Child Sexual Exploitation (CSE)

Practice Guidance
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1. Introduction

This guidance supports frontline practitioners and their managers who are working with children or young people who may be suffering significant harm, or at risk of suffering harm, through Child Sexual Exploitation (CSE). The aim is to help practitioners identify those children and young people who are vulnerable to the risks associated with sexual exploitation.

This is a practice tool: it includes guidance to assess and support children, young people and their families. It can be used to aid awareness raising and planning in relation to preventative education for children and young people and practitioners.

This practice guidance should be read in conjunction with the Birmingham child protection procedures, BSCB Multi-Agency Child Sexual Exploitation Framework and Strategy 2015-18, the West Midlands CSE Regional Framework which is available in the regional procedures and other relevant practice guidance and CSE Screening Tool.

2. Definition

The DfE produced a definition and non-statutory guidance in 2017 - Child Sexual Exploitation: Definition and Guide for Practitioners (DfE 2017). It defines CSE as:-

“Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.” (page 5).

The Child sexual exploitation: definition and guide for practitioners publication seeks to raise awareness of child sexual exploitation; ensure all areas are working to a similar understanding; share best practice in how to deliver effective services for children who have been exploited and to combat the crime.

This non-statutory guidance is aimed at managers of local services, strategic decision makers and frontline practitioners.
3. Identifying and assessing Child Sexual Exploitation (CSE)

This extract from The Office of the Commissioner for Children (OCC) Inquiry into CSE in Gangs and Groups (Nov 2012) helps to consider issues around consent.

"The law not only sets down 16 as the age of consent, it also applies to whether a person has given their consent to sexual activity, or was able to give their consent, or whether sexual violence and rape in particular took place. In the context of child sexual exploitation, the term ‘consent’ refers to whether or not a child understands how one gives consent, withdraws consent and what situations (such as intoxication, duress, violence) can compromise the child or young person's ability to consent freely to sexual activity."

Practitioners must also consider other factors that might influence the ability of the person to give consent, for example learning disability or mental ill health. It is important to form strong professional relationships in which young people feel safe and supported in order that they feel able to talk about what is going on.

This link is to the BSCB Child Sexual Exploitation Screening Tool. It is designed to be used with the young person and their family.
This section supports practitioners to think about questions they may have when considering or working with possible CSE.

CSE happens in a number of contexts, and these include:

- Peer on peer;
- Adult on child;
- Gang association or membership;
- Party scene/youth culture;
- Boyfriend/girlfriend or boyfriend/boyfriend model;
- Constrained choices model (grooming);
- Trafficking, Domestic and International; and
- Internet/online based CSE – contact and non-contact offences, including sexting.

**Good Practice**

Bear in mind that it isn’t just girls that are sexually exploited: boys can be victims too. Research evidence suggests as many as 1 in 3 victims of CSE are male. Look for power imbalances; this may indicate that someone is being exploited.

4. **What are we worried about?**

It may be difficult for parents, carers and practitioners to differentiate between ordinary teenage behaviour and the risk of, or involvement in, sexual exploitation. Some signs which may signify that a child is being groomed for sexual exploitation, or is actually being sexually exploited, are listed below.

Anyone who has regular contact with children and young people is in a good position to notice subtle changes in behaviour or physical signs that indicate they may be involved in a sexually exploitative situation. However parents and carers, teachers, Social Workers, youth offending service staff, school nurses, looked after children’s nurses, sexual health practitioners and youth workers are particularly well placed to identify this risk.

There may be a grooming process in place, which could include initially giving gifts to entice young people before moving on to the process of taking control and isolating the young person from other networks, for example controlling the use of phones or supplying phones in order to keep a check on the young person. The use of substances - alcohol and drugs - is a common feature of grooming. Substance use not only creates a level of dependence but can also enmesh the young person in illegal activities which they may fear being in trouble over, thus increasing their reluctance to tell others what is happening to them.
In the early stages of sexual exploitation young people often believe that they are making free choices. Some may reject offers of support and then, as the abuse increases in severity, they may feel unable or unwilling to talk about what is happening. This can lead to young people being perceived as rebellious or “streetwise”. Such perceptions hinder workers’ ability to properly assess the meaning of this distressed behaviour. A level of resistance or indeed resilience may be perceived which in fact leaves young people very vulnerable.

It is important to be aware of the danger of parents / carers and professionals, as well as family members, being ‘groomed’, not for the same sexual reasons but groomed into not asking questions, into acquiescence or compliance.

**Good Practice**

CSE may not just be happening to the child / young person you are working with, so we must consider other children and young people who could be at risk. Sharing information assists in identifying key locations, significant people, and associations (MASE Panel meetings are the place to do this. Where there is more than one child involved, several locations and adults of interest or concern; the chair of the MASE Panel will consider and request a complex MASE meeting where appropriate.

5. **Risk indicators and vulnerability factors that may contribute to CSE**

Use of these indicators will help practitioners to clarify their concerns and decide whether to complete the CSE Screening Tool.

1) **Within family/home/relationships**

- Change in behaviour - being more secretive/withdrawn/isolated from peers or not mixing with their usual friends.

- Increasingly disruptive, hostile or physically aggressive at home or school, including the use of sexualised language.

- Associating with significantly older men or women, or the young person describes themselves “in a relationship with..” (this has to be challenged as this description does not account for an imbalance of power, grooming, exploitation and control), who encourage emotional dependence, loyalty and isolation from safe relationships (record details of adults, for example name, nick name, address, occupation, description).
• Physical or emotional abuse by a boyfriend/girlfriend or controlling adult including use of manipulation, violence and/or threats.

• Associating with other sexually exploited children/young people.

• Multiple callers (unknown adults or older young people - record description, names etc.)

• Estranged from their family.

• Regularly coming home late or going missing from home, care or education for any period of time (whether reported or not).

• Returning home after long intervals appearing well cared for, or with new clothes, gifts.

Going missing is often linked to sexual exploitation. This can be during the day, at night and overnight. When a child goes missing there should be an individual profile also known as Appendix B which will help formulate a plan and take you through the missing process. This is found in the separate practice guidance ‘Runaway and Missing from Home or Care Guidance’.

Click here to access the Runaway and Missing from Home or Care Guidance

2) Health and wellbeing

• Change in physical appearance (more/less make-up, weight gain/loss).

• Overtly sexualised dress.

• Increased problems related to health/sexual health.

• Marks, scars or physical injuries on the body or face which they try to cover.

• Expressions of despair, for example depression, mental ill health, self-harm, suicidal thoughts, suicide attempts, overdose, eating disorder.

• Branding of gang LOGOs.

• Unplanned pregnancy (which may end in termination or miscarriage).

• Sexually transmitted infections or repeat tests with negative results.
3) Behaviour and experiences

- Concealed or concerning use of the internet including web-cam, online gaming (via X-box, PlayStation), chat rooms etc.

- Exclusion from school or unexplained absences from, or not engaged in school/college/training/work.

- Failing to respond to attempts to keep in touch with carer/workers, or recent disengagement.

- Reports of being taken to hotels, nightclubs, takeaways or out of area by unknown adults.

- Talking about hanging around one particular shop.

- Sexualised risk-taking, including on internet or mobile phone, such as sexting (sending explicit messages or photos to adults or peers).

- Young gay/bisexual exploring sexuality in an unsupported way.

- Increasing use of drugs or alcohol or misuse of drugs or alcohol.

- Association with gangs or constrained by ‘rules of a gang’.

- Fearing gang leaders.

- Fear of victimisation from other gangs due to gang affiliation or rivalry.

- Inability to negotiate exit from a gang due to fear/dependency.

- Displaying signs of harassment/unwanted attention.

- Evidence of sexual bullying and/or vulnerability through the internet and/or social networking sites.

- Involvement in criminal offending activity (for example anti-social behaviour, criminal damage, theft) and criminal exploitation.

- Unusual association with groups of adults.

- Having multiple mobile phones, sim cards or use of a phone that causes concern – multiple callers or more texts/pings than usual.

- Possession of hotel keys/cards or keys to unknown premises.
4) **Incidents or events in the young person’s life**

- Entering/leaving vehicles with unknown adults.
- Child meeting different adults and exchanging or ‘selling’ sexual activity.
- Frequenting areas known for on/off street sex work.
- Receiving rewards of money or goods for introducing peers to CSE adults.
- Disclosure of sexual/physical assault followed by withdrawal of allegation.
- Knowledge of towns or cities they have no previous connection with.
- Being taken to clubs or hotels and engaging in sexual activity.
- Abduction or forced imprisonment.
- Association with taxi firms/takeaway owners (night-time economy).
- Being taken to brothels/massage parlours.
- Seen in CSE hotspots (certain flats, recruiting areas, cars or houses).

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**Good Practice**

- Are there any possible explanations of observed behaviours other than CSE?
- Are there significant power imbalances within relationships the young person may be involved in such as significant age differences? Or having photos/videos?
- Does the young person have any understanding of the risk: do they have any insight into what Child Sexual Exploitation is?

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6. **Other vulnerability factors to consider**

There is a range of factors which may make children and young people more vulnerable to being sexually exploited. These include:

- The child/young person is a migrant, refugee or asylum seeker, and/or has been trafficked.
• The child/young person is known to Children’s Social Care – currently or previously the subject of a Child Protection Plan, a child in care, known to the Youth Offending Service.

• The child/young person has physical or learning disabilities, or communication difficulties.

• Sexual exploitation has previously been identified as a specific issue for the child/young person.

• Physical, emotional, sexual abuse or neglect by parent, carer or family member.

• Current or previous substance misuse in the family.

• Family and honour based violence.

• Unsuitable or inappropriate accommodation (including street homelessness, staying with inappropriate adults, living in a hostel or B&B).

• Low self-esteem.

• A history of being bullied, or of bullying.

• Living in a chaotic or dysfunctional household.

• The young person is unsure about their sexual orientation or unable to disclose their sexual orientation to their families/friends.

• Gang association either through relatives, peers or intimate relationships.

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**Good Practice**

Recent research found that 70% of children who experience CSE go missing, with children who go missing from care being particularly vulnerable. Previous inquiries have identified that negative attitudes from professionals who view children who go missing from care as being “troublemakers” hampered support for these vulnerable children – see link. [Click Here](#)

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7. **What are the grey areas – What further information do we need?**

• What are the gaps in our current information?
• What do we need to know to enable us to reduce the risk, or to be less worried about the risk to the child or young person?

• Do we understand the push/pull factors that escalate these risky behaviours?

• Who else has information that could assist?

• Do we need to contact other agencies, including agencies in neighbouring authorities?

• Have we considered who else may be at risk, such as siblings, or extended family members?

8. Making things safer

• Consider disruption/intervention strategies – how to prevent/reduce further incidents occurring or risk/vulnerability escalating; try to make it more difficult for them to occur. You can access the West Midlands Disruption Toolkit for further guidance.

• Do parents/carers understand the risks; do they have adequate strategies in place for them to be confident enough to monitor, gather information and take appropriate action to safeguard the child/young person?

• Have the child/young person and the parents/carers, received information about resources that will enable them to make informed choices?

• Does the child have a good relationship with at least one positive adult role model? Ask the young person who they feel safest with.

• Family meetings or family group conferences bring together the people who can provide more safety. Talk openly about the risks with the people who can offer care and support. Involve the young person throughout – ask them to help you plan for more safety (this shows them that you care about what happens to them).

• Build a relationship in which the young person feels able to open up and talk.

• Use the Child in Need, Child Protection or Child in Care process to bring together the key people who can help and be part of case planning. A CiN, CP or Placement Plan needs to address child sexual exploitation as well as any other issues that may be going on in the family. Have one plan, written in family friendly language.
**Good Practice**

If you believe a child is at risk of CSE you must share this information as early as possible with your line manager. Consult with a CSE Champion or Co-ordinator.

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9. **When a referral is made**

This is when a professional makes a referral that raises concerns about possible CSE. If the case is closed or refers to an unknown child, CASS will ask the referrer to complete the Request for Support Referral Form and the CSE Screening Tool. CASS will pass the completed screening tool to a CSE Co-ordinator. CASS will process the referral under the Right Help Right Time service.

If a child is allocated the referral, if not made directly to the allocated worker, it will be forwarded to the relevant team. The allocated worker will discuss with the CSE Co-ordinator.

10. **What practitioners need to do**

10.1 **Assessment**

When a new referral includes risk of CSE, you should start a family assessment that engages the young person, their parents and other key family members, so that their different perspectives and the underlying family dynamics are understood. Where this is already an open child and risk of CSE emerges, you may wish to update your assessment and current plan.

Consult with your Team Manager about what worries you have, and what risk indicators you have seen or have had reported to you. Be open to challenge about your initial hypothesis.

Consult with your area CSE Co-ordinator who will support with identifying the push/pull factors and whether the child has vulnerabilities that can be indicators of CSE. They can help identify resources to support the child and direct work tools to support you in working with the child.

Your assessment will determine the type of plan needed to help keep the child/young person safe.

10.2 **Child protection processes**

Please do not delay, if there are significant concerns – implement child protection processes as deemed necessary. Child sexual exploitation is a crime.
If there are CSE concerns, the child(ren) should be discussed at a MASE (Multi-Agency Sexual Exploitation) Panel meeting. The aim of the MASE Panel is to share and clarify information, establish risk, consider disruption and identify links.

**10.3 Referral to a MASE Panel meeting**

The process for a MASE Panel Meeting is the same whether the child is open to a Social Worker; previously known; or unknown to BCT. A child can be referred to the MASE Panel by either a strategy discussion or by a Triage discussion. A Triage discussion is requested by sending the CSE Screening Tool to the MASECentral@birminghamchildrenstrust.co.uk email box. The Social Worker is then invited to take part in the Triage discussion. These are held on Wednesday mornings. Only situations felt at medium/high risk of CSE (serious / significant risk) will be forwarded to MASE Panel. It is the Social Worker’s decision as to the risk level. If the agencies at Triage disagree with the Social Worker's decision then the matter will be escalated via the Team Manager for the Exploitations & Missing Team. If the decision to refer to MASE Panel is taken at a strategy discussion then the Team Manager chairing the strategy discussion will ensure that the CSE Screening Tool is completed and sent to MASECentral.

The paperwork required for a MASE Panel is the CSE Screening Tool and a CSE Front Sheet. A Panel date and time is allocated by MASECentral. The Social Worker (and/or their manager) is expected to attend to present the child’s circumstances.

Each area has an identified Exploitations & Missing Co-ordinator, from whom they can seek CSE advice. There is also a CSE Co-ordinator Duty system in place based at Lancaster Circus (0121 464 7967 or MASECentral@birminghamchildrenstrust.co.uk); advice can also be sought during working hours.

**10.4 MASE Panel meeting**

The MASE Panel Meeting is a multi-agency Panel Meeting involving Birmingham Children’s Trust, Police, Health, Education, Youth Offending Service, Youth Service, Barnardo's and Spurgeons. The emphasis will be on agencies offering creative services to assist in the intervention and disruption of CSE. There are 3 MASE Panels – covering NWC, East and South areas. Each meets monthly and on a different Tuesday morning each month.

The agenda provides for a focus on:-

1) The victim (and identifies any other possible victims);
2) Persons of interest or the alleged perpetrator(s);
3) A wider intelligence in relation to locations (for example places where young people are meeting; businesses that might be encouraging young people to
hang out; names of other people alleged to be involved as victims or perpetrators).

The Social Worker will be given a 15 minute time slot. They will succinctly outline the CSE issues for the child. Updates will also be given from the Police and other agencies. The MASE Panel will concentrate on the exploitation issues for the child with a focus on disruption, investigation and interventions for the child/family. The actions agreed within the Panel Meeting will be transposed into the current Care Plan for the child. Care planning issues will not be part of the discussion as those issues sit outside of this process.

The MASE Panel determines if the CSE risk level remains medium (serious) or high (significant) for the child victim. If it does the child is reviewed at a MASE Panel in 3 months (or as appropriate). The Social Worker will update the screening tool and summary box of the front sheet for each MASE Panel review. The screening tool and front sheet will be the only paper documents required. If the child’s risk level is reduced to low/no risk, then the child is taken out of the MASE Panel process.

If a risk level reduces between MASE Panels then the Social Worker can request that Triage considers the risk level. If the Social Worker and Triage agree, then the child can be removed from the MASE Panel. The Triage Team will report briefly on these at the next area MASE Panel.

If the risk increases then any professional can request that the Area MASE Panel date for a child is brought forward. This request would be made to MASECentral@birminghamchildrenstrust.co.uk.

If a child has remained within the MASE Panel for over 9 months then Panel must give consideration to reviewing the effectiveness of the process for the particular child.

Attention will be given to children who are linked when drawing up the agenda. It may be helpful to combine the time slots of 2 or 3 children in order to capture the complexities and inter related issues. There may still be a need to hold Complex MASE Meetings (see below) – these meetings would be outside of the Panel but reported into the next area Panel.

Where children connected by concerns have home addresses that do not fall into 1 MASE Panel then the responsibility will lie with the Panel that covers where the majority of children are. An update of this discussion will be given to the individual child’s area MASE Panel.

Actions relating to Persons of Interest and locations will take place within the MASE Panel and any patterns or trends will be referred on for further discussion in the Area COG (CSE Operational Group) or the Birmingham wide COG.
10.5 Area COG Meeting (CSE Operational Group)

Area COGs will take place following the monthly area MASE Panels, on a Tuesday afternoon. Additional agencies will join this meeting including Probation, Housing, Parks, Licensing and the Fire Brigade. The Area COG will pick up themes and patterns emerging within the area MASE Panel. There will also be issues referred in via MASECentral regarding persons of interest and locations. These issues should be submitted to MASECentral via Area COG by using the Citywide COG Referral Form. The Area COG will direct medium and long term actions to disrupt CSE locally; and locate vulnerabilities within the community, hot spots and themes.

10.6 Birmingham wide COG

Citywide issues will be taken to the Birmingham wide COG. These can be referred into the agenda via the Area COG/Birmingham wide COG Referral Form. The data, themes and issues from the 3 Area COGs will also be presented by the chairs of the Area COGs to the citywide strategic meeting in order that a Birmingham perspective and understanding is clear at a strategic level.

10.7 Complex MASE Meeting

Where it is identified that there are 3 or more children at risk in the same circumstances / linked to the same perpetrator(s) or locations, then a complex MASE Meeting can be held in addition to the MASE Panel. These meetings allow more time to consider the wider picture and ensure co-ordinated disruption planning can take place. The meetings also ensure that key professionals for each child meet together to share information and co-ordinate plans. As well as over-arching disruption plans being configured, consideration will be given to each child’s individual risk level. The summary plan is reported to the next MASE Panel, rather than a Panel slot being allocated for each child.

It is important that ‘mapping’ takes place prior to the Complex MASE Meeting so that professionals attend with as full details and links as is possible.

It may be that there is a series of complex MASE Meetings is required and individual children move in and out of the Complex MASEs according to what is appropriate for each child’s situation.

10.8 Providing ongoing intelligence/information

The Force Intelligence Bureau (FIB) Form should be used to share CSE information or intelligence relating to children, persons of interest, perpetrators, activities of concern, vehicles or locations. It is not a referral to the Police or Social care, if you are concerned about a child you should report using 999 or 901 or make a referral to Birmingham Children’s Trust.
10.9 A Child’s Plan

Children in the MASE process should be supported and reviewed through Child in Need, Child Protection or Child in Care review processes. The CSE concerns should be addressed in the Child’s Plan. The MASE Panel process does not replace the child protection or care planning processes – indeed, it is secondary to these.

Required Response

You must ensure that Child protection processes are followed when concerns arise that indicate that a child may be suffering significant harm in any situation. The MASE Meeting does not replace child protection processes as defined in legislation and Working Together 2018. Where concerns indicate medium to high risk of CSE a Strategy discussion must take place.

Good Practice

Think about language in your recording. Young people should not be referred to as ‘promiscuous’, ‘streetwise’, or ‘prostituting themselves’. Neither do they ‘choose to be’ in a position that makes them vulnerable to CSE nor are they "in a relationship" with someone significantly older than themselves. They have vulnerabilities that make them more susceptible to being targeted by those people who abuse children. Please help to change our culture, values and views by challenging this language if and when you hear it.

Talk to your manager, your CSE Champion or a CSE Co-ordinator about the Child in Need, Child Protection or Child in Care Plans you develop - how will the plan help to keep the child/ young person safe from CSE?
## 11. Useful contacts

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<th>Name</th>
<th>Organisation</th>
<th>Phone Number</th>
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<tr>
<td>CSE Co-ordinators</td>
<td>Birmingham Children’s Trust</td>
<td>0121 464 7967</td>
<td><a href="mailto:MASECentral@birminghamchildrenstrust.co.uk">MASECentral@birminghamchildrenstrust.co.uk</a></td>
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<tr>
<td>CASS</td>
<td>Birmingham Children’s Trust</td>
<td>0121 303 1888</td>
<td><a href="mailto:cass@birminghamchildrenstrust.co.uk">cass@birminghamchildrenstrust.co.uk</a>&lt;br&gt;Secure Email: <a href="mailto:secure.CASS@birmingham.gcsx.gov.uk">secure.CASS@birmingham.gcsx.gov.uk</a></td>
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13. **Documents to be used**

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<td>West Midlands Disruption Tool Kit</td>
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<td>Area &amp; Citywide COG Referral Form</td>
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The above documents can also be accessed in the procedures database via this link: [http://birminghamcs.proceduresonline.com/local_resources.html](http://birminghamcs.proceduresonline.com/local_resources.html)