Greater Manchester CSE Innovation Project (ACT) - Implications for Practice from Research Findings

Project Principles	Findings of project level research	Implications for Practice
Young people must be at the centre	 Young people have not always been closely involved in decisions made about them or are aware of the contents of their own case files. Young people do not find assessments engaging but they do want to be decision makers. Some young people's ability to trust others, often adults, has been significantly compromised and engagement is key. Young people want one key worker who is highly flexible, listens, doesn't judge and is there for them over time. Young people find too many workers off-putting and this can lead to disengagement. Involving young people in service design and evaluation improves responses. 	 A shift is required from seeking young people's views to high quality participation and co design of services. This should be an on-going commitment and not a series of events. Young people and their families should be considered an expert in their own lives. Practitioners require the space and freedom to develop authentic and trusting relationships within an appropriate timeframe.
CSE is complex, therefore the response cannot be simple, linear or prescribed	 Young people in high cost accommodation have complex issues, never CSE alone. Vulnerability is complex. The relationship between risk factors and trajectories is rarely straightforward. Tackling the underlying problems and difficulties experienced by young people is key to responding to CSE. Having space and access to strategies to work through the issues for them, access to justice and the opportunity to help transform their experiences by helping others can support recovery. 	 A shift is required from a single focus on CSE to a holistic response. Service design should address complex safeguarding. Support is tailored for different stages of recovery. A shift is required to quality of outcomes from quality of process. Professional judgement is valued and advocated over linear tools and assessments.
No agency can address CSE in isolation; collaboration is essential	 Addressing CSE in isolation is counterproductive. Family substance and alcohol abuse is common. Many young people have unmet mental health needs, often trauma related. Appropriate mental health support is key. Services are sometimes slow to adapt to meet the needs of young people. Lack of coordination, overlapping and repeated assessments can alienate a young person and their family. 	 A shift is required from multi agency response to multi service collaboration. Collaboration should focus on information/data sharing, common language, agreed standards/protocols and shared goals.

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Knowledge is crucial	 Many young people have long histories of child protection concerns. Knowledge and awareness of CSE and the impact of trauma is increasing. The risk of technology enabled exploitation is rising rapidly. Risk can accumulate over the life course. Protecting young people who have suffered early abuse from further abuse is key (those poly-victimised have the most poor long-term outcomes). Adolescents may have experienced more cumulative harm than younger children therefore they are equally vulnerable. 	 A shift is required to facilitate insight around emerging new challenges and provide greater opportunities for shared learning and shared solutions, including developing new narratives. Improved inter-agency information sharing processes that take in to account the young person's history where appropriate, as well as strength based strategies developed with the young person.
Families are valuable assets, and may also need support	 Escalating costs are associated with instability of home/care placements/breakdowns and support for parents/carers to meet young people's needs in challenging circumstances. Families can have assets that are not capitalised upon but often need help to realise them. 	 A shift is required from working with the family to 'think family' using asset based approaches that harness and build resilience. Re-examining assessment tools and interventions that focus practitioners on strengths.
Effective services require resilient practitioners	 Balancing normal adolescent behaviour with extreme risk taking is a challenge. Young people don't always fully disclose. Practitioners highlight challenges to their time to spend with young people and families and pressure to close cases. The benefits of independent clinical supervision for staff working closely with young people who are frequently exposed to extremely high levels of risk are well researched and documented. 	 A shift is required from supervision and case monitoring to reflective supervision, space to innovate and capacity to draw in support. In non-traditional team settings, new models of team support and management structures require innovative thinking.

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