FORMAT FOR PAPERS FOR DISCUSSION AT THE HEALTH AND WELLBEING BOARD

KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	**28 January 2016**
TITLE OF PAPER:	**Child Sexual Exploitation (CSE) victim and at risk individuals strategy**

1. Purpose of paper

CSE is of strategic importance to the board in terms of responsibility and influence over resource commitment. The support and gravitas of the board is crucial in effectively engaging NHS England, and other strategic partners such as the Police and Crime Commissioner, who have statutory duties concerning the commissioning of victim support provision.

CSE has impacts and consequences across the public sector; it causes demand in services concerned with criminal justice, education, health, housing, substance misuse, emotional wellbeing and social care. It has impacts for children, but increasingly is being recognised as an issue for some adults who were potential victims earlier in life.

The Kirklees safeguarding children board (KSCB) oversee CSE work locally through the 7 point strategic plan which has made good progress overall. Following an update by lead managers regarding the CSE strategy, the Children's Trust issued an action at its March meeting about one element of the plan; this was to investigate and develop the Kirklees response to victims of CSE.

A clear strategy has been developed to meet the specific needs of those at risk or affected by CSE. There are a number of recommendations within the strategy that require resources and commitment to ensure they become part of the CSE support infrastructure in Kirklees.

Our collective response to CSE has seen significant investment by some partners in resources and infrastructure. We still need to get smarter about how we respond to victims and those who are at risk of becoming victims. Making wise investments in preventative work, relationship support and therapeutic inventions will save costs across services listed above. It is not simply about more staff, it is about the quality of relationship professionals are able to develop with victims. It is also about the scope of influence across professional boundaries those professionals are encouraged to have; this more holistic and high quality relationship is critical to some key needs amongst those affected by CSE.

We look to the board to consider how the attached strategy and its recommendations will improve the response to victims and those at risk of CSE. We also look to the board to support reinvestment where appropriate.

We require four things from the board:

1. To **endorse** the draft strategy.
2. Help **shape** the scope of the proposals and funding commitments of partners.
3. To **commit** resources to modify or develop new commissions recommended in the strategy.
4. To **lobby** other partners to commit resources to commissions recommended in the strategy.

2. Background

The issue of CSE is a priority for the Kirklees Children's Trust and the Police locally and nationally. CSE related work has had political oversight from the elected member panel, which has been working on the issue for the past 18 months. Many agencies address CSE through their safeguarding functions, but the attached strategy looks to address some key causes and effects of sexual exploitation, rather than the already well developed sharing of reporting and intelligence practices.

The attached strategy is solely concerned with support for those who are at risk of, or victims of sexual exploitation. There are other workstreams supporting awareness, training, perpetrator disruption and amongst other issues.

Each group or agency that has received the strategy so far has been very supportive of the development approach taken and the well thought out proposals outlined.

Summary of activity around the strategy:

a. Action to develop a response to support victims of CSE issued by Children's Trust set out in April 2015. Scoping, research and development work took place and a draft strategy was produced in September 2015.
b. A summary of the strategy was received by chief officer group on 2 October; they supported its proposals and agreed for it to enter the integrated commissioning system.
c. The Integrated Commissioning Executive received a summary of the strategy on 19 October. They supported the aims and delegated the duty to agree funding and service changes to the Children and Families integrated commissioning group (ICG).
d. The Children and Families ICG received the strategy 20 October as an update, and on 24 November for endorsement.
e. The CSE Strategy group (part of KSCB) has been regularly updated on progress and received the draft strategy 19 November. This group has a broad membership consisting of police, Locala, CCG's, Council managers from learning, social care, community cohesion, local authority licencing, stronger families and domestic abuse professionals. The group was supportive of the work and methodology they endorsed the strategy.
f. The Children's Trust received and endorsed the strategy on 17 December 2015.
g. The strategy is in the process of being considered at the appropriate CCG boards and groups including discussions with heads of quality and safety from each CCG.

3. Proposal

The CSE victim strategy has been developed objectively; it is not asking for financial support for one part of an organisation in the partnership. It is for the board and partners to agree where the recommendations need to be overseen and whether they are public sector managed or wholly in the private or voluntary sector through commissions.

Through the findings outlined in the strategy we are much clearer about the needs of those affected by CSE. Modelling work undertaken as part of the strategy development means we are also much clearer about the potential scale of victims in Kirklees.

The strategy has increased our understanding of the path towards exploitation and introduced the concept of precursors and what is likely to be going on in the lives of potential victims. The work of the strategy has found that many of the routes into CSE are driven by low self-esteem and a lack of emotional support in the relationships of the potential victim. The recommendations aim to address these deficits and also meet the needs that stem from the effects of exploitation.

Summary of recommendations in the strategy:

Prevention and diversionary activities – where precursors are apparent in a case or lower risk victims can be diverted away from or supported to choose a route out of CSE.
Relationship rebuilding support – Where victims are supported to reconnect with those whom the CSE has isolated them from.
Sexual health guidance – This would address the sexual health needs of the victim, and emotional aspects of future relationships.
Therapeutic interventions – Where it is required rapid access to psychological support should be available to victims. There is also a need for guidance around psychological input and appropriate interventions advice for professionals working with victims.
Relationship role - The strategy outlines the value of a stable professional relationship as a part of a support offer. There is a need to replace the attention given to the victim by the perpetrator, with that of a person who the victim can learn to trust, and work with to choose a different life course for themselves and their families.

The nature of CSE means that the numbers of those in contact with the support infrastructure is likely to increase as a result of the proposals. This may seem like a failure but through the modelling work we are clear there are a number of potential victims for whom self-victim recognition has been a barrier to accessing support. The rapid access to support will reduce the downstream effects of the exploitation and related issues such as substance misuse, offending and care needs.

There is a part of the strategy that talks specifically about failing to meet the needs of victims and those around them because thresholds are not met or support is not available when needed. Meeting some of the basic needs and understanding the role these needs have on the wellbeing of the potential victim and those around them is one of the strongest messages in the strategy.

4. Financial Implications

We intend to use as much of the learning and scope from the strategy to reshape current provision, however there will still be a gap between our desired position, and what can be achieved through reshaping current provision. In the strategy there is a proposal for a joint investment fund to support the recommendations, if the board agreed this would improve the journey of CSE victims by developing aspects of the strategy.

We have outlined the expected costs of the recommendations within the strategy and intend to develop appropriate business cases which will be decided upon by groups in the integrated commissioning system. We intend to get sufficient support for the strategy proposals prior to developing such cases.

There are also significant potential costs of doing nothing; we know much more about the lives of those affected by CSE locally and the costs detailed on page 15 of the strategy list a range of potential costs across the public sector. This includes things such as the cost of drug and alcohol treatment, the costs in the criminal justice system and the cost of looked after children.

5. Sign off

Alison O'Sullivan –Director for Children and Young People

Councillor Erin Hill – Cabinet portfolio holder – 18/1/16

Chief Superintendent Steve Cotter – Kirklees Commander – West Yorkshire Police - 14/1/16

6. Next Steps

Work has already begun to alter current provision, however the financial implications noted above are where agreement is needed. If the board agreed the joint investment fund approach this could be progressed. Alternatively constituent members of the board would need to agree which recommendations they would be willing to resource in partnership with others.

7. Recommendations

The board comment on the draft strategy.

We recommend the board:

a. **Endorse** the draft strategy.
b. Help **shape** the scope of the proposals and funding commitments of partners.
c. To **commit** resources to modify or develop new commissions recommended in the strategy.
d. To **lobby** other partners to commit resources to commissions recommended in the strategy.

8. Contact Officer

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Child Sexual Exploitation

Victims and at risk individuals

Commissioning Strategy for Kirklees

October 2015

Version 2.2 - DRAFT

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Executive Summary

Child sexual exploitation is a complex issue, the path into it is different for each victim. There are a set of precursors that may put children at increased vulnerability to exploitation. However, it can happen to any child from any family background in any area in Kirklees.

The needs of those at risk or affected by CSE broadly fall into three categories, health emotional and care needs, practical support needs and the needs of those around the victim. There are also factors relating to the lives of parents and carers that affect the likelihood of a child becoming a victim of CSE.

The effects of CSE can be felt across the life course, not only in obvious ways like substance misuse, potential contact with the criminal justice system and employment issues. It also affects the ability of the victim to engage in new relationships, take care of themselves and relate to those around them.

This strategy has pulled on a broad range of research and local intelligence to improve the understanding of the journey of victims. The product of this is a series of commissioning recommendations that meet the specific needs of CSE victims and those around them.

This strategy outlines the value of a stable professional relationship as a part of a support offer. There is a need to replace the attention given to the victim by the perpetrator, with that of a person who the victim can learn to trust, and work with to choose a different life course for themselves and their families. This role could work with families and others in the immediate support network of the victim who form part of the recovery and survival process. It is the development of these networks that will sustain the victim in the long term.

A further commissioning recommendation is one that focuses on preventing or intervening early where risks are present. The will work with individuals to address some of the core emotional triggers that can lead to CSE, such as poor emotional wellbeing and poor relationships at home.

There is also a need to address capacity and scope issues in current sexual health and emotional wellbeing provision.

Getting these commissions right will have impacts such as reducing demand across the support system in the most extreme cases, it will also reduce missing and absentee rates, potentially improve parental relationships and reduce demand for services such as complex mental health support and substance misuse services that are addressing the effects of CSE.

There is a need for work in professional circles to understand the cause and effects of CSE, and addressing causal issues not just the downstream effects of the abuse.

All of this comes at a price, but the costs of not doing it are far greater in monetary and societal terms.

Contents

1 Introduction

This strategy forms part of the Kirklees Safeguarding Children Board response to Child Sexual Exploitation (CSE) and specifically addresses point 7 of the seven point strategy which is "*We will protect victims by developing appropriate health and social care transition pathways for young people who have experienced CSE as they move into adulthood.*"

Child sexual exploitation affects children and young people of all backgrounds and from all communities, right across the UK.

Defining child sexual exploitation[1] - "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".

Child sexual exploitation is a type of child sexual abuse. Sexually exploited young people have a range of issues associated with social, physical and emotional wellbeing. Some of these factors may have contributed to the exploitation; others may be an effect of it.

Models of child sexual exploitation include:

- Inappropriate relationships involving a sole perpetrator who has inappropriate power or control over a child and uses this to sexually exploit them.
- The 'boyfriend' model in which the victim believes themselves to be in a loving relationship, but the exploiter coerces them to have sex with others.
- Peer exploitation, where a child is forced by peers into sexual activity with a number of other children.
- Organised sexual exploitation in which networks of perpetrators share children around for forced sexual activity with multiple rapists.

The path towards exploitation is different for each victim. However, research has shown there are some factors that mean the likelihood of the child becoming a victim are increased.

[1] Berelowitz, S; et al (2013) "If only someone had listened": OCC- inquiry into child sexual exploitation in gangs and groups Final Report. Office of the Children's Commissioner, London

These factors or precursors being addressed will potentially reduce the numbers of likely victims and reduce the long term effects of CSE in those that are already victims.

The perpetrators of sexual exploitation are often well organised and use sophisticated tactics. They are known to target areas where children and young people might gather without much adult supervision, such as shopping centres, cafes, takeaways, pubs, sports centres, cinemas, bus or train stations, local parks, playgrounds and taxi ranks, or sites on the internet used by children and young people. The process of grooming may also be visible in adult venues such as pubs and clubs. In some cases perpetrators are known to use younger men, women, boys or girls to build initial relationships and introduce them to others into perpetrator networks.

The use of technology can further complicate this, where abusive images have been posted on or shared online. Once these images have been distributed in this way there is no control over who can access them, leading to instances of blackmail or repeated victimisation.

Sexual exploitation erodes self-esteem within victims, which can lead to acts of self-harm, such as self-inflicted injury, overdosing and eating disorders. It can put the young person at increased risk of sexually transmitted infections, unwanted pregnancy and abortion, as well as long-term sexual and reproductive health problems. It can affect the entire life course of the victim and those around them.

1.1 Commissioning Strategy overview

This Commissioning Strategy focuses on the delivery of support to those affected by, or at risk of child sexual exploitation.

The local response to CSE has been strong and demonstrable examples of effective multi-agency working have been seen. However recent work to explore how victims and those around the victim are supported has shown there are some gaps in the current offer.

To help inform and shape the strategy evidence has been drawn from a wide range of sources, best practice, and the perspectives of experts and stakeholders. The strategy has drawn on analysis, research and evaluation conducted in the UK and other countries. It has also drawn on review and audit reports delivered or commissioned locally.

This strategy is intended to indicate to the market and to partners the investment that is likely to be required to support the affected group, along with a series of evidence based interventions to address gaps in current provision, thinking and practice.

We are committed to learning from and continuously improving our commissioning processes. We will develop and adapt our approach as new information about the effectiveness of commissions and investments becomes available.

2 The national picture

As part of the preparation for this strategy a literature review was undertaken. The acknowledgment of CSE in Rotherham[2,3] has been a major driver of national work. The report of Alexis Jay and the subsequent report by Louise Casey about the response of agencies to CSE have influenced the work of a number of national bodies[4].

The key research bodies that have contributed to the knowledge base around CSE have been the University of Bedfordshire[5] with support from the Office of the Children's Commissioner. Barnardo's[6] and the NSPCC have also undertaken research into effective interventions and the cost savings generated by supporting victims effectively.

At government level across UK jurisdictions various committees have taken evidence and produced reports about the response of agencies under their supervision to CSE. The departments of Health, Education[7], Local Government and Communities and the Home Office have all undertaken reviews and issued guidance on the issue of CSE.

There are number of agencies such as NHS England, the College of Policing, the Academy of Royal Medical Colleges and Public Health England who have produced guidance and advice for professionals working within their professional remit. Similarly a number of charities have developed guidance for professionals about how to respond to CSE locally.

CSE continues to be a major feature in policy guidance such as Future in Mind – the child mental health transformation guidance. It is also a part of commissioning guidance around sexual assault services.

There is a growing body of guidance about child safety online. CEOP and the UK Council for Child Internet Safety have produced a range of strategies to guide the telecoms sector.

NHS England[8] has an established national safeguarding group that provides strategic leadership to the commissioning system. It has a specific subgroup that focuses on the

[2] Alexis Jay OBE. Independent Inquiry into Child Sexual Exploitation in Rotherham - 1997 – 2013. 2014.
[3] House of Commons - Communities and Local Government Committee. Child sexual exploitation in Rotherham: some issues for local government. Third Report of Session 2014–15. 2014.
[4] Beckett, H with Brodie, I et al; Research into gang-associated sexual exploitation and sexual violence. Interim Report. 2012.
[5] Office of the Children's Commissioner: Briefing for the Michael Gove MP, Secretary of State for Education, on the emerging findings of the Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups, with a special focus on children in care. July 2012.
[6] Blazey, L. Reducing the risk, cutting the cost: An assessment of the potential savings from Barnardo's interventions for young people who have been sexually exploited. 2011.
[7] DCSF. Safeguarding Children and Young People from Sexual Exploitation – supplementary guidance to working together to safeguard children. 2010.
[8] Health Working Group Report on Child Sexual Exploitation - An independent group chaired by the Department of Health focusing on: Improving the outcomes for children by promoting effective engagement of health services and staff. 2014.

recommendations set out in the department of health[8] report on CSE, which was published in 2014 and the more recent reports following the Jay investigation in Rotherham.

NHS England has a mandate under section 7A of the Public Health Functions Agreement of the NHS Act 2006 to lead the commissioning of sexual assault services in partnership with CCGs, and criminal justice agencies which is inclusive of long term therapeutic care to support survivors of sexual assault and CSE. NHS England has constituted a national group inclusive of Department of Health, Public Health England, Home Office, Ministry of Justice, Association of Chief Police officers, Association of Police and Crime Commissioners to oversee the commissioning of Sexual Assault Services inclusive of longer term therapeutic care required by survivors of CSE.

3 The CSE population in Kirklees

There are no robust numbers of total CSE victims locally or nationally. This because there is no single common factor or risk that can be measured. It is often a range of contributory circumstances going on in the life of the child at a particular point in time. Many children face adversity at home, school and emotionally growing up. The difference with those affected by CSE is contact with a perpetrator.

It is important to remember that:

- Anyone can be a victim of child sexual exploitation.
- CSE can happen to boys as well as girls.
- CSE can happen to young people of all races and backgrounds.

There are two distinct groups of children, firstly those who are likely to be experiencing or demonstrating some key precursors such as poor parenting and home life, poor emotional wellbeing, domestic abuse and parental substance misuse. This is where preventative interventions would be beneficial to support the victim and meet some of the needs of those around the victim.

The second group are those experiencing the risk factors associated with actual sexual exploitation which include; frequently going missing, frequently absent from school, estranged from family, vulnerable through the internet, offending, or a victim of prior sexual abuse. They are likely to be known to services and make up the majority of those already known to CSE services.

3.1 Historic and adult victims

The effects or disclosure of CSE may not be apparent for many months or years. There are likely to be a group of adults over 18 who have been sexually exploited and even continue to be so. Some will have moved on with their lives and found their own way of coping with the trauma caused. Others will be in contact with support services dealing with the effects caused by the childhood exploitation; such as health issues, chaotic lifestyles, substance misuse and other complex problems.

As described above sexual exploitation and its effects do not cease at the age of 18. There are a range of adult victims who continue to be sexually vulnerable, the victims of domestic abuse and even more concerning at increased likelihood of potentially putting their own children at risk.

Cases which feature the long term effects of CSE are likely to be seen across the care and support sector. As discussed below victim recognition is a problem and professionals are

keen to treat presenting symptoms rather than addressing root cause; or start the individual on the journey to understand those causes themselves.

Adult safeguarding services assume the lead when a person reaches 18, irrespective of who is leading care delivery.

The adult safeguarding duties apply[9] to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) **and**;
- Is experiencing, or at risk of, abuse or neglect; **and**
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Those victims who are adults must be assumed to have capacity to make their own decisions and be given all practicable help before anyone treats them as not being able to make their own decisions. Where an adult is found to lack capacity to make a decision then any action taken, or any decision made for, or on their behalf, must be made in their best interests. This is decided under procedures and policy laid out in The Mental Capacity Act 2005.

[9] Department of Health. Care and Support Statutory Guidance - Issued under the Care Act 2014. October 2014

4 Learning from victims

As part of the development of this strategy an independent review of current and historical cases was undertaken to understand CSE victim needs. The review was not concerned with procedural adherence or to assess social care practice, its sole purpose was to understand the journey that CSE victims undertook and the personal impacts of the exploitation itself.

Cases were reviewed against the following theme areas:

Precursors – what was going on around the victim prior to sexual exploitation.

Multiples of Risk – what risks were present in the case and which were seen most often.

Victim Recognition – At what point the victim recognised themselves as such, if at all.

CSE is complex. The precursors to exploitation are becoming clearer in their frequency and combination. What has become apparent is the need to develop cause and effect thinking within services, sadly there will always be children with a poor home life who have difficult relationships with their parents. This could be because of emotional health problems or because the parent has complex situations going on in their own lives. What need to be recognised by professionals is the impact this may have on the child or children and how easily grooming and exploitation can begin.

The two predominant circumstances around the victims did not engage (chaos or overload of professional contacts) also need to be understood in professional circles. The boundaries between professionals should remain between professionals and not affect the journey of the victim. The review has shown the victim has minimal interest in which organisations they are engaged with, it is the quality of the relationships and the effect that has on their motivation to change that is the important feature.

It should be remembered that a third of cases reviewed did not have a poor home life or parental relationship, only half had domestic abuse present at home. The emotional and physical wellbeing of these parents, siblings and carers must not be overlooked. Some of the cases where families became overloaded with professional input and disengaged were from this group of so called functional families.

4.1 Understanding the precursors of CSE

Understanding the issues and pressures going on around a CSE victim before experiencing any exploitation is a powerful insight. The home life of the victim, behaviour of people at home and relationships between the victim and others at home all play a part in the propensity of the victim to become exploited.

The review tells us 2 in 3 (70%) victims experienced poor parenting relationships and a difficult home life. This included issues like abuse by parents or siblings, disorganised homes, neglect and frequent rebelling and arguments with parents and carers. . Overcrowding in the home was a feature in 1 in 8 cases.

Alongside frequency of difficult relationships between the victims at those at home, the parents or carers often had complex issues going on in their own lives. Domestic abuse was a feature in half of the cases, parental mental health issues were also seen in 1 in 3 (30%) of cases. Parental drug misuse and parental offending were each seen in around 1 in 5 cases.

1 in 2 (50%) of cases featured children with behavioural and anger issues, some were excluded from school others just did not want to be told what to do and found any sort of boundary restrictive and they became angry and frustrated. Some of the incidents detailed in the files were linked to behaviours like smoking, legal high use and drinking. A common precursor to outbursts and behavioural issues was substance use by the victim.

The emotional wellbeing of the victims was an issue in 37% of cases, however when combined with the number of victims with behavioural and anger issues which is closely linked to emotional wellbeing, we see there being an issue in almost 90% of cases.

There were two other precursors that were seen in 2 in 5 (40%) of cases; unmanaged online access and older friends. Unmanaged online issues included access parents did not control, or have any awareness of what was being discussed, or shared in the online environment. It also included access that was hidden from parents by the victim, in some cases using additional accounts with different login details. The same proportion of cases featured the victim being befriended by individuals or groups that were older than them. This ranged from a couple of years to over a decade.

4.2 Understanding the risk factors linked to CSE

The multiples of risk part of the review looked at issues that were present during or following potential instances of exploitation.

The most common risk factor seen in the cases related to victims going missing with 83% of cases having repeated missing episodes. This was closely followed by absenteeism from school. This occurred throughout many of the cases, often escalating in frequency and duration as other behaviours such as offending, alcohol and substance misuse became more of a feature in the cases.

There were examples where the child had already been the victim of sexual abuse within the family or through familial connections; this was such in 1 in 3 cases. In the cases 1 in 5 had some learning disability; there were issues of coercion due to the increased vulnerability in such cases, along with differences in emotional and physical age.

The home life of the victim is again emerging as a factor in the cases. Bereavement was seen as a factor in 1 in 10 cases, this loss of a role model or close relation is seen nationally as an increased risk to vulnerability in potential CSE victims.

Vulnerability through the internet was a factor in half of cases, online befriending and then later arranging to meet or blackmail where images were shared and then distribution threatened by the perpetrator were common tactics. This coupled with parents not recognising the risks posed by naïve control of internet use increases risk to the victims.

The emotional wellbeing of victims prior to and as a result of exploitation comes through very clearly in from the review. Poor emotional health and issues with self-esteem were seen in half of all cases as was self-harm and thoughts of or attempts at suicide.

2 in 3 (63%) of the cases were looked after featured children, there were two different issues in these cases. Firstly children who were looked after became victims because they were missing, in risky locations or misusing substances. The second group became looked after because they involved in CSE, parents or carers could not cope or manage the behaviour of the child and the issues around going missing, offending and substance misuse. There were also examples in 1 in 4 cases where victims were in effect recruited by other children.

There was no single type of grooming that led to exploitation in the review files reviewed. The circumstances ranged from online recruitment, cases of befriending by perpetrators whilst socialising with friends, to being recruited by friends into exploitative situations. Victims were at increased vulnerability in some cases because of the locations they used socially. There were also clear examples of the boyfriend model where perceived normal sexual relationship becomes one of abuse or "sharing" the victim with other perpetrators in exchange for goods or as payment for other debts.

4.3 Victim recognition

The review started out investigating the stage at which the victim recognised they were a victim. What became apparent was that very few victims ever recognised they were victims. Only in 1 in 10 victims acknowledged they had been exploited. The chaos around them and the effects of exploitation and its associated factors such as being missing, absent, offending or misusing substance dominated the lives of the victims and their interactions with professionals.

5 The effects of CSE on the victim and those around them

At first, a young person may like, respect, or even think they are falling in love with the person exploiting them. This is because they are 'groomed' over time.[10] This process involves making them feel special, so they become attached. But later, the behaviour of the abuser starts to change, often slowly. They have been made to feel grown up but become unable to control how the relationship escalates and become controlled by the perpetrator. By this point, the young person is likely to feel trapped, isolated from family and friends, scared, hurt and betrayed or find it difficult to acknowledge that the perpetrator is harming them.

CSE can leave a legacy of trauma. The lives of CSE victims might feature frequent crises, ill health, job disappointments, substance misuse, failed relationships, financial, housing and health setbacks. Many are the result of unresolved CSE issues often preventing the establishment of regularity, predictability and consistency.

A number of studies[11] have explored the relationship between childhood abuse and later health concerns. Research has found that childhood abuse contributes to the increased likelihood of depression, low self-esteem, and post-traumatic stress disorder (PTSD), problems with family functioning, anxiety disorders, addictions, personality disorders, eating disorders, sexual disorders and suicidal behaviour. Furthermore, child sexual abuse has been found to be a key factor in youth homelessness with between 50-70% of young people within supported accommodation having experienced childhood sexual abuse.

The negative impact of child abuse on adult mental health has been well documented; numerous studies have shown the link between child abuse and mental illness in later life.[12] At present, there is no single diagnosis or condition that describes the psychological effects of child abuse. When in contact with mental health services, many adult survivors of child abuse find themselves diagnosed with multiple psychological conditions.

Those around the victim also experience issues related to CSE. In the precursors described above there are a number of things going on in the lives of the parents of CSE victims.

[10] Real Voices - Child sexual exploitation in Greater Manchester. An independent report by Ann Coffey, MP. October 2014

[11] Academy of Medical Royal Colleges, child sexual exploitation: improving recognition and response in health settings, September 2014

[12] Lazenbatt, A. The impact of abuse and neglect on the health and mental health of children and young people NSPCC research briefing. London: NSPCC, 2010.

6 Impacts and costs of CSE across the public sector

CSE has costs and impacts across the public sector. It should be remember that those affected by CSE will not only generate a cost to society, but also not be in a position to contribute through taxation and the application of their skills and abilities.

Using government sponsored costs[13] information the following potential cost impacts can be seen across the public sector as a result of CSE. This is not exhaustive and does not reflect all potential costs.

Criminal Justice

Anti-social behaviour cost per incident - £648
Shoplifting incident (Police and Courts) – £28
Domestic violence - cost per incident to the police, LAs, CJS and NHS - £2,766
Annual cost of a first time entrant (under 18) to the Criminal Justice System - £21,268
Cost of custody served in prison (over 18) per month - £2,651

Education

Persistent truancy – annual cost of a child missing at least five weeks of school - £1,832
Permanent exclusion – annual cost per child of permanent exclusion - £11,192
Not in Employment Education or Training - Average annual cost per 18-24 year old - £4,528

Health

Annual cost to the NHS of alcohol dependency per person - £1,962
Annual cost of dependent drug user (treatment services) per person - £3,631
A&E attendance - Per incident - £113
Ambulance services - average cost of call out, per incident - £222
GP - cost per hour - £125
Average cost of mental health provision for children/ adolescents per person - £265
Average cost of service depression and/or anxiety provision for adults per person - £956

Housing

Average cost of a repossession - £733
Average weekly cost of housing a homeless household in hostel accommodation - £114
Rough sleepers - average annual expenditure per individual - £8,391

Social Care

Child taken into care - average annual cost - £64,819
Child in local authority foster care - cost per week - £651
Child in local authority residential care - cost per week - £3,032
Average cost of child protection core assessment - £1,113

[13] Unit Cost Database (v.1.3) NEF & DCLG

7 Moving from victim to survivor – desired outcomes

There are many reasons to use the term survivor and not victim. The term victim could imply passivity, acceptance of circumstances, and the requirement to be treated differently. Survivor displays the individual's resilience, ingenuity, resourcefulness and the ability to take action in the face of adversity.

The ultimate goal is of course not just be surviving, but thriving. Surviving, in itself, is getting through in the short term but it is not necessarily thriving. Thriving is truly moving forward, being emotionally and physically healthy, being able to enjoy a stable life financially, and having healthy relationships. Thriving is having the opportunity to shape and to make the most of life.

The effects of the sexual exploitation can last long into adulthood. Recovery is possible but it is difficult and support is needed on the journey.

The outcomes likely to be desired by those affected by CSE:

- Have an increased range of protective factors in their lives.
- Have reduced conflict and improved relationships with parents and carers.
- Be in regular contact with services and able to accept support.
- Be able to access psychological therapies in a setting of their choosing.
- Be free from contact with abuser.
- Be achieving educationally or in employment.
- Not be abusing substances.
- Have an ability to understand and recognise risky and exploitative relationships.
- Have reduced instances of episodes of going missing.
- Have access to safe, stable accommodation.

8 The needs of those at risk or affected by CSE

Those at risk or experiencing sexual exploitation need to be able to see the value of themselves as individuals but also recognise they are victims.

A gap in current support is around victim recognition; the vast majority of cases reviewed featured a victim who was seen as such by everyone but themselves. The lack of victim recognition is a major stumbling block for support providers; often realisation of being a victim is the route into support and part of the healing process.

Victims need support to recognise their emotional intelligence, physical worth and life potential. They also need to see the value of change in their circumstances and the effect that will have on their self-esteem and self-worth. More practically they need to see how they can break away from the exploitation, and be supported to make the decision to do so themselves.

There are significant benefits of longer term stable relationships for those affected by CSE. The grooming and exploitation process and the effects of substance misuse and poor emotional health has in many cases broken down any support networks the victim may have had. Helping a victim to understand the process of exploitation is difficult but critical. The victim will need support and direction to unpick the process, their memories of it, along with the effects it has had upon them. What needs to be recognised by professionals is they have a role to develop responses that support victims and those around the victim onto their own path of recovery and reconciliation.

8.1 Health, emotional and care needs

By far the greatest area of need is that of a positive role model to support the development of self-esteem and self-worth within the individual. This has to be thought of as a means of counteracting the grooming process of the perpetrators and installing positive life choices and the boundaries of what is a normal relationship within the victim.

There is a need for sexual advice counselling, this would be around supporting the victim to work through the psychological issues arising from exploitation. It would also support the victim to recognise themselves as such, and preparing them for the emotions of normal relationships in the future. In many cases where sexual abuse was present the boundaries and stages in sexual relationships did not exist. Victims receiving support to understand what these boundaries are and their emotional importance would be beneficial and assist in the victim recognition process.

The sexual health of CSE victims must be thought of in terms of physical and emotional sexual health.

There are a number of children who because of being victims of CSE have become looked after. There are a range of reasons for this, some are from chaotic homes, some have been violent or uncontrollable and others have become looked after because of offending and substance misuse. There may be opportunities to rebuild relationships, but importantly these children need a positive and consistent role model in their lives.

CSE and learning disability has been the subject of recent national research[14]. There is a need to understand this additional vulnerability amongst professionals. The variation between physical and emotional age is exacerbated for this group, their likelihood of being coerced and their understanding of the physical and emotional behaviour of others may be different to their peers.

There is a need to address alcohol and drug misuse. This is not just about reducing dependency on the substance but also working with the individual to address the cause for its use. In many instances substance misuse has been a part of a grooming process, but it is also a means of self-medication to mitigate the effects of trauma, often without the victim realising it.

Accessing counselling and psychological therapies is an important need for CSE victims. As described above part of the need is to work with the victim to recognise themselves as victims and build a desire to change from within the victim. This consequently leads to underlying issues not being addressed. There is also the need to address the trauma of the abuse and other difficulties such as support to rebuild familial or carer relationships.

Victims have a number of emotional and psychologically needs such as; behaviour and anger issues, self-harm, and suicidal thoughts. Again these are effects of CSE and its associated risks.

8.2 Practical support needs

Many victims simply need to be guided into a normal life, support with things like cooking, looking after themselves, even basic skills such as improving how they approach tasks often get left behind in victims as a consequence of lost childhood years.

There are a range of more practical things that victims of CSE need. Most important is for them to be free of contact by the abuser, it should be remembered that a great deal of effort has been made to groom the child to respond unconditionally to the abuser. Therefore the most effective response is for the victim to choose to cease contact. They need support to make this choice and more practically remove contact via a number of online platforms. If

[14] Franklin, A et al. Unprotected, overprotected: meeting the needs of young people with learning disabilities who experience, or are at risk of, sexual exploitation. Barnardo's, 2015

they do not want to cease contact they and the abuser will find a way, irrespective of how restrictive or locked down mobile communications become.

Internet vulnerability was a feature in around half of the cases reviewed. There are two aspects to the needs in this area; firstly advice for children and parents about the risk associated with the internet. Secondly and most important is how adults can have conversations about access and safety in a constructive manner that will not disengage the child.

Having the right accommodation is another important factor for those affected by CSE, getting this wrong can lead to re-recruitment or continued exploitation by different perpetrators. This is all the more important for those victims that are looked after or estranged from their family.

A different response on the return of a missing child is already in development and should be shaped by some of the learning in this strategy.

Absenteeism from school was a factor in a number of cases. There is a point when professionals need to realise that school is not the place for the victim at that time, and other supportive environments need to be available. The continual cycle of being forced to return to school is potentially playing into the hands of the perpetrator, who will be only too happy to provide an alternative to school.

8.3 The needs of those around the victim

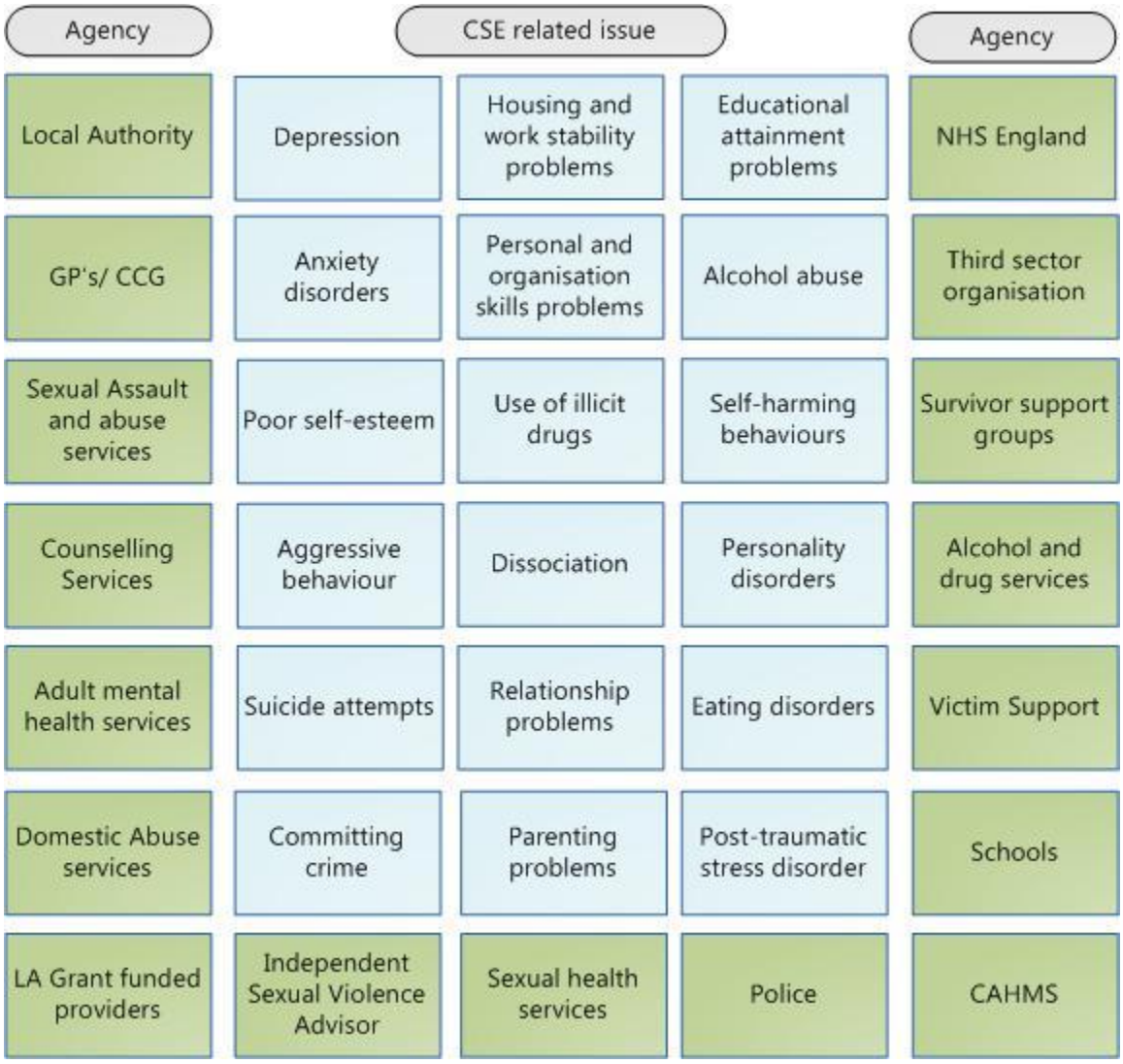
There are a number of needs that were more around the family of the victim. Parenting support would potentially be useful. This would facilitate better parent and child relationships which may prevent the deterioration of relationships which maybe a precursor to exploitation. Similarly home management support was a beneficial feature in some cases. Helping parents understand and have supportive conversations about online access and mobile use was another important issue.

There were instances where the parent was in greater need than that child at precursor stage. Addressing domestic abuse and securing social care support for the parent is important in some cases.

9 Current market analysis

The market or range of providers likely to have input to those affected by CSE is varied, and will depend on the specific needs of the individual. It should be remembered that although services may be available they are not necessarily accessible or meeting the needs of CSE victims locally.

9.1 CSE issue and provider map



There are two aspects to the current market, the primary sexual abuse sector where services are provided because someone is a CSE victim; and secondary sector where services are addressing some of the effects of CSE. The secondary sector is also likely to be supporting those around the victim with their own needs.

9.2 Primary agencies

If CSE is thought of its fundamental form of sexual abuse, the counselling, victim support and advice available for rape, abuse in childhood, sexual abuse, and survivor groups are active within Kirklees. The routes into these services are often from professional referral, but for some services individuals can refer themselves. It should be remembered victim recognition is often a route into such support.

A dominant referrer in the system is the police; they are the main route into the sexual assault referral centre (SARC) which offers forensic, emotional support and counselling for anyone affected by sexual assault in West Yorkshire. Individuals can refer themselves into the SARC and into STAR (surviving trauma after rape) which has a volunteer and professional emotional and counselling support offer. There are issues with children accessing the SARC as the forensic evidence gathering must be undertaken by a paediatrician and coverage in Kirklees and across West Yorkshire is currently limited. This has meant services in Manchester and South Yorkshire have been used in the past. The counselling support available from the SARC because of contract limitations is not available to those under 16 or historic victims.

The police are also a gateway to Victim Support a charity which offers support to all victims of crime. Victim Support has recently been awarded a Police and Crime Commissioner contract for the delivery of Independent Sexual Violence Advocate (ISVA) role in West Yorkshire. This contract has a single children's ISVA as part of its specification.

In Kirklees the Rape and Sexual Assault Counselling Centre (KRASACC) offers counselling and ISVA support. They have seen a number of historic CSE cases, some of which have not become apparent until after a subsequent sexual assault and referral to the service. GP's and individuals are the main referral source for this service.

KRASACC, the SARC and the Victim Support offer is based on consent, and as described above victim recognition is an issue for those experiencing CSE.

Targeted youth support has a role to support those who go missing in Kirklees; they also deliver programmes and interventions to support CSE victims. This support is not always driven by consent and referrals are made from safeguarding and CSE hub professionals.

The BLAST Project offers specialist CSE support for boys and young men, Childline, Parents against child exploitation (PACE), Male Survivors UK, Association for People Abused in Childhood and the NSPCC each have online and telephone support available to those affected by or experiencing sexual abuse. PACE, NSPCC and Barnardo's also offer some support to parents and families of victims of CSE and offer training to professionals.

Barnardo's also provide a range of services to support those affected by sexual exploitation and the issues stemming from it such as substance misuse and family breakdown.

9.3 Secondary agencies

There are a wide range of services that are dealing with the effects of CSE such as drug and alcohol services, criminal justice, housing providers, benefits advice, some mental health services and GP's. Much of this provision is dealing with the downstream effect of CSE. There is limited use of CSE markers being placed on individuals to capture CSE data, principally because services address individual needs and outcomes not always perceived as related to CSE.

There are a group of agencies concerned with a statutory response and protection of children. The local authority looked after services have a key role to play in the market as being looked after is a risk factor. They are also involved where a child becomes looked after because of CSE, there are cases where chaos, behaviour, violence and substance misuse have led to a child becoming looked after.

In Kirklees there is a multi-agency CSE team, this has representatives from Children's Social Care, Child Protection, the Police and Barnados. The team receives referrals, assesses risk and manages the response to individual victims through risk management plans. The team also has input from specialist Barnardo's workers who support prevention and direct intervention activities.

Schools[15] are the third part of the statutory response, this is both to identify and responding to early signs of exploitation. They also have a role when those affected by CSE trigger absence management activities. Schools also experience anger and behaviour issues that are linked to sexual exploitation.

There are another group of agencies offering diagnostic, practical and emotional support these include counselling, mental health providers and survivor support groups. There are also a range of drug and alcohol treatment providers, some of which work with children and others supporting solely adults. Sexual health services also fall into this group; they are offering advice, diagnostic and treatment services. It is known that repeated sexually transmitted infections and emergency contraception use are risk factors for CSE.

Agencies working in the domestic abuse field such as Pennine Domestic Violence Group (PDVG) are supporting late teenage and adult victims and seeing the complex downstream effects of CSE. They are also supporting families experiencing domestic abuse who have children who are at risk of exploitation.

There are a final set of agencies that are concerned with supporting the victim and those around the victim. Adult social care and mental health services, parent support groups, and the stronger families programme all work in this part of the market.

[15] Dept. of Education. Child Sexual Exploitation Action Plan. 2011.

9.4 Current service utilisation and provider capacity

All of these providers have relationships with those affected by CSE. Recognising the value of these relationships and the effect their complexity has on the victim is an important learning point.

Unsurprisingly there are a range of issues around capacity that have been highlighted by all the providers that have inputted to this strategy and national research in the field. There are complex issues around genuine accessibility, capacity, eligibility, referral mechanisms and waiting times across the system.

The accessibility of the emergency response agencies is good, however onward referral routes are less accessible because of location or evening and weekend availability. Age and perceived need levels boundaries were also apparent in agencies; the notion of the need to be in crisis often speeds up referral but does not always speed up intervention or treatment.

The potential duration between recognising there is a problem, seeking support, a referral being made, an assessment being undertaken, and then a wait for treatment cannot be accurately calculated. However it is worth reflecting that long term damage and cost increases will potentially be developing within the child or young person during this period.

CSE victims do engage with emotional and mental health services, but around 2 in 5 victims fail to attend once a referral is made. This is often due to missed appointments resulting in discharge.

Data regarding waiting times is available from both child emotional wellbeing and mental health services. This is telling us that young people needing emotional support for the sorts of issues linked to CSE can be waiting up to 3 months for support. Those young people needing more intense mental health services after they have been assessed are potentially waiting over 6 months.

Kirklees Rape and Sexual Abuse Counselling Centre (KRASACC) provide counselling which is limited to maximum of six sessions and there is a period that people have to wait start the counselling due to waiting list size. Similarly counselling at the SARC is at capacity.

9.5 Transitions and service boundaries

Services have thresholds for access based on assessed need and age of the individual using the service; many of these are funding or legislatively driven. It is important to note that simply because a child becomes an adult that they are at lesser risk of being sexually exploited. The vulnerabilities that exist as a child do not cease at the age of 18.

There are services that offer support only to those who are or have been looked after, this does not necessarily apply to those who are in the care system but not looked after, such as those who are fostered or supported within their own families.

Youth support and youth offending typically work with children until they are 18, again there are some instances such as those children subject to education, health and care plans (EHC) where support is available until 25 years.

There are concerns around mental health service transition and the transition from child social care to adult social care. Mental health service[16] issues seem to be effective professional liaison problems rather than the lack of a service offer; which combined with the service pressures mentioned above is not working effectively for CSE victims in all cases.

In terms of adult social care there is no doubt that young adults at risk of CSE continue to require safeguards to be in place once support from children's social care ceases. Once a young adult moves into adult care services the shift towards consent and engagement in support services is required. If the young adult rejects support available at the outset or after a period of time the support may not continue to be offered. The needs section above has already described the likelihood of disengaging because of the effects of CSE.

It should be remembered that many services for children and adults are delivered in different locations by different professionals. This in itself is a massive barrier for CSE victims of any age, any relationships of trust will be lost and the now adult is potentially placed at greater risk.

There are clear safeguarding duties on children and adult social care professionals. In adult terms if the victim is deemed to have the mental capacity to consent, there is little work services can currently do to intervene.

9.6 Demand caused by a failure to meet initial needs

Someone experiencing or at risk of CSE rarely obtains support at the first contact point; instead they get referred on and shuffled from one agency to another until a decision is made. At most points of transaction staff record the contact give advice or information or point the person to another front door.

If the demand is not screened out at first contact, it is forwarded on for assessment. In practice a second, more detailed 'screening' process, the focus once again being 'is this for us?' and if it is, 'does it meet our criteria?' need thresholds and criteria result in people being turned away.

[16] Fairhead, C. (Designated Nurse Safeguarding Children Kirklees) Transitions from Child to Adult Health Services for Victims of Child Sexual Exploitation: A Scoping Exercise. June 2015.

Failure demand is the symptom of a system that is unable to understand people in context or respond to their real needs.[17] Demand caused by a failure to do something or do something right for the victim, professionals need to look beyond the presenting demand to understand the context and underlying causes, i.e. to understand it in human terms.

When a person's problem isn't resolved, they just re-enter the system through another of the range of doors a referrer can choose from. Decisions about where to refer people are dictated by what services exist rather than what individuals need. If a service has been commissioned that vaguely relates to presenting needs, people will be referred there. Each time a new service is commissioned it creates yet another referral door to add to the list.

The effect of the current system rationing is to make those in need keep presenting until their problem becomes serious enough that they meet the assessment criteria and can be accepted into services. This can take many cycles and sometimes years.

When people don't get help that matches their need, they re-present or present to different services until they do. In those circumstances, people quickly learn that when they ask for help what they will get is assessment and referral. As a result some stop asking for help, others accept what's on offer even though it doesn't address their needs.

Many public systems assess rather than understand; transact rather than build relationships; refer on rather than take responsibility; prescribe packages of activity, rather than take the time to understand what might meet the actual need.[17]

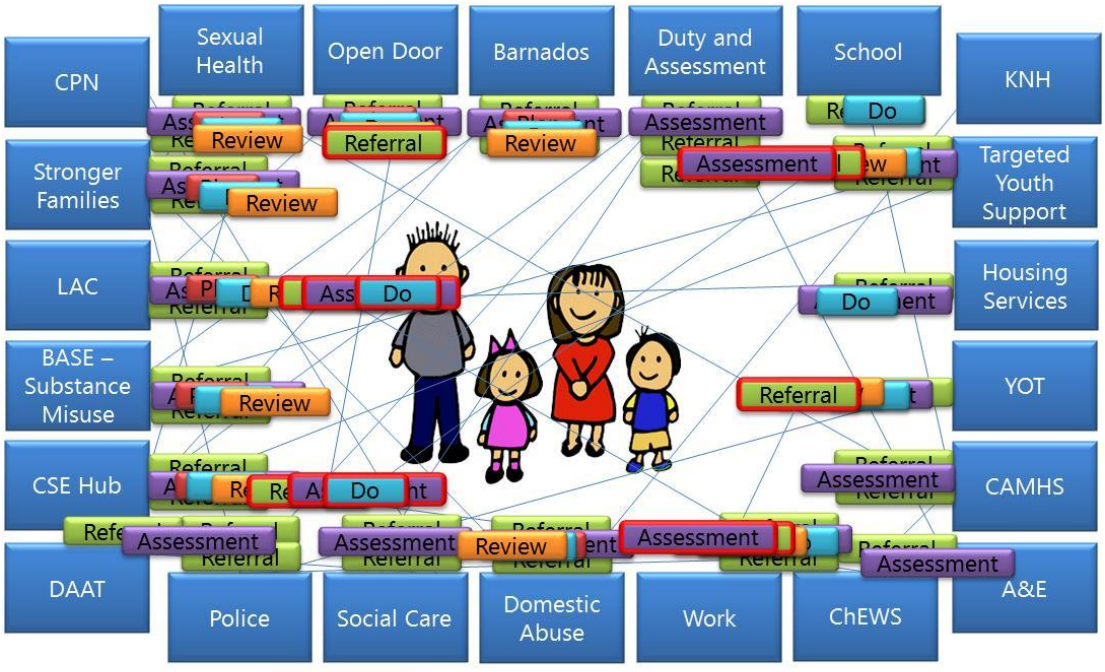
[17] Seddon, J. Saving money by doing the right thing why 'local by default' must replace 'diseconomies of scale'. Locality & Vanguard. 2014.

9.7 Current system activity around a single high risk CSE victim

In the learning from victims section above there is evidence of "overload" this is where multiple agencies have been given the remit to support the individual or family members. Building on the demand through failure concept, there are a range of agencies that victims get referred into that, have to be assessed against criteria, have individual plans – this is before support starts in many circumstances.

Thinking from the point of view of the victim and those around them, there are going to be a range of people either turning up at home, or sending appointments for you to attend somewhere else, or calling you to assess need. Some of these agencies will decide you do not fall within criteria for support and refer you somewhere else. If you do get through and receive support, the review of that support may identify other needs, and the referral, assessment and planning starts again with a new agency or organisation.

The illustration below is not an uncommon journey across the life of higher risk cases and families; there will of course be fewer referrals for medium and low risk victims. To begin to understand who is trying to support you with what, and trying to build any form of relationship with this number of professionals must be virtually impossible for victims. Should it be a surprise that families no longer attend appointments or return calls to professionals? The whole system needs to understand this issue, and also understand how the parts of the system need to relate effective around the victim. The estimated costs of this activity have also been added to understand the scale of spending in agencies.



Referral	38	£20	£760
Assessment	21	£500	£10500
Plan	11	£100	£1100
Review	11	£150	£1650
			£14010

10 Service development, system redesign and costs

Fundamentally the motivation to do anything is driven by how it makes us feel or how the rewards linked to it make us feel. If this is thought of from the viewpoint of a child in a home which is not stable or nurturing, someone comes along that gives them attention, makes them feel good about themselves, allows them to be the person they want to be, and introduces them to stimulating environments which make them feel good. Why would the child see it as a problem?

At its core any offer from a CSE victim support activity must provide the same emotional stimulus levels that the grooming process initially boosted and then eroded. Addressing the core emotional needs of the victim and those around them is critical to the recovery process and eventual eradication of CSE. Any offer would also need to ensure that it was considerate of and responsive to the existing and changing needs of the diverse communities in Kirklees.

Thinking about the cause and effect relationship in terms of CSE is also very important. Professionals have a myriad of tools available and referrals that can be made to deal with an effect of something. Building a professional relationship with someone to understand the root causes of behaviours or feelings is much harder, partly because there is no saying how long this process may take or the professional best placed to undertake this role.

Throughout the case review the two predominant circumstances around the victims did not engage (chaos or overload of professional contacts) also need to be understood in professional circles. The victim has minimal interest in which organisations they are engaged with, it is the quality of the relationships and the effect that has on their motivation to change that is the important feature.

10.1 The relationship role

What is needed is the function of an advocate or advisor that has a long-term and trusting relationship with the victim and those around them that can in effect fill the place of the abuser. A role around a new common purpose – 'help me to understand and solve my problems'. A person that helps navigate the victim into positive choices, psychological therapeutic support, substance misuse treatment, helps rebuild support networks and home, school or work life for victim. This type of support would meet the needs of all victims, working with children as young as 10 and historical cases where support is started well into adulthood. Importantly, the victim has a relationship with a professional who they trust and can guide them.

The effective delivery of support will reduce the longer terms costs elsewhere in the system, worklessness, ill health, further abusive relationships, crime, poverty, substance misuse and poor parenting are amongst the negative outcomes facing victims of CSE.

The role will support different complexity of case for varying levels of times. Its most important attribute is to provide consistency and stability. The role will not cause dependency. Instead the role is very much focussed the on developing the strengths that allow people to make their own decisions rather than needs which render them more dependent on others.

The role will as required consult with other professionals and where needed introduce and explain the needs and strengths of the victim. A key function of the role is to improve access to support and maintain mutually respectful relationships between statutory agencies and families in order to maximise the ability of all parties to support the victim or at risk individual. Specialist expertise is only brought in as needed and where proportionate to actual needs. This will reduce failure demand and the probability of disengagement and a negative life course for the victim.

There are costs[18] associated with a support service that has a long term relationship with the individual and those around them. From the point of starting the relationship the role will begin to work towards reducing demand and gradual exit. The benefit of this model would be where life's peaks and troughs hit the victim they have access to support rather than re-entering the system as a crisis case.

The duration of initial support will vary with each case, but the role does need to offer support in a flexible range of locations that best meet the needs of the each individual and family.

10.2 Skills and attributes of the relationship role

The most important skills needed are interpersonal – listening, interpreting and helping people to understand themselves and work out their own positive life course.

The key function of the role is to create a safe and non-judgmental relationship for victims to grow and heal, in building their knowledge and skills and supporting them in asserting themselves and developing healthy relationships, empowering them to develop their confidence and self-worth and discover their inherent strength and resilience.

- Understand the complexities of cause and effect in CSE.
- Understand the victim recognition journey and the therapeutic inventions that can support it.
- Understand the value of rebuilding self-esteem in victims.

[18] Tackling child sexual exploitation. Helping local authorities to develop effective responses. Barnardo's, 2012.

- Be able to understand the help that is needed rather than the nearest best fit service that is available.
- Be prepared to invest time in listening to the needs of the victim.
- Be able to maximise the capacity of parents and carers to support their children.
- Be prepared to persist when initial support is rejected.
- Understand sexual trauma and the psychological response to it.
- Be able to work across age ranges.
- Understand relationship breakdown and rebuilding strategies.
- Understand preventative support.
- Understand parenting theory and practical support techniques.
- Provide support and skills to help the whole family cope effectively with their own emotional distress and recovery.
- Understand why the victim is angry about what has been done to them; helping them understand it is not their fault.
- Understand the criminal justice journey in relation to sexual offences,
- Understand and practice low level emotional wellbeing support interventions.
- Improve the self-efficacy of the victim.

10.3 Scope of relationship rebuilding support

There are instances in many cases of sexual exploitation of relationship breakdown being a cause or route into exploitative situations. There are also examples of relationship breakdown once the exploitation or grooming has begun, and the perpetrator is isolating the victim from their natural support network to leading to dependency on the perpetrator.

A relationship rebuilding offer across age and case complexity will reconnect the victim or at risk individual to family, carers and friends who have been pushed away. This is a two sided process, each party needs insight into the motivations and decisions of the other.

This offer being either an early intervention or part of the recovery process will support the range of case complexity. Some will need short term advice and coping strategies. Other cases will need counselling and longer term support.

A key part of the early intervention is around how parents or carer can support the at risk individual into making positive choices. This may help carers develop supportive and authoritative parent techniques. There also needs to be support for carers about how to have a conversation constructively so that it does not end in chaos or a child going missing or absent.

This could be delivered by through a fixed term programme that takes the victim and carer through a rebuilding process. Both sides of the relationship will gain from this, recognising their own support needs and the value of the relationships they have around them.

10.4 Scope of prevention and diversionary interventions

Part of growing up is learning about risks. From a very young age, children learn not to stick their fingers into power sockets, not to touch hot pans, and not to take sweets from strangers. Recurrent exposure to low level risk builds resilience and self-esteem in young people; the same is true of exposure to situations requiring maturity, leadership or responsible behaviour.

Developing or modifying the range of interventions so they engage and stimulate the CSE risk group is important. The target audience for this sort of intervention will be at the lower end of the risk spectrum or displaying precursors such as absenteeism and poor emotional wellbeing. The sorts of activities need to stimulate the same feelings of independence, maturity and risk that the grooming process creates.

How this stimulation is enacted is down to the creativity of the professionals delivering the intervention. However there are examples of using beauty therapy, make-up and skin care are potential routes into the target group. The use of activities in the third person have also seen some success, this includes the use of drama to explain the life of the victim through a character created by the victim.

Aspects of this work can deliver health messages, life skills and coping strategies. The core purpose remains to build self-esteem, divert the individual away from negative choices and enable them to recognise and utilise their own strengths. The intervention also acts to deliver the need for risk that the grooming process fulfils.

The importance of building a trusting relationship is a part of the intervention. Professionals need to be ready and able to address disclosure and link with the relationship role (above) in certain cases.

10.5 Scope of therapeutic interventions

As discussed in the provider capacity section there are a number of issues with the current therapeutic support arrangements. Issues around accessibility, appropriateness and eligibility generate their own barriers for victims or those at risk of CSE. Making sure the right sort of support is available in the right place and delivered by the right professional are at the centre of the child and adolescent mental health transformation plan.

A gap in the current offer is around victim recognition support, the vast majority of cases reviewed featured a victim who was seen as such by everyone but themselves. A therapeutic process that enables this realisation and disclosure would be a major step in the recovery and reconciliation process. There are a myriad of processes ready to start once disclosure is made, but there is little to help the individual to reach that point themselves.

The act of disclosure is the start of a therapeutic journey. In terms of treatment the literature regarding the therapeutic process after disclosure is limited and no specific treatment model is suggested. The NICE guidance offering any advice for on treatment is around the management of PTSD which was issued in 2005.

NICE – PTSD Children and young people[19] - Children and young people with PTSD, including those who have been sexually abused, should be offered a course of trauma-focused CBT adapted appropriately to suit their age, circumstances and level of development.

There are different types of psychotherapy that have been effective in the treatment of trauma which would encompass CSE victims.

Cognitive behavioural therapy (CBT) – is a form of psychotherapy that teaches skills that retrain behaviour and style of thinking to help victims deal with stressful situations.

Some of the goals of CBT[20] are to:

- Reduce victim's negative emotional and behavioural responses to the trauma.
- Help the victim to see traumatic experiences as abuse.
- Correct maladaptive or unhelpful attachments, beliefs and attributions related to the traumatic experience (e.g., a belief that the child is responsible for the abuse).
- Provide non-offending parents and carers with skills to support the victim.

Psychodynamic (psychoanalytic) psychotherapy – This helps victims become aware of meanings or patterns in behaviour that are linked to the sexual exploitation.

There are other frequently used approaches to trauma are EMDR (Eye Movement Desensitisation and Reprocessing) and TIR (Traumatic Incident Reduction). When abuse occurs the trauma affects how the brain store memories of the abuse. Both TIR and EMDR work by freeing up and releasing traumatic memories so that victims can gain a clearer picture and understanding of what actually happened and what impact it has had on them as CSE victims.

There will be occasions where more complex mental health support will be required by victims. The same victim recognition and understanding of root causes need to feature in these interventions.

Therapeutic professionals must work with the relationship role above to understand case complexity, offering advice and guidance to others in the CSE support system on lower level and preventative interventions. They must also understand the reasons behind victim's propensity to disengage because of the damage caused by CSE and its related risks factors.

[19] Post-traumatic stress disorder (PTSD), NICE clinical guideline 26, https://www.nice.org.uk/guidance/cg26

[20] Cohen, J. A., Berliner, L., & Mannarino, A. P. (2000). Treatment of traumatised children: A review and synthesis. Journal of Trauma, Violence and Abuse, 1(1), 29-46.

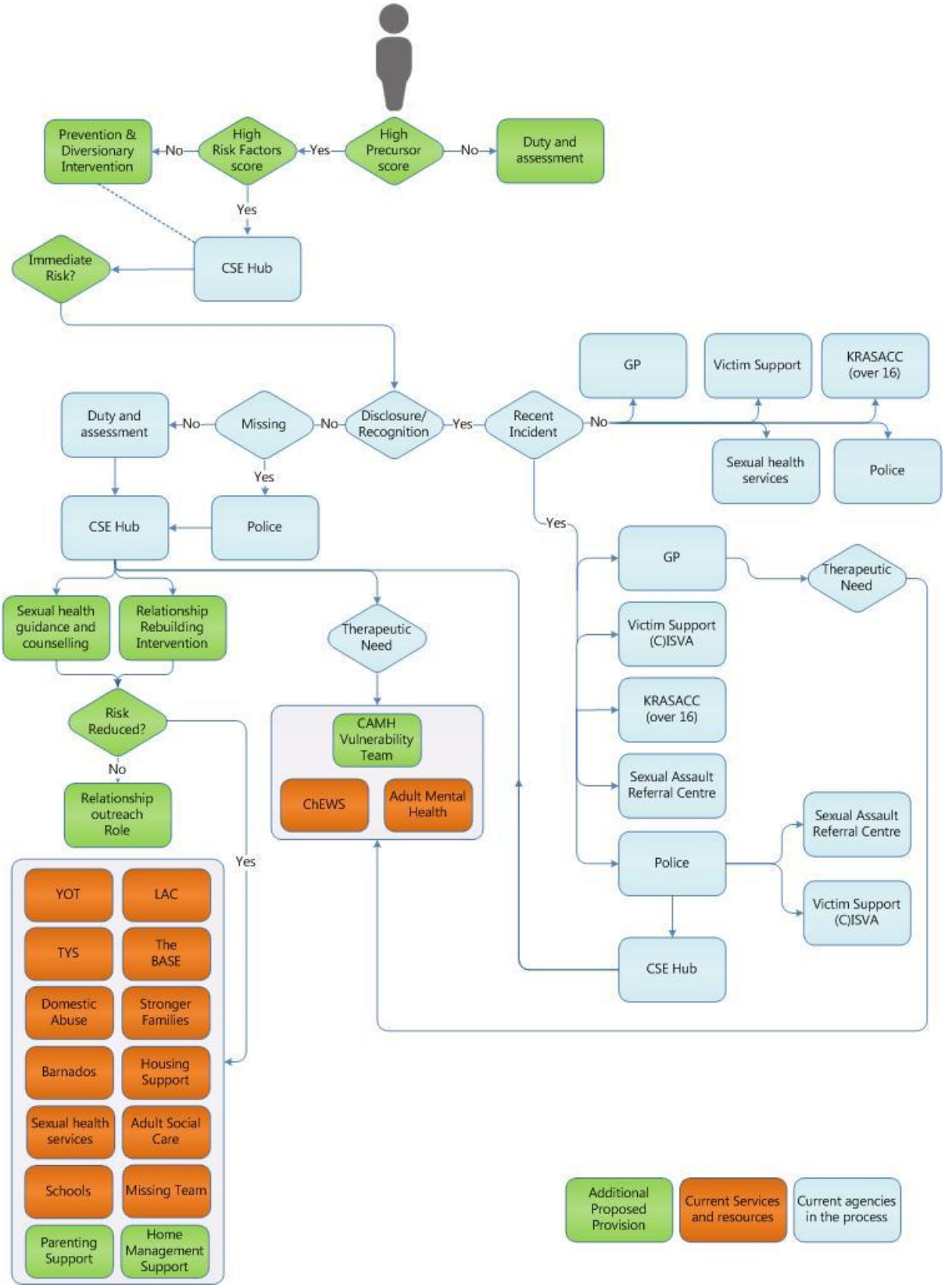
10.6 Scope of sexual health and practical support

Sexual health counselling would support the victim to recognise themselves as such, and begin to prepare them for the emotions of normal relationships in the future. In cases where sexual abuse was present the boundaries and stages in sexual relationships do not exist. Victims receiving support to understand what these boundaries are and why they exist would be beneficial and assist in the victim recognition process. This function also needs to work with the victim to recognise the emotional value and importance of sex.

The role of more traditional sexual health advice needs to be delivered in conjunction with the emotional sexual support. In some cases there are likely to be sexually transmitted infections and physical trauma related to the abuse that need to be physically and emotionally worked through with the victim.

Substance misuse is a part of many CSE cases, substances including legal highs are used to coerce victims, they are also used to self-medicate and escape from the emotional deficits in the victims lives. The offer in Kirklees is strong, embedding the cause and effect thinking and professional liaison with the relationship role will enhance the joint offer.

11 Outline CSE Victim Pathway - Draft



12 Investment and Costs

Investing intelligently in the ranges of support requirements highlighted in this strategy will improve the life of those at risk or affected by CSE and the carers around them. A range of partners contributing to a joint investment fund could minimise the service boundaries and eligibility thresholds discussed above. CSE victims are out there, they range from as young as ten to well into adulthood. A single joint investment fund would mean all partners could contribute to reducing the harm of this complex and life changing issue.

The investment fund could have a "victim first" approach developing responses that work to understand and meet need rather than assessing and referring which in itself drains professional capacity. Voluntary organisations can play a key role in services specifically to address the issue of sexual exploitation. The outcomes and scope of support detailed above should be considered in grant making decisions relating to CSE and emotional wellbeing.

The investment concept is not an instant solution and it should be remembered victims are out there right now. To address short term issues there is a need to invest to increase capacity in psychological therapy and sexual counselling support that is currently available. The offer available from other agencies in the current market also needs to be proactively communicated across professional networks and advice providers.

In order to put some costs to the scoping described above the following has been produced.

Theme 1 - The relationship role		
		Total
Beneficiaries Year 1	132	
Total Cost Year 1		£213,000
Average cost per Beneficiary		£1,614

Theme 2 - Relationship rebuilding support		
		Total
Beneficiaries Year 1	85	
Total Cost Year 1		£41,000
Average cost per Beneficiary		£482

Theme 3 - Prevention and diversionary interventions		
		Total
Cohorts of 18 people - Year 1	20	
Total Cost Year 1		£7,000
Average per Beneficiary		£19

13 Conclusions

Throughout the process of developing this strategy a great deal has been learned about the path to sexual exploitation of children. Our motivation to anything is driven by how it makes us feel or how the rewards generated from it make us feel. The emotional stimulation of feeling wanted, feeling mature, and the excitement of risk that grooming generates; all tap into the fundamental emotional needs of a child. When coupled with not always getting on with people at home and the dislike of being treated like a child. It is easy to see why perpetrators are able to fill a gap in order to meet their own depraved needs.

The grooming process continues of course and the sense of control, volition, and self-confidence are methodically stripped away by perpetrators who utilise fear, violence and other techniques to keep victims loyal and compliant.

The victims of CSE are not all from broken homes, not all in abusive relationships or living in care. They need help to reconnect with people they can genuinely trust, people who guide them into positive life choices and help them rid themselves of the trappings of CSE such as substance misuse, criminality, chaos and broken support networks.

Building confidence and self-esteem can be a long process for those affected by CSE; it is a duty every agency should take seriously. The life chances of children are at stake and the potential costs to us all are incalculable.

Wise investment in the right range of support will assist this process, but when it is the fundamentals of self that are broken, time and support are needed to repair them.