

IMPROVING LIVES SELECT COMMISSION

**Venue: Town Hall, Moorgate
Street, ROTHERHAM.
S60 2TH**

**Date: Wednesday, 16th December,
2015**

Time: 1.30 p.m.

A G E N D A

1. To consider whether the press and public should be excluded from the meeting during consideration of any part of the agenda.
2. To determine any item(s) the Chairperson is of the opinion should be considered later in the agenda as a matter of urgency.
3. Apologies for absence.
4. Declarations of Interest.
5. Questions from members of the public and the press.
6. Communications.
7. Minutes of the previous meeting held on 4th November, 2015. (Pages 1 - 7)

For decision: -

8. Improving Lives Select Commission's Scrutiny Review of Domestic Abuse. (Pages 8 - 31)
 - Deferred at 23rd September, 2015, meeting.

For consideration and comment: -

9. Rotherham Child Sexual Exploitation Needs Analysis. (Pages 32 - 106)
 - Appendix One - Rotherham CSE Needs Analysis;
 - Appendix Two - Salford University Report – CSE Needs Analysis Report.

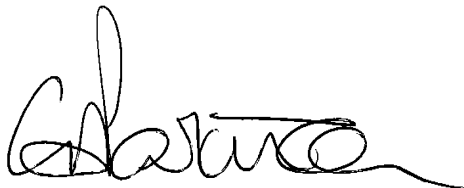
10. Update on Multi-Agency Referral Panel. (Pages 107 - 108)
11. Overview of progress to date of the Child Sexual Exploitation Delivery Plan 2015 - 2018 in the specific areas of Voice and Influence Impact and work undertaken in schools in Rotherham. (Pages 109 - 120)
12. Date and time of the next meeting: -
 - Wednesday 3rd February, 2016, to start at 1.30 p.m. in the Rotherham Town Hall.

Improving Lives Select Commission membership:-

Chair – Councillor J. Hamilton
Vice-Chair – Councillor Pitchley

Councillors Ahmed, Astbury, Beaumont, Clark, Cutts, Elliot, Hague, Hoddinott, Jepson, Jones, Reeder, Rose, Rosling, Taylor, Tweed and M. Vines (18).

Co-opted members:- Ms. Jones (Voluntary Sector Consortium), Mr. Smith (Children and Young Peoples' Voluntary Sector Consortium), Mrs. Clough (ROPF: Rotherham Older Peoples Forum) for agenda items relating to older peoples' issues.



Interim Director for Legal and Democratic Services

**IMPROVING LIVES SELECT COMMISSION
4th November, 2015**

Present:- Councillor Hamilton (in the Chair); Councillors Ahmed, Beaumont, Cutts, Hague, Hoddinott, Jones, Rose, Rosling, Taylor, Elliot, M. Vines, Jepson and Reeder and Co-opted Member Ms. J. Jones.

Apologies for absence were received from the Mayor (Councillor Clark), Councillor Astbury and Co-opted Member Mr. M. Smith.

22. DECLARATIONS OF INTEREST.

No Declarations of Interest were made.

23. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS.

No members of the public or the press were in attendance.

24. COMMUNICATIONS.

It was noted that Councillor S. Currie had left the Improving Lives Select Commission and that he had been replaced by Councillor J. Elliot.

25. MINUTES OF THE PREVIOUS MEETING HELD ON 23RD SEPTEMBER, 2015.

The minutes of the previous meeting of the Improving Lives Select Commission held on 23rd September, 2015, were considered.

From the matters arising on the previous minutes, 22nd July, 2015, Councillor Hoddinott asked whether there was any advance in the CSE scorecard. In July it had been promised in September. It was now November and it had not been submitted or circulated to Elected Members. How could the Improving Lives Select Commission scrutinise agencies' response to CSE without knowing or understanding the CSE profile?

Councillor Hoddinott asked for an update on Regulation 44 reports. She had asked at the September meeting how many Regulation 44 reports there had been over the past year, and where they had been reported to. She had not received a response.

It was noted that the Improving Lives Select Commission needed to appoint a lead to work with the Rotherham Local Safeguarding Children Board on audit. Expressions of interest were received from Councillors Hoddinott and Ahmed.

The Improving Lives Select Commission confirmed that Councillor Hoddinott would be the lead Member for this, with Councillor Ahmed acting as her substitute and receiving full information.

Resolved: - (1) That the minutes of the previous meeting held on 23rd September, 2015, be agreed as an accurate record and the matters arising updates be noted.

(2) That Councillor E. Hoddinott be confirmed as the Improving Lives Select Commission's lead Member in respect of Audit of the Rotherham Local Safeguarding Children Board. Councillor S. Ahmed will act as her substitute member and receive training and information requisite to the role.

26. EARLY HELP.

David McWilliams, Assistant Director Early Help and Family Engagement, Children and Young People's Services Directorate, was welcomed to the meeting to provide an update on Early Help. David gave a presentation and welcomed Members' questions and comments.

David's presentation covered the following information: -

- Storyboard;
- Early Help Vision;
- Leadership team and structure for Early Help and Family Engagement: -
 - There was currently one vacancy within the structure.
- What is early help?;
- Contact and reach of other services;
- One Family, One Worker, One Plan;
- 'Worked with' – co-production – not 'done to';
- Named worker;
- Families are encouraged to find their own solutions to their own problems;
- Ofsted inspections evaluation of the early help offer: -
 - Previous inspection feedback/outcomes had been that early help was not integrated enough. A scorecard had now been established to target the work;
- Early Help was working closely with the Multi-Agency Support Hub;
- Early Help was working on step down / step up arrangements for families entering the service and withdrawing from it;
- Re-referral rates were monitored;
- Wider workforce implications – investment in people working differently and an investment in permanent staff;
- Savings and efficiencies. Early Help provided cashless savings, it was important to know unit costs;
- Early Intervention Foundation (EiF);
- Interactive social media was planned, including self-help guides;

- The service included youth work, and so encompassed statutory duties;
- The aim was to provide consistency across the Borough;
- The drop in the 'Not in Education, Employment, or Training' rate to 6.4% had been due to Early Help teams getting in touch with members of the community to find out destinations.

Discussion and questions followed David's presentation. The following areas were covered: -

- Councillor M. Vines asked whether the delay in inspections of Children's Centres was a good thing? - David agreed that the additional preparation time was a good thing. Children's Centres worked to self-evaluation frameworks and knew the criteria that was required.
- Councillor M. Vines asked whether self-evaluation was the most reliable method of assessment? Were self-evaluators likely to reveal if they found issues of concern? - David had witnessed the personal commitment of staff in what was a tough and challenging job. They wanted to do a good job. Sixteen people had signed up for the challenge and they had the energy and expertise to do this;
- Councillor Ahmed asked about the online early help offer that included all agencies? - David explained that a meeting had been arranged to discuss this proposal;
- Councillor Ahmed asked about the cost of Early Help. Did it include working with additional families who were new to the caseload, or were these families part of current caseloads? - David explained that the Service had many links across the country to other Early Help provision. He had his own network of peer support. The Service's PDR completion rate was at 100% and the next step would be to look at the quality of the completion. Savings had been identified within the outturn budget;
- Councillor Elliot asked about team sizes. Were they receiving the right support, peer support and supervision? How did 'One Worker, One Family and One Plan' work for families that had multiple needs? When a worker was away, how were their cases covered? David explained that the teams were large and based with other professionals working in the area with local knowledge. Contingency planning was worked through with management and through talking to family members;
- Councillor Hoddinott asked about how Early Help could assist with the types of issues that were brought to elected member surgeries, including issues relating to low level anti-social behaviour and housing issues. David explained about the developing web presence, which would provide a library of information individuals and families could look at. Elected members would be aware of who their local early help team were. It was important that referrals did not bypass the front door;

- Councillor Hoddinott asked whether the housing and police agencies would be keyed in to families' workers? - David explained how this development work was continuing but the Safer Rotherham Partnership meetings would be considered;
- Councillor M. Vines asked whether there were any agencies that were not coming forward? – David was confident that with a credible offer, participation would remain strong and continue to improve;
- Councillor Hamilton asked what success would look like? – David explained that this would be said by the families themselves. Were they happy, how had things improved for them, along with complaints and compliments received giving a picture of the service;
- Councillor Hamilton asked whether the service had enough staff to respond to need? – David described his team as hard working who regularly worked beyond their hours. There were currently the right numbers of staff, they had the right skills, but there was a need to ensure that they were maintained. Deployment/ location of bases would be looked at.

Councillor Hamilton thanked David for his presentation and informative contribution to the discussion. As the Early Help structure was at a formative stage, it was requested that a future update be provided.

Resolved: - (1) That the information shared about Early Help be noted.

(2) That an update be shared in the future outlining the Service's initial progress.

27. CHILDREN'S RESIDENTIAL CARE ISSUES.

Councillor Hamilton welcomed Ian Thomas, Strategic Director, Children and Young People's Services Directorate, and Michelle Whiting, Interim Looked After Children Adviser, Safeguarding Children and Families' Services, to the meeting.

Ian and Michelle, with reference to the submitted reports, informed Elected Members about the current situation relating to Rotherham's residential homes. Ian started his presentation with an apology to Elected Members for the very disappointing outcomes that had been reported. Ian expected progress and knew that there was much more to do.

Ian and Michelle covered the following areas in their presentation on Rotherham's Woodview and Saint Edmund's residential homes: -

- Regular independent Regulation 44 Visits had been conducted. Copies of the reports were submitted to the Assistant Director for Safeguarding Children and Families and Ofsted;
- The material condition of the homes;
- Practices in the homes;

- Culture and that fact that homes were not child-centred;
- None of the children living at the homes were being abused whilst in the Local Authority's care, but the mechanisms in place at the homes did not show that staff were curious about the comings and goings of the young people living there;
- The Local Authority had taken the decision to close Woodview. The children who had lived there were moved to provision that was Ofsted judged to be Good or better;
- Management actions following the close of Woodview would be appropriate;
- In relation to Saint Edmund's, an improvement plan had been issued and submitted to Ofsted;
- Educational outcomes had been found to be good at Saint Edmund's, although there were still areas of concern.

Ian described a future options appraisal process that would take place in relation to Rotherham's current offer of residential homes. The process would look at value for money and outcomes.

The role of Regulation 44 visits was considered, along with the enhanced involvement that Rotherham's Corporate Parenting Panel would have. This included ensuring that there were strong protocols around the visits so that they were conducted in a controlled way that did not encroach on the young people's homes. It had also been agreed that elected members would act in roles as 'Champions' for issues relating to looked after children's lives.

Discussion followed and the following questions were raised: -

- Councillor M. Vines described the Ofsted outcomes as embarrassing. He asked what the hold-up was in progress being seen? – Ian explained how the improvement journey would take three to five years. Progress had been made in the developing Mash and tackling CSE. The negative outcomes in relation to the residential homes were set-backs. The Local Authority was committed to its looked after children and had launched the nine Promises to them setting out what they could expect and what they were entitled to from Rotherham Council;
- Councillor Hoddinott asked why issues at the homes had not been tackled based on the reports provided by the Independent Visitor? It was really disappointing to learn that staff at Saint Edmund's awareness of CSE was found to be low. – Ian explained how the issues had come to the fore and how proprietries had addressed. The concerns reported around CSE related to recording and monitoring, rather than there being a direct issue. Michelle explained how work with the Police had taken place to ensure that there were strengthened risk assessments;

- Councillor Jones asked why the monthly Regulation 44 visits had not identified the problems that were clear to Ofsted. Michelle explained that the interim Head of Residential had been tasked with understanding the evidence that was coming forward;
- Councillor Jepson asked whether the positions found at Woodview and Saint Edmund's applied at the other homes? – Ian explained the work that was continuing to look at standards. These issues would be considered through the options appraisal;
- Councillor Ahmed explained how she was deeply saddened and concerned about the failure for the young people. She was concerned about the emotional impact that living in inadequate environments could bring. The looked after young people needed the best environment, any exposure to poor environments could make young people think that that level was acceptable. How would they be able to challenge poor experiences if they did not know their rights? - Ian explained the voice and influence work that was taking place. A video had been produced for all stakeholders. An event had been held at the New York Stadium where the pledge to looked after children and young people had been shared. There were independent channels by which to raise concerns. All staff were encouraged to treat and respond to looked after young children as though they were their own child. The Independent Reviewing Officer team was a small team with a range of experience and specialisms;
- Councillor Clark had submitted a question via Deborah Fellowes, Scrutiny Manager, asking about the process for informing Ward Members. She had not been aware until it was raised with her in the Ward. – Ian explained that there was a sequence of who was informed and when. There were some who were informed first because of their statutory responsibilities;
- Councillor Hoddinott felt that these issues should not have been a surprise. They should have been picked up by the Regulation 44 visits. It was important that Elected Members had oversight of all issues and services for looked after children. – Ian and Michelle agreed that the services needed to be rigorously scrutinised;
- Councillor Hamilton asked what would happen to the intended refurbishment of the residential homes? - Ian explained that this would be placed on hold until the outcome of the options appraisal was known.

Councillor Hamilton thanked Ian and Michelle for their presentation and informative contribution to the discussions. She asked that the Improving Lives Select Commission be kept informed of the progress in relation to residential homes for looked after children and that they be considered as stakeholders to the decisions made.

Resolved: - (1) That the information shared be noted.

(2) That future updates be provided to the Improving Lives Select Commission informing them of progress made.

28. IMPROVING LIVES SELECT COMMISSION - WORK PROGRAMME.

Deborah Fellowes, Scrutiny Manager (Legal and Democratic Services, Resources and Transformation Directorate) introduced the report that outlined the Improving Lives Select Commission's proposed work programme for 2015/2016. The report outlined what would be covered in each meeting.

Members of the Improving Lives Select Commission were asked to state any other areas that they felt should form part of the priorities to be considered. The following topics were raised: -

- Survivors;
- Survivors with children;
- Parents and carers of survivors;
- Supporting the workforce in the Children and Young People's Services Directorate: -
 - Key competency framework;
 - Appraisals and monthly supervision, along with direct supervisions/observations;
 - Performance management;
 - Training requirements;
 - Capability procedures.

Resolved: - (1) That the proposed Improving Lives Select Commission work programme for 2015/2016 be accepted, along with the suggested additions received in the meeting.

29. DATE AND TIME OF THE NEXT MEETING: -

Resolved: - That the next meeting of the Improving Lives Select Commission take place on Wednesday 16th December, 2015, to start at 1.30 pm in the Rotherham Town Hall.

ROTHERHAM BOROUGH COUNCIL

1	Meeting:	Improving Lives Select Committee
2	Date:	16 December 2015
3	Title:	Improving Lives Select Commission's Scrutiny Review of Domestic Abuse – update to response presented in November 2014
4	Directorate:	Neighbourhoods and Adult Services Safeguarding Adults

5 Summary

The report provides an update on the recommendations of the Improving Lives Select Commission Scrutiny Review of Domestic Abuse. The original response and update was presented to Cabinet in February 2014 and November 2014. The recommendations of the review focus on the improvement of service provision to victims of Domestic Abuse in Rotherham.

6 Recommendations

- That the Committee receives and accepts the report and attached update

7 Proposals and Details

The Improving Lives Select Commission Scrutiny review of Domestic Abuse report was presented to Cabinet on November 6th 2013. The recommendations of the review focus on the development of a more integrated domestic abuse service provision that had clear protocols and pathways for all risk levels that were understood by every partner agency. It was also recommended that domestic abuse should be more integrated at a strategic level so that other work streams were addressing the impact it has on victims. The response and update to the recommendations made was presented to Cabinet in February and November 2014. Attached to this report are the updates on the work achieved against the recommendations since November 2014.

8 Finance

The Review highlighted the value of supporting Domestic Abuse Service Provision during the austerity measures. The financial impact of each recommendation has been considered and acknowledged where appropriate in the attached response.

9 Risks and Uncertainties

By not adopting this response, Rotherham will struggle to

- Evidence its local compliance with the statutory guidance for the conduct of Domestic Homicide Reviews
- Evidence that the Rotherham's Domestic Abuse Priority Group, on behalf of the Safer Rotherham Partnership, are proactive in reducing the risk of domestic homicide in line with emerging national best practice
- Support Community Safety Partnerships in their statutory obligation to undertake Domestic Homicide Reviews by ensuring completion of identified actions and mirror media strategies
- Enable the actions of agencies withstand scrutiny in formal review
- Respond to victims and their families effectively

10 Policy and Performance Agenda Implications

By adopting this response, Rotherham can

- Evidence its local compliance with the statutory guidance for the conduct of Domestic Homicide Reviews
- Evidence that the Rotherham's Domestic Abuse Priority Group, on behalf of the Safer Rotherham Partnership, are proactive in reducing the risk of domestic homicide in line with emerging national best practice

- Support Community Safety Partnerships in their statutory obligation to undertake Domestic Homicide Reviews by ensuring completion of identified actions and mirror media strategies
- Enable the actions of agencies withstand scrutiny in a serious case or domestic homicide review
- Respond to victims and their families effectively

11 **Background Papers and Consultation**

Call to End Violence against Women and Girls HM Government November 2010

A Call to End Violence Against Women and Girls: Action Plan HM Government April 2013

Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews Revised – applicable to all notifications made from and including 1 August 2013, Home Office, June 2013

Joint Strategic Needs Assessment 2014

Draft SRP Strategy to Eliminate Domestic Abuse and Sexual Violence 2012-2015

South Yorkshire Police and Crime Commissioner – Police and Crime Plan 2013 - 2017

Children and Young People's Plan 2010-2013

Joint Strategic Intelligence Assessment 2013/14, 2014/15

RMBC Corporate Priorities

- Ensuring care and protection are available for those people who need it most
- All children in Rotherham are safe
- Vulnerable people are protected from abuse
- Helping to create safe and healthy communities
- Anti-social behaviour and crime is reduced

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Cabinet's Response to Scrutiny Review - Domestic Abuse

Please note:

Coordinated Action Against Domestic Abuse (CAADA); is now known as 'Safelives'.

Recommendation	Cabinet Decision (Accepted/ Rejected/ Deferred)	Cabinet Response and Update (5th November 2014) (detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)	Officer Responsible	Action by (Date)
1 In order to facilitate longer term planning and retain skilled and experienced staff IDVAS funding should be mainstreamed rather than being 12 monthly.	Accept	<p>The council fully endorses the intention of this recommendation, but following discussions between Departments we are unable to accept this at this time. The proposal would require funding up front from mainstream budgets which, due to current budget pressures, it has not been possible to achieve. The responsible officer will have discussions with key partners to look at funding from a multi-agency perspective.</p> <p>November 2014:</p> <p>Mainstreamed funding has been achieved for the retention of the current service capacity. Interim funding has been achieved to expand the service for 12 months and discussions continue with the Police and Crime Commissioner to secure funding to maintain service expansion for the longer term</p> <p><u>August 2015:</u></p> <p>The two Independent Domestic Violence Advocates funded by RMBC (Rotherham Borough Council)</p>	Sam Newton	June 2015

		<p>have been joined from the 1st June 2015 by two additional Independent Domestic Violence Advocate's on a one year contract funded by the Police Crime Commissioner. Within the last 12 months Rotherham MARAC (Multi Agency Risk Assessment Committee) discussed 502 cases, to support these cases SafeLives recommends there are 5.5 Full Time Employed IDVA (Independent Domestic Violence Advocates). Rotherham support's a higher number of cases through the MARAC than we would expect on national averages (nationally we anticipate 40 cases per 10,000 adult females, Rotherham discuss 47).</p> <p>The Rotherham Independent Domestic Violence Advocate team now has 4 workers, which is less than the 'SafeLives' recommendation for the current needs of the people of Rotherham.</p>		
<p>2</p> <p>A full audit of need for domestic abuse support and services is recommended with a view to moving towards joint commissioning of services.</p>	<p>Accept</p>	<p>Domestic Abuse now features in the Joint Strategic Needs Assessment. Although the Joint Strategic Needs Assessment now includes Domestic Abuse and an analysis of Domestic Abuse provision for 16 – 18 years was undertaken by Children's and Young People's Services in 2013/14, a full needs audit is to be undertaken. This will be completed by March 2014 and this will be led by RMBC (Rotherham Metropolitan Borough Council).</p> <p>November 2014:</p> <p>Now that Domestic Abuse features in the Joint Strategic Needs Assessment it is reviewed and refreshed every quarter. A contracts compliance officer is continuing with annual contracting reviews</p>	<p>Chrissy Wright / Claire Smith</p>	<p>August 2015 Completed.</p>

		<p>including Domestic Abuse service providers. Services are being reviewed in line with future procurement processes and the joint commissioning discussions are being progressed.</p> <p><u>August 2015:</u></p> <p>An Equality Assessment was completed in November 2014 which included consultation with providers and service users. The procurement exercise is now completed and 2 services were tendered. A housing related support service providing floating support for men and women experiencing domestic abuse and a service for BME (black, minority, ethnic) women (which included the need to signpost men appropriately). The contracts have been awarded to the winning bidder and the new contracts should commence in October 2015. An implementation plan has been developed by the provider and this will be monitored by commissioning</p>		
<p>3</p> <p>Agencies need to ensure a balance of appropriate workshop based training and e-learning is available for all relevant staff, workers and professionals, considering joint commissioning and joint funding to make the best use of time and resources.</p>	Accept	<p>A proposal to review and refresh the domestic abuse training provision is being prepared for discussion and approval at DAPG (Domestic Abuse Priority Group)</p> <p>November 2014:</p> <p>A proposal to review and refresh the domestic abuse training provision is to be presented to DAPG (Domestic Abuse Priority Group). Action in relation to this review has been delayed by commissioning process and managerial changeovers. However, agreement has been reached to ensure that mental health and substance misuse service staff will now</p>	Jan Bean	September 2015

		<p>access the Multi Agency Domestic Abuse Training. Attendance on this training is monitored by the RMBC (Rotherham Metropolitan Borough Council) Directions team and the RLSCB.(Rotherham Local Safeguarding Children Board)</p> <p><u>August 2015:</u></p> <p>Domestic Abuse Training Task and Finish Group has been actioned to review existing training modules and customised E-Learning is now available for Domestic Abuse. When complete the proposed training will be presented at the DAPG (Domestic Abuse Priority Group) for approval. Mental health and substance misuse service staff within RDASH are accessing the Multi Agency Domestic Abuse Training, this is monitored through RMBC Directions Team.</p>		
<p>4</p> <p>Members recommend that the statutory agencies i.e. the Council, Police and Health explore and report back on the feasibility of a pooled budget for domestic abuse services.</p>	Accept	<p>The SRP (Safer Rotherham Partnership) Executive agreed this recommendation on 08.01.14, but noted this was an extensive piece of work which, if a pooled budget was approved, would transform Domestic Abuse service provision in Rotherham. This also links to recommendation 1.</p> <p>November 2014:</p> <p>The development of a MASH (Multi Agency Safeguarding Hub) is underway and this has superseded work on a pooled budget. The co-location of key partners who will eventually form the MASH (Multi Agency Safeguarding Hub) (CYPS (Children and Young Persons Service), Police, Health) was completed by the 8th September.</p>	Samantha Perrins	Aug 2015

		<p>Following on from this a number of workshops are planned to develop and implement the future operation of the co-located services as a MASH (Multi Agency Safeguarding Hub). Part of this service transformation has included co-location of the Independent Domestic Violence Advisors with South Yorkshire Police's Domestic Violence Officers and has strengthened our response to high risk victims of Domestic Abuse. The co-location of Domestic Abuse support provision has also improved information sharing in cases with the risk is not high and is improving early intervention responses</p> <p><u>August 2015:</u></p> <p>Kelly White is no longer responsible for task 4 detailed above, the responsibility has been designated to Samantha Perrins MASH (Multi Agency Safeguarding Hub) Service Manager. Ms Perrins will provide an Update in the next couple of days.</p> <p>Update by Samantha Perrins August</p> <p>Please see attached DA story board which has been created for Ofsted, progress board and improvement board</p>		
5	Members recommend that agencies explore and report back on the feasibility of an integrated joint working approach across all risk levels, such as a "one stop shop" or a "golden number" for domestic abuse referrals.	Accept	<p>We are currently exploring the co-location of Domestic Abuse service providers in order to improve the multi-agency working in cases of Domestic Abuse. If this is achieved it is anticipated there will be a central number for victims to telephone for support and advice.</p>	<p>CI Ian Womersley/Sgt Shane Fox</p> <p>Completed September 2014</p>

		<p>We are also investigating the feasibility of linking in with help line provision in other areas of South Yorkshire and moving this forward will be subject to available funding.</p> <p>November 2014:</p> <p>We have explored this recommendation as part of the work to transform DA (Domestic Abuse) service delivery through co-located service provision that has been achieved through the ongoing implementation of the MASH (Multi Agency Safeguarding Hub). We have found this this is not feasible as not all DA (Domestic Abuse) support services are co-located at this time</p>		
<p>6</p> <p>The SRP Board should ensure sufficient resource allocation to enable any domestic homicide reviews to comply with the revised statutory guidance published by the Home Office in June 2013.</p>	Accept	<p>A paper was presented to the Safer Rotherham Partnership Executive on the 29th November 2013. This proposed that the Independent Charing and report authoring of future Domestic Homicide Reviews (DHRs) would be jointly financed by the statutory partners of the Safer Rotherham Partnership. This proposal was considered by the Safer Rotherham Partnership and agreed on (insert date).</p> <p>The contributions will be as follows:</p> <p>Health (CCG – Clinical Commissioning Groups) – 30%</p> <p>RMBC (Rotherham Metropolitan Borough Council) – 30%</p> <p>SYP (South Yorkshire Police) – 30%</p> <p>NPS (National Probation Service) - 10%</p>	Cherryl Henry-Leach	Completed – 19/12/13

7	Domestic abuse is an issue that cuts across multiple portfolios therefore Cabinet might wish to consider identifying a Cabinet lead for domestic abuse.	Accept	<p>The Chair of the Safer Rotherham Partnership Domestic Abuse Priority Group has discussed this the elected members for Safeguarding Adults and Children and have the recommendation confirmed by the Leader of the Council</p> <p>November 2014:</p> <p>In May 2014 it was confirmed that Councillor John Doyle, the elected cabinet member for Adult Social Care and Health, has been identified as the Cabinet lead for Domestic Abuse, which now sits within his portfolio</p>	Chrissy Wright	Completed June 2014
8	As Domestic Abuse is a priority it should be made more explicit within other key strategies and plans. The JSNA and HWBS are both being refreshed, as is the Council's Corporate Plan, so this provides an opportunity to strengthen the focus on domestic abuse.	Accept	<p>This is completed, as the Joint Strategic National Assessment (JSNA) has recently been refreshed and now includes Domestic Abuse. The Health and Well Being strategy will incorporate Domestic Abuse when it is next refreshed. In the interim, the Joint Strategic National Assessment (JSNA) will be the key resource to inform plans and priorities across the council and partners.</p> <p>Members may wish to note that the Safer Rotherham Partnership has identified its priorities for the Joint Strategic Intelligence Assessment (JSIA) and Domestic Abuse has been confirmed as one of the Safer Rotherham Partnership's priorities for 2014/15. The review that the SRP will undertake in relation to recommendation 12 will, it is anticipated, strengthen the links between the Joint Strategic Intelligence Assessment (JSIA) and the Joint Strategic National Assessment (JSNA)</p>	Kate Green/Cherryl Henry-Leach	Completed - 19.12.13

9	Drugs and alcohol play a significant part in domestic abuse cases, especially for standard/medium risk; therefore work-streams should take account of domestic abuse.	Accept	<p>The Drugs and Alcohol Team (DAAT) within Rotherham Public Health are to arrange a workshop and invite all relevant partners to attend. This will enable to build a data profile in relation to Domestic Abuse where substance misuse is a feature. This will inform service responses to victims and perpetrators who may be in need of NHS (National Health Service) services to reduce the dependence on drugs and alcohol.</p> <p>November 2014:</p> <p>The merger of the DA (Domestic Abuse) Forum and Domestic Abuse Priority Group (please refer to Item 12) and merged terms of reference for the Domestic Abuse Priority Group has ensured that the Drugs and Alcohol Team within Rotherham are now represented at the Domestic Abuse Priority Group. The workshop is being progressed.</p> <p><u>August 2015:</u></p> <p>Front line staff training has been provided throughout Rotherham on drugs and alcohol awareness however should it be felt this requires repetition then this can be arranged through Malcom Chiddey, Drug Intervention Programme Strategic Manager to arrange further training, this will be discussed at the next DAPG meeting.</p>	Anne Charlesworth	September 2015
10	Links with schools/colleges and other local organisations who work with 16-17 year old young people need to be strengthened to ensure age appropriate	Accept	The Personal Health and Social Education (PHSE) Curriculum in schools does not feature Domestic Abuse as routine. However, PHSE leads are updated as to how sensitive issues such as Domestic Abuse can be addressed within the PHSE	Kay Denton-Tarn/Sherran Finney/Cherryl Henry Leach	Completed September 2014

<p>services and support.</p>		<p>curriculum. Discussions are underway to adapt current Domestic Abuse training materials to ensure they are relevant for delivery within schools.</p> <p>Discussion is also underway with local colleges to ensure they are familiar with contemporary Domestic Abuse processes and referral pathways (e.g. referral to MARAC) in addition to their statutory safeguarding obligations.</p> <p>November 2014:</p> <p>Discussions are underway to adapt current Domestic Abuse training materials to ensure they are relevant for delivery within schools.</p> <p>Rotherham also agreed to adopt the National Young Persons Advocacy Programme in March 2014 with support from the Coordinated Action for Domestic Abuse in relation to training delivery. In March 2013, DAPG (Domestic Abuse Priority Group) agreed that the YPVA role will sit in the IDVA (Independent Domestic Violence Advocate) service in line with emerging best practice in relation to this programme at a national level. The Lead IDVA has achieved CAADA accreditation as a YPVA, and with the agreement of DAPG (Domestic Abuse Priority Group) is now case managing 16/17 year olds being referred to the MARAC process. Her role to ensure that this age group are safeguarded by ensuring that the MARAC and safeguarding processes are effectively aligned and is risk led. In cases where the victim is 13 – 15, the YPVA is available to provide specialist advice to ensure a risk led response through child safeguarding processes.</p>		
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		Local colleges have been briefed to ensure they are familiar with contemporary Domestic Abuse processes and referral pathways (e.g. referral to MARAC) in addition to their statutory safeguarding obligations. PSHE Leads were updated on current developments, and 'consent' was discussed at the May 2014 PSHE Leads meeting. All secondary school PSHE Leads have received a disc with the "This is Abuse" materials on it and the materials were also discussed in the May 2014 PSHE Leads meeting. The Healthy Schools Newsletter that is disseminated sent to all schools (PSHE Leads and Healthy schools lead) and outlined the This is Abuse campaign resources.		
11	Sexual violence should be integral to strategies and plans for work on violence against women and girls, whether it occurs in domestic or non-domestic settings.	Accept	<p>The South Yorkshire Rape Steering Group is looking at developing a South Yorkshire wide strategy. This group will feedback progress from the County level meetings and assist local authority leads to translate the county wide priorities into relevant local strategies. In the New Year, we will identify which Council lead will hold the lead for sexual violence - Public Health or the Community Safety Partnership.</p> <p>The South Yorkshire Sexual Violence strategy is currently under development. Sexual Violence has been aligned with Domestic Abuse in the SRP Strategy that responds to the nation agenda to End Violence Against Women and Girls. Agreement has been reached that Public Health is to be the lead agency for this work in Rotherham and we are awaiting confirmation from Public Health who the lead officer is to be</p> <p>August 2015:</p>	<p>Lynsey Fenwick</p> <p>August 2015</p>

		Zena Jones is now the SARC (Sexual Assault Referral Centre) Manager, Public Health commission Sexual Health Service within Rotherham, the Public Health Lead for Sexual Health is Jo Abbott, Consultant in Public Health. NHS England commission the SARC service within Rotherham.		
12	<p>A full review of domestic abuse structures, communications and governance arrangements within the SRP should be carried out to clarify and reaffirm roles and responsibilities between:</p> <p>a) DAPG and RDAF</p> <p>b) SRP Executive, JAG and DAPG</p>	<p>Accept</p> <p>Discussions between the Safer Rotherham Partnership Domestic Abuse Priority Group and Forum are underway. It is anticipated that the outcome of those discussions will be the two groups will be merged from April 2014.</p> <p>The Domestic Abuse Priority Group and Forum agreed to merge in May 2014.</p> <p>Accept</p> <p>The SRP accept there is a need to ensure other Boards and Partnerships are clear on the reporting structures for Domestic Abuse to the SRP. The Executive agreed, on 08.01.14, to lead this review</p> <p>The SRP have ensured that governance for DA sits within their structures and this has been communicated to other Boards and Partnerships. DAPG has also formally agreed and nominated DAPG representative who sits at the JAG. At an</p>	<p>Chrissy Wright</p> <p>Steve Parry</p>	<p>Completed May 2014</p> <p>Completed May 2014</p>

		operational level, training ensures DA reporting procedures have a focus within training and links to other forms of abuse and DA are recognised		
13	The ACPO DASH risk assessment form should be used by all agencies, supported by training, to ensure a universal and consistent approach to risk assessment	Accept	<p>SYP advise that they are on target to switch to use of this risk assessment tool in February 2014 and will be training front line Police staff throughout January and February. The MARAC and Risk Assessment Workshop will also continue to be run and, as Multi Agency Training, will be open to all agencies who come into contact with cases where Domestic Abuse is a feature.</p> <p>November 2014: South Yorkshire Police confirmed that they are now using the ACPO DASH Domestic Abuse risk assessment tool</p>	<p>Pete Horner/Cherryl Henry-Leach</p> <p>Completed March 2014</p>
14	A standard multi-agency protocol and process should be developed for standard and medium risk assessment to ensure consistency in approach and common pathways communicated and understood by all partners, to include risk assessment in children's health and social care such as pre-birth assessments	Accept	<p>The RLSCB (Rotherham Local Safeguarding Children Board) has a Domestic Abuse protocol (from 2008). This is to be reviewed to ensure consistency and common pathways that are clearly understood by partners in cases non-high risk cases of Domestic Abuse. Pre Birth Assessments where Domestic Abuse has been identified as an issue during pregnancy are now being undertaken.</p> <p>The protocol has been reviewed and requires refresh to ensure that pathways are embedded and contemporary practice reflected in the protocol. This will now align with the progress of the MASH (Multi Agency Safeguarding Hub) development</p>	<p>Phil Morris/Cherryl Henry-Leach</p> <p>Completed October 2014</p>
15	A standard multi-agency protocol and process should be developed for contacting victims at all risk levels to avoid duplicating	Accept	Much of the duplication in contacting victims of Domestic Abuse links to national protocol between the Police and Victim Support. We are currently exploring how the duplication of contacting victims of	<p>Cherryl Henry-Leach</p> <p>March 2015</p>

referrals or initial contact.		<p>Domestic Abuse and sexual violence can be reduced at a local level. This may be achieved through co located service provision which we are currently exploring.</p> <p>November 2014:</p> <p>We have not been able to progress this recommendation as Victim Support have national level agreement that the Police will refer all victims of crime to them and, as a result, they will contact all victims referred to them – including DA victims. Work is being undertaken at a County level to obtain agreement that Domestic Abuse victims assessed as high risk by Police will not be referred to Victim Support as they are referred to the IDVA service when referred to MARAC (Multi Agency Risk Assessment Committee)</p>		
<p>16</p> <p>Subject to agreement with CAADA Members recommend that NHS South Yorkshire and Bassetlaw be approached with a view to rolling out the GP flowchart setting out how to respond to domestic abuse to dentists and pharmacists.</p>	Accept	<p>Whilst we welcome this recommendation, CAADA informed us in November 2013 that their GP Flowchart cannot be rolled out to other services, but that they have no objection to our developing a similar flow chart for use by dentists, pharmacists, solicitors and other disparate service providers. This is now under development and launch is anticipated by 31st March 2014. It will need to be agreed by the CCG and NHS England prior to launch, which may delay the date.</p> <p>November 2014:</p> <p>It is anticipated that the flow chart will be amended and launched in November 2014. (Work was</p>	Ruth Fletcher-Brown/Cherryl Henry-Leach	August 2015

		<p>delayed by discussions with the Coordinated Action Against Domestic Abuse (CAADA) to establish what amendments need to be undertaken to ensure we do not infringe their copyright. This has now been resolved.)</p> <p><u>August 2015:</u></p> <p>The process for responding to domestic abuse for Dentists, Opticians and Pharmacies is now at the stage of sharing with NHS England for comments and to see if they would be willing to adopt it. It would need badging as NHS England if they adopted it. Work in progress.</p>		
<p>17</p> <p>A perpetrator programme should be established in Rotherham as part of the work on prevention and early intervention and to ensure compliance with the SDVC components.</p>	Accept	<p>A bid was submitted to the EEC Daphne funding stream to finance the development and roll out of a perpetrator programme. We were informed on 27th November 2013 that this bid was unsuccessful and we are now scoping for other funding opportunities to support this area of work. This includes approaching the Police and Crime Commissioner for funding of a non- criminal justice community based perpetrator programme. We have been advised that the Daphne bid is being reconsidered.</p> <p>November 2014:</p> <p>We appealed the decision of the EEC Daphne funding stream providers and they reconsidered our submission. Unfortunately, in June 2014 we were advised that the bid had been re-considered but remained unsuccessful. The Domestic Abuse Priority group are aware of the need to progress a request for funding of a non-criminal justice perpetrator programme. In line with the rest of South</p>	Bob Chapman	August 2015

		<p>Yorkshire, we are awaiting the evaluation from the Doncaster non-criminal justice perpetrator programme funded by the Police and Crime Commissioner to furnish a county wide approach as to what works in terms of perpetrator management. Meanwhile, South Yorkshire Police have developed a force wide approach to serial perpetrator management and this is to be shared with the Domestic Abuse Priority Group. When Rotherham Police piloted this approach, South Yorkshire Police advised that there was a 75% reduction in DA reports to the Police</p> <p>August 2015:</p> <p>Rotherham District will have from the go live of the LPU structure in October, a dedicated Domestic Abuse offender management officer, who in conjunction with the Safeguarding Adults Team (SAT), will have responsibility for monitoring and managing repeat and high risk Domestic Abuse offenders.</p>		
18	<p>A review should be carried out on resource allocation in order to focus more on standard/medium risk cases as part of the early intervention and prevention agenda and to prevent escalation to high risk and MARAC which is very resource intensive.</p>	Accept	<p>We are currently undertaking a review that covers this area of work and have established the need to train our Early Help workforce in the use of a Domestic Abuse Matrix that will ensure appropriate alignment of support of a child living with Domestic Abuse and the management of the risk posed to the abused adult parent or carer. This training will be completed by June 2014. In addition, we have also established the Early Help Panel which ensures, where Domestic Abuse is a feature in cases referred to this Panel, that Domestic Abuse is responded to appropriately where the risk is assessed as standard and medium to ensure risk escalation is prevented.</p>	<p>Jane Parfremment/Warren Carratt</p> <p>Completed June 2014</p>

<p>Funding allocation for low cost but effective target hardening measures should be considered in the review.</p>	<p>Accept (subject to available funding)</p>	<p>November 2014:</p> <p>As part of the MASH development, CYPs are developing the DA matrix that will be used by frontline practitioners to ensure that risk DA thresholds in relation to the Adult carer being abused is mapped to child safeguarding thresholds. This will ensure that the risk posed to an abused adult carer will be aligned to the needs to the children living in households where DA occurs so that we can ensure proactive early intervention</p> <p><u>August 2015:</u></p> <p>Kelly White is no longer responsible for task 18 detailed above, the responsibility has been designated to Samantha Perrins MASH (Multi Agency Safeguarding Hub) Service Manager. Ms Perrins will provide an Update in the next couple of days.</p> <p>Update by Samantha Perrins August</p> <p>Please see attached DA story board which has been created for Ofsted, progress board and improvement board</p> <p>This is available for victims of Domestic Abuse who reside in Local Authority Housing. Victim Support Rotherham has received temporary funding from the Ministry of Justice for this and this is reviewed annually at a national level. Funding opportunities at a local level are being sourced to ensure that increased security measures can be offered to victims of Domestic Abuse living in private tenure</p>	<p>Bev Pepperdine/Kelly White/Cherryl Henry-Leach</p> <p>Cherryl Henry-Leach</p>	<p>August 2015</p> <p>Completed June 2014</p>
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		<p>properties where the risk posed to the victims are standard or medium.</p> <p>November 2014:</p> <p>Victim Support have received funding from the Police and Crime Commissioner to provide target hardening for non-high risk victims of Domestic Abuse</p>		
19	<p>Members emphasised the importance of raising awareness with children and young people of how to recognise coercive relationships and to recognise and report domestic abuse, but recommend a review of the training strategy, including who is best placed to deliver the training, in order to ensure the best use of staff resources.</p>	Accept	<p>This recommendation will be achieved through completion of the actions on recommendations 3 and 10. We request this action is now discharged</p>	<p>Jan Bean/Warren Carratt</p> <p>Discharged</p>
20	<p>Members recommend that Forced Marriage and so called "Honour" based violence be the subject of a separate review by Improving Lives Select Commission in 2014.</p>	Accept	<p>The JSIA has identified Forced Marriage and "Honour" based violence as an area of work to be developed by the Safer Rotherham Partnership. We will be undertaking a review of Forced Marriage and "Honour" based violence during February to April 2014 which will enable us to map the prevalence of this form abuse and identify gaps in local service provision. Findings will be presented to the Safer Rotherham Partnership Domestic Abuse Priority group in May/June 2014.</p> <p>Stalking and Harassment is also identified within the</p>	<p>Cherryl Henry-Leach</p> <p>Completed June 2014</p>

		<p>Joint Strategic Assessment and this also to be reviewed during February to April.</p> <p>Members may wish to undertake their review once the findings from the above planned reviews are available.</p> <p>November 2014:</p> <p>The scoping exercise outlined above has been undertaken by utilisation of a student placement provided by Sheffield Hallam University. The findings of this exercise will be presented to the Improving Lives Select Committee on 5th November 2014</p>		
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Domestic Abuse

What is the issue

OFSTED found in September 2014 that:

In September 2014, 1,128 contacts were received, of which 568 (50%) required no further action. The number of contacts is significantly inflated by domestic violence notifications from the police, with 1,164 (72%) in the past six months requiring no further action. This high volume of inappropriate contacts limits the capacity of the CART to make timely decisions. In the period April to September 2014, 33% of decisions were not made within the expected period of 24 hours.

For children living in households where there is a high risk of domestic abuse, the Multi-Agency Risk Assessment Conference (MARAC) is well established and attended well by most partner agencies except children's social care. This lack of engagement is hampering information exchange and the effectiveness of the MARAC. This issue was highlighted in the recent national review of MARAC arrangements, leading to an immediate positive response from children's social care. However, further improvements are still required, with consistent representation by a sufficiently senior manager who will share and disseminate information appropriately.

Domestic abuse services are well-coordinated and victims have access to a good suite of services including refuge provision, freedom projects, victim support, counselling and dedicated independent domestic violence advisors (IDVAs).

Our journey since the last Ofsted inspection

The refreshed Rotherham Multi-Agency Safeguarding Hub (MASH) went 'live' on 1st April 2015 and undertakes the 24 hour decision making process formerly carried out by CART.

- A uniform and mandatory MASH template and recording tool has been introduced for social workers to ensure they focus on the details required for referrals to make timely and accurate

our story

analysis/recommendations.

- MASH Operational Guidance, individual RAG rating and Information Sharing Protocol are now operational.
- The Local Safeguarding Children's Board raised concerns regarding the number of inappropriate referrals received from South Yorkshire Police (SYP). To help manage this, a separate domestic abuse email in box for low level 'blue' contacts has now been created.
- SYP are to continue sending low risk domestic abuse notifications (rated blue) and these are to be processed via a different email account at MASH and recorded on children's files for information. This is an agreement between SYP and Children's Social Care Services.
- Threshold Descriptors have been updated and merged into a single document and are now implemented.
- Strengthening Families training has been rolled out and is included in all forms that are in use within the MASH.

What difference has this made?

Practice audits carried out in April and May found that in the cases reviewed decision making was largely sound.

Timeliness of a decision regarding the type of response that is required for a child is made within one working day as per Working Together 2015 guidance.

Performance information is part of daily, weekly and monthly reporting and managers have access to a performance dashboard to allow for real time monitoring of performance against individual contacts.

The introduction separate domestic abuse email in-box for low level 'blue' contacts has enabled the safe and effective assessment and tracking of those contacts from the police which may be deemed to be inappropriate.

Areas for improvement

- A MASH review of domestic abuse processes is underway and includes measures to ensure appropriateness and timeliness of referral to MARAC.
- Further review is needed between SYP & MASH to ensure the national ACPO DASH risk assessment model is jointly being adhered to.
- The effectiveness of and attendance at MARAC still needs to be reviewed and addressed.

Next steps

- MASH Domestic Abuse Process map / procedures are under development.
- From 21st September a daily Multi Agency Domestic Abuse (MADA) meeting will take place. The purpose of the MADA is to share information regarding high risk cases received within the previous 24 hours and agree next steps.
- New Social Care Ways of Working due to implemented in September 2015, include the daily review by a social worker of domestic abuse notifications received. Those which do not meet Threshold for Social Care will be returned to SYP as an inappropriate referral to be held on police records.
- The head of Quality Assurance and Safeguarding is due to observe MARAC in order to make recommendations to address the improvement of attendance and process.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1. Meeting:	Improving Lives Select Commission
2. Date:	16 December 2015
3. Title:	Rotherham Child Sexual Exploitation Needs Analysis
4. Directorate:	CYPS All wards

5. Summary

As part of the Scrutiny work programme for 2015/16, it was agreed between Commissioners and Elected Members that the Improving Lives Select Commission focus on the scrutiny of partnership plans to tackle Child Sexual Exploitation (CSE) in Rotherham.

The following reports Rotherham Child Sexual Exploitation Needs Analysis (attached as Appendix 1) and University of Salford: Needs Analysis following the Sexual Exploitations of Children in Rotherham (attached as Appendix 2) are to be considered as part of this work.

6. Recommendations

That Members:

- a. Consider and comment on Appendix 1 and 2;**
- b. Determine how the issues raised in the CSE Needs Analysis are to be included in the work programme of Improving Lives Select Commission.**

7. Proposals and details

- 7.1 The Rotherham Child Sexual Exploitation Needs Analysis (attached as Appendix 1) describes the landscape in which services in Rotherham are operating. This analysis identifies the need for work in schools, intervention & prevention at the earliest possible stage & the importance of voice & influence & consultation as part of a response to evolving need.
- 7.2 As a result of this analysis a separate voice & influence research project was commissioned. Salford University (attached as Appendix 2) carried out this work with the support of a number of local services: Apna Haq, Swinton Lock, Clifton Learning Partnership, RISE & individuals who had experienced or were at risk of CSE. Public opinion was also sought & information was collated through a variety of sources including group work, 1:1 sessions & an online survey. This mixed methodology was a deliberate design to be as inclusive as possible to all of the Rotherham population.
- 7.3 One of the overall objectives of the Salford research was:
- ‘To gain understanding & insight into the views of victims & survivors & families affected by CSE from all sections of the population of Rotherham.’***
- 7.4 Both documents evidence the need for an early interventionist approach, which will reduce prevalence of vulnerability for children and young people in Rotherham and offer children, many of whom who are on the cusp of care and in care a way out before it's too late and serious harm is inflicted on the child. To this end extensive voice & influence work has been undertaken & indeed continues to ensure that provision meets the needs of those affected by & vulnerable to CSE.

8. Finance

Not considered as part of this report.

9. Risks and Uncertainties

Considered as part of the 'The Way Forward' Child Sexual Exploitation Strategy 2015-18 and CSE Delivery Plan 2015-18

10. Policy and Performance Agenda Implications

Considered as part of the 'The Way Forward' Child Sexual Exploitation Strategy 2015-18 and CSE Delivery Plan 2015-18

11. Background Papers and Consultation

See attached

12. Contact

Gary Ridgway, Assistant Director (CSE Investigations)

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Rotherham Child Sexual Exploitation Needs Analysis

CSE Joint Intelligence Working Group

LSCB CSE sub-group

December 2015

FINAL

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Introduction

The abuse of children and vulnerable people is an abhorrent crime, no matter when or where it occurs. Partners within Rotherham are committed to tackling it. It is important that we learn the lessons from the Jay (2014), Ofsted (2014) and Casey report (2015) when addressing Child Sexual Exploitation (CSE). In the past we know that we have failed to listen to the voices of children and their families.

Collecting accurate data about Child Sexual Exploitation is an evolving process. At this stage we have used available data taken at a snap shot in time, but as time goes by it is anticipated the data will “firm up” and become more reflective of the true needs of victims and survivors of CSE. It is hoped this analysis will provide a good proxy of services that are required and assist commissioners in securing appropriate services for victims and survivors of CSE.

This report must be read alongside the:

- Salford University voice and influence work (due Autumn 2015)
- Monthly police figures:
<http://www.southyorks.police.uk/help-and-advice/child-sexual-exploitation>

The scope for the Child Sexual Exploitation (CSE) needs analysis was endorsed by the LSCB CSE subgroup in November 2014, as follows:

- To understand the scale and nature of child sexual exploitation in Rotherham
- To understand the needs of victims (child and adult, current and historic)
- To understand the triggers, motivations and needs of perpetrators
- To make evidence based recommendations to inform the development, provision and commissioning of services and programmes to prevent CSE, protect victims and pursue perpetrators

How is CSE defined?

Rotherham has adopted the national agreed definition of Child Sexual Exploitation (CSE).

Sexual Exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where the young person (or third person/s) receive “something” (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing and/or other/others performing on them, sexual activities.

Child Sexual Exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the internet/ mobile phones without 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.

www.nwgnetwork.org

Understanding CSE: learning from recent literature

- Estimates of the proportion of adults who have been sexually abused in childhood vary from 4-8% (involving penetration) to 20-30% (including no contact) (Radford et al 2011) ; there are no reliable national estimates on the prevalence of child sexual exploitation (CSE) (Brodie & Pearce 2012) .
- Modelling from national research on childhood sexual abuse suggests that there is an estimated 17,834 survivors of sexual abuse aged 18-64 years , within Rotherham's population, 70% of whom are female (www.pansi.org.uk).
- Linkage between experience of sexual exploitation/abuse in childhood and subsequent experience of domestic violence is well documented (The Lancet 2014).
- CSE takes many forms: inappropriate age relationship; familial; peer on peer; on line; organised group/gang; grooming an adult to gain access to a child; lone perpetrator (Barnados 2011).

- Peer on peer and online CSE continue to receive less attention than organised group CSE (Jago et al 2011).
- The process of grooming is well studied and described, although understanding remains limited in parts of children's workforce and the wider public (Childline 2012).
- Physical, psychological, behavioural signs of CSE are well described, as are risk factors associated with deprivation and multiple disadvantage ('Push' factors) (Berelowitz et al 2012).
- 'Pull' factors are also recognised: gifts, excitement, adolescent risk taking, seeking transition to adulthood (Berelowitz et al 2012).
- Under-reporting of CSE and additional barriers to disclosure and action are recognised with respect to girls and young women in Asian communities (Gohir 2013) and boys/young men (Barnados 2014).
- Consent: it is still not universally understood that **a child under 18 cannot consent to their own abuse**; victims continue to be blamed for the harm they experience (DH 2014).
- Some young people assume that sexual violence is 'normal' and inevitable; this normalisation also leads to lack of reporting and disclosure (Beckett et al 2013).
- Gender inequality underpins violence against girls and women. Young men are given freedom to be sexually active and receive credibility for this, while young women are judged for, and frequently harmed as a result of, the same (Beckett et al 2013).
- Responses to CSE understandably have had a strong safeguarding /children's social care focus; less attention has been given to youth and community outreach and victim/survivor and family support, especially for the over 16s/18s (Casey 2015).
- Health impacts of CSE are wide ranging and psychological impact of unresolved trauma due to sexual abuse is significant and lifelong; 85% of sexually exploited children interviewed as part of the CCSEGG inquiry had self-harmed or attempted suicide (Berelowitz et al 2012 & Kirtley 2013).
- Effective therapeutic interventions: several systematic reviews have concluded that there is no magic bullet/intervention; a key success factor is quality of practitioner-client relationship (Macdonald et al 2012 & Parker & Turner 2013).
- Many victims/survivors of undisclosed abuse are receiving support in mental health, drugs and alcohol, domestic violence and criminal justice services: for

some, services may tend to respond to presenting issues/diagnosis but be less effective in identifying and addressing underlying trauma (Academy of Medical Royal Colleges 2014).

- Fragmentation of victims/survivors and their families can be exacerbated by fragmented and sometimes re-traumatising services and disjointed partnership action (Berelowitz et al 2012 & Ofsted 2014).
- Vicarious trauma for workers and organisations also requires attention in order to create a resilient system which can provide consistent, enduring support (Berelowitz et al 2013 & Jay 2014).

Understanding CSE in Rotherham: local learning

- [Operation Central \(2010\)](#): Recognised complexity of investigation. The relationships built up between youth workers (Risky Business), police officers and the victims was 'highly beneficial and instrumental' in success of the operation. A specialist multiagency CSE team and CSE multiagency training is recommended. Supportive youth services should be sustained. Staff dealing with CSE should be offered emotional support.
- [Barnardos report \(Oct 13\)](#) 'best practice has demonstrated to engage young people and families where CSE exists requires a different approach to traditional policing and social work' ; commended IYSS routine involvement in community, school and assertive outreach into hot spot areas and stressed the need for this to link back to specialist colocated CSE service.
- [Her Majesties Inspection of Constabulary Review \(2013\)](#): Commended strategic commitment, partnership working to prevent CSE, and staff training, but found not translated into operational activity, no operational targets, consequently lack of resources allocated.
- [Jay report \(2014\)](#): 66 CSE case files; found that majority had multiple missing episodes (63% missing more than once), 50% had misused drugs and/or alcohol, one third had mental health problems, two thirds emotional health difficulties; parental drug addiction was present in 20% of cases and parental mental health problems in over a third of cases. Just over a third were previously known to services due to safeguarding concerns. There was a history of domestic violence in 46% of cases, truancy and school refusal in 63%. Recommendations made on risk assessment, LAC, youth and community outreach, joint CSE team, early intervention, enduring victim support, and BME communities.
- Both [LSCB \(Dec 13\)](#) and [Ofsted \(Nov 14\)](#) reports stressed the need for greater clarity in strategic direction, leadership and governance and robust performance management.
- [Ofsted \(2014\)](#) called for authorities to make the links between CSE with other key strategies e.g. on gangs, licensing, and quality of PSHE in schools.

Ofsted stressed the importance of children both missing and persistently absent from schools and for the police (with assistance of shared intelligence from partners) to make full use of all powers to disrupt.

- [Casey \(2015\)](#) pointed to failings of a 'social care' approach and compartmentalising' of CSE; tension between youth outreach and social care approaches; concern re transition to adulthood, social care responsibility ending at 18; lack of identification of who and where the victims are and their current and future needs.

Risk and vulnerability to CSE in Rotherham's young people: how do we compare with our statistical neighbours?

CSE Needs Analysis

(DRAFT4)

Indicators from Public Health England Profiles

Position compared to England

 Better	 Lower
 Similar	 Similar
 Worse	 Higher

N/C Not compared

Prev Period

Key:

↑ Better	▲ Higher
→ Similar	▼ Lower
↓ Worse	

Data Group	Indicator (Data quality in brackets, A-C)	Rate	Period	Sex	Age	Rotherham Value	Count	Prev Period	Roth Trend	Close Statistical Neighbours (SN)				All SN (SN10)	Yorkshire & Humber	England	Note
										Barnsley	Doncaster	Redc&Clev	Wigan				
1	Domestic Abuse (B)	(1)	2013/14	P	16+ yrs	30.4	n/a	▲	—	30.4	30.4	25.5	23.5	23.2*	22.8	19.4	N/C
1	Violent crime (including sexual violence) - hospital admissions for violence	(2)	2011/12 - 13/14	P	All ages	70.0	540	↑	—	73.6	73.5	76.8	84.6	69.2*	68.0	52.4	
1	Violent crime (including sexual violence) - violence offences per 1,000 population	(1)	2013/14	P	All ages	8.1	2,093	▲	—	8.1	12.8	7.4	8.6	10.2	10.0	11.1	N/C
1	Violent crime (including sexual violence) - Rate of sexual offences per 1,000 population	(1)	2013/14	P	All ages	0.82	212	▲	—	0.94	1.62	0.83	0.76	1.12	1.10	1.01	N/C
1	Hospital admissions caused by unintentional and deliberate injuries in children (0-14 years) (B)	(3)	2013/14	P	<15 yrs	106.2	493	↓	—	100.1	129.5	154.1	144.2	128.1	121.0	112.2	
1	Hospital admissions caused by unintentional and deliberate injuries in young people (15-24) (B)	(3)	2013/14	P	15-24 yrs	115.8	357	↑	—	163.5	158.8	220.3	221.3	182.5	150.7	136.7	
2	Young people hospital admissions due to substance misuse: rate aged 15 - 24 (B)	(2)	2011/12 - 13/14	P	15-24 yrs	94.8	88	↓	—	124.2	119.0	215.8	186.4	136.8*	92.1	81.3	
2	Child hospital admissions due to alcohol specific conditions: rate per 100,000 aged under 18 (B)	(4)	2011/12 - 13/14	P	<18 yrs	29.1	50	↑	—	49.5	43.1	77.4	59.0	52.4	38.1	40.1	
3	Children in need: Rate of children in need during the year, per 10,000 (A)	(3)	2013/14	P	<18 yrs	824.0	4,625	▼	—	472.7	1185.1	899.1	545.3	834.1	755.0	679.0	YH N/C
3	New cases of children in need: Rate of new cases identified during the year (A)	(3)	2013/14	P	<18 yrs	499.8	2,804	▼	—	233.3	677.9	401.8	233.1	442.4	401.8	371.7	YH N/C
3	Children in need for more than 2 years: % of children in need (A)	(5)	2013/14	P	<18 yrs	27.3	506	n/a		29.3	35.6	30.5	35.0	32.9	31.8	31.6	YH N/C
3	Children in need due to abuse, neglect or family dysfunction: % of children in need (A)	(5)	2014	P	<18 yrs	69.4	1,285	n/a		54.6	80.6	56.7	74.5	73.8	71.3	65.8	YH N/C
3	Children in need referrals: Rate of children in need referrals during the year, per 10,000 aged <18 (A)	(3)	2013/14	P	<18 yrs	720.1	4,040	▲	—	354.6	1043.8	609.0	663.5	734.3	671.0	572	YH N/C
3	Assessment of children in need referrals: % of referrals with a completed initial assessment (B)	(5)	2013/14	P	<18 yrs	38.0	1,537	▼	—	23.1	63.9	79.7	3.0	36.3	43.0	46.9	YH N/C

Appendix One

Risk and vulnerability in Rotherham's young people: how do we compare with our statistical neighbours?

Data Group	Indicator (Data quality in brackets, A-C)	Rate	Period	Sex	Age	Rotherham Value	Count	Prev Period	Roth Trend	Close Statistical Neighbours				All SN (SN10)	Yorkshire & Humber	England	Note
										Barnsley	Doncaster	Redc&Clev	Wigan				
3	Child protection cases: Rate of children the subject of a CP plan at the end of the year (31 March) (A)	(3)	2013/14	P	<18 yrs	69.2	388	▲	—	42.5	50.9	79.0	31.4	49.1	44.4	42.0	YH N/C
3	New child protection cases: Rate of children the subject of a CP plan during the year (A)	(3)	2013/14	P	<18 yrs	72.4	406	▲	—	44.9	64.8	100.1	56.1	63.6	51.7	52.0	YH N/C
3	Repeat child protection cases: % of children the subject of a 2nd or subsequent CP plan (A)	(5)	2014	P	<18 yrs	11.3	46	n/a		19.4	17.6	9.1	10.8	14.3	14.9	15.8	YH N/C
3	Looked after children: Rate per 10,000 <18 population (A)	(3)	2013/14	P	<18 yrs	70.4	395	—	—	46.5	77.0	63.7	73.0	75.8	64.7	59.8	YH N/C
3	Children leaving care: Rate per 10,000 <18 population (A)	(3)	2013/14	P	<18 yrs	23.2	130	▼	—	18.2	36.2	27.3	23.6	26.2	24.8	26.4	YH N/C
3	Spend (£000s) on Children looked after: rate per 10,000 0-17 (A)	(3)	2013/14	P	<18 yrs	4,025	22,579	▲	—	2,696	4,059	3,704	3,617	3,662	3,199	3,182	N/C
3	Spend (£000s) on Safeguarding children and young people's services: rate per 10,000 0-17 (A)	(3)	2013/14	P	<18 yrs	1,974	11,073	▼	—	2,101	1,734	1,959	1,159	1,718	1,750	1,761	N/C
3	Spend (£000s) on Local Authority children and young people's services (excl. education) (A)	(3)	2013/14	P	<18 yrs	9,500	53,297	▼	—	8,479	9,272	9,574	8,233	8,773	8,236	7,811	N/C
4	New sexually transmitted infections (including chlamydia)	(3)	2013	P	15-24 yrs	4,940	1,550	n/a		3,697	3,958	2,751	4,618	3,723	3,430	3,433	N/C
4	Chlamydia detection (15-24 year olds) - CTAD	(4)	2014	F	15-24 yrs	2,141	660	↓	—	2,272	2,809	1,471	2,192	2,407	2,244	2,012	
4	Under 18 conceptions (A)	(1)	2013	F	<18 yrs	24.3	115	↑	—	40.9	34.7	33.2	27.1	32.9	28.5	24.3	
4	Under 18 conceptions: conceptions in those aged under 16 (A)	(1)	2013	F	<16 yrs	3.4	16	↑	—	9.6	7.8	9.7	5.6	6.8	6.0	4.8	
5	Young people hospital admissions for self-harm: per 100,000 aged 10 - 24 (B)	(2)	2013/14	P	10-24 yrs	268.1	122	↓	—	508.1	433.7	733.2	784.1	525.0*	394.7	412.1	
5	Prevalence of potential eating disorders among young people: Est. no. of 16 - 24 year olds (C)	(6)	2013	P	16+ yrs	3,616	3,616	n/a		3,314	4,346	1,917	4,485	3,337	n/a	n/a	N/C
6	All entered to the youth justice system: rate per 1,000 aged 10 - 18 (A)	(1)	2013/14	P	10-18 yrs	7.6	211	▼	—	10.8	9.6	14.6	6.0	7.5	7.7	7.0	
6	First time entrants to the youth justice system (A)	(4)	2013	P	10-17 yrs	534.7	134	↓	—	703.4	580.5	608.9	321.7	453.6	459	441	
7	State funded total persistent absence rates	(5)	2014	P	5-15 yrs	4.4	n/a	▼	—	4.9	4.2	4.0	3.7	3.9	3.8	3.6	N/C
7	Children in Need who are persistent absentees	(5)	2014	P	5-16 yrs	15.4	n/a	▼	—	18.6	17.2	10.1	13.6	13.9	n/a	13.8	N/C
7	Children in Need subject to a Child Protection Plan who are persistent absentees	(5)	2014	P	5-16 yrs	13.7	n/a	▼	—	21.0	16.5	9.4	14.4	15.2	n/a	15.2	N/C

Risk and vulnerability in Rotherham's young people: how do we compare with our statistical neighbours?

Data Group	Indicator (Data quality in brackets, A-C)	Rate	Period	Sex	Age	Rotherham Value	Count	Prev Period	Roth Trend	Close Statistical Neighbours				All SN (SN10)	Yorkshire & Humber	England	Note
										Barnsley	Doncaster	Redc&Clev	Wigan				
8	Primary school pupil absence: % of half days missed (A)	(5)	2014	P	Primary	4.3	n/a	▼	—	4.4	4.2	4.0	3.9	4.0	3.9	3.9	N/C
8	Secondary school pupil absence: % of half days missed (A)	(5)	2014	P	Secondary	5.7	n/a	▼	—	6.3	5.9	5.9	5.2	5.5	5.4	5.2	N/C
8	Pupil absence (A)	(5)	2014	P	5-15 yrs	5.0	n/a	▼	—	5.2	4.9	4.9	4.5	4.7	4.6	4.5	N/C
8	Secondary school fixed period exclusions: % of school pupils (A)	(5)	2012/13	P	Secondary	10.1	1,855	n/a		8.5	13.4	7.9	7.2	9.9	8.5	6.8	
8	16-18 year olds not in education employment or training (A)	(5)	2014	P	16-18 yrs	5.9	n/a	▼	—	5.4	5.3	8.4	4.9	5.7	5.1	4.7	N/C
9	Child admissions for mental health: rate per 100,000 aged 0-17 years (B)	(4)	2013/14	P	<18 yrs	37.4	21	↑	—	62.7	53.9	87.4	106.2	84.2	62.1	87.2	
9	Children who require Tier 3 CAMHS: estimated number 0-17 years (C)	(6)	2012	P	<18 yrs	1,040	1,040	n/a		910	1,205	510	1,255	933*	n/a	n/a	N/C
9	Children who require Tier 4 CAMHS: estimated number 0-17 years (C)	(6)	2012	P	<18 yrs	45	45	n/a		40	50	25	55	41*	n/a	n/a	N/C
9	Emotional well-being of looked after children (A)	(7)	2013/14	P	5-16 yrs	13.9	n/a	▼	—	14.3	15.0	14.3	15.2	14.3	14.0	13.9	N/C
9	Emotional and behavioural health outcome for LAC: % eligible children considered 'of concern' (A)	(5)	2012/13	P	School age	44.0	99	▲	—	35.0	39.0	41.0	31.0	34.8	38.0	38.0	
9	Estimated prevalence of any mental health disorder: % population aged 5-16 (B)	(5)	2013	P	5-16 yrs	10.2	3,742	n/a		10.3	10.3	10.5	9.9	10.1	9.7	9.6	N/C
9	Estimated prevalence of emotional disorders: % population aged 5-16 (B)	(5)	2013	P	5-16 yrs	4.0	1,456	n/a		4.0	4.0	4.1	3.8	3.9	3.8	3.7	N/C
10	Family homelessness: rate per 1,000 households (A)	(1)	2012/13	P	n/a	0.6	69	n/a		0.2	0.3	0.1	1.0	0.7	1.3	1.7	

Notes

Rates

- (1) Crude rate per 1,000
- (2) Directly standardised rate per 100,000
- (3) Crude rate per 10,000
- (4) Crude rate per 100,000
- (5) Proportion (%)
- (6) Count
- (7) Score

n/a - not available/applicable

Data quality:

- (A) Robust
- (B) Some concerns
- (C) Significant concerns

Data Group

- 1. Domestic violence/sexual violence
- 2. Drugs and alcohol
- 3. Children in need/child protection/in care
- 4. Sexual health
- 5. Self harm

- 6. Youth justice
- 7. Persistent absence from education
- 8. Missing from home/care/education
- 9. Mental health services
- 10. Youth homelessness

P - Persons, M - Males, F - Females

Prev. period = change over last year/period

N/C - Not Compared (no RAG-rating)

Data from Mental Health Children and Young Peoples Profile only compares to England in terms of 'Lower', 'Higher' or 'Similar'

SN10 = Average for all 10 Statistical Neighbours of Rotherham. Source: Children's Services Statistical Neighbour Benchmarking Tool (CSSNBT)(2014 Update), Department for Education.

* Crude average only (sum of SN10 values/10)

Sources: Public Health England (Profiles data), Department for Education (Local Authority Interactive Tool)

Analysis

CSE Needs Analysis – Indicators from Public Health England Profiles

Areas highlighted based on data updated as at July 2015

Indicators rated significantly worse than England:

- Violent crime (including sexual violence) - hospital admissions for violence (All ages). However, similar to the Statistical Neighbour (SN) average and Yorkshire and the Humber (YH) region average and rates are decreasing recently.
- First time entrants to the Youth Justice System (10-17 yrs.) Rotherham higher than England, YH and SN. Its rate had been decreasing until the latest year (2013) but has now increased.
However, in terms of 'All entrants to the Youth Justice System', Rotherham's rate for 2013/14 is similar to SN and YH averages and only slightly higher than England. The rate has also been decreasing year-on-year.

Indicators rated significantly higher than England:

- Children in need (CIN): rate during the year. (However, rate decreasing recently)
- New cases of children in need identified during the year. (However, rate decreasing recently)
- Children in need due to abuse, neglect or family dysfunction.
- Children in need referrals during the year.
Coupled with this the percentage of CIN referrals with the initial assessment completed was significantly lower than England (although slightly higher than the SN average)
- Looked after children. Rate per 10,000 <18.
However, spend on looked after children also higher than England and SN/YH.
- Secondary school fixed period exclusions: % of school pupils.

Indicators higher than the England average (but not measured for significance):

- Domestic abuse (16+) (Also higher than YH/SN and trend is increasing)
- New sexually transmitted infections (15-24yrs) (Highest in YH region)
- State funded total persistent absence.
- Children in Need who are persistent absentees
However, Children in Need subject to a Child Protection Plan who are persistent absentees was lower than England. Also, all persistent absentee percentages have decreased recently.

Appendix One

- Pupil absence (primary and secondary). (However, percentage decreasing over time)
- 16-18 year olds not in education employment or training. (However, similar to SN and the percentage is decreasing over time)

What does Rotherham's local Children and Young People lifestyle survey tell us?

- 25% in Y10 reported they had had sex; of these 46% reported this was after drinking alcohol; 22%, of those that reported sexual activity, did not use any method of contraception: these findings indicate a *lower* level of u-16 sexual activity and *greater* use of safe sex by Rotherham young people than nationally.
- Reductions in smoking and alcohol use among young people in Rotherham mirror national trends.
- Of concern, locally as nationally, is the increasing proportion of young people who report negative feelings about themselves and their relationships with friends and family.
- 60% report that they had been taught in school about child sexual exploitation and about being a parent.

Drugs and alcohol & CSE: There is a significantly higher proportion of opiate users and experience of CSE in young people supported by drug treatment services in Rotherham, compared with nationally.

'sexual exploitation is like a circle that you can never escape from'

'that's one of the processes of being groomed that you think it's alright and normal what is happeningnone of us wanted to be in this situation and have what are supposed to have been our early years completely ruined and in my personal experience my school life ruined'

"I went to court I gave my evidence and they went to prison and you can read about that in the newspapers, what you didn't read is the time I collapsed before I was cross examined and was sick, the tears the nightmares, checking under the bed and in the wardrobe every night and the belief I may have done the wrong thing, as no matter what he had done I knew if I could just see him he would say sorry and it would be okay, as maybe he never meant to hurt me. I have worked with Risky Business [youth outreach] for nearly three years now and last year I understood that I had been groomed and abused, but no matter how much everyone tells me all that, no one told me how to get over him. I had loved him so much and thought he loved me too"

Victims Quotes

What prevention and early intervention activity has happened/is planned?

- **Multiagency training and awareness raising:** 1552 workers have attended CSE training and/or events (up from 320 in 13/14).
- **CSE prevention work in schools and youth-work settings 2014/15:**
 - CSE sessions offered to Y8s in all secondary schools: 1330 students attended 41% of total Y8s (up from 1320 in 2013/14)
 - CSE sessions delivered by IYSS as part of informal curriculum (targeting more vulnerable young people): 341 sessions (up from 252 in 13/14)
 - 3 Pilot CSE Theatre in Education (TiE) performances:
 - a) 'Chelsie's Choice' (Wingfield)
 - b) 'Working for Marcus' (Dinnington)
 - c) 'Somebody's Sister, Somebody's Daughter' (Wales High School).
- **Future plans re CSE TiE:** Funding secured from RCCG and RMBC Public Health; planning for implementation in all secondary schools, rolling programme over 2-3 years depending on costings. Likely to use performances from a) & b) (*result of evaluation of performance/value for money/company flexibility*) Consultation summer term with PSHE Leads regarding timing of performances and year group focus. Planning to include one performance for special/PRU/vulnerable students in day time and one evening performances for vulnerable young people and workers/families as appropriate, in addition to a year group performance in each secondary school.
- **Community awareness raising Nov 14 – March 15:** 375 community members have attended the Child Sexual Exploitation Awareness training; in addition 113 participants of the conference launch in Nov 14 received an awareness raising session. 8 staff from member organisations within the Children, Young People and Families Consortium have been trained as trainers for the programme. Of those completing the training, the following is a result of the evaluations of the training;
 - 85% recorded an increase in understanding of what makes a child or young person at risk of being sexually exploited
 - 87% recorded an increased understanding of what action to take if worried a child or young person is being sexually exploited
 - 100% recorded an increased understanding of what they and other community members can do to prevent child sexual exploitation
 - 99% recorded an understanding of how to access the free online child sexual exploitation training resource for family, friends or colleagues

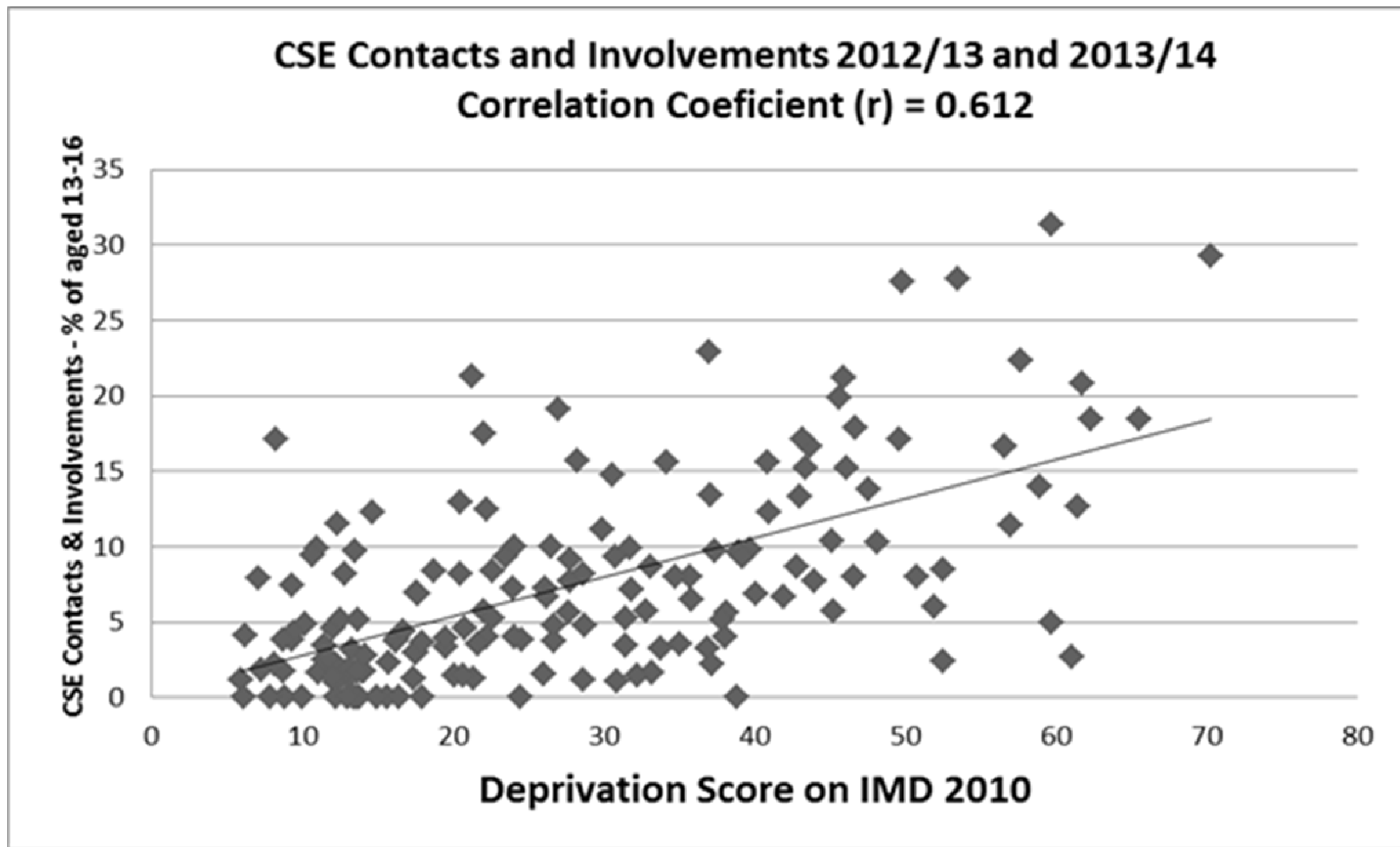
Analysis of 'CSE cohort' young people involved with CSE team i.e. at risk of or currently experiencing sexual exploitation 1.10.12-31.10.14

AGE AT THE DATE OF THE EARLIEST INVOLVEMENT WITH THE CSE TEAM	Female	Male	TOTAL
6	<5		<5
7		<5	<5
8		<5	<5
9	<5	<5	<5
10	<5	<5	<5
11	9	<5	11
12	17	<5	20
13	60	<5	62
14	85	<5	87
15	72	7	79
16	44	<5	46
17	13	<5	15
18	<5		<5
Grand Total	306	24	330

Ethnicity	Female	Male	TOTAL
White -British	222	21	243
Gypsy/Roma	25	<5	26
Asian – Other	<5		<5
Asian - Pakistani	6		6
Black - African	<5		<5
Dual Heritage – White and Black Caribbean	<5		<5
Dual Heritage - Other	<5		<5
Dual Heritage – White and Asian	<5		<5
Mixed - Other	<5		<5
Mixed – White and Asian	<5		<5
White – Other	<5		<5
Other - Any	12		12
Not Obtained/Refused	25	<5	27
Grand Total	306	24	330
TOTAL BME	59	<5	60

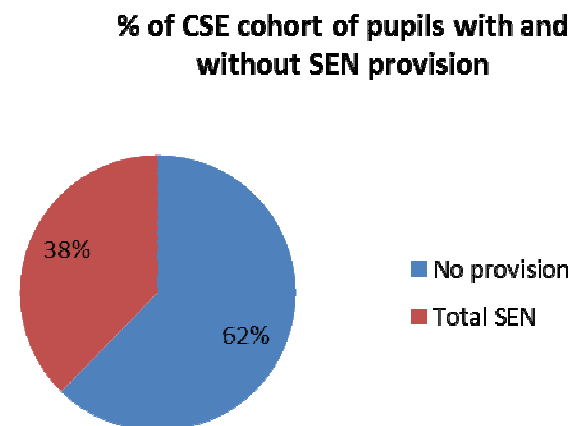
Most of the 'CSE cohort' (81%) are under 16 years; most (93%) are female; most are white British. Nearly one in 5 (18%) are from a BME community overall, but within that; there is under-representation of Asian communities and significant over-representation of the Gypsy/Roma community.

****Please note these figures come with a "health warning". The data used is based on cases that went through the CSE team and the thresholds were not always clear but it provides a good proxy. The threshold has now been tightened up and agreed.***

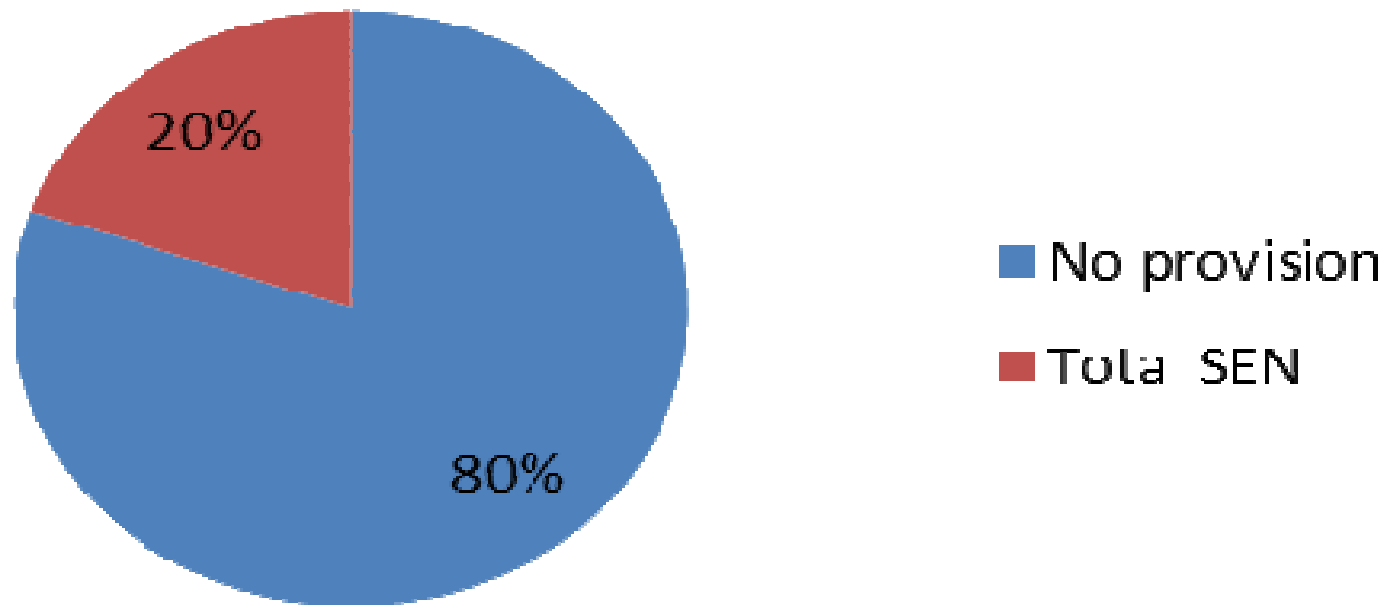


Young people identified in the 'CSE cohort' have a lower level of educational achievement at age 11 yrs (KS2) than the Rotherham average, and are almost twice as likely to have Special Education Needs (SEN), categorised at School Action or School Action Plus; however the CSE cohort is half as likely to have a Statement of SEN when compared to the general school population.

CSE cohort		
SEN provision	No.	%
No provision	203	62%
Total SEN	123	38%
Breakdown of total SEN		
School Action	53	43%
School Action Plus	63	51%
Statemented	7	6%
Total no. in cohort	326	
Rotherham average 2014		
SEN provision	No.	%
No provision	34936	80%
Total SEN	8578	20%
Breakdown of total SEN		
School Action	4241	49%
School Action Plus	3323	39%
Statemented	1014	12%
Total no. in cohort	43514	

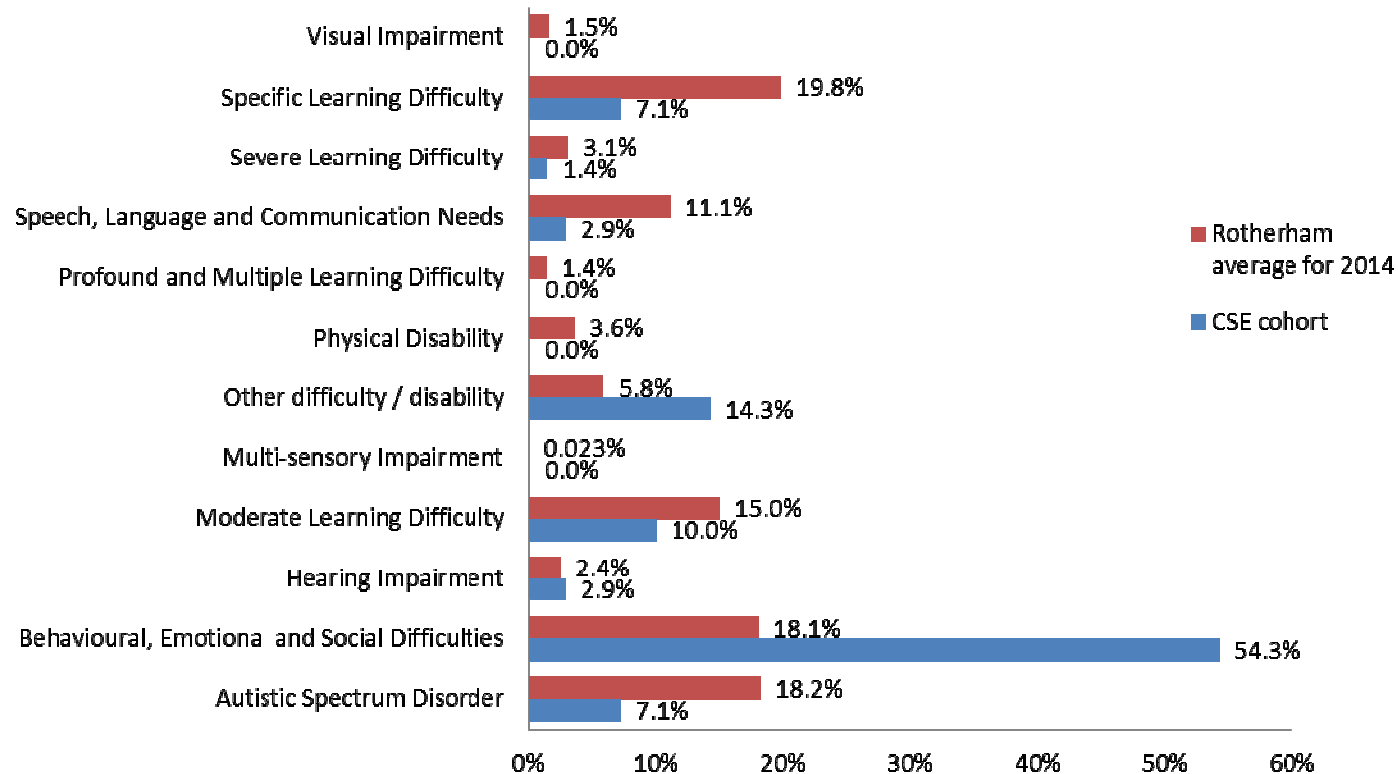


% of all Rotherham pupils with and without SEN provision 2014

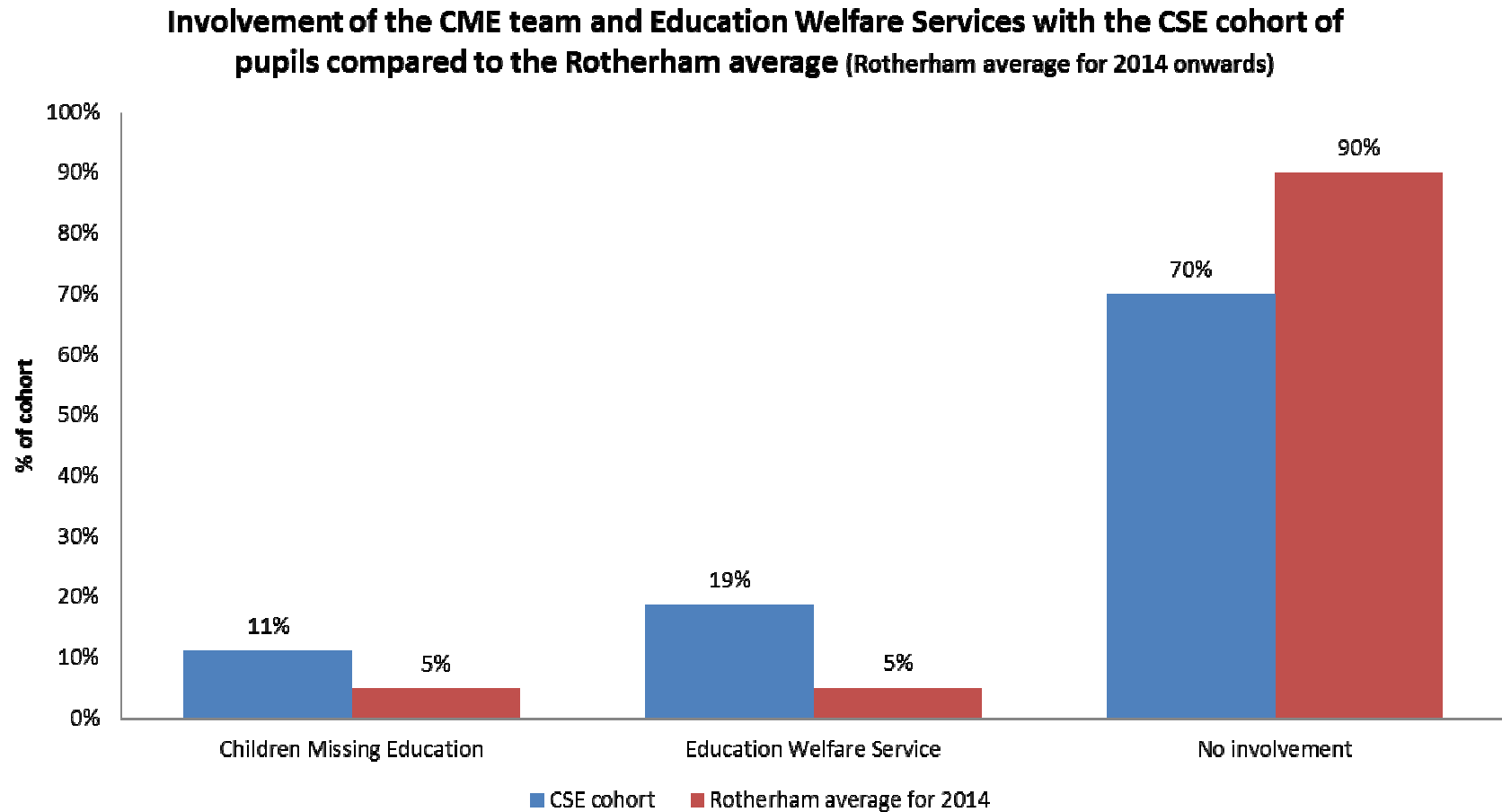


Over 50% of the 'CSE cohort' categorised with SEN have 'behavioural, emotional and social difficulties' as the primary need, compared to 18% of general SEN population: conversely under one fifth of 'CSE cohort' in receipt of SEN provision have 'learning difficulties' compared with over a third of the general SEN population.

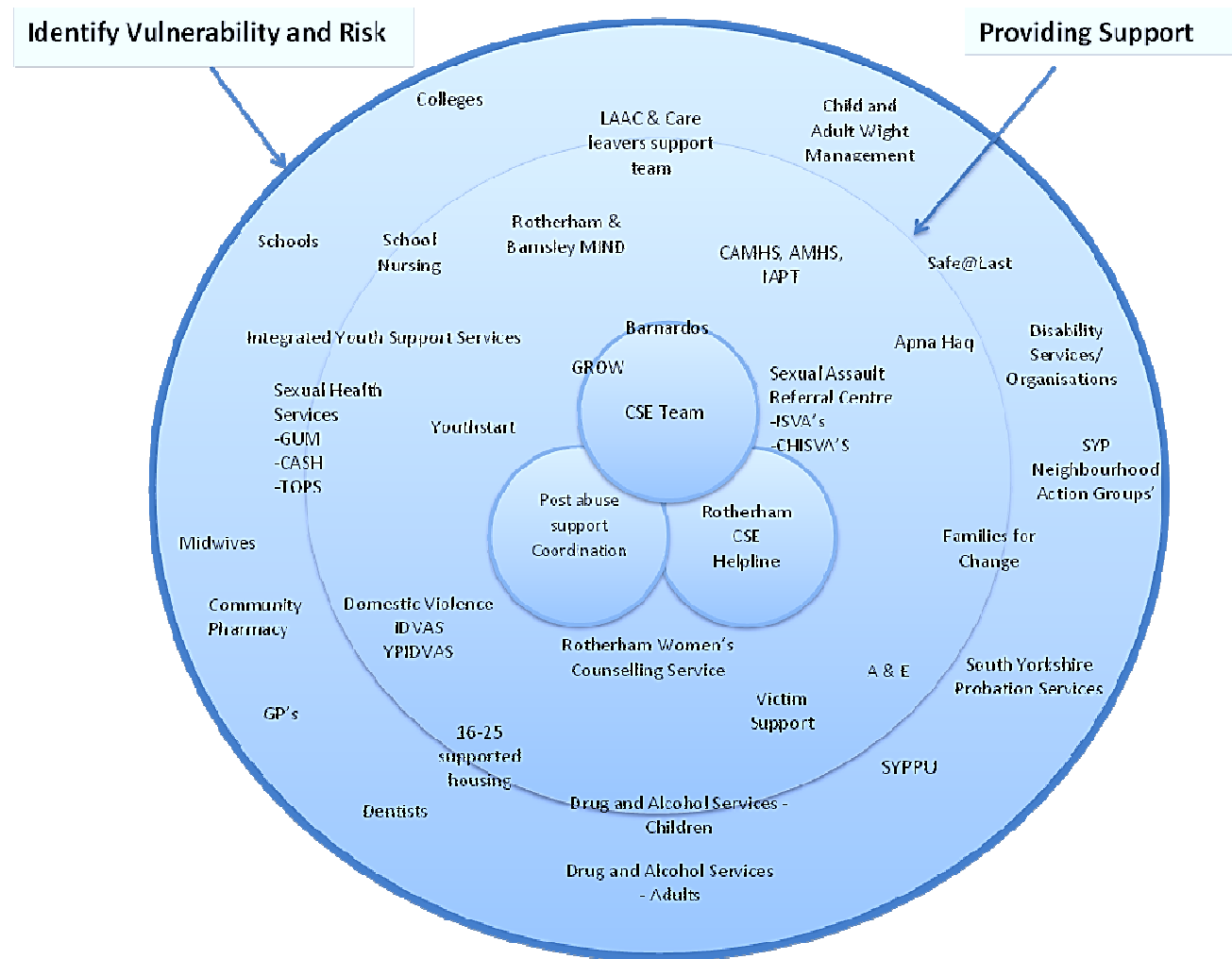
Breakdown of SEN primary needs for those pupils from the CSE cohort who are in receipt of SEN provision, compared to the Rotherham average



The association of risk/experience of CSE with absence from school and missing from education is demonstrated by the chart below; the CSE cohort is three times more likely to be known to either or both the CME and EWS teams.

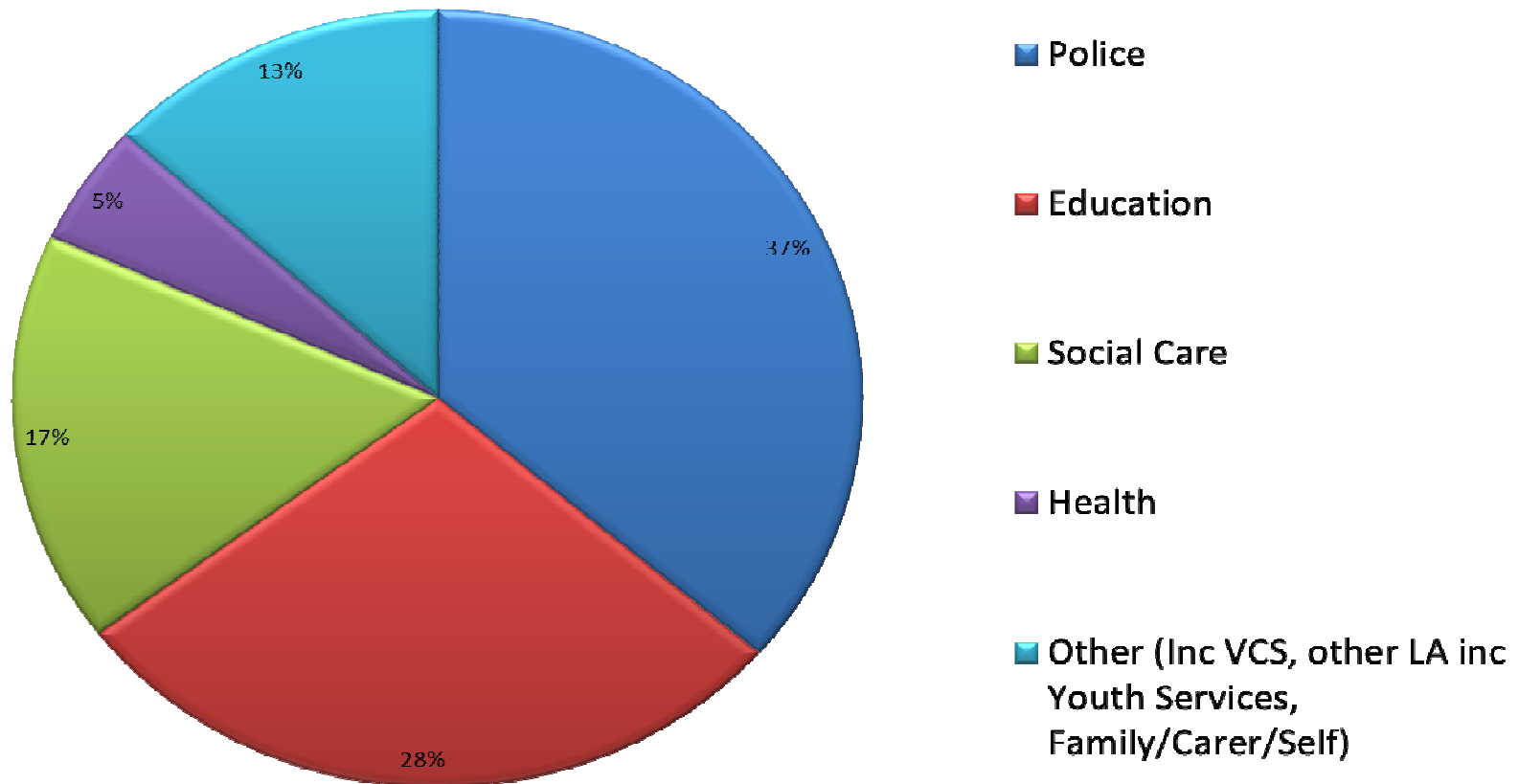


Which services are well placed to identify vulnerability and risk of CSE and which services are offering support to victims and survivors of CSE?



Where do referrals into the CSE team come from?

There is potential to further strengthen the contribution of health services eg GPs, A&E, Sexual Health Services, Drugs and Alcohol, School Nursing to the early identification of those at risk.



Are all services/agencies doing all they can to identify risk factors for CSE and enable early intervention to reduce risk?

- Currently education and police sectors provide the main 'early warning system' for CSE
- Total social care referrals from sexual health, young people's drugs and alcohol and school nursing services in last 12 months:
 - sexual health services 3; Know the Score 1; school nursing 6
- Services report that a high proportion of those they identify as at risk are already known to social care, Sexual Assault Referral Centre and/or police.
- CQC inspection (Feb 15) reported significantly more robust risk assessments taking place in Genito Urinary Medicine clinics than in Contraceptive and Sexual Health Services (both now part of a single Integrated Sexual Health Service).
- IT system to flag concerns and action across integrated sexual health services and drugs and alcohol services currently being improved.
- There is potential to further strengthen the contribution of health services (eg GPs, A&E, sexual health, drugs and alcohol, school nursing services) to the early identification of those at risk.

Appendix One

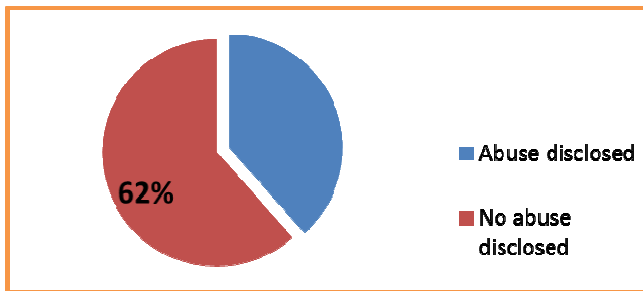
Where are the victims/survivors of CSE receiving support?

Service	Commissioner(s)	Activity 12 months period unless specified				Service Offer Detail
		<16 yrs.	16/17 yrs.	18-24 yrs.	25 yrs. and over	
GROW	SRP/PCC; RMBC	10 (8 Families)	13	14		Embedded in CSE team; Intensive care support: practical, emotional, advocacy; family support; groupwork
Barnardos	Barnardos	20	10			Embedded in CSE team; Intensive care support: practical, emotional, advocacy; 3% male; 10% BME; 26% current CP Plan
Rotherham Women's Counselling Service	PCC; MoJ; Lottery; RDASH; CRT; RMBC; RCCG			146 (18 yrs. and over)		Specialist sexual abuse/violence counselling; 25% referral from NHS; 14% male; 8% BME; 50% approx sexual abuse in childhood
Rotherham Women's Refuge (3 months data)	RMBC	10		10		Outreach; practical, emotional, individual and family support; 10% male; 5% BME
Sexual Assault Referral Centre	NHS E; PCC	14	Approx. 198 (16 yrs. and over)			Sexual Assault forensic service; independent advocacy
Parliamentary Office of Sarah Champion MP (Sept 14- March 15)			19	38	57	Practical emotional support & advocacy with victims/survivors/family members; 17% male; 76% white
IYSS: Youth Start	RMBC	23	18	15		Outreach; practical, emotional support, advocacy, counselling; abuse disclosed on 5% of total caseload; 16% male; 16% BME; 25% referrals from NHS
Domestic Abuse Service IDVAs	RMBC; PCC		<5	<5		practical, emotional support and independent advocacy; 100% female white; CSE disclosed in 1% total caseload
RMBC Vulnerable Person's Unit	RMBC			9	5	Case assessment and signposting to services; CSE disclosed in 28% total caseload; 7% male; 21% BME
CAMHS/AMHA	CCG (RMBC)	19		14		Treatment mental disorder; numbers refer to disclosed CSE reported/recorded
Adult and Young People's Substance Misuse Services, RDASH: Know the Score	RMBC	9				Treatment of young people's substance misuse; confirmed CSE cases; 27% state sexual exploitation compared with 5% nationally
Family Nurse Partnership	NHS E; RMBC	30 (<19 yrs.)				Intensive home visiting family support; numbers refer to those disclosing history of sexual abuse

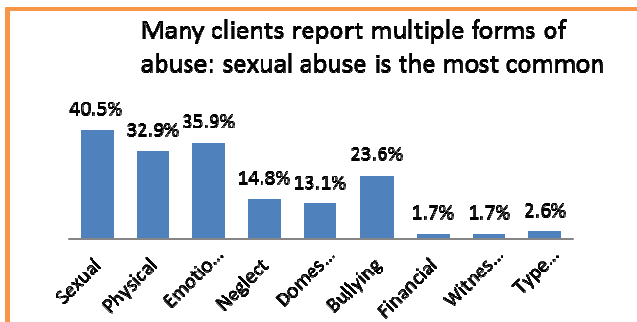
Under reporting and/or recording of CSE

- Evidence suggests, and practitioners in domestic violence, mental health and drug services also expressed the view that, a significant proportion of their clients are likely to have experience of sexual abuse/exploitation in childhood but that:
 - client does not disclose/is not asked
 - disclosure is inconsistently and variously recorded/coded;
 - numbers disclosing sexual abuse/exploitation not easily retrievable from electronic record
- Sexual abuse and, particularly exploitation, is likely to be significantly under-reported within these services
- Many victims/survivors are not being supported to access effective trauma focused support and therapeutic interventions

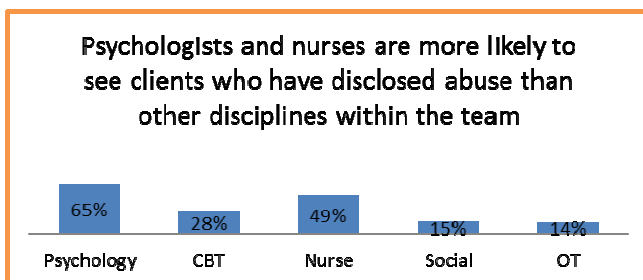
Learning from Rotherham Community Therapies audit



In response to the Jay Report, Rotherham Community Therapies Team (part of adult mental health services) conducted an audit into the prevalence of all forms of abuse, to highlight any potential cases of CSE and to help inform service development. The data used within this audit comprises of 617 patients, 41% being male and 59% female, who are currently on a waiting list for therapy, undergoing therapy or attending a group. A questionnaire was handed to all staff- capturing the information presented in the charts. The remaining data was systematically collected through the Silverlink Mental Health System, analysing full needs assessments to aid the completion of the questionnaire.



Of the 617 patients within the team, 38% (237) disclosed that at some point in their life they have suffered some form of abuse. However, since over half of patients within this audit were awaiting an initial assessment where abuse is routinely enquired about, this is likely to be a conservative estimate.



A conservative estimate of 8 cases of CSE were identified through this audit.

Learning from CSE psychotherapist role in CAMHS/AMHS Oct 14 to date

- The challenge of CSE for mental health services is an emerging picture of clinical complexity rather than insurmountable numbers; only a proportion of victims/survivors will access/need the support of mental health services.
- The number of cases currently identified with experience/disclosure of CSE in Child and Adolescent Mental Health Services (CAMHS) Improving Access to Psychological Therapies (IAPT) and Adult Mental Health Services (AMHS - see previous slide) is low, but growing with the understanding of CSE within the service.
- The Psychotherapist role has developed to provide:
 - Staff group consultation to AMHS Psychiatric Intensive Care Unit, Intensive Community Therapies and Community Therapies and to CAMHS

Appendix One

- Specialist assessment and wrap around consultation/co-working on case by case basis.
- Time limited individual psychodynamic psychotherapy for limited number of cases.
- There is potential for further development of consultation services for mental health staff groups and externally to the wider care/therapeutic community based upon the successful model for consultancy and support for supervision and reflective practice established in Family Nurse Partnership.

Providing support to survivors

As the numbers of CSE victims currently receiving mental health services is reported to be low work needs to be carried out “upstream” i.e. to PREVENT victims in the first place. This can be done through the tightening of licencing permits of taxi drivers and takeaways. School PSHE should address CSE, sexual health, drug and alcohol, healthy relationships and mental wellbeing messages using creative means such as theatre in education.

Casey praised the outreach work carried out by Integrated Youth Support Services (IYSS) and the police and such models should be built on and developed with services reaching out into schools, youth clubs and areas where children and young

people meet. Outreach workers can act as advocates for victims and potential victims and sign post them to appropriate services be they health services for Sexually Transmitted Infections, housing or benefits advice, or a safe place to stay such as the women's refuge. Support should be given to victims going through the court process and provide a gateway into a survivor framework.

Survivor support groups may be offered but thought must be given to how this is delivered without inadvertently putting people at risk ie perpetrators waiting outside an identified venue. Specialist mental health services should be offered by staff who have received some training in CSE.

(Clinical) supervision should be available to all staff working with CSE either in groups or individually.

"Its just like society innit? Like women don't get that much respect in society like a guy. Its just always that guys have the upper power.. Its just how society is, men naturally get more respect... men are just dominating it ...A lot of people from other areas, like more classier areas than round here say, 'Oh the girls don't have no respect for themselves' blah blah, but that's just how girls get treated in the workplace. That's how girls get treated on the streets."

Beckett et al (2013) p24

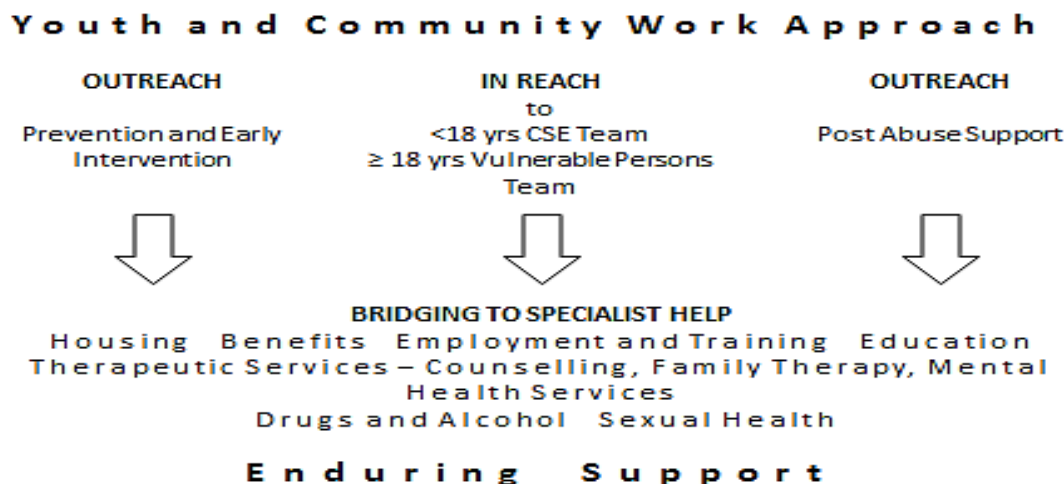
What do victims, survivors & families affected by CSE say they want & need?

- Support on their own terms; non-judgemental; to be believed; opportunities for social support, open access, including evenings, drop in sessions, with childcare; group work, expressive activities (e.g. art therapy, poetry), and access to services e.g. benefits advice, employment skills, sexual health, counselling.
- Black & minority ethnic women's voices: victims/survivors may need considerable time to tell their story in a way that feels suitable to them; outreach work with trusted individuals within the community; many older women have experienced CSE; sexual abuse is a taboo subject and very 'hidden' in BME households & perpetrators use this to their advantage; important to recognise the impact on the wider family/community; CSE has destroyed community relations; shame and fear of retribution from families/communities act as barriers to disclosure; CSE victims may be beaten, forced into marriage, taken abroad; victims don't know who to tell & may not recognise they have been abused; awareness raising needed e.g. on process of grooming in schools, youth and community groups; targeted work needed eg with Asian young men, faith leaders, young Asian mothers; need to

publicise positive work; learn from best practice elsewhere; recognise the roots of violence against women and girls in racism and gender and class inequality; culture used as an excuse, but no culture 'allows' abuse or exploitation.

- Roma community: CSE community awareness raising presentation in Czech and English should be made available in schools; people fear retribution if they report concerns to the authorities; some parents turn a blind eye/do not challenge, may be pleased to receive gifts; more police action needed; why is this happening? Will/how can my identity be protected if I report something? Could police send children home after a certain hour?; what more can parents do? Questions to be explored at subsequent focus group session.
- Outreach and research work to listen to voices of diverse communities within Rotherham on CSE and service/actions needed, with particular focus upon young people & families, and on Roma and Pakistani communities, has been commissioned from University of Salford, working with local groups, Clifton Learning Partnership, Rotherham Women's Refuge, Apna Haq and Swinton Lock. A report with recommendations for action will be produced by 30 June 2015.

Towards a model for early intervention, risk management and post abuse support.



Rotherham CSE Needs Analysis: v7 30 April 2015

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What service capacity is required to meet the support needs of historic victims/survivors of CSE?

Modelled age range of historic victims:

2015/16 20% u-18s ; 45% 18-24 yrs; 35% 25 yrs and over

2019/20: 47% u-18s; 30% 18-24 yrs; 23% 25 yrs and over

Modelled numbers needing support 2015-2020								
Assumptions: legacy of 1600 requiring support of which 30% have accessed/do not seek/do not need further support; the remaining 30%, 20%, 10%, 5% and 5% seek help over the next 5 years								
Year	Legacy	100 new cases 15/16	100 new cases 16/17	75 new cases 17/18	75 new cases 18/19	50 new cases 19/20	Total	Cases needing therapeutic support assuming 30% of total
2015/16	480	30					510	155
2016/17	320	20	30				370	111
2017/18	160	10	20	23			213	64
2018/19	80	5	10	15	23		133	40
2019/20	80	5	5	8	8	15	121	38

Recommendations

Prevent

- There should be greater clarity in strategic direction, leadership and governance relating to CSE (LSCB 2013 and Ofsted 2014).CSE Delivery plan (2015).
- Improve the links between CSE and other key strategies e.g. gangs, licencing, quality of PSHE (including sexual health and healthy relationships) in schools (Ofsted 2014).
- Awareness raising required in schools, youth and community groups on the process of grooming.
- Improve the mental wellbeing of children and young people (also links to the Health & wellbeing board “All children get the best start in life”)
- Improve links re transition into adulthood (Casey 2015)

Protect

- Requires routine involvement in community, school assertive outreach into hot spot areas (Barnardos 2013).
- The right multi agency and social care services are in place to meet the needs of children at risk from CSE
- Victims of CSE and their families are supported with holistic interventions that enhance the potential for a child or young person to stay safe within their family and community

Pursue

- The time and necessary resources will be committed so that perpetrators of CSE are arrested, successfully prosecuted, convicted and deterred from re offending.

Provide Support

- The physical, psychological and emotional damage caused by CSE and its victims is understood and recognised and victims and survivors have access to a wide range of support and aftercare from more specialist services, which will be clear and easy to access. This will include timely access to mental health services where required.
- Services commissioned to support victims and their families are informed by what they want and need and are provided by specialists with the required skills, experience and leadership in the field of sexual violence.

Participation

- Obtain the views and experiences children and young people as well as their families to influence service development. This will include the views and experiences of adult survivors.

Appendix One

- Develop victim participation groups to gain the views of young people
- The above list of recommendations is not exhaustive and may change as more local intelligence becomes available. CSE Needs Analysis is a dynamic process as we learn more about the needs victims, their families and perpetrators both locally and nationally.

This Needs Analysis will be reviewed in August 2016.

Appendix One

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Needs Analysis Report following the Sexual Exploitation of Children in Rotherham



**Final report:
October 2015**

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THE PROJECT TEAM

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Acknowledgements:

To all participants who contributed to the needs analysis, often risking emotional distress to share their experiences, fears and hopes for the future.

To **Munir Hussain**, Community activist, working on behalf of Apna Haq

To **Jo Smith**, CSE Support Services Co-ordinator, RMBC, for valuable assistance throughout.



Forward by Donna Peach

It has been an immense honour to listen to the experiences of the people of Rotherham. The project team received a warm welcome and felt humbled at the extraordinary courage of victims, survivors and their families. We wish to express our heartfelt thanks to everyone who took part in the study. The knowledge and opinions shared by our participants are the foundation of this report.

No-one wants to think about what child sexual abuse and exploitation really means. Recognising that children have been humiliated, raped and tortured is extremely distressing. As such, it is no surprise that many felt anger and rage when they understood that those with authority failed to protect vulnerable children and young people.

There is a need to face the awful reality that child sexual abuse has always happened. However, in the age of the internet, the number of children at risk of sexual abuse has increased. Those who sexually abuse children are mostly, but not always, men. Not discounting the vast number of boys who have suffered abuse, most of the known victims of sexual abuse are girls. Both victims and perpetrators come from every walk of life. The threat is such that we all have a responsibility to consider what we can do to protect every child in our family and communities.

The public criticism of Rotherham Metropolitan Borough Council (RMBC) and South Yorkshire Police, following Professor Jay's report was right and inevitable. Positively, there have been several examples of how RMBC and South Yorkshire Police have responded to criticism and improved the way they respond to victims and survivors. However, there have also been negative consequences of public scrutiny, with many people in the study reporting that they want to regain pride in their hometown.

Those who took part in this study did not shy away from exploring the difficulties they face. Naturally, participants continue to talk about issues of trust, as past mistakes created a sense of vulnerability. However, there is also evidence that healing is taking place. Many participants made suggestions of how they and RMBC could and should collaborate to strengthen, individuals, families and their communities

Indeed, there is a determination to meet current and future needs with a sense of collective rigour. Some of these tasks involve developing internal structures, such as communication and the provision of appropriate resources. Rotherham, like many other towns and cities in Britain, is also faced with external threats which can exacerbate internal challenges. An example of this is how recognition of the involvement of some men of Asian Pakistani heritage, in the abuse of children in Rotherham, led some political groups to capitalise on fears. However, it is clear that children are best protected in resilient families and communities. Thankfully, Rotherham and its people continue to demonstrate resilience.

In addition, there is also a strong sense of realism, no-one in Rotherham expects perfection, but they do expect to do everything possible to protect children and young people. One woman made the distinction between surviving and thriving:

*“...I don't want to survive,
I want to thrive...”*

We hope this report contributes to that aim and welcome your views on the findings from data collected between April and June 2015. We recognise that the data is reflective of views expressed at that time and that RMBC and the people of Rotherham, have continued to respond to needs throughout the course of this analysis process. To offer your views on this report please use the following link <http://hub.salford.ac.uk/cypsae>

1. EXECUTIVE SUMMARY

Following the findings of the Independent Inquiry into Child Sexual Exploitation (CSE) in Rotherham by Professor Alexis Jay; Rotherham MBC responded to the immediate needs of victims by increasing the capacity of the voluntary sector to provide additional post abuse support.

The Council is now in the process of developing longer term proposals for an integrated 'open door' model of flexible and accessible service provision for victims of CSE. This is in tandem with RMBC refreshing its overall multiagency CSE 'Prevent, Protect and Pursue' strategy.

To support this aim the Council, led by Public Health, instructed the University of Salford to provide research governance of the needs analysis. As an academic partner, the University worked alongside voluntary and community organisations commissioned by RMBC, to gain access to the population of Rotherham with a specific focus on under-represented minority groups.

OBJECTIVES OF THE STUDY

- To gain understanding and insight into the views of victims, survivors and their families affected by CSE from all sections of the population of Rotherham.
- To better understand the scale and nature of child sexual abuse and exploitation as it affects the diversity of minority groups in Rotherham, with particular emphasis on Roma/Slovak and Asian communities.
- To understand any particular barriers to disclosure and accessing support experienced by and within these minority communities.

- To draw together evidence on best practice, locally, nationally, and internationally on how to understand and respond to diverse needs within these minority communities in the area of sexual abuse and exploitation.
- To make recommendations on effective responses to CSE which will better address the full diversity of needs and experiences within the whole Rotherham population.

METHOD

Qualitative and quantitative methods were adopted to offer both breadth and depth of understanding of the needs of the people of Rotherham in relation to CSE. Therefore, focus groups and individuals interviews were undertaken in addition to the use of online questionnaires. The research was designed to be accessible to children, young people and adults. The locally commissioned agencies ensured that their teams comprised of research assistants who spoke multiple languages and were able to translate where necessary.

Each agency collated qualitative data, which was subject to cyclical thematic analysis. The university team completed analysis for each individual data set before integrating themes to provide holistic insight into the needs of the diverse population of Rotherham. Throughout the report participant discourses are included to illuminate their experiences, opinions and needs.

The project team developed two online questionnaires, one designed to explore young people's (13-18 years) social media use and online-sexualised behaviour. A second broader survey was aimed at adults living and working in Rotherham. Each questionnaire received more than 200 responses, with the adult survey also encouraging 73 respondents to provide further comment. Where applicable, some of these views are included within the report, in addition to the descriptive statistics emerging from each survey.

Finally, RMBC also commissioned the four voluntary agencies to undertake outreach work with their designated populations. These activities are summarised within the report.

OVERVIEW OF FINDINGS

- Broad definitions suggest the terms CSE and CSA are largely interchangeable. Indeed, all child sexual abuse is exploitative. However, clarity of the varied and changeable ways in which offenders target their victims would facilitate our ability to prevent future abuse.
- Positively, there are signs of renewed trust, however, previous failing of RMBC and the police had affected public confidence. Some participants commented that media coverage of the issue had positioned a critical lens over the town that affected everybody.
- An ethos is developing in Rotherham that protecting children is everybody's responsibility. The needs analysis reflects that it is often the people closest to a child who will first observe any difference in their behaviour. Therefore, public engagement with professional bodies is crucial to the success of any CSE strategy.
- The population of Rotherham is predominantly of white British origin. However, members of all communities voiced a sense of belonging to and having pride in being from Rotherham. However, since the Jay report, tensions have risen and some participants felt that groups such as the English Defence league had attempted to exploit these.
- How these racial tensions are experienced was particularly stark in the discourses from young people. It is a timely reminder that the actions of those who abuse children can affect many innocent bystanders. Thus, it is vital that any strategy to combat those who abuse children also includes a focus on strengthening families and communities.
- There is a need to develop materials for all communities to support members of the public and professionals to feel equipped to raise issues of CSE. Materials should be culturally appropriate and accessible to those with learning difficulties or other disabilities. It is important that educational materials move beyond raising awareness to encourage the population to feel confident enough to act to protect.

2. INTRODUCTION

Across the world the sexual abuse of children remains an issue of epidemic proportions (Modelli, Galvão & Pratesi, 2010; UNICEF, 2014). Despite increased awareness of the proliferation of sexual abuse, estimates suggest 120 million (1 in 10) girls/women under 20 years of age are subjected to a forced sexual encounter (UNICEF, 2014). In Britain it has been a criminal offence to sexually abuse a child since the early 19th Century. However, the police recording of crimes survey (2013) shows that one in five women in the UK have reported being the victim of a sexual offence since the age of 16 years. This historic and global landscape is important if we are to make sense of the scale of child sexual abuse (CSA) and understand the dynamics, which constrain our ability to prevent its occurrence.

Although, all child sexual abuse is exploitative, the means by which adults perpetrate this atrocity comes in different guises. Thus, the multidimensional nature of child sexual abuse demands a comprehensive and multifaceted approach. The trafficking of children for sexual and other exploitative means has been a focus of national and international policy for several decades. However, a progressive attitude that views those who are trafficked as victims rather than criminals has only developed in the last 15 years (Munro, 2005).

Critically, the meaning we make from the language used in our laws and policies is fundamental to our view of and response to child sexual abuse. This report will consider some of these issues as they relate to our understanding of the term child sexual exploitation (CSE). In addition, the social context of what led Rotherham to this point in its history is also explored. Many participants have generously offered individual accounts of their experiences of historic and current child sexual exploitation. These are captured within this report to add further texture to what is already understood, and the implications for a renewal of Rotherham Metropolitan Borough Council's (RMBC) CSE strategy.

The extent of the sexual exploitation of children and young people from Rotherham was exposed during Professor Alexis Jay's inquiry. There was outrage and horror at the 1,400 children estimated to have been abused between 1997 and 2013. In addition, Jay's report revealed some detail of the torture that many children and young people had suffered. Unsurprisingly, the report caused public anger not only towards the identified male perpetrators of 'Pakistani heritage' but also towards those in positions of responsibility who had failed to act.

Following the concerns raised by Jay's inquiry, the Secretary of State instructed Louise Casey CB, to conduct an Inspection of RMBC which resulted in a view that it was 'not fit for purpose'. Casey's report dated 4 February 2015, led to the introduction of five commissioners to manage the Council's executive functioning and to improve services.

Subsequently, this needs analysis was commissioned to help identify what services are needed as part of a renewed CSE strategy which aims to:-

- Prevent the sexual exploitation of children
- Protect those at risk or victimised
- Pursue those responsible.

Although this report will mainly focus on a strategy for RMBC, the data collected also makes multiple references to the need for the police to renew their strategy. A review of historic police involvement is due to be undertaken by Professor Drew. In addition, Operation Stovewood, an independent National Crime Agency investigation is currently examining criminal allegations of non-familial child sexual exploitation. These ongoing investigations will lead to further publicised information which will require RMBC to review and communicate any relevance this has to its CSE strategy.

Historic and international evidence demonstrate that responding effectively to the sexual exploitation of children is hugely difficult. RMBC have to meet this task while simultaneously rejuvenating systems and services under a critical public spotlight. Transparent communication at all levels remains vital to the renewal of trust. The commissioning of this needs analysis has provided another opportunity for the people of Rotherham to share their views and experiences with the council. As expected there were negative views expressed about the past failures of the Council, the police and certain individuals. For some there remains a sense of anger and distrust of those in authority. Some of these views were expressed by members of the public towards the council, police and social care. Other criticisms arose between professionals, particularly from individuals who felt they had been marginalised and discredited prior to the publication of Jay's report.

Equally important to potentially destabilising factors from historical failures, is the stability of current leadership. During this analysis comments about the 'interim' status of leading professionals were made. There was a view expressed that the Government were now in charge of Rotherham, and several participants felt the Government's continued financial and moral commitment was crucial to their success. Reports from Jay and Casey reveal the intricate relationship between an 'unfit' Council and the failure to protect children from sexual abuse. Thus, we cannot separate any renewal strategy for CSE from the development of trust in the future leaders of RMBC.

Furthermore, Rotherham's past failures to identify and respond to the needs of sexually exploited children have led to significant divisions between the White British and South Asian Pakistani populations. How these divisions are experienced was particularly stark in the discourses from young people. As such, it will be important to ensure that strategies are in place to support and replenish the town's multi-ethnic community relationships.

This research explores needs specific to Rotherham, but also examines the British social context within which they exist. Participants reveal insight into the complexity of misogyny and its relationship to the gendered issue of child sexual abuse. Although, this should not dismiss the impact on male victims or discount the responsibility of female abusers, recognition of both broad and specific issues is essential. This has particular relevance as we begin to explore how to prevent and respond to the sexual abuse of children within and between different populations.

The publicity of RMBC's failure to protect children from predatory sexual abusers has led to a sense of public shame. Within the data, this emerged as personal, professional and collective shame. At times anger was directed at others, on other occasions expressions of guilt and remorse were expressed. Several participants spoke of wanting to disassociate from Rotherham, to the extent that they would tell people that they lived elsewhere.

Some respondents spoke of their ongoing work with victims and survivors, while many others had no idea where they would turn for help. Most of those interviewed revealed a desire for direction, resources and leadership. There were some expressions of apathy and many expressed trepidation about the future of Rotherham. However, abundant in the responses was a desire to contribute to the protection of their children and a renewal of pride in their home town.

The project team and their respective organisations are humbled by contributions the people of Rotherham have made to this study. This report aims to capture their individual experiences and make sense of their collective needs. While protecting participants' anonymity, the report will as necessary, draw on individual accounts to illuminate specific and shared needs.

THE STIMULUS FOR THE ANALYSIS

Following the findings of the Independent Inquiry into Child Sexual Exploitation in Rotherham (1997-2013) by Professor Alexis Jay, published October 2014, Rotherham Council responded to the immediate needs of victims of child sexual exploitation by increasing the capacity of the voluntary and community sector organisations across Rotherham to provide additional post abuse support. The Council is now in the process of developing with partners the longer term proposals for an integrated 'open door' model of flexible and accessible service provision for victims of CSE, and refreshing the overall multiagency CSE 'Prevent, Protect and Pursue Strategy'. Led by Public Health the Council commissioned a needs analysis led by an academic partner that would work alongside voluntary and community organisations to access under-represented minority groups.

OVERALL AIMS

To inform Rotherham Metropolitan Borough Council's child sexual exploitation support provision and child sexual exploitation strategy

OVERALL OBJECTIVES

- To gain understanding and insight into the views of victims and survivors and families affected by CSE from all sections of the population of Rotherham.
- To better understand the scale and nature of child sexual abuse and exploitation as it affects the diversity of minority groups in Rotherham, with particular emphasis on Roma/Slovak and Asian communities.
- To understand any particular barriers to disclosure and accessing support experienced by and within these minority communities.
- To draw together evidence on best practice, locally, nationally, internationally, on understanding and responding to diverse needs within these minority communities in the

area of sexual abuse and exploitation.

- To make recommendations on effective responses to CSE which will better address the full diversity of needs and experiences within the whole Rotherham population.

ROLE OF ACADEMIC PARTNER

The University of Salford has ensured the highest standards of quality in the research undertaken, as part of this needs analysis. This includes the ethical approval of the research design to protect the dignity, rights, safety and well-being of participants. In addition, the University team has supported the researchers from each of the commissioned agencies, providing both guidance and practical support.

This report and the richness of its content would not have been possible without the commitment and expertise of the agency researchers and the people of Rotherham who made generous and insightful contributions.

COMMUNITY ORGANISATIONS

Four Rotherham based voluntary organisations were commissioned by RMBC to work alongside the University to undertake research for the CSE needs analysis. Apna Haq and Clifton Learning Partnership respectively engaged with the Borough's Asian and Roma communities. Whereas, Rotherham Women's Refuge and Swinton Lock Activity Centre were commissioned to capture the views of the wider population.

Established within Rotherham, each of these voluntary organisations already provide support to vulnerable children and adult populations who could be subject to sexual violence. As such, they were also commissioned to continue and develop outreach work, which was separate to the defined role of the University's ethically approved research activities.

Apna Haq has operated for 21 years in Rotherham ensuring that its domestic abuse services support women from black, minority and ethnic communities. However, it also supports victims and survivors of sexual exploitation raising awareness of this issue with strategic and local partners. In November 2014, Apna Haq in partnership with the Muslim women's network organised a conference raising issues of sexual exploitation attended by 20 women from the community as well as over 50 other participants. Apna Haq has links with a number of schools, colleges and their safeguarding teams. It has experience of delivering workshops regarding honour based violence and forced marriage. In this study, Apna Haq undertook focus groups with both adults and young people. They also completed individual interviews for adults who wanted to contribute to the analysis without participating in a group.

Clifton Learning Partnership (CLP) was first established in 1999 as part of the Excellence in Cities initiative and has evolved into community-based work with children and families from diverse communities. The Partnership delivers and provides community development and outreach activity, learning and group activities as well as one to one and family support services. Its base at Eastwood Village Community Centre provides a hub of community-based activities and a safe and supportive space for local people including Rotherham's migrant Roma communities to seek advice and support.

CLP undertook awareness raising, consultation and research specifically with Rotherham's migrant Roma communities. The approach aimed to both increase awareness and understanding of CSE within the Roma communities; and through consultation and focus group activity secure a greater understanding of the impact and scale of CSE; the barriers to reporting; and the specific support needs of Roma in relation to CSE.

CLP undertook activities in Eastwood and Ferham with adult community members, parents and young people. In light of their previous experience of working with the Roma community CLP engaged on a family level to explore wider views and opinions. They offered parents the opportunity to participate in the research.

Rotherham RISE (RR) has 30 years' experience of working with survivors (and their families) that have experienced domestic and sexual abuse. In accordance with their Borough wide focus, RR encouraged those who live or work in Rotherham to complete online surveys; one for adults and one for young people aged 13 to 18 years. The data collected from these surveys was completely anonymous. In addition, RR conducted focus groups with adults and young people across the borough. RR also undertook one-to-one interviews with adults across Rotherham. RR also has a specialist CSE outreach team who provide support to those who have experienced, are experiencing or are at risk of CSE. Support is currently offered to both male and female, young people and adults.

Swinton Lock Activity Centre (SLA) is currently offering support to 125 difficult to engage children and young people including those with disabilities. The centre also offers support to 120 vulnerable adults including those that face many social disadvantages, 25 of whom are volunteering within the centre. This team has established working relationships with PACE (parents against child sexual exploitation), South Yorkshire Police, Housing, Health and other specialists who work to meet the individual needs of victims and survivors.

Attached to Swinton Lock is Jayne Senior who previously managed the Risky Business Project, which was successfully developed to encourage and support the voices and experiences of those involved in or at risk of CSE. Using arts and multimedia resources Jayne Senior convened a series of focus groups to support young people and parents to contribute to the Needs Analysis. Outreach work included collating survey data to explore the way in which adults and young people using SLA make sense of CSE.

RESEARCH DESIGN

The ethically approved research design consists of a mixed methodology using both qualitative and quantitative methods. In addition to two online surveys, a range of individual interviews and focus groups were undertaken. These followed a semi-structured interview design. This model facilitates a coherent research framework that accommodates difference across the various participant populations. Qualitative data was captured in digital audio recordings and thematically analysed (Braun & Clarke, 2006).

In addition, two online questionnaires were designed one for adults and one for young people aged 13 to 18 years. Karan Sanghara, researcher from Rotherham Rise designed the youth survey which focused on young people's use of social media. The adult survey was aimed at adults who lived and worked in Rotherham. This questionnaire used a Likert scale to survey participant's views on CSE. 73 respondents also chose to leave further comment and these have been included into the tapestry of data included in this analysis.



Focus and family groups

A range of group discussions were undertaken by all four voluntary agencies. In total, 16 groups which involved 73 adults and young people were completed. Participants in group discussions were predominantly women and girls. Some groups were specifically designed to capture the views of the Roma community and of South Asian women and girls. Efforts to convene group discussions with men from the South Asian population proved unsuccessful.

Interviews

Individual interviews were offered to adults, and in total 32 interviews were completed. There were several occasions when extra assurance about participant anonymity was sought. In response further assurance was given by the Principal Investigator which supported people to participate in the study. The majority of participants interviewed were women.

Participants – Young person's questionnaire

The youth questionnaire received 249 responses. 70% of respondents were aged 14 years and below. 54.7% identified as female, 37.9% as male and 2.5% as transgender. Participants were mostly of White British origin (85.2%).

Participants - Adult questionnaire

The adult survey received 236 responses. 36.9% of participants were aged less than 40 years and 60.6% aged over 40 years of age. Almost three quarters (72.9%) of adult responses were from women. Participants were mainly of White British origin (76.7%).

3. AGENCIES OUTREACH ACTIVITIES

As per commissioning guidelines, each voluntary agency undertook outreach work with their designated population. These outreach activities were designed based upon the knowledge of each agency about how best to engage their relevant communities. This ranged from consultation activities with approximately 300 children, young people and adults. All outreach activities were beyond the research governance of the University of Salford and therefore not subject to ethical approval. These outreach activities are summarised below.

Apna Haq

Apna Haq sought to engage with a wide variety of religious, educational, advocacy, and other Asian community based organisations in addition to community activists in order to access a broad range of people within the Asian community of Rotherham. They achieved good engagement with women children and young people, but were less successful engaging men from the Asian community. The following outstanding needs and concerns were identified:

- That girls are currently subject to sexual abuse but a lack of trust in services prevents them from coming forward.
- Fear of honour based violence from family and community ensures silence is being maintained. In addition to the need for intervention to develop safe community practices.
- Professionals are not equipped to raise issues of CSE within communities as materials are generic focused and do not include issues of shame and honour linked to victim blaming attitudes.
- Current services do not reflect an understanding of the impact of the notions of shame and honour and so do not support victims to come forward.

- If girls did come forward current generic services would not have workers with culturally specific understanding i.e shame honour issues impact on victims.
- There is a need to develop a model of support for girls from minoritised groups.
- Further research is needed to understand how to work with families to overcome these immense challenges.
- Major development work to do above to develop safe disclosure and safe support pathways that instill confidence in young women.

What is needed to inform future services?

- Training and resources need to be developed and delivered that reflect the lived realities of Asian women.
- Training for all professionals on culturally sensitive practice. Understanding that dominant western perceptions of choice might contrast starkly with the beliefs of children and adults within the Asian community. Thus, mediating steps are required to bridge the gaps so young Asian girls and women can engage with protective services and then feel understood.
- Challenges to the victim blaming attitudes that have emerged from the research findings.

- Continued efforts to engage with male Asian population. However, to be aware that RMBC engagement with Mosque Leaders excludes the voices of women. A meeting in the Spring of 2015 between the Commissioners and Mosque Leaders caused some concern to Apna Haq. This demonstrates the importance of clarity and transparency in all communications. This issue is addressed later in this report.
- Continued engagement with schools, colleges and other community groups and activists.

Clifton Learning Partnership

This project implemented a participatory public engagement methodology that intended to reach out to Rotherham's migrant Roma communities. The objective was to support self-identified victims and survivors of CSE, their family and wider community members, with the opportunity to share their lived experiences so that voices could be heard.

Grounded in the assumptions of equal participation and active engagement, the project provided a flexible and accessible response to the needs of people who are often labelled as a 'hard to reach community' living in Eastwood, Ferham and the town centre. Based upon extensive and ongoing community engagement, the project team recognised the challenges in engaging Rotherham's migrant Roma Communities.

Between 27th March 2015 and 9th May 2015, the Clifton Learning Partnership facilitated a series of out-reach activities in Eastwood and Ferham from the town centre. These activities were completed in the community, in people's homes and in various community centres. Key messages from the "Say something if you see something" and "Spot the signs" campaigns were delivered by Roma community out-reach workers to community members with the view to increase community engagement and provide an effective conduit for inviting Roma people to engage in the participatory research process.



The first participatory public engagement meeting, facilitated specifically to enable Roma people to help plan and design the methodological choices and research questions which would be used for the formal study, was held on the on the 27th March 2015. This event was attended, voluntarily, by 11 Roma people (6 women and 5 men). Based upon their knowledge of CSE, they decided, and advised that the formal research project would initially do well to engage the wider Roma community with the following research schedule:

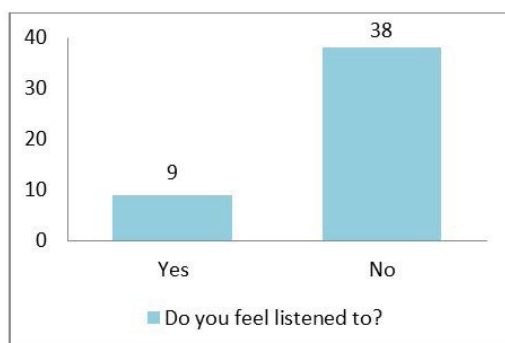
1. Why is this (CSE) happening?
2. How can my identity be protected if I complain?
3. Why don't the police tell our children to go home after a certain hour from a certain age?
4. How should we correctly bring up our children?

These suggestions were then discussed and reviewed against the project objectives. After this participation public engagement event, it was agreed that further outreach activity should be undertaken in Eastwood and Ferham to promote CSE awareness. These projects were convened at The Eastwood Village Community Centre, Central Children's Centre and My Place Young People's Centre.

Swinton Lock Activity Centre

As part of their outreach work Swinton Lock Activity Centre (SLA) undertook art work sessions with children and adults who had been affected by CSE. In addition to a community open day, they also designed their own survey to seek the views of adults and children who frequent their service. They surveyed 47 young people, first asking if they feel listened to. Figure 1 suggests that 38 do not.

Figure 1. Do you feel listened to?



In relation to the signs of child sexual exploitation listed in the 'Standing Together' initiative, the sense of not being 'listened to' could be considered as an additional concern that could impact on an individual's susceptibility to risk. Closely associated with positive emotional wellbeing, the need to feel 'listened to' is arguably related to a sense of social exclusion and the way in which a young person might think, feel and behave.

By engaging young people in the outreach project, SLA were able to identify that 45% of the young people who engaged in the survey were actively taking part in criminal activities or abusing substances. According to the known reversible signs of child sexual exploitation, this finding is one of the signs of a child at potential risk of CSE. 70% of young people responding to SLA survey did not know what the term 'grooming' meant. However, we recognise that the word 'grooming' is open to variability in interpretation and have seen this in the examples of outreach described as part of the wider study. More than a third of the young people reportedly did not know the age of consent, suggesting the need to support an educational programme.

The parents working with SLA report that support should come from an organisation independent from the council and police. All agreed that they and their child would have benefited from increased knowledge and awareness of CSE. As the behaviour of young people changed, parents felt that they were not effectively supported to manage or understand this change. Instead, as the young person was seen as being a 'trouble maker', the risk of CSE was overlooked. Being blamed for behaviour made parents feel guilty, thus causing them to overlook or seek to make sense of the potential antecedent of and new or unwanted behaviour. The inability to 'move on' was also reflected in the suggestion that people had to live among the perpetrators of CSE.

For some, the experience of seeing the perpetrators of their abuse, in the street or local community, was a particularly traumatic event. For some, a sense of justice had not been served, as abusers were moving freely around the local area. For others, the association between CSE and area within which they lived was also a strong and disconcerting factor.

Rotherham RISE

Rotherham RISE, formerly Rotherham Women's Refuge, is committed to supporting young people and women who have experienced or are experiencing domestic abuse. They have, since the beginning of the year Rotherham Rise has also provided child sexual exploitation support for young people who are experiencing, have experienced or at risk of experiencing child sexual exploitation. This work also involves working with adults (both male and female) who have experienced historical child sexual exploitation. This team is called Project Survive.

Project Survive work with males and females. Young People aged 9-18 (Prevention work) Young people and adults 12-18+ (one-to-one work). The project completed one-to-one work with 13-18 year olds who have experienced, are experiencing or who are at risk of experiencing CSE. They have also completed one-to-one sessions with 18+ year olds who have experiences of historic CSE. Project Survive have also delivered

prevention work in schools, both primary and secondary and also in colleges. This has also been extended out to parents of pupils.

Children as young as 9 years have Facebook accounts, with many stating that their parents have created these accounts for them. Many of those on Facebook also stated that their parents or carers did not check what they did online. During sessions with primary school children, it was evident that many had been exposed to inappropriate content for their age groups.

Many reported having watched films and played electronic games with age classifications of 18+. There was also an incident of a year 5 child stating that an older peer had tried to force him to watch extreme pornographic content. Although this was an isolated incident, it sheds light on the fact that some children are exposed to this type of material.

There are also issues with primary school children not understanding how to keep themselves safe. A key example which highlights this is a year five class where the children were unsure of who could be classified as a stranger. In a 'circle of trust' exercise, children placed the outreach workers in their 'most trusted circle' even though they had only interacted with them for around two hours. It was evident that the children's thought processes were reactive to rather than preventative of risky situations.

School sessions, especially at primary school age have been very successful. Children as young as 9 years have been fully

engaged in the sessions and provided positive feedback. Their work during sessions also demonstrates that preventative outreach activities are necessary when tackling CSE. Children were asked to draw what they thought a perpetrator of CSE looks like, and many drew men, who were old, and had poor hygiene. After the session, they all understood how diverse the range of perpetrators were. This age group took matters more seriously and listened more intently than younger secondary school students.

At secondary school, smaller group work sessions were effective, with activities such as poster making. Some schools have asked Project Survive to provide a rolling programme. At college level, it was evident that the two video aides used (My Dangerous Lover Boy and CEOP's Exploited) engaged pupils who attended the prevention session offered by Project Survive.

There were concerns however, that My Dangerous Lover Boy, whilst still hard-hitting and effective, looked dated. CEOP's film exploited, again, whilst effective, was aimed at a younger audience. This leads to the conclusion that hard-hitting videos are a good tool and should be used when interacting with young people. However, the content and style of these videos need to be relevant to the young people being spoken to.



4. Child Sexual Exploitation

DEFINING CSE

Understanding what is meant by the term child sexual exploitation is important, particularly if we are to ensure that both professionals and the public can feel confident in identifying and reporting it. If the sexual abuse of a child is always exploitative, we need to examine how the terms child sexual exploitation (CSE) and child sexual abuse (CSA) are or are not related. This is a complex task against an increasingly worrying landscape of our society's historic and contemporary failure to recognise, prevent and respond to the prolific sexual abuse of our children.

The Government definition of CSE (2013):

“Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.”

The World Health Organisation definition of CSA (1999)

“Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that

violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to:

1. *The inducement or coercion of a child to engage in any unlawful sexual activity;*
2. *The exploitative use of a child in prostitution or other unlawful sexual practices;*
3. *The exploitative use of children in pornographic performance and materials”.*

These broad definitions suggest the terms CSE and CSA are largely interchangeable. However, greater clarity of their differences would facilitate the formation of more distinctive offender typologies. This distinction should offer greater definition of the modus operandi of the organised gangs and groups who are known to target and traffic children and young people. Although, much is yet to be understood about how the recently identified CSE gangs in Britain compare to, or interact with the behaviour of other paedophile networks. Ultimately, greater comprehension of the problem will translate into more effective safeguarding policies and practices (Berelowitz et al., 2012, 2013).

To assist this process of understanding, Brayley and Cockbain (2014) examined the concept of internal child sex trafficking and child sexual exploitation within the UK. In doing so, they further distinguish child trafficking as a specific type of CSE. Worryingly, they highlight disagreements between the key national agencies, UK Human Trafficking Centre (UKHTC) and the Child Exploitation and Online Protection Centre (CEOP), about how to identify a British victim who has been trafficked within Britain. Although they recognise the need for further deliberation of a useful definition they offer suggestions of the components which should be included (Table 1).

Table 1 Criteria for inclusion in the proposed internal child sex trafficking definition

Category	Criteria for inclusion	Purpose of criteria
Offenders	Child, aged 17-years old or younger Adult, aged 18 years or older Two or more offenders involved	To meet national and international definitions of a child To exclude peer-on-peer offending To ensure consistency with the UK definition of organised crime
Transportation	Any mode of transport	To include all forms of movement
Movement	No minimum distance required 'Integral' to the abuse process	To ensure victims are not arbitrarily excluded from the definition To emphasise that this is deliberate movement without which the abuse cannot occur. Defined as movement to a location where the sexual abuse will take place.
Abuse pattern	At least one victim must be abused more than once	To distinguish internal child sex trafficking from other forms of child sexual abuse

Retrieved from Brayley and Cockbain (2014)

Their proposed criteria attempts to balance both inclusive and specific aspects of behaviour and activity, that constitute the trafficking of children for the purpose of sexually abuse. The need for a definition useful for a multi-agency and national approach needs to remain a primary focus for all concerned. The National Crime Agency (NCA) refer to non- familial child sexual exploitation and abuse (CSEA). This combination of the CSE/CSA terms while specifying familial and non-familial relationships between perpetrators and victims may prove a useful contribution to defining the nature of this offence.

However, some children also experience abuse within both familial and non-familial relationships and it is important to remain vigilant to the complex network of sexual predatory activities. Failure to do so can lead to some child sex abusers becoming invisible (Itzin, 2001). In addition, there should be care and sensitivity when defining offender typologies and how these should relate or not, to the construction and definition of the children who have been abused.

The reported concerns of child sexual exploitation organised and perpetrated by Asian men of Pakistani heritage is a matter of grave concern. It could be argued that a lack of an agreed definition of the problem contributed to its proliferation. Therefore, we need to ensure that all sexual offences against children are kept firmly in our sights.

PARTICIPANTS' VIEWS OF CSE

During the needs analysis, participants were asked what they thought constituted CSE. Their responses reflect a good understanding of the coercive and diverse nature of grooming both online and in person. Several participants both in youth and adult populations used the term 'brain washing' in place of grooming. Several respondents suggest an abuser could groom a child over many months, if not years, before revealing their true exploitative intent. Some respondents also understood that abusers could manipulate adults, families and communities into believing that they did not present a threat to children.

CSE was described as including direct and indirect activities, such as using photographs of children, exploiting them via online, phone, other electronic activities, or in person. They believed predators of CSE were motivated, by money and/or physical pleasure. They considered those who exploit children to be organised, determined and ever present. Participants felt that children's natural naivety could be manipulated by means of attention, drugs, cigarettes and alcohol.

Identifying CSE

Despite every participant being able to offer a definition of CSE, there was a wide range of responses when asked how they would know if a child was being sexually exploited. Most respondents were able to cite several of the publicised 'signs of potential CSE' available in the Council's literature. However, although some participants worked with young people they did not think they had the tools available to identify this type of sexual abuse.

In the absence of a disclosure of exploitation, most participants focused on changes in behaviour or presentation of a potential victim. They considered this could include, changes in what the child would wear, what language they used, withdrawal from their family and friends. Some young people felt they were in a better position to identify CSE as they had completed awareness education at school/college. A common theme was that CSE was likely to be identified by someone who knew the child well. This has implications for professionals giving due credence to concerns raised by family and friends.

Defining 'child' in CSE

Several respondents raised queries about the age at which a child could be said to be a victim of CSE. There was for some a discrepancy between the legal age (16 years) at which a child could consent to sexual intercourse and their reaching adulthood at 18 years of age. Others made comment about the ongoing vulnerability of people with learning disabilities who may be an adult chronologically but whose comprehension skills may be less developed.

Who is at risk of CSE?

Most respondents believe every child is at risk of sexual exploitation. This inclusive stance was most keenly expressed in relation to children and young people's use of the internet. Children without adequate parental supervision both online and in general, were also identified as 'at risk' by several respondents. Some more specifically equated this to families who were living in economically deprived conditions. Other vulnerabilities were thought to arise from children who were innocently in need of attention for a variety of reasons including family breakdown or disharmony.

Several participants identified some communities as more vulnerable; one of these was the Roma community, which one respondent felt were more vulnerable because of their relatively recent migration to Rotherham and a reported drug problem in the Eastwood area.

Others responded that there was also concern about White British families because of parental apathy in some of the town's council housing estates. The issue of shame was a dominant explanation which prevents disclosure of sexual abuse within Asian families. A consistent theme from both young people and adult respondents was that they would expect to notice a change in the behaviour of someone they knew. This prevalence given to familiarity of victim and a potential safeguarder highlights the importance of a public awareness campaign.

EFFECTS OF CSE

The recognition that the traumatic experience of child sexual abuse, is often associated with other forms of abuse with enduring consequences, has long been recognised (Beitchman et al., 1992). However, our understanding of the affects upon the victim, their family and friends continue to emerge. Research demonstrates links between CSA and psychiatric disorders.

These can include post-traumatic stress disorder (PTSD), depression, eating disorders, substance misuse, personality disorders and an increased risk of suicide throughout a person's life (Horner, 2010). Psychological recovery can be more problematic for children who have been re-victimised by multiple perpetrators (Kellogg & Hoffman, 1997).

In adulthood, the effects of CSA can manifest themselves with victims being at risk of sexual re-victimisation. Furthermore, the cumulative affects of childhood sexual abuse can influence parental behaviour, which can contribute to a pattern of intergenerational abuse. However, the experience of abuse in childhood can also provide a parent with greater awareness of the risks for their own children.

The complexity of the effects of CSE is discussed more fully in the thematic analysis presented later in this report. In summary, the analysis reflects that any response to CSE has to be responsive at both individual and societal levels. This is easier said than done, especially when key concepts such as what age constitutes a child and their subsequent agency to consent to sexual activities. In turn, such complexities add to the confusion of how individual issues are understood and this can be further problematised by what some refer to as the ensuing 'moral panic' as knowledge pricks public consciousness (Cree et al., 2014).

PARTICIPANTS' VIEWS

Effects on the child

Although respondents were able to identify potential signs of CSE, many felt they would not know if a child they knew was a victim. Many spoke of prevention and early detection in order to minimise the impact on

a child. There was recognition of the pressure for children to have knowledge with which to safeguard themselves in addition to effective support systems that could respond to reported concerns.

Effect on family

Respondents to this study provided accounts which offer personal insights into the effects of CSE for families. These range from families having to flee their home and city to protect their child from exploitation. Others reflect on how families can be forever changed, with a loss of trust in relationships particularly where one child victim has introduced a sibling to the perpetrators.

Effect on friends

One respondent spoke eloquently about the impact upon her of bearing witness to the account of a friend who in adulthood disclosed her experience of child sexual exploitation. This story reveals that friends may be the safe keepers of this knowledge when family members and wider society remain unaware.

Effect on community

The historic failure of Rotherham MBC and the South Yorkshire Police to protect children from sexual exploitation has affected the degree of trust the community has in these agencies. Furthermore, participants shared that significant tensions between different ethnic groups have been exacerbated by media reports and political activity from the English Defence League (EDL) and the United Kingdom Independence Party (UKIP). Several respondents report an unwillingness to admit to living in Rotherham.

5. MAIN FINDINGS

The thematic analysis saw the emergence of needs at an individual, familial and community level. Second order coding highlighted subthemes which included fear, trust, insecurity, vulnerability, identity, education, shame, denial, communication, discrimination and power. From these, three superordinate non-hierarchical themes emerge termed structural fault-lines, resistance and renewal, collective cohesion. These themes serve to capture the need to have increased awareness of the challenges that Rotherham faces in light of the occurrence of CSE and of the added vulnerabilities inherent within its communities. The responses from participants reflect narratives of resistance and renewal. This theme captures issues of denial, fear, shame, hope and trust. Importantly, if these are not balanced they could deepen existing fault-lines. Finally, the theme of collective cohesion, illuminates discourses that signify the commitment of individuals to work with others to protect children and renew pride in Rotherham.

THEME 1: STRUCTURAL FAULT-LINES

Public Trust

Public consciousness about the actuality and then subsequent reported extent of CSE in Rotherham has left a legacy of blame, accusation and mistrust. Several participants commented that trust had been badly affected, in some cases 'destroyed' and that they felt, in particular, media coverage had pulled down the whole community:

"In every place there are bad persons and good persons - when they pull a whole community - drag them down."

Some respondents stated that they were mistrustful of and even angry with, the Council, police and social services for the historic failure to respond adequately to the protection of children and young people. Remarks included that meaningful apologies were yet to be made and two participants frowned upon Councillors who had chosen

not to resign. This criticism and lack of trust in its own Council was furthered by what was described as the 'Government taking over' via the arrival of a team of Commissioners. Some respondents felt that there was an outstanding need for those in positions of power to acknowledge that 'they got it wrong' and are willing and able to put it right.



Such issues also remain prominent in the British media and during the course of this needs analysis, it was announced that Professor John Drew, would lead an inquiry into how South Yorkshire police acted. Confidence in the council and the police is essential if they are to be effective in working collaboratively with the people of Rotherham to safeguard vulnerable children. Participants continue to see a lack of support as a barrier to disclosure:

"I wouldn't come forward, if I was a victim."

"People are not coming forward to report because of a lack of support, things are not being handled properly at the moment."

However, despite the high public profile of CSE in Rotherham, participants report that it is not part of everyday conversation. Responses reflect that participants were affected by a sense of public shame, to the extent that they made efforts not to identify with Rotherham, preferring to tell people that they originate from Yorkshire or Sheffield. This lack of conscious awareness of CSE resonates through different narratives.

Some participants found the concept of children being sexually abused too difficult to contemplate:

"It gets me quite angry so I tried to avoid them things, but it's a bit too deep for me to get over the effect that it's happening".

It may be useful for RMBC to consider adopting some of the concepts of a Truth Commission (TC). Mazzei (2011) reports that TC's work well to assist communities affected by conflict when they engage with public discourses. In addition, to acknowledging and confronting the past TC's recognise the use of social discourses to assign meanings of blame and reconciliation. This creates an integral role for RMBC to establish relationships with all actors, particularly those who are marginalised and repressed. Clearly, this issue is of vital importance to the victims and survivors of sexual abuse. A pathway to giving them a voice in the renewal of services will be discussed in the following theme.

There are greater complexities to navigate when we begin to unravel the marginalisation within the town's Roma and Asian communities. The perceived and in some instances actual threats that permeate within and between the indigenous White British, Asian and Roma communities were highlighted in the data collected. Across the globe, the epidemic sexual abuse of children thrives on secrecy, lies, fear, deceit and manipulation. Thus, to counter these, transparent and open discourses to explore the shadows where it exists are vital. RMBC and other agencies such as the police have to recognise their role and responsibility when contributing to and engaging with public discourses.

In particular, RMBC has to traverse discourses which simultaneously balance contrition with the confidence it has in its ability to implement progressive and effective change. The challenge is further complicated by the tendency of some to use any publicity from the council as an opportunity to express criticism. Some participants assert they do not trust the council to provide adequate services to victims of CSE. However, most looked to the council for this provision. Of the 236 respondents to the adult online survey 58.6% agreed the council should provide support for victims. In addition, 76.3% disagreed with voluntary agencies being the only providers of CSE services. One participant thought the council should speak up about what they are doing.

"Don't bury their heads in the sand, be honest, say what you are doing".

Gendered & Racial Tensions

It would be incorrect when contemplating gender and racial tensions in Rotherham to assume that this matter is isolated to the town's Asian and Roma communities. Gender and racial dynamics do not exist in isolation and cannot be divorced from other aspects of prejudice and discrimination. There is a concern that specific discourses on gender and race can inflate tensions and contribute to further suspicion and division. However, careful interrogation of issues is essential to the safeguarding of children and communities.

Several issues pertaining to gender, race, religion and culture populated responses throughout the needs analysis study. Some of these were explicitly related to CSE in Rotherham and others implicitly interwoven into the cultural fabric of British society.

Misogyny

One dominant discourse in the data highlighted the issue of misogyny in 21st Century Britain. This complex phenomenon cannot be fully addressed in the confines of this report. However, it is integral to the expectations of and attitudes towards girls and women in our society. Thus, to support an equality agenda, recognition that women remain a marginalised group in our society should be included in all narratives.

To address the victimisation of women within our society we have to focus on the behaviour and motivations of men. As such, there is a need to develop discourses which enable men to join the discussion and contribute to keeping children and women safe.

Hearing the voices of children and responding to their concerns and disclosures of CSE is vital. This is an important element of any strategy which aims to combat underlying attitudes that children, but particularly girls, have to keep themselves safe. In addition, regard has to be given to the recruitment and grooming, particularly of boys to become abusers. Respondents were clear that these young people should also be classed as victims of CSE. This viewpoint provides an opportunity to consider a variety of exit strategies for different children.

Exploring Race in CSE

Responses to our CSE needs analysis online survey reflects 96.6% of 236 respondents agreed that men from all cultures could be involved in the sexual exploitation of children. This suggests that ensuring a spotlight remains on all potential perpetrators of child sexual abuse is essential to the protection of children..

Statistics on Race and the Criminal Justice System (2012) report 75.7% of all sexual offences are committed by white offenders and 9.2% by adults who self-identify ethnically as Asian. To put this in some context the 2011 Census for England and Wales showed the White population at 86% and Asian community at 7.5%.

However, recent media reports about Operation Stovewood, suggest a high proportion of perpetrators of CSE in Rotherham are adult men with an Asian Pakistani heritage. As always, we have to remain vigilant about the context in which statistics are understood.

As part of this needs analysis study, RMBC commissioned Apna Haq to engage with members of the Asian community and Clifton Learning Partnership to collaborate with the Roma population in Rotherham. The contributions of these participants offer insights into the individual, familial and community dynamics that could assist or constrain our ability to keep children safe.

However, they also report a worrying account of communities grappling with internal and external challenges. Although, these issues will be discussed initially as a discrete section of this report, it is important to recognise that Rotherham is a multi-ethnic town and that any future plans should respond to specific needs in a manner which integrates the whole population.

There was a consensus among Asian participants that some Asian men were involved in the sexual exploitation of children in Rotherham. One young person commented:

"I think it happens a lot".

Both adult and child participants report there has been increased tension between their communities since the concerns about CSE were publicised. Many participants felt that tensions between the different ethnic communities were exacerbated by the media reports and the subsequent political activities of the English Defence League (EDL) and the United Kingdom Independent Party (UKIP).

Asian teenagers shared that there were visible divisions between '*brown and white children*'. They commented that this was more acute in schools where there was a larger Asian population. They expressed anger that it felt as if the whole Asian community was being blamed for the actions of a minority.

The impact upon them as individuals crystalised when they gave examples of their daily experiences:

*"It affects your daily routine.
Lowers your self-esteem, what
you wear."*

Their ability to feel safe to express their identity, their selves, resonates with that of other Rotherham residents who no longer feel it is safe to tell people that they live in the Town. These Asian teenagers also revealed some of the difficulties they have living within different cultural norms:

*"We're not allowed to get
drunk and that, so we're not
allowed to do what they
(White British) do, parties,
alcohol...If you can't drink,
you're not having fun."*

They also recognised that some elements of bias, of stereotypes, also arose within their Asian families.

*"If you're hanging around with
white people, they (parents)
ask why? They are a bad
influence. So it's probably from
the Asian side of it too."*

The young participants felt that there was little hope of changing the attitudes that divided the people of Rotherham. When pressed to consider a potential for future of reconciliation, they were able to identify both barriers and possibilities. These will be discussed in a later section of this report.

Vulnerability of Roma Community

Several structures marginalise Roma people within Rotherham. As a new migrant population, they do not have the benefit of an established cultural base. Unlike the indigenous population or other established migrant populations, new migrants do not have the shared community places upon which to scaffold a supportive infrastructure. This can affect their sense of belongingness to the place where they live.

Although, buildings and places to congregate are an important element of community, so are the opportunities for people to integrate within broader community networks. In particular, language was highlighted as a further structural constraint by the Roma people. For all areas of community integration, but with our present focus being CSE, it is essential that information is accessible in a variety of written languages, and audio.

In addition, Roma participants would welcome support to develop their English speaking skills, enabling them to communicate with community services, in addition to monitoring the social media activity of their children. This is vital as statistics reported by the Safeguarding Board in Bradford suggest Roma children are more likely to be identified as at risk of exploitation.

There are multiple reasons for this higher level of vulnerability and poverty was identified by participants as a potential risk factor. One participant tried to make sense of why a Roma child might be sexually exploited within their own community.

*"Maybe it is the fact that
Roma people don't have
income so they are trying to
make money.... maybe they
have a good looking daughter
and they think they can make
money by selling her."*

This needs analysis is not suggesting that Roma children in Rotherham are being exploited in this way, it is aware that the sexual exploitation of children in Romania is a current cause for concern. The NCA and British Embassy Bucharest are utilising the International Child Protection Certificate (ICPC) to prevent the exploitation of children in Romania from travelling British sex offenders.

Awareness of the exploitation of children in some European countries, further highlights not only the extent of this issue, but also the necessity that educational materials have to be culturally appropriate if they are to engage multiple audiences. Other contributions from Roma participants reflect their view that the sexual exploitation of children is harmful to the child and the community.

"(CSE) is bad for us.... it is a shame on a community".

Organised crime

Systematic targeting of children with the intention of sexually exploiting them was a discourse across all participant populations. Several survivors were able to share experiences of the fear and manipulation of abusive men. Although, it is accepted that perpetrators of sexual abuse are present in all cultures. However, of the victims and survivors that participated in this study most identified their abuser as an Asian man, and often went on to specify Pakistani heritage.

The organised nature of those who are intent on exploiting children is an issue that requires further understanding. It is complex matter requires insight and knowledge across all societal structures. This will enable effective judicial systems to operate, to ensure survivors are supported and work undertaken to prevent future victimisation.

The predatory and determined behaviour of perpetrators can only be combatted with an equally robust response. This is a massive undertaking, not only for Rotherham, but also across British society, indeed across the world. We are only beginning to understand the corrosive impact of CSE on individuals, families and communities. The manipulative behaviours of perpetrators should not be underestimated.

Comments from survivors reflect the depth and breadth of control that was imposed upon them. Often this involved victims misdirecting authority figures, following instructions to tell lies, to keep secrets, to blame others. This raises immense challenges for those delivering services to people currently being victimised, as steps taken to respond to perceived risk, could actually increase harm.

The final note at this stage of the report is the connection of CSE to other areas of organised crime. Participants revealed that perpetrator manipulation is also targeted at adults, families and communities. This control can involve economic dependence, housing, drugs and other aspects of criminal behaviour. However, it is important to recognise that many perpetrators might not appear as menacing to people in authority. Often the grooming behaviours used towards professionals are designed to engender trust and confidence.



THEME 2: RESISTANCE AND RENEWAL

Learning from Survivors

The need to disclose sexual exploitation is a huge responsibility placed on the most vulnerable members of our society. A child traumatised by the effects of abuse is affected by fear following threats from the abuser(s) and of not being believed. It is important to remain mindful of the experiences of those who have already disclosed, who felt the police behaved arrogantly towards them. Survivors report they were not believed; even made to feel as though they were to blame for their abuse.

Leading on from the initial point of disclosure is the safe sharing of that knowledge. This should include ensuring that the well-being and safety of the children and young people are central to any decisions made.

The development of trust between victims and agencies such as the police and RMBC is essential. The healing of historic wounds will hopefully be aided by Operation Stovewood and Professor Drew's review of Yorkshire Police involvement. However, ensuring appropriate and timely responses to current/future disclosures is crucial to combatting CSE.

Cultural constraints

Across all cultures it is immensely difficult for a child to tell someone that they have been sexually abused. Feelings of fear and shame can be present for all victims. However, the dominance of cultural norms observed within families and communities can prevent disclosure and exacerbate abuse. This can be the same for all communities and often centres on blaming the victim.

A key feature across all populations was the tendency to blame girls for attracting abusers; often by what they wore or how they are perceived to behave and some Roma participants explained:

"It is our girl's fault, it is because of how they are... They follow [men] for money and stuff... they sleep with

them... they sell them [selves].... they get money out of it."

"Some girls want it. They are 13-14 and they have already slept with a man."

Asian participants:

"There's an assumption, that if your covered, that you are less at risk."

"A woman showcasing herself to a man who has the propensity to exploit. Green flag to a man, makes exploitation more likely....take precautions, don't walk in a seductive manner unless you attract the wrong type of attention...I'm not saying women should wear a burka".

White British participants:

"There are stereotypes of victims as slags and loose women."

"Seen as a little slag"

"The girls might not been seen as victims as they were very aggressive towards authority".

These narratives reflect a view that girls have the responsibility of keeping themselves safe from predatory adult men. These remarks are anchored to socially constructed expectations of how a 'good girl' should behave. These are then reinforced by specific cultural norms and practices. It is important to understand and critique each cultures' gendered practices if we are to have an effective response to CSE.

Social Workers' views of CSE victims

It may be tempting to think that it is only members of the public who place responsibility on girls to protect themselves from CSE. However, we should not be complacent that those who are employed to respond to concerns about CSE are immune from socially imposed understandings. Current ESRC funded research exploring social workers' understanding of CSE and exploited girls is being undertaken by Sarah Lloyd at the University of Huddersfield. Sarah has kindly agreed the use of some of her participant's discourses to assist this needs analysis:

"You can't let yourself be in the situation where men are abusing you it's not right for them to be doing that"

"Massive risk taking behaviour but children who are vulnerable are prepared to take that risk if it means a bit of affection"

"Some of the young people that I work with are that desperate for attention you know they, they lavish it up instead of stopping and thinking..."

Many of the comments included in this report reflect the need to develop a more critical approach to thinking about the sexual abuse of children. Positively, the signs of what constitutes child sexual exploitation are understood by most participants. However, meaningful identification for individual victims becomes more problematic as it is enmeshed with our individual judgements within broader societal discourses. There is a need to understand and communicate the complex power dynamics that exist within abuse relationships. This will require diverse yet comprehensive education and training programmes which challenge these perspectives at individual, group, community and societal levels. For these to be effective we need to recognise the starting point for each group and also plan for any preparatory engagement work that needs to be achieved.

Views of elders in the Asian community

One of the challenges faced by this needs analysis was how to engage adult men from all communities. Although patient, yet persistent efforts were made few have added their views. However, it is important to understand the reasons why they have not engaged. We are able to contribute to that understanding here by the inclusion of information shared by both men, women and children from the Asian community.

This report has already alluded to the racial tensions in Rotherham after the concerns about CSE became widely publicised. Although, not specified as a reason for non-engagement we need to remain mindful of its implicit presence. It was reported that the Elders in the community did not consent to the completion of the online questionnaire and expressed the view that they thought the questions being asked were inappropriate. There was pride expressed in being a British Muslim and an assertion that they know right from wrong.

In addition, Elders expressed the view that those in charge, be they the police or RMBC had led a culture of repetitive failures that had let down both victims and the community at large:

"So where is the sense of community or ownership, all the good work comes to an end if the police and children's services don't interact with the community with their concerns."

There was a view that additional harm to those with sensitivities were yet to be identified. The Elders assert that people need to do their jobs and address the real issues. Further explanation was provided that the mechanism was not in place to protect the victims. An example regarding a stray dog was given:

"you make one call and a van turns up, in the interests of public safety the dog is removed" so why haven't our children been heard or listened to."

Contemplating cultural change: Generational divides

One Asian male participant agreed to an individual interview. Some of his reported comments reflect a male dominated culture in which women's voices and position in community spaces are not always encouraged. However, such patriarchal views are endemic to all cultures thus making judgements without space for negotiation limits the potential for progress. This man, who will remain anonymous, should be commended as he willingly explored some of these challenging concepts. This participant was clear that children who are sexually exploited are innocent and that the perpetrators are committing a criminal act which is not condoned by Islamic guidance. He usefully explored some of the potential perspectives from Asian men. In doing so, he was not attempting to make excuses for the behaviours of those who perpetrate CSE but to try to understand why some men commit this crime.

He spoke of the cultural constraints placed on both genders which can lead to isolation. More specifically he spoke of young men being forced into marriages that left them feeling unsatisfied. He reflected that although he used to think of these as individual cases, he now contemplated this as a cultural issue where men can be blackmailed into marrying their first cousin. The participant felt that a collective inter-cultural response was required.

Other reflections made by the participant included the amount of free time that he felt young men had. He suggests that mosques and other institutions could do more to 'harness the talents' of these young men and occupy time that might otherwise spend 'hanging around on corners, targeting women'. The participant felt that this group of men were disenfranchised and that there was a need for community centres to foster collaboration.

The issue of generational divisions within the Asian community was raised by this participant and within the women's and young people's focus groups. The male participant felt there was a lack of leadership within the community, affected by a lack of 'chemistry' between the Elders and younger generation. He explained that there are no discussions about sexuality and suggests

mosques have a responsibility to engage with the issues that affect young people (men):

"The Imam is not equipped to deal with these issues, his rhetoric doesn't resonate with the young people at all, so the young people feel pretty trapped, they can't communicate their frustrations with anyone".

The topic of generational difference also arose within the Asian young people's focus groups. These children felt that older people across cultures found it more difficult to change their opinions and attitudes:

"Once you get older, you want to stick to it....It's harder to change parents...you can't change what you've been brought up with, it easier for children".

A group of young Asian men also took part in a focus group. They demonstrated an understanding of the complexity of sexual abuse and exploitation. They described their shock of what had been revealed in Rotherham:

"What's happening in our town, we were shocked by it, it didn't cross any of our minds"

The group was clear that they condemn the criminal behaviour of those who sexually abuse children. However, their personal experience after the media coverage was feeling that despite their own innocence they were having to defend themselves. They reflect that innocent victims of sexual abuse also had to defend their selves, to the press and others.

Interestingly, although they felt aggrieved by the actions of the EDL, this group did not experience the same racial tensions reported by younger participants. They expressed a pride in Rotherham and a desire to contribute to community cohesion in order to protect children.

Role of parents

Asian children felt their parents were a source of reason and explanation. However, they also expressed the view that parents had gaps in their own knowledge which left children looking elsewhere for guidance. This prompted a discussion about parents also having somewhere to turn to seek advice. In exploring this issue the young people contemplated the function of parents in setting out boundaries of what as children they should not do. However, they felt that approach did not suit the boundary testing behaviour that teenagers engage with:

"Parents will pressure their children a lot by saying don't do this, don't do this... but teenagers especially will do anything to go against their parents. So if like your parents say don't get into a relationship with someone because they are too old. That will make a teenager want to do it more. I think it's about parents being open with their children and saying this is why you shouldn't do it and this is why it's wrong rather than pressurising them without giving reasons."

The role of parental supervision was an issue raised across the data. In the Roma community most respondents felt that victims of CSE were being let down by irresponsible parents who did not effectively, supervise, discipline or educate their children. However, the narrative below also reflects that parenting in this regard is the responsibility of mothers:

"First is the situation at home. Children should be disciplined from a young age. Mums should be checking children's phone and computer and set a home time. So she knows where her child is."

The role of mothers is dominant throughout each community's contribution to the needs analysis. Indeed most participants interviewed were women. Who despite societal marginalisation and personal discrimination were predominantly the people who were reporting CSE and supporting their children after the event. Importantly, through this process, they have also had to and indeed continue to, battle with professional organisations to access support and justice while simultaneously managing continuous threats from the men who abused their children. Hearing their accounts is fundamental to understanding the resistance they have experienced and the hope that many, but not all, have in RMBC's potential to meet their needs.

One Roma mother who took part in the study had direct experience of CSE. As a mother of a child who had recently been abused, she explained how criminal gangs would victimise the Roma girls who had been exploited, and attempt to bribe them so that they would not press charges:

"I have experienced CSE. It happened to my daughter. When I found out what happened, I knew what to do. I went to the police and social services and I have reported it. Now I am watched by [the paedophile gang]. One of the [perpetrators] was deported, but the case was reopened because my daughter saw [him]. He was hanging around the school and Eastwood. He was verbally abusive to my daughter. She was so scared. The police found him after we reported him and he was sent to jail. But he sent 2 guys to visit us trying to bribe me daughter and to say that the guy is innocent. But my daughter refused to do that. She said "Mum he has destroyed my life....how could I let it go?" We all have suffered from this."

Another British women who was a survivor of CSE also spoke about her abuser's disregard for police and parental authority:

"I think he just completely thought he was above the law, he did what he wanted, he weren't scared of anyone, I mean I even saw him in fights with police officers, he knocked one police officer out. Because he asked him not to park where he'd parked. He was completely above the law, there were times when he would break into my mum and dad's house and rape me while my mum and dad were asleep in the next bedroom."

Two White British mothers who had children that had been sexually exploited, spoke about how they educate their young adult sons to encourage them to be mindful of their behaviour in relationships. In particular navigating what an acceptable age difference between teenagers proved stressful:

"You see it's affected us because my son rarely has girlfriends, he's 19 now and he's started seeing a girl of 17... And I couldn't help but give him a hard time....He was 18 when he started seeing her and she was 16. And I was like what are you doing, please don't do anything, just be respectful. He is really respectful but my concerns were when he got to 19 and she wasn't quite 17 and I said, oh you are going to have to end this relationship, even though he's so good, so well mannered, so respectful. But he was older than her and she was only kind of 16."

One mother spoke about the extreme violence of one abuser which included hitting someone over the head with a hammer and how she felt the justice system was failing victims:

"He's still walking about, the police are arresting him, it goes to court and that's where it fails and then the judge, I don't know they say the prisons are overcrowded and stuff but if you didn't pay your council tax then they would put you in prison".

There was a strong sentiment that a new approach was required in how the law responds to the needs of victims and perpetrators. One mother and her children had to leave Rotherham because their lives were at risk from the abuser and his associates. They felt that it was the offenders who should have to leave not the victims:

"Make them leave Rotherham, I know it passes it onto somewhere else but it might make it more difficult for them to set up their little..."

One survivor has needed to move home several times when the safety of herself and children was at risk:

"The amount of times I've had to move is ridiculous, I've moved over 20 times. He's moved once because he got shot, that were it."

The impact of these stressors and the necessity to continue to care for their children is reflected by these mothers:

"It's like sleepless nights, and if you're not sleeping that night you know you wake up and feel like you can't function properly. You know we've all got kids and the kids suffer as well".

"I don't feel, like this past year, that I've been myself at all. I feel like I'm just observing."

This group of mothers went on to talk about how it affects other aspects of their health such as over and under eating. They shared experience of parents they knew who coped with their children's CSE by misusing alcohol or drugs. Despite being faced with a myriad of challenges, these mothers experienced great difficulties in accessing support. One mother who was victimised as a child and adult wanted to protect her son from her abusers:

"For years since he was about five I was asking for help. I wanted to put prevention in, because I knew what route it were going down. And they wouldn't do it and it kind of got left until, we were at crisis point."

Prevention, for this mother, would have included therapy for her son and herself. She described going to seek help from professionals making it clear that she was considering suicide as her only option:

"But they still didn't want to know they said, don't be stupid as if you're going to do that. One woman picked up the phone and said, I'm ringing social services and I thought, oh thank God, um and basically she turned around and said it wasn't because of that it was because I'd said it in front of my kids".

Shame

The issue of shame has been highlighted throughout this report. Although feelings of shame are cross cultural, how shame is experienced is also influenced by particular social norms (Wong et al., 2014). It is important that the issue of shame is not underestimated. For the Roma community, it can have a deep and lasting effect on children and families, including their ability to feel respected and welcome within their own community. This is of crucial importance as the Roma people are subject to stigmatisation across Europe (Pantea, 2014). As such, they counter public discourses of shame on a daily basis. In her study, of young people engaged in higher education Pantea found that there was a gender difference with Roma girls being under more pressure to 'out' themselves as Roma. The complexities of these issues require further understanding for the Roma population in Rotherham if integration with the broader community is to occur; while maintaining and protecting pride in one's identity and minimising the 'othering' that difference can instil.

Emerging from a different cultural heritage shame or 'sharam' within South Asian communities is a dominant culturally constructed phenomenon that inhibits the disclosure of child sexual abuse. Participants in the needs analysis explained that the lack of reporting permits members of the community to assert that CSA does not occur. Asian women explained that in particular, Asian male perpetrators would target girls who will always be loyal to their family's honour, which could increase if their family had particular standing in the community. Thus, any strategy to reduce CSE within this community also has to have regard for the lack of reporting of familial CSA.

The women interviewed in the study spoke of women's groups that were established over the last 20 years, they gave accounts of the impact of CSA upon women they had supported, and one victim's experience was relayed:

"She had no self-respect left, but important to her was her parents' social standing."

They described how historically they now see that a 12 years old girl had been groomed by an Imam and as women have little influence in their community, male predators do not believe they will be challenged.



The use of shame within a restorative justice programme for sexual offenders was explored by McAkinden (2005). This complex topic needs further exploration beyond the remit of this report. However, in the case of CSE one participant commented that historically people who sexually abused children might be fearful of community retribution, but that the men who have been identified as perpetrating CSE in Rotherham have presented as powerful and untouchable.

The last note on shame which needs to be mentioned is that of the many workers who have dedicated their careers to supporting vulnerable women and children. They now find themselves looking back to re-evaluate events with the new knowledge available about defining CSE. They describe a sense of shame and soul searching as they reflect on the abuse experienced by the women. Similarly, RMBC has been publicly shamed in its historic failure to protect its children. Indeed for the victims themselves, there can be a latter realisation of the true nature of their experiences which delays shame.

The message from all of these accounts is that we cannot allow the fear of shame to silence any individual, family or organisation.

THEME 3: COLLECTIVE COHESION

This last theme develops some of the issues previously raised. It considers how RMBC can work collectively with other agencies and the public to renew their CSE strategy. It is important to interrogate both the past and current difficulties if there is to be an inclusive strategic solution. However, there are multiple challenges to achieving and maintaining an effective strategy. Some of those are within and between professional organisations; others are within and between different communities. These issues are further complicated when the two collide and professional difficulties exacerbate and place at risk the needs of the community. Rotherham's failures regarding CSE have been widely publicised, this has placed it under the public spotlight. Although that will contribute to the pressure that everyone in the town will be experiencing, this needs analysis has found multiple sources of knowledge, skills, strength and pride upon which Rotherham can renew.

Challenges to cohesion

Much has been written about the Risky Business Project (RBP) a youth based service whose engagement with young people began to identify concerns about their vulnerability to sexual exploitation. This report will not repeat the history which is detailed within Professor Jay's report. However, it was a topic raised during the needs analysis and based on that data the following can be shared. Some of the participants who previously worked for the RBP were anxious about being interviewed as part of this needs analysis. They sought extra reassurance that their contributions would be anonymous. They report feeling reassured that a university was overseeing the research. We were advised that the fear of violent reprisals were not only experienced by victims but also the staff working on the RBP.

Despite the immense pressure they were experiencing, staff from RBP felt that being youth workers instead of qualified social workers led them to being heavily criticised. Their expression of feeling isolated while living in fear and being unheard, mirrors that of the victims of CSE. While some suggest future plans should include the reinvention of the RBP, others assert the need for an integrated response which is careful not to encourage division.

Inter-professional concerns were highlighted by RBP staff and Asian women working with the BME community. One previous RBP staff member expressed concern that Asian led organisations such as Apna Haq, were reluctant to accept the assertion that Asian men were primarily responsible for CSE in Rotherham. Broader concerns were raised about information of vulnerable Asian women being leaked back into the community. Equally, Asian women working with the BME community felt they had been oppressed by White managers when they had previously raised their concerns about vulnerable girls in the community. BME workers felt that they were viewed as the oppressors and that their concerns about the children were assumed to be due to conservative religious views.

The experience of BME practitioners feeling silenced and misunderstood across cultures is also reflective of the Asian children and women they advocate for and protect. It is essential that dialogue is encouraged across practitioner groups to explore these issues. Positively the data collected demonstrates that all of these women are aware of the risk of CSE and its gendered foundations. Equally, there was a shared rhetoric that there needs to be a strategy to encourage the whole Asian population to openly recognise and accept that it occurs and that they each have a role to play in protecting children.

The Elders of the Asian community were unanimous in their criticism of the CSE revelations in Rotherham. They assert that if CSE had been a '*one off and unique event*' then they would understand, but the length of time and the number of victims was in their view "*unforgivable*" and led them to ask:

"What type of community cohesion is this, criminals are left to continue without fear?"

Despite the efforts made during this study, there is an absence of male voices in the data collected. Therefore, a current determination of needs is based only upon the views that were expressed. However, the absence of some populations from the study suggests there is a further need to explore ways, which encourage others to contribute to our understanding.

In their outreach summary Apna Haq note that commissioners have spoken directly with the mosque Elders. The women BME practitioners expressed concern about the absence of women's representation in the mosque and therefore in discussions with the Council. The sole Asian male who agreed to an interview, reports that Asian women have been deprived from joining the mosque and side-lined within their community. He described the more progressive models in America where the needs and rights of women were visibly catered for. He made reference to a current discussion about women only mosques, which he felt was a natural outcome for women:

"Being deprived of their God given right of going to the mosque".

He asserts Islam is not gendered and that there is a need for women to be in positions of leadership within their community.

Reducing division

Contact theory (Allport, 1954) argues that bringing diverse groups of people together can promote tolerance and acceptance. However, success of the model is dependent upon multiple conditions which include, equal group status, common goals, intergroup cooperation and the support of a recognised authority. This model has been applied to reducing prejudice between groups in Northern Ireland (Brocklehurst 2006;

Hughes, 2010). In her exploration of what factors make a difference to the success or not of contact theory in Northern Ireland, Hughes (2014) noted the efforts of three schools whose pupils were from different faith backgrounds to host inter-group events. The teachers worked hard to draw together members of the community such as politicians, religious leaders and parents to encourage them to participate in the process.

It could be argued that tackling CSE is a common goal for Rotherham. Although, there is a need to recognise the multi-faceted nature of child sexual abuse and indeed of CSE. We should not feel confident that the elements of CSE that have been visible via the abuse and domestic trafficking of young girls is the only form of CSE in Rotherham or elsewhere.

Moving beyond 'them' and 'us' discourses is vital for successful inter-group formations. Hughes (2014) suggests that 'reaching out' where compromises are made by individuals for the benefit of the greater good are essential to the creation of permeable boundaries. RMBC have an opportunity to support an integrated model that values contributions from community, voluntary and statutory sectors to form a cohesive response to CSE. However, each sector has to be integrated throughout the process if divisions are to be reduced.

In creating an inclusive solution, it is vital that RMBC also model integrated practices of its own which will support others to do the same. To support equality each sector and organisation should be encouraged to participate fully in the CSE strategy. In our data, the importance of localised community knowledge was apparent. Some teachers suggested that there were benefits to housing working closely with them to understand the community dynamics for successful integration of new families; as opposed to viewing the meeting of need by virtue of property vacancy alone. Some schools were also hubs of community support where parents could seek advice and the use of a telephone to address issues of debt and other sources of familial crisis. This source of community support demonstrates the effectiveness of a dynamic and needs led preventative approach; where community support is readily available to families as and when required.

Such a degree of flexibility should be encouraged by all agencies, as one participant described it:

"We need a humankind approach".

This may seem to be a challenge, particularly in neoliberal times. Thus, an understanding of the relationship between policy and its lived manifestation for practitioners and the public is crucial to a successful strategy that strengthens communities. A review, which explores these dynamics and the subsequent effects upon services, would help counter divisions that previously occurred between the RBP and the council. Thus, any co-ordination of an integrated system would benefit from an objective view of wider dynamics and creating space for these to be reflected upon. We suggest a reviewing process, which understands organisational behaviours, would support RMBC and beyond to comprehend the permeable transference of CSE as it affects individual and group behaviour.

Education

The data reveals the need for an extensive and varied range of educational materials which need to be constantly accessible to the whole of the community. These should also be available in audio and pictorial form. In addition, they should reflect different languages and cultures to meet the needs of the whole Rotherham community. It is vital that educational materials move beyond raising awareness to educate the population on how to act to protect.

Throughout the analysis the need educate ourselves to understand what is CSE and how it can be recognised was a constant theme. Contributions from participants considered the complexity of how to educate beyond the initial identification of possible signs to develop a mature, dynamic and reliable response. Part of any renewal strategy has to be meaningful education and community integration.

Another way information could be shared in an interactive form is via the use of drama. This has the potential to engage people in critical discussion beyond the scope of the play or programme they have watched. One such example was showcased during an event hosted by RR during this analysis period. Denny Smith, Curriculum Leader of performing Arts at Rotherham College of Arts and Technology and a group of drama students presented a play, which depicted domestic violence between young couples.

They demonstrated how this could be adapted as a learning pedagogy for schools. The potential audiences for this mode of learning extend beyond schools; in addition, it provides an opportunity to contemplate further collaboration between RMBC and local schools, colleges and businesses to develop materials, applications and games that will be attractive and accessible to young people.

The young Asian students also suggest teachers have a role to play in their personal and social education and to recognise the significant racial divides that currently exist in engaging pupils with these subjects.

"I think teachers are too scared to come on subjects like that because they know that one community might have really strong opinions about this and another community might have really strong opinions about this and they don't really want to have to deal with that. So they just avoid it."

Schools as education hubs

The role of schools in the education of children and parents about CSE was raised by multiple participants. Both educators and members of the public expressed the view that schools had a crucial role to play. Although there was some variance in what age CSE education should start, most were of the view that it should begin in primary school. Some participants spoke of ongoing work they conducted with pupils to explain about safe and unsafe touching.

Some schools were creative in the methods used to engage children with information on Childline via its incorporation in an art project. All agreed that CSE education had to form part of the curriculum so it was reliably provided and repeated each year.

One school had hosted a CSE awareness day for parents. However, no-one attended. They were surprised at this as other events were supported by parents. Some reflect that although some parents do not engage with schools, because of their own personal experiences, it was likely to be the topic that failed to entice them.

Several participants suggest that introducing CSE within other activities such as cooking or manicures could be more useful. One participant commented that women who were oppressed were more likely to be able to attend a cooking event in a community setting rather than one labelled CSE.

In the preparation of any education events it is important to be mindful that the exploration and realisation of the sexual abuse of children is a challenging topic. In addition, given the prolific nature of sexual abuse it is probable that some people in attendance will have experienced sexual abuse. Thus, all events should have appropriate support networks signposted for attendees.

One signpost used in this needs analysis is the bespoke Rotherham sexual exploitation helpline run by the NSPCC. John Cameron, Head of NSPCC helpline, explains that the responses to the helpline launched in December 2014, have been relatively low with over 100 calls of which 33 referrals were made to the police and social services.

Although, there has been publicity about the helpline, many participants state that they would not know where to turn to for advice if they were concerned about a child being sexually exploited. Should RMBC wish to utilise the helpline as part of its strategy then it should think about wider publicity of this resource.

The responses to the study reflect that education has to extend beyond CSE, so that different agencies and communities can also learn about each other and create space for common goals. It is also appropriate for all agencies to receive training on child sexual abuse and exploitation. It is an issue that we

all need to become more familiar with. Equally, there are hard to reach populations, which may be due to age, gender and culture who could be resistant. Thus, creative means of engagement will need some investment.

The data from the analysis reflects the need to protect all children from sexual abuse. Part of any educational package has to define the multifaceted nature of child sexual abuse and to understand that it is always exploitative. If people are to recognise and then report the abuse of children it is essential that they are able to identify what is abuse and also to understand what is meant by a 'child'.

Respondents considered that children at risk of sexual abuse and exploitation could be as young as 6 months of age. The upper age of what constitutes a child at risk of CSE became more problematic with children reaching the age of adulthood at 18 and also now remaining in education until they are 18 years of age. This is increasingly difficult when children have 'special needs' such as a learning difficulty, which for some children aged 16 and over can make a judgement on their 'capacity' to give consent more difficult to determine.

Educating online

Young people are avid users of social media. In particular 77.1% of young people surveyed used Facebook and 66.7% used Snapchat on a daily basis. A fifth of all respondents admitted to using social media to talk with people they didn't know. 27 young people admitted sending an explicit picture of themselves online, whereas 43 had received an explicit picture from someone else. As is common in such surveys, young people perceived that their peers were more active in sending and receiving explicit images than is reportedly the case.

Although, there are risks to young people from online predators, it can also provide a means by which they can readily access information about keeping safe and reporting concerns. It would be useful to understand how young people in Rotherham may help develop and engage with an online safety protocol. Once developed such resources should be freely available.

Prevention not intervention

Understanding the dynamic nature of added vulnerabilities in the assessment of risk should form part of any education plan. In particular, the risk of what is unknown can be difficult to legislate for. However, this can be assisted by maintaining good community relations and reliance on the observations of the public and practitioners of all services. Further areas for prevention are detailed in Figure 2.



Figure 2 Allen (2015) Incremental scale of added vulnerabilities when assessing risk of CSE.

As the above scale suggests listening to the voice of the child is an important factor in our ability to protect children. Thus, the voice of the child and adult survivors should form an essential component of any education package:

"I wish, I'd been listened to, they should have stopped it, they neglected children by not doing that, they failed, they failed in their job all the lot of them. They put me on a protection order, why they did that I never know because they just left me there. They classed my behaviour as naughty and threatened me with a secure order."

The futility of the above statement of a child being left in a vulnerable situation or feeling threatened by the imposition of a Secure Order needs further interrogation. It highlights the conflict experienced by victims of CSE, the staff from the RBP and social workers in Rotherham. Each were experiencing the constraints of a system that was unable to adapt to their needs.

Thus, any education programme needs to ensure that children, adults, the public and professionals have clear pathways to preventing CSE. This includes educating the public that they will not be judged or blamed if they report concerns.

In addition to education that prevents CSE from occurring, there is a need to scaffold plans that help young people to exit CSE. This should support routes for all young people whether they have been recruited as victims, perpetrators or both. This will entail a review of current policies and legislation to consider whether they suitable for these victims.

Importantly, educating ourselves, perpetrators, police, the judiciary and government to ensure progressive steps are made to pursue and prosecute perpetrators is a vital component of any strategy.

Last but not least commissioners and policy makers need to understand the enduring impact of CSE on victims, survivors and their families. Recognising that they need to have access to long term mental health, advocacy and therapeutic services can be reflected in long term funding of resources:

"Anxiety, depressive disorder, it's something that you learn how to deal with but not fully. My family, I mean my parents lost their jobs because I weren't going home and that some it's not just emotionally, it's financially as well."

Conclusion

This report has drawn on both qualitative and quantitative data to explore the needs of the people of Rotherham. In accordance with the research objectives, the data collected included a specific focus nature of child sexual abuse and exploitation as it affects the diversity of minority groups in Rotherham, particularly Roma/Slovak/Gypsy Traveller and Asian communities. It is apparent that an understanding of the true scale of abuse in our society will not be realised until measures are in place which make it safe for children to disclose. However, the contributions of men, women and children have enabled us to have an increased understanding of the particular barriers to disclosure and accessing support experienced by and within these minority communities. Investment is needed in order to develop changes in cultural practices.

Following a brief programme of public engagement and participatory research, this study has found a general lack of accurate public awareness. For some community members, denial and blame characterised their view of CSE victims, whilst others experienced social polarisation and community division. This study has shown that there are multiple challenges to achieving and maintaining an effective CSE strategy. Therefore, a collective approach,

which includes statutory and voluntary organisations, is crucial to effective community engagement.

Importantly, this report has also shown that over the past year some tensions have developed between the White British and Asian Pakistani populations. These divisions were particularly troubling for young people, and have the potential to undermine community cohesion. Our study also found some professionals do not feel equipped to raise issues of CSE within their communities. Thus, educational materials, which are designed with cultural relevance and are accessible to those with learning or other disabilities, are needed. Crucially, these resources need to be constantly accessible and culturally relevant. Materials should be available in audio and pictorial form in addition to different languages to meet the needs of the whole Rotherham community. It is vital that educational materials move beyond raising awareness to educate the population on how to act to protect.

Finally, in commissioning this study RMBC provided an opportunity for people to share their views. As a project team, we are humbled by the experiences that were shared. We know the effects of CSE last a lifetime, but many victims, survivors and their families also demonstrate extraordinary courage. There is much we can learn from everyone affected by CSE and those who support them. We hope this report assists everyone in Rotherham to reach beyond surviving and truly thrive.

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To offer your views on the findings of this report please use the following link

<http://hub.salford.ac.uk/cypsae>

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1.	Meeting:	Improving Lives Select Sommission
2.	Date:	16th December 2015
3.	Title:	Update on progress re CSE Multi Agency Risk Management Panel (MARP)
4.	Directorate:	Children's Social Care Services

5. Summary

5.1 This report summarises progress on the implementation of a MARP in Rotherham.

6. Introduction and Reccomendations

6.1 Commission members are asked to note the developments outlined in this report.

6.2 MARP is a monthly multi agency group with a range of managers present who have sufficient authority to make decisions in respect of their service and, if necessary, act outside traditional or accepted practice. The chair is the Superintendent deputy district policing commander, the deputy chair and staff officer function is provided by an interim Assistant Director from RMBC and business support is also provided by RMBC. MARP consider potential victims, perpetrators, locations and has a small strategic role regarding issues that may influence effective CSE service delivery.

7. VICTIMS

7.1 MARP seeks to improve outcomes for young people believed to be at risk of Child Sexual Exploitation (CSE) by discussing difficult cases with the allocated social worker and initiating appropriate supportive activity. MARP is not a review process of professional practice or a means of escalation where professionals do not agree. Although by its very nature MARP sometimes strays into these areas of practice, members are increasingly proficient at staying focused on adding value rather than review and critique.

7.2 MARP has met on six occasions plus held a further two extraordinary MARP meetings to solely discuss young people identified through an audit linked to an Ofsted improvement meeting. MARP has reviewed 24 potential victims and feedback from the social workers involved has been generally positive. Examples of where MARP has been able to improve outcomes include: delivering an advocacy response for victims, fast track assertive outreach through Barnardos, intervening in housing prosecution issues, ensuring consistency of worker where current geographical considerations would normally mean a change of worker was required, challenge expulsion decisions and implement third sector support such as summer activities.

8. PERPETRATORS

8.1 Two perpetrators have been considered by MARP and these were individuals where it had not been possible to conduct criminal prosecutions against them but they were considered to pose a risk to children. MARP was able to coordinate multi agency intelligence gathering to support Police applications for Sexual Harm Prevention Orders.

9. LOCATIONS

9.1 MARP has considered four locations: a school, a park, a residential childrens home and a geographical area within Rotherham. On each occasion MARP has initiated activity which has led to either a better understanding of the issue or a reduction in risk relative for that location.

10. STRATEGIC ISSUES

10.1 MARP has considered four strategic issues: MAKESAFE provision, Licencing issues, Intelligence Sharing and Taxis.

11.2 It appears increasingly apparent that whilst useful for MARP to discuss such issues (and has contributed to better practice and outcomes), its real value is in establishing a multi agency commitment to respond to these through other groups or meetings (such as the LSCB CSE sub group).

11. NEXT STEPS

11.1 The group wish to implement a review of MARP and would prefer this to be done through an academic partner. The chair is currently exploring opportunities with appropriate universities.

11.2 Increasing the awareness and engagement with MARP is being taken forward by multi agency briefings currently being conducted at about two per month. These have included professionals from social care, health and education.

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ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1. Meeting:	Improving Lives Select Commission
2. Date:	16th December 2015
3. Title:	Overview of progress to date of the Child Sexual Exploitation Delivery Plan 2015 -2018 in the specific areas of Voice & Influence Impact & Work undertaken in schools in Rotherham.
4. Directorate:	CYPS All wards

5. Summary

At its part of its current work programme Improving Lives Select Commission requested an update on the work taking place in respect of Voice and Influence work (para 2.2 and 2.3) and work undertaken in Rotherham Schools (para 3.2). This work is detailed in Appendix 1.

6. Recommendations

That Members:

- a. Consider and comment on the update on the work taking place in respect of Voice and Influence work and work undertaken in Rotherham schools attached as Appendix 1**

7. Proposals and details

See attached

8. Finance

Not considered as part of this report

9. Risks and Uncertainties

Considered as part of the 'The Way Forward' Child Sexual Exploitation Strategy 2015-18 and CSE Delivery Plan 2015-18

10. Policy and Performance Agenda Implications

As detailed

11. Background Papers and Consultation

As detailed

12. Contact

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APPENDIX 1

BRIEFING: The purpose of this paper is to give an overview of progress to date of the Child Sexual Exploitation Delivery Plan 2015 -2018 in the specific areas of Voice & Influence Impact & Work undertaken in schools in Rotherham.

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1. Context

- 1.1 Professor Alexis Jay's report *Independent Inquiry into Child Sexual Exploitation in Rotherham*, and the subsequent Louise Casey *Report of Inspection of Rotherham Metropolitan Borough Council* highlighted significant failings in support to children and young people (CYP) at risk of, and victims of, child sexual exploitation (CSE) over a long period of time in Rotherham.

'Child Sexual Exploitation is child abuse and it is a crime. Our efforts need to be directed towards perpetrators in order to detect, prevent and disrupt that abuse at the earliest stages as well as the prosecution of individual perpetrators to ensure that they face the full force of the criminal justice system for their vile crimes'. (Reflections on child sexual exploitation, Louise Casey, March 2015)

- 1.2 The reports outline the negative impacts caused by the loss of dedicated resources to provide CSE Early Intervention. A key factor identified in successfully tackling CSE is a pro-active, preventative approach to identifying CYP at risk of CSE, and the ability to engage with CYP and develop relationships that support them at the earliest point, avoiding the need to refer into Social Care, whilst also understanding when referrals into statutory services are required.
- 1.3 Professor Alexis Jay raised the importance of having independent non-statutory services to reach out to young people at risk of CSE. Louise Casey emphasises the need to listen to the voices of people affected by CSE.
- 1.4 As well as a number of small group & individual consultations there have been two main bodies of work which have been used to inform **The Way Forward 2015-2018** document & the **CSE Delivery Plan 2015-2018** & subsequent service development, these being the **Needs Analysis** undertaken by Public Health & the Voice & Influence research undertaken by Salford University. Both documents are published on the Rotherham Local Safeguarding Board Website and are to be considered by this Commission.
- 1.5 In a thematic review of CSE services across the country published in

November 2014, Ofsted stated that:

‘Children & young people are more effectively protected from child sexual exploitation when LSCBs have an effective strategy & action plan that supports professionals to work together & share information well’

A great deal of work has been undertaken to ensure that this is the case for Rotherham.

2. Links to the Way Forward' Child Sexual Exploitation Strategy and CSE Delivery Plan 2015 -2018 (Voice and Influence)

2.1.1 The Way Forward 2015-2018

(4.7) 'We will provide support for survivors of CSE, ensuring their needs are met.'

(4.8) 'We will value the participation of young people at risk of or experiencing CSE, as well as their families and communities, to ensure they are heard & responded to.'

(4.5) 'We will protect children & young people who are at risk of sexual exploitation, as well as those who are already victims & survivors'

2.1.2 CSE Delivery Plan 2015 -2018

(1.1) 'Establish a clear view of the CSE profile in the borough to ensure that the Health & Wellbeing Board undertake informed commissioning of service provision.'

(1.8) 'All partners recognise the diversity of all communities in Rotherham & ensure services are responsive to need.'

(2.2) 'Victims of CSE & their families are supported with holistic intervention that enhance the potential for a child or young person to stay safe within their family & community'

(4.1) 'The psychological & emotional damage that is caused by CSE is understood & recognised & victims & survivors have access to a wide range of aftercare & support from more specialist services, which will be clear & easy to access. This will include timely access to mental health services where required'

2.2 Voice & Influence

2.2.1 In direct response to both Jay & Casey the Voice & Influence of all those affected by CSE has been pivotal to the development of all services. A number of co-production sessions have taken place and the menu of services which will be on offer in Rotherham from April 2016 is a reflection of the needs & wishes articulated since January 2015. Ensuring that service users remain at the heart of all work undertaken is a priority, the evaluation & longitudinal study of the 'Reach Out' Service demonstrates an exceptional commitment to this. Furthermore children & young people have been involved in naming the service & in recruitment of staff.

2.2.2 The Service Specification is for the long term post CSE support services for victims, survivors and their families in Rotherham that are to be commissioned from the 1st April, 2016 for three years, with an option to extend for a further two years.

2.2.3 The demand for post CSE support services from 1st April 2016 has been estimated based on the CSE needs analysis undertaken by Public Health and the number of victims, survivors and family members that are currently

receiving services which were originally commissioned in October 2014 following the Jay report. The service specification has been developed with direct input from people affected by CSE.

- 2.2.4 During the past year there has been significant investment in the development and commissioning of CSE support services by RMBC and the Rotherham Clinical Commissioning Group (RCCG), which has resulted in a very different support offer for victims and survivors to that offered following the Jay and Casey reports in 2014. As such, a comprehensive range of services has evolved according to need. To continue to provide choice, and in recognition that victims and survivors of CSE will continue to come forward for support, post CSE support services still need to be commissioned for the longer term. These post CSE support services will continue to complement the range of services for current CSE victims and survivors that are being provided in Rotherham.
- 2.2.5 A transition plan for victims and survivors currently accessing services through organisations that may not be re-commissioned is being developed in line with the arrangements described for step down. Additional capacity has been factored into the first year of the long term post CSE contract to enable victims and survivors currently receiving support to continue to receive support.

2.3 Currently Commissioned Services:

2.3.1 Rotherham Abuse Counselling Service (RACS) – formerly Rotherham Women’s Counselling Service and Pit Stop for Men

RACS & Pit Stop for Men provide one-to-one specialist trauma counselling for adults (10% are male). They also offer therapeutic group counselling for women who choose this while they await one-to-one counselling, or following the ending of their counselling sessions. This professional counselling service offers the individual the opportunity to reach a greater understanding of how past abuse has affected them and enable survivors to make informed choices whilst minimising the cycle of abuse.

As at 31st October: 96 ongoing cases of CSA/CSE – 35 confirmed CSE. 39 cases closed

2.3.2 GROW

GROW deliver an outreach approach to support children, young people and families. They work in partnership with EVOLVE and receive referrals for young people as both new victims and to those survivors who are now coming forward and disclosing historical abuse. These workers also provide support to the survivor’s family to enable their recovery, and their ability to be a protective factor for their child/young person.

The majority of the young people referred due to sexual exploitation also had other support needs such as drugs, isolation, internet grooming, attachment issues, suicidal tendencies and the need to develop positive relationships.

The total number of referrals at the end of 31st October 2015, was 32 including victims, parents & siblings (no cases yet closed)

2.3.3 Rotherham Women's Refuge (RISE) – Project Survive

Building on their experience of providing support for women and their children where domestic abuse has been a feature RISE utilise this experience and approach to enable the delivery of specialist support for survivors of Child Sexual exploitation (CSE). They work with young people 12- 18 and women aged 18 +, also offering family support and counselling. As of 31st October 2015: 37 ongoing cases including 15 counselling, 6 cases closed

2.3.4 Swinton Lock

To enable continuity in supporting the individuals and families that Jayne Senior is currently working with, a contract has been directly awarded to Swinton Lock to provide practical, emotional support, advocacy and signposting from the 1st July, 2015 for 12 months. Initial contract performance monitoring arrangements have been established data will be report for August onwards.

279 people recorded on spreadsheet, 167 are victims parents & siblings with 60 cases closed, 96 referrals from schools – recorded as prevention & awareness raising, 15 additional cases recorded as referrals to SYP/RMBC – all 15 now closed

2.3.5 NSPCC Helpline

The Helpline Service comprises a dedicated post CSE support telephone Helpline and email address.

This is available to survivors of CSE and potential/current victims as well as the immediate family of victims/survivors of CSE in Rotherham. The Service is for all ages.

- The Service is available 24 hours a day, seven days a week.
- The telephone number for the Helpline is; 0800 7319256
- The confidential email address is; rotherhamcsesupport@NSPCC.org.uk
- Response times for the Service include an immediate response over the phone and within 2 hours from an email enquiry (between 9am and 5pm)

Any calls that relate to safeguarding or potential CSE concerns will be escalated promptly to South Yorkshire Police on 101 or MASH.

As at 31st October 2015 194 contacts made, 44 related to CSE in Rotherham of the 44 contacts 37 were phone & 7 emails. 7 –advice given, 28 response to enquiry, 9 referrals into services.

2.3.6 **Barnardos**

Barnardos were identified as a delivery partner for the early intervention & preventative work with children & young people. From January 2016 a newly established multi-disciplinary team with extensive experience of supporting Vulnerable children will deliver innovative and flexible responses to the concerns highlighted by Professor Alexis Jay in her Independent Inquiry Report published a year ago.

‘Reach Out’ will work collaboratively with a range of stakeholders to identify and support children who present as vulnerable to being sexually exploited. This will include:

- Assertive Outreach – Barnardo’s will be out and about across Rotherham, ensuring the new service is visible and accessible to children, young people and communities.
- Work in schools – an ambitious programme of awareness raising will be available to all primary schools through the delivery of Barnardo’s Real Love Rocks by our project workers to children in Year 6. Barnardo’s will also be supporting the delivery of Chelsea’s choice in secondary schools in January followed by more targeted support in negotiation with individual schools.
- Individual support for children and parents/carers – the level, pace and nature of the support will be determined by the individual need and preferences of the children and young people accessing the service
- Wider Awareness raising and support – a programme of workshops, training, drop-in and other networking events will be available to children, young people, carers and partner agencies; focussing on for example, E Safety, Speakeasy (helping parents to feel confident speaking to their children and about sex and relationships)

3. Links to the 'Way Forward' Child Sexual Exploitation Strategy and CSE Delivery Plan 2015 - 2018 (Early Intervention/Prevention & Work in Schools)

3.1.1 The Way Forward 2015-2018

(4.5) 'We will protect children & young people who are at risk of sexual exploitation, as well as those who are already victims & survivors.'

(4.8) 'We will value the participation of young people at risk of or experiencing CSE, as well as their families & communities, to ensure they are heard & responded to. '

3.1.2 CSE Delivery Plan 2015-2018

(1.1) 'Awareness raising of CSE for pupils in all Rotherham Schools'

(1.5) 'All children & young people in Rotherham understand what healthy, respectful relationships are & can recognise that the damage & dangers caused by sexual bullying & exploitation (including online) to both victim & perpetrator'

(2.1) 'The right multi-agency & social care services are in place to meet the needs of children at risk from CSE'

3.1.3 This report is intended only to give an overview of the impact of voice & influence work on services & the work being carried out in schools with correlation to **Rotherham The Way Forward 2015-2018 & The CSE Delivery Plan 2015-2018**. Much work has been undertaken outside the parameters of this report which may not be reflected.

3.2 Work undertaken in schools in Rotherham.

3.2.1 Much universal, age appropriate prevention work goes on in schools relating to Child Sexual Exploitation (CSE). For example, the Rotherham Healthy Schools (RHS) Scheme of Work for Personal, Social, Health and Citizenship Education (PSHCE) includes units on Relationships and E-safety which is where the curriculum work relating to CSE prevention, would be addressed.

3.2.2 Updates e.g. around resources, projects, continual professional development, and opportunities available linked to PSHCE (and therefore CSE) are provided to schools in a variety of forms such as via termly Healthy Schools newsletters, PSHE Leads network meetings, Healthy Schools Coordinator Network Meetings, Safeguarding Forum meetings, Head Teacher meetings, CYPS termly newsletter, the Rotherham School Improvement Service CPD brochure and the Rotherham Healthy Schools Website. For example, schools were encouraged to sign up to the Rotherham Standing Together Pledge via some of these avenues. Also the CSE related Amelix website (funded by SY Police and the PCC for all schools in South Yorkshire), hosts some lesson plans and resources for schools to use to help raise awareness about CSE. It also has a forum for staff in schools to post comments and ask for support/advice and an area where schools can upload and share their own resources relating to CSE.

3.2.3 The Rotherham Healthy Schools Scheme includes reviewing a variety of policies relating to health and wellbeing as part of the Re-Accreditation Process every 2 years. The PSHE policy is a requirement of this; a model policy, which reflects good practice, is available on the RHS website for schools to base their school policy on and once a year, an opportunity for schools to come together to update school policies relating to health and wellbeing. Guidance on updating Safeguarding Policies is given at the Safeguarding Forum via Sherran Finney; PSHE contributes to universal safeguarding in schools.

3.3 Specific Projects that are currently available to support schools with their CSE related prevention work are as follows:

Currently under development/discussion, in partnership with Barnardos, **The Real Love Rocks resource/project** is to be available to primary and secondary pupils in Rotherham schools. The project consists of 4 sessions relating to CSE prevention. Meetings to move forward with this are taking place in December now staffing is in place.

3.3.1 **Primary Children Childline/NSPCC school inputs** for Y5&Y6 exploring the forms of abuse (including sexual abuse) and from Spring 2016 developing this programme to become: *Speak Out Stay Safe* for all children in KS1 &2.

- Nationally Childline/NSPCC very satisfied with take up from Rotherham schools and are running to capacity. Only approximately 20 schools not currently using this service but will not be able to take any additional schools on board until later in 2016.
- Impact: Children are aware of the various types of abuse and who to speak to if they have concerns/worries now or in the future. (Trusted adults and Childline.)

3.3.2 **Keeping Safe on Line** Inputs for children, staff & parents: by the City Learning Centres. Grooming is covered as part of this.

- 25 schools have had these inputs delivered during Autumn term, more are booked throughout the rest of the school year.
- Impact: participants are aware of how to keep themselves/their children safe on line.

3.3.3 **Anti-Bullying work** supports pupils' self-esteem which makes pupils less vulnerable; a menu of activities is on offer to schools including for pupil, staff and parent/carer awareness raising. Targeted work for more vulnerable groups of children is also on offer to support their needs – whether victim or perpetrator.

- Currently 25 schools have accessed the support of the Anti-Bullying officer to meet their needs around anti-bullying from the menu of support available.

3.3.4 **Puberty Education Sessions.** Due to the reduced capacity of the School Nursing Service to be able to support schools in the delivery of Puberty Sessions to upper KS2 children, the Rotherham Healthy Schools Scheme have developed puberty education sessions for schools to support members of staff new to teaching about puberty. A nationally qualified trained PSHE teacher delivers the session with the teacher supporting.

- Impact: As a result of the input children are more aware of the correct terminology for body parts and the processes of puberty, the changes, both emotional and physical that occur and are encouraged to discuss any worries or concerns for self or others with trusted adults. Staff become more knowledgeable about the use of appropriate resources and feel more confident to approach puberty education in the future.

3.4 Secondary Education

3.4.1 **Theatre in Education on CSE** (funded by Rotherham CCG and Public Health) Raising young people's awareness of CSE is key in helping to prevent them from becoming victims of this crime and theatre in education sessions will creatively tackle the issue of CSE, exploring the different ways that young people can be drawn into abusive relationships and illustrating some of the consequences. The performances will raise awareness of:

- healthy relationships
 - safe internet use
 - identifying risky situations
 - awareness of the "Grooming process and the different forms that it can take"
 - awareness of CSE and the different forms it can take
 - sign-posting to relevant places for information, advice and guidance.
- Barnardos worker will attend the performances as an additional support to schools.

3.4.2 There are two different theatre groups touring; one year group from each key stage will view each performance:

- **KS3 Chelsea's Choice** – two week tour in Spring term 2016. All secondary schools are hosting a performance for either Y8 or Y9 pupils. Pupil Referral Units and appropriate students in special schools are viewing a central performance. Two evening performances are being organised for targeted young people/families to attend as signposted by professionals.
Preview for Professionals in November 15– 62 people attended; the performance was well received. PYPPO, EWO and school nurse plus Barnardos worker encouraged to attend performance in the schools they are linked to.
- **KS4 Working for Marcus** – this is being performed to either Y9 or Y10 or Y11 students in secondary schools throughout the 2015-16 school

year. A performance is followed by workshops for class size groups of students to reinforce the learning points from the play.

- Impact: Approximately 7000 young people will view these performances during the school year 2015-16 and therefore will be more aware of CSE related issues and where to go for help, advice and guidance

3.4.3 **Drugs Lifestory project** – ex substance misusers share life story relating to how their lives and the lives of those around them were affected by their substance misuse. As young people may be groomed for sexual exploitation via drug or alcohol use, this session raises awareness of how recreational drug use can lead to dependence and much more serious consequences.

- Impact: evaluations show that this session leads to an increase in knowledge around risks associated with experimental drug use and also a reduction in the numbers of young people that intend to misuse substances in the future (both illegal drugs and New Psychoactive Substances)