
Working effectively to address Child Sexual Exploitation: A briefing

Research in Practice and University of Greenwich, August 2015

This evidence scope was produced as part of the Greater Manchester project on CSE, funded by the DfE Children's Social Care Innovation Programme

About this briefing

This briefing summarises some key messages from the evidence scope *Working Effectively to Address Child Exploitation* (Research in Practice and University of Greenwich, 2015), which examines current evidence for how child sexual exploitation can most effectively be addressed in practice.

The briefing is intended to highlight salient messages for those involved in the configuration, design and delivery of services; it aims to support colleagues in thinking about how to prevent and respond to child sexual exploitation. It includes a summary of the evidence relating to interventions and concludes with some key principles for practice. However, it is not intended as a comprehensive summary of all the findings and messages to emerge from the evidence scope.

For a more detailed discussion of the evidence behind the messages highlighted here, please refer to the full scope. Broadly speaking, this briefing follows a similar structure to the evidence scope so that readers will readily be able to locate those discussions. References cited in this briefing are listed in the appendix to the full scope.

Context: definition, language and power

Child sexual exploitation (CSE) must be recognised as a particular type of abuse with particular characteristics that defy the same approaches used to address child abuse for younger children. The review uses the definition of the National Working Group for Sexually Exploited Children and Young People:

‘... exploitative situations, contexts and relationships where young people (or a third person or persons) receive “something” (eg food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child’s immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person’s limited availability of choice resulting from their social/economic and/or emotional vulnerability.’

(National Working Group, 2015).

This definition emphasises exchange and power imbalance. It is explicit about the power the perpetrator has over the young person they are exploiting, either through forceful acts or through persuasive techniques that might convince a young person they are making a ‘choice’. It is therefore important that practitioners use language that reiterates the need to look beyond apparent consent, especially as young people may describe exploitative relationships as consensual or withdraw claims as a result of coercion (Green et al, 2014).

The concept of transactional sex or exchange of sex for money, goods, or something else is what differentiates CSE from other forms of abuse (Beckett, 2011). This suggestion that the child may ‘gain’ something can disguise the power imbalance between perpetrator and victim, which is arguably more readily recognised in all other forms of abuse. The ‘exchange’ may create an illusion of reciprocity in the minds of young people and in the minds of practitioners. The power that perpetrators wield over victims can be extremely potent (Bedford, 2015) and may not be recognised by practitioners, further heightening risk. Professionals must remain conscious of this relative power when seeking to engage young people in help (RCP, 2012).

The language used to describe CSE will influence how it is responded to. Historically, perpetrators of CSE have been depicted as strangers who appear threatening and dangerous, despite evidence that by the time abuse occurs the perpetrator is not a stranger (Lalor and McElvaney, 2010). This is likely to have resulted in missed opportunities for recognition. Interventions may miss the point and resources may be misdirected to other areas of service intervention or child protection.

Professionals can compound misconceptions through their attitudes and inappropriate language and euphemisms – for example, describing a 12-year-old girl as ‘sexually active’ or a 35-year-old male as a 14-year-old’s ‘boyfriend’ as opposed to an abuser or perpetrator (Beckett, 2011). Additionally, the response of practitioners may reflect faulty assumptions that young people or adolescents are more resilient than younger children by virtue of their age, despite having experienced more cumulative harm (Rees and Stein 1999; Stanley 2011).

Vulnerability, risk and 'models' of CSE and routes to exploitation

Findings confirm that there is no single way to go about effectively addressing CSE. Social workers have a key role to play in working with vulnerable young people, but addressing CSE requires a multi-faceted approach that involves agencies and practitioners across a range of sectors and the wider community. The identification of actual or potential abuse is dependent on colleagues working across health, education, voluntary organisations and the wider community. The problem has to be identified before the problem of CSE can be addressed and appropriate support and interventions put in place for the vulnerable young person.

There is no one model of CSE and how it presents but there are a range of interdependent factors that might precipitate or predispose a young person to exploitation. Vulnerability coexists with exposure to risk factors and exposure to those who exploit and perpetrate abuse.

Concepts of vulnerability are central to the way in which risk is classified (Bradford, 2004). Vulnerability is difficult to measure (Reed, 2012), but vulnerability increases risk and exposure to risk increases vulnerability. There may be a range of inter-related factors and complexities that can increase vulnerability and the risk of a young person to CSE – for example, other forms of sexual violence, domestic violence, trafficking, going missing from home or care, and involvement in gangs or antisocial behaviour. Factors do not operate in a neat linear fashion but can combine in a range of complex ways (see diagram).

Factors contributing to vulnerability to CSE

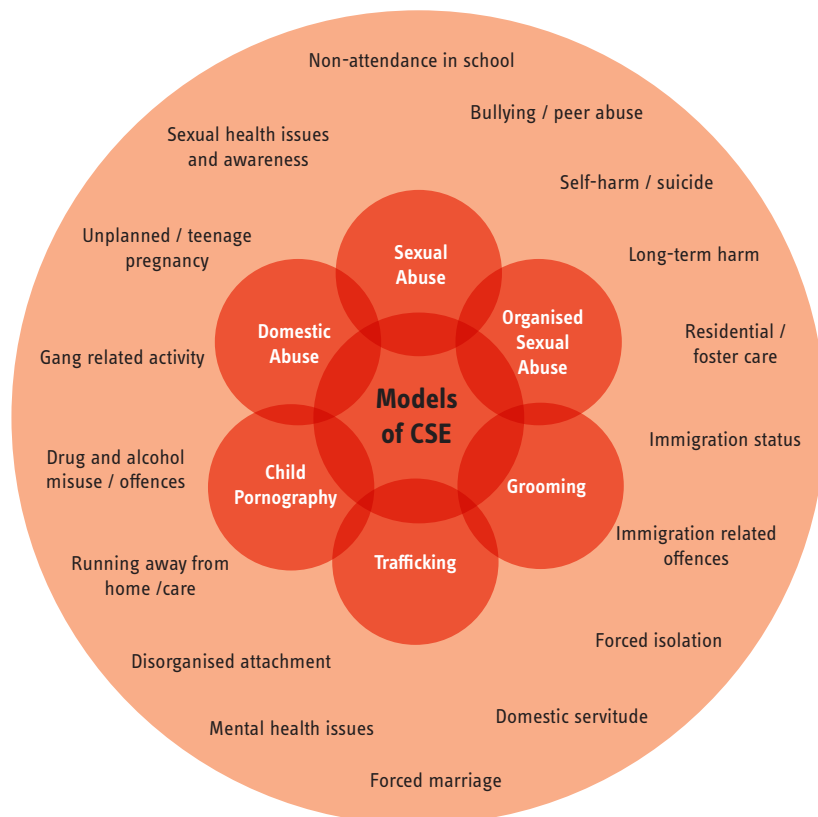


Table 1 in Section 3 of the evidence scope identifies possible vulnerabilities in young people at risk of CSE, and sets them against signs that young people may be being exploited and child protection categories.

Key messages

- > Vulnerabilities and risks do not manifest in a neat linear fashion. They interact in complex ways that can both increase and obscure vulnerability.
- > Practitioners need to be alert to the possibility of earlier trauma, but must avoid making assumptions about pathways to CSE.
- > Without timely and appropriate interventions, young people might be left to experience harmful risks and then be blamed or held responsible for the outcome, as opposed to being seen as in need of support (Hanson and Holmes, 2014; Van Leijenhorst et al, 2010). Tackling this issue requires a sophisticated understanding of vulnerability, and of youth itself.
- > Going missing and gang involvement (the 'dangerous duo') are two risk factors that interact with risk of CSE. The correlates of the relationship between the two factors and CSE must be acknowledged in practice, in service design and in local strategic responses.
- > All professionals, regardless of sector, must be trained to understand the safeguarding needs of children and young people affected by gangs. For this to happen, multi-agency working that bridges the gap between safeguarding and criminal justice is essential.

There are different routes into sexual exploitation and CSE can manifest in a number of 'models'. These may overlap and interact – and some models can obscure vulnerability by being misinterpreted as intimate relationships. Understanding how CSE is manifesting locally is crucial for the development of an effective practice and service response. A variety of exploitative methods may be employed to create or exacerbate vulnerability.

Barnardo's (2011a) describe three different models of activity – they are not exhaustive but show a spectrum of exploitation:

Key message

- > **Inappropriate relationships:** Usually one offender who has inappropriate physical, financial or emotional control over a young person; there may be a significant age gap and the young person may believe they are in a loving relationship.
- > **The 'Boyfriend' model of exploitation and peer 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.
- > **Organised or networked sexual exploitation or trafficking:** Young people are passed through networks where they may be forced or coerced into sexual activity with multiple perpetrators, and forced to recruit other young people.

The College of Policing (2015) adds the following models:

- > **Peer-on-peer exploitation:** Young people are coerced into sexual activity by peers or associates; this may be within gang activity, but not always.
- > **Gang-associated:** A child or young person can be sexually exploited within a gang context, but this is not necessarily the common purpose of the gang. Exploitation may include using sex as a weapon between rival gangs, as a form of punishment to fellow gang members, or a means of gaining status.

Recognising CSE and disclosure

All practitioners who work with young people have a safeguarding remit (HM Government, 2015a). This includes those who occupy front-line positions within education, the police, youth justice, health and the voluntary sector, as well as social work. However, awareness of CSE among many practitioners may be limited and this is likely to be a key reason for its under-identification (Clutton and Coles, 2008; Pearce, 2009b; Barnardo's, 2011a; Hallet, 2013).

CSE may also be missed when practitioners make subjective and inappropriate judgements – for example, perceiving young people as troublesome, rather than in trouble, or as having made lifestyle 'choices' that render them less deserving of support (Phoenix, 2002; O'Connell-Davidson, 2005; Pearce, 2009a).

While there are too many examples of young people having disclosed CSE and not being heard, it is also the case that many young people do not readily disclose. They may not recognise that they are being groomed, for example. Others may feel complicit because there has been some kind of 'reward' (Beckett, 2011). And young people who have engaged in illegal activities, such as drug use, may fear being criminalised (Bedford, 2015; Berelowitz et al, 2012).

Practitioners can find it particularly hard to detect exploitation of boys and boys themselves are less likely to disclose (DCSF, 2009; Smeaton, 2013a; Barnardo's, 2014a). Research by Barnardo's suggests that boys are more likely to be referred to their services at a slightly younger age than girls, more likely to be referred by the criminal justice system and more likely to be disabled (Barnardo's, 2014a). Barnardo's also report that professional attitudes can be less protective towards boys, possibly because they are more likely to express their trauma externally and can be perceived as aggressive (Barnardo's, 2014a).

Key messages

- > Local strategies for addressing CSE should include clear guidance for all frontline practitioners on the indicators of CSE (see 'Spot the Signs' – Barnardo's, 2015; Phoenix, 2014; HM Government, 2015c). All indicators should be responded to and not ignored. Practitioners need to be encouraged to unpack and make sense of their gut feelings and empowered to respond. They need to be able to recognise potential and actual harm, and they need to know how and where to refer.
- > Raising awareness among young people will also play a key role in local strategies for prevention of CSE (and intervention). If young people are made aware of and understand risk, they are more likely to protect themselves (Hallet, 2013).
- > It is vital when developing a service response to CSE locally to think about accessibility for boys and young men (Yorkshire MESMAC, 2015). Using publicity materials that feature boys as well as girls, appointing specialist workers to work with boys, and creating an environment within CSE services that is 'less explicitly feminine' can all improve inclusivity.

Assessing needs and risks

If CSE is to be prevented then it is vital to recognise vulnerability to exploitation through previous experiences and to be alert to needs. But if practitioners rely only on linear risk assessment processes or apply generic assessment without critical analysis, they may lose the ‘individuality’ of that young person and fail to recognise their specific circumstances, realities and individual needs (O’Connell-Davidson, 2005).

Although risk assessment can only be largely indicative, if risk is assessed effectively strategies can be put in place to remove the risk alongside interventions to support the young person. However, Ofsted (2014) found a lack of consistency in the completion of CSE risk assessments, as well as an absence of evidence to show assessments were multi-agency in nature. Moreover, not all local authorities used a specific CSE screening or risk assessment tool to support multi-agency professionals in identifying early signs of CSE (Ofsted, 2014). Where professionals did use tools such as the Project Phoenix CSE measurement tool (Project Phoenix, 2014), they were better able to articulate concerns and access to appropriate services.

Barlow et al (2012) identified several distinct types of risk assessment tool that correspond to different stages of child safeguarding and suggest that some ‘actuarial’ tools, including structured decision making tools based on a decision tree approach, provide little in terms of descriptors of the domains being assessed – largely leaving interpretation to the practitioner.

Barlow et al (2012) advocate for baseline descriptors within a universal risk assessment framework for low, high and medium risk and standardised methods of assessing risk to aid professional judgment. Standardised tools have limitations but also have ‘the potential to improve the classification of risk of harm by providing practitioners with clear guidance about how to focus the assessment process, and analyse the data collected’ (Barlow et al, 2012).

This integrated approach to assessment aligns with emerging discourses on complexity (Stevens and Cox, 2008) which highlight the nature of need as complex and question the appropriateness of using ‘predictive’ methods of risk assessment, endorsing the need for ‘indicative’ non-linear methods of assessing harm to children and young people (Barlow and Scott, 2010). If we apply the work of Barlow et al (2012) to the context of CSE assessment, we might deduce that risk assessment tools should:

- > be balanced – ie facilitate structured decision-making without minimising complexity of individual cases or undermining professional confidence
- > be guided by a model of ‘working in partnership’ with children and families
- > be evidence-based
- > provide ‘good guidance’ – ie use clearly defined and comprehensive behavioural descriptors to guide the assessment and categorisation of risk.

Key messages

- > CSE can be understood as a complex adaptive system. The young person’s risks and needs are dynamic and interact with each other, and with previous experiences, to have an impact on behaviour or vulnerability. The factors determining young people’s pathways into CSE are complex and non-linear.
- > Taking a linear approach to understanding the young person’s experiences and risks may lead to over-simplification of assessment and interventions. It can create a false sense of security and an assumption that outcomes can be predicted; in fact, minor changes can have a major impact in a complex system such as CSE.
- > While ‘actuarial’ risk-assessment tools are more precise when identifying the risk of harm, they may be inappropriate in situations where fast-paced professional decision-making is required (Breckon and Hay, 2015; Coveney and Highfield, 1996).
- > Considering complexity theory (Stevens and Cox, 2008) may facilitate a non-linear approach to assessment and intervention in CSE.

Interventions

Overarching messages regarding models for intervention

The scope explores the evidence around CSE interventions across the spectrum of support and, in the absence of a wide body of scientific research, seeks to draw out messages as to what approaches and interventions may be effective.

Some useful principles for an effective local response can be drawn from the ‘See Me, Hear Me’ framework, which was launched by the OCC as a pilot in February 2015 and is currently being trialled by three local authorities. Its evidence base comes from the two-year CSE in Gangs and Groups Inquiry (OCC, 2013a) and the framework identifies the essential things that need to be in place to ensure effective local responses to CSE. Although not yet evaluated, its principles can be adopted and included in local CSE pathways to support interventions:

- > Each young person who is being sexually exploited has a comprehensive multiagency assessment of their needs completed, after which meetings are held to consider the needs of the CSE victim and their family and to devise a plan to meet those needs.
- > Support services are delivered to meet a young person’s needs on an individual basis, promote the development of an enduring, trusting relationship between young person and supporting professional, and are informed by the understanding that one size does not fit all.
- > Support is provided to parents and carers separately from that available to the young person. Appropriate information on sources of support – eg PACE (Parents Against Child Sexual Exploitation) – is made available to all parents.
- > Practitioners are encouraged to ‘think family’. While interventions should be young person focused, family support may also be required and should be provided through family support workers.
- > Disruption of CSE and investigation is integral to every young person’s CSE plan.
- > Safeguarding and disruption activity is not dependant on a direct disclosure from a young person.

The final evaluation report for the Barnardo’s Families and Communities against Sexual Exploitation project (D’Arcy et al, 2015) also identifies key messages for direct work with young people and their families. These include using a strengths-based approach, equipping families with knowledge to help safeguard their children, promoting the role of the voluntary sector, engaging workers with specialist knowledge and relational skills, and ensuring worker continuity to build trust and relationships. Effective training supports appropriate and accurate referrals.

NWG (2010) suggest CSE is more likely to be addressed effectively where there are dedicated CSE workers. Other local professionals are then more likely to have awareness of CSE, know how to identify it and where to refer. Investing in specialist services may also yield financial benefits. Barnardo’s (2011a) highlights the role of specialist interventions not just in helping victims recover from CSE, but in minimising the costs associated with it.

It is not enough to commission services with specialist expertise, however; attention must be paid to the overarching model embodied by services and practitioners. Findings from the evidence scope suggest that child protection models are potentially restrictive and neglect the strengths of the family (Fargion, 2014; Featherstone et al, 2014); a child welfare orientation is more likely to facilitate early intervention and effective action based on an individualised assessment (Khoo et al, 2002). (Table 4 in Section 5 of the evidence scope provides an overview of how a child welfare approach compares to a child protection model.)

Faced with limited resources and economic challenges, commissioners will need to consider the generic and specialist services required in the reconfiguration of services to make the best use of resources and best meet young people’s needs.

Preventative strategies and education for young people

Preventative strategies include good quality Sex and Relationships Education (SRE). SRE provides a crucial platform for preventative education around CSE and should be taking place in independent and maintained schools, as well as state-funded schools (Brook et al, 2014).

It is not just, that as a universal service, schools represent an ideal forum for addressing attitudes and knowledge gaps. Schools can also be an arena for sexual abuse, exploitation and inappropriate behaviour. Almost one in three 16-18-year-old girls have experienced unwanted sexual touching at school (EVAW and YouGov, 2010), so the importance of addressing attitudes in this environment is clear. Schools and communities are where attitudes that condone violence towards females must be challenged, and where healthy, equal and respectful relationships between men and women can be promoted (EVAW, 2011).

Recent reviews of SRE have highlighted the need for more attention to be paid to sexual violence, sexual exploitation and grooming (eg Formby et al, 2011; NICE, 2010; Bunting, 2014). Worryingly, the London Assembly (2015) found that although there is excellent practice, some schools were not addressing CSE due to fear of 'reputational damage'. So an important message for new service design is the issue of reaching and teaching professionals as well as young people.

The National Working Group's (2015) recently launched campaign 'Say Something' is a useful resource to help young people (male and female) make informed choices about the relationships they form, and to equip them to make decisions about what may be an inappropriate or exploitative relationship. Tackling sexual exploitation and coercion must therefore address healthy sexual development, sexual consent, sexual bullying, and difference as well as on and off-line pornography. It is important that this preventative approach coexists with interventions to intervene in actual CSE and that services do not just focus on providing post-abuse support (LGA, 2014). Pearce (2009a) reiterates that empowerment is important for prevention and disclosure.

Resilience

The assessment and development of resilience is a key factor in the early intervention and management of young people at risk of or experiencing CSE (DCSF, 2007). Enablers of resilience include self-esteem, self-efficacy, positive attachments and support networks (including family, institutional and community based) (Glover, 2009; Newman, 2004). Resilience can also be built through cognitive training and curriculum-based models such as the Penn Resiliency Program (Gillham et al, 2007). But 'being there' for young people and building a relationship is the most effective professional approach for building resilience (Coleman and Hagell, 2007).

However, there are challenges in relation to engaging these children and young people and building a successful relationship. Some may have underlying attachment difficulties and many young people affected by CSE may not recognise themselves as 'victims' and resist being 'rescued'. Professionals also need to exercise caution when using the notion of resilience: some behaviours might be mistaken for signs of resilience when in fact that young person is asking for help; equally, behaviour may be viewed as 'bad' when in fact that young person is demonstrating a form of resilience to the trauma they are experiencing.

Early help

Providing help at an early stage can significantly reduce the risk of harm (although in practice, the demarcation between early help and support for medium-risk young people is blurred). Barnardo's evaluation of its services for young people vulnerable to and experiencing CSE found interventions were effective in reducing the risk of CSE and connected risk behaviours (Barnardo's, 2011b; Scott and Skidmore, 2006). For example, successfully reducing episodes of going missing, reducing conflict and improving relationships with parents or carers, enhancing a young person's ability to recognise risky and exploitative relationships, and increasing a young person's understanding of their own rights were all likely to significantly reduce the risk of ongoing sexual exploitation (Scott and Skidmore, 2006: 2).

Working with medium and high-risk young people

From a strengths and needs perspective, it is important to consider carefully the resources and ‘strengths’ available to young people to help them move away from high-risk situations before considering therapeutic or educational interventions. When working with young people who experience both running away and CSE, for example, it is crucial to ensure they have their most basic needs met Smeaton (2013b). This might include providing facilities to wash and eat and ensuring the young person has a safe long-term place to stay to prevent them returning to an exploitative situation. Smeaton (2013b) also stresses the importance of building trust and providing consistent caseworker contacts and lengthier interventions to address the long-term impacts of CSE.

Where young people experiencing or at high risk of CSE are placed away from home, it is necessary to ensure their carers have appropriate skills and support. An example is Barnardo’s model of specialist foster care placements for those young people on linear journeys who had been victims of sexual exploitation or trafficking (Shuker, 2013).

In addition to specialist support for the CSE itself, high-risk young people may also need a range of specialist support to address the impact of CSE. As described by Williams and Watson (in press), depression, dissociation, self-harm, eating disorders and the misuse of drugs and alcohol are all common ways in which people may ‘manage unbearable feelings of terror, anger, fear, profound sadness, shame and loss when they have limited control and when they do not feel entitled to speak, or safe enough to do so’. Recognising these symptoms as a response to trauma, and ensuring that the experience of CSE is not obscured by the resultant symptoms, is important.

Therapeutic and trauma-informed interventions

Therapeutic trauma-informed interventions are an essential part of overall service provision for young people who have experienced CSE. They can be understood as therapies designed for survivors of abuse in which trauma-related symptoms are seen as legitimate reactions to abusive situations.

For older children who have experienced abuse, there is *some* evidence for the benefits of Cognitive Behavioural Therapy (CBT) (both individual and group) and Dialectical Behaviour Therapy (DBT). However, the evidence base for DBT is not yet robust, and the evidence base for CBT may not be as robust as has been widely assumed (Macdonald et al, 2012; Allnock and Hynes, 2012).

Treatment cannot be assumed to be effective in all cases, highlighting the importance of taking an individual approach to the assessment and treatment that recognises the diversity of the young person’s needs and strengths.

The issues that young people can face as a direct result of being exploited can re-emerge later in life and LSCBs should work with agencies to secure the delivery of post-abuse support services (LGA, 2014). Interventions should not be offered on a short-term basis but for the requisite period of time that the young person needs; this may be costly, but re-referrals and cyclical crises are more so.

Information sharing, participatory approaches and workforce considerations

Multiagency working and information sharing

Smeaton (2013b) outlines the factors that professionals have identified as supporting effective multi-agency work in addressing CSE, including effective links with police, schools, health and the voluntary sector. However, effective links are dependent on formal opportunities for information sharing. Moran et al (2007) discuss this in relation to early intervention support teams; regular inter-agency meetings helped facilitate understanding of what each team was doing and address practical issues, such as referrals and case-recording procedures.

In other contexts, the co-location of multi-agency teams, healthcare professionals and sexual health clinic staff based within specialist projects has proved useful, and co-located Multi-Agency Safeguarding Hubs (MASHs) are now common within local authorities (Brooks and Brocklehurst, 2014).

Project Phoenix (2014) is a collaboration of public and third sector partners who have come together across Greater Manchester to tackle CSE and offer a possible model for other areas to follow. There are now specialist teams in each of the ten districts offering a joined-up multi-agency and integrated response to dealing with CSE. Similar examples of practice are emerging elsewhere.

At a strategic level, it is important to assess and identify local patterns of CSE (**problem profiling**) to inform decision-making and local practice development. The aim of the problem profile will be help establish the extent of the problem and identify where resources should be targeted. This will require collective ownership across all partners to support its development and a committed and effective analyst to review key findings and identify intelligence gaps (OCC, 2013a; LGA, 2014). There is limited evidence nationally as to what constitutes a good problem profile but local guidance tends to suggest it should bring together all the known intelligence and relevant data held across different agencies, including third sector and voluntary sector organisations. It should have clear terms of reference and a clear plan for data collection formulated for each agency, detailing what is required from them.

Young person-centred practice and participatory approaches

The evidence shows that high-quality participation that enables young people to contribute effectively to their personal progress or to the development of services that meet their needs, results in higher levels of personal resilience and confidence (Schofield et al, 2012; Hicks and Stein, 2010). For young people who have experienced sexual exploitation, this is critical to their formation of a sense of self that is apart from their feelings of victimhood.

The experience of being involved in projects that rely on their lived experience and insight to influence the world around them can be critical to the development of self-efficacy in vulnerable young people, which in turn is a factor in building personal resilience. This also applies to young people's experience of being involved in the decision-making that directly affects their lives. The intended consequence for co-production models of service development is that young people's contributions lead to more responsive services and embed participatory practice in service support for individual young people.

Workforce considerations: supervision

It is well documented within the literature that good-quality supervision enhances practice and improves outcomes (Morrison, 2001, 2005; Wonnacott, 2012). It can help to avoid drift, maintain focus on the young person, test the evidence base for assessment and intervention, and address the emotional impact of the work (Fox, 2011). Ensuring capacity for high-quality reflective supervision across disciplines is therefore integral to developing an effective service response to CSE. This may include directing resources to ensure critical reflection and supervision are not submerged by excessively high caseloads.

There are specific nuances that supervision needs to address within the context of CSE. These include ensuring practitioners understand what CSE is and, in particular, developing practitioners' understanding of adolescent development, agency and choice, and hidden harm and reasons for risky behaviour. Reflective practice and supervision will also help practitioners recognise risky practice, including unhelpful values and attitudes that can lead practitioners to act in ways that fail to reduce risk for young people.

There are different approaches for supervision, but no one model is specifically identified for use in the context of CSE. It is important to consider what works best for individual services and individual practitioners. Importantly, supervision must provide an opportunity to reflect, to challenge and test hypotheses, to develop understanding and skills, and to consider the impact of the work on practitioner resilience.

Six key principles for service design and practice development

Drawing on the body of evidence within this scope, six key principles are identified as being central to effectively understanding and addressing CSE. These are intended to inform the development / redesign of CSE services and support good practice.

1. Young people must be at the centre.
2. CSE is complex; therefore the response cannot be simple or linear.
3. No agency can address CSE in isolation; collaboration is essential.
4. Knowledge is crucial.
5. Communities and families are valuable assets, and may also need support.
6. Effective services require resilient practitioners.

These principles are expanded upon in the table below, with examples of how each principle would look in practice.

1. Young people must be at the centre

- > Young people are listened to, respected and included in service design and evaluation; their expertise is used to continuously improve service delivery.
- > At individual practice level, young people are involved in decisions made about them and are enabled to take ownership of the change process.
- > Practitioners do **not** label or define a child or young person by their behaviour and do not imply or apportion blame to young victims, but recognise that risky behaviour and choices made may be (mal)adaption to previous harm.
- > Assessments are needs led, using frameworks and approaches that elicit the particular needs and circumstances of individual young people, rather than using rigid or linear models. Strengths and resilience factors are also explored within assessment.
- > Services are designed with young people in mind and reflect the specific needs, strengths and vulnerabilities of this group.
- > Relationships can transform lives; a young person at risk should be an active agent in this therapeutic relationship rather than the passive recipient of a service.

2. CSE is complex; therefore the response cannot be simple or linear

- > The pathways into CSE, the models of exploitation and methods employed are varied, and often co-exist; strategy and service design must reflect this complexity.
- > Assessment tools are evidence-informed without being overly rigid; assessment practice demonstrates an understanding of the multiple dynamic risk factors and how they inter-relate.
- > Service design and processes reflect the complexity of CSE, its pathways and impacts and therefore do not prescribe a one-size-fits-all response for young people at risk.
- > Commissioning and planning activity recognises that service responses may need to be long term, particularly for those left traumatised by the harm they have experienced, and that referral pathways need to be fluid.
- > Practitioners are appropriately trained and supported to understand and work within the complex dynamics of CSE.
- > Dual identities are recognised in individual practice and service-level response – eg, victims of CSE may also be identified as perpetrators, parents may be both a source of conflict and protection.

3. No agency can address CSE in isolation; collaboration is essential

- > Safeguarding is promoted and accepted as being the responsibility of **all** those who come into contact with children and young people, and professional groups are clear on the unique contribution they make to the to the whole system
- > Strategic initiatives draw on the expertise held by different agencies, and efforts are made to align priorities and resources; multi-agency collaboration is enabled by shared goals, shared language and shared values as well as shared practice tools.
- > Universal services understand their role in providing preventative interventions and are equipped and supported to do so.
- > Schools and other community-based settings are actively engaged in promoting young people's understanding of healthy relationships and in challenging cultural attitudes that can facilitate exploitation.
- > Specialist services are adequately resourced to provide targeted interventions for high-risk young people; they are a source of knowledge and expertise to other services rather than operating separately or in isolation.
- > Hierarchies between professional groups are recognised and managed by local leaders in order to ensure that the strengths and contribution of each agency are facilitated.
- > Information sharing is critical, both at practitioner and service level; protocols should be reviewed at regular intervals and feedback from practitioners about barriers to information sharing should be used to improve process and strategy.

4. Knowledge is crucial

- > Practitioners and managers across agencies understand contemporary conceptualisations of CSE and are familiar with local and national policy definitions, models and methods.
- > Children and young people have knowledge of CSE, are able to recognise CSE and understand the nature of healthy relationships.
- > Communities understand what CSE is and what to do if it is identified.
- > Local data is used to 'problem profile' and identify local needs and service requirements for both universal and specialist services. Commissioning is based on high-quality needs data. Community intelligence is used, where appropriate, to inform local needs analysis.
- > Practitioners and managers across agencies understand indicators and risk factors for CSE and take responsibility for ensuring that young people, families and communities also have this knowledge.
- > Information is provided to families, in a way that is accessible and non-judgmental, in order to build their knowledge.
- > Practitioners across agencies have access to high-quality learning and development opportunities; knowledge sharing is enabled between agencies; and specialist services support non-specialist services to build their knowledge, skills and confidence.

5. Communities and families are valuable assets, and may also need support

- > The wider community is supported to understand their role in protecting children and young people from harm.
- > Communities are engaged in intelligence gathering and 'problem profiling' activity to inform local needs analysis.
- > Clear information is available to communities in order that they can recognise CSE and act accordingly, and feedback is sought to ensure this is working effectively.
- > The protective role that families can play in addressing CSE is recognised in the way services are constructed as well as at individual case level.
- > The potential for previous trauma, including early harm within the family, to have occurred for CSE victims is recognised and explored – but **not** assumed – by practitioners.
- > Families are supported to engage with CSE work for their child and are, wherever possible and appropriate, treated as key players in the team around the child.
- > Positive relationships between young people at risk of / experiencing CSE and their families are actively promoted by the professionals working with them, wherever possible and appropriate

6. Effective services require resilient practitioners

- > The emotional impact of CSE work on practitioners is recognised by service leaders, and this understanding is reflected in strategy, policy and leadership practice.
- > Practitioners across agencies receive high-quality reflective supervision which supports them to develop critical thinking skills, assessment skills and promotes their resilience.
- > Attention is paid to the impact of CSE work when allocating cases, structuring services and planning staff recruitment and retention activity.
- > Service leaders proactively create a culture where resilience is promoted across the workforce, and are alert to the practice pitfalls, poor judgement and 'blind spots' (which can emerge in part due to diminished practitioner resilience).
- > High-quality learning and development opportunities are provided for those working with young people at risk of / experiencing CSE, which go beyond formal training to include structured peer support; group supervision; involvement in service development; etc.
- > The quality and impact of supervision and of learning and development is evaluated.

Research in Practice

The Granary Dartington Hall
Totnes Devon TQ9 6EE

tel: 01803 867692

email: ask@rip.org.uk