

Evaluation of Safe Choices/PSNI Co-Located Pilot Initiative

**Evaluation undertaken by the University of Bedfordshire:
International Centre Researching Child Sexual Exploitation, Violence &
Trafficking:**

Commissioned by Barnardo's NI

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List of acronyms

CSE	Child sexual exploitation
MVPO	Missing and Vulnerable Persons Officer
PPU	Public Protection Unit (PSNI)
PSNI	Police Service of Northern Ireland
RAIF	Recovered Assets Incentivisation Fund
SC	Safe Choices

1. Introduction

In 2012, Barnardo's Safe Choices service and the Police Service of Northern Ireland (PSNI) commenced a 20 month pilot initiative in which a specialist missing/child sexual exploitation (CSE) senior practitioner was co-located with a police Missing and Vulnerable Persons Officer (MVPO) in a Public Protection Unit (PPU) in a Belfast police station. The pilot initiative was developed in response to accumulated learning about the need for, and benefits of, multi-agency working in the fields of missing and CSE, and the specific contribution that co-location can make to the effective facilitation of this (Jago and Pearce 2008; DCSF 2009; Beckett 2011; Jago et al 2011).

This report presents the findings of an externally commissioned evaluation of this pilot initiative, undertaken by 'The International Centre: Researching Child Sexual Exploitation, Violence and Trafficking' at the University of Bedfordshire. The evaluation was small-scale in nature, focusing on high level outcomes and process learning, rather than any detailed assessment of benefits to individual stakeholders engaged in the pilot initiative. That said, the triangulated approach adopted enables evidence-informed commentary on the benefits delivered to various stakeholder groups and the procedural and contextual factors that facilitated or hindered effective delivery of these benefits.

The report commences with an overview of the pilot initiative and the anticipated outcomes identified by the project partners. These provide the core framework for the evaluation and consequently the structure of the report. Before reporting on outcome delivery, an overview of the evaluative approach is presented, alongside a commentary on the challenges experienced within this and the implications of these for the commentary contained within this report. The report proceeds with an overview of the identified benefits of the pilot initiative, presented by the stakeholder cohort: the project partners, young people, parents/carers and colleagues from other professions. It concludes with an exploration of potential barriers and enablers and associated learning for future similar endeavours.

2. The pilot initiative

The project that has been evaluated is a two year pilot initiative in which a Safe Choices senior practitioner was co-located within a PPU to deliver *"harm reduction and prevention, by providing earlier intervention with young people once they become known to the PSNI as a result of going missing and/or concerns around CSE"* (Safe Choices/PSNI RAIF Funding Application).

The pilot was hosted in Willowfield police station, East Belfast. Being a pilot initiative it was both time-limited and small scale in nature. Funding from Barnardo's NI and RAIF monies¹ covered the provision of one Safe Choices senior practitioner for a period of 20 months, August 2012 – March 2014. This specialist practitioner was co-located in an office with the

¹ Salary costs were covered by Barnardo's NI, with running costs covered from RAIF monies.

police MVPO and worked closely with this individual in terms of referrals and subsequent work.

The primary focus of the pilot was prevention/early intervention work with young people living at home, although (where resources allowed) it also included capacity to undertake work with young people going missing from care. Approximately six months into the pilot, the remit of the initiative was expanded to include young people who had experienced online CSE, where capacity allowed. This was in response to a request from the PPU who, in working these cases, recognised an unmet need for specialist support work for this vulnerable group.

3. Anticipated outcomes of the pilot initiative

The anticipated outcomes of the original project, as agreed with the funders, were as outlined in Box 1 below:

Box 1: Intended outcomes of the pilot initiative

For children and young people:

- Greater understanding of the risks of going missing and CSE;
- A reduction in the number of missing episodes; and
- Reduced vulnerability to sexual exploitation by adults.

For the PSNI and Safe Choices:

- Clearer understanding of one another's roles and responsibilities;
- Increased awareness of the issues of missing and CSE within the police;
- Less demand on police time re responding to missing episodes;
- More effective information sharing;
- Better disruption of exploitative adults; and
- Using the information gained to influence both operational and strategic responses to these children.

For other services:

- Enhanced partnership working and more timely referrals to other partner agencies.

As no noted changes were made to these anticipated outcomes upon extending the remit of the pilot initiative, these will serve as the framework for the whole evaluation. Where additional outcomes have been observed, these are incorporated into the commentary and noted as supplementary to the original set of anticipated outcomes. Most significant of these is benefits for an additional stakeholder group not identified in the original pilot framework, that of parents/carers. An additional section has been incorporated to consider the outcomes observed for this group.

4. The evaluation

The evaluation had three key aims:

1. Exploring the degree to which the pilot delivered on the anticipated outcomes (as outlined in box 1 above) for:
 - a. The young people engaged in the service;
 - b. The project partners (PSNI and Safe Choices); and
 - c. Other professionals and agencies.
2. Exploring enablers and potential barriers to this; and
3. Identifying potential learning for the future development of such an initiative.

Though small scale in nature, the evaluation sought to triangulate the views of a number of different stakeholders in assessing the degree to which these outcomes have been delivered. These include the views of:

- **Young people:** elicited through end of engagement evaluation forms (n=11) and interviews (n=3)
- **Parents/carers:** elicited through end of engagement evaluation forms (n=5)
- **External professional stakeholders:** elicited through evaluation forms (n=3) and interviews (n=3)
- **Project partners:** elicited through interviews (n=4)

Secondary data sources have also been utilised in the evaluation. High level PSNI summary data provides an overview of missing patterns for young people referred to the pilot. Anonymised Barnardo's data provides demographic information about these young people, the nature of concerns that prompted the referral, the duration of engagement and the type of work undertaken. Barnardo's 'outcomes monitoring' data also provides information about assessed changes in risk levels, although as this is completed by the Safe Choices practitioner providing the service it should not be taken to indicate an independent measure of success.

5. Evaluative challenges

The evaluation encountered a number of challenges that have impacted the depth of detail, and degree of triangulation, that can be provided on certain elements of the evaluation.

These are explored below. It is important to recognise the impact these have had on the level of commentary that can be offered on certain elements of the pilot initiative; specifically triangulated case by case commentary and differentiated analysis by case type. It is equally important, however, to recognise that – even with these challenges – sufficient data was able to be captured to offer evidence-informed commentary on all three core elements of the evaluation:

- delivery of anticipated benefits across different stakeholder groups;
- enablers and barriers to delivery of positive outcomes; and
- learning for future endeavours.

Some of the challenges experienced were methodological. Some related to access difficulties and the role of gatekeepers within it. Others related to changes to the nature of the pilot initiative being evaluated and unforeseeable personnel issues.

Considering first the methodological challenges, one of the key difficulties faced in evaluating this pilot initiative was the fact that when assessing the role of the MVPO or Safe Choices practitioner, participants struggled to differentiate the role from the individual holding that role. This is understandable given the small scale nature of the pilot meant that there was only one Safe Choices practitioner, and only one MVPO. What this meant in practice however was that when asked to share their perceptions of the pilot initiative, participants frequently shared their perceptions of the two workers and struggled to determine whether the positives they identified were intrinsically linked to those individuals' skills and working practices or if they would be replicated were different individuals in those roles. In an attempt to respond to this conflation of individual and role, questions were asked about what it was about those individuals that contributed to positive outcomes, in an effort to determine what core skills or experience was deemed to be critical to the successful outworking of the initiative. These are considered in section 12 of the report.

As noted previously, the remit of the pilot initiative being evaluated was extended to include a new category of risk/concern approximately six months into delivery. This created a twofold challenge for the evaluation: (a) the comparability of the caseload given the different needs and contexts of this new category of service users and (b) an inability to link anonymised interviews and evaluation forms to case type. The evaluation is therefore limited in the degree to which it can offer differentiated commentary across the different strands of the pilot initiative.

A further significant change encountered during the pilot initiative was the fact that the initiative was without a dedicated co-located specialist missing/CSE practitioner for the last five months of the pilot. This was due to long-term illness of the Safe Choices practitioner, followed by a premature end to their secondment to Safe Choices. Whilst individual casework with young people was covered by other Safe Choices practitioners (based in the Safe Choices office), this meant that the pilot initiative did not run as intended for the last one third of its term.

Beyond operational challenges for the delivery of the pilot itself, this posed difficulties in undertaking the planned evaluative tasks for the final months of delivery as these were planned on the basis of the Safe Choices practitioner acting as a conduit to potential participants. The ability to undertake planned interviews was also negatively affected by an

unforeseen requirement for HSC Trust approvals to engage any young person, parent/carer or staff member in the evaluation. This process delayed scheduled interviewing and meant that only named young people, parents/carers and social work staff explicitly approved by the Trust could be approached about participation in an interview for the evaluation. Both the delay and restricted potential sample (and choice of some of the identified individuals not to participate in an interview) meant that fewer interviews were conducted than hoped.

The evaluator also experienced some difficulties in regard to police and Safe Choices data about the individual cases worked with in the pilot initiative. It was intended that detailed information about the levels, nature and context of missing episodes would be drawn from police data. Whilst an overview of some of this was shared verbally by the MVPO in interview, and summary level statistical data was provided by the PSNI after the close of the pilot, the evaluator did not have the opportunity to interrogate this data as intended. The integration of PSNI missing data within the report is consequently limited to high level commentary about numerical increases or decreases in missing episodes in set time periods (pre, during and post engagement in the pilot) without any contextual explanation about the length or nature of these episodes, the risks associated with them or the reasons for them. It should also be noted that the actual duration of these time periods is variable both between and within different cases and as such does not allow for any detailed comparative commentary.

Data in relation to missing patterns drawn from Barnardo's data system is also subject to important limitations. As noted previously, although this records changes in assessed levels of risk, it does so only from the Safe Choices practitioner's perspective, and does not consistently record specifics about frequency or severity of missing episodes. This is true of all of the outcomes monitoring data drawn from the Barnardo's recording system – it is based on the judgement of the practitioner undertaking the work with the young person; not an objective measurement of risk, regression or progress – and should be viewed in light of this. As with the PSNI data outlined above, the time period over which the assessed levels of risk are monitored also varies between cases, according to the duration of their engagement with the pilot programme.

Whilst these challenges clearly impact the depth of detail that can be provided on individual cases - and the ability to provide triangulation on a case by case basis – it is important to highlight that sufficient data has still been collated to address all three high level evaluative criteria. It is also important to note the consistency of messages emerging from across the range of sources (evaluation forms, interviews, PSNI and Safe Choices data) and contributors (young people, parents/carers, project partners and other professionals) and the confidence this triangulation offers despite the small-scale nature of the evaluation.

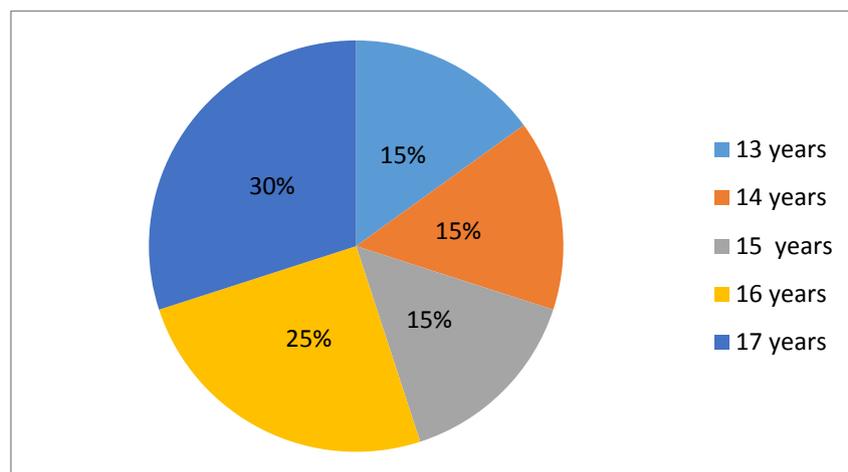
6. Overview of the young people worked with during the pilot initiative

A total of 20 young people² were worked with during the 15 months of the pilot initiative before the Safe Choices practitioner became ill. Thirteen cases had been concluded by this point in time and the remainder were reallocated to other Safe Choices staff for the duration of the work. No additional cases were taken on through the pilot after the dedicated co-located practitioner became ill.

Three-quarters (n=15) of the young people were noted as being worked with primarily due to concerns about 'missing'; the remainder (n=5) primarily due to concerns about 'sexual exploitation'. This latter cohort related to young people referred to the service because of concerns around internet exploitation.

As illustrated in Diagram 1, the young people ranged in age from 13 to 17 years. The majority (85%; n=17) were female, and all but one were of white ethnic origin.

Diagram 1: Age of young people worked with in pilot



One-fifth (n=4) of the young people were noted to have a learning disability and/or a Statement of Educational Need.

Just under one-third (30%; n=6) were looked after children, with four others either currently (n=2) or previously (n=2) on a child protection plan.

Final data on duration of work was available for 14 young people at the point of analysis; the remaining six cases were still receiving ongoing case work despite the formal cessation of the pilot. As illustrated in Table 1 below, the majority of cases were worked with for between 3 and 6 months, on a weekly or fortnightly basis.

² One young person was referred on two separate occasions, but has only been counted once in the case overview for ease of analysis.

Table 1: Duration of engagement with pilot

Duration	Number of closed cases	Number of cases ongoing at end of pilot (length of time worked with thus far)
Under 1 month ³	2	
1-2 months	0	
3-4 months	4	
5-6 months	4	3
7-8 months	1	1
9-10 months	0	
11-12 months	2	2
Over 1 year	1 ⁴	

7. Overview of the model of working

Whilst there was great flexibility in how individual cases were managed, the basic pattern of operation for cases of young people living at home was that the MVPO would visit the home once notified about a missing incident and obtain consent from the young person and their parent/carer to make a referral to the Safe Choices practitioner. In most instances, the Safe Choices practitioner would attend an initial visit with the MVPO and then undertake one-to-one preventative work (drawing on the contributions of the MVPO as beneficial) with the young person around CSE and other risks associated with going missing. A similar model of working was utilised in work with internet grooming cases when the remit of the pilot extended to incorporate these, however in these cases the referral came from other officers in the PPU and the work centred more on CSE and online risks, than missing. The work in these cases also had a greater emphasis on recovery and rehabilitation given they were dealing with abuse that had happened (and reducing risk of further abuse) rather than minimising risk of abuse before the fact.

Whilst the original remit of the pilot initiative included a degree of educative work with parents and carers, this element of the work transpired to be more substantial than originally intended. This was in response to an identified need to undertake educative work with caregivers to enhance their protective capabilities and/or facilitate communication between young people and their caregivers in order to achieve a more sustainable protective home environment.

In the case of young people living in care (a minority of cases at first, increasing in the second year of the pilot) the Safe Choices practitioner would undertake an independent return interview when a young person had been missing. Alongside individual case work

³ One case open for 1 week; one case for 3 weeks.

⁴ Case open for 16 months.

with these individual young people, the pilot extended to include preventative group work by the Safe Choices practitioner and/or MVPO in some care homes with an emerging pattern of missing, in the second year.

A further significant element of the pilot initiative was liaison with other professionals involved in young people's lives and/or linking young people and their families into such support where it was not yet present but required. This included making referrals to social services where required, and supporting access to education, mentors and other providers as part of a package of continuing support for young people when the Safe Choices work concluded.

8. Identified benefits for young people

Young people referred to the pilot initiative were the first of three stakeholder groups for whom anticipated benefits were identified within the pilot specification. Cited anticipated benefits for this group were greater understanding of the risks of going missing and CSE; reduced missing episodes and, relatedly, reduced vulnerability to sexual exploitation by adults.⁵

8.1 Overall assessment of the benefit of engagement for young people

Eleven of the 14 young people whose cases had been closed by the end of the pilot completed end of engagement evaluations, as did the parents/carers of five of the young people who were living at home and the social workers of three (two living at home, one in residential care). All of these evaluations – from all three sets of stakeholders - were overwhelmingly positive about the pilot initiative, an assessment also generally reflected in interviews with young people⁶ and social work staff.

All but one of the 11 young people who completed an evaluation rated the service as 'good' or 'very good' and said they would recommend it to a friend in a similar position.⁷ Similarly all three social workers and all five parent/carers who completed evaluations rated the service as 'very good' and stated that they would refer another child/recommend the service to someone else in a similar position.⁸ Reasons given for this included:

"My child was not dealing well before she met [SC practitioner] and I find she is trying to put everything behind her and get on with her life and is doing well at school again. I think no

⁵ Although articulated solely with reference to risk from adults in the original pilot specification, it is important to note that the emerging body of evidence on CSE indicates risk from peers to be a significant issue of concern. Indeed just over one quarter of the CSE cases identified in the 2011 Northern Ireland study 'Not a World Away' included exploitation of peers.

⁶ One young person interviewed was less positive about his/her engagement of the project, which transpired to be connected to having to transfer to another worker when the core Safe Choices worker became ill.

⁷ It is possible - indeed likely - that the one 'very bad' rating was an incorrectly completed question as all other answers in the evaluation were positive, and the young person said that he/she would recommend the service to someone else, however there is no way to check this given the anonymous nature of the evaluations.

⁸ These overall ratings also include how the parent/carer or social worker benefitted from the service, as explored later in the report.

matter how small an issue we are having my child comes first and [SC practitioner] showed us how important this is" (parent A)

"It has changed our lives and I know there must be other families going through what we went through" (parent D)

"Go for it because it will help your child so much" (parent E)

All 11 young people who completed evaluations felt that working with Safe Choices had both helped them to deal with the issues they had been experiencing, and better equipped them to deal with similar issues in the future. All five parents/carers who completed evaluations also felt that their children had benefited 'a lot' from their engagement in the pilot initiative as did the three social workers who completed evaluations.

8.2 The nature of benefits experienced

Young people commonly identified three key benefits of engagement in the pilot. The first of these was access to a judgement-free, safe space to talk and be listened to:

"I found that it was a good support when I needed someone to talk to who understood...I liked being able to talk to someone who was able to understand what had happened and didn't make me feel like it was my fault" (young person evaluation 1)

"Being able to talk about your problems and learning diff things" (young person evaluation 2)

"They help you, make you feel safe. They are nice to you and make sure your [sic] safe" (young person evaluation 3)

"I'm not afraid to talk about my life anymore" (young person evaluation 11)

This is not to say that such a space occurred without time or planning. The issue of building trust and the time taken to establish relationships was alluded to by each of the young people who participated in an interview. All indicated an initial reticence or nervousness about having someone new come into their lives, but noted how this receded as they got to know and trust the worker:

"At the start cos I didn't know her, and then I got to know her and she, she helped me out a lot" (young person interview 1)

The mother of this young person, who wished to comment on her experience of the service when the evaluator was at the house meeting her daughter, similarly observed:

“She’s more settled, so she is and I just see a big change in her. She looks forward to worker coming and I think she’s gonna miss her when she stops coming. At the beginning she used to hide, not want to get out of bed, but now she looks forward to it” (parent 1)

The second related benefit, commonly identified by young people and also by their parents/carers and social workers, pertained to the opportunity that engagement provided for young people to reflect on issues of concern to them and undertake resilience building work around these. For young people who had already experienced exploitation, engagement offered an opportunity to process what had happened to them, deal with the emotional impact of this and rebuild their sense of self. For those referred for preventative work, similar therapeutic benefits were also observed in relation to the opportunity to undertake focused work around the issues that were identified as increasing risk and engage in risk-minimising work around these. A common observed result across both categories of young people was increased capacity to express and process thoughts and experiences and an associated increase in confidence, contentment and/or self-esteem. As one young person reflected in a piece they wrote upon ceasing work with the pilot:

“Working with [SC practitioner] over the past 14 weeks has made me feel more confident about myself. After the situation what happened and then having [SC practitioner] and my family to help me threw [sic] made me realise that I’m not the only person it has happened too! [sic] During the past weeks I have learnt to express my feelings and not let anyone put me down. [The SC practitioner] has taught me a lot about relationships, grooming, internet safety, power and control and also shown me a real life DVD. The stuff I have been taught has made me realise how evil some people are and how easy young people are targeted. I think all young children around my age should be shown this DVD to help them understand the dangers of some people. This work has helped me threw [sic] a lot and any person going threw [sic] a hard time should have someone to talk to, to make them feel a lot better about themselves and make the situation easier and better to talk about”

Similar observations were made by parents/carers, social workers and the project partners in their reflections on the benefits of engagement for young people:

“She is much more self assured and has rationalized what happened to her” (parent 2 evaluation)

“[they are] much happier, self confident and is doing a lot better at school” (parent 4 evaluation)

“[they are] a lot happier and making good choices” (parent 5 evaluation)

“She presents as more settled, secure, stable and happy and this is reflected in her increased attendance at school and improved relationship with her sisters” (professional 2 evaluation)

“For her a big part of it was helping her move on from her own feelings because she was crying all the time, she’d stopped eating, she wasn’t speaking to her mum, she stopped going to school, so all of this happened because everybody had seen this image, it was horrendous. So it was moving her on with her own feelings around it, letting her know that it’s happened to other young people as well because she thought she was the only child this had ever happened to. She was very ashamed” (Safe Choices practitioner)

The third benefit identified by all young people – and again, also by their parents/carers and social workers – was educational in nature. The specific nature of this varied according to the reason why a young person was referred to the service in the first place but across the cases included increased understanding of the risks associated with going missing; increased understanding of CSE, including internet exploitation; and education around healthy relationships and expectations for self:

“Before my interview with Barnardo’s I thought my relationship was normal but it was sexual[sic] abusive. I’ve learnt how to keep myself safe and stand up for myself...It has helped me spot signs of abuse early on in a relationship” (young person evaluation 1)

[E: What difference do you think it has made for you, working with [SC practitioner] - say you hadn’t ever met her?] I wouldn’t have knew the stuff she has been teaching me [E: What kind of stuff?] Sexual exploitation and what it is” (young person interview a)

“It has made her more aware of the dangers of befriending people on the internet and of strangers in and about the area” (parent 1 evaluation)

“I have observed a significant reduction in the amount of missing periods. This young person is demonstrating much more knowledge of grooming and internet safety” (professional 2 evaluation)

The educative work undertaken with young people around missing, CSE and other associated vulnerabilities was designed to minimise actual risk around these issues. Progress in this regard is monitored by the Safe Choices practitioner in the Barnardo’s outcomes monitoring system, at the start and end of engagement in the pilot and at periodic points in between. Table 2 below summarises perceived changes in assessed risk levels between the start and close of work⁹ across the five key risk areas common to most cases (columns 4-8); also expressed as an overall risk rating (column 3).

⁹ Outcomes monitoring data was only available for 11 of the 14 closed cases - it was not recorded for the cases worked with for 1 week or 3 weeks due to short term nature of work, and data was missing for one other case.

Table 2: Safe Choices outcomes data for closed cases

		Change in assessed levels from first to last assessment (5 high risk; 1 low risk)					
Case	No. of months worked with	Average across 15 outcome measures	Missing episodes	Identifying abusive/exploitative behaviour	Safety strategies	Level of risk/harm	Knowledge of alcohol/drug risks
A	16	4 to 2	4 to 1	5 to 2	5 to 2	5 to 3	5 to 2
B	4	3 to 1	4 to 1	4 to 1	3 to 1	3 to 1	4 to 1
C	6	3 to 2	4 to 2	3 to 2	3 to 1	3 to 2	3 to 2
D	5	3 to 1	1 to 1 ¹⁰	5 to 1	4 to 1	5 to 1	4 to 1
E	11	4 to 1	4 to 1	4 to 1	4 to 1	4 to 2	5 to 3
F	3	3 to 2	1 to 1	4 to 2	3 to 2	3 to 2	3 to 1
G	8	2 to 1	1 to 1	4 to 1	4 to 1	3 to 1	4 to 1
H	4	2 to 1	1 to 1	4 to 1	4 to 1	3 to 1	4 to 1
I	11	3 to 1	3 to 1	4 to 1	4 to 1	4 to 2	3 to 1
J	11	3 to 2	3 to 1	4 to 2	4 to 1	3 to 1	4 to 2
K	* ¹¹	*	1 to 1	3 to 3	3 to 3	4 to 3	4 to 3

As highlighted previously in the evaluative challenges section, this data is drawn from assessments conducted by the Safe Choices practitioner undertaking the direct work with the young person and, as such, is not an independent measure of risk. Nor does it singularly ascribe the reduction in risk to the work undertaken in the pilot initiative or attempt to extrapolate the impact of the initiative from that of other influencing factors. Nonetheless, it does indicate a clear pattern of decreased risk across the young people engaged in the initiative that mirrors the focus of the work being undertaken with those individuals.

Specifically considering the issue of missing, the data presented in Table 2 demonstrates decreased risk of missing for all six closed cases of young people referred to the pilot because of missing concerns. PSNI missing data, available on 9 closed missing cases,¹² also demonstrates a pattern of decreased missing episodes for most young people, following

¹⁰ An initial assessed level of 1 indicates this was not an issue of concern for that young person; the five cases cited here with a 1 rating for missing episodes were those referred for internet related concerns.

¹¹ * = missing data

¹² PSNI data was provided at a later date and thus includes extra cases that had closed after the Safe Choices analysis had been run. The PSNI also provided missing data on three CSE cases, but as there were no recorded missing episodes pre, during or after engagement with the pilot this data is not included in this discussion about missing.

their engagement in the pilot. For two of these young people, a reduction in the number of missing episodes could be seen during their engagement in the pilot, a pattern sustained in the post engagement period. For four others, a numerical increase in missing episodes occurred during the overall period of their engagement in the pilot (compared to those recorded prior to referral) with a reduced number of episodes in the period following their engagement in the programme.¹³ Unfortunately, without an opportunity to interrogate the data further it is not possible to offer an evidence-based explanation of why increased missing episodes were recorded for these young people during the period of their engagement with the pilot. However drawing on the research evidence base around the time taken to change patterns of behaviours associated with missing or CSE, alongside the comparative practitioner-based assessments of decreased risk presented in Table 2, one might expect to find that the missing episodes were clustered towards the early stages of engagement in the pilot and/or that they decreased in frequency or risk levels as time progressed.

Drawing on the research evidence base and the experience of CSE and missing services across the UK, one would also expect that not all young people will evidence immediate tangible benefits from their engagement in services and/or that the benefits observed during engagement with a service may dissipate once the presence of that support is withdrawn. This would appear to be the case for the three young people, for whom the police recorded an increase in missing episodes, after the cessation of their engagement with the pilot service. Whilst the reason for this cannot be determined in relation to two of these young people, contextual information on the third indicates that the increase in missing episodes coincided with a move from a foster to residential care placement and a subsequent decision on the part of the young person to disengagement with the pilot and, as such, would not be unexpected.

The lack of evidenced progress in these individual cases, whilst obviously significant for the individuals involved, should be viewed in light of the overarching pattern of decreased risk following engagement with the pilot, that was also independently highlighted by those parents/carers and social work staff who participated in the evaluation:

“There have been a lot of positive changes in [young person]. She attends school every day and is in an independent flat in [the unit]. There have been no significant events since [referral] of her going missing or using alcohol or drugs” (professional evaluation 1)

¹³ As noted previously, the ‘pre’, ‘during’ and ‘post’ engagement time periods vary both within and between these cases depending on (i) the time period between first known missing episode and referral to the pilot; (ii) length of engagement in the pilot, and (iii) time passed between end of work and collation of PSNI data. These figures, and the commentary offered around them, should be viewed in light of this.

“I have observed a significant reduction in the amount of missing periods. This young person is demonstrating much more knowledge of grooming and internet safety... the young person is much more risk aware and can avoid risky situations” (professional evaluation 2)

“The young person’s ability to build relationships and trust professionals enhanced following the development of relationship with safe choices worker. Young person aware of dangers/risks associated with staying out of family home/misusing drugs/not keeping in contact with father when not at home and so on” (professional evaluation 3)

Part of the operating model of the pilot initiative was to link young people into other services and sources of support, as appropriate, to assist in building up positive structures of support and activity in their lives that would sustain beyond the lifetime of engagement in the pilot. This holistic approach was identified as a particular benefit by social work staff who participated in the evaluation and two of the three young people interviewed themselves, as was support for their engagement in other activities and processes related to their exploitation:

“Remember I had to go to court and all; she came to court with me...Trying to get me into Tec. She got me into the Princes Trust an all. She brings me to the trauma centre” (young person interview b)

8.3 Unique benefits of the pilot initiative

It is interesting to note that each of the benefits for young people cited above, although described with reference to the pilot initiative, primarily relate to the wider Safe Choices model of working, rather than anything unique to the pilot initiative. This is not to undermine the significance of these benefits, but to highlight that young people could also potentially have accessed these if referred to the service via another route.

This issue of referral processes is in fact one of the key pilot-specific benefits for young people identified within professional contributions to the evaluation, specifically the ease with which referrals could be made and the speed with which they could be responded to. This is particularly critical given the referral context to the wider Safe Choices service which, throughout the duration of the pilot initiative, was operating a continual waiting list. The operation of this waiting list, the regional remit of the wider Safe Choices service and insufficient capacity to cover the scale of need meant that the young people worked with through the pilot initiative would not have accessed the service they did without significant delay were it not for access to the dedicated co-located practitioner.

This was not, of course, something that the young people or their parents/carers would necessarily have been aware of, hence the absence of comment on this in their contributions to the evaluation. It was however something that police and social work partners were acutely aware of, hence their explicit identification of the speed and ease of referral processes as one of the key benefits – both for young people and for them - of the pilot initiative:

“Prior to [SC practitioner] arriving we were having to put a referral through, it was taking an age and you can just see the child going into the cycle of wrong, whereas now the minute you’ve seen the problem, you can address it there and then. You’re maybe talking 2-3 days, where it was taking months. When you get in early the problem is able to be resolved a lot quicker” (MVPO)

“The quick start to the work in the homes was important to me because in this job there can be a lot of red tape but with [SC practitioner] there it felt there was a quick start. If I said I’m concerned about a child, I knew that within days she’d be out and having a conversation with her and at least that was something very quick and very helpful rather than putting a referral in, agreeing what needed to be done, setting up a meeting. It was someone being really responsive” (senior social work staff)

The other pilot-specific benefit for young people identified by contributors to the evaluation relates to improved perceptions of and relationships with the police on the part of some young people. Three of the 11 young people who completed evaluations made reference to the involvement of police in the pilot initiative: one to say that it would be better if *“there were less peelers about” (young person evaluation 10)*; two to comment on how engagement in the pilot had improved their opinion of the police. One of these young people identified both the Safe Choices practitioner and MVPO (by name) as the best thing about the project, later writing in their evaluation: *“FTPSNI¹⁴ – not anymore. I like the PSNI and don’t go missing” (young person evaluation 9)*. The other commented that engagement in the pilot would help them better deal with things in the future *“cos I now think some police are dead on [smiley face drawn]” (young person evaluation 11)*.

9. Benefits for parents/carers

Although no reference is made to parents/carers in the anticipated outcomes of the pilot initiative, this stakeholder group is a critical one when undertaking work with young people living in the family environment and one for whom significant benefits ensued from engagement in the pilot initiative. As noted previously, although reference was made to a degree of educative work with caregivers the actual delivery of this work was significantly more substantial than anticipated. This was in response to an identified need to undertake educative work with caregivers to enhance their protective capabilities and/or facilitate

¹⁴ FTPSNI stands for ‘F*** the PSNI’

communication between young people and their caregivers in order to achieve a more sustainable protective home environment. As the Safe Choices practitioner explained:

“What we hadn’t anticipated was the amount of input to parents and that has taken up a lot of time when working with young people still living at home with one or both parents...working with the parents, getting them to understand the risks, the necessity to keep reporting if and when they did go missing....It’s looking at every individual family in terms of their own needs and where they are with all of this and their ability to protect. It is trying to equip them with an understanding of what the risk could be out there for their children and what they need to do to protect them...The feedback from parents has been that it’s been very good for them, because with the young people at home, I’ve done work with all their parents and they are saying they wouldn’t have any knowledge of grooming, sexual exploitation, what is going on. So I’ve been doing that with the parents and speaking to them about how they are talking to their own children as well...Some of them are saying ‘I’m so frustrated. She’s going out, talking to these people online, why is she doing it?’ and I’m taking them back to ‘well maybe they’re being bullied in school, or have low self esteem for whatever reason’. After I’ve done the work with the young person, I do a joint session with the young person and the parent and get them to be very honest with each other about what’s going on, what they are thinking, and getting them to understand each other a bit more” (Safe Choices practitioner)

All five parents/carers who completed an end of engagement evaluation stated that they felt they and their families had benefited from this investment by the practitioner. All also reported that they felt better equipped to support their child in the future as a result of the service received.¹⁵

Beyond the obvious benefit of decreased risk for their child, and the relief this brought them – *“not having to worry as much when my child goes out on her own as she knows what is safe now and whats [sic] not” (parent evaluation 5)* – two critical additional benefits were identified by these caregivers. Both were also identified by the project partners and by the social workers who were supporting families engaged in the pilot initiative, and noted to hold both immediate and ongoing longer term benefits for the families:

The first additional benefit identified by parents/carers was increased awareness and understanding of risks around missing and CSE on their own part. This was noted not only to help them understand what risks existed for their child (or what their child may have experienced in cases where the abuse had already occurred) but also the importance of remaining vigilant and reporting missing episodes to the police, given the potential risks associated with this:

¹⁵ Given options of ‘a lot’, ‘a little’, ‘no’ and ‘not sure’ three parents opted for ‘a lot’ in response to both of these questions. One opted for ‘a little’. Data is missing for the fifth parent as they received an old evaluation form that did not contain these questions.

“[SC practitioner] completed work with myself as well. I am much more educated in sexual exploitation and signs and risk factors” (parent evaluation 3)

“I understand better what the risks are for children and I know the signs to look out for” (parent evaluation 4)

“Father began to understand the importance of reporting young person missing once risks/dangers of CSE were explained to him” (professional evaluation 3)

The second additional benefit identified by parents/carers was that of increased ability and willingness to communicate with their child. Interestingly, this related not only to an increased capacity to engage in dialogue about risks of missing and CSE, but also an increased capacity to communicate with their child on other matters also:

“I would find it easy to talk to my daughter about subjects I would normally avoid...before the help, before Safe Choices we would have avoided things more” (parent evaluation 1)

“It has brought us closer together as a family as we know what is going on and we can talk more openly” (parent evaluation 4)

“They are definitely much more open with us as parents and also making better online choices” (parent evaluation 3)

“It is evident that the family is more educated around internet safety and can monitor internet use. And more communication between young person and parents” (professional evaluation 2)

“Her family members were saying ‘you’re stupid, do you not realise what could happen to you’. They didn’t have the skills to talk to her about exploitation as they didn’t understand either. I did a lot of work with mum to help her understand why the young person was online in the first place and her feelings around it and the mum taking responsibility for what she says to her. And the mum actually reflected on that herself and said ‘before I was very authoritarian about it and controlling’” (Safe Choices practitioner)

“Some of the parents expect you to wave a magic wand; they thought [SC practitioner] would have a quick chat with their daughters and they’d turn into angels. You have to manage their expectations...It’s a negotiation between the two [parent and child] and we’re able to look at it from an outside point of view and ask helpful questions...You’re mediating between the pair of them” (MVPO)

One further significant benefit was identified by the project partners; that of linking families into other support services where beneficial. This was particularly critical in cases where there was no existing social services involvement and/or where the Safe Choices practitioner was the first to identify wider support issues within the family home. This was not without challenges, particularly where a referral was required to social services, and mistrust of these services existed. However, as illustrated in the following case example, the Safe Choices practitioner was able to utilise the relationship they had built up to help the

family see the need for, and benefit of, such a referral which delivered benefits both to the family themselves and indeed to social services in terms of receptiveness to their intervention:

“Being the main person working with the kids, you could say it’s a benefit and a challenge really. If I’ve got concerns, I’ve had to be the one that refers through the Gateway service. In one case that’s been a massive benefit for the family. The father absolutely hated social services, hated the police and he will use very, very strong language about that. But over time I’ve developed a relationship with him. The young person, she is still going missing but that dad really was at his wits end, he thought we were all doing nothing and he didn’t know what he could do. So I did a bit of work with him around grooming so he had more knowledge of how to actually speak to his daughter about what was going on and what to be aware of. But within that, I was speaking to him, saying ‘Listen, the time is going to come when I’m going to have to put a referral into the Gateway service to get a social worker involved, that’s to support you’ and at the start he was very much, ‘absolutely no way, I hate them, they’re not coming out to this house, I’ll tell them where to go’ but he just has literally completely changed. I put a referral through to Gateway. I showed him what was in the referral form before I put it in. I was very honest with him. The police put a referral in as well to Gateway service. That referral was taken on by the fieldwork team and now he has a brilliant relationship with the field social worker because I said to him ‘listen I know this girl, I’ve worked with her before.’ I can vouch for them, so he very much now is ‘this is great, what can social services do to help me? What can the police do to help?’ (Safe Choices practitioner)

10. Benefits for the project partners

Both project partners reported significant benefits for their own agencies as a result of engagement in the pilot initiative. These aligned closely to the six original anticipated outcomes of the initiative (as explored in sections 10.1 to 10.6 below) but also included a number of additional benefits beyond those stated as expected to emanate from the pilot (section 10.7).

10.1 Clearer understanding of one another’s roles and responsibilities

Both the PSNI and Safe Choices clearly identified a better understanding of one another’s roles – and the opportunities, challenges and constraints associated with these – as a mutually beneficial outcome from the pilot initiative. Both honestly reflected that prior to the development of the pilot a lack of understanding of these issues could contribute to frustration with the other party, particularly around the sharing of information and subsequent responses to this:

“I’ve learned a lot about what the police are doing because before, you know, you have your own frustrations – ‘why aren’t the police getting back to me’, ‘I don’t know what’s happening’ - but when you are there and you’re in the same office you realise and understand what the police are actually doing...I understand now why sometimes they don’t

give you much information back....It demystifies what the police are doing. For me, the police are doing a lot more than what I thought but then again the police now know that we do a lot more than what they thought” (Safe Choices practitioner)

In contrast, both noted how the increased understanding of each other’s roles that had developed through the close working relationships facilitated by the pilot initiative had contributed to more effective working patterns between the agencies. Interestingly, they observed this to be the case both between themselves (as professionals directly involved in the pilot) and other colleagues, both within and outside of the partner agencies. The Safe Choices practitioner, for example, noted how she was able to utilise her enhanced understanding of the police role to help other professionals (within Safe Choices and other agencies) understand what may be going on behind the scenes that they may be unaware of. The MVPO noted how the Safe Choices practitioner’s presence within the police station had helped other police understand both the contribution that the service could make in enhancing victim care and the boundaries of confidentiality required to make this work.

10.2 Increased awareness of the issues of missing and CSE within the police

What was, in some ways, unusual about this pilot was the existing knowledge and understanding that the MVPO brought to the pilot. Having attended CSE training and dealt with many cases of missing and exploitation, he brought a degree of expertise to the pilot that was quite unique at that point in time. Even with that, however, the MVPO reflected on how participation in the pilot had enhanced and embedded his existing expertise around missing and CSE.

Where the project partners felt the pilot made a particularly significant contribution in relation to increased awareness of missing and CSE within the police, was its wider reach into other strands of policing, specifically the wider PPU and neighbourhood teams. Both project partners observed a clear trend of increasing interest in the role as it became embedded in the working practices of the station, with other officers liaising with the Safe Choices practitioner about cases they were working with involving exploitation:

“Because of [SC practitioner’s] presence in the station and the area of work we’re involved in, some of the officers in the PPU and child abuse unit were asking advice on other issues, one being grooming over the internet” (Safe Choices Manager)

They could just pop in and have a chat with [the SC practitioner]. It was handy for them, the access to [SC practitioner] as well. Or even asking for advice about, what do you think we should do with this...rather than having to do a formal referral” (MVPO)

This pattern of liaison with the Safe Choices practitioner was observed to contribute not only to increased awareness of CSE and missing but to increased understanding of the complexities of dealing with such cases. One of the clear indicators of this increased understanding, identified by the Safe Choices practitioner, was a subtle, yet important,

change in language used to describe incidents and victims and a self-checking of this within the police themselves as time developed. Another was an increased recognition of the need to actively consider victim care alongside investigative needs, and an understanding of the inter-connected nature of these issues. Put simply, improved victim care can contribute to enhanced intelligence gathering and improved investigative and prosecutorial processes:

“The police saw value in our worker going in and doing some work with that young person and their family...enabling that young person to open up to talk about what actually happened, give more information, which might then enable a prosecution” (Safe Choices Manager)

10.3 Less demand on police time responding to missing episodes

As noted previously, all young people for whom ‘missing’ was an identified issue of concern demonstrated decreased patterns of missing during (and in most cases, beyond) the period of their engagement with the pilot initiative. This decrease in missing episodes for these individuals inevitably reduced the time police spend responding to such episodes. So too did the involvement of the Safe Choices practitioner in some return-to-care interviews for the young people being worked with in residential care in the latter part of the pilot; a development observed by social care to improve the quality of information elicited through these interviews:

“If our kids go missing, when they come back they have to complete this return-to-care interview with the police officer and it’s notorious cos they just tell the police nothing, and it usually happens at 2 or 3 in the morning cos it has to be done by the investigating officer in a timely fashion, so if I’m the police officer and I’m not back on shift for 4 days I’m coming at 2 in the morning. The timing is all wrong. They’re not in the mood. It’s just ‘no comment’, that kind of thing so one of the things that came out was about [the SC practitioner] being given that role of talking to the kids when she was next round – the formal police return to care interview – someone working with the police but not a police officer. It felt safe and relevant and it was good and they might not have sat down and sang like birds about what their whole night involved but they did engage and in that could give information of relevance rather than just sitting there and going ‘no comment’... The police’s job is not specifically related to working with young people in residential care, they’ve to go back and pick up another crime. If your job as a Safe Choices worker is specifically looking at exploitation or missing then that interview has much more relevance, you can be more focused” (senior social work staff)

10.4 More effective information sharing

Information sharing – and how this should be managed given the different remits of the PSNI and Safe Choices service - was noted to be one of the key issues of concern for both parties upon entering this partnership. Recognising these concerns, PSNI and Safe Choices

management created an information -sharing protocol at the outset to determine boundaries of how this would be managed.

Working within this, both parties noted the contribution the pilot made to more effective information sharing and the benefits this brought to both them and the young people engaged in the pilot. Safe Choices observed the benefit of having up to date information about the young person (where they were running to, potential associates etc) that they may not have had the same degree of access to had they not been co-located with the police. They noted how having such information meant they approached their engagement with a young person from a more informed base which enhanced the relevance of their work. They also noted how having this knowledge – and having increased understanding of what information would help police - enhanced their ability to identify when potential intelligence was being shared by young people, thereby increasing police access to such intelligence. The police similarly noted the important contribution that the Safe Choices practitioner made to their intelligence gathering and how this enhanced their ability to pursue prosecutions:

“[The SC practitioner] did preventative work in the background and she was able to give us some intelligence...and we could then act on that” (MVPO)

Both partners identified the vital contribution that co-location – and specifically being located in the same office – made to information sharing:

“There’s no ‘could you please return my call?’, leaving messages. The information is just shared there and then” (Safe Choices practitioner)

“I was talking with someone on the phone and she said ‘I know who you’re talking about.’ We have a lot of information in our head that gets shared with being in the same room. And if you said ‘tell me everything you know about Child A’ you might not think of it, but if you hear the conversation, you remember. It was like having twice the knowledge in the room. So I thought that’s where that was absolutely brilliant, being here. She was able to say if she was looking for someone. I’d say ‘I know who you’re talking about’ there and then and it saved you the whole, rather than having formal meetings once or twice a week, it was just coming out in casual conversation and that’s where I think a lot of the knowledge was passed back and forward that you wouldn’t get if they weren’t based in the police station. Probably even if you’d put her in a different office, it wouldn’t work” (MVPO)

This is not to say that information sharing was without difficulties. Both parties recognised that it took time to build trust and gain the necessary assurance that the other party would not use information shared in a manner that would be detrimental to either the case or the young person involved. For the police, the implications of a non-statutory agency being physically located in the police station (hearing police conversations etc) and what this would mean for confidentiality of police information had to be both considered and tested

in practice. From Safe Choices perspective, they had to negotiate the challenge of balancing the need for intelligence gathering with the need to offer appropriate levels of confidentiality to maintain a safe and therapeutic environment. They also had to be reassured that where they shared information gained through their work with young people that this would not result in a young person being unnecessarily criminalised as a result of this. Both agencies honestly reflected that addressing these concerns took time, noting the importance of recognising this and paying adequate attention to these very real concerns.

10.5 Better disruption of exploitative adults

This is the anticipated outcome that least comment can be made on. In many ways, this is unsurprising given the preventative remit of the original pilot meant that most of the young people referred to the pilot were referred on the basis of concerns about going missing rather than concerns about contact with exploitative adults (the purpose of the early intervention being to prevent the latter). Where intelligence was gleaned – more commonly in the work with young people in residential care and those groomed online – this was fed into investigative processes. However with the exception of a few internet-based cases where prosecutions were proceeding, little specific information was provided as to what subsequently happened in relation to (suspected) exploitative adults.

10.6 Using the information gained to influence both operational and strategic responses

One of the key identified strengths of the pilot initiative (identified by both project partners and external agencies) was the ability to collate previously disparate information sources and use this information to influence responses to individual young people and wider observable patterns of concern. Both the MVPO and the Safe Choices practitioner reflected on how they worked together to decide on the most appropriate course of action in each case, identifying ways in which their comparative roles and skills could support the work of the other, thereby contributing to a more holistic and integrated response to individual young people.

In addition to the benefits to project partners outlined above, social care interviewees also highlighted how the sharing of information from the pilot initiative supported their work with young people. Specific reference was made to the contribution the pilot initiative made to information sharing and strategic planning at inter-agency meetings, with the absence of this contribution following the end of the pilot noted to be a significant loss.

10.7 Additional benefits for project partners

Two key additional benefits were noted for the police. The first of these was the intermediary role that the Safe Choices could play where distrust of and/or reluctance to engage with the police existed on the part of young people and/or their parents:

“It definitely makes a difference with the kids because as I say they can come up and ask you questions. They don’t see me as a police officer, but yet they know that I will talk to the police about issues, but it wasn’t threatening to them...Say maybe something was going on

with the domestic violence team and they would have said to me ‘if you’re speaking with that young person, could you say they can talk to us, tell them a bit about us’ and when they saw that I was getting on well with the police, it kind of paved the way for them to be more open” (Safe Choices practitioner).

The second additional benefit noted for the police was the flexibility of the service offered by the pilot initiative. This related not only to the speed with which concerns could be responded to (as outlined in the benefits for young people section above) but also the ability to consult on, and take on, cases that fell outside of the original remit of the pilot where capacity allowed. This flexibility was aptly demonstrated by the decision to change the remit of the pilot approximately six months in, in response to an unmet identified need by the police.

The main additional benefit noted for Safe Choices, in addition to those originally envisaged, was essentially reputational. Working in a field where voluntary sector providers often struggle to become fully integrated into strategic and operational structures, the willingness of the police to invest in and host this pilot – and their positive reflections on how it was unfolding - offered the service important external validation. The importance of this was reflected in the fact that, upon seeing the important contribution the pilot was making, another police station sought to secure funding to replicate the model in their area. Whilst unsuccessful in securing the funding, the desire to replicate the model is an important statement of validation.

11. Benefits for other agencies

The specified anticipated outcome for other agencies, from the pilot initiative, was two-fold: enhanced partnership working and more timely referrals to other partner agencies. This section considers the contribution the pilot initiative made to these outcomes, with specific reference to social care, who were the key external partners involved in the pilot initiative.

As previously explored in section 9 the latter of the anticipated outcomes – more timely referral to partner agencies – was a clear benefit from the ‘missing from home’ element of the pilot initiative. Similarly, so too was the groundwork that the project partners could undertake via their engagement to ease the process of referral and intervention to statutory services, particularly where there was an existing distrust of these services.

Another core benefit for social services, previously explored in section 8 of the report, was the ability to refer into the pilot initiative, and have this responded to in a timely manner. As noted earlier, this was particularly critical given the wider context of an ongoing waiting list for other referral routes into the Safe Choices service. Social work professionals were acutely aware that were it not for the dedicated resource of the pilot initiative, the young people they referred into the service would not have accessed the support needed without significant delay. Beyond the obvious implications for the young people themselves, this

held significant implications for these staff and their responsibility to address risk, and integrate effective safety planning, for young people in their care.

The social services representatives who participated in the evaluation also commented positively on the contribution that the pilot initiative made to enhanced partnership working between themselves, Safe Choices and the PSNI. Specific reference was made to the contribution the pilot initiative made to information sharing, both at an individual case level and at a more strategic level in terms of risk strategy meetings, LAC reviews and bi-monthly inter-agency CSE meetings. Specific reference was also made to the liaison role that the Safe Choices practitioner could play between social work staff and the police, in terms of aiding understanding and pursuing implementation of police processes:

“[SC practitioner] was like a conduit to the police; someone who is more aligned to your professional role...And she could tie together with [MVPO] who was working with her in the station. They had that inseparable link, so it just felt seamless, which to me was very important...It’s a voice with the police as well. It’s someone in the station saying we need to remember to do what we’ve agreed to do” (senior social work staff)

“At the beginning, there was confusion about who I was or who I was working for...but by the end of it, they [social work staff] were asking me questions about police processes if [MVPO] wasn’t about” (Safe Choices practitioner)

A number of different social work staff also highlighted the positive contribution that the pilot initiative had made to their working relationship with young people (and their openness to work with others) and to the active way in which the Safe Choices practitioner involved them in the work being undertaken through the pilot initiative:

“The young person’s ability to build relationships and trust professionals enhanced following the development of relationship with safe choices worker” (professional evaluation 3)

“She [SC practitioner] met with me to go through some work I could do with my key child to help prepare her for the work that Safe Choices would then do. They met regularly and she would have given me information to work around with what she was doing. She would have maybe brought me in at the end and we would have done a wee role play about what they had covered to let the young person see what they had got from the day and I could catch up on where they were, which was very useful. Even now we refer back to that – ‘d’ye remember that time you were talking about...’ and then she goes ‘oh yeah, that’s right’ and so she is able to connect it” (residential unit staff)

12. Enablers and barriers to the realisation of anticipated outcomes

Considering first the question of what contributed to the successful realisation of the anticipated project outcomes, a number of critical factors were identified. These include strategic level support for the initiative, the co-involvement of the voluntary and statutory

sector, external partner buy-in, clarity of roles and purpose, co-location and the right personnel. As the two most commonly identified in explanations for success the latter of these – co-location and the right personnel – are explored in greater depth below.

12.1 Co-location as an enabler to information sharing and relationship building

As highlighted previously, co-location facilitated the timely and effective sharing of information (particularly soft intelligence) between the project partners which could then be shared with other relevant partners. Conversely, it could also facilitate the effective dissemination of information inputted by external partners and the coordination of pertinent action as a result of this. Co-location also facilitated the development of working relationships between the project partners and a greater understanding of one another's roles and the challenges and opportunities these involved. These benefits were observed to extend to the wider PPU in which the pilot initiative was housed but interestingly less so in relation to the wider Safe Choices service, that was physically housed in a different location. The benefits of co-location identified within this pilot initiative resonate with those found in other CSE studies (Jago et al 2010; Palmer and Jenkins 2014) and the 2014 Home Office 'Multi Agency Working and Information Sharing Project' Final Report that reports:

“Areas commented that in their view co-location was key to building trust and encouraging intelligence and soft information sharing. Areas reported that co-location can create a better understanding of partners' roles and responsibilities and results in an improved working relationship which is reflected not only inside the model /safeguarding hub but also transfers to relationships and practices outside the model/hub” (Home Office 2014:22)

As also observed in the same Home Office report *“co-location is not a panacea”* (Home Office 2014:11) and it is important to note that examples of co-located missing/CSE teams exist that have failed to deliver the benefits anticipated (unpublished data provided to the evaluator through other commissioned work). What was identified as critical to the success of this particular co-located pilot initiative was the skills and experience of the personnel involved in delivering the service. As not yet explored in this report, some space will be allocated here to exploring the contributions of contributors in this regard and, in particular, what it was that they valued in relation to this.

12.2 The importance of the right personnel in post

The most commonly cited explanation proffered for the many benefits identified throughout this report was the working practices, skills and experience of the Safe Choices practitioner and MVPO involved in delivering the pilot initiative.

Asked what they liked best about their engagement in the pilot initiative, the informal and flexible nature of the workers' approach was the key thing that young people identified:

“Learnt in fun way and to be safe” (young person evaluation 4)

“Was able to go out some weeks if I had done good work for 2 weeks in a row. And we were able to have a good laugh” (young person evaluation 8)

“She takes me out and I’m not sitting in the house all the time; always going out. She takes me to McDonalds. Or she would drive and find a wee car park and do worksheets with me and we talk about them after...[E: do you ever find you have different opinions about things?]...Aye, we had that the other day [E: and what happens?]...Nothing, we just have a laugh about it, me and [SC worker]” (young person interview a)

The personality and approachable working practices of the pilot personnel was also one of the key strengths of the project identified by the parents/carers who completed evaluation forms. Asked what was good about the service, all five commented on their experiences of the personnel:

“I find [SC practitioner] was very easy to talk to she made us face things we were trying to bury. She also involved us all and make us aware how important it is to discuss things” (parent evaluation 1)

“Very friendly, professional and caring” (parent evaluation 2)

A particularly welcome aspect of how staff delivered the pilot initiative, identified by a number of caregivers, was the absence of any judgment on them. This is a particularly critical issue where parents feel in some way responsible for their child’s exposure to risk or abuse, a common occurrence where children have been abused, or exposed to risk, while living in the family home:

“Staff were excellent, made me feel very at ease and built up a great relationship with my daughter. Also didn’t make me feel as though it was my fault even though I thought it was (parent evaluation 4)

“Regular sessions, focused sessions and the ability to talk in a normal way, not looking down at my family as I thought this might have happened because of my background. I have good memories of the service and the work” (parent evaluation 3)

The approach of the project partners was also explicitly identified as critical to the success of the pilot by professional contributors to the evaluation, both in terms of their own experience of the initiative and that of the young people they referred:

“She [young person] did have opportunities to meet with organisations but she always refused, she didn’t make that connection. But [the SC practitioner] is so warm, she’s got that whole rapport. I thought if anyone can actually build this up, she will. So she stuck with it. And [the SC practitioner’s] personality was able to engage her” (residential unit staff)

“[What was good about the service?] Workers ability to build trusting relationship with young person. Workers knowledge of concerns and risks of CSE which she was not only able

to share with young person but also social worker. Length of time spent with young person – work was not time limited. Worker was able to pitch her involvement with young person based on ability/willingness of young person which meant work was not rushed” (professional evaluation 3)

Asked to take a step back from personalities of the individuals in post and identify what it was about the approach of those personnel that contributed to effective working practices and outcomes within the pilot initiative, interviewees identified five core traits that they felt any personnel in those roles should have. These provide a helpful template for the further development of any such initiative:

- An ability to work informally, flexibly and in partnership with young people – and indeed other professionals;
- Analytical and reflective capacity: *“knowing what’s relevant and what’s not. Our kids are good; they’ll give you cues. [SC practitioner] was able to work out what they were trying to say. Often they’ll throw out smokescreens or ramble cos they’re nervous and she was able to see behind that, and that was really important” (senior social work staff);*
- Experience in a similar role and confidence in their working practices: *“I think the role would be too difficult for someone just coming through the door to do. You need experience” (MVPO)*
- An openness to challenge and learning;
- Willingness to ‘go the extra mile’ and work with others to achieve better outcomes.

12.3 Capacity

Whilst the skills and experience of the personnel engaged in the pilot initiative were identified as one of its core strengths, the limited capacity of the initiative as a whole was identified as one of the potential barriers to success. As highlighted previously, the pilot initiative was centred around the work of one member of core staff; the dedicated Safe Choices senior practitioner. Whilst they were supported by, and worked closely with, the MVPO with whom they were co-located, that individual had other duties that placed demands on their time and capacity, particularly when their role covered both children and vulnerable adults as was the case for the first part of the pilot. These limitations inevitably restricted the number of cases that could be worked with at any one time, however where the weakness of this model really emerged was when the dedicated Safe Choices worker became ill, and remained ill, on a long-term basis. Although other Safe Choices practitioners could take on the case work with young people, no-one was able to fully cover the dedicated co-located post meaning that many of the benefits specific to that model of working were not experienced in the last six months of the pilot. This is not to undermine the successes that preceded this, nor to minimise the work that continued to be done during this period, but rather to highlight the benefit of a wider personnel base that has capacity to respond to unforeseen circumstances such as these in a more cohesive manner. Support for such a broader base model was apparent across all stakeholder groups both in

terms of contingency planning and in terms of extending reach of the service to other young people and their families and was in fact the key response provided when asked how the pilot initiative could be improved:

*“I would think more staff so you can reach a wider area for all the children who need help”
(professional evaluation 1)*

*“More staff in police station to allow for earlier intervention work for children at risk of CSE”
(professional evaluation 2)*

“With two Safe Choices workers and two police it would be all encompassing – we’re trying to do the same with less” (MVPO)

13. Concluding observations and learning for future initiatives

All elements of the evaluation demonstrated clear benefits from the pilot initiative and strong support for it to continue. Indeed there were strong indicators of support for it to be extended in terms of both personnel capacity and geographical reach, so that the benefits observed to be delivered to stakeholder groups in the pilot – prevention and early intervention work with young people, accompanying support work with their parents, more effective information sharing, better understanding of one another’s roles and better partnership working - could be extended to others who would also benefit from such a service. Factors identified as critical to the successful roll out of this – or any other similar initiative – include strategic level support for the initiative, the co-involvement of the voluntary and statutory sector, external partner buy in, clarity of roles and purpose, co-location, the right personnel, adequate capacity and contingency planning. The pilot initiative under evaluation manifested the majority of these critical enablers, alongside recognition of the need for addressing the capacity barrier in any future manifestations of the service. Overall, the evidence would clearly indicate both the success of the pilot in delivering against its anticipated outcomes and the validity of the model for future investment and development. The wider evidence base around effective inter-agency responses to missing, CSE and associated risks would also support the further development of such a partnership-driven, multi-sectoral, co-located approach (Home Office 2014).

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