'KEEPING SAFE?'

An analysis of the outcomes of work with sexually exploited young people in Wales

Final Research Report
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INTRODUCTION

'Keeping Safe?' was a three year, empirical, mixed-methods inquiry into child sexual exploitation (CSE). The aim of the study was to conduct an original investigation into the outcomes for children and young people assessed as being 'at risk' of sexual exploitation, as well as exploring how best to support young people when responding to CSE and the challenges involved when doing so.

The research presented a unique opportunity to track the outcomes for young people over 10 years, by accessing case files relating to young people who were involved with Children's Services in Wales in the year 2006, whose cases were all reviewed that year as part of an exercise for developing the Sexual Exploitation Risk Assessment Framework (SERAF) in Wales.

This was the first instance in the UK in which all children and young people aged between 9 and 18 years who were involved with Children's Services across a single local authority, were each assessed for their risk in relation to sexual exploitation.

The research methodology combined thematic case file analysis, and quantitative coding of each case file to create a rich longitudinal dataset for analysis. A substantial part of the research involved qualitative and ethnographic research with young people, practitioners, and foster carers.

Background and context

The research is positioned within the developing area of CSE policy, practice and understanding. While this form of abuse of children and young people is itself not new, 'child sexual exploitation' is a relatively recent area of social care concern – one first formally introduced to UK social care policy and practice in 2009, with the UK nations respective (and different) policies and guidance to address the sexual exploitation of children and young people.

Wales led the way in UK social care CSE related practice, by establishing a single, clear, national protocol for how to identify young people at risk of this form of abuse, and the safeguarding response that should be instigated where concerns are evident (see WAG, 2008; 2011). The SERAF sits within the All Wales Child Protection Procedures, and operates on the basis of identifying established vulnerability and risk factors which correlate to a risk score. The score determines the risk category and its associated safeguarding action. Those scored at 'mild risk' require no formal procedures but work should focus on prevention, where the score is 'moderate risk' or 'significant risk' there should be a multi-agency strategy meeting where a formal protection plan should be arranged. It was this early development of a CSE assessment process in 2006, that has provided the opportunity for this research.

There are however, no specific service responses or interventions outlined within the protocol, and the recent review of the SERAF has indicated that the assessment of risk can become an end in itself, with little attention given to a plan of outcomes for young people (see Hallett et al., 2017). Similar findings have been found in research exploring approaches to risk assessment in England (see Franklin et al., 2018). The same review of the Welsh guidance and SERAF detailed concerns amongst practitioners that the risks in the assessment tool were too heavily directed to young people's behaviours, and young people were being missed, or over-assessed, and, relatedly, that the tool was (inadvertently) directing responses towards addressing young people's 'risky behaviours', which was inadequate as a long-term support measure.

There is a significant body of literature arguing that sexual exploitation is a multi-faceted problem requiring multiple responses (see Kerrigan-Lebloch and King, 2006; Appleton, 2013), however there is significantly less understanding available with regards to how effective these responses are in creating positive change, or of the challenges involved in practise for supporting young people in these ways. Research has indicated

that short-term protective measures taken to support young people may not lead to better outcomes in the long-term if they do not respond adequately to and address the wider needs of young people (See for example Brown, 2017; Hallett, 2017). Similarly, research has consistently suggested that protective responses, instigated to support and help young people, can become risk factors in their own right (O'Neill et al., 2001; Creegan et al., 2005; Pearce, 2007). Defining young people as victims of abuse in need of protection does not necessarily create better outcomes for them, if young people become subject to forms of protection that are perceived as punitive in their effect (see Shuker, 2013; also Brown 2019).

Studies such as these point to potential problems with service responses, yet the relatively recent introduction of CSE to social care policy and practice means that there has been little opportunity to consider the effectiveness of assessment tools, interventions and responses, or to examine the outcomes for young people experiencing these harms and receiving support. Understanding how to better equip practitioners to respond to and support such young people is of paramount importance, as is recognising the challenges involved in doing so, particularly in the context of wider safeguarding and multi-agency practice.

Methodology

The overarching research design combined quantitative and qualitative methodologies. Underpinning the aim of the research project were the following research questions:

1. What are the outcomes for young people identified as 'at risk' of sexual exploitation?
2. How is CSE understood by professionals, and what are the associated service/ support responses?
3. What factors have a role in the reduction of risk and outcomes for young people?
4. How do social care services and interventions relate to outcomes for young people identified as being at risk of CSE?

Case file analysis

As outlined above, the research was based around a sample of casefiles for a cohort of young people all involved with the same local authority. A qualitative thematic case file analysis of a purposive sample of files (N=6) by assigned SERAF category of risk to CSE in the original 2006 exercise, allowed us to review in detail all documented evidence relating to each young person from the point at which the file began until all local authority involvement ended. Findings from this method were primarily used to develop a detailed and comprehensive coding framework, including: demographic characteristics, living situation, family and peer relationships, victimisation experiences, complex needs, management of the case, interventions and their impact, and outcomes at and after case closure. The coding frame was tested and refined through its application to a further small sample of files.

Data was then collected via quantitative coding of the case files for the entire cohort of children and young people (N=205), meaning that we were able to undertake a detailed study of a complete cohort sample[1]. Where relevant, variables were coded for four phases: phase one (pre-CSE phase), phase two (CSE phase, where applicable), phase three (at the point of case closure), and phase four (after case closure and current involvement with social services)[2]. Coding was undertaken primarily by a single researcher, and a random sample of 20 files were selected and

[1] The original review exercise had a cohort sample of 367. This was based on a blind review process, and there were some children and young people involved in different aspects of social services and so featured multiple times in the original exercise. Working off the case file numbers we were able to establish where there were duplicate files for the same person. Where this occurred, and risk scores differed, we went with the highest featuring risk score assigned in the original exercise. We were unable to access files relating to Youth Offending Service due to the change in recording systems, meaning file numbers we had could not be recognised by the new system. We also excluded the small number of young people from the Asylum Seeking team, as case file data was limited and incomparable, and therefore risked distorting the data. Our data is based on a full cohort of children and young people involved with the Duty and Assessment, child protection, Looked After Children, Aftercare and 16+ teams.

[2] Where no CSE occurred, cases were coded against phases one, three and four; where it did occur, cases were coded across all four phases.

coded for inter-rater reliability. This investigative method enabled us to build a rich dataset to allow for analysis of relationships between variables in relation to key timeframes, and their significance and to consider the effectiveness of interventions and supports by outcomes.

The first stage of the analysis was mainly exploratory in nature. Descriptive analyses (e.g., frequencies, averages) were compared across four risk categories. Within the sample of 205 cases, almost half of the cases were originally determined to be no risk (49.8%; N=102), 16.6% were mild risk (N=34), 15.6% were moderate risk (N=32), and 18.0% were considered to be significant risk cases (N=37). Clear similarities meant the no and mild risk cases were grouped together into a *low risk* group (N=136) and the moderate and significant risk cases were combined into a *high risk* group (N=69). Comparisons are also made between young people for whom there were strong indications that they experienced CSE (N=54) and those who did not (N=151). Regression analysis was used in the second stage of analysis to examine relationships between key variables such as characteristics, family relationships, 'risk' and 'protective' factors, service response, and outcomes. This enabled us to prospectively identify risk and protective factors that are related to CSE and to outcomes, and to examine how services responses are related to better or poorer outcomes of young people at risk of CSE. Quantitative coding of the cohort of case files has resulted in the building of a comparatively large and rich longitudinal dataset, providing an opportunity for further data analysis after the lifetime of the current project, in order to answer future research questions.

Qualitative research

A qualitative element of the study helped us to sharpen our understanding of the quantitative data through the analysis of key perspectives. The qualitative research involved young people about whom there are concerns over CSE (N=6), alongside various professionals with experiences of supporting young people in relation to concerns about CSE: Foster carers (N=13); Social workers (N=15); Residential care workers (N=15)[3]. A purposive snowball sampling method was used. The social workers and almost all the children's residential workers who participated in the research, worked in or were involved with the same local authority from which the case files originated. The social workers who took part were based in Duty and Assessment, Child Protection, Looked After Children and Aftercare/16+ teams. The foster carers lived across Wales. Two of the young people came from a different local authority through support from a specialist CSE social work team, and one of the residential workers managed a statutory children's home in that same (second) authority. The young people who took part in the research were all female and aged between 14 and 16.

Semi-structured interviews took place with social workers and residential workers (schedules were adapted to ensure that specific sector experiences and perspectives were captured). Small focus groups with foster carers allowed for and ensured that discussion of common themes and any areas of difference in this under-researched field were explored. To support the participation of young people in this research, creative methods were incorporated into the research design. These included the use of word activities, mapping activities and drawings; all of which have been used as ethical, accessible and 'fun' ways of eliciting narratives around sensitive subject areas. 20 days of ethnographic fieldwork took place over 7 weeks in a residential children's home which had within its statement of purpose, supporting young people at risk of CSE. There were four young people living in the home at the time of the research. Time spent in the unit

[3] We had intended to involve young adults from the original 2006 cohort but accessing participants proved too difficult or unethical to pursue. Our access strategy involved ensuring that contact about the research should be managed through a contact from the local authority i.e. someone they knew. Some were no longer involved in the local authority and had not been in contact for considerable amounts of time, so no contact details were available or known, or no current worker came forward to help us with access. Or, where there had been contact, this had not been positive or there were concerns in relation to current young people involved with the local authority and so pursuing contact would not have been appropriate.

was spread to cover morning, afternoon and evenings in the unit. No overnights took place within the timeframes for this project.

Interviews with social workers lasted around 60 minutes; interviews with residential workers were between 30-70 minutes; focus groups with foster carers were 3 hours; recorded interviews with young people were 90-96 minutes each: this comprised of 1800 hours of interview recordings transcribed into data. Notes from each interview were also collected and stored. Fieldnotes, including note taking from shorter interviews with young people, consisted of over 700 pages of detailed description of events and conversations happening in the home.

Ethics

The research was shaped and informed by Cardiff University's governance framework and the British Sociological Association's statement of ethics. Ethical approval was given from the institution's Research Ethics Committee (SREC). A co-production approach underpinned this research, reflecting a commitment to involve and engage stakeholders in the research design, process, development of materials and dissemination activities. An advisory group comprised of representatives from academia, social care and the third sector, met six times throughout the project. A young people's steering group, facilitated by Voices from Care met three times.

CHARACTERISTICS AND EXPERIENCES

The report begins with a consideration of the data from the quantitative case file analysis. The analysis considered general demographics of the cohort, alongside characteristics in terms of social services involvement, living arrangements, family relations, relationships with peers, abuse experiences, offending behaviours, running away, and pregnancy. The report then moves on to discuss CSE experiences, including significant factors associated with CSE, interventions and supports provided and their impact, the outcomes for young people, and the relationship between interventions, key characteristics (risk/protective factors) and outcomes.

Demographics

The age range of the young people in the cohort were 9 to 18 years at the time of the original exercise; at the time of the research they were aged between 19 and 29 years. Within the sample of 205 cases, 136 cases were originally categorised to be either no or mild risk (66.3%), and 69 cases were considered to be moderate or significant risk cases (33.7%). The original exercise involved young people linked to children's services through duty and assessment, child protection, Child in Need, aftercare services, and Looked After Children's teams.

The proportion of young people for whom there were strong indications that they had experienced CSE was 26.3% (N=54). This means that one in four young people in this cohort experienced CSE at some point. Approximately 35% of these young people had been identified as being at significant risk of experiencing CSE; 22% of cases were originally deemed to be moderate risk cases; 20% of CSE cases had been classed as mild risk; and 22% of cases had been originally identified as no risk. Young people were 14 years old on average when CSE concerns arose.

Females represent just over half of the total sample (54.6%). The proportion of females is (considerably) higher in the high risk group (60.9%) and in the CSE-group (75.9%). Most young people are white British (87.8%), with others recorded as white other (2%) mixed (8.3%) and Asian (2%). 87% of those in the CSE group were white British. 13.7% of the total sample had a learning disability/ development disorder, and these young people accounted for 9.3% of the young people who were sexually exploited.

Social services involvement

Almost half of young people in the total sample were on the child protection register.

61% were registered as child in need. There were no significant differences in the proportions of young people who were on the child protection register or classed as a Child in Need between the low or high risk groups. However, there were significant differences between the CSE and non-CSE groups. Young people who experienced CSE were *less* likely to be on the child protection register than those who did not experience CSE. Similarly, those in the CSE group were *less* likely to be a child in need than those in the non-CSE group. In phase 2, a slightly higher percentage of young people experiencing CSE are a child in need (55.6%). (For those living in local authority care, see below.)

Young people had a large number of social workers on average throughout the duration of their case, with an average of 7.6 social workers in the total sample. A number of different agencies were involved in supporting young people and their families, such as housing services, sexual health, mental health services, schools, foster carers, and criminal justice agencies, in addition to social services. On average, young people were involved with over five different agencies in phase 1. In phase 2, seven agencies on average were involved with young people experiencing CSE.

Living arrangements

With regard to living circumstances, in phase 1, all the young people lived with their family (parents or other family members) for at least some time. Over half of the young people in the sample spent time in local authority care. Young people in the high risk group were marginally significantly more likely to have spent time in local authority care compared to those in the low risk group. There were no differences between the groups regarding living independently or being homeless / in temporary accommodation. In phase 2, over 70% of the young people experiencing CSE were in local authority care.

Young people experienced a considerable number of moves in their living arrangements. To illustrate, in the total sample, young people moved over 9 times on average. The highest recorded number of moves was 57. Young people in the high risk cohort had experienced a significantly higher number of moves compared to those in the low risk cohort. Similarly, those who experienced CSE had moved significantly more often than those who did not experience CSE. (See also table 1, below.)

Family relationships

Almost 60% of young people in the total sample had a dysfunctional relationship with their parents, and another 6.8% of the young people experienced a complete breakdown in the relationship with their parents. There were no significant differences between the low and high risk groups with regard to general relations with parents. However, those in the CSE group were significantly more likely than

Table 1. Living circumstances and moves (in phases 1 and 2)

	Phase 1					Phase 2
	Total sample	**Low risk group**	**High risk group**	**Non-CSE group**	**CSE group**	**CSE group**
	(N=205)	**(N=136)**	**(N=69)**	**(N=151)**	**(N=54)**	**(N=54)**
	%	%	%	%	%	%
With family	100.0	100.0	100.0	100.0	100.0	84.6
Independent / with associates	37.6	37.5	37.7	42.4	24.1*	63.5
In local authority care	55.6	51.5	63.8†	51.7	66.7*	71.2
Homeless / temporary accommodation / refuge	26.3	24.3	30.4	30.5	14.8*	42.3
	M (SD)	**M (SD)**	**M (SD)**	**M (SD)**	**M (SD)**	**M (SD)**
Total moves	9.3 (9.7)	7.2 (7.8)	13.5 (11.6)	7.3 (7.7)	14.8 (12.3)	--
Range	0-57	0-42	0-57 ***	0-39	0-57 ***	--

† p< 0.10, * p<0.05, ** p<0.01, *** p<0.001

those who did not experience CSE to have a negative relationship with their parents. In phase 2, the vast majority of young people who were experiencing CSE (87.0%) had a dysfunctional relationship with their parents (rising to 92.6 if we include those for whom there was a complete breakdown).

Almost half of the total sample (44.9%) experienced parental rejection, and another 5% experienced some (mixed) parental rejection. Those in the high risk group were more likely to have experienced parental rejection, albeit this difference was marginally significant. The likelihood of experiencing any parental rejection did not differ significantly between the CSE and the non-CSE groups. However, in phase 2, almost two in three (61.1%) young people who were experiencing CSE were rejected by their parents.

A high percentage in the total sample (69.8%) have parents or carers who are deemed to be a risk or concern to the young person. Perhaps unexpectedly, those in the low risk group had a marginally significantly higher likelihood of having family who are seen as a risk or a concern than those in the high risk group, and similarly, the non-CSE group had a higher likelihood of having family who are seen as a risk or a concern than the CSE group. (This could be because family is less connected to CSE. Or, taken with the figures of those on the child protection register being less likely to experience CSE, this finding could be because for those families where risk was identified, support was provided, and these children were less likely to experience CSE.)

Peer relationships

In the total sample, almost half of young people (45.4%) have negative relationships with (some of) their peers. Those in the high risk group were significantly more likely to have primarily negative relationships with peers compared to the low risk group. Similarly, there was a significant difference between the CSE and non-CSE groups, with those in the CSE group more likely to have primarily negative relationships with peers compared to the non-CSE group.

Abuse experiences

Over two-thirds of the young people (70.2%) have experienced emotional abuse, over half

Table 2. Family and peer relations (in phases 1 and 2)

	Phase 1					Phase 2
	Total sample	Low risk group	High risk group	Non-CSE group	CSE group	CSE group
	(N=205)	(N=136)	(N=69)	(N=151)	(N=54)	(N=54)
	%	%	%	%	%	%
Nature of relationship with parents						
Positive	22.9	27.9	13.0	25.8	14.8	7.4
Neutral	8.3	5.9	13.0	9.9	3.7	0.0
Dysfunctional	59.5	58.8	60.9	55.0	72.2	87.0
Complete breakdown	6.8	5.9	8.7	7.9	3.7	5.6
Unknown	2.4	1.5	4.3	1.3	5.6	0.0
Negative (total = dysfunctional + complete breakdown)	66.3	64.7	69.6	62.9	75.9*	92.6
Parental rejection						
No	39.0	44.1	29.0	41.7	31.5	22.2
Yes	44.9	39.0	56.5†	43.0	50.0	61.1
Mixed	4.9	6.6	1.4	4.0	7.4	2.4
Unclear/ unknown	9.8	9.6	13.0	11.3	11.1	7.4
Family/carers considered a risk/ concern	69.8	74.3	60.9†	74.2	57.4*	61.1

† p< 0.10, * p<0.05, ** p<0.01, *** p<0.001

(58.0%) have experienced physical violence, and half (50.7%) have experienced neglect by parents/caregivers. The proportions of young people having experienced these three types of abuse are high across all subgroups, and do not differ significantly between the low and high risk groups, or between the non-CSE and CSE groups.

With regard to sexual abuse, one in three young people in the total sample (33.7%) have experienced some form of sexual abuse (i.e. familial sexual abuse, or non-familial sexual abuse or rape). This proportion is significantly higher in the CSE group compared to the non-CSE group. Young people who were sexually exploited were more likely than those who were not, to have experienced some form of (additional/previous) sexual abuse. Young people in the CSE group were more likely to have experienced familial sexual abuse and sexual abuse/rape outside of the family (46.3%), compared to those in the non-CSE group, although both differences are marginally significant. There were no significant differences between the low and high risk groups in the proportion of youths who experienced sexual abuse.

When looking at females and males separately, some gender differences in abuse experiences appear. Females were more likely than males to have experienced the different types of sexual abuse. A higher proportion of females than males experienced any sexual abuse (i.e. familial and/or non-familial) in the total sample as well as in the high-risk group, in the low-risk group, and in the non-CSE group. However, interestingly, there were no gender differences in the likelihood of having experienced sexual abuse in the CSE group.

These findings are largely similar when familial and non-familial sexual abuse are considered separately. With regard to familial sexual abuse, females were more likely than males to have experienced sexual abuse by a family member in the total sample, in the high risk group, and in the non-CSE group. However, there were no significant gender differences in the low risk group and in the CSE group. When looking at non-familial sexual abuse/rape, a higher proportion of females than males experienced sexual abuse/rape in the total sample, in the low risk group, and in the non-CSE group. There were no significant differences between males and females in the likelihood of having experienced non-familial sexual abuse/rape in the high risk group and in the CSE group.

Regarding neglect, significant gender differences were only found in the high risk group, with more boys than girls having experienced neglect. There were no gender differences in the experience of neglect in the other groups. There were no significant differences between males and females with regard to physical abuse or emotional abuse.

Table 3. Abuse experiences (in phases 1 and 2)

	Phase 1					Phase 2
	Total sample	**Low risk group**	**High risk group**	**Non-CSE group**	**CSE group**	**CSE group**
	(N=205)	**(N=136)**	**(N=69)**	**(N=151)**	**(N=54)**	**(N=54)**
	%	%	%	%	%	%
Familial physical abuse	58.0	55.1	63.8	55.6	64.8	33.3
Familial sexual abuse	21.5	21.3	21.7	18.5	29.6†	18.5
Sexual abuse/rape	16.1	18.4	11.6	13.2	24.1†	33.3
Any sexual abuse	33.7	35.3	30.4	29.1	46.3*	44.4
Both types of sexual abuse	3.9	4.4	2.9	2.6	7.4	7.4
Neglect	50.7	49.3	53.6	54.3	40.7	14.8
Emotional abuse	70.2	69.9	71.0	70.9	68.5	57.4
	M (SD)	**M (SD)**	**M (SD)**	**M (SD)**	**M (SD)**	**M (SD)**
Number of types of abuse	2.18 (1. 42)	2.14 (1.28)	2.25 (1.15)	2.13 (1.21)	2.32 (1.31)	1.57 (1.21)

† p< 0.10, * p<0.05, ** p<0.01, *** p<0.001

Experience of emotional abuse was high in both cohorts (70.2%) however the cohort of males who experienced emotional abuse was higher in the CSE group (84.6%).

Taken together, abuse experiences are very common, across all groups, and across both genders. Gender differences were mainly found with regard to sexual abuse.

Offending

Over half of the sample is engaged in offending behaviour. Offending is more common in the high risk group compared to the low risk group, and also more prevalent in the CSE group compared to the non-CSE group. In phase 2, among those who experienced CSE, almost 1 in 4 young people (22.6%) committed offending related to CSE, and over 3 in 4 young people (77.8%) are involved in offending which is not related to CSE.

Running away

Over half of the young people (53.2%) in the total sample have ever ran away from their home. Young people were often away from home for a short duration. The proportions of young people running away from home were significantly higher in the high risk group compared to the low risk group, as well as in the CSE group versus the non-CSE group. Running away from home was very common in phase 2 for the CSE group, with over four in five young people (81.5%) running away at least once, and 63% of young people running away frequently.

Pregnancy

In the total sample, 28.3% of young people have been pregnant (females) or made someone pregnant (males) at some point during their involvement with social services. Those in the high risk group were significantly more likely than those low risk group to have experienced pregnancy. Moreover, pregnancies were significantly more likely to occur among young people who have experienced CSE, with over half of young people in this group (57.4%) experiencing pregnancy/getting someone pregnant, compared to 17.9% in the non-CSE group. Among those who had experienced pregnancy, the average age of the first pregnancy was 16.9, and this was similar across the different subgroups. (The youngest age in the CSE group was 12 years, and the youngest in the non-CSE group was 14 years old.)

There were 93 known pregnancies for the total sample with 51 of those pregnancies relating to those in the CSE group (and with most of these occurring in phase 2). There is a known outcome for 83 of the pregnancies, with 51 leading to live births. 15.7% of these live births relate to children who were removed from their parents care at or after birth.

CSE EXPERIENCES

In most cases of CSE, the perpetrator is either an older boyfriend/girlfriend (59.3%), another associate (55.6%)[4], or a peer (22.2%). In more than half of the cases there is more than one perpetrator. There was a court case against the perpetrator(s) in 22% of the cases.

The majority of young people (63.0%) who experienced CSE did not disclose this. The family of the young person sought help for CSE in over one-third of the cases (37.0%). Approximately almost half of those who experienced CSE (46.3%) were seen as a risk to other young people by professionals.

Significant factors associated with CSE

Part of the research was to explore which factors have a role as risk and protective factors in relation to CSE. Binary logistic regression analyses (backward method) was used to identify which factors were statistically significant. The (theoretically) relevant independent variables all measured in phase 1, were included in the model.

[4] These are typically characterised by perpetrators were the relationship is a fleeting one (e.g. some person at a party, or met behind a supermarket). While these are fleeting, it is often sustained over a period of time with multiple perpetrators of this 'other category'.

The model then removes factors that do not significantly contribute to explaining CSE. The final model contains the following factors.

Gender: The results indicate that females are more likely to experience CSE compared to males. Specifically, females were almost seven times more likely than males to experience CSE.

Sexual abuse: Abuse history is not a unique characteristic of young people who have experienced CSE. In this cohort of young people, those who did not experience CSE have been a victim of some type of abuse in the family (physical abuse, emotional abuse, neglect). However, the exception is sexual abuse. This is regardless of gender. Those who have been a victim of sexual abuse (within and/or outside the family) are more than 5 times more likely than those who did not to experience CSE. Those who have been a victim of extra-familial sexual abuse were over six times more likely to experience CSE, compared to those who have not been sexually abused/raped outside of the family context.

Total number of moves in living situation: Instability and disruption through being moved is associated with an increased risk of experiencing CSE. The more moves a young person had experienced, the more likely they were to be sexually exploited.

Having a positive relationship with peers: Having positive relationships with peers was found to be a protective factor for CSE. Those with positive or primarily positive relationships with peers were less likely to be sexually exploited.

Number of agencies involved with the case: CSE was also less likely in cases with a higher number of agencies involved. This indicates the importance of providing coordinated support to address the (multiple) needs of a young person.

In addition to the above, the following (somewhat surprising and likely connected) variables were statistically significant:

Number of social workers involved with the case: This finding needs to be taken with some caution. The case file analysis, and our interpretation from the files, is that this is reflective of cases where there was a proactive attempt by professionals to ensure that the right social worker was in place to work with the young person – i.e. trying to find a social worker who could establish rapport and a relationship with the young person. The statistic could also indicate the length of time children have had social services involvement in family life and/or the lack of continuous involvement.

Pregnancy: Experiencing a pregnancy *in phase 1* is a protective factor for CSE. This finding also needs to be read with some caution. This aligns with the qualitative case file analysis, and to the other analyses in the research. Pregnancy as a positive thing is likely connected to the increase in individualised support for the young person, provision to support wider needs, an increase in direct support and the young person becoming consulted and more involved in decision-making through being seen as a parent.

IMPACT OF INTERVENTIONS

The research considered what interventions and support was provided for each young person. We also considered the young people's role in their care. This included a general assessment of whether professionals listened to their wishes, whether their views were considered within formal assessments and reviews, and whether there was evidence of engagement by the young person. We also explored whether the young person was involved in the decision making behind the response(s) to CSE. More specifically, we considered each response/intervention in relation to whether it was provided or not, and requested or not by the young person, alongside exploring the impact.

A total of 27 different responses and interventions were considered in the coding. These included, amongst others: healthy relationship/keep safe work, direct support, identity work, evidence of a relationship with a supportive adult, housing support,

education support, counselling, work to address offending behaviour, and supports specifically related to CSE; such as support with criminal justice, police interventions, being accommodated, and moved specifically in relation to CSE.

In about half of the cases did professionals listen to the wishes of the young person when making decisions, or were the young person's wishes and views considered in formal assessments. When looking specifically at the CSE group, in only one in three cases did professionals listen to the wishes of the young person (33.3%) or take the young person's views into account in formal assessments (35.2%).

With regard to the impact of interventions, having a supportive adult had the most positive results, with a positive impact for the young person in 66% of the cases, and a mixed impact in another 22% of the cases. Both direct support and education/employment support had a positive impact for almost half of young people who received this type of intervention, and there was no impact or engagement for 30% of young people. Sexual health work was successful for 45.2% of young people, with a mixed impact for a further 19.4% of young people. Maternity support was offered to two-thirds of the females who experienced pregnancy, and this form of support had a positive impact for the majority of those who engaged with the support.

In the CSE group, levels of non-engagement were relatively high. For example, almost 40% did not engage with direct support, 64% did not engage with healthy relationship work, and 58% did not engage with psychological counselling. However, direct support and sexual health work did have a positive impact for almost half of the young people experiencing CSE. Having a supportive adult was important in this group.

Psychological counselling was relatively unsuccessful, resulting in a positive effect for only 28% of young people in the sample. Healthy relationship work was also relatively unsuccessful, with a positive impact for only one in four young people who had received this intervention. Over half (57.4%) of the young people received a police intervention relating to CSE (i.e. police protection order, warnings to perpetrator, raid/searches). Unfortunately, this often resulted in a negative impact (32.3%) or non-engagement of the young person (25.8%). Police interventions were positive in only 12.9% of the cases. One in four young people experiencing CSE were accommodated as a result of CSE. The impact of this intervention was mixed, with on the one hand a positive impact in 43% of the cases, but with a negative impact in another 43% of the cases on the other hand. These findings are considered alongside and perhaps explained by the messages from the qualitative side of the research.

OUTCOMES

This section of the report presents findings on the outcomes for the children and young people in the cohort, at and after their original involvement with social services ended (see also table 4 on the following page.)

The majority of young people were in employment or training (58.5%) and in stable accommodation (68.3%). However, young people in the high risk cohort and those who experienced CSE tend to fare worse in these domains. Young people classed as high risk and those in the CSE group were significantly less likely to be in employment or training or in stable accommodation, compared to those in the low risk group.

In the total sample there is evidence of domestic violence and abuse (DVA) in approximately 17% of the cases. More than one in three young people have alcohol and/or drug misuse problems, and almost one in four suffer from mental health issues. Those who experienced CSE were significantly more likely to experience DVA in their relationships, and to have problems with alcohol or drug misuse, and mental health, than young people who did not experience CSE.

Approximately 14% of young people were still involved with social services at their original case closure. The proportion of young people still involved with social services at case

closure is significantly higher in the high risk group compared to the low risk group, as well as in the CSE group compared to the non-CSE group. Almost one-third of young people who had experienced CSE were still involved with social services at case closure.

A little over half of all subjects (54.1%) have had some social services involvement after case closure as young adults. Common reasons for involvement with social services after case closure include accessing housing/ other support, involvement because of domestic violence and abuse, because they are now classed as a risk to children, they are living with or associated with a schedule one offender, or due to mental health problems. The proportion of young people involved with social services after case closure does not differ significantly between the low and high risk groups. However, the proportion of young people still involved with social services after case closure is significantly higher in the CSE group than in the non-CSE group (two-thirds).

The relationship between interventions, key characteristics (risk/protective factors) and outcomes

The analysis also considered the effects of the different risk and protective factors on the various (negative) outcomes at case closure, and looked at the relationship between factors measured in phase 1, different interventions (offered in phases 1, 2, and/or 3), and the various outcomes. Most of the interventions did not did not emerge as analytically significant in relation to the outcomes. Some interventions are even associated with an increase in the likelihood of certain negative outcomes. However it is important to keep in mind that where this emerged, based on these analyses, we cannot conclude that the intervention *caused* a negative outcome. Rather, having had the interventions is associated with a certain negative outcome.

Table 4. Outcomes at and after case closure – by risk category and CSE group

	Total sample	Low risk group	High risk group	Non-CSE group	CSE group
	(N=205)	(N=136)	(N=69)	(N=151)	(N=54)
	%	%	%	%	%
Involved with SSD at case closure	13.7	10.3*	20.3	7.9	29.6***
Outcomes					
In employment or training	58.5	66.2	43.5**	63.6	44.4**
Stable housing	68.3	77.9	49.3***	74.8	50.0**
Evidence of abuse in intimate relationships	16.6	13.2	23.2†	10.6	33.3***
Alcohol/drug misuse	35.6	30.9	44.9†	30.5	50.0*
Mental health issues	23.4	22.1	26.1	19.2	35.2*
Self-harm	5.9	5.9	5.8	4.6	9.3
Involved with SSD after case closure	54.1	52.2	58.0	49.7	66.7*
Among those involved with SSD°					
	(N=111)	(N=71)	(N=40)	(N=75)	(N=36)
Risk to children	21.6 (24)	16.9 (12)	30.0 (12)	13.3 (10)	38.9 (14)
Live/associated with schedule one offender	21.6 (24)	21.1 (15)	22.5 (9)	24.0 (18)	16.7 (6)
Involved for housing support or other services not related to child protection	42.3 (47)	42.3 (30)	42.5 (17)	42.7 (32)	41.7 (15)
Involvement because of DVA	23.4 (26)	22.5 (16)	27.5 (11)	20.0 (15)	33.3 (12)
Involvement with mental health	21.6 (24)	26.8 (19)	12.5 (5)	25.3 (19)	13.9 (5)
Offending/prison	18.0 (20)	21.1 (15)	12.5 (5)	20.0 (15)	13.9 (5)
Some involvement but not currently	25.2 (28)	19.7 (14)	35.0 (14)	22.7 (17)	30.6 (11)

† p< 0.10, * p<0.05, ** p<0.01, *** p<0.001

° More than one reason for some cases.

Education and employment outcomes

Several factors were associated with the likelihood of not being in education and/or employment at case closure. Being on the child protection register was a protective factor, as these young people were more likely than those not on the child protection register to be in education or employment. In contrast, the number of placement moves and regularly running away were risk factors for poor education/employment outcomes at case closure. The higher the number of placement moves a young person experienced, the more likely they were to not be in education and/or employment at case closure. Young people who ran away regularly were at increased risk of not being in education or employment.

Unstable housing situation

Three factors that significantly increased the risk of having an unstable housing situation at case closure were having a negative relationship with parents, having experienced a higher number of moves up until case closure, and regularly running away. Those who have experienced a pregnancy were less likely than those who did not, to live in an unstable situation. Having positive peer relationships was another protective factor, as young people who had positive relationships with peers had a reduced risk of experiencing unstable housing conditions at case closure. None of the interventions were significantly related to young peoples' housing situation at case closure, however, the young people for whom direct support had a positive impact were less likely to be in an unstable housing situation.

Abuse in intimate relationships

With regard to abuse in intimate relationships at case closure, the results indicate that the main risk factor was the number of placement moves a young person had experienced. Other factors that were associated with an increased likelihood of abuse in intimate relationships were having experienced parental rejection and being on the child protection register, although both effects were only marginally significant. Young people whose family was seen as a risk or concern were marginally significantly less likely to experience abuse in intimate relationships. Interestingly, healthy relationship work was not significantly associated with the risk of domestic abuse (it did not reduce the likelihood of experiencing DVA).

Alcohol and substance misuse

Young people who have experienced CSE were almost nine times more likely to have issues with substance misuse, compared to young people who did not experience CSE. Other risk factors for substance misuse were mental health problems, and running away regularly. Males were more likely than females to have substance misuse problems. Young people for whom direct support had a positive impact were less likely to have issues with alcohol and drug misuse.

Mental ill health

The most important risk factors for mental health problems at case closure were earlier experience of mental health problems in phase 1 and experience of CSE. Young people who have experienced CSE were ten times more likely than those who did not experience CSE to suffer from mental health problems at case closure.

Social services involvement

Finally, the effects of risk and protective factors as well as interventions on the likelihood of social services involvement *after* case closure were examined. Young people who had experienced familial physical abuse were at increased risk of having social services involvement after case closure, whereas those who had positive peer relationships were less likely to have continued social services contact after case closure. In terms of the interventions, direct support significantly reduced the likelihood of later involvement with social services. However, young people who received healthy relationship education were more likely to have social services involvement after case closure.

RESPONDING TO SEXUAL EXPLOITATION

The report now moves to consider the findings from the qualitative research. These themes discussed below emerged from the analysis of the qualitative data, but directly speak to some of the core findings from the quantitative aspect of the research. The problems with educative risk and relationship based approaches to child sexual exploitation, risk management approaches, the importance of significant adults, key workers and relationship based practice, and the need to consider care in relation to home-away-from-home settings, are considered below.

'Risk' and 'relationships' work

The statistical analysis revealed that educative risk and relationship based approaches to interventions for sexual exploitation did not have a positive impact for the majority of young people, and this was mirrored in the views displayed amongst participants in the research. The qualitative analysis suggests that these approaches do not counter the problem, when used as the sole intervention, because CSE does not stem (just) from a lack of understanding about relationships and risks.

Residential workers spoke of how the majority of young people they work with have few or no positive family connections, a lack of positive peer relationships, and, consequently, have a low sense of self-worth. They spoke of how bodily and sexual attention from potential abusers can provide a positive sense of worth for young people, and educating them that these are not healthy or positive relationships is an ineffective counter to this affirmation of sorts. Some of the foster carers expressed concern that because the young people they were caring for had experienced abuse, and had such low self-esteem and lack of understanding about sexual boundaries, they needed personalised/counselling help to resolve these feelings before they could begin to understand or cope with exploring what constitutes a healthy relationship.

> *"There's no intervention for these children because what happens is their interpretation of what love is, is not what we see as love. So they've experienced a lot of guilt, they've probably experienced a lot of 'why me'. But they don't know until like the sex education or relationship, what is the normal. And I think this is where these children need counselling."*

> *"So the teachers are stumbling about in the dark. Some of them are aware that they're setting off triggers left right and centre. Others with zero awareness."*
>
> *– Foster carers*

Educating young people about healthy relationships, and telling them that the relationships they are in or the people they are involved with are unhealthy, tells young people two potentially hard messages that could be too difficult to hear if there are limited positive caring relationships in their life. Firstly, it may take away the confirmation of worth they feel from being of notice to their abuser(s), because they are being told that this notice is not genuine or positive, and this may serve to confirm the anxieties of those who feel a loss of worth and have experienced rejection. Secondly, it potentially asks young people to consider and confront their feelings about the relationships within their families and wider networks, potentially without the internal resources or external support to process these. This is not to suggest that relationships education is negative, but it suggests there is a need to consider how and when this is delivered, and that, for some young people, such discussions should take place in the context of a trusted relationship and accompanied by other supports.

Similarly, 'keep safe' or 'risk education' is too narrow a focus for any intervention. Young people involved in the research spoke of how they know about risks and the potential consequences of risky behaviours.

They explained that they engage in these because they are frustrated, or they are angry. For example they run away or 'go missing' because they feel unsafe or unhappy where they live, or they want to get away from things or from people in their lives.

> *I think it's making it worse because since I have had them [professionals] I have kind of gone more and more missing...Kind of makes me, fills me with everything. So for example, like I get too many things from all of these people and my head just goes [makes popping sound] and then I'm like I can't have this anymore.*

– Young person

Professionals meeting to talk to them about risks can reinforce these frustrations or anger, if the focus is not on changing things for them or their circumstances and centres on them changing their behaviours. One of young people said that no one had spoken to them about being happy, developing interests, or about taking up positive things, whereas for the young person who had a support worker who did so, this had been a key marker of change for them.

Risk management

The above discussion relates to concerns about a risk-driven approach to tackling sexual exploitation, displayed by participants. Foster carers talked of their concerns that the focus of support was on managing children and young people's behaviour and this was amounting to punitive responses. They suggested that children and young people were 'wrapped too tightly in cotton wool' or on 'lockdown', in that they were unable to be outside with peers, engage in certain activities, had phones removed, and had to be checked on repeatedly. They were concerned about the longer-term effects for young people who were unable to build relationships with peers and engage in 'normal' everyday activities. At the same time, they were concerned that they were sending messages to young people that they are the ones at fault, with responses experienced as a form of punishment.

> *We understand to a degree why they've done it, why they've put the protection in but it's just, it's too tight and she cried. I mean when, she would cry every night because she says I am being punished and I actually haven't done anything wrong...I think they panicked because she had this very risky lifestyle, but it stopped when it came to us and I don't understand why they then felt it had to go ahead because she hadn't run from us.*

– Foster carer

Foster carer one:	*At first when he first came to us his safe caring was more like house arrest.*
Foster carer two:	*Lock him up, don't let him out.*
Foster carer one:	*You know he wasn't allowed to mix.*
Foster carer two:	*Yeah honestly it was ridiculous, this 12 year old boy that should be doing 12 year old boy things, out with his mates you know, going swimming, doing this, doing that.*
Foster carer two:	*He wasn't allowed to do anything, it was like escorted to the, you know. So we've battled and none of us are like you know psychologists but just common sense you know all our years of being, well, parents, and years being foster parents we just realised that he's never going to move forward if he just stays in this stagnant, you know, this like this fence around him.*

– Foster carers

This was a view shared by some of those in the residential care setting. Participants from both these groups talked about the need for a 'longer view' and to have resources and support to develop interests, provide one-to-one attention, engage young people in activities, and provide opportunities for positive engagement with peers – which was also a view shared by the young people in the research. This requires collaborative working with the young person, and intensive and sustained engagement over a period of time.

> *"It took us about two and a half years of working with her and trying to build up her self-esteem, trying to educate her on the dangers of unprotected sex, doing activities, tried to do all that through link working sessions. But we had the added difficulty of the self-harm as well because for the first I'd say 18 months, any conversation that we tried to have with her she took it as an immediate attack and so that set her back. But it worked in the end... And I think one of the main reasons that she came out of the other side is because she knew there was always somebody there, 24/7."*
>
> *– Residential worker*

> *"Home and school like. I feel like they should find like to do something that you like, take you out somewhere for example. Like I'll take you to McDonalds today we're going to go and have a chat there. Or I'll take you to feed the ducks and we'll go have a chat there or something like that. So like kind of taking them out and kind of, because you kind of want to talk more because you're doing something and you kind of feel like talking and stuff like that or going to the park and just walking and talking, do you get me?"*
>
> *– Young person*

This point provides a context for the limited positive impact of policing responses shown in the quantitative analysis. If these form part of a response that centres solely on restrictions and young people's behaviours, then these can be perceived negatively by them. This was a view displayed by one of the young people interviewed, who spoke at length of her engagement with the police in a primarily negative way, whereby she felt herself to be an object of suspicion, which was increasing her frustration and resulted in her running away to 'try and find a happy place'.

In the residential care context, all involved spoke of how they had minimal flex with managing risks in relation to the young people, and this was evident in the ethnographic data too. For example, measures to keep young people safe can mean that it becomes easier for a young person 'to go missing', and this problematic can be exacerbated by a risk adverse and short-staffed system, or in situations where a young person does not feel happy or safe in the home.

> *"I think some of the challenges are the girls themselves actually engaging with us. I think they sometimes think we're doing things just to be spiteful. I think they don't, they don't sometimes think that we're listening to what they have to say. I think one of the difficulties is that managing risk with young people that for example they've got to be seen, depending on their risk, every two or every four hours. If you've got someone who needs to be seen every two hours sometimes they won't engage in that process and then they'll go missing and they feel as though we're not listening to them. But I think we do listen, we do listen to them all the time but I think sometimes (pauses) it's paramount to keep them safe, but all the work we do is around keeping them safe so I think engaging with them is difficult."*
>
> *– Residential worker*

When staff are unable to give direct one-to-one support away from the home, leaving may feel like the best option for the young person, but is problematic if they have nowhere to go. In these instances, staff considered that it would be better to manage the risk in that moment, so that the lesser of two 'risky' options could become possible. For example giving the young person permission to be in a known risky place, and managing this, rather than refusing permission so that 'going missing' with whereabouts unknown was not, by default, the only option available to the young person. However they described how, often, these were not decisions they were able to approve, and social workers would often refuse to allow these responses or were unwilling to take a dynamic approach to managing the risks around young people.

> *"The one thing I've learnt, is that a child who you put protective factors in at young, you have to review them. So telling a child at 14 that, so this child who came to me had to have supervised contact with both parents because of their history. I am travelling all over [place area], knocking on doors, looking trying to find them. All they wanted to do was see their family, they now have unsupervised contact. So you advocate for what is the best thing. If there's risks, there are risks but sometimes, we have to keep the children's, they are the most important. And since that, 100%. So it does work, it's just you have to get people on the same page as you to do this work, and you have to be experienced and skilled to do it."*
>
> *– Residential worker*

Social workers talked less about *why* risk and educative approaches did not work, but expressed frustration at the seemingly pointlessness of meeting with a young person every few weeks to discuss risks and risky behaviours. They described how they would have repeated conversations with young people who could recount and explain the consequences of risks, but this would make no difference to their behaviours. They also explained that this became a routine, and whilst they were trying and wanted to broker relationships with young people, it did not seem effectual in reducing risk behaviours, because they weren't able to give enough time to build the trust that they understood to be essential to developing relationships that would make such conversations meaningful. Instead, this work was discussed more in terms of being a mitigation of risk against social services – enacted so that in the advent of any possible negative future event they could show they had done *something*, rather than it necessarily achieving anything positive.

Set in a context of high levels of public and professional scrutiny, rather than approaches being informed by a perspective that takes the longer-term view for the young person's wellbeing, the work is likely to be (just as) informed by the potential judgement of court and any possible inquiry should a worse-case scenario occur; meaning that decisions are more likely to be driven by a 'risk-adverse' approach offering protection in the short-term, but which does not easily facilitate positive longer-term outcomes.

Significant adults, key workers and relationship based practice

The above discussion connects to the quantitative analysis indicating the positive impact and outcomes that can be achieved through ensuring young people have a relationship with a significant adult and through 'direct work'. As noted above, *all* the adult participants interviewed displayed an understanding that long-term intensive engagement with a young person was likely to make the difference for them, in terms of supporting them out of sexually exploitative relationships and circumstances.

> *It takes a lot of time. I mean you know even before you start the work I think it takes, you just need to build a relationship at first, you don't even address some of the risky stuff. I just don't, some stuff I just won't you know I just won't go straight in because it just breaks the relationship and you know you're going nowhere. So for a good couple of months you're just purely building a relationship … I've got some who want more than what I can give to be honest you know they want to be able to see me more and it's just you know I can't, I just can't. But they want to be able to see me more … And some services are time limited like six months worth of work, well it takes six months to build a solid relationship so I just think well that's no good. I just wouldn't [refer] because I just thought I don't think it's going to be any good because you know they would go, and I used to say to my manager, well what's the point because this person has experienced so much reject, so much kind of, that worker goes in for a period of six to twelve weeks max and then it's a case of oh well off I go now. It's not enough and it's just not going to achieve anything, it's just going to be another rejection so I would do the work instead, but you just can't do that for all your cases, and you have to prioritise in some way.*
>
> *– Social worker*

This formed much of the frustrations many of the social workers displayed about the limitations of their role in terms of providing support for the young people they worked with. They spoke of feeling that the other priorities they have, including those differing priorities with individual young people, including the attention they had to give to their parents and siblings, means that any relationship-building work is difficult and can be undermined, particularly in respect of the lack of time they can give to make those relationships meaningful. Some of the social workers interviewed stated that for these reasons they thought it would be better to have a more limited role in any 'direct work', so they would not come across as disingenuous in their attempts to engage with young people, and which results in those superficial exchanges many described. These social workers considered that they were best placed to play a key role in overseeing the care and support plan and liaising with other agencies who would be better placed to provide the sorts of direct support young people need.

The analysis suggests that for young people in local authority care, this style of 1:1 engagement is better suited to the foster carers and residential workers, who operate in a primary care giving role and in the everyday spaces where developing relationships is more easily possible. However their lack of autonomy and authority in every-day decision-making in relation to managing risks and supporting young people, and the limited involvement in support planning, can serve to undermine these relationships. For example, not being given enough information about the children in their care, having to place restrictions on children and young people, and not being informed of the reasons why, or not being in a position to inform those decisions, but being concerned about the impact of those decisions, can lead to difficulties in their attempts to support the young people they are caring for. It may be those in these everyday spaces who can provide something more like the relationships it was understood that young people need and want, but these carers and workers do not have the voice or remit to make some of the decisions that they think are best and which would positively support the young person.

However consideration also needs to be given to the spaces and contexts in which these relationships are possible for those outside of local authority care. This connects to systemic problems which means the system, and the welfare context within which it sits, does not easily equip practitioners or provide the

resources for these forms of the 'non-work' work. That is, work with children and young people which is driven by the relationship as the goal, and supporting their wellbeing as the focus.

The importance of this is highlighted by what the young people participating in the research had to say. They described how there are too many workers involved, and they find it hard to attach any trust to these relationships. The features of these relationships are centred primarily around their risk and their harm, and not around their happiness, and attention is not given to them and their interests and needs. They considered that their workers are there to 'find something out' rather than hear what they have to say.

> *"People just go asking me, why did you go to [place], why did you do this, who did you meet up, who was that, how old is he, what does he wear. I'm like oh my god, just stop like for real, it's just a lot. Most of the time I don't answer, but when I answer I just lie. I've told them, they already know this I have told them I don't want to speak to you. She [worker] goes you're going to have to speak to me. No. I'm just going to lie to you all day."*
>
> *– Young person*

There is also a professional language that informs the character of these relationships, and it introduces a professionalism that works against the trust and relational aspect of the 'work', and the relationship someone is trying to build with a young person. Language matters because it shapes the relationship, and can shape young people's experiences.

Sexual abuse

The discussion this far connects to the significance of child sexual abuse in understanding sexual exploitation. The analysis suggests that it is not the sexual abuse itself that is the 'cause' of later experiences of sexual exploitation. Rather, these experiences, if left unaddressed – either through a lack of emotional help, or through relationships that are limited in their ability to counter any emotions that could arise from the abuse (such as worthlessness, rejection, confusion, lack of hope, lack of a sense of control and value) – will form the basis for vulnerability to those who would exploit young people. The concern over this was particularly expressed by foster carers, who were concerned that sexual abuse (and the impact of other forms of abuse) were not being addressed, and the attention was focussed primarily on managing risks rather than providing support for children's wellbeing alongside the provision of age-appropriate therapeutic help to address the emotional consequences of such abuses.

Home-away-from-home?

Another key findings from the statistical analysis was the significance of the number of moves in housing situation, both in terms of later sexual exploitation, and later negative outcomes; such as abuse in intimate relationships, an unstable housing situation, and not being in employment or education. This speaks to the qualitative analysis and participants' views on the need to make sure that children are living where it is in their best interests to be, with the right supports in place so that there are able to stay there.

The analysis from the qualitative research suggests that there is a hierarchy of care (where 'home' should be) in the wisdom behind decision-making in social care; which is that living with parents is best, and if that becomes unsafe then remaining with family through kinship care is the next best option. If kinship cares proves unsafe then it is the family environment of foster care that is assumed to be best, and, finally, when all other living environments have been attempted, then residential care is the last resort and end-point option. Yet given the high levels of all forms of abuse experienced by those in this sample, alongside the numbers of those with dysfunctional

relationships with parents, and those who experienced a complete breakdown in their relationships with parents (including expressed rejection), living with parents may not be in some children and young people's best interests. This latter point was a view expressed by some of the social workers, who questioned the view that home is always best, with some expressing concern that the increase in CSE was perhaps a consequence of changes that have occurred in the risk thresholds for keeping children with parents.

There were many cases in which young people were moved between parents and family members multiple times, before being removed and being placed in and out of foster care, before being placed and moving between different foster homes because of 'placement breakdowns', resulting in, for some, a final placement in a residential home. In almost all these cases, the justification for any move had to be based on a 'failed' placement, meaning that before a removing (or moving) children, the situation needed to get to a point where relationships had broken down and 'children's behaviour could no longer be managed' or parents were considered a risk. Participants suggested that the result of this cycle is disruption, rejection, instability, and uncertainty. They also suggested that where children and young people should be placed, depends on the context and the reasons behind the need to take a child or young person into local authority care, alongside the views of that child – rather than being based on this perception of care.

In addition to this, the participants spoke of how the approaches to practice with children when they are taken into local authority care can contribute to the 'success' or 'failure' of a placement. As discussed above, foster carers were frustrated and angry about the lack of support for the young people in their care, along with the lack of advice and support they themselves received about how best to support the children in their care. For example they described having to manage challenging sexualised behaviours which they understood to be a result of the abuse children had experienced or witnessed, or significant self-harm, whilst having little support to understand how best to approach these behaviours. As also considered above, they discussed how placement breakdowns can occur because of the risk-based approaches creating a dynamic they have to manage, and which potentially undermines the relationship, alongside a lack of any other supports in place for children and young people.

At the same time, a perception of residential care as a 'last resort' may itself form part of the problem. Young people who are placed in residential will have had to go through a number of 'failed' home environments, and therefore have experienced multiple disruptions, instability and insecurity, and repeated rejection, and will have high needs and likely developed a mistrust of carers and professionals. When these young people are placed together this can create an environment in residential homes, which contributes to the idea that residential care itself should be a 'last resort'.

The analysis suggest there is a need to readdress the perception of residential care. Messages from young people, residential staff and foster carers, all directed to the importance of seeing residential care as equal to foster care in terms of being a possible positive first home-away-from-home option. Residential care might be best placed to support children, for a number of reasons. Some children and young people cannot and do not want to cope in a foster home, and may prefer to be in the residential care context. This was a view expressed by some of the young people in the residential home who talked about not wanting to have to play 'happy families' in foster care, and of struggling with being placed among a family other than their own. This was supported by some of the adult participants who described how there is a structure, boundaries and support in residential care – as with foster care – but without the pressure of adapting to a new family and a family context.

> *I think that residential is really good for the children that have absolutely no want whatsoever to go into a family environment. They've got families and they're not interested in it and I think residential is really good for that...I think that if you have a good staff team and you don't have a high staff turnover you can have an environment not, um that's like a family but it is like a normal run of the mill thing which I think children need. And putting boundaries and routines in, which children also need.*

– Residential worker

This suitability should depend entirely on the young person, as participants across all groups also talked about how some young people in residential care would have likely thrived better in a foster care environment (but could not find a placement willing to take them). Their point was that both contexts can be the best option for children and young people, and the decision to be placed should not be driven by failure.

At the same time, staff are more equipped and supported in residential to deal with more challenging risk behaviours and support needs. For example, participants talked about how these can be absorbed through a team of people, and with supervisory support in residential care, which means that residential care has more possibilities for 'predictability' and 'stability'. This was similarly reflected in what foster carers had to say, who described managing situations with young people who were being sexually exploited whilst having no or limited support to do this.

> *And residential is not like that. I think you can only do that with a larger group of people because it can be absorbed. Some children have profound effects on staff and really affect them emotionally, but because we're part of a team and we can talk about it and they can have supervision or they've got [local authority counselling support], we can absorb that. We can absorb that pain because it's an emotional job*

– Residential worker

Both analyses in the research indicate that getting the decision about where is best for a child to be right first time has significant consequences for children and young people. Supporting foster carers, and ensuring that young people themselves are supported in foster care is essential. Drawing on positive models of residential care provision is vital, as is ensuring that residential care isn't viewed as (and doesn't by default become) 'last resort' for 'high risk' young people.

'Keeping safe'? The problems with the system

Why is it that with such agreement about the nature of the problem and how best to respond, professionals are unable to implement the sorts of practice they would like, while the system does not seem to support them to do so? A way to make sense of the above findings is consider them in relation to the social care context within which responding to child sexual exploitation sits.

Children's social services is underpinned by a system that responds to *families* and the need to address *parenting* and to keep children *safe*. This creates a particular frame around the focus of and the possibilities for supportive practise with children and young people. Firstly, the system is not designed for responding to the needs of young people, outside of attending to 'parenting' and/or when their needs are outside the context of the family home. Secondly, neither is it set-up to respond directly to the socio-economic contexts of 'parenting problems', such as domestic violence and abuse, or poverty. At the same time, there is limited resource and provision for referral in terms of wider welfare and support services. Thirdly, the overarching driver for social care practise is risk-based, in that the priority focus is to ensure the safety of children. There are then, systemic

problems that make it not just difficult for professionals to respond to the needs of young people in relation to sexual exploitation, but can contribute to and reinforce the conditions within which CSE occurs.

In this social care context, the priority presenting (behavioural) risks are the focus, meaning that attention may not given to wellbeing needs and internal issues of identity, loss, and rejection that can accompany the sorts of issues that young people face. All those who participated in the research expressed a clear understanding about this. They understood that they needed to address the underpinning issues behind CSE. At the same time, the young people themselves may become the objects of concern. This was particularly evident in the interviews with young people, foster carers and residential workers. The young people displayed and spoke of frustration and anger at the bodily or behavioural attention they received, and at the limited concern for them and their happiness. Foster carers were clear that there was no support to address the abuse, rejection or loss children had experienced, and spoke of a quite literal focus on the surface issues – such as young people's weight, teeth, and ensuring they received contraception. They talked about how systems for keeping young people safe in relation to sexual exploitation worked punitively for them, for example, taking away a child or young person's freedoms to play, their phones, and opportunities for engaging with peers. These actions can be experienced by the child or young person as punishment, but, also, the foster carers, and residential carers too, were concerned that young people were being cushioned in a way that meant they were unlikely to be able to develop the resources to manage risk in the future, suggesting that there is a need for a more dynamic approach to managing risk.

Similarly, residential workers spoke of the scrutiny young people experienced, and how the high levels of recording and 'checking in', particularly when set alongside reduced staff teams, can mean their focus is on managing behaviours and not engaging young people in positive activities. Social workers felt that that they were required to undertake educative 'risk' based work with young people that was talked about as being *superficial*. That is to say, this work gave surface attention to complex issues, whilst being a form of role play; in that both they and the young people they worked with went through a routine of stating and rehearsing risky behaviours and their consequences, whilst knowing that it would likely lead to no change without the time to develop trust and a relationship that would make such exchanges meaningful.

Moreover, in a system working on the basis of managing risk, young people are difficult to prioritise over younger children, by nature of the understanding of risk and potential harm. This problematic is exacerbated by a system that is under-resourced and works with high numbers of families who have high needs. Young people may therefore only come to attention when their problems have become serious difficulties. There are two things to note about this. Firstly, these issues become harder to address over time, and may have been intensified by a system that has responded inadequately in the past. Secondly, being 'high risk' creates concern and notice. Young people are prioritised and therefore receive attention and support when they engage in high-risk behaviours; and when the risks are reduced, the concerns are alleviated and the attention reduces. This can encourage a negative cycle of attention. The focus of concern on young people's behaviours can also reinforce the message that it is young people themselves who are the problem. For these reasons, the system can reinforce the problem.

In addition to, and because of the above, the system does not easily facilitate the sorts of responses required to respond to or prevent sexual exploitation. Perhaps displaying a view symptomatic of their limited role and ability to tackle what they understand the extent of the problem to be, almost all the social workers were in agreement that sexual exploitation, once it is happening for a young person, is impossible to tackle, and the only way to address it is to respond earlier. It may be that underpinning such a view is the feeling that there is nothing *they* can do, rather than nothing that can be done. Almost all the social workers interviewed expressed frustration and some a fatalism with the limitations

of their role and that they might not be the professionals best placed to respond to young people. All that they achieved that was positive was talked about in terms that were *despite*, rather than *because of* the work they do and the system within which they work. Social workers can have a key role in navigating and co-ordinating direct support for young people.

Residential workers and foster carers were more optimistic in the *possibilities* for intervention and positive change; however, they were clear that they did not always have the resources or support to achieve this. Residential workers wanted to address and attend to young people's emotional literacy, sense of belonging, understanding and value for themselves, and provide positive and one to one attention, but find it difficult to do this in a meaningful way. Foster carers felt that the attention to basic safety meant that they received no further support in how to work in a way that would respond to the young person's emotional needs. This was particularly so when young people have experienced sexual abuse and neglect. They were also concerned about the lack of any additional support for young people outside of any planned visits from social workers.

In a risk driven system, there is limited opportunity for a wellbeing or 'asset based' approach, and for ensuring long-term attention is given to happiness, strengthening relationships with significant others and key workers, developing relationships with peers, and supporting interests, hobbies and involvement in activities. Short-term interventions are the focus, in order to manage behaviours and tackle presenting concerns, rather than longer-term approaches. There are challenges for relational-based work within this context, some of which cannot be done away with and are tensions that have to be accepted and managed; but some of which could be managed by facilitating longer-term provision for young people, including for those both within and outside of the care context. Another consequence is that there can too many people for young people to have relationships with, and all of these people cannot feature as a 'significant person' in a young person's life. Young people can get lost within this network of multiple professionals, whilst repeated or multiple short-term interventions work against the predictability and stability, and sustained relationships that are significant in both preventing and intervening in sexual exploitation.

CONCLUSIONS

While the original research aims focussed on the outcomes for those who experienced (or were at significant risk of experiencing) CSE, **the quantitative analysis presents a troubling picture about the life circumstances and experiences for the entire cohort of young people regardless of whether they experienced CSE or not.**

Poor family relations, abuse experiences and disruption were common for all the young people in the sample. Half of the young people also had primarily negative (or no) relationships with peers, were running away or were offending. **All these experiences were more likely to feature in the lives of those young people who experienced or were at high risk of experiencing sexual exploitation.** This finding marries with the understandings displayed amongst the adult participants in the research, which reflected an awareness of the complexities of CSE as occurring within a psycho-socio-economic and structural context. This also provides a picture of the sorts of issues practitioners are responding to in their work to support children, young people and families.

The majority of young people were in employment or training and in stable accommodation, however, just over half of this group have been involved with social services as young adults and parents. **In the main, a larger proportion of those who were at high risk of being or who were sexually exploited had negative outcomes at and after case closure.**

There are some key areas that need to be recognised for their relationship to sexual

exploitation. **Placement moves are associated with experiencing CSE and with negative outcomes for young people regardless of experience of CSE.** The higher number of moves, the increased risk of experiencing CSE. Moving children from their living circumstances is also linked to an increased risk of having an unstable housing situation and of not going on to be in education and/or employment. This was also a main risk factor for experiencing abuse in intimate relationships.

The above finding speaks to the qualitative findings and participants' views on the need to make sure that children are living where it is in their best interests to be, with the right supports in place so that there are able to stay there. Living with family may not always best for a child or young person. The high levels of abuse and parental rejection experienced by young people in this sample suggest the reasons why almost half spent time living in local authority care. **If there is a need to take a child into the care of the local authority, some children and young people thrive better in foster care; some children and young people cannot cope and do not want to be in a foster home with another family and would fare better in residential care.** Staff may be more equipped and supported in residential care to respond to children with high support needs and/or when there is significant concern that they are being sexually exploited. Residential care and foster care can be equally positive home environments for children and young people.

The findings indicate that getting the decision about where is best for a child to be right first time matters, and has significant consequences for children and young people. **The best environment for out-of-home care depends on the young person, their wishes, their support needs, and the reasons behind the need to take a child or young person into local authority care.** Supporting foster carers, and ensuring that young people themselves are supported in foster care is essential. Drawing on positive models of residential care provision is vital, as is ensuring that children's residential care isn't viewed as (and doesn't by default become) 'last resort' for 'high risk' young people.

Gender is significantly associated with experiencing CSE, with females being more likely to experience CSE. This wasn't much commented on by research participants, but does suggest that CSE is also a form of gender-based violence.

Previous experience of sexual abuse is also significantly associated with CSE, regardless of gender. Those who have been a victim of sexual abuse (within and/or outside the family) are more than 5 times more likely than those who did not to experience CSE. Those who have been a victim of extra-familial sexual abuse were over six times more likely to experience CSE, compared to those who have not been sexually abused/raped outside of the family context. This speaks to the qualitative findings and the need to consider the responses towards young people who have experienced sexual abuse and assault, as well as the need to provide support for children and young people's wellbeing, alongside the provision of age-appropriate therapeutic help to address the emotional consequences of such abuses.

These significant factors from the quantitative analysis connect to the qualitative findings, and a broader argument about concerns with the response to CSE being constructed around risk in general and young people's risky behaviours more specifically. **In our analysis, none of the factors that could be understood as young people's risk-taking (i.e. running away, offending etc) were significantly associated with CSE.** This also connects to concerns revealed through the qualitative analysis about a risk focussed approach to social care, rather than a wellbeing approach.

Ensuring young people are safe from harm is vital however, this can work punitively i.e. young people are unable to be outside with peers or engage in certain activities, they have phones removed, are checked on repeatedly. This focus can mean that young people themselves become the objects of concern. **Professionals' attention on risks can reinforce a young person's frustrations or anger, or sense that they themselves are the problem, if the focus is not on changing things for them or their circumstances,** and centres on them changing their behaviours.

Too many relationships for young people are centred primarily around their risk and their harm, and not around their happiness, and attention is not given to them and their interests and needs.

Decisions can be driven by a 'risk-adverse' approach offering protection in the short-term, but which does not easily facilitate positive outcomes in the longer-term (and sometimes even the shorter-term). The potential judgement of court, and any possible inquiry should a worse-case scenario occur, can drive decision-making. This is over and above what might be considered to be best for the young person at that time, given the circumstances. There can be minimal flexibility for managing risk 'in the moment', and for allowing and equipping young people to take calculated risks. **There is a need for a more dynamic approach to managing risk, and a need to open up the possibility for wellbeing to be the driver for practice.**

Having a supportive adult in their lives had the most positive impact for young people. Direct work is also important, and the main intervention that makes a difference in terms of its role in positive outcomes. Those who received this type of support were less likely to have issues with alcohol and drug misuse, were less likely to be in unstable housing and were less likely to have involvement with social services as young adults and as parents. The quantitative research also found that relationships with peers is significantly associated with CSE as a protective factor. Those who had primarily positive relationships with peers were less likely to experience sexual exploitation. An increased number of agencies involved in supporting a young person, pregnancy, and an increased number of social workers, were also significant in those who did not go on to be sexually exploited. Taken together, this indicates that if young people receive supportive attention and a coordination of support from a professional they have a good relationship with, it can act as a 'protective factor' for CSE.

This aligns with the qualitative findings. Long-term intensive engagement with a young person is likely to make the difference for them. One-to-one work, such as spending time with a young person, engaging them in activities, or addressing their confidence and self-esteem has a positive impact. In a risk driven system, there is limited opportunity for a wellbeing or 'asset based' approach, and for ensuring long-term attention is given to young people's happiness, strengthening their relationships with significant others and key workers, developing relationships with peers, and supporting interests, hobbies and involvement in activities.

The focus on managing young people's risk-taking behaviours and the need to tackle presenting concerns and immediate risks, can mean that short-term interventions can often be the focus of provision. Young people may also only be prioritised and receive attention and support when they engage in high-risk behaviours. This can encourage a negative cycle of attention. There are challenges for relational-based work within this context. **Repeated or multiple short-term interventions work against predictability and stability, and sustained relationships.** Young people and professionals participating in the research described how there are too many workers involved for some young people, and they find it hard to attach any trust to all of these relationships. There can be too many people for a child or a young person to have a relationship with. All of these people cannot feature as a 'significant person' in a young person's life. **Young people can get lost within a network of multiple professionals.** Professionals talked about the revolving door of people, projects, carers and interventions. Some of these challenges could be managed by facilitating longer-term support for young people (within and outside of the care context). Managing how these relationships end is important to consider – particularly if there is no other person who is significant for the young person in their life.

Interventions commonly used for responses to CSE such as educative risk and healthy relationships work did not have a positive impact for the majority of young people who received this support. In some instances this is also associated with negative outcomes. This aligns with concerns from professionals, about the potentially harmful effects of a

narrow focus on complex issues involving abuse. However this is not to say that it is educative healthy relationships or 'keep safe' approaches *per se* that are a problem, but rather suggests that there is a need to consider how and when these are delivered, and that, for some young people, such discussions should take place with and within the context of a trusted relationship, and accompanied by other supports.

RECOMMENDATIONS

1. There is a need to move away from a focus on risk in social care practice with young people, and to open up the possibility for wellbeing to be the driver for practice.

2. Assessment for CSE should move away from a risk-based assessment, to a wellbeing or needs-based assessment that takes into account and focusses attention on the CSE specific and wider wellbeing needs of a child or young person. This supports a children's rights based approach to practice, and the need to balance protection rights with participation rights. Key questions such as 'is this safe?' should be replaced with 'is this in this child or young person's best interests?'

3. There is a need for wider social care systems, policies and practices to support social workers and social care practitioners to take a more dynamic approach to managing risk. Practitioners should be supported to make decisions that act in the child's immediate and long-term best interests, and not as mitigation of concern over the unknown future risk against which practitioners might be held to account. This needs to be supported by other professionals working in a multi-agency context.

4. The important role of residential and foster carers in safety and care planning should be recognised. Such care planning should include and take into account the views of residential and/or foster carers involved with child or young person, and the views of the child or young person themselves. This should allow for a (re) assessment of concerns, relating to both those risks occurring 'in the moment' and for the longer-term. The reasoning for decisions should be relayed to and discussed with young people.

5. There is a specific need for statutory services to respond to children and young people through provision (or coordination) of long-term direct support with a single practitioner, so that the specific needs of young people do not become subsumed by work with parents. Such support needs to focus on the young person's wellbeing and relationship building. Social workers can play a key role in navigating and coordinating who is the right agency and person to provide this support.

6. Attention should be given to the numbers of practitioners and professionals involved in supporting a young person. Multi-agency practice is vital, but should be coordinated by a single point of contact, for and with the young person.

7. Welsh Government should ensure there is provision available for children and young people to access age-appropriate therapeutic help to address the emotional consequences of sexual abuse, along with other abuses experienced by children and young people. Such work cannot be the responsibility of children's services and individual social workers to deliver.

8. This research supports the Welsh Government approach to delivering relationships and sexuality education, and the 'whole school' Health and wellbeing area of learning approaches in Wales. However, as a specific intervention for CSE, educative healthy relationships and risk-based approaches are too narrow as a sole intervention and can have detrimental outcomes for young people. Where these are delivered, they can be positive if they are provided in the context of a long-term trusted supportive relationship with a professional or carer, alongside support to address wider wellbeing needs.

9. There is a need to address the perception of local authority care as something inherently negative. This filters down to young people's experiences and their understanding of their situation being in deficit. Being taken into care can be the right thing for a child or young person's best interests, and this message is important for young people to hear.

10. If there is a need to take a child into the care of the local authority, some children and young people thrive better in foster care; some children and young people cannot cope and do not want to be in a foster home with another family and would fare better in residential care. The best environment for out-of-home care should depend on the child or young person, their wishes, their support needs, and the reasons behind the need to take that child or young person into local authority care.

11. Residential care needs to be positioned as being an equally positive out-of-home care environment to foster care for children and young people. Foster care may not always be the most appropriate environment. Drawing on positive models of residential care provision is vital, as is ensuring that children's residential care is not viewed as (and doesn't by default become) 'last resort' for 'high risk' young people.

12. There is a need to consider the support provided for foster carers, especially for managing challenging concerns around sexual exploitation, self-harming and (harmful) sexualised behaviours. Ensuring that children and young people themselves are supported in foster care through additional direct support and therapeutic support, where needed, is essential.

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