

Safeguarding Partnership Board

Multi-Agency Child Sexual Abuse and Exploitation Strategy

DOCUMENT PROFILE	
Short Title	Child Sexual Abuse and Exploitation Strategy
Document Purpose	To give guidance to all professionals in preventing, investigating and recovery from child sexual abuse and exploitation
Target Audience	All professionals working with children
Author(s)	Child Sexual Abuse and Exploitation Task and Finish Group and Harewood Consultancy Ltd
Contributors	<p>Safeguarding Partnership Board (SPB)</p> <p>Specialist child sexual abuse and exploitation services including:</p> <ul style="list-style-type: none"> • Dewberry House Sexual Assault Referral Centre (SARC) • Jersey Domestic Abuse Service (JDAS) • Brook • NSPCC • MIND Jersey • Jersey Youth Services (JYS) • Children, Young People, Education & Skills (CYPES) (including Childrens Social Care & Education) • Family Nursing & Home Care (FNHC) • Health & Community Services (HCS) • States of Jersey Police (SoJP)
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Foreword

I am extremely pleased to introduce the Child Sexual Abuse and Child Exploitation Strategy. This area of abuse has been a priority of the Safeguarding Partnership Board (SPB) for a number of years. This is the third strategy for Child Sexual Abuse and Exploitation and builds on earlier strategies that led to developments such as the Sexual Assault Referral Centre (SARC) at Dewberry House. We continue to gain greater understanding of the ever-changing risks and challenges of abuse faced by children and young people together with our responsibilities to the children and young people who look to us to keep them safe.

Child Sexual Abuse and Exploitation of all forms are horrific crimes on children and young people, which has a devastating impact on their lives. It affects all ethnicities and social backgrounds and is a sensitive and complex issue. We need to take active measures to eliminate these harms. This can be achieved by strengthening multi-agency working, building stronger working relationships, improving outcomes for children and young people and creating safer communities for them to live in. The strategy is based on a Jersey needs assessment and promotes our belief that all child and young people have a right to live free from abuse and exploitation.

I would like to thank Emma Harewood of Harewood Consultancy who has supported us to develop this strategy. Emma has many years of working in the area of Child Sexual Abuse and Exploitation and was integral in setting up of the first Lighthouse in the UK. Emma has worked with a number of different boroughs in the UK and is the author of the book, *The Journey to the Lighthouse* – ISBN: 978-1-916027-64-0.

Emma completed work to understand the prevalence, criminal justice outcomes, services available and accessibility for Child Sexual Abuse, Child Criminal Exploitation and all forms of exploitation to garner greater understanding across our systems. A significant key change to this strategy, is it has been developed with the engagement and views of young people. The strategy includes what children and young people have said is important to them and how they would like services to operate.

Some of the things young people have said they want is for:

- *Professionals to have better education and awareness,*
- *They would like individualised, tailored support to meet their needs*
- *They would like to be treated as a person not a victim and*
- *To shift the focus away from them having to keep themselves safe to a focus on potential perpetrators taking responsibility for their behaviours and actions*

The strategy requires a “whole system” and community response and identifies three objectives which are all inextricably linked. These objectives are to tackle prevention and identification, ensuring child friendly investigations and enabling recovery. We have heard from children and young people and what they say they want; we must all therefore respond and continue to play our part in tackling these forms of abuse.

The impact of Covid -19 and the hidden nature of abuse cannot be underestimated, we will not change everything overnight but with our commitment to make it a priority, change can happen.

Safeguarding is everybody's business - It is not a choice

Patricia Marius

Designated Nurse Children and Adult Safeguarding and Chair of CSAE Subgroup

1 Introduction

- 1.1** The impact of child sexual abuse, child sexual exploitation and criminal exploitation (CSAE) on children and young people is significant. Sexual abuse and exploitation causes great distress to children, young people and their families, leading to poor health, educational and social outcomes. Their lives can be adversely affected and their ability to attend and attain at school can be reduced. Their emotional health and wellbeing can be compromised which can impact on their success in adulthood.
- 1.2** Reported prevalence of CSAE in Jersey is in line with statistical neighbours at a rate of three cases per 1000 children and young people being reported to the police each year, with increasing rates of peer-on-peer CSAE and more recently increasing awareness and reporting of criminal exploitation. There are unusually low levels of reported intrafamilial CSAE compared with research that suggests two thirds of CSAE occurs in the family setting.
- 1.3** In the last four years, more children and young people in Jersey have been able to access SARC, advocacy and NSPCC services, but gaps remain in availability of varied emotional and body-based therapeutic support for children and their families, and child friendly justice.
- 1.4** Young people in Jersey report they want more education and awareness to help prevent CSAE, with a focus on educating boys and men to change behaviours rather than victims keeping safe. They want better access to services to support recovery after CSAE including easier accessibility, awareness of services and options that are individually tailored to their needs as a person, not as a victim.
- 1.5** CSAE is a key priority area for the Safeguarding Partnership Board (SPB). Its importance is reflected through the significant activity in response to this issue to date and the continued focus to go further in ensuring coordinated, early, and effective multi-agency intervention is taking place. Examples of work to date to improve the response to child sexual abuse and exploitation:

- Young People’s Advisors – independent sexual violence advisors whose role is to help children and young people make sense of the criminal justice process and advocate for their rights
- Letting the Future In service – therapeutic and creative support for children and their families after sexual abuse
- Dewberry House SARC – sexual assault centre that can sensitively support victims after rape and sexual assault
- Jersey Victims Charter
- Registered Intermediaries – who can advise on how best to interview and cross examine children and young people in courts and advocate for them
- Witness care for children and young people
- Raising awareness in schools with Karen’s story

1.6 Building upon the work to date, this strategy presents a roadmap for the future towards which all local professionals can work. It focuses on the following priorities:

- preventing and identifying CSAE
- child friendly investigation of CSAE
- enabling recovery from CSAE

2 Purpose of the Strategy

2.1 The aim of this document is to set out the strategic aims and objectives of Jersey’s approach to the prevention, investigation and recovery from CSAE across the island. This includes working with the child, young person and their family, and should ensure that all agencies are working together across the partnership to reflect coherent and consistent ways of working to tackle the issue. This is within the aim to improve outcomes for children, young people, and families in Jersey.

2.2 The strategy is developed within a multi-agency environment, under the auspices of the SPB and considered alongside Jersey’s [‘You couldn’t avoid it’](#) report, and [Child Neglect strategy](#); as well as the NSPCC’s Harmful Sexual Behaviour audit and Victims First Jersey’s 7 Minute Briefing [‘What helps a child tell’](#).

2.3 The strategy aims to prevent and identify CSAE in Jersey, to ensure that all agencies are able to respond to CSAE at the earliest opportunity, offer child friendly justice, provide appropriate and timely recovery services, and evaluate practice and the effectiveness of interventions by measuring outcomes. The strategy aims to reduce the long-term impact of CSAE on children, young people and families living in Jersey.

3 Vision for Jersey

3.1 Jersey Safeguarding Partnership Board (SPB) aim to prevent the sexual abuse and exploitation of children and young people by working with all agencies in promoting our absolute belief that ALL children and young people have the right to live free from abuse and exploitation.

4 Strategic Aim

4.1 Since 2013, the CSA&E Group has delivered two strategies and work plans focussing on CSA&E. Whilst the SPB acknowledges that there has been positive development and progress within previous strategies. There are still areas that require continued focus following the previous 2018-2020 Child Sexual Abuse & Exploitation Joint Strategy and Action Plan.^{1 2}

4.2 The purpose of this strategy is to:

- Benchmark data on the incidence of reported CSA, CSE, CCE with other relevant jurisdictions and understand any variation
- Build on multi-agency working and processes
- Identify any gaps in service and resources
- Improve and increase awareness, understanding, knowledge and skills of professionals working with and supporting children

¹ [CSA-strategy-on-a-page-2018-2020-v1.pdf \(safeguarding.je\)](#)

² [Multi-Agency-Guidance-Child-Sexual-Exploitation.pdf \(safeguarding.je\)](#)

- Ensure perpetrators are effectively managed through the judicial systems and appropriate support put in place
- Raise awareness within the community to ensure Jersey is a safe place for children and young people to grow up in
- Raise awareness across Jersey of CSA, CSE & CCE
- Ensure the voice of the child, young person and their families are heard and therefore play a crucial part in shaping the delivery of services to Islanders
- Promote safe communities

4.3 The SPB has a pivotal role in quality assuring how effective its partners are in managing and supporting victims and perpetrators of sexual abuse and exploitation taking into account the risk associated with young people transitioning to adulthood. Robust safeguarding systems and processes for managing and supporting victims and perpetrators are vital to ensure children and young people are safeguarded to meet their full potential. This will be achieved when agencies play their full part and are prepared for disclosures, make timely referrals and assessments, have clear pathways, and work towards positive and sustainable outcomes for children and young people and in doing so:

4.4 This strategy has been developed through a detail process of needs assessment, national benchmarking, professional surveys, workshops and shaped by the voice of children, young people and parents.

5 What is CSAE?

5.1 Child sexual abuse is defined as ‘When a child or young person is forced or tricked into sexual activities.’ They might not know it is abuse or that it's wrong. Contact sexual abuse can include rape, inappropriate touching, kissing, oral rape. Non-contact abuse is defined as sexual abuse that occurs without being touched and can include flashing, showing a child pornography, making or watching sexual videos.

5.2 Child sexual exploitation is defined as ‘When a child or young person is given things, such as gifts, drugs, money, status and affection, in exchange for performing sexual

activities.’ Children and young people are often groomed into believing they are in a loving and consensual relationship.

5.3 Child criminal exploitation is defined as the grooming and exploitation of children into criminal activity.

6 Risk Factors

6.1 The Centre for Expertise³ on child sexual abuse collates research in the area of CSAE and identified a number of risk factors for CSAE:

- 5% of boys and 15% of girls may experience child sexual abuse before the age of 16 years
- Only 1 in 8 victims come to the attention of the authorities at the time
- The most serious offences are more likely to be committed by someone known to the child
- For girls, abuse by family members is more common
- Disabled adults are twice as likely to have been abused in their childhood
- Children living in care homes are four times more likely to experience child sexual abuse than a child living with family or carers
- 92% of child abuse images depict girls (2019)
- 92% of perpetrators of child sexual abuse are boys
- The likelihood of experiencing CSAE does not vary significantly with ethnic group but people from minority ethnic communities face barriers to reporting the abuse

6.2 Allardyce and Yates⁴, note that for those children and young people displaying harmful sexual behaviour, there is a higher than usual rate of experiencing CSAE (46%), especially with multiple perpetrators, maltreatment, attachment difficulties or coercion in childhood. There is a risk that applying adult intervention models to children that display harmful sexual behaviour can risk moving them from *‘care status to criminal status, and by relabelling them as sex offenders we embark on a dehumanising process*

³ <https://www.csacentre.org.uk/>

⁴ Working with children and young people who have displayed harmful sexual behaviour. Allardyce, Yates. 2018

where they are ultimately defined as ex-children'. Striking a balance between the rights of children and the rights of the wider community is a complex matter.

- 6.3 Compared with a significant national increase in CSA in the last 15 years from 18,105 cases per year to 87,992 (in England and Wales); COVID has impacted on the ability of children to report to a trusted adult and reporting rates in Jersey dropped during 2020.
- 6.4 Charge rates for CSAE in Jersey have declined from 21% (2017) to 11% (2021); similar to the national picture across England and Wales of charge rates dropping from 37% (2015) to 12% (2020).
- 6.5 Conviction rates for CSAE in children and young people are at an all-time low of 3%⁵ across England and Wales.

7 Jersey Needs assessment

- 7.1 The CSAE Strategy has been informed by a local Jersey Needs assessment including prevalence review, criminal justice outcomes, services available and accessibility, views of young people and parents. This section will detail the findings of the needs assessment, including un-published data reported by local agencies.

CSAE Profile Snapshot – Jersey

- 7.2 Using the 2019 Jersey population (extrapolated from the 2011 census), it is estimated that 459 boys and 1373 girls aged 0-16 years in Jersey may have experienced CSAE.
- 7.3 70-90 children and young people that experience CSAE each year come to the attention of the police⁶ which is equivalent to 3 cases per 1000 children and approx. half the rate in some major UK cities⁷.

⁵ <https://www.csacentre.org.uk/our-research/the-scale-and-nature-of-csa/infographics/?page=6>

⁶ States of Jersey Police data 2017 – 2021

⁷ CSA Centre for Expertise - 2022

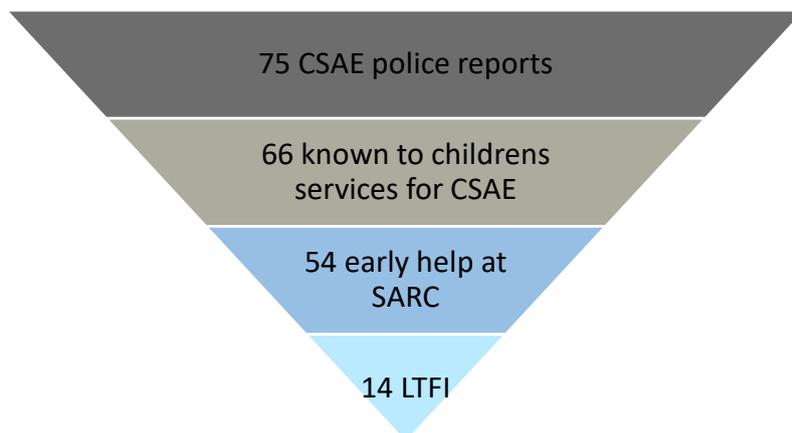
- 7.4** There has been an increase in reporting of peer-on-peer CSAE in the last two years. There remain unusually low levels of 11% of CSAE being intrafamilial, compared with research that suggests intrafamilial abuse usually accounts for two-thirds of CSAE.
- 7.5** Approximately half the children reporting CSAE are 13-15 years at the time of reporting and a third are under 13 years.
- 7.6** Dewberry House SARC supported 54 children and young people that experienced CSAE in 2021⁸. Uptake of the SARC services has significantly increased since opening in 2018, with the majority of children attending the SARC after peer-on-peer or intrafamilial CSAE.
- 7.7** 40-80 children and young people that experience CSAE each year come to the attention of children services⁹ and 4% of child protection plans note sexual abuse, which is a similar rate to statistical neighbours (Suffolk, IOW, Kent, West Sussex).
- 7.8** Jersey has a high rate of CSE named on child protection plans, compared to statistical neighbours (Suffolk, IOW, Kent, West Sussex) - 28 children per 10,000 compared with approx. 15/10,000.
- 7.9** Criminal justice processes for children and young people reporting CSAE are worsening with a slowing of investigation timelines and a significant decline in charge rates from 21% (2017) to 11% (2021)¹⁰.
- 7.10** Access to support by children and young people reporting CSAE is improving but there is still a significant gap, with 54 of the 75 children and young people reporting CSAE accessing immediate support at the SARC, but only 14 going onto access emotional support services at the NSPCC.
- (*note – the needs assessment was unable to report on specific support related to CSAE accessed at other generic services including JDAS, CAMHS, Brook, JYS, MIND)

⁸ Dewberry House SARC data – 2018 - 2021

⁹ Jersey Children's Services - 2018 – 2021

¹⁰ States of Jersey Police data – 2017 -2021

Access to services after experiencing CSAE (2021)



Jersey services for children and young people that experience CSAE

7.11 The needs assessment reviewed existing Jersey services for children and young people that experience CSAE through service provider interviews, desktop analysis and using the 'Through the eyes of a parent exercise'; as well as comparison with statistical neighbours. Further information on existing service provision can be found in Appendix 1. The service provision is described below in the three strategic priority areas of prevention, investigation and recovery.

Prevention

7.12 States of Jersey Police ran the ASK - LISTEN - RESPECT campaign in 2018 and offer a facility of online reporting, as well as school based SAFE officers. The focus to date has been primarily on adult and peer-on-peer rape, with little focus on intrafamilial child sexual abuse.

7.13 Sexual health clinics offer accessible information around consent and Brook offer outreach work in schools including consent, sexual health, healthy relationships.

7.14 School nurses, Jersey Youth Services, LGBT project and YES offer safe spaces for young people to disclose CSAE and seek help.

7.15 JDAS, NSPCC and Dewberry House offer awareness raising and outreach in schools. The needs assessment and professional survey noted there was overlap and repetition for

children and that a joined-up approach across the agencies would be ideal. Young people requested that classroom-based sessions that allowed discussion and reflection on what they had heard would be better than assemblies. They noted that rather than visiting professionals, they would also value time with their PHSE teachers or older young people who had experienced CSAE to discuss what it means to them and to navigate the complexities of sex, relationships and consent.

- 7.16** 'Through the Eyes of parent' identified a clear focus on CSE with good access to information with professionals in mind but less for young people and families. There was evidence of a recent campaign in schools for young people and parents. It was noted that there was no specific mention of CSA in the family setting or with a trusted adult on any websites, nor how to seek help for harmful sexual behaviour or criminal exploitation.

Investigation

- 7.17** States of Jersey Police have a public protection unit, detectives trained in child abuse investigations and Sexual Offences Liaison Officers (SOLO's) that provide updates and support. This similar to the set up in statistical neighbours, although larger force areas separate into sub-specialities such as child abuse, extra-familial rape over 16 years, exploitation and missing. The police are exploring learning from Operation Soteria and what that means for Jersey.
- 7.18** Other police forces in England are currently reviewing their CSA pathway, ABE interview suites and multi-agency working to ensure child friendly justice. For example, Kent have established a justice dog (research findings available), are reviewing ABE interview suites to ensure child friendly and reviewing their multi-agency pathway with children services, HMCTS, health providers and the 'Centre for Expertise on Child Sexual Abuse'. In London, the Lighthouse have established a 'Child House' with child friendly justice including psychology led ABEs and S28 pre-recorded cross-examination. Avon and Somerset are moving to commissioning a joined-up approach to therapeutic services with a single point of access and specialist children services in The Green House.

7.19 Recent positive changes in Jersey include the NEW Victims Code, NEW Sex Offenders legislation and Criminal Proceedings legislation. Currently children can access video recorded interviews in the SARC (police or SW led), and there are plans in progress to develop child friendly justice including live link to court for cross examination and pre-recorded cross examination.

Recovery

7.20 There are a breadth of generic youth and wellbeing support offers available in Jersey including: CAMHS, youth wellbeing services, KOOTH (see Appendix 1 for details) but all services are working in isolation and the child and young people feel like they are passed on from one to another, repeating their story time and again. The only specialist service for children is NSPCC 'Letting the Future In' but referral criteria mean only 14 out of 75 children that reported CSAE in 2021 accessed support. There are limited sibling or parent services via Letting the Future In (NSPCC) and JDAS. Dewberry House SARC is working closely with ISVAs, Registered Intermediaries and Witness support, but young people reported still feeling like they are passed on from one professional to another. Whilst these services are not currently co-located, the team are working towards a co-located Victim Advocacy Centre. Examples of good practice can be seen in neighbouring areas such as Isle of Wight, where the ISVAs are co-located in the SARC service or in Kent where the police and child protection services are co-located, as well in the Child House model in London.

7.21 Good practice in therapeutic support can be seen in Jersey's statistical neighbours (Suffolk, IOW, Kent) and includes therapeutic support (emotional and body-based¹¹) in individual and group sessions, as well as support for parents, families and non-abusing siblings; provided for 12-24 sessions in line with NICE guidance¹². For example, Suffolk and Kent services offer individual sessions, groups, parent and sibling work, including pre-trial therapy. In Suffolk, 'Fresh Start New Beginnings'¹³ offers a parent

¹¹ Body-based therapeutic support can include: medical support for somatic pain, creative and art therapies, mindfulness, therapeutic yoga or boxing, practical activity-based support, psychoeducation about traumatic pain held in the body,

¹² <https://www.nice.org.uk/guidance/ng76/chapter/Recommendations#therapeutic-interventions-for-children-young-people-and-families-after-child-abuse-and-neglect>

¹³ <https://www.fsnb.org.uk/>

psychoeducation course and Kent provides 'Dandelion Time'¹⁴, a craft and practical activities farm-based programme for families of 6-13year olds that have experienced CSA. Jersey's geography and island life lends itself to exploration of more creative and outdoor based psychoeducation and activities. Other novel approaches to therapeutic support can be seen in services such as London based 'In Your Corner'¹⁵ that runs boxing projects for young people to support emotional wellbeing, using evidence-based ideas from psychological intervention and delivering them alongside non-contact boxing skills. As well as opportunities to learn about new approaches, such as therapeutic yoga, with the Green House¹⁶ in Bristol who are developing a range of new creative evidence-based approaches.

7.22 There is a 24/7 helpline run by Dewberry House offering specialist support for CSAE over the phone and young people can access Jersey Youth Services or KOOTH out of hours. Jersey provides better out of hours access than the good practice seen in statistical neighbours, which includes evening online/text chat services such as 'TOPE'¹⁷ in Suffolk offering text chat support daily from 6-9pm or East Kent Rape Crisis which runs an evening helpline¹⁸.

7.23 'Through the Eyes of a Parent' noted the 'Children and Family Hub' website provides useful information on general services for children experiencing abuse and directs to YES, CAMHS, KOOTH (not Dewberry House SARC). In addition, the States of Jersey Police website has useful information on sexual violence services (although the advice is mostly adult focussed) and a downloadable leaflet for young people after CSE. However, it was difficult to find a clear list of support services specifically for children that have experienced CSAE or CCE. The NSPCC Jersey – 'Letting the Future In' service was easy to find whereas Dewberry House SARC was hard to find without knowing the service name.

¹⁴ <https://dandeliontime.org.uk/>

¹⁵ <https://www.inyourcorner.uk/>

¹⁶ <https://the-green-house.org.uk/>

¹⁷ <https://tope.org.uk/>

¹⁸ <https://www.ekrcc.org.uk/support-crisis-line>

Feedback from professionals

- 7.24** CSAE Sub-group members and 161 local professionals from education, health, police and specialist providers responded to a survey to shape the strategy. The consistent messages were:
- 7.25** Invest time in training and awareness raising for professionals, young people and parents, including responding to disclosures, CSA pathway and services available. There was also a consistent request for training in the area of criminal exploitation where only 34% felt confident and 41% partly confident in the area of CCE.
- 7.26** Develop an 'Easy guide' strategy for professionals
- 7.27** To commission trauma informed support services for children and their families, that are emotional and body-based, shaped by voice of child and with no waiting lists
- 7.28** To offer prevention and rehabilitation programmes for Harmful Sexual Behaviour to rehabilitate and not criminalise young people
- 7.29** To develop a child friendly criminal Justice system that enables more prosecutions and convictions
- 7.30** To offer support for professionals including the availability of specialist consultation, supervision, reflective spaces, information sharing and joined up services

8 Alignment with wider Strategies

- 8.1** CSAE interfaces with other forms of harm and abuse. The SPB recognises this strategy sits alongside other plans that influence the safety and wellbeing of children and young people. The implementation of this strategy will involve engagement with relevant groups representing local communities.
- 8.2** It is essential that CSAE continues to form part of the ongoing dialogue and scrutiny at key strategic forums and that everyone is playing their part in dealing with this issue. The response to CSAE must be one where early help for children and young people is

dealt with swiftly and effectively to prevent the life limiting consequences that result from growing up in such an environment.

9 Feedback from children, young people and parents

9.1 Feedback was sought from young people attending Jersey Youth Services, Highlands college, young people or parents of children that were accessing services at JDAS, MIND, Dewberry House SARC, NSPCC and those known to the 'looked after children' team. Interviews were completed with nine young people at a youth club and two services users from NSPCC and JDAS around the topics:

- helping and encouraging children and young people to tell
- feeling valued and listened to by professionals
- creating safe communities
- where to get help

9.2 A summary of the feedback will be provided to the young people and an easy read version of the final strategy, along with a voucher to acknowledge their time.

9.3 The key themes from the young people were:

- Encouraging children and young people to tell
- Information card from SARC was useful and allowed young person to take the lead in contacting the service and feel in control
- Request for more awareness in schools or public places about Dewberry House SARC and other services for CSAE
- Request for more information to be accessed when you needed it – for example posters on back of toilet doors with QR code or text number. Young people can take a picture, go back to it later and start with a text or phone call
- Important that children and young people know they can access health and care support without the police investigating the allege perpetrator
- A supportive response from schools' staff, friends or parents can be key in helping a child feel listened to and believed
- Positive experiences from peers can build confidence in reporting

- Talks in assembly can be hard to engage with. Alternative suggestions included training teachers to share messages in PSHE lessons or enabling older young people to come back into school to lead class discussions on sex and relationships

9.4 Helping access to services

- There is a feeling of being passed from one service to another and would be better if services were together, so victims are not repeatedly passed onto a separate service
- Ideal if child could meet one practitioner early on who could act as care coordinator to navigate the journey with the child and attend places with them
- Going to a separate service for STI afterwards made one young person feel uncomfortable being there with adults and boys. It would be better if all the health follow up was in one safe place
- There were concerns that young person may know the staff in CSAE services, but another young person found this reassuring
- Some young people preferred the idea of counselling sessions being in school as it was easier to access in a familiar place
- A choice of professional was requested, as some had had poor experiences in the past when they did not have a good rapport or struggled to understand the practitioner

9.5 Feeling valued

- Being given options and choice through the process feels really important. Young people reported they felt like a person not just a victim
- Going the extra mile made young people feel valued such as good quality snacks at SARC, going to fast-food restaurant to eat and talk, and moving session outside on a nice day
- Important that professionals try not to keep cancelling appointments as young people do not feel valued
- When professionals just turn up at school unannounced young people can feel vulnerable and not valued

9.6 Listened to:

- Active listening, such as asking questions, checking in how they are feeling during the conversation, recapping
- Valued the confidentiality of services like Brook, knowing they could go without telling a parent
- Requested professionals communicate with each other and share information – although they wanted professionals to check with young person to explain what they will share first
- Consider group work for young people (not in a criminal justice process) for peer support and sharing ideas for self help
- Consider different practitioner for child and parent so that information is not accidentally shared with a parent

9.7 Creating safety

- Reporting to the police is difficult as once you report it you cannot stop the process. Young people had fears about the perpetrator knowing who had reported and that compromising their safety
- Worried about being targeted on social media if they report which could lead to bullying
- There is a risk of triggering when professionals come and talk about CSAE in assembly and no way to help people respond. A more powerful way to educate children and young people in schools would be for other young people to share real life stories
- Education/awareness should be targeted at boys and not just girls

9.8 Where should help be accessed?

- All the professionals should be based together in one place so young people don't need to keep talking about that happened
- Services should be easily accessible in town on bus routes, discrete and feel secure – but not trapped

- Inside the building should be homely, colourful, comfortable, include an outside space and maybe have separate areas for therapeutic support/counselling and being examined
- Services should not be in a hospital or spaces where there is just a room and two chairs
- Services should be set up to allow spaces to take a break in or after sessions and offer fidget toys or other distractions to manage emotional distress

10 Strategic Priorities

10.1 Priority One - Prevention and identification of CSAE

To reduce the prevalence of CSAE and to make Jersey a safe space for children and young people to grow up, agencies will work together to:

- Deliver support programmes for young people and adults with harmful sexual behaviour (HSB)
- Ensure children and young people are aware of all forms of CSAE including intrafamilial and criminal exploitation (CCE)
- Raise public awareness of CSAE including intrafamilial sexual abuse and criminal exploitation (CCE), normal sexual development, healthy sexual relationships and consent
- Provide training for professionals, voluntary sector, faith groups, residential home staff, taxi drivers and sports providers in CSAE including intrafamilial sexual abuse and criminal exploitation (CCE)
- Focus on identifying, diversion and recovery from CCE

10.2 Priority two - Child friendly investigation of CSAE

To improve children and young people's experience of the criminal justice process and to improve diversion and prosecution rates agencies will work together to:

- Ensure children and young people experience child friendly justice in Jersey and feel confident to report CSAE
- Create a CSAE pathway that is shaped by children and young people and reduces the number of times they need to tell of their abuse/exploitation
- Ensure that early emotional support is available, including pre-trial therapy for those children and young people whose case is actively investigated
- Improve information sharing between agencies

10.3 Priority three - Enabling recovery from CSAE

To minimise the long-term impact of CSAE on children and as they grow up into adults, agencies will work together to:

- Create joined up CSA services delivered in one safe space to support children, young people and parent/carers; including those that find it harder to access

services such as children with disability, boys, identify as LGBT+, non-English speaking, non-resident

- Record evaluation and outcomes
- Widen scope of recovery and empowerment services to include emotional and body-based support for as long as is needed for children or young people; as well as support for siblings and parent/carers
- Ensure staff wellbeing through supervision, reflective practice and other activities as identified by local teams
- Support the development of survivor networks
- Secure, recurrent funding for services for CYP that experience CSAE

A detailed action plan for each priority can be found in Appendix 2.

11 Measuring Success

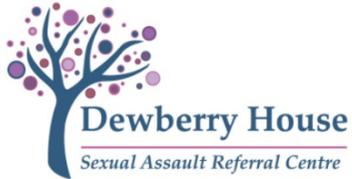
11.1 The SPB CSAE Sub-Group will capture outcome-based priorities around the CSAE Strategy and we may expect an increase:

- Improved awareness reported by young people in YP Survey
- Increased rate of reporting of intra-familial CSA
- Increased professional awareness of CCE
- Victim advocacy centre open and recurrently funded
- All providers of emotional support services confident to provide pre-trial therapy
- Partnership agreements in place across police, health, children's services and specialist providers
- Children and young people reporting an improved experience of the criminal justice process
- Evidence of a range of emotional and body-based support offers in place with robust outcomes
- Improved staff wellbeing and reduced sickness and turnover
- Survivor networks in place and influencing CSAE pathway

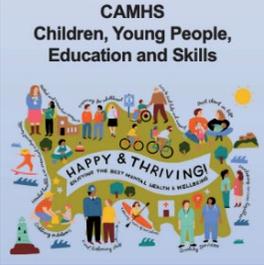
Appendix 1: Jersey services for children and young people experiencing CSAE

Organisation name and logo	Services provided	Referral criteria	Access to service	Resources and useful links
 <p>States of Jersey Police</p>	<p>Co-chair MASE meetings and Strategy meetings</p> <p>Investigate sexual offences</p> <p>Disruption of suspected perpetrators</p> <p>Refer to MASH and review for Child Protection</p> <ul style="list-style-type: none"> • Sexual Offences Liaison Officers (SOLO's) provide updates and support • Officer in the Case (OIC) investigates • SAFE Officers in school environment <p>Referral to SARC, Witness care services, ISVA, JAAR</p>	<p>Investigate any reported sexual offences – recent and non-recent</p>	<p>Call 999 (urgent) or 612612 (non-urgent)</p> <p><i>Online reporting facility</i></p> <p>https://report.ierv.police.uk/</p>	<p>ASK – LISTEN - RESPECT campaign in 2018</p> <p>https://jersey.police.uk/b-e-safe/child-sexual-exploitation/</p>
 <p>Children and Families Hub</p>	<p>Early help services for children, young people and families</p> <ul style="list-style-type: none"> • Children and Families Hub as a single point of contact • Online information directory • Direct child and family work - practical and emotional support, work in partnership with the family and co-ordinate the team around the child and family • Parenting programmes (universal) 	<p>Birth to 18 years</p> <p>Self-referral or professional referrals via the Child and Family Hub</p>	<p>By appointment</p> <p>Monday to Friday, with parenting classes in evening</p>	<p>Contact us at</p> <p>Tel: 01534 519000</p> <p>Email: childrenandfamilieshub@gov.je</p>

<p>GUM (sexual health) clinic</p>	<p>Offering:</p> <ul style="list-style-type: none"> • Testing, diagnosis and treatment of STIs • Contraceptive advice and administration • Post Exposure Prophylaxis's (PEP) and BBV • Emergency contraception and referrals to TOP <p>Complete a spotting the signs proforma for any self-referrals under 18 years</p> <p>Refer to the SARC if disclosure of sexual assault</p> <p>Follow up after SARC (Can provide joint appt at the SARC)</p>	<p>Adults and young people 13 years and over needing sexual health support including contraception, treatment of STI</p>	<p>By appointment Monday to Friday at St Helier Hospital (Late clinic Tues/Thurs)</p>	<p>Contact us at: 01534 442856 or s.h@gov.je</p> <p>GUM (sexual health) clinic (gov.je)</p> <p>Contraception clinic (gov.je)</p> <p>Let's talk about sex! </p> <p>Sexwise</p> <p>Home - FPA</p>
	<p>Sexual health service for young people up to 21 years</p> <p>Island-wide service from St Helier clinic</p> <p>Services include:</p> <ul style="list-style-type: none"> • Contraception, • STI testing and treatment • Pregnancy testing • Nurse/Dr consultation including relationships, wellbeing and overall sexual health. • Outreach and PHSE in secondary schools and youth services. <p>Available to YP without residency</p>	<p>Young people up to 21 years needing sexual health support including contraception, treatment of STI</p> <p>Self-referrals</p>	<p>Drop in Monday 2:30-7pm Tuesday 3:30 – 7pm Wednesday 12-3pm Thursday 3:30-7pm</p>	<p>www.brook.org.uk</p> <p>Facebook - @brookinjersey</p> <p>Instagram – brook_jersey</p> <p>Twitter - @BrookinJersey</p> <p>Contact us: 01534 507981</p> <p>info@brook.org.je</p>

 <p>Family Nursing & Home Care</p>	<p>Health Visiting and School Nursing services and Safeguarding</p> <p>School nursing</p> <ul style="list-style-type: none"> Emotional Gym – low self-esteem and emotional wellbeing difficulties Enuresis clinic School drop ins once a quarter <p>Health visiting</p> <ul style="list-style-type: none"> Targeted support for parents that have experienced historic CSA and Maternal Early Childhood Sustained Home-Visiting (MECSH) 	<p>Universal services for all children in Jersey</p> <p>Self-referrals</p>	<p>By appointment</p> <p>Monday to Friday</p> <p>9am-5pm</p>	<p>01534 443600</p> <p>Facebook - @FamilyNursingHomeCare</p> <p>Website – http://www.fnhc.org.ie/</p> <p>FNHC School Nurses – schoolnurses@fnhc.org.ie</p> <p>HV Hub – HV@fnhc.org.ie</p>
 <p>Dewberry House Sexual Assault Referral Centre</p>	<p>Support for adults and children that experience rape and sexual assault</p> <ul style="list-style-type: none"> Holistic medical with forensic medical examiner, paediatrician and crisis worker support Includes: STI, risk assessment, full health check Health follow up Police interviews <p>Self-referral for support only</p> <p>Referral onto ISVA and therapy services</p>	<p>From Police and social care via the CSA</p> <p>Pathway</p> <p>Self-referrals</p>	<p>24/7</p>	<p>https://www.dewberryhouse.ie/</p> <p>Contact us:</p> <p>01534 888222</p>

 <p>JERSEY DOMESTIC ABUSE SUPPORT</p>	<p>Provide adults and YP with support after abuse</p> <p>Young People’s Advisors are ISVA trained and can:</p> <ul style="list-style-type: none"> • talk about needs, worries and concerns • explain local services and how to access • explain the next steps whether YP decide to speak to the police about what has happened or not • support YP in moving forward and with specific issues (domestic abuse, bullying, consent etc) to empower YP to keep safe and make healthy relationship choices <p>Support is not dependent on reporting to the police</p> <p>Regular contact – weekly, daily or less frequent</p> <p>30 YP per advisor and no waiting list</p>	<p>Self-referral and referrals from professionals</p> <p>e.g. Strategy mtg, police, SARC, school</p>	<p>Mon to Fri 9-5pm and later as needed</p> <p>Flexible locations as meets YP needs –e.g. At school or SARC</p> <p>Contact cards available with QR code</p>	<p>Website</p> <p>https://www.jdas.ie/services-for-young-people/how-can-the-young-people-advisor-help-me/</p>
	<p>Youth Projects – evening youth clubs with empowering activities and opportunities to share messages</p> <p>No direct counselling or support available</p>	<p>Drop in</p> <p>For young people aged 12-18 years</p>	<p>Weekday evenings: Mon, Wed, Thurs, Fri from 7-9pm</p> <p>Various locations</p>	<p>Contact us:</p> <p>Tel: 01534 280500</p> <p>Email: jys@jys.je</p>
	<p>Assessment and treatment of neurodevelopmental and mental health difficulties for CYP:</p> <ul style="list-style-type: none"> • Individual and family therapy/attachment 	<p>17 years and under</p>	<p>By appointment</p> <p>Monday to Friday 9am-5pm</p>	<p>CAMHS leaflet 0-11yrs</p> <p>CAMHS leaflet 12-18 yrs</p> <p>Parent/carers leaflet</p>

	<ul style="list-style-type: none"> • Support for parents and carers • Group therapy • Psychological therapies including Cognitive Behaviour Therapy, Cognitive Analytic Therapy, Eye Movement Desensitization & Reprocessing, Solution Focused Therapy, Person Centred Therapy, Narrative Therapy and non-verbal forms therapy. • Consultation • Acute psychiatric difficulties 	Professional referrals		www.gov.je/CAMHS www.rcpsych.ac.uk/mentalhealthinfo/youngpeople www.youngminds.org.uk www.kooth.com
	<p>Letting the Future In Service (LTFI) – therapeutic intervention for children/young people who have been sexually abused. 4 session assessment plus 24-30 weeks of therapy, plus 8 sessions for parent/carer. For 4–17-year-olds.</p> <p>Seeking Solutions Service – 8 sessions of wellbeing support - strength based approach which aims to help children and young people improve confidence, identify skills and strengths. For 7–18-year-olds (universal)</p>	4-17 years Usually from Dewberry House (SARC), Children’s Service, CAMHS, Police, schools and self-referrals.	Mon to Fri 9 - 5 pm	www.childline.org.uk 01534 760800 jerseyservicecentre@nspcc.org.uk Pantosaurus resources online for primary aged children

Appendix 2: CSAE Strategy - action plan

Priority One - Prevention and identification of CSAE

Prevention	Year 1	Year 2	Year 3
Deliver support programmes for young people and adults with HSB	Identify and develop suitable programmes of support such as COSA, post-custodial programmes for sex offenders	Commission programmes of support for HSB	Evaluate impact of HSB support programmes
Ensure children and young people are aware of all forms of CSAE including intrafamilial and criminal exploitation (CCE)	Co-design a joined-up approach for school PHSE curriculum, including intrafamilial CSA and CCE with professionals and survivors. Consider how young people can be involved in delivery. Design easy access resources for sharing service information. Develop an alternative approach that captures children excluded from school.	Collaborative of providers to deliver a joined-up programme of school PHSE, including intrafamilial CSA and CCE. Launch resources for sharing service information, such as cards, posters. Enable PHSE curriculum to be adopted by all schools.	Established programme of school PHSE, including intrafamilial CSA and CCE being delivered in all schools including faith and private schools.
Raise public awareness of CSAE including intrafamilial sexual abuse and criminal exploitation (CCE), normal sexual development,	Develop a public awareness campaign (including social media) to enable parents, carers and the public to spot the signs and reduce the stigma of CSAE; as	Deliver an early year's programme with focus on CSA in the family setting.	CYP and parents more aware and increased reporting, as services start to increase capacity.

healthy sexual relationships and consent	well as raising awareness of services available and how to access them.		
Provide training for professionals, voluntary sector, faith groups, residential home staff, taxi drivers and sports providers in CSAE including intrafamilial sexual abuse and criminal exploitation (CCE)	Develop training and identify tools to aid spotting the signs of CSA, CSE and CCE including Brook Traffic Light system and CSA Centre for Expertise Typology. Explore CCE training opportunities with specialist providers, such as Abianda.	Deliver training with a focus on CSA in family, developing professional curiosity, supporting children immediately after they disclose sexual abuse.	Deliver training with a focus on understanding the CJS pathway of child friendly justice and supporting children in the long-term after disclosing sexual abuse, exploitation or related trauma.
Focus on identifying, diversion and recovery from CCE	Identify best practice in identifying and supporting CYP affected by CCE and develop implementation plan for Jersey including staff training. Expand existing MASE to MACE approach.	Deliver an intervention pathway for CCE, including diversion and recovery services.	Education, health, children's services and/or criminal justice staff confident in identifying, diverting and recovery services for CCE.

Priority two - Child friendly investigation of CSAE

Investigation	Year 1	Year 2	Year 3
<p>Ensure children and young people experience child friendly justice in Jersey and feel confident to report CSAE</p>	<p>Understand change in charging rate and consider training and policy changes needed. Complete data analysis to understand reasons for declining rate of convictions. Understand gaps in legislation and draft policy. Enable access to registered intermediaries, remote court rooms.</p>	<p>Legislation and policy ratified by Government. Raise awareness with professionals, crown court and magistrates' court judges, and the public of child friendly justice and new provision in place. Implement findings from review of declining charging and conviction rates.</p>	<p>CSA legislation launched and charge/conviction rates starting to recover.</p>
<p>Create a CSAE pathway that is shaped by children and young people and reduces the number of times they need to tell of their abuse/exploitation</p>	<p>Mapping the current pathway and empower service users to shape the future pathway. Consider broadening CSAE pathway to include neglect and child protection.</p>	<p>Invest in small changes e.g., consistent case worker available from point of disclosure, broaden type of child protection medicals offered at SARC.</p>	<p>CSAE pathway in place that works for professionals and young people.</p>
<p>Ensure that early emotional support is available including pre-trial therapy for</p>	<p>Ensure all staff in CSAE services are trained in and working to Pre-Trial Therapy Guidance including the</p>	<p>Pre-trial therapy available from all providers of CSA/E support services.</p>	<p>Pre-trial therapy available from all providers of CSA/E support services.</p>

<p>those children and young people whose case is actively investigated</p>	<p>updated Home Office guidance and simple professional guides once published.</p>		
<p>Improve information sharing between agencies</p>	<p>Identify key information to be shared between agencies in addition to existing SARC/JDAS shared database. Development of partnership and information sharing agreements.</p>	<p>Partnership agreement and ISA in place. Development of shared records system in Victim Advocacy Centre.</p>	<p>Information sharing reducing the number of times a child or young person needs to re-tell their story.</p>

Priority three - Enabling recovery from CSAE

Recovery	Year 1	Year 2	Year 3
Create joined up CSA services delivered in one safe space to support children, young people and parent/carers; including those that find it harder to access services such as children with disability, boys, identify as LGBT+, non-English speaking, non-resident	Identify best practice and trial quick wins e.g., co-location, joint assessments. Map all current CSAE services building on the strategic needs assessment. Review gaps in service accessibility for harder to reach groups and identify service improvements and awareness raising.	Invest in small changes e.g., paediatrician based at SARC, CAMHS or wellbeing practitioner to join SARC assessment, consistent case worker available from point of disclosure. Raise public and professional awareness of how to access services and create self-referral and professional referral routes.	Joined up workforce co-located in Victim Advocacy Centre with increased diversity in children and young people accessing the service.
Record evaluation and outcomes	Evaluate current service offers and develop agreed outcomes to determine future impact.	Recommission current and new services to be evidence based and outcome focused.	Evidence based, outcomes services in place.
Widen scope of recovery and empowerment services to include emotional and body-based support for as long as is needed for children or young people; as well as support for siblings and parent/carers	Identify best practice in empowering and creative recovery services. Co-design future model with young people, survivor networks and professionals, ensuring age-appropriate services are commissioned. For example: outdoor	Recommission empowering and creative emotional and body-based recovery services, including early help offers where there are waiting lists.	Empowering and creative recovery services that meet the needs of children, young people and their families.

	psychoeducation and family therapy, art therapy, therapeutic yoga/boxing, sibling services, group work.		
Ensure staff wellbeing through supervision, reflective practice and other activities as identified by local teams	Co-design staff wellbeing with local teams and ensure available in all agencies including education, police, health, social care, residential, faith based and third sector.	Establish supervision, reflective practice and wellbeing activities.	Evaluate impact on staff wellbeing.
Support the development of survivor networks	Involve existing survivor networks in service redesign, development of Victim Advocacy Centre and outcome measures.	Enable the growth and development of survivor networks including experts by experience, moderated survivor groups for young people and adults affected by CSAE.	Established and supported survivor networks with governance systems in place to enable them to contribute to ongoing service design and delivery.
Secure, recurrent funding for services for CYP that experience CSAE	Map funding for CSAE services, identify gaps, seek ministerial support and bid for additional funding. Identify demand and capacity needed, including future proofing provision and estates.	Support and funding secured and CSAE services commissioned recurrently.	Recurrent CSAE funding in place for CSAE services from April 2024 that meet demand.