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Unprotected, overprotected:

meeting the needs of young people with learning disabilities who experience, or are at risk of, sexual exploitation

Anita Franklin, Phil Raws and Emilie Smeaton

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Partnership for the study

Dr Anita Franklin, Children and Families Research, Coventry University; Phil Raws, The Children's Society; and Emilie Smeaton, Paradigm Research; undertook all aspects of the research.

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Dr Anita Franklin, Reader in Children and Families Research, Coventry University. Email: anita.franklin@coventry.ac.uk. Tel: 024 7679 5834

Phil Raws, Senior Researcher, The Children's Society.
Email: phil.raws@childrenssociety.org.uk. Tel: 020 7841 4400

Emilie Smeaton, Research Director, Paradigm Research.
Email: emiliesmeaton@paradigmresearch.co.uk. Tel: 07891 086 147

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1

Introduction

This UK-wide research study was commissioned by Comic Relief and addresses a significant gap in current understanding of the sexual exploitation of children and young people with learning disabilities. This report outlines the research findings and is one of a number of products of the study. These include:

- an executive summary
- an easy-read summary of the report
- a practice guide
- nation-specific briefing papers.

Welsh language versions of the report and practice guide are also available.

All of the above can be downloaded from www.barnardos.org.uk/cse-learning-disabilities

The report is organised in distinct chapters, which present:

- the background to the research, the methodology and sample
- the policy context across the four nations of the UK and current available literature on the sexual exploitation of young people with learning disabilities
- the research findings
- discussion of the findings
- evidence-based recommendations for policy and practice.

1.1 Aims of the research

This exploratory research study aimed to increase understanding of how to meet the needs of children and young people with learning disabilities who experience, or are at risk of, child sexual exploitation (CSE). Specifically, the research undertook to:

1. scope and detail current provision (including the scale of intervention work around CSE with children and young people with learning disabilities)
2. explore the views of practitioners, managers and local and national policymakers around practice, looking into both enablers of and barriers to good practice
3. understand the needs of children and young people with learning disabilities who experience CSE, and gather their views on current practice
4. identify gaps in policy, provision, evidence and research
5. generate evidence-based recommendations for future developments in this area of work.

1.2 Definitions and terminology

The following definitions and terminology were used in this research:

Child sexual exploitation (CSE)

In 2008, the UK National Working Group for Sexually Exploited Children and Young People[1] developed the following definition of CSE, recognised in English guidance to safeguard children and young people from sexual exploitation (DCSF, 2009):[2]

> 'The sexual exploitation of children and young people under the age of 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition, for example the persuasion to post sexual images on the internet/mobile phones with no immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources.'
>
> *(UK National Working Group for Sexually Exploited Children and Young People, 2008)*[3]

Although recent reports (Berelowitz et al, 2013,[4] 2015;[5] Smeaton, 2013[6]) have highlighted the need for revision of the NWG Network's definition of CSE, it is widely used and understood by policymakers and practitioners, and has therefore been used to frame the research.

Learning disabilities

'Learning disabilities' and 'learning difficulties' are terms that are sometimes used interchangeably and are subject to continual debate. There are several definitions of learning disability used in the UK. In education, a learning difficulty is often used to describe specific problems with learning, such as dyslexia or dyspraxia. Individuals with these problems, however, may not have a significant general impairment in intelligence. Internationally, it is accepted

1 The UK National Working Group for Sexually Exploited Children and Young People is now called the NWG Network. It is a charitable organisation linking practitioners, policymakers and researchers working with CSE across the UK.
2 Department for Children, Schools and Families (2009) *Safeguarding children and young people from sexual exploitation.* DCSF, London.
3 http://www.nwgnetwork.org/who-we-are/what-is-child-sexual-exploitation, accessed 26 July 2015.
4 Berelowitz, S; Clifton, J; Firmin, C; Gulyurtlu, S; Edwards, G (2013) *"If only someone had listened": The Office of the Children's Commissioner's inquiry into child sexual exploitation in gangs and groups Final Report.* Office of the Children's Commissioner, London.
5 Berelowitz, S; Ritchie, G; Edwards, G; Gulyurtlu, S; Clifton, J (2015) *"If it's not better, it's not the end": Inquiry into child sexual exploitation in gangs and groups: One year on.* Office of the Children's Commissioner, London.
6 Smeaton, E (2013) *Running from hate to what you think is love: The relationship between running away and child sexual exploitation.* Barnardo's, London.

that there are three criteria that distinguish a learning disability: intellectual impairment (IQ); social and adaptive dysfunction combined with IQ; and early onset (BILD, 2011).[7]

A commonly used definition in the UK states that a learning disability meets three criteria:

a. a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with;

b. a reduced ability to cope independently (impaired social functioning);

c. which started before adulthood, with a lasting effect on development.

(Department of Health, 2001)[8]

This definition was used to identify the sample of young people for the study. However, the research was also guided by the social model of disability, which locates disability in the social, cultural, material and attitudinal barriers that exclude people with impairments from mainstream life, as opposed to looking at the individual in terms of 'deficit'. Although criticisms of the social model of disability have been put forward (see, for example, Thomas, 2004),[9] it promotes 'assets' – what a young person 'can do' – instead of focusing on what disabled children 'cannot do', and so encourages researchers, practitioners and policymakers to view disabled children as being children first. This approach underpinned the methodological design, ensuring that any personal or social barriers young people with learning disabilities might face to participating in the study were identified and addressed. Operating within the social model of disability meant that selection and recruitment of the sample was guided by practitioners, who identified young people with learning needs who faced barriers to learning. This approach ensured the inclusion of young people who had experienced, or been at risk of, CSE and who had a diagnosed learning disability, as well as those with a learning need who had not been formally assessed or who may not have received any additional support to help them in their learning.

Children and young people

This research explores the sexual exploitation of children and young people with learning disabilities while under the age of 18. Throughout the report, the term 'young person' (or 'young people') has been used for brevity.

7 British Institute of Learning Disabilities (2011) *BILD factsheet: Learning disabilities.* BILD, Birmingham.
8 Department of Health (2001) *Valuing people: A new strategy for learning disability for the 21st century.* Department of Health, London.
9 Thomas, C (2004) Disability and impairment. In J Swain et al (eds) *Disabling barriers, enabling environments* (2nd edition). Sage, London.

1.3 Inclusion of young people with autistic spectrum conditions (ASC) and attention deficit hyperactivity disorder (ADHD)

While it is recognised that many young people with ASC and/or ADHD will not have learning disabilities, it became apparent during the recruitment process that CSE practitioners were supporting a significant number of young people with ASC and/or ADHD, and they put them forward to participate in the study. Although some of these young people also had a specific learning disability, others had unmet learning needs that played a part in placing them at risk of CSE or had led to them being sexually exploited. For this reason, these young people were included in this study.

1.4 Advisory groups

To support the research process, two advisory groups were established at the beginning of the research project:

The advisory group of young people with learning disabilities who have experienced CSE

An advisory group of five young people with learning disabilities who had experienced CSE was recruited from two voluntary sector services. This group provided: guidance on the approach taken to carrying out interviews with young people; feedback on the information sheets, consent form and interview schedule for young people; and responses to the findings, recommendations and dissemination strategy.

Professional reference group

The project team received support and guidance on various aspects of the study through a reference group. This group consisted of a wide range of professionals from the fields of CSE and learning disability, and included both practitioners and academics. The group met twice during the course of the study and provided feedback on emerging findings and draft recommendations.

1.5 Ethical and national bodies' approval

Ethical approval was sought from and granted by Coventry University's Ethics Committee and Barnardo's Research Ethics Committee (BREC). An IRAS[10] application was made for Northern Ireland to gain permission for the survey to be administered across the five health and social care trusts (HSCTs). Support

10 The Integrated Research Application System (IRAS) is a single system for applying for the permissions and approvals for health and social care/community care research in the UK.

for the research was sought from and granted by the Association of Directors of Children's Services (England), Association of Directors of Social Services Cymru, Association of Directors of Social Work (Scotland) and two health and social care boards in Northern Ireland.

1.6 Data analysis and data protection

The storage and use of data complied with all data protection law, and data was stored in password-protected and encrypted files.

All survey data was cleaned and analysed using Statistical Package for the Social Sciences (SPSS) software. Detailed notes were written up from the interview recordings and two researchers independently coded each set of data using an 'inductive coding' approach (Ritchie and Spencer, 1994).[11] In line with ethical practice, only the three researchers in the project team had access to the data.

Given the sensitive nature of this research, particular care has been taken to ensuring the anonymity of the young people who participated in the study. All identifying details have been removed and all participants have been given a pseudonym.

11 Ritchie, J; Spencer, L (1994) Qualitative data analysis for applied policy research. In A Bryman and R Burgess (eds) *Analysing qualitative data.* Routledge, London, pp 173–194.

2

Research methodology and sample

The methodology encompassed both qualitative and quantitative data collection and comprised six concurrent strands:

1. An overview of the current literature and a UK policy analysis
2. Surveys of local authorities/health and social care trusts (HSCTs) and known current practice across the UK
3. In-depth telephone interviews with key stakeholders
4. Face-to-face interviews with young people with learning disabilities who have experienced, or are at risk of, sexual exploitation
5. Regional consultation events with key stakeholders to develop recommendations
6. Consultation with young people with learning disabilities to support the development of the recommendations.

Stage 1: Literature review and policy analysis

The purpose of the literature review was to establish current levels of knowledge and understanding in terms of meeting the needs of young people with learning disabilities who experience, or are at risk of, child sexual exploitation (CSE). This was done by: detailing what has been published around effective practice; identifying gaps in knowledge; and supporting with the design of research tools. A search of academic databases and relevant websites was undertaken. Only English language literature was included, but international examples were examined to establish any learning for the UK.

A policy analysis was also conducted, to assess the 'state of play' across the four UK nations in terms of current legislation and guidance.

Stage 2: Surveys of local authorities and known current practice across the UK

a. Local authorities/HSCTs

Local authorities in England, Scotland and Wales were emailed a link to an online survey and invited to participate in the study. The aim of the survey was to gather a comprehensive picture of current service provision and practice in safeguarding and supporting young people with learning disabilities who experience, or are at risk of, CSE. The survey explored: practice and policy at a strategic level; implementation of current policy and practice guidance; local experience and provision; approaches to monitoring and recording; degree of specialist service provision; availability and use of training; skill level among key staff; inter-agency working practices; and current barriers to and facilitators of delivering good practice.

The survey was administered electronically using Bristol Online Survey, which is fully compliant with UK data protection law. The survey link was initially sent to all directors with responsibility for children's social care across the UK, who were asked to pass it on to local heads of children's safeguarding, or equivalent roles. Responses indicate that the survey was completed by personnel in a wide variety of frontline and management roles.

A number of email reminders were sent and, where necessary, follow-up telephone calls were made to ensure a positive response rate. Some local authorities requested paper versions of the survey and these were made available. A Welsh language version was also available on request.

An overall response rate of 34 per cent was achieved. Final response rates for each country are detailed in the table below:

Table 1: Local authority (LA)/HSCT survey response rates

Country	Number of responses	Number of LA areas	% response rate
England	53	152	35
Northern Ireland	1	5	20
Scotland	10	32	31
Wales	7	22	32
Total	**71**	**211**	**34**

Although the survey data gives an indication of some of the issues facing local authorities across the UK, it cannot be assumed to be fully representative.

b. Survey of practice in projects working with young people with learning disabilities who experience, or are at risk of, CSE

Two variations of the practice survey were sent to services across the UK: one to CSE services and the other to services supporting young people with learning disabilities. The survey was advertised and distributed through networks and via contacts known to the partner organisations. It did not aim to be representative, but explored relevant issues with specialists and practitioners in the field.

Twenty-three services responded to the CSE practice survey. Fourteen responses were received from specialist CSE services and nine from services that worked more broadly with disadvantaged young people. Three respondents had a specific focus on working with young people with learning disabilities and CSE. These services worked with young people with an age range of eight to 25 years, and were mostly from the voluntary sector.

Respondents were primarily practitioners, team leaders and service managers, but included those with strategic and operational oversight.

Fourteen services responded to the survey targeted towards projects working directly with young people with learning disabilities. There were responses from across the voluntary sector, schools and health and social care. The role of the individual respondent varied widely and included, for example, an assistant director of children's services, family workers, an advanced nurse practitioner, a head teacher and a transitions coordinator. These services supported young people with learning disabilities aged between 0 and 25 years.

Stage 3: In-depth telephone or face-to-face interviews with statutory and voluntary sector stakeholders

In-depth telephone or face-to-face interviews were conducted with 34 key stakeholders working in the field of CSE and/or learning disability in statutory and voluntary sector agencies across the UK. These professionals represented both frontline and strategic-level roles: 11 were recruited from the statutory sector, with representation across social care, the police, health and education, and 23 from the voluntary sector.

Table 2: Sample of professionals interviewed across the four nations

	Number of professionals
UK-wide	6
England	13
Northern Ireland	7
Scotland	6
Wales	2
Total	**34**

The remit of the professionals who participated in interviews varied widely and included:

- a voluntary sector UK-wide health specialist and a looked-after children's nurse
- local authority CSE leads and child protection managers
- specialist workers (both managers and case workers) from both CSE practice and organisations working with disabled young people
- a social worker within an adult disability team
- leads for child protection within national children's voluntary organisations
- specialists in the protection of disabled young people.

Most of the interviews were carried out on an individual basis and via telephone, but they were occasionally undertaken face-to-face or within small groups.

The interviews explored: current provision; multi-agency working; gaps in local and national practice and policy provision; barriers to and facilitators of identifying and supporting this group of young people; skills and training needs; and approaches to recording and monitoring. Professionals who delivered direct services were asked to explain:

- what they did to meet the needs of young people with learning disabilities who experience, or are at risk of, CSE
- why they did it this way
- what helped and hindered their work
- how they would like to improve and develop future practice.

Stage 4: Face-to-face interviews with young people with learning disabilities who have experienced, or been at risk of, CSE

The interview schedule, information sheets and consent forms for recruitment of young people were developed and piloted in consultation with the advisory group of young people. An interview schedule organised around themes was developed, and was designed flexibly to ensure that all the young people were given the best possible opportunity to discuss their experiences and express their feelings about them.

Young people with learning disabilities who had experienced CSE, or been identified as being at risk of CSE while under the age of 18, were invited to take part in face-to-face interviews. Young people were recruited from Barnardo's, The Children's Society's CSE services, other specialist CSE services and services providing support to young people with learning disabilities. Many of them were supported by a dedicated CSE service at the time of their participation in the research.

Recruitment for participation in the research was a time-consuming process and, due to the chaotic circumstances that some of these young people faced, interviews were sometimes cancelled at short notice. In three instances, one of the researchers utilised existing contacts and networks to recruit young people with learning disabilities who had experienced CSE and were known to the researcher but were not supported by a specialist service at the time of their participation in the research.

Previous studies in the maltreatment of disabled children and young people show the importance of obtaining contextual information to supplement

the data collected from young people (Taylor et al, 2015).[12] With a young person's consent, their project worker at the project from where they had been recruited was contacted in advance of the young person's interview to gather supplementary contextual information about their individual circumstances. Information on accessibility needs was also collected, including any communication needs, to enable the researcher to prepare an accessible interview. Project workers were also given the opportunity to request the adaptation of materials to meet any individual access need, but this was not deemed necessary for any of the individuals concerned.

All interviews were conducted verbally and adapted to each young person, to ensure that the length, format and approach enabled their full participation. With the young person's permission, interviews were digitally recorded. In three cases, individuals did not want to be recorded, and notes were taken. Each young person who took part in the research was given a £20 voucher in recognition of the time they had given, and any travel expenses were reimbursed.

Given the sensitive nature of this topic area, specific attention was given to ensuring the following in preparation for, and during, the interviews:

- Informed choice and consent was sought from, and given by, young people and, where required, parents or carers. The nature of the interview questions was explained, and it was made clear that the focus of the interview would be on young people's experiences of support from professionals and agencies and their views about what should be done to meet the needs of young people, rather than on their experiences of CSE.
- Young people's understanding of: what was involved; how their information would be used; and anonymity and confidentiality, and the limitations to this in the event of safeguarding concerns, was checked at the beginning of each interview.
- Appropriate support was available to young people during and after the interview.
- Young people were supported to understand that they did not have to take part in the research and that this would not affect any services that they might be receiving.
- It was also reiterated to young people that they could withdraw from the interview at any point.
- At the end of the interview, young people were reminded that they could withdraw permission for data from their interview to be included in the study for a period of four weeks after the interview.

Interviews with young people explored their perspective on:

12 Taylor, J; Cameron, A; Jones, C; Franklin, A; Stalker, K (2015) *Deaf and disabled children talking about child protection.* NSPCC, Edinburgh.

- why they had been referred to a specialist CSE service and what information they had been given during this process
- the support they had received from the service(s), including what had worked well and what had not worked so well[13]
- any impact or outcomes they had experienced through receiving specialist support
- how they thought the support could have been improved
- any gaps they would identify in the provision of support, including support provided by wider services such as education and social care.

The young people who participated in the research

Twenty-seven young people with learning disabilities were interviewed. Their ages ranged from 12 to 23 years. Of the 27 young people, seven were male and 20 were female. The majority of the sample were white British (n= 22), although five young people were from black and minority ethnic backgrounds: three were white/Asian and two black Caribbean. Fifteen young people had been identified as experiencing CSE and the remainder were identified as being at risk of CSE.[14]

Fifteen of the 27 young people had a Statement of Special Educational Needs or nation-specific equivalent. In addition to a learning disability, the following impairments were also noted across the sample: autistic spectrum conditions (ASC) including Asperger syndrome, dyslexia, attention deficit hyperactivity disorder (ADHD), dyspraxia, emotional and behavioural difficulties, attachment disorders, emotional deregulation disorder and mental health needs. None of the young people were described as having communication needs, and all communicated verbally in their interviews. The following table presents the numbers of young people interviewed across the four nations.

13 This is more fully reported in the accompanying practice guide.
14 CSE specialist workers reported that it is quite often the case that they support young people considered at risk of CSE and a disclosure or discovery of sexual exploitation occurs, so it is possible that more of the sample of the young people could be experiencing CSE, or had experienced CSE at the time of interview, than identified.

Table 3: Breakdown of young people sample across the four nations

	Number of young people interviewed
England	16
Northern Ireland	3
Scotland	5
Wales	3
Total	**27**

Seventeen of the young people lived with their family, four were currently in care, one lived in a hostel and another in supported accommodation, one was staying with friends, and two were living with partners. Information on the living arrangements of one young person was not given. Across the sample, eight were in school (four in mainstream and four in special schools), eight were in college (one of whom attended a specialist college), three attended a form of alternative education provision, five were not in education, employment or training (NEET), one was working part-time, and this information was not available on two young people.

Stage 5: Regional consultation events to explore initial findings and discuss recommendations with professional stakeholders

Following data analysis and the generation of initial findings, a series of stakeholder consultation events was held in each of the four nations in order to explore in detail the emerging findings, and to discuss and consider the policy and practice implications of the draft recommendations. Twenty-eight professionals from across the statutory and voluntary sectors attended a one-day consultation event. Among the stakeholders were representatives from frontline CSE and learning disability services, national safeguarding and CSE groups, national learning disability charities, the police and the Child Exploitation and Online Protection Centre (CEOP), as well as government officials from a number of departments, the Children's Commissioner of each nation, paediatricians, specialist learning disability and looked-after children nurses, and senior management staff from local authorities and HSCTs.

Stage 6: Consultation with young people with learning disabilities with experience of CSE to gain their input into developing recommendations

As members of the advisory group, five young people with learning disabilities who had experienced CSE contributed to the development of the research recommendations. This consultation work was undertaken on two occasions: the first with one young person and the second with four young people known to one another. The research findings were presented informally to the young people and discussed. The draft recommendations were then presented, with an explanation of how they fitted with the evidence from the data. The young people gave feedback on the recommendations, which included how they could be amended to ensure effective change was made to meet the needs of young people with learning disabilities who experience, or are at risk of, CSE. Young people's ideas on dissemination activities were also sought.

An additional group of young people with learning disabilities also contributed their thoughts on the recommendations. Five young people took part (two females and three males aged between 17 and 19). They were recruited through, and supported by, their specialist college. All participants were provided with information on the study and volunteered to take part. Recruiting through the college was important, as staff were able to provide any follow-up support or information required by the young people. It was considered important to undertake this additional consultation on the recommendations with a group of young people with learning disabilities who had different life experiences from those in the advisory group.

3

Policy context across the uk and background literature

This chapter presents an overview of key policy and guidance on child sexual exploitation (CSE) and disabled children's safeguarding, across the four UK nations. Current available research literature on the sexual exploitation of young people with learning disabilities is also explored; however, given the paucity of research in this area, relevant generic evidence on the abuse of disabled children and young people is included so that this study can be placed in the context of current learning on the protection of this group of young people.

During the review of policy and literature, it became evident that multiple terms are used to describe learning disabilities. The language presented in this chapter mirrors that of the literature from which it is drawn.

Literature from outside the UK was also considered as part of this review. However, as this has not yet examined the sexual exploitation of young people with learning disabilities, the UK cannot yet learn from international evidence.

3.1 Policy addressing CSE and learning disabilities

The UK has international obligations to protect children and young people from sexual exploitation and abuse. The United Nations Convention on the Rights of the Child (UNCRC) was ratified by the UK government in 1991 and endorsed by all the governments in the devolved nations. Article 34 explicitly states that governments must protect children from sexual exploitation.[15]

The UK also has international obligations to protect the rights of disabled people, including disabled children. Specifically, Article 16 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) decrees that government should:

> 'take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse'.
>
> *(United Nations, 2006, p 12)*[16]

15 United Nations (1989) *The United Nations Convention on the Rights of the Child.*
16 United Nations (2006) *The United Nations Convention on the Rights of Persons with Disabilities.*

England

The Department for Children, Schools and Families (DCSF)'s 2009 *Safeguarding Children and Young People from Sexual Exploitation*[17] forms supplementary guidance on safeguarding and promoting the welfare of children as presented in *Working Together to Safeguard Children* (HM Government, 2013).[18] *Safeguarding Children and Young People from Sexual Exploitation* makes two references to children and young people with learning disabilities. While recognising that any child or young person may be at risk of sexual exploitation, it considers that those with special needs are a sub-group that may be particularly vulnerable. Sexual exploitation can be related to other factors in the life of a child or young person, including learning disabilities. The guidance notes how perpetrators can target children and young people with disabilities:

> 'Children who have disabilities or special needs can also be targeted by perpetrators. Strategies, procedures and guidance will need to be adapted to meet their particular needs.'
>
> *(DCSF, 2009, p 39)*

The guidance states that, when working to address CSE, service provision should recognise the particular needs of children and young people with learning disabilities alongside other children and young people:

> 'The particular needs and sensitivities of girls and boys, children with a physical disability or learning disabilities, those from ethnic communities or those for whom English is not their first language, should be reflected in the provision of services.'
>
> *(Ibid, p 13)*

The *Sexual Violence against Children and Vulnerable People National Group Progress Report and Action Plan 2015* (HM Government, 2015)[19] makes a commitment to publishing a revised version of the supplementary guidance. Neither this document, nor *Tackling Child Sexual Exploitation* (HM Government, 2015),[20] makes specific reference to young people with learning disabilities.

The way in which the DCSF's 2009 statutory guidance had been implemented by Local Safeguarding Children Boards (LSCBs) was the subject of a two-year research study[21] funded by Comic Relief and carried out by the University

17 Department for Children, Schools and Families (2009) *Safeguarding children and young people from sexual exploitation.* DCSF, London.
18 HM Government (2013) *Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children.* Department for Education, London.
19 HM Government (2015) *Sexual violence against children and vulnerable people national group progress report and action plan 2015.* HMG, London.
20 HM Government (2015) *Tackling child sexual exploitation.* HMG, London.
21 Jago, S; Arocha, L; Brodie, I; Melrose, M; Pearce, J; Warrington, C (2011) *What's going on to safeguard children and young people from sexual exploitation? How local partnerships respond to child sexual exploitation.* University of Bedfordshire, Luton.

of Bedfordshire. This study reports that only a quarter of LSCBs have implemented guidance.[22] As part of this study, the University of Bedfordshire developed a CSE data monitoring tool[23] to be used by both statutory and voluntary agencies to assess the nature and prevalence of CSE. This tool requires the recording of whether a young person has a learning disability. The *Tackling Child Sexual Exploitation Action Plan* (DfE, 2011)[24] notes the need for continuing monitoring data on the nature and prevalence of CSE and recommends that LSCBs should utilise existing monitoring tools, such as the one developed by the University of Bedfordshire.

The *Health Working Group Report on Child Sexual Exploitation* (2014)[25] states that the presence of a learning disability can heighten the vulnerability of a child or young person to CSE[26] and notes how the role of health professionals may include undertaking assessments for learning disabilities and then:

> 'agreeing and implementing the best method of supporting the child'.
>
> *(Ibid, p 33)*[27]

Northern Ireland

In Northern Ireland, the issue of CSE was brought to the fore by a 2011 Barnardo's study (Beckett, 2011).[28] Established in 2012, the Safeguarding Board for Northern Ireland (SBNI) subsequently prioritised CSE and is taking a strategic lead on this issue. One of its key aims is to develop a coordinated and consistent multi-agency approach to the identification of all children in Northern Ireland who are at risk of CSE. While learning disability is not specifically mentioned in the SBNI's strategic plan, disabled children and young people are noted as a priority group requiring protection from abuse (SBNI, 2013).[29]

Following police identification of 22 young people as possible victims of CSE in 2013, an independent one-year inquiry began to establish the nature of CSE in Northern Ireland and the effectiveness of responses. Evidence given to the inquiry included many concerns about the vulnerability of children and young people with a learning disability, especially where this is mild and undiagnosed, and for those with language and communication difficulties. The inquiry further highlighted that disabled children can be particularly affected by exploitation involving social media. It resulted in 17 key recommendations and a further 60 supporting recommendations (Marshall, 2014),[30] including that schools should receive guidance on how they can provide flexible support sessions about CSE that are accessible for parents and carers of disabled children. The Department of Health, Social Services and Public Safety (DHSSPS) has set up a response team with responsibility for the implementation of the CSE inquiry's recommendations. An implementation plan, which will include timescales for the completion of each recommendation, is due for publication in 2015. Also of note, the revised CSE risk assessment tool now used in Northern Ireland[31] includes learning disability as a vulnerability factor.

Scotland

The Public Petitions Committee instigated an inquiry[32] into CSE in Scotland in 2013, taking written and oral evidence from both statutory and non-statutory agencies on the nature, scope and prevalence of CSE in Scotland, publishing a report with 28 key recommendations. The report notes the:

> 'definite gap in knowledge about disabled children and young people in relation to child sexual exploitation'.
>
> *(The Scottish Parliament, 2014; 28)*[33]

Following the Public Petitions Committee report, the Scottish Government published a refresh of the National Child Protection Guidelines for Scotland with a separate section on CSE. These guidelines also contain a specific section on disabled children and young people and have been further supplemented by the *Child Protection and Disability Toolkit*,[34] due to recognition of the particular vulnerabilities of disabled children and young people. In November 2014, the Scottish Government published *Scotland's National Action Plan to Tackle Child Sexual Exploitation*,[35] which contains no reference to young people with learning disabilities.

The 2010 *National Guidance – Under-age Sexual Activity: Meeting the Needs of Children and Young People and Identifying Child Protection Concerns*[36] notes the particular vulnerabilities of children and young people with disabilities to experiencing discrimination or disadvantage.

Wales

In 2011, the Welsh Assembly Government published *Safeguarding Children and Young People from Sexual Exploitation – Supplementary guidance to*

22 Ibid.
23 http://www.beds.ac.uk/__data/assets/pdf_file/0020/162209/final-version-Updated-data-monitoring-tool-new-Dec-11.pdf, accessed 30 April 2014.
24 Department for Education (2011) *Tackling child sexual exploitation: Action plan.* DfE, London.
25 Health Working Group (2014) *Health Working Group report on child sexual exploitation* https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/279189/Child_Sexual_Exploitation_accessible_version.pdf, accessed 29 April 2015.
26 Ibid.
27 Ibid.
28 Beckett (2011) *Not a world away: The sexual exploitation of children and young people in Northern Ireland*. Barnardo's NI, Northern Ireland.
29 Safeguarding Board for Northern Ireland (2013) *Strategic plan 2013–2016.* SBNI, Northern Ireland.
30 Marshall, K (2014) *Child sexual exploitation in Northern Ireland: Report of the independent inquiry.* The Regulation and Quality Improvement Authority, Northern Ireland.
31 Health and Social Care in Northern Ireland (2014) *Interim regional guidance: Management of child sexual exploitation referrals.* Health and Social Care in Northern Ireland.
32 The Scottish Parliament (2014) *Public Petitions Committee 1st Report, 2014 (Session 4): Report on tackling child sexual exploitation in Scotland.*
33 The Scottish Parliament (2014) *Public Petitions Commitee 1st Report, 2014 (session 4): Report on tackling child sexual exploitation in Scotland.* http://www.scottish.parliament.uk/s4 Accessed 24 August 2015.
34 http://www.withscotland.org, accessed 31 July 2015.
35 Scottish Government (2014) *Scotland's national action plan to tackle child sexual exploitation.*
36 http://www.gov.scot/Publications/2010/12/02143509/0, accessed 26 July 2015.

Safeguarding Children: Working Together under the Children Act 2004.[37] This document identifies that children and young people with 'special needs' are particularly vulnerable to sexual exploitation and makes specific reference to young people aged 18 and over with learning disabilities:

> 'When a young person has a learning disability and is entitled to receive support via adult services, transition arrangements should take account of any risk to, history of or current abuse through CSE. Children's services should ensure that they draw any specific needs in relation to the young person's on-going safety and protection to the attention of colleagues in adults' services to enable on-going care plans to reflect these specific needs.'
>
> *(Ibid, p 38)*[38]

Both the statutory guidance and the all-Wales child protection procedures protocol on child sexual exploitation (2008)[39] include direction on the use of the Sexual Exploitation Risk Assessment Framework (SERAF) tool in the identification of the risk of CSE. The SERAF now includes learning disability as a vulnerability factor for child sexual exploitation.[40]

Generic safeguarding guidance for disabled children and young people

Stalker et al's analysis of child protection policies across the UK for disabled young people reports that, in the main, the four jurisdictions of the UK share a similar approach to disabled children's protection, based on the principle that all children have a right to be protected (2010).[41] All four nations have generic safeguarding guidelines for all children and stress that the safeguarding of disabled children is essentially the same as for non-disabled children, although they do recognise the particular vulnerability of disabled children to abuse.[42]

Specific supplementary guidance in England, *Safeguarding Disabled Children: A Resource for Local Safeguarding Children Boards* (DCSF, 2009),[43] further supports the protection of disabled children, as does the *National Guidance for Child Protection in Scotland*, which devotes specific attention to disabled children (2010).[44] They highlight the need for increased awareness and empowerment of disabled children and young people to make their wishes and feelings known and stress the need for: awareness-raising; inter-agency working; improved communication with disabled children and young people; and improved monitoring and recording systems.

Despite some recognition within the child protection guidance, the particular vulnerabilities and needs of disabled young people are not always recognised within policy. For example, it is noted that there is a lack of statutory guidance concerning disabled children and young people in residential special schools or healthcare settings for 52-week provision. Stuart and Baines highlight that disabled children still remain vulnerable in health settings and residential schools because education and health authorities fail to notify local authorities when a child is placed there (2004).[45] Likewise, independent special schools are not required to have a governing body to provide external oversight. In addition, the most recent review of child protection services in England and Wales, the *Munro Review of Child Protection* (2011),[46] makes many recommendations for change, makes no reference to disabled children and young people.

37 http://wales.gov.uk/docs/dhss/publications/policy/110107guidanceen.pdf, accessed 8 May 2014.
38 Ibid.
39 wales.gov.uk/docs/dhss/publications/policy/110107guidanceen.pdf, accessed 8 May 2014.
40 The SERAF framework and approach to assessment was originally developed and used by Barnardo's Cymru, but was then endorsed and rolled out across Wales as a way for all professionals to make initial assessments of potential risk of CSE for an individual young person. http://www.awcpp.org.uk/wp-content/uploads/2014/03/CSE-Protocol-Review-FINAL-REVISION-October-2013.pdf, accessed 8 May 2015.
41 Stalker, K; Lister, P; Lerpiniere, J; McArthur, K (2010) *Child protection and the needs and rights of disabled children and young people: A scoping study.* University of Strathclyde, Glasgow.
42 In England, this is *Working together to safeguard children (HM Government, 2010), in Wales Safeguarding children: Working together under the Children Act 2004* (Welsh Assembly Government, 2006), in Northern Ireland *Co-operating to safeguard children* (Department of Health, Social Services and Public Safety, 2003) and in Scotland *National guidance for child protection in Scotland* (The Scottish Government, 2010).
43 Department for Children, Schools and Families (2009) *Safeguarding disabled children: A resource for Local Safeguarding Children Boards.* DCSF, London.
44 The Scottish Government (2010) N*ational guidance for child protection in Scotland.* The Scottish Government, Edinburgh.

3.2 Background literature

This section explores the currently available literature to set this study in context.

3.2.1 The vulnerability of young people with learning disabilities to CSE

A small number of research studies carried out in the UK report that young people with learning disabilities or difficulties constitute a significant minority of sexually exploited young people (Brodie and Pearce, 2012;[47] Smeaton, 2009[48]) and that young people with learning disabilities or difficulties are at increased risk of CSE (Beckett, 2011;[49] Smeaton, 2013[50]). The Office of the Children's Commissioner for England (OCCE)'s final report concerning CSE in gangs and groups[51] identifies how learning disabilities are a typical vulnerability in a child prior to abuse. A research report on the internal trafficking of young people

45 Stuart, M; Baines, C (2004) *Progress on safeguards for children living away from home.* Joseph Rowntree Foundation, York.
46 Munro, E (2011) *The Munro review of child protection: Final report. A child-centred system*. The Stationery Office, London.
47 Brodie, I; Pearce, J (2012) *Exploring the scale and nature of child sexual exploitation in Scotland.* http://www.scotland.gov.uk/Resource/0040/00404853.pdf, accessed 4 May 2015.
48 Smeaton, E (2009) *Off the radar: Children and young people living on the streets in the UK.* Railway Children, Sandbach.
49 Beckett, H (2011) *Not a world away: The sexual exploitation of children and young people in Northern Ireland.* Barnardo's, Northern Ireland.
50 Smeaton, E (2013) *Running from hate to what you think is love: The relationship between running away and child sexual exploitation*. Barnardo's, London.
51 Berelowitz, S; Clifton, J; Firmin, C; Gulyurtlu, S; Edwards, G (2013) *"If only someone had listened": The Office of the Children's Commissioner's inquiry into child sexual exploitation in gangs and groups.* http://www.childrenscommissioner.gov.uk/content/publications/content_743, accessed 4 May 2015.

at risk of sexual exploitation in Cumbria and the North East[52] identifies that learning difficulties are one of a number of factors that contribute to a young person's vulnerability.

Evidence from generic studies on the abuse of disabled children suggests that the increased vulnerability of disabled children and young people is linked to:

- non-disclosure of abuse and the reactions of professionals to the child, if they disclose, including disbelief
- a reluctance to challenge parents and carers
- services and support not being child-centred
- communication needs and/or communication needs not being met
- a lack of sex and relationships education and awareness of abuse
- disempowerment of disabled young people and their lack of 'voice' (National Working Group on Child Protection and Disability, 2003;[53] Davies, 2013;[54] Miller and Brown, 2014;[55] Taylor et al, 2014;[56] Taylor et al, 2015[57]).

3.2.2 Disclosure and recognition of the abuse of disabled children and young people

From the limited data available, it is known that there are a number of issues that may act as a barrier to disabled children reporting abuse, to the identification of abuse towards disabled children, and to the creation of an effective child protection response. Several reports identify a lack of effective sex and relationships education for disabled children, including those with learning disabilities, as well as a dearth of personal safety skills education (Suter et al, 2009;[58] Blake and Muttock, 2004;[59] National Working Group on Child Protection and Disability, 2003[60]).

Studies also show that disabled children and young people are less likely to recognise abuse and disclose abuse, and more likely to delay disclosure, than

52 Cavener, J (2010) *Sexual exploitation: 'Internal trafficking' of children and young people at risk in the North East and Cumbria*. http://www.nr-foundation.org.uk/downloads/Sexual-Exploitation-Internal-Trafficking.pdf, accessed 2 August 2015.
53 National Working Group on Child Protection and Disability (2003) *"It doesn't happen to disabled children": Child protection and disabled children*. NSPCC, London.
54 Davies, M (2013) *Sexual abuse and exploitation: The experience of people with learning disabilities*. Mencap, Brook and FPA, London.
55 Miller, D; Brown, J (2014) *"We have a right to be safe": Protecting disabled children from abuse.* NSPCC, London.
56 Taylor, J; Stalker, K; Fry, D; Stewart, ABR (2014) *Disabled children and child protection in Scotland: An investigation into the relationship between professional practice, child protection and disability*. Scottish Government Social Research, Edinburgh.
57 Taylor, J; Cameron, A; Jones, C; Franklin, A; Stalker, K; Fry, D (2015) *Deaf and disabled children talking about child protection*. University of Edinburgh NSPCC Child Protection Research Centre. http://www.nspcc.org.uk/services-and-resources/research-and-resources/deaf-disabled-children-talking-about-child-protection/, accessed 3 August 2015.
58 Suter, S; McCracken, W; Calam, R (2009) Sex and relationships education: Potential and challenges perceived by teachers of the deaf. *Deafness and Education International,* Vol 11(4), pp 211–220.
59 Blake, S; Muttock, S (2004) *PSHE and citizenship for children and young people with special needs: An agenda for action.* National Children's Bureau, London.
60 Ibid.

their non-disabled peers (Hershkowitz, 2007).[61] Attitudes and assumptions about disabled children can disempower them and affect their confidence and self-esteem (Sobsey, 1994;[62] Briggs, 2006[63]), which can have multiple implications for safeguarding and protecting children from sexually exploitative situations.

Research in the UK, Norway, Israel and Turkey shows that the abuse of disabled young people often goes undetected and/or unreported (Morris, 1999;[64] Cooke and Standen, 2002;[65] Kvam, 2004;[66] Hershkowitz et al, 2007;[67] Akbas et al, 2009;[68] Taylor et al, 2015[69]), and evidence suggests that where concerns are reported, these children will receive fewer interventions and are less protected than others. It is still the case that there is a reluctance to believe that disabled young people are abused and, indeed, sexually exploited (Marchant, 1991;[70] Westcott and Cross, 1996;[71] National Working Group on Child Protection and Disability, 2003[72]). It must also be recognised that a young person's impairment can mask a child protection concern (Murray and Osborne, 2009;[73] Ofsted, 2009[74]) and that professionals are more likely to attribute factors relating to abuse to the impairment of the individual, which results in fewer cases being identified and disabled children less protected (National Working Group on Child Protection and Disability 2003;[75] Hoong Sin et al, 2009;[76] Manders and Stoneman, 2009[77]).

61 Hershkowitz, I; Lamb, ME; Horowitz, D (2007) Victimization of children with disabilities. *American Journal of Orthopsychiatry*, Vol 77(4), pp 629–635.
62 Sobsey, D (1994) *Violence and abuse in the lives of people with disabilities: The end of silent acceptance?* Paul H Brookes Publishing Company, Baltimore, MD.
63 Briggs F (2006) Safety issues in the lives of children with learning disabilities. *Social Policy Journal of New Zealand,* Vol 29, pp 43–59.
64 Morris, J (1999) Disabled children, child protection systems and the Children Act 1989. *Child Abuse Review,* Vol 8, pp 91–108.
65 Cooke, P; Standen, PJ (2002) Abuse and disabled children: Hidden needs...? *Child Abuse Review,* Vol 11, pp 1–18.
66 Kvam, MH (2004) Sexual abuse of deaf children: A retrospective analysis of the prevalence and characteristics of childhood sexual abuse among deaf adults in Norway. *Child Abuse & Neglect*, Vol 28, pp 241–251.
67 Hershkowitz, I; Lamb, ME; Horowitz, D (2007) Victimization of children with disabilities. *American Journal of Orthopsychiatry,* Vol 77(4), pp 629–635.
68 Akbas et al (2009) Characteristics of sexual abuse in a sample of Turkish children with and without mental retardation, referred for legal appraisal of the psychological repercussions. *Sexuality and Disability*, Vol 27, pp 205–213.
69 Taylor, J; Cameron, A; Jones, C; Franklin, A; Stalker, K (2015) *Deaf and disabled children talking about child protection.* NSPCC, Edinburgh.
70 Marchant, R (1991) Myths and facts about sexual abuse and children with disabilities. *Child Abuse Review*, Vol 5(2), pp 22–24.
71 Westcott, H; Cross, M (1996) *This far and no further: Towards ending the abuse of disabled children.* Venture Press, Birmingham.
72 National Working Group on Child Protection and Disability (2003) *"It doesn't happen to disabled children": Child protection and disabled children*. NSPCC, London.
73 Murray, M; Osborne, C (2009) *Safeguarding disabled children: Practice guidelines.* The Children's Group, London.
74 Ofsted (2009) *Learning lessons from serious case reviews: Year 2.* London, Oxford.
75 Ibid.
76 Hoong Sin et al (2009) *Disabled people's experiences of targeted violence and hostility.* Equality and Human Rights Commission, Manchester.
77 Manders, JE; Stoneman, Z (2009) Children with disabilities in the child protection services system: An analog study of investigation and case management. *Child Abuse & Neglect,* Vol 33(4), pp 229–237.

3.2.3 Prevalence rates of the sexual exploitation of young people with learning disabilities

Given the known barriers to identifying the abuse of disabled children generally, it is not surprising that there are challenges in identifying CSE and difficulties with measuring its prevalence (Brodie and Pearce, 2012).[78] These challenges include: the majority of sexually exploited young people being hidden from public view and encouraged by perpetrators to be secretive about their meetings and activities; young people not identifying as being sexually exploited and therefore not seeking support; and professionals' lack of awareness of the indicators of CSE leading to lack of recognition and recording of sexual exploitation at a local level. Different local assessment processes can also exacerbate the difficulties in estimating the extent of CSE. As noted by the Child Exploitation and Online Protection Centre (CEOP), the lack of a single system for LSCBs to record and monitor CSE significantly undermines the possibility of building a national picture of the extent of CSE.[79]

There is limited statistical evidence on the prevalence of CSE in the UK. On one date in 2011, 1,065 sexually exploited young people were identified as receiving a service within nine areas of England (Jago et al, 2011).[80] The OCCE inquiry into CSE in gangs and groups (Berelowitz et al, 2012)[81] reports that there were 2,409 confirmed victims of CSE in either gangs or groups during a 14-month period from 2010 to 2011 and that a further 16,500 young people were at risk of CSE.

Four research studies carried out in England highlight within their samples numbers of young people with learning disabilities or difficulties who experience CSE. A 2002 study (Pearce et al)[82] focusing on young women's experiences of sexual exploitation reports that of 55 young women, three had diagnosed learning difficulties. Jago et al (2011)[83] report that of 1,065 cases of identified sexual exploitation of young people, 95 (14 per cent) involved someone who had a learning difficulty. A 2013 study addressing the relationship between running away and CSE (Smeaton, 2013)[84] notes that of the 41 young people who participated in the research, 17 self-defined as having some form of learning disability or difficulty, behavioural difficulty or autistic spectrum condition (ASC). Nine of the children and young people described themselves as having a Statement of Special Educational Needs. Qualitative research involving 103 young people who became detached from parents or carers for four weeks or more (Smeaton, 2009)[85] reports that eight young people, self-defined as having some form of learning disability, experienced sexual exploitation while living rough on the streets.

The invisibility of disabled children and young people within prevalence studies of abuse generally is common. In addition, disabled children are often treated as one homogenous group, making it difficult to establish accurately the prevalence of abuse of children with learning disabilities specifically. However, research has found that disabled children are more likely to be abused than their non-disabled peers. A meta-analysis of 17 studies of violence against disabled children and young people (representing over 18,000 individuals) illustrates that this group is between three and four times more likely to experience violence than non-disabled children (Jones et al, 2012).[86] For sexual violence, estimates of prevalence are 8–9 per cent; however, when examining the prevalence of sexual violence in children with mental or intellectual disabilities specifically, the figure rises to 15 per cent. Prior to this, Sullivan and Knutson (2000)[87] was the most cited prevalence study. This research examined case records for over 50,000 young people aged 0–21 in Nebraska, USA, and found that disabled children and young people are 3.4 times more likely to be abused than their non-disabled peers.

In general, the quality and quantity of information on the abuse and protection of disabled children in the UK is poor (Cooke and Standen, 2002).[88] The most recent review of the literature, undertaken by Stalker and McArthur (2012),[89] reports that young people with communication needs, learning disabilities, behavioural disorders and sensory impairments are more likely to experience higher levels of neglect and violence.

3.2.4 Learning from research on child protection responses to disabled children

Reports show that some social workers have a limited understanding of disability and special educational needs (Joint Chief Inspectors' Report, 2005;[90]

78 Brodie, I; Pearce, J (2012) *Exploring the scale and nature of child sexual exploitation in Scotland*. Scottish Government, Edinburgh.
79 Child Exploitation and Online Protection Centre (2011) *Out of mind, out of sight: Breaking down the barriers to understanding child sexual exploitation*. Child Exploitation and Online Protection Centre, London.
80 Jago, S; Arocha, L; Brodie, I; Melrose, M; Pearce, J; Warrington, C (2011) *What's going on to safeguard children and young people from sexual exploitation? How local partnerships respond to child sexual exploitation.* University of Bedfordshire, Luton.
81 Berelowitz, S; Firmin, C; Edwards, G; Gulyurtlu, S (2012) *"I thought I was the only one in the world": The Office of the Children's Commissioner's inquiry into child sexual exploitation in gangs and groups Interim Report.* http://www.childrenscommissioner.gov.uk/force_download.php?fp=%2Fclient_assets%2Fcp%2Fadditional_promo%2F30%2Fl_-_CSEGG_Inquiry_Interim_Report_-_November_2012.pdf, accessed 7 May 2015.
82 Pearce, J; Williams, M; Galvin, C (2002) *It's someone taking a part of you: A study of young women and sexual exploitation.* National Children's Bureau, London.
83 Jago, S; Arocha, L; Brodie, I; Melrose, M; Pearce, J; Warrington, C (2011) *What's going on to safeguard children and young people from sexual exploitation? How local partnerships respond to child sexual exploitation*. University of Bedfordshire, Luton.
84 Smeaton, E (2013) *Running from hate to what you think is love: The relationship between running away and child sexual exploitation*. Barnardo's, London.
85 Smeaton, E (2009) *Off the radar: Children and young people living on the streets in the UK.* Railway Children, Sandbach.
86 Jones, L et al (2012) Prevalence and risk of violence against children with disabilities: A systematic review and meta-analysis of observational studies. *The Lancet*, Vol 380(9845), pp 899–907.
87 Sullivan, PM; Knutson, JF (2000) Maltreatment and disabilities: A population-based epidemiological study. *Child Abuse & Neglect,* Vol 24(10), pp 1257–1273.
88 Cooke, P; Standen, PJ (2002) Abuse and disabled children: Hidden needs...? *Child Abuse Review*, Vol 11, pp 1–18.
89 Stalker, K; McArthur, K (2012) Child abuse, child protection and disabled children: A review of recent research. *Child Abuse Review*, Vol 21(1), pp 24–40.
90 HM Government (2005) *Safeguarding children: The second joint chief inspectors' report on arrangements to safeguard children.* HM Government, London.

Ofsted, 2009[91]). Taylor et al identified that understanding different types of impairment and associated support needs plays a vital role in the assessment of risk and in terms of interventions, yet often professionals 'muddled through' and lacked confidence in working with disabled children (2014).[92]

In addition, staff in specialist disability services are not always adequately trained to identify and manage child protection concerns, and poor communication between services leads to gaps in the safeguarding of these young people (Joint Chief Inspectors' Report, 2005;[93] Ofsted, 2009[94]). Taylor et al note that more training and guidance in the area of child protection and disability is needed – including, as above, that child protection training is needed for disability teams, but also that disability training is required for child protection professionals (2014).[95]

Other recent evidence, provided through a thematic review of safeguarding disabled children undertaken by Ofsted in 2012, highlights the persistence of some of these issues. Ofsted reports that work is not always coordinated and that child protection plans often lack detail and/or focus on outcomes. It also notes delays in identifying thresholds for child protection concerns and the fact that assessments do not consistently identify and analyse key risk factors, leading to delays in support.[96]

Taylor et al (2014)[97] highlight how the diagnostic system for assessing significant risk may also be broader and less accurate for disabled children than their non-disabled peers. This Scottish study with practitioners highlights a number of reasons for this, including that: disabled children are more dependent on support from parents and carers, and their increased vulnerability as a result; increased parental stress and complex family environments; multiple carers; and care in different settings.

3.2.5 The importance of listening to disabled children and young people

Evidence also shows that safeguarding interventions can fail significantly when disabled young people are not listened to and the barriers they face to communicating are not addressed. Working with children with communication impairments is seen as particularly challenging by practitioners (Stalker et al, 2010;[98] Taylor et al, 2014[99]). This is a common theme in the literature, which identifies that the views of many disabled young people are not heard because there is not enough attention given to overcoming communication, sensory and/or learning barriers. Many children who face these barriers are identified as not having sufficient opportunities to express their views or concerns (Second Joint Chief Inspectors' Report, 2005;[100] Ofsted, 2012[101]). In addition, the views of disabled young people remain often unexplored in research about child protection. The few exceptions to this include a study, published by the Office of the Children's Commissioner for England, which sought the views of 26 children, of whom three had a learning disability or learning difficulty (Cossar et al, 2011).[102] Most recently, research funded by the NSPCC examined, for the first time in the UK, disabled young people's views of the child protection system across the UK. This study identifies the range of barriers disabled children face in accessing appropriate responses and support, and illustrates that the abuse of disabled children is underreported and often hidden, and that a range of myths and stereotypes surround the abuse they experience. It highlights that disabled children often make clear disclosures of abuse – often multiple disclosures – without being heard, and attempt to communicate their distress and seek help through challenging internalising and externalising behaviours. However, these expressions of distress are often assumed to be related to a child's impairment rather than an indication of abuse (Taylor et al, 2015).[103]

Given the lack of generic UK evidence on the abuse of disabled children and young people, it is perhaps not surprising that there is little research on child sexual exploitation and young people with learning disabilities. The limited evidence that does exist is explored below.

3.2.6 Specific learning relating to young people with learning disabilities who experience, or are at risk of, CSE

Although very limited in nature, there is some research and literature relating to young people with learning disabilities who experience, or are at risk of, CSE, which can provide some evidence to support policy and practice.

Definitional issues relating to the terms 'learning difficulties', 'learning disabilities' and 'Special Educational Needs'

Rochdale Borough Safeguarding Children Board's Serious Case Review (2013)[104] focuses on six young people who were sexually exploited for a

91 Ofsted (2009) *Learning lessons from serious case reviews: Year 2*. London, Oxford.
92 Taylor et al (2014) *Disabled children and child protection in Scotland: An investigation into the relationship between professional practice, child protection and disability*. The Scottish Government, Edinburgh.
93 HM Government (2005) *Safeguarding children: The second joint chief inspectors' report on arrangements to safeguard children*. HM Government, London.
94 Ofsted (2009) *Learning lessons from serious case reviews: Year 2*. Manchester.
95 Taylor, J; Stalker, K; Fry, D; Stewart, ABR (2014) *Disabled children and child protection in Scotland: An investigation into the relationship between professional practice, child protection and disability*. Scottish Government Social Research, Edinburgh.
96 Ofsted (2012) *Protecting disabled children: Thematic inspection*. Ofsted, Manchester. https://www.gov.uk/government/publications/protecting-disabled-children-thematic-inspection, accessed 3
97 Ibid.
98 Stalker, K; McArthur, K (2012) Child abuse, child protection and disabled children: A review of recent research. *Child Abuse Review*, Vol 21(1), pp 24–40.
99 Ibid.
100 HM Government (2005) *Safeguarding children: The second joint chief inspectors' report on arrangements to safeguard children*. HM Government, London.
101 Ofsted (2012) *Protecting disabled children: Thematic inspection*. Ofsted, Manchester. https://www.gov.uk/government/publications/protecting-disabled-children-thematic-inspection, accessed 3
102 Cossar et al (2011) *"Don't make assumptions": Children and young people's views of the child protection system and messages for change*. Office of the Children's Commissioner, London.
103 Taylor, J; Cameron, A; Jones, C; Franklin, A; Stalker, K (2015) *Deaf and disabled children talking about child protection*. NSPCC, Edinburgh.
104 http://www.rochdaleonline.co.uk/uploads/f1/news/document/20131220_93449.pdf, accessed 7 May 2015.

prolonged period of time. Five of them are identified as having learning disabilities or difficulties. The Serious Case Review notes how the terms 'learning difficulties', 'learning disabilities' and 'Special Educational Needs' have particular definitions within certain contexts, particularly within health and education policy, and that their interchangeable and less precise use can lead to misunderstanding of what is intended. Alongside the frequent lack of clarity about terminology and how agencies and individuals use terminology, there is also a lack of clarity in relation to what the terminology means in relation to young people's lives and their ability to work with agencies. The Serious Case Review describes how some agencies, particularly health, noted one young person's learning difficulty, but that there was little evidence that this recognition of a learning disability had an impact on how agencies intervened, or how they assessed the young person's capacity to consent to sexual activity. This resulted in a failure to consider the young person's needs in service responses. The Serious Case Review recommends that children's services CSE training includes awareness that learning difficulties and disabilities can be a contributory factor in a young person's vulnerability, and that this is included at an early stage of assessment of need and risk.

Raising young people's awareness of CSE in educational settings

Barnardo's practice briefing to support local authorities to develop effective responses to tackle CSE (Paskell, 2012)[105] stresses the importance of raising awareness about CSE with young people in all educational settings, including special school provision, through tailored information about risks and safety strategies. The need for educational methods with young people with learning disabilities or difficulties to be adapted and delivered to meet their individual needs is reinforced by a 2013 consultation with health professionals (Kirtley, 2013).[106]

The importance of assessment and diagnosis of learning disabilities to meet the needs of young people who experience, or are at risk of, CSE

Rochdale Borough Safeguarding Children Board's Serious Case Review[107] states that the starting point in response to the five young people with learning disabilities or learning difficulties who, along with a sixth young person, were the subject of the review, should have been diagnostic and functional assessment of the young people's learning difficulties, as this would have enabled services to both better understand the young people's needs and facilitate access to specialist services. In relation to one of the five young people with learning difficulties, a psychological assessment described the individual as having moderate to significant learning difficulties and stated that their school should have requested a Statement of Special Educational Needs, and that, if there was no such assessment, the education system had failed the young person.

In addition, the Serious Case Review raises concerns about the lack of information from children's social care that showed whether or not the psychological assessment mentioned above affected how the agency planned its work with the young person or whether this information was shared with other agencies.

Professionals' lack of understanding of learning disabilities or learning difficulties

Rochdale Borough Safeguarding Children Board's Serious Case Review[108] also draws attention to how professionals may lack understanding of learning disabilities or difficulties. For example, a social worker had assured another agency that a young person with moderate to significant learning difficulties had no learning difficulty, which the Serious Case Review describes as raising concern about the professional's knowledge base. The review states how professionals' approach to work with the young people started from a very particular adult context, which viewed the young people as being able to have an understanding of their complex situations. It reveals how a social worker's responses to one young person indicated a significant lack of understanding and analysis of the implications of the individual's learning difficulties.

CSE and boys and young men with learning disabilities

According to a scoping study exploring the sexual exploitation of boys and young men, professionals reported that, of those young people they work with, more males than females present with disabilities, particularly autism and attention deficit hyperactivity disorder (ADHD) (McNaughton Nichols et al, 2014).[109] This finding is supported by comparative analysis of Barnardo's service users, which reveals that 35 per cent of boys and young men are identified as disabled, in comparison with 13 per cent of girls and young women. Boys and young men are more commonly reported to have learning disabilities, behaviour-based disabilities and ASC (Cockbain et al, 2014).[110]

Evaluation of a voluntary sector specialist CSE project (Smeaton, 2014)[111] notes that the majority of males who were referred to the project had a diagnosis of ADHD. In addition to a range of other needs, young people with ADHD and their families required a specific response to address the increased feelings of isolation and increased impulsive behaviour.

105 Paskell, C (2012) *Tackling child sexual exploitation: Helping local authorities to develop effective responses*. http://www.barnardos.org.uk/tackling_child_sexual_exploitation.pdf, accessed 8 May 2014.
106 Kirtley, P (2013) *"If you shine a light you will probably find it": Report of a grass roots survey of health professionals with regard to their experiences in dealing with child sexual exploitation* http://www.nwgnetwork.org/, accessed 7 May 2015.
107 http://www.rochdaleonline.co.uk/uploads/f1/news/document/20131220_93449.pdf, accessed 7 May 2015.
108 Ibid.
109 McNaughton Nichols, C; Harvey, S; Paskell, C (2014) *Gendered perceptions: What professionals know about the sexual exploitation of boys and young men in the UK*. Barnardo's, London.
110 Cockbain, E; Brayley, H; Ashby, M (2014) *Not just a girl thing: A large-scale comparison of male and female users of child sexual exploitation services in the UK*. Barnardo's, London.
111 Smeaton, E (2014) *'Keep doing what you're doing': Evaluation findings of Checkpoint's sexual exploitation Live Freely project*. Unpublished report.

Smeaton (2013)[112] reports that specialist CSE projects often receive referrals relating to boys and young men with ASC where there are concerns about their sexual health and sexual behaviour, rather than concerns that they are being sexually exploited. Professionals surmised that this may be due to the lack of service provision to meet the needs of these young people and a panic response to the young person.

Additional learning relating to the sexual exploitation of young people with learning disabilities

A study exploring the relationship between running away and CSE (Smeaton, 2013)[113] provides the following learning about young people with learning disabilities who experience CSE:

- Young people with a learning disability or difficulty are particularly vulnerable to being encouraged to run away so that they can be sexually exploited.
- Lack of awareness of online risks is particularly pertinent to young people with learning disabilities or difficulties.
- There are added complexities in working with this group of young people to develop their awareness of risk.
- Young people with learning disabilities who have parents or carers with learning disabilities are particularly at risk, as families may be targeted by exploitative adults and not always able to recognise risk.
- Professionals can find it difficult to fully understand the nature of a learning disability or difficulty.
- Professionals can find it difficult to ascertain whether a young person has a learning disability or difficulty, or whether their development is delayed because of trauma and abuse.
- Specialist CSE professionals with expertise in learning disabilities can help to achieve positive outcomes with young people to reduce their risk of CSE.

Identified gaps in evidence-based learning on CSE and young people with learning disabilities

Smeaton (2013)[114] identifies a gap in knowledge relating to work with young people with learning disabilities or difficulties who experience both running away and CSE, and recommends that practice in this area should be collated to provide evidence of 'what works'. Findings from the 2013 consultation

112 Smeaton, E (2013) *Running from hate to what you think is love: The relationship between running away and child sexual exploitation*. Barnardo's, London.
113 Ibid.
114 Ibid.

with health professionals (Kirtley, 2013)[115] also identify the need for further work to be carried out in relation to young people with learning disabilities and learning difficulties, noting a particular need to focus on ASC, especially in relation to girls and young women, and looked-after children with learning disabilities.

3.3 Issues highlighted by the policy and research literature review

In conclusion, the policy and research literature review identified the following:

- There is a general lack of learning and knowledge relating to meeting the needs of children and young people with learning disabilities who experience, or are at risk of, CSE.
- There is a lack of statistical evidence and recording of data of young people with learning disabilities who experience, or are at risk of, CSE.
- Key policy documents addressing the sexual exploitation of children and young people make some reference to children and young people with learning disabilities. Policy of each of the four nations recognises the vulnerability of children and young people with learning disabilities to sexual exploitation. To add to this general recognition of their increased vulnerability: English policy identifies the need for service provision to meet the needs of this group of children and young people; the Scottish inquiry into CSE in Scotland explicitly states the gap in knowledge in relation to sexual exploitation and children and young people with learning disabilities; and Welsh policy states the importance of noting any history of or current CSE, when a young person makes the transition to adults' services.
- There is a distinct lack of acknowledgement of children and young people with learning disabilities in international research addressing CSE.
- There is interchangeable use of the terms 'learning disabilities', 'learning difficulties', 'special needs' and 'intellectual impairments'. Definitional issues that stem from a lack of understanding of these terms and interchangeable use of these terms are noted as impacting on protecting these children.
- From research evidence on the abuse of disabled children, it can be identified that young people with learning disabilities are more at risk and are vulnerable to exploitation in general.
- There are identified issues around disclosure of abuse by disabled children, and issues around the identification of abuse by professionals. Specifically concerning CSE, there is evidence that professionals do not always identify the indicators.

115 Kirtley, P (2013) *"If you shine a light you will probably find it": Report of a grass roots survey of health professionals with regard to their experiences in dealing with child sexual exploitation* http://www.nwgnetwork.org/, accessed 7 May 2015.

- There is a recognised need to empower young people with learning disabilities, so that they can recognise exploitation in general and disclose abuse, but there also needs to be more preventative work through education, raising awareness of CSE and safety skills development.
- There is a lack of evidence gathered directly from young people with learning disabilities who have experienced, or who are at risk of, sexual exploitation. Their views can assist in identifying the most effective ways to protect this group, and assess the strengths and weaknesses of provision to identify CSE and provide suitable support.

4

Findings from the research

This section of the report sets out the findings of the research. The data is presented in the following sections:

- Factors that contribute to increasing the vulnerability of young people with learning disabilities to child sexual exploitation (CSE)
- Actions to reduce the vulnerability of young people with learning disabilities to CSE through training, increased knowledge and awareness
- National and local responses to young people with learning disabilities who experience, or are at risk of, CSE
- Multi-agency responses
- Collection and sharing of information relating to CSE and young people with learning disabilities
- Identifying young people with learning disabilities who experience, or are at risk of, CSE
- The work of key agencies in relation to the sexual exploitation of this group of young people
- Referrals of young people with learning disabilities and young people's experiences of this process
- Issues around the identification, diagnosis and assessment of learning disabilities
- Concerns around diversity issues
- Young people's experiences of disclosing CSE
- Outcomes achieved through specialist CSE service provision
- Evidence of the needs of young people with learning disabilities not being met
- Young people with learning disabilities' suggested solutions to meeting the needs of those affected by CSE.

4.1 Factors that contribute to increasing the vulnerability of young people with learning disabilities

As described in the overview of the literature, there is evidence to suggest that young people with learning disabilities are more vulnerable to CSE than their non-disabled peers. Professionals who contributed to this research affirmed that this was also their experience. The reasons for this are multifaceted and complex. All of the following contributing elements were identified within the data:

- Impairment-related factors, including capacity to consent to sexual activity, difficulties associated with being able to recognise exploitation or risk, impulsive behaviours and needs associated with a different understanding of social cues, interaction and communication
- Societal treatment of young people with learning disabilities, including overprotection, disempowerment, isolation and not seeing them as sexual beings, leading to little attention being given to informing them about healthy sexual relationships
- A lack of knowledge, understanding and awareness of the sexual exploitation of young people with learning disabilities among professionals, parents and carers, and the wider community
- A lack of identification of learning disabilities, and focus being placed on behavioural issues at the expense of identifying exploitation or learning needs
- A lack of understanding of capacity to consent and of the abilities of professionals to assess this
- The lack of training received by professionals concerning CSE and learning disabilities
- The low priority generally given to young people with learning disabilities by service providers and policymakers.

These areas are explored in more detail below:

4.1.1 Impairment-related vulnerability

Professionals who participated in interviews highlighted how the nature of some impairments can make some young people more at risk of sexual exploitation than their non-disabled peers. The lack of acknowledgement of this, and the failure to provide adequate and accessible support, means that these young people are not always protected from CSE. It was recognised that it is important to not treat all young people the same just because they share an impairment label. The spectrum of learning disabilities and autistic spectrum conditions (ASC) for example, means that young people can have different needs and experience the world in very different ways. The following experience of a young person provides an illustration of some of the vulnerabilities faced by some young people with ASC because of their understanding of the social world, social cues and social interaction. This pen picture also shows how a perpetrator of CSE can specifically use a young person's impairment to exploit them:

Pen picture 1

Tom, aged 15, was sexually exploited by an older male who groomed him via Facebook. The older male told Tom that he loved him and wanted to be his boyfriend. He also told him that he was 18, when he was actually 37. Tom explained that, because of his autism, he found it particularly challenging to understand why someone would lie to him and say something they did not mean:

> 'He said he loved me and wanted to be my boyfriend. Why would he say those things if he didn't mean them? I wanted a boyfriend so why would I not have someone as my boyfriend who said he wanted to be my boyfriend?'

Tom said he did not tell his social worker, or any other professionals, that he was having a sexual relationship with an older male because no one asked him. When asked whether he would have told his social worker if she had asked him, Tom said he did not know because his older boyfriend had told him that he must not tell anyone about their relationship as Tom would get into trouble:

> 'He said it was a secret... He said that lots of people thought that people with autism shouldn't have boyfriends or girlfriends and that they would be angry with me if they knew I had a boyfriend.'

Professionals described how some young people with learning disabilities find it hard to understand abstract concepts when learning about intimate relationships:

> 'The concepts we work with around understanding "healthy relationships" and "abuse", they're really difficult to understand – "friendship", "love", concepts of "strangers" [...], concepts of people lying: they're all really difficult.'

James's situation provides an example of this:

Pen picture 2

James is 16 and has a complex learning disability and very little experience of being independent and spending time with other teenagers away from his home. He has been assessed as being generally at risk of exploitation, including sexual exploitation. His project worker stated that he has no concept of money and that they were working on how to keep safe in the community and when using public transport. James is also very isolated and trusting and wants everyone to be his friend. He needs continuous reassurance and to repeat things constantly so that he can remember.

Some professionals also highlighted the additional vulnerability factors for some young people with learning disabilities who spend time away from their family in residential and short break facilities, explaining that little is known about how this group of young people is being protected.

4.1.2 Understanding of capacity to consent and the abilities of professionals to assess this

The issue of assessing the capacity of young people with learning disabilities to consent to sex was raised by a number of CSE professionals across the UK and was recognised as requiring urgent consideration across agencies.

Specialist CSE professionals described concerns around how agencies were responding to young people with learning disabilities who had reached the age of 18. Professionals were concerned that these young people would not be identified as vulnerable adults or adequately protected by adults' services – if they met the threshold for adult disability services:

> 'In terms of child sexual exploitation, this young person may be at a biological age of 18 but is operating at the age of eight, and therefore protective mechanisms need to be put in place for her. [...] In terms of sexual exploitation, are professionals going to take the line: "Well, she's 18 and, in respect of that, nothing can be done," or is she going to be seen as a vulnerable young person and needing to be protected because the legislation for CSE is up to the age of 18? I see the capacity and assessing capacity as a massive loophole.'

Interviewees raised concerns about practitioners' abilities to assess young people's capacity to consent, especially if they had little understanding of CSE and/or learning disabilities:

> 'The way [social care workers]have looked at capacity is to sit down with him and ask him questions like: "Do you know what sex is? Do you know how to have sex? Do you know how to have safe sex with someone?" And [the young person] has said all the right things [in answer to those questions] and [social care] said he has capacity but [...] what he is doing is saying the right things but if he doesn't act on what he is saying, which he doesn't, then he doesn't have capacity. There's been many times when [the young person] has said [in answer to the following questions]: "Do you know what sex is?" "Yeah." "Who would you do it with?" "Someone my own age." "How would you do it?" "With a condom." And then less than a week later he goes and has sex with a 50-year-old bloke without a condom. So that makes me wonder if the capacity assessment is effective.'

Some respondents felt that lack of capacity should be used to disrupt CSE, especially where there are concerns about a young person over the age of 16 who lacks capacity to consent:

> 'There's a law there that states that if someone is deemed not to have capacity, there is something you can do. The perpetrator may think: "This young

person is 16 now and I can do what I want," but if work has been done when the young person is 14 or 15 to assess the young person's capacity, actually, when they get to 16, it may be that they are deemed not to have capacity and that perpetrator can be arrested.'

4.1.3 Overprotection of young people with learning disabilities

Professionals spoke at length about how young people with learning disabilities can be overprotected and not given opportunities to learn, develop and take risks in the same way as their non-disabled peers. Examples of this included how young people's experiences of the world can be confined to a door-to-door taxi or bus service to and from a special school. In relation to the increased potential for vulnerability to sexual exploitation, one example that interviewees gave was how young people with learning disabilities may feel that they need to keep relationships secret:

'They've often not been allowed to have experiences that other young people often have, so they may have to keep secrets because they do enjoy risk-taking behaviour or flirting, for example.'

A few of the young people interviewed explained that they had led very sheltered lives and this had not adequately prepared them for adulthood, as Ellie's experiences reveal:

Pen picture 3

Ellie is now 23. She has a learning disability and describes herself as naïve and impulsive. Ellie is in a loving, happy relationship, but experienced sexual exploitation shortly after moving into supported living accommodation.

Ellie described how, because of a medical condition, her special school insisted that her mum had to pick her up and drop her off every day and that she must not step outside the gate even if she could see her mum coming down the street. Ellie had little opportunity for socialising and was not prepared for adult life and for moving into supported living accommodation. She thought the man she met at her new home was her boyfriend, but he was controlling and isolated her from her family.

In line with Ellie's experience, professionals also identified a lack of preparation for adulthood and independent living as an issue:

'It's not that we want to chuck young people with learning disabilities out into the real world when they're 18, but there's something about when they're 14, 15, 16, 17... we need to be preparing them for it and say: "This is the real world: sometimes it's not nice".'

For two of the 'older' young people interviewed, education on safe relationships and sexual exploitation had not formed part of any transition planning or preparation work for when leaving their family home or foster care to live independently in supported living arrangements. Both had attended special schools and led extremely protected lives, which had not adequately prepared them to live independently. Both were sexually and financially exploited in their supported living accommodation. They did not receive any support from vulnerable adults' services and at the time of the interview, they were receiving support from a CSE project while over the age of 18, as the project team recognised their vulnerability.

The manner in which professionals and other adults treat young people with learning disabilities was seen by some interviewees to be infantilising[116] or 'overly nice', thus leading to increased vulnerability:

'Lots of people are just so nice to young people, and adults, with learning disabilities and so patronising sometimes [...] and I'm wondering if, from a young age, these young people with learning disabilities are surrounded by people being nice to them and [the young people with learning disabilities] think that everybody is like that... and then when somebody tries telling them that not everybody is actually like that, they don't understand it because it's not what they know and it's outside of their understanding.'

4.1.4 Disempowerment of young people with learning disabilities

Professionals identified that the tendency for young people with learning disabilities not to be listened to, empowered or involved in decision-making about their lives prevents them from being able to recognise and disclose sexual exploitation:

'If they feel disempowered and others are making decisions for them, then that also raises risks for them and they don't tell anyone [if they experience, or are at risk of, CSE].'

It was recognised that perpetrators are able to exploit this lack of power:

'They pick [a young person with a learning disability] because [they are] probably somebody who won't speak up.'

Similarly, professionals highlighted that there remains a lack of empowerment of young people with learning disabilities as a collective group. This leads to a lack of young people with learning disabilities' views being kept at the forefront of service development and their needs not being high on the agenda.

4.1.5 Social isolation of young people with learning disabilities

The social isolation experienced by some young people with learning disabilities and a desire to cultivate friendships was identified as making them potentially more vulnerable to grooming and sexual exploitation:

116 Infantilising means treating or condescending to as if still a very young child.

'Young people with learning disabilities are a perpetrator's dream. If you were a perpetrator, why would you not target children and young people with learning disabilities? They're often lonely and isolated. Many of them have not had a boyfriend or a girlfriend but would like one. Many spend a lot of time online. They are less likely to understand that sexual exploitation is wrong and are so easy to groom.'

The desire to be seen as 'normal' was also viewed as a contributory factor in vulnerability to sexual exploitation. Drawing on experiences of direct work with young people, some professionals stated that young people with learning disabilities might have a particular vulnerability to specific forms of sexual exploitation, including the older boyfriend model[117] of sexual exploitation and peer-on-peer exploitation[118] as a result of social isolation and a desire for friendship and relationships:

'Wanting to be "normal" is part of their teenage process and so they get caught on the edge of gangs, they get used by gangs, because they are vulnerable, they get sexually exploited within the gang and they also end up being the ones getting caught [when involved in criminal activity].'

Young people with learning disabilities may turn to social networking to alleviate their social isolation and thus could become particularly vulnerable to being groomed online:

'There is a pattern relating to young people [with learning disabilities] who are living at home still but are very isolated [...]. They're going online to meet people and I think that, where they have a learning disability [...] it increases that vulnerability.'

'These young people can feel that they get very little attention in the real world; they are isolated and easy for groomers. They cannot always understand what is an "online friend" and a "real friend" and the different nuances of this.'

Professionals pointed out the benefits that the internet had brought to the lives of disabled people as well as the risks. However, it was widely reported that young people with learning disabilities might not have received good internet safety training, which is crucial:

'Digital inclusion is a right, but there are some increased vulnerabilities, so working with young people to educate them about webcams, social networking, and who you can talk to about any issues is a must.'

Professionals also described how easy it is for young people with learning disabilities to be manipulated to involve other young people in sexual exploitation. Examples were given of young people over the age of 18 who have been tried in court as perpetrators of CSE with no recognition that they were sexually exploited as a child or that they lack cognitive abilities to understand the situation.

117 The 'older boyfriend' model of sexual exploitation relates to that where the perpetrator grooms a young person into a 'relationship'.
118 Peer-on-peer exploitation relates to peers forcing or coercing other young people into sexual activity.

4.1.6 Lack of sex and relationships education and accessible information for young people with learning disabilities

In addition to a lack of good internet safety training as mentioned above, young people who were interviewed highlighted a general lack of attention to sex and relationships education – something that was reinforced by professionals. This was viewed as reflective of a general perception of young people with learning disabilities that tends to deny their sexuality, or not see them as displaying 'typical' teenager behaviour in terms of exploring relationships and sex. It was also reported to be linked to disbelief that young people with learning disabilities might become victims of sexual abuse:

'We don't want to think that disabled young people have sex; we don't want to think that disabled young people can be exploited and be exploitative.'

'Professionals find it hard to accept this happens to children with disabilities.'

The lack of basic understanding of sex and what constitutes abuse by some young people with learning disabilities was thought to be particularly problematic in relation to protection from CSE. The need for young people with learning disabilities to understand what sex is and understand their own bodies was identified as a basic requirement before any further sex and relationships education can take place. A few young people interviewed said that they had not known that it was illegal for an adult to have sex with a child. They explained that it had been their CSE project worker or, in one case, a drop-in worker, who was the first person to explain this to them. These conversations came about when it became known to the service that these young people were in relationships with adults. One young person with autism and learning difficulties had been living with the homeless community since the age of 13 and having sex with adults from that community. At the age of 15, she had been in a sexual relationship with a homeless 34-year-old man:

'I didn't know it was wrong for an adult to have sex with a child. I didn't think to say no when someone told me they wanted to have sex with me.'

Professionals identified an urgent need for education providers – both mainstream and in special schools and colleges – to become more involved in the CSE agenda. A fundamental need to reappraise and strengthen sex and relationships education for young people with learning disabilities was commonly identified:

'A lack of sex education is one of the things that always comes top of the list when we are talking to young people in terms of what programmes or workshops we should run... Getting and having a boyfriend or girlfriend is top of their list of things they want to talk about.'

‘We need good sex education and awareness work with young people with learning disabilities, especially around boundaries, what is and isn’t socially acceptable, how best to work with and empower these young people, and self-protection skills and undertaking safe risks.’

The minority of young people who had received sex education reported that this had not adequately covered relationship issues and how they can potentially be exploitative. Some of the young males who participated in the research had questions and unmet needs relating to their sexuality or sexual orientation and did not know where to go to find information. Liam, aged 16, described how he had never had a conversation with an adult about, for example, boyfriends, safe sex or keeping himself safe on the internet until he had disclosed to a teacher that he had a boyfriend and his social worker spoke with him about these issues.

It was suggested that the lack of sex and relationships education for young people with learning disabilities could partly be because young people with learning disabilities are not always present for sex and relationships education classes, as this time is often used for catching up on other lessons. In addition, it was thought that education professionals in specialist and mainstream schools do not have the materials or expertise to work on sex and relationships issues with young people with learning disabilities. Specialist CSE professionals recognised that it might be challenging for parents, carers and teachers to discuss sex and relationships, but viewed this as a necessary step towards improving safety. This step would require parents, carers and teachers to become informed and confident to know how best to provide this information:

‘I think a lot of the time parents and teachers are scared of saying the wrong thing, introducing their children to sex, or relationships at a young age, but I think a young person is going to be much better equipped if their parents, carers and teachers are [educated about sex and relationships] as well.’

It was noted that good-quality sex and relationships education can only be delivered by paying full attention to understanding choice and consent, with recognition that the ability to assert and choose can be very challenging for some young people with learning disabilities.

4.1.7 Professionals’ lack of knowledge and understanding of learning disabilities

Despite interviewees reporting some examples of good levels of knowledge, understanding and awareness of CSE and learning disabilities, the research reveals that there is a general lack of awareness and little knowledge of how best to meet the needs of young people with learning disabilities who experience, or are at risk of, CSE.

It was reported that non-disability specialists often have limited understanding or knowledge of learning disabilities. Professionals strongly emphasised the fundamental need to improve understanding of young people with learning disabilities and their needs. Attitudes towards young people with learning disabilities were reported to be far from satisfactory. As one statutory sector professional based in Scotland stated:

> 'I'm really quite shocked at some of the professional attitudes towards disabled people, and disabled children in particular.'

Professionals called for improved understanding of young people with learning disabilities, in terms of both their vulnerabilities and their strengths:

> 'Children with learning disabilities are hugely misunderstood and undervalued, and that really has to be the starting point: getting people first of all to have a proper appreciation of what learning disability is; that children [with learning disabilities] can achieve [...]. When you start from that point, you start to see children in the round and you see the things they can do but also their particular vulnerabilities.'

Some professionals reported that child protection professionals across the UK remain ill-informed about learning disability and that there is a lack of joint working between child protection professionals and those with a specialism in disability:

> 'There has been for many years, and continues to be, a separation in practitioners who have expertise in child protection and those who have expertise in disability.'

Professionals from Scotland reported that national work being undertaken had revealed that:

> 'Child protection professionals generally are not clued in to disability – and, quite depressingly, they don't seem to use the knowledge of disability which is all around them. Even within social work you will have social workers who are specialists or who are very knowledgeable about disability, but their colleagues in child protection don't think to engage with them – which is extraordinary.'

The terminology used by specialist learning disability professionals was reported to be confusing for non-specialists. Professionals interviewed who were not specialists in learning disability sometimes expressed a lack of certainty and anxiety about their lack of knowledge of the correct language and terminology to describe learning disabilities and young people with learning disabilities:

> 'I don't want to use the wrong language but I don't really know what the proper language is [to describe learning disabilities].'

Some professionals explained how their lack of clarity about the definition of learning disabilities could lead to them using terms such as 'learning difficulties':

> 'It's often easier to think of it as a learning difficulty as [...] it's not been diagnosed and I'm not sure what the official definition of a learning disability is.'

Language used to describe young people with learning disabilities was also identified as problematic. For example, one specialist professional who worked in court settings stated that it was not helpful to view young people with learning disabilities as 'vulnerable' because this located the problem with young people themselves. This professional advocated for the onus to be on the abilities of others to accommodate different needs:

> 'It is damaging framing children as vulnerable. We need to find a line that says: "It needs to be like this and if these children were included, respected and valued...". And, if the whole measure of "competence" is actually a measure of the adults' competence to adapt their questions, then a child's evidence can be heard.'

Respondents from the 14 CSE specialist projects who completed the online survey were asked to state how good they thought the overall level of knowledge and skills was within their service for working with young people with learning disabilities. Table 4 illustrates that most of the specialist CSE projects rated their knowledge and skills for working with young people with learning disabilities as 'good', and reported positive levels of knowledge and skill in recognising a possible learning disability and/or communication need. It appeared, however, that projects were less confident about knowledge and skill levels around knowing where to refer a young person for an assessment or diagnosis of a learning disability or knowing how to meet the needs of a child or young person with a learning disability or communication need.

Table 4: Knowledge and skills levels at CSE specialist projects and services for working with children and young people with learning disabilities (n=14)

	Very good (all staff have a good level of knowledge and skills)	**Good** (the majority of staff have a good level of knowledge and skills)	**Poor** (some staff have a good level of knowledge and skills)	**Very poor** (no staff have a good level of knowledge and skills)
Recognising a possible learning disability	3	11	-	-
Recognising a communication need in a child or young person with a learning disability	5	8	-	-
Knowing where to refer a young person for assessment or diagnosis of a learning disability	3	5	5	-
Knowing how to meet the needs of a child or young person with a learning disability	2	8	4	-
Working with a child or young person who has communication needs	2	9	3	-

The interviews with professionals enabled further exploration of this. CSE specialists described their level and quality of knowledge of learning disabilities in different ways:

- Some felt that they had a very good understanding of learning disabilities, bringing knowledge and understanding from a previous role or acquired through personal experiences such as having a close relative who has a learning disability.
- Some described themselves as having a 'good enough' understanding of learning disabilities, perhaps through social work training, though they were aware of gaps in their knowledge.
- Some professionals had not received training relating to learning disabilities but had worked to improve their knowledge and understanding through personal study, often begun when they recognised the needs being presented by young people.
- Some said that one member of their team had developed a specialism around learning disabilities and this helped support everyone's casework. In some cases, this professional would hold all cases where a learning disability was identified.

Some professionals with management responsibilities for specialist CSE services had sourced specific training for their teams. For example, one voluntary sector service manager had agreed a reciprocal arrangement whereby her team provided CSE training for a learning disabilities project and vice versa. A second service manager paid for a specialist trainer to work with her team. However, overall, CSE specialists were aware that they had insufficient knowledge and understanding of learning disabilities to feel confident that they were meeting young people's needs and were keen to improve this.

Professionals also noted gaps at a national level in terms of awareness and prioritisation of young people with learning disabilities. They highlighted a number of high-profile reports addressing CSE where learning disabilities are not mentioned or explored. Examples that were given included the Independent Inquiry into Child Sexual Exploitation in Rotherham 1997–2013[119] and a research project on sexual exploitation of young people in care (by CELCIS) in Scotland.[120]

This lack of awareness and understanding of learning disabilities makes work with young people who experience, or are at risk of, CSE particularly challenging:

> 'CSE is a difficult area to work in anyway because some professionals resist the idea that it exists; some professionals don't understand that it's not the young person's fault; and a lot of young people resist the 'whole idea' [that they are being sexually exploited, or are at risk of sexual exploitation] until much later; and if you add to this the extra layer of having learning disabilities, it becomes ten-fold more complicated – from the young person's point of view, but also from the professional's point of view. They have even less understanding of what it means and how it impacts and want to apply generic responses to young people who are not generic.'

Professionals described how a lack of knowledge and understanding of CSE, learning disabilities and ASC can lead professionals to view some young people with these impairments who experience CSE as 'challenging' and

119 Jay, A (2014) *Independent inquiry into child sexual exploitation in Rotherham 1997–2013* http://www.rotherham.gov.uk/downloads/file/1407/independent_inquiry_cse_in_rotherham, accessed 25 January 2015.

120 Lerpiniere et al (2013) *The sexual exploitation of looked after children in Scotland: A scoping study to inform methodology for inspection.* CELCIS, Glasgow. http://www.celcis.org/media/resources/publications/Sexual-Exploitation-of-Looked-After-Children.pdf, accessed 27 June 2015.

as a 'management problem', rather than recognising that this masks their vulnerability, or is an outward sign that sexual exploitation is occurring. Young people with learning disabilities may try to mask their learning disability, and become very adept at this, and therefore present with more challenging behaviours. This perception of these young people being 'challenging' can result in diverting attention from supporting their CSE needs:

> 'We also had a young man referred [to the specialist CSE service] due to concerns around missing from home, getting involved in crime, starting to shoplift, starting to use drugs and alcohol and starting to become aggressive at home with family [...] and then you identify that, actually, there's all sorts of issues around autism, which they think is getting worse, and he's under review for other disabilities [but] those things are almost an aside: "Oh well, that's why he behaves the way he behaves" – kind of thing, and the sexual exploitation being almost an: "Oh, right, so there's sexual exploitation too?".'

4.1.8 Professionals' lack of knowledge and understanding of CSE

Interviewees suggested that there is a lack of knowledge, awareness and understanding of CSE among social workers within children's disability teams. Some professionals described how a lack of multi-agency working to meet the needs of young people could lead to some professionals from disabilities services not considering CSE:

> 'It's down to people working in silos: "We do child protection" or "We do CSE training"; it's not automatically thought that: "Oh, the learning disability teams need to be at that [CSE] training as well". [...] Staff on the ground [in disability services] would think: "We need to know this [CSE]" – they would – but I don't think it's on the radar of senior managers and on their agendas. They're not making that link. Even though they wouldn't argue that [the presence of a learning disability] is not a vulnerability factor in CSE cases, they're not making that link: "What do [disability services] need to do specifically about that?".'

Professionals' lack of knowledge and awareness of CSE can undermine progress to improve protection of young people with learning disabilities from CSE. The previously reported perception that sexual exploitation cannot or does not happen to a young person with learning disabilities plays a part in this:

> 'Disability protects them: "No one would ever sexually exploit this child" – as though it is almost too horrific. Professionals can't imagine that it would happen.'

Possibly as a result of the issue outlined above, professionals described how other professionals fail to recognise potential indicators that a young person with a learning disability may be being sexually exploited:

> 'The indicators, be they physical signs or emotional or behavioural signs which might be indicators of abuse, are seen as related to impairment. This is coupled with a reluctance to acknowledge the sexual abuse of any child and CSE specifically.'

A small number of professionals observed some improvements in the recognition of the vulnerability of young people with a learning disability to sexual abuse, but stated that this recognition had not extended to CSE. As noted by one professional based in the statutory sector in England:

> 'I doubt there is sophisticated knowledge of CSE at all. I think there might be a general awareness of the issue for people but I think it remains an issue that is brushed under the carpet and if you are looking for people with detailed knowledge of the indicators – then "no".'

Most of the professionals whose work focuses on learning disabilities described their knowledge and understanding of CSE as 'limited' and stressed the need for professionals working with young people with learning disabilities to be informed about CSE:

> 'I think the question that needs to be asked first and foremost is whether those working with children and young people with learning disabilities, are they aware of the risk of CSE; would they be able to identify it? Do they know the risk indicators?'

Not surprisingly, analysis of the research data indicated that, to meet young people's needs, professionals need to be knowledgeable about both CSE and learning disabilities:

> 'Knowledge, really, is one of the key things and understanding of both areas [CSE and learning disabilities].'

4.2 Actions to reduce the vulnerability of young people with learning disabilities to CSE

The following explores the suggested actions that professionals and young people identified as ways to reduce the vulnerability of young people with learning disabilities to CSE.

4.2.1 Improving knowledge and awareness of CSE and young people with learning disabilities among professionals

The local authority/health and social care trust (HSCT) survey asked whether local areas had instigated any activities to raise awareness of CSE generally and whether, in doing this work, they had highlighted the specific needs of young people with learning disabilities. Table 5 illustrates that the majority of authorities used a variety of different ways to boost awareness of CSE among local professional networks. For example, over 90 per cent of local authorities

and HSCTs indicated that they had raised awareness of statutory guidance on CSE, indicators of CSE and local strategic and operational responses. However, across all awareness-raising activities, fewer than half of local authorities and HSCTs had promoted understanding of the needs of young people with learning disabilities as part of this work. For example, 92 per cent of local authorities and HSCTs reported that they had undertaken work to promote the statutory guidance on safeguarding young people from CSE, but only 45 per cent had highlighted the needs of young people with learning disabilities within this work. There were similar figures concerned with work around promotion of the indicators of CSE (47 per cent). The figures dropped when local authorities and HSCTs were reporting on strategic responses to address CSE (34 per cent), and local operational responses (38 per cent).

Table 5: Work being undertaken in local authorities and HSCTs to address gaps in knowledge around CSE, and whether learning disabilities were highlighted (n=71)

Awareness-raising activity	No. (%) of local authorities/ HSCTs where this had taken place	No. where the needs of children with learning disabilities were highlighted	Percentage of all local authorities/ HSCTs that had highlighted the needs of young people with learning disabilities in this aspect of awareness-raising work
Promotion of the statutory guidance to safeguard children and young people from CSE	65 (92%)	32	45%
Promotion of the indicators of CSE	66 (93%)	33	47%
Promotion of local strategic responses to address CSE	66 (93%)	24	34%
Promotion of local operational responses to address CSE	67 (94%)	27	38%
Raising awareness of the services available to support children and young people who experience, or are at risk of, CSE	60 (85%)	27	38%
Raising awareness of resources (information, support, etc) available for children and young people who experience, or are at risk of, CSE	59 (83%)	29	41%

Survey respondents were also asked if they had undertaken any other local activities to raise awareness among professionals. Around one in six (17 per cent) said they had, and had highlighted the needs of young people with learning disabilities. The following examples were given:

> 'Disabled young people attending special schools and short break providers were consulted about their understanding of how they could keep themselves safe. Findings were fed back to special schools to help them with their PSHE [personal, social, health and economic education] and protective behaviours work.'

'Commissioned short break providers and Disabled Children's Manager met to review the learning in the Asian Women's Network paper around CSE, and discussed how this could be used to raise awareness of how to keep disabled young people safe.'

4.2.2 Training to improve professionals' knowledge, understanding and awareness of CSE and young people with learning disabilities

As part of the survey of local authorities, respondents were also asked whether there was specific training available in their area to support professionals to understand CSE and young people with learning disabilities. Twenty-seven of the 71 respondents (38 per cent) said there was training available, but over half said 'no' (56 per cent). Four (6 per cent) did not know whether this training was on offer in their area. However, some professionals interviewed who have responsibility for delivering CSE training courses through the Local Safeguarding Children Board (LSCB) in their area noted that modules well-attended by a range of agency staff are not attended by professionals who work within children's social care disability teams:

'I can't say that we've had anyone coming who specifically works with children and young people with learning disabilities.'

Professionals in Scotland stated that there is a general lack of training on child protection and disability, but that the Scottish government is taking steps to address this:

'There's been a drive to set up a task force by the Scottish government to look at that.'

However, in general, professionals across all four nations identified that a general hindrance to meeting young people's needs was the lack of training focusing on learning disabilities:

'Training often doesn't include learning disabilities, so if you are not in the disability sector, then you don't understand that young people with learning disabilities use Facebook, do use forums, that they can read and write, and that they are on the web looking for sexual information and stimulation. This is not really understood because in the wider community there is still the perception that young people with learning disabilities are kept downstairs with their mums and dads and don't go on the computer.'

In survey responses, 10 of the specialist CSE services highlighted the need for training focused specifically on how to work with young people with learning disabilities. Some respondents added details on what would be most helpful:

'Regular training on current developments in the field, new methods and tools available.'

'A set of gold standard resources/tools which are adapted to different learning disabilities and some training on how to use them.'

Many specialist CSE professionals identified that practice could be improved by having access to learning disabilities training. For example, one CSE service manager outlined how they have a very skilled project team that works to meet the needs of individual young people, but that training on learning disabilities would further equip her team with the knowledge to do this:

'They have lots of knowledge and skills and they are very much child-centred and will therefore adapt the work according to the age and the ability of each child, no matter whether there's a learning disability or not [...] but there are still specific gaps there around some types of learning disability that would equip our staff a little more.'

Many of the professionals based in specialist CSE services outlined how they would benefit from training to address specific aspects of learning disability, such as different learning styles. To match the increase in referrals relating to ASC, professionals highlighted the need for training focusing on ASC. Some professionals identified that there is a gap in relation to the provision of training that outlines how a learning disability can impact on the lives of young people and how best to work with young people with a range of learning disabilities.

A small number of professionals reported that they have attended training on sexual relationships and disabled young people, but noted that this training did not mention CSE:

'There was the complete lack of mention of CSE – so loads of "how to have conversations with young people and adults [with learning disabilities] on sex and relationships" but nothing about unhealthy relationships.'

However, some specialist CSE professionals identified that the possibility of receiving training on learning disabilities was hindered by:

- the lack of available training
- the lack of a training budget
- casework demands making it difficult for professionals to take time to attend training.

4.2.3 Raising awareness of CSE and the vulnerability of young people with learning disabilities with the wider community

The local authority/HSCT survey included questions about awareness-raising work aimed at the wider community. Although two-thirds of respondents said that in their area there was awareness-raising work undertaken with the wider community, only one in five (20 per cent) of the whole sample indicated

that this included the additional vulnerabilities of young people with learning disabilities. Respondents' examples show a range of different activities taking place, targeting different audiences:

'Say something if you see something campaign. Outreach on an ad hoc basis with licensing teams.'

'The LSCB CSE awareness training includes an exercise around the warning signs and vulnerabilities checklist [from the Office of the Children's Commissioner for England's report] which highlights learning disability as a vulnerability.'

However, some answers indicate that this work was limited and that much of it was planned rather than presently implemented:

'[London borough] is currently exploring Operation Makesafe with the police and London councils. This work will take into consideration young people with learning disabilities.'

'Just beginning to extend this work – started with things like training to taxi drivers.'

Overall, the local authority/HSCT survey indicates that awareness-raising work by local authorities and HSCTs is patchy – only taking place in some areas and often in early development.

Participants in the online survey of projects and services were also asked whether they knew of any preventative measures or awareness-raising activities in their local area. Just over half of respondents (51 per cent) were aware of such activities in their area. This included training for professionals, and group work within special schools or facilitating the viewing of *Chelsea's Choice*.[121]

4.2.4 Raising awareness of CSE among families with a child who has a learning disability

Two questions were included in the local authority/HSCT survey to find out whether there was targeted awareness-raising work being undertaken with parents, carers and foster carers of young people with learning disabilities. However, a significant proportion of respondents did not know whether these activities were taking place. Just over a third of respondents (34 per cent) said work was taking place in their area with parents and carers to help them identify CSE and 52 per cent indicated specific work with foster carers.

121 *Chelsea's Choice* is a short play by Alter Ego Productions, aimed at young people and accompanied by a plenary session to discuss CSE issues.

Table 6: Work being undertaken in your local authorities or HSCTs to support parents, carers and foster carers of children and young people with learning disabilities to spot the signs of sexual exploitation, or potential exploitation (n=71)

	Yes	No	Don't know
Parents and carers	34%	26%	21%
Foster carers	52%	28%	20%

Survey respondents described the nature of this work, including:

'Via parents' sessions in children's centres and early help and prevention work by child and family support services.'

'All parents/carers invited to attend Chelsea's Choice.[122] All given the appropriate literature around CSE. Information about CSE and the risks have been a regular feature in the residents' newsletters.'

Some examples indicate that this work was only undertaken with families where a risk had already been identified, rather than as a matter of course with all families with a child with a learning disability:

'Would be undertaken on an individual basis if there are assessed needs or concerns re vulnerability and associated risks.'

'If they are on the CSE strategy, they are given support as any parent would.'

The following examples were given of work with foster carers:

'Foster carers' attendance at LSCB CSE awareness training and training for foster carers and older children in placement on keeping safe from sexual exploitation facilitated by a local service, which is nationally acclaimed.'

'Within foster care, we have two of our link workers who are trained to deliver the CEOP training to foster carers. A training manual is developed each year, which includes CSE and safeguarding issues.'

A number of the examples indicate that this training is limited and often may not highlight the particular vulnerability of young people with learning disabilities:

'Generic awareness-raising of CSE – need greater focus on risks associated with learning disabilities.'

122 Ibid.

4.2.5 Preventative work to improve knowledge, awareness and understanding of CSE among young people with learning disabilities

Specialist CSE professionals who were interviewed distinguished between preventative work undertaken with individual young people who were identified as being at risk of CSE and wider preventative and awareness-raising work with groups of young people in, for example, educational establishments and children's homes. Some said that reductions in funding had restricted capacity to deliver wider preventative work. Responses to the projects/services survey indicated that fewer than 80 per cent of projects undertook some preventative work with young people with learning disabilities (n=23), although this was often very limited in nature. Some specialist CSE professionals described examples of effective practice:

> 'We have done specific work with colleges that had groups of young people with learning disabilities. [...] So the sessions were adapted and planned to suit their level of learning needs and included follow-up and one-to-ones to ensure that they had been able to understand and cope with the information.'

The following factors were identified as being particularly successful in preventative work in special schools with young people with learning disabilities:

- A well-established relationship between the project and the special school
- The professional delivering the CSE preventative work has extensive experience of working with young people with learning disabilities
- The class teacher providing expert support in developing the resources
- Young people who participate in the preventative programme being of a similar age.

However, some services faced challenges when carrying out preventative work in schools, due to the lack of information provided in advance about the learning needs of young people:

> 'I've been delivering a session [in a school] and there's been quite a few young people and it's just gone above their heads and I kind of think: "Oh, I wish [school-based professionals] had told me that [the young people had learning disabilities] because I could have done something that is less 'PowerPointy' or something and not used handouts – I could have just sat down and maybe done an agony aunt exercise or a case study".'

It was recognised that perhaps a project should request information about young people's learning disabilities when agreeing to work in a school:

> 'Generally it's not something that we are told [by the school] and, to be honest, generally it's not something we ask, so maybe it's something [the professional and their project] should think about.'

The online survey of local authorities and HSCTs explored whether work was being undertaken at a local level to support young people with learning disabilities to understand and recognise sexual exploitation. Of the 71 that responded, 65 per cent stated that they were undertaking work, 14 per cent were not and over 20 per cent did not know. As the table below illustrates, around half (54 per cent) of respondents stated that, where work was being undertaken, this was in the main with education providers. Forty-five per cent of respondents were working specifically with children's disability teams. Fewer than a quarter of respondents said that they were working with young people living in specialist accommodation.

Table 7: Work being undertaken in local authorities and HSCTs to support young people with learning disabilities to understand and recognise sexual exploitation (n=71)

	Number of local authorities	Percentage of respondents
Work with education providers (schools, specialist schools, etc)	38	54%
Work with groups of young people	23	32%
Work with young people who use children's social work disability services	32	45%
Work with young people who live in specialist accommodation	16	23%

Survey respondents were also asked to say whether 'other' types of work were being undertaken to improve knowledge, awareness and understanding of CSE among young people with learning disabilities. Around a quarter of respondents (28 per cent) said 'yes' to this question and gave examples, including:

> 'Direct work in children's homes to raise awareness.'

'Work with third-sector organisations that work with children and young people with learning disabilities.'

'Working with small groups, in pampering evenings, to discuss and highlight areas of vulnerability.'

'The LSCB held a Stay Safe healthy relationships conference this year for children and young people, which was attended by children from the local specialist school.'

'Work takes place within health groups and friendship groups around healthy relationships, assertiveness training and keeping yourself safe. Protection plans are also used to achieve this.'

'Work with young people in the secure training centre.'

However, some respondents acknowledged that this work might not yet be well-developed, or had been of limited effectiveness:

'Feedback from young people and professionals is that this has fairly limited impact on young people's ability to protect themselves, as they remain easy to manipulate and deceive.'

Professionals from all nations, local authorities/HSCTs and sectors identified gaps in preventative work in general relating to CSE and specifically with young people with learning disabilities. An education professional in Northern Ireland, for example, described how there is very little preventative work undertaken in schools and residential units for young people with learning disabilities. Although a specialist CSE service in Northern Ireland has undertaken some preventative work within schools, it was reported that many schools still do not have sexual exploitation on their radar.

All of the young people interviewed stated that they had not learnt about CSE at their mainstream or special school or heard of CSE before being referred to a specialist CSE project.

Key findings about the factors that contribute to increasing the vulnerability of young people with learning disabilities and actions that could reduce vulnerability

- The overprotection, disempowerment and social isolation of young people with learning disabilities contributes to increased vulnerability to CSE.
- General societal attitudes that do not view disabled people as sexual beings are seen as undermining understanding that young people with learning disabilities are sexually exploited.
- Issues were raised among professionals about understanding of 'capacity to consent' to sex by young people with learning disabilities and, as a result, about their own abilities to assess.
- A lack of accessible sex and relationships education and information for young people with learning disabilities is seen as creating vulnerability, alongside the lack of awareness-raising to support young people to keep safe online. Specific issues were highlighted around the inaccessibility of information for young people with learning disabilities relating to sexuality in general and homosexuality in particular.
- There was a reported lack of knowledge, understanding and awareness of the sexual exploitation of young people with learning disabilities among professionals, parents, carers and the wider community.
- There was a reported lack of training for professionals relating to CSE and learning disabilities, and with specific regard to the sexual exploitation of young people with learning disabilities.
- This group of young people need child-centred, accessible support and information to meet their needs and help them to understand CSE.
- There is limited preventative work to raise awareness of CSE of young people with learning disabilities among young people, professionals, parents, carers and the wider community.
- Concerns were raised around young adults aged 18 and older who are at risk of sexual exploitation and who fall through the gap between children's and adults' services.

4.3 National and local authority/HSCT responses to young people with learning disabilities who experience, or are at risk of, CSE

This section explores data concerning local and national implementation of guidance and responses to young people with learning disabilities who experience, or are at risk of, CSE.

4.3.1 National policy and guidance

Respondents to the online survey of local authorities and HSCTs were asked to say what they thought their government could do to improve identification and/or support of young people with learning disabilities who experience, or are at risk of, CSE. Their responses in relation to policy and guidance focus on the importance of:

- promoting evidence-based approaches and reinforcing multi-agency accountability and commitment
- increasing the requirements and statutory duties on local authorities, HSCTs and agencies – for example:

  'Ensure that it is a legal duty for all LAs to meet the needs of this specific group.'

  'Request specific protocols from LAs and other agencies.'

- introducing sex and relationships education as a core subject at every school for all young people:

  'Encourage PSHE [personal, social, health and economic education] to be utilised in all school settings to address CSE.'

Professionals across the UK stated that policy, guidance and assessments concerned with meeting the needs of young people with learning disabilities should include CSE and the particular risks faced by this group. Some advocated for specific guidance or a cohesive strategy addressing learning disabilities and CSE.

One interviewee from the statutory sector in Scotland indicated that Scottish national policy documents did not pick up on issues relating to learning disabilities:

> 'We've got new national guidance featuring CSE[123] which was just published in March, but I don't think learning disabled children feature in that specifically. I did make sure that the new guidance generally takes account of disability because the previous version in 2010 was very weak on disability. [...] We have a national risk assessment toolkit[124] – in my view it is weak on disabled children anyway, and it doesn't mention disabled children and CSE. So there's a clear gap and that could be plugged.'

Professionals based in Northern Ireland identified a number of gaps in Northern Irish policy relating to CSE and the vulnerability of young people with learning disabilities relating to:

- the lack of specific CSE guidance in Northern Ireland as compared with the other three nations of the UK:

  'England and Wales have national guidance relating to CSE; we've never had it in Northern Ireland. Scotland is developing its policy response to CSE.'

- the fact that interim guidance for social workers, issued in 2014 by the Health and Social Care Board, does not address learning disabilities[125]
- the feeling that general CSE policies and procedures have 'some way to go', and none explicitly relates to young people with learning disabilities.

One professional based in Northern Ireland complained about duplication in the development of guidance. The Policy and Procedures subgroups of the Northern Ireland Local Safeguarding Boards had produced draft guidance and policies relating to CSE, which is being written by the police and social services. There is also a Knowledge Transfer Group that advises on risk assessment and other pieces of work relating to CSE, including guidance:

> 'So we now have two groups doing the same thing at the moment at the same time. [...] They should complement each other but they're not [...] [the] people writing them need to come together and produce something jointly.'

The pan-Wales protocol *Safeguarding and Promoting the Welfare of Children who are at Risk of Abuse through Sexual Exploitation* (2008)[126] was commended by professional interviewees, but it was recognised that there was not enough emphasis in the document on the need to consider learning disabilities in CSE work:

> 'It's not got a high profile. It's not saying please be aware of learning disability as an extra vulnerability, make sure you look at "capacity", make sure that there aren't any "intellectual learning disability" issues – it's not explicit.'

123 *National guidance for child protection in Scotland.* http://www.scotland.gov.uk/Resource/0045/00450733.pdf, accessed 9 February 2015.

124 *National risk framework to support the assessment of children and young people* http://www.scotland.gov.uk/Publications/2012/11/7143/0, accessed 9 February 2015.

125 This interim guidance will be replaced by policies and procedures addressing CSE that are currently being developed by the Policies and Procedures Sub Group of Northern Ireland.

126 http://www.awcpp.org.uk/wp-content/uploads/2014/03/CSE-Protocol-Review-FINAL-REVISION-October-2013.pdf, accessed February 2015.

The research also identifies the need to refresh and reinvigorate initiatives to promote a wider agenda around improving the lives of people with learning disabilities, including issues around sex:

> 'This was an issue when Valuing People came out. Sex wasn't there or it disappeared by the time it came to any prioritisation within Valuing People and that kind of says it all. [...] There needs to be a new Valuing People that talks about stuff that matters to people with learning disabilities.'[127]

A number of specialist CSE professionals in England and Wales felt there was already enough general CSE policy and guidance material in existence in their countries,[128] but that the documents do not contain the relevant detail about the needs of young people with learning disabilities who experience, or are at risk of, CSE, and how to respond to them:

> 'The problem is the guidance only mentions children and young people with learning disabilities and doesn't say directly what local authorities should be doing to meet the needs of this group of children and young people.'

By contrast, specialist learning disability professionals in the same countries stressed the need for practice guidance on safeguarding disabled children issued by the Department for Education (DfE) in 2009 to be refreshed and extended to include CSE, which is not mentioned in the existing version.

The consensus of the professionals interviewed around the need to improve national policies and guidance was informed by a rationale that a more prescriptive lead at government level in each nation would drive improvements at a local level:

> 'Because what we've learnt is that what is "common sense" to one person is not "common sense" to another, and what's "best practice" to one agency may not be accepted as "best practice" by another. So unless it's written down and that's what everyone has to follow, you won't get it in most cases.'

> 'Locally, there are so many priorities and things that people are considering that they will not be aware of a new area; they will not make it a priority unless they're told to do so nationally.'

> 'There needs to be compulsion; people will not come to this issue voluntarily. There needs to be an expectation on services that they become equipped to spot the indicators of sexual abuse and exploitation and know what to do. There needs to be a decent government policy that has some teeth attached to it.'

127 *Valuing people* was a government strategy for people with learning disabilities that set out government plans for learning disability services. Department of Health (2001) *Valuing people. A new strategy for learning disability for the 21st century;* and Department of Health (2009) *Valuing people now. A new three-year strategy for people with learning disabilities.* Department of Health, London.

128 For example, Department for Children, Schools and Families (2009) *Safeguarding children and young people from sexual exploitation*. DCSF, London.

4.3.2 Local authority and HSCT strategic and operational responses

A key area for the research was the degree to which national policies and guidance were being implemented 'on the ground'. Local authority/HSCT respondents were asked whether they had implemented any particular activities that they regarded as being useful in relation to identifying young people with learning disabilities who experience, or are at risk of CSE, or in supporting them. Twenty-eight (39 per cent) said 'yes' to this, and provided a range of examples:

> 'Subgroup of CSE project board focuses on vulnerable groups, which include children and young people with learning disabilities.'

> 'Risk assessment tool that addresses learning difficulties.'

> 'CEOP ambassadors in schools trained to identify areas of risk for all young people and particularly those with additional vulnerabilities such as learning needs.'

> 'The local authority maintains a transition tracker, which enables monitoring the progress of vulnerable young people with disabilities.'

> 'Chelsea's Choice play in all schools.'

> 'Currently working with special schools to address an appropriate way to communicate with parents who themselves may have learning difficulties in creating an awareness of CSE.'

These diverse examples suggest that some local authorities and HSCTs are becoming aware of the needs of young people with learning disabilities who experience, or are at risk of, CSE and are making efforts to improve their response.

Survey respondents were asked to identify gaps in the provision available in their area to respond to young people with learning disabilities who experience, or are at risk of, CSE. Just over three-quarters (78 per cent) confirmed that there were gaps. Examples they gave included:

- a lack of clear and detailed focus on learning disabilities as a unique issue within CSE, including a lack of specific structures or procedures that focus on young people with learning disabilities
- the need for more awareness-raising work
- the absence of specialist direct support to meet the needs of this group
- a failure to share information and work collaboratively across agencies
- a lack of availability or poor quality of data.

The survey of local authorities and HSCTs included a number of questions about CSE strategy and planning – in particular, whether developments were designed to include meeting the needs of young people with learning disabilities. Respondents were asked to say whether their local authority had a multi-agency strategy addressing CSE. Ninety per cent said that it had, but in only 23 of the 71 authorities did the strategy make particular reference to young people with learning disabilities. This reference was, in most cases, either 'minor', or by default in the sense that the strategy referred to all young people:

'Universal approach regardless of disability, reviewing this process to consider further reference to learning disabilities.'

Local authorities and HSCTs were also asked if there was a lead role to coordinate their CSE strategy. Sixty-three respondents (89 per cent) recorded that their local authority or HSCT did have such a role, but only 60 per cent of these roles had an explicit responsibility for joint work with disability services. Thus, overall, only 54 per cent of all respondents to the local authority/HSCT survey had a lead role for CSE with an explicit responsibility for joint work with disability services. Respondents gave a variety of answers when asked to describe how joint working with disability services took place – for example:

'Disability services represented on CSE Pilot Project Board.'

'In the CSE sub-group of the LSCB to ensure the needs of children with disabilities are addressed.'

However, a number of responses suggested that an emphasis on learning disability was not made distinct from a wider one on disability or on safeguarding all children under this role:

'There is an expectation that it is joint working with all agencies, but [it] does not talk about children with learning disabilities specifically.'

'This question does not apply. Our services are not in silos. Disabled children are dealt with as children first and the idea is that all our services are accessible and used by all children.'

Many respondents admitted that this particular area was not yet well-developed:

'This is work in progress and includes a more collaborative interface with the disability service.'

'This has just been put in place as a result of this survey.'

A minority of respondents (38 per cent) stated that their area had a CSE champion for young people with learning disabilities, and, even where a champion had been appointed, fewer than two-thirds were professionals from children's disability services. Respondents indicated that their champions were from agencies, including a safeguarding team/unit, a health trust, the police, and a local charity. This means that, overall, fewer than a quarter of local authorities and HSCTs that took part in the survey have a CSE champion for young people with learning disabilities who is a specialist from that field.

During interviews, professionals described a varied picture of the development of local strategies to address the needs of young people with learning disabilities who experience, or are at risk of, CSE:

- Many interviewees nationwide highlighted the need to include representation on CSE groups and forums from professionals with expertise in learning disabilities.
- In Scotland, interviewees were not aware of specific local strategic measures or policies for this group, but the action plan that is to be developed as part of the Scottish inquiry into CSE was viewed as a good opportunity to address this.
- Professionals in Northern Ireland were not able to identify specific local guidance for this group.
- In areas where learning disabilities have been identified within a police CSE investigation, formal structures and strategies more often encompass aspects designed to meet their needs than in areas where this has not happened.
- A professional from a statutory agency in England described how a draft policy document had recently been produced by the local authority, specifically outlining the vulnerability of young people with learning disabilities to CSE, welcoming this as a positive first step.
- Reduced resources were identified as having an impact on the strategic response from local authorities.

One specialist CSE worker bemoaned the failure of their English local authority to strategically address meeting the needs of young people with learning disabilities who experience, or are at risk of, CSE, and added that her service intended to lobby for change:

'It's one of the reasons why we as a service have taken it on as an area for development and for "campaigning" – something we started raising up more as an issue in strategic groups that we sit on and through the awareness training that we deliver.'

Respondents to the projects/services online survey were asked about whether they knew of local measures to support young people with learning disabilities, but only seven (19 per cent) of all the respondents were aware of these being in place in their areas.

4.3.3 Specialist CSE services

The research looked at how local authorities and HSCTs were working to address CSE through the commissioning of services to support young people with learning disabilities who experience, or are at risk of, CSE and, specifically, how these were meeting the needs of these individuals. Many professionals from across the UK suggested that the most effective option is to have a specialist CSE team in a local area with knowledge of how to work with young people with learning disabilities. Some professionals from statutory agencies or involved in strategic work expressed a different view and thought that the needs of this group should be met by social care, although it was acknowledged that there are issues that currently could hinder social care professionals from adequately performing this role:

> 'It's recognising that social workers should be the lead in child protection – there's no doubt about that – and CSE is a child protection issue, there's no doubt about that – but they do have many demands on their time.'

> 'I don't think I would advocate for special projects for children with learning disabilities who might suffer CSE. I'd say: these are children who need to be protected like lots of other children and we need to recognise that, at the moment, we're not serving them very well and think about how we can do this better.'

One reason given by a professional for keeping this work within social care was a concern about losing accountability:

> 'The model I would go for is you have the social workers who are trained to work with risk, they do the work. I wouldn't go with providing a 'package of care' because, personally, I'm not sure that that's a model that works, because expertise lies with the social workers and, once you start commissioning out, I'd have other worries about accountability [...] so for us we're moving towards skilling up staff and finding the time for them to do that work.'

The online survey of local authorities and HSCTs asked a series of questions about whether dedicated support was available to young people with learning disabilities who experienced, or were at risk of, CSE, what was provided and whether respondents considered services adequate to meet the needs of this group of service users. Twenty-nine local authorities and HSCTs (41 per cent) that took part in the research said they had a dedicated, specialist CSE service, but only around half of those who had this type of service (15 respondents) said that they felt it was currently able to meet the needs of young people with learning disabilities. Overall, only one in five (21 per cent) of the local authorities and HSCTs that participated in the survey reported that they had a specialist CSE service that could meet the needs of young people with learning disabilities. Local authorities and HSCTs were asked to describe what the service does to meet the needs of the group; responses were limited and included the following:

> 'Resources specially tailored to young people with LDD [learning disabilities and difficulties].'

> 'Uses communication passports[129] to make sure that any support is suited to the child's communication and learning style.'

Although these responses offered some evidence of ways in which specialist CSE services employ appropriate ways of working, it was difficult, across the different responses, to understand the degree to which these services are equipped to deal with the complexity that such cases present. The research highlights how inter-agency working can be critical to ensure that needs are fully met:

> 'They work closely with the related agency to identify processing and functioning ages, ability, etc and adapt their work to suit. In some cases, e.g. high-level autism, they have not been able to support the child as they do not feel skilled in working with autism, therefore they consult with a specialist agency such as [name of agency].'

These issues are discussed further in the practice guide that accompanies this research.

4.3.4 Other specialist services

The local authority/HSCT survey also asked whether there was other support, in addition to or in place of a specialist CSE service, that could meet the needs of young people with learning disabilities who experienced, or were at risk of, CSE. The majority of respondents (61 per cent) said that there were other appropriate services available, although 18 (25 per cent) said there were no other services and 10 (14 per cent) that they did not know. Alternative sources of specialist support identified included the following:

> 'Social worker support from specialist Children with Disabilities team.'

> 'CAMHS, services spot-purchased from voluntary organisations.'

> 'LDD youth club and support available from community youth teams.'

> 'There is an Integrated Service for Disabled Children that provides support in individual cases. A local service (which is nationally acclaimed) has been commissioned in individual cases or to inform/support groups of children.'

> 'LD [learning disabilities] team, SENCOs in schools, voluntary sector specialist groups.'

129 Communication passports are booklets that include information about a young person and how they can most effectively communicate. Young people share this information with people they meet in a practical and positive way.

Key findings concerning responses to young people with learning disabilities who experience, or are at risk of, CSE at a local and national level

- Participants in the research highlighted key gaps in national policy and guidance regarding both the importance of introducing compulsory sex and relationships education for all young people in every school and a clearer obligation on local areas and individual agencies to address the particular needs of young people with learning disabilities.
- The research found a varied picture for national responses, suggesting that policymakers in Scotland and Northern Ireland should focus on CSE more broadly and include a focus on the needs of young people with learning disabilities. It also found that, while there is already a good broad platform in England and Wales, detail on the specific needs of young people with learning disabilities should be added.
- Implementation of national policy and guidance was reported to be patchy across local authorities and HSCTs, although some of these bodies have started to implement activities to address the sexual exploitation of young people with learning disabilities.
- Gaps in local authority and HSCT provision include the lack of a clear and detailed focus on learning disability. There is need for more local authorities and HSCTs to include young people with learning disabilities in multi-agency CSE strategies.
- A small minority of local authorities and HSCTs have a CSE champion for young people with learning disabilities.
- Many professionals reported that a specialist CSE team in a local authority or HSCT was the best option to meet the needs of young people with learning disabilities who experience, or are at risk of, CSE, although some felt that support for this group should be delivered by social care services to ensure accountability.
- 41 per cent of local authorities and HSCTs stated that they have a specialist CSE service, but only half of these felt that it was currently able to meet the needs of young people with learning disabilities. Twenty-five per cent of local authorities and HSCTs without a specialist service said they do not have any other support available in its place.

4.4 Multi-agency responses

The importance of multi-agency working was highlighted by almost all professionals as being crucial to adequately responding to this complex issue:

> 'I think it is important to adopt a multi-agency approach in working with all young people and very important for schools and those caring for them to be trained in CSE to be able to 'spot the signs', raise concerns and work with agencies to help them communicate and support young people. Also improved access to and communication with health professionals and those responsible for assessing and diagnosing learning disabilities would help as it can be difficult to determine how to help and support a young person.'

However, in response to questions in the online survey of services and projects that asked if they were able to access additional, specialist support for young people with learning disabilities:

- only 43 per cent of services working specifically to address CSE said they could link to specialist learning disability services (10 of the 23 survey respondents)
- thirty per cent did not know if this additional support was accessible in their area (seven of the 23 services).

Professionals who participated in the research interviews presented differing perspectives on multi-agency responses to young people with learning disabilities who experience, or are at risk of, CSE. One specialist CSE professional based in England described their experience of how, when it is known that a young person has a learning disability and they are already linked to services, there can be a good multi-agency response to meet their needs, but when there is no pre-existing support, this can be difficult:

> 'So, if the young person already has certain services in place, we will link up with them [...] and we can do some good work together – in other cases, there isn't anything and we struggle to find out who is around and who is doing what.'

Another CSE professional based in England talked about variability in the responses from different agencies or individuals in her area, indicating that there are not clear policies and processes to guide practice:

> 'The response of the [specialist multi-agency CSE] teams varies greatly, and the understanding of each team varies greatly – so even where there's supposed to be specialist responses [to young people affected by CSE], it's based on people's understanding and attitude [...] because there isn't a specific piece of guidance or a document that says: "In the case of children with learning disabilities, you need to consider this," or "You should act in this way". [...] That doesn't exist and so it's very dependent on individuals' understanding and attitudes.'

The benefits of having appropriate multi-agency structures and established relationships in place to support productive working around CSE in general was said to be even more important for cases involving young people with learning disabilities:

> 'Having a multi-agency team has helped in some cases because the relationships are already established. [...] If things don't go well, we can just go above [to senior management]. They accept and respect your view and your professional opinion and respond appropriately, so that helps greatly.'

Professionals based in Wales produced examples of good multi-agency responses, supported by the Sexual Exploitation Risk Assessment Framework (SERAF) process:

> 'Because the form is part of a process that is used with all young people, I think the awareness of sexual exploitation and learning disability and the link between the two is there; people are understanding that – why it could make someone more vulnerable.'

However, one professional in Wales expressed the view that multi-agency responses often give little consideration to the potential presence of a learning disability when a young person is experiencing, or at risk of, CSE unless the learning disability has previously been clearly identified. They gave the example of a young person who attended mainstream school where concerns around behaviour were raised with no consideration of whether the behaviour could be a manifestation of a learning disability. The young person was taken into secure accommodation and through a court process before the issue of 'capacity' was raised.

Professionals in Northern Ireland pointed to the inquiry (Marshall, 2014)[130] that has been taking place as indicative that responses to CSE in general have not been adequate and that, when there is a multi-agency response, young people with learning disabilities are viewed in the same way as other young people who experience, or are at risk of, CSE:

> 'If there was an adequate and effective response to CSE, we wouldn't be having the inquiry and review. [...] To be honest, I think [young people with learning disabilities] are just grouped in with all the rest.'

Professionals from specialist CSE projects had had varied experiences around working with particular agencies to support young people with learning disabilities:

- One service reported good links with child psychology services, with which the project team is able to consult if it requires particular support around planning or adapting resources or approaches for a particular learning need.

130 Marshall, K (2014) *Child sexual exploitation in Northern Ireland: Report of the independent inquiry.* The Regulation and Quality Improvement Authority, Northern Ireland.

- A project in England described the benefits of close links with a specialist disability service that is based close to its office:

  'I guess a lot of the links with [the specialist disability service] is about giving us confidence that we are doing the right things and that we can use the same resources but that we just need to adapt some of them and give them more time.'

- Another English service reported that working across a large geographical area with different agency boundaries and systems to contend with could result in difficulties:

  'I don't think in our area things are very clear because the area is huge and for our work in different parts there are different routes for the same situations. There's different NHS trusts, and different responses in terms of education [services].'

- Those based in Scotland described how they were not aware of specialist learning disability services that they can either refer a young person to for support or that they themselves can contact for guidance on how best to meet needs related to learning disability. They explained that there are, within Scottish children's social care, specific children's disability teams and an Autism Resource Centre that provides information and access to support groups:

  'But that's primarily for parents and they don't exist in every area.'

Key findings regarding multi-agency working

- Multi-agency working is seen as critical to meeting the needs of young people with learning disabilities who experience, or are at risk of, CSE, yet there is widespread variability in this occurring in practice.
- Fewer than half of services working with young people with learning disabilities experiencing, or at risk of, CSE stated that they could link to specialist learning disability services.

4.5 Collection and sharing of information relating to CSE and young people with learning disabilities

The research explores whether, and how well, local authorities and HSCTs are collecting and making use of information. Respondents to the survey of local authorities and HSCTs were asked about CSE information-sharing protocols in use in their area. Seventy-five per cent of local authorities and HSCTs indicated that they have a multi-agency information-sharing protocol to address CSE concerns. However, only around a quarter said that this referred to the need to share information around potential or known learning disabilities in a child. Many respondents qualified this by explaining that their protocol is all-encompassing and so would ensure that this information was shared. Similarly, local authorities and HSCTs were asked whether they had an inter-agency protocol outlining agencies' responsibilities and roles in relation to the sexual exploitation of young people with learning disabilities. Twenty-eight per cent of local authorities and HSCTs indicated that they have, but when asked to outline what the protocol says, responses indicated that most local authorities and HSCTs do not specifically mention learning disabilities, but have one all-encompassing protocol.

Professionals who were interviewed outlined different perceptions and experiences of the collection and sharing of information. Some described how information about a young person's learning disability is collected and shared appropriately at multi-agency CSE forums to ensure individual needs are met by the agencies working to support young people. This could relate to the possibility that a young person may have a learning disability.

Specialist CSE professionals in England suggested that different local areas are at different stages of progress in terms of developing CSE information systems, but that even those areas that are more advanced are often not gathering information about learning disabilities in their data collection. Some interviewees highlighted examples of good practice in English local authorities. In one area, for example, there is a web-based practitioners' CSE forum that pools information relating to, for example, 'hot spots', trends with drugs, and numbers of young people who have been identified in a particular area. In this area, relevant agencies are being prompted to record and share information relating to young people with learning disabilities who experience, or are at risk of, CSE:

'Each month, all the services write a report around themes and issues, and in there young people with learning disabilities have been identified and the support for them.'

In Wales, the use of the SERAF assessment tool[131] across all local authorities was claimed by one interviewee from a specialist CSE service to have improved data collection around CSE. This interviewee also described how the use of the SERAF has facilitated information-sharing between agencies and enhanced the prospects for use of information in relation to CSE.

In Northern Ireland, professionals from the statutory sector explained that a multi-agency forum, established by a specialist CSE service, has led to improved

131 The SERAF framework and approach to assessment was originally developed and used by Barnardo's Cymru, but was then endorsed and rolled out across Wales as a way for all professionals to make initial assessments of potential risk of CSE for an individual young person. http://www.awcpp.org.uk/wp-content/uploads/2014/03/CSE-Protocol-Review-FINAL-REVISION-October-2013.pdf, accessed 8 May 2015.

information-sharing between relevant agencies, including information about learning disabilities. They added that regular meetings between social care and the police provide another opportunity for this to happen.

In Scotland, it was noted that CPCs are only just beginning to encourage agencies to record and share data around child protection in general, and that it is not yet clear how well learning disabilities will be incorporated in this.

Representatives from the police acknowledged that the quality of individual police forces' contributions to information-sharing varies for different local areas.

Overall, however, it was a common theme in the interviews with professionals that there are poor levels of data collection, analysis and sharing of information between agencies. One specialist CSE worker described how, in an attempt to raise the issue of the sexual exploitation of young people with learning disabilities further up the local agenda, lobbying was taking place to ensure that a countywide CSE mapping exercise includes the identification of young people with learning disabilities.

At a project level, one specialist CSE professional highlighted the merits of collaborating with sexual health services to share information to support casework with young people:

'We've got really good relationships with 'health', specifically the sexual health outreach nurses, and the sexual health outreach workers. We meet with them every few months to discuss any cases that we would signpost either way. [...] Any concerns they have about young people they are working with around sexual exploitation they will share – details about the young people, the perpetrators; they're really good at it.'

Key findings concerning collection and sharing of information relating to CSE and young people with learning disabilities

- The research shows that information-sharing protocols between relevant agencies in local authorities and HSCTs are at different stages of development and that there are only rare instances of learning disability featuring specifically within current processes and systems.
- Only a quarter of local authorities and HSCTs that have information-sharing protocols stated that this includes the need to share information around potential or known learning disabilities in a child.

4.6 Identifying young people with learning disabilities who experience, or are at risk of, CSE

The research explores a number of issues related to the identification of young people with learning disabilities who experience, or are at risk of, CSE, including data collection and monitoring at a local level. Findings from the local authority/HSCT survey indicate that:

- just over three-quarters of local authorities and HSCTs (76 per cent) across the UK stated that their authority recorded the numbers of young people assessed as 'experiencing' or being 'at risk of' CSE
- almost one in five respondents said their authority does not monitor this, and four of the 71 indicated that they do not know whether figures are kept
- only 22 local authorities and HSCTs (31 per cent of overall responses) of those that said that figures are recorded for CSE stated that the numbers of young people with a learning disability are collated from within this data, and even fewer could provide an accurate figure for this for the past 12 months, as requested in the survey
- fifteen local authorities and HSCTs provided a figure for young people with learning disabilities who had been identified as experiencing CSE, and 17 local authorities and HSCTs provided a figure for those assessed as being 'at risk'. The figures provided by local authorities and HSCTs vary widely, indicating that there are differences in processes and systems and the criteria used in assessment. Some of the issues are described further in this chapter.

Professionals reflected on the reasons why accurate figures were difficult to generate. A number of specialist CSE professionals highlighted the fact that the wider under-identification of all young people who experience, or are at risk of, CSE would have a disproportionate impact on the numbers of young people with learning disabilities identified:

'We all know some children are hard to reach, and that children and young people with learning disabilities are often isolated, so that makes me concerned that they are a particularly vulnerable group of children and young people that are hard to identify.'

One specialist CSE professional was not sure what steps were being taken in their local area to identify young people with learning disabilities who are experiencing, or at risk of, CSE. This interviewee noted, as discussed previously, the lack of CSE training of specialist disability professionals and perceptions of the sexuality of young people with learning disabilities:

'We have some specialist disability children's homes [in the local area] and none of the staff came [to the CSE training] [...] because they didn't think it was

applicable to them. This was something that we challenged and said [...] "Your young people are vulnerable to this just as much as any other young person – if not slightly more". I think a lot of professionals think: "Oh, young people with learning disabilities, they don't have relationships, they don't have sexual feelings or urges," but they do and if we're not talking to them about keeping safe in relationships or making them aware that people want to target them, then they're more at risk because we're not giving them that information.'

Other interviewees said that the main reason for poor data around the numbers of young people with learning disabilities in relation to CSE was that these young people are often difficult to identify because of the absence of a formal assessment that a young person has a learning disability:

'We don't actually know how many young people with disabilities we have worked with. [...] And part of that is down to [the absence of a] diagnosis.'

4.6.1 Local measures to support identification of young people with learning disabilities who experience, or are at risk of, CSE

One professional based in England described how, within their local authority, young people with a recognised learning disability and the presence of indicators of CSE are automatically identified as being at medium or high risk. The use of a CSE risk matrix was reported to have worked well in this area. While it has taken time for this to become embedded, it has become helpful because professionals working to address CSE have come to a shared understanding of the definitions of 'low', 'medium' and 'high' risk. The professional suggested that there is scope to develop the tool to be used by all professionals who have a safeguarding responsibility and who are likely to encounter young people with learning disabilities in their work:

'So everyone [professionals and services] is using it [...] a matrix or a form we could fill out [...] and not just us so that everyone would be able to know what to do when a young person has a learning disability. [...] So we could say: "Look, we're not educational psychologists but this is what we've observed in the past three months [in relation to a young person] and what is the best way to work with this young person".'

4.6.2 Specialist CSE services' recording of young people with learning disabilities who experience, or are at risk of, CSE

Professionals who took part in the online survey of services were asked to provide figures related to sexual exploitation of young people with learning disabilities among service users over the past 12 months. They were asked, where possible, to record this in terms of the numbers of young people assessed as being 'at risk', or as 'experiencing' CSE. Only 10 of the 14 specialist services provided figures for the number of young people with learning disabilities, with some noting that these figures were estimates. Among those who did give a figure for young people with learning disabilities, the proportion of their overall number of service users varied between 4 and 34 per cent. In interviews, professionals working in specialist CSE services estimated that between 10 per cent and just over 50 per cent of the young people on their caseloads have either a diagnosed or an undiagnosed learning disability.

Non-CSE specialists were also asked for their perceptions of the numbers of young people with learning disabilities among the wider cohort of young people experiencing, or at risk of, CSE. Some explained that, although their own agency does not collect data specifically relating to this, their participation in activities such as police operations or serious case reviews had emphasised that learning disabilities can be a significant element of a young person's vulnerability, and that they are present in a significant proportion of the young people who have been sexually exploited.

Professionals also noted that some young people with learning disabilities are experiencing multiple forms of CSE, which may not be recorded. An example was given of a young person with a learning disability experiencing CSE on the street from peers and older males, and via the internet. This young person was also internally trafficked, so experienced various routes into CSE and various forms of CSE. Others highlighted how young people with learning disabilities can be targeted and exploited for their disability benefits, and had noticed that this can be part of a process that leads to sexual exploitation.

Key findings regarding the identification of young people with learning disabilities who experience, or are at risk of, CSE

- Only 31 per cent of local authorities and HSCTs that collected CSE figures stated that the numbers of young people with learning disabilities could be identified in this data.
- There is wide variety in processes, systems and the criteria used to identify and record CSE and young people with learning disabilities.
- General low levels of awareness of CSE were reported to be affecting the identification of CSE. This is having a disproportionate impact on young people with learning disabilities because of attitudes to and awareness of sexual exploitation of this group, and because of the invisibility of this group within services.
- Young people with learning disabilities are facing multiple forms of sexual exploitation and it was noted that other forms of unrecorded exploitation, such as monetary exploitation, can also be present for these young people, and can be indicative of pathways to sexual exploitation.
- Local measures such as treating this group as medium or high risk, or using a CSE risk matrix, are seen as having a positive impact.

4.7 The work of key agencies in relation to CSE and young people with learning disabilities

The research explores young people's and professionals' views and experiences of the responses of particular agencies, including social care, education, the police and the wider criminal justice system.

4.7.1 Young people's experiences of social care

A significant number of the young people interviewed had a social worker or had had one in the past – in most cases assigned because of child protection concerns or because they were looked after, rather than for disability support. Most of the young people reported that they did not have a good relationship with their social worker. For some, this centred on a feeling that they were not receiving the right kind of support:

> 'The social worker didn't help really as they were focusing on your home, your family life and it's not really about that. It's about the incidents and how we are coping.'
>
> *Chantelle, aged 14*

> 'They would say, "Stop doing this, stop doing that, stop going missing," and so I can't even listen to them.'
>
> *Shannon, aged 17*

One young person described how her social workers did not keep to agreements, including arrangements for meeting up:

> 'They would say: "Oh, we'll meet on this date," and that day would come and we wouldn't meet; you know the meeting wouldn't happen to discuss how things are going. [...] There's one specific woman and she says she'll do things and it doesn't really happen. [...] That's got me down a bit, because, you know, social workers are there to help.'
>
> *Lauren, aged 21*

The research reveals examples of young people's negative experiences of social care. One young person, Sophie, aged 14, became angry when her social worker was mentioned in the research interview. She said that her social worker did not listen to her, that she did not trust them and they do not phone her back when she leaves messages. Sophie explained that the social worker had not helped her mother when Sophie had called them and this had upset her and made her really angry. During her interview, Sophie asked her support worker to help her to recount her experience of a particularly distressing time when she felt neglected by her social worker. The pen picture below describes her experience:

Pen picture 4

Sophie has an attachment disorder and learning disabilities. She has been in care for a number of years and has had a variety of foster and residential placements. She has been accessing specialist support from a voluntary organisation as she has been going missing. On the last occasion, Sophie went missing for three days and was returned to social services' office by the police. Sophie's social worker told her to wait in a room off the reception area and she sat there all day. She only saw her social worker very briefly, when she had said that she was really busy and had work to do. By chance, Sophie's support worker was passing by reception and spotted her. Sophie had not been allowed out of the room and could not open the window even though the room was incredibly hot. The support worker established that she had had nothing to eat or drink, and that no one had taken her to see a doctor. The worker recommended that she see a health worker immediately and get the morning-after pill. Sophie did not protest. At the end of the day, Sophie was placed in temporary emergency foster care. For the next two weeks, every morning Sophie and a black bag with her belongings were collected and dropped off at school, and after school Sophie and her bag of belongings were taken to a different foster placement. She did not know each day where she was going to be next. Sophie was still clearly upset about this period in her life and struggled to understand why her social worker did not support her. She now has a poor relationship with her social worker.

Another young person, Jo, aged 18, described how she does not talk to her social worker, partly because she thinks her social worker does not listen to her. Jo was not happy with her foster placement and explained that she did not think things would change for her and that no one was listening to her, so she went missing.

Young people reported mixed views on whether their social worker understood their learning disability and could communicate with them in ways they understood. Lizzie, aged 17, described how her current social worker is very good at communicating with her:

> 'She's worked with young people like me before [...] so she knows what she's doing. [...] She knows not to say too much at one time and not to talk about too many things at once. [...] It's like, now I'm going for a diagnosis [to assess for learning disability], some people have learnt to talk to me a bit different.'

4.7.2 Professionals' views of social care

As previously noted, professionals described different levels of understanding and awareness among those working in social care of the vulnerability of young people with learning disabilities to CSE. Some specialist CSE professionals asserted that social workers who contact their projects are sometimes overly concerned about a young person's vulnerability because of their learning

disability, while others with the same role described how responses from social care could depend on how the individual young person was presenting and the nature of their learning disability:

> 'So, I'm going to generalise: if it was a nice, sweet, pliable young person with a learning disability that was diagnosed, some [social workers] could be sympathetic and see [the risk of CSE] as a concern and [...] it can be: "Oh we must protect them," and that young person will never be allowed to have any relationship and will never be allowed to have sex. [...] If it's that, people can attach sympathy to a disability, if it's something that people see as being genetic or the result of an injury, it's like: "That's a shame; they're a vulnerable young person." [But] people often struggle with seeing all disabilities – like spectrum disorders – in such a sympathetic way. So they're value-attached depending upon the disability and depending upon what else presents with it. If they're spectrum disorders and there can be frustrations with dealing with that young person, people cannot respond so sympathetically: "Oh well, it's just another challenging young person".'

As already described, many professionals within both statutory and voluntary agencies noted low levels of awareness of CSE among social workers who work within children's disability services. For example, one professional with a lead role for CSE within an English local authority described how this is reflected in the lack of referrals for CSE from the local authority children's disability team:

> 'Given what we know about the vulnerability of children and young people with learning disabilities to sexual exploitation, I would expect to see referrals from this team, but we don't get them.'

Some workers in specialist CSE services acknowledged their responsibility to cultivate relationships with social care children's disability teams to help improve this. Similarly, a local authority representative recognised the responsibility of the local authority to improve the understanding and awareness of CSE within social care disability teams:

> 'We don't get many representatives from the disability team attending training so that's an area we, as a local authority, should be addressing so that they can improve the responses to children with learning disabilities.'

Some professionals also highlighted the need for recognition of the time social workers need to meet the needs of young people with learning disabilities who experience, or are at risk of, CSE, and suggested that current procedures and practices do not facilitate their direct practice with young people:

> 'The "system" doesn't help social workers. They're limited for the amount of time they can spend assessing families, working with families [...] because they spend so much time sitting in front of the computer, duplicating paperwork. [...] There are expectations on social workers, and anything else you ask them to do, it's another task [...]. There seems to be an increasing demand on statutory social workers.'

4.7.3 Young people's experiences of responses from education

A number of young people reported that their impairment and/or learning needs had not been recognised and that support had not been forthcoming for them. They spoke at length about the impact that this had had on their lives, especially in school, and they often made connections between this and going missing, or getting into trouble and subsequent exploitation:

> 'Me mam always pushed for me to get a bit of support because she did believe I had some sort of learning disability. So, like in school, I would need to get things explained to me in a different way to the others, so when the teachers weren't helping and I didn't understand it and they were like, "Just do it," I got frustrated and angry. In primary school, I had a one-to-one worker after school and in high school, I did have a one-to-one worker for a while but this was taken away and I went right back down.'
>
> *Katie, aged 14*

Katie's understanding of why the support stopped was because: 'There were people in more need than me and at the end of the day it is all to do with money, isn't it?'. At the time of the interview, Katie was trying to acquire some educational support with assistance from her CSE project support worker.

Lizzie, aged 17, stated that young people with learning disabilities need better support at school and their needs should be recognised:

> 'They shouldn't just be shoved with the naughty kids – that's what happened to me. The teacher hardly did any teaching, just told everyone off most of the time.'

4.7.4 Professionals' views of responses from education

Professionals gave a variety of perspectives on how schools respond to meeting the needs of young people with learning disabilities who experience, or are at risk of, CSE. There was a consensus that more work should be done in schools and with schools-based professionals to get them to acknowledge the importance of CSE, alongside a suggestion that schools are in an ideal position to identify young people with learning disabilities who might be at risk.

Professionals also described some similarities between the responses of workers in social care and those in educational settings in terms of a tendency to focus on a young person's challenging behaviour rather than on their learning disability or the emotions they might be feeling because of their experiences:

> 'With one young person, there was a real problem with the school and, when I think about my conversations with the head teacher, she couldn't seem to see what the impact of the trauma had been on this young person and why it would impact upon her behaviour. The young person had a history of sexual abuse, as well as different forms of sexual exploitation, and the head teacher

just couldn't seem to see the trauma and how that affected the young person but just viewed her behaviour really negatively.'

Some professionals suggested that there is still a taboo in some educational establishments around young people with learning disabilities and sexuality:

'Sometimes it has not so much to do with disability itself, but with the subject – with sexual exploitation – because there are schools that are still quite defensive and resistant to admit that somebody might be in any way involved in sexual exploitation, because that's got a link to sex and their pupils don't have sex, or their pupils don't think about it.'

Specialist CSE professionals gave examples of how, when they had worked with young people in specialist schools, it had become apparent that sex and sexual relationships had not previously been discussed with them:

'I worked with some young people in a special school for young people with learning disabilities and they were 17, 18 and even 19 and they said it was the first time anyone had ever had a conversation with them about sex. It was always poo-pooed as if people with learning disabilities don't have sexual relationships. And there were 19-year-old boys saying: "Am I not allowed to say the word 'sex'? I have a girlfriend who I want to have sex with [...] but no one will talk to me about that." We can't desexualise young people or not allow them to have sexual feelings.'

Some interviewees talked about examples of good practice in educational settings that they had encountered, or been involved with:

- A special school in England that is developing a model of PSHE highlighting the sexual exploitation of young people with learning disabilities by producing a short film that focuses on the communication disorder of a young person, their relationship choices and how those relationship choices are made
- Residential schools using educational psychologists to help with putting their PSHE packages together – for example, leading to more visual prompts being included and less narrative to support young people with learning disabilities to understand what is, and is not, acceptable within sexual relationships
- A specialist education college for young people with complex needs investing in training for college staff to raise awareness of CSE and a commitment to keeping CSE high on the agenda
- A secondary school that had prioritised raising awareness of CSE in PSHE sessions.

4.7.5 Young people's experiences of the police and the wider criminal justice system

Young people described mixed responses from the police, saying that they had come across 'good' and 'bad' police officers. Zoe, who was 19 when she was interviewed, spoke about a difficult experience when a police officer had asked her to read aloud her statement of allegations of CSE:

'I thought they didn't believe me. [...] I didn't know what to say to them. [...] They asked too many questions together. [...] I got confused.'

Fortunately, as she explained, the officer helped her when it became apparent to him that she was struggling.

Chantelle, aged 14, who had spoken to the police about CSE incidents, had a very positive view of the police:

'I was pleased I went to the police. At first they asked loads of questions and interviewed us. The interview was done in a recorder so that we don't have to go to court. It goes on a screen in the court. All of the police were helpful and they listened to us which I was surprised [about]. [...] They said that they would get back to us further along. [...] [The police] did a good job. It was fine. Me and my friend aren't scared to go out now. They gave us good support.'

Charlotte, aged 15, had lengthy and mixed experiences of the police and court in relation to her experience of sexual exploitation, as described in the pen picture below.

Pen picture 5

Charlotte was sexually exploited by an older man. When she became pregnant, he tried to stop her telling anyone that he was the father of the baby. Charlotte was frightened of this man so kept her pregnancy a secret but eventually was unable to and the police became involved. She said they were helpful, but that they did not seem to understand how difficult it had been for her, or why she had not told anyone sooner:

'You can't just tell someone. It's a big thing. You can't just go: "Oh mum, listen to this: I've got something to tell you".'

The police made a video recording of an interview with Charlotte, which she found difficult – partly, she said, because she was discussing intimate matters with a male officer:

'And this policeman, right, I'd tell him what had happened, right, and he was like: "Can you explain what a poke is or what sex is?" and stuff like that, right. It was right embarrassing me. He was like: "Do you know what a wank is?" and he'd be like: "How do you do it?" [...] I got right embarrassed. [...] I was proper embarrassed and I felt right intimidated to explain what a wank were. I was imagining [the video interview] being put on in the full court. [All the people in the court room] could have been laughing at me. [...] It's hard that it was a male police officer and it's hard talking to somebody you don't know. [...] And then I had to watch my video interview again and it was horrible; you just don't want to watch yourself.'

Charlotte also said that she would have appreciated more frequent direct contact with the police for updates about the ongoing investigation:

'They were helpful but then I wouldn't hear from them for ages and didn't know what was going on. [...] They would ring up and stuff but they wouldn't come and see me face-to-face.'

Charlotte was taken for an initial visit to the court in preparation for the trial of her abuser and she found the experience strange and intimidating:

'It were frightening me, frightening me to death and I was thinking: "I've got to face this" [when the trial starts] [...]. They were telling me that [during questioning] the best thing to say is just "Yes" and "No" but doing that in a courtroom is just going to make me look a divvy.'

The pre-trial visit to the court made Charlotte question whether she was able to go through with the trial:

'I was thinking: "Can I really do this?".'

But Charlotte was also determined to go ahead:

'Even though it hurt me to stand there and be told that I was lying.'

Charlotte was grateful for reassurances that the specialist CSE service, which she was working with, would be there to support her throughout the trial and afterwards.

4.7.6 Professionals' views of responses from the police and the wider criminal justice system

Representatives from the police who contributed to the research recognised that there are inconsistencies across the UK as to how local police forces respond to young people with learning disabilities who experience CSE:

'We do know from talking to young people that the reaction from the police isn't always sympathetic. [...] That can be because of lack of awareness of the issues that the young person is facing and there is an assumption that the young person [with a learning disability] will respond in the same way as any other young person.'

The vital importance of understanding the nature of a young person's learning disability in order to ensure that an appropriate response is put in place to make productive progress with an investigation was also acknowledged:

'If you're not taking into account all the factors relating to the young person, you can't put in place all the right mechanisms and make all the right tests in relation to the evidence because their learning disability can influence how they express themselves or their interpretation of the situation.'

Representatives from the police also recognised that a failure to identify that a young person has a learning disability can have a negative impact on a court case and that it is fundamental to ensure that the right care package is provided:

'For example, the defence could question how credible the evidence is given by a young person.'

'The judicial processes will want to know that due care was taken in setting in place the right support provisions for them [...] so, for example, what was done to make sure that the young person was able to understand what was going on, what support was available and what support wasn't.'

Other interviewees from outside the police service gave mixed accounts of police responses to young people with learning disabilities who experience, or are at risk of, CSE. Professionals in Northern Ireland noted how the police are working to improve responses to young people with learning disabilities and ensure a more consistent approach:

'If they're aware of the issues and they recognise that a young person's being sexually exploited and they're not just "a willing participant" or "choosing this" and that there are other factors underlying it, if they're taking that view, then they respond more positively. But their response is inconsistent

across Northern Ireland. One of the things the police are doing to change [the inconsistent response] is they're restructuring the Public Protection Units to align themselves to the [...] five [Health and Social Care] Trusts – so they are making attempts to have a bit more consistency.'

Specialist CSE professionals gave examples of positive involvement from the police in individual cases. One interviewee described how the police had made extra visits to a young person with learning disabilities who had been sexually exploited to spend time with her to make sure she understood what was going on in relation to the police investigation and to give her opportunities to ask questions. The police recognised that the best way to communicate with this young person was in the comfort of her home, rather than on the telephone or via letters, and ensured that this is where they saw her. Another example of good collaborative working around a police interview with a young person was described as follows:

'There was one young person who was sexually assaulted and it was reported to the police and they needed an "appropriate adult" so I supported the young person, and [the police] were really good. This young person needed to be asked questions in a certain way, and they couldn't have family there, so what they did was they said to me: "If I'm not asking it in a way that she'll understand, then can you tell me?" [...] This young person didn't understand open questions – she needed them to be really specific – so I put that over and they re-phrased their questions so she'd understand and answer.'

However, other CSE specialists described less positive experiences of police responses. An example was given of a young person with learning disabilities who changed her police statement a number of times due to a range of factors, including the perpetrator's connections to a paramilitary organisation:

'The police didn't consider the young person's fear [of the perpetrator]; they didn't consider her learning needs; her vulnerabilities; her complex home situation. All of those things were not factored in. [...] All of these factors had to be considered for a young person with a learning disability and the police just didn't think about this.'

Another specialist CSE professional gave the example of a young male with autism whom she was working with. The young person had been groomed online and raped on a number of occasions by different people. The investigating officer from the police refused to work collaboratively with staff at the specialist CSE project who had an established relationship with the young person:

'The first detective that got involved wasn't really great. He decided to turn up unannounced to speak to [the young person] and he just ran away and refused to come back until the police had left. [...] It was because the detective had decided to act against what we had agreed would be the best way forward.'

One interviewee from a specialist CSE project asserted that the lack of knowledge of how to communicate with a young person with learning disabilities can negatively affect the response of the police to allegations of CSE:

'They say he's unwilling, unreliable or can't engage. [...] I think there's something missing [...]. When it comes to young people with learning disabilities, it just seems like it's: "He's not going to speak in court, he's not going to do this and he's not going to do that." Well of course he's not: he's got a learning disability! It's going to be particularly difficult for him. There needs to be something else, some other method, some other resource, and I don't know what that could be, but I think that, given our increase in referrals relating to young people with learning disabilities, that it will be something that the police will have to address in the near future – how to work with young people with learning disabilities who are being abused.'

Another related how unsympathetic officers had been in response to the trauma presented by a young woman who had been sexually assaulted:

'They picked her up one night when older males had been plying her with alcohol and she was very intoxicated and, by the time the police got there, she was very distraught [...] she was very traumatised [...] and they arrested her and put her in handcuffs. They said that her behaviour was just totally outrageous but she was absolutely petrified [after being sexually assaulted] and we didn't know yet what she had been through and I just felt that the police just didn't get it. They just didn't understand it at all. Her level of distress was high; she just went into meltdown; she was completely distraught and they took it as aggression and not trauma.'

In terms of the wider judicial process, interviewees said that it is common for police and prosecution services across the UK to regard young people with learning disabilities as being unlikely to make good witnesses. Interviewees also suggested that police and court systems fail to take into account the particular needs of young people with learning disabilities:

'Even where a young person has a special educational need or has been recognised as having a mild, moderate or severe learning disability, it sometimes doesn't seem like services respond differently to them. Yes, services may say: "They have a learning disability," but the service response is not actually different – especially when you think about the police and court. The expectations are still there that the young person will plough ahead and give their evidence but there isn't actually much adjustment made for the fact that this young person has a recognised learning disability.'

A professional from England who worked in a service to support young people with learning disabilities involved in the legal system highlighted issues around young people with learning disabilities who are being prosecuted as perpetrators of CSE but their needs as victims of CSE are not being recognised or met. As she stated:

'It is quite bizarre that we have a process whereby if you are looking for achieving best evidence, if a witness becomes a suspect we have real clarity about what to do, but we have nothing that says what to do if a suspect becomes a victim during the course of the investigation, i.e. it appears that they have themselves been subject to sexual exploitation.'

One professional highlighted, as an example of good practice, a case where a severely disabled young person had given evidence at court and the perpetrator was given a custodial sentence solely on the young person's evidence. The interviewee explained that what had worked well in this case was professionals collaborating and being prepared to adapt processes and procedures and change their mind-set to view the young person as a credible and competent witness.

Professionals suggested ways in which police and criminal justice responses could be improved. The importance of raising awareness and understanding of the needs of young people with learning disabilities across the police force as a whole was proposed, including a particular focus on how to meet the needs of young people with learning disabilities:

'There is a general need for more awareness of learning disabilities [...] and the need to increase awareness that there may be a need that isn't obvious and, whilst sometimes it can manifest in very obvious behaviour, sometimes it can be very subtle. For example, where there are learning disabilities, where there is age-appropriate consent that could be given, it may be distorted by an individual's ability to understand the situation in which they find themselves.'

It was also proposed that the police should have ready access to specialist support to complement their work with young people with learning disabilities, and also be in a position to call on 'appropriate adults' or, in some circumstances, specialist interviewers where there are particularly complex needs.

One interviewee in England spoke about an 'Advocate's gateway',[132] which is an online resource with information for barristers aimed at improving their practice with vulnerable witnesses and defendants and includes information on young people with learning disabilities and communication needs:

'What has been interesting in there has been a new toolkit on how to pick up vulnerabilities. This has been a breakthrough for the legal system because it is how you can tell if someone is vulnerable as a witness – it is that kind of thing that is going to shift practice. We know from our work with defendants and research with young disabled teenagers that if you ask the wrong question – like: "Do you have a learning disability?", they will say "No". So we have come up with a list of questions that have gone into the toolkit, such as: "Did you get any extra help at school?"; "Do you need help with money?"; "Do you need help getting around or getting to appointments?"; "Do you need help with listening, reading or writing?"; "Do you need help to stay calm?". These questions are much more likely to give useful information.'

132 http://www.theadvocatesgateway.org/, accessed 3 August 2015.

4.7.7 Safeguarding young people with learning disabilities placed in residential care

Professionals highlighted some specific issues in relation to residential care and the safeguarding of young people with learning disabilities, and how little is known about this population of young people. Interviewees suggested that relevant improvements to residential care could be made, including the following:

- When inspecting specialist children's homes for young people with learning disabilities, the inspecting bodies in each of the four nations could have a key marker for CSE:

  'That would mean that their staff would have to go on training [...] and would mean that they would have to get specialist workers in to do awareness-raising with their young people. It would mean that they would have to be accountable for raising awareness within both the staff and the young people.'

- Joint monitoring by inspectorates for social care and health could be put in place to further understanding of the vulnerabilities of children and young people with learning disabilities to sexual exploitation.

- More robust safeguarding procedures should be introduced for young people with learning disabilities who are placed in 52-week residential school settings funded through education, and in other situations where children might not have regular, or any, contact with a social worker or outside services.

Key findings on the work of agencies in relation to CSE and young people with learning disabilities

- Many of the young people who were interviewed had a social worker or past experience of one. Most found their relationships with social workers difficult, reporting that they often felt unable to talk to them or that they did not always listen, keep to agreements or make frequent enough contact. Some young people said that their social worker's general approach could be too directive and, therefore, unhelpful.
- Social care professionals were reported to have mixed levels of understanding and awareness of the sexual exploitation of young people with learning disabilities, and it was felt that this affected their response.
- Young people reported that their learning needs are often not met in school and that this has a major impact on their lives.
- Professionals reported both positive and negative experiences of schools' understanding of CSE and support with raising awareness of the issue among their pupils. Some felt there is still a taboo around this subject in some schools.
- Young people reported mixed responses from the police. Having their learning disability recognised and needs met by the police is beneficial, as is the police working in collaboration with the young person and their support worker.
- It is common for the police and prosecution services to regard young people with learning disabilities as being unlikely to make good witnesses, and they often fail to take account of the needs of young people with learning disabilities.
- The safeguarding of young people with learning disabilities in residential care was raised as an issue requiring examination.

4.8 Referrals of young people with learning disabilities to specialist CSE services

This section explores the data collected on the referral of young people with learning disabilities to CSE services. Issues concerning the identification of a learning disability after referral are highlighted, and young people's experiences of this process are also presented.

4.8.1 Changes in the numbers of young people referred

Some professionals based in voluntary sector specialist CSE services reported an increase in the numbers of referrals relating to young people with learning disabilities:

> 'We've noticed an increase in boys being referred with learning disabilities. [...] It's not like we've been doing anything different; it just so happens we have had this increase in referrals.'

Workers from some projects noted that this has especially been for referrals of young people with ASC:

> 'I think that's because [other agencies and professionals] identify those conditions now and they've been diagnosed because there's more systems in place to diagnose [ASC].'

4.8.2 The lack of referral of young people with learning disabilities to specialist CSE services

In interviews, professionals reflected on a widely held view that, despite a reported increase in referrals, large numbers of young people with learning disabilities are not being referred to receive support to address CSE, and that this is – as previously described – because of:

- the lack of general awareness of sexual exploitation
- a lack of acknowledgement that they are a high-risk group
- assigning indicators of exploitation to a child's impairment
- individuals not being known to services because they do not meet the high thresholds for disability services.

Professionals highlighted how the reliance on other professionals recognising and reporting CSE plays a part in whether or not young people are referred to support services:

> 'You're relying on people: one, understanding sexual exploitation; and two, actually being involved and being ready to recognise it and willing to report it. So there's a double assumption there that makes these young people even more vulnerable.'

> 'We're relying on adults, professionals, or friends reporting because in the majority of cases, it won't be the children reporting it themselves – so, if you've got a group of children and young people who others don't necessarily think of as victims, or who they are not ready to recognise as victims, then they're even more at risk and there will be a lot more happening that we don't know about.'

It was also suggested that young people with mild learning disabilities may not meet the criteria for targeted services, which can increase their risk of CSE:

> 'The thresholds for disability services are so high that children with mild learning disabilities won't meet the criteria; some might be getting a mainstream service but in reality, their needs are not being met.'

4.8.3 Efficacy of referral systems used by specialist CSE services

Specialist CSE services that took part in the online survey were asked whether their referral form requested information about learning disabilities and, if so, how often this information was provided. The majority (11 of 14 projects) said they request this information. Just under half (six projects) added that this is provided 'most of the time' or 'always', and the other five said that it is only offered 'some of the time' or 'rarely'. In interviews, some specialist CSE professionals talked about the variable quality of information provided by referral agencies about a young person's learning disability:

> 'What people define as a learning disability can be quite wide. It's not necessarily that young people have been diagnosed; sometimes professionals give their opinion.'

One worker who had been involved in setting up a new CSE service explained that she had been unsure of the best option for a referral instrument because there is a variety currently in use:

> 'There's not one "go to" list. I think you'll find that most local authorities/HSCTs have devised, or are devising, or use their own checklist, but you'll find lots of similarities around them. I think what we'll be using [...] will be based on the See Me, Hear Me framework.'[133]

4.8.4 Identification of a learning disability after referral

Professionals from specialist CSE services explained how work with a young person often raises concerns that the individual may have a learning disability that has not previously been assessed:

> 'I have worked with young people where we have felt very strongly as a professional network that this young person has either a very severe learning difficulty or a learning disability [...] and they don't get a diagnosis – but yet, we're seeing young people where they've forgotten their name, or they can't do very simple self-care, and they can't travel independently.'

Specialist CSE projects may request that an assessment takes place and, when this happens and a diagnosis is received, this can positively support the CSE service to meet the young person's needs.

4.8.5 Young people's experiences of being referred to specialist CSE services

Many young people who participated in the research said they had not been given full information about why they were being referred to a specialist CSE service or told in a way they could understand. One young person was informed by his social worker that he was being referred to the project so that he could learn to keep himself safe and found this puzzling:

> 'I mean: why would you tell someone they were going to a project so they could get help to keep safe? It made me think that I wasn't safe. [...] I just worried that I wasn't safe and I didn't know why.'
>
> *Tom, aged 15*

In some cases, young people had not been informed that they had been referred to a CSE service and it had come as a shock to them when they were told they were meeting a CSE project worker. Shannon, for example, was told by her school that someone was coming to see her after school, but she did not know who, or what it was about. After school, she met the project worker, who said, *'Right – we are going to McDonald's'* – which relaxed Shannon and they talked together about the project. Shannon felt reassured that having a support worker would be ok.

Similarly, Misha, aged 15, was referred to a specialist CSE project by social care services without being informed that this had happened. Misha stated that she was not told about the referral but found out when she read it in the notes from a multi-agency meeting held about her. She was given no explanation of what the project was about and this contributed to her feelings of not being listened to. Misha felt that she had been referred because:

> 'they have to put on their report that I have been referred somewhere and that everything has been taken care of".

For this young person, the referral process had been particularly challenging, as she did not believe that she was being groomed.

Other young people knew why they had been referred. For example, one young person said she attended a CSE project because her mum found out that she was going to see a man she met on Facebook and *'it's dangerous to meet men you don't know'.* Another young person understood she was being referred because she was 14 and her boyfriend was 21. She remembered that she felt ok about getting referred and that once she had met the project worker, *'it was good as she was great'.*

A number of young people had been referred to runaways support services because they were running away but did not understand the associated risks, including CSE. Most stated that they did not mind being referred and, in most cases, welcomed the offered support:

> 'I was interested as I had no one to talk to. It takes me a while to click with someone and then after a while you feel comfortable talking about your problems.'
>
> *Katie, aged 14*

133 *See Me, Hear Me* is a framework developed by the Office of the Children's Commissioner for England for protecting children – from strategic planning to operational interventions – in order to prevent child sexual exploitation and to deal with it when it occurs. Berelowitz, S; Ritchie, G; Edwards, G; Gulyurtlu, S; Clifton, J (2015) *"If it's not better, it's not the end": Inquiry into CSE in gangs and groups. One year on.* Office of the Children's Commissioner, London.

Josh, aged 16, whose situation is outlined in pen picture 6 on page 105, knew that he had been referred because of his 'inappropriate behaviour'. This was difficult for him, as he thought he had been consensually exchanging texts. However, he realised it was a *'good idea'* to be referred to a specialist CSE service so that he could understand what was inappropriate and appropriate behaviour. He also wanted someone to talk to as he was socially isolated.

One young person said that she had been referred to CSE services by social care and understood that this was because she had been involved in incidents that had alerted them to her need for support:

'I got referred to the [name of project] because of an incident that happened in my home and in the street with my friend, and in lots of places.'

Chantelle, aged 14

Although some of the young people reported being initially upset or reluctant to be referred to a service, all have come to value the support:

'I wasn't really happy at first to be referred, but then I got to know her and she was really nice. [...] I wasn't happy at first because I thought: "Why have I got one of those and no one else has one?" but it was ok. They explained that because of my sexual health in the past, she would be really helpful, so I thought I would give it a go. They told me she would help me to stop getting into sexual incidents and bad incidents and avoid strangers and she was really helpful.'

Chantelle, aged 14

Most of the young people described how, despite initial reservations, they had engaged with their CSE service quite quickly but, for some, this had taken a relatively long period of time. Sian explained that for the first six months after she had been referred, she was not prepared to open up to the project support worker who came to visit her at her foster carer's home. Occasionally, they went out for a drink or something to eat and just chatted, but, after six months, Sian elected to go to the CSE project. After a further six months of regular contact, she disclosed what her older 'boyfriend' had done to her, but admitted that this was very hard:

'I found that really hard 'cos I don't really talk about feelings. [...] I don't always know what I feel – or if I feel anything.'

Sian, aged 20

Key findings about referrals of young people with learning disabilities to specialist CSE services

- The majority of specialist CSE services request information about learning disabilities at the time of referral. Around half said that this information is only provided some of the time or rarely. The information was reported to be of varying quality.
- Specialist CSE services reported that they could often be working with a young person and have concerns about a learning disability that has not been assessed. This sometimes leads to a formal assessment taking place, if the service can secure this assessment.
- A varied picture emerged around the 'invisibility' of young people with learning disabilities in CSE work – linked to differences in referral processes and issues around identification of a learning disability before or during an intervention. However, some CSE professionals reported an increase in the number of referrals and, in particular, for young people with ASC.
- The young people who were interviewed joined specialist CSE projects via a range of referral routes. Some said they had not been properly informed or told why they were being referred in a way they had understood. They recalled being confused or unhappy about this but, once they knew their worker better, have welcomed the support.

4.9 Diagnosis and a lack of quality assessments for young people with learning disabilities

Professionals from a range of backgrounds cited how diagnosis issues or a lack of quality assessment can affect meeting the needs of young people with learning disabilities who experience, or are at risk of, CSE. Issues were also raised in relation to young people with ASC, including Asperger syndrome and learning difficulties such as dyspraxia and dyslexia.

Professionals from a non-disability background reported that they find it is easier to meet the needs of a young person when there is a formal diagnosis of impairment, as this enables them to access multi-agency support. They also identified that where there is no formal diagnosis at the point when work begins to address sexual exploitation, being able to gain a formal diagnosis of the young person's learning disability can often have the beneficial consequences of getting the young person appropriate and/or specialist services to meet their impairment-related needs. Throughout the data gathering it was evident that many young people had not had an assessment of their learning needs and/or

did not meet the high threshold for disability support:

> 'The challenge is many of them have never been diagnosed with a learning disability. What we would know is that there is something; that their understanding is not quite there, and they are the most challenging to work with because you have to pitch what you are doing with them to whatever their level is without having anything on paper.'

> 'I think the biggest problem is getting a diagnosis in the first place. Getting them referred is a problem, as is getting them diagnosed. The learning disability teams, social services' learning disability teams, I find historically they are backed up with cases and then they can't take new ones on. [...] It's a very frustrating system.'

One young person described how she had not been diagnosed with Asperger syndrome until she was 13 years old, and that her needs had not been recognised:

> 'I had to go to loads of different schools because I was just getting kicked out [of school] all the time. [...] I wasn't going to lessons; just wasn't listening really. I was in trouble [at school] all the time: swearing at teachers; [...] getting into fights. [...] And because [school staff] didn't understand [that I had Asperger syndrome], I just got called a naughty child. [...] There was one time I wasn't allowed into school so I was in town with my mum and she got a call from the school saying: "Your daughter has just beaten up some girl," and they just thought it was me even though I wasn't in school, but I was standing right next to my mum. They just jumped to conclusions that it was me.'

The young person eventually went to a specialist provision, which worked well for her:

> 'Because they understand me. [...] They knew about Asperger's and when I needed time to calm down, they would let me go out [of the classroom] and calm down.'

Emma, now aged 18

However, it was also reported by professionals that even when a young person has received a diagnosis or proper assessment, they do not always receive services to meet their needs. Likewise, as described previously, despite having a diagnosis, some professionals might not understand the impairment and attribute some behaviours to being 'disruptive', particularly within school. Professionals described how some young people with learning disabilities are excluded from school and spend a considerable amount of time out of education, which can add to their vulnerability, as not attending school can heighten the risk of CSE. A significant number of the young people who were interviewed relayed a history of being outside of education and/or having a difficult time at school because they felt unsupported.

Seeking and receiving a diagnosis for an impairment is a complicated issue, and not all parents or carers and young people themselves want to receive a diagnosis that may carry some negative connotations – for example, in terms of employment and career choices. Professionals spoke of this dilemma:

> 'The need to diagnose to gain access to services, as diagnosis is increasingly central to access services, but, on the other hand, there being a price to pay for having a diagnosis.'

Some interviewees also reported that they believe that local authorities and HSCTs may be unwilling to provide a diagnosis because of political and resource issues:

> 'Politics plays a part in whether you can get a diagnosis easy or not from different parts of the country. [...] There is an anxiety for the local authority because the more young people with a diagnosis, the more they are held responsible for providing a service, so they can be reluctant to diagnose.'

Professionals presented some different age-related barriers to being able to get a young person a diagnosis. For example, one professional whose work covers the whole of the UK suggested the possibility that young people are not diagnosed with learning disabilities because professionals do not want to be labelling children at a young age. A professional based in Northern Ireland outlined how there can be barriers to getting young people over the age of 12 a referral for a diagnosis of a learning disability:

> 'That's very, very difficult. I find that the older the young people get – so, say 13, 14, 15, 16 – we certainly find that there is a barrier there. We find that other organisations will say: "That's just a wee bit late now," when actually you can really very much see that [the young person] is not doing well in school, they've ended up in the residential care system; there's just something not quite right, but there are challenges to actually getting them referred.'

Professionals also raised concerns that often child care plans and assessments do not recognise the vulnerabilities of young people with learning disabilities and risk of CSE, possibly because of a lack of knowledge and awareness of CSE, as highlighted previously, and because of assessments being too educationally focused. They also raised concerns that assessments undertaken at a younger age should put in place preventative measures to avert risk:

> 'If young people aren't being assessed [in relation to having a learning disability] when they're younger and before they come to [the CSE project], we're missing a massive opportunity to provide them with support and potentially putting them at risk.'

CSE specialists reported that it is very difficult for them to get young people referred into adult learning disability services as they reach 18 years old, and so their needs as a potentially vulnerable adult may remain unmet.

Key findings concerning diagnosis and a lack of quality assessments for young people with learning disabilities

- Many of the young people with learning disabilities currently being supported by CSE services were reported not to be meeting the high thresholds for learning disability services, but have unmet needs associated with their impairment.
- CSE professionals reported struggling to get young people referred to children's and adults' learning disability services.
- Professionals identified that a lack of recognition and/or proper diagnosis and assessment of learning needs is negatively impacting on the protection of young people with learning disabilities and the provision of support.
- CSE professionals reported that the ease of obtaining an assessment/diagnosis for learning disabilities varies across local authorities and HSCTs and can be problematic for 'older' young people.
- It was reported that when assessments do take place, because of a lack of understanding of CSE by professionals, CSE is often not considered.

4.10 Diversity

Professionals from across the UK expressed the belief that further consideration should be given to diversity issues to extend understanding and knowledge of the needs of young people with learning disabilities who experience, or are at risk of, CSE. The following presents some perceptions of the issues among professionals and highlights areas requiring further attention.

4.10.1 Gender

Professionals noted the importance of understanding gender issues when meeting the needs of young people with learning disabilities who experience, or are at risk of, CSE. For example, one professional with a background in health who works across the UK noted how often ASC is predominantly viewed as only affecting males, meaning that the needs of girls with ASC can be overlooked.

Professionals expressed that, in general within CSE services, there is more focus on young females than young males, but acknowledged that there is some limited work being undertaken with boys and young males with learning disabilities who experience, or are at risk of, CSE. However, there are some challenges around this:

> 'Some professionals just couldn't get their head around the fact that there were CSE risks with a young male, never mind that he had a learning disability and that all of [the CSE risks and the presence of a learning disability] could account for his "challenging" behaviour.'

4.10.2 Sexual identity, sexuality and sexual orientation

Specialist CSE professionals described witnessing an increase in their caseloads of young people who experience issues relating to their sexuality. It was reported that when this relates to a young person who has a learning disability, issues relating to their sexuality can become the main focus of professional concern, which can lead to their learning needs not being met. Professionals reported that responses have to improve for young people with learning disabilities who have needs around their sexuality or sexual orientation, and for those who have needs around their sexual or gender identity:

> 'We sort of get a bit panicky [about sexuality other than heterosexuality] and people seem to focus on that [when a young person identifies as lesbian, gay, bisexual or transgender]. [...] We are getting better, but I'm working with a young female who wants to be male [...] and that's caused a flurry of activity. [...] There were concerns that she had a learning disability but that was overlooked and the big issue was: "She wants to be a boy".'

Josh's story illustrates the complexity of some of these issues:

Pen picture 6

Josh, aged 16, was born with Foetal Alcohol Syndrome and has complex learning and mental health needs. He is struggling with issues around his sexuality, is confused as to whether he is heterosexual or gay, and does not know where to go for advice and information. Josh feels very isolated and just wants to have a social life and friends.

Josh got into trouble with the police over explicit text messages that he sent to a girl. He is confused as she sent him messages back and he thought their communications were consensual. He thinks that the police think he is a liar. His CSE worker is trying to support him to understand what has happened and also explore some of the risks he has been taking. Josh explains that, because of his confusion about his sexuality, he wants to explore his sexuality and 'try everything so then I will know'.

4.10.3 Young people with learning disabilities from black and minority ethnic communities

CSE professionals described how they receive few referrals for young people from black and minority ethnic communities – and, specifically for black and minority ethnic young people with learning disabilities – which suggests that this group is hidden and particularly vulnerable:

> 'To even get them to recognise that CSE happens in their community is a

step we still have to get addressed. And when you think about attitudes to children and young people in some communities – it feels like we have a very long way to go to address meeting the needs of sexually exploited children and young people with learning disabilities in some [black and minority ethnic] communities.'

'Some of them are so hidden; some of them aren't even on birth registers or known to any services, so anything could be done to them and we don't even know of their existence. [...] I'm thinking of children and young people who are trafficked or children and young people in the traveller community, for example.'

Some specialist CSE projects have never received a referral relating to young people from local black and minority ethnic communities:

'We don't get any referrals. [...] And if we're saying there's an increased vulnerability of children with learning disabilities [...] who are socially isolated, then it's about how do we engage with some of the hidden communities, be they boys or be they children from [black and minority ethnic] communities?'

Professionals identified the importance of raising awareness of CSE and the vulnerability of young people with learning disabilities to increase referrals from black and minority ethnic communities, but acknowledged the challenges:

'So it's about how do you reach that middle ground and how do you work with the more hidden communities where they haven't even identified CSE yet? [...] We have [delivered] a lot of training over the years, but I'm now thinking it's about how do we bring [working with black and minority ethnic communities] into our training as well in terms of raising the profile of CSE and young people with learning disability being vulnerable? [...] So there is something about saying: "These children and young people are vulnerable too, and you might want to think about referring them to us".'

Key findings concerning diversity

- Further work is needed to understand issues around gender, ethnicity, sexual identity, sexuality and sexual orientation, and young people with learning disabilities who experience, or are at risk of, CSE.
- In general, CSE services are more focused on females than on males, although some limited work is being developed to address this.
- Specialist CSE professionals identified an increase in referrals of young people who experience issues relating to sexuality.
- Specialist CSE professionals described receiving few referrals from young people with learning disabilities from black and minority ethnic communities.

4.11 Young people with learning disabilities' experiences of disclosing CSE

Where appropriate, young people were asked about their experiences of disclosing CSE and the responses they had received from parents and professionals.

4.11.1 Reasons why young people did not recognise that they were being sexually exploited, or were at risk of CSE, or did not tell anyone what was happening to them

While all the young people who participated in the research have come to accept and understand, to varying degrees, that they have experienced or been at risk of CSE, some identified that it took considerable time for them to realise and accept this. Some young people reported that professionals, parents or carers had been concerned for them, but that they themselves had been unable to recognise that they had been at risk or were experiencing sexual exploitation. Reasons they gave for this included:

- not respecting themselves
- thinking they were in a loving relationship
- wanting a relationship but thinking they would not find someone because of their impairment.

A number of the young people who were interviewed stated that they did not tell anyone what was happening simply because they were not asked. In some cases, it appeared that professionals may have missed indicators of CSE:

'I never lied to [my social worker and other professionals] and I was open with them. [...] They did know that I was quite sexually active, because I used to go down to the [sexual health clinic] for condoms and that. [...] I used to talk to [the staff at the sexual health clinic] and they were like: "Oh right" and stuff and then some major stuff happened and it was like: "She really does need some help".'

Charlotte, aged 15

4.11.2 Young people's experiences of disclosure

Young people's portrayal of their experiences of disclosure illustrate the challenges they face, not only around recognising or understanding that they are being sexually exploited, but also around their difficulties in opening up and speaking about CSE.[134] The following pen picture illustrates the complexity of these situations for young people with learning disabilities:

134 These findings are explored more fully in the practice guide that accompanies this research report.

Pen picture 7

When Sian was 14, her school noticed she was being met from school by a man who was not known to be a relative, and they contacted her social worker. It became apparent that the man had told Sian to keep their relationship a secret and to explain to anyone who asked that he was a friend. It also transpired that he had given her a false name, that the flat he took her to was not his, and that he lived with his wife and children. Sian, now aged 20, was very clear about why she had not told anyone about this man:

> 'He told me not to tell anyone that we were together because they would stop us being together. [...] 'Cos of my autism, I often take things literally, so if someone says to me to do something or not to do something, I will do it in the way they tell me. [...] I didn't really get on with my social worker. [...] She was alright and everything, but I didn't know her; I didn't trust her. She wasn't the kind of person you talk to about sex and boyfriends.'

The school and some of Sian's family members had tried to talk to her about the adult male, but she did not want to discuss him with them. She had previously felt isolated and as if she would never have a boyfriend:

> 'I'd never had a boyfriend before and some people don't get what it's like to have autism or something like that. I was in all the special classes when I'm not stupid and, I'm not meaning to be rude, but most of the other kids in there were either in trouble all the time or really thick 'cos of their disability. I was teased by other kids and no boys showed any interest in me. [...] I know I'm different 'cos of my autism but it doesn't mean I don't want things that other people have.'

Sian was referred to a specialist CSE project by her social worker. It took more than six months before she would engage with her project worker on a regular basis:

> 'But I still didn't tell her what I was up to. [...] I didn't think it was any of her business and I didn't want any help and I didn't think I was being sexually exploited.'

Sian's perception began to shift when her 'boyfriend' made her have sex with other men and he began to spend more time with other girls:

> 'I still didn't see that I was being sexually exploited – he said I have to have sex with these other men, otherwise he would be in trouble.'

Sian worked with her project worker for more than a year before she started to disclose in detail what was happening. She finally opened up to her project worker after a discussion between the two of them about what a boyfriend is:

> 'I told [the project worker] that my boyfriend had other girlfriends. [...] She asked me what I thought about that and I said I didn't know. [...] I guess I just accepted it 'cos he said it was normal. [...] [The project worker] asked me how I would like it to be with a boyfriend and I'd never thought about that before. [...] I was just so grateful that someone wanted to be my boyfriend and I just accepted how he said it was. I thought that's how it was.'

Young people who participated in the research shared other experiences of disclosing CSE:

Pen picture 8

Tom, aged 15, reported that he had been coming to his CSE project for nearly a year before he spoke to his project worker about his sexual relationship with an older man, aged 37. It became known when he was doing some work with scenario cards that told the story of a male who sexually exploited young people:

> 'In this story, the kid meets an older male on the internet, and I said to my project worker: "That's how I met my boyfriend". The project worker said that she didn't know I had a boyfriend and asked how long I had been with my boyfriend. I said I didn't know but that I thought it was for nearly two years. She then showed me some other cards and asked me if my boyfriend had done any of the things on the cards. He had done some of them so I told her that.'

This was the first time Tom had told anyone about his 'boyfriend' and he reported that it was good to talk to someone about this, but that he was worried that his boyfriend would be angry with him for having told someone about his secret.

Young people's experiences reinforce how it can take a significant amount of time for a young person with learning disabilities to disclose CSE, and that it can require long-term input by a worker to enable young people with learning disabilities to understand that what they have been experiencing is sexual exploitation. One young person who was running away and being sexually exploited at parties reported that her social worker had tried to talk to her about what had happened to her during the time she was missing, but she did not want to tell her what she was doing and who with. After doing some work with her CSE project worker, the young person decided that she would disclose what she was doing when she ran away, and received a positive response:

> 'So I told her where I was going and what I was doing when I was running away. [...] She was really good. She didn't freak out or anything. [...] She did tell me that she would have to tell my social worker and that they would have to tell the police, but they had a policewoman they worked with who was really nice and would come and talk to me. [...] I didn't have to go to the police station. [...] [The policewoman] came to [the runaways' project] and [my project

support worker] sat with me when the policewoman talked to me. [...] She said I did really well and took me out for something to eat as a treat.'

Megan, aged 16

Young people also described how elements of what takes place once a disclosure of CSE has been made can be difficult, and some of these difficulties can relate to the nature of their impairment, as Emma's experiences reveal:

Pen picture 9

Emma, aged 18, disclosed to her mother via a written diary that she had been sexually exploited. Emma was initially reluctant to discuss what had happened with professionals and, when she met with professionals, found being asked so many questions difficult. Because of her Asperger syndrome, she prefers to have information and questions broken down into single items, which professionals did not always do. Emma, for example, recalled being asked a number of times by the police to write down what had happened to her and to read her account out loud, which she says she found difficult and confusing.

4.11.3 The importance of a positive reaction when a young person discloses CSE

Specialist CSE workers' ability to listen, be patient and not impose negative judgements on young people helps to build trust and enable disclosure:

'She was really nice and she made me feel like she didn't think anything bad about me. She wasn't telling me that I was doing something wrong all the time, like everybody else was. She listened to me. She made me feel like I was important.'

Sian, aged 20

It was clear from young people's recollections of the reaction of the person they first talked to about being groomed and/or sexually exploited that this initial reaction had been very important. The lack of judgement appears to be of particular significance, as indicated by young people's descriptions of how their specialist CSE support worker responded to their disclosure of CSE:

'She didn't judge me. [...] She made me feel like it was safe to tell her.'

Sian, aged 20

'She was really nice, too. [...] She didn't judge me. [...] She listened to me. [...] I trusted her too.'

Zoe, aged 19

Some young people who disclosed CSE to their social worker had been extremely upset and angry at their social worker's response. One young person described how she felt that her social worker was not listening to her:

'They said: "That canna be happening," and "That canna be happening," [...] so you aren't even listening to what I am saying.'

Shannon, aged 17

After this response, Shannon stopped speaking to her social worker and felt they did not try to help her.

Chantelle also experienced a negative response from her social worker when she disclosed what had been happening to her, and to her friend. When asked if she had been listened to, she reported:

'No, not at all. They just thought we were being silly or dramatic, but we were just telling the truth. They made us feel like it was our fault. I didn't feel I could talk to them.'

Chantelle, aged 14

Key findings around young people's experiences of disclosing CSE

- Many of the young people who were interviewed stressed that, before a specialist intervention, they had never been asked whether they had been in exploitative or risky situations.
- The ways in which sexual exploitation had become apparent varied across the young people who were interviewed. Some disclosed the abuse they had experienced after receiving support at a specialist CSE service. Others revealed what had happened to them to workers from different services or, less frequently, to a parent.
- Many young people explained that three factors may have inhibited them from disclosing, which were:
  - that they did not understand, recognise or accept that they were being sexually exploited
  - that, even when they had become conscious that something was not right about what was happening to them, they had concerns about the consequences of telling somebody
  - that there was no one whom they regarded as being an appropriate person to talk to – someone they were confident would listen to them, believe them and whom they could trust.
- Young people also said that disclosure to a professional had, in most cases, taken time and only occurred once a long-term relationship had been built with one worker, usually from a specialist CSE service.
- Some young people reported that they had talked to social workers about their experiences and had not been believed.
- After disclosure, feeling listened to and understanding what was happening were identified as of paramount importance by the young people interviewed.

4.12 Outcomes for young people with learning disabilities who experience, or are at risk of, CSE who receive support from specialist CSE services

This section presents data relating to young people's views on the outcomes achieved through work undertaken with specialist CSE services, and to disclosure and its impact on outcomes. This is also explored more fully in the accompanying practice guide.[135]

135 The practice guide also presents extensive learning about: effective practice with young people with learning disabilities who experience, or are at risk of, CSE; barriers to effective practice; and resources to support work with this group of young people.

The young people who participated in the research have: varied experiences of, or risk of, CSE; received different amounts of support, with some receiving support for weeks and others for years; and different levels of understanding of CSE or the risks they faced. However, they consistently identified a number of ways in which specialist CSE services had helped them and identified outcomes they felt had been achieved. What appears to be of fundamental importance to the majority of young people is being listened to and not feeling alone. This was also described as having the greatest impact on them. Young people identified additional outcomes that they have achieved through their work with a specialist CSE service. These include understanding of:

- CSE and risk, which led to changes in behaviour and a consideration of consequences
- different forms of abuse
- age-appropriateness in sexual relationships
- choice and coercion within sexual relationships (e.g. not being compelled to have sex with other people)
- healthy relationships and what is a 'bad relationship'
- how to keep themselves safe online and in the community, and understanding that they had been sexually exploited or were at risk of CSE.

Other outcomes include:

- reduction in incidents of, or stopping, running away
- improved relationships with family members
- improved understanding of friendships and what are safe and positive friendships
- increases in psychological wellbeing (e.g. higher levels of self-confidence and self-esteem) and, in some cases, improved mental health, such as ceasing self-harming
- feeling safer
- improved physical and sexual health, including stopping drug-taking
- returning to education, or attending educational provision on a more regular basis, or thinking about the future in a positive way – including, for one young person, getting a job.

4.12.1 Disclosure and outcomes

Although disclosure of CSE was not identified by young people as an outcome, their experiences reveal that, as a result of work undertaken by specialist CSE services, and services addressing running away, project support workers are able to work with young people to gain their trust and enable them to disclose

– often for the first time – that they are being groomed, sexually exploited or engaging in behaviour or activities that place them at risk of CSE. The disclosure also results in responses being put in place to meet young people's needs and reduce their risk.

4.13 Evidence of young people's needs not being met

Despite evidence of specialist CSE services having worked to achieve positive outcomes with young people with learning disabilities, there was also evidence of young people who still faced ongoing risks and, despite all that they had learnt or were learning, could still find themselves in risky situations.

As Jo, aged 18, revealed in her interview, there had been an incident three weeks previously, when she thought she was going to a party at a friend-of-a-friend's house, but it turned out to be *'some old bloke's house'*. Jo reported that her friend was given a drink and *'then something happened so [they] went to the police'*.

Some young people were still unsure that they had experienced sexual exploitation, even though it was apparent to others that they had done so. Some young people appeared to lack capacity to make safe choices about sex but thought that, because they were now aged 16, it was legal for them to have sex with anybody; they had no understanding that they could still be sexually exploited despite being 16.

There was evidence that some of the young people who participated in the research were not able to access support to meet some of their needs. A few young people reported having unmet needs relating to support and information about their sexuality and mental health issues. Some individuals had not received therapeutic support to address their sexual exploitation. Some experienced problems relating to a lack of educational support or feeling isolated and wanting friends and opportunities to socialise. These unmet needs are beyond the scope of a single CSE service and often require a multi-agency response, which is not always put in place. It was evident from young people's descriptions of the support they received from specialist CSE services that effort is made to refer young people to other services to address unmet needs. However, finding accessible and suitable services is challenging.

Young people described how it was often unmet needs that had placed them at risk, or had played a part in their experiences of sexual exploitation.

4.13.1 Young people who were not receiving specialist support to address CSE

A small number of the young people who participated in the research were experiencing CSE and were not receiving support to address this.[136] These young people had little or no support, and were very vulnerable and at risk. Liam's story provides an example of these vulnerabilities and risks:

Pen picture 10

Liam is 16. He has autism and a Statement of Special Educational Needs. He has not lived at home for three months, has no regular place to sleep and stays with friends, including older males. Liam has not seen his social worker for approximately five months.

Liam accesses a drop-in centre for the homeless and receives food there. He has built a good relationship with the young person's worker based at the service, but is reluctant to give this worker information about, for example, where his home is, the name of his social worker, his surname and how he is surviving. There are concerns that Liam is exchanging sex for drugs, money and possibly somewhere to stay. He is now linked to the gay scene and may be vulnerable to being sexually exploited.

When Liam was 15, he came out as gay but did not have anyone with whom he felt he could discuss his sexuality or his desire to have a boyfriend. He had been on Facebook for a while and was approached by a male he did not know, whom he began to view as his boyfriend.

Liam told a teacher at his school that he had a boyfriend and the teacher asked him how they had met. When he said that they had met through Facebook, the teacher asked whether he had informed his social worker, and explained that he would have to pass this information on. Subsequently, Liam's social worker came to see him and talked with him about his boyfriend. Liam revealed that they had agreed to be boyfriends and were going to meet. His social worker explained that it is illegal for a young person under the age of 16 to have sex, and that adults who have sex with young people under the age of 16 are breaking the law. She also told Liam that it was dangerous to meet people online and that they may be concealing their age. She explained to him that she would need to inform the police. Liam was upset about this because he really wanted a boyfriend and was disappointed that this wasn't going to happen.

Liam also said that this had caused problems for him at home because his stepfather is homophobic. Ultimately, this led to him leaving home.

Liam thinks sexual exploitation is when an adult approaches a young person via the internet and that it only applies to young people under the age of 16. He believes that now he is 16, he can have sex with whomever he wants and it is fine for adults to have sex with him.

136 Where this was the case, the researcher took action to ensure appropriate support was put in place for the young person.

4.13.2 Young people experiencing sexual exploitation over the age of 18

The data from two interviews with young people who were over 18 also reveals how 'older' young people with learning disabilities are being, or are at risk of being, sexually exploited. Both young people had thought that they were in loving relationships and had not understood that they were being exploited for some time. Neither had received any support from vulnerable adults' services and both were being supported by specialist CSE services. The specialist CSE projects' willingness to work with these young people, even though they were over the age of 18, highlights the lack of service provision for young adults with learning disabilities who experience sexual exploitation.

Key findings regarding outcomes and meeting the needs of young people with learning disabilities who experience, or are at risk of, CSE

- Specialist CSE services are able to work with young people to achieve a range of positive outcomes. From the young people's perspectives, these outcomes include:
  - increased understanding of CSE, risk and keeping themselves safe
  - recognising CSE, or the risk of CSE
  - considering consequences
  - recognising healthy relationships
  - improved relationships with family
  - improved understanding of friendships
  - improved mental, physical and sexual health
  - engaging with education
  - moving into paid employment
  - planning for the future.
- Disclosure of CSE or risk of CSE is recognised as an interim outcome and identified as supporting achieving other longer-term outcomes for some young people.
- There is evidence that some young people who are supported by specialist CSE services still have ongoing needs that have not been met, relating to mental health, social isolation, therapeutic support and accessing other support services.
- There is also evidence that young people with learning disabilities who experience, or are at risk of, CSE are being harmed and are not receiving support to meet their needs. Safeguarding issues had to be raised during the course of the research.
- Young adults with learning disabilities who are over the age of 18 are also sexually exploited and, in some instances, due to a lack of service provision, are being supported by specialist CSE projects for young people.

4.14 Young people's solutions to improve meeting the needs of young people with learning disabilities who experience, or are at risk of, CSE

At the end of their interviews, young people were asked for their views on what they thought should be done to prevent young people with learning disabilities from experiencing, or being at risk of, CSE and what could be done to improve support for them. Their suggestions centred on four areas:

1. Education and information

The young people who were interviewed felt that schools should do more to teach young people about:

- grooming
- abuse and exploitation
- how to keep safe in the 'real world'
- keeping safe on the internet
- safe and positive relationships
- where to go if they need help and support in areas such as their sexual health or sexuality
- where to go if they have concerns about their safety and welfare.

Young people made the following suggestions:

'They should show videos in school. I learnt nothing about grooming in primary school or at my grammar school. [...] This stuff isn't common sense; I didn't know that there was a variety of grooming and that boys could get groomed, or that girls can be groomers or that it happens in gangs. I thought grooming was like "dog grooming".'

Misha, aged 15

'No one talks to you about that stuff. [...] Some people go for young people with disabilities 'cos they think it will be easier to do what they want to them.'

Megan, aged 16

'They should teach kids what it is and what they can do to make sure it doesn't happen to them.'

Lizzie, aged 17

One young person highlighted the fact that this education needs to start at an early age, especially in relation to grooming:

'If they know this when they are a bit younger, they would not go with these people. [...] Young people need to know that they should call the police.'

Jo, aged 18

2. Early and child-centred support

In addition to sex and relationships education, some young people identified that, because of the prevalence of CSE and the potential numbers who might have experienced sexual assault, schools need to provide specific support to help them:

'At school, they should help more and provide a sexual health group because I can guarantee the amount of people, you would see at least 20 in the school who have been through a sexual assault and not told nobody.'

Chantelle, aged 14

The recommendations of young people who are either in the care system or who have social work input focus on the need for early support and for professionals to listen to young people to prevent issues from escalating, which had led to some of these young people going missing:

'[Social workers] shouldn't let it get so bad that they go missing. [...] They should give them something to do and be nice and calm and talk to you and spend time with you.'

Sophie, aged 14

'If I had got help earlier, then things wouldn't have got so bad.'

Shannon, aged 17

'Everyone's an individual but they need to make sure that those who go missing are looked after and that they look at it properly. Police just look at it like: "Oh they just wanna go out and get drunk," and then throw you in a cell, but they need to look and see why they go missing and look at sexual exploitation.'

Katie, aged 14

Chantelle also spoke extensively about how she had felt that services were geared towards breaking up her family rather than focusing on providing support for her to deal with her sexual exploitation:

'They should be more focused on helping families rather than breaking them down, and helping young people with their actual problems and not try to make issues at home when there isn't any, and to help children instead of breaking up families.'

And, like many other young people, she commented on the need for professionals to listen to young people, believe them and not blame or judge them:

'They need to listen to children. Otherwise, the children can go missing.'

3. Meeting impairment-specific needs

Some of the young people who participated in the research had not had their learning needs properly assessed and recognised. However, many young people made recommendations for support associated with learning needs, which are not being met by generic mainstream services or specialist disability services. In identifying these needs, the young people connected them explicitly and implicitly with increased risk of CSE. Young people identified a lack of support in school, which led them to be frustrated and 'kick off' or skip school. They spoke about isolation and wanting opportunities to socialise and make friends. Young people also highlighted a lack of accessible information about sex, relationships, sexual orientation and sexuality. Some spoke about overprotection in special schools and not being prepared for the outside world. The majority complained about professionals' lack of skills to communicate with them and, finally, most called for people to 'look out' for and help these young people as they cannot always understand that they are being exploited and/or able to ask for help.

As one young person stated, it is important to recognise that:

'young people with learning disabilities want the same things as young people who don't have learning disabilities'.

Sian, aged 20

Most young people interviewed highlighted how services are not allowing them to achieve this and how their needs are not being met.

4. Access to more CSE services

The vast majority of young people highlighted the need for more specialist CSE projects, pointing to the specialist skills that these services have in working with young people to address CSE. They referred to skills in listening, being patient and knowing how to work in ways that were accessible to them, to teach them about these issues relating to CSE:

'We need more projects like the [X] project, as they are the best people for children to go to. They are so helpful and there would be no more runaways and [no] more girls going missing.'

Chantelle, aged 14

'They are good at their jobs.'

Jo, aged 18

One young person observed that, in the specialist CSE project she worked with, there are not any male workers, and felt that it might be important to have choice about the gender of the worker, especially for boys:

'They could do with more male workers. I feel comfortable talking to a female but maybe boys would like to talk to a male.'

Katie, aged 14

Recommendations from young people with learning disabilities who have experienced, or are at risk of, CSE

- Young people identified four key areas where improvements could be made to prevent young people with learning disabilities from experiencing, or being at risk of, CSE, and to improve support:
  - Improved education and information on sex and relationships and exploitation
  - Improved earlier, child-centred general support for young people so that issues do not escalate and create risk; this included being listened to by professionals
  - Improved support to meet their specific learning impairment needs
  - Access to more CSE services.

5

Discussion of key research findings

This chapter discusses some of the key research findings from the study in relation to current knowledge, and identifies where there is still a lack of evidence and knowledge about how to meet the needs of young people with learning disabilities who experience, or are at risk of, child sexual exploitation (CSE).

5.1 The vulnerability of young people with learning disabilities to CSE

Young people with learning disabilities share many of the same vulnerabilities to CSE that are faced by all young people, but there is evidence to suggest that they are more vulnerable to CSE than their non-disabled peers. The evidence also illustrates that this group of young people face additional barriers to their protection, and to receiving support if they are at risk of, or have experienced, CSE.

The reasons for this are complex and appear to be entrenched in the way society perceives and treats young people with learning disabilities. There are a number of factors that play a part in the failure to recognise that young people with learning disabilities are at risk of, and subject to, sexual exploitation, including:

- the infantilisation of many young people with learning disabilities
- the social isolation of this group of young people
- their lack of empowerment and voice
- the lack of access to information and education on sex and relationships
- false perceptions that young people with learning disabilities do not have the same needs, wishes and desires to have a relationship as all young people, and/or that they cannot be sexually exploited.

To address and prevent further exploitation requires fundamental change in societal attitudes and approaches to how young people with learning disabilities are treated and supported in the UK.

It can be inherently challenging for someone with a learning disability to understand the range of complex factors relating to CSE and how grooming involves, for example, manipulation and exploitation. The research data illustrates that, at present, not enough is being done to support many young people with learning disabilities to develop understanding of relationships and risk. The data comprehensively identifies that to support young people with learning disabilities to further their understanding of sexual exploitation and risk requires time, attention and an individualised approach that meets their learning and communication needs. Attention needs to be paid to ensuring that this forms part of every child's education and life experience, developing as they grow into adulthood.

In addition, while noting the benefits that technological developments can bring to the lives of young people with learning disabilities, the research also identifies that young people with learning disabilities are particularly vulnerable to online grooming and sexual exploitation. This particular vulnerability creates the need for young people with learning disabilities to receive good advice about internet safety as part of a preventative response.

5.2 The invisibility of young people with learning disabilities within services

The research highlights that a significant number of young people who become known to CSE services have moderate or mild learning disabilities or learning difficulties – and, in particular, autistic spectrum conditions (ASC) and attention deficit hyperactivity disorder (ADHD). These young people are often not known to any services before referral and have not had access to support to meet their needs. In some cases, this lack of support appears to be directly linked to the high threshold for disability services, lack of alternative provision to meet their needs and a low level of understanding of these impairments and their potential impact on young people's lives.

The evidence suggests that many of these young people who have moderate learning disabilities or learning difficulties, or are possibly on the autistic spectrum, have never had a formal diagnosis or assessment of need. Young people clearly articulated how the lack of recognition that they have a learning disability can be problematic, leading to frustration at school and exhibiting behaviour described by others as 'challenging'. For some, problems at school led them to cease engaging in education or being excluded, which further increases their vulnerability to CSE. Evidence gathered also suggests that some professionals may have a propensity to focus on 'challenging behaviour' and miss indicators of a potential learning disability and CSE. There appears to be a clear pattern across the UK of CSE professionals working with young people for whom there is no formal or informal identification of a learning disability or specific learning need. Although this warrants further investigation, it appears that a lack of knowledge around learning disabilities, lack of information-sharing and multi-agency working and lack of available services to meet this group of young people's needs exacerbates these issues.

Specialist CSE professionals' articulation of a desire for a formal diagnosis reflects their search for information that can provide them with an improved understanding of how they can work with a young person to meet their needs. Many also identified that a formal diagnosis is particularly crucial to meeting young people's needs because, in many instances, it is the only route to accessing additional specialist support.

5.3 Identification of numbers of young people with learning disabilities who experience, or are at risk of, CSE

There are challenges to identifying numbers of young people with learning disabilities who experience, or are at risk of, CSE across the UK. These challenges are exacerbated by:

- the invisibility of young people with learning disabilities
- the lack of diagnosis and assessment of needs
- the lack of understanding of both CSE and learning disabilities amongst some professionals
- no shared terminology across professional boundaries, especially concerning learning disabilities and/or learning difficulties
- the general lack of collection of data relating to young people with learning disabilities.

The need to more fully understand the prevalence and specific nature of the sexual exploitation of this group of young people is vital if support and services are to be developed to better prevent it, and adequate services are to be put in place to support those who are affected or at risk.

While many specialist CSE professionals described a recent increase in referrals relating to young people with learning disabilities, many also described how, for a number of reasons, young people with learning disabilities are not referred for support to address CSE. The research clearly identifies the need for improvements in multi-agency information sharing concerning learning disabilities and that CSE project referral forms ask for appropriately detailed information about a diagnosed or suspected learning disability. This will help local areas to improve measures to identify and record numbers of young people with learning disabilities who experience, or are at risk of, CSE and therefore be better placed to map needs locally.

5.4 Issues relating to diversity

The research identifies a clear need for further consideration and exploration of diversity issues among young people with learning disabilities who experience, or are at risk of, CSE to identify and meet their needs, and ensure that they do not remain particularly vulnerable as a result of being hidden. Data illustrated that consideration should be given to:

- addressing the lack of referrals of young people with learning disabilities from black and minority ethnic communities to specialist CSE services
- addressing the challenges relating to the recognition that boys and young men with learning disabilities are at risk of being – and are being – sexually exploited
- meeting the needs of young people with learning disabilities in relation to sexual identity, sexuality and sexual orientation
- ensuring that girls and young women with ASC are not overlooked.

The research findings support recommendations made by previous reports to improve CSE responses to young people from diverse backgrounds (Coffey, 2014;[137] Smeaton, 2013[138]).

5.5 Improving national governments' responses to young people with learning disabilities who experience, or are at risk of, CSE

The research reveals that international obligations to protect children and young people from sexual exploitation and to protect the rights of disabled children and adults are not consistently implemented across the UK. Where young people with learning disabilities are mentioned in national policy documents and guidance addressing CSE, the particularly limited direction for agencies and professionals poses challenges to ensuring effective prevention and responsive measures.

There are a number of forthcoming opportunities across the UK to ensure that young people with learning disabilities are included in national guidance, policy and actions plans addressing CSE. For example, in Northern Ireland, the Department of Health, Social Services and Public Safety (DHSSPS)'s implementation plan in response to the recommendations of the CSE inquiry presents an opportunity to consider young people with learning disabilities, as do developments in Scotland in response to its action plan to tackle CSE.[139] In England, the commitment of the *Sexual Violence against Children and Vulnerable People National Working Group Progress Report and Action Plan* (HM Government, 2015)[140] to revision of the supplementary guidance also offers a timely opportunity to improve guidance relating to young people with learning disabilities.

137 Coffey, A (2014) *Real voices: Child sexual exploitation in Greater Manchester.* http://www.gmpcc.org.uk/down-to-business/coffey-inquiry/GU, accessed 13 August 2015.
138 Smeaton, E (2013) *Running from hate to what you think is love: The relationship between running away and child sexual exploitation.* Barnardo's, London.
139 Scottish Government (2014) *Scotland's national action plan to tackle child sexual exploitation.* Scottish Government, Edinburgh.
140 HM Government (2015) *Sexual violence against children and vulnerable people national group progress report and action plan 2015.* HMG, London.

5.6 Resource issues

The general lack of resources is of concern, as this impacts on wider preventative work with communities, parents and carers, and young people, and also the direct support for young people who experience, or are at risk of, CSE.

The lack of investment in supporting and educating parents and carers of young people with learning disabilities with the challenging and complex issues associated with CSE was highlighted and viewed as a priority for national governments.

The evidence also emphasises the need for national investment to develop CSE resources and materials specifically tailored to support direct practice with young people with learning disabilities.[141]

5.7 Local implementation of national guidance and local responses to young people with learning disabilities

The evidence suggests that implementation of CSE guidance at local levels remains generally inconsistent. Across the UK, there appear to be limited responses to young people with learning disabilities who experience, or are at risk of, CSE, which is perhaps not surprising given the very limited focus on this group of young people in national policy and guidance documents, and the lack of identification and low levels of awareness of the sexual exploitation of this group.

However, the research highlights that some local areas are taking strategic and operational steps to meet the needs of young people with learning disabilities. For example, some local authorities and health and social care trusts (HSCTs) reported automatic identification of young people with learning disabilities at risk of CSE as a medium or high risk and have started to develop appropriate responses to meet their needs. However, many local areas have not started to address the sexual exploitation of young people with learning disabilities at either strategic or operational level.

The research confirms previous findings (Berelowitz et al, 2013;[142] Jago et al, 2011;[143] Smeaton, 2013[144]) of the need for local areas to undertake mapping activity, which should include a focus on learning disability. This would help with assessing and responding to local needs in relation to this group of young people.

5.8 Improved multi-agency working

Some local authorities/HSCTs have a CSE lead with responsibility for joint working with disability services. Nonetheless, many local areas reported: lack of representation from disability services at multi-agency strategic or operational groups; a lack of attendance from disability services on local CSE training and a lack of referrals relating to CSE from disability services. This suggests that more multi-agency work across CSE and disability services is required. The necessity for improvements in multi-agency working, including information-sharing, to address CSE generally has previously been noted and recommended by a number of reports concerning CSE (Jay, 2014;[145] Smeaton, 2013;[146] Berelowitz et al, 2015[147]). This research again highlights the crucial importance of effective multi-agency working to meet the needs of young people with learning disabilities who experience, or are at risk of, CSE.

5.9 The response of social care and disability services

Both young people and professionals described mixed responses relating to the approach undertaken by social care services to the sexual exploitation of young people with learning disabilities. Of particular significance was the reported low level of knowledge and awareness of CSE in children's disability services. This, in turn, appears to explain the lack of referrals relating to CSE concerns made by children's disability teams across many parts of the UK, thus highlighting the need for local authorities to ensure that disability teams access training and other CSE awareness initiatives and for specialist CSE services to build links with disability services.

5.10 The role of educational provision

The research clearly highlights the need for all educational provision to do more to engage in this agenda – as a preventative measure, but also in helping to identify those potentially at risk of, or experiencing, sexual exploitation. It suggests that this should focus on providing more general support to young people with learning disabilities and offering accessible and appropriate sex and relationships education programmes focusing on healthy relationships and

141 This is explored more fully in the practice guide that accompanies this research.
142 Berelowitz, S; Clifton, J; Firmin, C; Gulyurtlu, S; Edwards, G (2013) *"If only someone had listened": Office of the Children's Commissioner's inquiry into child sexual exploitation in gangs and groups.* http://www.childrenscommissioner.gov.uk, accessed 18 May 2015.
143 Jago, S; Arocha, L; Brodie, I; Melrose, M; Pearce, J; Warrington, C (2011) *What's going on to safeguard children and young people from sexual exploitation? How local partnerships respond to child sexual exploitation.* University of Bedfordshire, Luton.
144 Smeaton, E (2013) *Running from hate to what you think is love: The relationship between running away and child sexual exploitation.* Barnardo's, London.
145 Jay, A (2014) *Independent inquiry into child sexual exploitation in Rotherham* 1997–2013. http://www.rotherham.gov.uk/downloads/file/1407/independent_inquiry_cse_in_rotherham, accessed 5 July 2015.
146 Smeaton, E (2013) *Running from hate to what you think is love: The relationship between running away and child sexual exploitation.* Barnardo's, London.
147 Berelowitz, S; Ritchie, G; Edwards, G; Gulyurtlu, S; Clifton, J (2015) *"If it's not better, it's not the end": Inquiry into child sexual exploitation in gangs and groups: One year on.* http://www.childrenscommissioner.gov.uk/publications/%E2%80%9Cif-it%E2%80%99s-not-better-it%E2%80%99s-not-end%E2%80%9D-inquiry-child-sexual-exploitation-gangs-and-groups-0, accessed 3 August 2015.

raising awareness of CSE. Attention needs to be paid to ensuring that this forms part of every child's education.

5.11 The police and the wider criminal justice system

Both professionals' and young people's experiences reveal inconsistences in how the police respond to young people with learning disabilities who experience, or are at risk of, CSE, as well as a general need to improve practice. There were examples of positive responses from the police, which centred on them having an understanding of learning disabilities, and working in partnership with those who do, in order to create a supportive process and environment for young people with learning disabilities. To support the police in improving their responses to young people with learning disabilities, research participants suggested that police forces across the UK should:

- undertake awareness-raising to improve their understanding of the needs of young people with learning disabilities, including communication needs
- train specialist police interviewers to work with young people with learning disabilities
- ensure the police are able to work in partnership with local agencies or professionals with skills and expertise in working with young people with learning disabilities.

Participants identified that there has been an emerging increase in young people with learning disabilities being credible witnesses in the prosecution of perpetrators of CSE. The examples provided in this research reveal how young people can be supported to act as witnesses when agencies work in partnership and there is a willingness to adapt processes and procedures to meet an individual's needs. The very few young people in this study who had experienced the criminal justice system as a victim of, and witness to, CSE reported very difficult and traumatic experiences of the process, and there is a clear need to build on good practice to ensure that more young people with learning disabilities can be supported to go through the court process to prosecute perpetrators of CSE. Although more evidence is needed, research into the role of intermediaries to support vulnerable witnesses suggests this model can have a number of benefits, including increasing the chances of cases reaching court and facilitating communication within the court process (Plotnikoff and Woolfson, 2009).[148]

The research also highlights the importance of ensuring improvements in implementation of the England and Wales Crown Prosecution Service's 2013 *Guidelines on Prosecuting Cases of Child Sexual Abuse*,[149] in line with the University of Bedfordshire's recommendation (2015)[150] of the need to bridge the gap of dissonance between policy and practice and ensure that stated entitlements and recommendations are translated into practice with young victims and witnesses.

5.12 Raising awareness of the sexual exploitation of young people with learning disabilities

The research reveals the need to raise awareness of both CSE and the sexual exploitation of young people with learning disabilities in particular, and emphasises that any awareness-raising activities should include professionals, advocacy and faith groups, and the wider community, including the business community. At present, it appears that this work is limited and very patchy.

Specific awareness-raising activities for young people with learning disabilities and their families also appear to be lacking and, as already mentioned, it was reported that a lack of resources is severely affecting all current preventative work. The need for this preventative work is clear when the research has revealed the overwhelming lack of understanding of CSE among this group of young people, and yet also their increased vulnerability.

5.13 Improving professionals' knowledge and awareness of learning disabilities and CSE

The research identifies that there remain significant gaps in professionals' knowledge of both CSE and learning disabilities and of how best to meet the needs of young people with learning disabilities who experience, or are at risk of, CSE. The need for multi-agency training at a local level for all professionals whose work includes responsibility for the safety and wellbeing of young people and their families is highlighted in the research as a priority. There is also a need for training focusing on learning disabilities, ASC and ADHD to be available for CSE professionals, and for professionals whose work focuses on young people with learning disabilities to receive training to improve awareness of CSE. The current lack of training can be seen to be directly affecting the identification of, and support made available to, young people with learning disabilities who are at risk of, or experiencing, CSE.

148 Plotnikoff, J; Woolfson, R (2009) *Measuring up? Evaluating implementation of government commitments to young witnesses in criminal proceedings.* NSPCC, London.

149 Director of Public Prosecutions (2013) *Guidelines on prosecuting cases of child sexual abuse* http://www.cps.gov.uk/legal/a_to_c/child_sexual_abuse/, accessed 3 August 2015.

150 Beckett, H; Warrington, C (2015) *Making justice work: Experiences of criminal justice for children and young people affected by sexual exploitation as victims and witnesses.* http://www.beds.ac.uk/ic/current-projects/making-justice-work, accessed 3 August 2015.

5.14 Young people with learning disabilities in residential care

This research highlights that this area a significant gap in current knowledge. With this in mind, specific consideration should be given to young people with learning disabilities placed in residential care across the UK, and particularly the need to ensure robust and effective safeguarding measures are in place to protect them from being sexually exploited. The importance of meaningfully involving young people with learning disabilities in regulatory bodies' inspections of residential care should form part of all procedures, given the evidence collated identifying the lack of professionals listening to young people disclosing CSE.

5.15 Supporting young people with learning disabilities to disclose sexual exploitation

The literature review describes specific barriers faced by disabled young people relating to disclosure and professionals' identification of their abuse. This research provides further evidence of this indicating that young people with learning disabilities may not report sexual exploitation because they do not know they are being exploited, and they may fear getting into trouble. Previous research has indicated that disabled children are more likely to delay disclosure of abuse than their non-disabled peers (Hershkowitz et al, 2007;[151] Taylor et al, 2015[152]). The evidence gathered in this study also indicates that adults, including professionals, are not proactively identifying potential signs of exploitation, thus placing an incredible burden on young people with learning disabilities to disclose they have been sexually exploited, and therefore to have an understanding of and recognise, their own sexual exploitation.

Young people's descriptions of their disclosure of CSE revealed how often they had not been asked whether they had been in exploitative or risky situations and wondered why no one had asked them.

Some young people's experiences described in this study reiterate findings from previous research and evaluation studies that disclosures of CSE are often made after a professional has built a relationship over a long period of time, based on trust and listening to the young person. Some young people who contributed to the research had been supported by a specialist CSE project for some time – sometimes because they had been deemed at risk – before they disclosed that they had been sexually exploited. This reinforces the need for long-term support for young people affected by CSE.

151 Hershkowitz, I; Lamb, ME; Horowitz, D (2007) Victimization of children with disabilities. *American Journal of Orthopsychiatry*, Vol 77(4), pp 629–635.
152 Taylor, J; Cameron, A; Jones, C; Franklin, A; Stalker, K (2015) *Deaf and disabled children talking about child protection.* NSPCC, Edinburgh.

The reaction of the professional when a young person discloses CSE was extremely important to the young people, who could recall this reaction with precision. Some young people reported that they had been disbelieved or blamed for their sexual exploitation. Little attention has been paid to the conditions that lead an adult to act or not act on such a disclosure (Taylor et al, 2015).[153] Clearly, improved training and understanding of sexual exploitation is much-needed among professionals, and awareness-raising among parents, carers and the general public.

5.16 Direct support for young people with learning disabilities who are at risk of, or who have experienced, CSE

Young people interviewed for the study who had been supported by CSE services described how the support they had received had led to a number of positive outcomes in their lives. They identified that what worked for them was the individual, accessible support they received – often over a long period of time – and a positive, trusting relationship developed with workers within the CSE services.[154] This shows that positive practice is happening, but some specialist CSE workers said that the lack of availability of accessible resources to support this work, sometimes combined with insufficient applied training or inexperience in working with young people with learning disabilities, means that they do not always feel confident that they are able to meet some young people's needs. Similar difficulties and inconsistencies in direct work have been highlighted in other reports on disabled children's safeguarding, indicating that much more needs to be done to better support these young people (Taylor et al, 2014).[155]

As mentioned above, improved training and multi-agency working is paramount. However, there is also a dearth of accessible resources to support this intensive, direct work with young people to help them to understand relationships and exploitation. In the absence of identifiable resources specifically for young people with learning disabilities who experience, or are at risk of, CSE, many specialist CSE professionals described how they adapt existing CSE resources. There is some evidence that this can work well to increase some young people's understanding of risk, sexual exploitation and steps they can take to keep themselves safe. However, there is a need for more evaluation of practice, and of resources, with this group of young people to enable further understanding of what works to meet their needs.

153 Ibid.
154 This evidence is reported in detail in the accompanying practice guide.
155 Taylor, J; Stalker, K; Fry, D; Stewart, ABR (2014) *Disabled children and child protection in Scotland: An investigation into the relationship between professional practice, child protection and disability.* Scottish Government Social Research, Edinburgh.

5.17 Responses to young people aged 18 and older

The research reveals the importance of addressing a number of issues relating to young people with learning disabilities once they become 18. Concerns were expressed about the protection of these vulnerable young people once they have moved from children's to adults' services and are no longer receiving specialist CSE services. The need for preventative work around relationships, consent and exploitation is seen to be a crucial part of preparing young people with learning disabilities for adult life and an essential part of any transition planning, yet this appears to be woefully neglected.

5.18 Young people with learning disabilities who experience sexual exploitation and move on to exhibit inappropriate sexual behaviour or be involved in the sexual exploitation of others

Concerns were expressed in the course of the research about how the experience of CSE can play a part in some young people exhibiting inappropriate sexual behaviours or becoming involved in the sexual exploitation of others. There is clear need for cross-agency awareness-raising, including professionals based in criminal justice agencies, to ensure appropriate responses are put in place with young people to support them to address abuse and trauma, and treat these young people as a victim.

5.19 The need for robust evaluation to measure the impact of interventions to meet the needs of young people with learning disabilities who experience, or are at risk of, CSE

This research identifies that young people with learning disabilities benefit from positive outcomes as a result of the support they receive from specialist CSE services. However, there is a lack of evidence-based learning relating to CSE interventions put in place with young people with learning disabilities. While one of the products of this research study is a practice guide outlining the data collected which was reported to support with meeting the needs of young people with learning disabilities, it is crucially important that evaluation of practice to address CSE with this group of young people takes place.

5.20 Listening to young people with learning disabilities

Underpinning all of the evidence gathered in this research is the need to listen to young people with learning disabilities. This research has shown that their lack of empowerment contributes directly to their increased vulnerability to CSE. In addition, their lack of 'voice', or not being listened to, led to some young people's disclosures not being taken seriously. For some who had not been heard, their resulting behaviour was often interpreted as 'challenging', which meant that they continued to be ignored and their sexual exploitation or risk continued. One of the young people's specific recommendations was for earlier support to prevent problems escalating and this leading them to, for example, running away or finding themselves in risky situations. The evidence highlights how protecting young people with learning disabilities must start with the basics of listening to them and providing early support to prevent exploitation.

Findings also highlight how important it is for young people with learning disabilities to be meaningfully included, and listened to, in reviews and regulatory bodies' inspections relating to CSE and wider child protection.

5.21 Unmet needs, including access to therapeutic services

Despite extensive efforts made by CSE services to provide support to young people with learning disabilities, some of the young people who took part in this research had unmet needs. These are wide-ranging and include, for example, mental health needs, housing issues, lack of therapeutic services and social isolation.

6

Concluding comments and recommendations

6.1 Concluding comments and headline recommendations

In this section of the report, specific recommendations are made for policy and practice. There have been many reports and reviews on the sexual exploitation of children and young people generally in recent months, all of which contain recommendations and calls for action (for example, Jay, 2014;[156] Coffey, 2014;[157] Berelowitz et al 2015[158]). These are not repeated here, although the evidence gathered by this report has shown that when these recommendations are implemented, a spotlight must also be placed on children and young people with learning disabilities, and the needs of this group must be considered as part of the process.

It is perhaps most important to highlight how the data illustrates that there remains a failure to protect children and young people from sexual exploitation. The group of young people with learning disabilities who were interviewed were severely let down by services and by society, both in terms of prevention – educating them about the potential for exploitation and empowering them as young people – and in supporting them early enough in some cases to protect them from sexual exploitation. The evidence shows that unless attention is given to the additional barriers and issues faced by this group, their sexual exploitation will remain invisible and continue.

The recommendations from the research are detailed in this final section of the report.

When reading them, it is important to bear in mind that:

- despite the primary focus of the research having been on young people with learning disabilities, the evidence gathered indicates that these recommendations are equally applicable to young people with learning difficulties and autistic spectrum conditions (ASC) (including Asperger syndrome), and to those young people whose learning disability has not been assessed or diagnosed and who may not meet the high eligibility threshold for disability services
- although each recommendation plays a part in improving the situation, to produce effective and sustainable change, the recommendations should be implemented in combination; coordinated action across a number of areas is required to meet the needs of young people with learning disabilities who experience, or are at risk of, child sexual exploitation (CSE).

156 Jay, A (2014) *Independent inquiry into child sexual exploitation in Rotherham 1997–2013* http://www.rotherham.gov.uk/downloads/file/1407/independent_inquiry_cse_in_rotherham, accessed 25 January 2015.
157 Coffey, A (2014) *Real voices: Child sexual exploitation in Greater Manchester.* http://www.gmpcc.org.uk/down-to-business/coffey-inquiry/GU, accessed 13 August 2015.
158 Berelowitz, S; Ritchie, G; Edwards, G; Gulyurtlu, S; Clifton, J (2015) *"If it's not better, it's not the end": Inquiry into child sexual exploitation in gangs and groups: One year on.* Office of the Children's Commissioner, London.

The headline recommendations are expressed using generic terms that will be meaningful across all nations of the UK. The detail on how the recommendations apply in each nation is also provided. Country-specific briefing papers have also been produced.[159]

1. **Governments must ensure development, revision and implementation of legislation, policy and guidance to meet the needs of young people with learning disabilities who experience, or are at risk of, CSE.**
2. **Multi-agency arrangements must lead to an effective response to young people with learning disabilities who experience, or are at risk of, CSE.**
3. **Governments and local agencies, including education providers, should take an active role in raising awareness of CSE among young people with learning disabilities and their parents and carers, and equip and empower them with the skills and knowledge to keep safe and seek help.**
4. **Regulatory bodies for education, social care, health and criminal justice should ensure that all inspections, including those relating to child protection or CSE, incorporate a focus on responses to young people with learning disabilities.**
5. **Professionals, practitioners and volunteers should be better equipped to respond to young people with learning disabilities who experience, or are at risk of, CSE.**
6. **CSE campaigns and awareness-raising activities at national and local levels should include a focus on young people with learning disabilities and be aimed at all stakeholder groups, in order to raise awareness of the sexual exploitation of these young people and courenage action to improve protection.**

6.2 England

1. **The UK Government must ensure the development, revision and implementation of legislation, policy and guidance to meet the needs of young people with learning disabilities who experience, or are at risk of, CSE. This should include the following changes:**

   a) The UK's international obligations to protect children from sexual exploitation, as stated in Article 34 of the United Nations Convention on the Rights of the Child (UNCRC), and the rights to protection and inclusion of young people with learning disabilities enshrined within the UNCRC and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) should be fully enacted.

   b) The Child Protection Taskforce announced by the Prime Minister in June 2015 should be given the responsibility for leading improvements

159 www.barnardos.org.uk/cse-learning-disabilities

across police, social services and other agencies in responding to children and young people with learning disabilities affected by CSE, taking into consideration the evidence produced by this research.

c) A new national centre of expertise announced in March 2015 to identify and share high-quality evidence on how to tackle child sexual abuse should ensure that the evidence from this research is disseminated across all areas so that it can be incorporated in local responses to CSE.

d) The next revision of the *Sexual Violence against Children and Vulnerable People National Group Progress Report and Action Plan 2015* should include actions to target sexual exploitation of young people with learning disabilities

e) Statutory and practice guidance and action plans addressing CSE and child protection, such as *Safeguarding children and young people from sexual exploitation: Supplementary guidance to Working together to safeguard children, the College of Policing's Guidance on Responding to Child Sexual Exploitation*, and the National Police Chiefs' Council's *CSE Action Plan*, should be amended to incorporate information relating to young people with learning disabilities and include: vulnerability to CSE; prevention of CSE; identification of young people who have experienced CSE; and meeting their individual needs.

f) National legislation, policy and guidance should ensure the implementation of a welfare- and child-centred approach for young people identified as perpetrators of CSE. In particular, the UK Government should amend *Guidance on Part 2 of the Sexual Offences Act 2003* to specify that young people with learning disabilities under the age of 18 who are subject to Sexual Harm Prevention Orders or Sexual Risk Orders should receive assessment of their needs and therapeutic support to prevent the situation from escalating. This should include young people with learning disabilities up to the age of 18, and older where appropriate.

g) To improve central government data collection on CSE, the UK Government should explore how data relating to children with learning disabilities is included and publish this data to inform Local Safeguarding Children Boards' assessments.

2. Multi-agency arrangements must lead to an effective response to young people with learning disabilities who experience, or are at risk of, CSE.

h) All Local Safeguarding Children Boards (LSCBs) should ensure that key agencies identify a designated strategic and operational CSE lead for disabled children and young people.

i) As part of their regular local assessments on the effectiveness of local responses to CSE, all LSCBs should include a focus on responding to children with learning disabilities and publish the outcomes of these assessments through their annual reports.

j) All LSCBs must ensure that multi-agency CSE mapping activity takes place and incorporates a focus on the risks to young people with learning disabilities, to support with assessment and response, and to ensure that local strategies are informed by good-quality data on children with learning disabilities affected by CSE.

k) LSCBs should ensure that services for children who are at high risk of sexual exploitation, such as missing children and children in care, are able to identify and provide appropriate support for children with learning disabilities, and that links are established between CSE and missing people services and services focusing on learning disabilities.

l) Multi-agency responses to young people with learning disabilities who experience, or are at risk of, CSE should focus on meeting their individual needs. This should include needs relating to both diagnosed learning disabilities and the assessment of suspected learning disabilities. Multi-agency responses should include adults' services for young people who remain at risk of sexual exploitation at the age of 18.

m) LSCBs, in partnership with local authorities and Local Health and Wellbeing Boards, should ensure that local responses to young people with learning disabilities include good-quality, age-appropriate therapeutic support to help them overcome the trauma of sexual abuse. This should also include support for young people who display sexually inappropriate behaviour.

3. The UK Government and local agencies, including education providers, should take an active role in raising awareness of CSE among young people with learning disabilities and their parents and carers, and equip and empower them with the skills and knowledge to keep safe and seek help.

n) All educational establishments should provide high-quality, age-appropriate sex and relationships education, including same-sex relationships, with information adapted and made accessible. This should form part of a whole-school approach to child protection that includes information about internet safety, awareness of exploitation and when to give, obtain or refuse consent.

o) Information and guidance on sex, relationships, keeping safe and risk-taking must form part of every child's plan (education, health and/or care plan) and associated support, in order to help young people with learning disabilities to build their understanding, knowledge and confidence, and reduce social isolation. This should form part of a life course approach to supporting young people with learning disabilities as they grow into adulthood.

p) Services for young people with learning disabilities should provide accessible information and support on sex, relationships (including same-sex relationships) and keeping safe, both online and offline. Parents and carers should also be supported to improve their awareness of CSE and enabled to protect and support their children, both online and offline.

4. **Ofsted, Her Majesty's Inspectorate of Constabulary (HMIC), the Care Quality Commission and Her Majesty's Inspectorate of Prisons (HMIP) should ensure that all inspections, including those relating to child protection or CSE and new proposed multi-agency inspections, incorporate a focus on responses to young people with learning disabilities and how agencies work together to identify and protect them.** All inspection work should appropriately and meaningfully include young people with learning disabilities to ensure their views inform practice and policy development, implementation and evaluation.

5. **Professionals, practitioners and volunteers should be better equipped to respond to young people with learning disabilities who experience, or are at risk of, CSE.**

q) Organisations responsible for the pre-qualification training curricula and induction of professionals whose work involves young people and families should make sure that learning disability and CSE are included as core topics for study and preparation for practice.

r) Bodies that commission, and agencies that deliver, multi-agency training at a local level to professionals whose work includes responsibility for the safety and welfare of children should ensure that this incorporates information on both CSE and learning disabilities.

s) Employers and organisations whose workers or volunteers have regular contact with young people with learning disabilities and their families (e.g. special schools and colleges, residential schools and colleges, providers of residential or personal care, and volunteering agencies) should provide CSE awareness training for their staff.

t) Applied learning disabilities training should be made available to specialist CSE professionals who work with young people, to enhance their knowledge and skills to better meet the needs of young people with learning disabilities.

6. **The national campaign linked to the *What to do if you are worried a child is being abused* guidance announced by the UK Government should include a focus on young people with learning disabilities and be aimed at all stakeholder groups (professionals, parents, the public and young people) to raise awareness of the sexual exploitation of these young people and encourage action to improve protection.** Campaigning activity should be developed and delivered in partnership with children, young people and young adults with learning disabilities and all materials made available in a range of accessible formats.

6.3 Northern Ireland

1. **The Northern Ireland Executive must ensure the development revision and implementation of legislation, policy and guidance in Northern Ireland to meet the needs of young people with learning disabilities who experience, or are at risk of, CSE. This should include the following changes:**

a) The development of a Northern Ireland CSE strategy and action plan and the revision of statutory and practice guidance addressing CSE and child protection should incorporate information relating to young people with learning disabilities and include: vulnerability to CSE; prevention of CSE; identification of young people who have experienced CSE; and meeting the needs of these individuals.

b) The DHSSPS implementation plan in response to the Marshall CSE Inquiry should actively consider the needs of young people with learning disabilities across the Inquiry's wide range of recommendations.

2. **Multi-agency arrangements must lead to an effective response to young people with learning disabilities who experience, or are at risk of, CSE.**

c) The Safeguarding Board for Northern Ireland (SBNI) should ensure that key agencies identify a designated strategic and operational CSE lead for disabled children and young people.

d) Multi-agency CSE mapping activity should take place and incorporate a focus on the risks to young people with learning disabilities, to support with assessment and response.

e) Multi-agency responses to young people with learning disabilities who experience, or are at risk of, CSE should focus on meeting their individual needs.

3. **The Northern Ireland Executive and local agencies, including schools, should take an active role in raising awareness of CSE among young people with learning disabilities and their parents and carers, and equip and empower them with the skills and knowledge to keep safe and seek help.**

f) Schools should fully implement the updated Department of Education guidance on Relationship and Sexuality Education.

g) Information and guidance on sex, relationships, keeping safe and risk-taking must form part of every child's plan (education, health and/or care plan).

4. **Regulatory bodies for education, social care, health and criminal justice in Northern Ireland should ensure that all inspections, including those relating to child protection or CSE, incorporate a focus on responses to young people with learning disabilities.**

5. **Professionals, practitioners and volunteers in Northern Ireland should be better equipped to respond to young people with learning disabilities who experience, or are at risk of, CSE.**

   h) Organisations responsible for the pre-qualification training curricula and induction of professionals whose work involves young people and families should make sure that learning disability and CSE are included as core topics for study and preparation for practice.

   i) Bodies that commission, and agencies that deliver, multi-agency training at a local level to professionals whose work includes responsibility for the safety and welfare of children should ensure that this incorporates information on both CSE and learning disabilities.

6. **CSE campaigns and awareness-raising activities at national and local levels in Northern Ireland should include a focus on young people with learning disabilities and be aimed at all stakeholder groups to raise awareness of the sexual exploitation of these young people and encourage action to improve protection.**

6.4 Scotland

1. **The Scottish Government must ensure the development, revision and implementation of legislation, policy and guidance to meet the needs of young people with learning disabilities who experience, or are at risk of, CSE. This should include the following changes:**

   a) Practitioner guidance on CSE and young people with learning disabilities should be developed and included in any updated national action plan to tackle CSE in Scotland. This guidance should incorporate information relating to young people with learning disabilities and include: vulnerability to CSE; prevention of CSE; identification of young people who have experienced CSE; and meeting the needs of these individuals.

2. **Multi-agency arrangements in Scotland must lead to an effective response to young people with learning disabilities who experience, or are at risk of, CSE.**

   b) Child Protection Committees in Scotland should ensure that key agencies identify a designated strategic and operational CSE lead, who will also give due regard to the particular vulnerabilities to CSE of children and young people with learning disabilities.

   c) Any multi-agency CSE mapping activity should incorporate a focus on the risks to young people with learning disabilities and their access to support.

   d) All joint Children's Services Plans drawn up under Part 3 of the Children and Young People (Scotland) Act should make specific reference to the particular vulnerabilities to CSE of children and young people with learning disabilities.

   e) Multi-agency responses to young people with learning disabilities who experience, or are at risk of, CSE should focus on meeting their individual needs, in line with the approach set out in GIRFEC (Getting It Right For Every Child).

3. **The Scottish Government and local agencies, including schools, should take an active role in raising awareness of CSE among young people with learning disabilities and their parents and carers, and equip and empower them with the skills and knowledge to keep safe and seek help.**

   f) All primary and secondary schools should ensure provision of high-quality, age-appropriate sex and relationships education, including same-sex relationships, with information adapted and made accessible. Young people with learning disabilities should receive this education at the same age as their peers. This should form part of a whole-school approach to child protection that includes information about internet safety, awareness of exploitation and when to give, obtain or refuse consent.

4. **Regulatory bodies for education, social work, health and criminal justice in Scotland should ensure that all inspections, including those relating to child protection or CSE, incorporate a focus on responses to young people with learning disabilities.**

5. **Professionals, practitioners and volunteers in Scotland should be better equipped to respond to young people with learning disabilities who experience, or are at risk of, CSE.**

   g) Organisations responsible for the pre-qualification training curricula and continuous professional development of professionals whose work involves young people and families should make sure that learning disability and CSE are included as core topics for study and preparation for practice.

   h) All Named Persons should, as part of their induction, receive training that includes the particular vulnerabilities to CSE of children and young people with learning disabilities.

   i) Bodies that commission, and agencies that deliver, multi-agency training at a local level to professionals whose work includes responsibility for the safety and welfare of children should ensure that this incorporates information on both CSE and learning disabilities.

6. **CSE campaigns and awareness-raising activities at national and local levels in Scotland should also include a focus on young people with learning disabilities and be aimed at all stakeholder groups to raise awareness of the sexual exploitation of these young people and encourage action to improve protection.**

6.5 Wales

1. **The Welsh Government should ensure the development, revision and implementation of legislation, policy and guidance in Wales to meet the needs of young people with learning disabilities who experience, or are at risk of, CSE. This should include the following changes:**

   a) Guidance on safeguarding issued under Part 7 of the Social Services and Well-being (Wales) Act 2014 should incorporate information relating to young people with learning disabilities and include: vulnerability to CSE, prevention of CSE, identification of young people who have experienced CSE; and meeting their individual needs. Guidance should also include the need to assess children abused through CSE as 'adults at risk' under Part 7 of the Act following their 18th birthday.

   b) Any revision of the current Welsh Government statutory guidance Safeguarding Children and Young People from Sexual Exploitation – Supplementary guidance to Safeguarding Children: Working Together under the Children Act 2004 as a result of the Social Services and Well-being (Wales) Act 2014 should incorporate specific guidance relating to safeguarding young people with learning disabilities.

2. **Multi-agency arrangements in Wales must lead to an effective response to young people with learning disabilities who experience, or are at risk of, CSE.**

   c) Regional Safeguarding Children Boards should ensure that key agencies identify a designated strategic and operational CSE lead for disabled children and young people.

   d) The work being developed to ensure that CSE is effectively monitored in Wales should incorporate a focus on the risks to young people with learning disabilities, to support with assessment and response.

   e) Multi-agency responses to young people with learning disabilities who experience, or are at risk of, CSE should focus on meeting their individual needs.

3. **The Welsh Government and local agencies, including education settings, should take an active role in raising awareness of CSE among young people with learning disabilities and their parents and carers, and equip and empower them with the skills and knowledge to keep safe and seek help.**

   f) All schools should ensure provision of high-quality, age-appropriate sex and relationships education, including same-sex relationships, with information adapted and made accessible. This should form part of a whole-school approach to safeguarding that includes information about internet safety, awareness of exploitation and when to give, obtain or refuse consent.

   g) Information and guidance on sex, relationships, keeping safe and risk-taking should form part of every child's plan (including Individual Education Plans under the proposed Additional Needs (Wales) Bill, and Care and Support Plans under the Code of Practice on Part 4 of the Social Services and Well-being (Wales) Act 2014).

   h) Regulatory bodies for education, social care, health and criminal justice in Wales should ensure that all inspections, including those relating to child protection or CSE, incorporate a focus on responses to young people with learning disabilities.

4. **Professionals, practitioners and volunteers in Wales should be better equipped to respond to young people with learning disabilities who experience, or are at risk of, CSE.**

   i) Organisations responsible for the pre-qualification training curricula and induction of professionals whose work involves young people and families should make sure that learning disability and CSE are included as core topics for study and preparation for practice.

   j) Bodies that commission, and agencies that deliver, multi-agency training at a local level to professionals whose work includes responsibility for the safety and welfare of children should ensure that this incorporates information on both CSE and learning disabilities.

5. **CSE campaigns and awareness-raising activities at national and regional levels in Wales should also include a focus on young people with learning disabilities and be aimed at all stakeholder groups to raise awareness of the sexual exploitation of these young people and encourage action to improve protection.**

Unprotected, overprotected: Meeting the needs of young people with learning disabilities who experience, or are at risk of, sexual exploitation

All images are posed by models.

The authors of this report are Anita Franklin, Phil Raws and Emilie Smeaton.

www.barnardos.org.uk

Head Office, Tanners Lane,
Barkingside, Ilford,
Essex IG6 1QG

Tel: 020 8550 8822

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