Combatting child sexual exploitation with young people and parents – contributions to a 21st century family support agenda

Abstract

This article discusses family work with young people, parents and carers affected by child sexual exploitation (CSE). It seeks to address a key gap in child protection responses to CSE – that is, family support which addresses both the needs of young people and parents and carers. The paper presents learning from the evaluation of an early intervention project with young people at risk of or affected by CSE and their families. It links this empirical evidence to existing research and recent debates in the social work literature about what constitutes effective practice with families and young people. While acknowledging the need for CSE specialist services, it argues that separation between mainstream social work and CSE prevention work with families and young people is not always helpful. The research presented, based on interviews, roundtable discussions, case studies and a literature review, highlights the skills and ways of working needed to undertake effective work in this field. By making connections between family support, work with young people and CSE prevention we seek to contribute to a broader agenda for social work. This agenda calls for a 21st century reconfiguration of social work using holistic family support practices that work with families’ strengths and apply a participatory approach; providing services which emphasise ‘relationships’ and ‘support’.
Introduction

During the last decade responses to child sexual exploitation (CSE) has become a key focus for child and family social work. This is unsurprising given high profile criminal convictions for child sexual exploitation in cases such as Rotherham, Oxford and Derby and the findings of major reports (Jay, 2014, Ofsted, 2014). All of these cases highlighted serious failings in responses by social work and other parts of the child protection system. An absence of early help and the fact that family support for young people, parents and carers affected by CSE is patchy, inconsistent and frequently missing altogether (PACE, 2014) is a common feature in this context. A recent Ofsted (2016) report, while acknowledging progress in multi-agency responses, highlighted wide variations in responses by professionals and, that ‘collective commitment at strategic level (to prevent and respond to CSE) is not always translating into effective practice’ (Ofsted, 2016, p. 5). Furthermore, there is evidence that child protection practices, in responding to CSE, can themselves compound problems for young people (Hallett, 2015). Care and support for young people and families affected by CSE frequently appears to be separate from mainstream social work, restricted to a specialist strand of work, frequently undertaken by voluntary services. The implications of this divide between mainstream social work and direct work with CSE affected families and young people, are a central concern for this article. This article presents learning from the evaluation of an early intervention model of work with young people at risk of or affected by CSE and their families, which aimed to address some of these challenges. Findings include the views of young people, parents, carers and workers about the nature of effective support. The article links this empirical data to evidence in the wider social work literature and CSE research regarding gaps in family support provision and problems in the safeguarding of
young people. We highlight the skills, knowledge base and organisational structures required for effective strengths-based work. While acknowledging the need for specialist services we argue that separation between mainstream social work and CSE prevention work with families and young people is not always helpful. By making connections between CSE and social work literature on family support and working with young people, we seek to contribute to a broader agenda for social work; an agenda which responds to compelling arguments for a modern day reconfiguration of social work as holistic family support practices which ‘celebrate families strengths and vulnerabilities’ (Featherstone et al., 2014a p. 1737).

This article is organised as follows. Firstly, we set the scene by drawing on social work literature and the CSE evidence base to highlight two key gaps for social work practice and CSE interventions, namely family support and safeguarding young people. The terms ‘intervention’ and ‘early intervention’ are used in this article in the context of disrupting and preventing CSE, or the risk of CSE in support work with families. Secondly, we present an overview of a Barnardo’s CSE intervention project, Families and Communities Against Sexual Exploitation (FCASE), the methods this intervention used and a review of literature on parenting support for the families of young people affected by CSE which was part of the study. Following this we present findings from the evaluation of the Barnardo’s FCASE programme. The term ‘young people’ is used throughout this article to denote young people aged 10 – 17. Our emphasis in this article is on issues specific to CSE and social work with older children in the UK child protection framework. However, many of the arguments presented are relevant to social work with younger children and their families.
Effective social work for family support and CSE prevention requires a bold vision for services. However, such a vision should not be founded on distant dreams of transformation but rather, on already established evidence about what constitutes relational, empathetic practice and the conditions necessary for this to be a reality. In 1995 the influential Department of Health (1995) Blue Book concluded that in the post-Cleveland era there was a need for ‘an ordered child protection service’ and ‘in ten years’ time the need might well be for family support and protection’ (Department of Health, 1995, p. 55). Over two decades later we continue to grapple with questions of the nature of support for children and families who need help to keep safe. The Munro review (2011) highlights problems arising from excessively procedure driven systems. ‘The centrality of forming relationships with children and families to understand them has become obscured’ (2011 p.8). In a radical critique of social work with families, situated in the context of structural inequalities arising from neoliberalism, Featherstone et al. (2014a) argue that the notion of social work ‘intervention’ requires interrogation because it emphasises practices which are ‘delivered to families rather than practices with families’ (2014a p. 1740). Similarly, in considering what constitutes social work knowledge, Parton (2008) notes a shift over the past three decades from a ‘narrative’ to a ‘database way of thinking and operating’. This, he argues makes social work practice less ‘social’ and more ‘informational’ with adverse implications for relational practice.

Similar themes are evident in child protection work in the context of CSE. Problems in the operation of the child protection system are sometimes compounded by the fact that much of the focus of the child protection system is predicated on harm, abuse and neglect.
occurring within the family rather than the extra-familial abuse which characterises CSE (PACE, 2014).

Complexities in family work and CSE are underscored by the numbers of young people involved with social services prior to abuse, who have subsequently become victims of CSE or are exposed to the risk of CSE. While research evidence suggests that the majority of young people affected by CSE live with their families, a disproportionate number of looked after children are at risk of or experiencing sexual exploitation (Shuker, 2013). This suggests that improved family support in CSE responses would have a beneficial effect, particularly amongst young people at risk of going into care due to CSE.

Families are often facing a range of challenges (both related and unrelated to CSE). Research evidence shows that young people affected by CSE frequently have complex needs and have been in contact with other services, such as health and education services and the criminal justice system (Godar, 2013, Warrington, 2017 Forthcoming). There may also be low levels of trust and engagement with statutory services, including social workers. Poor responses by professionals such as the use of inappropriate and insensitive language, can result in children and young people feeling they have not been believed or that they are being judged as having been responsible for their own abuse (Ofsted, 2016). Hallett (2015) describes feelings of invisibility among young people. Parents and carers have reported similar experiences where they feel they are not taken seriously, their voices have not been heard and their needs have not been addressed (PACE, 2014). This suggests that CSE prevention and support for social work clients requires skilled family intervention. This means developing trust between workers and families and, facilitating parents, carers and young people in supporting each other in re-building relationships amongst themselves, key
protective factors against CSE (PACE, 2014). Such an approach to practice moves away from ‘top- down’ models of families receiving support from social services to ‘bottom up’ practice which enables workers to view family work with parents, carers and young people as a partnership and an essential component of effective responses to CSE. This holistic approach extends beyond improving the skills and knowledge base of individual workers and makes significant demands on the organisation and delivery of frontline services. It is through these arguments that we seek to make common cause with critiques in the wider social work literature on child protection (Featherstone et al., 2014b). This requires a child protection system set within the broader context of support at family, neighbourhood and community level (Lonne et al., 2009).

**Safeguarding Young People – A case for social work?**

Lack of attention to young people as the focus of social work is not a new problem (Rees and Stein, 1999). Triseliotis *et al.* (1995) describes the scant attention paid to this age group and a ‘dearth of services oriented to working with families in ways which are appropriate to adolescents’ (1995, p. 272). This major study found there was a need for more planned and consistent work with young people and their families and for social workers with ‘the personal qualities which enable them to engage well with teenagers’. These personal qualities are listed in the research and include: being informal in approach, being available, punctual and reliable and workers who ‘listened to what was said, tried to understand and did not lecture’... (1995 p.272).

These issues are still with us, (Biehal *et al.*, 2000, Rees *et al.*, 2010). Rees *et al.* (2010) find that the child protection system treats young people aged between 0 - 17 as a homogenous group with little recognition of the different risks and vulnerabilities arising from the
different capacities and lifestyles of older young children (2010 p. 6). At practice level, engaging young people continues to be a central challenge for social work. Major cutbacks in youth provision in the last decade, well documented elsewhere (Bell et al., 2013, Hughes et al., 2014) make this job still harder.

In the context of CSE and child trafficking, Pearce (2009) argues ‘there needs to be a conceptual shift that acknowledges older young people’s vulnerability to abuse and that develops appropriate ways to intervene to protect them’ (2009 p.9). Firmin’s (2016) contextual safeguarding model develops this point highlighting the importance of peer groups for teenagers. The time and skills needed to engage young people and their families and support therapeutic interventions may frequently be beyond the scope of time limited interventions which are primarily behavioural, and where the focus is often on deficits which need to be ‘fixed’ rather than the strengths of families and young people. In a review of international perspectives on parenting support, Boddy et al. (2009, p97) suggest there is valuable learning from some European approaches where greater emphasis is placed on parental strengths and competency building. We should return to the qualities listed by Triseliotis et al. (1995) for an indication of how we can support and safeguard young people both within and outside of the context of CSE.

We now turn to empirical evidence to expand on the themes identified. In the next section we give an overview of the FCASE Project and its literature review of family support and CSE before going on to present findings from the evaluation. The empirical evidence here is offered as a practice model based on holistic family support approaches.
The Families and Communities Against Sexual Exploitation (FCASE) Project

FCASE was a two year project funded by the Department for Education (DfE) via their National Prospectus Grants Programme 2013 - 2015. This programme sits under National priority 3 – ‘Develop and reform safeguarding services that protect and support children at risk from harm’. The FCASE ‘model’ included direct work, training and community awareness and was evaluated over a two year period between 2013 and 2015 by the International centre, researching child sexual exploitation, violence and trafficking (IC), at the University of Bedfordshire. The FCASE model emerged out of Barnardo’s experience of working with sexually exploited children and young people. This has included a range of projects and evaluation of these has demonstrated the value of therapeutic intervention with this group (Scott and Skidmore, 2006). At the same time, this practice experience has drawn attention to gaps in provision for sexually exploited young people and their families – specifically, the absence of preventative services and support for families. These issues have also been highlighted in other research relating to CSE (Jago et al., 2011, Beckett et al., 2013, PACE and College, 2013). The FCASE project was designed to build on existing expertise and to address these gaps.

The FCASE model (explained below) was piloted between April 2013 and March 2015. The project covered three different sites where there were existing Barnardo’s projects working with sexually exploited young people: Middlesbrough, Hampshire and Birmingham. FCASE was embedded within existing local authority safeguarding structures and processes for children and young people.
The FCASE model

The aim of FCASE was to embed more effective practice for safeguarding children and young people, including those in foster care, from sexual exploitation, through harnessing the protective factors within a child’s family or foster home. The model sought to achieve its’ aims by building on existing processes such as the Common Assessment Framework, the Team Around the Child and Family Group Conferencing. It emphasised the need for strong and effective multi-agency processes in order for the early signs of child sexual exploitation to be identified, preventative strategies put in place and, in turn, to develop processes for the sharing of intelligence and the disruption of abuse.

The objectives of the FCASE model included training on CSE for practitioners, community awareness raising and delivery of a six to eight week direct work programme with parents, carers and young people (with additional input for introducing FCASE, initial assessment and incorporation of other materials). The direct work with parents, carers and young people is reported on in this article.

The desired outcomes of the FCASE model were to:

- Enhance parent, carer and young person relationships.
- Reduce family conflict.
- Reduce levels of risk and, or harm for young people.
- Achieve stable and secure accommodation for the young person
- Increase children’s, parents’ and carers’ ability to work together and contribute to planning and decisions.
- Build capacity in adults and children to identify abusive, exploitative behaviour.
The FCASE process followed specific steps:

The process began with a referral (this could be a self-referral by families, but tended to come from social workers, police, voluntary organisations and schools). The referral was followed by the collection of information to assess suitability of the young person and family for the project. If it was felt to be appropriate an introductory meeting was held which aimed to explain the project and the anticipated aims and outcomes of the work. If the family were in agreement, the direct work programme was then delivered, working separately (but in parallel) with the young person and their parents or carers. This consisted of a series of sessions covering:

For Parents: Understanding and living with risk; What is CSE?; Abusive relationships and grooming; The Internet; Consent and a review of learning session.

For Young People: Relationships; Risk; Abusive Relationships; Grooming in relationships; Consent, Law and E-Safety and a review of learning session.

A few weeks into the programme a ‘Safer You’ meeting took place with all family members, FCASE worker and other support services who were involved with the family to review progress and plan for the future.

The FCASE staff teams across all three sites were highly skilled professionals with strong relational skills. Each brought significant knowledge, skill and experience to the project. All 14 staff who attended the first roundtable evaluation meeting had previous experience of related work (such as direct CSE work, Youth Offending and family mediation) before joining the FCASE team. All but one worker had previous experience of working in CSE; typically staff had been working in the field between five to ten years. The majority also had five to ten years’ experience of working with young people. The proportion of staff with experience of working with families was slightly lower, three had less than one years’ experience and 11
had between one to ten years’ experience. The FCASE teams therefore had a good knowledge base and experience to bring to the programme. The research found that this expertise, alongside colleagues support and regular supervision, was highly valued by workers and families.

Methodology

The methodology used to evaluate the FCSAE project drew on ‘realist evaluation methods’ (Pawson and Tilley, 1997) to identify the context, mechanisms and outcomes of the intervention, reporting on findings from the two year implementation of the pilot project. FCASE workers’ views and experiences in undertaking direct work were gathered via two roundtable events. Patterns of referrals across the three sites were analysed and the experiences of 31 families were examined in detail through interviewing young people, their parents or carers, and FCASE professionals working with them as part of the direct work component of FCASE. Interviews also took place with key stakeholders, for example representatives from referring agencies and local community organisations.

Ethics

The evaluation received ethical clearance from the University of Bedfordshire and Barnardo’s. All participants gave verbal or written consent and pseudonyms have been used for all quotes from FCASE workers, young people, parents, carers and stakeholders to protect their identity.

To support the evaluation of the FCASE programme, a short literature review was commissioned (Author’s own 2017 forthcoming) by Barnardo’s as an additional piece of work to contribute to the evaluation.
Literature review

The review aimed to identify and describe different models of support, and intervention for parents of young people (regarding CSE where possible) and evidence of their effectiveness, with a focus on the outcomes achieved. To complete the review, an initial exercise mapped the literature on support for parenting and young people more generally. During this process, it became apparent that the literature available could be categorised under a number of themes including:

- General: Parenting support and, or intervention models with vulnerable families;
- Specific: CSE Intervention Models for parents with young people;
- Parent and or Carer Voice relating to CSE;
- Intervention models and general CSE.

In total 79 items were identified. 16 were included for final review, these included journal articles, books and research and practice-based reports commissioned by the government and produced by the independent and charitable sector. All journal articles were peer reviewed. Key findings from the review and their implications for family support in CSE prevention are now discussed.

Findings

The literature on parenting mainly derives from the US (Moran et al., 2004). The review found a significant body of literature which concerns support for parents and includes parent skills training, parenting programmes, information and advice via websites, books, television, help-lines, DVDs and specific campaigns. There is a much smaller body of evidence of specific support and intervention programmes aimed at higher needs in
families, for example young people in families who are involved in crime or who have drug and alcohol problems. The research regarding parenting support and CSE is minuscule, the majority of the evidence base relates to Universal parenting support and targeted programmes. According to (Miller and Sambell, 2003) the kind of support parent’s seek can be located within at least one of three distinct categories; dispensing, relating and reflecting. ‘Dispensing’ models of support are desired by the majority of parents; they want to know what they can do to change or ‘fix’ their child. Parents might look for information on-line, in books or seek expert advice from a professional who they feel is best placed to deal with child problems and can give them a solution. However, the support parents’ value most is a ‘relating’ model which facilitates parents and helps them consider how they feel about their situation. This model of support addresses parent’s emotional needs and enables them to make changes to improve their situation. It also validates their role as a parent. Parents value environments in which they feel listened to and where they can communicate their views, anxieties and feelings and are not judged in this process. The ‘reflecting’ model goes beyond ‘what parents can do’ to ‘why they should do it’ and involves providing information and training to enhance parents’ understanding of their children. Among the universal literature, it is the reflective type of support that has the best evidence base. Programmes such as Triple P focus on the challenges faced by parents and have been shown to reduce ‘problem’ behaviours in children(Nowak and Heinrichs, 2008).

Having reviewed the literature it is evident that Universal services can provide ‘dispensing’ support. These services raise awareness of a variety of issues which can affect parents of young people and could inform prevention strategies for CSE, they also have the potential to offer reflective support (using parent programmes) and reach parents with more complex
needs. Respectful and accepting relationships are a key factor of such services. Nevertheless, there is a lack of studies which measure effectiveness and what works best for whom. Targeted work can better address parent and carer’s emotional needs but most targeted support adopts reactive, rather than preventative strategies. Again, there is limited evidence of good practice standards.

Specialist CSE services provide dispensing support: Information and advice is available online and via leaflets and media campaigns, most specialist services provide information to help parents protect children but are not evaluated for their effectiveness. There is very limited specific provision that supports parents and young people affected by CSE and a real need to further evaluate support in the CSE field ensuring evidence of effectiveness. Hence, the findings from the FCASE project were significant as they added to very limited evaluations of CSE family support and take account of the perspectives of young people, their families and workers. In the next section we discuss these findings.

**Findings from the evaluation of FCASE**

The key findings in respect of FCASE family work focus firstly upon the worker and family relationship and the ability to apply a strengths-based approach which equips families with the knowledge and information to empower them and safeguard their children. It was found to be essential that workers had knowledge of CSE, relational skills, family centred working approaches and a flexible approach to delivering the programme to make it work effectively.
1) FCASE Worker Skills – Advocates and Experts:

The FCASE programme recognised the support and training needs of workers to ensure the workers could equip families with the knowledge and information to help them safeguard their children. From the start most staff had already undertaken relevant training and had direct work experience which meant they could ‘hit the ground running’. FCASE staff were aware of the skills necessary for undertaking this complex work, and highlighted the ability to work flexibly, carry out complex assessments and recognise where additional expertise was necessary.

The experience and skills of the FCASE team were key to engaging parents, carers and young people in the work and for assessing the needs of the young person, parent and carer and their family situation. The workers were able to assess quickly whether or how the programme needed to be adapted to meet the needs of that particular family’s circumstances. FCASE workers’ knowledge of CSE patterns of perpetration and prevention, together with their ability to engage adults and young people, were key strengths in the implementation of the programme. Parents and carers spoke of their previous lack of knowledge about aspects such as grooming and online risks and appreciated receiving this information.

Parents, carers and young people praised the FCASE workers for their communication and interpersonal skills and made distinctions between their problematic experience of statutory services and the far more positive contact with Barnardo’s.
A carer stated:

"Working with [name of FCASE worker] was like talking to your best friend, I could tell her my deepest fears and I trusted her, a trust that I’d never felt with an outside worker before. Me and my husband felt these are people that genuinely care." (Caroline, carer)

**Empowering Parents/carers and Young People:**

There was evidence from the evaluation that the FCASE intervention had a positive effect on parents’ relationships with professionals.

‘I never had respect for the police but now I see that I can contact them and say that I am worried and show them the evidence. It made me change my opinions in life.’ (Rose, parent).

‘One day I was upset but the worker put everything into perspective and it helped me voice my opinion in a way I probably would not have done, I wrote a letter, I find it hard to put things down on paper but I put it all down in a letter to the school which helped me say what I had wanted to in the meeting with the school but could not’. (Angie, parent).

The study found that parents and carers greatly appreciated the FCASE service and the sense that someone was listening and responding to them. The fact that there was a specific support process which worked with parents and carers provided an important opportunity to ensure their voices were heard. Listening to concerns and advising on actions in keeping their children safe are factors which could also improve partnership work between families and statutory services to raise awareness and disrupt CSE over a relatively short timescale.
‘We have to find a way to connect, so engagement is an important skill, and also have to be able to assess someone at the first meeting...got to have some experience, in some form, of how people think and develop, when people get stuck and how to help them become unstuck.... (Ruth, FCASE worker).

FCASE staff viewed work with parents as the best aspect of the FCASE model. The project was seen as creating a real and seldom available opportunity to undertake early intervention work and to provide the space to do family work. FCASE also facilitated educational and safety work with low risk cases. The ‘up-skilling’ of parents, carers and young people enabled their involvement in safeguarding processes and awareness raising within families:

‘I got more information, what to do and what not to do and how to keep myself safe as well’ (Harriett, young person).

‘I use the internet more safely and don’t put inappropriate pictures up because I won’t have control of it once it’s up there, and I keep my profiles private so only my friends can access it’. (Charlene, young person).

And,

‘She (the worker) made it clear what grooming was, all the stages of grooming. I had heard of grooming but I didn’t understand what it was. Everything made sense’. (Lena, young person).

These findings highlight the significance of the worker and family relationships, this is expanded upon in the next section.
Worker and Family Relationships

The importance of trust and belief in the role of the Barnardo’s worker was paramount. Being viewed as an advocate for families, as someone who was ‘in your corner’ (Angie, parent) was key to engagement and reduction of risk. Relationships were based on voluntary engagement and families felt that they could connect with their worker at any time they needed to:

‘They’d listen to us and take note of what we wanted as a family’(Naomi, parent).

‘I found [FCASE worker] funny [that was also the reason she engaged with the programme]... I thought the Safer You meeting was good because it got me back into school, I was frustrated to not be attending school. At the Safer You meeting we talked about harm - I’d probably be in jail now if I hadn’t done this programme.’ (Melissa, young person)

Support from Barnardo’s workers was frequently contrasted with the families’ poor experiences in relation to statutory social services. These experiences included three central elements

1. Feeling talked down to or having anxieties overlooked due to a greater concern with procedure than personal needs:

‘Basically it being less formal, you don’t feel that you’re being spoken down to – the worker is talking to you on the same level. It’s not so ‘authoritarian’. I’ve dealt with lots of different agencies. A lot of them make you feel talked down to; they can make you feel a little bit like you’re out of the circle’. (Ava, parent).

‘I can voice my fears. Social care and social workers are concerned with procedure,
they don’t deal with me – if I am scared’ (Joanne, carer).

2. Accessing relevant support.

Some families on the FCASE programme were not receiving any social care support and had never had any involvement. However two families within the study had asked for support as they both had children on the Autistic spectrum who were displaying levels of risky behaviour. These families felt let down by the system because their needs did not appear to meet service level thresholds for support.

‘When we asked (Social Services) for help – they ran out of the door’ (Laura and Tariq, parents)

Roker and Coleman (2007) suggest that getting the support right for parents is essential to support young people, the FCASE team took responsibility for coordinating relevant support based on the family’s needs. FCASE also provided a model for effective multi-agency working.

‘FCASE facilitates a model of multiagency working around early help and safeguarding, to embed principles and tools for professionals working with parents – especially around helping confident parenting and developing principles of safe based parenting’ (Jamilla, Learning & Development worker).

Parents also appreciated consistent support and knowing they could rely on workers.

Parent’s views of the statutory services contrasted sharply with their view of the support received from the Barnardo’s worker.
‘FCASE was the only agency that has been consistent and done what they had said they would do. They were honest and kept in contact and returned your calls’ (Karen, parent).

Similar messages were heard from young people who liked the flexibility of support provided by Barnardo’s workers. They could meet in environments where they felt comfortable and safe and could contact workers when they needed to contact them.

3. Flexibility

It is worth pointing out that families appreciated the flexibility of the FCASE process – meetings were held at families’ convenience, sometimes this was in the evening as parents worked and their children were in school.

‘The sessions took place on different days of the week depending on the school timetable; the young person liked this because it was different from school and felt less like a classroom format’. (Julie, parent).

‘It (the programme) was driven by what we needed’ (Tariq and Laura, parents).

‘We did not follow the programme week by week, it was tailored to our needs and Darrell’s needs. His needs were not quite the needs of others; he was not running away, he was not in that deep’ (Angie and Matt, parents).

This flexibility contrasts sharply with arrangements for support from social care where working hours are often nine to five, a factor which could further limit positive engagement as described below. There was also evidence of the benefits of flexibility in adapting the programme materials to families’ needs. For example, one of the FCASE workers developed
resources for children and young people with learning difficulties. Others used material at
different times depending on the issues and priorities of the family (so not necessarily in a
linear way). Many workers introduced local examples to help engage young people and
parents, carers in raising awareness of the incidence of CSE.

**Multi-agency work and effective partnering with the voluntary sector**

The FCASE model was designed to work within the statutory child protection framework; yet
as the quotes above suggest there remain barriers between families and statutory agencies.
Findings from FCASE suggested that the workers’ position within the voluntary sector could
enable opportunities for bridges to be built and re-built as workers invited the statutory
sector to provide referrals, support and attend meetings. Nevertheless there were
challenges in doing so:

Firstly, referrals came in from local authority social services departments, the police, schools
and families themselves. At the outset all teams had experienced issues around the ‘wrong’
kinds of referrals, many were considered to be too high risk, meaning that families or young
people had to be referred on. In some cases the referrer had not provided enough
information which meant again that an FCASE referral might not be appropriate. In some
cases situations had escalated and engagement with FCASE had to be put on hold. Where
possible, teams did try and support these cases through other programmes.

Secondly, the evaluation found that there was a reduction or withdrawal of support from
social workers and local authority family support workers once a family had been referred
into FCASE. This was evident in the FCASE ‘Safer You’ planning meeting, which as previously
described provided a central focus for planning future safety for children and young people.
Among the 31 cases examined there was just one meeting attended by a social worker. The researchers found that this reflected a number of factors, foremost amongst these were resource constraints, however it could also be viewed as a missed opportunity for multi-agency co-operation. This occurred despite the on-going nature and complexities of problems experienced by families and, despite the nature of FCASE as a short term, intervention which was not intended to substitute for longer term family support work.

Low levels of co-operation between the voluntary sector and social services also accounted for difficulties. For example, in one of the pilot areas Barnardo’s workers felt that they had to struggle to be heard and taken seriously by statutory services.

‘There are potentially issues around escalation, when FCASE try to escalate there is a question as to whether people listen and take them seriously. Do people listen? If this does not fit with the assessment of the statutory organisations then how much clout have they got?’ (Paul, CSE lead).

In another of the pilot areas the commissioning of services had left key gaps in service provision for parents and carers and young people.

Hence multi-agency working and a recognition of the complementary roles of statutory and voluntary services remains a key challenge for social work despite the fact that it is noted across policy as best practice (Ofsted, 2014, Ofsted, 2016). Improving responses to CSE and prevention requires better multi-agency support strategies for children, young people and their families between social work and the voluntary sector and these findings further support this.
**Parallel Working**

The study found that the principle of parallel working, whereby one worker supported the parent, carer and a different worker supported their child, worked well within the model as confidentiality of discussions was maintained.

‘I don’t think the young person would have been able to engage or disclose at all if there hadn’t been different workers’. (FCASE Worker, Sam)

This process also strengthened relationships within the family as each family member felt supported and as a result felt able from this position to open up discussions about what they had learnt in their individual sessions, for example, grooming and internet safety. Findings showed that FACSE support did improve family relations and this lowered risks for the young person. It is also worth noting the challenges in sustaining parallel working with young people and their parents or carers. Missed appointments, workers, or family members being unavailable through holidays or for other reasons could mean the benefits of young people and their families developing their knowledge of CSE risks and protective factors at the same time could be missed. In one of the case studies this was highlighted by a worker as having had an impact on the parent’s level of engagement as compared to the young person’s engagement.

Two workers assigned to work in parallel with parents and young people over a period of time, as in the FCASE project, would have obvious resource implications for child protection services. Yet models of co-working in cases are not unknown in social work. Examples include more experienced professionals working alongside a colleague and family support staff working together with and under the direction of social workers. The challenge here
would be to maintain continuity, with the same workers allocated to a family over a period of time.

**Conclusion**

This article has highlighted the findings of FCASE CSE prevention and family support work which indicates that improving the service response to children and young people affected by CSE benefits from adopting a wider, family support approach as families themselves become agents of change and risk reduction. The findings also provide a shift in research evidence from drawing attention to CSE as an issue, its’ scale and nature (all essential in developing our knowledge) to examining what constitutes an effective evidence base for practice. Findings from the project indicated clearly that strengths-based approaches enable better worker, family relations, and empower young people and their families to analyse the changes they need to make to keep children and young people safe.

We have sought to place this discussion in the wider context of calls for a transformational agenda for social work support for families (Featherstone et al., 2014a) and established evidence for ‘working with’ families and young people (Department of Health, 1995, Triseliotis et al., 1995). The challenging practice questions for social work in adopting this model are approach, resources and multi-agency working, which appear to be on-going issues. While a number of local authorities have chosen to adopt models of specialist lead workers focusing on CSE, it is clear that knowledge of CSE needs to be embedded across the workforce in order to provide families with the support that is needed. Shortfalls in social work responses to young people and families affected by CSE closely mirror themes of poor engagement and communication in child and family social work and gaps in provision for young people. The need for highly skilled relational work is articulated across social work
and CSE literature. In the case of CSE there remains a need for specialist services with the deeper skills and knowledge base about sexual exploitation this brings. However, CSE specialism and mainstream social work should not be separated by hard boundaries. We suggest that it is more fruitful to focus on the conditions necessary for a transformation of practice which ‘(re)locates social workers as agents of hope’ (Featherstone et al., 2014a p.1737). FCASE is a model for practice which contributes to just such an agenda.

References

Author’s own (2017 forthcoming)


A Review of the International Evidence Policy Research Bureau: Department for education and skills


Rees, G., Gorin, S., Jobe, A., Stein, M., Medforth, R. & Goswami, H., (2010) *Safeguarding Young People: Responding to young people aged 11 - 17 who are maltreated*:

Children’s Society


