

Centre of  
expertise  
on child  
sexual abuse



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Improving understanding of the scale and nature of child sexual abuse

# Improving agency data on child sexual abuse

## A pilot study of the child sexual abuse data collection template

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and  
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## About the Centre of expertise on child sexual abuse

The Centre of expertise on child sexual abuse (CSA Centre) wants children to be able to live free from the threat and harm of sexual abuse.

Our aim is to reduce the impact of child sexual abuse through improved prevention and better response.

We are a multi-disciplinary team, funded by the Home Office and hosted by Barnardo's, working closely with key partners from academic institutions, local authorities, health, education, police and the voluntary sector. However, we are independent and will challenge any barriers, assumptions, taboos and ways of working that prevent us from increasing our understanding and improving our approach to child sexual abuse.

To tackle child sexual abuse we must understand its causes, scope, scale and impact. We know a lot about child sexual abuse and have made progress in dealing with it, but there are still many gaps in our knowledge and understanding which limit how effectively the issue is tackled.

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# Summary

**Improving knowledge on the scale and nature of child sexual abuse (CSA) is a key aim for the CSA Centre. While the past two decades have seen substantial improvements in defining, recording and monitoring CSA across the range of stakeholders, further work is needed to improve the consistency and standardisation of data collection between local authorities and criminal justice agencies, and to make better use of existing local data.**

Without accurate, aggregated data on the profiles of victims and perpetrators of sexual abuse, and how and where the abuse is perpetrated, it is difficult to respond to CSA and develop/commission services that meet victims' needs. Basic data that can be compared across local services can help to build a more comprehensive picture of abuse locally, identify gaps in services and ultimately enable the provision of better services. It can help to inform prevention and disruption strategies, and determine the appropriate allocation of resources.

This report presents the findings from a pilot study of the 'CSA data collection template', a tool developed by the CSA Centre to help agencies improve how they collect and record information from their service users. The template recommends 37 core items of data which all agencies working with CSA – including child sexual exploitation (CSE) – should attempt to collect, comprising data related to the victim, the perpetrator, the context in which the abuse occurred, and the involvement of services. It also recommends how the data should be categorised, so that information can be recorded systematically and then extracted from data systems and reported in a standard format.

The pilot study aimed to establish whether the data collection template could be put into practice by key agencies working with CSA. Across four areas, it involved four local authority children's services, four police forces and six voluntary-sector services. While this was a small sample, meaning that the findings are not generalisable, the pilot has highlighted some of the challenges that agencies face in recording and reporting information on CSA cases they work with – and the benefits, in terms of improved data quality and consistency, that they could derive by adopting the template.

“The template recommends 37 core items of data which all agencies working with child sexual abuse should attempt to collect”

## Key findings

### *Types of data collected, and data format*

Overall, the majority of the data collection template's core data items were already being collected (albeit not necessarily in a consistent way) by the police, children's services and the voluntary sector.

Only three data items, all relating to aspects of perpetrator behaviours, were not consistently collected by the agencies involved in the pilot: whether the perpetrator acted as a facilitator for other abusers, whether there was an element of exchange (material gain for the perpetrator or the victim), and which entrapment or control strategies (e.g. alcohol, presents, threats) were used by the perpetrator.

For data to be useful, however, it needs to be recorded in a format that enables it to be extracted easily from data systems and reported. It can then be used to understand local patterns of abuse and profiles of those involved.

While the agencies involved in the pilot study were collecting most of the core data items in the data collection template, only data about the demographic profile of the victims was recorded in a reportable format; most of the remainder was stored in narrative text fields (including, sometimes, in Word documents embedded in case notes) and used mainly for planning and decision-making about individual cases rather than for strategic planning and commissioning.

Only minor differences were found between the three agency types – children's services, police forces and the voluntary sector – in terms of their reporting capabilities or the types of data they collected. The police recorded a wider range of perpetrator profile data in reportable format (gender, age, ethnicity) than other agencies did (only gender). One voluntary-sector agency was able to report most of the data set out in the data collection template, including on the perpetrator, but this was an exception.



Interviewees in the pilot areas described how wider CSA services and specialist CSE services record data differently



The findings suggest that the agencies involved in the pilot would improve their ability to use their data if they made changes in *how* they record data rather than *what* information they collect. Significant improvements could be made without placing additional burdens on practitioners if provisions were made in data systems for this already routinely collected information to be entered as distinct categories in addition to free-text notes.

### *Data quality*

Data needs to be accurate and consistently recorded if it is to have value. The accuracy of CSA services' data was raised as an issue in the pilot areas: in particular, it was highlighted that records were often not updated during case work, and that referrals were vague rather than specific about concerns.

Interviewees from the four pilot areas described differences in how wider CSA services and specialist CSE services recorded data. They suggested that CSE data was kept more accurately and in more detail than wider CSA services' data. CSE was also said to be more visible in referral forms, and in data systems through the use of a CSE 'flag' – flags for other forms of CSA did not exist in children's services' data systems, and their use was not yet well embedded in police databases.

### Data governance

Regularly reported, easily understood information about the local CSA picture is critical to making decisions on budgeting, service planning, commissioning and service delivery. The pilot study found that reports were regularly prepared about CSE, but those reports focused on individual cases rather than wider patterns; this limited their usefulness for understanding trends in the nature of abuse.

There were few examples of regular reports on CSA in general in any of the pilot areas, although a quarterly report for the local safeguarding children board in one area included some data on CSA. This lack of reporting, along with practitioners' confusion over key definitions and varying levels of understanding of CSA, contributed to inaccuracy and inconsistency in recording CSA data.

### Data systems

Data can be accurately and consistently recorded only where data systems enable this. The pilot study found that CSA data was stored in agencies' main, core databases, but CSE data was also recorded in specialist teams' spreadsheets. Changing core databases was reported to be difficult and expensive because these were provided externally. Local authorities in the pilot areas used either of two main children's services data system providers (Liquidlogic and CareFirst), while a larger range of 'off-the-shelf' systems (including Niche, Genesis and Athena) were used by the police. It was suggested that, initially, implementation could be eased by introducing a separate 'form' into these data systems with set points of data recording. Voluntary-sector agencies used their own bespoke databases, which were seen as offering more flexibility for making changes.

### Feedback on the data collection template

The participants welcomed what they saw as the benefits of the data collection template, including its potential for reducing inconsistency, improving detail and addressing current gaps in CSA data. They broadly agreed with its fields and categories while suggesting minor amendments. These suggestions will be considered by the CSA Centre before the template is launched in late 2019.

## Implications for introduction of the data collection template

The pilot found that, for the data collection template to improve agencies' collection and recording of CSA data, it will need to be supported by wider work to improve data quality and accuracy. This work must address the following issues:

- ▶ Practitioners need more clarity in relation to the definitions of CSA and CSE.
- ▶ They need training to improve the recognition and recording of CSA.
- ▶ Service managers need to encourage updating of data as new information comes to light.
- ▶ More consistent, regular reporting – particularly of CSA data – to local multi-agency bodies is needed.

In addition to supporting agencies, the CSA Centre could encourage the introduction of the data collection template by engaging national stakeholders and data providers to support its implementation.

More consistent, regular reporting to local multi-agency bodies is needed if the collection and recording of CSA data is to improve

# 1. Introduction

The Centre of expertise on child sexual abuse (CSA Centre) recognises that child sexual abuse (CSA) cannot be tackled effectively without greater understanding of its scale and nature. Increasing knowledge in this area is therefore one of the CSA Centre's core aims.

In July 2017, the CSA Centre published a scoping report (Kelly and Karsna, 2017) which highlighted that – despite greater awareness of the issue – significant gaps remained in the data captured by agencies working with people who experience or commit CSA, including child sexual exploitation (CSE). The report identified key gaps in data relating to:

- ▶ the characteristics of perpetrators (other than their gender) and the relationship between perpetrators and victims
- ▶ the duration and frequency of abuse and the contexts and locations in which it took place, including the role of digital technology
- ▶ who disclosed the abuse, or which agency referred it.

It also noted:

- ▶ a tendency among agencies to record data about children *at risk* of CSE, making it difficult to differentiate between known victims and potential victims
- ▶ differences in the focus and quality of data recording, according to agency priorities – local authority children's services and specialist agencies primarily reported information about victims, while police and criminal justice agencies focused on the offences, perpetrators or defendants.

All of these factors meant that understanding the bigger picture – the scale and nature of known abuse, and trends over time in the profiles of victims and perpetrators – was problematic.

## 1.1 Developing options to improve data recording and use

During the development of the scoping report's recommendations, the CSA Centre convened an expert group comprising academics and data-holders across the criminal justice system, health services and children's services.<sup>1</sup> The group proposed that, in order to improve the quality of data captured by agencies across the sector, agreement be reached on a common set of core data that all agencies working in the field of CSA could collect. They recommended that this core CSA dataset, to be known as the 'CSA data collection template', should:

- ▶ include the profiles of victims and perpetrators, the forms and contexts of abuse, and the actions taken by agencies/services
- ▶ be adaptable, so that agencies could include their own priorities locally
- ▶ be minimal, to avoid additional burden for agencies and practitioners
- ▶ be tested through a 'demonstration project'.

The idea was that use of this template would enable organisations to collect information in a consistent manner, enabling better understanding of the scale and nature of known or suspected cases of CSA in their area.

Over the following months, the CSA Centre consulted a wider range of stakeholders to gather their views on what, at minimum, the data collection template should include. This led to the development of a draft template, specifying the following 37 core data items to be collected by agencies (organised into four sections, as recommended by the expert group):

<sup>1</sup> The expert group participants are listed in Appendix 3 of Kelly and Karsna (2017).

## Victim<sup>2</sup>

1. Known victim or suspected victim?
  - 1a. If a suspected victim of CSE, what level of risk has been identified?
2. Age at point of referral
3. Sex/gender
4. Sexual orientation (if known)<sup>3</sup>
5. Ethnicity
6. Country of birth
7. Disabilities or long-term health issues
8. Relationship between victim and perpetrator(s)
9. Is/was the victim a looked-after child or a child in need?

## Perpetrator

1. Has the perpetrator been convicted or a suspect in a CSA investigation, or been a person of concern?
2. Lone perpetrator?
  - 2a. If multiple perpetrators, how many?
3. Age of perpetrator at the time of abuse
  - 3a. If age not known, was perpetrator adult or peer (under 18)?
4. Sex/gender
5. Sexual orientation (if known/volunteered)
6. Ethnicity
7. Country of birth
8. How did the perpetrator first meet the victim (if not a family member)?
9. Was the perpetrator a facilitator for other abusers?
10. Was the perpetrator part of a network in an institution, e.g. residential home?

## Context of abuse

1. How old was the victim when abuse (the current incident) started?
2. How long did the abuse continue for?
3. How frequent was the abuse?
4. What did the abuse involve?
5. Was there a material gain to the perpetrator or the victim?
6. If there was a gain to the perpetrator, what sort?
7. Which types of entrapment/control strategies were used by the perpetrator?
8. Location(s) of abuse
  - 8a. If there was an online element, which medium was used?
9. Did the perpetrator take the victim or pay for travel to locations of abuse (trafficking)?

## Services

1. Is this case recorded as CSA or CSE?
2. Is this a current or non-recent disclosure/concern?
3. Who disclosed/reported the abuse?
4. Which agency received the disclosure or had a concern about the abuse?
5. Is this a new case or a re-referral to this service?
6. If an agency referred, which agency?
7. Services/agencies involved at assessment
8. Services/agencies involved in supporting the child/young person
9. Is/was there a police investigation?
  - 9a. If yes, what was the outcome?

The draft template also contained standard categories for each of the above data fields; the use of standard categories facilitates the retrieval and analysis of recorded data, and can support data aggregation across agencies. Some of the categories reflect standard practice in the public sector – so their use would, for example, enable comparison of agency datasets to local population statistics from the census or other studies.

The full version of the draft template, including the categories for each field, is in Appendix 1.

## 1.2 What is the data collection template intended to achieve?

To make better decisions, target responses effectively and better protect children, agencies need better data.

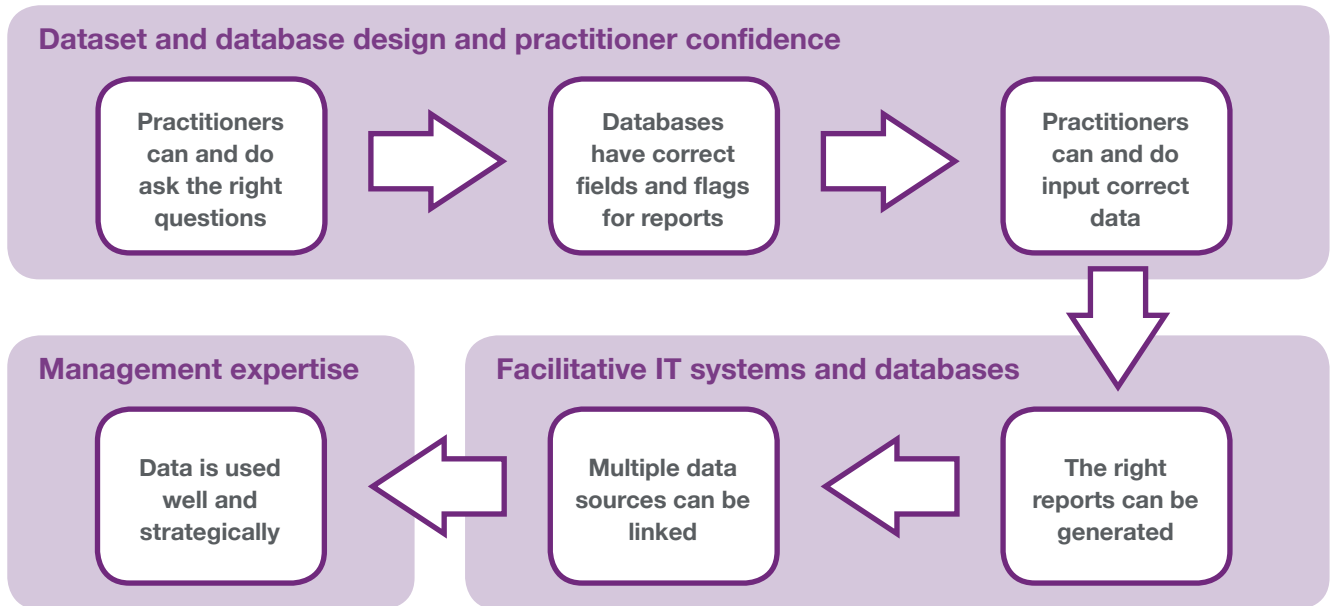
Good-quality data can be used at local, regional or national level to support decision-making and to inform local strategies and service responses. More consistent and accurate data can focus targeted outreach, inform prevention, and guide decisions about where to allocate limited resources. The data collection template can provide a framework for this. The CSA Centre's intention is to help practitioners gather consistent information from service users, and to ensure that agencies' data systems contain data fields in which to record it, so the information is recorded or flagged in a way that enables it to be analysed and reported regularly.

2 Depending on the context in which this data is collected, the first three sections of the template may apply to *suspected* victims, *suspected* perpetrators and *suspected* cases of abuse.

3 The CSA Centre proposes that this information is not regularly asked for from service users, but is recorded if known or volunteered.



Figure 1. The data collection and reporting process



The template has been designed as a tool enabling agencies to examine their existing data collection processes, identify any gaps or weaknesses in the current recording of CSA data, and act on identified weaknesses by improving data collection and recording. It is not intended to be a questionnaire or a form for agency service users; instead, individual agencies are encouraged to embed its fields and categories into the databases used for their routine work. Agencies using smaller, bespoke data systems or recording data on spreadsheets may find this easier than those using large corporate databases, where more planning may be required.

With the data collection template embedded into their data frameworks, agencies could, for example, reliably report on:

- ▶ the volume of abuse disclosed, and the number of children and young people thought to be at risk
- ▶ the profile of the perpetrators/suspects
- ▶ different forms of CSA, including intra-familial abuse, institutional abuse and CSE
- ▶ different types of case that meet the definition of CSE.

The CSA Centre recognises that the data collection template will need to be supported by systematic and consistent data management at each of the collection, recording and reporting stages outlined in Figure 1. Accordingly, in addition to testing the draft template, the pilot included interviews and site visits to understand the context within which data collection and recording occurs.

### 1.3 Piloting the data collection template

The pilot study described in this report was commissioned by the CSA Centre in order to:

- ▶ test the feasibility of adopting the data collection template in local authorities, police forces and specialist (voluntary-sector) services
- ▶ understand existing recording practice from frontline practitioners and managers in these agencies
- ▶ gather feedback on the fields and categories of the draft template.

Chanon Consulting was appointed to undertake the pilot study in January 2018.<sup>4</sup>

<sup>4</sup> In addition to this pilot study, the CSA Centre funded Saint Mary's Sexual Assault Referral Centre in Manchester to use the draft data collection template as the basis for retrospectively extracting data from the case files of its service users. (That case study used a slightly different version of the draft template from the one described in this report.) The results, reported in Karsna and Majeed-Ariss (2019), demonstrate what can be achieved using the template's categories to analyse a dataset.

The aim of the pilot was to establish whether the data collection template could be adopted by key agencies working with CSA, and to understand the main challenges that would be involved.

The objectives were to:

- ▶ establish how many of the 37 fields in the draft data collection template were already being collected by local authority children's services, police and voluntary CSA services, and how much of that data could be easily reported
- ▶ gather feedback from frontline professionals in those agencies on the practical implications of incorporating the template into their data systems
- ▶ describe the existing data systems, reporting mechanisms and governance related to CSA in those agencies, in order to understand how CSA data was being used to inform local priorities and commissioning.

The pilot was conducted in four local authority areas, chosen to represent different local contexts: geographically disparate areas, rural and urban settings, and smaller borough areas

as well as larger counties. The difference in size possibly accounts for the variation in the ways that responses to CSA were managed across the four pilot areas (see box).

To gather views from practitioners working in a variety of local contexts, three agencies – the local authority, the police and a voluntary-sector specialist service – were recruited in each of the four areas. Despite overlaps between them, these agencies engage with service users differently and have separate data recording and reporting systems.

Although it had not been the intention of the research, information about data collection and recording was requested separately for cases of CSE and for other forms of CSA. This was because, although CSE is a form of CSA, victims of CSE are frequently supported locally by separate services which have different commissioning and governance arrangements. Cases of CSE and other forms of CSA typically follow different care pathways within each local authority area, with different points of contact for data collection and recording.

Chapter 2 describes how the pilot study was conducted.

Chapter 3 outlines the findings from the study.

### Local variation in the management of CSA

In each of the four pilot areas, responses to CSA generally were managed within the generic children's service in the local authority (which collected data on such cases). Within police forces, CSA-related crime was investigated by child safeguarding or abuse units.

In contrast, responses to cases of CSE were led by specialist services managed either by the local authority, in a multi-agency setting by the police, or by the voluntary sector.

In one area, the specialist CSE team was located in and managed by the children's service, with a voluntary-sector practitioner seconded into the team from a specialist organisation. A separate police CSE unit covered a larger area in this pilot locality.

Two areas had multi-agency, police-led specialist CSE teams. In these, voluntary-sector support was more arms-length: the two multi-agency teams made referrals to a young people's voluntary-sector early intervention service and a young people's voluntary-sector CSA and harmful sexual behaviour (HSB) service respectively.

The fourth area had a commissioned specialist CSE service, delivered by a voluntary-sector organisation working closely with the statutory services.

Storage of data on cases of CSE varied. The specialist CSE team located within the children's service used the children's service main database; the two multi-agency police-led CSE teams relied on Excel spreadsheets (not linked to the main children's service or police databases); and the commissioned voluntary-sector service used its specialist (gangs and CSE) organisation's bespoke IT system.

## 2. Method

After four potential pilot areas had been identified, based on their diversity in terms of location and size (see section 1.3), Chanon Consulting recruited participants in those areas by approaching the directors of children's services in the four local authorities. They were provided with information about the study's aims, process and anticipated outcomes and outputs, and shared this information with partner agencies involved in responses to cases of reported or suspected CSA in their area; those agencies were subsequently approached by Chanon Consulting.

Participation was voluntary; all the relevant agencies approached in the four areas agreed to take part.

The pilot was conducted in the following local authority areas: Kent County Council, the London Borough of Enfield, Northamptonshire County Council and Stoke-on-Trent City Council. The police forces working in these areas were Kent Police, the Metropolitan Police Service, Northamptonshire Police and Staffordshire Police. The specialist services working closely with the statutory services in these areas were Barnardo's, Catch22, Safer London, NSPCC, Aquarius and Rape Crisis.

The pilot involved three stages:

- ▶ a review of data collection practices
- ▶ testing of the draft data collection template
- ▶ interviews and local visits.

The fieldwork was undertaken in accordance with the core principles of the Social Research Association's ethical guidelines (SRA, 2003).

### 2.1 Data collection review

In each of the four pilot areas, a questionnaire (set out in Appendix 1) was circulated to the following individuals:

- ▶ in local authority children's services, the head of safeguarding, head of assessment service or head of the business information unit
- ▶ in multi-agency teams, the CSE service coordinator

- ▶ in police services, the child abuse investigation lead, the CSE lead or the CSAE performance analyst
- ▶ in voluntary services, the heads of the local CSA or CSE services working with statutory services.

Recipients were asked to compare the draft data collection template with their organisations' existing data recording practices. For each of the draft template's 37 data fields, the questionnaire asked them to identify whether the organisation was:

- ▶ collecting and reporting the data
- ▶ collecting the data but in a free-text format which did not enable reporting of the data
- ▶ not currently collecting or recording the data at all.

They were also asked to comment on whether they found the draft template useful, and to suggest any additional data fields for inclusion.

All these individuals also took part in the stakeholder interviews (see section 2.3).

### 2.2 Testing the draft data collection template

Staff in the CSA and CSE services in each local authority completed the draft data collection template, as set out in the questionnaire, for one current case of CSE and one case of CSA identified as not including CSE. This was done to understand how appropriate the core dataset's fields and categories were to their practice, and to identify where this information was currently stored in the data systems.

### 2.3 Interviews and local visits

Interviews were undertaken with 27 individuals from four local authorities, four police forces and six voluntary-sector agencies, in order to:

- ▶ understand their existing data collection processes, data systems and governance arrangements
- ▶ obtain their opinions of the draft data collection template, and the opportunities and challenges that adopting it might pose.

As Table 1 shows, the interviewees were managers and practitioners with business or practice responsibility for CSA (including CSE) services in each organisation. Additionally, a youth offending team manager in one local authority area provided input on the recording of data on harmful sexual behaviour (HSB).

The structure of the interviews is set out in Appendix 2. Prior to interview, the interviewees were asked to consult on the interview questions within their teams and relevant other colleagues so that they could provide comprehensive responses. The interviews were recorded and transcribed, and thematic analysis was used to identify key patterns in the responses.

This stage also included a site visit to each area, to observe how CSA-related data was being collected and entered into data systems.

## 2.4 Limitations of the method

The pilot was limited by the short timescales within which the work needed to be completed in order for the data collection template to

be launched in 2019. This, and the budget allocated for the project, affected the number of local areas that could be included in the pilot.

The inclusion of only four areas means that the findings cannot be generalised with confidence across England. It is likely that variations in practice across the 38 police forces and 152 local authorities in England are more considerable than those captured in this report. No local authority area in Wales was approached, because this pilot coincided with the pilot phase of the new CSE data collection procedure introduced by the Welsh Government.

More preparation time might have allowed the data collection template to be piloted on more cases; this might have aided understanding of the process by which practitioners, particularly in the police and voluntary sector, gather data. And the short timescale precluded any exploration with senior management of the extent to which the data collection template could be used to improve local multi-agency responses to CSA and CSE; this is something that can be considered as the next step to this research.

Table 1. Interview participants

Agency type	Interviewees' job titles
4 local authority children's services	▶ 3 heads of service with responsibility for CSA
	▶ 3 CSE coordinators
	▶ 2 CSE practitioners
	▶ 1 looked after and missing children manager
	▶ 4 business information managers
	▶ 1 head of youth offending service
4 police forces	▶ 1 detective inspector, vulnerability investigation unit (CSA)
	▶ 1 detective inspector, multi-agency CSE and missing team
	▶ 1 sergeant, multi-agency CSE and missing team
	▶ 1 regional CSAE analyst
	▶ 3 performance analysts
6 voluntary sector organisations	▶ 3 managers of local CSE services
	▶ 1 manager of a local CSA and HSB service
	▶ 1 national head of CSA and CSE evaluation
	▶ 1 national violence against women and girls manager

## 3. Findings

This chapter presents findings from the pilot study. Section 3.1 outlines the extent to which agencies in the four pilot areas said they were collecting the data set out in the draft data collection template at the time of the study. Section 3.2 draws on interviews to summarise views in the four areas on the current state of CSA data collection/reporting. Section 3.3 sets out statutory services' experiences of completing the draft template for current cases of CSA, and presents interviewees' opinions of the template and how it might be adopted.

### 3.1 Existing levels of core data collection

In this section:

- ▶ 'Collected' means that it was possible for practitioners to access or elicit the information in the course of their interactions with service users, and their organisation's core database allowed for it to be recorded. It does not mean, however, that the data was consistently collected or recorded in practice. The term encompasses all data collection formats, including both narrative ('free text') fields and reportable categories.
- ▶ 'Reportable' means that the data was collected in defined, standard categories, enabling reports to be generated. The data may, however, have been collected or stored in less detail than was proposed in the draft CSA data collection template.
- ▶ 'Victim' refers to any child or young person aged 0–17 who had reported abuse or was suspected of having experienced sexual abuse.
- ▶ 'Perpetrator' refers to anyone (regardless of their age) who a child or young person said had sexually abused them, or who was suspected of having sexually abused them.
- ▶ 'Abuse' refers to any suspected or reported CSA, including CSE, that had resulted in a child or young person being referred to the agencies taking part in the pilot study.

Information about the recording of data on cases of CSA dealt with by core services is presented first, followed by information on CSE cases managed by specialist services (see Section 1.3).

In Tables 2–9 below, a darker colour indicates less information collected or recorded.

Data was considered to be 'reportable' if agencies collected it in defined categories, enabling reports to be generated

## Key findings

CSA and CSE services in the four pilot areas were found to be already collecting many of the 37 core data items specified in the draft data collection template.

Data that could be easily reported was related mainly to the victim and the services involved.

Other data was recorded in narrative data fields (including in Word documents that were embedded into data systems), hindering analysis and reporting. This data could not, therefore, be used systematically in evidencing the nature of abuse in local settings.

For both CSA and CSE cases, at least three-quarters of the agencies participating in the pilot were not recording the following data in a reportable format:

- ▶ the perpetrator's sexual orientation and country of birth
- ▶ how the perpetrator first met the victim
- ▶ whether the perpetrator facilitated abuse by other abusers
- ▶ the frequency of the abuse
- ▶ entrapment or control strategies used by the perpetrator
- ▶ if abuse occurred online, the medium(s) used
- ▶ whether the abuse took place as part of a network in an institutional setting
- ▶ who disclosed/reported the abuse.

Additionally, the following data was recorded in a reportable format by no more than a quarter of CSA services (local authority, police or voluntary-sector):

- ▶ whether the perpetrator had been a suspect or charged in a previous CSA investigation, or had been a person of concern
- ▶ which services were involved in assessment of the victim.

And at least three-quarters of agencies delivering specialist CSE services were not recording the following data in a reportable format:

- ▶ the victim's country of birth
- ▶ the relationship between the victim and the perpetrator
- ▶ whether the perpetrator acted alone or, if not, how many others were involved
- ▶ whether there was material gain to the perpetrator or the victim
- ▶ the duration of the abuse
- ▶ what the abuse involved
- ▶ whether the abuse involved trafficking
- ▶ the ethnicity, age and gender of the perpetrator
- ▶ the outcome of any police criminal investigation.

Across services piloting the template, reportable data was related mainly to the victim and the services involved

### 3.1.1 Child sexual abuse<sup>5</sup>

#### Data on victims

In each of the four areas, all three agencies (local authority children's services, the police and voluntary-sector services) reported that they collected information on most of the draft data collection template's fields relating to the victim.

Data in a small number of fields was not collected in a reportable format by some agencies: whether the abuse was suspected or known; the victim's country of birth (some

agencies recorded nationality instead); and the victim's relationship with the perpetrator.

Information on disability collected by the police was not reportable, and police forces did not systematically record whether the victim was known to children's services.

Although local authority children's services did not collect data on the victim's sexual orientation, voluntary-sector services did; police databases had fields in which to record it, but these were not consistently used.

Table 2. Levels of core data collection: victims of CSA

Data field		Children's services (4 services)		Police forces (4 services)		Voluntary sector (4 CSA services)	
		Collected %	Reportable %	Collected %	Reportable %	Collected %	Reportable %
1	Known victim (disclosed) or suspected victim?	100%	25%	75%	50%	100%	100%
2	Age at point of referral	100%	75%	100%	100%	100%	100%
3	Sex/gender	100%	100%	100%	100%	100%	100%
4	Sexual orientation (if known/volunteered)	0%	0%	50%	50%	100%	100%
5	Ethnicity	100%	100%	100%	100%	100%	100%
6	Country of birth	100%	75%	25%	25%	75%	50%
7	Disabilities/long-term health issues?	100%	100%	75%	0%	100%	75%
8	Relationship with perpetrator(s)	100%	100%	75%	50%	75%	50%
9	Looked-after child/child in need?	100%	100%	25%	0%	100%	75%

#### Data on perpetrators

Data relating to perpetrators was much less complete, particularly in local authority children's services and voluntary-sector services. Apart from gender, no perpetrator information was consistently reportable in more than one of those

agencies across all the four pilot areas. Other basic demographic information (on age and ethnicity) was collected by most of them, but stored in narrative text fields; in contrast, all police services collected reportable information on the suspected perpetrator's age and ethnicity.<sup>6</sup>

<sup>5</sup> This section presents information from core services in police and children's services dealing with child safeguarding cases, of which CSA cases are a part. This includes cases of CSE, which are *also* dealt with by specialist agencies; the data held by these specialist agencies is explored separately in section 3.1.2.

<sup>6</sup> This data collection review was conducted on police forces' intelligence or crime recording data systems – whichever was used by analysts to prepare performance reports. Post arrest, more detailed data on the suspect is stored in a separate custody data system.

Information on whether the suspected perpetrator acted alone or in a group was reportable only in the data systems of police forces and one voluntary service (which had recently customised its database, enabling it to report on the majority of the perpetrator data fields).

Other than this one voluntary service, no agencies provided systematic recording fields for how the perpetrator first met the victim, nor whether they acted as a facilitator

for other abusers. Police forces said that this information was sometimes recorded in intelligence notes, but no fields existed specifically to record it.

Only half of local authority children’s services, and no voluntary-sector services, collected information on whether the perpetrator had previously been a suspect or charged in a CSA investigation, or had been a person of concern; a police force was the only agency to record this data in a reportable format.

Table 3. Levels of core data collection: perpetrators of CSA

Data field		Children’s services (4 services)		Police forces (4 services)		Voluntary sector (4 CSA services)	
		Collected %	Reportable %	Collected %	Reportable %	Collected %	Reportable %
1	Previously a suspect/charged in CSA, or a person of concern?	50%	0%	75%	25%	0%	0%
2	Lone perpetrator?	75%	0%	100%	100%	75%	25%
2a	If multiple perpetrators, how many?	75%	0%	100%	75%	75%	25%
3	Age at time of committing the abuse	75%	0%	100%	100%	0%	0%
3a	If age not known, over 18 or under 18?	100%	0%	100%	100%	75%	25%
4	Sex/gender	100%	100%	100%	100%	75%	25%
5	Sexual orientation (if known)	50%	0%	50%	50%	0%	0%
6	Ethnicity	75%	0%	100%	100%	50%	0%
7	Country of birth	50%	0%	50%	50%	0%	0%
8	How did perpetrator first meet victim (if not a family member)?	50%	0%	50%	0%	75%	25%
9	Was perpetrator a facilitator for other abusers?	0%	0%	0%	0%	0%	0%
10	Was the abuse part of a network in an institution?	100%	0%	25%	0%	75%	25%



### Data about the context of abuse

All local authority children’s services and police forces, and the majority of voluntary-sector services, reported that they collected data on the context in which abuse took place. However, none of this data was held in a reportable format by children’s services, and only one voluntary-sector organisation consistently recorded most of it in reportable data fields.

Police data systems recorded the nature of abuse, including whether it involved trafficking, in a reportable format through standard

offence categories (e.g. rape, sexual assault). Data in three other fields – the location and duration of abuse, and the victim’s age when the abuse started – was also widely reportable in police systems.

Data in one field, relating to perpetrator strategies, was not recorded at all by local authority children’s services or voluntary-sector services; one police force recorded it, but in free-text format. In other forces, this data may have been gathered during intelligence operations but data systems lacked specific fields to record or analyse it consistently.

Table 4. Levels of core data collection: context of CSA

Data field		Children’s services (4 services)		Police forces (4 services)		Voluntary sector (4 CSA services)	
		Collected %	Reportable %	Collected %	Reportable %	Collected %	Reportable %
1	Age of victim when abuse (current incident) started	100%	0%	100%	75%	75%	50%
2	How long did the abuse continue for?	100%	0%	100%	75%	75%	25%
3	How frequent was the abuse?	100%	0%	25%	0%	75%	25%
4	What did the abuse involve?	100%	0%	100%	100%	75%	25%
7	Types of entrapment/control strategies used	0%	0%	25%	0%	0%	0%
8	Location(s) of abuse	75%	0%	100%	75%	75%	25%
8a	If online element, which medium(s) used?	100%	0%	100%	0%	75%	50%
9	Did perpetrator take victim/pay for travel to abuse locations?	100%	0%	100%	100%	75%	0%

Note: Questions 5 and 6, which relate solely to CSE, are not shown here.

No data about the context in which abuse took place was held in a reportable format by children’s services

*Data about CSA services and disclosure*

Data was generally collected on the services involved in assessing and supporting the victim, the referral and disclosure routes, and the criminal justice outcomes.

However, all local authorities and police forces, and most voluntary-sector services, used

narrative text fields to record who disclosed the abuse and the services/agencies involved in the assessment.

Similarly, information about whether there was a criminal investigation – and the outcome of such an investigation – was recorded mostly in text format by local authorities and voluntary-sector services.

*Table 5. Levels of core data collection: CSA services/processes*

Data field		Children’s services (4 services)		Police forces (4 services)		Voluntary sector (4 CSA services)	
		Collected %	Reportable %	Collected %	Reportable %	Collected %	Reportable %
1	Is case recorded as CSA or CSE?	100%	25%	100%	100%	100%	100%
2	Current or non-recent disclosure/concern?	100%	50%	100%	100%	100%	100%
3	Who disclosed/reported the abuse?	100%	0%	75%	0%	100%	25%
4	Which agency received disclosure or had a concern?	100%	0%	75%	25%	100%	75%
5	New case or re-referral to this service?	100%	100%	100%	100%	100%	75%
6	If an agency referred, which agency?	100%	100%	75%	25%	100%	75%
7	Services/agencies involved at assessment	100%	0%	50%	0%	100%	25%
8	Services/agencies involved in supporting victim	50%	25%	50%	0%	100%	75%
9	Police criminal investigation?	100%	25%	100%	100%	100%	25%
9a	If yes, what was the outcome?	75%	0%	100%	100%	75%	0%

### 3.1.2 Child sexual exploitation

In this section we refer to ‘statutory services’ rather than separate children’s services and police services, as this data comes from data systems held by specialist (often multi-agency) CSE teams in the four pilot areas. It is important to note that information about CSE would also be held in children’s service and police core data systems, and would be subject to similar reporting functions to those described in the previous section.

### Data on victims

As with data on victims of CSA, core data relating to CSE victims was collected by most agencies. However, some of it – particularly in relation to the child’s country of birth and their relationship with the perpetrator – was often recorded in narrative text fields. No statutory services collected reportable data on the victim’s sexual orientation.

Table 6. Levels of core data collection: victims of CSE

Data field		Statutory services (4 services) <sup>7</sup>		Voluntary services (4 CSE services)	
		Collected %	Reportable %	Collected %	Reportable %
1	Known victim (disclosed) or suspected victim?	100%	50%	100%	100%
1a	If suspected, what level of risk identified?	100%	50%	100%	75%
2	Age at point of referral	100%	100%	100%	100%
3	Sex/gender	100%	100%	100%	100%
4	Sexual orientation (if known/volunteered)	50%	0%	100%	100%
5	Ethnicity	100%	100%	100%	100%
6	Country of birth	75%	25%	50%	25%
7	Disabilities/long-term health issues?	100%	50%	100%	100%
8	Relationship with perpetrator(s)	100%	25%	100%	25%
9	Looked-after child/child in need?	100%	100%	100%	75%

<sup>7</sup> In one pilot area, the data held in the statutory-sector database on CSE was collected by a voluntary-sector service, commissioned to deliver a specialist CSE service. The data collected by this service is not included in the ‘voluntary services’ column.

**Data on perpetrators**

Overall, data relating to perpetrators was collected more completely by statutory CSE services than by children’s services. Most statutory services collected it, but typically in a non-reportable format; there was only one pilot area where around half of the data was recorded in reportable data fields. Data on the number of perpetrators involved in abuse, how the perpetrator first met the victim, and whether

the abuse was part of a network in an institution, was not held in a reportable format by any statutory service.

Data collected by voluntary services was less complete, even in narrative fields, and only one organisation recorded it mostly in a reportable format.

Barely any agencies collected data on whether the perpetrator facilitated abuse by others.

*Table 7. Levels of core data collection: perpetrators of CSE*

Data field		Statutory services (4 services)		Voluntary services (4 CSE services)	
		Collected %	Reportable %	Collected %	Reportable %
1	Previously a suspect/charged in CSA, or a person of concern?	100%	50%	75%	25%
2	Lone perpetrator?	75%	0%	75%	25%
2a	If multiple perpetrators, how many?	75%	0%	75%	25%
3	Age at time of committing the abuse	75%	25%	0%	0%
3a	If age not known, over 18 or under 18?	100%	25%	25%	25%
4	Sex/gender	75%	25%	100%	25%
5	Sexual orientation (if known)	75%	0%	0%	0%
6	Ethnicity	100%	25%	50%	25%
7	Country of birth	75%	25%	25%	25%
8	How did perpetrator first meet victim (if not a family member)?	100%	0%	100%	50%
9	Was perpetrator a facilitator for other abusers?	25%	0%	0%	0%
10	Was the abuse part of a network in an institution?	100%	0%	75%	25%

*Data about the context of abuse*



Most agencies collected information on the contexts in which CSE was suspected to have taken place, but much of this data was recorded systematically in reportable format by only one voluntary-sector organisation. All other organisations, whether statutory or

voluntary, recorded the majority of contextual data in narrative text fields.

Information about material gains to the perpetrator or the victim, and the strategies used by the perpetrator, was recorded by a minority of agencies, and never in reportable format.

*Table 8. Levels of core data collection: context of CSE*

Data field		Statutory services (4 services)		Voluntary services (4 CSE services)	
		Collected %	Reportable %	Collected %	Reportable %
1	Age of victim when abuse (current incident) started	100%	50%	100%	50%
2	How long did the abuse continue for?	100%	0%	100%	25%
3	How frequent was the abuse?	75%	0%	100%	25%
4	What did the abuse involve?	100%	25%	100%	25%
5	Material gain to perpetrator or victim?	50%	0%	0%	0%
6	If a gain to perpetrator, what sort?	0%	0%	0%	0%
7	Types of entrapment/control strategies used	25%	0%	0%	0%
8	Location of abuse	100%	0%	50%	25%
8a	If online element, which medium(s) used?	75%	0%	75%	50%
9	Did perpetrator take victim/pay for travel to abuse locations?	100%	0%	50%	0%


 Data on material gains to the perpetrator or victim, and the perpetrator’s strategies, was recorded by a minority of agencies
 

*Data about CSE services and disclosure*

Data about the services involved in cases of suspected CSE, and about disclosure in

such cases, was recorded comprehensively by nearly all agencies. Compared with other information about CSE, it was more frequently recorded in reportable data fields.

*Table 9. Levels of core data collection: CSE services/processes*

Data field		Statutory services (4 services)		Voluntary services (4 CSE services)	
		Collected %	Reportable %	Collected %	Reportable %
1	Is case recorded as CSA or CSE?	100%	75%	100%	100%
2	Current or non-recent disclosure/concern?	100%	50%	100%	100%
3	Who disclosed/reported the abuse?	100%	25%	100%	25%
4	Which agency received disclosure or had a concern?	100%	50%	75%	50%
5	New case or re-referral to this service?	100%	100%	100%	75%
6	If an agency referred, which agency?	100%	50%	100%	100%
7	Services/agencies involved at assessment	100%	50%	100%	25%
8	Services/agencies involved in supporting victim	100%	50%	100%	50%
9	Police criminal investigation?	100%	50%	75%	25%
9a	If yes, what was the outcome?	75%	50%	25%	0%

Compared with other data on CSE, information about the services involved in cases was more frequently reportable

## 3.2 Issues in current CSA data collection

In the interviews, the 27 professionals from children's services, police forces and voluntary-sector services in the four local authority areas were asked to reflect on issues that might make it easy or difficult to collect and report the information set out in the data collection template. They highlighted challenges around:

- definitions of CSA and CSE
- flagging cases as CSA or as CSE
- data accuracy
- data reporting
- IT systems and databases.

### 3.2.1 Definitions of CSA and CSE

A common message from interviewees was that there was confusion among practitioners about the definitions of CSA and CSE, and consequently difficulties in categorising CSA and CSE. All interviewees said that the issue was usually resolved arbitrarily, by asking the child's social worker or police officer to decide, but such decisions were not seen as accurate; for example, in one area, social workers were said to apply a general rule that a case was CSA if the victim is under 10 years old, while any abuse of a child over 10 was categorised as CSE.

### 3.2.2 Flagging cases as CSA or as CSE

All police force databases and local authority children's service databases contained a 'flag' function to indicate cases of suspected or confirmed CSE – and the police databases also had a CSA flag. If selected, a flag could cause an alert to appear every time someone accessed the case. Additionally, reports could be generated on flagged cases.

Interviewees commented that:

- there were no clear flags for CSA in local authority children's services databases, and references to CSA were often 'buried' in free-text documents unless CSA became a child protection plan category
- CSE could be flagged, with levels of risk, in local authority children's services databases, and the flag would remain visible in the child's electronic case file throughout the case

- in police databases, both CSA and CSE flags existed and were used in data systems, but the CSE flag was seen as better embedded and used than the CSA flag

None of the children's service databases had a flag function for CSA:

*"There is no flag for CSA that hovers ever present in the case – child in need or child protection – keeping workers alert to the fact that there has been a suspicion or allegation of sexual abuse." [Children's service]*

Interviewees described how some referrals for CSA might be marked as a generic concern about 'abuse or neglect'; even if a suspicion of CSA was raised subsequently, this would not be visible in the system. For example, a CSA concern raised during a child protection investigation would be noted in the strategy discussion minutes – in free-text form and/or in an attached Word document. And if a CSA concern was presented at a child protection conference but another factor such as domestic abuse (which might be more visible/evidenced) was judged to be the main presenting issue, CSA would not be listed as the main child protection plan category. In both cases, the CSA concern would become lost in the free text at the outset.

In contrast, interviewees explained, referrals for CSE usually articulated clearly that CSE was the referrer's primary concern. All the children's service core databases had a CSE 'hazard' or 'flag' that could be attached to a case; two of the children's services also recorded risk level for CSE in their core database, and the other two recorded this in their specialist (multi-agency) CSE team database. The voluntary-sector services all recorded levels of risk.



It was said that, as a rule, social workers in one area deemed cases to be CSA if the victim was under 10, and CSE otherwise



All police forces were using CSA and CSE flags, but the CSE flags were described as better embedded and used in all areas. Several interviewees noted that there were issues with the accuracy of the use of flags. For example, where a flag had been attached by an initial police contact officer who received a call concerning CSA, this might later be found to be irrelevant but the original flag would not be removed. One police force reviewed all new CSE flags routinely to check accuracy; no such checks were undertaken for CSA flags.<sup>8</sup>

### 3.2.3 Data accuracy

Interviewees commented that:

- ▶ data quality varied according to levels of expertise and practice within agencies
- ▶ unlike CSE, CSA data did not benefit from regular scrutiny, which could motivate the improvement of data accuracy
- ▶ timely updating of case records was required, so that information about CSA and CSE coming to light throughout a case could be recorded
- ▶ data on perpetrators was a 'blind spot' in children's services and voluntary-sector agencies, and the collection of such data should be improved.

Routes into services were thought to have an impact on whether CSA was recorded accurately, as some routes involved initial recording by professionals who were not specialists in CSA and might fail to recognise or label it as such. For example, referrals to early help or multi-agency safeguarding hub (MASH) services were being assessed by professionals who were not experts in CSA, meaning that it could be missed or masked within another abuse or neglect category.

Interviewees also considered that, because CSE had become so high-profile, social workers ticked the CSE flag in preference to recording the case as CSA – and CSE was often identified in response to indicators that could be the consequence of a range of adverse experiences. This had been driven, it was said, by the national focus on CSE and local initiatives. For example, one local safeguarding children board had been promoting identification of boys presenting with antisocial behaviour as being at risk of CSE. In another area, a practice focus on

disabled children was planned, to address concerns that aspects of disability could be inappropriately interpreted as potential signs of sexual exploitation.

Recording of data in suspected cases of CSE was considered to be more consistent and detailed than for CSA. This was underpinned by the discipline of regular reporting; usually to a quarterly or monthly CSE panel meeting (see section 3.2.4 below). The high profile of CSE, and government funding to tackle it, had resulted in the establishment of specialist CSE teams and CSE panels which facilitate better data collection. Panel meetings had also prompted closer scrutiny of case data, enabling omissions and inaccuracies to be rectified. In contrast, there were no CSA panels in pilot areas, and therefore no requirement to quality-assure CSA data to inform reports. Consequently, cases of CSA did not benefit from the scrutiny that comes from regular multi-agency panel discussions. (In one area, the local children's safeguarding board's quarterly meetings did require reports on CSA, but these included only overall numbers of cases and locations.)

As previously noted in section 3.2.2, interviewees raised the issue of limitations in children's service databases when new information was added to cases. If a child was referred to children's services for CSA, the case would be recorded as such – but if the child was referred for another reason and CSA was identified later, there was no way of recording this so it could be extracted for analysis.

Many interviewees said that data on perpetrators was difficult to gather, and its quality was affected by an inability to verify the data, because it was gathered from what the child or a protective parent might disclose or understand to be the case. The local authority and voluntary-sector interviewees wanted better information about perpetrators of CSA:

*"We want to include perpetrators in our data gathering and reporting; they are currently a blind spot for us. It would be useful to routinely know e.g. the offenders' associations, whether it is a gang, the locations and patterns of abuse, what they are arrested for, their ages and ethnicity, and whether they are successfully prosecuted."*  
[Children's service]

<sup>8</sup> In 2017, the Home Office issued guidance requiring the police to flag CSE and CSA cases as part of the annual data requirement.



### 3.2.4 Data reporting

Interviewees observed that:

- ▶ reports on CSA were generated rarely, other than in relation to CSE (for which reporting to CSE panels and some governance bodies took place)
- ▶ for CSA generally, the focus of data reporting was on tracking *processes* (e.g. in strategy meetings and child protection conferences); additional CSE reporting focused on the *presentation and behaviours* of children and young people
- ▶ there is a disconnection between CSA, CSE and harmful sexual behaviour (HSB) data collection and reporting.

Reports varied between local areas in respect of their purpose, audience and remit. Reporting and outcomes were described as locally driven, with no overarching national governance, and in the main reports were produced at an operational level.

Some differences were observed between CSE and CSA overall. There are no statutory requirements for local operational or practice meetings or reports regarding CSA on the whole. Interviewees explained that, typically, a report on CSA might be produced only as a result of a particular request, such as for a joint targeted area inspection (JTAI). One area reported that the local safeguarding children board requested quarterly 'numbers' on CSA, and separately also on CSE, from the police.

Apart from this, any perspective taken on CSA in a local area was more focused on the child protection process than on the profile of the children and young people concerned, the nature of abuse or the perpetrators involved. In local authorities, managers might request reports as part of practice monitoring, looking at what Ofsted inspectors target (such as the timeliness of strategy meetings, assessments, child protection conferences and reviews) or the quality of decision-making – reflected, for example, in the decisions recorded for each discussion, conference or review. The reportable fields in the children's service databases were said to focus largely on case management processes, such as referrals, strategy discussions, child protection conferences and reviews, reflecting the core dataset reportable to the Department for Education:<sup>9</sup>

*"The focus is on the Plan and not the child." [Children's service]*

Interviewees noted that, while local authorities did report additional information tailored to their own senior management requirements, this was usually about risk levels, process and service performance (and not about the child, the perpetrator(s) or the abuse). There were no CSA reports to senior management for strategic planning or commissioning purposes, although one local area was reported to have convened a senior management CSA forum to prioritise intra-familial CSA for the coming year. Because of the lack of reports on CSA, there were no incentives to improve the potential for reporting this data.

For CSE, in contrast, all the children's services, together with police colleagues in some cases, prepared monthly, six-weekly or quarterly operational reports. This included information on referrals and who referred, children's case details (home area, school, social worker, status – child in need, child protection or looked-after child), missing children, referrals to sexual health services, hotspots, strategy meetings, warrants, arrests and outcomes. In three of the four pilot areas, this data was used for the local CSE panel discussions, for the CSE and missing local safeguarding children board subgroup, and to inform senior management and frontline managers. Even where there was reporting to seniors, however, the data appeared to be used mainly to inform practice rather than for strategic planning or commissioning purposes.

Interviewees in all four areas concurred that there was no tracking of potential connections between CSA, CSE and HSB to look for patterns or connections, such as victim-perpetrator associations and networks, dual abuse or re-victimisation. In summary, the interviewees' view was that connecting CSA, CSE and HSB data collection and reporting was critical. The children involved can be victims of both CSA and CSE through re-victimisation, but this was not being picked up.

The interviewee from a youth offending service explained that it provided information on individual cases raised at the CSE panel but did not provide regular reports on the profile of children whom it supported; see also the 'Practice example' below.

<sup>9</sup> Statistics for 2017/18 from the core dataset are set out in Department for Education (2018).

### 3.2.5 IT systems and databases

The main issues raised by interviewees on this topic were that:

- ▶ CSA data was stored in the local authority children’s service core database and the police case management and crime reporting data systems – except for CSE data, which was also stored, in more detail, in standalone specialist team datasets
- ▶ there was no link-up between databases within IT systems, both across organisations and inside them – separate teams within children’s services and the police, multi-agency teams and the voluntary sector all had datasets which were not connected
- ▶ there were limitations in core service databases, and the cost of changing these was seen as a barrier.

The four local authority children’s services were all using one of two case management systems – CareFirst and Liquidlogic – and the two using CareFirst were said to be planning a transition to Liquidlogic later in the year. Police interviewees reported that standard case management and crime recording data systems (such as Niche, Genesis and Athena) were widely used by police forces, as were some bespoke data systems. Although data on CSA, including CSE, was being stored in these core databases, all four areas had separate or tailored IT arrangements for storing and reporting more detailed data on CSE cases. One children’s service core database had enhancements which enabled them to store more detail on CSE than was held on other CSA cases. For the other three, the CSE detail was stored on Excel spreadsheets. One interviewee commented:

*“The multi-disciplinary CSE team gathers a lot more data on CSE [than is gathered on CSA], but on an Excel spreadsheet, not a sophisticated or even simple bespoke, database.”*  
[Children’s service]

The CSE practitioners were responsible for recording and updating their agency’s core database, as well as the Excel spreadsheet, and this duplication of data entry was likely to affect the time practitioners could spend undertaking direct work with children and young people.

All the interviewees from statutory or commissioned, single or multi-agency teams commented on the challenges raised by the disconnect in the IT systems:

*“Practitioners do not have access to the information their colleagues each record in their own service’s database ... This is risky because ... staff don’t see each other or manage to talk on the phone in a timely way to get verbal updates.”* [Voluntary sector]

Interviewees explained that not having information about the whole case in one place had an impact on practice and resulted in data gaps. Multi-agency specialist team data systems did not link to children’s service or police data systems; in some areas, even the early help team’s database was separate from the core children’s social care database. In one police force there were three different ‘sexual assault/missing’ teams relating to CSA investigations, with separate data systems which did not link.

In other databases, the reportable fields or flags were said to be lacking in detail: for example, the police had a generic ‘cyber’ flag for reporting an online element to CSA, but details of websites or chat sites could be included in narrative fields only.

All interviewees were aware that their organisation’s database could be tailored to improve data collection and reporting for children and young people at risk of, or harmed by, CSA. However, the cost of doing so was seen as a barrier: one of the participating children’s services had spent thousands of pounds commissioning a set of fields tailored to collect and report CSE data.

Not having information about the whole case in one place had an impact on practice and resulted in data gaps, it was said

### Practice example

The database for the youth offending service in one area provided an example of the issues reflected in many organisations' databases.

Firstly, the youth offending database did not link with any others in the local authority or police area. In addition, although other youth offending services used the same database system (Childview), each Childview database was standalone and there was no mechanism to link them across youth offending services. This meant, for example, that youth offending teams in two adjacent areas, whose children and young people regularly crossed the borders, could not see each other's cases.

Secondly, many of the youth offending service database fields were not reportable. Instead, narrative text sections (for case notes) predominated, and data such as information shared in meetings was stored in Word document format.

## 3.3 Views on the data collection template and its use

Staff in local authority children's services and specialist CSE services in each pilot area described their experiences of completing the draft data collection template for one current case each of CSE and of CSA identified as not involving CSE. Additionally, the interviews with 27 professionals gathered views on the draft template and the potential for its adoption.

### 3.3.1 Completing the draft data collection template

Participants who had completed the draft template using data from their databases said this had been a time-consuming exercise, as it had required them to trawl for the information through documents embedded in the databases or in case notes.

The documents were typically referral forms, risk assessments, child and family assessments or strategy meeting and child protection case conference minutes. The case notes were likely to hold information provided by the child or family as the relationship with the social worker deepened and they started to trust them. More detailed information was typically held where a specialist team had been involved and held data on a standalone spreadsheet – for example, if the child had missing episodes or there was a specialist multi-agency or commissioned CSE team. However, collating this data had to be done manually, and took time.



Those who completed the draft template using data from their databases had to trawl case notes etc for the information



### 3.3.2 Suggested changes to the data collection template

An interviewee working in children’s services pointed out that the ‘CSE risk levels’ data field could be interpreted as relating either to the (potential) victim – whether they were at low, medium, or high risk of CSE – or, as in some police forces, to a likelihood of a criminal charge being brought. It was suggested that this field needed to be clearer.

Children’s services said they were collecting and recording data on parental difficulties. There was a suggestion to add this field to the data collection template, as it was considered relevant to why children are vulnerable: circumstances in the home could potentially facilitate abuse in the home or act as ‘push’ factors for CSE.

Additionally, many interviewees wanted the data collection template to be expanded to include service user outcomes.

Services also suggested the removal of some data fields, all related to suspected perpetrators:

- ▶ Was there material gain to the perpetrator or victim?
- ▶ If there was gain for the perpetrator, what sort?
- ▶ Which entrapment or control strategies were used by the perpetrator?

Interviewees from all types of agency considered that a child would be unlikely to have the perspective or information to be able to answer this question; a concern was raised that the child might give a random answer in order to please, or the questions might cause distress. Some of the information might come to light during a police investigation and be recorded in free text fields, but none of the agencies involved in the pilot thought that collecting it as an element of routine data collection was appropriate.

### 3.3.3 Value of the data collection template

The data collection template was welcomed as a useful tool. The interviewees agreed that it would be beneficial if they could easily and quickly pull reports containing the data fields in the template. They envisaged using it both for individual children and for obtaining a profile of the local children experiencing CSA, including CSE. Professionals in performance monitoring roles saw its benefit in developing more consistent data recording and reporting.

A CSE coordinator spoke for others in welcoming the dataset as potentially being *“extremely useful for informing reports for court”*. It would improve practice for individual cases, interviewees agreed, and the ability to generate reports to inform local strategy, planning and commissioning for CSA was very important. Some linked the introduction of the data collection template with a higher profile for CSA more broadly. They further suggested that information collection and sharing on HSB was needed, and asked how the data collection template could facilitate that.



Some interviewees linked the introduction of the data collection template with a higher profile for CSA more broadly



### 3.3.4 Adoption of the data collection template

Statutory services noted that most of the information requested in the data collection template was already being collected – but that reports could not be generated from the information because it was recorded in free-text fields.

Concerns were expressed about the cost of integrating the data collection template's fields into existing children's service databases:

*“For each local authority to change their system is going to be very expensive.” [Social work management]*

Respondents from the voluntary sector noted that small voluntary services would not be able to fund the introduction of the template in their data systems, although larger voluntary services could.

Participants who had completed the draft template were invited to consider whether it would be possible to embed the template's fields into their databases. A suggestion was made that, initially, a single electronic 'form' could be built into the local authority core database. Points could then be identified in the case pathway where the practitioners would be in a position to input the data: on receipt of the referral, on completion of the risk/child and family assessment, and at the conclusion of the strategy meeting and case conference, for example. The advantage of using points such as these in the case pathway was that, in most of these assessments and meetings, information was gathered from multi-agency sources (including in particular the police and the voluntary sector). The form would need to be easily available to social workers when they were recording case notes. This suggestion appealed to other local authority children's service managers in the four pilot areas who were asked for their views on it. It was offered as a first, easy step in embedding the data collection template into data systems, because integrating it fully was perceived as costly and more time-consuming.

Subject to the caveat on funding, interviewees were enthusiastic to implement the data collection template. This comment was typical:

*“People will provide data if it is clearly seen to be useful; and part of that is if it is reported nationally, in simple, easy to read formats.” [Social work management]*

Managers proposed that there needed to be a long lead-in time for local integration of the data collection template, and clear guidance.



Concern was expressed about the cost of integrating the template's data fields into children's service databases



## 4. Conclusion

The pilot study's intention was to establish how much of the core data set out in the draft CSA data collection template was already being collected (and how much was not) in the four pilot areas, and whether the adoption of the template was seen as feasible by participating agencies. It also collected feedback on the draft template, and explored how CSA data was stored and used for reporting.

The pilot produced the following findings:

- ▶ Most of the data set out in the template was already collected by all agencies participating in the pilot. The only consistently missing fields related to whether there was an element of exchange in the abuse, whether the perpetrator facilitated abuse by other perpetrators, and the perpetrator's entrapment strategies (e.g. use of alcohol, presents, threats).
- ▶ The information collected was mostly stored in narrative text fields, however, and used to make decisions on individual cases. Only data on victims was routinely stored by all agencies in a categorised format that facilitated easy reporting. Police forces could report routine data on perpetrator characteristics that was not held by other agencies in a reportable format. The lack of reportable data hampers understanding of patterns in the nature, location and context of abuse.
- ▶ There were differences in how specialist CSE services and those responding to CSA within mainstream services stored and used their data. CSA services used the agencies' core databases, and the data was rarely used in local reports or scrutinised. In contrast, data about CSE was also stored in specialist team spreadsheets and used in regular reports to multi-agency panels.
- ▶ Statutory agencies used data systems bought from a limited number of external providers; these databases were considered to be difficult and costly to change. To overcome this, a suggestion was made to initially incorporate a 'form' into data systems with set points of data recording (see below). Voluntary agencies had their own bespoke databases and more flexibility over making changes.

The data collection template was welcomed by the pilot participants as a useful tool for improving CSA data in agencies, and they broadly agreed with its fields and categories while suggesting the following minor amendments:

- ▶ The removal from the template of fields relating to the element of exchange in abuse and perpetrators' entrapment or control strategies. Few agencies participating in the study had specific fields in which to record this data, although police may have noted the information during intelligence gathering. The fields were included in the draft template in order to help agencies differentiate CSE from other forms of CSA, using key aspects of the UK Government's definition of CSE in England (Department for Education, 2017). The lack of such information may contribute to the difficulties, reported in this study and in other research,<sup>10</sup> in distinguishing CSE cases from other forms of CSA in agency records.

Data on CSE cases was stored in specialist team spreadsheets and used in regular reports to multi-agency panels

<sup>10</sup> For example, Beckett and Walker (2018).

- ▶ The addition of a 'family difficulties' field to the template; participants considered that this information aided understanding of how family dynamics may contribute to the occurrence of CSA.
- ▶ The inclusion of service user outcomes in the template.<sup>11</sup>
- ▶ Further clarity on how the template could be adapted to services working with children and young people who exhibit harmful sexual behaviour (HSB). These individuals can both be victims of CSA or other abuse and commit abuse themselves, and it was felt that the draft template's sections dedicated to 'victim' and 'perpetrator' do not fit well in such cases.

The CSA Centre will consider these suggestions before the data collection template is launched in late 2019.

Finally, the pilot findings suggest that the adoption of the data collection template by agencies will have limited value unless it is supported by an improvement in wider data management to enhance data quality and accuracy. The pilot has highlighted the following key challenges:

- ▶ Practitioners need more guidance in relation to the definitions of CSA and CSE. Participants in the pilot regarded current categorisations of CSA and CSE as inaccurate and arbitrary. Support and further guidance in this area would enable the data to be more accurate, in addition to saving time because data would not need to be checked and corrected before reporting.
- ▶ Training and support is needed to improve practitioner confidence in recognising and recording cases of potential CSA, particularly where there is no disclosure.
- ▶ Updating of case records is essential for data accuracy and needs to be encouraged.
- ▶ More consistent, regular reporting to local multi-agency bodies is needed, particularly for CSA; this would bring with it more scrutiny of data quality, and would facilitate better operational and strategic planning.

## 4.1 Implications and next steps

While noting the challenges to incorporating the data collection template into local data systems, participants in the pilot study recognised that doing so will considerably improve information about the scale and nature of CSA. In consequence, a clear next step is to promote implementation of the template by local areas.

It was suggested that local agencies could initially adopt the template by including its data fields in their core databases as a separate 'form', with specific points of data collection defined along a typical CSA or CSE case pathway in line with current practice (e.g. referral, strategy meeting, assessment, care plan). This approach, it was thought, might be easy and quick to implement, and could enable much of the data collected (or currently not collected) by agencies to become reportable for the first time; participants noted that there were barriers within local partner organisations' IT systems, but thought these could be resolved with some planning and local IT expertise. The (potentially expensive) full integration of the template into agencies' core databases as individual reportable data categories or fields, as originally envisaged by the CSA Centre, could then be done later.

Such a 'staged' implementation could work well, participants thought, if supported by planning and high-level support within each organisation. In local areas where a change of core IT data system was being planned, that would be an opportunity for the data collection template to become an integral part of the new framework. The CSA Centre could help by:

- ▶ providing practical support to local areas that wish to embed the template into their IT data systems and databases, through guidance and practical advice during implementation
- ▶ engaging with the providers of local authority and police core IT databases to introduce new data fields in those systems centrally, which would reduce the need for local areas to make changes themselves
- ▶ engaging with national stakeholders to improve governance of CSA – since, without improved scrutiny of CSA in local areas, there is no impetus to improve CSA data collection.

<sup>11</sup> CSA services vary considerably in what they aim to achieve, so outcomes need to be defined by each service according to its own objectives. The CSA Centre's guide to monitoring and evaluation (Parkinson and Sullivan, 2019) can support agencies' work in defining and measuring their outcomes.

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# Appendix 1: Survey questionnaire

The version of the CSA data collection template presented below is the draft used in the pilot study. The final version of the template will be launched in late 2019.

## Draft data template for child sexual abuse

This is a proposed template for agency data collection to address some of the gaps highlighted in a number of reports and encourage consistency. It is not a survey to be administered with service users. Unless marked 'tick all that apply', questions are single choice.

### Feedback guidance

Are you feeding back about data on CSA  or CSE

Please could you complete the 'feedback' column for this data template, putting in one of the following numbers or writing in the text related to the numbers and add an explanatory comment wherever possible [all the boxes expand] – We:

1. Are already collating this information AND it is in a reportable field
2. Are collating this information but it is in free text (not reportable)
3. Not recorded
4. Missing, should be included.

### Category A: Victim data

Question	Response choices	Rating	Case information	Feedback/recording comment
1	Is this a known victim (disclosed) or a suspected victim?	Known		
		Suspected		
		Not known		
1a	If suspected victim of CSE, what level of risk has been identified?	Low risk of CSE		
		Medium risk of CSE		
		High risk of CSE		
2	Age at point of referral	Write in		
3	Sex/gender	Male		
		Female		
4	Sexual orientation (if known/volunteered) <sup>a</sup>	Heterosexual/straight		
		Gay/lesbian		
		Bisexual		
		Other (write in)		
		Not known		

<sup>a</sup> We do not propose that this information is routinely collected from service users.

Question		Response choices	Rating	Case information	Feedback/ recording comment
5	Ethnicity	White British			
		White Irish			
		White – any other white background			
		Asian – Indian			
		Asian – Pakistani			
		Asian – Bangladeshi			
		Asian – Chinese			
		Asian – any other Asian background			
		Black – Caribbean			
		Black – African			
		Black – any other black background			
		Mixed – white and black Caribbean			
		Mixed – white and black African			
		Mixed – white and Asian			
		Mixed – any other mixed background			
		Any other ethnic background (write in)			
Not known					
6	Country of birth	Write in			
7	Disabilities or long-term health issues (tick all that apply)	Vision			
		Hearing			
		Mobility			
		Dexterity			
		Learning or understanding or concentrating			
		Memory			
		Mental health			
		Stamina or breathing or fatigue			
		Social or behavioural (e.g. autism, ADHD)			
		Other long-term illness			
		Something else (write in)			
		None			
8	Relationship between the victim and the perpetrator(s)	Parent/parental figure			
		Sibling			
		Other relative in household			
		Other relative/family friend outside household			

Question		Response choices	Rating	Case information	Feedback/recording comment
		Current/previous partner			
		Victim's friend/acquaintance			
		Someone in position of trust (write in)			
		Stranger			
		Online-only contact			
		Someone else (write in)			
		Not known			
9	Is/was the victim a looked-after child or a child in need?	Yes, currently			
		Yes, previously			
		No			
		Not known			

### Category B: Perpetrator data

Question		Response choices	Rating	Case information	Feedback/recording comment
1	Has the perpetrator been convicted or a suspect in a CSA investigation previously, or been a person of concern?	Yes, charged			
		Yes, suspect			
		Yes, person of concern			
		No			
		Not known			
2	Is it a lone perpetrator?	Yes			
		No			
		Not known			
2a	If multiple perpetrators, how many? <sup>b</sup>	Write in			
3	Age at the time of committing the abuse	Write in			
3a	If age not known, was perpetrator adult or peer?	Adult (18 or over)			
		Peer (16-17)			
		Peer (under 16)			
		Not known			
4	Sex/gender	Male			
		Female			

<sup>b</sup> If multiple perpetrators, record the demographic profile data for each perpetrator (if known).

Question		Response choices	Rating	Case information	Feedback/ recording comment
5	Sexual orientation	Gay/lesbian			
		Bisexual			
		Other (write in)			
		Not known			
6	Ethnicity	White British			
		White Irish			
		White – any other white background			
		Asian – Indian			
		Asian – Pakistani			
		Asian – Bangladeshi			
		Asian – Chinese			
		Asian – any other Asian background			
		Black – Caribbean			
		Black – African			
		Black – any other black background			
		Mixed – white and black Caribbean			
		Mixed – white and black African			
		Mixed – white and Asian			
		Mixed – any other mixed background			
Any other ethnic background (write in)					
Not known					
7	Country of birth	Write in			
		Not applicable, perpetrator is victim’s family member			
8	How did the perpetrator first meet the victim (if not a family member)?	Via victim’s family member			
		Via another known adult			
		Via peers			
		In a public place (e.g. fast food restaurant, shopping centre)			
		Online			
		In another way (write in)			
		Not known			
9	Was the perpetrator a facilitator for other abusers?	Yes			
		No			
		Not known			

Question		Response choices	Rating	Case information	Feedback/recording comment
10	Was the perpetrator part of a network in an institution, e.g. residential home?	Yes (write in)			
		No			
		Someone else (write in)			
		Not known			

*Category C: Context of abuse data*

Question		Response choices	Rating	Case information	Feedback/recording comment
1	How old was the victim when abuse (the current incident) started?	Write in			
2	How long did the abuse continue for?	Single incident			
		0–3 months			
		4–12 months			
		1–2 years			
		3–5 years			
		6 or more years			
		Abuse is ongoing			
3	How frequent was the abuse?	Single incident			
		Several irregular incidents			
		At least once a month			
		At least once a week			
		More frequent			
		Not known			
4	What did the abuse involve? (tick all that apply)	Rape/any form of penetration			
		Other contact abuse (such as sexual activity/assault)			
		Made to have sex with someone else			
		Sex for financial gain			
		Making/producing indecent pictures/images or videos			
		Accessing/viewing indecent pictures/images or videos			
		Distributing/sharing indecent image(s) or video(s)			
		Grooming with intention to abuse			

Question		Response choices	Rating	Case information	Feedback/ recording comment
		Something else (write in)			
		Not known			
5	Was there a material gain to the perpetrator or the victim?	Yes for perpetrator			
		Yes for victim			
		No			
		Not known			
6	If there was a gain to the perpetrator, what sort?	Increased status			
		Something else (write in)			
7	Which types of entrapment/control strategies were used by the perpetrator? (tick all that apply)	Drugs/alcohol			
		Direct threats to victim (incl. exposure online)			
		Threats to others close to victim			
		Withdrawal of affection/connection			
		Promise of protection			
		Something else (write in)			
		None			
Not known					
8	Location of abuse (tick all that apply)	In victim's home			
		In perpetrator's home			
		In a residential home			
		In hotel/B&B/accommodation rented for abuse			
		In school/college			
		In a public place (e.g. street or park)			
		In a vehicle			
		Online			
		Not known			
		Somewhere else (write in)			
8a	If online element, which medium was used? (tick all that apply)	Social media site, e.g. Facebook (write in)			
		Messaging service (write in)			
		Chat room (write in)			
		Xbox/Playstation, i.e. game (write in)			
		Somewhere else (write in)			
		Not known			

Question		Response choices	Rating	Case information	Feedback/recording comment
9	Did the perpetrator take the victim or pay for travel to locations of abuse?	Yes, in UK			
		Yes, internationally (i.e. trafficked into the UK)			
		No			
		Not known			

*Category D: Services/processes data*

Question		Response choices	Rating	Case information	Feedback/recording comment
1	Is this case recorded as CSA or CSE?	CSA			
		CSE			
2	Is this a current or non-recent disclosure/concern?	Current			
		Non-recent (committed 12+ months before report/referral)			
		Not known			
3	Who disclosed/reported the abuse?	Victim (including when reported jointly)			
		Parent/carer			
		Someone else (e.g. teacher, friend) (write in)			
		Abuse suspected but not disclosed			
		Not known			
4	Which agency received the disclosure or had a concern about the abuse?	Police			
		Local authority children's services			
		Health services (e.g. A&E, GP) (write in)			
		Drug and alcohol service			
		CAMHS or other statutory mental health service			
		Sexual health service			
		Youth offending team			
		Specialist voluntary sector (write in)			
		Education/school			
		Other (write in)			
5	Is this a new case or a re-referral to this service?	New case			
		Re-referral			

Question		Response choices	Rating	Case information	Feedback/ recording comment
6	If an agency referred, which agency?	Police			
		Local authority children's services			
		Health services (e.g. A&E, GP) (write in)			
		Drug and alcohol service			
		CAMHS or other statutory mental health service			
		Sexual health service			
		Youth offending team			
		Specialist voluntary sector (write in)			
		Education/school			
		Other (write in)			
7	Services/agencies involved at assessment stage (tick all that apply)	Police			
		Local authority children's services			
		Health services (e.g. A&E, GP) (write in)			
		Drug and alcohol service			
		CAMHS or other statutory mental health service			
		Sexual health service			
		Youth offending team			
		Specialist voluntary sector (write in)			
		Education/school			
		Other (write in)			
8	Services/agencies involved in supporting the child/young person (tick all that apply)	Police			
		Local authority children's services			
		Health services (e.g. A&E, GP) (write in)			
		Drug and alcohol service			
		CAMHS or other statutory mental health service			
		Sexual health service			
		Youth offending team			
		Specialist voluntary sector (write in)			
		Education/school			
		Other (write in)			
9	Is/was there a police investigation?	Yes			
		No			
		Not known			



Question		Response choices	Rating	Case information	Feedback/ recording comment
9a	If yes, what was the outcome?	Disruption			
		Charge/summons			
		Suspect cautioned			
		Community resolution			
		Suspect identified, insufficient evidence			
		Suspect not identified			
		Prosecution not in the public interest			
		Prosecuted			
		Investigation ongoing			
		Something else (write in)			
		Not known			

Any other comments:

Thank you very much for making the effort and taking the time to help with this.

# Appendix 2: Interview information and questions

## Centre of expertise on child sexual abuse – data collection template pilot project

### *What is the research aiming to do?*

In July 2017 the Centre of expertise on child sexual abuse (CSA Centre) published a scoping review of the scale and changing nature of child sexual abuse and exploitation (CSA/E); and concluded that despite greater understanding of the issue, there remain very significant gaps in what we know about CSA/E in England and Wales. The CSA Centre has subsequently developed (with expert practitioners and academics) a data template to try to address these gaps and establish a dataset that can be compared across agencies. The aim is not to burden local areas/agencies with more work, or replace all of what agencies already collect (each local area/agency has their own priorities), but to provide a minimum dataset which allows for meaningful sharing of information across the country.

### *What would be involved for you?*

You are being approached to take part in a confidential interview about your experience and perspective in relation to the collection and use of CSA/E data in your local area/by your agency. This would include the data and reports you already use, what additional data you think would be useful and how it could be used; and your thoughts about the challenges and solutions to collecting and reporting multi-agency CSA/E data.

The interview can be conducted face-to-face or by telephone, to suit you, and is likely to be 40 minutes to an hour long. It will be a semi-structured interview and you will receive the questions prior to the interview.

The information you provide will set a context for analysis of the data template in relation to your current data collection. More broadly, your insights will be invaluable in coming to a conclusion jointly (with the CSA Centre and the other pilot areas) about what data collection and reporting could best help the children at risk of, or experiencing, CSA/E.

Your contribution will be anonymous. It may be useful in the final report to use your words to illustrate a point. Where this is the case, it will be done in a way which will not identify you. After the interview all data will be anonymised, stored securely until it is destroyed once the final report and any other papers are completed.

### *Who is doing the research?*

The CSA Centre has commissioned a consultant, Christine Christie, to work with four local authority areas to pilot and refine the dataset. Christine has twenty-five years' experience of designing and delivering children's services. During that time she has both commissioned Children's services for the statutory sector; and provided Children's services for the Voluntary and community sector. She set up Chanon Consulting, with the express aim of supporting partners to improve services for local children who are at risk, or have experienced trauma, with a particular focus on CSA/E. Christine has both DBS and police vetting clearance.

You are welcome to contact Christine before or after the interview.


## Professionals' semi-structured questionnaire

1. What reports are you able to get from your current database for CSA/CSE?
2. What do you use them for?
3. Do the reports give you the right information to enable you to help children at risk or experiencing CSA/CSE as effectively as you would like to?
4. Are there children who you think are not picked up in these reports because their risk from CSA/CSE or experience of it, is 'hidden' (under e.g. neglect) or not flagged?
5. From this summary of the data template, would you say the data template is fit for purpose for you?
6. Who sees the reports (e.g. seniors, governance boards, partner agencies), and does the information in them appropriately influence decision-making?
7. What are the challenges in collecting the data you need?
8. What are the solutions?



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sexual abuse**

The photograph on the cover was taken using actors  
and does not depict an actual situation.

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