFE-00072-2012.pdf

Lalor, K. and McElvaney, R. (2009), Overview of the nature and extent of child sexual abuse in Europe, http://www.coe.int/t/dg3/children/1in5/Source/PublicationSexualViolence/Lalor-McElvaney.pdf, School of Social Sciences and Law, Dublin Institute of Technology

Local Government Association (2013) How Councils are Raising Awareness of CSE,
http://www.local.gov.uk/c/document_library/get_file?uuid=fd8a2a91-bb11-4710-9641-97e8eefa44a8&groupId=10180

NSPCC (2011) Sexual Abuse: A Public Health Challenge,
http://www.nspcc.org.uk/Inform/resourcesforprofessionals/sexualabuse/evidence-review-pdf_wdf87818.pdf

NSPCC (2012) Therapeutic services for sexually abused children and young people: Scoping the evidence base, http://www.nspcc.org.uk/Inform/resourcesforprofessionals/sexualabuse/evidence-scoping_wda88611.html

NSPCC (2013), Rochdale Serious Case Reviews, http://www.nspcc.org.uk/news-and-views/ceo-news/rochdale-serious-case-rev/child-exploitation-comment_wda100738.html

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[12] To reduce duplication, this list does not include the Toolkits and Frameworks outlined in Appendix 3.

NSPCC (2013), Learning from case reviews around CSE,
http://www.nspcc.org.uk/Inform/resourcesforprofessionals/scrs/briefing-sexual-exploitation_wda99717.html

NSPCC (2013) Identifying Children and Young People Sexually Exploited Through Street Grooming,
http://www.nspcc.org.uk/Inform/resourcesforprofessionals/sexualabuse/identifying_sexually_exploited_children_wda85119.html

NSPCC (2013) Letting the future in: NSPCC service,
http://www.nspcc.org.uk/Inform/resourcesforprofessionals/sexualabuse/letting-the-future-in_wda86292.html

NSPCC (2014) Protect and Respect, http://www.nspcc.org.uk/what-we-do/the-work-we-do/priorities-and-programmes/sexual-abuse/protect-respect/protect-respect_wda93138.html

NSPCC (2014), How Safe Are Our Children?
http://www.nspcc.org.uk/Inform/research/findings/howsafe/how-safe-2014-report_wdf101938.pdf

Office for the Children's Commissioner (2013), "If only someone had listened" Inquiry into CSE in Gangs and Groups (three reports)

Ofsted (2013) Good practice resource – Children and young people who go missing and CSE: A partnership approach: Staffordshire County Council, http://www.ofsted.gov.uk/resources/good-practice-resource-children-and-young-people-who-go-missing-and-child-sexual-exploitation-partne

Ofsted (2013) Good practice resource – Tackling CSE: Blackburn with Darwen Borough Council, http://www.ofsted.gov.uk/resources/good-practice-resource-tackling-child-sexual-exploitation-blackburn-darwen-borough-council

Pearce, J (2012) Challenging Sexual Violence in Europe: Using Participatory Methods with Children, http://www.beds.ac.uk/__data/assets/pdf_file/0004/213277/desk-top-review-oct-2012-final.pdf, University of Bedfordshire

Skidmore, P. (2004) What works in challenging CSE: Sharing and Learning, http://www.barnardos.org.uk/final_report_by_paula_skidmore_in_english.pdf, Barnado's

Swindon Borough Council (2014), Local Safeguarding Children's Board
http://www.swindonlscb.org.uk/wav/Pages/CSE.aspx

Warwickshire Safeguarding Children Board (2013), Children and Young People Abused Through Sexual Exploitation