

# The Children's Social Care Innovations Programme

The key objective of the Department for Education programme is to support improvements to the quality of services so that children who need help from the social care system have better chances in life. The Programme also seeks to help LAs and other commissioners to get better value for public money spent to support vulnerable children, and to create conditions in which local systems are better able to innovate and drive sustained improvement.

## The Greater Manchester (GM) Child Sexual Exploitation (CSE) Innovations Project

The project has two key aims:

- To test an action-learning approach to service development based on undertaking research and involving those who are 'experts by experience' (service users, families and professionals) in the co-production of solutions to inform subsequent planning and delivery across Greater Manchester.
- To use the learning from this approach to pilot a service in Wigan and Rochdale for young people who are victims of, or at risk of, child sexual exploitation (CSE) which will improve outcomes for those young people and their families and provide effective alternatives to high cost and secure accommodation.

The following principles have underpinned project development:

• The project should be partnership designed, developed, implemented and owned.

- It should be informed by current evidence about CSE.
- It should engage key staff and capitalise on their insights and experience.

Evaluation team July 2016

• Co-design should include the voices of young people in all aspects of the project.

In order to operationalise these principles the project partners: Wigan and Rochdale local authorities, Research in Practice, The Children's Society and Project Phoenix, undertook the following action research and co-production activities during 2015/16:

- An evidence scope (Webb and Holmes, Research in Practice, Sept 15).<sup>1</sup>
- A case study analysis (Gutierrez and Hollinshead, The Children's Society, Dec 15).
- Child's voice interviews with young people (Gasper, Noblet, and Kennedy, The Children's Society, Jan 16).
- Research and engagement workshops with practitioners and managers (Research in Practice, Oct/Nov 15).
- Practitioner workshops on direct work (DMSS/ UoB Evaluation team, Nov 15).
- Co-design/production workshops with young people and multi-agency practitioners (Research in Practice/Innovation Unit, Jan - June 16).
- Biographical interviews with survivors (DMSS/ UoB Evaluation team, Mar 16).<sup>v</sup>

In total the action research phase of the project involved well over 100 informants, was innovative in design and demonstrated the project's commitment to co-design and production.

This summary report synthesises the key findings from the above activities. It also draws on other evidence including an internal problem profile analysis by Greater Manchester Police/Phoenix, other research which reported during the same time period<sup>vi</sup> and earlier research which has informed the project's development<sup>vii</sup>. It is intended to provide a summary of project learning on:

- Models of CSE and offending in Greater Manchester.
- Vulnerability factors.

- Effective responses.
- Implications for service development.

### Models of child sexual exploitation

Action research and co-production activities confirmed local experience of the following models of CSE:

Inappropriate relationships

Usually involving one perpetrator who has inappropriate power or control over a young person (physical, emotional or financial). One indicator may be a significant age gap. The young person may believe they are in a loving relationship.

'Boyfriend' model of exploitation

The perpetrator befriends and grooms a young person into a 'relationship' and then coerces or forces them to have sex with friends or associates.

'Party' model

Friendship groups are recruited and invited to 'parties'. Drugs and alcohol may be offered for free, but excitement and belonging to an 'alternative' peer group alongside adults may be equally important. The involvement of peers normalises involvement and makes it feels safe/acceptable.

Organised/networked/ commercial CSE/trafficking 'Boyfriend' and 'Party' models may overlap with more organised networks often involved in adult prostitution and drugs. Organised exploitation varies from casual networking between offenders, to organised crime where young people are effectively 'sold'.

Sexual exploitation by peers and in gangs

Sexual bullying in schools and other social settings can result in the sexual exploitation of young people by their peers. Sexual exploitation also occurs within and between gangs, where sex is used in exchange for safety, protection, drugs and belonging.

Analysis of reported CSE offenses by Greater Manchester Police/Phoenix identified that:

- In 2014, there were 313 sexual offences crimes tagged as CSE crimes. These comprised 22.8% of all sexual offending against children.
- 107 (34.2%) CSE tagged crimes were cyber-enabled and in 68 (63%) of these the offence was purely online.
- 90% of those with a CSE Victim Flag were female.
- Ages of victims ranged from 12 to 21 with over 50% aged 15 or 16.
- Victims in their mid-teens were often exploited by offenders only a few years older than them.
- Teenage boys were exploited by offenders with an older age profile than girls.



### **Vulnerability factors**

The research identified the following vulnerability factors for CSE:

Family and neighbourhood factors:

- Chaotic, dysfunctional families including domestic violence, parental alcohol/drug use; mental health issues.
- History of physical or sexual abuse within the family.
- Bereavement or loss.
- Being a young carer.
- Gang associations; living in a gang neighbourhood.

Individual/peer factors:

- Being a girl.
- Having friends who are sexually exploited.
- Having few friends in own age group.
- Own drug, alcohol issues.
- Disengaged from school.
- Lacking attention.
- Wanting to escape childhood and be regarded as an adult.
- Going missing.
- Alienation from family or community.
- Boys questioning their sexual orientation or unable to disclose it.
- Being in care, hostels, bed and breakfast.

The analysis of 10 cases from Wigan & Rochdale (Gutierrez and Hollinshead, 2015) highlighted similar features:

- All were referred with a range of complex issues never CSE alone.
- Many had long histories of child protection concerns, especially neglect, along with poor attachment and parents unable to manage behaviour.
- Most were referred to Child Adolescent Mental Health Services at some point.
- Substance and alcohol misuse of young person and family.
- Disrupted education.
- Instability of care placements.

Interviews with young people provided confirmation of the presence of many of these issues in their lives:

"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 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. I just got left out – a child unwanted as I see it."

Quoted in Gasper et al, 2016



Vulnerability is complex and the relationship between risk factors and young people's trajectories are not straightforward. Young people are rarely at risk of CSE because of any one factor and CSE is itself a risk for other vulnerabilities - e.g. experience of CSE may increase a young person's drug use, compound their disengagement from school or result in care - all of which in turn may increase their risk of further CSE. So vulnerability factors are important in assessing likely risk of CSE - and might be better used to identify some young people at risk at an earlier stage - but their predictive power is limited. There will always be some young people who seem to become sexually exploited 'out of the blue' and others who do not, despite having many risk factors in their lives. So, the picture of vulnerability looks like this:

CSE Vulnerable young people people

What is clear from research is that the worst outcomes are experienced by those who suffer serious and multiple/persistent forms of abuse. Studies show that the abused children at greatest risk of developing mental health problems are those who have experienced multiple forms of victimisation in There is also an accumulation of risk over the life course and the poorest outcomes are for those who experience different forms of abuse and violence as both children and adults. Therefore, intervention to avoid the poorest outcomes should aim to prevent the re-abuse as teenagers and young adults of children who have already been abused.

Practitioners increasingly understand how trauma and multiple vulnerabilities impact upon young people affected by CSE and how their ways of coping are adapted as a result of such experiences. Although some agencies understand this, and therefore the need to be adaptive themselves, not all do, and this is work in progress.



#### **Assessment**

Research evidence suggests that while good assessment is important, young people hate being assessed. Assessment should therefore be a collaborative activity - in which young people are involved as experts on their own lives.

Good assessment involves more than completing a checklist - it requires listening carefully and thinking imaginatively about young people's difficulties and their strengths. Long term needs, protective factors and positive relationships should be considered.

When risk of CSE is identified it should be documented and the information shared with other agencies. Multi-agency screening tools that promote a shared understanding of risk are useful.

The case file analysis suggested that existing Child In Need and Child Protection processes are not ideal for assessing adolescents – particularly given the high-risk and fast-paced nature of young people's experiences of CSE. Assessment tools may be useful in identifying issues to be worked on, but not necessarily in a way that enables sequencing planning, delivery on a prioritised basis, or setting outcomes objectives.

It was also found that for young people in high cost placements, earlier family assessments of parental capacity to change were often over-optimistic.

The biggest assessment challenges for practitioners were:

- Balancing young people's appropriate adolescent development and boundary pushing with more extreme risk-taking behaviour and the dangers of exploitation.
- Young people understating or not disclosing the nature and full extent of CSE due to fear or not yet comprehending they may be a victim.
- Access to and acceptability of services to meet mental health needs.
- Lack of coordination, overlapping and repeated assessments which can alienate a young person and their family.

Practitioners' ideas for meeting these challenges included young person led assessments, using electronic devices to engage the young people, shared assessments – using other agencies' expertise, and peer audits to help practitioners be more consistent.

## Effective practice in supporting CSE affected young people

Practitioners and managers involved in workshops were supportive of these principles, however, feedback indicated that thinking about families as assets may be far removed from some practitioners' current professional experience and that few had opportunities for the kind of reflective supervision that the CSE evidence scope recommends.

Young people were clear about what they wanted from services:

- Workers should explain things properly and share young people's case files with them so they know their own 'story'.
- One worker who genuinely cares, listens, doesn't judge, is there when needed and is knowledgeable - not ten different professionals.
- CSE is not always the primary issue young people want help with the numerous and complex issues in their lives.
- There needs to be effective mental health support.
- Young people want to be part of decision making and planning and be told the outcomes of assessments and investigations.
- Parents are really important and shouldn't be ignored.

In detailed biographical interviews young people who had been through police investigations and court cases emphasised the impact of these. All described giving evidence/going to court as 'terrible' but had both positive and negative experiences of other stages in the process.

All of the young people who had been supported by workers from specialist CSE teams spoke of the importance of those relationships and praised workers for their consistency, accessibility and genuine care. In addition, different kinds of support had been important to different individuals. These included: involvement in a creative therapeutic project, access to justice and the opportunity to give and receive peer support.

And their main advice for other young people was to find someone to tell:

"I would try and tell them not to hide anything, like not to hide it, don't close up about it. Try to find the will to tell someone or talk about it, because I hid away for ages and it made me really angry and horrible and I didn't like who I were... If they can talk about it they should it's better for them long-term, they might not feel like it, like talking about it is not going to help, but it will. [And they need to know] it's not going to be like

that forever, like there is always light at end of tunnel... I thought my life is going to be shit forever, but it's not. And they shouldn't think not to trust anyone again cos it isn't the case of that. They just trusted the wrong person once, but they'll understand who's right to trust in the future, cos I do now."

Quoted in Scott et al, 2016

# Practitioners identified 5 elements of effective direct work with CSE affected young people:

Engagement and Relationship Building

2. Ensuring
Support and
Stability

3. Providing Advocacy

4. Reducing Risks 5. Enabling
Growth and
Resilience

The first of these is the crucial building block on which the others depend. Engagement can be difficult when a young person's ability to trust adults has been significantly compromised by previous mistreatment or unsatisfactory contact with professionals. What is often effective in overcoming such mistrust is an approach that combines the four 'A's' model of: Access, Attention, Assertive outreach and Advocacy\* in which a persistent and consistent worker delivers on their commitments and thereby impacts on a young person's belief in their own worth and in the ability of others to support them.

Effective practice involves keeping gender and diversity in mind. Boys and girls have different developmental trajectories and may be confronting different issues in their lives. Girls' well-being decreases more sharply with age compared to boys and their self-esteem levels fall away badly through their teens, while boys' remains relatively stablexi. Boys exploring or dealing with an emerging sexual orientation as gay or bisexual may lack support in this regard and be particularly vulnerable to exploitationx.



### **Implications**

The evidence from the action research and coproduction stage of the GM CSE Innovations project suggests the following shifts in service provision and professional practice are required to effectively meet the needs of CSE affected young people:

- From just seeking young people's views to high quality participation in the design and evaluation of services.
- From a single focus upon CSE to a holistic response and developing services to enable complex safeguarding which addresses underlying vulnerabilities, gender and diversity adverse and traumatic experiences and identifies strengths and enables recovery.
- From multi-agency responses to multi-agency collaboration (including information/data sharing, common language, agreed standards/ protocols and shared goals).
- From work with the family and community to 'think family and community', in line with the emergence of strengths and asset based family approaches and harnessing community resilience and support.
- From supervision and case monitoring to space for high quality reflective supervision, room to reflect, innovate, share learning and provide team support around front-line workers.



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