The Children's Society

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

Analysing case files to explore young people's journeys through social care

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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. This first phase of the project examined social care case files to understand the support young people have received and what improvements could be made.

Reviewing the impact of support, and how this can be sharpened, is vital in delivering value for money help which makes a real difference to children.

This report presents our case file analysis and the factors which may have led to or impeded any decision to place children and young people in secure or high cost accommodation.

It raises key questions we feel need to be addressed in order to improve support. These questions helped shape a second phase of our research, which involved listening to young people's voices and engaging them in developing recommendations based upon their experiences. Our findings are now helping to shape the new approaches being piloted by Wigan and Rochdale 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

Aim

The Children's Society was commissioned to conduct qualitative analysis of the case files 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 (CSE) was the main risk factor resulting in their placement.

The purpose of this case file analysis was to explore what factors resulted in young people's rapid escalation into high-cost and secure provision.

The sample of 10 case files, five from each of the local authorities, included five young people who had placements of these kinds (one secure, and four residential placements), and therefore we were not able to verify the original premise that a large number of young people in Wigan and Rochdale were rapidly escalating to high-cost or secure provision.

Key findings

The case file analysis has instead enabled us to focus on the factors that may have resulted in, or impeded, escalation at any stage of those young people's social care journeys. What emerged across files were a number of common problem areas faced by young people at high risk of CSE, as well as a range of service responses.

Residential status and stability

- Young people placed in high-cost and secure residential placements were all much younger when serious concerns emerged about harm, significant neglect and highly compromised parenting, as well as their vulnerability to experiencing CSE.
- Instability and disruption in foster care placements was a common factor, and appeared to be a significant cause of escalation to high-cost and secure placements, heightened concerns around behaviour and risk-taking, and disruption in education.

Positive, protective and proactive social work responses

- The social work approach seems largely based on empowerment and support, and tries to build on young people's strengths and assets.
- Workers understand and promote the value of positive and protective relationships that young people have.

Referral and involvement with social care

- All of the young people referred to social care presented with a range of complex issues – never CSE alone. It needs to be noted that in some cases records covered periods of 15 years. Clearly in that period practice has changed, but in some of the cases there was professional over-optimism, which left children in family situations that could have contributed to their vulnerability to exploitation now.
- The majority of young people had medium-long histories of statutory involvement in relation to a range of child in need (CIN) and child protection (CP) concerns, and especially parental neglect.
- When young people had been known to social care for a number of years, being identified as high risk of CSE did appear to trigger a rapid escalation of support, interventions and referrals to and from more acute social care support teams (such as SEAM/Sunrise) and the police.

Assessing young people's risk, vulnerabilities and resilience

- In each of the cases that escalated to high-cost provision, a history of compromised parenting was a long-term factor. Assessments of parental capacity to change and individual support could potentially have been improved historically, but may have been adequately developed by now.
- The specific challenges facing adolescents – including the high-risk and fast-paced nature of young people's experiences of CSE – were perhaps not best able to be assessed within the existing CIN and CP processes.
- Assessment tools are very 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.

Tackling child sexual exploitation

- Both authorities are advancing in their development and implementation of CSE-specific work for all referrals where CSE is a feature.
- Workers face the challenges of:
- 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.
- If young people perceive that there is a focus on the victim for CSE-specific work to the exclusion of others (eg perpetrator/parent) this can infer the responsibility is with the young person to protect themselves, however much it is otherwise reinforced by professionals.

Working with families

- The majority of young people in the sample had experienced some degree of parental neglect. Poor parent-child attachment and compromised parenting were commonly reported by workers. Despite lots of excellent input from social workers and family support workers around implementing boundaries, behaviour management and minimising risk, about half of parents continued to appear unable to appreciate or act on valid concerns about the safety of their child. This was particularly true, and more extreme, in those cases where young people became looked-after.
- Moments of acute parental or wider family stress could at times draw workers' attention away from the at-risk young person they were supporting.
- Although the exact link between neglect or abuse at home and young people's exploitation outside of the home is difficult to ascertain, workers at times articulated the following concerns:
- Young people who had poor attachment at home – often due to neglect and compromised parenting – appeared to have less knowledge and experience of healthy relationships, and therefore could perhaps not see how relationships they were in were exploitative.
- Workers also said sometimes they thought that these young people could be more susceptible to responding to, or seeking attention and affection from, older predatory people.

This in no way places blame for CSE onto young people and families themselves – as the responsibility is always that of the perpetrator – but merely reflects some of the patterns that workers themselves witnessed.

Promoting Health

- In most cases, although not all, workers articulated poor emotional well-being and mental health as a symptom of trauma, which could also be compounded by the unmet need for therapeutic treatment responding to trauma. Most young people were referred at some stage to CAMHS, although workers commonly report having difficulties getting young people and their families to engage.
- Substance and alcohol misuse frequently featured in young people's case files – both in terms of young people's own use, and also their parents'.

Fostering education and development

- All of the young people experienced varying degrees of disrupted education during the period they were involved with social care.

Finally, it was not always clear in the case files how young people and families were supported to shape responses to the issues they face. We do not underestimate the challenge of doing this systematically with young people who display chaotic behaviours, but perhaps the pilot can develop processes that move closer to this being business as usual.

Introduction

The aim of the Department for Education (DfE) Innovation Project in Greater Manchester is to improve outcomes for children and young people (CYP) who have experienced child sexual exploitation (CSE) or are at high risk of experiencing CSE, and to explore the alternatives to placing these CYP in secure or high-cost residential accommodation. The project is also about culture change, and the way in which public services understand and respond to CSE, the nature of early intervention and prevention, and the need to respond at scale.

To enable us to do this, it was important to gain an in-depth understanding of how local authorities have so far responded to the multi-faceted problems faced by at-risk young people and their families, and how they do this in the ever-changing landscape of CSE. This has been the focus of the research, self-assessment and engagement phase of the Innovation Project: to fill the gaps in our current knowledge, to understand how the system has so far assessed, recorded and responded to the problem, and to involve young people and families in developing new approaches to meet their needs.

The Children's Society was commissioned to conduct qualitative analysis of the case files 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 (CSE) was the main risk factor resulting in their placement. The purpose of this case file analysis was to explore what factors resulted in young people's rapid escalation into high-cost and secure provision. This research was one of three research components, which combined aim to develop key learning and questions that can be tested and answered through engagement with young people and staff, and lead to a co-designed pilot environment.

The sample of 10 case files, five from each of the local authorities, included only five young people who had placements of these kinds (one secure, and four residential placements) – one young person had been placed in remand. We were not able to verify the original premise that a large number of young people in local authorities were rapidly escalating to high-cost or secure provision.

The case file analysis has instead enabled us to focus on the **factors that may have resulted in, or impeded, escalation at any stage of those young people's social care journeys.** What emerged across files were a number of common problem areas faced by young people at high risk of CSE, as well as a range of service responses.

The questions we sought to ask of the case files were:

- At what point could services have intervened, and to better effect?
- What factors contributed to escalation?
- What services and support did young people and their families receive?
- How was 'risk' conceptualised and responded to?
- What good practice and protective factors were present that could be replicated in the future?
- What could have been improved or changed, and what has been learned?

The young people whose files were analysed had a range of complex needs and required nuanced service responses to these. This report therefore highlights the learning about service responses at different stages throughout young people's journeys, and in each section highlights key questions that arise for thinking through future practice.

This component of the research phase has reflected upon (with the great benefit of hindsight) how the social care system and resources offered to workers have enabled them to respond appropriately and effectively to young people's needs, and where opportunities to impede escalation may lay. This report does not pass judgement on the decisions made by individual social workers, who are clearly very knowledgeable, experienced and committed to improving outcomes for the young people they work with.

Methodology

Defining the sample

The researchers requested Wigan and Rochdale local authorities provide an anonymised spreadsheet detailing all cases where:

- young people had been identified on the Project Phoenix/SEAM risk assessment tool as being at high risk of CSE
- in the financial year 2014–15
- and had been placed in high-cost or secure accommodation.

The researchers selected a shortlist of cases to analyse based on prioritising residential placements, legal status, and frequency of being identified as high-risk access. These young people were then approached by their social workers, given information sheets about the research, and invited to give their informed consent for The Children's Society's researchers to access their files. Some young people did not give their consent, and in these cases we liaised with the social care teams to approach the next appropriate case. In all, we read five cases files each from Wigan and Rochdale. The make-up of the cohort can be seen in the table below.

Analysing case files

We developed a template to standardise the information we gathered from the case files. We incorporated items from the NatCen analysis template so that emergent themes could be compared across Innovation Projects.

We read files online via the ICS/Liquid Logic system whilst on-site in Wigan and Rochdale offices. As we read we filled in the template and took notes on other observations not covered in the template. Reading each case file took 1.5–3 days, depending on the size and depth. We were not able to clarify all records with social workers, and there will be further insights of value through subsequent engagement with young people. As a result, we hope to portray a balanced perspective, but there could be misinterpretations or inappropriate attributions, and we would welcome clarification if this is the case.

Detailed reading of the case files involved reading through the overview sections, the chronology, and then the detailed case note report (capturing every case note on file) – paying particular attention to the case notes around the times of significant events as highlighted in the chronology. We also read relevant attached documents, such as strategy meeting minutes, legal or court documents outlining LAC decisions, and educational or psychological assessments.

After reading the files, and to support reflection, we summarised the young person's journey in phases and key developments to understand how their involvement with social care had evolved. We then presented emergent themes and journeys to our internal reference group made up of expert CSE practitioners. They supported us to maximise our learning from the case files – to ensure that we were asking the right questions of the data, and to encourage us to 'make the case' for particular analyses or understandings we proposed.

The Cohort

Case	Age	Gender	Legal status Highest/ current	Residential status Highest/current	Out of borough	Educational or employment status
1	17	Female	S25/S31	Secure/supported accommodation, transitioning to independence	OOB	NEET, exploring vocational training
2	15	Male	S31	Residential children's home	OOB	Education linked to placement.
3	15	Female	S31	Residential children's home	-	Mainstream school
4	15	Female	S20	Residential children's home	OOB	Mainstream school
5	15	Female	S20	Residential children's home	OOB	Pupil Referral Unit
6	16	Male	S31/ -	Placed at home/with parents	–	Vocational training
7	16	Male	–	Remand/with parents transitioning to independence	–	Pupil Referral Unit
8	17	Female	–	Supported accommodation	–	College
9	14	Female	–	With parents	–	Mainstream school
10	18	Female	S20/ -	Emergency foster care/supported accommodation with vulnerable adults team	–	College, part-time

All information relates to young person at the time of reading.

Findings

Residential status and stability

At the time of reading case files:

- Four young people were looked-after in residential placements, three of which offered specialist trauma/CSE provision.
- Three young people were in the care of families, where assessments indicated this was appropriate and supportive interventions were provided. One of these young people was on remand.
- Two young people were placed in supported lodgings (one who had previously been in secure accommodation). These appeared stable and positive, and the young people were being supported to plan for independence.
- One young person had transitioned out of children's social care at age 18 and was being supported by the vulnerable adults team.

The journeys of the young people who were in **residential or secure placements** bear interesting learning for the purpose of the pilot as three of them were subjects of care orders, having experienced significant harm in their families of origin. **These young people were all much younger when serious concerns emerged about harm and highly compromised parenting, and concerns around significant neglect and their vulnerability to/ experience of CSE.** Similar concerns around neglect and compromised parenting were present across the rest of the cohort but to a slightly lesser degree, with the exception of the youngest woman who has remained in the care of her parents throughout social care involvement (the family receiving multisystemic therapy (MST) together).

For the four young people who went into high-cost residential placements, previous **instability and disruption in foster care placements was a common factor.** In the case of the young woman who had been in secure accommodation, the placement seemed a perhaps excessive response prior to trying alternatives, as she moved straight from a short period of emergency foster care to secure provision. It was after being securely accommodated that she moved through foster care and residential placements before more recently settling in supported accommodation.

Instability in foster placements appeared to be a significant cause of escalation to high-cost and secure placements, and also to heightened concerns around behaviour and risk-taking. Some of the issues and triggers that emerged in relation to the disruption of foster placements were:

- young people continuing to display challenging behaviour and not settling in
- young people going missing from care – either to run home, or to unknown places
- foster carers feeling that they could no longer cope with the young person, especially if they were seen to be disruptive towards other children in the placement, or if they felt that they did not have the appropriate knowledge or experience to be dealing with such complex cases
- young people in placements potentially grooming or connecting each other to perpetrators of CSE.

Understandably, foster placement instability tended to result in **disrupted education** for young people.

Having said this, **when young people did arrive into placements where there was a strong understanding of the complexity of their needs and CSE – and there was space and support to begin working through trauma – they appeared to settle and feel safe.** For those in residential care, young people's most recent placements seem to have provided them with more **integrated care plans that address their needs in one place.** Of course, there are other factors – not just environmental or residential ones – such as increased familial stability, that would also contribute to young people's overall stability.

For the two young people who are preparing to **transition to independence** shortly, there seemed to be **lots of support from workers,** both in terms of residence and also education, training or employment.

Key Questions:

How can workers and social care systems support early help – including stability at home and addressing neglect or compromised parenting – earlier to reduce the risk of children escalating towards high-cost and secure provision?

How can young people's foster care placements be stabilised to reduce the likelihood or speed of escalation?

How can foster carers be supported to understand and cope with the complex issues and behaviours presented by young people at risk of or experiencing CSE?

How can stable home spaces be fostered for young people – whatever the kind of placement – that enable them to feel safe, improve their mental and emotional health, and address trauma, all in one place?

How can workers and the social care system support vulnerable young people who are transitioning out of children's social care and into independence?

Positive, protective and proactive social work responses

In reading the case files it is very apparent that **social workers deliver a range of positive, proactive and protective responses to individual young people and their families.** Here we highlight some of our key observations of this good practice, and some areas for possible future development:

- Making contact, persisting, and sustaining a level of engagement with some of the young people in the cohort is impressive and needs recognition in itself.
- **Files are clear in the arrangements deployed to manage safeguarding concerns through early help and child protection processes.** Whether these processes respond as well to **adolescent need was less** clear, and we explore later some of the factors that complicate support during this developmental stage.
- **Both local authorities are developing assessment and planning specialisms in CSE.**
- It seems clear that the intent that underpins the social work approach is based on **empowerment and support** when appropriate, and compulsion when risk is too great. Approaches are intended to build on young people's strengths and assets.
- Workers understand and promote the value of **positive and protective relationships** that young people have – whether that be with family members, friends, teachers or other professionals.
- **A wide variety of support services seem to be available to young people and families** such as committed one-to-one case work, individual therapy, short breaks, parenting support and family mediation.
- Social workers appear to have **positive relationships and regular communication with other agencies,** including the police, healthcare, education and voluntary agencies.
- What is of concern is that good work provided to empower young people can at times be **undermined by a system which is not always able to respond to identified needs** (appropriate placements, trauma resolution, school stability etc).

Referral to social care – and being identified as 'high risk' of CSE

All of the young people referred to social care presented with a range of complex issues – never CSE alone.

In fact, being identified as high-risk of CSE on the Project Phoenix risk assessment tool was often not the first time young people had come to the attention of social care professionals. Most young people were already open to social care, and had **medium-long histories of statutory involvement in relation to a range of child in need and child protection concerns, and especially parental neglect.** There were some common patterns of behaviour that included anti-social behaviour, involvement with the Youth Offending Team (YOT), and frequently going missing from home, which could potentially constitute early opportunities for identification that CSE was a risk factor in the young person's life.

When young people had been known for a number of years, being identified as high risk of CSE did appear to trigger a rapid escalation of support, interventions and referrals to and from more acute social care support teams (such as SEAM and Sunrise) and the police.

For those young people who were not known, recently known, or recently re-opened to social care before being identified as high-risk of CSE, referrals tended to be from:

- parents who were concerned about unmanageable or risky behaviour
- police officers after conducting safe and well checks when a young person had returned from being missing and a return home interview was required
- school/college teachers who raised concerns about the risk of CSE, for example, after witnessing the young person displaying signs of inappropriate sexual behaviour towards peers.

Key questions

How do presenting needs and issues influence how young people are assessed and supported by social workers?

How can social care and other agencies continue to work together to draw upon incidences of anti-social behaviour and going missing from home as potential early indicators of CSE?

How does being identified as at high risk of CSE change the support and/or care plan for young people with an on-going or long-term involvement with social care?

Assessing young people's risk, vulnerabilities and resilience

Workers use initial assessments, CIN and CP, and strategy processes confidently and effectively to assess young people and their families' status, although at times there could have been greater depth of detail in the recording of these. One area where assessments could have been improved (acknowledging that approaches may have already evolved) would be around parental capacity to change. In each of the cases that escalated to high-cost provision, **compromised parenting was a long-term factor** but parents appeared to be able to repeatedly assuage workers' concerns – with little improvement or learning being witnessed over the long-term (this might only be seen with hindsight, of course).

We wonder if some of the **specific challenges of adolescence** – including the high-risk and fast-paced nature of young people's experiences of CSE – were perhaps not best able to be captured and assessed within the existing CIN and CP processes. This should be an area that is explored in more depth. To not have a more nuanced approach to adolescence – and the reasons behind maladaptive behaviour, for example – has the potential to identify the young person as 'troublesome as opposed to troubled'.

Given the positive focus on strengths and assets, at times assessments did not specifically interrogate young people's apparent resilience as part of the approaches currently deployed. This could be an area of development, because many of the young people appeared to have well-rehearsed coping strategies that may have masked underlying worry or trauma. It would also be helpful because clearly interventions will in various ways have an impact on improving resilience – it would be good to have more robust ways of monitoring improvements as a result of the positive case work and relationship-building staff do.

We observed that the assessment approaches in use in both authorities are very useful in identifying issues to be worked on, but not necessarily in a way that enables **sequencing planning and delivery on a prioritised basis.** There is also a tendency to get agreements from families to referrals to a range of support services, and their defaulting can be seen as non-compliance. However, are these expectations reasonable of those who often have their own compromises to address?

Relatedly, whilst some SEAM/Sunrise plans had clearly defined aims and monitoring strategies, it was sometimes hard to find evidence of how workers and young people jointly articulated outcomes that were appropriate and achievable during assessments.

In relation to CSE, it was apparent that workers could understandably have difficulty assessing vulnerability or the hidden and changing risk of CSE. Workers were aware of some risks, illustrated by missing from home incidents, substance misuse, or going to risky locations, and perhaps young people trusting them and disclosing some parts of the story. But there were often uncertainties about who was behind any potential exploitation, and where young people were going when absent. It was sometimes unclear how the young person was empowered to disclose the source or location of abuse so that strategies for preventing abuse from specific people could be developed. This was particularly true of young people in care.

Key questions

How can assessment processes – enabled by building trusting and caring relationships – effectively understand young people's vulnerabilities, resilience and apparent coping, to ensure they get the right support?

How can the specific needs and issues of adolescence be effectively assessed within, or in addition to, existing early help and CP processes?

How can assessments enable the sequencing and prioritisation of interventions, and ensure that appropriate outcomes objectives are set?

Tackling child sexual exploitation

Workers deploy a range of thorough and creative strategies to support young people at risk of experiencing CSE, and to minimise the risks they face.

Both authorities are advanced in their implementation of CSE-specific work for all referrals where CSE is a feature. Rochdale has a structured approach whereby the Sunrise team (co-located with the Police) manages CSE-specific support in conjunction with a case-holding social worker in the main children's social care team. Wigan has an established SEAM approach that case-holding social workers engage with, and CSE-specific team is being developed. They are investing in recording approaches that will enable similar recording to Rochdale. Both systems include:

- CSE-specific assessment of risk
- single (holistic) assessment process
- interventions to promote improved understanding in young people of the types of CSE, the grooming process, un/healthy relationships, and the extra risks that their own behaviour may expose them to
- support with disruption activities and in some cases prosecution.

It is clear that over a period of time, practice around CSE has become more defined and focussed on a multi-agency basis in both authorities, especially supporting police investigations/disruption activities. An observation is that the cases identified for review were very different in terms of chronicity of need, and possibly reflect the different journeys of the reflective authorities over recent years.

Workers faced a number of challenges with supporting young people when CSE was taking place:

- balancing young people's appropriate adolescent development and boundary-pushing with more extreme risk-taking behaviour and the dangers of exploitation
- young people continuing to go missing to dangerous places or to meet with perpetrators
- young people not perceiving themselves to be at risk of or experiencing CSE
- young people travelling and being taken across towns and cities throughout the day and night
- young people understating or not disclosing the nature and full extent of CSE due to fear (of threats and reprisals from perpetrators and associates, of family and peer reactions, and of prosecution due to criminal activity) or not yet comprehending they may be a victim
- young people using mobile phones and social media to connect with predatory adults, to recruit other young people, or to share sexually explicit images of themselves.

Workers across the board appeared for the most part to come from an empowerment position towards the young person, trying to support them to understand themselves as victims or survivors of CSE, instead of equal and responsible instigators in their exploitative relationship. An ongoing problem was that even with positive engagement with CSE-specific support on the surface, most young people took a very long time to consider themselves victims, and as such struggled to apply their learning to their own situation. Other factors in young people's slow progress away from CSE were often their ongoing trauma, poor mental and emotional health, complicated family situations, and residential and educational instability – all resulting in making empowerment and finding 'exit strategies' difficult (although of course not impossible) to achieve.

It is also important to note that a focus on the victim for CSE-specific work to the exclusion of others (eg perpetrator/parent) can infer the responsibility is with the young person to protect themselves, however much it is otherwise reinforced by professionals. There are other ways that the system reinforces this experience – and in this case, the number, duration and quality of placements are likely to contribute to this perception.

Key Questions

How are outcomes for CSE-specific work defined? Is the true measure of success, despite the challenge of getting there, that the young person sees themselves as a victim of CSE, or should the ambition be that the YP is a survivor with access to 'escape routes' away from the relationships that sustain the abusive activities?

Who sees the young person as a person, and who knows how they feel about their experiences – including the real fears about the potential harm that could be caused to those people who are important to them following threats by perpetrators?

How are young people empowered to share their views, wishes or feelings about their needs and the support they would like to receive – and how are these acted upon?

How can workers enable young people's appropriate adolescent development at the same time as supporting them to reduce risk-taking behaviour and the dangers of exploitation?

Working with families

All of the young people involved had difficult and complex family contexts. In a number of cases, the 'toxic trio' of parental drug and alcohol misuse, poor parental mental and emotional health and domestic violence had been witnessed at some point in the young person's life.

The majority of young people in the sample had experienced some degree of parental neglect – ranging from chronic physical and emotional neglect from infancy onwards, to more recent emotional neglect in adolescence. Approximately half had experienced physical, emotional or sexual abuse from parents or step-parents at some point in their lives. Many of the parents involved – predominantly single parenting mothers – had experienced abuse or neglect in their own upbringing, or domestic violence as an adult. Workers appeared quick to spot the signs of neglect and identify children as CIN, although in some cases young people remained CIN for a long time with little overt progress seeming to be made, despite repeated attempts to support parents to respond better to their children's needs.

Poor parent-child attachment and compromised parenting were commonly reported by workers and appeared to contribute towards escalation of issues. In these cases, workers made referrals to parenting support (one-to-one and group courses), although take-up was inconsistent at times, and the impact of these interventions was often not clear in the case files. Short breaks and family mediation were also offered in some cases. One young person and their family received multisystemic therapy, which was reported to work well for the family and delivered improved relationships and stability.

Adolescence appeared to be a particularly difficult stage for families when parents – who may just about have managed to maintain control when children were younger, with support from social care – were now struggling to do so. Workers reported parents often not understanding expected adolescent development, or being able or prepared to provide a safe and structured space for this development to play out. During these times, many cases experienced a cycle of heightened familial conflict and risk-taking behaviours.

Young people who displayed extreme, violent or aggressive behaviours were often seen by their parents as a disruptive force within the home, and could be scapegoated for causing wider family problems and poor relationships. Workers tended to be aware of these dynamics and encouraged parents not to blame young people – they knew young people often cited arguments and feelings of guilt as reasons why they would go missing from home or seek solace in inappropriate relationships.

Despite lots of excellent input from social workers and family support workers around implementing boundaries, behaviour management and minimising risk, about half of parents continued to appear unable to appreciate or act on valid concerns about the safety of their child. In some cases workers believed that parents or other extended family members minimised or actively colluded with missing from home incidents, substance misuse, risky behaviour and abuse/CSE. Workers seemed to have the confidence to be able to unpick and challenge such behaviour, often warning parents that to continue their behaviour would be seen as evidence that they could not adequately safeguard their children. It was in these cases that care placements were considered.

Generally, **workers seemed to be very good at building positive relationships and making time for individual young people during periods of family stress,** including making sure they spoke to young people separately from their parents. In some cases where parents had their own substance and alcohol misuse or poor mental and emotional health issues, **moments of acute parental stress could draw workers' attention away from the young person they were supporting.** In one young person's case in particular, increased attention on the mother and younger sibling's complex needs resulted in there appearing to be being very little engagement with (or mention in the at-risk young woman's case file of) her needs or status for a number of weeks – the assumption perhaps being that because she appeared to be coping relatively well compared to her other family members, she did not require as much support.

A number of young people acted as carers for vulnerable family members – both younger siblings and substance-misusing parents. Workers seemed aware of these caring relationships and the impact on young people (such as missing school, or being very worried about younger siblings when they were taken into care), although it was unclear if any young people were referred to specific young carers support services.

The majority of young people were being raised by their mothers, or perhaps with a step-parent, and many of these had poor relationships or no contact at all with their fathers. Where relationships were better, workers tended to deem them not stable enough to constitute viable care options for young people when home life became too difficult. At times it was neither clear how the emotional, psychological and practical impact on young people of their absent fathers was taken into account by workers, nor if there were any strategies to potentially re-engage fathers as part of parent-child attachment work, which tended to focus on mothers.

Finally, although the exact link between neglect or abuse at home and young people's exploitation outside of the home is difficult to ascertain, workers at times articulated the following concerns:

- Young people who had poor attachment at home – often due to neglect and compromised parenting – appeared to have less knowledge and experience of healthy relationships, and therefore could perhaps not see how relationships they were in were exploitative.
- Workers also said sometimes they thought that these young people could be more susceptible to responding to or seeking attention and affection from older predatory people.

This is no way places blame for CSE onto young people and families themselves – as the responsibility is always that of the perpetrator – but merely reflects some of the patterns that workers themselves witnessed.

Key questions

How can workers involve and support family or important others in responding to young people's needs, and reducing the risks that CSE poses to them?

How much are step-parents and extended family involved or considered as resources or protective factors by social workers?

How are absent fathers engaged or considered by workers in relation to the needs of the young person?

Promoting health

Mental and emotional health

In all cases, young people displayed varying signs of poor mental and emotional health. These could range from low self-esteem, low mood, lack of self-care, violent or aggressive behaviour and appearing to deliberately place themselves in harmful situations, to self-harming and attempting suicide. In two cases, young people were hospitalised overnight due to psychosis or suicide attempts.

Workers appeared able to spot the signs of poor mental and emotional health, and understood them in the context of everything young people had experienced. **In most cases, although not all, workers articulated poor mental health as a symptom of trauma,** which could also be compounded by the unmet need for therapeutic treatment responding to trauma. Although there was good understanding of these issues, it was difficult to see consistency in the thresholds applied to how mental health assessments or interventions were requested and delivered.

Most young people were referred to CAMHS at some stage, although workers commonly report having difficulties getting young people and their families to engage – either due to a general reluctance to engage with non-mandatory services, or because the young person's situation was too unstable to facilitate regular attendance within the CAMHS service model. When these referrals are not acted on, it is not easy to see what alternatives for support are considered, potentially leaving young people and their carers in an ongoing cycle of trauma, rejection and instability.

Key questions

How can the pilot support better understanding of mental and emotional health/trauma to ensure young people receive the most appropriate response in a timely manner, and to avoid re-traumatisation?

How can the pilot bring together the relevant partners (CAMHS/YOT/Drug and Alcohol/Sexual Health/Vol Orgs/YP/Carers) to devise new interventions that start to respond to trauma within unstable contexts, and within a young person's timetable?

Young people's alcohol and substance misuse

Substance and alcohol misuse frequently featured in young people's case files – both in terms of young people's own use, and also their parents'.

Cannabis use was the most commonly reported substance, but heroin, amphetamine and psychoactive substance use was also noted on occasion. It was unclear how often young people were alcohol dependent, but files indicated that **workers commonly saw young people's alcohol use as 'problematic' because of how periods of heavy drinking were associated with heightened risky or anti-social and criminal behaviour, and incidences of going missing or experiencing rape or sexual assault.**

In many cases where substance or alcohol misuse was identified, key workers appeared able to have open conversations with young people about the frequency and amount of their usage. However, given the acknowledgements in the files that young people tended to misuse substances around the times of risky or abusive incidents, it was unclear if workers probed young people in much depth about how exactly their misuse was tied into these events or damaging relationships. For example, it was unclear whether workers tried to establish whether and how perpetrators and peers used the promise or provision of substances to groom and exploit young people, or whether young people predominantly misused substances as coping or self-management strategies for broader issues such as in response to trauma (or both).

Apart from in a couple of cases where young people received specialist support, **it was difficult to ascertain from case files how information or knowledge about young people's substance and alcohol misuse was used systematically by workers to directly address misuse** – either themselves or by referring through formal support channels such as via the drugs and alcohol team. Often it seemed that substance or alcohol misuse was viewed as a peripheral issue when compared to the other more acute issues they were facing.

Key questions

How can relevant agencies jointly probe and challenge young people's substance and alcohol misuse to fully understand it as a risk factor, and ensure the most appropriate response is in place to reduce this?

Analysis of the risks that substance and alcohol misusing parents pose to their children?

Fostering education and development

All of the young people experienced varying degrees of disrupted education during the period they were involved with social care. Some had long-term difficulties at school due to SEN, autism/ADHD or behavioural difficulties, whilst others had previously given teachers no cause for concern until the CSE and other risks were present (or underway) and their behaviour rapidly deteriorated. A number reported bullying at school and volatile peer relationships, often citing these as reasons for not attending school. For some, school could be a place where they were groomed or recruited for CSE by peers, or where they groomed and recruited other young people to exploitative situations they themselves were already involved in.

When young people had very low attendance, or were altogether not thriving in mainstream education, workers were proactive in referring to alternative curriculum support, including virtual schools and home schooling. **For young people who were accommodated in foster care or residential provision, it was clear that workers took time to try and ensure stability in education, although going missing from school continued to be a problem in some cases.** Despite not being able to find records of PEPs in some case files, young people's views about their educational wishes and teachers' expertise appeared to be taken into account. The three young people that attended Pupil Referral Units appeared to have their educational needs met better than when they were in mainstream school, with two of the young women making especially good progress.

There were also some good incidences of social workers, residential workers and teachers coming together to support young people to access courses and extra-curricular activities they were interested in, such as sports or volunteering in the local community. It was evident that young people valued the opportunity to develop an interest, and prove themselves capable of achieving – thereby appearing to empower them and raise their confidence.

In some cases where young people were not identified as SEN or as having autism/ADHD, there remained ongoing questions about their cognitive or educational needs and abilities. It was not always clear how workers acted on these concerns, for example, by requesting assessments – perhaps the assumption being that this was the responsibility of the school. Potentially, a deeper understanding of – and more informed response to – young people's educational and developmental needs for support could have been achieved earlier if such assessments had been undertaken sooner.

Key Questions

How can workers ensure stability in young people's education, and that their developmental needs are met during periods of residential or familial instability?

How can young people be supported to access appropriate education, training and extra-curricular activities that can improve their engagement, sense of inclusion and options for the future – particularly as potential 'exit strategies' away from CSE?

How can social workers and teachers work together to ensure prompt assessment and tailored support of young people with special educational needs (SEN) who are at risk of experiencing CSE?

Conclusions

The aim of this report is to act as a prompt for exploring the many ways in which social care teams in Wigan and Rochdale support – and can continue to support – young people who are experiencing child sexual exploitation. It has tried to show some of the issues that appear to contribute towards escalation to high-cost and secure accommodation, and where opportunities to impede escalation may lie. It is important to note that reading case files on their own provides only a partial view that needs corroboration by further inquiry with workers, families and young people.

Although it is not possible to generalise based on the small number of case files we read, the in-depth reading we were able to do enabled us to formulate some key findings:

- In all of the cases that escalated to high-cost or secure accommodation, young people had been involved with social care for some time due to their experiences of significant neglect, compromised parenting or their own risk-taking behaviour. CSE was never the only problem young people were facing, although being identified as high-risk did appear to result in a rapid escalation of support and intervention.
- There are some key behaviours that are associated with escalation, these being: young people going missing, poor mental and emotional health, anti-social or criminal behaviour, substance and alcohol misuse.
- Instability and disruption in foster care placements was a common factor, and appeared to be a significant cause of escalation to high-cost and secure placements, heightened concerns around behaviour and risk-taking, and disruption in education.
- Young people and families have unique experiences that require individualised approaches.

Key questions that co-design of a new service response to young people at high risk of CSE could consider are:

- How can social work and other agencies deliver early help to families to prevent escalation, and help that focuses on the holistic picture of young people's lives – for example mental and emotional health, family relationships, responding to trauma and stability in education?
- How can young people and families be best supported during adolescence, and how can workers deploy effective strategies to assess and tackle the complex issues of CSE?
- How can foster carers be supported to work with young people experiencing CSE, and how can placements be stabilised to prevent escalation?
- How can the specialist therapeutic interventions that characterise some high-cost residential placements be replicated earlier in young people's journeys, so that trauma and poor mental health can be addressed sooner?
- How are young people empowered to share their views, wishes or feelings about their needs and the support they would like to receive – and how are these acted upon?

Finally, it was not always clear in the case files how young people and families were supported to shape responses to the issues they face. We do not underestimate the challenge of doing this systematically with young people who display chaotic behaviours, but perhaps the pilot can develop processes that move closer to this being business as usual.

Appendices

Appendix 1. Key questions summary

Residential status and stability

- How can workers and social care systems support early help – including stability at home and addressing neglect or compromised parenting – earlier to reduce the risk of children escalating towards high-cost and secure provision?
- How can young people's foster care placements be stabilised to reduce the likelihood or speed of escalation?
- How can foster carers be supported to understand and cope with the complex issues and behaviours presented by young people at risk of or experiencing CSE?
- How can stable home spaces be fostered for young people – whatever the kind of placement – that enable them to feel safe, improve their mental and emotional health, and address trauma, all in one place?
- How can workers and the social care system support vulnerable young people who are transitioning out of children's social care and into independence?

Referral to social care – and being identified as 'high risk' of CSE

- How do presenting needs and issues influence how young people are assessed and supported by social workers?
- How can social care and other agencies continue to work together to draw upon incidences of anti-social behaviour and going missing from home as potential early indicators of CSE?
- How does being identified as at high risk of CSE change the support and/or care plan for young people with an ongoing or long-term involvement with social care?

Assessing young people's risk, vulnerabilities and resilience

- How can assessment processes – enabled by building trusting and caring relationships – effectively understand young people's vulnerabilities, resilience and apparent coping, to ensure they get the right support?
- How can the specific needs and issues of adolescence be effectively assessed within, or in addition to, existing early help and CP processes?
- How can assessments enable the sequencing and prioritisation of interventions, and ensure that appropriate outcomes objectives are set?

Tackling child sexual exploitation

- How are outcomes for CSE-specific work defined? Is the true measure of success, despite the challenge of getting there, that the young person sees themselves as a victim of CSE, or should the ambition be that the YP is a survivor with access to 'escape routes' away from the relationships that sustain the abusive activities?
- Who sees the young person as a person, and who knows how they feel about their experiences – including the real fears about the potential harm that could be caused to those people who are important to them following threats by perpetrators?
- How are young people empowered to share their views, wishes or feelings about their needs and the support they would like to receive – and how are these acted upon?
- How can workers enable young people's appropriate adolescent development at the same time as supporting them to reduce risk-taking behaviour and the dangers of exploitation?

Working with families

- How can workers involve and support family or important others in responding to young people's needs, and reducing the risks that CSE poses to them?
- How much are step-parents and extended family involved or considered as resources or protective factors by social workers?
- How are absent fathers engaged or considered by workers in relation to the needs of the young person?

Promoting health

- How can the pilot support better understanding of mental and emotional health/trauma to ensure young people receive the most appropriate response in a timely manner, and to avoid re-traumatisation?
- How can the pilot bring together the relevant partners (CAMHS/YOT/Drug and Alcohol/ Sexual Health/Vol Orgs/YP/Carers) to devise new interventions that start to respond to trauma within unstable contexts, and within a young person's timetable?
- How can relevant agencies jointly probe and challenge young people's substance and alcohol misuse to fully understand it as a risk factor, and ensure the most appropriate response is in place to reduce this?
- Analysis of the risks that substance and alcohol misusing parents pose to their children?

Fostering education and development

- How can workers ensure stability in young people's education, and that their developmental needs are met during periods of residential or familial instability?
- How can young people be supported to access appropriate education, training and extra-curricular activities that can improve their engagement, sense of inclusion, and options for the future – particularly as potential 'exit strategies' away from CSE?
- How can social workers and teachers work together to ensure prompt assessment and tailored support of young people with special educational needs (SEN) who are at risk of experiencing CSE?

Overall key questions

- How can social work and other agencies deliver early help to families to prevent escalation, and help that focuses on the holistic picture of young people's lives – for example mental and emotional health, family relationships, responding to trauma and stability in education?
- How can young people and families be best supported during adolescence, and how can workers deploy effective strategies to assess and tackle the complex issues of CSE?
- How can foster carers be supported to work with young people experiencing CSE, and how can placements be stabilised to prevent escalation?
- How can the specialist therapeutic interventions that characterise some high-cost residential placements be replicated earlier in young people's journeys, so that trauma and poor mental health can be addressed sooner?
- How are young people empowered to share their views, wishes or feelings about their needs and the support they would like to receive – and how are these acted upon?

Appendix 2. Case file analysis template (separate document)

Please contact Dr. Caitlin O'Neill Gutierrez by emailing c.oneill@childrenssociety.org.uk if you would like to see the Appendix 2.

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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The Children's Society

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