



Northern Ireland
Assembly

Committee for Health, Social Services and
Public Safety

OFFICIAL REPORT (Hansard)

Sexual Exploitation of Children and Young
People: Briefing from Barnardo's

2 October 2013

NORTHERN IRELAND ASSEMBLY

Committee for Health, Social Services and Public Safety

Sexual Exploitation of Children and Young People: Briefing from Barnardo's

2 October 2013

Members present for all or part of the proceedings:

Ms Maeve McLaughlin (Chairperson)
Mr Jim Wells (Deputy Chairperson)
Mr Roy Beggs
Mr Mickey Brady
Ms Pam Brown
Mr Gordon Dunne
Mr Samuel Gardiner
Mr Kieran McCarthy
Mr David McIlveen
Mr Fearghal McKinney

Witnesses:

Mr Stephen Knox	Barnardo's
Ms Lynda Wilson	Barnardo's
Dr Helen Beckett	University of Bedfordshire

The Chairperson: Thank you all for coming. This is a critical issue, not just for the Committee but for the community and society in general. I acknowledge the work that Barnardo's has done to date. We thought it appropriate, as a Committee, to hear the evidence directly from you.

I welcome Dr Helen Beckett, researcher at the University of Bedfordshire; Ms Lynda Wilson, director of Barnardo's; and Mr Stephen Knox who is assistant director of Barnardo's. The format is that you give a 10-minute presentation, and then I will open up the meeting to questions from Committee members.

Dr Helen Beckett (University of Bedfordshire): I will give you an overview of the key research findings. That is quite difficult to do in just 10 minutes, so I have picked out some of the headline findings. If there is anything that you want to know more about, or feel that I have missed, feel free to ask me about it at the end.

I will set out the background to the work. As you all know, the work was funded by the Department, and I undertook it on behalf of Barnardo's Northern Ireland. It is useful to clarify up front that I am now working at the University of Bedfordshire as deputy director of a specialist research centre on sexual exploitation. Anything beyond presenting the findings of the research, I do in my independent capacity in that current role. The work was undertaken from autumn 2009 to 2011 with fieldwork. We started to collect the data about the risks from spring 2010. That was when we started to get in the information. It had a particular focus on children in care and children going missing from care. That was the specific remit of the research. However, we were very keen to avoid inadvertently playing into the message that they are the only children at risk. Therefore, Barnardo's put an extra bit of money

towards the research, and we included an extra element, which I will highlight in a few minutes, where we asked questions of the general youth population, through the Young Life and Times survey, to try to get a sense of what was going on in the broader youth population.

Before I go into the findings, one of the things that I wish to highlight is that although this was an exploratory study, it was done on a very wide scale. To demonstrate the robustness of the findings, it is worth knowing that the study was based on risk assessments of 1,102 young people, which is actually two thirds of the overall population of all 12- to 17-year-olds known to social services. Therefore, we had a really good response rate, particularly when you consider that 71% of that sample were looked-after children. That represents two thirds of all looked-after children aged 12 to 17. To set the scene for the findings, it is not the case that this is based only on a 10% sample, and we can therefore write it off and think that it is different for other young people. It is based on two thirds of those who could have been included in it.

I also undertook in-depth case file reviews, which provided a lot of learning by going back on cases in which risk assessment identified concerns about child sexual exploitation (CSE). My work involved going back through the cases and trying to track the pattern of how that had happened, where there had or had not been interventions, and identifying what could be learned. I interviewed 110 professionals across the five health and social care trusts, education, policing and other forms of justice — again, a wide range. We also did in-depth interviews with a small number of young people who had experienced those risks.

I will give a few quantitative figures from the overall findings, based on risk assessments. The background to the figures that I will give you is that they are from the cases identified by social workers as being cases of concern. I did not assess them as cases of concern; rather, that was done by social workers who were working with the young people and knew the cases best. They said, in response to a question, "Yes, I see CSE as an issue of concern for this child." On that basis, they told us that they had CSE concerns about almost one in seven of the young people in that overall sample of 1,100.

There were cases across all five trusts, and not only in the main conurbations, as you might expect, but in small towns and villages. Again, as we might expect, there was a gender difference, with concerns being identified for one in five females compared with one in 20 males. I advise caution about that figure, because we also learned in the research, from professionals honestly reflecting on their practice, was that they were less likely to identify risk for a male than a female when presented with the same set of circumstances. You will see in the report that there is one incidence of a young male who came back wearing nothing but a pair of boxers and a duvet. They said that, had that been a female, alarm bells would have started ringing straight away, but the same action did not happen because it was a male involved. Therefore, we need to recognise that, in part, there is probably a bigger issue for young males that we are not picking up on.

Concerns were most frequently identified for 12- to 15-year-olds, with age 14 being most frequent. Again, I am being careful in my use of language around this: it is most frequently first identified. That does not mean that that was when it first started happening; it is when it was first picked up on by services. From Barnardo's casework, we know that cases involving children as young as eight and 10 are coming in, but they are first identified by services between the ages of 12 and 15. You will note that all of them are under the legal age of consent. Therefore, although it may be a little less clear-cut and a bit more confusing for professionals when a young person is 16 or 17 and can legally consent to have sex, none of these cases even has that added complication. It is illegal to have sex with a person under 16.

On the overall rate of concern, I have heard quite a lot of conversation and reports over the past few weeks about particular risks for the looked-after population. It is absolutely true that there are particular risks for some young people in that population, but we again need to exercise some caution. That is because, when we look at the figures, the overall rate of concern for looked-after children was 14% compared with the rest of the sample — who were not looked after but were known to social services — of 11%. It is therefore not that different. We start to see differences when we break that down by placement type. We see there that CSE was identified as an issue of concern for 40% of children in residential care, which is a big spike in percentage. There was concern for 11% of those in at-home places and, interestingly, for under 5% of those in foster care, which is a lower figure than those who were not in care but known to social services. Again, we must not just assume that the looked-after population is homogeneous that requires a response that fits all. The figures show us that the risk is different, depending on their care experience.

As has been frequently reported, there is a particular issue for young females in residential care. Social workers identified CSE as an issue of concern for 64% of those young people. There is no getting away from that figure, which shows that to be an issue for almost two thirds of young women in residential care, and that needs a very targeted response.

There was a link with children going missing, and I know that there has also been movement in the field of the missing. The issue of young people going missing was four times more prevalent among those for whom sexual exploitation was identified as an issue of concern than it was for others, so there is a definite link. Bearing that in mind, it is very concerning to find that one in five of those 1,100 young people had gone missing overnight or longer in the year prior to the completion of the risk assessment. Therefore, going missing is a significant issue. When we looked specifically at residential care, social workers told us that 60% of young people in residential care had been missing overnight or longer in the year before they filled in the risk assessment. Therefore, we need to look at that.

Again — I feel that I am always going to do this — there is always a caveat or a note of caution attached, which is that a young person does not have to go missing to be sexual exploited. There was a case in the research in which a young person was picked up mid-afternoon, was out for under an hour, was sexually exploited and brought back. That young person would never have been registered as missing. It was not even an unauthorised absence. We need not to get too drawn down into that as to miss the risk to other young people who are not going missing.

That is the feel from the risk assessments that social workers completed about young people in care and known to social services. I want to briefly set that in the context of what we found about the more general youth population. In placing questions in the Young Life and Times survey, which 786 young people responded to, one in nine told us that they had an experience of an adult trying to groom them. Again, there were gender differences — one in seven females and one in 23 males. What is quite interesting, given the real focus that there has been in online risk over the past few years, is that in only just over one quarter of those cases, the approach was made online. The rest were made by people in the community. Therefore, we need to think about the messages that we are giving to young people. We need to warn them about online risks, but if we go down that route only, we are missing the three quarters who are being approached in the community as well. We need to look at that.

One in 15 said that they had been given alcohol, drugs or solvents and then been taken advantage of sexually when under the influence. What is interesting about that figure is that in the vast majority of those cases — 70% — that was done by their peers. That is something that we potentially have missed in the discourse around the issue in the past couple of weeks. It does not have to be an adult sexually exploiting a young person. Sexual exploitation can also be by peers. When we look at the cases that were identified by social workers, peers were involved in a quarter of them, either on their own or alongside adults. Therefore, we need to be aware of the risk that young people pose to other young people, but that needs a more nuanced response than when it is an adult to a child. Finally, one in 20 had been offered something in return for sexual activity.

I have thrown those figures out to set the context that if we focus only on children in care, we are missing the fact that there is an extreme level of risk in the wider population; that is, the number of young people in every classroom who, by the age of 16, have had one of these experiences. Again, most had experienced it between the ages of 12 and 15. When we are looking at it, we need a targeted response to children in care who are at particular risk, but it has to be set in the wider structure.

On what we know about the nature of the exploitation occurring, there were six different types identified, but those most frequent were the party-house scenario that I previously talked about to you, which is about being drawn in with drugs and alcohol and taken to parties. It all seems quite innocuous at first, but suddenly it takes a more sinister turn, and you have to pay back in some form. There are sexually exploitative relationships, which are what traditionally would have been called the "boyfriend model", but I do not think that that terminology is helpful, because it feeds into thinking that it is only males exploiting young females or young males. There is a need to recognise that it can be a male or a female doing that.

Finally, there is abuse through prostitution. I know that I said when I was last with you that, for me, this is something that we are really missing out on. When we look at what the sexual offences legislation defines as abuse through prostitution, we will see that the vast majority of the cases fall under it, but we are not prosecuting for it, because, in our heads, we just assume it to be sex in exchange for money. However, it can also be in exchange for drugs, alcohol or discharge of a debt.

Therefore, when people say, "What do we do about it? There is no offence of child sexual exploitation." There is not, but there is a range of offences already there that can be used. We may need to look at plugging some gaps, but there is a range there that we can use at this point.

The two other things about young people's experiences that I would like to highlight are that it is very rarely a one-off incident or a short-lived incident for young people. In nearly half the cases — 47% — the concerns about sexual exploitation were known. That does not mean that it did not go on before that, but the concerns were known for at least a year. In 17% of cases, they had been going on for three or more years. Often, what we have seen when we looked back through some of the case files is that it may start through one form and lead on to others. Young people are often exploited through more than one means or by more than one set of individuals or groups. We need to intervene early to manage that ongoing risk. As has frequently been talked about, young people often do not see themselves as victims. That is a challenge. There is no short-term solution; rather, it requires sustained, specialist work to be undertaken with young people without further traumatising or victimising them to help them start to see their circumstances differently.

To finish, I will highlight a little bit of what the research found about responses to it, because a lot of what has been cited to date is about the extent and nature of the issue. That is absolutely important, but two years ago we also highlighted a number of things that needed to be addressed to respond to the issue better. There has been a lot of talk about the six high-level recommendations, and they are there, but in looking through the report, I can give you another 15 or 20 things that we said needed done. I just want to highlight some of the challenges that came out of the report.

Overall, when we are thinking about inquiries, thematic reviews and all of that, it is really important that that all takes place in recognition of what we already know. Two years ago, we had already identified a lot of issues that needed addressed. If you look at the Rochdale review, the Derby review or at Oxford, you can see that this report says the same things as those did. We are not unique. There are a lot of the same messages that we already know are relevant in Northern Ireland.

We know the basics of what needs to be done. We know that there are examples of promising practice and, for those practitioners who are engaged in it, it is very important that we recognise that there are some very dedicated professionals going above and beyond the call of duty, working together well and modelling things that are actually very positive. However, the problem is that that is not systemic and is not happening consistently across Northern Ireland. One of my real concerns at the moment about how we now respond to the issue is that it is currently reactive rather than proactive. Nothing I am about to say is to undermine the fact that there should be absolutely no delays in dealing with the risk for any individual child. We need to get in there immediately and deal with any risk, but I have a slight anxiety that we are going to be so reactive in putting things in place that it is not going to be thought through for the long-term benefit of children and young people. We need to weigh up the need to get our response in soon with the need to make sure that our response is correct, because we will do those children and young people no favours if we have not thought through how we are going to deal with the issue as we go forward.

Some of the key challenges within that that I want to highlight briefly concern a lack of understanding of the issue and the negative conceptualisation of young people — seeing them as engaging in risk-taking behaviour and being problematic to work with, and not viewing them as victims. The phrase that I coined is that we need to exercise professional curiosity. We need not take things at face value. As I said last time, just because a 13-year-old young person sees a 35-year-old male abuser as a boyfriend, that does not mean that we should. We need to ask the questions and always view the issue through a child protection lens.

We need to look at some of the professional tensions there have been about whose responsibility it is to do what. We know that one of the things that helps address that is interagency training — bringing people together and helping them to understand each other's roles and limitations.

We need to start mapping the problem. One of the things that we highlighted in the report was that, under schedule 5 to the Children's Homes Regulations (Northern Ireland) 2005, where concerns about CSE are identified, they should be recorded and those statistics should be collated, but what was happening was that they were being recorded only as missing incidences, and the concerns about CSE were not being recorded. There were lots of incidences in which social workers reflected that they knew CSE was a concern, but the young people were recorded only as being missing. We need to use effectively the structures that we already have on what data we should collate.

We need to pick up concerns early. When you look at those case file reviews — again, this is the case when we look at the learning from England — you can track all the points at which there should have been intervention and it was missed. Had that intervention been put in place, we could have hopefully avoided a lot of the stuff that came afterwards. We know from both this and other research what the risk factors are. We need to get in early and put in preventative work where we see those risk factors happening. As I talk about good practice, there is, for example, the co-located pilot at the moment. There is a Barnardo's worker in a police station, and when a young person first goes missing, he or she is referred to that service before it becomes a pattern. I am evaluating that at the minute to see what learning we can do on wider implementation of that type of early intervention and early help.

We also need to look at awareness-raising for children and young people, parents, carers and wider society. It is great that the leaflets were launched a number of weeks ago, but I would urge caution and view that as the start of a process. It is not a result in and of itself; there is a big task that we need to do.

We need to address the high tolerance of risk, and we need to conceptualise that the safeguarding needs of adolescents need to be viewed more strongly. We need not just to write it off as adolescents experimenting in that type of stuff. We need always to look at it from a safeguarding point of view.

We need to look at supporting our professionals. As I said, there are lots of dedicated professionals, but when you speak to them, it is clear that they do not feel adequately supported. They are worried about what the repercussions would be for them if they were to go out on a limb. We need to look at the systemic response to that.

We particularly need to look at making sure that we have an appropriate range of responses where there are concerns. It is not adequate to have secure arrangements as the only response for protecting children and young people. I know that there is intensive support and all of that, but most frequently the child will end up in a secure arrangement. What messages are we giving those children or young people? First, if we are locking them up, it must be their fault; and secondly, the only way in which we can protect them is to lock them up. How will they have confidence in our ability to protect them? We need to look at making sure that we have appropriate responses in place.

Alongside that, we need to have a very clear focus on perpetrators. We must keep the need to protect children and young people at the centre. However, we will not protect them unless, alongside that, we focus on perpetrators. Otherwise, if we remove one young person from the risk, the perpetrator simply moves on to the next, and the next, and the next. We have to have parallel processes.

We need to address the low rates of prosecution that we have been seeing. A lot of interesting work is happening in England, where the Crown Prosecution Service (CPS) is moving towards less reliance on victims' complaints. There is a lot of learning there. We need to address the very negative experiences of the criminal justice system that some of these young people have had, because they have felt revictimised and let down. They often know one another through informal networks. If one of them has had a very bad experience of coming forward — not having the appropriate support, not seeing a prosecution and then seeing the perpetrator walk down the street three days later and threaten the young person — that is the message that will be passed on to other children and young people, and we will not learn about the issue.

I could go on all day about the subject, but I will stop there. Please feel free to pick up on anything in particular with me.

The Chairperson: OK. Do you want to comment at this point, Lynda, or shall I open up the session to questions?

Ms Lynda Wilson (Barnardo's): I will take just five minutes to talk about the Safe Choices service that Barnardo's runs. Helen has covered most of the issues and talked about where we want to see things going, so I will not say too much about that. I also want to cover some of the thinking that we want to see embraced as we move forward.

The service has been going since 2005 and is focused on young people who are at risk, have experienced sexual exploitation or are missing. Since 2005, we have worked with about 230 children and young people. As Helen said, our youngest is nine years old.

At the time of undertaking the research, we saw a very rapid escalation in referrals, which we had not anticipated. Once the research was published in 2011, the number was rapidly increasing. Currently, we are working with 75 young people, 51 of whom have been referred to us and who are, at this time, in a waiting situation. To address that waiting-list situation, we are having to make alternative plans for those children to make sure that they are covered with the board and not at risk. The board has also come forward with additional funding, which I will talk about as we proceed.

The current funding comes from three principal sources. It takes about £3,600 a year to run the service at the moment, with a lead manager and five senior practitioners. You will appreciate that it is very specialised work.

Mr Beggs: Excuse me, but how much did you say that it costs?

Ms L Wilson: I am sorry, Roy. Thank you. It is £360,000. That would be good, would it not? *[Laughter.]* I am sure that I would get a bonus for that one.

The funding comes broadly from three sources at the moment. Barnardo's is putting in over half of the funding and has put in additional funding this year. We have made a request at UK level for a further two posts, which would, we hope, bring in more money. That is because this area of work has been designated as an investment priority for us across the UK. Therefore, we have been able to draw down additional funding. Quite honestly, if we had not had that additional priority at UK level, we would not have been able to address the escalation in waiting lists that we have experienced over the past couple of years. Other funding comes from the Health and Social Care Board and constitutes about 25% or 26%. Comic Relief also gives us some funding. Furthermore, a small amount of funding comes from assets recovery for the work in Willowfield police station.

This is not purely a service. We take quite a systemic approach, and all the elements in that approach are absolutely critical. It involves a direct service to children and young people, and also the building of competence in other professionals, the place, teachers and medical staff to try to broaden the capability in the system to deal with the issue. There is also education for children and young people to raise awareness themselves. It is moving from very targeted therapeutic, protective intervention to a much more early interventionist and preventionist approach. That is going to be a very significant element of the role of education and schools here so that it is about not just the provision of the therapeutic service but building resilience, self-protection and awareness in children and young people, the professionals and their families who surround them.

As I said, we have a group of young people who were not able to engage immediately with direct service, but we are putting in place other protective elements and some response on that at the moment. In the past two months, we have brought in an extra £100,000 from Barnardo's and the board. As I said, Barnardo's at UK level has made this a priority. We have been able to deliver training here in Northern Ireland to other professionals. We have trained 4,000 professionals, practitioners and carers across all five trusts. We are trying to build that capability, confidence and competence. We have 250 teaching staff in schools. We have now been in touch with something like 1,000 pupils in schools. Again, that is an area of work that we really want to develop.

Helen talked about the recommendations in the report. We have seen some encouraging movement. Once the Safeguarding Board was established in the autumn of last year, it very quickly designated child sexual exploitation as a priority in its plan. The multidisciplinary strategic group has been set up, and the plan is currently being developed. I think that some actions have even been developed. Helen also mentioned the fact that we have a co-located Barnardo's worker in Willowfield. That is being evaluated, and we would very much like to see that model being rolled out and piloted across the rest of Northern Ireland.

I am not going to go through all the actions that the board and trusts have taken. That is for them to present on. As I said, we are encouraged by the direction of travel. There are still emerging issues for us. There are a number of further encouragements that we want to offer. One of the things that England has that we do not have here is a national CSE action plan. There is no such plan for Northern Ireland. It would include elements of direction on multiagency working, data collection and monitoring, professional competency and best practice models. I fully appreciate that the board and trusts and other bodies have embedded very encouraging and positive measures in how they address matters. From my perspective, unless there is a very clear business plan and an accountability mechanism that covers a broad range of agencies, there will be an issue. You will know the old adage that what is measured is valued.

We are not going to see the inclusion of detailed interagency procedural guidance on sexual exploitation for practitioners in the forthcoming revision of the safeguarding protection guidance. We will probably not see that until 2015, but it is coming.

We will also be pushing for a regular review of current risk monitoring and other arrangements, and the sharing of data. The sharing of data and systematic analyses across the country is absolutely key. I have a very strong view on the need to invest significantly in early resilience-building in children as young as four. I am looking at Roy, because I know that he is strongly in favour of early intervention. That should be followed up in schools at the developmental levels of nine, 10 and 14. Furthermore, there should be guidance on self-protective and help-seeking behaviours, teachers' awareness, and teachers' confidence to act if they have any doubts.

We really want to encourage the progression of the safeguarding plan. Helen touched on the investment in research into what is happening to some of our boys, which I think is a hidden area. We are also looking for the further development of a sexual offences recording system, which would enable the police to record multiple perpetrators and allow for a CSE flag. It would be encouraging to see child sexual exploitation as a priority in the next Northern Ireland policing plan.

The direction of travel is good. It might need to be a bit quicker, and there is more to be done because we are learning more all the time.

The Chairperson: Thank you. There was a lot of detail in that, so I ask members to be as concise as possible. There were six recommendations, and I appreciate the work that has been done. I think that everything that we do has to be about safeguarding and protection. As a Committee and as a society, we are really still at the learning stage, and we have to be and remain focused. I become particularly concerned when I hear about waiting lists. Lynda, you referenced the fact that you are working with 75 young people and children, with 51 on a waiting list. I know that you reflected on different funding streams, but, ultimately, as a Committee, we need to take that very seriously. We cannot allow a situation in which there are children and young people on a waiting list for assistance. That is my first point.

Helen, the other figure that jumped out was the 60% or more who went missing overnight. That is quite stark. I know that you are not here to defend or otherwise the progress that has been made, but I listen carefully to the Safeguarding Board and to what you said about data collection and monitoring. However, the recommendations came out of the 2011 process. In your view, where have the gaps been? Where has the failure been?

Mr Stephen Knox (Barnardo's): I will comment on the waiting lists. You are absolutely right that it is not acceptable to have that number of young people at risk of or suffering sexual exploitation. It has been an emerging picture. In April 2010, we in Barnardo's Safe Choices were working with 20 young people who were at risk of sexual exploitation. As was mentioned earlier, when the research was being undertaken and as the people who were engaged in it were undertaking the risk assessments, we began to see that spike and an increase in referrals coming through to the point where, in August/September of this year, we were looking at working with 75 or 76 young people, with 50 who were still awaiting a service. Therefore, you are talking about a six-fold increase in referrals since the 2010 period.

In Barnardo's, we have taken a very serious view of this and have invested heavily in trying to ensure that young people get the service that they require and to eradicate the waiting list. As we said, the board has also recently increased its investment. The absolute priority for the service is to ensure that young people who are referred to us for specialist service receive it. I should also make the point that most of the young people who have been referred will have a social worker attached to them and will be receiving service and a protection plan from the health and social care trusts. Safe Choices offers a specialist service to young people.

Ms L Wilson: We will move young people who are at higher risk up the waiting list, and also offer consultations. The service is developing different approaches, for example group work, to try to move that list faster.

The Chairperson: Are there any comments about the gaps or the failures?

Ms L Wilson: As a voluntary childcare organisation, we make recommendations on what we think will work for children on the basis of our experience and, very often, on the basis of research. Obviously,

we did not make those recommendations lightly or without the hope that they would be taken up. We felt that, if those recommendations were considered and processed, we would have a more effective system. I think that we are beginning to see the system adopt some of those approaches. It would be very wrong for anyone to say that, if all of those recommendations had been exercised immediately, it would necessarily have protected more children. We just do not know, but we do know what works: multiagency working, good data, knowledge from children, learning from best practice and a total-system approach. It has to be as systemic and organised as the motivation of these people who are out to abuse children. It has to be as good as a response to organised crime. Whether it is organised crime or not is an entirely different issue, but we have to be as proactive and organised in our response, and the system has to be absolutely rock solid.

The Chairperson: Thank you for your honesty on that. This is my final point, because I am conscious of the time. The next stage is around the inquiry. Helen, you made the point about the focus being on the perpetrators and that decisions have to be child-centred, balanced alongside the need to get a robust, independent and transparent process, which is accountable. We have requested sight of the terms of reference so that we can scrutinise those. I am interested in models of best practice elsewhere and what learning the Committee can ascertain from that. It is critical that we get this right. This is the only chance in a generation that we will have to try to tackle this properly.

Ms L Wilson: Both Helen and I would welcome the opportunity to bring back best practice models from across the UK. I know that Scotland is currently carrying out an inquiry process, and best practice is a strong element of that. They have gone out very broadly for evidence at the outset. That inquiry was also called for by Barnardo's. I think that it is a good model.

Dr Beckett: There is a lot of learning that we can get from elsewhere, including from specific inquiries that have followed cases. For example, Derby has just carried out a learning review where it did not hit the threshold of a serious case review. What was interesting about that review, which will come out very soon, is that they engaged in a learning culture. They said that, even when it does not hit the threshold, they want to embed a learning culture in how they deal with cases.

A team of us receives funding from the Public Health Agency. We applied at the start of the year and were given funding to undertake a lot of this work and do exactly what you asked: to scope out what we can learn from elsewhere in how we better respond to CSE here. That is about looking at what is an effective risk assessment and means of accountability.

Research by colleagues at the University of Bedfordshire a number of years ago demonstrated that it was not enough simply to put in place policies and procedures because a review two years on found that only a quarter of local authorities had embedded them. We need to implement change on a number of levels. I am working with London councils on a pan-London review of their policies and procedures. We can look at a lot of different areas from which we can learn. That is why I made the point that we need to learn from elsewhere what has and has not worked to inform our response. There is too much detail to go into now, but we can pull together a lot of evidence on learning from elsewhere.

The Chairperson: That would be useful; I appreciate that. Thank you.

Mr McCarthy: Thank you very much for your presentation. We have found ourselves in a horrendous place recently. The work that you have done is fantastic, but you must be desperately disappointed that your report was not acted upon earlier. Had it been, a number of people could have been prevented from going down a particular road. We could ask so many questions, Chair. Helen, you went over a lot of things that we need to do. You came through the process and saw what happened. How can you be assured that the powers that be will listen and act to make sure that what you are recommending is carried out so that this cannot happen again?

Phrases such as "intervene early" and "no delays" were used on a number of occasions. Lynda, you spoke about something not coming about until 2015. That contradicts intervening early and having no delays. How can we bring this forward so that this is put to an end, the culprits are taken out of circulation once and for all, and it can be stopped?

Ms L Wilson: There are a number of layers to this. We now have a Safeguarding Board for Northern Ireland that has oversight to hold the various actors in this process accountable. That is a business

priority for that board. The PSNI is bringing a new high level of scrutiny and resources to the investigation side.

It is not the case that we will have to wait until 2015 to get procedures. They will not be reviewed fully for some time, but we have procedures that can be used. That said, we should never ever think that we will have this cracked today or tomorrow because an emerging trend is social media. As we become more protective and capable, these guys get cleverer, and the areas of risk become greater. It is a process of continuous learning and interagency working. It would be helpful if we had an overarching action plan that could be reviewed and to which all bodies were held accountable.

Mr McCarthy: How do you find the right balance between protecting vulnerable young people from exploitation, while giving them the opportunities to lead a normal life? That is what we want. We want to see our young children growing into adults after having a proper childhood.

Ms L Wilson: That is the challenge of corporate parenting. We have probably all experienced that as parents, but when you are the corporate parent and there is significant risk, it is a very big challenge. Staff on the ground do really good work on that.

Dr Beckett: They do. It goes back to the point about early intervention. None of what we are saying about protecting children and young people is about trying to police them in adolescence as they naturally grow and develop and want to try new things. In some ways, we need a two-phased approach. We need one for the young people who are currently in that situation and at risk, and who may need a more explicit response in managing risk. We also need to think ahead about how we prevent the next lot of children and young people who are now younger from getting into that situation. In the longer term, we can do some of the work that Linda spoke about: knowing how to identify risk and behaviours.

Again, there are lessons to be learned from elsewhere. Some very good programmes have been put in place that can show us how to do this in an age-appropriate way. I know that I said this when I was last here, and I apologise for reiterating the message, but we need to start this at an early level; we need to start this at primary school. If we know that this is starting to happen to children aged 10 or 12, there is absolutely no point in telling them about it at that age; our response needs to be more controlling at that stage because the risk is already there. We need to be getting in and doing early resilience work so that they understand. I saw some good examples in the case file reviews — again, the report talks about this — which showed that the risk was nipped in the bud where it was picked up early, where the young person or someone else know what to look for and reported it. Services were then put in place at that point, the risk was closed down and the young person went on to lead a normal life, so to speak.

Mr McCarthy: They reported it; that is the important thing. It is good that it is being reported, but the important thing is the action that is taken after that. You explained what seems to have happened up until now in your report in 2009, but that sat somewhere, nobody did anything about it, and here we are.

Dr Beckett: There are retrospective questions about what happened with that, but we also have the current challenge of considering what is happening now for children and young people. There has been a lot of media reporting and publicity around this, and we have a helpline that we tell people to call if they need support. However, we need to be sure that the systems are in place to provide that support. In some ways, we do young people more of a disservice if we let them start to understand that they are a victim and that they are being abused, but that we cannot come in with all the support structures. There are three issues: there is the retrospective aspect around what happened; there is the question around whether we have the systems in place to support a young person or a parent who phones about concerns; and there is the question of how we prevent them from getting into that situation in future.

Mr McCarthy: I wish you all the best. The Committee is 100% behind you.

Mr Dunne: Thanks for your presentation. I welcome the panel. We are all aware of the issues. I have a couple of points; some have already been covered. I have been made aware of issues with the missing person's register; perhaps you could clarify a few points on that. From my experience, people tend to report missing persons to the PSNI. The public does that and agencies do that, and, when they do, they feel that are basically finished with their responsibility and push it on to the PSNI. In talking to the PSNI, I have heard them say clearly that they do not have the expertise and they do

not have the resources in many cases to follow things up. What worries me and others is that these young people, and it is young people we are talking about in this case, have been reported missing to the PSNI but little or nothing is being done. There are people missing out there who are at risk. Is this a gap that needs to be filled? Is this an issue that needs to be addressed? Perhaps the PSNI needs support from other Departments to take on some of this work. I know from talking with the PSNI locally that this has been the case. There was an issue where a person was reported missing and then went to the Ulster Hospital, but the police had not followed it up. That is an example of what can happen. Young people are very vulnerable, and everyone gets the impression when the police get involved that everything is under control. That may not be the case.

Mr Knox: The point that you have just raised is a real issue of concern for us. It was what lay behind the establishment of the co-located post that we have at the moment with a Barnardo's worker working with the PSNI at Willowfield police station. That is about picking up those young people who are not in the care system but who are going missing from home and discovering whether there are significant risks there. We have someone there, working with the police, engaging with those young people and looking at the risks that they may be subject to. They are not only helping the young person, but their family. That has been going for about a year, and we are aware that other PSNI stations are keen to follow up on that. Helen is undertaking the evaluation of that, so we will learn further about how we might take things forward.

We are very keen to pursue that area. We are talking about the balance, and the focus has always been on young people going missing from care. As Helen and others have said, there is a whole other issue — a continuum of an issue — of young people going missing from home. We want to be able to focus on that and do further work on it. Obviously, that will also mean us looking at the resourcing for that work. We will want to address that too.

The Chairperson: I would like some clarification on that point. Helen, you said that you are evaluating a co-located post. However, the report's recommendations called for:

"a co-located inter-agency model of response".

Dr Beckett: That is something different.

The Chairperson: Is that something very different?

Dr Beckett: Yes. We would like to see a specific co-located team that is dedicated to working on this issue. That is what all the learning from England tells us we should have and, indeed, someone from England will be at the conference in October to share that work. That co-located team will not only be comprised of the police and the voluntary sector but the police, social services, the voluntary sector, education, health and the Public Prosecution Service.

What I am evaluating is a step in the right direction. I am testing having a voluntary sector worker in with the police. The early findings from the first phase of that evaluation are that it is making very positive contributions for all parties. It helps understanding of how the police respond to things and it helps the police to understand some of the complexities and why a young person may be doing things or viewing things in a certain way.

I think that your point is a very important one; it that cuts across all of this. No single agency can deal with this issue on its own. That is absolutely the key message of the learning from elsewhere. Everyone has a role to play and it needs to be joined together and coordinated.

To clarify, it is a small step in the right direction. It is a great initiative, but what we are looking for is —

The Chairperson: The co-located model of response is not in place yet.

Dr Beckett: No.

Mr D McIlveen: Thank you very much for coming today. Helen, I want to discuss your report and get a couple of pieces of further information. In paragraph 1.4 of the report you mentioned a:

"National Working Group for Sexually Exploited Children and Young People".

I have to be honest that I had not heard of that. Will you tell us what that is, who it was set up by and how it continues to run today?

Dr Beckett: Certainly. It is a group that we work in partnership with at the university. It was established by Professor Jenny Pearce at the university a number of years ago. It is about bringing people together. It is UK-wide and includes Northern Ireland. That is now headed up by Sheila Taylor, and its staffing has increased a lot in the past couple of months.

Representatives of that group can talk for themselves, but it has a number of purposes. It is essentially about supporting people to respond better to CSE. It collates learning resources that members can access and makes data requests — for example, we will make a data request from Northern Ireland about something and ask others to share examples of how they have responded to that in their areas. It also runs training events, and we run a research forum that shares current information with practitioners in conjunction with the group. The group does a number of different things like that and it works in partnership with us at the university. Barnardo's co-facilitates the research forum that I talked about with the group.

Mr D McIlveen: Thank very much. I want to touch a little on Kieran's point. It appears that, unfortunately, Barnardo's has been a bit of a Jeremiah; it has been calling out about this issue for a number of years and, on the surface, it appears that those calls may not have fallen on the ears that it should. That said, Helen, have you any knowledge of issues that were acted on when the report was gathered? That is not a loaded question. This issue came to light publicly when it became known that at least 30 arrests were going to be made. Knowing how the police work, they do not make 30 arrests overnight. Therefore, something must have been going on behind the scenes. We just have not been told yet what that was. Did you have any prior knowledge of the people who were looking at your report?

Dr Beckett: I can share some things on that, and perhaps Lynda can add to it. However, I would add the caveat that this is by no means a comprehensive audit of what happened. As you know, I finished the work and moved to work at the University of Bedfordshire; therefore, I was slightly removed at that point.

When we finished the work, we had the launch at Stormont, and we then went out and did a launch in each of the five trusts. From the people who came along to that, I know that one trust in particular talked about how it had literally gone through the report and mapped out a series of actions. I know that because it picked up something in section 1 that nobody else picked up. Therefore, people at different levels in trusts are looking at the report and finding out what could be learned.

The report was presented on a national basis, and we presented each trust with their specific statistics, which was a three-page report that had the key statistics broken down — the rates, what the samples were, and all the particular issues in their trust. I know that, internally, they were looking at that. I know that the police did the internal review. Chapter 8 of the report highlights the fact that missing and vulnerable persons officers felt that they were too stretched across their role. They wanted a sole role; they could not deal with both missing children and vulnerable persons. That review has happened, and I understand that the separation of roles has been addressed.

Therefore, different things have happened. I will not have known about a lot of that in the background. However, I can talk about what I have seen happening since earlier this year. Personally, I have been very encouraged by that, although, absolutely, I would have loved it to have happened a year and a half ago. However, people have approached me and asked whether I could come and talk to them about the learning from this and whether I could help them think about how we could do this better. As Lynda said, when the Safeguarding Board was established, it made it a priority and brought me in to take a meeting and talk about the things that I thought needed to be done. I know that Barnardo's has also been engaging with the Safeguarding Board. Members of the police have requested to meet me, and they have asked what learning there is from elsewhere about how we better support victims, and so on.

Therefore, initiatives are certainly happening. The strategic partnership group is key, and I have been asked to go on that group in an advisory capacity. As I said earlier, the Public Health Authority gave us £90,000 in May/June. We applied for it at the start of the year, again before all of this news broke. There is a sense that, in some ways, it feels like it is a panic response, and some things do feel like they are a panic response at this point. However, other things have been happening in the

background, and there is a commitment, but it has just been going at a slightly slower pace than we have suddenly seen in the past few weeks. Lynda, do you want to come in on that?

Ms L Wilson: I think that you have covered it. However, it is helpful to separate the PSNI process and the processes of the other statutory bodies. There has been a slow systemic approach from business as usual — the actions plans in the trusts, etc — and all of that has been going on inside the statutory bodies. However, we were pressing the PSNI to look at the issue systemically. Yes, when we reported cases, it was investigating them, and we know that all the cases were investigated and progressed to the Director of Public Prosecutions. However, because we were working across the country, we could see patterns. Very often, one of the positives of being an organisation like ourselves is that we can ask why a particular pattern is emerging. We were feeding that into the PSNI, and I know that it has undertaken that review. Its approach is now more systemic. There is no point in apprehending these guys; you have to get it into court. Disclosure is not information, and it is not evidence that will stand up in court. Therefore, if you are going to make a conviction and protect a child or a young person, you have to have all your pieces in place. One of the really positive outcomes of the review is the fact that the PSNI is beginning to look at this as a systemic problem, and it is not just about individual convictions, although, obviously, those are important.

Mr D McIlveen: What do you believe that Barnardo's and other organisations can do to support investigating officers in the police? I say that deliberately because, a lot of the time, senior investigators tell the Policing Board, of which I am a member, that they need to be one step ahead of the criminals. You referred to this as organised crime, but the fact is that drug dealing, people trafficking and other sorts of crime have one common denominator, and that is that they are driven by money and greed. This is driven by something a lot more sinister than that and a lot more difficult for, I suppose, normal people to get their head around, including police officers. How do we get our police officers one step ahead of the perpetrators?

Ms L Wilson: It is not only about police officers; it is about everybody in that system. I think that Helen touched on this when she talked about co-location and joint training. At a recent event, I was sitting at a table with a PSNI person, a couple of young female detectives and a couple of young prosecutors, and there was a sense around that table that there is a virtual team now. I have personally worked on closed inquiries, and I know that it takes that kind of really tight teamwork, with everybody knowing, so that the social worker who takes down the disclosure knows not to contaminate the evidence and knows to get that information and the witness safely to the next point in the system, and the prosecutor at the end of the system knows how to handle and support that information coming through and how to treat the witness. It cannot be a broken, fractured system. There has to be a joint team that understands that the end goal is protecting the young person, definitely convicting the perpetrator and, if you can, deterring others.

Mr Beggs: Thanks for your evidence once more. Going back to the 51 young people who are at high risk, are on a waiting list and are thought to be caught up in sexual exploitation, I think that we, as a Committee, should write to the Minister to find out how that issue will be addressed given the urgency of it. You mentioned that it is important to have an informed system, with the social worker knowing not to contaminate the evidence and everyone in the chain being well informed, in order to catch the perpetrators. Do we have that system yet?

Ms L Wilson: I think that we have the foundations of that system now. I certainly think that we have the forums and the willingness for that kind of knowledge transfer. I have seen an enormous increase in professional respect among the parties in the process and an emerging understanding of the value of each party's contribution in the last period of time.

Dr Beckett: I would add that we have seen a real appetite for learning on this issue. A number of years ago, we may have struggled to get people to recognise that this was happening and that it was of relevance to them, but now there is a real appetite among people to learn about it. The conference that we are running next month could have been double the size. We had to close bookings at 250 people, because the venue could not hold any more. All the trusts and the education and library boards are saying, "We will pay for extra places. Our staff want to come on this", but it is a capacity issue. I think that it is about capitalising on that. There is an appetite among people to learn, so if we can get the resource to roll out the training at this point, when people want to learn and want to come together to do that, I think that we will have a moment where we can start embedding that.

Mr Beggs: Sometimes, there can be a perception that this is a big-city problem. You mentioned that you had given figures to the trusts. Can you provide us with those figures so that we are aware of the

scale of the problem in each of the trusts? I do not know whether they are on such a scale that anonymity can be maintained and data protection issues can be respected, but I think that it would be useful if some figures were produced.

Ms L Wilson: I know that the directors of the trusts have analysed their specific figures and have very comprehensive action and protection plans for their recognised groupings. I do not know whether we would have access to that.

Dr Beckett: I am unsure whether we would still have access to that data, because it was provided to them at that time.

Ms L Wilson: In the current situation, I know that the directors of children's services in the respective trusts have their own information and know what they are doing about it.

The Chairperson: It might be better for us to take that up directly with the Department and ask for the breakdown.

Mr Beggs: It would be useful to make everybody aware, in every area, that this is happening on everybody's patch and not just in Belfast. Perhaps we can pursue it with the trusts.

Dr Beckett: It may be helpful to mention the process of the research. When social workers completed risk assessments, we sent them back a risk report. It was not the case that they just provided the information and nothing happened. Each social worker got a risk report back on the risk assessment that they had filled in on that child. That assessed the level of risk, highlighted particular concerns and directed them to support. Each case was being dealt with on an individual basis, and, in some ways, that has done what you suggested by letting them realise that, across each of the teams and no matter where they were based, there were cases of concern. That is, in part, why we saw the rise in referrals, because people were starting to recognise that it does happen on their doorstep and not just in Belfast.

Ms L Wilson: That has been one of the really positive outcomes in that all trusts have now adopted the Barnardo's risk assessment tool, as has the PSNI. That will be subject to further development, but we now have a consistent and comprehensive risk assessment tool across all agencies across the whole country.

Mr Beggs: You mentioned earlier that abuse through prostitution was an offence that, as yet, had not really been pursued. Has it been pursued successfully in other places? Is there something that our officers or officials in the Courts and Tribunals Service need to learn? Are the courts taking that as seriously as they should be, even as regards harbouring? Do you feel that there is recognition of the public concern for the welfare of those children and a feeling that we have to take this seriously and treat those perpetrators severely?

Dr Beckett: We are on a learning curve. I do not want to sit here and suggest that everywhere in England has it right, because a lot of them still have a lot to do. Some areas are doing it particularly well, and, yes, there is learning. The key to getting that legislation used is exactly what Lynda said about all the potential parties involved understanding their role and how they can contribute to that. Specifically, the Public Prosecution Service (PPS) and the PSNI should come together and look at how they can better collate evidence and how they can put together more robust cases. So, yes, there is learning that suggests that the PPS — the Crown Prosecution Service (CPS) in England — should be brought in at earlier stages. The new CPS draft guidance that came out for consultation a few months ago gives some guidance on how early you can bring them in without interfering in the process. So, there is learning that we can look at, but, equally, there is a willingness to look at and use that learning here.

The Chairperson: There are three more members to speak, and I am conscious of time. I am not stifling discussion or debate, but we have another event at 2.00 pm. I ask members to be succinct and for answers to be the same.

Mr Brady: I apologise for missing the start. I was at a meeting in the Senate Chamber a few weeks back with an organisation that deals with mental health issues, and it was interesting to hear that children as young as five, six and seven have mental health problems. That is not widely known. A lot of the children in care come from dysfunctional backgrounds and may have problems. Has a

correlation been established? They may be more vulnerable because of underlying mental health problems that may not have been diagnosed at the time, and, therefore, the perpetrators can possibly take advantage of that. I am not saying that it is endemic or widespread necessarily, and there is no doubt that it goes right across the community, but is that seen as a possible factor?

Ms L Wilson: I am sure that some further deep research could be done into that, but, at the moment, we are looking at the issue of multiple adversity. There is quite a strong correlation in that those young people will have experienced a significant range —

Mr Brady: There is a perception that mental health affects teenagers and older people. You mentioned a child as young as nine. One issue that was highlighted at that mental health forum was that it affects children as young as five and six, which is surprising and sad, in many ways.

Ms L Wilson: Children who have very low self-value, and who do not feel powerful in making decisions, are vulnerable. They may not have felt loved, and they are very exposed to the risk of being taken advantage of. In Northern Ireland, at the moment, we are looking at the development of an infant mental health strategy and early interventions. We have to invest at all levels.

Mr Brady: It is all part of the risk assessment, too, presumably?

Dr Beckett: The risk assessment would record not mental health, specifically, but whether there are any disabilities, such as learning disability. It may be worth widening that out. The last UK-wide research forum that we ran, a number of months ago, was about the impact of disability and mental health on risk of CSE. That was as a result of practitioners across the board asking whether we could do something on that, because they were coming across it in their practice but did not have information on it. So, there is a particular concern about that.

Mr Brady: It may be worthwhile widening out that, as a scoping exercise, to find that out.

Dr Beckett: It is known to be a particular vulnerability.

Mr McKinney: Thank you for your presentation. This is a sensitive issue. I think that, sometimes, people in the greater public want to close their ears to some of these issues. However, that puts a greater onus on those with responsibility to do something about it, and that includes health authorities, yourselves and, indeed, this Committee. You talked about the need for a systemic approach that is proactive and preventionist. However, we have also heard about the limited nature of the response to your report, and even the Minister, on Monday, critically identified that, although some measures have been taken, the problem still exists and continues. Therefore, there is an imbalance.

We are now at the point of inquiry, and an inquiry has to do a number of things. Clearly, it must inquire and also provoke change through recommendations. So, if we are to get a jolt to the system in order to get a systemic approach, could you give advice about the nature of the powers that such an inquiry should have?

Ms L Wilson: One of the enormous risks at the moment — Helen has touched on it — is that we look back in order to blame, rather than to learn. I sit on the Safeguarding Board and the strategic group for this. On the Safeguarding Board, I have been promoting that we take quite a businesslike approach, with a vision at the end of it. As a small country, how would we like to be viewed in three to five years' time as regards protecting and empowering our children so that they are not at risk in the way that they are at the moment? I think that a strong element of the inquiry must be about taking the evidence, analysing it and looking at what has happened here, but it must also take in the learning, because we do not have time to look back and blame. We have to get better at working together and to draw in the knowledge. We have to listen to young people; for me, that would certainly be an element of the inquiry. How will the inquiry incorporate the views of young people? As Helen said, it has to be about taking the knowledge and learning. Yes, we must put our hands up if there are accountability issues, but we must move forward in a constructive way.

Dr Beckett: This is what I would particularly like to see happening. As I have said, we know what was wrong two years ago; so I would like the inquiry to focus on where we are now. What good practice is there that we can integrate from elsewhere?

Ms L Wilson: Or do even better.

Dr Beckett: And where are our current gaps? I am concerned that we might have an inquiry that just replicates what we already know. I could bring 10 people around the table who could easily tell you what the situation was two years ago and what went wrong. I would really like the inquiry to map where we are now. We need a current and updated version of this study, which was just an exploratory piece. We need a systemic mapping of where we are now, with regard to what individual agencies are doing and also the learning from everywhere, as this has to be cross-agency. There is no point in simply reviewing what one agency is doing, and another, and another. We need to look at where the links are and where they are missing.

I would like such an inquiry to look at where we are now and where we need to go. I would like it to look at who has responsibility for that, and who should take responsibility for it as we go forward, bearing in mind the fact that we now have a Safeguarding Board and different systems are taking place. I would like the inquiry to integrate the learning from the Safeguarding Board, the Public Health Agency (PHA) knowledge transfer, and this work and that of practitioners in the field. I have slight anxiety about someone independent coming in and not utilising existing knowledge in Northern Ireland. We need that independence, but, in some ways, we do not need to reinvent the wheel. We should utilise what we already know and what is going on. I would like whoever comes in to do it to take that collaborative approach and to focus very much on where we are now, where we need to go and who needs to take responsibility for taking us there.

All the lessons from elsewhere are that we need that at governmental level — that kind of cross-departmental commitment to dealing with CSE. We have talked a lot about health and social care. It is not just about health and social care. It is not just about policing. We need education. All of that needs to be included. For me, it is very much about mapping where we are and how we need to go forward. As Lynda said, it is about learning from the young people. I feel that we have quite a unique situation here and a unique opportunity to get this right in Northern Ireland because of our size. We have five trusts and eight policing districts. It is nothing compared with the size of England, and all of that. So, I feel that we can lead the way in how places are responding to this.

Ms L Wilson: We also have a very powerful Safeguarding Board.

Ms Brown: Thank you, panel, for your presentation. Kieran is right: it is an absolutely horrific subject. It is terrible that we have to sit here and listen and that you have to investigate these issues. However, we are where we are. We need to look forward and deal with it. Your last comment is a great challenge to us in Northern Ireland. I think that we should lead the way and take advantage of our small size in really trying to tackle this.

You mentioned gender differences in your presentation. They are also mentioned in the report. In particular, one thing that you referred to was the children's experience of an adult's attempts to groom them and that the differential is one in seven females to one in 23 males. That seems to be a large number of children who recognise an attempt to groom. I wonder how many have actually been groomed and have been completely oblivious to or unaware of it. Furthermore, with regard to the number of males, another big concern is that there is really an untold quantity who are actually affected, because we know that, throughout life, it is always a bigger struggle to get males to respond to risk factors, attend appointments with their GP, talk about problems or deal with mental-health issues. That differential between males and females is a huge challenge.

As well as that, I am concerned about the need for education. I absolutely agree that we need to educate children at as young an age as is physically possible and to teach them what healthy relationships are. There is no doubt that we need some kind of massive campaign to instil into children at a young age what is right and appropriate and what is not. However, it is such a massive challenge when you look at what is out there, the availability of it and even how children themselves can work technology from the age of two, three or four. They are working computer games, the internet and phones. They are much more able than even adults are. I am worried that children are being overloaded with information unintentionally. Recently, in the media, there was mention of porn and the access that children have to that type of thing. It does not matter what parental controls there are in the home; even if your child does not have a smartphone, some other child in the playground will. Access to what they are being exposed to is huge. I wonder about the confusion that that will cause to future generations of children. It is so difficult to see an easy way to educate children about what is acceptable and what is not when there is so much information kicking around.

Dr Beckett: That is a very valid point that applies to all of this. There are no easy answers, but the technology side is particularly challenging. There are a number of things that we can do. One is to

look at disseminating our messages in a way that is meaningful to children and young people, such as on the web and in apps. The leaflet is a great start, but the average young person is not going to pick up a leaflet and read it. It is about looking at putting that information in the forums in which children and young people live their lives.

It comes back to Lynda's point about the importance of capacity building among young people. You will not see what they are doing day and daily and hour-by-hour, who they are exposed to on the internet and all of that. It is about equipping them to heed a feeling that something is not right and to know where to go for support. We will never shut down every avenue of risk. As soon as we shut down one, the Child Exploitation and Online Protection Centre (CEOP) will say that there is another. Even keeping on top of the new social media that is being used is really difficult. It is about equipping young people to manage risk a bit more and to know where to go for support.

Ms L Wilson: For the new world order. The Americans tend to use the word "dosage" for some of the early education programmes. It is like immunising children. You give them the appropriate dosage at whatever age and build their resilience, so that they can cope and make good choices. It does not all have to be about stranger danger; the programmes to build their resilience and strength can be fun and age-appropriate.

Dr Beckett: We need to look at the societal response alongside that. It is not just about putting the focus on children and young people and how they protect themselves. When we talk about this and look at how CSE has been responded to in England, we see that there are many parallels with domestic violence and there is a lot of relevant learning. It will not happen overnight. In England, we saw a shift in the culture of understanding of what is acceptable and what is not acceptable. We need a similar shift. The report outlines a case in which the "boyfriend" of a young girl was in his thirties or forties and living with the mother. Everyone in the community knew that but did not see anything wrong with it. On a wider note, we need to educate in the community about what is, and is not, acceptable and what we should expect for our young people even if they do not expect it for themselves.

The Chairperson: OK. I thank all three of you for attending today. This is obviously a critical issue. I think that you will be convinced of the Committee's support for the work that you do. We look forward to getting back that response in respect of the inquiry and other examples and models from elsewhere. Thank you for your honesty and detail today.