Piloting and Evaluating the 'See Me, Hear Me' Framework for working with Child Sexual Exploitation

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by

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Introduction

The 'See Me, Hear Me' (SMHM) Framework sets out a child-centred multi-agency approach for preventing the sexual exploitation of children, which focuses on identifying, protecting and supporting the victims, disrupting and stopping perpetrators, securing justice for victims, and obtaining convictions.

Developed following a two-year Inquiry into Child Sexual Exploitation (CSE) in Gangs and Groups by the Office of the Children's Commissioner (OCC) (Berelowitz, et al., 2013), the Framework was envisioned as a model of 'end to end' prevention and support which links strategic leadership and co-ordination with multi-agency safeguarding arrangements on the ground in order to confront the risk and impact of sexual exploitation of children. The OCC sought to test the efficacy of the framework for practice by commissioning a pilot implementation and evaluation project, which was awarded to the University of Sussex in 2014. The project had three primary aims:

1. To *support the implementation* of the 'See Me, Hear Me' Framework in each locality (a set of rights-based/relationship-focused *principles* for practice across the multi-agency *system as a whole*);
2. To *evaluate the efficacy* of the service model developed in the three sites and the impact it achieves for children;
3. To recommend ways in which the *diffusion of this approach* might be achieved effectively, across similar local authority areas and in respect of safeguarding practice in general.

In this brief, summative report we will focus on describing key findings and areas of learning identified in conducting the evaluation for this pilot project. We will discuss the contrasting approaches to multi-agency practice developed across the pilot sites to put the integration of children's right to both a voice and to protection at the heart of the child protection process, and consider the implications of findings on the process of piloting the SMHM framework for current policy and practice development in child protection relevant to CSE and other vulnerabilities. These key findings may be briefly summarised as:

1. A core challenge in addressing CSE in a multi-agency context is the need to hold the tension between children's right to safety and protection, and their right to participate in making decisions that affect them. Professionals felt able to hold this tension and effectively balance children's rights to both protection and participation when they prioritized transparent, strengths and relationship-based practice, partnered effectively with parents and other agencies, and were provided with both time and space to do the work.

2. Practice systems can be effectively built around the child-centred SMHM principles; they are useful and practical for diverse professionals, and may provide consistency and unity in multi-agency work. Local practice systems can differ and still effectively apply SMHM principles, as no ideal practice system configuration emerged in this study. Instead, having the freedom to

determine how a local practice system best meets the needs of children at risk of CSE enables the system to work more effectively, if careful attention is first given to the facilitating and constraining conditions present in the system.

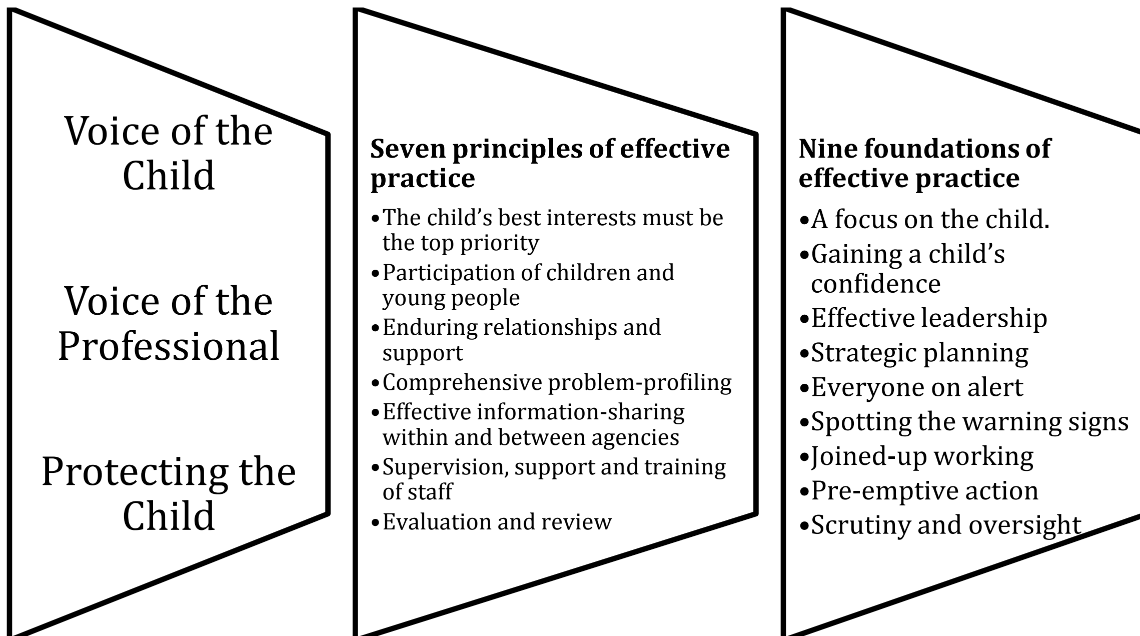
Background

The 'See Me, Hear Me' Framework in context

The recognition of CSE as a crime which also requires a multi-agency child protection response has emerged through the past two decades. Statutory guidance was only introduced in 2009 (DCSF, 2009), with a re-focused redefinition and practice guidance (DfE, 2017) very recently issued. While the experiences of children and young people who have been sexually exploited are now a central concern for policy makers, practitioners, and researchers throughout the United Kingdom, there remain some significant concerns regarding how CSE is addressed and the ability of current systems and procedures to safeguard children and young people from harm (Pearce, 2014). The comprehensive 2-year inquiry by the Office of the Children's Commissioner (OCC) in England into CSE in gangs and groups was able to uncover areas where system change and practice improvement was necessary to improve the risks and outcomes for young people. The Inquiry's final report (Berelowitz, et al., 2013) set out the 'See Me Hear Me' (SMHM) Framework as a suggested way of supporting and informing this policy shift.

Central to the framework was the OCC's emphasis on the need for a child's rights approach to be taken to the professional response. While the 2009 statutory guidance had ended longstanding policy ambivalence about the culpability of children for their exploitation, it also conveyed equivocation about the extent to which the statutory agencies should regulate 'young people's sexual behaviour' (p.16). In contrast, the SMHM framework proposed a set of evidence-based principles which did not set the right of children to be 'seen' as potentially vulnerable victims of crime against their right (as citizens and social actors) to be 'heard' about how they wanted to conduct their relationships and take some risks as they grew up. The framework thus sought to reconcile the dual rights of children to both safety through multi-agency interventions and participation, most transparently through a relational model which ensured they had a say in how protection was deployed. The framework is summarized in Figure 2.

Figure 1. A summary of the 'See Me, Hear Me' Framework ***(in Lefevre et al, 2017)***



The SMHM framework is not a set of practice guidance but rather a model of 'end to end' prevention and support which links strategic leadership and co-ordination with multi-agency safeguarding arrangements on the ground in order to confront the risk and impact of sexual exploitation of children (Berelowitz, et al., 2013). The inquiry report recommended that every LSCB review policies and procedures against the SMHM framework's seven principles of effective practice. A child-centred, relationship-based approach to practice is promoted at all stages of the 'end to end' process and for all levels of risk and harm, in the way envisioned by the 2017 DfE guidance. In doing so it emphasises the need to consider the relationships children have with their parents and with other members of their communities as well. Above all, the Framework focuses on making the child visible, and ensuring they are seen, heard, attended to, and understood; it intends to make children's needs and experiences the central and driving force behind all decisions and actions.

To ensure that the framework was fit for purpose and useful for practice on the ground, the OCC sought to pilot and evaluate the framework, and commissioned a research team from the Centres for Innovation and Research in Social Work and in Childhood and Youth at the University of Sussex to conduct a two-year project supporting the piloting of the framework and providing an independent evaluation of its implementation.

SMHM Framework Implementation

The SMHM Implementation and Evaluation Pilot project began in October 2014 in the context of renewed political and professional anxiety about the nature and prevalence of CSE. Triggered by the Jay (2014) and Casey (2015) reports, which exposed chronic and persisting failures of policing and multi-agency child protection in Rotherham, public and political scrutiny of professional intervention intensified. CSE was designated as a 'national threat' (HM Government 2015) and local multi-agency system performance became the focus of targeted inspection. It was in this context of anxious and insistent scrutiny that three local authorities confirmed their interest in joining the project: Brighton and Hove City Council; Sandwell District Council; and Oxfordshire County Council.

Brighton and Hove City Council and Sandwell District Council are 'unitary authorities', responsible for all local government functions in their area. Oxfordshire is an upper tier non-metropolitan county council, whose local authority social care role covers the populations of one city council (Oxford) and four district councils (Cherwell, South Oxfordshire, the Vale of White Horse and West Oxfordshire). As became apparent in the early phases of the project in 2015, each site came into the project with its own track record of addressing CSE more or less effectively, including in the eyes of external auditors and inspectors, national policy makers and the public itself. Sandwell and Oxfordshire, in particular, had been the focus of special concern in relation to management of CSE. In many ways, given the intense political concern and public anxiety about statutory agency responses to CSE, the pilot proved timely, as it allowed each site to coalesce around a common language and principles for practice; but it has not been a straightforward task. This is because what needs to be implemented is less a novel multi-agency model of safeguarding in itself and more the distinctive concept of child-centred, relationship-based practice that underpins it.

Finally, the evaluation project was initially designed to address four sets of research questions to do with the *efficacy* of the Framework as implemented in practice, the *impact* it has on the service and on the outcomes for the children who use it, and the way in which service effectiveness is facilitated:

1. What *challenges* are faced when implementing the SMHM Framework in response to CSE in contrasting demographic and service settings and what approach works best in *overcoming* them in each case?
2. What *difference* does Framework implementation make to *service performance* in each locality, as measured quantitatively by reference to objective operational criteria and qualitatively through subjective professional accounts?
3. What *difference* does Framework implementation make to *child safety and well-being,* as measured quantitatively by reference to objective child outcome indicators and qualitatively through the subjective accounts of young people and professionals?

4. What are the *key factors and mechanisms in practice* that account for the differences made to service performance and child outcomes and how might these be *replicated* more widely in safeguarding service improvement?

Methodology

A realist evaluation methodology was employed for this project. This approach is theory-driven, and emphasizes contexts, mechanisms, and outcomes rather than outcomes alone (Pawson & Tilley, 1997). This was particularly important for a project focusing on the implementation and efficacy of a *practice theory* across three unique local authority sites with very specific historical, geographic, and demographic contexts. A realist evaluation approach requires that a theory-of-change is made explicit, and so we began the project by asking each site to develop a multi-disciplinary advisory project board, or steering group, and we met with each group for a theory-of-change exercise. During these exercises, each group detailed the outcomes they hoped to achieve by participating in the SMHM project, the mechanisms they believed would achieve these outcomes, and the contexts they were currently working within. These theory-of-change exercises took place in the first 8 months of the project, and helped inform all other aspects of data collection (detailed below). Throughout the project, data collection and analysis sought to address the key evaluation questions, seeking above all to 1) demonstrate and account for success in pilot Framework implementation and impact where that can be shown, and 2) suggest ways in which performance and outcome might be improved in each site and overall. Thus, those aspects of the Framework programme logic, or *practice theory*, shown to work best can be shared elsewhere and the innovation represented by the pilot scaled up for more widespread adoption.

Data collection

Our initial data collection plan was ambitious. A realist evaluation methodological approach lent itself to flexible mixed methods, and we intended to collect a range of qualitative and quantitative data throughout the project. We planned to attend/observe a range of relevant meetings across each site, conduct interviews with professionals from diverse disciplines and ranks (senior management to frontline staff), disseminate a survey across project sites at two points in time, conduct interviews with children receiving CSE services, and collect child outcome data to see if better outcomes for children were evident for any/all sites. The latter two items proved impossible to deliver for reasons which it is important to consider as potentially problematic for other authorities.

We were not able to collect any child outcome data across all three sites due to the absence of clear outcome indicators being available for these children. In several instances, professionals had only just begun tracking or ‘flagging’ CSE cases, as it took a long period of time before a clear understanding of CSE as a form of child abuse was

widely shared. In each site, professionals also encountered problems when professional groups (e.g. healthcare professionals) did not track cases the same way that other professional groups did. Thus, there was not clarity across multi-agency teams regarding which children were identified as having experienced, or were at risk of CSE.

Undertaking research interviews with children by the research team was also more problematic than first envisaged, with the result that their voices inform this project in a far more limited way than initially intended. In part, this was because each site had already begun seeking children's views regarding services in some way. Staff in Oxfordshire conducted interviews with 11 children in 2015; in Brighton in Hove, child interviews were undertaken as part of a multi-agency audit in January 2015; and in Sandwell, a Child Sexual Exploitation Assurance Review was completed in November 2015, which intended to include the views of parents/carers and children. Despite efforts to include children's views, very few children in Brighton and Hove and Sandwell actually participated. Difficulties in recruiting children and young people to participate in giving feedback extended to the research team as well. Brighton and Hove had asked the research team to interview 5-6 children where there had been interagency involvement in relation to CSE risk, but they were unable to identify young people who would agree to participate. Similar difficulties were experienced in Sandwell but, following substantial efforts by one of their staff members to identify possible participants, gain their informed consent, and bring them along to interview, three young people were interviewed. The main reasons given for these difficulties were that young people were going through problematic life experiences and were not in the 'right place' to be referred for interview or that the young person did not see themselves as at risk of CSE (even though professionals or parents believed them to be). It is known that young people at risk of CSE tend to have a mistrust of professionals and are often seen as hard to engage (Lefevre et al, 2017). The success of the in-house team in Oxfordshire seemed to lie with very considerable efforts over time to engage young people's trust and this is useful learning for future service evaluation whether it be in-house or external.

We also collected data from interviews, meeting observations/field notes, and a mixed-methods pre and post survey (see Table 1). At the start of the project the four research team members oversaw aspects of the data collection based upon their (methodological or subject matter) expertise to ensure fidelity. However, we learned quickly that a better approach was to assign a research team member to a project site, enabling us to gain a deeper and more nuanced perspective of both the practice system as it emerged and changed over the course of the project, and the practice theory (i.e. how they understood and interpreted the SMHM framework). The research team member responsible for a site conducted the majority of professional interviews and most of the observations for that site.

Table 1

Site	*Interviews*	*Observations*	*Initial survey responses*	*Final survey responses*	*Young person interviews*
Sandwell	9	5	45	18	3
Brighton and Hove	14	9	60	21	0
Oxfordshire	5	5	97	17	0

The professional interviews were conducted with representatives from police, health, social work, education, and specialist charities. Interview participants' roles also varied, from strategic/senior management level to frontline practitioners.

The meeting observations were unique and varied across each site, as we relied upon the individual site project steering groups to identify meetings they felt were essential to the 'end-to-end' CSE prevention and intervention process in their area. These meetings were attended, when available, throughout the life of the project and helped the research team form a better understanding of 1) how the practice system was functioning and changing, and 2) how professionals spoke about and conceptualized the problem of CSE in their areas. Field notes and frequent meetings with research team members enabled us to triangulate the observation experience with other sources of data, informing and confirming our understanding of the framework implementation process. In addition to these data, we also administered an online survey for practitioners across all three sites at two points in time: July-October 2015 (n=204) and July-October 2016 (n=56).

Data Analysis

Using multiple sources of data for this project enabled us to gain a fuller, more comprehensive picture of what was happening in each site and thus enhance the rigour of the study overall (Williamson, 2005). Our plan for analysis included basic descriptive statistics for the quantitative survey data, and both inductive and deductive content analysis for the interview and qualitative survey data, following several careful readings of the data. The qualitative data was analysed by the team, and as a team we sought to work reflexively (Mauthner & Doucet, 2003), acknowledging that the methods and the data are inextricably linked, and that analysis is a process by which meaning from the data is made. A team-based approach to analysis also enabled us to resolve discrepancies as we moved through the project, ensuring our collective understanding of concepts as they emerged from the various sources of data.

Findings

Findings from this project are organized into key learning points identified throughout the life of the project, demonstrating the iterative learning process undertaken alongside each site. Firstly, we will consider the learning from the theory of change exercises, and the initial challenge faced by all three sites in considering how to uphold children's dual rights to protection and to 'have a say' in their case. The concept of 'dual rights' that emerged here will also be supported by data from other aspects of the project. We will discuss the efficacy of the SMHM framework principles, and the way in which its inherent flexibility allowed three different practice systems to incorporate the principles. We will then discuss key challenges and areas of learning from the process of doing the research. In describing each key area of learning, exemplary quotations from interviews and findings from the surveys will be provided.

Naming and managing the tension of 'dual rights' to protection and participation

Consideration of pilot site 'theories of change' at the project outset (January – July 2015) illuminated similarities and differences alike, with regard to what would count as a good outcome for children and which organisational arrangements or mechanisms might be expected to secure that outcome within the local context. These exercises made apparent that in each site, the core challenge of implementing SMHM Framework principles was being engaged with already in multi-agency strategic and operational policy and planning (before the SMHM project began). The intrinsic difficulty of embedding the child's rights to safety and to a say in the process, was beginning to be addressed more or less actively and explicitly in each site rather than being avoided. We observed this in theory-of-change meetings when we prompted professionals to consider use of the terms 'child' and 'victim', and very thoughtful and complex discussions ensued in which professionals weighed the benefits and consequences of viewing all those victimized by CSE as children. These discussions illuminated the core challenge of this project: *how a multi-agency response can be theoretically and practically child-centred, and hold the tension of dual rights to protection and participation.* How could this capacity be established and maintained where the policy drive was now unequivocal in its demand that children be seen as victims first and last?

Holding this tension, and finding ways to manage risk with young people in the midst of unsafe circumstances and exploitative relationships is both a challenge in a risk adverse organizational culture, but is also necessary for respecting and upholding children's rights (Hickle & Hallett, 2015). Through these exercises, the need to hold the tension inherent in these 'dual rights' emerged as paramount. The initial survey, sent out in July 2015, shortly after the theory-of-change exercises were complete, investigated these concepts in greater depth, drawing out professionals' views about their own confidence in building trusting relationships with young people. Analysing that data in more depth enabled us to identify the factors which professionals in those sites believed enabled

them to develop trust with young people at risk of CSE – see Table 2. That data is discussed in more depth in a journal article (Lefevre et al, 2017).

Table 2. Factors which survey 1 respondents cited as encouraging children at risk of CSE to trust them

	N^o of respondents providing material relating to that category
Theme 1: Relationship-based practice	**147 total**
Building a good rapport/engagement/relationship	28
Spending time with children	26
A relationship developed over time	22
‘Being’ qualities/use of self	20
A relationship which feels safe	19
A supportive relationship which builds confidence and resilience	16
A real relationship, where children feel that they are cared about	10
Being available to children	6
Theme 2: Child-centred practice	**121 total**
Listening and taking children’s concerns seriously	43
Child-led	18
Going at the child’s pace	17
A safe, comfortable environment	15
Empathic	10
Providing clear and age-appropriate information and explanations	9
Child-centred communication skills	9
Theme 3: An ethically-grounded approach	**143 total**
Non-judgemental	41
Being open, honest, clear and direct	35
Being reliable, persistent and consistent	24
Believing the child	9
Having and demonstrating appropriate and clear boundaries	8
Reassuring children about where the fault lies	8
Attending to confidentiality	6
Showing trust in the child	4
Being respectful	4
Being fair	3
Promoting children’s rights	1
Theme 4: Being skilled and knowledgeable in relation to working with CSE	**21 total**
Instilling confidence in the child about your competence in working with CSE	13
Demonstrating your understanding of particular dynamics of CSE	8

In the second and final survey, we explicitly explored this concept of 'dual rights' by asking professionals to discuss cases that did/did not go well, and how the '*tension between ensuring a child is protected, and ensuring a child's voice is heard by professionals'* manifested in each case. Responses indicate that professionals felt the tension was held effectively in cases when:

- Professionals partnered effectively with parents and supported the family;
- Professionals were skilled in relationship-based practice, being able to respond in developmentally appropriate ways, and conveying unconditional positive regard;
- Professionals were honest about the decisions they had to make and the concerns they had for the child/young person;
- Professionals sought to match the 'pace' of the child (i.e. in terms of disclosure and ability to identify as having been victimised by CSE) and also listened to a child or young person's views regarding what they thought might keep them safe;
- Professionals had frequent contact with the young person, and enough time to do the work;
- There was careful consideration regarding the use of secure accommodation, viewing it as the ultimate last resort when the young person's safety could not be guaranteed in any other way, in recognition of how this approach often damaged young people's trust in professionals and made them more secretive.

Throughout the life of the project, it became evident that balancing children's rights to both protection and participation remained an ongoing challenge and that the SMHM framework was instrumental in helping authorities to achieve this. One professional described managing this tension as, '*allowing for the safe uncertainty that this work requires'*. Organisational containment of anxiety, through reflective supervision, and thoughtful risk management mechanisms (Ruch & Murray, 2013) was a key factor in this. Such structures then facilitated the relationship-based practice which was also identified as central to integrating the participation/protection tension. One professional summarized this well, saying:

> *We've had some very difficult conversations in cases where I've had to sit with a young person and say to them 'I know you don't agree with this. I know you think this isn't happening to you and I need you to trust me that little bit and we've worked together a long time. I've established the fact that this is a trusting relationship, what I need you to do is to trust at this time that you're not making safe decisions'…. If you haven't got a relationship with the young person I don't think you'll be able to negotiate that. They very much see you coming in as especially punitive really. And that, it all comes down to that relationship and being able to illustrate it in a helpful way to the young person.*

Practice systems can be built effectively around SMHM principles

Our findings indicate that practice systems can be built effectively around SMHM principles. Each site has developed a uniquely configured practice system (described in greater detail below), and the research design enabled us to consider the way in which they each interpreted the SMHM principles for practice on the ground. Doing so enabled the design integrity of each practice system to be endorsed to a greater or lesser extent when evaluated against SMHM principles. One professional advised, '*use it [framework] to structure your own local conversations and decisions'.* When asked to reflect on the experience of being part of the SMHM framework implementation, participants were generally positive:

> *The framework works well when implemented correctly and if you are new to understanding CSE it makes it easy to understand how best to implement it.*
>
> *It's [SMHM framework] very, very child-led, you know. So the flexibility, you know, and it doesn't matter what agency we work for we must listen to the child, we must listen to families, you know, we must improve relationships and provide the best support we possibly can.'*
>
> *'Think of it as an ethos, and use it to help you think critically about what you are already doing and what questions you can ask of yourself at every level to encapsulate the tensions inherent in the work and use them to create change and to shift cultural working practices'.*

These quotations from professionals in different disciplines across the three sites exemplify the ease in which the framework held purchase across varying practice systems.

There is no 'ideal' practice system configuration

The inclusion of three unique and very different pilot sites allowed for three very different approaches to CSE prevention and intervention to emerge, indicating that there is no single correct way to structure a safeguarding system which will integrate children's rights to both protection and voice. In each project site a different service approach had been established, building on local norms, cultures and interagency relationships, which enabled children themselves to report when and if they had been provided with the kind of professional relationship that allowed them to participate actively in the safeguarding process in their case.

Professionals in each site were sufficiently confident about the efficacy of the approach in their area. The initial survey distributed across all three sites indicated that professionals generally felt positive about their own knowledge and ability to engage

with children and young people at risk of CSE, and also believed that their agencies could be trusted to effectively oversee and support CSE service delivery (see figures 3 and 4). Across all three sites, professionals generally reported feeling supported in their work and over half (56.8%) felt their supervision arrangements helped to manage the impact of working CSE cases. In both the first (n=204) and second (n=57) surveys, over 70% of responses indicated that professionals believe 'professional leadership provided by senior colleagues is trustworthy'. (Note: T-tests were conducted on several key survey questions to see if any differences emerged between participants' responses between the first and second survey, but no significant differences emerged in relation to agency and inter-agency response or system configuration.)

Figure 2. Individual CSE response

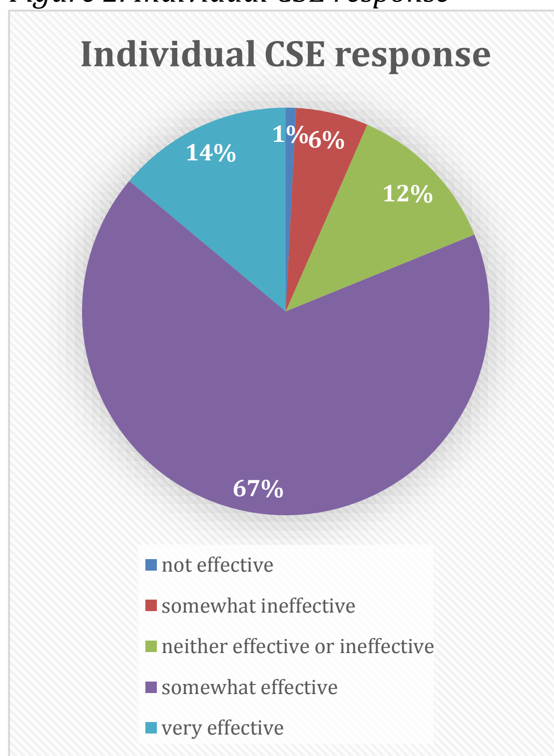
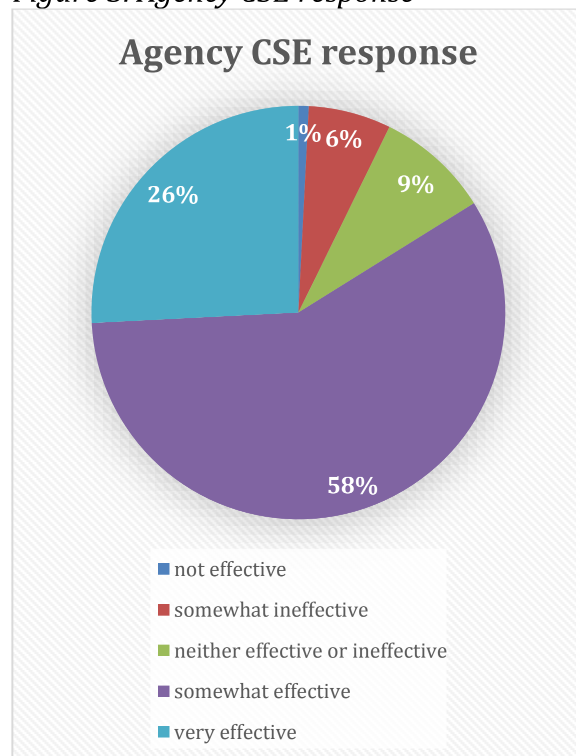


Figure 3. Agency CSE response



To understand how these diverse practice systems were delivered and how they were different from one another, a brief description is provided for each site below. See also Figure 5 for a summary of key distinctive features for each site.

Figure 4. Distinctive features of each site

Brighton & Hove	Sandwell	Oxfordshire
• Ethos of relationship-based practice as a whole systems approach in Children's Social Care, including relationships between practitioners and service users, practitioners and managers, and between partner agencies • Specialist CSE service provided by the social work pod for adolescents with reduced case-loads and good supervision within the team • Co-location of youth services facilitating rapid organisation of interagency wraparound services	• Specialist multi-disciplinary CSE team sits alongside the statutory response to child protection concerns, and is lead by a trusted 'meta-professional' • Children, young people, and their families are invited to participate in the MACSE meeting process • Process for referring children to case workers in the specialist CSE team is flexible such that children have a say in who they work with, and those professionals can work consistently alongside other professionals (who may come and go)	• Co-located specialist CSE team enabling child-centred practice to be achieved through maintenance of task and role clarity, i.e. overlap *not* blurring of roles to achieve child-centred relationships • Intensive and sustained attention to the most vulnerable children • Well-developed cycle of learning from consultation, used to demonstrate child-centred practice to external inspectors as well as feed back into service development and case level practice

Oxfordshire

The Oxfordshire County Council (OxCC) approach was centred on the Kingfisher Team, a specialist, co-located, multi-agency team focusing on child sexual exploitation, which had been set up in response to the Bullfinch Inquiry in 2012. Multi-agency working was recognised by professionals in OxCC as being a crucial component of effective CSE work, enabled by their co-location of services. The trusting relationships which had been facilitated were thought by participants to have led to an absence of hierarchy and blame in both day-to-day working and at a strategic level. We observed how professionals were able to share frustration in multi-agency spaces, with colleagues from different agencies listening, validating concerns and problem solving together.

The appointment of a senior CSE specialist was identified as being significant in enabling OxCC to undertake considerable further work that consolidated and developed existing practices. This specialist exemplified what others have referred to as a 'meta-professional', or a form of 'distributed leadership', wherein the specialist was situated within the team rather than above it (Hulpia & Devos, 2010), and held a leadership role for particular aspects of CSE services whilst not responsible for many other aspects of direct service deliver or oversight.

Another key focus for the Kingfisher Team has been to maintain low caseloads across the team – c.7-10 cases - lasting on average a year with a minimum of weekly contacts.

This has enabled practitioners to establish and sustain meaningful relationships with children and has also led to a stable workforce, providing for consistency and continuity in service provision.

The key disadvantage of this investment has been the tension it has created within the wider Children's Services community and the feelings of inequity in resource provision it has evoked. This had been noted, too, by the joint targeted area inspection (JTAI) of the multi-agency response to abuse and neglect in Oxfordshire which, whilst commending the impact of multi-agency working wrought by Kingfisher, also drew attention to the potential impact on other services of that substantial financial investment. A key challenge moving forwards will be to think about how best practice, in particular the emphasis on low caseload, intensive engagement and sustained working relationships with children, can be maintained if/when financial resources are reduced, and when other areas of vulnerability are raised as priorities for OxCC.

Brighton and Hove

CSE services in Brighton & Hove have advanced substantially over the past 2-3 years, with the drive for improvement preceding involvement in this project. Operation Kite, beginning in May 2014, was one early change, facilitating the sharing of information about children and perpetrators across the city through monthly meetings between strategic leads, key workers and specialist informants, enabling transparent and shared risk management. The development of a centrally located 'Adolescent Pod', to provide social work to young people considered to be vulnerable to risks such as CSE and radicalisation, was another. Co-location with other youth services facilitated rapid organisation of interagency wraparound services and was believed to be disrupting problematic patterns of behaviour. The structure of the Pod, based on the Reclaiming Social Work model, is based on group supervision and shared decision making across the team, and was felt by participants to enhance their confidence in holding risk and to provide the emotional support to enable them to engage relationally with young people in work which could be challenging and distressing. In addition, practitioners had reduced case-loads enabling them to spend time building trusting relationships with young people.

An Ofsted inspection in April/May 2015 concluded that 'work to identify and address child sexual exploitation is well established, of good quality and has strong levels of multi-agency engagement.' (Ofsted 2015a). Survey respondents were generally positive about service structures, describing CSE leadership as strong. Interagency risk assessment, planning and intervention was felt to be well-embedded, although there was a concern to continue to improve recognition of risks and provision of services to boys and young men. The specialist third-sector provision through 'What is Sexual Exploitation' (WISE) was particularly valued for its longer-term, flexible and creative involvement bringing therapeutic benefits. However, the demand for WISE services far

outstrips the service available. The key challenge for Brighton and Hove, similar to OxCC, is how to maintain the boosted specialist CSE services, which are proving so beneficial, in the current economically straightened times, where huge cuts to funding are being made. Should CSE services remain a priority for funding, or might services to other vulnerable children become constrained as a result, posing their own risks?

Sandwell

CSE services in Sandwell have evolved dramatically over the past few years. Most notable was the development of the co-located, multi-disciplinary team, which began before the project commenced and evolved through the life of the project. The team is overseen by a Group Head of Vulnerable People and includes a team manager, a CSE Coordinator, two social workers, two targeted family support workers, two practitioners from Sandwell Women's Aid, two practitioners from Barnados, and a police coordinator. The specialist CSE team sits alongside the statutory child protection response, and aims to provide specialist, targeted, and flexible support for children and young people identified as at risk of CSE in the area. Typically, these children and young people are also involved in other local authority services (e.g. social work, early help) but this is not a prerequisite to receiving help from the specialist team.

While the CSE team manager oversees the work of the team, and manages Multi Agency Sexual Exploitation (MASE) meetings, team members remain line managed by individuals outside the CSE team, from their own agencies/disciplines. It was acknowledged that this can bring complexities at times, particularly in regards to lines of accountability and interprofessional power dynamics. However, all those interviewed from the specialist CSE team conveyed a sense of optimism, and a belief that these challenges were certainly manageable, particularly as communication and recording of information has continued to improve. This has been particularly true following the appointment of a new Group Head in late 2015 who was seen as fully appreciating the complexities of CSE and supporting team members in retaining role clarity.

Until recently (less than a year ago), specific workers were assigned to a case based on level of risk (e.g. the local authority worker dealt with the low risk cases and a Barnados specialist worker was assigned the highest risk). Now, families and young people are encouraged to sit in on MASE meetings, participate directly in discussions about their level of CSE risk, and also have an opportunity to request who they want to work with. Thus, the system of assigning a worker based upon risk has become more flexible and child-led, and if a child/young person indicates that another worker (i.e. outside the CSE team such as a social worker or professional providing early help) is preferred, then if possible, a member of the co-located CSE team will support that worker to deliver CSE-specific interventions.

As with Brighton and Hove, a specialist third-sector provision plays an important role in service delivery. Workers from Sandwell Women's Aid and Barnardos sit within the co-located CSE specialist team, and Barnardos also oversees the return home interviews for the area. The local context here is important, as both organisations had a well-established presence in the area before CSE services were developed, though there have still been challenges to overcome

Throughout the life of the project, Sandwell has also undergone back-to-back Ofsted inspections as a result of ongoing concerns and it was announced in early October 2016 that children's services would be transferred to a newly formed trust. This was a constant stressor for professionals responsible for CSE, particularly as the response to CSE was among the key areas under scrutiny.

As with the other two authorities, developing the optimum level of focus on CSE beyond the life of the project remains a challenge. One interviewee commented that participation in the SMHM pilot project helped to ensure CSE was a key policy priority, which may no longer be the case when the project ends. There is already felt to be an 'over-referral' of cases from services providing early help.

Implications for diverse practice systems

Current policy is shifting away from attempts to impose standardised multi-agency models and frameworks towards establishing 'a stronger but more flexible statutory framework' which can provide local practice systems with the 'freedom to determine how they organise themselves to meet those requirements and improve outcomes for children locally' (Department for Education, 2016). A primary message from this project is that 'freedom' to determine local practice system re-design may result in a variety of different practice system configurations that enable children to share in the process of becoming safe and well. However, careful attention must be given to the *facilitating and constraining conditions* in each practice system, particularly when public and political concern about child safety and risks remain so unpredictable over time.

This research project began during a time of intense scrutiny into CSE practice that directly affected two project sites. In some ways, this ensured local practice improvement was driven along in a single-minded way by local leads in those agencies most vulnerable to reputational harm. In each case, the need to address problems in one area of the system (e.g. protection of victims, prosecution of offenders) had the potential to overshadow other aspects of the system response (e.g. children's rights to sensitive and responsive health care). This problem is not unique to CSE practice, and may indeed be a common outcome when poor practice in one area of service provision is revealed.

The SMHM framework enables practitioners to review and refocus multi-agency responses, however diverse they may be. One practitioner summarised this well, saying:

> *Ensure that there is a whole range of agencies involved. Ensure that the agenda is not dominated by [one partner] so that all parties can see that they have a vital role to play. Understand the area's whole response, not just the statutory agency response. Get to know how health professionals are responding to ensure that work is coordinated effectively. Promote, advertise and keep people up to date.*

A second key message concerns the ways in which capability and commitment to relational, child-centred, participatory approaches might be built most effectively within a range of diverse practice systems. Both Oxfordshire and Sandwell had experienced scrutiny regarding previous (unsatisfactory) responses to CSE, and in each case, senior leadership chose to focus their efforts on becoming more child-centred, in line with SMHM principles. Members of senior leadership took the lead in modelling this directly by either interviewing children themselves or engaging in some kind of direct work with children and families, demonstrating how collaborative decision-making and service development might happen. While the way in which each site went about this was very different (e.g. MASE meeting participation was unique to Sandwell), a similar message was sent regarding the priority of including children's voices, and the expectation that children were now considered partners in the safeguarding process.

Lessons learned from the research process

Lesson 1: Challenges in identifying child outcomes

While case level qualitative data did indicate, anecdotally, the potential for the SMHM approach to facilitate children's rights to safety and 'a say', we were not able to confirm this via cohort level quantitative data as we had planned to do. Estimating the extent of the risk for CSE across the local child population, and evaluating the impact of local practice on children receiving services, was not possible in any of the three sites as they continued to struggle with identifying CSE cases and measuring child outcomes in a way that worked for every agency partner. This is an inherent challenge in multi-agency work, and is particularly true in relation to CSE as systems are only now becoming aligned effectively for CSE safeguarding purposes. For example, the police lack a defined CSE case status in criminal and civil law, and must then consider how to 'flag' CSE within their system in the absence of a clear offence (or by creatively considering a range of civil orders or related criminal offenses). As a result, the process they undergo to 'flag' CSE cases can be significantly different than other multi-agency partners.

Given the evidence here of the continued struggle to consolidate and align individual agency CSE case tracking and quality assurance systems, great caution should be applied to any claims made about the prevalence and incidence of CSE, or about the outcomes for children receiving CSE services. Discussions with project leads, data analysts and others confirmed that flagging and tracking systems work best once a statutory response is confirmed; this means the local authority is much more able to track cases because the generic safeguarding, 'corporate parenting' and allied reporting systems allow for this.

Finally, despite evidence of new child-centred practices across all three sites, only one site had clear policy requiring that children's own views on their safeguarding plans be recorded, as part of the safeguarding process itself. However, evidence from the project indicates that unless the child was engaged from the outset as a potential partner in their own safety and well-being, tracking and quality assurance would remain very hard to achieve. This insight has significant implications for policy and practice in defining and tracking child risk and service efforts. All adults, whatever their relationship to a child or their occupational role, should accept responsibility for maintaining a diagnostic mind set with regard to recognising risk in the light of new knowledge about child sexual exploitation. When risk is identified it should be referred for a statutory response of one kind or another. However, when diagnosis comes at the expense of dialogue, especially where anxiety to protect the victim is intense, the tendency is for the child to become little more than an 'object of concern' (Butler Sloss 1988).

Lesson 2: Challenges in engaging children and young people in service evaluation and their own care plans

The experience in the three sites has indicated that there is a strong commitment to children's participation, but it is neither easy nor straightforward to involve children and young people in their own case planning or service evaluation. Whilst children's participation is often complex to organise and undertake, there are arguably particular challenges in relation to this particular topic and group of children which need to be addressed in order that the ethical principle at the heart of SMHM, of ensuring that children's voices inform interventions, is fully realised. The chaotic circumstances and problematic relationships endemic to these children's lives are not supportive of the engagement with professionals and reflective mind sets which most facilitate participation. It is worth considering whether practitioners or carers might, at times, be over-protective of particular children, being led so much by perceptions of their vulnerability that they do not prioritise the child's participation. This, of course, undermines the child's agency in deciding if they want to be involved in decision-making or service evaluation and transgresses their right to a voice. However, it is essential that those who know the child best are also not ignored if they express genuine concerns about a child being included in care planning or service delivery. After all, SMHM additionally emphasises the importance of hearing the practitioner's voice in relation to concerns about the child.

Another key issue is that, while professionals believe these children to be at risk of CSE, the children themselves often do not agree. Viewing themselves as young people/adults, some clearly see their encounters or relationships as reciprocal or consensual, a way of exploring their sexuality or relational networks, getting attention or affectional contact in their lives, or gaining other benefits, such as protection (DfE, 2017). Indeed, the very focus of professional intervention is often to create a space where the child can come to look at their own situation in a different way, to understand the meaning of concepts like safety and consent, and to begin to apply them to their own lives. Badging young people as 'at risk of CSE' too early or vociferously, whilst in line with the CSE-as-crime principle, might, at times, be counter-productive in furthering young people's mistrust of professionals, who are seen as 'not understanding' or interfering. The most successful mechanisms for promoting participation, whether in care planning or service evaluation were noted to be persistence and continuity by a trusted practitioner, who had the time to spend with them and the emotional space to engage relationally. A supportive professional system which validated the emotional content of the work, provided a space to think about the work, and enabled risk to be held, was considered vital to this process.

Conclusions

Working with the three sites to assist in the implementation of the framework and evaluate its efficacy has enabled us to conclude that *See Me, Hear Me* provides a useful and usable framework for enabling multi-agency systems to develop and review their CSE services, and for individual practitioners to inform their approach to work with children and families. The principles at the heart of the framework seem able to surface central tensions in this area of child protection practice and provide a common language which the different agencies can use to shape their systems, policies and practices. The framework has not necessarily been able to resolve these tensions without equivocation, but the project has enabled us to see how each site has found ways of addressing them more or less successfully.

A central finding was that there is no 'ideal' practice system configuration which will integrate children's rights to both protection and voice. Whilst initially it seemed challenging that the framework requires bespoke interpretation for each area, rather than providing an off-the-peg set of rules, our view is that this is a particular strength of the framework: it does not work against existing strengths and require change for change's sake. Instead, each site has developed practice systems to work with CSE which align with their existing systems, geography, and culture, and which are informed by SMHM, rather than constrained. This was important as the extent to which improvement was viewed as necessary through earlier inspections or inquiries varied across the three sites. It is clear, however, that careful attention must be given to the facilitating and constraining conditions in each practice system, which will vary across site. The need to address problems in one area of the system (e.g. protection of victims, prosecution of

offenders) can overshadow other aspects of the system response (e.g. children's rights to sensitive and responsive health care), particularly in these very resource-constrained times.

The tension of balancing children's 'dual rights' to protection and participation remains a 'work in progress' for each of the three sites. This is not, we believe, because inadequate attention has been paid to this, but because it is not something which can be readily resolved. SMHM is important because it names the tension and keeps it under the eyes of both strategic managers and individual practitioners, and it enabled the participants in this project to begin to name the approaches which facilitated an integrated position. Most important seemed to be a relational approach of spending time with young people to build up trust, being open about risks, and sticking with them over time. This provided young people with a non-judgmental space where they could begin to think themselves about possible risk and the need for safety. Different systems were tried in each area to achieve this, but central was the need for a manageable caseload which provided for the time to be spent with young people, and a supervisory system which facilitated emotional engagement in the work, provided a space to think, and could hold a position of 'safe uncertainty' for long enough to allow the young person to engage properly in the intervention and become a partner in their own protection.

It is clear that it is neither easy nor straightforward to involve children and young people in either their own case planning or wider service evaluation. Whilst professionals might believe a child to be at risk of CSE, the children themselves often do not agree. Gaining the voice of young people in relation to their experience of professional intervention is crucial to service improvement and, as we discovered, requires substantial investment of time and resource to overcome young people's mistrust of professionals and ambivalence about being seen as at risk of CSE. The keyworking practitioners for the young people are crucial gatekeeping partners in this, as they might act either as facilitators of the process (lending their trustworthiness to the process) or 'protecting' the young people from research involvement if it is perceived as too stressful for them.

Matters such as when and how to use more intensive protective measures, such as removal of mobile phones and use of secure accommodation, remain complex to resolve, given how they can reinforce young people's lack of trust and result in further secrecy. Tracking both the felt experiences and outcomes of young people over time seems to us to be a crucial way of learning more about what happens when more or less protective measures are taken. This is something which could be undertaken separately in every LSCB area, but we would also recommend an overarching research study be undertaken, which explores young people's views and outcomes in relation to approaches taken in different areas. However, there remain challenges in estimating the extent of the risk for CSE across the local child population, and in evaluating the impact of local practice on children receiving services, as there are not yet shared systems across agencies to flag a CSE offence. Further work is necessary (not just within these sites) to consolidate and

align individual agency CSE case tracking and quality assurance systems if further information is to be gleaned on child outcomes.

References

Berelowitz, S; Clifton, J; Firmin, C; Gulyurtlu, S and Edwards, G (2013) *'If Only Someone Had Listened': Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups. Final Report*, London, Office of the Children's Commissioner.

Bedford, A. (2015) *Serious Case Review into Child Sexual Exploitation in Oxfordshire: from the experiences of Children A, B, C, D, E, and F*. Oxfordshire Safeguarding Children Board. Retrieved from http://www.oscb.org.uk/wp-content/uploads/SCR-into-CSE-in-Oxfordshire-FINAL-FOR-WEBSITE.pdf

Casey, L. (2015). *Report of Inspection of Rotherham Metropolitan Borough Council*. London, HM Government.

Coffey, A. (2014) *Real Voices: Child sexual exploitation in Greater Manchester. An independent report by Ann Coffey, MP*, available online at http://anncoffeymp.com/wpcontent/uploads/2014/10/Real-Voices-Final.pdf (accessed on 20 October 2016).

Department for Education (2016) Review of the role and functions of Local Safeguarding Children Boards. The government's response to Alan Wood CBE. May 2016.

Department for Children, Schools and Families (2009) *Safeguarding Children and Young People from Child Sexual Exploitation*. Supplementary Guidance to Working Together to Safeguard Children. HM Government.

Department for Education (2017) *Child sexual exploitation: Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation*. HM Government, Crown Copyright, February 2017. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/591903/CSE_Guidance_Core_Document_13.02.2017.pdf

Firmin, C., Warrington, C., & Pearce, J. (2016). Sexual Exploitation and Its Impact on Developing Sexualities and Sexual Relationships: The Need for Contextual Social Work Interventions. *British Journal of Social Work*, bcw134.

Gilligan P. (2015) 'Turning it around: what do young women say helps them to move on from child sexual exploitation?', *Child Abuse Review,* published online in Wiley Online Library DOI: 10.1002/car.2373.

Hallett, S. (2015) ''An Uncomfortable Comfortableness': 'Care', Child Protection and Child Sexual Exploitation', *British Journal of Social Work* (2015), Advance Access, DOI: 10.1093/bjsw/bcv136.

Hickle, K. and Hallett S. (2015) ‘Mitigating Harm: Considering Harm Reduction Principles in Work with Sexually Exploited Young People’, *Children & Society*, **30**(4), pp. 302–313.

HM Government (2015) Tackling Child Sexual Exploitation https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/408604/2903652_RotherhamResponse_acc2.pdf

Hulpia, H., & Devos, G. (2010). How distributed leadership can make a difference in teachers' organizational commitment? A qualitative study. *Teaching and teacher education*, *26*(3), 565-575.

Jago, S. with Arocha, L., Brodie, I., Melrose, M., Pearce, J. and Warrington, C. (2011) *What's going on to Safeguard Children and Young People from Sexual Exploitation?* , available online at https://www.beds.ac.uk/__data/assets/pdf_file/0004/121873/wgoreport2011-121011.pdf (accessed on 19th June 2016)

Lefevre, M., Hickle, K., Luckock, B. & Ruch, G. (2017, in press) ‘Building trust with children and young people at risk of Child Sexual Exploitation: the professional challenge’. Accepted for Publication: British Journal of Social Work.

Mauthner, N. S., & Doucet, A. (2003). Reflexive accounts and accounts of reflexivity in qualitative data analysis. *Sociology*, *37*(3), 413-431.

Melrose, M. (2013) ‘Twenty-first century party people: young people and sexual exploitation in the new millennium’, *Child Abuse Review*, **22**(3), pp. 155–168.

Pawson, R. and Tilley, N. (1997) *Realistic Evaluation*, London, Sage.

Pearce, J. (2006). Who needs to be involved in safeguarding sexually exploited young people?. *Child Abuse Review*, *15*(5), 326-340.

Pearce, J. (2014). ‘What's Going On to Safeguard Children and Young People from Child Sexual Exploitation: A Review of Local Safeguarding Children Boards’ Work to Protect Children from Sexual Exploitation. *Child abuse review*, *23*(3), 159-170.

Ruch, G. and Murray, C. (2011) Anxiety, defences and the primary task in integrated children's services: enhancing inter-professional practice. *Journal of Social Work Practice*, 25 (4). pp. 433-449.

Williamson, G. R. (2005). Illustrating triangulation in mixed-methods nursing research. *Nurse researcher*, *12*(4), 7.