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**Working Effectively to Address Child Sexual Exploitation:
An evidence scope**

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Limitations of this review

This evidence scope is *not* a systematic review, accordingly, the quality of each study or report was not assessed. However, it draws largely on published research, prioritising peer-reviewed literature where possible, and uses credible sources for policy literature and other sources of information. The literature used is largely recent, and, if not, then of enduring importance.

A full description of the methodology can be found in Appendix A.

This evidence scope was undertaken for the specific purpose of supporting colleagues involved in the Greater Manchester CSE Innovation Project in their efforts to redesign CSE services. As such, its purview has developed over time in response to their feedback and lines of enquiry; it does not offer a comprehensive review of *all* evidence related to CSE.

This evidence scope is one element within a range of research activities, including case file analysis; biographical interviews with young people; focus groups with staff and peer review.

The messages within this scope reflect the review team's interpretation of the evidence.

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1. Introduction

'Child Sexual Exploitation is finally being recognised by agencies and professionals across the country.' Emma Jackson, author of *The End of My World* (Department for Education, 2012: 17)

This scope aims to support local areas in the development of child sexual exploitation (CSE) services by reviewing and synthesising relevant evidence and proposing six key principles for effective service design.

Protecting children and young people from sexual exploitation is a challenging area of practice across all sectors, including health, education, the police and third sector organisations, as well as social care and social work. It is a sensitive and challenging phenomenon around which there is still uncertainty about how to respond, in part due to its complexity.

Although CSE may be a complex area, what is not in question is who causes CSE. The blame lies clearly with the perpetrators who exploit vulnerable young people causing harm and/or further vulnerability, regardless of the behaviours and circumstances of the victim. This scope explores many factors focused on young people, but this should not detract in any way from the fact that responsibility for the abuse lies with the perpetrator; discussions within this scope do not imply any blame towards young people for the abuse they experience.

Throughout the scope we use the terms 'young person' and 'young people' as well as 'children'. This reflects the body of evidence that CSE broadly, though by no means exclusively, affects older children; a great deal of the literature engages with older children. These terms also chime with the language of participation – a theme which runs throughout the scope. Using these terms is *not* intended to imply that younger and pre-adolescent children are not victims of CSE, nor does it negate the fact that *all* those under the age of 18 are children and deserve protection from abuse and exploitation.

It is important to acknowledge that the extent of CSE in the UK is significant, but awareness of the scale of the problem, both in the UK and internationally, has increased in recent years (Chase and Statham, 2005; OCC, 2013a, 2015a). While societal awareness of CSE is rising, however, the question of how best to tackle it remains a challenge not only for social work professionals but all practitioners across the children and young people's workforce.

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Social workers have a statutory duty to safeguard children and young people. They are also the leads in inter-agency and inter-professional working when significant safeguarding concerns arise (HM Government, 2015a). However, tackling CSE is an issue of multi-agency responsibility. The centrality of *partnership working* is evident in terms of inter-agency and professional collaboration, information sharing across sectors and across geographical boundaries, and working in partnership with local communities, families and young people themselves (Laming, 2009; Munro, 2011; HM Government, 2015a).

Laming (2009: 36) highlighted that in order to safeguard children and young people from harm, relationships between practitioners are crucial:

'It's not about structures, it's about making it work out there for children.'

Too often, agencies co-operate and share information with social services out of 'good will' rather than in recognition of their statutory duty. In any case, statutory duty is not enough on its own. In order to address CSE effectively, there needs to be a cultural shift. As the government's recent paper on tackling child exploitation notes, what is required is:

'a fundamental change of attitude within professions and the public about the nature of this crime' (HM Government, 2015b: 4)

Put simply, this is bigger than social workers.

All service providers in touch with young people and their families have a role in identifying and working with sexually exploited young people and in disrupting and prosecuting abusers (Pearce, 2014; HM Government, 2015a, 2015b). Practitioners at all levels and across all agencies – as well as the wider community – must be able to recognise and respond to concerns related to the various manifestations and models of CSE. Clear strategies for intervention are needed, resourced at both an operational and strategic level, together with an approach that enables integrated working.

This evidence scope is, therefore, concerned with gathering evidence that supports interventions and multi-agency and inter-professional approaches to working to improve outcomes for young people who are at high risk (and, where applicable, medium risk). Wherever possible, this includes a preventative and early help perspective. It draws on a range of national evidence and perspectives in order to provide a balanced overview for service design.

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It was commissioned by Wigan and Rochdale councils, as part of the Greater Manchester CSE project, funded by the Department for Education Children's Social Care Innovation Programme.

1.1. Aims of the scope

Rather than limiting the scope only to discrete interventions for high-risk young people, which would be challenging not only in terms of the definitions used within the literature but could also leave 'blind spots' in the development of a new service, this scope offers a set of principles drawing on evidence from a variety of sources to underpin the development of a new service. The main aims are to:

- 1) Review the literature in relation to CSE
- 2) Identify the key messages and implications for service design, practice, leadership and, where possible, commissioning
- 3) Identify key principles to inform service developments and ways of working in practice.

This rapid scoping exercise focuses on the following key areas:

- How the problem is interpreted, defined and contextualised within contemporary policy and practice, and within society
- How it is best recognised and responded to
- How best to assess the needs of young people at risk of, or experiencing, CSE
- Central tenets of effectiveness when working with these young people, including assessment and interventions for both the short and long-term reduction of harm, and the role of families
- What is needed for the workforce to operate effectively in this area
- Participatory approaches in practice and service design – the benefits and theoretical underpinning.

It is important to emphasise, however, that this is *not* a systematic review; the literature is too wide ranging and no scientific approach to assessing the reliability and validity of any research findings referred to has been applied. However, the scope does draw on peer-reviewed published research where possible thereby offering a degree of assurance regarding the validity of the data. The scope does not include: international direct comparisons; case studies from primary research; and parents, families and young

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people's views (other than those reported in the existing literature). While there has been considerable media interest in the issues of CSE, detailed analysis of media reports is outside the remit of this work.

A more detailed overview of the methodology is detailed in **Appendix A**.

2. Background and context

This section outlines definitions, provides the contextual background and historical contemporary perspectives, and defines the 'problem' within the current UK context in order to inform understanding of recognition and responses to CSE. Subsequent sections will focus on identification, assessment, interventions and young person-centred approaches to developing services.

2.1. Definitions

Definitions provide the conceptual framework for practice within which legislation, policy, data collection and research are located. Historically the terms 'sexual abuse' and 'sexual exploitation' have been used interchangeably, but a distinction arguably needs to be drawn between the two, not because CSE is not abuse (it is) but because understanding the distinctions better equips practitioners, young people and their families to identify the risks and respond.

Looking at policy definitions, the government's guidance *Working Together to Safeguard Children* states that **sexual abuse**:

'Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.' (HM Government 2015a: 93)

As with any definition, this does not ensure consensus. Understandings vary, not only between practitioners but also in how exploited children and young people define their experiences. As Project Phoenix, a collaboration of public and third sector partners throughout Greater Manchester, identify in their handbook (2014), there are a number of existing definitions of CSE. These include definitions developed by the Children's Society, Department for Education, Association of Chief Police Officers and the NWG (National Working Group for Sexually Exploited Children and Young People). Arguably,

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some may be too complex for a child or member of the public to understand, however. In order to address this Project Phoenix has chosen to use the Children's Society's definition of **child sexual exploitation**, developed in collaboration with young people:

'Someone taking advantage of you sexually, for their own benefit. Through threats, bribes, violence, humiliation, or by telling you that they love you, they will have the power to get you to do sexual things for their own, or other people's benefit or enjoyment (including: touching or kissing private parts, sex, taking sexual photos).' (Project Phoenix, 2014: 4)

This is how NWG defines the sexual exploitation of those under 18:

'The sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities.

Child sexual exploitation can occur through use of technology without the child's immediate recognition, for example the persuasion to post sexual images on the internet/mobile phones with no immediate payment or gain. In all cases those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.'

(NWG, 2015)

Both these definitions highlight exchange and power imbalance. The NWG's definition is more explicit about the power the perpetrator has over the young person they are exploiting, either through forceful acts or through persuasive techniques that might convince a young person they are making a choice. It is vital that definitions for practitioners use language that reiterates the importance of looking beyond apparent 'consent', especially as young people may describe exploitative relationships as consensual or withdraw claims as a result of coercion (Green et al, 2014). Therefore, for the purpose of this scope the NWG definition of CSE is used.

Reflection pointers

Are practitioners across all agencies aware of the distinction between child sexual abuse and CSE, while recognising that CSE *is* abuse?

How do we *know* that practitioners are sure of what constitutes 'sexual exploitation'?

What else can we do to support practitioners to be clear about definitions?

2.2. Background – The extent of the problem, incidence and prevalence

The scale of the problem has been highlighted in recent years. An inquiry by the Office of the Children's Commissioner into CSE by gangs and groups identified 2,409 children as victims of CSE in little more than a year (OCC, 2013a); a further 16,500 children and young people were identified as being at risk of CSE. What has also emerged is that the risk of sexual exploitation begins earlier than was previously thought or acknowledged, with clear evidence that adolescents as young as 12 or 13 are affected (Barnardo's, 2011a; Ringrose et al, 2012). The interim report of the OCC's two-year inquiry into the nature and extent of CSE begins by stating:

The reality is that each year thousands of children in England are raped and abused from as young as 11 years by people seeking to humiliate, violate and control them and the impact on their lives is often devastating. (Berelowitz et al, 2012: 5).

It is difficult to gain an accurate understanding of the prevalence of CSE because historically many survivors have not come forward, and because definitions and perceptions have changed. Furthermore, CSE is not always listed as a separate category in child protection procedures or crime reporting (Berelowitz et al, 2012). A number of reports have attempted to gain an accurate estimate of the prevalence of CSE. For example, the Department for Children, Schools and Families identified that 111 out of 146 Area Child Protection Committee districts had cases of CSE, with a higher prevalence of sexual exploitation of girls than boys (DCSF, 2009). The National Working Group found that over a 12-month period, 53 specialist services worked with 4,206 reported cases of CSE (NWG, 2010). And Barnardo's (2011a) identified that during 2010, charities dealt with 2,900 children who were victims of CSE; Barnardo's alone worked with 1,098 children that year, a four per cent increase on 2009.

Sexual grooming via the internet and mobile technology is also widespread, making it even harder to assess prevalence accurately (Barnardo's, 2011b; CEOP, 2013; Chase and Statham, 2005; Radford et al, 2011). Online threats to children and young people

include the proliferation of indecent images of children, online exploitation, transnational child sexual abuse, and contact child sexual abuse initiated online (CEOP, 2013). (The discourse around pornography and sexualisation is explored later in this section.)

Reflection pointers

How do we know that our data, and that of neighbouring local authorities and partner agencies, is sufficiently accurate to identify need and plan service responses?

How, if at all, do we capture the scale of online exploitation?

Tackling CSE: what does success look like?

It is useful to be clear at the outset what constitutes 'effective' in relation to CSE services. According to Scott and Skidmore (2006), successful outcomes for young people at risk of, or experiencing, CSE are reflected in a combination of increased awareness, self-protective resources and a reduction in risk behaviours associated with CSE. The most significant positive outcomes were:

- a reduction in the number of episodes of going missing
- reduced conflict and improved relationships with parents and carers
- access to safe, stable accommodation
- an improved ability to recognise risky and exploitative relationships
- an increased awareness of their own rights.

Their research has shown that, 'taken together, these outcomes significantly reduce the risk of ongoing sexual exploitation' (Scott and Skidmore, 2006: 2).

Scott and Skidmore's evaluation of Barnardo's specialist services identifies a set of specific interim outcomes (the long-term outcome was that children and young people are no longer sexually exploited or at risk), which will be useful to those designing CSE services. These are that children and young people:

- are in regular contact with services and able to accept support
- have a suitable place to live, with care and support adequate to their needs
- do not go missing from home or care
- have reduced conflict with parents and carers

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- do not associate with controlling/risky adults, or with peers involved in prostitution
- attend school or college regularly
- are aware of sexual health risks and protect themselves appropriately
- are not drug or alcohol dependent
- are able to recognise risky and exploitative relationships and to assert their rights in relationships
- do not experience intimate violence and are safe from abuse. (Scott and Skidmore, 2006: 10)

Tackling CSE: some of the challenges

What is clear then is that currently CSE is not an easy issue to tackle, cannot be dealt with quickly, and is more widespread than previously acknowledged (Chase and Statham 2005; Corby et al, 2012). Moreover, young people do not always understand that they are being abused or exploited (DCSF, 2009: 21), a further challenge for those seeking to identify and address CSE (see the discussion on disclosure in Section 4). This is likely to be a particular problem in relation to children and young people with learning disabilities, who may be more vulnerable to CSE than their peers (Franklin et al, 2015).

While there is increasing awareness of CSE and the individual, family, societal and environmental factors that increase a young person's vulnerability, there is a dearth of evidence to support effective service delivery for social workers and the wider children and young person's workforce in the UK (Brodie et al, 2011; Barrett et al, 2000; Dodsworth, 2014). It is also the case that too many services have failed to respond to recommendations set out in statutory guidance, despite sexual exploitation being one of the many key problems facing young people who may already be known to services (Pearce, 2014; Ofsted, 2014; HM Government, 2015b).

Challenges also stem from the fact that the child protection system itself was designed with young children experiencing harm within the family in mind (Bilston, 2006). It is therefore arguably not always helpful as the dominant construct for addressing contemporary adolescent risk (Hanson and Holmes, 2014). There is a need for greater exploration and research around the correlates and contexts of CSE, and the appropriateness and adequacy of existing child protection procedures alone to address CSE is under scrutiny (Chase and Statham, 2005; Hanson and Holmes, 2014).

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There is consensus in the literature that the problem requires practitioners to take an integrated and coordinated approach to the resourcing, investigation and management of CSE, at a national and local policy, practice and strategic level (Department for Education, 2012; Dodsworth, 2014; Pearce, 2014). However, this kind of multi-agency safeguarding approach at all levels can be challenging, and in some areas is becoming more difficult in the face of resource pressures (Baginsky and Holmes, 2015). The challenges of establishing shared data sets across agencies are well documented, not least for Local Safeguarding Children Boards (Baginsky and Holmes, 2015) who would be expected to play a leadership role in developing a strategic response to CSE. Added to this is the challenge that CSE spans geographical areas, so the lack of clarity and consistency in data gathering inhibits effective analysis and triangulation across borders.

There is much to learn from assessing the literature and exploring the more effective elements of service responses – as this scope seeks to do. However, there is no one gold standard model for service design and delivery.

Reflection pointers

How do our information-sharing protocols and data collation systems between agencies enable consistency, comparison and triangulation?

How do we capture what is working in relation to local CSE responses (and why it is working) in order to build our evidence base?

Key messages:

- Local areas need to use local data and local knowledge along with available evidence from research, theory and practice, to design a service response that best meets local needs while also addressing national agendas and policy.
- Effective data collation and sharing protocols between agencies and between areas is vital to identify need and plan responses.
- It is vital that a continuous evaluation and audit cycle built into services in order to build knowledge of what is effective.
- Service design and delivery needs to take into account the particular needs and circumstances of young people locally, rather than follow rigid models.
- There is no gold standard model for service design and delivery. Nevertheless, there is much to learn from assessing the literature and exploring the effective elements of service responses.

2.3. Historical perspectives and their influence on contemporary approaches

Although recent high-profile cases, such as Operation Span, Operation Retriever and Operation Bullfinch in 2012-13 (College of Policing, 2015), have brought CSE squarely into the public domain, it is not a new phenomenon (Coffey, 2014). Historically CSE was framed within arguably narrow salvationist, paternalistic and welfarist approaches and concepts of child (sexual) abuse, stranger danger, 'child prostitution' and grooming (Melrose, 2013; Hallett, 2013; Cockbain et al, 2014). As was previously the case with other models or definitions of child abuse, the existence of CSE as a specific concern has been hidden or denied (Corby, 2006; NSPCC, 2013a). This is significant because concerns can only be tackled when there is acceptance that a problem exists. Acceptance that there is a problem then needs to be followed by a shared definition of the problem, accompanied by strategies, systems and policies to address it.

Until the 1990s the main child protection concerns were with intra-familial abuse, primarily physical, sexual and emotional abuse, and neglect. Concerns then began to emerge about extra-familial abuse, including organised sexual abuse and 'child prostitution'. This shifted and extended the focus of practice. The period from the mid-1990s to 2008 can also be seen as a time when policy shifted from a narrow child protection focus towards a more family and child-focused orientation (Gilbert et al, 2011). However, the period since 2008 has seen the re-emergence of a child protection emphasis, although professional guidance continues to use the language of safeguarding, thereby creating tensions.

Parton (2014) argues that in order to ensure systems work both to safeguard children and young people in the wider context and respond to those who need protection from harm, policy and practice must have a children's rights perspective at their core. Such a perspective recognises that there are a wide range of significant and social harms that cause maltreatment to children, many of which are clearly related to structural inequalities. Featherstone et al (2014) add to this debate, challenging the ethics and values of an authoritarian approach with multiply deprived families, and urging a shift in child protection practice and culture in order to recognise children as relational beings.

The existence of child mistreatment in history, including both child sexual abuse and CSE, is indisputable; it is the extent of the issue of CSE today, and its interpretation, that remain contentious. CSE now has a high profile, generating considerable community concern and multiple policy and professional initiatives (Barnardo's and LGA, 2012; OCC,

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2013a; Department for Education, 2012; Department of Health and PHE, 2015; HM Government, 2015b; NSPCC, 2013b; Royal College of Nursing, 2014; Pearce, 2014). As with child sexual abuse, CSE has been a difficult subject to talk about and therefore difficult to address (NSPCC, 2013b). It was not until the late 1990s that UK governments and policy makers gave CSE due attention. Until recently, different models of exploitation were contextualised as other forms of child maltreatment or located within 'child prostitution' as child protection concerns (Pearce, 2009b). Significantly, the OCC's Inquiry (Berelowitz et al, 2012; OCC, 2012) recommended that the use of the term 'child prostitution' should be removed from government documents and strategies. Coffey (2014) further recommended that there should be no references to child prostitution in any documentation (see also Barnardo's, 2014b: 11). They have succeeded in this, achieving much more than simply a shift in language but arguably prompting a shift in attitude. Language matters; it both reflects attitudes and can form attitudes. Just as with the now widely criticised term 'child pornography', when child abuse is erroneously conflated with adult activities we risk inferring consent from, and blame towards, the child victim.

Despite this increased attention, however, some uncertainty about what constitutes CSE remains (Melrose, 2013). How CSE is defined or interpreted is in turn related to wider issues in society. And although the problem is not actually a new phenomenon, there is some newness to the issues that surround it. For example, new technologies and media provide easier access to pornography and not only provide new tools for perpetrators to exploit and abuse young people, but arguably shape young people's perceptions of sex (CEOP, 2013). Thus, in the case of CSE, the 'newness' is not entirely made up as the current context brings new complexities and challenges for practice.

Key messages:

- Concerns can only be tackled when there is acceptance that a problem exists. Historically, as with other forms of child abuse, denial and 'blind spots' to the existence of CSE have contributed to the challenges of defining and addressing CSE.
- Language matters; it both reflects and can inform attitudes. The use of inappropriate language can act as a significant barrier to protecting young people from CSE.

2.4. Contemporary conceptualisations

Contemporary conceptualisations, borne out of historical perspectives but advanced by recent research and developments in practice, recognise that although CSE *is* a form of child abuse, it is helpful to understand its distinctiveness. This is not to underplay that abuse, but to recognise that CSE requires a differentiated response. In considering how best to configure a service response, it is important to reflect on a number of different perspectives. These include societal reactions to the increased concern around CSE, the role of power and gender, and the ways in which risk and choice are conceptualised. Online abuse and pornography is also considered.

Media coverage and myths

The current heightened media attention around CSE has implications both for contemporary understanding of CSE and responses to it. When amplified by media representation, scares and public outrage, however understandable, have the potential to do harm, not least in their impact on the workforce – as Jones notes in his discussion about the response to Peter Connelly's death (Jones, 2014). At times of widespread public outrage, there is a need to be alert to discourses and the language used by politicians, public leaders, the media and professionals. This is significant because it is often the young person who is demonised and their behaviour seen as criminal, when in fact they are the vulnerable and exploited victim (see, for example, the Serious Case Review into CSE in Oxfordshire – Bedford, 2015).

Nevertheless, for local areas seeking to address CSE at a time of heightened public outrage, the increased media attention might also present an opportunity to strengthen efforts to raise public awareness and increase genuine understanding. Careful attention must be paid, however, to how societal alarm might impact upon young victims, their families and the professionals whose role it is to support them.

Myths around CSE

Insensitive, inaccurate or over-simplified media stories can also play a part in sustaining myths around CSE. There are many myths surrounding both victims and perpetrators of CSE, one being that CSE only involves certain ethnic cultural communities. Both perpetrators and victims of CSE are known to come from a variety of social, ethnic and cultural backgrounds and CSE occurs in both rural and urban areas (LGA, 2014).

Other myths also prevail, so it is especially important that practitioners are aware that:

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- CSE is not exclusively about adults abusing children – there is increasing concern around peer on peer abuse and the risk that young people face within their own social settings, such as schools (Firmin, 2013)
- Both males and females are abused through CSE – similarly, both males and females are perpetrators
- Perpetrators may be previous or current victims themselves
- CSE can take place online and offline
- CSE can be perpetrated by individuals or by groups
- There is no typical CSE case; CSE takes many different forms.

Traditionally, perpetrators of child sexual exploitation have been depicted as strangers who appear threatening and dangerous. This perception is inaccurate (Lalor and McElvaney, 2010) and can impede recognition of CSE, possibly leading to resources and interventions being misdirected to other areas of service intervention or child protection. In fact, reports show that perpetrators are often known to and indeed close to the victim; through a process of grooming and coercion, they manage to engage in sexual abuse and exploitation of the child (CEOP, 2013).

The notion of 'dual identity' in some young people affected by CSE can present particular challenges. As with harmful sexual behavior (not specifically CSE) perpetrated by children and young people (Hackett, 2014), it is important to note that there is not always a neat distinction between victim and perpetrator. For example, the Office of the Children's Commissioner found that that six per cent of victims, reported in their call for evidence, were also perpetrators (LGA, 2014: 19). It is also important to keep in mind that although children may appear to be willing accomplices in the abuse of other children, this should be seen in the context of the controls exerted by their perpetrator.

Key Messages:

- Societal alarm and outrage is understandable but can have unhelpful consequences, such as stereotyping and over-simplifying the issues. It can also serve to undermine professionals' confidence.
- Societal alarm and outrage might, however, provide an opportunity for promoting greater understanding of CSE, by meeting increased public concern with accurate and informed awareness raising.

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- Everyone involved in configuring, designing and leading service responses to CSE, as well as practitioners themselves, must be alert to myths surrounding CSE. It is essential that the way CSE is represented locally does not encourage or perpetuate 'blind spots' or simplistic stereotypes, and so place young people at risk.
- CSE is not perpetrated exclusively by adults. Young people can also be perpetrators; and young perpetrators may also be victims.

Reflection pointers

Does any of the language used by senior staff inadvertently reinforce inaccurate or unhelpful stereotypes of CSE? For example, by ignoring female perpetrators, or by assuming there are always clear-cut distinctions between young perpetrators and victims of CSE?

Are we paying sufficient attention to peer-perpetrated CSE in our area?

Power, gender, pornography and sexualisation

As we saw in our discussion of definitions, what differentiates CSE from other forms of abuse is the concept of transactional sex or exchange of sex for money, goods, or something else (Beckett, 2011). The suggestion that the child may gain something from this transaction may disguise the power imbalance in play between perpetrator and victim, which is arguably more readily recognised in all other forms of abuse. This exchange creates a particular power imbalance in the relationship, which in itself is exploitative and unhealthy for the young person, and can create an illusion of reciprocity in the minds of young people and in the minds of practitioners. The power that perpetrators wield over victims can be extremely potent (Bedford, 2015) and may not be recognised by practitioners, further heightening risk. Professionals must be conscious of the relative power when seeking to engage young people in help (RCGP and NSPCC, 2014).

There are a number of ways in which children and young people are exploited that raise uncomfortable issues about adult power and responsibility, including those relating to how the power of professionals can be experienced by victims and families. There are stark examples of practitioners not fulfilling the duties that come with occupying powerful positions (Bedford, 2015; Jay, 2014). There are also examples where relative power and status between different professional groups is said to have contributed to CSE not being addressed (Casey, 2015). Power is significant also in how families of CSE

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victims experience support. There are those who argue that current child protection practice and culture ignores, or exacerbates, the relative powerlessness of families (Featherstone et al, 2014) who are often already experiencing multiple manifestations of disadvantage, such as poverty. Given that the child protection system remains the dominant construct for addressing CSE, and in light of the sense of powerlessness that parents of CSE victims report, it is important to consider whether practice with parents is intensifying this power imbalance.

Reflection pointers

As service leaders and practitioners, how do we talk about power? Are we sufficiently aware of our power and how it affects others?

Do we have a shared understanding of where power rests in the ecology of CSE?

Gender

Connected to notions of power, the issue of gender is also important. Indeed, the power imbalance that occurs through gender inequality is particularly pernicious because of the central role gender plays within identity and personal life (Williams and Watson, in press). As we have already noted, boys are also exploited and some women are perpetrators, often having been victims themselves (Stevenson, 2014), so simplistic assertions around gender are not helpful. However, gender analysis offers a very significant contribution to developing practice and service responses and it is important to acknowledge that CSE is, unarguably, linked to male violence to women and girls.

The ways in which women and girls experience greater inequality, hardship and harm than their male counterparts are myriad. It is outside the remit of this scope to explore the wider cumulative disadvantages that women face across the life course (for a comprehensive review of women and girls at risk, see McNeish and Scott, 2014) but it is worth noting that the heightened risk of violence and abuse facing women is in the context of lifetime inequalities. Domestic abuse research illustrates the high prevalence of gendered violence, with 1 in 4 women in the UK experiencing partner-perpetrated physical violence (Guy et al, 2014). As Williams and Watson (in press) note, the physical and sexual abuse of women and girls are widespread phenomena and can be seen as a way of establishing and sustaining dominance – both within the family and community– or maintaining masculine identity (WHO, 2013). Accordingly, it is within the most male-dominated families, sub-cultures and coercive contexts – including trafficking and gangs – that some of the most severe abuse of girls and women occurs (McNeish and Scott,

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2014). Research carried out for the NSPCC in 2009 found that one in three 13 to 17-year-old girls in an intimate relationship had experienced some form of sexual violence from a partner (Barter et al, 2009), while a later analysis of data from the Adult Psychiatric Morbidity Survey found 1 in 25 of the UK population (80% of whom were women) had suffered 'extensive physical and sexual violence, with an abuse history extending back to childhood' (NatCen, 2014). Clearly the scale of violence towards females is vast, and CSE connects to gendered violence both materially and conceptually.

Kelly et al (1995) argue the increased awareness around sexual exploitation that has now emerged is, in part, the outcome of a strong feminist movement (alongside other influences – see Finkelhor, 1979, and Kelly, 1988). They further argue that the 'knowledge explosion' seen during recent decades reveal significant insights:

- *'that males are the vast majority sexual abusers of children*
- *that children are most likely to be abused by a male that they know*
- *that abuse takes a range of forms, occurs in varying contexts, and within a diversity of relationships*
- *that individuals and agencies have frequently failed to respond appropriately to cases of sexual abuse, often blaming the victim and excusing the offender*
- *that these findings are echoed in the knowledge developed over the last 20 years [ie 1975-1995] about male abuse of women.'* (Kelly et al 1995: 10).

The way in which victims of CSE are perceived and treated by services is also affected by an understanding (or lack of understanding) of gender inequality. The link between abuse and mental health problems in women has been documented over many years (Chen et al, 2010) and there are lessons from research in this field that may be useful in relation to CSE. Williams and Watson (in press) highlight the risk that a woman's response to harmful experiences – borne out of structural inequality – may be pathologised. In expressing her distress, the woman is seen to be breaking from accepted gender norms, and so the service response can be to medicalise, diagnose and situate the problem within her. Her lived experience of trauma is thereby downplayed, as are the inequalities underlying her experience (Williams and Keating, 2002). Females experiencing abuse express their distress in many ways, some of which may be construed as problematic to professionals but may in fact be a form of resilience or survival tactics. By focusing on the expression of pain, rather than the harm and inequalities that enabled it, and by comparing this with what 'nice' or

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'normal' women and girls do, there is a risk of not only failing to address the issue but of locating fault within the victim.

'The powerful connections between a woman's distress and her lived experience are severed and without these understandings, her rightful distress and associated struggles to survive are easily misunderstood as abnormal, dysfunctional, unhealthy, out of control or dangerous. It becomes easy to assume that there is something fundamentally wrong with her, rather than that something has gone badly wrong with her life.' (Williams and Watson, in press)

If we reflect on how high-risk young women experiencing CSE can sometimes be treated by services – for example, being described as 'wild' or 'out of control' or placed in secure settings, which may be experienced as punitive and can be counter-productive (Creegan et al, 2005) – then sobering parallels can be drawn with the picture described above. So it is vital that practitioners, service leaders and policy makers recognise and respond to the ways in which gender inequality both *precipitates* sexual exploitation and can lead to discriminatory approaches in the very services aiming to address its impact.

Reflection pointers

Is an understanding of gender inequality evident in our local strategy, service response and practice?

What measures do we have in place to ensure that everyone working to address CSE is able to recognise and understand the central role of gendered inequality and discrimination? Is there more we can do?

What are we doing to ensure that our efforts to tackle CSE are effectively connected to other local activity that seeks to address violence towards women more generally?

Pornography and sexualisation

Consideration of gender will lead us to reflect also on pornography. Williams and Watson (in press) note that pornography has been linked to rape, domestic violence, the sexual abuse of children, sexual harassment and economic abuse. As noted earlier, online exploitation is an important part of contemporary understanding of CSE so it is worth briefly considering the different perspectives around pornography and the sexualisation of children.

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A significant proportion of children and young people are exposed to pornography (both online and offline), which can lead to an unhealthy attitude to sex and relationships (Chase and Statham, 2005; Horvath et al, 2013). Advances in mobile technology mean children and young people are able to access material that is considered highly inappropriate and even damaging, far more easily than was possible for previous generations. Recent research for the Department for Education (2011a) found that nine out of ten parents felt their children were being 'forced to grow up too quickly' and to engage in 'sexualised life' before ready to do so. This is thought by some to be precipitated by a celebrity-driven culture as well as sexualised media programming and clothing (see Bailey, 2011), but it is important to be cautious about suggestions of simple, causal or mono-directional relationships precipitating CSE. What is vital is always to maintain absolute clarity that children deserve protection, irrespective of how innocent and chaste they may or may not present – and that the problem is *how* children are sexualised and how this is managed.

It is also worth reiterating that Sex and Relationship Education (SRE) does not precipitate the early sexualisation of children. Effective SRE can help children and young people to manage how the media seeks to sexualise them and help them promote their own agency. SRE is also a protective factor for children and young people in the context of abuse and exploitation (Wurtele and Miller-Perrin, 1992; Rekart, 2005; Wolak et al, 2008; PACE, 2013). (See the discussion of preventative interventions in Section 5.)

Notions that young people in contemporary society are more sexually active, and at an earlier age, than previous generations are often portrayed in the media as a source of concern. A positive interpretation of this may be that young people today have access to more family planning options than previous generations and have greater gender equality, which by implication means more freedoms and thus gives them choice regarding sexual behaviour (Lemos, 2009). On the other hand, a feminist perspective might argue that pressure to be sexual at a younger age is actually a gender inequality and results in fewer freedoms not more, especially in light of societal pressures and sexual culture (Attwood, 2006; Coy, 2008; Kelly et al, 1995).

We need to acknowledge that tensions do exist between liberty and safety. For some young people, early liberation and the desire for increased independence, coupled with (healthy and expected) reduced parental supervision, may actually put them at increased risk of exploitation (Ericson and Doyle, 2005; Barnardo's, 2011a). Such 'normal' drivers can yield hazardous consequences for a young person who is vulnerable because of past experiences or current circumstances and who may not yet have

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developed problem-solving skills, or may not understand that the sex they are having is exploitative and not healthy.

Key messages:

- Practitioners and local policy makers need to be attuned to the availability and impact of pornography, and to provide young people with effective counter-narratives of sexuality.
- Liberty does not exacerbate risk per se. Allowing age-appropriate risk is an important part of healthy child development.
- Children and young people should be both afforded protection and allowed autonomy, even if they are a CSE victim themselves. Getting the balance right is important.

Reflection pointers

How are practitioners supported to develop their confidence and technology 'literacy' with regards to developments in social media and new technology?

How do practitioners and services beyond those focused on CSE, including schools and youth services, challenge unhealthy sexual narratives?

'Risky behaviour', 'choice' and other euphemisms

When working with young people, the response of practitioners may reflect faulty assumptions that adolescents and other young people are more resilient than younger children by virtue of their age, despite having experienced more cumulative harm (Rees and Stein, 1999; Stanley, 2011). And as already discussed, professionals can compound such misconceptions through their attitudes and language. Describing victims as 'risk-taking', for example, locates responsibility in the victim; describing perpetrators as 'lads' (Bedford, 2015) underplays threat. The use of euphemisms and ambivalent language can allow risk to go unseen. For example, professionals might describe a 12-year-old girl as 'sexually active' or a 35-year-old male as a 14-year-old's 'boyfriend' as opposed to an abuser (Beckett, 2011).

As noted in numerous serious case reviews and inquiries, CSE is sometimes not acknowledged because the young person is seen to have engaged in risky behaviour and/or made risky 'choices'; therefore responsibility has been placed, implicitly or

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explicitly, with the young person themselves. Confusion exists around age and consent in relation to CSE; sometimes, children and young people are seen as having 'consented' to their own exploitation. As the Local Government Association states :

'A child cannot consent to their own abuse. Firstly, the law sets down 16 as the age of consent to any form of sexual activity. Secondly, any child under 18 cannot consent to being trafficked for the purposes of exploitation. Thirdly, regardless of age a person's ability to give consent may be affected by a range of other issues including influence of drugs, threats of violence, grooming, a power imbalance between victim and perpetrators. This is why a 16- or 17-year-old can be sexually exploited even though they are old enough to consent to sexual activity.' (LGA, 2014: 20)

Pearce discusses this, noting how instead of being viewed as victims of abuse, young people, particularly those aged 16 to 18, who were being sexually exploited 'were invariably perceived to be consenting active agents making choices, albeit constrained, about their relationships' (Pearce, 2014: 163). This resulted in them being apportioned blame and a degree of responsibility for outcomes which undermined appraisals of their vulnerability. When we consider this misconception against the wider backdrop of worrying attitudes towards women's sexual safety – over a third of people believe a woman is wholly or partly responsible for being sexually assaulted or raped if she was drunk, and over a quarter if she was in public wearing sexy or revealing clothes, according to a Home Office poll (2009) – then it is clear that young female victims are at heightened risk of being held responsible for their abuse.

Another complication for older teenagers may arise in relation to the recent revision of the cross-government definition of domestic abuse to include young people aged 16 and 17. Although valuable in highlighting domestic abuse among older teenagers, the definition has the potential to further obfuscate cases of CSE. For example, Pona et al (2015) relate the case study of a 17-year-old girl with an abusive boyfriend who is also sexually exploiting her. Because of her age, the girl is judged by social workers to be experiencing domestic abuse rather than CSE, a judgment that does not capture all her particular vulnerabilities and makes it more difficult to protect her. It is important to acknowledge that domestic abuse and CSE may both be present and may require different safeguarding strategies.

Overplaying the extent to which young people are exercising informed rational 'choices' is a theme that emerges in many CSE-related serious case reviews (SCRs). However, what can be interpreted as 'risky lifestyle choices' may more accurately and more

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helpfully be understood as (mal)adaptations to earlier trauma, or as attempts to meet unmet needs (Hanson and Holmes, 2014). For example, a child may have low self-regard and feel worthless (possibly related to their earlier childhood experiences); they may crave love and affection, and perceive that these needs are being met when in fact they are being groomed/exploited. Or a child may have developed dissociative coping strategies when experiencing harm – for example, sexual abuse in childhood – which later inhibit their ability to identify that they are being abused (for more on ‘betrayal trauma theory’ see DePrince, 2005; DePrince et al, 2012). In addition, young people might believe (set against the context of prior maltreatment or neglect) that they deserve no better than their exploitative relationship (Reid, 2011). Furthermore, the capacity to dissociate from pain or negative feelings (an adaptation to earlier abuse) can inhibit a young person’s ability to recognise their own distress. Understanding how previous experiences might underpin behaviours is important for practitioners, and demands a more sophisticated interpretation of ‘choice’.

Young people who have experienced prior or current familial abuse are more at risk of sexual exploitation (Kaestle, 2012), although young people living within stable and caring families can also become victims of CSE, often as a result of perpetrators attuning to and manipulating aspects of normal adolescent development, as discussed above.

Diagram 1 indicates how contributory factors might combine to increase risk to CSE.

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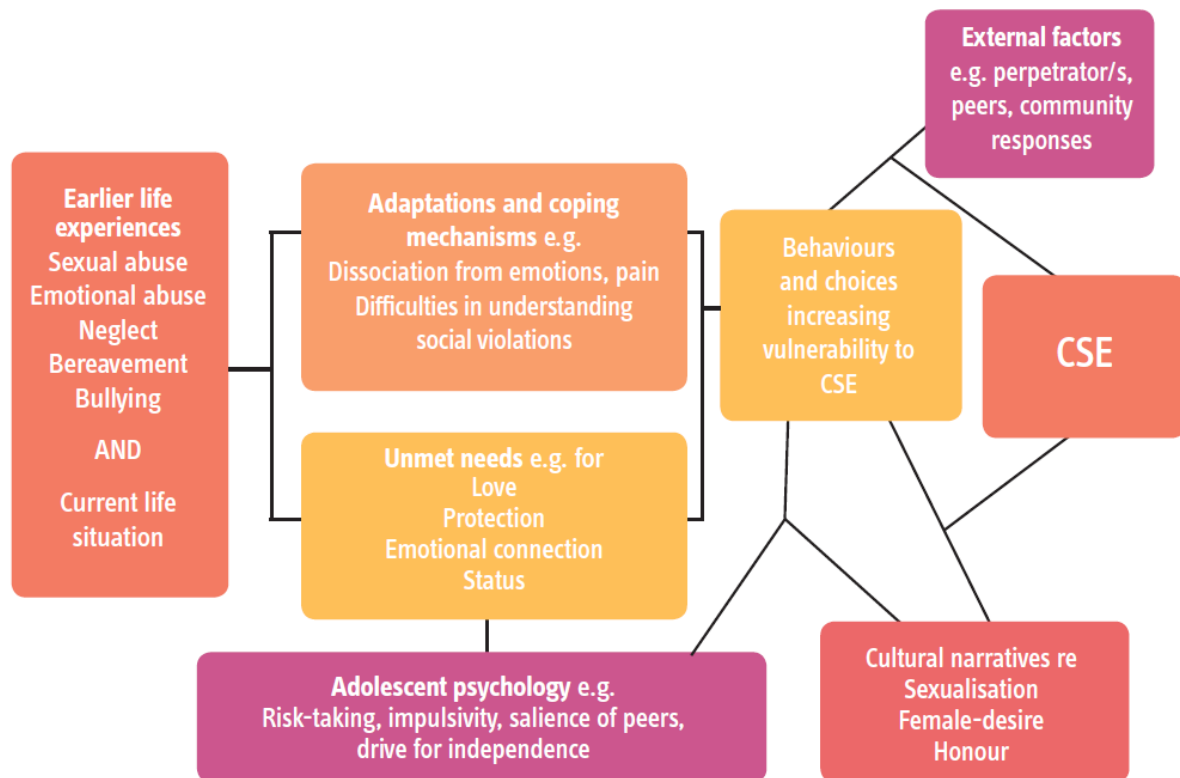


Diagram 1: Potential pathways increasing risk of CSE (from Hanson and Holmes, 2014, drawing on eg Reid, 2011; DePrince, 2005; Kaestle, 2012)

The diagram is not intended to demonstrate pathways that are always present in CSE; rather, it illustrates some evidenced pathways and risk factors (by drawing on literature related to sexual victimisation, psychological dynamics in abusive relationships, etc.).

In considering early childhood harm and trauma, it is also worth briefly acknowledging the work of those who argue that maltreatment in the early years can affect brain development (Child Welfare Information Gateway, 2009; Brown and Ward, 2013). It is suggested this may explain some impulsivity and risk taking in young people, and there is an emerging trend of CSE services drawing upon neuroscience. There is a good deal of knowledge within this field that can help practitioners understand adolescent development (although some critics warn against making social policy claims prematurely on the available evidence – see for example Wastell and White, 2012). It is important to be critical in our application of neuroscience and to avoid reductionist interpretations that ignore powerful influencing factors such as gender, ethnicity and poverty; it is also vital to challenge interpretations that might lead to a young person being considered irreparably damaged and being ‘written off’. In fact the adolescent

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brain goes through a rapid process of development, and this process is fundamentally shaped by social interactions and relationships – thus this life stage offers a window of opportunity.

If considered critically, there are useful messages relating to adolescent brain development that can help practitioners translate presenting behaviours. For example, some researchers state that increased dopamine release to subcortical reward centres encourages attraction to new and immediately exciting experiences. This 'sensation seeking' behaviour is 'strongly associated with the initiation of a wide range of adolescent risk behaviours such as use of drugs' (Romer et al, 2010). This impulsivity may lead young people to increased risk taking. There is, some argue, a period of growth in the limbic system of the brain, which governs emotional responses. 'Teenagers may rely on their more primitive limbic system in interpreting emotions and reacting – "gut reactions", since they lack the more mature cortex that can override the limbic response' (Child Welfare Information Gateway, 2009). This makes them 'more prone to engage in dangerous risk-taking behaviour' and 'not sufficiently able to interpret emotions, particularly if there is no secure attachment figure available to help them negotiate these tasks' (Brown and Ward, 2013).

As noted, this evidence is not uncontested. It is most useful to think about how brain development and social / environmental factors interact to heighten risk. And, to avoid placing responsibility with the young person, it is important to remain grounded in the firm principle that *all* young people facing harm have a right to support and legislative intervention under Section 17 or 47 of the Children Act 1989 as appropriate.

Reflection pointers

How is choice discussed, described and understood by practitioners across services for young people at risk?

Do our practice norms or service responses inadvertently imply blame for young people?

What steps are we taking to ensure that local services and approaches do not inadvertently label young people? Is there more we could do?

How do we can we be sure that we are applying evidence (eg neuroscience) critically and are avoiding the pitfall of reductionist interpretations?

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Key Messages

- Service leaders and practitioners need to have a strong understanding of the role played by power and inequality, and gender in particular, in relation to CSE. Practitioners need to be alert to these issues and consider the power they themselves hold in their relationships with families.
- Practitioners must recognise and challenge negative and unhealthy attitudes towards sex, sexuality and gender, and not work simply to address behaviours. Practitioners must be alert to the influence of pornography, for example.
- Although they may sometimes appear to be making an informed choice, young people cannot and do not 'choose' abuse or exploitation. Recognising the underlying factors that can exacerbate risk will help practitioners understand and interpret apparent 'choices' and avoid the danger of apportioning blame.
- It is important to understand how earlier trauma might play a part in compounding risk for CSE. However, evidence must be applied critically to avoid reductionist or simplistic interpretations.
- 16 and 17-year-olds face risk, not just younger children. They are not adults and they have a right to be protected.

3. Vulnerability, risk factors and models of CSE

Identifying CSE and risk of CSE requires an understanding of how vulnerability and risk are constructed, as well as recognition of how CSE manifests. That is the focus of this section. Intervening successfully is dependent on accurately identifying high-risk young people, whatever their age (DCSF, 2009). Risk is itself a contested concept, however, and is seen in different ways by different people (Smith et al, 2007). Indeed, what constitutes vulnerability and risk in the lives of young people is influenced by a variety of factors, including social, personal, political and economic factors. (The practice of assessment, including risk assessment, is explored later in Section 4.)

3.1. Vulnerability and risk

Bradford (2004) states that conceptions of vulnerability are central to the way in which risk is classified. However, the totality of a young person's vulnerability may not always be immediately recognisable from isolated (or apparently isolated) incidents and so may not be managed appropriately. This is an important consideration when looking at the effectiveness of information sharing between agencies (see Section 6).

In contemporary society, 'children' have tended to be seen as innately vulnerable and generally unaccountable for their lives and actions (James and Prout, 1997), while adults are usually assumed to have full independence and a complete set of citizenship rights and responsibilities. Young people do not fall neatly into either category. Vulnerability itself is also difficult to measure (Reed, 2012). As noted in research considering how vulnerability is conceptualised in different countries, within social policy 'vulnerability appears simultaneously to be conceptualised broadly and narrowly with a view that all children are vulnerable, but some are more vulnerable than others' (Daniel, 2010: 235). This perspective could also be said to be true of how vulnerability is conceptualised in the UK. Growing public animosity towards some young people and a perceived increase in deviance among young people as a social group adds further complexity to how their 'vulnerability' is seen (Squires and Stephen, 2005; Brown, 2005; Kelly, 2003).

As we discussed in Section 2, there is often a lack of understanding of adolescent development with risk being downplayed where practitioners perceive young people to be exercising 'choice'; conversely, proportionate and non-excessive risks are not always understood as being a part of normal adolescent development. Thus, the real vulnerability and risks that young people might face are not reflected in policy and practice with the following potential consequences:

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- missed opportunities to work as a team with the young person, and often their family, in combating risk
- resources are channelled to the wrong places because of misunderstandings about the fundamental drivers and contexts of risk (eg risk is assumed to be within the adult world rather than the peer group – see Firmin, 2013)
- harmful assumptions are made about adolescent ‘choice’, which obscure vulnerabilities
- there is a failure to recognise (and therefore address) the challenges involved in preventing and reducing adolescent risk (eg the frequent barriers to engaging young people in interventions).

CSE, like most child protection concerns, is not a solitary issue; there are a range of inter-related factors and complexities that can increase vulnerability and a young person’s risk for CSE. These may include other forms of sexual violence or abuse, domestic violence, trafficking, anti-social behaviour or involvement in gangs (where victims’ criminal behaviour can further obscure the abuse experienced – see Berelowitz et al, 2012), and going missing from home or care (Beckett, 2011). These factors do not operate in a neat linear fashion, however, but can combine in a range of complex ways:

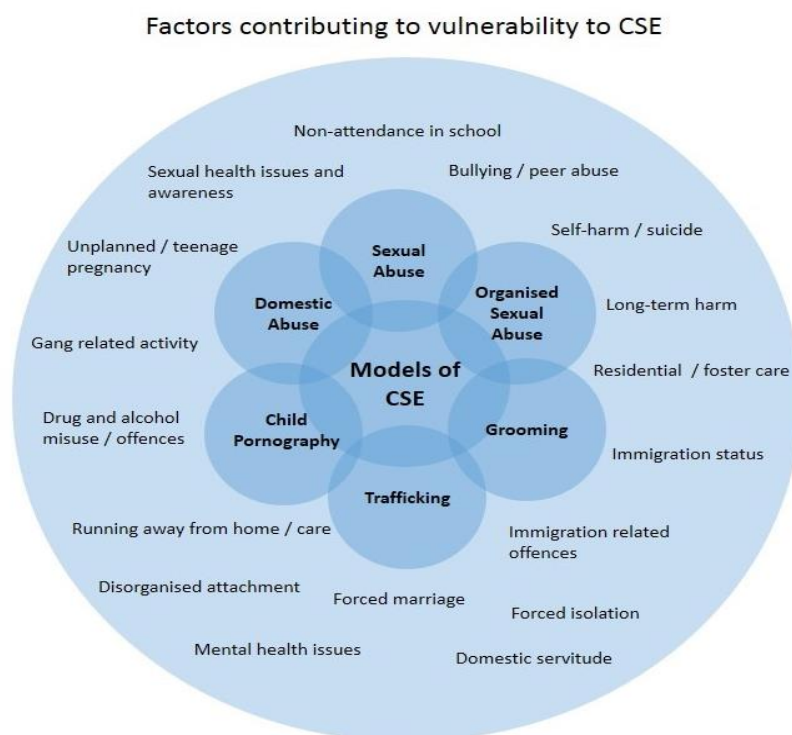


Diagram 2: Factors contributing to vulnerability and risk of CSE

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It is vital to remember that not all victims of CSE have histories of abuse, and not all children who are abused will go on to become victims of CSE. Some connections can be drawn, however. As Lalor and McElvaney (2010) note, victims of child sexual abuse are vulnerable to later sexual revictimisation; there is also a link between child sexual abuse and later engagement in high-risk sexual behaviour. Survivors of child sexual abuse are more likely to have multiple sexual partners, become pregnant as teenagers and experience sexual assault as adults. Various models attempt to account for the inter-relationship between the resulting mediating variables such as isolation, withdrawal from education, low self-esteem, depression, anxiety, drug/alcohol use, post-traumatic stress disorder (PTSD) and distorted sexual development (Lalor and McElvaney, 2010; SBNI, 2014; Chase and Statham, 2005).

Understanding how different factors interact to increase vulnerability is particularly relevant to those who go missing from home or care, both because being 'missing' increases vulnerability and because running away can be a response to a young person feeling at risk where they live. But the behaviour itself can become the focus rather than the cause, meaning that vulnerability is not addressed.

The 'Dangerous Duo': going missing and gangs

While a range of factors may coexist as predisposing factors for CSE, it is clear that two factors are particularly dangerous (Diagram 3). The 'Toxic Trio' is a term that has been used (not without criticism) to describe the specific issues of domestic abuse, mental ill health and substance misuse that have been identified as common features of families where harm to children has occurred (Brandon et al, 2009, 2010, 2012). Similarly, in relation to CSE, going 'missing' (ie running away from home or care, being coerced to leave home, coming home late or being absent from school) and involvement (or interaction) with gangs are two highly significant factors that interact with CSE (Coffey, 2014; Jay, 2014; Casey, 2015; Sturrock and Holmes, 2015). Coffey (2014) has identified that missing children are at risk of sexual exploitation and children may go missing because they are being sexually exploited. The factors comprising this 'Dangerous Duo' rarely exist in isolation, however, and the young person is likely to be experiencing wider problems (Sturrock and Holmes, 2015). And even if they are not actually 'missing', children and young people operating without adequate adult supervision or boundaries is also a fundamental indicator for risk of CSE, especially when coupled with gang involvement.

This link between missing and gang involvement is slowly gaining increased attention and beginning to have an impact on policy and practice, although gang-associated

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children and young people may still be criminalised rather than safeguarded (Sturrock and Holmes, 2015). As Sturrock and Holmes' (2015) research for Catch 22 Dawes Unit confirms, the needs and risks surrounding gang involvement are often not recognised in practice, in part because no national data is available to measure its prevalence. Yet the harmful effects on the children and young people involved are considerable.

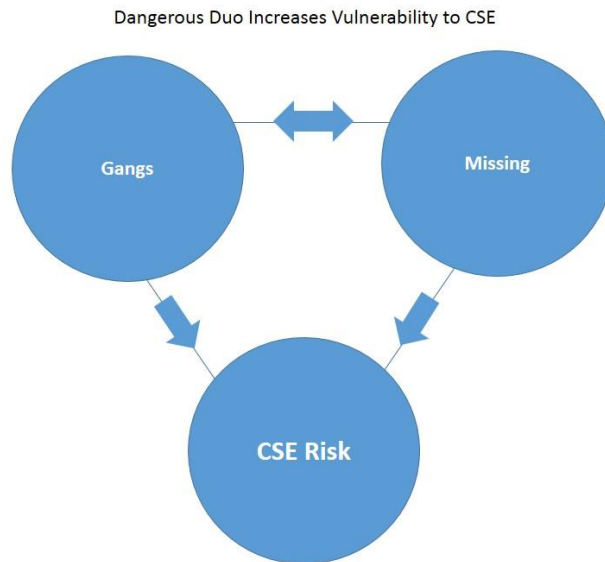


Diagram 3: the 'Dangerous Duo' of missing and gangs

Reflection pointers

How are practitioners and frontline managers supported to develop their understanding of adolescent development and vulnerability? Does that support challenge any potentially dangerous assumptions relating to vulnerable young people?

How are personal values (respectfully) explored in order to arrive at shared conceptualisations of 'developmentally appropriate' risk?

How can we make sure that practitioners are able to see the full range of vulnerabilities and risk factors that might be present in a young person's life?

Do we have the right information relating to the issues of missing children and young people and gang activity to effectively address the increased risk of CSE that these issues pose?

Do we have enough information and to the right degree of detail to support these young people? And are we getting it quickly enough? If not, what steps can we put in place to

improve our local data collection and ensure it exerts a timely influence on local policy and practice?

In the absence of national guidance on the link between gang involvement and going missing, how will we make sure that services work in partnership so that safeguarding is prioritised alongside a criminal justice response?

Reflection pointers continued

What strategies are we putting in place to ensure that those practitioners who work with young people in gangs (eg youth workers) are not working in isolation and that practitioners do not work in their own 'silos'?

Key Message:

- Vulnerabilities and risks do not manifest in a neat linear fashion. They interact in complex ways that can both increase and obscure vulnerability.
- Practitioners need to be alert to the possibility of earlier trauma, but must avoid making assumptions about pathways to CSE.
- Without timely and appropriate interventions, young people might be left to experience harmful risks and then blamed or held responsible for the outcome, as opposed to being seen as in need of support (Hanson and Holmes, 2014; Van Leijenhorst et al, 2010). Tackling this issue requires a sophisticated understanding of vulnerability, and of youth itself.
- Missing and gang involvement are two risk factors that interact with risk of CSE. The correlates of the relationship between the two factors and CSE must be acknowledged in practice, service design and local strategic responses.
- All professionals, regardless of sector, must be trained to understand the safeguarding needs of children and young people affected by gangs. For this to happen, multi-agency working that bridges the gap between safeguarding and criminal justice is essential.

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It can be useful to try to set out the complex relationship between risks and vulnerabilities and how these interact with indicators of CSE. Table 1 attempts to show the breadth of factors potentially at play for young people set against an illustration of how child protection concerns may manifest in adolescence. It draws on work by Barnardo's (2007) in their Sexual Exploitation Risk Assessment Framework and the work of the Local Government Association (2014). It does *not* imply causality, nor does it imply that all of these factors will be present; and neither risk factors nor indicators are an exhaustive list.

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Table 1: Possible vulnerabilities in young people at risk of CSE (drawing on Barnardo's, 2007; LGA, 2014; Hanson and Holmes, 2014)

| Child protection category and accordant manifestations of the risks that young people may face (often distinctive within adolescence, either in prevalence or impact) | | Vulnerabilities that may increase the risk of CSE | Signs that young person may be being sexually exploited |
|---|---|--|---|
| Sexual Abuse * | <ul style="list-style-type: none"> Sexual exploitation by gangs or groups Sexual abuse by peers Duress / coercion to sexually exploit / abuse others Online sexual abuse Intra-familial sexual abuse Sexual abuse by those in positions of trust or authority | <ul style="list-style-type: none"> Attending school with children and young people who are already sexually exploited Disengagement from education * Disorganised attachment patterns associated with previous maltreatment Friends with young people who are sexually exploited | <ul style="list-style-type: none"> Missing from home or care Physical injuries Drug or alcohol misuse * Repeat sexually-transmitted infections, and / or pregnancy and terminations Unexplained absences from school |
| Physical Abuse * | <ul style="list-style-type: none"> Family violence – adult(s) to young person Mutual family violence between adult(s) and young person Gang-related and community violence Physical violence from relationship partner | <ul style="list-style-type: none"> Previous experiences of sexual abuse and negative experiences of sex Gang involvement or association Homelessness, including living in hostel, bed and breakfast or other | <ul style="list-style-type: none"> Change in physical appearance Evidence of sexual bullying and/or vulnerability through the internet and/or social networking sites Estranged from their |

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| | | | |
|---------------------------------|---|--|--|
| <p>Neglect *</p> | <p>Neglect from family members including rejection and abandonment (eg coercion to leave home)</p> <p>Parental mental health or substance misuse problems that disrupt parenting capacity and incur caring responsibilities on part of the young person</p> <p>Overly restrictive parenting</p> <p>Lack of developmentally appropriate boundaries and supervision</p> <p>Neglect in custody</p> | <p>unsuitable accommodation</p> <p>Instability and insecure relationships with families</p> <p>Learning disabilities</p> <p>Living in a chaotic or dysfunctional household with a disrupted family life * (may include parental substance use, domestic abuse / violence, parental mental health issues, parental criminality)</p> | <p>family</p> <p>Receipt of gifts from unknown sources</p> <p>Recruiting others into exploitative situations</p> <p>Poor mental health</p> <p>Self-harm</p> <p>Thoughts of or attempts at suicide</p> <p>Exploitive relationships *</p> |
| <p>Emotional Abuse *</p> | <p>Emotional abuse from family members towards young person</p> <p>Emotional abuse between family members and young person</p> <p>Extensive bullying by peers and/or online</p> <p>Living with domestic abuse between parents</p> <p>Emotional abuse from relationship partner</p> <p>Problematic caregiving – resulting in disorganised attachment</p> <p>Exposure to other forms of abuse and maltreatment listed above</p> | <p>Living in a gang neighbourhood</p> <p>Living in residential care</p> <p>Low self-esteem or self-confidence</p> <p>Previous exploitive relationships *</p> <p>Other gender-based abuse - risk of forced marriage, risk of 'honour-based' violence, Female Genital Mutilation</p> <p>Recent bereavement or loss</p> <p>Self-harm including deliberate self-harm, suicide attempts, eating disorders</p> <p>Substance misuse (Drug and Alcohol) *</p> <p>Young carer</p> | |

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| | | | |
|--|--|--|--|
| | | Poor health and well-being * History of disadvantage - Child in Need as opposed to Child Protection Interventions * | |
|--|--|--|--|

* Denotes specific risk factors as identified in the Barnardo's (2007) Sexual Exploitation Risk Assessment Framework.

NB The above is not an exhaustive list nor are the factors listed in any priority of vulnerability or risk

Hidden risks

It is important to acknowledge that both victims and perpetrators of CSE are diverse (Department for Education, 2012) and hard to identify and, crucially, that some risks are not explicit (Hallet, 2015). Hallet's (2015) qualitative studies with young people having experienced CSE revealed a key issue – that children often felt invisible to responsible adults who should have helped them, such as family or practitioners. Young people also conceptualised risks in their own terms. Engaging in risky behaviour was presented by some as a means of coping with their own vulnerability – for example, 'hanging out' in crowds or 'hiding away' from face-to-face interactions to hide feelings. Some young people saw engaging in risky behaviour as a means of taking back control, or facilitating basic needs such as money and housing (Taylor-Browne, 2002), which further highlights the complex nature of 'choice' and consent in CSE.

3.2. Models of CSE and methods used

It is important to note that there are different models of CSE; while the nature of existing risk may be equally significant there are different routes or processes by which victims are coerced. The act of CSE is generally a hidden activity and is more likely to occur in private dwellings than in public venues (College of Policing, 2015), although this is not true of peer-on-peer abuse (Firmin, 2013).

Barnardo's (2011a) describe three different models of activity – they are not exhaustive but show a spectrum of exploitation:

- **Inappropriate relationships:** There is usually one offender who has inappropriate physical, financial or emotional control over a young person. There may be a significant age gap and the young person may believe they are in a loving relationship.
- **The 'Boyfriend' model of exploitation and peer exploitation:** The perpetrator befriends and grooms a young person into a 'relationship' and then coerces or forces them to have sex with friends or associates. Again, the 'boyfriend' may be significantly older than the victim but not always.
- **Organised or networked sexual exploitation or trafficking:** Young people are 'bought and sold' or passed through networks where they may be forced or coerced into sexual activity with multiple perpetrators, as well as forced to recruit other young people.

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The College of Policing (2015) adds the following models:

- **Peer-on-peer exploitation:** This refers to situations where young people are forced or coerced into sexual activity by peers or associates. This can sometimes be within gang activity, but not always.
- **Gang-associated:** A child or young person can be sexually exploited within a gang context, but this is not necessarily the common purpose of the gang. Types of exploitation may include using sex as a weapon between rival gangs, as a form of punishment to fellow gang members, and/or a means of gaining status within the hierarchy of the gang.

There are different processes that perpetrators use to create or exacerbate the vulnerabilities that may lead a young person into an exploitable situation. The College of Policing (2015) identifies the following methods (with the caveat that the list is not exhaustive, not all methods listed will be used, nor will they occur in the listed order):

- giving presents – especially in the grooming phase
- offering food treats
- giving rewards such as mobile phone top-ups
- giving the child or young person attention
- offering false promises of love and/or affection
- offering false promises of opportunities – for example, modelling, photography, acting
- supplying alcohol
- drugs – either supplying drugs to facilitate exploitation, and/or young person being sexually exploited as a means of paying off drug debt
- constructing situations whereby a young person must pay off debt
- mental manipulation
- blackmail
- fear
- physical violence.

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The independent report by Ann Coffey MP (2014) found there was, among groups of young people surveyed, a distinct trend of young men 'disciplining' their girlfriends through controlling behaviour such as constant phone calls, requesting proof of whereabouts and telling girls what to wear and say. In a review of Cafcass submissions to serious case reviews, Green et al (2014) found a 'striking ambiguity' around the status of the men involved in CSE, with many young people framing them as 'boyfriends'. This fits with the model whereby perpetrators or exploiters can manipulate or coerce young people into trusting them and build relationships over periods of time.

Work undertaken into profiling the characteristics of perpetrators of CSE has found that majority are male, but their ages can range from school age to the elderly. There is also the issue that young people who experience CSE can become perpetrators (Berelowitz et al, 2012), with victims being groomed and coerced into recruiting and coercing other victims into CSE (College of Policing, 2015). Berelowitz et al (2012) found that in relation to gang-mediated CSE, perpetrators ranged from 12 to 75 years old. Research by Barnardo's (2013) also suggests that methods of exploitation are becoming more sophisticated, including the use of 'parties' to create networks for abuse, the use of technology to organise both online and offline abuse, and 'internal trafficking' whereby children and young people 'are moved from one place to another to be sexually exploited'.

Reflection pointers

How can we be confident that practitioners across services recognise the different models of CSE and the different methods that are employed by perpetrators?

Do we need to adapt our recording processes to capture this detail?

Key Messages:

- There are different routes into sexual exploitation and CSE can manifest in a number of 'models'.
- Models may overlap and interact – and some models can obscure vulnerability by being misinterpreted as intimate relationships.
- Understand how CSE is manifesting locally is crucial for the development of an effective practice and service response.
- A variety of exploitative methods may be employed to create or exacerbate vulnerability.

4. Recognition and assessment

This section is concerned with recognition of CSE. It explores disclosure and indicators and provides an overview of assessment practices and tools. Whilst it was not the remit of this work to undertake a scientific evaluation of the different assessment tools or frameworks, this section reviews the available assessment tools that appear to embody research evidence by reflecting the correlates and context of CSE. An overview of the different assessment tools available and their characteristics as evidenced within the literature are provided in Table 3 at the end of this section. It is proposed that complexity theory may offer a useful theoretical perspective to underpin approaches to assessment, which has implications for service design and for supervisory practice (see section 7 on workforce considerations).

4.1. Recognition of CSE

All practitioners working with young people have a safeguarding remit (HM Government, 2015a). This includes frontline positions within education, policing, youth justice, youth work, community work, general practice, sexual health and third sector organisations, as well as social work – and indeed others may well be involved. However, research identifies concerns about a lack of awareness of CSE among practitioners and it is suggested this is a key reason for its under-identification (Clutton and Coles, 2008; Pearce, 2009b, 2014; Barnardo's, 2011a). As Hallet (2013) notes, professionals who are non-specialists may not always refer because their awareness of the issue is low (see also Jago et al, 2011; Melrose, 2013). Furthermore, the context that makes a young person at risk of CSE, and the way practitioners make sense of a young person's risk-taking behaviour, is influenced by their understandings about what CSE is (Hallet, 2013).

As touched upon in previous sections, it is worth drawing attention to the fact that subjective interpretations of young people's risk can mean CSE may be missed because the young person is perceived to be troublesome rather than in trouble; or they may be perceived as making lifestyle choices and so less deserving of support (Phoenix, 2002; O'Connell-Davidson, 2005; Pearce, 2009a).

Reflection pointers

How can we support professionals across the system to recognise CSE?

Are we doing enough to explore the different values and perspectives that may be held by different professional groups and their impact on identification and response?

Disclosure

While there are too many examples of young people disclosing CSE and not having their voices heard, it is also true that young people may not disclose what is happening to them – and boys in particular are less likely to feel able to disclose (Smeaton, 2013a).

There are three common reasons for young people's failure to disclose:

- Many young people do not realise the abusive nature of what is happening
- They may feel in some way complicit in the abuse because there has been some kind of 'reward' or receipt of something (Beckett, 2011)
- The young person may have engaged in an illegal activity, such as drug taking, and fear being criminalised on disclosure (Bedford, 2015; Berelowitz et al, 2012).

Investing in accessible visual media can be quite effective in raising awareness, encouraging young people to disclose and potentially even avoiding exploitation. The final report of the OCC's Inquiry into CSE in gangs and groups identified that education to improve recognition, and services that facilitate the development of positive relationships and trust, make disclosure more likely (OCC, 2013a).

In terms of facilitating disclosure, it must be acknowledged that children will not all follow the same trajectory to disclose CSE or 'come forward' to particular professionals even when encouraged. Smeaton (2014) evaluated the Children's Society's Self project, which was designed to raise awareness of CSE and provide support to victims and their families. It ran a drop-in centre for young people to self-refer and receive support services, but usage was very low. Professionals involved with the project explained that young people may not always be in a position to recognise and confirm their own exploitation. Smeaton therefore stresses the need for professionals to go out to young people. This emphasises the importance of close multi-agency working and community engagement to ensure there is a network of facilities for timely disclosure (Berelowitz et al, 2012).

Boys and disclosure

Boys are less likely to disclose experiences of exploitation and practitioners can find it harder to detect for boys (DCSF, 2009; Barnardo's, 2014a). There are relatively few services specifically targeting boys. Analysis by Barnardo's (2014a) of its CSE service users suggests that boys may be slightly younger at the point of referral than female service users, more likely to be referred by the criminal justice system and more likely to be disabled, with learning and behavioural disabilities the most common. Worryingly, Barnardo's (2014a) research also suggested that professional attitudes were less

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protective towards boys, possibly because boys were more likely to express their trauma externally than girls and risked being assessed as 'violent' or 'aggressive'. The report highlights the need for more to evaluate what works for sexually exploited boys and young men in terms of service provision.

Some promising research is emerging, however. The BLAST! Project provides specialist print and multimedia educational resources for boys and young men around CSE, as well as resources for professionals aimed at addressing discrepancies in professional assessments of risk in boys and girls. Blast's Excellence for Boys project (Yorkshire MESMAC, 2015) worked with 20 existing CSE services and organisations to provide professional training and increase service accessibility to boys and young men. Their findings point to a need to improve the capacity of professionals to identify risks and to make services more inclusive to boys while also addressing boys' potentially differing and specialist needs. After working in consultation with existing projects, the following suggestions were made which could be widely applicable to future service design:

- Publicity materials should feature boys as well as girls
- Appoint specialist workers to work with boys and young men
- Within CSE services, create an environment that is 'less explicitly feminine' to improve inclusivity.

An initial evaluation of the project found that partners had collectively increased their identification of boys and young men at risk of or experiencing CSE. Cross-cutting issues such as partner engagement were also an important factor in the project's success.

Reflection pointers

How confident are we that our CSE workforce is equipped to effectively identify and respond to boys experiencing CSE?

Are we creating the right spaces to facilitate disclosure?

Is our literature and advice gendered in a way that might make it harder for male victims of CSE to disclose?

What do boys tell us about how we support them?

Are we equipped to deal with an increase in disclosures following increased awareness raising?

Indicators of CSE

There is some helpful guidance around indicators of CSE (see Barnardo's, 2015; HM Government, 2015c; Project Phoenix, 2014). For example, Barnardo's (2015) provides a framework to help parents, professionals and young people 'Spot the Signs' of CSE. Key signs (which are also captured in Table 1) are:

- going missing for periods of time or regularly returning home late
- regularly missing school or not taking part in education
- appearing with unexplained gifts or new possessions
- associating with other young people involved in exploitation
- having older boyfriends or girlfriends
- children suffering from sexually transmitted infections or becoming pregnant
- unusual mood swings or changes in emotional wellbeing
- drug and alcohol misuse
- displaying inappropriate sexualised behaviour. (Barnardo's, 2015)

Other indicators of actual CSE may include visible injuries, having large amounts of money with no plausible explanation, volatile behaviour and the use of abusive language, or receiving phone calls, text messages or letters from unknown adults (Project Phoenix, 2014: 10).

All such indicators should be responded to and not dismissed. Furthermore, CSE is a problem that is preventable so practitioners need to be able to recognise both potential and actual harm. Hallet's (2013, 2015) research into CSE supports this. She found that from the perspectives of young people she interviewed, early identification of risk and prevention is the solution to the problem.

Reflection pointers

Are we confident that parents, carers and members of the community in our area are likely to know what the indicators of CSE are?

How can we be sure that practitioners across local agencies are fully aware of all the indicators of CSE?

Are we putting enough attention into preventing CSE, as well as addressing it when it occurs?

4.2. Assessing needs and assessing risks

If CSE is to be prevented then it is vital to recognise vulnerability to exploitation through previous experiences and to be alert to needs. History taking is therefore important in assessment in relation to the experiences of the young person. Practitioners must not assume the young person has had a 'bad' childhood; but nor should they assume that not being previously known to services means their childhood was without difficulty.

If practitioners rely only on linear risk assessment processes (this is discussed further below) or apply generic assessment without critical analysis, then they may lose the 'individuality' of that young person and fail to recognise their specific circumstances, realities and individual needs (O'Connell-Davidson, 2005). Drawing on Brigid Daniel's work around neglect it is possible to conceive a simple framework that is focused on the young person's individual circumstances. While recognising that there is a spectrum of vulnerability and increased vulnerability equates to increased needs, it may be useful when undertaking assessment for the practitioner to ask three very simple but significant questions:

1. What does this young person need?
2. What does this young person need me to think about?
3. What does this young person need me to do?
4. How will I know risks are reducing?
5. What support do I need?

This will help to focus on both short and long-term needs as well as immediate safety issues.

These simple questions could be integrated into the five essential questions from the 'See Me, Hear Me' Framework (OCC, 2015b) and could be used at any stage in the assessment process thereby helping to ensure that the young people are seen, heard, attended to and understood. Young people themselves articulate that protection and support can only be effective when these questions are answered (OCC, 2013a).

Table 2: Asking and answering the questions that matter (Adapted from OCC, 2013a).

| Questions from young people | Questions for practitioners | Practice messages |
|---|---|---|
| <p>Question 1 <i>"What if I don't see it as abuse?"</i></p> | <ul style="list-style-type: none"> • What is this young person telling me about risk, harm and need – through signs and symptoms and not just words? • What does this young person need? • What does this young person need me to think about? • What does this young person need me to do? • What support do I need? | <p>Don't make assumptions about the young person and their needs.</p> <p>Don't rely on what you are told – observe, interpret, check out, analyse.</p> |
| <p>Question 2 <i>"How do I know that what you have planned will keep me safe?"</i></p> | <ul style="list-style-type: none"> • Are my decisions right for this young person? • Who else do I need to work with to keep them safe? • What does this young person need? • What does this young person need me to think about? • What does this young person need me to do? • How will I know risks are reducing? • What support do I need? | <p>Establish (in partnership wherever possible) a clear plan to keep the young person safe and stop the abuse happening.</p> <p>Make sure the young person understands their plan and has had space to question it.</p> |
| <p>Question 3 <i>"Have you checked who else may be at risk?"</i></p> | <ul style="list-style-type: none"> • Have I considered the other children or young people who may be affected or involved? • What does this young person need? • What does this young person need me to think about? • What does this young person need me to do? • How will I know risks are reducing? • What support do I need? | <p>Consider the safety of other children and young people, including bystanders and young people identified as perpetrators.</p> |
| <p>Question 4 <i>"How will you support me if this goes to Court?"</i></p> | <ul style="list-style-type: none"> • Do I have everything in place to enable this young person to make a complaint and support them through the Court | <p>Ensure that the support offered through the Court process challenges any inference of blame towards the young person.</p> |

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| | | |
|---|--|---|
| | <p>process?</p> <ul style="list-style-type: none"> • What does this young person need? • What does this young person need me to think about? • What does this young person need me to do? • How will I know risks are reducing? • What support do I need? | |
| <p>Question 5 "Do I have hope for the future?"</p> | <ul style="list-style-type: none"> • Have I put in place support and scaffolding to respond to all the needs of this young person now ... and in the future? • Have I helped this young person to construct an idea of their future self, which is not defined by their exploitation? • What does this young person need? • What does this young person need me to think about? • What does this young person need me to do? • What support do I need? | <p>Don't think there is a quick fix.</p> <p>Recognise that the issues for this young person can re-emerge – and this does not equate to failure on your part or theirs.</p> |

It is vital that assessment practice is analytical in its approach and that critical thinking is applied when making sense of information. For information and training tools focused on this, see *Research in Practice's Handbook Analysis and Critical Thinking in Assessment* (see Resource table in Appendix C).

Reflection pointers

Are we confident that professionals are aware of the factors that increase a young person's vulnerability to CSE, including current factors around social context as well as other predisposing factors?

How are practitioners supported to be analytical in their assessment of need? Are we doing enough to support them to be analytical? Are we doing anything that makes it more difficult for them to be analytical?

Do assessment frameworks used locally facilitate an individualised assessment of the young person's needs – including both those who are at risk of potential exploitation and those who have already experienced harm?

Assessing risk

Although risk assessment can only be largely indicative rather than predictive, if risk is assessed effectively strategies can be put in place to remove the risk alongside interventions to support or help the young person. Risk assessment and risk management are therefore essential to protecting children and young people from harm.

Macdonald et al (2014) point to the fact that risk assessment of vulnerable youth is not always consistent or thorough. Echoing the point above in terms of analysing need, they suggest that social workers can find it challenging to analyse complex evidence and reach an accurate judgement. They point to studies, such as Dorsey et al (2008), which suggest that some forms of risk assessment may only be marginally better than guess work. Ofsted (2014) identified a lack of consistency in the completion of CSE risk assessments, as well as an absence of evidence to show that assessments were multi-agency in nature. According to Ofsted (2014) not only were the quality of risk assessment tools variable but not all local authorities used a specific CSE screening or risk assessment tool to support multi-agency professionals in identifying early signs of CSE. Where professionals did use risk assessment tools – such as the Project Phoenix CSE measurement tool (Project Phoenix, 2014) – they were better able to articulate the concerns they had about young people and to access to appropriate services.

A further examination by Ofsted of assessment quality (2015) found there had been broad improvements in how local authorities were carrying out their assessments in early help, children in need and child protection work. Although the report did not look at CSE specifically, some of the areas identified by Ofsted as needing further improvement do have significance in the context of assessing need and risk in relation to CSE:

- In most of the cases reviewed, social workers had carried out assessments as a stand-alone process, rarely updating written assessments when new information came to light.
- Social workers did not routinely share written assessments with families or children. When they did, the language used was often unclear and jargon was used.

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- In a quarter of cases tracked, inspectors found that the assessment had not been timely enough, leaving too many children in circumstances where they were at potential risk of harm.
- 21 per cent of support plans did not clearly demonstrate the help that children and their families would receive and how the best interests of children would remain the greatest priority. (Ofsted, 2015)

Reflection pointers

How are practitioners supported to analyse risk?

Are we confident that senior managers oversee the risk assessment and monitoring of high-risk young people – for example, looked after young people, and those who frequently go missing from home or for long periods of time?

Do practitioners describe risk and needs in ways that young people and their families can easily understand?

How do we know that practitioners adopt a partnership approach when undertaking assessments?

How will our service design facilitate a shift in the culture of assessment?

Key messages:

- The absence of vulnerability does not preclude young people being targeted.
- Victims of exploitation can come from any background and have no prior vulnerability. However, vulnerability does increase the risk of exploitation.
- Assessing need in both the short and long term is important. Always, the focus must be on the individual needs of the young person.
- Good assessment requires analysis and critical thinking – it is not a list or a tick-box exercise.
- The young person's voice must be central to assessment.
- It is important that the risk of CSE is acknowledged documented and that agencies cross reference information. Multi-agency screening tools that move towards a unified conception of risk are useful.

4.3. Approaches and tools

Local authorities use a range of approaches and tools to assess risk in relation to CSE. Barlow et al (2012) undertook a critical appraisal of available tools for assessing and analysing data about the likelihood of significant harm to children and report that, as yet, no universal method of assessment is established.

However, while there is arguably a dearth of research evidence around the effectiveness of specific risk assessment tools, particularly in relation to CSE, there are messages to be drawn around practice approaches and enabling systems. Barlow et al (2012) identified several distinct types of risk assessment tool that correspond to different stages of child safeguarding, in four broad categories:

- **Risk assessment tools** – these typically measure a limited number of historical and static factors to establish initial identification of need.
- **Strengths and needs assessment tools** – these measure dynamic factors, which may reduce harm if addressed.
- **Response priority decision trees** – these structured decision-making tools are used to improve and standardise decision making across professionals and facilitate the selection of appropriate responses to risks. These may be followed by **permanency/placement and reunification checklists**, which are used to assess the likelihood of recurrence of harm in a given placement scenario.
- **Audit tools** – these are often used to audit whether cases have been classified accurately according to risk.

Barlow et al (2012) suggest that some 'actuarial' tools, including structured decision making tools based on a decision tree approach, provided little in terms of descriptors of the domains being assessed – largely leaving interpretation to the practitioner. Barlow et al (2012) advocate for baseline descriptors within a universal risk assessment framework for low, high and medium risk and standardised methods of assessing risk to aid professional judgment. Such examples identified by Barlow et al (2012) would be **Safeguarding Assessment and Analysis Framework** (UK) (Bentovim et al, 2010) and **Graded Care Profile** (GCP) (Srivastava and Polnay, 1997); **Signs of Safety** (Australia) (Turnell, 2010; Turnell and Edwards, 1997); and **Child Abuse Risk Evaluation** (De Ruiter and Veen, 2005) (the Netherlands).

While standardised tools have limitations 'they have the potential to improve the classification of risk of harm by providing practitioners with clear guidance about how to

focus the assessment process, and analyse the data collected' (Barlow et al, 2012: 22). This integrated approach to assessment aligns with emerging discourses on complexity (discussed later in this section) which highlight the nature of need as complex and questions the appropriateness of using 'predictive' methods of risk assessment, endorsing the need for 'indicative' non-linear methods of assessing harm to children and young people (Barlow and Scott, 2010).

In applying the work of Barlow et al (2012) to the context of CSE assessment, we might deduce that risk assessment tools should:

- be balanced – ie facilitate structured decision making without minimising complexity of individual cases or undermining professional confidence
- be guided by a model of 'working in partnership' with children and families
- be evidence based
- provide 'good guidance' – ie use clearly defined and comprehensive behavioural descriptors to guide the assessment and categorisation of risk.

Specific assessment tools reviewed within this scope

As mentioned above, this scope does not evaluate the tools; rather it identifies a number of tools that reflect to some extent the messages from research and offers an overview of their components and characteristics.

a) Sexual Exploitation And Missing Measurement Tool (SEAM): This tool developed via Project Phoenix (2014) attempts to consolidate a singular definition of CSE among stakeholders (from social services, police, NHS and local community services as well as national charities) to foster improved multi-agency assessment and working across multiple local authorities. This is in line with Coffey's (2014) recommendation of facilitating better cross-border working. The Project Phoenix CSE measurement tool also provides a guided and cumulative scoring system for risk assessment, with overall scores relating to lower, medium and high risk levels, enabling a child to be assessed on a range of criteria. The tool aims to provide a universal means of assessing risk to improve understanding and streamline perceptions of risks across agencies. There is no evaluation of the risk assessment tool at present.

b) The Safeguarding Assessment and Analysis Framework (SAFF) (Bentovim et al, 2010): A decision making tool which addresses the three domains of the statutory guidance provided to professionals ('the Assessment Framework') – ie

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the young person's development needs, family and environmental factors, and parenting capacity – and was praised for its effectiveness as a decision making tool which also factors in the assessment of future change.

- c) Graded Care Profile** (Srivastava and Polnay, 1997): This strengths and needs based, objective assessment model is currently being evaluated by the NSPCC. The GCP includes assessment categories around physical care, safety, care of esteem and care of love.
- d) The National Working Group Network on Tackling Child Sexual Exploitation (NWG)** provides a CSE risk assessment tool that allows practitioners to explore some of the vulnerabilities and indicators present in a child or young person who might be at risk of or experiencing sexual exploitation. It provides a framework to help practitioners think about the risk to the young person and about what to do with the information they have. It has been adopted by a number of Safeguarding Children Boards (eg Plymouth, Solihull, and Wolverhampton). It is available from the NWG Network: **Email:** network@nwgnetwork.org.
- e) Children Abused Through Sexual Exploitation Project (CATSE)** (Lebloch and King 2006: 371) provides an example of a strategy for assessment that emphasises establishing levels of risk in CSE. It aims to address '[the] practitioner's struggle with the blurred boundaries between adolescent sexual exploration and adult sexual activity'. This was overcome through frequent multi-agency training (which included managers) and establishing a risk framework with levels of risk associated with each evidence-based factor of CSE (such as substance use, sexual and emotional health). The key message here is that training is required to ensure consistency, and it is helpful to provide descriptive examples to determine level of risk with each factor.
- f) Brook Sexual Behaviours Traffic Light Tool:** A tool for professionals who work with children to categorise sexual behaviours to identify risk and safeguarding concerns. The tool provides detailed descriptors of sexual behaviours for different age groups and categorises them as green (safe and healthy behaviour appropriate for age), amber (potentially outside of healthy behaviours) or red (outside of healthy sexual behaviours). It does not include descriptors or risk categories and relies on training and the understanding of the professional to identify CSE risks; it may be helpful in identifying indicators of peer-on-peer CSE. Brook also offers training courses for professionals in using the tool.

g) 'Spotting the Signs': The British Association for Sexual Health and HIV (BASHH) Adolescent Special Interest Group and Brook have developed a tool to help health professionals detect signs of CSE among young people attending services for sexual health (Rogstad and Johnston, 2014). The standardised proforma, which can be used alongside existing sexual and social health frameworks, was launched in 2014 following a successful pilot in sexual health clinics, outreach settings and general practice.

h) Sexual Exploitation Risk Assessment Framework (SERAF): Developed by Barnardo's for use in Wales, this tool includes a checklist of vulnerabilities and moderate / significant risks to produce a cumulative score, which corresponds to different levels of risk (banded 'no risk', 'mild', 'moderate' and 'significant'). In a pilot study (Clutton and Coles, 2008) practitioners reported that the tool proved useful in the identification of risk and could easily be incorporated into different working practices.

Key messages:

- Standardised tools should be used in tandem with professional judgement to assess the likelihood of harm. A non-linear approach ensures that complexity is not minimised.

Reflection pointers

How do we know our assessment tools are fit for purpose?

How do we assess the impact of these tools on practitioners' knowledge, skills and confidence?

How do young people and families affected by CSE experience the tools we use?

4.4. Considering complexity theory in relation to assessment

As mentioned above, Barlow and Scott (2010) endorse the need for 'indicative', non-linear methods of assessing harm to children and young people. Within CSE and child protection generally there is currently much focus on risk assessment; while it is of course essential to recognise risk, one criticism of this approach is that it presents a linear system. This section discusses how complexity theory could facilitate understanding of the issues practitioners face when working to address CSE effectively.

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Drawing on the work of Stevens and Cox (2008) it is suggested that complexity theory offers helpful ways to conceptualise and work with the processes which underpin keeping children and young people safe from the harm of CSE.

A lack of analysis and critical thinking has consistently been highlighted in a number of serious case reviews, inquiries into child deaths and inspection reports. Assessment practice has been criticised for adopting a procedural, checklist approach (Munro 2011). The use of non-linear concepts to underpin assessment may be useful in helping practitioners to be more analytical in practice through deeper understanding of the context and complexity of CSE. If practitioners are supported to be more analytical in practice and in the assessments they undertake, this might help them critically analyse complex situations and recognise non-linear variables (Brown et al, 2014). Complexity theory provides a framework for understanding the processes involved but without the problems of reductionism (Stevens and Cox, 2008).

Complexity theory, which is mathematical in its origins, tackles the understanding of complex systems; it presents an alternative to linear systems theory approaches and has applications for social work practice. The work of safeguarding generally, and specifically to address CSE, is itself a complex system. It is suggested that reductive approaches to vulnerability assessments and interventions can limit practitioners' ability to respond to and adapt to the variance and multiplicity of an individual's needs (Stevens and Cox, 2008). Unlike 'closed' linear systems, complex systems are 'open', liable to be shaped by their environment (including, in the case of CSE, by practitioners themselves) and prone to abrupt change. Young people operate in social groups made up of agents interacting with one another in multiple and contingent ways to form complex adaptive systems. Drawing upon the concept of self-organisation, it can be demonstrated that behaviour is as much a product of interactions between agents and their environment as it is a result of individual actions. One person's behaviour affects others – but that person is in turn affected by the behaviour of the other and by their environment. It is in these interactions that the young person *self-organises* (Read, 2002) and the factors that lead to exploitation within a group can be conceptualised as a self-organising system. The recognition of this adaptive system and of the multi-faceted complexity of the young person's experience can help practitioners to seek a different ontological position in assessing need and identifying possible outcomes when working with high-risk vulnerable young people.

Furthermore, on a practical level, whilst 'actuarial' risk-assessment tools are more precise when identifying the risk of harm (D'Andrade et al, 2008; D'Andrade et al, 2005;

Stewart and Thompson, 2004) they may be inappropriate in situations where fast-paced professional decision making is required (Breckon and Hay, 2015; Coveney and Highfield, 1996). Complexity theory may help to give a better understanding of risk by allowing the practitioner to recognise that a young person's needs, vulnerabilities and risks are dynamic and inter-related and to recognise that they, as the practitioner, are one of the variables in that young person's life.

The need for non-linear understanding

A practitioner who tries to undertake risk assessment by simply noting or adding up the risk factors is applying *linear understanding*. In linear understanding, A plus B always equals C. Complexity theory suggests this is not an adequate way to deal with complex phenomena, such as assessing the risk for CSE. Complex adaptive systems are *non-linear*. Thus action A plus B may lead to C, but it may also lead to D, E and/or F (Stevens and Cox, 2008). It may therefore lead to no change, or a change for the worse. A non-linear approach helps to recognise that outcomes cannot necessarily be predicted, as there are different variables that might impact on the young person and how they respond to the potential or actual exploitation. Coveney and Highfield (1996) also suggest that complexity theory supports the development of indicative (rather than predictive) models of risk, which may also help to avoid labelling young people or blaming them for the choices they have made.

Stevens and Cox (2008) draw attention to the repeated finding that inter-professional communication and collaboration is often lacking. Reviewing the hundreds of recommendations around CSE indicates that the tendency has often been to increase linear responses (more protocols, more regulation) in the hope that this will eventually 'leave no margin for error'. However, Stevens and Cox (2008) argue that the opposite appears to be true: children and young people continue to suffer mistreatment, abuse and exploitation and high-profile oversights in safeguarding continue to be exposed. Simply identifying the risk factors cannot predict when, how or why CSE will occur (Stevens and Hassett, 2007). Taking a linear approach may lead to a false sense of security and an assumption that outcomes can be predicted, whereas in reality minor changes can have a major impact in a complex system. Linear approaches can also lead to a 'blame culture' (Stevens and Cox 2008), wherein searching for causal factors means that the interplay of multiple complex factors are ignored. This blame can be directed towards young people (for not 'making good choices' for example) and towards practitioners (for 'failing to keep young people safe').

Systemic or systematic assessment

Complexity theory differs from systems theory which has more traditionally been used in the context of practice, although there are linked ideas between the two. Systems theories have a long history in social work practice, dating back to work on general systems theory by writers such as Pincus and Minahan (1973), family systems (Minuchin, 1974) and in ecologically based ideas such as those of Bronfenbrenner (1979). Stevens and Cox (2008) argue that practitioners should understand the difference between *systemic* and *systematic*. Traditional systems models operate from the stance that if the system is understood then the system is knowable and the future can be predicted. Child protection processes are systematic and so, while following procedures can put practitioners at ease, it can lead to a false sense of security, which might not be helpful when working with the bigger picture of CSE. Existing models such as the Assessment Framework are ecological in their design, but they follow specific processes.

So in order to protect against applying such models in a way that might be reductionist or systematic, it can be helpful to use systemic techniques such as eco-mapping or 'mind mapping' based on scenario building with families, where young people actively contribute to the assessment. As Stevens and Cox (2008) point out, it is the narrative that provides the detail and allows complexity concepts to be put into action. To facilitate this Stevens and Cox (2008) argue that access to reflective supervision, where practitioners recognise their position within the system and the impact on other variables, is essential; it will help ensure the assessment of the young person is dynamic. (Supervision is discussed later in the scope in the section on workforce considerations.)

Complexity theory may benefit local strategic activity too. Localised intelligence-led approaches (driven by multi-agency information sharing) can help identify risk hot spots or methods being used to exploit young people, identifying young people at risk from geographical and systems angles as well as the intra/inter-personal. This mirrors the way eco-maps are used in social work or counselling to illustrate the ecological system that encompasses an individual and their family patterns, or the way mapping is used by police to detect serious organised crime networks. In the case of CSE, vital pieces of 'soft' intelligence may be held by family and community members and by professionals; these need to be gathered and consolidated to build an accurate picture of risk and so prevent or disrupt exploitation (Coffey, 2014; Project Phoenix, 2014.) This information can also do more than highlight individual perpetrators and young people at risk; it can

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also help build a network of relationships and so enable more complex problem profiling (Project Phoenix, 2014) which can aid both police and social work.

Reflection pointers

Is there a danger that our language, processes or assessment tools encourage an approach to assessment that is reductive, narrow or unrealistic?

For practitioners, are we striking the right balance between providing evidence-based tools but also promoting reflective and non-linear analysis of risk?

How might complexity theory add value to our assessment practice?

How can we be sure that practitioners locally are undertaking assessments in a way that is genuinely systemic, rather than just systematic?

Do local leaders 'role model' an understanding of complexity theory and non-linear understanding of risk?

Key messages

- CSE can be understood as a complex adaptive system. The young person's risks and needs are dynamic and interact with each other, and with previous experiences, to have an impact on behaviour or vulnerability. The factors determining young people's pathways into CSE are complex and non-linear.
- Taking a linear approach to understanding the young person's experiences and risks may lead to over-simplification of assessment and interventions. It can create a false sense of security and an assumption that outcomes can be predicted; in fact, minor changes can have a major impact in a complex system such as CSE.
- While 'actuarial' risk-assessment tools are more precise when identifying the risk of harm, they may be inappropriate in situations where fast-paced professional decision making is required.
- Considering complexity theory may facilitate a non-linear approach to assessment and intervention in CSE.

Table 3: Characteristics of various assessment tools

| Tool | Type of Risk assessment | Professional audience | Structured decision making | Detailed behavioural descriptors / guidance | Professional judgement / rating required | Assess YP's short term needs | Assesses YP's ongoing needs | Assesses YP's understanding | Assesses environment factors | Assesses parenting capacity | Assesses strengths |
|---|--|-----------------------|----------------------------|---|--|------------------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------|--------------------|
| <i>Sexual Exploitation And Missing Measurement Tool (SEAM)</i> Project Phoenix (2014) | CSE | Multi-agency | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No |
| | Includes statement of wishes and feelings of YP. Tool can be used in subsequent assessments to compare progress | | | | | | | | | | |
| <i>Safeguarding Children Assessment and Analysis framework (SAAF)</i> Macdonald et al (2014) | General | C &YP Services | Yes | Yes | Yes | Yes | Yes | Not clear | Yes | Yes | Yes |
| | The model feature steps for risk assessment and intervention. | | | | | | | | | | |
| <i>Children Abused Through Sexual Exploitation Project procedure (CATSE)</i> Lebloch & King 2006 | CSE | Multi-agency | Yes | Yes | Yes | Yes | Yes | No | Some | No | No |
| | The procedure includes a tool for establishing risk levels, but also features a framework for multi-agency approaches to CSE | | | | | | | | | | |
| <i>Brook Sexual behaviours traffic light tool</i> Brook – adapted from Family Planning Queensland (2012) | CSE, CSA & HSB | Multi-agency | Yes | Yes | Yes | Yes | No | No | No | No | No |
| | Categorises risk behaviours by age group | | | | | | | | | | |

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| | | | | | | | | | | | |
|--|---|--------------------------------------|---------|------|-----|-----------|-----------|-----------|-----------|------|---------|
| <i>BASHH & Brook Child Sexual Exploitation (CSE) Proforma 'Spotting the Signs'</i> Rogstad & Johnson (2014) | CSE | Health | No | Yes | Yes | Yes | No | Yes | Yes | No | No |
| | A risk assessment tool for healthcare practitioners to use in consultations with young people | | | | | | | | | | |
| <i>Sexual Exploitation Risk Assessment Framework (SERAF)</i> Clutton & Coles (2008) | CSE | C &YP Services | Yes | Some | Yes | Yes | Yes | Yes | Yes | No | Yes |
| | Includes level 1 and level 2 risk assessment proforma. Includes element which assesses young person's own understanding of their safety | | | | | | | | | | |
| <i>Recognising Child Sex Exploitation Tool</i> National Working Group | CSE | Social work/ specialist CSE services | Unclear | Yes | Yes | Not clear | Not clear | Not clear | Not clear | Some | Unclear |
| | Details different models of abuse | | | | | | | | | | |
| <i>Graded Care Profile (GCP)</i> (Srivastava & Polnay, 1997) | General | C &YP services | Yes | Yes | Yes | Yes | No | No | yes | Yes | Yes |
| | To be completed with the child and their primary caregiver. A copy of the profile is provided to the caregiver | | | | | | | | | | |

NB This table is designed to provide a brief overview of the various CSE risk assessment tools available and to briefly indicate their particular functions. This is not designed as an evaluation and, acknowledging that the tools featured are designed for differing domains of professional use, does not provide a rating of their coverage.

5. Interventions

With no singular approach as to how local authorities organise multi-agency responses to CSE or clear guidelines on the exact role of social workers in this process, it is perhaps not surprising that social workers express less confidence in dealing with CSE and online abuse than other types of abuse and neglect (Martin et al, 2014). This section explores the evidence around CSE interventions across the spectrum of support. In the absence of a wide body of scientific research, it seeks to draw out messages as to which approaches and interventions may be effective.

5.1. Overarching messages regarding models for intervention

Some useful principles for an effective local response can be drawn from the 'See Me, Hear Me' Framework, launched by the OCC in February 2015 and currently being piloted by Brighton and Hove City Council, Oxfordshire County Council and Sandwell Metropolitan Borough Council. The two-year pilot is being evaluated by the University of Sussex. The framework identifies the essential things that need to be in place to ensure effective local responses to CSE. Its evidence base is drawn from the OCC's two-year inquiry into CSE in gangs and groups (OCC, 2013a). Although not yet evaluated, its principles can be adopted and included in local CSE pathways to support interventions. So the following principles might usefully apply to the development of new services:

- Each young person who is being sexually exploited has a comprehensive multi-agency assessment of their needs, after which meetings are held to consider the needs of the CSE victim and their family and to devise a plan to meet those needs.
- Support services are delivered to meet a young person's needs on an individual basis, promote the development of an enduring and trusting relationship between the young person and supporting professional, and are based on a clear understanding that one size does not fit all.
- Support is provided to parents and carers separately from the support made available to the young person. Appropriate information on sources of support – for example, PACE (Parents Against Child Sexual Exploitation) – is readily available to every parent and carer.
- Practitioners should be encouraged to 'think family'. While interventions should be young person focused, family support may also be required and should be provided through family support workers

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- Disruption of CSE and investigation is integral to every young person's CSE plan.
- Safeguarding and disruption activity is not dependant on a direct disclosure from a young person.

We will return to many of these themes and principles throughout the rest of this section.

The final evaluation report for the Barnardo's Families and Communities Against Sexual Exploitation (FCASE) project (D'Arcy et al, 2015) also identifies some key messages for direct work with young people and their families. These include:

- Work with parents and carers alongside young people using a strengths-based approach
- Equip families with knowledge and information to help them safeguard their children
- Promote the role of the voluntary sector in building bridges between families and the statutory sector
- Engage workers with specialist knowledge and relational skills
- Ensure continuity of workers to help build trust and productive relationships
- Provide effective training that makes appropriate and accurate referrals more likely. (D'Arcy et al, 2015: 25-26)

As local areas strive to construct more effective responses to CSE (and with diminishing resources), it is worrying that NWG (2010) is reporting that CSE continues to be misunderstood or ignored by those commissioning and funding services. NWG suggest CSE is more likely to be addressed effectively where there are dedicated CSE workers. It is suggested that where there are dedicated services, other professionals in the area are more likely to have awareness of CSE, know how to identify it and who to refer to (NWG, 2010). Investing in specialist services may also yield financial benefits. Barnardo's highlights the pivotal role of specialist interventions, not just in helping victims recover from CSE but also in minimising the costs associated with it. Based on an estimate of how young people's level of risk changes in the absence of an intervention, Barnardo's (2011b) research briefing *Reducing the Risk, Cutting the Cost*, produced with Pro Bono Economics, shows a potential saving of £12 for every £1 invested.

It is not enough to commission services with specialist expertise, however. Attention must be paid to the over-arching model being embodied by services and practitioners.

Fargion (2014) argues that child protection models are potentially restrictive and damaging, as they focus on negative correlates and neglect the strengths of a child or their family, an argument that is also made by Featherstone et al (2014). This can result in practitioners approaching cases with suspicion, which can create a distancing effect between young people, families and practitioners and a reluctance to disclose information. By contrast, Khoo et al (2002) compared social work interventions in child maltreatment in Sweden and Canada and found that social workers adopting a child welfare model were more likely to undertake early interventions and would decide to take action based on an individualised assessment of a child. Table 4 provides a comparative overview of the child welfare model and child protection model, alongside the advantages of a more welfare-orientated approach.

Table 4: Child Protection and Welfare Orientation (taken from Fargion, 2014)

| Child Protection Model | Child Welfare Model | Child Welfare Model - Considerations for Practice |
|--|--|--|
| Best interests of the child are narrowly focused on protection | Best interests of the child are broadly defined to include the welfare of the family | Supports the 'Think Family Model' |
| Law-led rather than discretion-based | Discretion-based | Individual needs more likely to be identified and addressed |
| Assessment based on standardised tools | Assessment based on interaction between family and social workers | Allows for professional judgement but can work in conjunction with a standardised tool |
| Aims at objectivity | Acknowledges different perspectives | Enables realism |
| Centred on difficulties and problems | Considers difficulties as well as strengths and resources | More holistic |
| Treats difficulties as signals of risk | Seeks to understand difficulties in order to find ways to provide support (and early help) | Should enable the reality to be visible rather than occluded by myths |
| Restricts professionals' discretionary powers | Enhances professional strength | Empowers practitioners |

| | | |
|---|--|--|
| Less readiness to intervene | More readiness to intervene | Upholds the rights of children and young people to be protected from exploitation and the resulting harm |
| Individual rather than community oriented | Community oriented | Facilitates an integrated approach |
| Remedial rather than preventive | Preventive rather than remedial (facilitating long term solutions) | Promotes resilience in the children and young people |

Lastly, the urgency with which local authorities seek to address the needs of high-risk young people experiencing CSE must not lead them to overlook the critical importance of prevention and early intervention.

Reflection pointers

How would young people and families describe our approach?

Are we adopting a child welfare approach or a child protection approach? Can we explain why?

Are we striking the right balance between ensuring effective services for high-risk young people, but investing also in effective prevention and early help approaches?

5.2. Interventions designed to raise awareness among young people, communities and practitioners

Project Phoenix and the **It's Not OKAY** campaign have played an important part in raising awareness of CSE across Greater Manchester. The campaign has developed local information-sharing protocols, education guidance and guidelines around disruption activity, which are proving to be effective. The website includes campaign materials and a range of resources for young people, parents and professionals and can be found at: www.itsnotokay.co.uk

In 2013, NWG and the Children's Society launched a national CSE awareness campaign – **Say Something If You See Something** – targeting businesses (initially hotels) to raise awareness of the signs that CSE activity may be occurring on their premises. It provides

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risk assessments, posters and training materials to support the safeguarding of young people and children. Training provided to hotel staff in South Yorkshire resulted in a number of incidents being reported to police and the campaign has now diversified to produce materials for small businesses and taxi drivers among others. Resources are available at: <http://www.nwgnetwork.org/resources/resourcespublic?cat=74>

CSE In Plain Sight is a new project implemented by Barnardo's (April 2015 to end of March 2016) and funded by the Department for Education. It focuses on raising awareness among those working in the nighttime economy (eg hotel employees, A&E staff, security staff) on how to spot the signs of CSE and what to do. The project will work across 12 local authority areas in England, including Manchester where there will be a designated project worker working within Manchester City Centre. The project is being independently evaluated by academics and evaluation specialists (The International Centre: Researching child sexual exploitation, violence and trafficking at the University of Bedfordshire).

Useful lessons can also be learnt from the **Pan-London Operating Protocol for CSE** (launched by the Metropolitan Police and partners in 2012). The protocol brings together a series of procedures on how to tackle CSE for all London Boroughs. It was designed to raise awareness of safeguarding children and young people at risk of CSE and enable identification of perpetrators and bring them to prosecution. According to a case study review by the Local Government Association (2014: 25-27) the protocol has led to improved awareness of CSE within the community, particularly among hoteliers and local businesses such as taxi firms. The protocol has provided local businesses with training on how to recognise warning signs for CSE and what action to take. Senior engagement across partner agencies has been found to have a significant impact in tackling CSE. A second edition of the protocol was launched in March 2015: <http://content.met.police.uk/Site/tellsomebody>

Another example of note is the **Portsmouth CSE Strategy and awareness raising campaign**, which has resulted in improvements in identification and support for young people at risk of CSE. A risk assessment tool was developed as part of the local action plan (based on the model used by Derby Safeguarding Children Board) and adapted to local circumstances. It was implemented for local agencies to help identify children at risk of CSE. 'Spot the Signs' training was also delivered to professionals across partner agencies. The strategy is a short document, used as a practical tool for front-line workers, particularly to give local context to the CSE action plan. The CSE sub-committee of the Portsmouth Safeguarding Children Board also established a multi-

agency operational panel to ensure co-ordination of the identification, assessment and planning for children and young people at risk of or experiencing CSE. See: <http://saferportsmouth.org.uk/young-people-portsmouth/is-this-love-portsmouth>; and to view the strategy, go to: <http://saferportsmouth.org.uk/home/theme-champions/our-plans>.

Research on disclosure indicates that increasing the visibility of sexual abuse and exploitation through television story-lines, for example, has helped young people understand that what might be happening to them is not right (Bradley and Wood, 1996). An example is the rise in calls to ChildLine regarding sexual abuse and exploitation after a 2009 storyline on the soap opera *EastEnders* that involved a girl being sexually exploited. Similarly, when the Home Office's *This is Abuse* campaign (which addressed sexual abuse, violence and rape in adolescent relationships) teamed up with Channel 4's teen soap *Hollyoaks* to develop related storylines, this achieved the greatest uplift in visits to the government's *This is Abuse* website (Home Office, 2015).

5.3. Preventative interventions and educational resources

Education to young people themselves is key to prevention as the recently launched NWG 'Say Something if You Know Something' campaign makes clear. There is a need to raise awareness among young people of the risks associated with exploitive relationships and to empower them to say something if they are concerned. For more information on the campaign go to: www.nwgnetwork.org/youth-participation/what-do-we-do/say-something-if-you-know-something

It is important to help young people (male and female) make informed choices about the relationships they form, and to equip them recognise a relationship that is inappropriate or exploitative. Tackling sexual exploitation and coercion must therefore address healthy sexual development, sexual consent, sexual bullying and difference as well as online and offline pornography. It is vital that a preventative approach coexists with interventions in actual CSE and that services do not focus solely on post-abuse support (LGA, 2014). Pearce (2009a) reiterates that empowerment is important. Participation needs to be supported with the right information and tools that allow young people's participation, empowering them to prevent themselves from being at risk and to disclose experiences of abuse.

Sex and Relationship Education (SRE) provides a crucial platform for preventative education around CSE and should be taking place in both independent and maintained

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schools (Brook et al, 2014). In their supplementary advice to the government's guidance on SRE, Brook et al advise that children should be actively taught 'how to identify behaviour in a relationship which is positive and supportive and that which is exploitative and controlling' (Brook et al, 2014: 9). Brook provides guidance for teachers and recommends adopting a whole school approach to preventative education around CSE, as well as making sure that a safe learning environment is created.

Schools are important not only because, as a universal service, they provide the ideal forum for addressing attitudes and gaps in knowledge. Schools can also be an arena for sexual abuse, exploitation and inappropriate behaviour. Almost one in three 16 to 18-year-old girls say they have experienced unwanted sexual touching at school (EVAW and YouGov poll, 2010) so the importance of addressing attitudes in this environment is clear. Schools and communities are where attitudes that condone violence towards girls and women must be challenged, and where healthy, equal and respectful relationships between men and women can be promoted (EVAW, 2011).

As one teacher notes, school offers a chance to make a difference and this brings a moral imperative:

'Schools are a microcosm of society in general. You have a chance when you are dealing with young people to change attitudes ... I think if you don't take a stand over it then what you are doing is basically colluding with that kind of violence.'

(Schoolteacher quoted in a report by Womankind Worldwide, 2010: 33)

However, there is also research showing significant variation in teachers' confidence discussing issues of sexuality in the classroom (Mayock et al, 2007).

Recent reviews of Sex and Relationship Education (SRE) within schools have highlighted the need for more attention to be paid to sexual violence, sexual exploitation and grooming (eg Formby et al, 2011; NICE, 2010). Problematically, however, the London Assembly (2015) found that although there was some excellent practice in schools, some schools were not addressing CSE for fear of 'reputational damage'. So an important message for new service design is the issue of reaching and teaching professionals as well as young people. A project addressing CSE among boys and young men (Yorkshire MESMAC 2015) found that boys involved in the project wanted more information on grooming and CSE. This needed to be provided in schools as many boys had not recognised they were being groomed until it was too late. A small survey of boys from within the cohort involved in the same project indicated a preference for this education

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to be delivered by trained workers, which could also provide an opportunity to educate teachers.

Proactively educating children about sex and 'healthy relationships' through SRE in schools has been highlighted as a crucial preventative factor against CSE (DCSF, 2009; Coffey, 2014; House of Commons Education Committee, 2015) enabling children to recognise and report exploitation and grooming. An evaluation of the Sexual Violence Prevention Project from Rape Crisis Scotland (McNeish and Scott, 2015) found that the delivery of workshops to over 8,000 13-15 year olds on issues relating to sexual violence (including consent, the law and use of social media) had a significant impact on young people's knowledge and attitudes. Data suggested that workshop sessions were successful in raising awareness of sexual violence, increasing understanding of the importance of equality and consent in healthy relationships, and understanding that the responsibility for sexual violence lies with perpetrators alone. A third of young people also reported changing their opinions on sexual violence after attending the workshops.

Department of Health and Public Health England (2015) showcase a school nursing case study in which a public health nursing team in Devon identified a number of young people (particularly 13 to 14-year-old boys) being sexually exploited for drugs and alcohol. The school nurses had all undertaken a CSE-specific training programme which helped them identify risks. Young people at risk were discussed at weekly allocation meetings. School nurses forged links with specialist workers from drug and alcohol services and the Missing Persons officer at the local child abuse investigation unit, which enabled timely information sharing about the young people involved (in recognition of the fact that risks could change on a daily basis). They also developed links with schools, offering awareness sessions for staff on CSE indicators and the importance of deploying the MASH enquiry process to raise concerns. School nurses then facilitated joint working between schools and drug and alcohol workers to deliver whole school, targeted and parent information sessions on specific drug misuse (for drugs known to be a feature in the exploitation ring). Through PSHE, school nurses also provided lessons to Year 10 and 11 pupils on domestic abuse in young people and CSE using CEOP evidenced-based resources. Evaluation has demonstrated positive outcomes, with increased awareness among schools, parents and carers, and young people. Strategic information sharing procedures have enabled better safety planning for those individuals already being exploited as well as the early identification of young people at risk of exploitation (DH and Public Health England, 2015: 5).

Reflection pointers

What are specialist services doing locally to support schools to build their knowledge, skills and confidence in relation to SRE, so that they play the most effective role possible in preventing CSE?

How can we ensure that the expertise and accessibility of school nurses is being used to good effect?

What role might the LSCB have in encouraging schools and other universal services to engage with CSE prevention?

Some educational resources

Real Love Rocks is a resource pack for schools and professionals designed to encourage learning on what safe and healthy relationships are, and prevent sexual exploitation. It is part of the wider Barnardo's Safer Futures programme in Greater Manchester, and was developed in response to an extensive scoping project across local authorities in Greater Manchester. Go to: <http://www.barnardosrealloverocks.org.uk>

The forthcoming **Kizzy Speaks** is a short animated film (developed by Animage, Open University and University of Greenwich) to raise awareness in schools that potentially could act as a preventative tool against child sexual abuse and exploitation. It is intended to facilitate discussions on healthy sexual relationships, power and control in relationships, and the meanings of coercion and consent. By alerting young people to these issues and the film may also prompt more disclosure.

The '**Wud U?**' app has been developed by Barnardo's to help teach young people about the dangers of CSE. 'Wud U?' has been designed to help teachers and other professionals educate children about how to keep themselves safe. It aims to increase young people's ability to actively discern risk by presenting typical scenarios in which a young person may be at risk of CSE. For more information go to:

<http://www.barnardos.org.uk/whatwedo/ourwork/sexualexploitation/cse-professionals/wud-u-app.htm>

Chelsea's Choice (created by Alter Ego) is a short play exploring the story of a young girl who becomes isolated from her family and is groomed by an older man. It is presented through the lens of three students and their teacher trying to understand how it happened, and what could have been done to prevent it. The play has been seen by over 220,000 students across the UK and includes a post-show Q&A to discuss the issues raised. The inventive narrative format, which explicitly explores the steps that could

have been taken throughout, may also help to delineate risks and present the choices open to young people. Go to: <http://www.alteregocreativesolutions.co.uk/chelseas-choice/>

Another play **Somebody's Sister, Somebody's Daughter** (GW Theatre Company), developed in partnership with Oldham, Rochdale and Oxfordshire councils, explores the actions of two teenagers helping their friend to break free from a grooming gang. It includes resources for teachers and a post-show Q&A with the actors who remain in character, to talk through their actions.

5.4. Building resilience, building relationships and early help

Discussing relationships and resilience in the context of early help is not intended to imply that relationship building and a focus on resilience are not important aspects of other more specialist forms of intervention. Relationship building is, of course, essential across the range of interventions offered to young people.

Resilience

However, a key factor in the early intervention and management of young people at risk of / experiencing CSE is the assessment and development of resilience (DCSF, 2007). Essential enablers of resilience include self-esteem, self-efficacy, positive attachments and support networks (including family, institutional and community based) (Glover, 2009; Newman, 2004). Resilience can also be built through cognitive training and curriculum-based models such as the Penn Resiliency Program (Gillham et al, 2007), which have been applied to treat depressive symptoms in school children in the USA and more recently in the UK (Department for Education, 2011b).

A young person's resilience to sexual exploitation may manifest itself through coping strategies that may not be positive in terms of outcomes. As Dodsworth (2014) points out, behaviours may be both adaptive (such as reflection, seeking support or disclosure) and maladaptive (for example, substance misuse, running away, resistance to help from professionals, self-imposed isolation or staying in contact with an exploiter who may provide consistent resources and affection and a 'least worst option' for meeting needs) (Hallet, 2015). And as we saw previously, practitioners may risk misinterpreting coercion as 'choice' (Lebloch and King, 2006); maladaptive coping strategies may give the appearance of assertive 'choice' when in fact they indicate a lack of resources for resilience.

The challenge of working with young people who are resistant to or suspicious of adult intervention may be reflected in their treatment at the hands of professionals. Griffiths

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(2013) points out, in the serious case review of several young girls subjected to sexual exploitation in Northern England (and similar messages are found in other serious case reviews), that there is a tendency for agencies to frame these young people as problematic and a well-intentioned focus on changing their behaviour (or adopting didactic approaches such as explaining risk and threats), which served to make them feel disempowered and push them away from seeking help. Viewed through the lens of building resilience, such an approach provides neither self-esteem nor self-efficacy, nor a secure network. Those elements are dependent on building a meaningful relationship with the young person, which service responses can sometimes undermine through short-term casework, structural boundaries and the application of thresholds, etc. Similarly, the Coffey Report (2014) highlighted the frustration of young people in care who tended to view social workers as a transient presence who could be judgmental, echoing the importance of relationships.

'Being there' for young people and building a relationship is the most effective professional approach for building resilience (Coleman and Hagell, 2007). Newman (2011) also suggests that a family-centred approach, which addresses the most proximal relationships (for example, the relationship between parent/carer and child), focuses on building strengths rather than identifying weaknesses and harm, and includes the views of young people when considering interventions, is key. Newman (2011) also points out that professionals have a tendency to focus on the most acute stressors in a young person's life rather than chronic ones (such as peer pressure), which may be a significant source of stress for the child. Considering the everyday pressures faced by young people alongside more major issues may be useful in both establishing resilience and reducing risk.

For children and young people in care, staff attitudes are a critical factor in building resilience, wellbeing and managing risk (The Care Inquiry, 2013). According to Berridge et al (2012) children and young people value:

- consistent attitudes and responses to any antisocial behaviour and incidences of going missing
- having someone to talk to
- recurrent activities which involve both staff and other resident young people.

It is also worth noting that the Chief Medical Officer's Report (2013) emphasises the need for schools to play a key role in developing resilience and wellbeing and clearly states the case for high quality PHSE and SRE education as a means of doing so.

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There are challenges in relation to engaging these children and young people and therefore in building a successful relationship. Some may have underlying attachment difficulties in relation to their families that leave them vulnerable to exploitation. And as we highlighted previously, young people affected may not recognise themselves as 'victims' and may resist being 'rescued'. Young people often return to those who are abusing them. It is important, then, to contextualise the issue of CSE in terms of the young person's experience of the difference in 'relative power' between a well-intentioned professional and a gang leader or potential sexual exploiter. The latter is likely to have 'street status' and be able to offer money, gifts and 24-hour availability – and may resort to violence; the practitioner is less compelling in comparison. A bullied child who is hungry and afraid may get food or money from their exploiter who may be perceived as providing safety; in contrast 'all they get' from their therapist/worker may be a session, which is of less instant use (Royal College of Psychiatrists, 2012). The RCP (2012) therefore argue that the following are required: outreach interventions; interventions that are relevant to young people; and treatments that involve and integrate different approaches, including mental health services, parenting, education, physical health and peer-group relationships.

Establishing and sustaining relationships with young people has implications for staff retention and structures and for staff emotional wellbeing (see also Section 8 on workforce considerations).

Reflection pointers

What are we doing to promote resilience in young people at risk of CSE?

How do we ensure that our service structure and systems enable practitioners to develop and sustain positive and trusting relationships that can build resilience?

Might we be inadvertently undermining resilience through any (well-intentioned) practices?

What are we doing to ensure that practitioners themselves have the support they need to help them cope with emotionally visceral situations?

How do we attract and recruit practitioners who are resilient and can work effectively within complex situations and relationships?

Key messages

- The transformative power of positive relationships is crucial when working with young people who have been harmed. Building a strong, respectful and supportive relationship is integral to effective intervention.
- Professionals do need to exercise caution when using the notion of resilience: some behaviours might be mistaken for signs of resilience when in fact that young person is asking for help; equally, some behaviours may be viewed as 'bad' when in fact that young person is demonstrating a form of resilience to the trauma they are experiencing.

Early help

Earlier in this section, we looked at the evidence for preventative interventions and the value of educational resources. Providing help at an early stage can significantly reduce the risk of harm, and some examples are offered below. In many ways, the demarcation between early help and support for medium-risk young people is blurred – and, as with early help more generally, there are not precise boundaries to early help in relation to CSE. To that end, this short section should be read in conjunction with the previous section on preventative approaches and with later sections on supporting young people at high and medium risk.

Barnardo's evaluation of its services for young people vulnerable to and experiencing sexual exploitation has found that their interventions are effective in reducing the risk of CSE *and* connected risk behaviours (Barnardo's, 2011b; Scott and Skidmore, 2006). For example, successfully reducing episodes of going missing, reducing conflict and improving relationships with parents or carers, enhancing a young person's ability to recognise risky and exploitative relationships, and increasing a young person's understanding of their own rights – all identified as positive outcomes for Barnardo's services – are likely to significantly reduce the risk of ongoing sexual exploitation (Scott and Skidmore, 2006: 2).

Each of Barnardo's specialist CSE services operates its 'Four A's' model of support, which provides a potential template for engagement and the provision of early help:

- Access: Providing easy access to services, with referrals accepted from a range of agencies and young people often having the option to self-refer.
- Attention: A dedicated key worker remains with the young person throughout their involvement with the service, offering a consistent relationship and support.

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- Assertive outreach: Staff use a range of techniques to engage young people and to help them access support; with young people who show little interest, the support worker's persistence helps to demonstrate genuine concern for the young person's wellbeing.
- Advocacy: Supporting young people to gain access to other key services and to stay engaged with them, including providing help to keep appointments. The support worker will also act as an advocate if the young person's relationship with a service breaks down. (Barnardo's, 2011b: 7)

Barnardo's North London-based Young Women's Project is an example of a multi-purpose intervention with psychological, safeguarding and health based aims. The project provides

1. A one-to-one worker to support young people on an individual basis around issues such as self-esteem, healthy relationships, body image, personal safety, drugs, alcohol, self harm, family difficulties and future goals and aspirations.
2. Weekly group activities (both drop-in, and closed group sessions) offering a range of activities (eg cooking, arts and crafts, music and films) alongside peer support.
3. A sexual health nurse based in the project who can offer contraception advice and education (including pregnancy testing, chlamydia testing, and emergency contraception).
4. Facilities that cater to basic needs with on-site computing, laundry, shower facilities and activity spaces.

(Note: this model was currently being re-evaluated at the time the scoping review was produced.)

The Young Women's Project also delivers preventative education training to professionals and young people in schools as well as a 6-months intervention programme for victims of CSE.

5.5. Working with medium and high-risk young people

With this category, there may be an immediate risk or actual incidences of involvement in CSE. The most vulnerable or high-risk young people can also be harder to reach – for example, young people without secure home lives, supportive adult relationships or

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consistent supervision. From a strengths and needs perspective, it is important to consider carefully the resources and 'strengths' available to young people to help them move away from high-risk situations before considering therapeutic or educational interventions. For example, Smeaton (2013b: 87) points out that when working with young people who experience both running away and CSE it is crucial to ensure they have their most basic needs met. This might include providing facilities to wash and eat and ensuring that the young person has a safe long-term place to stay to help prevent them returning to an exploitative situation (such as selling sex or trading sex for shelter) to meet those needs. Smeaton (2013b) also stresses the importance of building trust and providing consistent caseworker contacts and lengthier interventions to address the long-term impacts of CSE.

This view supports research by Railway Children (Thompson, 2014), which identified two very distinct trajectories for children who run away from home or are made homeless. Young people who make a circular journey (ie from leaving to returning home) may benefit most from support that improves safety and relationships within the home. Young people on linear journeys may not return home (or may not have the possibility of returning home) and may need more support to live independently. Thus there may need to be more focus on 'non-procedural' elements of identifying CSE, such as multi-agency working and working with children and families post disclosure.

Where young people experiencing or at high risk of CSE are placed away from home, it is necessary to ensure their carers have appropriate skills and support. An example of this is the Barnardo's model of specialist foster care placements for those young people on linear journeys who had been victims of sexual exploitation or trafficking (Shuker, 2013). Foster carers were trained to have a basic knowledge and understanding about child exploitation and child trafficking as child protection issues; this covered the impact of exploitation and trafficking on the young person, resulting behaviours and vulnerabilities, and an understanding of the need for multi-agency working. Placement outcomes included foster carers employing a range of safety strategies as a result of their training. In 9 of the 12 placements tracked, foster carers successfully kept children safe from exploitation. The young people reported feeling safe, with warm and trusting relationships developed between them and their foster carers. Improved physical and psychological wellbeing was observed in those young people in medium to long-term placements.

In addition to specialist support for the CSE itself, high-risk young people may also need a range of specialist support to address the impact of CSE. As described by Williams and

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Watson (in press), depression, dissociation, self-harm, eating disorders and the misuse of drugs and alcohol are all common ways in which people may 'manage unbearable feelings of terror, anger, fear, profound sadness, shame and loss when they have limited control and when they do not feel entitled to speak, or safe enough to do so'.

Recognising these symptoms as a response to trauma, and ensuring that the experience of CSE is not obscured by the resultant symptoms, is important.

As services become more specialist, particularly where these services attempt to deal with highly problematic behaviour, there is a need to consider whether services remain appropriate for children and young people. Thornberry et al (2010) suggest that many interventions for adolescents are either 'downward extensions' of adult programmes or 'upward extensions' of programmes designed for children. In particular, it has been found that young women are frequently thrust into equally inappropriate services geared to adults (Burman and Batchelor, 2009). To this end, those responsible for commissioning and delivering specialist interventions must ensure that the programme or service is appropriate for young people and is designed in a way that responds to the specific needs of this age group.

Reflection pointers

Do we have a clear vision of what a needs-focused and user-led service would look like?

Do practitioners recognise the basic needs of high-risk young people (eg runaways) or are plans drawn up too hastily before a young person has been stabilised?

Are we confident that specialist services, particularly mental health services, 'see' the whole young person and their experiences – or do the symptoms of distress inadvertently obscure this?

5.6. Therapeutic and trauma-informed interventions

The connections between sexual abuse and other forms of trauma are complex and widely documented. Whilst not all CSE victims will have experienced earlier trauma, previous forms of trauma have been linked to increased risk of CSE (Kaestle, 2012; Reid, 2011); childhood sexual abuse in turn is linked with a wide range of common mental disorders, including depression, anxiety disorder, phobias, alcohol and drug misuse, post-traumatic stress disorder and eating disorders (Jonas et al, 2011).

While not suggesting that all CSE victims will have experienced child sexual abuse, we do need to look at the connections: young women who have been sexually abused have been reported to be at increased risk of engaging in high-risk sexual behaviour (Farmer and Pollock, 1998) and experience higher rates of sexual re-victimisation (Nelson et al, 2002). Some studies suggest that growing up experiencing family violence combined with experiencing sexual abuse may increase the risk of young men subsequently abusing others (Skuse et al, 1998). Longer-term prospective studies are needed here, however. The relationship between child sexual abuse, later sexual exploitation and (for women in particular) sexual abuse into adulthood has been explored by a number of researchers; see Lalor and McElvaney (2010) for a useful discussion on how these experiences can be linked in a person's life. Furthermore, violent and abusive experiences are a predictor of subsequent psychological and emotional disorder and contact with mental health services (Abel et al, 2012, cited in Williams and Watson, in press). Trask et al (2010) consider the wealth of research studying the effects of child sexual abuse, highlighting post-traumatic stress disorder (PTSD), anxiety, aggression, suicidality, depression and behaviour difficulties in particular.

The importance, then, of trauma-informed interventions is clear. They can be understood as therapies designed for survivors of abuse (particularly sexual abuse) in which trauma-related symptoms are seen as legitimate reactions to abusive situations. The evidence for effectiveness of such interventions for CSE is unfortunately scarce; however, useful messages can be drawn from related literature, including that covering child sexual abuse, mental health, etc.

Cognitive Behavioural Therapy (CBT) and Dialectical Behaviour Therapy (DBT) and its use with CSE

In the context of 'treating' children who have experienced child sexual abuse, cognitive-behavioural approaches 'focus on the meaning of events for children and non-offending parents, endeavouring to identify and address maladaptive cognitions (for example, being permanently "soiled"), misattributions (for example, feelings of blame and responsibility) and low self-esteem' (Macdonald et al, 2012: 13). In addition, work is undertaken to address learning and behaviour such as aggression or 'acting out', anxiety, self-blame or sexualised behaviour. CSA-focused CBT usually takes the form of short-term highly structured intervention sessions, often alongside techniques to 'practise' in between contact time with the CBT practitioner.

It has been reported that CBT may be effective in reducing psychological harm in children exposed to trauma (Wethington, et al 2008), including PTSD, anxiety and

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depression. This finding was supported by Trask et al's meta-analysis of the treatment effects for child sexual abuse. They found that cognitive-behavioral interventions were more beneficial than treatments based on 'other' theoretical models. Individual and group treatments were found to be equally effective, while studies seemed to show greater effectiveness with older children and with males. That older children may benefit more from treatment makes sense given that many existing interventions require the child to understand 'cognitive components' (eg the cognitive triad, cognitive distortions). This suggestion would tally with evidence that cognitive therapy techniques may need to be adapted for younger children (Doherr et al, 2005). Ethnicity was not a factor in treatment effectiveness.

In their systematic review of CBT to address the impact of child sexual abuse, Macdonald et al (2012) agree that cognitive-behavioural approaches warrant 'consideration as a treatment of choice for sexually abused children who are experiencing adverse consequences of that abuse'. However, they warn that whilst there is relatively consistent evidence that cognitive-behavioural approaches may lead to reductions in depressive, anxiety and post-traumatic stress symptoms in children, this evidence is weaker than most studies have suggested. Similarly, Allnock and Hynes (2012) highlight the limited number of evaluative studies conducted, the varied methodological quality of those that do exist and the existence of unanswered questions around the optimum timings for interventions and reliability of outcomes for 'patients'.

There is *some* research to suggest that Dialectical Behaviour Therapy (DBT) may be useful in the treatment of adolescents who have suffered abuse. DBT is a specific form of psychosocial oriented CBT that is:

- support oriented and focused on helping a person identify and build their strengths
- built around regular collaborative therapy sessions, which pay attention to working through problems in relationships, role playing interactions and developing communication strategies and skills for managing emotions.

DBT was developed by Linehan (1993) to be used in the treatment of borderline personality disorders, but can also be applied to complex trauma-related issues. The therapy builds on the notion that conflicting emotions can exist in a person at the same time. It has been increasingly used with adolescents, in particular those experiencing mood lability, impulsivity and engaging in high-risk behaviours, or who are prone to self-injury (Rizvi et al, 2013).

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Oxfordshire and Buckinghamshire Mental Health Partnership NHS Trust (Alfoadari and Anderson, undated) provide a DBT service to looked after children, including those exposed to domestic violence, sexual abuse or exploitation. Case studies of patients who used the service revealed reductions in self-harm, greater stability of mood and engagement in education.

An evaluation of DBT for looked after adolescents with repeated serious self-harm (James et al, 2011) also found that DBT was successful in reducing elements of depression, hopelessness and self-harm in around three-quarters of patients. However, 35 per cent of patients failed to engage, suggesting that the treatment cannot be assumed to be effective in all cases and highlighting the importance of taking an individual approach to the assessment and treatment of young people in need that recognises the diversity of their needs and strengths.

In terms of service development, barriers to the provision of therapeutic services must also be considered, such as the need for specialist assessments, referral time and added costs (including establishing which agency will be responsible for those costs), and the engagement of young people who may be resistant or hard to reach. Professionals may also face resistance from caregivers. And for looked after children, uncertainty around the length of a particular placement may be a barrier to longer-term service referrals.

The issues that young people can face as a direct result of being abused and exploited can re-emerge later in life and LSCBs should work with agencies to secure the delivery of post-abuse support services (LGA, 2014: 11). Interventions should not be offered on a short-term basis but for the requisite period of time that the young person needs; this may be costly, but re-referrals and cyclical crises are more so. Ofsted (2014) found that referral pathways to therapeutic support were not always well developed and that CSE cases working with victims are closed too soon. There should be joint commissioning arrangements for health, social care and education and common thresholds for interventions across agencies with clear referral pathways and pooling of budgets, which will enable smoother and more fluid access to support.

Reflection pointers

Do we interrogate the theoretical basis for the therapeutic interventions we commission?
How are practitioners supported to develop their skills and knowledge to provide trauma-focused interventions?

5.7. Interventions with families

Parents, families and the wider community can play a crucial role in safeguarding and in the identification of CSE. In a recent Children's Society poll (Pona et al, 2015) half of 16 to 17-year-olds said that support from families was a key factor in helping them to resist pressures to take part in risky activities. However, a third did not feel supported by their families 'in most things they did'.

In practical terms, parents may not always have the knowledge or support to safeguard their children in every situation. For example, an evaluation of the Children's Society's Self project in Torbay (Smeaton, 2014) revealed that, in the case of children who run away from home and are vulnerable to CSE, some parents did not know how to report their child to the police as missing and some got a negative response from the police when they did.

Recently a Barnardo's pilot project (Families and Communities Against Sexual Exploitation – FCASE) aimed to address how professionals working within and with the voluntary sector can best work to raise awareness of CSE among families and young people at risk of CSE. An evaluation by D'Arcy et al (2015) identified key mechanisms for change through which outcomes from direct work were achieved; these included:

- Having practitioners who were experienced in working with CSE, but also skilled in mediation (due to the high level of family conflicts experienced) and were adaptable to the family's needs.
- Practitioners worked with parents, responded to their concerns and allowed them to reflect on their experiences. They did not simply dispense information.
- The flexibility of the voluntary sector to 'reach out' to families and engage in a holistic family-based approach demonstrates the benefits of multi-agency practices. In this case, service users found the less formal approach of the workers put them at ease. (D'Arcy et al, 2015)

Qualitative evaluation of the project found that both families and young people felt more able to identify CSE and associated risks as well as discuss experiences and concerns together. In some cases this also improved relationships between parents and young people.

The Children's Society's Safeguarding Children at Risk – Prevention and Action (SCARPA) programme, which supports young people who go missing from home in the Newcastle area, deployed a family worker (between 2009 and 2011) to provide tailored, flexible

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support to families of young people involved with the programme, providing a listening service, guidance and family mediation. A qualitative analysis involving parents (Medforth, 2011) found that some felt increased confidence in their parenting skills and communication within the family and reported improved relationships with children as well as increased family stability. Crucially, parents also reported having to overcome fears or negative past experiences to fully engage with the programme. Professionals highlighted that building trust with parents as well as children was crucial to the success of the intervention.

In their relational safeguarding model, PACE (2014) advises taking a partnership approach with parents towards safeguarding children against CSE. PACE also stresses that the exploitation and abuse suffered by a young person may distort the perception they have of their parent(s) and create tensions, including between parents or carers, which needs to be addressed to safeguard the child successfully. In Blackburn and in Rochdale PACE provides a full-time parent support worker to assist the local multi-agency CSE team, working exclusively with the parents of the child. This can act also as a form of mediation between parent and child if tensions do exist.

It is worth noting, however, that there is still a gap in provision of preventative support and services for families and that new ways of working in line with the findings above are needed.

Reflection pointers

How well are we working with parents and families? Are we providing a systemic and strengths-based approach wherever possible? How empowered do parents and carers feel by our support?

Under what circumstances are family-based interventions proving most useful for young people?

Key messages

- Providing help at an early stage can significantly reduce the risk of harm. Barnardo's evaluation of its services for young people vulnerable to and experiencing sexual exploitation has found that their interventions are effective in reducing the risk of CSE *and* connected risk behaviours.
- It is important to consider carefully the resources and strengths available to a young person to help them move away from a high-risk situation, for example being homeless, before considering therapeutic or educational interventions.
- Building trust and ensuring consistency of case-worker contact are necessary to sustained interventions to address the long-term impact of CSE.
- Therapeutic trauma-informed interventions are an essential part of overall service provision for young people who have experienced CSE. They can be understood as therapies designed for survivors of abuse in which trauma-related symptoms are seen as legitimate reactions to abusive situations.
- For older children who have experienced abuse, there is *some* evidence for the benefits of Cognitive Behavioural Therapy (CBT) (both individual and group) and Dialectical Behaviour Therapy (DBT). However, the evidence base for DBT is not yet robust, and the evidence base for CBT may not be as robust as has been widely assumed.
- Treatment cannot be assumed to be effective in all cases, highlighting the importance of taking an individual approach to the assessment and treatment that recognises the diversity of the young person's needs and strengths.
- The issues that young people can face as a direct result of being exploited can re-emerge later in life. Interventions should not be offered on a short-term basis but for the requisite period of time that the young person needs; this may be costly, but re-referrals and cyclical crises are more so.
- Having practitioners who are experienced in working with CSE but also skilled in mediation will help engage families in a holistic family-based approach. Parents value having practitioners who respond to their concerns, allow them to reflect on their experiences and do not simply dispense information.

6. Multi-agency working and information sharing

'CSE can affect any child and no one agency holds the solution to this. We must work together to safeguard young people; to prevent, protect and prosecute.'
(Beckett, 2011)

Although the principle articulated by Beckett above is increasingly accepted, it is not always applied in practice. In her review of LSCBs' work to protect children from sexual exploitation, Pearce (2014) found that some youth and health services were not recording or sharing information with child protection services because of concerns over confidentiality, while some police forces were recording data only in certain circumstances, for example, as part of a targeted operation. The mix of roles, responsibilities and recording practices meant that, when surveyed, data on CSE was at best disparate – and therefore not helpful in identifying risk and facilitating preventative responses.

Smeaton (2013b) outlines a number of factors that professionals have identified as supporting effective multi-agency work in addressing CSE, including effective links with police, schools, healthcare professionals and the voluntary sector. However, effective links are dependent on communication and formal opportunities for information sharing. Moran et al (2007) discuss this in relation to early intervention support teams. Regular inter-agency meetings were seen as significant in facilitating communication and understanding of what each team was doing and to address practical issues, such as referrals and case-recording procedures. In other contexts, the co-location of multi-agency teams, healthcare professionals and sexual health clinic staff based within specialist projects has also proved useful, and the existence of co-located Multi-Agency Safeguarding Hubs (MASHs) are now common within local authorities (Brooks and Brocklehurst, 2014).

As mentioned earlier in this scope, Project Phoenix (2014) is a collaboration of public and third sector partners who have come together across Greater Manchester to tackle CSE and offer a possible model for other areas to follow. Under Project Phoenix, there are now specialist teams in each of the ten districts of Greater Manchester offering a joined-up multi-agency and integrated response to dealing with CSE. Project Phoenix describes how all key stakeholders work to a standard set of guidelines and operating procedures, and explains that the establishment of Project Phoenix followed extensive scoping with relevant stakeholders by the Greater Manchester Safeguarding Partnership (GMSP) in 2012. GMSP published a broad overview of the current response to CSE in Greater Manchester, including an analysis of the key risks and opportunities faced by all parts of

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the system. Partners to GMSP formally committed to developing a response strategically, tactically and operationally. Senior members of partner agencies (including Directors of Children's Services, the police, the Crown Prosecution Service, St Mary's Sexual Assault and Referral Centre, and the Association of Greater Manchester Association's (AGMA) New Economy) met and agreed a common priority to tackle CSE together, from prevention to long-term therapeutic support, including disruption and effective prosecution where appropriate. (For more information on Project Phoenix go to www.itsnotokay.co.uk/who-we-are).

A similar example of effective practice to that pioneered by Project Phoenix in Greater Manchester, in particular the work of Rochdale Borough Council, is now being seen elsewhere. When investigating observed differences in levels of service provision to children at risk of CSE by first response and locality team, Calderdale identified communication between agencies as a key barrier to timely and joined-up responses. The agencies delivering relevant services were based in different locations and not always able to respond immediately. To address this, from June 2014 police officers and social workers have been co-located in a specialist CSE team at the police station, while other key agencies from the local voluntary sector, health, youth services and the youth offending team are also part of the virtual team (LGA, 2014: 22-23). The roles of all parties are clearly defined and daily briefings ensure that intelligence is shared immediately and timely action taken. The wider operational group of partner agencies also attend weekly meeting to facilitate information sharing and to limit the number of 'transfer points' in information sharing.

Many of the actions being taken in Calderdale are recent processes, but results and improvements in processes are already being seen. The council and its partners acknowledge there are still areas for further action 'including the continual review of team, the processes in place and resources available and needed'. Improvements already evident include:

- greater consistency in services for children and young people, with fewer 'transfer points'
- improved communication and joint working between social care, the police and voluntary sector workers, and an increased number of joint visits between the three agencies
- improved continuity of shared intelligence and response delivered by social care staff

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- the team provides CSE expertise, support and (where required) joint visits to children on the local CSE Matrix who have remained with other social care teams
- there is CSE social care support and guidance in respect of thresholds regarding young people who are on the CSE Matrix
- the team ensures that all operational group recordings and intelligence is shared with other social care staff and recorded on the child's electronic file.
(LGA, 2014: 22-23)

In order to achieve consistent inter-professional responses to the identification and management of CSE and to establish preventative interventions, close consultation is required between agencies. The unique contribution of each agency should be recognised and enabled. Schools are a crucial arena for the establishment of preventative education and for the early identification of risk. Health has an equally vital role to play – whether frontline A&E staff identifying at-risk young people or mental health practitioners supporting recovery, the key is to view the child as an individual and not ascribe a medical model to their needs. Voluntary sector organisations are often uniquely placed to employ creative methods and to provide sustained support over time.

Problem profiling

Interventions must focus on creating a step change in response. At a strategic level, it is important to assess and identify local patterns of CSE (problem profiling) and amend interventions to reflect the local picture. There is limited evidence nationally as to what constitutes a good problem profile but local guidance tends to suggest it should:

- bring together all the known intelligence and relevant data held across different agencies to inform strategic decision making and local practice development
- have clear terms of reference and a clear plan for data collection formulated for each agency detailing what is required from them
- include third sector and voluntary sector organisations as well as statutory and non-statutory public sector organisations
- identify intelligence gaps
- and ultimately, help to identify the known extent of the problem and identify where resources should be targeted.

The problem profile will require collective ownership across all partners to support its development and a committed and effective analyst to review key findings and identify

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intelligence gaps (OCC, 2013a; LGA, 2014). In Rochdale this has been used successfully to target interventions and the analyst received a national and international award.¹

Reflection pointers

Are we making best use of the specific skills of each agency across our area?

Are we allowing professional hierarchies to dominate, rather than working to our strengths?

Have we undertaken effective problem profiling? Are all partners locally committed to taking collective action on its findings?

¹ <http://www.manchestereveningnews.co.uk/news/greater-manchester-news/police-intelligence-officer-gets-international-8877858>

7. Young person-centred practice and participatory approaches

The UK now has an established culture of participation in public service development and delivery. Efforts to involve young people in both personal decision-making and the creation of new services are very welcome. This section is concerned with the evidence supporting user-centred practice and the development of services with young people as participants in the developmental process. The evidence shows that high-quality participation that enables young people to contribute effectively to their personal progress, or to the development of services that meet their needs, results in higher levels of personal resilience and confidence. For young people who have experienced sexual exploitation, this is critical to their formation of a sense of self that is apart from their feelings of victimhood.

In terms of service design, there has been a trend in professional responses to CSE towards service models that are both needs-focused and user-developed – in other words, towards children being directly involved in service design and response (HM Government, 2015b). Ofsted has showcased Street Safe Lancashire (Ofsted, 2013a) as a good practice example of involving children and young people in the design and development of CSE services. The Lancashire Safeguarding Children Board (LSCB) brought young people together who had accessed CSE services to produce a guide *Standing Tall After Feeling Small* (Children's Society, 2013), which set out their needs, concerns and experiences in their own words. The guide instructed practitioners on 'how not to work with young people' and led to a review of LSCB training for professionals on CSE, operating procedures and action planning.

The legislative background to young people's participation

It is now commonplace for children and young people's services to involve users in their development and delivery. And it is well understood that any child or young person in receipt of any kind of care that involves any form of decision-making about their welfare, should be involved in the decision-making process to a degree that matches their capacity (Fleming, 2013). This support for the participation of children and young people in decision-making and service design is the result of three decades of policy-making and practice development in the public and voluntary sectors. Legislation enacted in the UK over the last 25 years has created a common assumption that the participation of children and young people is both beneficial and essential (Tisdall, 2008).

The Children Act 1989 is one of many key pieces of government legislation and regulation that establishes the right of children and young people to have their 'wishes and feelings' taken into account in decision-making about their future. This principle is

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carried forward throughout the Act's implementation guidance, ensuring that mechanisms are in place to enable children and young people to have some input into decisions being made on their behalf.

Section 3 (5) of the Childcare Act, 2006 states that, in relation to early childhood services:

'... an English local authority must have regard to such information about the views of young children as is available to the local authority and appears to them to be relevant to the discharge of those duties.' (HMG Childcare Act, 2006)

A significant instrument underpinning children and young people's participation in the public sphere is the UN Convention on the Rights of the Child (UNCRC). Agreed in 1989 and ratified by the UK government in 1991, it requires the government to account for its progress against 54 articles set down within it and 'have regard' for the Convention when developing policy affecting children and young people. Article 12 of the UNCRC is concerned with the right of children to participate in decisions that affect them. It states:

'Every child has the right to say what they think in all matters affecting them, and to have their views taken seriously.' (Council of Europe, 2012)

This article underpins much of the theory and practice of 'participation' that has been established since the UK government ratified the Convention.

Models of participation

The practice of youth work has been influential on the development of participatory approaches, based as it is on principles of voluntary participation, relationship and association (Smith, 2002). In its document *The Ethical Conduct of Youth Work*, the National Youth Agency defines the nature and purpose of youth work:

'The purpose of youth work is to facilitate and support young people's growth through dependence to interdependence, by encouraging their personal and social development and enabling them to have a voice, influence and place in their communities and society.'

Youth work is informed by a set of beliefs which include a commitment to equal opportunity, to young people as partners in learning and decision-making and to helping young people to develop their own sets of values. We recognise youth work by these qualities (based on Davies, 1996):

- *it offers its services in places where young people can choose to participate*

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- *it encourages young people to be critical in their responses to their own experience and to the world around them*
- *it works with young people to help them make informed choices about their personal responsibilities within their communities*
- *it works alongside school and college-based education to encourage young people to achieve and fulfil their potential, and*
- *it works with other agencies to encourage society to be responsive to young people's needs.'* (NYA, 2004)

In his essay on participation written for Unicef, Roger Hart introduced the Ladder of Participation, based on Sherry Arnstein's 1969 model of citizen involvement in town planning (Hart, 1992). Hart's ladder describes levels of participation from 'tokenism' to 'citizenship'. He argues that children and young people often experience involvement described as participation but which in reality amounts to 'decoration', a kind of window dressing to make policymakers look responsive and inclusive. Each rung of the ladder represents an improved form of participation, showing children and young people's growing influence on decision-making until the top where decisions are child and young person-led. Hart was right to make these distinctions and the question 'Is this real participation?' is regularly posed both by young people and practitioners.

As a consequence the ladder has been interrogated for its usefulness over the last two decades and has been adapted to show the efficacy of different kinds of participation in context, thereby removing the judgement implicit in the consigning of some forms of participation to 'lower' rungs. In its *Participation Strategy* in 2013, the Office of the Children's Commissioner for England presented the 'Wheel of Participation' (OCC, 2013b) based on Phil Treseder's work on 'Degrees of Participation' for Save the Children in 1997 (itself based on Hart's ladder). The wheel implies that there are different modes of participation that are suitable for different purposes and no linear approach to using them. Treseder's work is also referenced by the National Foundation for Educational Research in its 'Developing Young Researchers' online guidance – see NFER, 2015.

Many researchers have sought to understand the impact of participation both on the individual young people involved and the services they have worked to influence. Fleming (2013) finds cause for both celebration and concern, arguing (as many have before her) that participation works best when young people are social actors with a broad scope of influence on policy and services. However, she notes that often even successful participation programmes can have outcomes that are too narrow: strong on young people developing resilience, confidence and feelings of self-efficacy, but

influencing only a small element of a service or policy. Fleming's argument is that the practice of participation has often fallen short of its promise, leading to a reliance on projects focused on providing young people with the opportunity to give their view of a service or their own care, rather than shaping it directly or profoundly through the lens of their own experience.

Moving on from high-quality participation practice to 'co-production'

Percy-Smith has argued for a move to 'collaborative social learning' that is 'dialogical and relational' (quoted in Tisdall, 2008) and away from participation models that are focused on simple input or 'voice'. Tisdall quotes Percy-Smith:

'... more attention needs to be placed on the effectiveness of participation in conveying the reality of young people's experiences and values, how young people's voices are responded to and what happens when different voices collide.'
(Tisdall, 2008)

This is the point at which the highest-quality participation practice that develops resilience and self-efficacy in young people merges into what might now be termed 'co-production' – bringing young people's experiences and insights into the foundations of service development and enabling them to develop those services alongside adults. It is apparent from the evidence that there is a tendency for the terms 'co-production', 'co-creation' or 'co-design' to be used interchangeably in the young people's sector. However, 'co-production' is the term that is most usefully defined by the work of Professor Tony Bovaird and others (see below) and can be applied to the high-level participatory work that places young people as service users and 'experts' alongside adults (Bovaird and Loeffler, 2012).

A useful example of the bridge between high-quality participation work and co-production of services is found in the work of the What Makes the Difference? project led by Rainer (now Catch 22) between 2005 and 2008. (For a full case study see Rainer, 2008.) Staff from the project team worked over a period of months with colleagues in Warwickshire County Council to develop the local authority's 'pledge' to children in care and care leavers, in line with the requirements of *Care Matters* (DfES, 2007). The work involved bringing young people together with local authority elected members and officers to work together to design and agree the Pledge. The collaboration went on to inform: the establishment and integration into the council's democratic structure of the Children in Care Council; an improved Corporate Parenting Strategy, which reported on progress against the Pledge; and delivery of pan-authority multi-agency training on corporate parenting. All of this work was developed and delivered with young people as

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participants and partners and supported by the Director of Children's Services, who reported its impact to the House of Commons Children, Schools and Families Committee in 2009 (UK Parliament, 2009).

A similar process is evident in the work of Young Scot, the national youth information and citizenship charity for 11-25s in Scotland. Young people are involved in high-quality participatory work and their ideas are critical to the development and delivery of services. Not all of their projects involve young people working in partnership with service leaders, but the contribution of the young people is of a high quality.

Young Scot describes its approach to co-design as one that:

'...enables young people and organisations to explore insights and experiences and develop ideas together:

- 1. Explore: Uncover issues through gathering insights and genuine experiences from young people.*
- 2. Create: Generate ideas and co-create solutions with/by young people.*
- 3. Reflect: Consider the future impact and sustainability of the ideas produced.*
- 4. Recommend: Produce influential ideas/solutions with young people.'*

Young Scot says it is 'moving beyond traditional consultation methods' to support partners to deliver outcomes that are 'driven by co-design and co-production processes'. It has developed an 'iterative menu' of different methods which are 'holistic, flexible and accessible to suit a variety of strategic impacts and objectives', from 'idea jams, Youth Investigation Teams, experience mapping to conversation days and focus groups'.

Young Scot's case studies show that in most cases, young people are worked with separately and then report, present or discuss their findings with policymakers. This is high-quality participation with good outcomes for young people and good insight for policymakers and service providers but it does not always include direct, collaborative work with adults. For more information, go to: www.youngscot.net/what-we-do/co-design-service

Surrey County Council and FutureGov have collaborated on ShiftSurrey, a programme of what they call 'co-creation' or 'co-design' within the council and its partners to improve and re-imagine services across the council. One of the many projects undertaken during the programme looked at pathway planning for care leavers.

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'We facilitated a co-design session at the end of January bringing together practitioners and young people with experience in care to re-think pathway planning as a mean of support for their way into independence. In groups we came up with ideas for re-thinking pathway planning focused on: making the session relevant to the young person, gaining and accessing life skills and setting and achieving self-set goals.' (Surrey CC and FutureGov, 2014: 33)

In their article *From Engagement to Co-production: The contribution of users and communities to outcomes and public value*, Bovaird and Loeffler (2012) describe the innovation charity NESTA's view of co-production:

'NESTA argues that co-production offers a different vision for public services built on the principles of reciprocity and mutuality, and they suggest a working definition as follows: "Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change.'"

Bovaird and Loeffler go on to assert that service users are 'critical success factors' and 'know things that many professionals do not know'. Most importantly, they emphasise that service users 'can engage in collaborative rather than paternalistic relationships with staff, with other service users and with other members of the public'.

It is this collaborative approach between groups that marks out co-production from high-quality participation.

NESTA, in its report *By Us, For Us*, describes its co-production process as follows:

'Moving from a top-down, one-off, "professional experts" approach that may or may not include wider consultation, towards an iterative, structured process that includes a broad range of people, at every stage, and is built on a community of relationships and trust.' (NESTA, 2013: 6)

They use co-production to:

- identify opportunities for co-delivered support, taking account of both professional and user perspectives
- better identify opportunities for recovery and independence
- focus on the aspirations of service users, breaking down barriers between services and sectors

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- share responsibility for outcomes and a move away from over-dependency on particular services and methods of care
- facilitate a conversation around the possibilities of experience-based evidence. (NESTA, 2013: 7)

For vulnerable young people, the experience of being involved in projects that rely on their lived experience and insight to influence the world around them, can be critical to the development of self-efficacy which in turn is a factor in building personal resilience. This also applies to young people's experience of being involved in the decision-making that directly affects their lives. The consequence for co-production models of service development is that young people's contributions lead to more responsive services and embed participatory practice in service support for individual young people.

Vulnerable young people and co-production

Government guidance is clear that a young person or child-centered approach to needs assessments is at the heart of effective inter-professional safeguarding of children (HM Government 2015a). Young people themselves have reported that the following are key to effective safeguarding:

- *Vigilance*: to have adults notice when things are troubling them
- *Understanding and action*: to understand what is happening; to be heard and understood; and to have that understanding acted upon
- *Stability*: to be able to develop an on-going stable relationship of trust with those helping them
- *Respect*: to be treated with the expectation that they are competent rather than not
- *Information and engagement*: to be informed about and involved in procedures, decisions, concerns and plans
- *Explanation*: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response
- *Support*: to be provided with support in their own right as well as a member of their family
- *Advocacy*: to be provided with advocacy to assist them in putting forward their views. (HM Government 2015a: 11)

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Young people have stressed the need for social workers to 'take them seriously' and develop a relationship with them over time, supported by consistent access to the same social worker to avoid the trauma of having to recount stories of abuse repeatedly and to different professionals (Coffey, 2014; Smeaton, 2013b).

As young people experience greater levels of input into their personal and service decision-making, resilience grows. Young people who have high levels of resilience brought about through experiences of self-efficacy are more likely to have a positive self-concept, a positive view of their capabilities, better developed problem-solving and self-regulation skills, strong connections with one or more parent or carer, and positive bonds with other pro-social adults and peers (Schofield et al, 2012; Hicks and Stein, 2010).

Peer research projects

Peer research projects have become a popular model of co-production of knowledge, engaging young people in gathering views from their peers and interpreting and presenting data to influence policy or practice. The experience can have enormous benefits for individual young people, developing skills and confidence that helps propel many into further research, higher learning or work (Dixon et al, 2015). It is *essential*, particularly in the context of sensitive issues such as CSE, that peer research is only undertaken when young people are ready, supported and trained. It may not be appropriate to engage peer researchers in relation to CSE for some areas – but it should not be assumed that peer researchers cannot engage with sensitive issues simply because they are young.

Catch22's research into the impact of corporate parenting was undertaken by a group of young peer researchers:

'I feel more confident in talking to people now and I can now pay attention to detail in order to pick out appropriate meaning in people's statements.'

'I am studying health and social care at college and all of these skills I can use in my placements that I work in.' (Dixon et al, 2015: 28 & 141)

The independent evaluation of the peer research reports:

'There are very clear benefits to the participation of young people in peer research projects. As a longitudinal study, in this project we were able to see the development of young people's confidence and skills over time. Not only were the peer researchers reporting growing levels of confidence, self-assuredness and self-efficacy, their responses in the third year of data collection showed a much

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more sophisticated view of the work they were doing and the factors they believed would make it successful. The peer researchers considered themselves to be specialists; for the training in the third year they asked for transcripts from the previous year, they reported that they had learned skills that enabled them to "go deeper" in their questioning.

If we list the skills the peer researchers acquired during the study, we find most of the following: administration, organisation, logistics, interpersonal skills, emotional intelligence, relationship building, collaboration and data-handling. Not all of these were taught in the training program!' (Dixon et al, 2015: 146)

8. Workforce considerations

This section looks at the evidence relating to some workforce issues, in particular the importance of ensuring high-quality reflective supervision for all professionals working with CSE. It considers the role of supervision in enhancing practice and improving outcomes for children and young people, and also discusses the importance of practitioner resilience both as a factor in workforce retention and as a protective factor for children and young people. It also briefly discusses the concept of 'practitioner dangerousness' as a risk factor in CSE work.

8.1. The role of supervision in ensuring a young person-focused service

More than ten years ago, in his Inquiry report into the death of Victoria Climbié, Lord Laming made clear that all practitioners working with children should have regular supervision and that social work should be underpinned by regular high-quality reflective supervision in order to promote effective practice (Laming, 2003: Recommendation 45). In his progress report six years later, he went on to emphasise the vital role that high-quality supervision plays in helping to reduce low morale, high levels of stress and workforce attrition.

'It is important to recognise the stressful and emotional content of social work and to create an environment that enables social workers to share their feelings and anxieties without being labelled as inadequate. There is a need for DCSs to put measures in place to help staff deal with the emotional stress of child protection work. Such support needs to be reinforced by a system of good line management that is creative, empowering and sensitive to the individual needs of frontline staff, yet confident enough to set and secure high standards of delivery.'
(Laming, 2009: 20)

That same year, however, Hunter (2009) reported the 'sporadic nature' of supervision across the country and suggested that little had changed since 2003. Nevertheless, there is some evidence to suggest that things are improving, with a number of examples cited in the Department for Education's 2014 document *Rethinking Children's Social Work*, which outlined the aims of the Innovation Programme.

The role of supervision in supporting professional judgement is well-documented (Munro 2011; Ofsted, 2010) and is highlighted as an essential means of developing practice rather than simply 'checking' whether work has been carried out. For example the

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Department for Education note the importance of the developmental function of supervision:

Management practices, in 1:1 supervision or team meetings, encourage social workers to reflect critically on cases, develop alternative hypotheses and be open to multiple lines of enquiry. Supervision isn't just about agreeing a 'to do' list. (DfE 2014: 8)

High-quality reflective supervision enhances practice and can play a role in improving outcomes for children and young people (Morrison, 2001; 2005). It is also considered to help avoid drift, maintain focus on the child, ensure objectivity, interrogate and test the evidence base for assessment and plans, and address the emotional impact of the work (Fox, 2011).

Supervision and CSE

Every professional should have access to a supervisor to talk through their concerns and judgements affecting the welfare of the young person at risk of or who has experienced sexual exploitation.

Existing literature locates supervision within safeguarding and child protection generally; CSE work is part of safeguarding and therefore those principles do apply. However, there are specific nuances that supervision within the context of CSE work needs to address. These include ensuring practitioners understand what CSE is and, in particular, developing practitioners' understanding of adolescent development, agency and choice, hidden harm and the underlying reasons for risky behaviour. Supervision also needs to support practitioners to work within the unpredictable complex context of CSE and the multiple, dynamic and inter-related factors that affect a young person's life, any one of which can influence their situation.

Although there are different approaches and models for supervision, there is no one identified model that can be recommended above others for use within the context of CSE. Whatever model is applied, supervisors need to ensure that they incorporate the four functions of accountability, development, support and mediation (Fox, 2011). Safeguarding supervision should combine critical reflective practice and critical thinking with a restorative experience so that the professional feels supported and is able to maintain their capacity to think (Morrison 2005; Wonnacott, 2012). Wallbank and Wonnacott (2015) urge that individuals undertaking safeguarding supervision are appropriately trained to identify how they can support other professionals to retain their reflective capacity and decision-making skills.

Fox (2011) usefully draws on the work of Morrison (2001; 2005) and provides an overview of effective supervision and models. This can be accessed at <http://www.childcentredpractice.co.uk/Websites/ccp1/images/CCP%20main/6-1%20Handbook-Effective%20Supervision%20v7-1.pdf>

8.2. Supervision and assessment

Whilst important to understand CSE, to identify it and to understand and own feelings about it as a social phenomenon, it is the assessment that will ensure the right help gets to the young person at the right time. Supervision must support professionals to make good-quality evidence-informed decisions, based on analysis, judgement and professional knowledge. Effective supervision involving developmental support is linked to improved quality of assessment by Ofsted (2015) in their thematic inspection *The Quality of Assessment for Children in Need of Help*; they found that in high-performing local authorities leaders ensured robust, reflective managerial supervision and oversight of practitioners carrying out assessments and described these local authorities prioritising supportive supervision, including group supervision, as a means of developing assessment practice.

Given that CSE requires professionals across agencies to be able to recognise risks and assess needs in order to construct a holistic view of a young person, it is important that supervision is not restricted to social work. Those working with young people in other disciplines must also be able to access high quality supervision, not least as it will support them in their assessment practice. There is relatively little research regarding supervision amongst the youth work profession. However, in Ofsted's (2013b) good practice case study of 'Effective professional development in youth services' one particular local authority (Bath and North East Somerset Council) demonstrated the significance of supervision in enabling reflective practice and in developing practitioners' knowledge of working with particularly marginalised groups.

Reflection pointers

How confident are we that professionals across disciplines have access to high-quality reflective supervision needed to support good decision-making with and for young people affected by CSE?

How do we evaluate the impact of supervision practice on the quality of assessments; on the quality of plans; on practitioners' knowledge and on team / service culture?

What role might the new service play in building capacity for reflective supervision in other agencies?

8.3. Emotional impact of CSE, supervision and staff resilience

While social workers and other practitioners may successfully promote resilience in the client group they work with, they may pay less attention to or be less aware of their own needs and how to develop their resilience (Laming, 2009; RiP, 2014). It is worth noting here that Kinman and Grant (2011) found a significant negative relationship between resilience and psychological distress in UK social work trainees; individuals with more developed emotional and social competencies, including reflective ability, were more resilient to stress. Also of note is that new or inexperienced staff may need enhanced supervision or mentoring as they learn to develop their resilience in the context of a new professional identity.

Staff training and support, with a focus on building resilience, are crucial to staff retention (RiP, 2014). High staff turnover in the social work sector is placing pressure on current staff; nearly half of local councils experienced challenges in staff retention in 2012-13 (Wiseman and Davies, 2013). Drawing on literature within child protection, it is suggested that supervision may play an important role in staff retention; Gibbs (2001) suggests that supervision can also lower attrition rates among child protection workers and this may prove to be true of other emotionally demanding roles in the context of CSE. Research findings from a qualitative study undertaken in two rural regions in the State of Victoria, Australia demonstrate that models of supervision can give insufficient attention to the emotional intrusiveness of the nature of child protection work and to building resilience in workers. Again, this finding may well translate to the context of CSE specifically, further reinforcing the importance of supervision and organisational leadership that recognises and responds to the emotional demands of the work.

Reflection pointers

How confident are we that professionals across all partner agencies are supported to develop their resilience and manage the emotional impact of working with CSE?

Do local leaders demonstrate an understanding of the emotional impact of the work on those dealing directly with CSE?

Practitioner (or organisational) dangerousness as a risk factor

The concept of 'practitioner dangerousness' within child protection research emerged in light of situations where there had been 'failures' to effectively protect children from abuse within the home (Crighton, 2005). It occurs when inappropriate values, priorities or methods lead practitioners to act in ways that fail to reduce the risk to children and young people thereby leaving them in a vulnerable situation and could potentially increase risk. Whilst this concept emerged specifically in relation to intra-familial child abuse within the home there are some transferable issues that practitioners and managers working in the context of CSE should be aware of. These include: inadequate supervision and high caseloads (making it hard for practitioners to reflect and hypothesise); technology-driven practice that focuses on documentation rather than spending time with a children and young people; a lack of focus on the children and young people (with other issues distracting attention). In designing or refining new CSE services, it may be helpful to consider how the design recognises these potential pitfalls.

Key messages

- Good-quality reflective supervision is vital. It enhances practice and can subsequently help improve outcomes. It can help avoid drift, maintain objectivity and focus on the child, test the evidence base for assessment and plans, and address the emotional impact of the work.
- There are specific nuances that supervision within the context of CSE work needs to address. These include understanding what CSE is and, in particular, understandings of adolescent development, agency and choice, hidden harm and the reasons for young people's 'risky behaviour'.
- Reflective supervision can help develop and maintain practitioner resilience. Practitioners with more developed emotional and social competencies, including reflective ability, are likely to be more resilient to stress.
- Enabling practitioners to build strong and enduring relationships with young people is critical to addressing CSE effectively, which is of course dependent on workforce stability. Supervision and staff training are crucial to staff retention and therefore a vital factor in tackling CSE.
- A lack of focus on the individual needs of a child or young person is a key theme in practitioner or organisational 'dangerousness'. Reflective practice and supervision is one way of avoiding this. Practitioners need to be supported to be able to recognise their own or others' risky practice.

9. Six key principles for service design and practice development

Drawing on the body of evidence within this scope, six key principles are identified as being central to effectively understanding and addressing CSE. These are intended to inform the development / redesign of CSE services and support good practice.

1. Young people must be at the centre.
2. CSE is complex; therefore the response cannot be simple or linear.
3. No agency can address CSE in isolation; collaboration is essential.
4. Knowledge is crucial.
5. Communities and families are valuable assets, and may also need support.
6. Effective services require resilient practitioners.

These principles are expanded upon in the table below, with examples of how each principle would look in practice.

Table 5: Six key principles for service design and practice development

1. Young people must be at the centre

- Young people are listened to, respected and included in service design and evaluation; their expertise is used to continuously improve service delivery
- At individual practice level, young people are involved in decisions made about them and are enabled to take ownership of the change process
- Practitioners do **not** label or define a child or young person by their behaviour and do not imply or apportion blame to young victims, but recognise that risky behaviour and choices made may be (mal)adaption to previous harm
- Assessments are needs led, using frameworks and approaches that elicit the particular needs and circumstances of individual young people, rather than using rigid or linear models. Strengths and resilience factors are also explored within assessment
- Services are designed with young people in mind and reflect the specific needs, strengths and vulnerabilities of this group
- Relationships can transform lives; a young person at risk should be an active agent in this therapeutic relationship rather than the passive recipient of a service

2. CSE is complex; therefore the response cannot be simple or linear

- The pathways into CSE, the models of exploitation and methods employed are varied, and often co-exist; strategy and service design must reflect this complexity
- Assessment tools are evidence-informed without being overly rigid; assessment practice demonstrates an understanding of the multiple dynamic risk factors and how they inter-relate
- Service design and processes reflect the complexity of CSE, its pathways and impacts and therefore do not prescribe a one-size-fits-all response for young people at risk
- Commissioning and planning activity recognises that service responses may need to be long term, particularly for those left traumatised by the harm they have experienced, and that referral pathways need to be fluid
- Practitioners are appropriately trained and supported to understand and work within the complex dynamics of CSE
- Dual identities are recognised in individual practice and service-level response – eg, victims of CSE may also be identified as perpetrators, parents may be both a source of conflict and protection

3. No agency can address CSE in isolation; collaboration is essential

- Safeguarding is promoted and accepted as being the responsibility of **all** those who come into contact with children and young people, and professional groups are clear on the unique contribution they make to the to the whole system
- Strategic initiatives draw on the expertise held by different agencies, and efforts are made to align priorities and resources; multi-agency collaboration is enabled by shared goals, shared language and shared values as well as shared practice tools
- Universal services understand their role in providing preventative interventions and are equipped and supported to do so
- Schools and other community-based settings are actively engaged in promoting young people's understanding of healthy relationships and in challenging cultural attitudes that can facilitate exploitation
- Specialist services are adequately resourced to provide targeted interventions for high-risk young people; they are a source of knowledge and expertise to other services rather than operating separately or in isolation
- Hierarchies between professional groups are recognised and managed by local leaders in order to ensure that the strengths and contribution of each agency are facilitated
- Information sharing is critical, both at practitioner and service level; protocols should be reviewed at regular intervals and feedback from practitioners about barriers to information sharing should be used to improve process and strategy

4. Knowledge is crucial

- Practitioners and managers across agencies understand contemporary conceptualisations of CSE and are familiar with local and national policy definitions, models and methods
- Children and young people have knowledge of CSE, are able to recognise CSE and understand the nature of healthy relationships
- Communities understand what CSE is and what to do if it is identified
- Local data is used to 'problem profile' and identify local needs and service requirements for both universal and specialist services. Commissioning is based on high-quality needs data. Community intelligence is used, where appropriate, to inform local needs analysis
- Practitioners and managers across agencies understand indicators and risk factors for CSE and take responsibility for ensuring that young people, families and communities also have this knowledge
- Information is provided to families, in a way that is accessible and non-judgmental, in order to build their knowledge
- Practitioners across agencies have access to high-quality learning and development opportunities; knowledge sharing is enabled between agencies; and specialist services support non-specialist services to build their knowledge, skills and confidence

5. Communities and families are valuable assets, and may also need support

- The wider community is supported to understand their role in protecting children and young people from harm
- Communities are engaged in intelligence gathering and 'problem profiling' activity to inform local needs analysis
- Clear information is available to communities in order that they can recognise CSE and act accordingly, and feedback is sought to ensure this is working effectively
- The protective role that families can play in addressing CSE is recognised in the way services are constructed as well as at individual case level
- The possibility of previous trauma, including early harm within the family, to have occurred for CSE victims is recognised and explored – but **not** assumed – by practitioners
- Families are supported to engage with CSE work for their child and are, wherever possible and appropriate, treated as key players in the team around the child
- Positive relationships between young people at risk of / experiencing CSE and their families are actively promoted by the professionals working with them, wherever possible and appropriate

6. Effective services require resilient practitioners

- The emotional impact of CSE work on practitioners is recognised by service leaders, and this understanding is reflected in strategy, policy and leadership practice
- Practitioners across agencies receive high-quality reflective supervision which supports them to develop critical thinking skills, assessment skills and promotes their resilience
- Attention is paid to the impact of CSE work when allocating cases, structuring services and planning staff recruitment and retention activity
- Service leaders proactively create a culture where resilience is promoted across the workforce, and are alert to the practice pitfalls, poor judgement and 'blind spots' (which can emerge in part due to diminished practitioner resilience)
- High-quality learning and development opportunities are provided for those working with young people at risk of / experiencing CSE, which go beyond formal training to include structured peer support; group supervision; involvement in service development; etc
- The quality and impact of supervision and of learning and development is evaluated