The Children's Society

Alternatives to high-cost and secure accommodation for victims of child sexual exploitation (CSE) in Greater Manchester

The Child's Voice

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Foreword

Child sexual exploitation (CSE) can have a traumatic and lasting impact upon children and young people. We see this at The Children's Society through our work supporting vulnerable children in Greater Manchester and across the country.

Working to protect children from CSE presents a challenge to professionals across the children and families sector. This is because CSE is hard to identify and because the risk of exploitation is heightened and complicated by the other challenges young people face or are exposed to. These can include going missing from home, having mental health problems, experiencing domestic abuse, misusing substances and family breakdown.

Some children and young people identified as at high risk of CSE are placed in secure or high-cost residential accommodation for their own protection. Understanding young people's journeys into these types of placements and the impact of them is important. In certain cases, accommodation can be some distance from a child's home area, while moves can be disruptive and cause difficulties in staying in touch with family, friends and professionals.

Wigan and Rochdale Councils commissioned The Children's Society to conduct research as part of a Department for Education Innovation Project, to explore alternative approaches to secure and high-cost accommodation for young people at high risk of CSE.

We have brought The Children's Society's expertise in measuring the effectiveness of our services to the task of analysing the social care journeys of children and young people placed in secure or high-cost residential accommodation. The first phase of the project examined social care case files to understand the support young people have received and what improvements could be made.

The findings helped to shape this second phase of research which involved listening to young people's voices and engaging them in developing recommendations based upon their experiences.

Through all our work, The Children's Society puts the child's voice at the heart of the support we offer, and we believe this makes for more effective and relevant support.

Reviewing the impact of support, and how this can be sharpened, is vital in delivering value for money help which makes a real difference – and young people's opinions should be at the heart of this.

This report presents the second phase of our research and culminates in a series of 'young people-centred' recommendations. Our findings are helping to shape the new approaches being piloted by Rochdale and Wigan councils, and if evidenced as successful, these could be rolled out to other local authorities.

Secure or high-cost residential accommodation may remain appropriate in some cases. But there is potential for new approaches to early help to be adopted in family, foster care and residential care settings in which some young people are previously known to social care professionals in the context of a myriad of other issues.

We hope that building the sector's evidence-base in a way that improves support can contribute to improvements in children's happiness and well-being while protecting them from the trauma of sexual exploitation.

Paul Maher, Area Manager –
Greater Manchester
The Children's Society

Executive summary

This report documents the co-design research conducted by The Children's Society in partnership with Wigan Metropolitan Borough Council and Rochdale Borough Council, and is part of the innovation project funded by the DfE and overseen by Project Phoenix in Greater Manchester. The DfE innovation project aims to improve outcomes for children and young people who have experienced or are at high risk of experiencing child sexual exploitation (CSE), and to explore the alternatives to placing these young people in secure or high-cost residential accommodation.

This report concludes the second phase of The Children's Society's involvement and is focussed on bringing 'The Child's Voice' to the project in order to co-design services.

We conducted co-design interviews with seven young people. All except one of the young people involved were recruited to the project by their respective local authority, and all had been identified as having been assessed as 'high risk' in respect of CSE at some point in the last 12 months. Two of the young people had experienced high-cost care placements, including one who was placed in secure accommodation.

Young people who have experienced sexual exploitation have a variety of experiences and are far from a homogenous group, and – due to the small number of young people we have spoken to during the process – we are unable to generalise. There do, however, appear to be a number of ways in which young people's experiences of services converge and could be improved.

We found that:

- Young people report and demonstrate lack of understanding of their own 'story'.
- Young people report lack of involvement in assessment and planning.
- Young people express a preference for being able to build a relationship with one worker who can work with them on different aspects of need.
- Young people report that they didn't understand why they became looked-after and remembered being informed of this by their parents.
- Young people report that they did not receive effective mental health support.

- Young people who were at risk of or experiencing CSE felt that they had been unable to maintain age-appropriate friendships, and that this had a detrimental effect on their well-being.
- Young people often did not regard CSE as the primary issue for them, and wanted work to address the numerous and complex issues that were part of their lives.
- Young people identified a need for education and prevention work to be done in the community and with parents.
- Young people reported that they were unaware of the outcome of criminal investigations they were involved in, and lacked support in this area.
- Young people in care stated that they wanted the care placements to be as home-like as possible, and appreciated structure and routine.
- Young people stated that where care staff had been trained in CSE this was helpful in ensuring that they received effective support to address the trauma that they had experienced.

The report makes recommendations in respect of each of these aspects.

The conclusion of this report is that young people state that the development of long-term, relationship-based work, which provides holistic support from the fewest possible number of workers is of great importance to them. The process of this co-design research has also highlighted that young people need increased support to understand their story and to contribute to their care plan, guided by trusted professionals.

Introduction

This report documents the co-design research conducted by The Children's Society in partnership with Wigan Metropolitan Borough Council and Rochdale Borough Council, and is part of the innovation project funded by the DfE and overseen by Project Phoenix in Greater Manchester. The DfE innovation project aims to improve outcomes for children and young people who have experienced or who are at high risk of experiencing child sexual exploitation (CSE), and to explore the alternatives to placing these young people in secure or high-cost residential accommodation.

The Children's Society was commissioned to deliver two phases of the development of an evidence base for the DfE Innovation project:

1. To conduct qualitative analysis of case files (hereafter referred to as 'the case file analysis') of young people who had been placed in secure or high-cost accommodation in the year 2014–15 in Wigan and Rochdale, and where child sexual exploitation was the main risk factor resulting in their placement (O'Neill Gutierrez & Hollinshead, 2015). The purpose of the case file analysis was to explore which factors resulted in young people's rapid escalation into high-cost and secure provision.

2. To represent 'The Child's Voice' by engaging young people in the process of co-designing a new or revised service, thereby using their experiences and opinions to effect change in the way that CSE services are delivered (hereafter referred to as 'the co-design').

The object of this report is to summarise the findings of the second phase; the co-design. It presents the views of young people in Rochdale and Wigan who have been victims of child sexual exploitation and who have had experiences of specialist services in respect of this. The co-design report aims to allow the voices of young people to be heard and for young people to be at the centre of a new service, in addition to influencing the support for victims of CSE in the future.

Engagement of young people in this stage aimed to:

- allow the young person to share information about their life
- give the young person safe space in which to talk about their experiences of CSE as much or as little as they wished
- allow the young person to talk about the services they received
- allow the young person to talk about how the services they received could have better met their needs
- allow reflection on the relationship between what was observed in the case file analysis and the young person's lived experience.

The sequencing of the two phases of evidence gathering was important, as this co-design phase has sought to offer young people the opportunity to reflect upon the themes emergent from case files analysis. Some of the young people whose case files were analysed went on to take part in the co-design.

The case file analysis report (O'Neill Gutierrez & Hollinshead, 2015) cites neglect, compromised parenting and lengthy involvement with children's social care as key features in the case files of young people who were selected for the study. The report stated that the perception of increasing risk of CSE by social workers frequently triggered escalation of services, and that instability and disruption in foster placements appeared to be a significant factor in escalation to secure or other high-cost placement. In addition, the report found that common patterns of behaviour – including anti-social or criminal behaviour and going missing from home – were described in the case files. Furthermore, despite intensive intervention by children's social care and others while the children were living with their parents, for some, 'little improvement or learning was witnessed over the long term' (ibid, p.13). In addition, 'whilst some [specialist CSE service] plans had clearly defined aims and monitoring strategies, it was sometimes hard to find evidence of how workers and young people jointly articulated outcomes during assessments that were appropriate and achievable' (ibid, p.13). These themes were reiterated by the young people who took part in the co-design.

Methodology

We conducted co-design interviews with seven young people. All except one of the young people involved were recruited to the project by their respective local authority (Wigan or Rochdale) and all had been identified as having been assessed as 'high risk' in respect of CSE at some point in the last 12 months. The other young person was engaging with a partner third sector organisation and identified through this work as meeting the criteria for inclusion in the study. Two of the young people had experienced high-cost care placements, including one who had previously been placed in secure accommodation.

Pre-study considerations

Initially, the co-design was conceived as taking part with a group of young people who had experienced CSE and met the criteria for inclusion in the study. Having worked extensively with young people who have experienced CSE however, the project group working on the co-design agreed that there were a number of potential problems with this, namely:

- We did not know all of the young people personally at this point and were therefore unable to assess their suitability to take part in group work.
- We were unsure at this point whether bringing together a group in this way would place any of the young people at risk or pose a risk to others.
- We felt that young people who have been in the care system or known to many services sometimes give consent to services without properly understanding what this means, and we wanted to ensure that informed consent was able to be explored fully, with various exit points should the young person choose not to continue.
- We felt that one-off groups can be tokenistic, and wanted to ensure that the representation of the child's voice in the process was authentic.
- We wanted to give young people the chance to reflect on their experiences over a period of time in order to explore them in depth, and to be able to provide support if any of the reflection proved to be traumatic for the young people.

Therefore we agreed that a series of one-to-one interviews would be a more appropriate method of engaging this cohort in co-design in the first instance, with a view to identifying a smaller number of participants to take part in group co-design work in the future, if this was felt appropriate and the young people wanted to be involved.

Defining the sample

Some of the young people who took part in the co-design had been identified through the case file analysis and had consented to take part at that stage. In addition, the local authorities were initially asked to identify other young people who met the original criteria used in the case file analysis (ie having been assessed as at high risk of CSE at some point in the previous 12 months, and having been placed in high-cost or secure placements). As in the case file analysis however, it quickly became apparent that it would not be possible to gain a large enough sample that met this criteria and therefore the remit was widened as follows:

Children and young people who:

a. had been assessed as being at high risk of CSE in the previous 12 months, whether or not they had been in a secure or high-cost placement

b. were not victims or witnesses in current investigations

c. were assessed by a social worker or lead professional to be emotionally robust and distanced from CSE enough to take part in the project.

Despite widening the criteria for inclusion in the co-design, however, a number of the young people originally identified by the local authorities either withdrew their consent for the study or were not contactable following numerous attempts. The sample size was therefore smaller than originally intended.

Gaining consent

Information sheets about the co-design and consent forms were completed in the first session with the young person. This session lasted an hour and had the following aims:

- to begin to build a trusting and respectful, child-centred, child led relationship with the young person
- to introduce worker to the young person
- to secure informed consent
- to explain that the sessions will be recorded in audio format, and how quotes would be used and gain consent to this
- to explain the structure of the future sessions
- to explain that this research will be used to develop future services to help young people who are experiencing sexual exploitation.

At the end of the hour, the young person was given the opportunity to agree to the research and sign the consent form, or to withdraw from the co-design. Furthermore, in each of the sessions that followed the young person was again reminded about the purpose of the co-design and asked to reiterate their consent if they still wanted to proceed.

Structure of the sessions

The young people were asked to commit to three further interviews following consent being gained. Where possible all the dates were arranged following the first session in order to try to minimise drop out. The methodology and structure of the sessions was agreed by the steering group, which contained members with qualifications in qualitative research methodology and who had experience in engaging young people who had been victims of child sexual exploitation in direct work, including the author.

Session one focussed on giving the young person safe space in which to talk about their experiences of CSE as much or as little as they liked using a life narrative approach.

Session two focussed on allowing the young person to talk about the services they received. This session was based around a timeline activity where young people could draw or write down which services had been involved with them in their lives. The timeline was used in the further sessions to act as a prompt to discussion for both the young person and interviewer. This was especially useful where many services had been offered to the young person over a long period of time.

The final session focussed on allowing the young person to talk about how the services they received could have better met their needs.

Analysis of the data

The report is based on information analysed in a collaborative way by the author and interviewers from The Children's Society who engaged the young people in the co-design process, and through analysis of the audio-recorded interviews that were gained during the sessions with young people. The author also project-managed the co-design research and therefore was fully involved in developing the methodology for the research, was responsible for day-to-day management of the interviewers and was in receipt of regular updates on the work. Following completion of the interviews the author/project manager and interviewers met to analyse the themes arising from the work, and it is on this analysis that the report is based.

Many of the young people displayed some uncertainty in recounting their own experiences and at times made statements that were contradictory. Due to time and resource constraints we were unable to fully transcribe all of the interviews, and therefore were not able to perform a complete analysis. The findings presented therefore represent our best attempt to present views and experiences common to the majority of the young people we interviewed. We appreciate the limitations of this approach and that we may not have represented the full breadth of opinions expressed.

Challenges to the research

Some of the young people who took part in the co-design were still experiencing some difficulties in their lives, and during the course of the co-design various crises caused interruptions to the scheduling of interviews. Again the impact of this on timescales and how this can be mitigated against should be considered for future studies.

In addition, balancing the support needs of the young people who take part in co-design is paramount. Being able to offer flexibility in sessions (including cancelling the planned session in favour of a supportive coffee and a chat); offering bus passes or lifts; and being sensitive and consistent in order to develop a mutually constructive relationship with the young person has proved to be important throughout this process.

The cohort

Six females and one male took part in the co-design. The age range was from 15 to 17 years with the average (mode) being 15 years. Only one of the children currently lived at home with parents. Three were in mainstream education, three were in specialist education placements and one was not in education or employment. Three of the seven young people in the cohort have diagnosed learning and/or behavioural difficulties. Four of the seven young people who took part in the co-design were in out of borough placements. This inevitably impacted on the travel time of the interviewer and this factor should be considered if this research was to be replicated in the future.

Findings

Comparing and contrasting the timelines

Two of the young people who took part reported that they had viewed their case files after asking their social workers to do so. These two people produced more coherent, comprehensive and ordered timelines than those of the other young people. One of the young people who had not seen her case file felt strongly that she should have been offered this opportunity in a more proactive way.

'I think I should be entitled to look at that…it's my file, it's my document.'

The timeline activity acts as a visual representation of the young person's life as they see it, and of significant events. All of the young people mentioned many significant events and most had a long history of service involvement with a large number of professionals. For those who had not seen their case files, the timeline appears particularly chaotic. This is reflected in the way that the young people describe their early lives, where confusion and lack of information are apparent.

'When you're not thinking about it, when you're a kid it doesn't seem like a lot of people but now it does seem like a lot…now you know what it's all about and that.'

Parental substance and alcohol misuse, neglect, domestic abuse, criminality, poor educational attendance, frequent moves and anti-social behaviour were issues mentioned by young people who took part in the study as characterising their early lives, and this reflects the findings of the case file analysis (O'Neill Gutierrez & Hollinshead, 2015).

'My mum went out with a druggie, a beater, a rapist and a drinker and that's all I ever see it as…all the different partners.'

The two young people who had seen their case files were able to label events in chronological order more easily. In both cases where the files had been seen, the young person's interpretation of events suggests that there was an escalation of intervention (if not, in their opinion, risk) immediately prior to them becoming looked-after and continuing once they were in the care system.

The young people who took part in the co-design and whose case files were also part of the case file analysis (O'Neill Gutierrez & Hollinshead, 2015) tended to significantly underestimate the length of time that they and their families had been involved with services. In the most striking example, the young person estimated that children's social care had become involved with their family 15 years later than the case file analysis suggests.
(See: Recommendation 1)

Service involvement

Young people spoke about the numbers of workers involved with their families and about the direct work that had been completed with them. Although they enjoyed seeing the workers and completing the activities, they were unsure of what the aim of the work was, what outcomes to expect, and how much their engagement would contribute to the final outcome of the plan to keep them safe. Young people also spoke about knowing that they had been assessed as being at high risk of child sexual exploitation, but not knowing why this was – or in one case understanding what was meant by child sexual exploitation.

'She used to come and see me and take me out and that – try to make me gooder and that – but that didn't work.'

'I was just going out, spending time with this girl [a worker]. She was really nice. Sometimes she would explain to me why the things I did were wrong, but she'd take me out each week for

a coffee, ice cream, bowling, cinema. I were saying to my mum, I'm getting rewarded for doing something wrong.'

'I didn't feel like I was getting any work done, I was just being treated.'

'They were trying to put things in place for my mum and dad to handle my behaviour but would go about it the wrong way. I was 14 at the time and she was like, "Right you need to tell her she has to be in at 7:30pm." No kids my age were coming in then. She was making things up like, she'd put a plan together and none of it was shown to my mum and dad and they had to go through with it.'

Where the purpose of doing direct work was well explained however, young people appreciated positive activities.

'They'd take me out to places, just so I'd feel a bit more relaxed. They were there when you need them.'

In respect of making decisions about their care, one young person said that she wanted to be told what she had to do and that she found the responsibility of having a choice difficult.

'She...I dunno, she wouldn't do what was needed for me, she didn't make the decisions, I made the decisions for myself. She didn't have any set plans or contact in place, I arranged it, nothing was set in stone, what I wanted I got. Overnight sleeps; I got my own way all the time. That's not how it should be, I should have strict boundaries in place.' (See: Recommendation 2)

Another said that she found going to meetings upsetting and therefore didn't attend.

'Half the stuff they said, I didn't want to be there when they said it.'

Young people spoke of too many professionals being involved with them at any one time. (See: Recommendation 3)

'At one point I had like 12 people working with me at once. I'd forget what I had done with some people and I'd be told them same things but different explanations and sometimes you'd just get confused.'

'It annoys me right, I'll build a good relationship up with them [and then they leave].'

'They brought loads of people in... even though I accepted it... two or three at once saying they were junior [doctors]... you expect one person not loads. To me it felt like they were laughing at me and they didn't believe me... that made me more self-conscious.'

Young people also stated that they felt that intervention came too late to make a difference.

'I didn't even know half of the services that got involved...I was like "I've been on CSE since how long ago and you lot are just getting involved? Where the hell have you been?"'

'Back then I was really bad, like, I had no support, no whatever...I obviously had anger issues but they didn't refer me. I would have liked them to refer me to someone, even if it was just a doctor to see what they could do, but now it's resulted in a later stage of me going to have to see a lot of different services,

do you know what I mean? And I think that if it was done back in 2010 I wouldn't have needed services now.'

'At first they blamed it on bad behaviour, so they refused to statement me until Year 10, so it was too late...'

Young people spoke about the lack of change in their family's ability to manage their problems and protect them and their siblings, despite long-term involvement from services. This reflects the findings of the case file analysis (O'Neill Gutierrez & Hollinshead, 2015).

'[The social workers] were there to help with problems and that, but then they just ended up staying and staying and staying.'

Where the plan was to remain at home however, and parents were protective and engaged, young people appreciated the help the family had received to re-build relationships.

'They helped me and my mum to build that relationship back up.'

'They are like the safety pin, they hold everything together, it's secure... they secure the family. Not just for you but the rest of the family.'

Young people unsurprisingly valued non-judgemental, understanding, relationship-based services who took the time to build a professional bond with them. The services provided someone to talk to outside of the family, and also acted as mediators between children and parents, where this was appropriate.

'I felt like, when the services got involved, "I can speak to these now because my mum and dad are angry with me and these aren't."'

'They became a big part of my life, and when they stopped they didn't stop straight away, they reduced the sessions and eased me off them. It helped me a lot knowing that they're there if I need them.'

'They go out of their way for you, they treat you like more than just a job.'

'The way she spoke to me and the way she understood me was the best part of it...she was bubbly and happy and I never thought I'd get someone like [her]. When I had a depressed day she would make me smile...I would normally not see people like that. She actually believed what was going on, it made everything easier for me...I didn't have to try and make them believe it...'

In relation to CSE, alcohol and drug use, young people appreciated a harm minimisation approach from professionals as they were often powerless to extricate themselves, especially where they felt that they had a relationship with an abuser or where the abuse to them seemed random.

One of the young people who had experienced alternative therapies as part of a drugs service had found this helpful.

Young people appreciated an informative and knowledgeable service which gave them 'the right advice' and was tenacious in its approach.

'They didn't give up on me. They're really helpful.'

'If I asked her to do something she'd do it. She'd try to sort different things out for me.'

'She just gave proper good advice...she made me see the brighter picture.'

Involvement of children's social care and becoming looked-after

Young people were also very unclear about the role and purpose of the various support staff who worked with them and their families, and what would happen if their parents continued to be unable to protect them.

'[It would have helped] for them to tell me what support they were giving to my mum, cos after all that they [still] got a social worker involved.'

For some young people, the fear of being separated from siblings was a major barrier to engaging with services.

'I didn't want to get into trouble and I didn't want to get my mum into trouble cos then I'd lose [my little brother] cos he was the only one I actually got along with. So I used to focus on him more and try to watch after him and everything and make sure he was ok…. so I didn't say anything to anybody.'

The young people went on to report that, as they were unsure of why services were involved with them, they were unclear about why they had been taken into the care of the local authority when it eventually happened. Even those who had seen their case files did not seem to fully understand why they had been taken into care, although they seemed to have a more balanced viewpoint eg. that 'it wasn't safe' for them to be at home. They also tended less to blame their own behaviour for them being removed from their families.

For those young people who hadn't seen their files, becoming looked-after appears to constitute just a part of the chaos of their everyday lives. As some had experienced neglect and compromised parenting from birth, they were used to the presence of children's social care and other services in their homes, and therefore had (not unrealistic) expectations that this would simply continue. In one case, even when the possibility of being looked-after had been explained, the young person stated:

'I didn't think that anything would happen, I didn't think they were being serious.'

More worryingly, the young people remembered the task of explaining to them why they were being taken into care being undertaken by their parents, and consequently they were sometimes blamed and scapegoated for the removal of themselves and other siblings. (See: Recommendation 4)

Guilt, blame and shame

The young people were not aware that the direct work done with them was aimed at finding out what it is like for them to live in the family home, and whether they were at risk of significant harm. Some of the young people therefore felt that they could or should have done something more to ensure that they stayed with their parents, and did not understand why although they themselves engaged with services they were still removed. Some believed that was their fault, leading to feelings of guilt and shame. They report that this was compounded in some cases by parents who directly blamed them. (See: Recommendation 5)

'I was too naughty for my mum – my mum couldn't look after me or handle me cos I was too naughty.'

'I knew from a young age that I wasn't going to be… like, a perfect child…'

'[It was] because I was a danger to myself.'

'[I was told by my mum that] it was because of me'.

'I felt like I caused loads of stress, I was taking on loads of guilt.'

Some young people felt that their behaviour led to them being seen as a problem by services and described feeling threatened by professionals.

'[When I went missing] they said they'd have to do something about it…I don't know…maybe put me into prison

or something. I don't see how I was wasting their time…I was getting away from something bad. I'm not going to stay in a place where I don't feel safe.'

'I had a social worker. I ran away from home cos I was feeling dead down and she was, like, "You're skating on very, very thin ice. You're lucky you're not going into care right now."'

'I had a CSE meeting – my social worker was like "I'm not going to put you back on CSE but this is your last chance" and she said "the reason that you're not on CSE now is cos you told the truth."'

Young people also described parent focussed practice.

'I knew I had a social worker but…they were just speaking to my mum and dad, I didn't really see them. It was my mum and dad that saw them mostly. But they were meant to be there for me. And my mum and dad seemed to proper like them but I don't cos I've only met them once. It's like they weren't even there for me, they were there for my mum and dad. But then they'd be like "Oh yeah, I'm here for you if you want to speak to me". Well how can I, when you're like always speaking to them? When I was in hospital…they didn't even speak to me… they went into a different room with my mum and dad.'

'Like in high school [when] I tried meeting someone and telling them there's something wrong at home, my mum would give me a certain look and that was the look to say "if you say anything…that'll be the last of you". Cos when I told school something I shouldn't have done she used to go for me. "Look what you've caused, it's your fault you're going to get us into trouble with the social."'

'They didn't really ask me about how I felt about things, it was like my opinion didn't even matter…they thought that they know best without even asking me about it.'

Young people recognised a need for prevention and education around CSE, and implied in some of the things they said was the clear need to educate parents and peers about CSE.

'Something needs to be done to prevent it.'

'Most kids get disgraced by the family, that's normally what happened. I think they just don't want to believe it and think the kids are making it up.'

'My mum was like, "I need you to tell me the truth about this [being raped] because if you're lying, I need to know." I was like, "Mum I'm not lying."'

'They didn't put it into the awareness of kids…[the kids at school were] screaming their heads off, saying "Rape"…When I did tell people they started laughing at me and joking and doing things that they shouldn't do…'

Mental health need

Many of the young people mentioned that they would have benefitted from support for their mental health and emotional well-being, and that the support they received was either at the point of crisis, or inadequate. One of the young people described feeling sick and having burning pains in the chest as a result of trauma following a court appearance and that this was interpreted as 'attention seeking'. Three of the young people mentioned experiencing night terrors, flashbacks or hallucinations. (See: Recommendation 5)

'I was hallucinating, I was getting upset cos everything was getting too much for me.'

'It's a lifetime of depression.'

'[I was] trying to commit suicide constantly…I was depressed. I self-harmed a lot. I overdosed. I tried jumping off anything I could find. I would walk in front of buses or trains. At time I didn't see [my life] as precious, because I thought, "It's my fault, why would a man do that to me?" It seems to me that everyone likes doing it to me. I thought I must have a sign on my head saying, "Come and get me."'

'[I take sleeping tablets but] I still don't sleep good, so it doesn't make a difference does it?'

'It made me absolutely sick where I wanted to throw up but nothing happened, it felt like burning constantly.'

'I went into hospital for three days, cos I was really stressed, really bad.'

'I was drinking really heavy alcohol cos I was so annoyed.'

'I was overdosing, I was self-harming, trying to kill myself, I was going to hospital nearly every single night. Just because I wanted a way to release my anger…'

'I kept hallucinating when I was at my mum's…I kept seeing things and hearing people…it's to do with my dad's side, I think my dad has bipolar. They put me on depression pills and said I had the mental age of a 13 year old… they didn't say it to me, they said it to my mum.'

'When I said I felt suicidal [services] didn't believe me. It took me to go to a bridge for them to believe me…'

For those who received counselling support, this was met with mixed reviews.

'I found it frustrating because they don't solve the problem. They don't give you many coping strategies. Talking helps some people, but I'd rather be doing something. I will open up to people but I'd rather be out somewhere.'

Almost all the young people, however, acknowledged the negative emotional impact of their experiences and felt that they needed support with this.

Friendships

The young people who took part rarely mentioned friends and, in many cases they told of how the frequent changes of home and school they had experienced meant that forming lasting friendships was impossible. In addition young people talked about being segregated from their peers in school and other activities either due to their behaviour or to their perceived risk to others.

'They just put you in a corner with the naughty kids.'

'I just got left out…a child unwanted, as I see it.'

'I had my own teacher. I got more support [but] I got in trouble when I was in Year 4…I got kicked out.'

'I lived with my mum, but then we moved and moved and moved…All the moving made everything even worse.'

'It's horrible…I remember my social worker said to me, "I just hate seeing your clothes in black bags". I'd always look and think "how many times have my clothes been in black bags?"'

'When I was in hospital I had a phone call from my social worker saying "I'm coming in tomorrow and we are going to have to move you, you're going to have to move to a foster care home."'

Young people who are at risk of or experiencing child sexual exploitation are therefore unable to develop relationships with appropriate peers. They are also frequently unable to form or sustain relationships with protective adults, with frequent changes of key professionals such as social workers. Perpetrators of sexual abuse need to isolate children by breaking down external inhibitors in order to be able to abuse them (Finkelhor, 1984). If services perpetuate – and in some cases demand – the breakdown of those external inhibitors, eg that a young person is kept away from peers, this can make the child even more vulnerable. (See: Recommendation 6)

'My mate's mum said, "I don't want you to be hanging around with her she's a risk."'

'I could easily take a girl or a boy with me. I could make someone vulnerable… I'd never do that to anyone [but] that's what they probably think.'

'I wanted to stay at my friend's house from school and it was in [a town] which is obviously quite a distance from my house and she [social worker] said no because I wasn't allowed out of my area, I was literally only allowed to be in a small area, I wasn't allowed to stay at a mate's house, and I kind of lost contact with a lot of people as they lost patience with it. "We're not giving our information…You're not getting us involved in all that". It sent me up the wall sometimes, cos it made me lose contact with two of my best mates and I couldn't mentally cope then when I lost my best mates. It was horrible. It's getting other families involved – it's embarrassing. They shouldn't even know I'm involved in that.'

'I don't think it's right that someone who has been exploited that they should be moved from their area, cos that's them facing the consequences of someone else's actions. Like it should be the other person that has exploited someone that should be moved away.'

In addition, once they had been exploited, the young people reported feeling so different from their peers that they effectively became ostracised.

'I don't get on with younger girls, cos they don't understand that once you've had something done to you it messes with you in different ways. They just think it's petty or something.'

'I thought I'd made a friend…but it turned out not to be. She told everyone about everything that was happening. It's hard to trust anyone anymore. I tried as much as possible to go with other girls, but it just didn't work.'

One of the young people, however, had found the opportunity to rebuild her social contacts and self-esteem through volunteering helpful in her recovery.

'They do lots of therapies with horses… it's dead good. I started volunteering for them and I grew so close to the horses it helped me with the majority of my problems. I grew so relaxed, like it was my place, my escape…I've never had that before. Honestly it helped so much. Before I went there I was so down, and I was coming close again…I kept trying to commit suicide so many times. Then when I went there it's like they gave me a second chance at life. If it weren't for them I probably wouldn't be here.'

Some young people talked about the possibility of countering this by being supported by other young people who have been through the same experiences.

'If I was speaking to another me I'd feel alright…the fact that it happened to them and it happened to you…you can understand where they are coming from. When a social worker comes you could think they are coming to just blag your head, but what a kid says could just click.'

'I'm over it now. I can speak about it openly and I want to help other people who've been in situations like I have.'

Young people supported by The Children's Society defined child sexual exploitation as:

Someone taking advantage of you sexually for their own benefit. Through threats, bribes, violence, humiliation, or by telling you that they love you, they will have the power to get you to do sexual things for their own, or other people's, benefit or enjoyment.

Child sexual exploitation

The bigger picture

For most of the young people who took part in the co-design child sexual exploitation was just part of the complexity and chaos of their lives. We asked young people 'What was your biggest issue when you were younger?' (See: Recommendation 7)

'[My biggest issue was] having people not understanding me and then my mum on top of that kicking off with me constantly and being blamed for things and school not understanding…'

'My behaviour [was the biggest issue]… causing trouble.'

'It was complicated. I remember [my dad] being violent… throwing a brew [cup of tea] on the roof. He was more verbally aggressive than physically…it was still scary, at the time.'

Experiences of grooming

The young people met their abusers in different ways, some of which don't fit into the methods of grooming widely reported in the media. (See: Recommendation 8)

'I was basically raped from the age of 11. It was out of the blue that it happened…I knew who it were. I was just walking back from my grandma's. I didn't open up to anyone about it. I was scared but I didn't want to tell anyone. It got dropped because he'd got a learning difficulty and he said that he didn't hear me say no.'

'I was vulnerable. I thought they were my good friends but they got me to know people who I didn't want to bump into and I started mixing with the wrong crowd. I learnt the hard way.'

'It happened another time… I was at a friend's then I got dragged into a car and dragged round to someone's house and was locked in a bedroom.'

'People think it just happens to girls…'

'I thought I'd met somebody…it didn't really happen like that…I thought the only way I could do it is to go and see him. I thought this could be the right time…blah blah blah. I went down [missing from home in London] for three days, and then came back. [And later] went [missing] down [in London] for a week, come back.'

Court process

A number of the young people cited elements of the legal system as being unhelpful to them in dealing with their experiences of CSE.

'What it is is they use your past against you when you're in court, saying that I was hallucinating and lying…they just made me [think] whether anyone actually believed me.'

'It kept getting adjourned, which was annoying.'

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One young person felt that when her case was dropped by the CPS, services ceased to try to meet her support needs. (See Recommendation 9)

'Once [the CPS] said no I felt like that was it, there was no point (as far as services were concerned).'

Others spoke about the lengthy procedure they went through, and that this caused them to want to withdraw from the process. They felt that the continuation of the court process prevented them from moving on from the incidents, or that the trauma associated with trying to bring a case wasn't worth the results.

'I've only just heard….the case has still been going on for like 18 months or something, and I was like, do you know what? I don't want to keep going over that with police officers, with my social worker, with other people that I'm involved with…I don't want to keep speaking about my past and bringing up memories that I don't want to remember, do you know what I mean? So I was, like, "I want to close the case."''

'I told the police, but there weren't enough evidence. All the evidence had been wiped off my phone. And then it happened a few times after that with different men at different times. And that got brought to court but because there wasn't 100% evidence they couldn't get sent down, even though they did admit to doing it…I was gutted that they didn't get sent down.'

'She brought the police lady and she took my statement and everything… And he'd been doing it to other people. And then she told me it was still an open case and if I wanted to come back and sort it out then I could. She explained to me that the courts are not exactly the same anymore as they used to be when I was there…but it's still not the same, it'll bring everything back.'

Another implication of being unclear about their personal chronology and history is that this can affect young people's ability to recount events about their lives in a consistent fashion. Young people spoke about how this meant that they were not considered reliable witnesses if court cases were brought against the perpetrators who had abused them. This was exacerbated by the use of drugs and alcohol by perpetrators as a means of control or by the young person's learning difficulties.

'The last time, yeah, I think like they drugged me or summat. I never paid attention to what taxi it was…it would have helped the police, but because I was drunk or drugged or summat I couldn't remember.'

Young people found the allocation of a key police officer beneficial during the investigation process and said that it was helpful when they were kept updated.

'I had two police officers who used to always deal with my cases and got a new one when I moved. Every six months [she phones to] check-up on you. Sometimes just, "You're doing really well" or, "Has anything happened?" I feel better having a police officer, cos we get to know each other and she understands me and the situation.'

'He was very nice to me. If I could, I'd find him [police officer] to say thank you. I haven't had a chance to see him to say thank you…'

'The police would come round and speak to me…they would be honest and open about what's happening…They were really, really good with me, there was quite a few people from the police I got a bond with, I would see them all the time…I have so much respect for them…the last day I [saw] them I was so emotional cos they helped me through so much.'

Young people also appreciated key workers from the child sexual exploitation services and intermediaries who supported them through the court process.

'She helped me through so much and made me feel more relaxed about doing it and offered me so much support. They took their own time out to help me. She weren't getting paid for that she was doing it because she wanted to do it.'

'She'd update me on everything.'

'If the judge or the barrister said something I didn't understand, she'd ask them to put it in a way I do understand. And say she thought I needed a break she'd say, "Right she needs a break" and then she went through the process of court with me and showed me the court room. She went out of her way for me so much.'

Care planning

The majority of the study cohort was in the care of a local authority at the time of the study. During the co-design, young people described both incidences of placement breakdown and where placements were positive. Where placements worked well young people expressed being happy, feeling safe and being grateful for the care and support they received.

However – and especially where young people where moved in emergency circumstances – some young people described placements that were less than satisfactory. One young person recounted being put into a children's home 'with my ex-boyfriend, which is never going to work out great is it?' and that this led her to keep going missing from home. She also told of another occasion on which she was slapped by another resident.

'Staff didn't do anything about that and it was bad really. It was awful…75% of staff were agency staff. I did my absolute best to get moved from there.'

The young person spoke about getting up in the morning and not knowing who would be present in the house when she went downstairs – sometimes this was someone she had never met before.

The young person 'did her absolute best to get moved' from the home by running away and behaving in a difficult way. This led to her being moved to another foster placement however, 'I got put…with a foster family but I knew their son, which isn't good, so I was trying my hardest to get moved from there.'

Where placements worked, there was evidence that a longer period of planning and re-settlement took place. There was often a period of initial disturbance where young people would continue to display challenging behaviour and run away as they decided whether or not the placement would work for them.

One young person said that when moved to her current (stable) placement she was initially still going out and smoking cannabis and describes herself as having no confidence and low self-esteem. Her social worker facilitated what she describes as a 'slow move', in which she met staff and had a look round a number of times over a period of about one month. She found this very helpful in settling in. Since then she has been working on different things – eg food safety, first aid. She likes the staff and children in her current home, which she describes as being homely and not like a work place.

'I absolutely love it here...I'm scared of moving next year. My social worker is looking for semi-independent places after Christmas, I don't want to go back to [my home town]. I don't have to [move], I could stay here 'til I'm 18, but I want to [move to independence].'

Another young person stated that the foster placement being culturally appropriate was very important for her.

'She knew that I needed weave for my hair and stuff like that so she used to go out and get it.' (See Recommendation 10: a-i)

The only young person in the cohort who had experienced secure accommodation enjoyed the structure, routine and boundaries there and felt that the staff had a much greater understanding of CSE than those in the other placements that she had been in. (See: Recommendation 11)

'I wouldn't say that anyone helped me except for [worker name] and the staff in secure. So like secure, yeah, it felt like it was your home. When you're in secure you forget that there's even an outside world. So you're focussed on... you know what you're going to do every day and that. You don't have to wake up worried about anything. It's just great. Everything was like a routine so you were used to it. Even though it was, like, you can't do your own thing...'

Another spoke of the concern and support she received in care as life-saving.

'[My carers] actually do care. [They] took me to doctors' appointments and everything... that's what helped the most. If I was at my mum's house I wouldn't be going anywhere...I probably would have killed myself by now.'

Recommendations

All of the following recommendations should be considered in the context of long-term family issues, especially parental neglect, and that the assumption that parents will be concerned, protective and able to change should not be made but should instead be explored.

1. **Recommendation 1:** The local authority responsible for the child should satisfy itself that the children and young people are facilitated to understand their own story (Department for Children Schools and Families, 2010). We recommend that this applies to all children known to services, and not just to those who are looked after by local authorities.

2. **Recommendation 2:** Local authorities should seek reassurance that there is full involvement of the young person in assessment and planning, including in CSE assessments. The young person should be able to demonstrate understanding of why the work is being done with them and the methods the worker will use. Young people should also be included in meetings where appropriate. Services should be mindful, however, that some young people do not feel safe in making decisions about their own life and may prefer a trusted professional to 'look after' them.

3. **Recommendation 3:** That one worker working with the young person on a long-term basis covers more than one area of support where possible. Where this is not possible, that services seek assurance that each worker's role is clearly understood by the young person and information about this is provided to them in writing.

4. **Recommendation 4:** The local authority responsible for the child should seek reassurance that young people are clearly informed by an appropriate professional of why they are to become looked-after, and supported to understand this in order to reduce guilt and blame for young person. It is important that the delivery of this information by a professional holds at least the same weight as information given to them by their family, and this may take time to achieve.

5. **Recommendation 5:** Young people should be provided with effective mental health support to address the effects of trauma resulting from early childhood experiences and trauma due to CSE.

6. **Recommendation 6:** Young people who are at risk of CSE should be encouraged to maintain and form appropriate relationships with peers and kept in mainstream activity as far as is possible. This could include accessing peer mentoring if available.

7. **Recommendation 7:** Young people at risk of or experiencing CSE should be able to access a holistic service that sees CSE as part of a wider set of issues and addresses need in other aspects of life. Service providers should recognise that the young person may not see CSE as the biggest issue in their lives, and seek to understand the complexity of the young person's experiences before – as well as during and after – being sexually exploited.

8. **Recommendation 8:** Education, prevention work and (where possible) media coverage should include other ways in which young people can be groomed and exploited other than those which have featured in high profile CSE cases. Education and training should be provided to parents and carers where their child has been assessed to be at risk of or experiencing CSE.

9. **Recommendation 9:** Local authorities should seek reassurance that CSE service involvement is not solely focussed on securing convictions, and continues whether a conviction is a likely outcome or not. Local authorities should seek reassurance that young people are contacted regularly to be offered support and information about their case and that, where a conviction is secured, the young person is made aware of this and supported to understand and process it.

10. **Recommendation 10:** Care placements and planning should take into account the children's wishes and feelings, and provision of continuity of care in placement (The Children's Homes (England) Regulations, 2015). The young people in this study suggested that in addition:

a. Where the young person is to change placements, emergency placements should be avoided wherever possible and a period of preparation should take place where the young person is able to visit and meet carers.

b. Any potential connections between carers and child/birth family are explored and considered prior to the placement commencing.

c. Children's homes should primarily look like homes, rather than a place of work, eg that they contain items found in a family home and avoid communal areas having anything in other than what would be contained in any other house.

d. Children should be allowed to choose how to furnish their room (eg wall decoration).

e. Placements should create a family atmosphere which includes photos of carers and young people.

f. Carers should expect a period of difficulty when the young person first arrives in placement and expect to work with the young person at the point they are at.

g. Cultural and identity needs of the child should be met in placement.

11. **Recommendation 11:** Local authorities should seek reassurance that all care staff and foster carers who look after young people who have experienced or at risk of CSE are given in-depth and ongoing training and support in understanding the needs of young people who have been victims. This should include therapeutic support for young people who have been sexually abused, and therapeutic support for the foster carer/staff to help them to deal with and understand how young people react to trauma.

Conclusion

The aim of this report was to introduce 'The Child's Voice' through a co-design process. Young people who have experienced sexual exploitation have a variety of experiences and are far from a homogenous group, and – due to the small number of young people we have spoken to – we are unable to generalise or suggest that all young people who have experienced child sexual exploitation will have had the same concerns, wishes and feelings as our cohort.

There do however appear to be a number of ways in which young people's experiences of services converge and could be improved. Young people state that the development of long-term, relationship-based work, which provides holistic support from the fewest possible number of workers is of great importance to them. The process of the co-design has also highlighted that young people need increased support to understand their story and to contribute to their care plan, guided by trusted professionals.

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It is a painful fact that many children and young people in Britain today are still suffering extreme hardship, abuse and neglect.

We work with some of the most vulnerable teenagers, facing issues like child sexual exploitation, family neglect, domestic abuse or mental health problems.

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