

What works in responding to child sexual exploitation

**Sara Scott, Di McNeish,
Silvie Bovarnick and Jenny Pearce**

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| Introduction

This book follows a tradition of Barnardo's publications exploring 'what works' in areas of practice with children and young people.

When Barnardo's first embarked on its what works series in 1996, there was relatively little focus on evidence-informed practice in children's services and the early 'what works' publications made an important contribution to increasing our understanding of the value of evidence in planning and delivering services. They grappled with complex topics such as leaving care (Stein, 2004) resilience (Newman, 2004), and young people with harmful sexual behaviour (Hackett, 2004), aiming to provide succinct and accessible summaries for practitioners and service planners. They also helped to surface some important challenges and questions, such as how to assess 'what works' for children, what outcomes should we be measuring and what kinds of evidence should be taken into account. These challenges remain relevant today: in the complex and ever-changing worlds of children and children's services, the evidence is never straightforward. The response to the deceptively simple question 'what works?' is often that we don't know. More positively, the answer is that we know some of what works for some children in some circumstances – and that is better than knowing nothing.

This publication aims to provide an accessible summary of research evidence to inform practice for children and young people affected by child sexual exploitation (CSE). Like earlier 'what works' titles, it deals with a complex topic, where the evidence is rarely straightforward and where there remain some important gaps.

However, we believe this publication is timely for two main reasons. First, there is now a substantial body of research relevant to CSE practitioners. This includes some research specifically focused on children and young people affected by CSE and more in related fields from which transferable lessons may be drawn, for example, child sexual abuse or family support. Second, the context in which support is provided to children and young people affected by CSE is changing. For example, whilst the last decade saw a growth in specialist CSE services, it is now the case that such support is increasingly being provided by practitioners who work across a range of complex safeguarding issues and in contexts including multi-agency teams and sexual violence services. We believe that it is important to capture and share the learning from research with specialist CSE services in order to inform the development of practice in both specialist and more generic settings.

Keeping up to date with the growing volume of evidence is challenging and we hope that the summaries contained in the following chapters will help to make it more accessible to busy practitioners and managers.

Making sense of research evidence

When considering ‘what works’ it is important to be mindful of the many sources of evidence which are used to inform policy and practice. Research evidence is only one source. Practice experience, service user views and expert knowledge are other important influences on practice and service development. However, for the practitioner who is keen for their practice to be informed by the best available evidence, research is a vital resource and there is a wide variety of research which can be useful. For example, research includes studies which help to increase our understanding of the needs of children and families; what issues and problems they face and what the causes are. However, when considering ‘what works’ we tend to be most interested in research which assesses the effectiveness of approaches to meeting needs or ameliorating problems and there are a great many evaluative studies which can be drawn upon. However, all research is not equal in its reliability. The manner in which the research was carried out (its methodology) and how well it was done (its quality) have implications for the usefulness and trustworthiness of its findings.

The methodological approach that is generally considered to provide the strongest and most convincing evidence of effectiveness is the randomised control trial (RCT). This involves the random allocation of individuals to either an intervention group (who receive the intervention being evaluated) or a control group (who either receive no service or a different one). Outcomes are then measured to find out whether there are significant improvements for the intervention group compared to the control. Some child welfare programmes lend themselves to this kind of study better than others, particularly those where the intervention is clearly specified and can be consistently delivered in a relatively controlled environment (for example, some cognitive behavioural approaches and parenting programmes). In social care in general, and in the field of child abuse in particular, where interventions are frequently multi-faceted and ‘messy’, such research is rare for practical, financial and ethical reasons.

Most studies in the child sexual abuse field use ‘pre/post designs’ where individuals are assessed before and after receiving support or treatment. Findings from this kind of research can indicate whether an approach is likely to be effective – but unlike a well-conducted RCT, a pre/post study can’t demonstrate for sure that

it was the intervention, rather than other factors, such as the passage of time, that caused any changes.

It is also the case that research in this field is often small scale and based on very specific groups, evaluations are often of single specialist services and different studies rarely use the same tools for measuring change. This means that comparing findings across studies can be difficult. However, where it is possible to pool and analyse the findings from several well-conducted studies (a process called ‘meta-analysis’) a stronger evidence base can be constructed.

What this means is that we do not have a definitive answer to the question of ‘what works?’ However, there is some extremely valuable and high quality research and evaluation on child sexual exploitation, child abuse and on good practice with children and families more generally that provides some clear indications of what is likely to be more or less effective in a range of circumstances. The challenge for practitioners often lies in finding and confidently appraising relevant research and the purpose of this book is to therefore to provide an accessible and reliable resource tailored to their needs. To this end we have tried as far as possible to avoid technical terms and giving too much methodological detail, while still indicating the ‘weight’ of evidence for an approach. We have synthesised findings from a wide range of research across a number of overlapping fields and drawn out what seem to be the key messages for practice, but we have also included full references and, wherever possible, web links to publications in order to enable practitioners to locate and appraise our sources for themselves.

Child Sexual Exploitation: definitions and context

Child sexual exploitation is a case study of how the meanings of social phenomena change over time and between contexts. Thirty years ago, the term ‘child sexual exploitation’ didn’t exist. Children and young people persuaded, coerced or forced into sexual activity with older adults were commonly viewed as ‘young prostitutes’ and the law dealt with them accordingly. Such young people were seen as responsible for ‘selling sex’ and frequently charged with soliciting offences. Between 1989 and 1993, 1758 cautions and 1435 convictions were issued to girls and young women under the age of 18 in England and Wales for prostitution related offences. In the same period there were 46 cautions and 48 convictions of boys and young men under 18 for offences relating to their involvement in prostitution (Lee and O’Brien, 1995; Pearce, 2009; Hallett, 2017). The alternative welfare response could be to take a young person into care for being ‘exposed to

moral danger'¹, but whilst this may have been done with good intentions, from the child's point of view the consequences remained the same: they were being punished and/or deprived of liberty whilst the adults involved in the sexual activity rarely faced any form of retribution.

By the mid 1990's, the criminalising of young people for behaviours resulting from abuse was increasingly challenged. The voluntary sector, led, in the main, by Barnardo's, The Children's Society and the NSPCC, was voicing considerable disquiet about children being prosecuted for offences when they should be identified and supported as victims of abuse. The Barnardo's publication of 'Whose daughter next? Children abused through prostitution' (Swann et al, 1998) drew on the practice experience of the Bradford based Street and Lanes Project to describe the grooming and coercion of girls into sexual activity. Sara Swann unequivocally re-framed the 'child prostitute' as an abused child and the 'punters' and 'pimps' involved as abusive adults.

There followed many years of campaigning and awareness raising in order to have young people responded to as victims of sexual abuse. As momentum built, new government guidance was issued 'Safeguarding children involved in prostitution' (DH, 2000). However, the term 'prostitution' was still being used and, despite the increased focus on children as victims of abuse, there remained scope for children to be convicted for prostitution-related offences if they 'persistently returned' to 'soliciting' on the street. If, after three warnings from police, a child 'persisted' in continuing to 'solicit' they could still be cautioned or convicted of prostitution related offences. It was another nine years before government guidance changed to use the term 'Child Sexual Exploitation' (Department of Education, 2009) and then not until 2015 that the Serious Crime Act clearly identified CSE as an offence and the then Prime Minister David Cameron announced that CSE was one of three national priorities for law enforcement agencies.

Over the same period, public awareness of CSE was heightened by a series of high-profile inquiries into CSE in several towns and cities across the country (e.g. Rochdale, Rotherham). Its rise up the national policy agenda was accompanied by a growth of specialist services, increasing from a handful of mainly voluntary sector led projects in the late 1990's to some specialist provision existing in most local authorities by 2015.

1 Being exposed to moral danger was one of the grounds for care proceedings under the provisions of the Children and Young Persons Act 1969.

The latest government guidance issued by the Department for Education in 2017 gives a clear message: children and young people affected by CSE are victims of sexual abuse. They are not responsible for the exploitation they experience. The official definition of CSE (DfE, 2017) is as follows:

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology (DfE, 2017:5)

The guidance unequivocally confirms CSE as a priority safeguarding issue, noting that:

Child sexual exploitation is a crime with devastating and long-lasting consequences for its victims and their families. Childhoods and family life can be ruined, and this is compounded when victims, or those at risk of abuse, do not receive appropriate, immediate and on-going support. The first response to children, and support for them to access help, must be the best it can be from social workers, police, health practitioners and others who work with children and their families. (DfE, 2017:3)

What do we know about the numbers of children and young people affected by CSE?

Estimating the scale of CSE is extremely challenging. Although we have some data from the police and children's services about the number of children coming to their attention because of concerns about CSE, these service statistics have several drawbacks:

- They rely on services recognising the signs of CSE, and we know that despite increased awareness in recent years there is likely to be many affected children who either go unnoticed or who get channelled into criminal justice, alternative education or mental health services without the exploitation being recognised.

- The under-reporting and under-recording of CSE, particularly for some groups of children and young people such as boys and young men, children from minority ethnic groups and children with disabilities.
- Police, health, children's services and voluntary sector agencies often record CSE data in different ways using different criteria, meaning that collating information across agencies is very difficult.
- Central government data from local authorities on levels and types of child abuse do not always separate CSE out as a reason for intervention. Only one primary concern per child is submitted by local authorities, leaving the incidence of multiple forms of abuse, including CSE, under recorded.

With some of these concerns in mind, the UK Government established, in 2016, a requirement for police forces to 'flag' all offences recorded by the police that met the definition of CSE (Home Office, 2016). While this will provide more accurate data about CSE affected children in contact with the police, it will still not give a comprehensive overview of numbers in contact with health, children's services or voluntary sector providers because of CSE, or indeed of the numbers of CSE affected children and young people who are not in contact with any service.

The other source of information about the numbers of children affected by CSE, is research into prevalence. However, there have been no prevalence studies specifically on child sexual exploitation and the studies which do exist on the prevalence of child abuse, or child sexual abuse, have not included CSE as a specific kind of abuse.² The best information we have about the prevalence of different forms of child abuse in the UK comes from a study conducted by the NSPCC which found that 11% of young people had experienced contact sexual abuse when under the age of 18 (Radford et al, 2011), but this figure includes sexual abuse in the family and by peers – it does not differentiate CSE as a separate category. More recently, the 2016 for England and Wales asked respondents for the first time about experiences of sexual assault in childhood. The data showed that 7% of the UK population experienced one or more sexual assaults during childhood, but again this does not specifically tell us about the incidence of CSE. Furthermore, not all victims of CSE recognise that they have been abused and may therefore not be identified in surveys (Office for National Statistics Bulletin, 2017).

In the absence of such data we are reliant on the experience of services and victim/survivor testimony to give us some sense of the scale of the issue. Wherever there

² The term 'prevalence' refers to how common or widespread something is in a population – as differentiated from 'incidence' which refers to the number of times something occurs in a given period of time.

has been a major inquiry about CSE, hundreds of victims have tended to come forward. There have now been enough such cases for us to be certain that CSE is not confined to areas where there have been high profile ‘scandals’. A survey of local authorities by Jago et al (2011) established that there were CSE cases in every local authority that responded. Therefore, it is perhaps safe to assume that there are similar numbers of victims in most areas of the country.

What do we know about how CSE occurs and who is affected?

The current Department of Education definition of CSE cited above recognises that CSE can take many forms. As the amount of practice and research experience has grown, we have developed a broader understanding of the different and changing ways that the abuse occurs and to whom. Swann drew attention to the role of older ‘boyfriends’ in the lives of young women: men who gain the trust of young women and gradually groom them into sexual exploitation (Swann et al, 1998). Melrose (2013) described circumstances in which a young person in an abusive ‘one to one’ relationship with an older adult is then encouraged (or forced or coerced) into going to ‘parties’ where sexual abuse is perpetrated by multiple offenders. In some cases, the sexual exploitation of a child may be intricately linked to their criminal exploitation, where the child is both forced or manipulated into sexual activity and moving drugs for organised offenders (Home Office, 2018) and/or it may simultaneously involve peer on peer abuse where young people exploit each other (Firmin et al, 2016). Sexual exploitation may involve offenders moving children and young people into, within or out of one or more countries, meaning that they are defined as trafficked for sexual exploitation (NCA, 2016). All of the above may involve on and off-line manipulation, coercion and force (Davidson and Bifulco, 2018). It is clear from these examples that there is no one ‘form’ or ‘model’ of CSE. It varies according to the context in which it occurs. Patterns of CSE have also changed over time (e.g. the increased use of social media as a means of accessing and grooming victims).

The experience of and ‘routes into’ CSE also differs according to the circumstances and characteristics of victims and perpetrators. There is a myriad of factors which affect a young person’s experience of CSE including gender, sexual orientation and identity, race and ethnicity, disability, age, prior experience of abuse, the degree of family and peer support, to name just a few. While CSE is clearly the responsibility of perpetrators and not their victims, some of these factors may make some children and young people more vulnerable to being victimised. However, the picture is complex: there is no one ‘type’ of vulnerable young person

and there is a lack of good quality research evidence on the risk and protective factors for becoming a victim or a perpetrator of child sexual abuse (CSA) or exploitation (CSE). A review of the evidence by Brown et al (2016) found that being disabled and/or being in residential care increased the risk of victimisation. Other potential indicators of increased risk included: alcohol and drug misuse, going missing, running away, and association with gangs/groups. However, the research evidence for these is currently weak. The researchers did not find any evidence on the factors that might reduce the risk that a young person will become a perpetrator or victim of child sexual abuse or exploitation. CSE can be experienced by children who have multiple vulnerabilities or none. It can also be experienced by children from a range of different ethnicities and families with material resources (Gohir, 2013; Bernard and Harris, 2016). Similarly, although the majority of known offences are committed by men and boys against girls and young women, boys are also victims of CSE and girls and women are sometimes involved in the facilitation and perpetration of abuse (McNaughton Nicholls et al, 2014). Although many known cases are of adults abusing children, research shows that 66% of cases of CSA and approximately 25% of cases of CSE are perpetrated by young people under 18 years of age (Radford et al, 2011; Beckett et al, 2017).

Emerging practice

Since CSE has been established as a form of sexual abuse, our awareness of the harm that it can cause has grown (Fisher et al, 2017). Practitioners and services are increasingly well informed about the impacts of the trauma which CSE may involve and of how these may interact with prior adverse childhood experiences (Bush, 2018). Trauma informed ways of working include awareness of how trauma affects children's behaviour and capacity to receive support as well as the impact this work can have on the practitioners themselves and an emphasis on the need for supervision and support of staff (Hickle and Hallet, 2016).

There is increased understanding that some children and young people are both victims and perpetrators of abuse. For example, many children whose behaviour sexually harms others are also victims of abuse (McNeish and Scott, 2018). Gang involved young people may also be both victims and perpetrators of abuse (Firmin, 2009; Firmin, 2013). Consequently there is greater emphasis on holistic approaches which take account of the full range of children and young people's experience.

Practice is also increasingly embracing the concept of 'contextual safeguarding' which promotes awareness of the locations and contexts within which CSE occurs,

and interventions engaging both private and public sectors in improve the safety of the spaces used by young people outside the home. Thinking about the contexts in which CSE occurs can help in developing strategies to prevent and disrupt the behaviour of perpetrators as well as safeguarding children and young people. Both the Department for Education's 'Working together to safeguard children' (DfE, 2018a), and 'Keeping children safe in education' (DfE, 2018b), note the importance of contextual safeguarding, particularly when addressing adolescent vulnerability and abuse. These publications also note the need for early intervention and preventative work which we explore further within this book.

The legislative framework for CSE

The key legislation relating to the protection of children in England and Wales is embedded within the Children Act 1989 and 2004, and the Children and Social Work Act, 2017. These Acts set out provisions for identifying and supporting a child in need (Section 17, The Children Act 1989) or at risk of 'significant harm' (Section 47, The Children Act 1989). A full description of the specific relevance of the range of legislation can be found in the Department for Education's guidance on sexual exploitation (DfE, 2017) and the extended guidance for practitioners (Beckett et al, 2017).

Legislation that can be used to prosecute alleged offenders

The Sexual Offences Act (SOA) 2003 includes a range of offences that can be used against an alleged offender, depending upon the age of the victim (for a full description of this legislation see Beckett et al, 2017). The essential feature of the SOA 2003 is that it defines sexual activity with a child under the age of 13 as statutory rape and ensures that any sexual activity or commissioning of sexual activity, between or with children under the age of 16 is an offence. The Act also sought to tackle 'sex tourism': for UK nationals, an act committed abroad that would amount to an offence in the UK can be prosecuted as if it had taken place in the UK, regardless of whether the acts are lawful where they were committed.

Legislation was further strengthened by The Serious Crime Act (SCA) 2015 which included legislation relating to the grooming of children under the age of 16. The main aim of this legislation was to facilitate intervention before the offender had physical contact with the child. The SCA 2015 criminalises the act of sexual communication with a child under the age of 16 and amended the SOA 2003 to remove references to 'child prostitution' and 'child pornography'.

Despite these advances, Beckett and Walker (2018) note that there remains a difference between the DfE 2017 *guidance* which positions CSE as including the exchange of sexual activity for any return (such as gifts, alcohol, affection), and the *legislation* (SCA, 2015 and SOA, 2003) which note that exchange has to be for 'financial advantage'. Beckett and Walker suggest that this separation between definition and legal framework is unhelpful and that a single definition and set of legislation would be preferable.

In addition to the legislation described above, there are three other pieces of legislation that can be used to protect children from sexual exploitation: The Modern Day Slavery Act 2015 introduced an offence against trafficking of humans for sexual and non-sexual exploitation; the Protection of Children Act 1978 focuses on the taking, making and distribution of indecent images of children up to the age of 18 and the Criminal Justice Act 1998 makes the possession of such images illegal. These are all relevant and usable when prosecuting offenders.

Is taking a case to court in the best interests of the child?

Research with children and young people who have been through the criminal justice system as victims and /or witnesses notes that they have not always found the experience to be helpful, child centred or working in their best interests (Beckett and Warrington, 2015; Warrington et al, 2016).

Within such studies children and young people have raised concerns about:

- The time lapses between the initial disclosure, the announcement that a case will be taken against an alleged offender and the court case itself. Time lapses may be between a number of months and a number of years, within which time the young person and the alleged offender are still potentially in contact, or the abuse is continuing.
- Support and protection for victims/witnesses during these 'waiting times' prior to prosecution.
- The use or lack of use of special measures in court. Victims/witnesses reported either not knowing about special measures available or not having their use explained to them in a meaningful way.
- The cross examination that the victim/witness may experience in court, with accounts of cross examination by a number of defendants' lawyers asking personal and intimate questions.

- Lack of communication about the process of the case, if and why the case is dropped suddenly.
- Lack of information about the reasons for the outcome of the case, including if the offender is not prosecuted and remains living within the child or young person's neighbourhood.

These concerns question whether, without considerable changes to the criminal justice system, taking a case to court is likely to be in the child's best interest.

If we accept that there are serious flaws in the capacity of the criminal justice system to support victims, then it is clearly preferable to disrupt potential offenders before the crime has been committed. The next section explores the range of civil offences that can be used to disrupt a potential offender.

Disruptive methods: legislation and practice

Beckett et al (2017) and the DfE 2017 Guidance explore in detail the full range of disruptive methods available to practitioners. Although there has not been any systematic review of the use or effectiveness of disruptive methods, it is argued that the existence of a disruption plan not only impacts on the potential offender but also lets the young person (people) being targeted know that practitioners are not complicit with what is happening (Jago and Pearce, 2008). Looking at local partnerships across the country to see how evidence was gathered against potential CSE offenders, Jago and Pearce considered the impact of disruption plans developed by police and partners. This work found that coercive relationships were difficult to dislodge without a disruption plan; that abduction warnings can be an effective way to sever contact between victims and perpetrators; that there is scope for greater use of police powers and court orders including Sexual Offences Prevention Orders and Risk of Sexual Harm Orders, and that there is scope for increasing cooperation with other enforcement agencies to disrupt the process of exploitation.

An integrated strategy to disrupt the offender will draw on a range of civil orders that can be used in isolation or together. These include: Child Abduction Warning Notices (CAWN), Exclusion orders, Non-molestation orders, Sexual harm prevention orders and Criminal behaviour orders, Slavery and Trafficking Prevention orders (STPOs) and Slavery and Trafficking Risk orders (STROs). In addition, reporting a suspected case of trafficking for sexual exploitation to the national referral mechanism (NRM), developed to monitor the numbers of children

being trafficked both into and within the UK, allows for further surveillance of the alleged offenders.

Additionally, there are orders that can be used to disrupt potential offenders' use of buildings and public places and spaces. These include Licencing laws, Closure Notices under the Sexual Offences Act 2003 and Hotel Information Requests and The Anti-social Behaviour, Crime and Policing Act (2014) which brought in new measures for police to disrupt CSE, such as the power to close premises used / likely to be used to commit specified child sex offences. These powers are designed to allow police forces and local authorities to take rapid and effective action.

While there has been no comprehensive research to show the efficacy of the use of these orders, it is known that they have most impact when accompanied by local multi-agency strategies that provide follow up support to the child, family and community affected by the abuse and when the use of the order is monitored and reviewed (DfE, 2009). The times these orders are ineffective are when they are issued as the sole solution to a problem, as opposed to one of a range of interventions monitored through multi-agency intervention (Pearce, 2013; Barnardo's, 2014; Dodsworth and Larsson, 2014; Allnock, 2015; Beckett et al, 2017).

Disruption through surveillance

It is potentially lawful with the correct authorisation, for law enforcement officers to watch and follow the activities of a potential victim or/and perpetrator without their knowledge. Although this raises ethical dilemmas when a child is being watched and followed without their knowledge, some police forces do undertake covert activities aimed at disrupting the offender before a contact offence has been committed, including covert surveillance on-line (The Children's Society, 2018). However, such approaches remain controversial and there is very little evidence to demonstrate whether or not they are effective.

Overt surveillance has also been suggested as a possible disruptive technique (Allnock et al 2018). If 'hot spots' are identified where abuse takes place – on or off-line – they can be monitored by police and adults and young people alerted to the fact.

The essential feature of the legislative framework is that it recognises that addressing CSE requires a dual approach: protecting children and disrupting and prosecuting offenders. These two strands of work need to be knitted together by

effective multiagency working (OFSTED, 2014). This book focuses on approaches to protecting and supporting sexually exploited children and young people and those potentially at risk but, important though this work is, it cannot solve the problem of CSE. There is a market for the sexual abuse of children and young people and there are those prepared to facilitate such abuse for gain. We know little about this largely male population beyond the fact that it is large (In 2014 Operation Notarise identified 25,000 computer users across the UK who were downloading or sharing illegal images of children). There is almost no recent research on strategies to prevent, disrupt, deter, punish or treat those who sexually abuse children or control and exploit them so others may do so. We need to know so much more than the current evidence can tell us.

The structure of this book

This book is divided into five further chapters covering the main approaches to combatting CSE that have been developed by specialist services over the last two decades. These approaches include awareness raising, outreach and community based strategies which have a primarily preventative focus as well as undertaking direct work with abused young people and their parents and carers. The chapters have been written to 'stand alone' and therefore references are provided at the end of each chapter. Practitioners can read the chapters singly or in any order they prefer.

Chapter 2: Awareness raising in educational settings

In recent years there has been a growth of programmes delivered in schools with many specialist CSE projects including this as a strand of their work. This chapter explores what we can learn from research and evaluation about the effectiveness of school-based programmes and the features that make such programmes more or less successful. It looks at the range of preventative programmes delivered in schools aiming to raise children and young people's awareness of CSE and increasing their understanding of issues such as consent and grooming. Drawing on research from abroad as well as the UK, it looks at how these programmes have been evaluated and whether there are indicators of success.

Chapter 3: Outreach to children and young people at risk

This chapter explores what is known about outreach work in relation to CSE. It provides an overview of different approaches to outreach work with young people; describes what such work generally aims to achieve; what distinguishes it from centre-based work and how it is applicable to children and young people involved

in, or at risk of, child sexual exploitation. We highlight approaches that aim to reach vulnerable young people who are not accessing mainstream services. The chapter also addresses outreach activities that aim to engage and inform different populations including parents and carers and professionals and the crucial role it can play in community awareness raising.

Chapter 4: Working with communities

Communities can play an important role in safeguarding young people but we still know relatively little about ‘what works’ in community-based work in the context of CSE. This chapter therefore draws on the literature on community development, including place-based and public health approaches and those focussed on crime prevention and enhancing community safety, in order to identify some of the transferable lessons that may be applied to community work in relation to CSE.

Chapter 5: Support work with sexually exploited young people

This chapter provides an overview of what direct support to young people commonly entails in the context of CSE and highlights the evidence for effective approaches. We outline the principles that tend to underpin work in this field including taking a strengths-based approach, addressing issues of power and inequality and enabling young people’s participation, and describe the relevance of these to the range of young people with whom CSE practitioners work. We describe the journey that CSE work with young people tends to involve and outline six core elements of direct work.

Chapter 6: Supporting parents and carers

Parents and carers are some of the most important people in young people’s lives but in the context of sexual exploitation their importance in supporting their child is often marginalised. In this chapter we explore the needs of parents and carers and the evidence on how these can be best met. Although parents and other kinds of carers have many support needs in common, there are also some different issues to consider, so we include evidence relating specifically to the support of foster carers and extended family members providing care.

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2 Raising awareness of CSE in educational settings

Introduction

With their ability to reach large numbers of children and young people, schools and other educational settings are recognised as having an important role in raising awareness on CSE (Ofsted, 2012; Beckett et al, 2013; The Education and Training Inspectorate, 2014; Pound et al, 2017; DfE, 2018a). In recent years there has been a growth of programmes delivered in schools with many specialist CSE projects including this as a strand of their work. Various referred to as CSE prevention, awareness raising or healthy relationship education, such initiatives are largely based on the theory that if you can raise children and young people's awareness of what constitutes healthy and unhealthy relationships and increase their understanding of issues such as consent and grooming, you can help to promote positive non-abusive relationships and reduce exploitation.

But do such programmes work? This chapter explores what we can learn from research and evaluation about the effectiveness of school-based programmes and the features that make such programmes more or less successful. And in the light of concerns that preventive education can be experienced as 'victim-blaming' (Eaton, 2018), the chapter also considers the factors which need to be taken into account when developing such programmes and discusses the potential for unintended consequences.

This chapter draws on research from other countries, particularly the U.S.A. and Canada as well as the more limited evidence available from UK evaluations. While lessons from these other contexts may not be directly transferable, they do provide some useful indications of what makes some interventions more successful than others.

The chapter addresses the following key questions:

- What do we mean by CSE awareness education in schools and what approaches have been developed?
- What do we know about the effectiveness of school-based programmes?
- What are the features of more successful programme?

- What unintended consequences of preventive education might there be and how can these be avoided?
- What are the implications of the current evidence for the development of CSE work in educational settings?

What do we mean by CSE awareness education in schools and what approaches have been developed?

Awareness education, whether it is focussed on drugs, smoking or abusive relationships is intended to be preventive of future harm. Prevention is commonly conceptualised as being at three levels: universal, primary and targeted (Hardiker et al, 1991), and awareness education in schools can be seen as operating at each of these levels:

Universal prevention is directed at the whole population and can comprise activities such as awareness raising campaigns, delivered at national, regional or community level. The purpose of universal prevention is to increase awareness and understanding of CSE among the general public in order to make society safer, by, for example, making it less likely that CSE goes unnoticed or unchallenged. Schools have a role to play in universal prevention by raising awareness among all children and young people through for example, building healthy relationship work into PHSE lessons and providing information to parents/carers.

Primary prevention focuses on a (sub)population that may be affected by a particular problem. In relation to CSE, it can be argued that all children and young people are at potential risk, and school-based interventions are an increasingly popular mode of primary prevention. Since most children and young people attend school, school-based prevention programmes can reach large numbers of pupils and school-based interventions are often assumed to be a particularly cost effective approach (Topping and Barron, 2009). The purpose of this level of prevention is usually to increase the awareness of children and young people and to build their confidence, not only in identifying the risks of CSE but in developing healthier relationships in general.

Targeted prevention is directed at children and young people considered to be at increased risk of CSE or who have already experienced such abuse. Young people who are not in mainstream education, who have gone missing from home, who are in care or homeless are among those who may be more vulnerable to sexual exploitation (Scott and Skidmore, 2006). Projects delivering CSE prevention

programmes often include some elements of targeted work, for example by delivering bespoke sessions in Pupil Referral Units or specialist settings for children with disabilities, or by working with groups of children and young people identified by schools as being of particular concern.

Types of school-based programme

Awareness education is delivered in a variety of ways and at different degrees of intensity. Input to schools can range from a presentation at an assembly or a one-off classroom workshop to a whole series of sessions delivered to the same group of young people over a number of weeks. Programmes may be designed for delivery by teachers or specialist CSE workers. They may involve delivery by young people themselves. They can incorporate art and drama (see McNeish and Scott, 2012; Walsh et al, 2015). This variety means it is difficult to generalise about the content of preventive education. However, there are a number of education resources which have been developed by organisations, including Barnardo's, Rape Crisis, the NSPCC and others which have common themes. These resources are usually intended to be delivered over a number of sessions with content varying according to the age group of children and young people. Content typically includes:

- Healthy and unhealthy relationships
- Consent
- CSE and grooming
- Keeping safe on and off-line
- Where to go for support

For older children there may be sessions on pornography and teenage relationships. For younger children there may be more emphasis on friendships. Some programmes have a more explicit focus on gender and consider the role of gender stereotypes and inequalities in contributing to exploitative relationships.

Some programmes for children and young people are accompanied by sessions for school staff and sometimes there are also sessions for parents/carers.

What do we know about the effectiveness of school-based programmes?

Awareness education is challenging to evaluate (Kippax and Stephenson, 2005). The diversity of programmes means that comparing their effectiveness is difficult, and because children and young people have many influences on their attitudes and behaviour it is difficult to isolate the specific impact of a preventive programme. In the UK, there are only a few evaluations of CSE awareness programmes and most have been small scale and short term. Hence they tend to have focused on the extent to which programmes have contributed to increased knowledge and confidence among young people rather than behaviour change which is more difficult to measure (Gadd et al, 2014; Fox et al, 2014; Berry et al, 2017).

The international evidence on school based preventive programmes suggests that their impact is limited. There is certainly not enough evidence to link education programmes to a reduction in the incidence of sexual abuse (Esposito and Field, 2016). A systematic review of school-based child sexual abuse prevention programmes, mainly in North America, found mixed results and only small improvements on measured outcomes such as: risk perception or responses to threat or abuse. The review did find that there were small, but significant improvements in children's awareness and knowledge around abuse prevention skills and over a third of the studies reported increased self-esteem. However, there was little evidence that these positive outcomes were maintained and no increase was found in the numbers of children and young people's disclosing abuse (Topping and Barron, 2009).

A more recent review of 24 studies, conducted in the United States, Canada, China, Germany, Spain, Taiwan, and Turkey (Walsh et al, 2015) was more positive about the knowledge gained by children and young people. They considered the evaluation of a variety of school-based sexual abuse prevention interventions, formats included film, video or DVD, theatrical plays, and multimedia presentations and delivery ranged from a single 45-minute session to eight 20-minute sessions on consecutive days. There was evidence that programmes were effective in increasing participants' knowledge of how to protect themselves and their knowledge of sexual abuse prevention concepts. The impact on disclosure was uncertain: children exposed to a prevention programme had greater odds of disclosing their abuse than children who had not been exposed, but as 'disclosing' children were clustered in particular classes and schools there

may have been other reasons for this being the case. In terms of harm, there was no evidence that programmes increased or decreased children's anxiety or fear.

In the UK the most robust evaluation of a relevant school-based initiative focused on sex education used a randomised controlled trial as part of their methodology:

The SHARE Sex School Education Trial:

This was one of the largest-scale evaluations of a school based risk prevention programme in the UK (Henderson et al, 2007).

SHARE comprised a five-day teacher-training programme plus a 20-session pack for young people aged 13-15 in secondary school. It aimed to teach young people to establish and maintain safe boundaries in intimate relationships, and to use contraception if they have sexual intercourse. The evaluation looked at whether this programme had any effect on young people's sexual risk-taking behaviour and the quality of their sexual relationships.

The evaluation of SHARE mainly measured impact on exposure to unsafe sex. As well as looking at young people's practical sexual health knowledge, the evaluation assessed whether young people used contraception; whether they regretted sexual encounters; and whether they experienced any pressures in sexual encounters. The findings showed increased practical sexual health knowledge and a slightly improved quality of sexual relationships, primarily through reduced regret. However, the programme had only an extremely small positive effect on four of the outcomes targeted (Wight, 2011). The evaluation found no impact on young people's age at first intercourse, levels of sexual activity, or condom or contraceptive use (Henderson et al, 2007).

Randomised controlled trials are rare in the UK, in part because to make them feasible, programmes need to be able to meet certain conditions: interventions need to be consistently delivered and there needs to be a matched control group. Trials are also expensive to conduct. Consequently, evaluations in this field generally rely on self-report measures to assess changes in knowledge, attitudes and behaviour, with some attempts to compare these measures between different groups of young people and to do some follow up over time. There are a few such evaluations of relevant preventive education programmes in the UK:

Relationships without Fear (RWF):

Relationships without Fear (RWF) is a six week anti-violence education programme that is delivered in primary and secondary schools to young people aged 8 to 16 years by external facilitators.

The REaDAPt evaluation of *RWF* found that the programme had an impact by changing young people's attitudes to become less accepting of domestic violence. However, there were some significant differences in relation to gender. The programme improved the attitudes of both boys and girls, but girls were less accepting of retaliation aggression and domestic violence from the outset. Although their attitudes to domestic violence improved, boys' acceptance of domestic violence rarely diminished to levels below where most girls started during the course of the programme (Hale et al, 2012).

RWF was further evaluated in the study '*From Boys to Young Men*', which examined why some boys become domestic violence perpetrators when others do not (Fox et al, 2013). The evaluation assessed young people's attitudes towards domestic violence before and after they received *RWF* to determine if the programme was influencing their attitudes.

The study showed lower acceptance of domestic violence in both boys and girls after the programme had ended and that these attitudes persisted three months on.

Tender's Healthy Relationship education programme:

This 2 year programme aimed to embed sustainable whole school approaches to violence against women and girls and gender equality within eight secondary schools in Greater London.

The programme was planned around the following core activities to be provided in each of the participating schools: an awareness raising briefing session covering gender-based violence, sexual bullying and safeguarding children for the whole school staff team; advanced training in embedding violence-prevention in the curriculum to five teachers and other key staff and managers with a view to them cascading the learning to other teachers in the school; an intensive 10 session drama workshop series for around 25 young people, training them to be peer educators on issues of gender-based violence and sexual bullying; activities for the wider student population

in each school, including workshops delivered by teachers; peer to peer education performances/workshops; assembly presentations delivered by Tender; the distribution of printed resources featuring helplines.

The evaluation (McNeish and Scott, 2012) collected feedback from students and staff and before and after measures of student's knowledge and confidence. It concluded that the whole school approach taken by the project was effective in improving young people's awareness of what constituted healthy and unhealthy relationships, increasing staff confidence in discussing these topics with students and building a more positive culture in schools around the tackling of gender-based violence and bullying. Important ingredients of the project were identified as:

The commitment of participating schools – particularly of school leaders – and the partnership working between Tender and school staff.

The quality of Tender's work – particularly their use of drama which was described as a way of promoting engagement, bringing life and energy to a topic, creating empathy with the experience of others and enabling self-expression.

The development of peer influence – with young people acting as peer educators and advocates of healthy relationships. Some schools created peer mentoring schemes, or peer led campaigns and advisory groups while others developed drama presentations or DVDs which students delivered in assemblies and to young people in other schools.

Rape Crisis Scotland's Sexual Violence Prevention Project:

This project involved the delivery of a sexual violence prevention resource pack in schools by nine Rape Crisis Centres across Scotland between 2013 and 2015.

An evaluation by DMSS Research (McNeish and Scott, 2015) used qualitative interviews, analysis of session feedback forms from young people, teachers and youth workers and a specially designed pre and post survey tool – *Teenage Attitudes to Sex and Relationships Scale (TASAR)* to measure changes in knowledge and attitudes among young people attending a minimum of three workshop sessions. Findings based on over 1000 matched

before and after questionnaires (administered prior to delivery, then at the end of the final workshop attended) indicated that the workshops had a significant impact on young people's knowledge and attitudes. As a result of attending three workshops, the vast majority of young people increased their knowledge of how sexual violence and abuse can affect people, what the law says sexual violence is and where people who have been raped or sexually assaulted can go for support. Attitudes also changed significantly, with the data suggesting that the workshop sessions were successful in raising young people's awareness of sexual violence, the importance of equality and consent in healthy relationships, and that the responsibility for sexual violence lies with perpetrators rather than victims.

The findings show that in relation to a number of attitudes a third of young people changed their opinions after attending three workshops and that in most cases boys were more likely to change their opinions than were girls. In most instances, this was partly because boys had more distance to travel from their pre-workshop views to those most consistent with the messages of the workshops.

The findings also suggest some ways in which high quality sexual violence prevention workshops can nudge attitudinal change in positive directions including the confidence of both girls and boys in affirming the importance of equality in relationships.

What are the features of more successful programmes?

A study by Pound et al (2017) synthesised existing evidence on 'best practice' in sex and relationship education (SRE), including stakeholder views.³ The authors agree with the overall findings from research and evaluation on prevention education suggesting that there are some particular features of more successful programmes:

Understanding needs and tailoring interventions to specific contexts and target groups helps to get preventative messages across (Humphreys et al, 2008; Pound et al, 2017). This includes taking into account the age and developmental

3 The research consisted of 5 'work packages': 1. Telephone interview study to investigate practitioners' views across all English regions on effectiveness and sustainability; 2. Synthesis of qualitative studies of young people's views of their SRE to explore acceptability. 3. Case study investigation of acceptability factors in relation to young people, parents and those delivering SRE, 4. Data analysis from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3) to explore effectiveness and acceptability; and 5. Review of systematic reviews of school-based sexual health and alcohol interventions to investigate effectiveness of such programmes.

stage of participants. There is little evidence about what works for different age groups or which age groups interventions should target. Some reviews suggest that prevention work has the greatest benefits for children between 7 and 12 years, while others show that older children learn about concepts, such as consent, more easily than younger children (Daro, 1994; Topping and Barron, 2009).

Duration and regularity of the intervention: There can be good practical reasons for delivering one-off sessions in schools, for example as a way of building relationships between a project and a sceptical school. However, there is little evidence that these have impact on young people. Pound et al (2017) further note that reducing programmes to a single ‘drop down day’ can miss students who are absent that day and who will then get nothing at all. Most of the above studies suggest that several sessions delivered over a number of weeks, ideally with follow up support, is more likely to result in sustained impact (Topping and Barron, 2009; Barter and Berridge, 2011; Hale et al, 2012; McNeish and Scott, 2015). Gadd et al (2014) suggest that longer-term interventions, e.g. as part of PSHE education, are likely to achieve better and more sustainable outcomes than one-off interventions). Pound et al (2017) agree that it is better to have time-tabled and regular PSHE than having isolated sessions that are spaced apart. PSHE should be a place for having an ongoing discussion around values and attitudes, building skills and giving children opportunities to practice these skills. Based on a meta-analysis of 27 studies, Davis and Gidycz (2000) also found the highest impact for longer programmes. However, another meta-analysis of 18 studies found that brief programmes could also make an – albeit smaller – impact (Heidotting, 1994). Young people themselves highlight the need for refresher sessions every few years to keep messages in mind (Barter and Berridge, 2011). Some professionals recommend a ‘spiral’ curriculum that delivers age-appropriate information through regular lessons and returns to the same topics to reinforce learning (Pound et al, 2017). With this approach, it is important that there is not too much unnecessary repetition so that young people feel that they are progressing.

Content that includes addressing issues of gender inequalities and unhealthy peer relationships: There is evidence that children and young people experience serious incidents of sexual violence and harassment in schools, with peer on peer abuse in schools making up a quarter of cases in many areas (Home Office, 2010). The Department for Education (DfE) in England has issued new guidance on how to address sexual violence and harassment in school and educational settings in 2018 (DfE, 2018b). Research suggests that schools do not always adequately respond to incidents of sexual violence and harassment (Firmin, 2015) and this has been echoed by evidence from young people themselves (Girlguiding, 2015).

Without appropriate guidance, young people are left to find out for themselves what is acceptable and ‘normal’ behaviour in relationships and receive unhelpful messages from media or popular culture (Firmin, 2016). A number of researchers have highlighted the role of gender inequalities and attitudes about gender in understanding how sexual violence occurs and is sustained (Coy et al, 2013; Sundaram, 2015). Programmes therefore need to address the pressures on young people to act in certain ways and to tackle the attitudes and behaviours that sustain abusive relationships (Bell and Stanley, 2006). However, some research suggests that ‘gender-neutral’ programmes, that downplay the issue of violence against women and girls as an aspect of gender inequality, are more easily marketed to the school system and are more comfortable for teachers and students to accept (Tutty and Bradshaw, 2004). Some evaluations have found lower levels of engagement from boys where materials were inappropriate or assumed boys had problematic attitudes (Hale et al, 2012). D’Arcy et al (2015) suggest that men as trainers can provide good role-models and increase the acceptability of messages about healthy relationships, particularly for boys.

Safe space: Prevention education should take place in a safe space so that young people feel comfortable to talk about sex and relationships. Distancing techniques, such as using scenarios or ‘vignettes’, can make it easier to discuss sensitive topics without asking young people to disclose personal information. However, some young people may disengage during these activities⁴ (Hale et al, 2012; Pound et al, 2017). Confidentiality is important and young people may have more trust in this when programmes are delivered by external educators (Pound et al, 2017). Research shows that some young people feel less comfortable in a mixed sex environment. Pound et al (2017) suggest that girls and boys may feel vulnerable in mixed sex classes for different reasons. Some girls report being verbally harassed by boys if they participate in class whereas disruptive behaviour by boys may be an attempt to avoid being seen as sexually ignorant. While some girls preferred single-sex classes all or part of the time, boys appeared to prefer mixed-sex classes.

Relevant content and flexible delivery: In designing programmes it is important to make best use of what has already been developed and evaluated. It can also be important to strike a balance between delivering a tested programme and maintaining the flexibility to adjust sessions according to context and audience (Hale et al, 2011; Beckett et al, 2013).

⁴ Findings from the RE-aDApt study (Hale et al, 2012) suggest that some young people can disengage during scenario work because they do not find it interesting to talk about an abstract case of people they don’t know.

Research suggests that educational initiatives should take a strength-based approach that focuses on young people's capabilities, encouraging them to make informed choices about their lives and relationships (Pearce, 2009; D'Arcy et al, 2015). Pound et al (2017) warn against overemphasising 'risk'. Bearing in mind the age appropriateness, programmes should employ a 'sex positive' approach that is open, frank and positive about sex. Young people report that they want SRE to reflect that some of them are sexually active and to acknowledge their autonomy and maturity. The content of interventions should reflect young people's realities, taking into account how young people socialise and communicate. According to Ofcom's media use and attitudes report (2017), children aged 12 to 15 spend almost 21 hours a week on-line with 8 to 11 year olds spending an average of 13.5 hours a week on the internet (the same amount of time as they spend watching TV). Programmes therefore need to address virtual forms of abuse and exploitation as well as online grooming, which plays a significant part in facilitating CSE (Davidson et al, 2011; Smeaton, 2013). They should address 21st century concerns including the distorted messages conveyed by pornography which are now so accessible through the internet (Emmerson, 2015). However, they also need to recognise the central role of social media in all aspects of young people's lives and relationships (McGeeney and Hanson, 2017).

Learning styles: Research suggests that sessions need to go beyond a theoretical understanding of issues and include 'real life' scenarios. A survey conducted by 'Girlguiding' (2013) found that while participants understood issues in theory, they did not always understand how to apply their learning to real scenarios. Another study by Sundaram (2013) also found a mismatch between what young people said they believed in theory and actual situations. When talking about violence in theory, particularly when perpetrated by men towards women, the study found that young people clearly stated that this was wrong. However, when confronted with vignettes that described individual scenarios, the participants 'produced stories around situations in order to explain, rationalise and sometimes justify the use of violence' (Sundaram, 2013, p.898). This suggests that theoretical knowledge should be complemented and reinforced with opportunities for young people to practice skills and apply learning to real life scenarios, e.g. through drama/role play (Fox et al, 2014).

The more effective programmes incorporate a range of creative methods, including modelling, group discussion, role-play, drama and video. Use of 'vignettes' or 'what if' scenarios are found to work better if children and young people are actively engaged (Topping and Barron, 2009; Hale et al, 2011). The evaluation of Tender, the biggest provider of drama-based sexual violence prevention work in the UK,

found that teachers strongly valued the use of drama as enabling pupils to explore difficult issues of abuse, violence and power in personal relationships (McNeish and Scott, 2012).

Responding to different learning styles is important (Fox et al, 2013). Findings from *Relationships Without Fear* highlighted:

- The need for varied activities, active participation and flexibility; there is no 'one size fits all' approach so methodologies need to consider different learning styles.
- The challenge of balancing free debate and differences in opinion – including the expression of harmful attitudes – while protecting young people who may have experienced abuse.
- The need to manage student discomfort; role play works for some young people but may make others feel uncomfortable and may trigger traumatic experiences.
- Applying sensitivity to a gendered approach; and recognising that gendered perspectives on sexual violence may alienate some young people.
- Recognising the limitations of raised awareness; including the evidence that some young people take mixed messages from prevention programmes and have particular difficulties in recognising issues around 'power' and 'control'.

Credibility, acceptability and delivery style of the trainers: Beckett et al (2013) recommend that prevention programmes should be delivered by 'credible individuals'. These can include teachers within the school who may have the advantage of consistent, long-term relationships with pupils and can therefore be well placed to reinforce preventive messages. However, teachers contend with competing priorities arising from curriculum demands (Baginsky and MacPherson, 2005) and may lack specialist knowledge or confidence to deliver sexual violence prevention programmes (Pearce, 2013; Fox et al, 2014). Some teachers feel awkward delivering sexual violence prevention programmes to their own classes and suggest that pupils may be more receptive to external facilitators. Studies have found some advantages to using specialist workers who are experienced in and comfortable with the subject matter. Some pupils may feel more able to discuss issues and ask questions of outsiders. Drawing on evidence regarding what works in delivering SRE, Pound et al (2017) note that good sex educators are comfortable with their own sexuality. They are enthusiastic about delivering the programme, confident, straightforward, unembarrassed, and experienced at talking about sex in everyday language. Young people report that they may prefer sexual health professionals

visiting schools to teach SRE because they were perceived as less judgemental and ‘know what they were talking about’ (McNeish and Scott, 2015). The evaluation of Rape Crisis Scotland’s Sexual Violence Prevention Projects showed that the delivery of high quality workshops by independent experts was crucial in achieving positive impacts: students highlighted the importance of workshop leaders being independent from schools, approachable and knowledgeable (McNeish and Scott, 2015). Other research suggests that a collaboration between teachers, and external trainers and children and young people may be a beneficial way of delivering interventions (Fox et al, 2014).

Some programmes have recruited and trained other young people as peer trainers, an approach which can add credibility, authenticity, and increase the acceptability of programmes (Firmin, 2016; Bovarnick with D’Arcy, 2018). Overall, peer educators are considered by most young people to be highly credible although some students worry that peer educators may take confidentiality less seriously (Pound et al, 2017). Successful interventions rely on giving messages that are recognisable and meaningful to children and young people and that make it ‘real’ (Beckett et al, 2013). Young people can reach peers by speaking the same language. A scoping review on domestic violence prevention programmes highlights this as key for achieving impact (Stanley et al, 2015). However, it is important to maintain the ‘quality’ of programme delivery (Weisz and Black, 2009) and although some research highlights peer involvement as cost-effective, participation work can also be very resource-intensive. If young people are to deliver prevention programmes, they too require quality training and high levels of support (Stanley et al, 2015).

The involvement of young people: Involving young people as peer educators is just one way of increasing young peoples’ engagement. Involving them in the development of awareness raising tools and materials can also be a useful strategy to ensure that they are age-appropriate, relevant and engaging. Research shows that this can help to engage young people in critically reflecting on perceptions and attitudes that sustain harmful sexual behaviours (Firmin, 2016; Pearce, 2009; Beckett et al, 2013).

An integrated ‘whole school’ approach: A whole school approach addresses school as a protective structure and aims to reduce vulnerability in a range of ways – including but not limited to education on healthy and unhealthy relationships. Stanley et al (2015) argue that to be successful, schools must be ready and committed to introducing and supporting CSE prevention across all aspects of school life. School-based programmes should be embedded in a ‘whole school

ethos' that promotes a consistent set of principles and values that are upheld and demonstrated in policy and everyday practice (Pound et al, 2017; DfE, 2018b). Recent DfE guidance (2018b) on sexual violence and sexual harassment between children in schools and colleges recognises that the most effective preventative education programme will be through a whole-school approach.

A 'whole school' approach involves all members of the school community, including pupils, teachers, school support staff, parents/carers, governors; training and awareness raising with all stakeholders and overt messaging about the school's role in preventing sexual violence. The delivery of preventive education sessions to young people is just one aspect of this. Other key elements of whole school change include teacher knowledge and confidence in dealing with relationship issues, school leadership which is committed to tackling issues such as gender-based bullying, supported by appropriate policies and procedures (e.g. on bullying, safeguarding, behaviour); the integration of relevant topics across the school curriculum (e.g. using opportunities in English literature or history to generate discussion of gender inequality or domestic violence) and recognition of the influence of peers (McNeish and Scott, 2012). All of this adds up to fostering a school culture which has zero tolerance of sexual abuse and harassment, including between peers (Barter and Berridge, 2011; Firmin, 2015).

Working in partnership with parents/carers: Parents and carers are important partners in school-based prevention. Parents are key influencers of their children's attitudes and understanding and they can reinforce or undermine what their children learn at school. The engagement and co-operation of parents is therefore crucial. Research suggests that most parents welcome information provided to their children in schools as it facilitates discussion on sensitive subjects at home (Topping and Barron, 2009). However, some parents lack the confidence to talk about these topics with their children, they may lack knowledge themselves (e.g. about the risks of on-line abuse) or they may have poor relationships with the school.

There can also be mismatch between the expectations of teachers and parents. A study by PACE (2015) found that less than half of teachers would inform parents if they knew, or were concerned, about a child's involvement in CSE while three quarters of parents expected teachers to notify them. This suggests a need for better communication and cooperation between schools and parents in prevention work. That involves active parent engagement and effective local multi-agency working (Beckett et al, 2013; Rawden, 2015; Humphreys et al, 2008)

Local multi-agency partnerships and community involvement: Schools are also part of the local community and are key partners in multi-agency working to tackle CSE. Effective multi-agency partnerships can play an important role in enhancing the success of prevention work in schools (Humphreys et al, 2008). Whole school approaches should fit into wider community strategies, e.g. prevention work among health, voluntary sector, LSCB, police and youth service partners. A community approach, underpinned by effective multi-agency working, can enhance conditions and contribute to a school's 'readiness' to introduce interventions (Stanley et al, 2015). Practically, partnership working can help get prevention work into schools and help reach those who are outside of mainstream education. Partnerships can provide important strategic knowledge and support understanding of the local context.

Addressing diversity

There is little evidence about how sexual violence interventions in the UK accommodate diversity or pay attention to issues of race, ethnicity, class, sexuality or disability. However, the need for additional resources aimed at disabled children, children from black and minority ethnic groups, refugee and asylum-seeking children, as well as LGBT children and young people has been highlighted (Stanley et al, 2015; Fox, 2016).

Topping and Barron's (2009) meta-analysis of child sexual abuse prevention programmes found that only two out of 22 studies analysed their data by **socio-economic status**. However, these showed poorer outcomes for children from lower socio-economic backgrounds and this difference was still apparent at 12-months follow up. Specifically, children from disadvantaged backgrounds made fewer gains compared to children from middle-income families in relation to: rejecting inappropriate touching and reporting inappropriate behaviour without being punished; trusting parents to stop unwanted touching; expecting to be believed by adults; experiencing emotional safety or improved self-esteem. Children from middle-class homes with active parental involvement and whose teachers who integrated safety knowledge into their teaching made the most progress.

Research suggests that **children and young people with learning disabilities** are more vulnerable to CSE and face additional barriers to their protection and to receiving support (Franklin et al, 2015). Research shows that:

- Young people with learning disabilities are vulnerable to CSE due to factors that include overprotection, social isolation and society refusing to view them as sexual beings.

- Lack of awareness of the sexual exploitation of young people with learning disabilities among professionals can also contribute to their vulnerability.
- There are gaps in national policy and a lack of implementation of current guidance.
- Young people with learning disabilities are often not specifically considered in local multi-agency arrangements for CSE, which has implications for whether those experiencing or at risk of CSE are identified or receive support.
- Young people with learning disabilities can face a number of challenges to disclosing CSE, including the negative responses of professionals. To improve support to young people with learning disabilities, research with young people identified four key areas where improvements could be made:
 - Education and information on sex and relationships and exploitation
 - Earlier, child-centred general support for young people so that issues do not escalate and create risk; this includes being listened to by professionals
 - Support to meet their specific learning needs
 - Access to more specialist CSE services.

Pound et al (2017) emphasise the importance of delivering SRE in a culturally sensitive way. They note that some children from black and minority ethnic backgrounds may especially value school-based programmes because sex may not be discussed within their families or because SRE provides alternative perspectives to those encountered at home.

Limitations of awareness education programmes

Education on what does and does not constitute healthy, equal, pleasurable relationships is a good thing, but it is important to be honest and realistic about what programmes can achieve, particularly with regard to the prevention of CSE.

For some young people increased knowledge and awareness can influence decisions they make on-line or in their social lives. For example, where a young person was previously naive about people lying about their identities on-line, or the importance of privacy settings, education might help protect them from being drawn into a potentially abusive on-line relationship. However, education alone has extremely limited impact on the vulnerability factors in children's lives. It is unlikely to override the needs and difficulties that make some young people

vulnerable to being targeted by abusers. And most importantly of all, no amount of education of young people can protect them from a determined perpetrator.

These limitations have led to some criticisms about preventive education programmes being ‘victim blaming’ because they suggest that the responsibility for staying safe from abuse lies with children and their behaviour (Eaton, 2018). Therefore the message needs to be very clear: abuse is always the responsibility of the perpetrator and victims are never to blame. It is important to ensure that programmes always challenge the women and child-blaming myths that are still prevalent in relation to sexual violence.

In addition, there can be unintended negative impacts of preventive education. In every classroom there will be children who have experienced or are currently experiencing sexual abuse. So there is always the potential for re-traumatisation. People delivering sessions need to be trauma aware, resources need to be carefully considered for their potential to trigger distress and sessions should only be delivered when there is follow up support easily available for children. Facilitators need to be prepared for possible disclosures and keep in mind that the message about not being to blame is particularly pertinent for children who have been or are being abused.

Key messages

So what does all this mean for the development of effective awareness raising? It means that while programmes may have an impact on young people’s self-reported knowledge and attitudes, this does not automatically translate into changed behaviour. Changing young people’s actual behaviour through education is extremely difficult and even well-designed and delivered, intensive programmes have been shown to have very limited effects. Ambitions for such interventions should therefore be cautious.

Programmes can hope to have positive impacts on young people’s knowledge and attitudes if they take into account the following messages from research and evaluation:

- Schools need to be engaged and committed. They need to see the issues as important to them and be prepared to invest time and resources themselves (not just welcome a freebie!).

- Short-term interventions that are temporary and ‘stand-alone’ (as opposed to being integrated into ongoing curricula) are unlikely to be effective. Therefore, working with school leaders to consider how best to integrate an intervention with other aspects of school policy and practice and dovetailing messages with the PHSE curriculum is likely to be time well spent.
- Any intervention needs to be substantial enough to have an impact – with a duration sustained over a number of regular sessions and a plan for follow-up sessions.
- A fully integrated ‘whole school’ approach should include the active involvement of children and young people, staff, parents and the wider community.
- It is important to undertake a needs-assessment in collaboration with school partners and tailor interventions to the specific context. This needs to take account of the diversity of young people, including their socio-economic background, ethnicity, sexual/gender identity and disabilities.
- Programmes need to make clear that boys and young men can experience sexual abuse and exploitation. It is not only something that happens to girls.
- Content needs to challenge attitudes around gender and relationships that underpin harmful behaviour, but needs to do so in ways which involve rather than alienate boys.
- Facilitators need to be credible and have a delivery style that is confident, open and appeals to children and young people.
- A variety of active methods that allow for different learning styles, maximise young people’s engagement, bring life and energy to a topic, encourage empathy with the experience of others and enable self-expression should be incorporated.
- Programmes should always be designed and delivered with an awareness that preventive education can have unintended negative consequences. In every classroom there will be children who have experienced, or are currently experiencing, sexual abuse. There is always the possibility that children will be re-traumatised by explicit images or discussion of abuse, or that children will experience messages about ‘keeping safe’ as saying that they are to blame for being abused. All programmes have a responsibility to ensure that this is not the message children hear.

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3 Outreach to children and young people at risk

Introduction

This chapter explores what is known about outreach work in relation to CSE. It provides an overview of different approaches to outreach work with young people; describes what such work generally aims to achieve; what distinguishes it from centre-based work and how it is applicable to children and young people abused through, or at risk of, child sexual exploitation. We particularly highlight approaches that aim to reach vulnerable young people who are not accessing mainstream services.

Outreach work can be undertaken in order to engage and inform different populations including parents and carers and professionals. It can also play a crucial part in community awareness raising.

However, the focus of this chapter is on what works best in reaching out to children and young people and considers the following key questions:

- What is outreach and what does it aim to achieve?
- What are the differences between outreach, street-work and detached youth work and how have these developed in the UK?
- How has outreach been used to address CSE?
- What are the key principles of outreach work?
- What are the different models of outreach?
- What do we know about the effectiveness of outreach and what are its benefits and limitations?
- What does all this mean for the development of outreach work in relation to CSE?

What is outreach and what does it aim to achieve?

The term 'outreach' is used to describe a range of activities relating to community development, social inclusion, or engagement with local people (McGivney, 2000). In the context of youth work, outreach is typically aimed at particularly vulnerable and/or marginalised groups that, for a variety of reasons, are not effectively reached by mainstream services (Hardy et al, 2010; Rhodes, 1996).

Usually, the primary purpose of outreach is to raise awareness of existing services and encourage their take-up. Outreach often targets those that may be suspicious of, or intimidated by, mainstream services in order to increase their confidence and draw them into centre-based provision (Dewson et al, 2006). However, in some instances, outreach can be used to directly deliver services, especially in communities with poor provision and where people have difficulties in accessing advice and support e.g. in rural areas.

The development of outreach and detached youth work

Outreach and detached youth work have their roots in philanthropic organisations that worked in UK cities in the late 19th and early 20th centuries (Kaufman, 2001). Some were part of a history of 'child rescue' led by individuals such as Thomas Barnardo whose crusade to 'rescue children from the streets' included rescuing girls from so-called 'prostitution' (Smith, 2002; Stacey, 2009).

Most early youth work took the form of providing gender specific clubs⁵ (Smith, 1996, 2005) and both boys' and girls' workers made contact with young people on the streets of their neighbourhoods in order to encourage them to join clubs or institutes⁶ (ibid.).

Young people came to prominence as a potential social problem after the Second World War with the emergence of youth sub-cultures (such as Teddy Boys, Mods and Rockers) and when young men in particular, were gaining increased cultural and economic independence from their families (Skelton and Valentine, 1998). In this context youth workers grappled with how to 'reach' young people who were not affiliated to the organised clubs and especially those considered most disaffected and rebellious. In England and Wales, the policy response to these concerns was to appoint a committee in 1958, chaired by Lady Albemarle, to

5 Perhaps the best known example of this was the development of scouting following the publication of 'Scouting for Boys' in 1908 (Smith, 1996, 2005).

6 An example of this is Maud Stanley's work around the Five Dials in London in 1878 that spearheaded the development of girls 'clubs' in the UK (Smith, 1996, 2005).

review the contribution that the Youth Service could make in ‘assisting young people to play their part in the life of the community’. The resulting ‘Albemarle Report’ (Ministry of Education, 1960) promised to substantially increase funding to youth services. While most of these resources were attached to club and centre-based provision, some attention was paid to alternative and experimental forms of youth work in recognition that:

‘Some [young people] are too wary or too deeply estranged to accept, at any rate initially, even the slight commitment required by club membership. We should like to see more experiments made to cater for their social needs in the unconstrained way which they appear to seek. We have in mind the coffee bar sited strategically at the sort of place where they tend to congregate, the ‘drop-in’ club... the experimental youth centre or workshop... We would go even further and suggest there is also a need for experiment with peripatetic youth workers, not attached directly to any organisation or premises, who would work with existing groups or gangs of young people.’

(Ministry of Education, 1960, p.187)

In the 1950s and 1960s, as well as US-based work with teenage street gangs (Crawford et al, 1950) there were also UK projects with innovative ways of contacting and working with young people: for example, the Teen Canteen at Elephant and Castle that operated between 1955 and 1962 (Smith et al, 1972, p.6). A number of experimental projects were funded through the 1960s – including a three-year National Association of Youth Clubs project documented in the report ‘The Unattached’ (Morse, 1965), a YWCA Project (Goetschius and Tash, 1967) and ‘Avenues Unlimited’ in Tower Hamlets (Cox, 1970; Edginton, 1979). Reaching out to gang affected neighbourhoods also included pioneering outreach to girls as documented by Campbell (1984) in her ethnographic study of ‘Girls in the Gang’.

By 1974, 43 out of 86 Local Authorities were undertaking detached work, and by 1998 all but one Local Authority were doing so. In the early 1990s, the government funded 28 local authorities in England to establish 60 youth crime reduction projects; many of which employed outreach and detached methods in high crime neighbourhoods (Crimmens et al, 2004). While many of these projects successfully targeted young people at serious risk of offending who were not involved with criminal justice or welfare agencies, the evaluation of this work was problematic due to the tension between the user-led ethos of detached and outreach work and the target-led goals of the projects (France and Wiles, 1997). This tension has continued to be an issue for outreach work. From the 1990’s onwards, outreach

and detached work has shifted towards time-limited, targeted and problem-oriented interventions focusing on achieving specified outcomes (Crimmens et al, 2004). A case-work, rather than group-work approach was increasingly adopted and the tradition of user-led, educational approaches declined (Jeffs and Smith, 2002; Firmstone, 1998).

As the amount of outreach work declined in the mid 1980's, so did research into outreach approaches and very little has been published about either outreach or detached youth work since. The few more recent papers tend to examine detached youth work as one aspect of broader provision and there has been little in-depth exploration or rigorous evaluation of outreach activities (see Green, 1992; Smith, 1994; Dadzie, 1997; and Kaufman, 2001).

How has outreach been used to address CSE?

For many years, outreach has been a method of identifying and providing support for adults involved in prostitution who are traditionally street-based and excluded from mainstream services. From the early 1990's, services began to be developed for sexually exploited children and young people with outreach methods used to access young people 'abused through prostitution.' Such young people were rarely receiving support from mainstream services, were frequently wary of professionals and often did not perceive themselves as requiring protection. Therefore, early CSE services such as Barnardo's Streets and Lanes project in Bradford or SECOS (Sexual Exploitation of Children on the Streets) in Middlesbrough, usually involved some type of outreach activity in order to identify and engage young people, alongside centre-based services (see Pearce, 2009; Scott and Skidmore, 2006).

Over the past decade a much broader set of contexts for CSE has been identified (e.g. online, peer-on-peer, gangs and groups) and CSE services have responded by undertaking more diverse forms of outreach with children and young people, as well as with parents, professionals and communities.

As awareness of CSE has grown so has its recognition as a priority safeguarding issue. As more referrals were received via other professionals, CSE services gradually came to rely less on outreach as a means of identifying and reaching young people. Today, the majority of CSE services operate within the context of multi-agency working and safeguarding policies and procedures. However, there are still some young people who are sexually exploited (for example, through the exchange of sex for money) who are not accessing support and are not necessarily identified as vulnerable young people (Pearce et al, 2002). Outreach therefore has

continued to be an element of many CSE services to support individuals who are outside mainstream services and to identify vulnerable children on the streets.

The role of outreach in reaching marginalised groups

Outreach can play a special role in targeting ‘marginalised’ groups that are traditionally more difficult to engage with. Whilst outreach can be part of ‘primary prevention’ and involve sessions in schools, it can also include specific initiatives to reach young people who are thought to be particularly vulnerable, are least likely to be identified as victims of CSE or who may be excluded from or wary of statutory services. This includes those from Asian Muslim backgrounds (Gohir, 2013), those with learning disabilities (Franklin et al, 2015), boys and young men (McNaughton Nicholls et al, 2014; Leon and Raws, 2016), lesbian, gay and trans young people (Fox, 2015), or those from Roma communities.

Outreach can be vitally important for children and young people who go missing. The link between running away, youth homelessness and CSE has been recognised by policy and research since the 1990s (Smeaton, 2013). Going missing from home and care has been identified both as a possible indicator of and a risk factor for CSE. Street-based outreach work can specifically target young people who work, hang out or live on the streets and offer advice, support or basic provision, such as food, drinks or condoms (Melrose and Barrett, 2004).

There are implications for the characteristics and knowledge required of staff undertaking outreach work aimed at specific groups of young people (Crimmens et al, 2004). For example, Safe in the City⁷ workers went out in either mixed gender pairs or as two women, recognising that young women, particularly those working in a ‘red-light’ area, may be wary of being approached by two male workers (Hayes and Trafford, 1997). However, the project highlights the importance of not making too many assumptions about identity or which adult workers young people will be most comfortable with. Safe in the City’s experience of undertaking outreach work in Manchester’s gay village and red-light district was that while some young people felt at ease speaking to lesbian or gay workers they found it hard to gain the trust of boys and young men who were selling sex but who did not identify as gay.

Working in partnership with other agencies or individuals with expert or ‘inside’ knowledge and access to specific groups, e.g. particular faith or ethnic communities, can be particularly effective. Engaging relevant stakeholders can help to identify needs, build trust and draw on established relationships and

⁷ A Manchester based project run by The Children’s Society since 1990.

networks in order to raise awareness of services amongst populations that are marginalised from mainstream society (Barnes et al, 2005; Barnard and Pettigrew, 2003; VAC, n.d.). For example, there are a range of specialist agencies that are well-placed to offer outreach activities specifically aimed at young people from minority ethnic backgrounds. Linking up with such specialist agencies can assist in mapping needs and in gaining a better understanding of the issues faced by young people in their specific contexts (see also chapter on ‘communities’). This is crucial in order to develop appropriate outreach responses. In turn, specialist CSE services can support the outreach work of specialist agencies or local community organisations by ensuring that outreach workers have appropriate levels of awareness and training on CSE to be able to identify risks and to provide adequate responses to children and young people experiencing, or at risk of, CSE.

Key principles of outreach work

Outreach work is underpinned by the principle that it is necessary to reach some young people ‘where they are at’ – in their own ‘places and spaces’.

In addition, it emphasises the importance of:

- Trust: establish trusting relationships with young people
- Choice: young people must engage voluntarily
- Control: young people co-produce activities and interventions

Place and space

‘It is no use asking girls, to whom one is unknown; they will not come; they are distrustful of such invitations, and shyness will also prevent them from entering a strange place.’

(Stanley 1890, p.56 in Batsleer and Davies (eds.) 2010)

One of the main decisions that outreach workers have to make is where they can best reach young people. The first specialist CSE projects recognised that in order to engage with young people ‘involved in street prostitution’, outreach on the streets of ‘red-light’ districts was crucial. Since then there has been a growing awareness of the vulnerability of young people to ‘on-street grooming’ CEOP (2011) by offenders who target children on the street and invite or coerce them to

go to flats or parties where sexual abuse takes place, or who traffic them for the purpose of sexual exploitation (Kosaraju, 2008).

Street pastors are one non-CSE specific outreach initiative which recognises that outreach can be particularly effective in reaching young people at times and in places that are particularly risky. Volunteers from local churches patrol areas where young people go out on a Friday and Saturday night, engage with those involved in the night-time economy and provide reassurance, support and safe journeys home when needed.

The 'places and spaces' which are most relevant to young people may be different for diverse groups of young people and may change over time. Street work is likely to be less effective as a means of reaching young people with physical disabilities or young people (particularly girls) from certain faith or ethnic minority backgrounds.

Gender is an important aspect to consider when determining where outreach work should take place. Some studies of youth (sub)-cultures have suggested that, while boys' youth culture was mainly street-based, girls' youth culture was bedroom-based with much of girls' leisure time being spent in their own or their friends' homes (McRobbie and Garber, 1991; Mitchell and Reid-Walsh, 2002; Skelton and Valentine, 1998). Focusing specifically on the importance of 'popular' culture to how girls understand their worlds, work has been undertaken on how to access and engage with girls and young women in more 'private' spaces (McRobbie, 1994). Today, these considerations may be particularly relevant to the on-line places and spaces occupied by girls and young women (as well as by boys and young men).

Space and Place in the digital age

The digital age has transformed where and how young people spend time, socialise and communicate, and therefore where and how workers need to engage and work with them. It is likely that new 'virtual' avenues for grooming have led to the victimisation of young people with a different profile to that of the classic 'victim' of street exploitation. With the proliferation of smartphone usage, many young people now occupy online and physical locations simultaneously. As young people's virtual and physical realities often overlap, risks can be more difficult for adults to detect and control.

Information technology now forms a core part of formal education in many countries, ensuring that each new generation of children are adept at navigating the virtual world (Davidson et al, 2011). Studies suggest that in the UK, the percentage of children using the internet use has hardly changed over the past five years, but the amount of time they spend online continues to increase. Ofcom (2017) found that, among those who use the internet, the weekly hours spent on-line increased from over 9 hours in 2007 to around 15 hours for 5- to 15-year-olds in 2016 (Livingstone et al, 2017). Some young people now meet many of their needs for interaction with their peers, friendship and fun on-line (Palmer, 2015).

The proliferation of young people's online activity suggests that outreach needs to extend into young people's virtual spaces. Some projects have done this already, for instance Childline places advertisements strategically on websites and chatrooms. Many organisations, such as Relate, Kooth.com, CyberMentors, The Site, txtm8 and Clued Up from Living Well or the Samaritans, offer free and confidential online counselling. Innovative and interactive engagement with young people in virtual space is proliferating and represents the primary model for 21st Century outreach work:

'Alumina'

Self-harm.co.uk offers an online course called 'Alumina' for young people between the ages of 14-18 who turn to self-harm as a way of coping and who would like to find other ways of dealing with the ups and downs of life.

The course is offered through a safe platform (using Adobe Connect) and is facilitated by a trained counsellor and at least one other trained and experienced volunteer. It includes therapeutic elements and explores with young people the causes and issues around self-harm, either in a virtual group-environment, or in the privacy of separate chatrooms.

The course is broken up into 6 sessions, which take place online at the same time every week, with the same group of people and same facilitators. The live programme delivers support and encouragement using fully interactive and innovative activities, which have been designed to help a young person take the next step towards recovery. (Selfharm.co.uk)

‘Girl Effect’

‘Girl Effect’ is an international initiative that seeks to empower girls by using global online platforms and other models of virtual communication.

By connecting with girls in their communities and building confidence in their own potential, Girl Effect aims to change the way people think, feel and act towards girls. Two examples of the work include:

- Locally rooted girl-powered culture brands that inspire girls and inform those around them through drama, journalism and music. For example, the Ethiopian music, drama and talk show ‘Yegna’ challenges the way people think about girls – and how girls think of themselves, through storylines that confront real-life issues including early marriage, violence and barriers to education. Since launching in 2013, Yegna has reached millions of people and is provoking conversations about the positive role girls can play in Ethiopian society.
- Interactive technology and real-world safe spaces that connect girls to knowledge and networks that open their world, e.g. through ‘Girl Networks’, which are online and real-world youth clubs that harness the power of fun, inspiring and informative branded content. It includes ‘Girls Connect’, a free helpline in Nigeria, that gives girls access to on-demand content and conversations, and one-to-one mentorship. (Girleffect.org)

Trust

Outreach and detached types of youth work are fundamentally based on a trusting relationship between workers and young people. Building and maintaining this trust has implications for outreach and can present some dilemmas. Outreach workers may need to distinguish themselves from mainstream services, and particularly statutory professionals like police, teachers, health workers and youth justice workers, at the same time as working in partnership with them. Young people may want assurances of confidentiality which seem at odds with multiagency information sharing and safeguarding commitments. It is important to maintain the boundaries of confidentiality and safeguarding in an outreach context with clear policies and referral pathways should there be a safeguarding concern. Outreach workers may need a variety of ways of communicating this clearly to young people, appropriate to the specific outreach activity, for instance, verbally, in the form of a leaflet or as an online poster.

Successive evaluations of CSE interventions highlight that building relationships based on trust is a first essential step towards a young person's engagement with a service (Scott and Skidmore 2006; Smeaton 2016; Stacey 2009). An important element of building trust is the ability of workers to understand CSE and the different ways in which perpetrators exploit children and young people's vulnerabilities alongside an awareness of young people having multiple aspects to their identity (Fox, 2015).

Choice and control

Outreach and detached youth workers generally have no physical building or specific activity over which they have control and the relationship between a young person and a youth worker is entirely voluntary and constantly up for negotiation (CWVY, 2014). Without the formal structure of a service-based intervention, outreach work depends on the young person's willingness to engage with the worker.

Giving a young person a choice to engage with an outreach service, and letting the young person lead on how they want to engage, builds trust. 'Trust', 'Choice' and 'Control' therefore can be seen as interconnected and mutually reinforcing.

'MAC-UK'

'MAC-UK' is a small grass-roots charity in North London delivering mental health interventions to young people involved in antisocial/gang-related activity. It emerged out of a vision to use a Youth-led approach to make mental health support accessible to excluded young people within their own community.

The project has developed a model called 'Integrate'© that aims to reach out to these excluded young people. The approach takes evidence-based approaches to mental health and applies them in new ways in efforts to reduce serious youth violence and re-offending, to engage young people in training, education and employment, and to bring them into existing services.

The Integrate Model emerged out of MAC UK's founding project 'Music & Change' based in Camden. It started with MAC UK's founder hanging out in a local fish and chip shop for six months until members of a local gang asked her what she was doing. She introduced herself and explained she needed their help. What emerged was a model that put mental health workers at the heart of activities which were led by the young people themselves. Music

& Change has now evolved into the Integrate Development Project. The Integrate Model works intensively for 2 to 4 years with young people who are among the 5% that commit 50% of youth crime and have a history of non-engagement with existing services. It engages young people by giving them the opportunity to create and own a project they find interesting, whether that might be setting up a boxing club or DJ-ing. The approach allows for therapeutic conversations to happen in an informal way. Young people engage in 'streetherapy©' at times and in places they feel comfortable. This can be anywhere, for example on a bus, in a stairwell, or whilst waiting at court. Integrate is being delivered by multi-agency teams on four sites across London and is currently being evaluated by The Centre for Mental Health (CMH). The 'Music & Change Project', however, was evaluated by CMH over the course of 2010 and 2012. The evaluation found that the project reached and engaged young people who were offending or at the risk of offending and were not in contact with mainstream services. It showed that it was effective at supporting young people's wellbeing and providing mental health interventions. (MAC UK, n.d.; Centre for Mental Health, 2018).

Giving young people greater control over the work you do with them requires a non-judgemental attitude by workers and the ability to constantly (re)negotiate the working agreement with young people. The key feature is that the way of working is determined by the young person, rather than following a pre-established programme of work and thereby addresses some of the issues that can alienate young people from accessing mainstream services. This ethos is not confined to outreach or youthwork: its an approach which has also underpinned a lot of one to one work delivered by CSE services. Control over the sequence and pacing of work, where it is delivered and by whom have been found to be important to engaging young people effectively in one to one work too (Harris et al, 2017).

Varieties of outreach

The nature of outreach can vary by where it is carried out, who does it and its primary purpose. The literature describes various forms of outreach work, including the following:

Model	Opportunities (+) and Challenges (-)	Example
Home-based	+ Reaches children and young people who are home-bound and may not have access to services/information	Going into young people's homes, for instance, to reach young people with disabilities who are home-bound.
	- May compromise anonymity/confidentiality if others are present in the home	
Street-based	+ Reaches those that are not already using services and arguably the most vulnerable populations	Going out to contact young people in young people's spaces in and around the 'street', targeting individuals.
	- Work may be disrupted or discontinued due to the informal nature of working and the transient nature of street life	
Travelling/mobile	+ Reaches broader populations	Working with other agencies or organisations that have access to, and inside knowledge of, target populations, such as particular BME or other communities.
	+ Draws on partner organisation's expert knowledge of the context and target group	
	+ Co-location with partner organisations can facilitate cross-referrals	
	- May create confusion around objectives of outreach	
	- May create conflict (of interest, or fears around 'poaching clients')	
Satellite	+ One-stop shop can create effective outreach and services	Making a service more accessible by sending a worker from one centre into a satellite location (e.g. Hub and Spoke project or the 'BIG Bus Project').
	+ Can deliver training and services to communities that have no access to facilities	
	+ Can be effective for 'hard-to-reach' populations, e.g. refugees and asylum-seekers	
	- Resource-intensive; requires tools and adequate staffing levels	
	- Can be logistically challenging	

Model	Opportunities (+) and Challenges (-)	Example
Peer	+ Actively engages and trains young people in awareness-raising and promoting services	Training young people to deliver outreach services to peers (e.g. Barnardo's SECOS).
	+ Adds authenticity	
	- Resource-intensive as young people need training and support	
	- May not be appropriate for all outreach activities and young people	

The benefits and limitations of outreach

Fritz et al (2016) suggest that outreach provides the following benefits:

- Enhancing worker's ability to understand young people's perspectives.
- Addressing need and risk in the context of young people's lived realities.
- Trust between outreach workers and young people facilitates access to and engagement with highly vulnerable individuals and groups.

Outreach and detached youth work offer unique opportunities to engage with young people in their own social environments. By entering young people's spaces, practitioners can gain greater understanding of young people's lives (Whelan, 2010) and develop relationships that enable them to better assess and improve a young person's safety within the contexts that put them at risk (Fritz, 2016). Within these contexts, workers can support the creation of safer spaces, in which young people can review their views and behaviours and consider healthier alternatives. In some circumstances, workers may be able to undertake contextual safeguarding strategies and transform risky environments by addressing what created risk in the first place.

However, a central dilemma of outreach work in the present day is that its core principles of reaching out to young people on their own terms and giving them the choice and control over the work, frequently runs counter to policy and funding requirements. As the context in which projects work has become increasingly target driven there has been more and more pressure on projects to focus on specific outcomes for target populations. Workers delivering outreach therefore frequently encounter the following challenges:

- Policy agendas can restrict workers' freedom to work as they see fit.
- Funding pressures emphasise individualised outcomes on specific issues.
- Lack of long-term funding commitment undermines workers' ability to establish trust and relationships with young people, which takes time, and to offer young people continuity (Joseph Rowntree Foundation, 2004).

What do we know about the effectiveness of outreach?

'It is very difficult to measure what you have prevented.'
(Interviewee in Crimmens et al, 2004, p.59)

Outreach work is rarely evaluated rigorously. Evaluation has been limited by a lack of time and resources and the fact that it is intrinsically difficult to assess the impact of outreach: interventions are not standardised; changes for young people over time are difficult to measure and can rarely be attributed to the intervention of an outreach worker alone.

There is however some evidence that outreach can act as a catalyst for positive change in young people's lives. A study of street-based youth work by the Joseph Rowntree Foundation (2004) showed that contact with street workers appeared to have helped young people in many areas of their lives. Of 76 randomly selected young people in touch with projects:

- Almost 29% were unemployed or not in education or training when the research team first visited the project. This fell to 21% at the second visit 3-6 months later.
- Those with no income and not in receipt of benefits fell from 24% to 20% between visits.
- Those deemed to be a core member of a group associated with 'anti-social' activity declined from 18% to 4%.
- Regular attendance and active participation in youth activities rose from 26% to 37%; the proportion banned from youth provision dropped from 3% to 0.
- The numbers known to be offending diminished by almost a third.
- The proportion in adequate accommodation rose from 62% to 68% and the numbers sleeping rough fell from 7% to 1.5%.

- The number of young people maintaining contact with statutory welfare agencies over the period increased from 4% to 15%.

Similarly, an evaluation of SECOS' 'Stay Safe' outreach service as part of an evaluation of SECOS' overall CSE service found that 'Stay Safe' plays an important part in identifying vulnerable and hard-to-reach children and young people and implementing any required actions to promote and safeguard them and their families (Smeaton, 2016).

Learning from the literature on outreach

The evaluative and descriptive literature on outreach suggests several key learning points for those embarking on an outreach project.

Scoping needs and resources: A scoping exercise may be a good starting point from which to develop an effective outreach strategy. A scoping can help to identify the needs and issues of the target area and/or group and assess the range of approaches that are most likely to work. In addition, it can then be a useful exercise to match the identified needs and planned activities against the available skills and resources.

Scoping may involve speaking to relevant stakeholders, getting a 'feel' for the local area by hanging out in different locations at different times, mapping existing services, identifying local issues and locating spaces and places where vulnerable children may be (Smeaton, 2014). This can build a more accurate picture of the local context and a more nuanced and detailed understanding of the target group.

Scoping should include considerations around diversity and inform thinking around how to make outreach accessible to more vulnerable young people. It can inform strategic decisions relating to the outreach team's own capacity to reach diverse target groups and to set realistic boundaries around goals and expectations of what the planned outreach activity is likely to achieve. It may highlight the need to link up with specialist agencies or to delegate/outsource outreach services to organisations that are better suited to reach and deliver services to particular groups or in specific communities .

Understanding and responding to context: Firmin (2015a/b) has developed a contextual safeguarding approach, which recognises and responds to the social spaces in which peer on peer sexual exploitation occurs. This approach recognises that young people's behaviours, vulnerabilities and resilience are all informed by

the public / social contexts in which young people spend their time. Within young people's social environments, contextual safeguarding explores how abusive behaviours can be disrupted and how these spaces can be made safer:

Contextual safeguarding

Contextual safeguarding involves mapping the spaces and locations, in which young people are at risk, using outreach as one strategy to intervene in those spaces. It may entail making those spaces safer, for instance, through a safe adult being present with a group or on the street, or, by installing better lighting in parks or bike sheds.

It typically includes elements of detached work, either in groups or on an individual basis, encouraging young people to think about their own safety in different environments. Workers may engage a young person within their peer groups and neighbourhoods and focus on the individual's resilience to risk. In practice, this might involve a conversation between a worker and a young person during which they agree upon measures for staying safe in different situations. Other times, workers might talk about safety during planned activities. Planned activities can attract young people to sessions, during which workers can address some of the issues that put young people at risk (Fritz et al, 2016).

A learning project undertaken by the Contextual Safeguarding Team (Peace, 2018) highlighted the importance of embedding outreach in multi-agency responses to CSE and adapting these to local needs and issues:

Setting up a 'pop-up' youth club

A group of young people, some of them known to social care and youth outreach teams, started using the local library to socialise and for free wifi access. When their behaviour became antagonistic, library staff reported concerns. In discussions between social work and youth outreach services, the local library was identified as a 'hotspot' for antisocial behaviour linked to CSE. It was brought to the attention of the local CSE lead.

The multi-agency response was to set up a 'pop-up' youth club. The detached youth work and participation teams delivered training to the library staff.

Both teams also engaged with the young people to find out what they wanted (a safe, warm place to hang out). They involved them in developing solutions. It was jointly decided to run a series of workshops in the library for young people on a range of topics, including healthy relationships. At the same time, library staff received training on adolescent development.

What was meant to be a brief intervention – the original plan was to signpost young people to youth services – turned into an eight-week programme as it became clear that the young people would benefit from more in-depth group work. The intervention was well received: a total of 70 young people were engaged, including a core group of about 30 young people with an additional 40 young people involved on a drop-in basis. During group work, staff were able to pick up on a range of issues in relation to unhealthy relationships. They identified risks in relation to different forms of exploitation and received a couple of disclosures.

Setting up the ‘pop-up youth club’ took a lot of time and resources. It required all the necessary preparation of an ‘attached’ youth club, including regular staff debriefs, providing food and refreshments, complying with health and safety requirements, ensuring female to male staff ratio and having duty managers on call. The initiative was made possible through combining the resources of different teams and having cross-agency support and commitment from management (Peace, 2018).

Using a range of approaches flexibly: In general, the more types of outreach strategies employed in a local area the greater the chance of engaging target populations (Rhodes, 1996). This may involve a combination of methods that complement each other, selecting those that are most likely to work with particular groups and being prepared to change tactics if the chosen approach stops being effective. An evaluation of Checkpoint’s Sexual Exploitation Live Freely Project, for instance, suggested that drop-in facilities provided by specialist CSE services were underused by young people (Smeaton, 2014). Instead, it was proposed that workers’ time may be more effectively spent delivering outreach in schools to children and young people affected by CSE not known to services or addressing community involvement and building relationships with local businesses.

Building organisational and staff capacity: The Checkpoint evaluation (Smeaton, 2014) also suggested that the following factors can support outreach work:

What works in responding to child sexual exploitation

- The project delivering outreach work being well-established in the local area adds credibility and facilitates cross-referrals of children and young people identified through outreach to other agencies.
- Outreach needs to be supported by a good understanding across the organisation of why the work is important, an appreciation of what outreach entails and how it should be supported.
- Outreach being carried out by voluntary sector agencies which generally have more freedom to deliver work in creative ways than most statutory agencies.
- Recruiting practitioners who are knowledgeable about both outreach work and CSE.
- Building relationships with children and young people based upon trust and giving priority and time to the relational aspects of the work.
- Having outreach workers with the ability to effectively engage and communicate with children and young people.
- Making the links between outreach and specialist services so that children and young people can be referred to specialist support to address CSE.

Outreach workers need a range of personal and technical skills to effectively engage with the target population. These include listening and counselling skills, negotiation skills, diplomacy, honesty, building rapport, developing a trusting relationship; and training on using different outreach tools, e.g. conversation; discussion; debate; materials and games adapted for street or other settings (Kaufman, 2001; Hayes and Trafford, 1997).

Outreach work may not be suited to all practitioners who work with children and young people. It appears that, more often than not, the skills and 'style' of effective outreach workers have been developed from their life experience rather than acquired through formal education. However, the development of key skills can be supported by clear policies, guidelines, routine de-briefing and regular supervision, and good teamwork provides learning opportunities through peer support, modelling and mentoring.

It can be helpful to agree aims and outcomes for both workers and young people to give some structure and direction to an otherwise fairly informal piece of work. While it might be challenging to measure these outcomes, it may still be helpful to set goals, like increased confidence, assertiveness, level of awareness around

issues relating to CSE and staying safe, in order to guide and track the progress being made during an outreach intervention.

Ensuring safety: There are a number of issues to be considered relating to both the safety of the young people engaging in outreach activities and the welfare of workers delivering outreach. Safeguarding concerns regarding a young person must be managed carefully and safeguarding responsibilities must be communicated clearly to the young person engaged in outreach. The same boundaries around confidentiality and safeguarding that apply in centre-based provisions also apply in outreach settings.

Outreach can also potentially bring risks to a worker's personal safety. Undertaking risk assessments and providing training on personal safety, first aid and safeguarding can help to ensure staff welfare. In recognition of the impact of delivering CSE outreach upon practitioners, training should also promote self-care.

Risks to staff can also be minimised by procedures which include street-based outreach workers going out in pairs or trios. Outreach projects often have systems in place, whereby workers always carry mobile phones, emergency numbers and inform colleagues or managers of their whereabouts; checking in before, during and after an outreach session.

Undertaking a 'risk mapping' of areas targeted for outreach also increase the safety of outreach staff. It can highlight potential safety hazards and other risk factors that should then be evaluated and addressed appropriately.

Establishing a close working relationship with the police, and linking up with other professional partners, can help to obtain relevant information of any areas where there may be safety issues.

Key messages for developing outreach work on CSE

There is little evidence on the effectiveness of outreach because very little has been robustly evaluated. However, evidence does show that outreach can be effective in:

- Reaching vulnerable young people that are 'missed' by mainstream provisions.
- Helping identify needs that are currently unmet.
- Establishing contact with 'hard-to-reach' populations and motivating them to use existing services.

What works in responding to child sexual exploitation

- Raising awareness and advertising centre-based provisions.
- Building the trusting relationships with vulnerable people that allow other work to take place.

There are a number of lessons from the literature of relevance to developing outreach work in the context of CSE:

- It is helpful to build in an initial scoping stage to explore the needs and issues of the target areas or population, assess likely effective strategies, consider who might be best placed to deliver the work and who the partner agencies might be. It is important to allow sufficient time for this scoping.
- Different outreach strategies need to be developed for different populations according to the places and spaces they tend to inhabit. This is true for reaching boys and girls.
- The increasing significance of the virtual world in where many young people spend their time and develop relationships cannot be overestimated – outreach needs to meet them ‘where they are at’.
- Working with specialist agencies or individuals that have ‘inside’ knowledge of particular groups (BME, faith groups, disabilities or lesbian, gay or trans young people) can help with scoping as well as with designing and/or delivering outreach activities to specific target populations.
- It may be important to use different and complementary models of outreach depending on the local context and be prepared to change tactics if one approach works more or less well than others.
- A key feature of outreach is its informality and flexibility, but balancing this with clarity about the overall aims of the work can help to maintain focus on a shared purpose.
- Workers need to be skilled in bringing together young people’s own goals, needs and choices with the programme aims.
- As with all work, ensuring the safety and welfare of the young people and staff involved is paramount. Outreach work brings some additional challenges which can be addressed through some systems and processes that everyone uses.

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4 Working with Communities

Introduction

Communities can play an important role in safeguarding young people. The importance of harnessing the protective strengths that reside within communities has been highlighted as crucial for addressing CSE (LGA, 2013). However, there is still relatively little known about ‘what works’ in community-based work in the context of CSE. So far, most CSE work carried out within communities has focused on awareness raising: supporting local communities to understand what CSE is and how it occurs as part of preventative strategies. In this chapter we consider the evidence for the effectiveness of such approaches.

The use of broader community development or place-based approaches to tackling and preventing CSE is a less developed area of both practice and research. However, there is a wider literature on community development including place-based and public health approaches aimed at crime prevention and enhancing community safety and in this chapter, we draw out some transferable lessons that have potential to be applied to CSE.

In this chapter, we consider the following key questions:

- What do we mean by ‘community’ and why do communities matter for children and young people affected by CSE?
- What do we know about effective approaches to community awareness raising as part of the prevention of CSE?
- What is the role of place-based and public health approaches in tackling CSE, and what can we learn from the evidence on community-based interventions to promote community safety and address youth crime?

What do we mean by ‘community’ and why do communities matter?

The term ‘community’ tends to be used in two different ways. First, it can refer to a community of interest or identity. The most significant communities we feel part of may be based on our faith, sexual orientation or disability, for example, and with the growth of digital communication, these communities can increasingly

transcend the borders of place. The second meaning of community is defined by location: a community of people living in a neighbourhood or area. Children and young people are part of both kinds of community and communities play a role in shaping young peoples' lives. Most of the community development literature relates mainly to the second meaning. Where children live and spend time and the relationships and networks they have in their communities can both increase and reduce risk.

Engaging the support of communities is an important part of an overall strategy to safeguard children. Working with communities can spread the message that CSE is relevant to the local area – it's not just something that happens elsewhere. Awareness raising can help to sensitize community members to the signs and impact of CSE (Dhaliwal et al, 2015). Community support is an important element in enabling children and young people to talk about their concerns and to disclose CSE. Research suggests that children are more reluctant to disclose exploitative experiences in the context of family and community attitudes that normalise sexual violence (Beckett et al, 2016, 2013), or where they are likely to be blamed for what has happened to them. Therefore, raising awareness and changing attitudes in the wider community about issues of consent and grooming can be instrumental in challenging victim-blaming cultures and make it more possible for children and young people to speak out (Pearce, 2013; Firmin, 2013; Coy et al, 2013). Communities can also be a vital source of knowledge about what is happening locally which can be used both to strengthen the protective features of the community and facilitate the identification and disruption of offending (LGA, 2013).

Community awareness raising on CSE

The purpose and types of awareness raising

Community awareness raising can be aimed at a range of community members, including parents/carers and families, children and young people, professionals, local voluntary groups and businesses. Examples include awareness raising with:

- Parents/carers about on-line safety, how to spot possible signs that their child may be being targeted by a potential abuser and where to go for support.
- Children and young people on staying safe and healthy relationships.
- Non-specialist professionals on how CSE occurs and where to refer concerns.
- Those with a role in the community, such as taxi drivers, to build their awareness and confidence in reporting any safeguarding concerns.

As well as building awareness, much of this work aims to develop a sense of community responsibility for safeguarding children and young people and, where they exist, to challenge cultures of secrecy and denial.

Some initiatives aim to reach a very broad audience on the basis that CSE can affect a wide range of young people and families. Universal awareness raising may include the use of local media, distribution of leaflets, and information placed in settings such as libraries, community centres and GP surgeries. Other awareness raising initiatives are more targeted at groups or communities identified as likely to be more vulnerable to CSE or who may be less likely to access information, such as young people with disabilities, those who identify as lesbian, gay or trans, or some faith and minority ethnic communities (Jago et al, 2011; Beckett et al, 2014; Cockbain et al, 2014).

In recent years, community awareness raising has become a greater priority in policy recommendations for tackling CSE (CEOP, 2011; Berelowitz et al, 2013; Jay, 2014). This has partly been in response to research which identified gaps in knowledge about CSE amongst parents, communities and key professionals (Clutton and Coles, 2007; Jago and Pearce, 2008; Jago et al, 2011; Berelowitz et al, 2013; Jay, 2014; D'Arcy et al, 2015). Bostock's (2015) scoping study on community awareness raising on CSE revealed that whilst parents have heard of CSE via media reporting, knowledge about the signs and indicators of CSE and understanding around risk factors or vulnerability was mixed.

Awareness raising activities within communities have increased. A review of policy and practice in Local Safeguarding Children's Boards (LSCBs) in England in 2011 found that awareness raising aimed at young people, their families and carers occurred in less than half of the country (Jago et al, 2011). However, following the publication of the DfE (2011) guidance, Beckett et al (2013) found that 68 per cent of LSCBs were running some form of awareness raising programmes and the Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups found that 38% of LSCBs had or planned to run awareness raising programmes for parents and carers on how to spot the early signs of child sexual exploitation; 46% delivered awareness raising activities targeting young people; and 78% had undertaken awareness raising programmes for professionals (Berelowitz et al, 2013).

In 2013, the Local Government Association (LGA) launched a 'National Conversation' to explore best practice in awareness raising of CSE (LGA, 2013).

This resulted in a range of community-based interventions being proposed, including:

- Training community-based mentors to deliver workshops in CSE, using an area wide training scheme and using local voluntary and community organisations;
- Having CSE stalls with leaflets and trained CSE workers at community events such as fêtes and markets;
- Making sure that where there is awareness-raising of CSE in communities there is follow up with staff that have a good knowledge and can give well informed advice;
- Holding safeguarding forums within the community;
- Setting up one-to-one sessions with young people and developing peer-to-peer support systems;
- Inviting professionals to community meetings to speak about CSE and answer any questions people may have.

A case study report by the LGA (2013) showcased six community-based initiatives to illustrate how different local authorities (Blackpool, Kent, Oxfordshire, Rochdale, Rotherham and Stockport) were raising awareness on CSE by engaging with the local media and local communities. All six Local Authorities delivered awareness raising in schools; Rochdale tailored an awareness raising campaign to the Muslim community; Rotherham targeted local taxi drivers and developed information leaflets for local young people and parents; and Blackpool employed a 'Buzz Bus' to disseminate information to the local community, offering advice and support on a range of health issues including CSE (LGA, 2013).

What is the evidence on community awareness raising?

Evidence from the generic literature

Although there has been an increase in community awareness raising about CSE, there are few studies of their impact. However, it is possible to glean some transferable lessons from the wider literature around community awareness raising in related areas, such as child protection, health promotion and community safety. In her scoping review on community awareness raising on sensitive social issues, Bostock (2015) identified four main approaches: multi-media campaigns (e.g. TV, radio, press and social media); community events; peer educator programmes; and multi-modal strategies, involving more than one type

of awareness raising. In practice, most awareness-raising strategies use more than one approach.

Multi-media campaigns can include awareness raising and advertising activities using different media outlets, such as TV, radio, national or local press, and virtual platforms including social media, such as Facebook or Twitter. Overall, the evidence for the effectiveness of such campaigns is mixed. There is very little evidence that they impact on behaviour change or take up of services (Bostock, 2015). They can be effective in raising awareness of an issue, but this may not be among the priority target groups and may be short-lived, as illustrated by the example below:

‘Chlamydia: Worth talking about’

A national multimedia campaign was launched in January 2010 to increase chlamydia testing among young people between the ages of 15 and 24, a group identified as at high risk of infection.

The initiative aimed to de-stigmatise the topic and raise awareness of the transmission of chlamydia and the risks of untreated infections. Alongside airing video and audio clips on TV and radio, the campaign employed online and poster advertising to provide information on chlamydia testing and treatment. In addition, a range of information materials, such as leaflets, posters and logos, were used in local campaigns. The evaluation showed that, overall, the multi-media campaign did not increase the uptake of chlamydia testing (Gobin et al, 2013). Immediate impact of the campaign was differential; testing amongst men and people of Asian ethnicity increased. However, this increase was not maintained after the campaign ended. The evaluation did indicate a significant improvement in awareness amongst parents but little effect amongst young people (the target group). Over two-fifths of the young people who were interviewed as part of the evaluation felt that the advertising was not relevant to them. (Bostock, 2015; Gobin et al, 2013).

Targeting **community and social events** for awareness raising may be a good opportunity for reaching specific demographic groups and local communities. Awareness raising activities that are geographically based in the community rely on local knowledge to identify the ‘places and spaces’ where members of the target population convene, such as in churches, mosques or temples, local parks, schools,

or shopping malls. Seasonal fairs, fêtes or other local events are also used as platforms for launching local awareness raising campaigns.

Such approaches were widely used by Sure Start local programmes (SSLPs) to raise awareness of available support. An evaluation of SSLPs found targeting community events with entertainment and publicity to be particularly effective (Clarke-Swaby, 2010). Informal events, such as ‘fun days’ (e.g. Easter egg hunts, ‘balloon days’, picnics, Christmas parties and summer ‘beach’ parties) were found to facilitate engagement with marginalized groups who may not typically access mainstream services. The informal, ‘no strings attached’ setting provided an opportunity for parents who were not familiar with Sure Start to see how it worked without entering any obligations (NESS, 2005). Such activities were found to improve the engagement of fathers and parents from some BME community groups (Bostock, 2015).

There is a growing interest in the role of **peer educators** to raise awareness on a range of topics and there is some evidence that if you want to get a message across to people, using peers rather than professionals may be more effective. Research suggests that young people may respond particularly well to peer educators (Allnock, 2015; Hellevik et al, 2015; Barter et al, 2015; Bovarnick with D’Arcy, 2018). In peer education initiatives, volunteers are recruited from the community, provided with information and training and engaged to spread the word formally and informally at local events, to local groups and on a one to one basis, as well as through media and public presentations. Potential advantages of the peer-educator model include its cost-effectiveness, sustainability and transferability as it can be spread to other sites and communities through volunteers and local community support. However, the amount of resource needed to recruit, train and support peer educators should not be under-estimated. This approach may be particularly useful in reaching communities who do not access information from ‘mainstream’ sources, as the following example illustrates:

Kidney Research UK’s ‘ABLE’ (a better life through education and empowerment) programme

Kidney failure is up to five times more common in people from some BME communities, but organ donation is relatively low. Seeking to improve understanding of organ donation among BME communities, Kidney Research UK piloted a peer educator programme as part of its ‘ABLE’ programme.

Peer educators received two days of training on the extent and severity of the problem faced by BME communities. Once trained, peer educators targeted specific community events to raise awareness and facilitate engagement with community members. The pilot evaluation indicated that the campaign facilitated an increase in the numbers of BME people registering as organ donors. The programme had greater effect on people who had previously considered becoming organ donors but did not know how to go about it, than on people who had not previously considered it, who were scared about signing up, or who feared family or religious disapproval. The evaluation concluded that peer outreach programmes can be an effective way of targeting BME communities and encouraging people to think about the issue (Buffin et al, 2015).

Engaging with Black and Minority Ethnic (BME) communities

Targeting specific communities for awareness raising campaigns can give the impression that these groups have a particular problem with CSE. Such approaches can be counter-productive and build mistrust, particularly given that much public debate and media-representation around CSE has focused on the ethnicity of some perpetrators (Dhaliwal et al, 2015). However, engaging with BME communities is a necessary part of ensuring that safeguarding responsibilities extend to all children and young people and is important in achieving a better understanding of the additional barriers to CSE prevention, identification and early intervention that may exist in some communities (Sharp, 2015; Gohir, 2013).

Given the diversity within and across ethnic groups described as 'BME', no single approach is going to meet the needs of all communities. However, there are some findings from research which suggest what needs to be taken into consideration when developing awareness raising strategies around CSE:

- It is important to start with an understanding of the composition and characteristics of local communities and what is already known about their strengths, challenges and issues such as languages spoken, religious beliefs and cultural norms. In planning engagement with BME communities it is important to allocate adequate time and resources (Dhaliwal et al, 2015).

- Dhaliwal et al (2015) highlight the importance of identifying the key members of the community to work with. Engaging community leaders is important because they may be ‘gatekeepers’ offering, or limiting, access to the community and because their views and perceptions of CSE are likely to be influential. However, working through community leaders alone may not always reach the right people. It can also be important to collaborate with and harness the expertise of specialist community groups, such as ethnic minority women’s organisations or other agencies working on violence and abuse issues (Saghal, 2004; Patel, 2013; Southall Black Sisters, n.d.).
- There is evidence to suggest that the employment of workers with inside knowledge, language skills and an understanding of the issues of the community can be helpful in facilitating rapport and improving access to services (Garbers et al, 2006; Boolaky et al, 2017). At the same time, it is important for inclusion to be ‘owned’ by the whole team and not seen as only the responsibility of a designated BME worker (Garbers et al, 2006).

Bostock’s (2015) review identified some new, but mostly unevaluated, initiatives that had worked with local faith and community groups to develop appropriate, sensitive CSE awareness raising strategies. One of the few evaluated awareness raising models around child protection issues involving a BME community is AFRUCA’s ‘Children’s Champions’ project (AFRUCA, n.d.):

AFRUCA’s ‘Children’s Champions’ project

AFRUCA’s Children’s Champions project was created to tackle the growing number of black African children going into the child protection system.

The project aimed to build the capacity of members of the black/African community to address child protection issues and safeguard children from abuse and harm. It sought to enhance community members’ knowledge of safeguarding issues; to promote positive parenting practices; and to improve the skills and knowledge of frontline practitioners to better intervene in black/African families.

During the project cycle, AFRUCA trained 52 Champions (46 women and 6 men). Through volunteer-led child protection workshops, AFRUCA champions trained 17,214 members of the black / African community with the following reported outcomes:

- Increased awareness of child protection issues.

- Better understanding of UK legislation regarding safeguarding children from harm.
- Enhanced knowledge of ways to improve parenting practices.
- Increased confidence in talking to other people in the Black/African community about child protection.

(AFRUCA, 2016; Pearce Willis, 2015)

Evidence from CSE specific evaluations

There have been two evaluations of community awareness raising initiatives specific to CSE: Barnardo's 'Families and Communities Against Sexual Exploitation' (FCASE); and Barnardo's 'Nightwatch: CSE in plain sight' project.

Barnardo's 'Families and Communities Against Sexual Exploitation' (FCASE)

The aim of FCASE was to determine good practice in supporting families and communities and to harness protective factors within a child's family and/or foster home and in the wider community. FCASE consisted of direct work with families, parents and (foster) carers; alongside community awareness raising, which we will focus on in this chapter. The model was piloted in three sites across the UK. As part of the community awareness raising element, a total of 57 information and training events (including workshops, conferences and drama events) were delivered to 2,353 participants with the objective of raising awareness of risk indicators and vulnerability factors associated with CSE.

The evaluation of FCASE highlighted a number of 'good practice' principles relating to community awareness raising (D'Arcy et al, 2015):

- Adopting a strengths-based approach focusing upon the communities' strengths and identifying opportunities to raise awareness in ways that were relevant and meaningful to communities.
- Involving community groups in the entire process to reflect an equal partnership, to empower communities and promote 'ownership' of safeguarding responses.
- Training and supporting community/children's 'champions' to raise awareness and cascade information into their own communities.

The evaluators also identified the following specific mechanisms as helpful in delivering community awareness raising:

- Analysing the needs of local communities and identifying vulnerable groups to ensure that community awareness raising strategies are appropriate. For instance, some communities may benefit most from separate sessions for women and men.
- Relationship building with community groups to tailor events to the specific needs of communities and work at the same level.
- Proactive outreach work – engaging with community members via outreach workers in the places they are located.
- Embedding community awareness raising in wider CSE strategy and practice
- Reciprocity: locating community awareness raising in holistic support to address the wider protection needs of the community.
- Flexibility: adapting activities according to the community's needs.
- Reflective learning: monitoring, evaluation and follow up of the activities to track what works and for whom and using this information in future developments.
- Training to empower community members to raise awareness in their communities.
- Providing specific training and support for workers to undertake community-based work around CSE prevention as this requires a different skill set to direct work with families.

Barnardo's 'Nightwatch: CSE in plain sight' project

'Nightwatch' extended Barnardo's Child Sexual Exploitation (CSE) prevention work into new territory by aiming to increase awareness of CSE among businesses and services working in the night-time economy and to develop strategies to identify and protect children at risk at night. The project was delivered across 12 sites (14 locations) to Night Time Economy (NTE) workers, including those working in fast-food outlets, hotels and bed and breakfast accommodation, accident and emergency services, and security service roles.

The evaluation (D'Arcy and Thomas, 2016) reported that the project increased awareness and confidence amongst NTE workers in identifying children who

may be affected by CSE. The evaluators highlighted a number of key conditions as contributing to effectiveness:

- **Localised approaches:** practitioners gathered local intelligence and connected with managers and grassroots workers to deliver training and raise awareness among the public and private sector in appropriate ways;
- **Flexibility in training delivery and awareness raising strategies:** core messages were focused on CSE, but they were delivered in a practical manner with appropriate methods. Practitioners gained access to NTE through strategic and grassroots networks. Many undertook outreach to raise awareness of the project and offer advice, support, training and guidance;
- A **friendly, non-judgemental, ‘non-blaming’, strength-based approach** was noted to facilitate engagement, respect, trust and ‘buy-in’;
- **Building relationships and working in partnership to ensure a joint approach to tackling CSE.** Multi-agency working, positive relationships, and clear information sharing pathways can increase the confidence of NTE workers to report suspected incidents of CSE;
- **Managing disclosures:** project staff need support for unexpected disclosures from NTE workers. Equally, NTE workers need to be aware of appropriate support structures and referral pathways;
- **Capacity of outreach staff:** outreach staff need to be able to respond to the changing needs of NTE staffing and to the changing profile of the nature and form of CSE within different localities. Outreach and training staff need to have the capacity to deliver relatively short information sessions containing succinct messages, as well as the ability to provide clear referral and information sharing pathways;
- **A strategic approach:** embedding CSE training in NTE workers’ annual training or developing outreach approaches to engage with NTE workers can raise awareness of the local prevalence of CSE and involve NTE workers in the wider role of community safeguarding of children and young people. (D’Arcy and Thomas, 2016)

What is the role of community development or place-based approaches in tackling CSE?

The above overview of evidence suggests that the most effective approaches to awareness raising in communities are likely to be those which fully engage

the local community, respond to their priorities and harness local people and networks in sharing information and generating dialogue about CSE. However, on the whole, awareness-raising strategies tend to be ‘top-down’ in origin. They commonly derive from the concerns of local authorities, police and other agencies about the risk of CSE in particular communities. They less commonly derive from communities identifying CSE awareness raising as a priority for themselves. The extent to which awareness-raising initiatives are genuinely empowering of communities varies. They tend to sit somewhere on a spectrum with one-off awareness raising sessions delivered by professionals at one end and the active, ongoing work of peer educators or community champions at the other.

A community development approach starts from a different place, from the priorities identified by communities themselves – sometimes described as a ‘bottom-up’ approach. Community development has been defined as *‘a way of strengthening civil society by prioritising the actions of communities, and their perspectives in the development of social, economic and environmental policy. It seeks the empowerment of local communities...[and] strengthens the capacity of people as active citizens ... to shape and determine change in their communities’* (Scottish Community Development Centre, 2015).

Community development has a long history both in the United States and the UK (Green and Haines, 2016). Frequently focused on ‘disadvantaged’ neighbourhoods, community development approaches were particularly popular in the 1960’s to mobilise local communities in the tackling of a range of social issues including poverty and youth crime. In recent years, there has been a resurgence of interest in how community or place-based initiatives can help address current concerns such as drugs, gang violence and domestic abuse (Baczyk et al, 2016).

Whilst there is no single definition of a ‘place-based approach’ to community development, ‘place-based’ approaches typically incorporate the following key principles:

- **An ‘asset-based’ approach** concerned with facilitating people and communities to come together to achieve positive change using their own knowledge, skills and experience of the issues they encounter in their own lives. Asset-based approaches recognise and build on the human, social and physical capital that exists within local communities. They move away from a deficit-based approach that view people as passive recipients of services and burdens on the system towards seeing them as equal and essential partners in designing and delivering services.

- **Reciprocity and mutuality:** offering people a range of incentives and opportunities to work in reciprocal relationships with professionals and with each other, where there are mutual responsibilities and expectations. Breaking down the distinction between professionals / recipients and between producers / consumers of services by reconfiguring the way services are developed and delivered.
- **Actively engaging communities** and promoting community participation.
- **Building support networks:** engaging peer and personal networks alongside professionals as the best way of transferring knowledge and supporting change.
- Developing creative ways of working which involve **partnership approaches** within and across sectors (VCS, private and statutory) to overcome departmental and organisational silos.
- **Strengthening capacity and social capital** in the locality to support self-reliance and independence. Seeking to support people, families and communities to become more engaged, empowered, connected and resilient.
- Reducing the demand for services through **early intervention and prevention approaches**. Enabling public service agencies to become catalysts and facilitators, rather than simply providers of services.
(Stevens, 2010; LGA, 2012)

There is no body of literature which explicitly makes the links between place-based approaches and CSE. However, there is a growing interest in the role of communities in tackling CSE.

What can we learn from the evidence on community-based interventions to promote community safety and address youth crime?

Many of the evaluated programmes in this field emanate from the US and some have migrated (often in an adapted form) to the UK context. One of these is Communities That Care (CTC), which works with communities to equip them with the tools to address the problems in their own area by focusing on identified risk and protective factors.

Communities that Care provides a structure for engaging community stakeholders to create a shared community vision, tools for assessing levels of risk and protection in communities, and processes for setting community goals.

CTC supports stakeholders to develop a 'community prevention plan' and to select what will work for them. The implementation of CTC is organized into five stages, from a 'community readiness' stage to a local assessment of risk and protective factors and a community action plan, through to implementation and evaluation. CTC is installed in communities through a series of training events delivered over the course of 6 to 12 months by certified CTC trainers. According to CTC's theory of change, it should take from 2 to 5 years to observe community-level changes in targeted risk factors in CTC communities, and from 5 to 10 years to observe community-level changes in substance use and delinquency outcomes.

CTC is informed by the social development model (SDM). The SDM suggests that individuals bonding to prosocial groups and other individuals, alongside having clear standards for healthy behaviour, can enhance protective factors and reduce the development of problem behaviours. The model assumes that bonding happens when people are given opportunities to be involved in a social group, when they have the skills to participate, and are recognised for their contributions to the group. This theoretical framework is applied in CTC's work with young people in two ways. First, CTC encourages community stakeholders to adopt the model in their daily interactions with young people as a strategy for promoting healthy development. Second, CTC offers opportunities for community stakeholders to engage in developing a shared vision for positive youth development. Through CTC training, a range of community representatives can develop skills to work together effectively, thus increasing the likelihood of experiencing the interaction as rewarding.

Studies of CTC in the US have shown reduced levels of delinquency and substance misuse although findings vary according to the level of problems in communities, the degree to which plans are implemented and the way in which communities are supported (or not) by professionals and organisations working in them (Hawkins et al, 2008a, 2008b).

In the UK, a five year trial of the scheme was funded by the Joseph Rowntree Foundation between 1998 and 2003. The evaluation concluded that although the model was strongly supported by those involved, it was difficult to measure its impact without taking a much longer view (Crow et al, 2004). An evaluation of three Scottish pilots drew similar conclusions (Bannister and Dillane, 2005). The complexity of communities, the wide range of contextual factors and the numerous challenges to implementing the programme with sufficient fidelity to the model, makes the evaluation of community-based initiatives extremely difficult.

By 2010, Communities that Care had largely slipped off the radar in the UK. However, many of the core elements of the approach live on in initiatives such as Asset Based Community Development (ABCD) which is based on the principle of capitalising on the assets of a neighbourhood and the people that live in it (rather than exclusively focusing on their problems) and harnessing those assets to enable communities to map out their own issues and generate their own solutions. People referred to as ‘community connectors’ act as the ‘social glue’ of the community, nurturing the relationships that enable solutions to be found and to succeed (SCIE, 2017). Asset based approaches are currently underpinning policy and planning across health and social care in several local authorities.

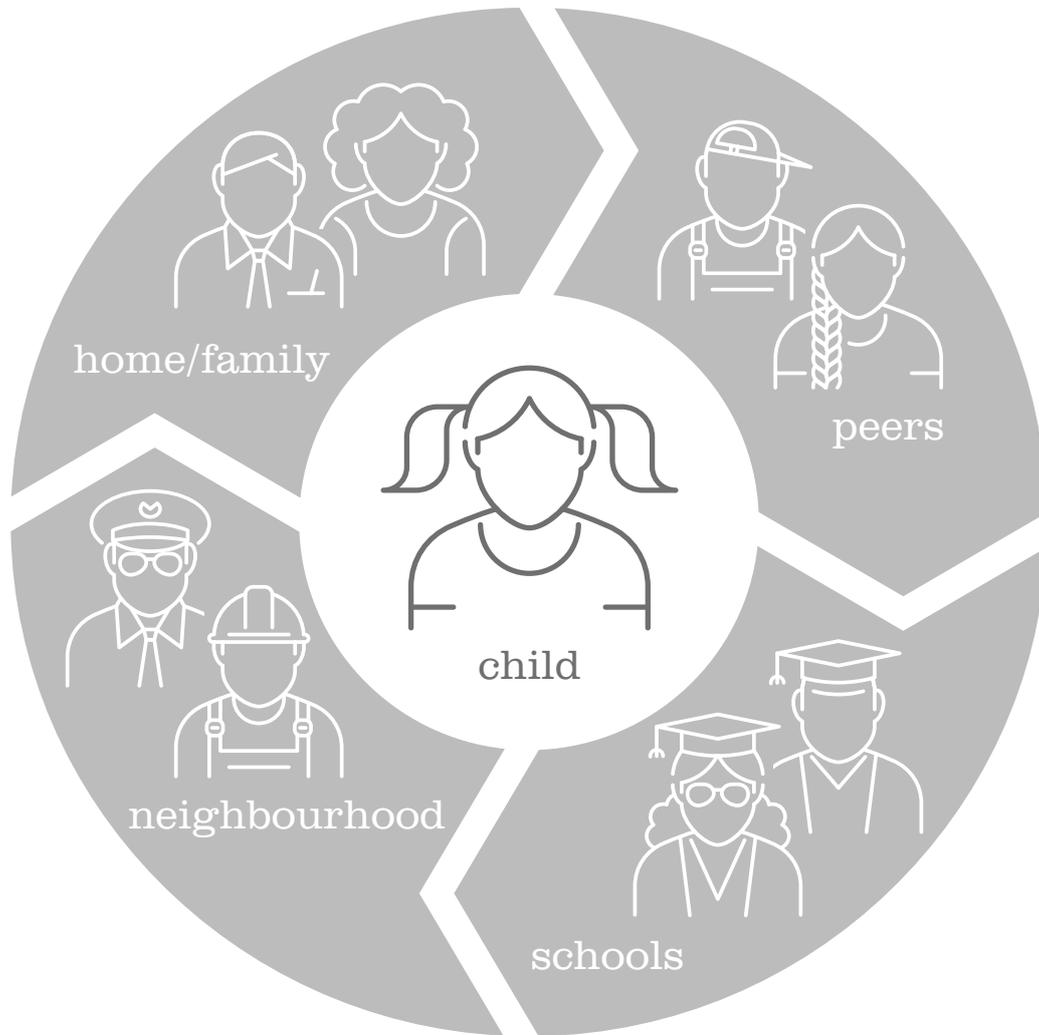
Contextual safeguarding

An approach to safeguarding children and young people with an understanding of communities at its heart is contextual safeguarding (Firmin, 2015a, 2015b). This approach emphasises the importance of recognising and responding to the contexts in which CSE occurs. This includes the community and social spaces in which young people spend their time on the understanding that young people’s behaviours, vulnerabilities and resilience are shaped by their social environments. Contextual safeguarding explores how abusive behaviours can be disrupted and how spaces can be made safer. There are similarities between theories underpinning this and place-based approaches which map the risk and protective factors in communities and seek to mobilise the community to promote a safer environment.

Contextual safeguarding recognises that young people experience harm in a range of settings beyond their families. This is particularly relevant to CSE and other abuse that occurs during adolescence. The contextual safeguarding model takes into account the dynamic relationship between the different spaces that young people inhabit. Young people’s engagement with the extra-familial world can be influenced by what is happening at home and vice-versa. For example, experiences of domestic violence may inform young people’s behaviours and attitudes towards their peers. Conversely, when a young person is bullied at school or sexually exploited in their neighbourhood, this may strain family relationships and undermine the capacity of their parents/carers to protect them. Responses to CSE should therefore consider the interrelated nature of young people’s vulnerabilities, resilience and different experiences of harm in these different spaces. Assessing and responding to the risks that children face in these different spaces is a critical part of safeguarding practices (Firmin, 2017, p.1).

Family members often have little influence over extra-familial spaces, so it can be important for practitioners to engage with people who do have more influence within these contexts, e.g. school staff, local businesses.

Figure 1: Contexts of Adolescent Safety and Vulnerability (Firmin 2013:47)



A Contextual Safeguarding Learning project

A recent learning project on responding to safeguarding concerns in local businesses and the neighbourhood identified examples of how community stakeholders are involved in identifying risk and planning interventions (Peace, 2018). The examples of interventions developed for neighbourhood contexts included:

- awareness-raising of various community groups;
- use of gambling licensing regulations to embed safeguarding policies in businesses; and
- adapting interventions to specific contexts (e.g. the ‘pop-up youth club’ discussed in chapter 3).

Overall, the learning project highlighted the importance of:

- Considering opportunities for multi-agency partners to discuss and share information and intelligence relating to safeguarding concerns in the neighbourhood.
- Considering opportunities for key partnerships within Local Authorities and collaborating with various law enforcement agencies (e.g. Community Safety, Regeneration, Licensing, Food & Hygiene Inspections, Health & Safety, etc.) to address location-based safeguarding concerns through regular information-sharing and joint interventions.
- Ensuring that enough resources are allocated to the delivery of awareness raising interventions and training sessions for key businesses and community groups.
- Ensuring that local businesses and key community groups know how to report concerns and providing them with information on key points of contact and resources available in the neighbourhood, such as youth hubs or service providers.
- Considering adapting interventions to local contexts and involving businesses, community groups, young people and families in the design of these interventions with a view to embedding local capacity and ownership of safeguarding policies and processes (Peace, 2018, p.11)

Public Health approaches

A public health approach starts from the basic premise that living without the fear of violence is a fundamental requirement for health and wellbeing. Like any other public health issue, the causes of violence lie at many levels: societal, community, relational and individual. Solutions therefore need to address the same layers.

Bellis et al (2015) argue that much like many biological infections, violence is ‘contagious’ and that exposure to violence in childhood, makes individuals more likely to be affected by violence in later life. This suggests the needs for interventions with individual children and young people at risk. But taking a public health approach also means that interventions at the individual and family level need to be accompanied by measures to reduce social inequalities and change the cultural norms that accept violence. Key elements of a public health approach are:

- The use of data to establish the nature and extent of violence in the target area
- Using evidence to understand underlying risk and protective factors
- The involvement of all key agencies in developing plans
- The implementation of interventions for which there is good evidence
- Action at all levels, from media campaigns to raise awareness and provide public information, steps to reduce situational risks such as the availability of alcohol, policing and enforcement measures, interventions to promote the resilience of young people, through to individualised support for those at greatest risk
- The engagement of communities

One US initiative which takes such a public health approach is Cure Violence (Butts et al, 2015).

Cure Violence was developed in Chicago but has spread to many other cities in the US. It has three main elements:

1. Detect and interrupt potentially violent conflicts: Trained violence interrupters and outreach workers prevent shootings by identifying and mediating potentially lethal conflicts in the community and following up to ensure that the conflict does not reignite.

2. Identify and treat highest risk: Trained outreach workers work with the highest risk to make them less likely to commit violence by meeting them where they are at, talking to them about the costs of using violence, and helping them to obtain the social services they need – such as job training and drug treatment.
3. Mobilize the community to change norms: Workers engage leaders in the community as well as community residents, local business owners, faith leaders and service providers to convey the message that the residents, groups, and the community do not support the use of violence.

The Safe Streets programme in Baltimore derives from the same model and its effects have been evaluated in four historically violent neighbourhoods. The findings indicated that the programme was associated with significant reductions in gun violence in three of the four programmes and with reductions in homicides. The evaluation also found that young people in the programme area were much less likely to find it acceptable to use a gun to settle a conflict compared with those in neighbourhoods without the programme (Webster et al, 2012)

Such initiatives have also been implemented in the UK. One example is that run in Waltham Forest by Chaos Theory, a grassroots charity which runs a Violence Interruption Project composed of a team of Violence Interrupters and Outreach Workers who all have first-hand knowledge of ‘street life’ and offending behaviour. Violence Interrupters use their credibility, influence and street relationships to detect brewing conflicts and de-escalate and mediate them before they erupt in violence. They follow up for as long as needed, sometimes for months, to ensure that the conflict does not become violent. This may mean spending a great deal of time with individuals, mentoring and guiding them.

Probably the best-known example of a major public health approach in the UK is Glasgow’s Community Initiative to Reduce Violence. CIRV is a multi-agency, community-centred project designed to reduce violent behaviour amongst gang members. It consists of three basic components: Enforcement; Services and Programmes; and The Moral Voice of the Community. The enforcement element of CIRV aims to disrupt the dynamics within gangs involved in violent activity. A clear message is communicated to the group: ‘stop the violence’. If an individual within the gang commits an act of violence, enforcement is focused on the whole gang. However, the project also offers a range of services and programmes to gang members who agree to alter their lives, a mentoring programme for those considered to be at the highest levels of risk of committing violent offences, and a range of other preventative/diversionary support. The implementation of CIRV also requires communities affected by gang violence to both receive and deliver the

following messages: 'Stop the violence'; 'We care about our young people and don't want to see them become either victims or offenders as a result of gang violence' and 'We won't tolerate violence in our community'.

An evaluation of CIRV in East Glasgow compared rates of criminal offending for young men who engaged with the initiative with data for age-matched gang-involved youths from an equally deprived area. In the cohort followed for 2-years, there was a greater reduction of offending in the intervention group (52%) than the comparison group (29%) (Williams et al, 2014).

One common component of these programmes is the use of brief interventions in hospital emergency departments when people turn up with an injury incurred as a result of violence. The use of such emergency department interventions is growing across the United States and some of the early evaluation findings are impressive. For example, an evaluation of the Caught in the Crossfire programme in Oakland, California found that 6 months after the intervention young people were 70% less likely to be arrested for any offence and 60% less likely to have had any involvement in the criminal justice system compared with a control group who had not received the intervention (Carter et al, 2016).

Similar initiatives have been implemented in some London hospitals (see for example the work by Redthread, 2017 – www.redthread.org.uk) and in Glasgow and Edinburgh a project has been developed using a team of 'navigators' who work with people entering hospital A&E departments with violence related injuries/ conditions (Goodall et al, 2017).

The Government endorsed a public health approach in its 2011 '*Ending Gang and Youth Violence*' report which emphasised the role of the public health system and local health and wellbeing boards, in tackling gang and youth violence (HM Government, 2011). Arguably the time is ripe for extending this way of thinking into our strategies for tackling CSE.

Key messages

This chapter has focused on the importance of widening the scope of safeguarding responsibilities in relation to CSE to the community level. Community-based initiatives, including those aimed at awareness raising, can form a vital part of tackling CSE. They can sensitise community stakeholders to the signs and effects of CSE, mobilise protective factors that reside within communities, and help to develop community-based responses.

The absence of an extensive evidence base on the impact of community awareness raising specifically on CSE makes it difficult to discern what works best. However, a number of key principles have been highlighted:

- Clearly identifying the **aims** and **objectives** of awareness raising campaigns;
- Understanding the level of **knowledge** and **needs** of the **target audience**;
- Adopting '**asset / strengths-based**' and '**placed-based**' approaches that draw on localised knowledge, resources and approaches;
- **Tailoring** the content and approach to the individual group at whom the intervention is aimed;
- Considering the composite of community groups and carefully considering issues around '**representation**' when deciding whom to work with;
- **Engaging** with wider **stakeholders**;
- **Relationship building**;
- Considering the use of **designated workers** whilst ensuring that inclusion is jointly owned by the whole team;
- **Flexibly responding to context**;
- Embedding **community awareness raising** in a wider CSE strategy.

Community awareness raising initiatives are important but on their own they are unlikely to harness the protective resources of a community. CSE is one of a range of social challenges facing communities, and it is likely that where there are concerns about CSE there are also concerns about gangs, drugs, youth and domestic violence. This suggests that public health approaches which take all these into account may be highly relevant to tackling CSE.

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5 Support work with sexually exploited young people

Introduction

Services supporting young people who have been sexually exploited, or who are identified as being at risk, work with a wide range of young people with varying needs and vulnerabilities. At one end of the spectrum, practitioners may be working at a preventative level – undertaking a short piece of educational or on-line safety work with a young person, or, at the other end of the spectrum, supporting a young person who is enmeshed in a coercive and violent relationship, and/or who is exchanging sex for money or drugs and has suffered rape and assault. Some practitioners will be working with young people who do not regard themselves as abused or exploited while others will be providing post-abuse therapy. Alongside concerns about CSE, services will frequently be working with a range of immediate challenges such as unstable accommodation, health issues and social isolation as well as longstanding histories of abuse, family disruption or neglect (DH, 2014; Scott and Skidmore, 2006; Pearce, 2009; Smeaton, 2013).

It is therefore not surprising that direct support to young people often entails a variety of activities and approaches including psychosocial education, safety planning, advocacy and recovery/therapeutic work. A single worker may undertake all of these or there may be input from different services or individuals. For instance, a youth worker or social worker may deliver psycho-educational work, an ISVA provide support through a criminal investigation and court case and a counsellor/psychotherapist provide trauma therapy. Most direct work is undertaken on a one-to-one basis, although services are increasingly recognising the value of peer support for young people and, accordingly, developing some group work provision. Given the range of both needs and types of intervention the duration of direct work varies enormously: from a few weeks to two years or more.

This chapter provides an overview of what direct support to young people commonly entails in the context of CSE and highlights the evidence for effective approaches. It begins by outlining the principles that tend to underpin work in this field including taking a strengths-based approach, addressing issues of power and inequality and enabling young people's participation, and describes the relevance of these to the range of young people with whom CSE practitioners

work. It then focuses on the journey that CSE work with young people tends to involve and outlines six core elements of direct work:

1. Engagement and relationship building
2. Support and stability
3. Providing advocacy
4. Reducing risks and building resilience
5. Addressing underlying issues
6. Enabling growth and moving on

The discussion of each element is informed by what we know from research and evaluation, but as there is relatively little evidence that is specific to direct work addressing CSE we draw on relevant evidence on what works for young people with related issues in their lives.

Underlying principles

A range of research and evaluation has identified principles that underpin the provision of good support to children and young people who are sexually abused or exploited (Taylor-Browne, 2002; Berelowitz et al, 2013; Warrington, 2013, 2016; Smeaton, 2016). Key amongst these are:

- CSE practitioners' knowledge and understanding of the dynamics of power and inequality between individuals and social groups
- An emphasis on appreciating and building on strengths and assets as well as reducing risks and vulnerabilities
- The active involvement of young people in identifying the outcomes they want to achieve and having choice and control over the focus and pace of the work.

Child sexual abuse and exploitation is above all an abuse of power. Therefore, understanding how power operates in the dynamics between adults and children and in gendered power relations – what 'grooming' and coercive control involve; how compliance and loyalty are maintained and how survival strategies develop that can enmesh victims in abusive relationships – is essential for those working with young people.

Power and inequality

In addition to appreciating the importance of power and inequality operating at an individual, relational level it is important to have a wider understanding of social inequalities. The focus of child protection on neglect and abuse can result in underlying structural and economic causes being ignored (Pells, 2012). Without an inequalities perspective it is easy for workers to simply respond to presenting problems rather than root causes, to blame individuals for their predicaments, and to further disempower them by trying to ‘solve’ their problems.

Most of the families and children that front line workers will encounter will be struggling with multiple layers of disadvantage. Simply thinking about a young person’s gender, ethnicity or class is clearly inadequate when their lives and experiences are shaped by multiple and intersecting power relations (Allen and Jaramillo-Sierra, 2015). On the other hand, it is unreasonable to expect workers to be well informed about the backgrounds and possible experiences of all potential clients. It is, however, achievable for staff to become consciously aware of their own backgrounds, the ways they are personally affected by structural inequalities and the impact of those on ways they relate to people (Keyser et al, 2014). There is also evidence that clients don’t expect workers to be hugely knowledgeable about their particular cultures and backgrounds, or to speak their language. What they do expect is respect, an open attitude, and genuine interest and willingness to learn (Jack and Gill, 2013), what Kelly and Meysen (2016) refer to as ‘professional curiosity’. At the very least young people need to be given safe opportunities to talk about what it means to them to be of a particular gender, class or race. Workers need to ask questions that allow young people to speak about what matters to them in terms of their lived experience and identity, and to work with them in teasing out the sources of conflict and difficulties. Workers need to understand how children are affected by poverty, gendered expectations, or racial discrimination and disabling environments as well as any abuse they have experienced. This is the basis for value and respect of their struggles to survive their histories and current circumstances. This means that some workers may need training and support to overcome any reticence they may have about initiating potentially challenging conversations. More challengingly, an inequalities perspective needs to incorporate a self-reflective appreciation of how inequalities impact on the worker/client relationship and an awareness of the power dynamics between child and worker. The challenge is for workers to ‘be with’ rather than ‘do to’.

Resilience

An inequalities perspective is consistent with a strengths or assets based approach (Sen, 1999), and together they provide a route away from a focus on young peoples' 'deficiencies' towards a more empowering approach (Cortis, 2012). When young peoples' assets are recognized as well as their experiences of inequality, it becomes possible for workers and clients to work alongside each other to find ways forward (Featherstone et al., 2012).

The benefits of using a strength-based model of working with young people affected by CSE have been established in a range of research (Pearce, 2009, 2007; OFSTED 2014). Such an approach is also beneficial in direct work with families in the context of CSE. Focusing on building strengths rather than identifying weaknesses and harm, can enhance the relationship between young people and their families and build resilience (Newman, 2004; PACE, 2014; Webb and Holmes, 2015)

Control, agency and power

Child sexual abuse always involves having choice and control taken away – often by someone who is trusted or loved. Regaining a sense of agency and control is a central feature of recovery, while further disempowerment and silencing compounds abuse and can be extremely damaging to survivors (Herman, 2015). Research with young people who have been sexually exploited provides evidence of the importance of choice, control and active participation to young people themselves (Brodie, 2016; Warrington et al, 2016). Working in ways that put children and young people in charge of their own journey towards safer, happier lives; providing them with opportunities to make choices, exercise independence and take on (age-appropriate) responsibilities are therefore important principles of direct work (Deblinger and Heflin, 1996). As Warrington has suggested, such an approach:

'means adopting a long view: recognising the therapeutic potential of participatory practices and understanding that when we sideline young people from processes of power and influence we risk perpetuating the exclusion, silencing and inequality of cultures in which abuse grows'
(Warrington, 2017).

The best services have embedded participatory principles and staff who engage seriously with questions about power sharing and partnership with young people and position them as experts in their own lives (see for example Ofsted, 2014).

The context of direct support work

Support work with sexually exploited young people takes place in a variety of contexts, ranging from specialist therapeutic services to practitioners who do some CSE work as part of a more generalist role. Workers may be located within a voluntary organisation or the statutory sector, and the context in which they work will have a significant bearing on the support they offer. A knowledge review for the Centre for Expertise in Child Sexual Abuse (McNeish, Kelly and Scott, 2019) highlighted a number of features of current services, which were likely to impact on their quality and effectiveness. In particular, reduced funding and changing priorities present major challenges to services seeking to offer consistency of support. High intensity work with young people affected by CSE requires resilient staff and their resilience needs to be supported by managed caseloads, ongoing training and support, regular reflective supervision and good peer support. This is likely to decrease staff turnover and sick leave, which, in turn, ensures continuity and consistent relationships with young people.

Who are the young people CSE practitioners work with?

The Barnardo's evaluation *Reducing the Risk* (Scott and Skidmore, 2006) was based on a sample of 557 young people supported by 10 specialist CSE services over a two-year period and included a detailed analysis of the case histories of a representative sub-sample of 42 young people (35 girls/young women and 7 boys/young men). The histories of all these young people were characterised by the following features:

- **Disrupted family life** – only 5 were living with both their birth parents and over half had spent some time in care.
- **Problematic relationships with parents** – many were reliant entirely on professionals for adult support or had made a premature move into adult lifestyles.
- **Previous abuse and disadvantage** – the majority (28) had suffered prior abuse by a family member and in only 4 cases was there no apparent history of abuse or neglect. Domestic violence and parental drug/alcohol misuse commonly featured.

- **Disengagement from education** – almost all had become disengaged from school in their early teens
- **Going missing** – from home or care.
- **Exploitative relationships** – 32 of the 35 young women had a clearly identified route into sexual exploitation via an older person – in 21 cases this was characterised by the young woman as a ‘boyfriend’.
- **Drugs and alcohol** – concerns over substance misuse were recorded in 30 cases
- **Poor health and well-being** – both physical and mental health were severely compromised in many cases.

Subsequent studies have endorsed these findings with the same patterns continuing to emerge in later research (Berelowitz, 2013, DfE, 2017).

Against this overall picture of sexually exploited young people, research has also identified groups of young people who are dealing with particular issues and experiences:

Boys and young men

Research has shown both similarities and differences between males and females affected by CSE. Studies suggest that there are different routes into exploitative relationships for young men and that they may respond differently to the experience of exploitation. Professionals interviewed by McNaughton et al (2014) noted that boys and young men were more likely than girls to express distress externally as anger and be labelled as ‘aggressive’, ‘violent’, or an ‘offender’. The study highlighted the importance of practitioners understanding the role of masculinity and sexual identity in understanding and supporting boys and young men.

The seven young men in the *Reducing the Risk* (Scott and Skidmore, 2006) case study sample shared many characteristics with the young women, but there were also some differences. Sexual identity was an issue for each of the young men, with four identifying as gay or bisexual but generally finding it difficult to discuss their sexuality. For these young men, as for the young women, there was considerable denial of exploitation in their relationships with adult men (Scott and Skidmore, 2006).

Lesbian, gay or trans young people

Lesbian, gay or trans young people may be vulnerable to exploitation for several reasons. They may feel isolated and fearful and in the absence of information and safe, age-appropriate ways to explore their sexuality or gender identity, lesbian, gay or trans young people may seek support in adult settings, including high risk environments such as ‘cottages’ or ‘cruising grounds’ (Fox, 2016). As many young people explore their sexuality and/or gender identity online they may be particularly vulnerable to online grooming for sexual exploitation.

The difficulties faced by lesbian, gay or trans young people may be compounded by negative attitudes within their families. This can have implications for practitioners working with both the young person and their parents/carers.

Black and ethnic minority young people

Although there is a common perception of victims of CSE being predominantly white British girls from disadvantaged backgrounds (Fox, 2016), research shows that victims of sexual exploitation come from all ethnic backgrounds. For example, Gohir’s (2013) research highlights the vulnerability of Asian/Muslim girls and women to grooming and sexual exploitation. This study suggests that such young women may have *‘specific vulnerabilities associated with their culture which are exploited and also constitute a barrier to disclosure and reporting’* (Gohir, 2013).

Most research with young people affected by CSE has involved largely white samples. An important exception is the study of gang-associated sexual violence by Beckett et al (2013). This was based on interviews with 150 young people in six gang-affected areas – 32% of whom were black/black British, 28% white, 21% dual heritage and 18% Asian/Asian British. Young people identified many different forms of sexual victimisation within the gang environment including young women being pressurised or coerced into sexual activity; sex being exchanged for protection or to gain status; rape by individual and multiple perpetrators; sex exchanged for money, drugs and alcohol and young men having sex with/assaulting a female relative of a rival gang-involved young man in order to ‘disrespect’ him. There was an extremely low level of disclosure or help-seeking amongst victims and a high level of tolerance of/resignation to sexual violence which was compounded by negative experiences of statutory services – particularly the police – in some communities.

There has been concern about sexual exploitation amongst some communities recently migrated from Eastern Europe, such as those from the Czech Republic, Slovakia and Romania. For example, the Roma population in Rotherham is one that has been identified as experiencing particular challenges: sub-standard housing, poor access to health services, low levels of literacy and English and experiencing racism/hostility from neighbours (Horton and Grayson, 2008; Rotherham MBC, 2016). A focus on safeguarding issues in the community and reports of Roma Slovak CSE perpetrators reported in the local and national media made Roma families very fearful of their children being taken into care. In order to address such barriers some targeted services have been developed to reach into particular communities and there is some evaluation evidence of their value (McNeish and Scott, 2019).

There have been recent debates about the importance of practitioners developing ‘cultural competence’⁸. It can be helpful for those engaging in direct work with young people to have an awareness of the barriers faced by young people from different minority ethnic and faith backgrounds when thinking about how to identify and best support a child affected by, or at risk of CSE. For example, it may be important to understand the significance and gendered nature of concepts such as ‘shame’ and ‘honour’, the importance of ‘virginity’ or of heterosexuality as core to masculinity (Sharpe-Jeffs, 2016). Whether, and how, workers may involve other family and/or community members in support work are also important considerations. The desire to understand cultural differences has led to a growth in cultural competency training. However, studies suggest that there is little evidence that such training positively impacts client, professional and organisational outcomes (Elsegood and Papadopoulos, 2011; Horvat et al, 2014), and critics of the ‘cultural competence’ approach have suggested that it tends to foster stereotypes and emphasise the ‘otherness’ of those outside the majority culture. It risks directing attention away from the inequalities faced by BME communities and can reinforce the notion that it is peoples’ culture that is ‘to blame’ for the difficulties they face (Danso, 2015; Powell Sears, 2012).

Young people with disabilities

The abuse of young people with disabilities has been largely invisible for much of history and there are still many gaps in our knowledge about the experience of disabled young people and how disability intersects with other inequalities to increase the risk of abuse. For example, learning difficulties or delayed

⁸ Cultural Competence: a set of knowledge-based and interpersonal skills that allows individuals to understand, appreciate and work with families of cultures other than their own.

development may be a consequence of trauma or sexual abuse (Smeaton, 2015a, 2015b; Fox, 2016). A lack of diagnosis and assessment for learning disabilities can result in a young person's behaviour being misunderstood and may lead to exclusion from school, which can, in turn, increase a young person's vulnerability to CSE.

A study conducted by the NSPCC found that young people with a disability are three times more likely to be abused than young people without a disability (Miller and Brown 2014). Research suggests that disabled young people in residential care are particularly at risk of all types of abuse, including sexual abuse and abuse from peers and carers (Utting, 1997; Kvam, 2004).

Research has identified key factors that render young people with learning disabilities particularly vulnerable to CSE including overprotection, social isolation and society refusing to view them as sexual beings. Lack of awareness among professionals also contributes to their vulnerability (Franklin et al, 2015)

Young people looked after or in care

Most young people known to services because of concerns around CSE live at home with their families (Jago et al, 2011; OCC, 2012). However, young people in care are disproportionately affected by CSE compared to their peers. Their vulnerability to CSE may be increased because of prior experiences of abuse or neglect and they may face additional risks in the care system itself (Shuker, 2013). Research suggests that CSE-affected young people in residential care suffer from significant trauma due to CSE, which is, in some cases, compounded by other traumatic experiences such as neglect, physical or domestic violence (La Valle et al, 2016). Young people may display a range of difficulties including substance misuse, self-harm, depression, violent behaviour, low self-esteem, and sleep and eating disorders.

Young people with mental health problems

About half of all children and young people affected by child sexual abuse (CSA) suffer from depression, PTSD, disturbed behaviour, and/or attachment disorders, or a combination of these (Cawson et al, 2000; OCC, 2014; Monck and New, 1996). Sexual abuse experienced early in life is associated with attachment difficulties which affect young people's psychosocial development and how they behave and relate to others (Shah, 2015). Other consequences can include an inability to trust adults and distorted understandings of sexuality and relationships, which may

increase the risk of re-victimisation (La Valle et al, 2016). Shame and distress can contribute to depression with young people self-harming and/or misusing substances as ways of dealing with their feelings.

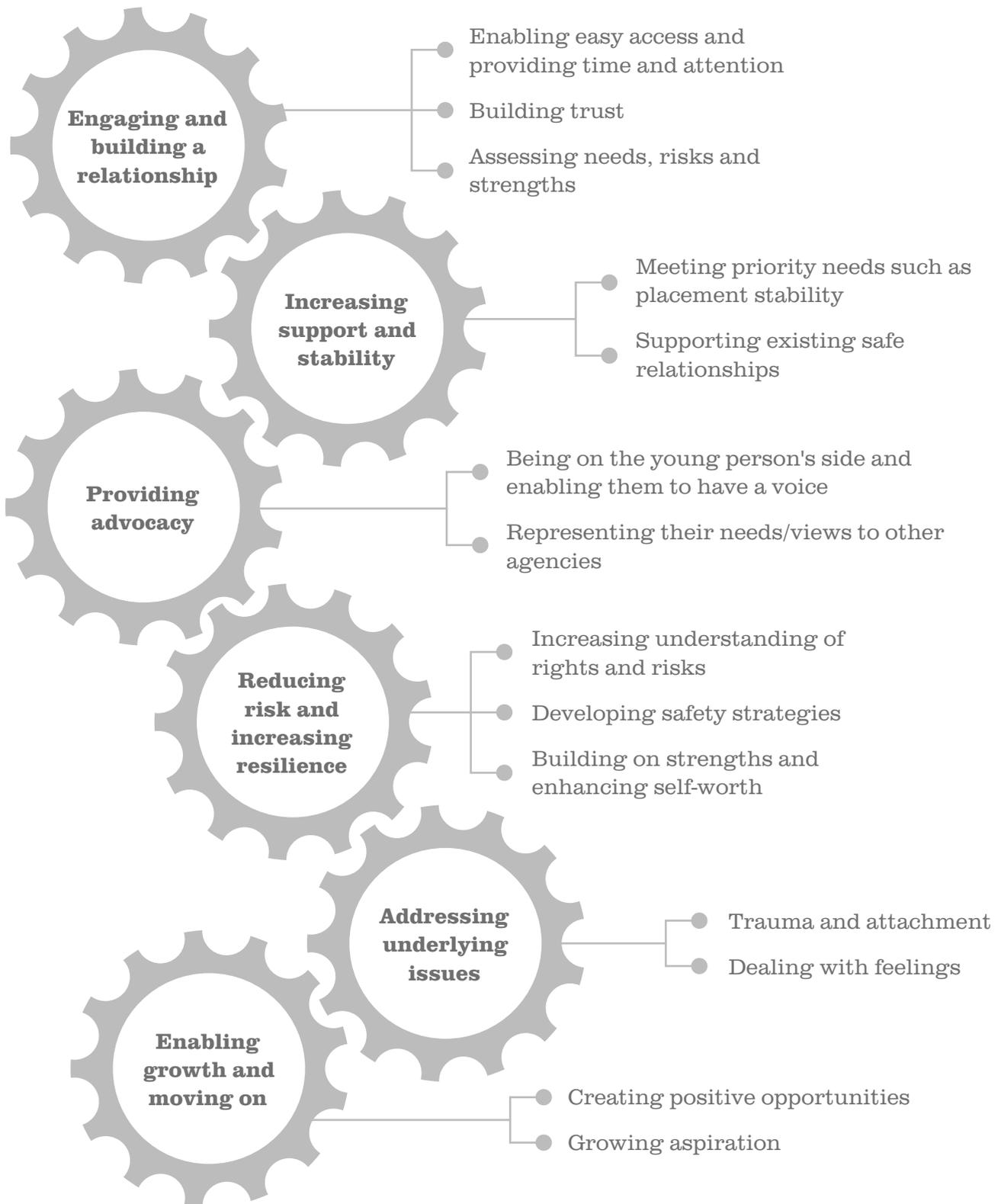
There is less research on the mental health issues faced by sexually exploited young people specifically, but studies suggest that sexually exploited young people frequently experience mental ill health. For example, 85 per cent of sexually exploited young people interviewed by the Office of the Children's Commissioner said they had either self-harmed or attempted suicide (Berelowitz et al, 2012, 2013). Other issues identified included emerging personality disorder, borderline personality disorder, emerging psychosis, depression, suicidal ideation, drug and alcohol abuse, severe low self-esteem and self-neglect.

CSE needs to be understood in the context of adolescent development and the impact of trauma, neglect and abuse on young people (Webb and Holmes, 2015; McNeish and Scott, 2014). Although young people affected by CSE do not necessarily see themselves as exploited or abused, their experiences frequently result in 'sexualised trauma' (Browne and Finkelhor, 1986; Finkelhor and Browne, 1985) and the importance of practitioners working in ways that are 'trauma-informed' is increasingly recognised (Hickle, 2016; Sweeney et al, 2016; La Valle et al, 2016).

Core elements of direct work

The following core elements of direct support work with young people exploited or at risk have been identified by CSE practitioners (Scott et al, 2017b). The process of support work is often described as 'a journey' but it is not straightforwardly linear and in practice practitioners may move back and forth between the different components or work on several elements simultaneously.

Core elements of direct work with sexually exploited young people



Engagement and building relationships

The importance of establishing and maintaining a trusting relationship, based on mutual respect and honesty, features as a key theme of good practice across children's services (Factor et al, 2001; OFSTED, 2014; Webb and Holmes, 2015; McNeish et al, 2017). For young people who have experienced or are at risk of sexual exploitation, this is particularly important. Hence, direct work with young people usually starts with a focus on engagement and initial relationship building. CSE practitioners report that there is almost always an initial period of building trust and establishing communication and understanding between young person and worker before other work can begin (Scott et al, 2017a). This period can last from a couple of weeks to many months, depending on the young person's willingness to engage and the limitations of a services remit and resources. The Barnardo's '4 As' model of working with CSE describes this preliminary stage of work being facilitated by: access, attention, advocacy and assertive outreach.

Access needs to be straightforward with agreed protocols, clear referral pathways and a speedy response to young people and/or their families. Services need to be easy to contact, meeting times and venues flexible, and premises should be attractive and feel physically and culturally safe and comfortable to young people who are frequently alienated from most forms of professional support (Scott and Skidmore, 2006).

Both paying **attention** (to what young people think and say) and providing attention (as young people are often 'attention starved') is crucial to early relationship building. A named worker who, wherever possible, remains 'their' worker for the duration of contact with the service is crucial.

Being prepared to provide **advocacy** for young people, particularly where they have been given a poor deal by other agencies, is both highly valued by young people and strengthens the trust between them and their support worker. This can be difficult for workers who may find themselves challenging the attitudes and/or decisions of other agencies whilst still seeking to work in close partnership.

As many sexually exploited young people are initially reluctant to engage with services or admit they need help – often in the context of being coercively controlled by an abusing adult – services need to adopt the persistent engagement techniques of **assertive outreach** (i.e. texting, calling, visiting) in order to 'wear away' at resistance and establish that a worker is trustworthy and genuine. Young people are unlikely to disclose exploitation unless they trust the worker

and building this involves both persistence and being clear and honest about boundaries and the limits to confidentiality.

At the same time practitioners report that it is important not to push young people to disclose or address specific issues during the initial engagement period and allow them to decide for themselves when they are ready to talk about sexual abuse or other traumatic experiences. Workers need to begin by understanding the young person's perspective on their lives and what, if anything, they would like to be different (Scott et al, 2017a; 2017b). Involving young people in decision-making and problem solving in other areas of their lives as well as in setting the agenda and pace of direct work can also facilitate engagement (Aldgate and Simmonds, 1988).

The role of the voluntary sector in engaging young people affected by CSE

Although workers from a range of agencies can and do successfully support young people affected by CSE, there is some evidence that the voluntary sector has an important role to play. An evaluation of 'hub and spoke' models of service delivery within 50 local authorities (the Alexi project⁹) concluded that children and young people affected by sexual exploitation are often mistrustful of statutory services and voluntary sector CSE services are successful at engaging vulnerable children and young people that other services struggle to reach. The evaluators found that services achieve this engagement by offering children and young people meaningful choices, empowering them and being persistent in building relationships over the long-term. Having a voluntary sector worker as part of a multi-agency CSE team can improve children and young people's engagement in these wider services and shared standards of practice can develop when voluntary sector workers model their approach to case work and deliver training that improves responses to vulnerable children and young people (Shuker and Harris, 2018).

Increasing support and stability

Depending how much information is available at the point of referral, the engagement period typically involves a needs assessment. In the context of CSE, needs assessment is rarely something that is undertaken in a one-off session: relevant information tends to be gradually disclosed over an extended period.

⁹ The Alexi Project was an £8m service development programme, funded by the Child Sexual Exploitation Funders' Alliance (CSEFA). A key part of the project was the implementation of a 'Hub and Spoke' model, designed to rapidly increase the capacity and coverage of specialist, voluntary sector child sexual exploitation (CSE) services within England. Sixteen CSE services were funded for three years each, over a five-year period

Needs assessments are likely to identify issues and vulnerabilities in a young person's immediate situation that may increase the risk of CSE occurring or continuing: homelessness, unsafe or insecure accommodation or frequent missing episodes are examples. Reducing immediate risks is a priority for CSE services, not least because doing so makes undertaking support work on underlying issues more feasible. In chaotic lives, contact with a service may be irregular, appointments may be missed and immediate crises dominate. Paying careful attention to the current difficulties in a young person's life demonstrates respect for their immediate wellbeing, develops a shared agenda based on 'working with' rather than 'doing to', and thereby builds trust.

Some support and stability can be provided directly by a worker and it is clearly important to young people that this is the case. OFSTED's (2014) thematic inspection on the effectiveness of local authorities' current response to child sexual exploitation revealed that the most significant concern that young people expressed to the inspectors was the frequent changes in social workers that many experienced. A number of studies have shown that young people want the long-term support of one key worker who listens, does not judge, is consistent and who shows that they care (Scott et al, 2017b; Warrington, 2013; Berelowitz et al, 2013; Foley et al, 2004; Munro, 2011).

A reliable worker can provide a temporary 'anchor' in an otherwise unstable period of life, but an important aspect of their role is to support the establishment or repair of long-term relationships that can support the young person into adulthood. Family relationships are often the most significant of these, but relationships with foster carers, teachers and safe peers are also important.

Reducing the Risk noted a clear deficit in many young people's relationships with parents and carers (Scott and Skidmore, 2006). At initial assessment, 46 per cent of those identified as experiencing definite and current sexual exploitation had little or no communication with their carers, and 28 per cent had poor communication. Although some young people received support from other relatives, many depended entirely on professionals for adult support. Such evidence points to the need for family work and support for parents to accompany any direct work with young people affected by CSE.

Multi-agency working is also important. Placement stability or re-engagement with education are not things that are 'deliverable' by a CSE worker and a young person alone. Achieving these involves working with parents, carers and multi-agency professionals. See for example, the multi-agency working described in the Alexi project (Harris et al, 2017).

The ‘Achieving Change Together’ (ACT) Model

The ACT Innovation project in Wigan and Rochdale piloted a model based on the flexible, high-intensity provision of one key worker who worked with an at-risk child alongside their social worker and parents/carers in order to avoid the child going into care or ‘escalating’ into high-cost or secure accommodation.

Key features of the ACT model included:

- Delaying assessment until a child is engaged.
- Engagement taking as long as is necessary to build trust.
- Focusing upon the young person’s own needs and goals.
- Utilising a child friendly strengths-based assessment.
- Promoting young people led meetings.
- Key workers acting as a bridge between young people, social workers and parents/carers.
- Minimising the number of professionals around the child.

In its first 8 months of operation ACT provided intensive early support to 25 young people, mainly young women under 16, affected by CSE and home or placement instability. Evaluation of the ACT pilot found that the accessible, flexible and high-intensity support of a key worker helped more young people to remain at home or in stable placements (Scott et al, 2017a). None of the young people living at home and judged to be ‘on the edge of care’ were taken into care, and no child in care moved into a high cost or secure placement (Scott et al, 2017a). The evaluation found that workers could enhance young people’s relationships with their parents/carers by supporting open communication with their family and that direct support to parents was valued by young people as well as by parents themselves. Young people rated their key worker highly because they viewed them as someone who cared about them and ‘stuck around’ even when they acted up. Young people also appreciated their workers’ focus on possibilities rather than problems:

“X is different, we have a laugh, we chill. She doesn’t make negative comments about what I am doing, she focuses on the positive. She moves forward.” (Young person in Scott et al, 2017a)

It is important to note that the early success of the ACT model was underpinned by resources that allowed social workers to handle much smaller caseloads than normal.

Providing advocacy

Practitioners working with sexually exploited young people emphasise the importance of advocating on their behalf with agencies and professionals in their lives. The role of the advocate is to find out what young people need, what they want for themselves, what the best way of achieving this might be and providing a proxy voice for the young person that properly represents their views. Providing advocacy lets young people know that a worker ‘gets them’ and is ‘on their side’ and, as noted above, this helps to build trust in the relationship. It often involves accompanying young people to meetings and in doing so demonstrates how to negotiate, ask for help and get needs met so that young people gain the confidence and skills to eventually advocate for themselves.

Advocacy often makes an important contribution to increasing support and stability. In advocating for a young person who may have gone missing, absented themselves from school or missed appointments, workers are often simultaneously educating parents, carers and other professionals about the dynamics and impacts of CSE.

The Youth Advocacy Program’s ‘wraparound’ model (YAP Inc.)

YAP is a model of youth advocacy developed in the U.S. that provides intensive support to young people and their families through a ‘wraparound-advocacy model’ – a holistic care planning and management approach.

YAPs are mostly intensive and short term. The average length of program involvement is 17 weeks and YAP advocates work directly with young people and their families for an average of 47 days (John Jay College of Criminal Justice, 2014).

The YAP ‘wraparound model’ has been tested in a variety of settings, including employment, juvenile justice and education and can be tailored to different groups of young people, including girls, different black and ethnic minority groups, or young people with experiences of trauma.

Evaluations of YAP programs demonstrated several measures of success, including:

- Achieved reductions in risks and needs.
- Improved quality of life.

- Positive results in education.
- Enhanced links with community activities.
- Improvements in social behaviour.

YAP Inc.'s 'Commercially Sexually Exploited Young people' (CSEC) program is marketed as a 'cost-effective alternative' to detention or placement that meets the needs of sexually exploited young people within their homes and communities. Program components include engagement (with child and their family), holistic and individualised youth-led plans, flexible and intensive support, court advocacy and youth empowerment and healing (YAP Inc.). It includes a 10-session curriculum: 'My life, My choice' that is led by a certified trainer and Survivor Mentor who has escaped the commercial sex industry, to help young people build the skills, knowledge and attitudes necessary to empower them to make safe, healthy choices.

In the UK, advocacy to young people and young people affected by sexual violence is delivered in different ways. The Barnardo's '4 As' model describes 'advocacy' as:

'a range of services [that] are needed to build a protective network around young people. Staff help young people get access to the services they need and advocate for them when relationships with other services break down.'
(Barnardo's, 2009)

Many forms of advocacy are not specific to CSE. For example, the 'Child House' model (based on the Icelandic Barnahus model) is focused primarily on child sexual abuse, whilst Sexual Assault Referral Centres (SARCs) and advocacy services provided by voluntary sector organisations like Rape Crisis relate to sexual violence more generally. However, there are some transferable lessons from these areas of practice, such as the work of Independent Sexual Violence Advisors.

Independent Sexual Violence Advisors (ISVAs)

A significant development within direct work with victims of sexual violence has been the introduction of Independent Sexual Violence Advisors (ISVAs) who provide advocacy and support to victims (HM Government 2010, 2011a, 2011b).

The funding and development of ISVAs in sexual violence services stemmed from mounting evidence of the effectiveness of victim advocates within other settings, for instance domestic violence (Independent Domestic Violence Advisors 'IDVAs') (Cook et al, 2004; Howarth et al 2009; Parmar et al 2005; Robinson 2003, 2006).

ISVAs support the victim with information, advice, support and guidance that is specifically tailored to the victim's needs (Robinson and Hudson, 2011). Independent of any organisational mandate, ISVAs provide crisis intervention and non-therapeutic support from time of referral, information and assistance through the criminal justice system (CJS) alongside offering practical support and advice. The role of the ISVA is to prioritise the needs of the victim, to reduce the victim's uncertainty over the criminal justice process and to support the victim's participation in criminal justice proceedings and in the development of their own care plans. Since their introduction in 2006, ISVAs have been recognised as key workers in both SARC and voluntary sector projects and constitute an example of providing direct work through a holistic and tailored approach that addresses the multiple needs of victims.

Robinson's (2009) process evaluation of ISVAs suggests that ISVAs had enabled victims to 'pull through' the aftermath caused by sexual violence. Victims appreciated having one key worker who 'did everything' and tailored support to their needs as an individual.

The tailored support of an ISVA may also benefit young people affected by CSE (see Smeaton, 2016). However, as CSE is rarely a one-off event and may not be recognised by the child as abusive or exploitative behaviour, there are additional challenges specific to CSE that need to be addressed.

Reducing risks and increasing resilience

Reducing the risks in a young person's life is a core element of direct work and, in practice, often goes together with work aimed at building resilience (Coleman and Hagel, 2007). Making sound judgements about a young person's level of risk can be challenging and depends on the nature and quality of information that is available to the practitioner. Practitioners need to understand a young person's full history as a basis for risk assessment, as referral information is often out of date and rarely provides information about the young person's strengths (Williams and Scott, 2017).

In addition to emphasising the importance of effective multi-agency approaches and information sharing, the literature highlights the importance of involving young people in discussions around risks. This can significantly contribute to a realistic appreciation of the challenges in a young person's life and can help to develop effective risk reduction strategies that are appropriate to the individual and co-owned by them.

Building resilience

In recent years there has been increased interest in how some young people, despite having many risks and disadvantages in their lives, seem to 'beat the odds'. A number of researchers have developed theories about the factors which promote this resilience to adversity (Garmezy, 1991; Masten et al, 2007; Rutter, 1987; Werner and Smith 1982, Luthar, et al, 2006). The evidence suggests that there are some key factors which influence resilience. It is generally agreed that the most important factor is having a stable, supportive relationship with a parent or caregiver (Institute of Health Equity, 2014). Where these attachments are weak or negative, resilience can still be supported via positive, consistent relationships with other adults (Centre on the Developing Child, 2015). Other key elements are the development of good personal life skills, resources and interventions to ameliorate the effects of 'set-backs' and supporting young people to sustain positive connections with their community (LeMoine and Labelle, 2014). As Ann Masten puts it, resilience is built by 'ordinary magic': *'Resilience does not come from rare and special qualities, but from the everyday magic of ordinary, normative human resources in the minds, brains, and bodies of children, in their families and relationships, and in their communities.'* (Masten, 2001)

Resilience has become an important concept for those working with children and young people and now underpins many initiatives to promote wellbeing (Edinburgh and Saewyc, 2008; Webb and Oram, 2015; Zimmerman, 2013).

Drawing on the work of Hart and Heaver (2015), the resilience factors which it is helpful for young people to have are:

1. At least one trusted adult who they know cares about them and who helps them through life
2. Support that addresses the basics of food, clothes, transport and housing
3. Access to activities that offer fun and excitement
4. Opportunities to practise problem-solving in different situations

What works in responding to child sexual exploitation

5. Places and spaces where they feel safe and can be themselves
6. Support to understand and manage their feelings
7. A chance to find things they are good at and that make them feel proud of themselves
8. Opportunities to help other people
9. Support which recognises their whole lives: at home, at school and in the community
10. A sense of hope and ambitions for the future

Addressing trauma

The underlying issues for many sexually exploited young people stem from experiences of trauma, disruption, rejection and abandonment in their lives (Simmonds, 1988; Scott and Skidmore, 2006). It is therefore crucial that practitioners undertaking direct work with exploited young people have a thorough understanding of attachment and trauma.

Trauma-informed services

The term ‘trauma-informed’ refers to services that are cognisant of the role of trauma in the lives of their clients and take steps to avoid, or at least minimize, new stress or the triggering of past trauma. Being a ‘trauma-informed’ service means looking at how the entire service is organised through a “trauma lens” and asking what should be done differently?

Long before anyone used the term “trauma-informed,” professionals and volunteers in a range of services were instinctively acting in a trauma-informed manner. Much of this was influenced by the emergence of the women’s liberation movement and the increasingly influential voice of survivors of interpersonal trauma, as seen in the rape crisis centres and the domestic violence movements of the 1970s (Burgess and Holmstrom, 1974). These services were natural incubators for trauma-informed practice and in the 1990s were supplemented by a growing body of research into how human beings respond in the aftermath of traumatic events. Over the next 20 years, a huge expansion of knowledge about trauma and traumatic stress occurred. This included better diagnostic criteria and the development of empirically tested treatments for PTSD and other trauma symptoms.

The elements that constitute a trauma informed service have been identified as follows (US HHS/ SAMHSA, 2014):

1. Safety: throughout the organization the physical setting is safe and interpersonal interactions promote a sense of safety.
2. Trustworthiness and transparency: organizational operations and decisions are conducted with transparency.
3. Collaboration and mutuality: there is true levelling of power differences between staff and clients; there is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making.
4. Empowerment: individuals' strengths are recognized, built on, and validated and new skills developed as necessary.
5. Voice and choice: the organization listens to staff, clients, and family members views and experiences and maximises opportunities for individuals to exercise choice and control.
6. Peer support and mutual self-help: are understood as a key vehicle for empowerment – both collective and individual.
7. Resilience and strengths based: a belief in resilience and in the ability of individuals, to heal and societies to change.
8. Inclusiveness and shared purpose: the organization recognizes that everyone has a role to play in a trauma-informed approach; one does not have to be a therapist to be therapeutic.
9. Cultural, historical, and gender issues: the organization actively addresses issues of social inequality, offers gender responsive services, and recognizes the impact of historical trauma.
10. Change process: is conscious, intentional and ongoing; the organization strives to become a learning community, constantly responding to new knowledge and developments.

Trauma-informed services adapt to the needs and experiences of the young person, recognising their victimisation and making any changes that are necessary to help them engage with the service (Macy and Johns, 2011). They also adapt to the needs of staff and the risk of secondary or vicarious trauma. They therefore take staff care and supervision very seriously: providing space and skilled supervision that enables practitioners to reflect on the work they undertake, their relationships with young people and the impact on themselves. Trauma-informed work often

focuses on attachment and trust issues, ‘engagement’ and the development of a trusting relationship between a worker and young person vitally underpins this approach. Addressing CSE through trauma-informed approaches may therefore involve longer treatment periods than approaches that primarily focus on behaviour, such as CBT, which we discuss later in this section.

All trauma-informed practice is grounded in creating safety and trust, promoting control, building resilience and empowerment, and prioritising self-empathy and self-care (McKenzie-Mohr et al, 2012). The aim is to provide young people with a sense of control and hope, and ideally it involves all of those who are part of a child’s life, including parents/carers, teachers and peers (Klein and Klain, 2013).

In recent years there has been considerable interest in Bruce Perry’s Neurosequential Model[©] in the USA, a ‘neurobiology-informed approach’ to clinical work and caregiving which claims that neglect, chaos, attachment disruptions and traumatic stress all impact the development of the brain in early childhood and lead to difficulties in impulse control, anxiety in relation to intimacy and abandonment etc (see Perry, 2004, 2009). The theory is that the brain is altered in destructive ways by early trauma and neglect but can also be repaired by exposing a child repeatedly to developmentally appropriate experiences. The approach is not a specific therapeutic technique but an approach to assessment that provides a ‘map’ of the child’s current strengths and vulnerabilities in the context of his or her developmental history. A set of enrichment, educational, and therapeutic interventions is then identified to engage each ‘brain area’ or function with appropriate activities, including such things as massage, yoga, music and movement. The goal is to provide the ‘bottom-up regulation’ that can allow other relational and cognitive experiences to impact.

There are currently no evaluations of interventions based on this model and it has been criticised for some of its assumptions about the relationship between changes in brain structure observed in extremely neglected and under-stimulated infants and the psychological and behavioural outcomes of abuse and neglect in a much broader population of children (Wastell and White, 2012).

Trauma-informed care is not then a new therapeutic model but an approach to service delivery. It weaves trauma knowledge and sensitivity into existing actions and models in a way that minimizes negative effects of intervention and increases the likelihood of meaningful engagement and effective implementation of other models. Effective trauma-informed care still relies on the delivery of evidence-based and trauma-specific interventions when these are needed.

AMBIT

Adolescent mentalization-based integrative treatment (AMBIT) is a trauma informed approach that takes Mentalization Based Therapy and applies it to the needs of 'chaotic, complex and multiply comorbid youth.' (See Bevington et al, 2012)

Mentalization Based Therapy (MBT) was developed from Peter Fonagy's research with people diagnosed with borderline personality disorder (BPD) and the recognition of their underlying attachment issues (NICE guidelines now recommend MBT as a treatment for BPD). In MBT the therapist adopts an "inquisitive" or curious stance in order to understand how the client interprets the actions of themselves and others. They model and encourage the development of curiosity in the client. This is mentalization. In terms of direct work with young people, it also promotes the use and incorporation of existing evidence-based treatments for example, CBT based interventions and Eye Movement Desensitization and Reprocessing (EMDR) as well as mentalization.

In AMBIT the idea is that mentalization is not just applied to direct work with the young person but also in relation to their family or carers, colleagues and peers and the wider multi-agency network. It is not a rigid, manualised model. Instead it encourages the development of a 'learning organisation' – where curiosity extends to colleagues, teams and systems – and it encourages adapting the approach and ways of working to fit local cultures and services (Bevington and Fuggle, 2012).

The AMBIT project is based at the Anna Freud Centre and they have trained about 100 teams around the country to take up the approach. There is some early outcomes evaluative evidence that is quite promising (Fuggle et al, 2014). It was the therapeutic model used by the South Yorkshire Empower and Protect CSE Innovation pilot (Scott et al, 2017b).

Some specific therapeutic interventions

Therapeutic interventions with children and young people can use various models, methodologies and theoretical underpinnings or a mix of different therapeutic approaches (Robson, 2010). For example, the NSPCC's 'Letting The Future In' (LTFI) approach utilises fifteen specific interventions, including counselling, symbolic play, solution-focused brief therapy and work on awareness and

management of feelings, with creative therapies constituting the most commonly used (20 per cent) of all interventions (Carpenter et al, 2016). LTFI, along with much child psychotherapy, places play, art and drama at the centre of its approach because these are seen as the ‘natural’ ways that children express themselves and in recognition of the fact that younger children in particular do not have words for many of their experiences and emotions.

Much direct support with sexually exploited young people, however, is not underpinned by a clear, evidence based theoretical framework but uses ‘home-grown’ models that are delivered by workers who rely on their knowledge and practice experience of ‘what works’ in engaging and supporting vulnerable young people (La Valle et al, 2016). While there is much good direct work with vulnerable young people that has not as yet been evaluated through rigorous research, the literature highlights the importance of using evidence-based interventions that have demonstrated effectiveness in improving outcomes for young people where these exist and are appropriate to the needs of individuals (Webb and Holmes, 2015).

Overall research into the effectiveness of therapeutic support for children following CSA has been limited. For example, most studies of the outcomes of play therapy are based on very small samples of children with particular issues (see Scott et al, 2003 on outcomes for sexually abused children) and there are only a few meta-analyses which re-analyse and bring together the evidence from multiple studies (LeBlanc and Ritchie, 2001; Bratton et al, 2005). The largest body of evidence for the treatment of children who have been sexually abused and for the treatment of PTSD relates to Cognitive Behavioural Therapy (CBT) and has been conducted very largely in the USA. A Cochrane systematic review concluded that cognitive behavioural therapy (CBT) may have a positive impact on depression, post-traumatic stress disorder and anxiety symptoms, although most results were not statistically significant (MacDonald et al, 2012). A similar review of psychotherapy was inconclusive (Parker and Turner, 2014), although one randomised trial in the UK found that group and individual psychotherapy for sexually abused girls was effective – particularly in relation to post-traumatic stress (Trowell et al, 2002).

Cognitive Behavioural Therapy (CBT)

In recent years, there has been an increased focus on the use of CBT in mental health, youth justice and related services as part of direct work with children (Wikström and Treiber, 2008; Milkman and Wanberg, 2007; Lipsey, 2009; Sauter et al, 2009). CBT is a psychosocial intervention that assumes that the ways we think (cognition), feel (emotion) and act (behaviour) are interrelated. It is based

on the idea that it is possible to change people's behaviour and emotions through changing the way they think (Wikström and Treiber, 2008).

CBT has been adapted for therapeutic work with children and adolescents affected by abuse. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is an evidence-based treatment approach to help children, adolescents, and their caregivers overcome trauma-related difficulties (Child Welfare Information Gateway, 2012).

Particularly in the USA, TF-CBT is being promoted as a 'best practice model' for treating traumatised children (Kar, 2011). There is evidence to suggest that TF-CBT is more effective than nondirective or client-centered treatment approaches for children with histories of multiple trauma (e.g. sexual abuse, exposure to domestic violence, physical abuse, as well as other traumata) and for those with high levels of depression prior to treatment (Deblinger, et al 2006). Reported gains include that children:

- Experience significantly fewer intrusive thoughts and avoidance behaviours;
- Are able to cope with reminders and associated emotions;
- Show reductions in depression, anxiety, disassociation, behavioural problems, sexualised behaviour, and trauma-related shame;
- Demonstrate improved interpersonal trust and social competence;
- Develop improved personal safety skills;
- Become better prepared to cope with future trauma reminders.

(Cohen et al, 2004)

Findings from trials of TF-CBT point to the importance of carer involvement and education in achieving positive outcomes for children and in reducing carers' stress (MacDonald et al, 2012). A review of 56 systematic reviews identified strong evidence that CBT for non-abusing parents and school-aged children is effective in preventing deterioration of child mental health and/or recurrence of abuse (Stewart-Brown and Schrader-McMillan, 2011; Corcoran and Pillai, 2008). Parents have also reported reductions in depression, emotional distress associated with the young person's trauma, PTSD symptoms and an enhanced ability to support their children (Cohen et al, 2004, 2004; Deblinger et al 1996). However, even more modest parent-focused interventions (including instructional videotapes based on social learning theory) provided to a parent at the time of a sexual abuse disclosure appear to have benefits for parents and children (Stewart-Brown and Schrader-McMillan, 2011).

TF-CBT claims to have good transferability and replicability and has been implemented in a range of settings with children and families of different ethnic and cultural backgrounds in the U.S (Weiner et al, 2009). However, the suggestion that CBT can be adapted to different contexts should be treated with some caution since no meta-analytic study has yet investigated the effectiveness of CBT over larger sample sizes with specific subgroups (Hofmann et al, 2012).

TF-CBT is usually delivered as a short-term program typically consisting of 12 to 18 sessions of 50 to 90 minutes, depending on treatment needs (Child Welfare Information Gateway, 2012). Current commissioning in the UK frequently favours even shorter-length interventions (6-8 weeks) and targeted programmes.

Limitations of CBT

Despite studies of CBT showing some impressive results in a number of treatment areas, there are some issues with regard to sampling and longevity of impact that raise questions about its universal applicability and replicability. Recent comparative studies conducted in everyday clinics in the UK demonstrate lower effect sizes (Stallard 2011). CBT may also not be suitable or effective for those with more complex mental health issues or learning difficulties (Kennard, 2014).

The central focus of CBT is on the client and their capacity to change, which critics have challenged as being too narrow a focus as it sidelines many important issues, such as family, personal histories, previous traumatic experiences and wider emotional problems. There is limited scope within CBT for personal exploration and examination of emotions, or of looking at troubling issues from a variety of perspectives. Other approaches which have a broader take on the impacts of abuse and a greater focus on the meaning of experiences in the context of particular life histories, circumstances of race or gender and complex relationships are likely to be required by many sexually exploited young people.

Eye Movement Desensitization and Reprocessing (EMDR)

EMDR is a manualised approach to treating trauma in as little as one 90-minute session (Shapiro, 1989). Individuals are guided through a relaxation exercise that includes visualising a safe space and asked to visualise aspects of the trauma and replace negative thoughts with positive ones. They move their eyes rapidly while focussing on these aspects until the level of distress reduces. As with all therapeutic techniques it needs to be undertaken by a trained therapist who is knowledgeable about all aspects of trauma and its impacts, the client's specific

history and in the context of a good therapeutic relationship. There is good evidence of its helpfulness in reducing trauma symptoms and it is recommended in NICE guidelines on the treatment of PTSD (NICE, 2005). A recent meta-analysis comparing the effectiveness of EMDR with TF-CBT in the treatment of trauma symptoms in children and adolescents (Lewey et al, 2018) found that both were effective with the latter marginally more effective. According to a Cochrane systematic review (Bisson et al, 2013) EMDR and TF-CBT are superior to all other treatments for the treatment of trauma.

As with TF-CBT, the focus of EMDR is narrow and specific and although the effective reduction of PTSD symptoms is extremely valuable, most survivors of sexual abuse require holistic support of which symptom amelioration forms just a part.

‘Abuse focused’ therapy

Abuse focused therapy is not based on a single psychological theory but draws from a wide variety of clinical techniques and is organised around the particular experiences of the individual (Murray, 1999). It is guided by the principle that abuse is a form of victimisation by the powerful against the powerless and that effects of abuse are a ‘normal’ adaptation to an ‘abnormal’ experience (James, 1989) and draws on the foundational work of Judith Herman first published in 1992 (Herman, 2015) and Bessel van der Kolk (2015) and the research over four decades by David Finkelhor (Finkelhor, 1979; Finkelhor and Browne, 1985; Finkelhor and Berliner, 1995).

Finkelhor and Browne’s (1985) framework identifies four trauma dynamics as forming the core of the psychological injury inflicted by abuse. These are: a) traumatic sexualization, b) betrayal, c) stigmatisation, and d) powerlessness. These dynamics may be used in abuse focussed assessments of victimised young people and help to anticipate problems to which these young people may be vulnerable subsequently.

Abuse-focused therapy often includes sessions for parents/carers, in the form of either parallel or joint sessions. Typical elements of abuse-focused interventions include:

- Encouraging the child to express their feelings relating to the abuse.
- Reviewing erroneous beliefs that might lead to self-blame or other negative attributions about themselves or others.

- Teaching self-care and safety skills.
- Diminishing the sense of stigma and isolation through contact with other victims, e.g. through group therapy. (Finkelhor and Berliner, 1995)

Letting the Future In

LTFI is a NSPCC service for young people aged 4 to 17 years who have been sexually abused. It was developed by the NSPCC and has been implemented by 20 teams since 2011.

The service helps young people come to understand and move on from their past experiences through activities such as play, drawing and painting and storytelling. It is grounded in an understanding of trauma, attachment and resilience. Young people receive up to four therapeutic assessment sessions followed by up to 20 intervention sessions. Parents/carers are also offered individual help with the impact of discovering that their child was sexually abused, and to support their young person's recovery (although only 40% of parents/carers received this intervention).

Bannister's (2003) psychodynamic 'Recovery and Regeneration model', on which LTFI is based, assumes that child sexual abuse involves a crucial betrayal of trust and that re-building trust through the therapeutic alliance between worker and abused child is foundational to recovery (Carpenter et al, 2016).

LTFI implemented in 20 services in England, Wales and Northern Ireland has been evaluated in a Randomised Control Trial (the largest yet conducted of an intervention for CSA). At six month follow up it found evidence of reduced emotional difficulties and symptoms of severe trauma for children over the age of 8 – although not in younger children. However, there was some evidence of a reduction in trauma symptoms amongst younger children at the 12 month follow-up. Children themselves reported greater confidence, reduced self-blame, depression, anxiety and anger, improved sleep patterns and better understanding of appropriate sexual behaviour. The evaluation of LTFI found consistently positive feedback on the therapeutic alliance and highlighted this as a vital contributing factor to effective direct work.

Learning from the evaluation has included the recognition that for younger children support for non-abusing parents and carers and their involvement in their child's therapy is important in achieving positive outcomes (Carpenter et al, 2016).

Enabling growth and moving on

Enabling resilience, growth and recovery is one of the main aims of all support work and is only possible when a relationship has been established and the young person's safety has increased so that they are in a more stable environment. The foundation that has been built through support work can help to gradually diminish reliance upon the service and enable the young person to move into greater independence. The final stage of direct work also raises the issue of 'closure' and needs to consider how to end the relationship that has developed between a worker and a child in a way that is positive.

At the end of the journey, support work should foster the young person's self-reliance and self-efficacy, highlighting what has been achieved, and strengthening their social support system as well as facilitating access to education and training. In addition to building strengths, confidence and resilience, direct work can actively focus on the young person's goals and aspirations.

Adopting a strengths-based or 'empowerment' approach (Ungar, 2004) is particularly helpful at this final stage. Supporting the young person's own agency helps them to identify and access protective resources outside of the service. This may include finding positive activities or participation in groups, such as art, music, drama or sport clubs, or opportunities to have their say about a service and become an advocate or mentor. Young people may wish to become active participants in informing policy and practice development on CSE locally or nationally (Cody, 2015). In addition to providing diversion, such activities can foster a positive self-identity and help the young person develop new skills and establish a new social network, which can help to prevent re-victimisation.

Children and young people involved in the Making Noise research (Warrington, 2017) emphasised the importance of knowing they were not alone and that others had shared and survived similar experiences. There has not been a great deal of emphasis in CSE services on developing peer support or survivor groups for young people – and facilitating contact between sexually exploited young people has sometimes been seen as too 'risky', particularly where they may have been involved in the same networks. However, such contact is something which young people clearly value and Warrington's observation in relation to children abused by family members is likely to also stand for survivors of CSE:

‘Further consideration should also be given to models of formal peer support and methods of enabling safe connection with others who have experienced CSA in the family environment. Such models are well documented in provision for adult survivors of CSA and would respond to children and young people’s repeated requests for contact with others who share comparable experiences.’
(Warrington, 2017)

Throughout the journey of working with young people, practitioners have to negotiate and maintain appropriate boundaries which enable young people to appreciate the temporary nature of the relationship. This requires open and sensitive communication with the child that addresses potential anxieties over the transition into independence from the service, and an appreciation of how these may be heightened by previous experiences of abandonment (Adcock, 1988). Ideally, the worker and the young person have jointly reached the decision to end the work because both feel confident that the young person is ready to move on. Involving the young person in planning for the period after direct work has ended, by focussing on other relationships in their lives and signposting onto ongoing activities that can fill that gap, can make moving on easier and close the relationship in a way that feels positive.

Key messages

- **Relationships** are key to engagement – **engagement** and **trust**-building are the foundation of direct work. Involving young people in setting the agenda and pace of direct work can facilitate engagement and ‘buy in’.
- Interventions should be **centred around the child**. Consulting young people can enhance risk assessments and ensure appropriate risk reduction strategies and care plans that are tailored to the needs of the individual.
- Direct work should be **holistic** and should address the **multiple vulnerabilities** many CSE-affected young people present with.
- Direct work needs to be underpinned by understanding of **diversity and of the impacts of inequalities**.
- Young people need **stability, continuity** and **persistence**. Frequent changes in worker are to be avoided. Young people prefer having **one key worker** who cares and does not give up on them when they disengage or act up.
- Support needs to be **flexible** and **high intensity** when necessary. Young people and their families value having access to ‘on-call’ support when they most need it.

- **Strength-based** approaches focus on young people's assets and build on these. Work should focus on **building resilience alongside reducing risk**.
- Easily accessible services that are **independent** from social care/police are highly valued by young people. Young people also value opportunities for peer support.
- **CBT and EMDR** have a **robust evidence base** in effectively addressing the treatment of trauma symptoms in children and adolescents.
- **Trauma-informed** and **abuse-focused** interventions recognise the impact of CSE, alongside other adverse experiences, on children's psychosocial development and attachment. Interventions are relationship based, usually longer and help address the underlying trauma resulting from, or increasing the risk of, CSE, which may be at the root of a young person's problems.
- Evidence supporting the effectiveness of **relationship-based models** may seem to contradict research findings that suggest that more targeted, goal-oriented and often shorter-term CBT-informed interventions can be highly effective. But, in practice a safe, trusting relationship (therapeutic alliance) provides the necessary context for the delivery of more specific psycho-social or therapeutic interventions.
- **As explored in chapter 6, Parents and carers should be seen as safeguarding partners and provided with support.** Young people and their families need support to be able to strengthen and rebuild their relationships with each other.
- Direct CSE work needs **resilient practitioners**. Having **small enough case-loads** allows worker to provide high intensity work to young people affected by CSE. Good working conditions, ongoing **training and support**, including regular reflective supervision and peer support from colleagues is essential. This is likely to **decrease staff turnover** and sick leave, which, in turn, ensures continuity and consistent relationships with young people
- **Stable services with secure funding** and adequate resources create an environment that enables better quality direct work.

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6 Supporting parents and carers

Introduction

Parents and carers are some of the most important people in young people's lives. When their child has been sexually exploited or where there are serious concerns, parents and carers often need support to maintain or rebuild good relationships. This chapter explores the evidence for what helps in providing such support¹⁰.

There is very limited research specifically addressing the support needs of parents or carers of sexually exploited young people. We therefore draw on the more extensive evidence on parent/carer support in general and consider the transferable lessons from the literature on supporting parents and carers of other 'troubled' teenagers, before focusing specifically on the available evidence relating to parents and carers of sexually exploited young people.

Although parents and other kinds of carers have many support needs in common, there are also some different issues to consider, so we include evidence relating specifically to the support of foster carers and extended family members providing care.

This chapter considers the following core questions:

- What are the key principles of good practice in supporting parents/carers?
- What do we know about what works in supporting parents/carers of teenagers in difficulty more generally?
- What transferable learning is there for supporting parents/carers where CSE is a concern?
- What specific evidence is there concerning support for parents/carers when a child is sexually exploited?

¹⁰ This chapter draws on a previously published review produced by the authors for the Centre for Expertise in Child Sexual Abuse (Scott and McNeish, 2017)

Evidence from the family support literature

Key principles of good practice

The family support literature commonly highlights the following principles of good practice and, for the most part, they are relevant both to the support of parents and of other carers:

- **Seeing parents and carers as partners** in safeguarding and promoting the wellbeing of children and young people and involving them in the planning and delivery of services (Munro, 2011; Davis, 2007).
- **Taking a whole family approach**, including: taking account of the wishes and feelings of children and young people alongside those of adults; involving fathers as well as mothers; meeting the needs of adults as well as children; and addressing issues with adult-child and adult-adult relationships (Social Exclusion Task Force, 2008).
- **Keeping a focus on outcomes**, particularly the safety and wellbeing of children and young people.
- **Planning support around the assessed needs** of families, aiming for the minimum necessary intervention and making this flexible in respect of timing, setting, and changing needs and circumstances (Barlow and Schrader McMillan, 2010; Allen, 2011; Munro, 2011).
- **Making access to support as easy as possible**, including through self-referral and a variety of referral routes, including via universal services.
- **Applying a strengths-based perspective** which recognises and values the resilience factors in families' lives. This includes using and strengthening informal and peer support networks (Ghate and Hazel, 2002; Gardner, 2003; Smith and Davis, 2010).
- **Ensuring support services are inclusive** and reach all those who might need them, including families from black and minority ethnic (BME) communities (Chand and Thoburn, 2005), disabled parents and those in both rural and urban areas.
- **Joining up support across agencies** to minimise duplication and avoid parents/families falling through the gaps between services (Frost and Parton, 2009).
- **Making the best use of evidence** in developing support services.

Theories underpinning parent support

There is no distinct theoretical foundation for providing parent/carer support. However, Devaney et al (2013) identify five broad theoretical perspectives as relevant:

Social support: There is good evidence of the value of social networks that provide practical and emotional support in enabling parents to cope with stress (Eckenrode and Hamilton, 2000; Pinkerton et al, 2004; Ghate and Hazel, 2002; Gardner, 2003; Dolan et al, 2006). For most people, social support is accessed through informal relationships with family and friends. Key features are that it is naturally occurring, non-stigmatising, available outside nine-to-five hours and cheap.

Resilience: Resilience is a person's ability to withstand stress and to adapt positively to life's adversities (Rutter, 1985; Ungar, 2005). Rutter identifies factors associated with resilience, including self-esteem and confidence, a belief in one's own self-efficacy, ability to adapt to change and having a range of problem-solving approaches. For children and young people, a good relationship with a parent, a close social support network and a positive educational experience have all been shown to be important in developing resilience.

Attachment: Attachment theory emphasises the importance of infants forming a close emotional relationship with a parent or carer. The quality of attachment can have a lasting effect on emotional functioning, personality development and other personal and social relationships throughout childhood and into adulthood (Howe, 2005, 2011). A lack of secure attachment is correlated with emotional distress, antisocial and aggressive behaviour and feelings of rejection. Parents who themselves lacked a secure attachment in childhood may experience more difficulties in fostering secure bonds of attachment with their own children (Howe et al, 1999).

Systems/social ecology theory: Views the family as a system in which the care and development of its members occurs. The family is also part of wider systems of community, organisations, and the broader social and political environment. Social ecology theorists emphasise the importance of understanding the interaction between individuals and these wider systems (Bronfenbrenner, 1979).

Social capital: Refers to the advantages people have access to through their relationships, networks and social connections. Children can derive social capital

within families through the time, effort and energy invested in them by their parents (Coleman, 1988).

The social ecology and social capital perspectives have strong links to asset-based approaches to family support, which start with an assumption that families have strengths and, with support, are capable of finding solutions to their problems (e.g. Saleebey, 2006) Proponents of asset based approaches argue that they increase the engagement of families, increase family efficacy and empowerment, and enhance their social support networks (Green et al, 2004).

The theories underlying support services for families can provide a framework for considering the various needs of parents and carers of sexually exploited young people. Practitioners need to start with a focus on the strengths/assets of parents/carers and avoid assumptions of deficit or blame. These strengths will include their social support networks and personal resilience factors.

There is little doubt that the resilience of parents/carers of sexually exploited young people will be tested. Parents' and carers' capacities for coping will be influenced by their own circumstances and their past experiences, and they will have different resilience factors in their lives.

Parents and carers of sexually exploited young people will also have different experiences of attachment, both from their own childhood and as parents. Positive early attachment between parent and child is likely to be a major protection against relationship breakdown. Conversely, where attachment was already problematic, sustaining a positive parent-child relationship in the context of CSE will be much more challenging.

Practitioners need to consider how to foster and nurture parents and carers' social support networks whilst avoiding the assumption that all family and community networks are positive or capable of meeting all support needs. For some parents/carers of sexually exploited young people, the associated stigma and the lack of understanding they may encounter within their wider family/community can be barriers to them accessing informal support. Practitioners also need to be mindful of the prevailing norms and culture of the family and community, and how these are likely to impact on parents' responses and coping mechanisms.

Access to support

The Allen and Munro reviews (Allen, 2011; Munro, 2011) emphasised the importance of earlier intervention with families to prevent the escalation of risks to children and young people's wellbeing. However, an Ofsted (2015) thematic inspection of early help found that, despite a commitment by local authorities and partner agencies to improve the early help offer, this was still not being provided early enough for many families and assessments were often poor and support not well planned. Research suggests that thresholds for access to children's social care are often too high (Davies and Ward, 2011; Easton et al, 2013).

Barriers to support may be compounded by parental reluctance to seek or accept help. Broadhurst (2007) concluded that for many parents the first port of call for family problems is their own family – and the very idea of seeking formal support is alien to many families. As a result, many parents may not access support until their difficulties are very acute, at which point professionals are more likely to employ formal safeguarding procedures which can alienate rather than support parents (Hanson and Holmes, 2014).

Additional barriers facing some parents in BME communities include language, a lack of cultural awareness on the part of service providers (including a failure to recognise the diversity of BME communities) and considerable reluctance to accept help from outside the family (Chattoo et al, 2004; Chand and Thoburn, 2005; Page et al, 2007). Other parents identified as less likely to access support are parents from the armed forces and other very mobile groups (Institute of Public Care, 2015). Research has also highlighted the failure of support services to engage effectively with fathers (Lloyd et al, 2003).

Research reviews have identified the importance of support being provided in the context of a positive relationship between practitioners and parents/carers (Edelman, 2004; MacQueen et al, 2007), and some have shown that better relationships increase the likelihood of positive outcomes (Bell and Smerdon, 2011; Davis and Meltzer, 2007).

Crowther and Cohen (2011) identify several factors important to maintaining effective relationships with vulnerable parents:

- Maintaining a child-focused approach
- Achieving an effective balance of support and challenge

What works in responding to child sexual exploitation

- Being clear and direct with parents from the outset
- Building trust and mutual respect
- Working with parents to develop their responses to resolving issues
- Taking a proactive approach
- Being able to interact positively with young people as well as with their parents
- Helping parents understand terminology, jargon or actions needed, in a way that is not patronising

Parents/carers of a sexually exploited young person may experience difficulties in getting the support they need, when they most need it. While they may face similar barriers to other parents these may be compounded by additional factors associated with awareness of sexual exploitation, shame and stigma. For example:

- Parents may miss the early signs of sexual exploitation and not realise that they need support until the situation becomes very serious.
- Providers of support may similarly miss signs of sexual exploitation and therefore assess parents as not meeting threshold criteria.
- For parents from some BME communities, there may be additional barriers to their recognising signs of exploitation and accessing support.
- When their child is a victim of CSE parents commonly feel guilt and shame, making them even more reluctant to seek support; for some parents, there may be a 'double stigma' arising from both the sexual exploitation and the need for 'outside' or professional help.

Support needs to be experienced as non-judgemental. Parents need consistent, reliable, respectful and honest relationships with key professionals who maintain a clear focus on outcomes for the young person and the parent/carer's role in helping to achieve these.

Parenting teenagers

Much of the focus in the general parenting literature is on the early years. However, there have been a number of reviews focusing on the needs of adolescents (Coleman, 2014; Hanson and Holmes, 2014) and a comprehensive review of the research on supporting parents of teenagers (Asmussen et al, 2007). Understanding adolescence is of critical importance to understanding the

vulnerability of young people to sexual exploitation and the challenges facing parents of teenagers.

Adolescent development

Adolescence is the fastest changing period of development after infancy (Coleman, 2014). Hormonal changes in puberty trigger physical developments, and the adolescent brain goes through a period of increased plasticity which affects how young people conceptualise the world and respond, particularly in relation to risk taking and reward-seeking (Dahl and Hariri, 2005; Steinberg, 2010). Simultaneously, teenagers face significant social change as they move from relying on their parents to relying on themselves and negotiating new relationships.

Individual young people develop differently. For example, the onset of puberty can be from the age of 9 for some girls, but not until 14 for some boys. Some parents are faced with the issues traditionally associated with the 'teen' years when their child is 12, whereas others do not encounter these until much later. Similarly, the age at which young people move towards independence varies considerably.

It is important not to generalise about how young people respond to adolescence, and many young people go through this stage of life with no major difficulties. However, the physical, emotional and social transitions can be stressful for some teenagers and are associated with a number of risks (Kelly et al, 2004; Resnick et al, 1997) including academic pressure, engagement in antisocial behaviour, mental health issues, risk-taking including around sex, drinking and drug taking, and unhealthy peer relationships. Vulnerability to these risks starts to increase in early adolescence, tends to peak around the age of 15 and then gradually decreases as the teenager matures (Hanson and Holmes, 2014).

Although in the teenage years young people are more susceptible to peer influence than at any other time in growing up, it is still the case that parents generally exert the greatest influence (Asmussen et al, 2007)

Gender, adolescence and risk

There is frequently a lack of gender analysis in research and policy literature regarding children and young people. Yet a consideration of the differences between the experiences of young men and women growing up may be crucial in understanding the support needs of parents of teenagers.

In their evidence review on women and girls at risk, McNeish and Scott (2014) argue that gender matters in understanding risk and vulnerability at all stages of the life course because of three sets of interrelated factors: gender and other social inequalities, the different impact of negative life experiences on men and women (in particular violence and abuse), and the different gender expectations they face, e.g. the ways in which boys and girls are expected to behave.

Adolescence is a period of life when gender differences in risk and vulnerability factors come to the fore. As they enter their teens, both boys and girls experience more pressure to comply with gender roles (Berkout et al, 2011), and develop a stronger concern with their physical and sexual attractiveness. However, studies suggest that, whilst self-esteem decreases for both sexes after the primary years, the drop is more dramatic for girls and that adolescent girls are more anxious and stressed than boys of the same age, suffer from increased depression, and experience more body dissatisfaction and distress over their looks (Johnson et al, 1999). More recent survey data continue to show that emotional disorders like anxiety or depression are more common in girls than boys whilst behavioural or 'conduct' disorders and hyperactivity are more common in boys than girls (Sadler et al, 2018)

There are some differences in the development and experience of boys and girls which tend to result in different trajectories. The way boys are 'supposed to behave' makes them more at risk of accidental injury, getting into fights, being excluded from school and committing offences. Being a girl is a protective factor for these outcomes – but is a risk factor for some kinds of mental ill health and for experiences of abuse in intimate relationships.

At this age, young people can be particularly vulnerable to sexual harassment and abuse from peers – including via social media (Phippen, 2012; YoungMinds and Ecorys, 2016). Teenagers can feel pressured into getting involved in relationships without having the confidence to negotiate how they are conducted. A UK study of intimate teenage relationships found that a third of teenage girls suffered an unwanted sexual act, and 25% of girls and 18% of boys had experienced some form of physical partner violence. Girls reported greater incidence rates for all forms of violence, experienced violence more frequently and described a greater level of negative impacts on their welfare than boys. When girls had an older partner, and especially a 'much older' partner, they were likely to experience the highest levels of victimisation. Girls with a history of family violence had an increased likelihood of having an older partner. Overall, 75% of girls with a 'much older' partner experienced physical violence, 80% emotional violence and 75% sexual violence

(Barter et al, 2009). These findings were reflected in a more recent study which looked at the experience of intimate partner violence and abuse (IPVA) among teenagers in five European countries, including England. Between a half and two-thirds of young women aged 14 to 17 years-old and between a third and two-thirds of young men from the five countries reported experiencing IPVA. The majority of young women reported a negative impact to their experiences while the majority of young men reported an affirmative impact or no effect (Barter et al, 2015). Evidence suggests that girls who already have a number of risk factors in their lives are particularly vulnerable between the ages of 12 and 14. It is at this age that underlying factors (childhood abuse and neglect, domestic violence, parental mental health and substance use, and family breakdown) meet a constellation of immediate risk factors, such as those outlined above. Becoming disengaged from education, running away from home and perhaps entering the care system can rapidly multiply the risks for young people. They can become disconnected from the majority of their peers, from normal routines and from the prospect of college and employment. They are at higher risk of meeting adults involved in drugs and crime who may offer somewhere to be and a sense of acceptance and belonging. This may result in being propelled into a premature adulthood with the associated risks of sexual exploitation (Beckett et al, 2013).

Gendered expectations of boys may result in less disclosure and less help-seeking behaviour when abuse occurs. Parents and professionals may be less likely to think about boys needing protection from sexual predators, and likely to allow them more freedom than girls. Boys usually come to social and sexual maturity later than girls, and some of their vulnerabilities and routes into exploitative relationships are likely to be different. Rather than the boyfriend model of heterosexual romance that 'hooks' many teenage girls, boys may become involved with an older 'trusted friend'. This could be based on shared (stereotypically masculine) interests such as sports or online gaming. Professionals report that young men may become involved in criminal acts with or for an abuser, such as drug dealing, and this can be used to discourage them from disclosing CSE (McNaughton Nicholls et al, 2014). Gay, bisexual or curious young men may lack 'safe spaces' to explore same-sex relationships and experiences of harassment and homophobia may push some young gay men towards secrecy, making exploitation easier to facilitate and hide. The involvement of young men in commercial sexual activity is particularly overlooked within the published literature (Brayley et al, 2014). This type of exploitation still occurs, but has moved from traditional 'street sites' to more hidden forms of commercial sexual exploitation supported by Internet and mobile phone communication (McNaughton Nicholls et al, 2014), making it even more difficult for parents to know what is happening.

Parent-teenager relationships

A degree of parent/teenager conflict is normal, and research suggests it may even be a necessary part of adolescent development, enabling the young person to practise the successful negotiation of conflict within the context of an otherwise warm and nurturing relationship (Nurmi, 2004).

The teenage years are often depicted as a time of conflict and rebellion, but research suggests that these portrayals exaggerate what actually occurs in most households (Gillies et al, 2001). Most families experience only moderate increases in conflict during the teenage years. Arguments are most frequent in early adolescence and are mostly about relatively minor issues. High levels of conflict between teenagers and their parents occur in fewer than 25% of families (Collins and Laursen, 2004). However, such conflict is associated with more serious risks such as running away, poor educational attainment and negative peer influences. In the majority of such cases, problems between child and parent began prior to adolescence. For example, children who had an insecure attachment or difficult relationship with their parents at a younger age are more likely to experience further problems as teenagers, thus making an unstable parent and child relationship even worse (Allen and Land, 1999).

Parenting style appears to be particularly important during the teenage years with research pointing to the benefits of a style of parenting which actively encourages autonomy and responsibility through: a democratic style; warmth, affection and mutual respect; open communication and mutual trust (Baumrind, 1991). Such a parenting style is a predictor of improved academic performance, a secure identity, higher self-esteem, greater social responsibility and a greater resistance to peer pressure, substance misuse and early sexual activity. It is linked to more positive outcomes, regardless of culture or ethnicity (Steinberg, 2001). Parenting styles which are either highly punitive or very permissive are more likely to put teenagers at developmental risk.

The support needs of parents of teenagers

Accessible support, having opportunities to share experiences with other parents, and services meeting parents' personal needs are all important to parents of teenagers (Ghate and Hazel, 2002; Moran et al, 2004; Quinton, 2004). Additional factors to consider are:

- **Insecurities about parenting a teenager**, including uncertainty about their parental authority, their understanding of the teenage world, and fears about drug abuse, pregnancy and delinquency (Parentline Plus, 2006). Parents may struggle to respond to the increased risk-taking that is characteristic of adolescence
- **Parents' own stage of life.** Having a teenager often coincides with midlife, which can bring additional stresses such as menopause, career uncertainty and elder care. Family problems such as divorce and bereavement can reduce the sources of support as children grow up (Hanson, 2016).
- **Parents already facing difficulties** such as poverty, major family conflict, domestic abuse, mental ill health and/or substance misuse in the family, are likely to have increased difficulties in parenting a teenager

Providing parents with knowledge and understanding of adolescent development, particularly the different factors affecting boys and girls, may be important in helping them to understand why their child is vulnerable to CSE, identify when their child is at greater risk and understand the processes involved.

Parents of sexually exploited young people are likely to face challenges in maintaining a positive relationship with their child. The young person may, for example, be going missing from home and/or exhibiting challenging or 'secretive' behaviour. Supporting parents/carers to adopt an appropriate parenting style at an early stage may be helpful in reducing the risk of sexual exploitation. Helping them to maintain this approach may be important in rebuilding fractured relationships.

However, sexual exploitation occurs despite good levels of parental awareness and positive parenting styles. Perpetrators of CSE can deliberately undermine relationships between young people and their parents. Parental influence diminishes during adolescence, and perpetrators capitalise on this. In these circumstances, accessible, non-judgemental and strengths-based support to parents is more important than ever.

Interventions to support parents and carers of teenagers in difficulties

There are a number of reviews of 'what works' in supporting parents facing difficulties, including some that include interventions with parents of 'troubled' teenagers such as those with conduct disorders or offending behaviour. We summarise these in order to identify transferable lessons of relevance to parents/

carers of sexually exploited young people. However, as noted above, the 'blame' for CSE lies with perpetrators, not parents or young people and whilst the support outlined below may be helpful, the reality of CSE is that the main challenges are located outside the home.

Helplines/online support

Montgomery et al (2007) reviewed the range of media-based interventions to address behavioural problems in children, and noted that in some cases these may be sufficient to help parents requiring information or seeking advice with relatively low-level difficulties. Where parents are experiencing significant problems, easy access to information may not be enough, but it can still play a valuable role. A US study of telephone-based contact with other parents for parents of teenagers with emerging behavioural and emotional difficulties found the approach to be an effective means of providing support (January et al, 2016). Such programmes have been shown to be able to work with parents who typically are difficult to engage (Kutash et al, 2011).

Parenting programmes

A number of structured parenting programmes have been subjected to rigorous evaluation and meta-analysis¹¹ (e.g. Barrett, 2010), and some have consistently reported positive results including for parents of more troubled teenagers. These include the following:

- **The Adolescent ParentWays programme** was developed in the USA for parents of youth experiencing social/behavioural issues. It is provided as either an online or face-to-face 10-week parent training programme. The face-to-face programme was associated with an improved overall parent-adolescent relationship, increased parent knowledge about adolescent development, improved relationships with adolescents, and lower perceptions of their teens as being difficult. Similar positive results were found for the online-only programme although these were smaller in magnitude (Taylor et al, 2015).

¹¹ These have included evaluations using a randomised control trial methodology. Meta-analysis is a form of statistical analysis that pools the data from several well-conducted studies. Their findings are therefore more reliable than a single study alone.

- **Triple P Positive Parenting Programmes** have been very extensively evaluated, including for parents of teenagers (McConnell et al, 2012; Ralph and Sanders, 2006). Evidence of positive child outcomes include: fewer behavioural problems, increased self-esteem, and fewer emotional and psychosocial problems. Positive outcomes for parents include lower levels of parental stress, depression and anger; increased use of positive parenting methods and decreased coercive practices; improved parent-child relationships and communication; reduced marital conflict; reduced need for child placement, and high levels of satisfaction with the programme (Ghate et al, 2008).
- **Strengthening Families Programme for Parents and Youth** (SFP) is a family skills training programme that involves both parents and children. The programme has been adapted to many age ranges including teenagers. SFP is designed to reduce multiple risk factors for later alcohol and drug use, mental health problems and criminal behaviour by increasing family strengths and young people's social competencies, and improving positive parenting skills. Studies have found that the programme consistently improves outcomes for both parents and children, maintained after a five-year follow-up (UNODC, 2010).

Therapeutic interventions

There have been a number of reviews of interventions aimed at families facing serious difficulties, including those where young people are in care or at risk of entering care or involved in gangs (Shute, 2013):

- **Multi-Systemic Therapy** (MST) is an intensive, home-based therapy intervention for young people aged 10–17 with social, emotional and behavioural problems, and their families (Littell et al, 2005). This short-term (four to six months) therapy aims to reduce substance misuse and offending in young people, and is based on an ecological perspective that takes account of individual, family, neighbourhood and wider social factors which can influence antisocial and delinquent behaviour. National Institute for Health and Care Excellence (NICE) guidelines report a relatively large evidence base, with consistent evidence for reducing offending for up to 14 years follow-up (Brodie, 2012).
- **Functional Family Therapy** (FFT) is a systemic family prevention and intervention therapeutic programme, used successfully to treat young people and their families coping with relationship issues and emotional and behavioural problems at home, at school, and in the community. Aos et al (2006) analysed seven rigorous evaluations of this programme in the USA and found that FFT programmes are successful in reducing young people's re-offending rates.

- **Multidimensional Treatment Foster Care (MTFC)** was developed in the early 1980s in the USA, designed as an alternative to institutional, residential, and group care placements for young people with severe and chronic criminal behaviour. Subsequently, the model has been adapted for use with children and adolescents who have severe emotional and behavioural difficulties. Young people involved are placed to live with foster carers, who have been trained in implementing the programme, for a period of six to nine months. During this time, wrap-around support is provided to the young person in every aspect of their lives, as well as to their birth family and foster carers. Evaluations conducted in the USA and Europe have shown improvements in youth criminal behaviour and incarceration rates, youth violent offending, youth behavioural and mental health problems, disruption of placements and running away (Macdonald and Turner, 2008). However, a randomised control trial in the UK of MTFC for adolescents in care found no evidence of better outcomes between the intervention and control group who received 'care as usual' (Green et al, 2014). The evaluators concluded that the intervention may be beneficial for young people with antisocial behaviour but less so for those without.

Evidence suggests that even parents who are struggling with very difficult situations can derive benefit from easily accessible support, such as that offered by helplines and online provision. Important advantages are that parents can access such support at times when they need it.

An offer of a parenting programme may not be welcomed at a time of acute crisis. But the above evidence suggests that even parents facing major difficulties can benefit from a well-run, well-evidenced programme, particularly if such support is combined with opportunities for parents to meet those in similar situations.

Some of the other interventions outlined above were developed for use with young people and parents facing serious difficulties, particularly families affected by conduct disorder and offending. The evidence is not directly transferable to parents of young people who have been sexually exploited, but elements of these programmes can inform the development of more intensive support to families affected by CSE.

Interventions to support parents of sexually abused children and young people

There is a substantial literature on the needs of non-abusing parents in cases of child sexual abuse (CSA), the difficulties they are likely to experience and the forms of support that are most helpful. Most of the research relates to parents of younger children rather than adolescents, and much of it is focused on the

specific experience of non-abusing mothers whose child has been abused by a partner or other family member. However, there are some clear messages that are transferable to the support of parents whose child has been sexually exploited.

Following a disclosure of CSA, most parents experience psychological and emotional distress (Elliott and Carnes, 2001), which is often overlooked by professionals. Parents have described the disclosure of CSA as a major life crisis (Humphreys, 1995; Lipton, 1997) and they may experience the effects of their child's victimisation for several years following disclosure. Research shows increased rates of mental health difficulties amongst these parents (Elliott and Carnes, 2001; Hill, 2001; Schuetze and Eiden, 2005).

Numerous studies have shown that the way a non-offending parent responds to the disclosure of their child's abuse can mediate the level of psychological symptoms the child experiences, and that higher levels of support from parents are linked to better adjustment in children (Elliott and Carnes, 2001; Kendall-Tackett et al, 1993). Toledo and Seymour (2013) conclude that support to carers is critical to meeting the needs of children.

A review of 56 systematic reviews related to parenting and child mental health found no review-level evidence relating to parenting interventions specifically with parents of adolescent survivors of sexual abuse (Stewart-Brown and Schrader-McMillan, 2011). However, it did identify strong evidence that CBT for non-abusing parents and school-aged children is effective in preventing deterioration of child mental health and/or recurrence of abuse (Corcoran and Pillai, 2008). Findings from efficacy trials of Trauma Focused CBT point to the importance of carer involvement and education in achieving positive outcomes for children and in reducing carers' stress. In these studies, carer participation in the intervention was a requirement and was of the same duration and intensity as for the child. However, much more modest parent-focused interventions (including instructional videotapes based on social learning theory) provided at the time of a sexual abuse disclosure also appear to benefit children's psychosocial functioning (Stewart-Brown and Schrader-McMillan, 2011).

The NSPCC's 'Letting the Future In' service has been evaluated using a randomised controlled trial (Carpenter et al, 2016). The practice guide for the service recommends offering up to eight sessions of a carers' support intervention, delivered by a different practitioner to the child worker, and in most cases provided towards the end of the work with the child. There was a statistically significant reduction (from 48.6% to 26.8%) in the proportion of carers with clinical levels of 'total stress' at one year follow-up.

From the point of view of parents, psychoeducational groups evaluate particularly well. These combine group support with the provision of information about the dynamics and impacts of abuse, and practical advice on how to deal with children's feelings and behaviours. Parents in numerous studies report increased wellbeing, confidence and ability to care for their child as a result of participating in such groups. Parents also report improved coping and stress management, and greater ability to deal with professionals (Toledo and Seymour, 2013). Groups help participants build vital social networks with others who share similar experiences, help to normalise a child's behaviour, and may reduce depression in mothers of victims of sexual abuse (Hernandez et al, 2009).

Supporting foster carers and other non-parental carers

Much of what we have covered in this chapter is equally relevant to parents and other carers of young people. However, carers' support needs also vary according to the nature of their relationship (e.g. the needs of a grandparent who has known the child all their life will be different to those of a foster carer meeting a child for the first time) and the role they are expected to play (e.g. the needs of carers who are intended to provide permanent care for a child will be different to those offering a short-term placement). Adolescents who enter care during their teenage years are not often fostered long-term – indeed placements are often made with the express purpose of preventing the need for long-term care. There is evidence that short-term foster placements can be helpful – for example, where they give families a breathing space to get over a crisis (Biehal, 2009). However, providing short-term care presents particular challenges for carers. Key to successful outcomes is the ability to develop and maintain relationships with helpful adults and peers (Bowyer and Wilkinson, 2013).

Evidence on supporting foster carers

Much of the research on fostering has focused on how to improve placement outcomes for children and young people and there is a wide consensus that stability of placement (i.e. minimising the number of placements a child has and avoiding placement breakdown) is a key goal. There are many factors which contribute to placement stability, not least the characteristics of the carers and of the child and the 'fit' between the two. Several studies have identified the importance of a good match between carer and child and the role of careful assessment and matching processes which, whilst not guaranteed to achieve the perfect 'chemistry' between child and carer, may at least avoid either party feeling forced into a placement with which they feel uncomfortable from the start (Baginsky et al, 2017).

Fostering is enormously rewarding but there is no denying that caring for a child in care also brings challenges and, in some circumstances, can be highly stressful. Selwyn's recent survey of 546 foster carers (Ottaway and Selwyn, 2016) found high levels of secondary traumatic stress amongst carers – particularly those who had fostered for 8 years or more. Research suggests that carers' reasons for giving up fostering include exhaustion and burnout (Ottaway and Selwyn, 2016; Fuentes-Peláez et al, 2016; Farmer et al, 2005), the impact on their families (Sutton and Stack, 2013) and the complex and challenging needs of children they are fostering (Lipscombe et al, 2004; Selwyn and Quinton, 2004). Foster carers also frequently experience additional stress arising from 'role ambiguity' – the challenges of managing the tensions between a parenting role (requiring considerable personal commitment to a child) and a professional role (requiring them to be part of a wider professional network to support the child) (Kirton, 2007; Schofield et al, 2013). Lack of support has been identified as compounding these challenges (Selwyn and Quinton, 2004; Sinclair et al, 2004). Conversely, some studies suggest that carers are more likely to continue when they believe that they are receiving adequate support (Hudson and Levasseur, 2002; MacGregor et al, 2006).

Important elements of support to foster carers include:

Information and involvement: Sinclair (2005) found that placements were less likely to be successful when carers were given inadequate information. This message is consistently reinforced by feedback from carers who want to be given enough information about children prior to placements; to be involved in decision making and planning for children; and to be trusted and involved as an integral and valued member of the team around the child. A number of studies have shown that the extent to which carers feel valued as equal members of the team is variable (Ward and Sanders, 2014; Lawson and Cann, 2017).

Support and training: Chamberlain et al (2006) suggest that carers value advice and training in understanding and responding to children's behavioural challenges. Training can support carers to achieve a deeper understanding of the child's experience which in turn helps them to empathise and appreciate the likely impacts. Schofield et al (2013) suggest that carers looking after children with complex difficulties can benefit from highly targeted therapeutic and educational support. The Keeping Foster and Kin Parents Trained and Supported (KEEP) programme is designed to strengthen child wellbeing, reduce parenting stress and avoid placement disruptions. Evaluations of KEEP in the US have shown positive findings including reduced problem behaviour in children, more stable placements and improved carer retention (Chamberlain and Lewis, 2010; Leve et al, 2012). A small scale evaluation in the UK (Knibbs et al, 2016) also reported promising findings.

Direct social work support to carers: The amount and quality of individual support to carers provided by social workers has been shown to influence placement stability (McSherry et al, 2013; Holland et al, 2005; Rock et al, 2015). Foster carers value support from social workers who are reliable, consistent and available (particularly in a crisis) and have a good understanding of attachment and trauma and how these impact on children and carers (Cosis Brown et al, 2014; Ottaway and Selwyn, 2016).

Peer support: Emotional and practical support from other foster carers can help reduce carers' isolation and help them maintain a positive attitude to fostering (Luke and Sebba, 2013). An example of an initiative which actively promotes peer support is Mockingbird in which a 'constellation' of between 6 and 10 foster homes supported by a 'hub' home of experienced foster carers. The hub provides a range of support including respite care, peer support, regular joint planning and social activities. An evaluation of Mockingbird (McDermid et al, 2016) found there were benefits from improved access to respite care and mutual support between foster carers.

Respite: Research highlights the value placed on respite care by carers although satisfaction with provision across the UK has declined (Lawson and Cann, 2017). Respite can be an essential means of supporting carers who are looking after very challenging children. However, the respite care also needs to be child-centred and provided by people who are given the time to develop a relationship with the child. Carers can be discouraged from requesting respite when this might be interpreted as an indication that they are not coping (Ottaway and Selwyn, 2016).

Taking account of the needs of foster carers' own children: There is relatively little research on the impact of fostering on carers' birth children living in the household, despite this being one of the most common reasons cited by foster carers for withdrawing from fostering (Targowska et al, 2016). A review by Höjer et al (2013) found that overall, most children of carers in the studies were positive about fostering, although issues such as jealousy, competition, fear and anxiety also emerged. There were particular challenges in sharing belongings, space and parents' time and coping with placements ending could be difficult. Some children felt they lacked preparation prior to placement and reported feeling overlooked in decisions about placements. Thompson et al (2016) suggest that fostering agencies should assess the family in terms of roles, structure and relationships in order to consider fully which children it is appropriate to place in which foster family.

Responding to allegations of abuse by foster carers: Ofsted (2017) reported that in 2015–2016 there were 2,450 allegations against foster carers. A mapping by

Biehal et al (2014) suggests that between a fifth and a quarter of such allegations are substantiated (although the authors point out that many incidents go unreported and many unsubstantiated allegations could not be proven one way or the other). A study of the impact of unproven allegations on carers (Plumridge and Sebba, 2016) found that many had been ill-prepared for the possibility of such an allegation and frequently felt unsupported by the fostering agency. The authors recommended better training on allegations for both carers and social workers and the use of independent investigators and counsellors.

Evidence on supporting kinship carers

Kinship carers may not have the same needs for information about the child in their care but their support needs are in other ways similar to those of other foster carers. However, there are other factors to be taken into account when supporting kinship carers. Relatives often care for children at short notice during family crises, having to make rapid decisions that impact on their families. Kinship care often entails complicated practical and emotional relationships with the children's birth parents, and kinship carers may be caring for children at times in their lives when they may not have been expecting to do so, e.g. as grandparents or young adult siblings (Selwyn et al, 2013). Farmer and Moyers (2008) found that kinship carers were more likely to be lone carers (particularly lone women), living in overcrowded accommodation, and at least initially, suffer more financial hardship. They were also more likely to have a disability or chronic illness. Studies (Hunt et al, 2008; Selwyn et al 2013) have found higher levels of stress among kinship carers than in the general population.

However, despite these challenges, there is evidence to suggest that kinship carers are less likely than other carers to receive social work or other specialist support (Hunt et al, 2008; Farmer and Moyers, 2008; Selwyn et al, 2013), possibly reflecting a prevailing attitude that relatives should be able to look after children without outside support.

Hunt (2009) highlighted the need for kinship carers to have access to information, advice and advocacy to navigate legal, benefits, education, health and social service systems. In 2011 the Department for Education published Friends and Family Carers statutory guidance requiring local authorities to develop policies for meeting the needs of children being looked after by family and friends, and setting out the support and services which are available locally. However, there remains concern about the extent to which authorities have fully complied with this guidance (Mercer et al, 2015).

Specific support for parents and carers of sexually exploited young people

There is little specific evaluation of what is effective in supporting parents or carers whose child is sexually exploited. The evidence in this section therefore derives from two main sources:

1. The practice knowledge and evaluation data accumulated by Parents Against Child Sexual Exploitation (PACE) a parent-led organisation providing a range of support nationally.
2. A limited number of evaluations of CSE initiatives to provide support to both young people and their parents/carers.

Impact of CSE on the family

PACE emphasises that to fully appreciate the support needs of parents, professionals need to understand the range of impacts that CSE has on the whole family. These include:

- **Intimidation and trauma.** In a number of reports, PACE parents describe the family trauma that sexual exploitation often involves.

“...two years later when I moved house to get away from them driving up and down outside, I don’t know if you’ve had that intimidation where they drive up and down and they’re looking in your window and threatening your family, and telling you what’s going to happen to your family.” (Unwin and Stephens-Lewis, 2016:29)

- **Relationship tensions and family breakdown.**

‘...parents may start drinking, arguing, or even separating, as a consequence of the CSE. Unfortunately, in some families, this rift becomes permanent, with parents separating and one or more of the siblings becoming a looked after child.’ (Palmer and Jenkins, 2013:12)

- **Negative effects on other children in the family.**

‘Some siblings report feeling left out and seek to gain attention in other ways... One parent noted that her daughter had struggled with the attention that the subject child was receiving and this ultimately led to a rift in their relationship and the young person being asked to be taken into care.’ (Palmer and Jenkins, 2013:12)

- **Parental guilt and self-blame.**

‘...parents may well chastise themselves for not realising sooner what was happening or wonder what they could have done differently.’ (Palmer and Jenkins, 2013:12)

- **Health impacts.** An online survey of parent members of PACE found that 88% of the 53 respondents felt that their experiences of CSE had impacted upon their general health with 72% reporting that they had been prescribed medication to help them cope with the effects of CSE (Unwin and Stephens-Lewis, 2016).
- **The impact of going through legal processes.** The process is lengthy, the young person has to repeatedly go over what has happened in interviews, and parents may be interviewed as witnesses. Court cases can involve public and media exposure which is extremely traumatic.
- **Encountering negative, blaming attitudes from professionals.** In several of the PACE reports and service evaluations, parents commented on the contacts they had with statutory services, which were often described as unhelpful and parent-blaming.

What parents find helpful – lessons from PACE

To a large extent, the messages from parents of young people who have been sexually exploited reflect the lessons from research outlined in earlier sections of this chapter. Parents want respectful, honest relationships with supportive professionals who have some understanding of what they are experiencing. Fundamentally, parents want service providers to work with them as partners in supporting their child – to be seen as part of the solution, not blamed as ‘causing the problem’.

PACE's relational safeguarding model

A traditional child protection approach to CSE is designed to assess and respond to risks to the child within the home, including the parents' capacity to provide appropriate care. In contrast, PACE's relational safeguarding model (PACE, 2014) *assumes* that parents want to, and have the capacity to, protect their child unless there is evidence to the contrary.

Key features of relational safeguarding are:

- Maximising the capacity of parents and carers to safeguard their children and contribute to the prevention of abuse and the disruption and conviction of perpetrators.
- Early intervention and prevention.
- Enabling family involvement in safeguarding processes around the child, including decision-making.
- Ensuring the safety and wellbeing of the family in recognition of the impact of CSE.

Balancing the child's identity both as an individual and as part of a family unit. An evaluation of PACE's support of parents (Shuker and Ackerley, 2017) focused on the work of a Parent Liaison Officer (PLO) placed in the multi-agency 'Engage' team in Blackburn with Darwen.

Parents interviewed for this evaluation described how PACE support had reduced their isolation and helped them cope with their own distress. They valued the understanding of grooming and exploitation they had gained, as parents had done in previous evaluations. In Pickerden (2014), for example, parents described how this support had helped them to make sense of their child's behaviour and put the blame where it belonged – on the perpetrator – rather than blaming themselves or their child:

"I began to see my child as a victim so this definitely changed the way I behaved towards her. I understand her emotional experience, how her experiences have affected her. Some of her behaviour is much easier to deal with because of that."

(Parents quoted in Pickerden, 2014:9)

PLOs work with parents to develop and implement safety plans. As a result, parents interviewed had greater confidence in their own capacity to protect their child, to report their child missing when necessary and to share information with the police and other services.

The 2017 evaluation found that the combined effect of putting the blame for CSE where it belonged, and parents being confident to act consistently and protectively, improved relationships in the home. This in turn could help to reduce missing incidences, and ultimately weaken the perpetrator's ability to isolate the young person from their family. The evaluation highlighted three key outcomes the PLO achieved for parents: understanding, empowerment and resilience. Shuker (2017) suggests that these help to create a 'virtuous circle' whereby as parents gain and share information and have the support to feel more able to cope, they become more empowered to focus on actions they can take to help safeguard their children e.g. via co-designing a safety plan.

Previous evaluation of the PACE PLOs' work in Lancashire also found that, where agencies acted in response to the information shared by parents, children were better protected and there was a greater chance of a successful prosecution.

'The outcomes that [the PLOs] achieve are because of their unique contribution to the Multi-Agency Teams' work; it is this synergy between [them] and the Multi-Agency Teams that makes the positive difference.'
(Palmer and Jenkins, 2013:12)

Across a number of evaluations (e.g. Christie, 2016; Parkinson and Wadia, 2015), the messages from parents about what they need and value are clear:

- Knowing that they are understood and taken seriously
- Not being blamed
- Feeling that someone genuinely cares about the welfare of their family and can advocate for them
- Having a reliable worker who returns phone calls, does what they say they are going to do, keeps them updated and sticks by them for the long haul
- Specific advice and methods for dealing with difficult behaviours, information that is helpful to both parent and child, and guidance on how to seek information in a way that will help gather evidence
- Contact with other parents to give and receive support.

Effective approaches to supporting parents and carers – lessons from CSE evaluations

Specialist CSE services are usually commissioned to undertake direct work with affected young people, and that is their primary focus. However, most do also provide various degrees of support to parents, and a few offer a more family-focused intervention which provides direct support to both parents/carers and young people. Three recent evaluations of specialist CSE services providing specific support to parents and carers, alongside their work with young people, provide some evidence of what is effective; however, all have had limited test periods and therefore cannot tell us about longer-term outcomes for the families involved.

Specialist foster care

Ofsted (2017) reported that in the year 2015–2016, 1,725 children in foster care were recorded as being at risk of CSE and 500 were considered to be subject to CSE. Figures for the number of children in foster placements who were at risk of CSE varied between local authorities from 1 per cent to 6 per cent.

An evaluation of 13 specialist foster placements provided by Barnardo's Safe Accommodation project for sexually exploited and trafficked young people found that such placements could provide effective protection from abuse, support ongoing recovery and were potentially cost-effective (Shuker, 2013). While 4 of the placements broke down within the first 3 months the remaining 9 achieved, or were expected to achieve 'medium term stability'.

Warm and trusting relationships between carer and young person provided a basis for other positive outcomes including, in 7 of the 9 stable placements, reduction or elimination of missing episodes. However, the development of such relationships does not happen overnight and both carers and professionals had to be able to tolerate an initial period characterised by risk and uncertainty. There needed to be a shared understanding among the professional team that immediate physical security was of limited value without building the relational security necessary for long term outcomes.

Specialist carers attended a two-day course prior to a first CSE/trafficking placement and the project aimed to ensure that placements were as well planned as possible with a 'Specialist Intervention Plan' in place prior to, or within two weeks of the start of, the placement. Placement support involved a Barnardo's fostering social worker and a specialist CSE worker providing a minimum of weekly 1-1 sessions for both the carer and the young person – although more intensive

support was often required at the start of a placement. The evaluation showed that foster carers particularly valued the 24/7 nature of the support and appreciated that they could always speak promptly to someone who knew and understood their cases, even if their assigned social worker was not on call (Shuker, 2013).

The evaluation identified that the most important qualities of those who provided successful placements could be summarised in five Cs: confidence, commitment, compassion, capacity (available time) and ability to cope. The training was valuable – particularly as part of the assessment of carers' suitability and although previous experience usually meant greater confidence, one successful placement was with a first-time foster carer.

Families and Communities against Sexual Exploitation (FCASE)

FCASE was a Barnardo's programme of 6 to 8 weeks direct work with young people and their parents/carers. The desired outcomes of the FCASE model included enhanced parent/carer-child relationships, reduced family conflict and reduction in the level of risk/harm for children and these were each judged to have been achieved in 70 -80% of cases.

The intervention was experienced very positively by parents and carers. Separate workers were provided for the parent/carer and for the young person, but the sessions were delivered in parallel. This seems to have been a particularly useful approach because learning from the programme was complemented by discussions at home following the sessions (D'Arcy et al, 2015). The evaluation concluded that a key strength of FCASE was its ability to take parents through a process of increasing understanding. Parents often started with a desire to change or 'fix' their child. With support, they were able to consider their own emotional needs and feelings about the situation, and move on from there to being able to reflect on their relationship with their child, consider why the sexual exploitation was happening and work out how they could best use their relationship with their child to improve the situation.

Unfortunately the evaluation did not specifically explore any differences in the experiences of foster carers compared to other parents/carers.

South Yorkshire Empower and Protect (SYEP)

SYEP was a one-year Innovation in Children's Social Work project funded by the Department for Education. It was set up in partnership between Sheffield, Barnsley and Rotherham local authorities and Doncaster Children's Services

Trust, working with a voluntary-sector partner, Catch 22. Its primary aim was to enable young people experiencing or at high risk of sexual exploitation to remain safely at home, or in stable foster care in South Yorkshire, rather than being placed in out-of-area or secure accommodation. For young people already in care, this involved the recruitment and training of specialist foster carers, intensive support and therapeutic input to help sustain placements. For young people living at home, a parallel provision included working with family members to increase their understanding of CSE, and their ability to manage risks and provide appropriate care. The intention was to treat both foster carers and parents as part of the professional team.

The approach was based on Adolescent Mentalization-Based Integrative Treatment (AMBIT), which focuses on strengthening key relationships in a young person's life and providing carers and key workers with the tools to support them better

(Bevington and Fuggle, 2012; Bevington et al, 2013). It also took psychologists out of the clinic and into the homes of young people and their families to provide assessment and intensive support during a stabilisation period, telephone support as required, and ongoing supervision to a key worker and consultation to the wider professional team.

The evaluation (Scott, 2017) found that evidence of impact was limited by the short time period, the huge challenge of recruiting foster carers for very complex adolescents, and a failure to fully engage social workers and their managers. However, the intervention was highly acceptable to young people, their parents and carers, who were often struggling with a range of difficulties (including learning difficulties, poor mental health or another child with a disability). There was evidence of reduced risk of CSE and improvements in family relationships so that some young people remained at home who would otherwise have gone into care.

The 16 foster carers recruited to SYEP consistently reported a positive experience of training and support and the difference this made to them and to their ability to support very challenging young people, and that programme staff consistently related to them as equal members of the team. Training sessions on self-harm, systemic theory and reflective practice were particularly highly rated by foster carers, with most strongly agreeing that these sessions had increased both their understanding and confidence.

The evaluation concluded that providing foster carers with specialist training and direct access to clinical expertise from the beginning of a challenging

placement, rather than only when a breakdown is on the cards, had greatly enhanced carers' willingness and ability to cope with challenges such as self-harm and missing episodes.

One of the key successes of the SYEP programme was the engagement of parents who had not previously engaged with professionals or who were seriously disenchanted because of previous experiences.

Whilst the support of clinical psychologists was invaluable in promoting engagement, it was not considered sustainable in terms of the supply or cost of such professionals. However, the approach requires time, human warmth and humility more than it requires a postgraduate qualification in psychology, and could therefore be taken by a variety of workers.

Achieving Change Together (ACT)

ACT was another Innovation in Children's Social Work project, set up in partnership between Wigan and Rochdale local authorities. It worked with young people at medium or high risk of, or who had already experienced, sexual exploitation, and who were *also* at high risk of family or placement breakdown. ACT was staffed by qualified social workers who operated as key workers, co-working with children's social workers. Evaluation findings relate to an early operational period of eight months.

The service aimed to act as a bridge between young people, parents and carers. In some cases they worked directly with parents/carers: for example, explaining the impact of exploitation and how this may affect behaviour, supporting a young person's transition into a new foster placement jointly with a foster carer, or working with a father to reinforce boundaries. In other cases, other specialist services were enlisted to work with parents, including a family therapy service and a respite and outreach service providing intensive family support.

Parents, carers and young people engaged well and reported high levels of satisfaction with the service (Scott and Botcherby, 2017). There is evidence that some key risk factors for exploitation were reduced, and some protective factors increased, for many of the young people worked with. Entry into care and escalation into out-of-area/high-cost placements were avoided.

Interviews with parents revealed that, when their son/daughter was referred to ACT, what they had needed most was support and understanding from someone

outside the family. Parents also reported positively on the direct support they had received for themselves and how they felt they had been heard by workers. There were also descriptions of how interactions with ACT workers had enabled them to better understand and support a son/daughter, and had prevented the whole family from breaking down.

Key messages

This chapter identifies evidence which can offer valuable transferable lessons for practitioners and for those developing and delivering support services. We summarise these as follows:

- There are four core areas in which parents/carers may benefit from support:



- CSE services, and their commissioner and funders, need to give greater priority to the support needs of parents and carers
- Practitioners need to start with a focus on the strengths/assets of parents and avoid assumptions of deficit or blame
- Support is most effectively provided in the context of consistent, reliable, respectful and honest relationships between parents/carers and professionals

- Taking a strengths-based approach does not mean ignoring the needs and challenges parents and carers face including the lack of understanding they may encounter within their wider family/community, their own circumstances and past experiences
- Support needs to be available when parents most need it. It is important that parents/carers who attempt to 'flag' early concerns about sexual exploitation are taken seriously.
- Support to parents and carers needs to be provided in tandem with effective support to the young person
- Foster carers should be treated as part of the professional team and support needs to be offered throughout the placement – not just when a breakdown seems imminent

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Barnardo House, Tanners Lane, Barkingside,
Ilford, Essex IG6 1QG Tel: 020 8550 8822

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