Voices Mean Choices

Discovery Research Evidence Report







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Terminology

Child / children

Any person aged 18 or under

Young person

Any person aged 25 or under

Family

Parents or carers

CSE

Child Sexual Exploitation

CCE

Child Criminal Exploitation

CAMHS

Child & Adolescent Mental Health Service

Early Help

Early Help & Prevention service for families in the East Riding

MAC / Making a Change

East Riding Specialist Exploitation service

YJS

Youth Justice Service

DSL

Designated Safeguarding Lead (within a school)

Community Vision (ERVAS)

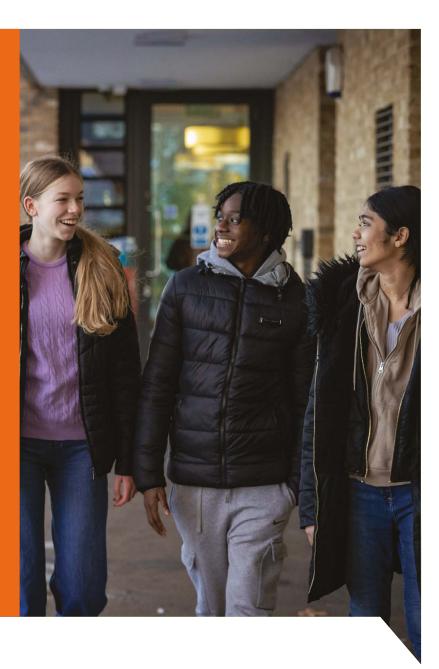
East Riding Voluntary Action Service

ERYC

East Riding Yorkshire Council

The Hub School

Local social, emotional, mental health provision



Background & Introduction



Project Background

East Riding of Yorkshire Council (ERYC) and Barnardo's have collaborated on a 2.5 year partnership testing service design methodology and design thinking to create systemic change for children at risk of child sexual abuse or exploitation.

Our mission is to co-create a system that identifies abuse and exploitation earlier, recognises the child and their families needs and responds to meet those needs.

Whilst the ERYC Making a Change (MaC) service has proven to deliver strong outcomes for exploited children, it is believed that there is an unknown group of children for whom the signs of exploitation go unrecognised, and they are only identified after they have suffered harm. ERYC want to understand how exploitation is currently identified by professionals much earlier in the practice system, particularly children from under-represented groups such as children who identify as LGBTQ+, those from minoritsed communities and children with English as a second language.

It is believed that there is inconsistency in the language used across local authority services and by partners when talking about exploitation. Outside of specialist services there can be unhelpful and victim-blaming language and practice, which may be symptomatic of a lack of understanding of exploitation across the practice system and a factor in the late identification of children who are at risk of or being harmed through exploitation.

We want to understand what language and practice children and their families want us to use. By us working together to use their voice to influence the system supporting them and children for years to come. Our vision is that children are safer sooner





Objectives

Whilst the overall partnership has wider aims, the first stage in this partnership was to conduct discovery research on two prioritised areas to understand the challenges in more depth and children and families' experiences of services.

This report outlines the findings from our discovery research, and the identified opportunity areas to take forward into co-design.

Core research objectives*

To understand what could help to identify signs of exploitation earlier and ensure children and families get the support they need.



To understand what needs to change in the system to ensure that all professionals do not see children as responsible for the harm they have experienced and use appropriate language.



Method

This discovery research is the first stage in a 2.5-year partnership conducted from January - July 2023. We took a three-phased, qualitative approach to discovery research.

1. Understanding the system



- Desk research: collating existing evidence and looking for best practice models
- Stakeholder interviews: speaking with professionals about their experience of the barriers to early identification and use of victim blaming language, and wider observations around how the system currently works for exploited children
- Team visits and shadowing: spending time with some internal children's services to observe the working culture and build relationships
- · Service mapping workshops: mapping out how the system currently works
- File reads: taking a selection of cases of exploited children (anonymized) and looking back through their case notes looking for missed opportunities for identification and use of language including good practice examples

2. Learn from children & families experiences



- In-depth interviews with children who have experienced exploitation
- · In-depth interviews with parents or carers of exploited children
- Workshops with targeted intervention youth groups

3. Define problems and opportunities for change



- Thematic analysis and identifying insights
- Playing back findings to professionals, children and families in the form of illustrations
- Creating animation films to tell the stories of children and families and bring the system problems to life
- Prioritising problems to take forward into co-design



Sample: Stakeholders

163 Stakeholders have been consulted as part of this discovery research

36 Stakeholders took part in-depth interviews, including a mix of Management and Frontline Practitioners.

Teams interviewed:

Children & Young People's Support & Safeguarding Services

- · Making a Change
- Youth Justice Service
- · Participation, Innovation & Improvement
- · ER Children's Safeguarding Partnership
- · Safeguarding & Partnership Hub (Front Door)

- Strengthening & supporting Families team (Long Term Care) -East / West
- Children Looked After Team
- Assessment Team
- Early Help West / North / East

- · Residential Children's Home
- · 0-25 Special educational needs and Disabilities service
- Children's Centre

Humberside Police

· CSE team, CCE Proactive team, missing persons team (Locate), Neighbourhood Policing Team

Health

- · NHS Acute Care, Safeguarding
- · GUM Sexual Health for Adolescents

Education

- · School Designated Safeguarding Leads -Primary / Secondary
- Education The Hub School
- · School deputy head teacher

13 service mapping workshops including 57 Stakeholders.

Services mapped:

- · Primary School Safeguarding
- · Secondary School Safeguarding
- · Early Help (3 localities)
- · Social Care Assessment
- · Social Care Strengthening & **Supporting Families**
- · Making a Change
- · Youth Justice Service
- · Police (Missing, CSE, CCE)
- · Sexual Assault Referral Centre

- · Emergency department, Minor Injuries HUTH and North Yorkshire including York and Scarborough
- Emotional Wellbeing Team
- Child and Adolescent Mental Health Service
- Pathway Team
- Safeguarding & Partnership Hub (Front Door)
- · '4 locality based workshops with schools' including 67 education professionals
- · A mixture of primary & secondary schools, specialist education providers, and one school who provide alternative education
- Most attendees were Designated Safeguarding Leads, but also including some Assistant Heads and Heads of Year.



Sample: Children & Families

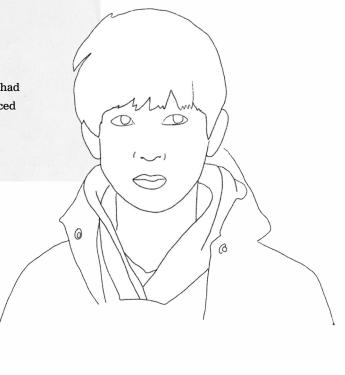
We've spoken to 54 children, young people and families

42 Children and Young people

- · 20 in-depth interviews with children who have experienced criminal and/or sexual exploitation
- · 4 workshops with targeted youth groups, including 22 children:
 - Lollipop (LGBTQ+ group)
 - Matthews Hub (neurodiversity)
 - · Twilight Football: boys workshop & girls workshop
- The children who participated are all 10 21 years old and had experience of East Rising services
- · We included a mix of gender, age, location within East Riding, and services experienced
- · 25/54 have either diagnosed or undiagnosed Special Educational Needs or Disabilities (SEND)
- 5/42 children are from ethnic minority backgrounds

13 Parents and Carers

- · 13 in-depth interviews & home visits with parents or carers:
 - · 10 mothers
 - · 1 father
 - · 2 foster carers
- · Parents all had a child aged 10-18 who had previously been at risk of or experienced criminal and/or sexual exploitation
- · Services accessed included: Making a Change, CAMHS, Early Help, Social Care, Youth Justice Service, Sexual health such as school nurses/GUM, community Vision (ERVAS)
- 3 young people are refugees supported by the Pathway team





Sample: File reads

We reviewed 32 children's case files

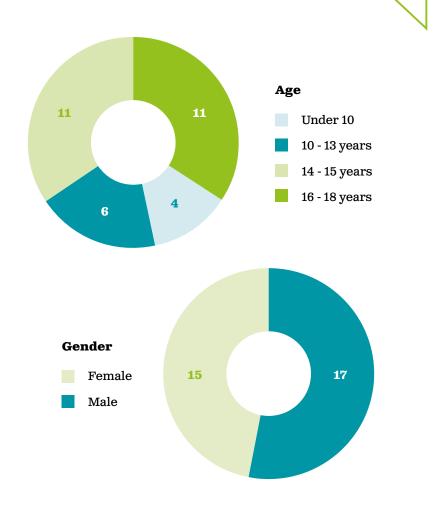
We took a random selection from four different parts of the system to ensure we captured children at risk of exploitation who had experienced different pathways and responses, from information or guidance only through to the high harm specialist service Making a Change;

- · Information or guidance only
- · Referral pathway for assessment
- · Making a Change
- · Youth Justice Service

We ensured an equal balance of age and gender so that all sample groups were represented and a mix of types of harm including CCE, CSE, human trafficking.

We boosted representation of children from varied ethnic backgrounds and families for whom English is not their first language, to account for a gap in the sample in the qualitative interviews.

- 5 children from ethnic minority backgrounds
- 2 children for whom English is not their first language



Insights centre around our service design recommendations

Overall we have uncovered 12 recommendations for developing East Riding's model and response to children who have experienced exploitation, all focusing on improved earlier identification/intervention and tackling child-blaming practice.

Across the below spectrum of prevention through to service delivery, the following report details the experiences and brings to life the voices of young people, families and professionals that sits behind each of these conclusions.

Identifying indicators earlier

Barnardo's

Earlier intervention

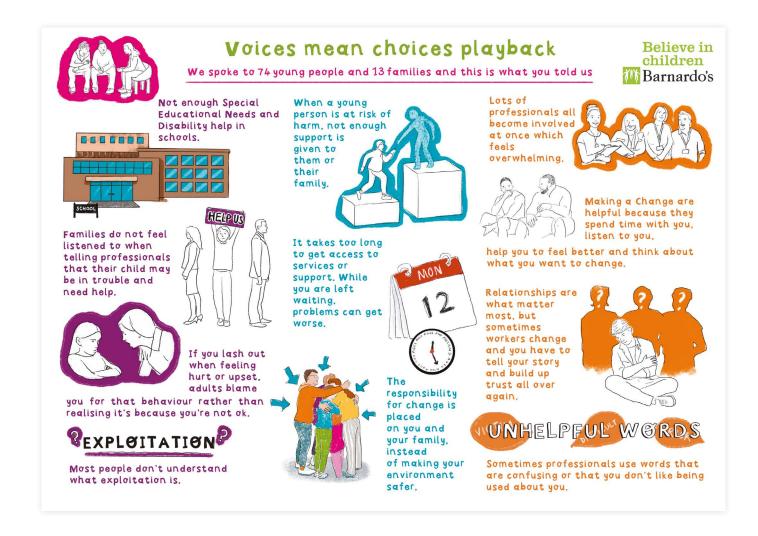
Contextual and childcentred service support



Visual summary

This visual summary of findings was shared back with children and families who participated



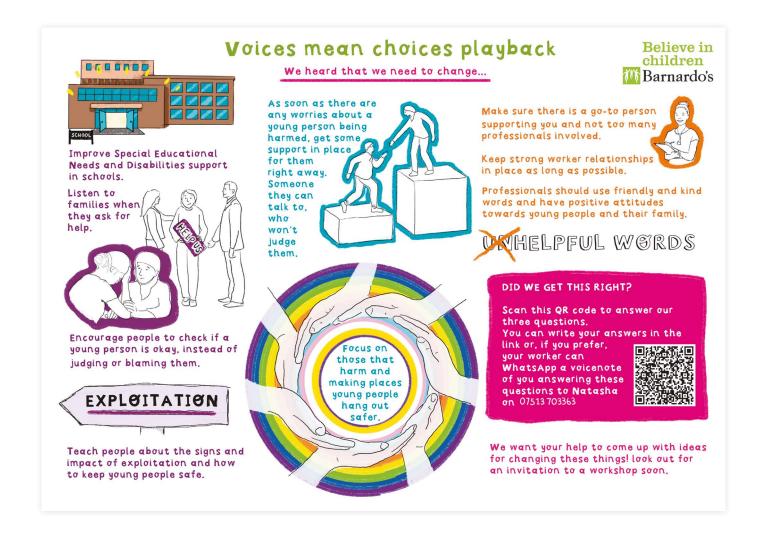




Visual summary

This visual summary of findings was shared back with children and families who participated

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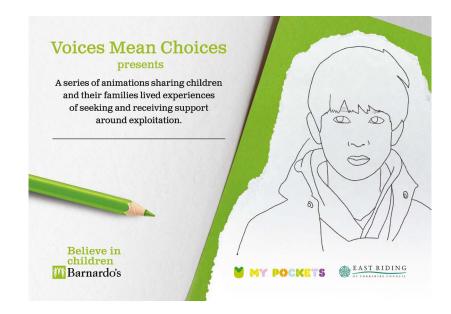
Animated videos

Animated videos to help tell the stories of children and families we met

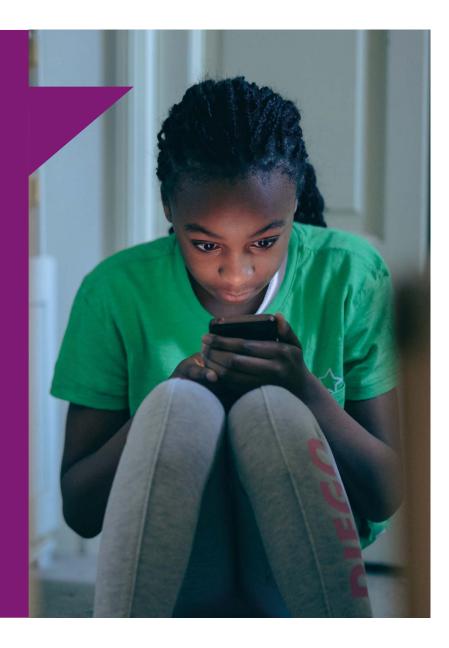
Throughout this report we have integrated animated videos that we created as part of this project. These stories help bring the findings to life through sharing real life experiences.

All 5 animations are based on the real stories of the young people and families we interviewed and fictionalized to ensure the anonymity of our participants. Some show experiences common to many young people we spoke to, and others are more individual, where we took one young person's story and adapted it solely for anonymity.

To find out more about these animations and how to use them, please see this online guide.



Identifying indicators of exploitation



Opportunities to build on system strengths to ensure consistent earlier identification

Relationships are fundamental to recognising indicators of exploitation.

When mapping children's journeys through services family, education professionals, Youth Workers, Family Coordinators or Senior Early Help practitioners are typically the first to spot signs of exploitation. Having one of these trusted relationships in place helps to identify risk indicators when they become present in a child's life.

The biggest barriers faced in the children's journey to support were typically in accessing services once risks had been identified, rather than in identification of risks. That said, to build on system strengths and ensure that exploitation is consistently recognised earlier for all children, we found 5 opportunities for earlier identification of exploitation.





1. Enhance awareness & knowledge of exploitation

Low awareness of exploitation is a barrier to identification.

Stakeholders across all agencies strongly believe that to identify exploitation earlier and tackle victim-blaming language, awareness and understanding of exploitation needs to be raised; it is still a largely hidden and misunderstood issue across the East Riding, with the child's behaviours being witnessed (e.g. possession of drugs/going missing/skipping school) and misunderstood, without the underlying cause (trauma, the person who causes harm) being considered.

This places responsibility on the child for the harm that has occurred, rather than focussing on those that harm.



"As a wider network we have to ensure that our staff across all levels and services have the confidence and ability to look at these early warning signs and concerns and be able to understand and actually prevent any escalation. But not focusing on the child, focusing on the risk proposed to the child."

Stakeholder

"I think a lot of people - just normal people - do think of it negatively and there is a lot of victim blaming. It's going to be a fight to get that language changed and that victim blaming changed but it needs to be made more knowledgeable."

Stakeholder



Children & their communities often don't recognise exploitation as a form of abuse

Given the complexity of abuse and exploitation and the relationships at play, it can often go hidden both from the child and their immediate family and friends. The lack of understanding leads to a stigma and shame around exploitation.

- Parents talk about knowing something wasn't right but not having the terminology to label what was happening, or realising it was a crime.
- Children often didn't realise at the time that the relationship was exploitative until it escalated.
- Wider communities can play a vital role in identifying harm. Both professionals and children spoke about the importance to educate people within the community about exploitation so they can identify the signs and be better informed about what to do or who to contact if they suspect a child could be being exploited. We heard first-hand stories of what an important role wider community members can play in safeguarding, e.g. a hotel concierge reported seeing a man check into a hotel with 2 young boys. In another case, a child told a friend who told a teacher, showing that young peers are also important to educate.

"I mean, I didn't really know. I weren't educated on Exploitation at time. So to me he was just getting involved with a gang who was selling and taking drugs and it is only, you know, self-educating after I found out what was going on with him."

Parent

"I feel like if a person is grooming a younger person, that is really hard to see. It's really hard to see if you're being groomed and I don't think there's anything that could possibly prepare you for being groomed. I think there are probably like red flags as people say. Like say if people are wanting you to send naked pictures. Which a lot of people do."

Child, female, 17



The low awareness and understanding leads to a shame and stigma around exploitation



watch the video



Professionals want to be better equipped to spot and respond to indicators of exploitation

If there was an increased knowledge of exploitation from non-specialist services, professionals feel this would help them to spot the signs earlier & have the confidence to act, therefore getting support to the child sooner.

Professionals across the East Riding including children's centres, social care, education, health, family workers, want to build their knowledge and understanding of both the signs of exploitation and the best language to use to communicate in a non-victim blaming way.

- Whilst professionals have done an introductory level of training, some mentioned the need for ongoing refresher training to embed their learning and timely reminders,
 e.g. within team meetings, to update them on local trends,
 what to look out for and what to do in the instance they notice any concerns.
- Although there was some awareness of resources they could use, e.g. teaching toolkits for educational settings, there is a desire for more comprehensive resources such as toolkits or guidelines that non-specialist workers can use if they think there are exploitation risks at play.

"As professionals we should be at the cutting edge. We should understand everybody's new methods and we should understand changes in exploitation. And I don't think we do."

Stakeholder



"I think the biggest barrier to identification is practitioner's knowledge. I think that is the main one. You've got people within Making a Change that know quite a lot about it and understand exploitation. Whereas I think you get some practitioners that don't actually realise what it is and what it's about. So I think training should be mandatory and it should be every so often to bring in that knowledge. I think it would help in the sense that they'd know what it is so they'd be able to see signs a bit better. They'd be able to understand what's actually going on instead of seeing something that they're a bit unsure about.

So I think like, for myself, because I know what it is because it's obviously happened to me, I think I see it quicker than some people might because, I know what it is and what they do and I know the steps that they take to do that to a young person. So it's like I spot it quite soon. So I think it's just a sense of if the knowledge of it was a lot wider for other people and the knew more and they had this mandatory training for it, I think it'd be beneficial because then they'd be able to spot it a bit easier."

Stakeholder with lived experience



2. Ensure a trauma-informed response from universal services

Services don't always have a trauma-informed response to behaviours commonly displayed by children who have been exploited.

Signs and indicators of exploitation often present as behaviours that are typically punished, for example going missing, skipping school, being rude or angry towards people, substance misuse, engaging in anti-social or criminal activities. There is an opportunity to embed more trauma-informed practice in response to these behaviours across all services. These professionals have a chance to look beyond the behaviours exploited children might display and seek to uncover causes and extra-familial harm.

- School behaviour policies often exclude children or put them in isolation, rather than being enabled to provide additional support such as mentorship to uncover underlying issues.
- Whilst we've heard that the Police missing team have an understanding and relational approach, the police and judicial system have a starkly different response to victims of CCE vs CSE. The teams that respond to criminally exploited young people in East Riding are separate to the sexual exploitation team and have different protocols in place, with sexually exploited children seen as victims vs. criminally exploited young people seen first and foremost as suspects. On the system used by Social Care, when a contact is made there is no space to record 'criminal exploitation' as a risk factor, but 'gangs' can be ticked. National guidelines show that describing criminal exploitation as 'gangs' can lead to criminalization of children and stereotyping in the basis is gander and race.





"Things need to be picked up sooner, then maybe kids won't go through so much. Like if a kid's being an A star student and then being badly behaved the next year surely that's an inkling something's not right.

Why'd it take for her to be moved schools 3 times, put in the hub, have attendance officers go into my sister's house before anything's picked up? And even then the only reason it's picked up is because she told a friend and her friend told a teacher. Surely someone should have clicked on that something wasn't right before then and asked her if she's okay."

Foster Parent



Professionals flagged how stereotyping impacts the level of response given to a child

This finding was echoed by the experiences of young people and their families who had felt stereotyped and judged, at times. Three factors were flagged by both professionals and families:

Age and 'adultification': Older children can be perceived as less at risk than younger teenagers and unconsciously be seen as young adults rather than children, and therefore considered less vulnerable. Parents we spoke to of older children (15/16) voiced this concern, especially when their children were missing; they felt it wasn't seen by services as big of a risk as when they were younger.

"I wondered if because he was 15, nearly 16, they weren't taking my concerns very seriously."

Parent

Gender: Boys are generally seen as less at risk, especially of sexual exploitation, as has been evidenced in national research. The Humberside Police voiced that more needs to be done to identify and safeguard male victims of sexual exploitation, as they are largely unknown to services.

In one reviewed case file, a male child was asked to send nude images after being given money.

Despite this, the focus was on the criminal exploitation he had experienced rather than the sexual abuse that had taken place and the child was not flagged as being at risk of CSE.

Social class and family background: Judging families who are well known to social services and children for whom criminal activity may be normalised in their surrounding environment. Conversely, overlooking families' concerns who live in wealthier areas as the warning signs can be harder to identify or understand.

"We've got a couple of children who have been open to services for a long time and the threshold seems to be higher for them. Things can happen to them that if they happened to another child who wasn't well known to services it would be strategy meeting and you know but for them it's just 'Well yeah we know they go missing, we know they do this, we know they do that. And I suppose it's continually trying to highlight the role of the perpetrator in these children's lives."

Professional



3. Listen to and respond to family's concerns immediately

Parents and Carers are often the first to spot signs of exploitation, but don't feel listened to.

Parents and Carers we interviewed had often been through a long journey of self-referring into services and trying to get some support in place for their child. These experiences varied but always included frustrations with slow responses from statutory services and a feeling that they had to wait until harm escalated before any support was put in place.

Once they had a relationship with a supportive professional such as an Early Help practitioner or school Designated Safeguarding Lead this helped parents and carers to have someone to talk to and help them navigate the system. However, until that point they **often felt like they weren't being listened to**, and there was still a frustration that **not enough was being done to address the people and spaces causing the harm**; with the focus wrongly being placed on the family.



watch the video



Frustrations stem from inconsistent, slow & victim-blaming responses from services

Multiple experiences have contributed towards parents and carers **feeling like they aren't being believed** or taken seriously when they raise concerns of extra-familial harm:

Minimising risk

Some felt that exploitation indicators witnessed by the family member are being minimized by professionals.

- Being turned away from the front door when calling up with concerns – some parents were told that nothing can be done unless there is 'evidence' of harm having occurred, and received little advice or guidance.
- Going back time and time again to Social Care, the school Designated Safeguarding Lead or the Police to try to get some form of disruption in place but consistently being told nothing could be done.

Victim blaming

A focus on the family and child rather than on causes of harm:

- Being pointed towards parenting courses and Early Help Family Workers, giving an impression that the problem lies with the family rather than outside of the home.
- Seeing little action taken against the person who caused the abuse or the places abuse was taking place in.

"I don't think they took me very seriously.

They kept pointing me towards parenting courses and then we had CAMHS family therapy but none of it helped because that wasn't the problem."

Parent

Slow and inconsistent response from services

- Slow responses from services, waiting while a referral is going through Social Care, often from the school, and being put on waiting list for Early Help or CAMHS.
- Potential for wasted resources as the intervention they are waiting for (ie parenting groups) isn't focussing in the right place (i.e. not contextual safeguarding).
- Confusion over when to report a child missing and the sort of response to expect from the Police. The police response was felt to be inconsistent and the guidance on when to report a child missing is unclear.
- Once an intervention is put in place parents reported being cut out of multi-agency meetings or not communicated to with important information.



Families want to be treated as safeguarding partners

Considering the important role parents play in early identification, it is vital they are treated as safeguarding partners by professionals.

"I'm sick of going to bed crying at night thinking my child's not safe. Me and my partner say to each other all the time, how do we parent him? Or how do we keep our child safe? If we can't keep him safe, who can keep him safe? They need to give more support for children and parents."

Parent





"I got a friend to take him to school everyday and I took his phone off him so the drug dealers couldn't call him. This is all what I did without any advice from anyone but it was hard because his Dad was arguing it and saying you can't take his phone. It was almost like I felt like, am I doing something wrong? So I could've really done with support from social care which is why I kept calling them but they kept closing the case. When they did finally step in it confirmed everything I'd been doing were right and I obviously had thought am I doing something wrong here."

Parent



4. Provide earlier SEND support in school to ensure inclusivity and belonging for all children

Undiagnosed Special Educational Needs or Disabilities (SEND) and lack of support in school is a common catalyst for exploitation.

A young person's story leading up to being exploited often starts with feeling misunderstood and like they don't belong. Most families we interviewed had a journey rooted in battles for additional school support and not having appropriate assessments put in place for suspected SEND. They have found the system confusing to navigate with an unclear responsibility for assessment and frustratingly slow progress. Parents and carers reported to have experienced either:

- Additional needs had gone unrecognised and they were still waiting for an assessment or told they don't need one and didn't know where to turn next.
- An assessment and diagnosis had happened too late, i.e. after parents had been asking for it since year 7 and the EHCP only just got put into place in year 10 or 11.
- Although they did have a clear identified need, the support from the school didn't feel sufficient. We found the EHCP doesn't always bring change or the support that's needed.

The above experiences had been the start of a spiral of increased risk as difficulty in the education system and exclusions created both a lack of physical safety and increased emotional vulnerability.





Exclusions result in reduced physical safety and increased emotional vulnerability

For many children this lack of adequate educational support had led to negative behaviours at school and them being excluded from school or moved to alternative learning provision. Children often feel inadequate or inferior, and are keen to find a sense of belonging.

Parents of children who have been diagnosed with Autism or ADHD and have been exploited wish that more could have been done with their child to educate them around the risks of exploitation, as they can be particularly vulnerable to extra-familial harm.

The link between undiagnosed SEND and increased risk of exploitation was not mentioned from stakeholders, leading us to believe this connection might be partly hidden from children's services teams.



watch the video



"I think a lot of it's to do with his ADHD. Because he takes everything literally. I've always said to family if anybody said to him, 'I've lost my dog help me find it' he would be the one that would go. Cause I've always known there's been something different. But you just get fobbed off with parenting classes. They'd come and do the work from Children's Centre and that was it, they'd sign off on it. Rather than maybe getting Tom some early help. It definitely would have helped him with school if he'd got a diagnosis of ADHD.

Maybe someone to support him around those areas where they know he would be vulnerable in, like believe in everything everybody says, maybe work with him to not lie because maybe we could have found out a lot sooner what had been going on. Yeah. I just feel like we've been let down by the schools - they've just pushed us towards children's centre. Instead of spending the money on getting an assessment through the SENCO. And it was only done this last year (year 9) that the SENCO put the forms into have him assessed."

Parent



5. Understand needs of young people for whom indicators of exploitation are being missed. Shift responsibility onto the workforce for overcoming barriers to support

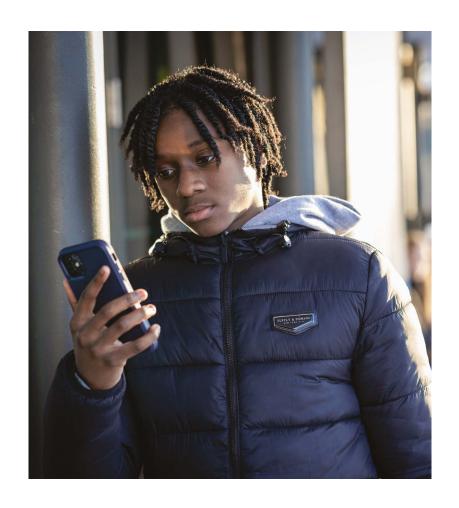
Research indicates there could be some groups of young people being missed by services.

Stakeholders suspected that **children for whom English isn't their first language or children from minoritsed community or mixed ethnic backgrounds** could be being missed by the
system. Professionals also highlighted the lack of diversity in the
workforce could be a contributing factor to not understanding the
needs of theses children and families.

There are also concerns that **male victims of CSE** may be being missed by the system due to gender stereotyping and stigma.

More research is needed to further understand the needs of children for whom risk indicators may be being missed to overcome any unseen barriers to accessing support. Better understanding nuanced needs will enable the workforce to take responsibility for ensuring services are inclusive to all audiences.

A research deep dive into ethnicity and non-English speaking communities is planned as the next research exercise in the partnership.





"That group of 12 to 15 year old males I think has been left behind because if I said to you, 'we've got a 14 year old girl and she keeps going out every night and she's hanging around with that man's house and we're not quite sure' all hell would break loose and everyone would be thrown at it and we would be around there, we would be safeguarding her. That's great but is that because she's a young female we see her as at risk, but if a 14 year old male goes out with his mates to steal a car, is he perceived by society as being at risk or is he just a lad out with his mates causing trouble? And that's the issue I have with it, that actually society I don't feel protects those males as much as it does those females. I can't quantify it but I know it's there. like an unconscious bias."

Stakeholder, Police



Displaced children have unique & significant trauma to consider

Three children included in our research came to the East Riding of Yorkshire as displaced children. Now receiving support from Social Workers in the Pathway Team they shared with us some of the hardship they have faced:

- · Being cut off from close family with little contact.
- The journey to the UK being traumatic, with abuse from those who traffick children and living in extreme conditions for periods of time with little access to food or sanitation.
- Struggling to connect with their community due to language barriers and **experiencing racism daily.**
- The battle to refugee status with the UK Home Office, paperwork and processes. For one young person this included being treated as an adult for months until an age assessment took place, due to authorities not believing his age.

Given how isolated these young people are, any exploitation service should **consider how to prevent and safeguard refugees from extra-familial harm**. They were extremely positive about the practical and emotional support their social workers in the Pathway Team provided them.

"Challenge has been to speak English with my community because I have a speech problem and they don't understand it. It has been hard to build relationships."

Young person, 20, refugee

"My social worker is always smiling. He is big and smiling and I like him. He comes for me, tells me whatever problem you have you tell me and I will help you."

Child, male, 16



To summarise, there are five opportunities for earlier identification of exploitation

1

Boost awareness & knowledge of exploitation

2

Ensure a
trauma-informed response
from universal services

3

Listen to and respond to family's concerns immediately

4

Provide earlier SEND
support in school to ensure
inclusivity and belonging
for all children

5

Further understand needs of young people for whom indicators of exploitation may be being missed to shift responsibility onto the workforce for overcoming barriers to support





Unlocking barriers to earlier intervention





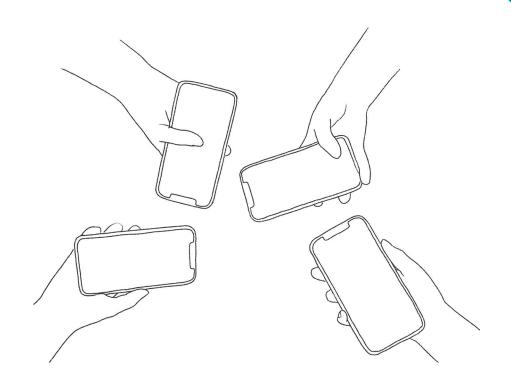
The gap in service support currently presents a significant opportunity for systems-change

All families interviewed had experienced a delay between recognising and reporting indicators of exploitation, and receiving any support.

Families felt they were waiting for harm to escalate before their child met the threshold for specialist support. Research identified three key barriers to earlier intervention, and therefore three opportunities to ensure children are safer sooner.

"Social services should have seen the situation instead of just like disregarding it. They should probably have taken us out of that situation way sooner than they did."

Child, female, 17





1. An early intervention offer is needed to support a child when indicators of exploitation are identified, and fill the support gap currently experienced by families

When indicators of exploitation are first flagged, there are limited interventions available to that child and family. Currently there is a gap in services for children for whom early warning signs have been picked up. Specialist support is only offered once there is 'evidence' or harm has occurred. The current typical pathway when risk indicators are first identified is:

School / parents observe and recognise early warning signs of exploitation and refer into the Front Door Threshold not met for Making a Change, request more information to be gathered

School and/or family monitor situation and try to gather more 'evidence'.

Refer into Early Help

Children under 11 referred to a children's centre (as Early Help is 11+)

Waiting list for Early Help typically 12 weeks. Early Help practitioners and children's centre's can feel under-informed and overwhelmed supporting families facing exploitation and feel they don't have the appropriate links to the Police. Early Help try to refer on to Making a Change

Early Help practitioners often try to refer on to Making a Change, experiencing the same issue as schools with high thresholds.

Family waiting and situation escalating

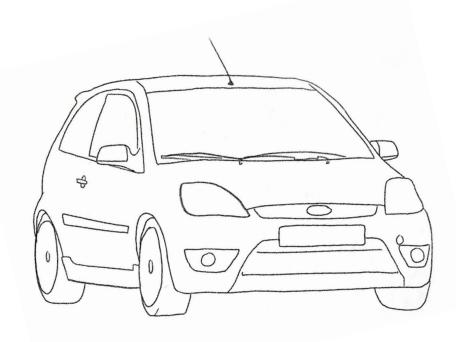


Families are waiting for their child to be harmed further before they can get support

...and gathering evidence while they wait.

"And then it came to a head because he would talk to me and tell me what were going on he was selling crack and heroin and all this and I tried to get early help involved but his Dad declined any help. I constantly called social services but they would say they had no evidence cause dad was saying no nothing's happening, and my son was saying to them he weren't doing anything.

So in the end I remember I was sat in McDonald's car park and I just hit record on my phone while he was talking about it and I just sent that straight to social care. Didn't even listen to it first. And then that's when they called me and they were like, keep him with you and apparently there's an investigation going on - there's about 60 of these men grooming children."





For children and their families, it feels like the right help comes too late

All children and their parents/carers we spoke to who are now part of Making A Change wish they had had something like that in place sooner to prevent the harm from escalating.

"They waited too long, way too long. And that seems like a bit of a pattern maybe that it's like only once things got really worse that anything was done."

Child, female, 17





2. Referral pathway needs to move faster and more efficiently

Current referral pathway moves slowly and passes between multiple teams.

When exploitation indicators are reported into the front door, the typical referral pathway behind the scenes is:

> The designated safeguarding lead at the school makes a referral into the Front Door, or family self-refers.

The Front Door look at area of need and threshold and decide which service is most appropriate for the child; Early Help & Prevention Hub or Safeguarding Hub. The referral process isn't always linear - it could come into the Early Help and prevention Hub for assessment, then go to the Safeguarding Hub if deemed high enough risk (both within the front door) before then being passed onto the social care assessment team.

Schools/parents will often be told that there is not enough evidence to take the referral forward and they need to collect more information. This back and forth may happen multiple times.

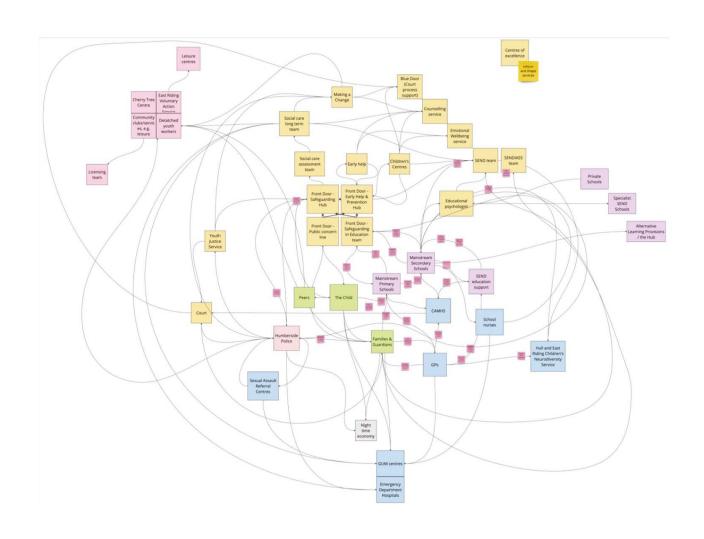
The referral goes through to Early Help or Social Care/ Making a Change or the case is closed.

Challenges experienced with current pathway:

- The back and forth between the DSL at the school
 and Front Door often happens multiple times while school
 tries to push for a referral and it is bounced back for lack of
 information, inefficient evidence or not meeting threshold for
 Early Help or Social Care. Meanwhile, to the family it feels like
 nothing is being done. DSLs told us they find it incredibly hard
 to access support for the child they are worried about.
- This **focus on 'evidence'** conveys to parents that their word and concerns are not enough, and they are not believed. In reality, there often isn't hard 'evidence' of exploitative abuse, yet East Riding's system continues to rely on this.
- Referrals are often passed between the two hubs within the Front Door, as they can fall between Early Help and Safeguarding. Additionally, there can be confusion over whose responsibility it is to complete the Risk Indicator Tool (RIT), with a referrer not completing a RIT prior to the contact slowing the process down; it can be up to 3-4 months before a RIT is taken to Making a Change.
- Families aren't being signposted towards any form of advice, voluntary support or peer support groups when self referring into the Front Door or the Police.



This map demonstrates the complexity experienced by parents and children when navigating the system





The current pathway does not allow for an immediate response or early intervention when indicators are first identified

"I rarely have a referral actually get taken forward. This back and forth will go on for months where you try to get more information and more evidence to build up a picture. It's hard to know what to put on the referral so I call the helpline sometimes. Usually the child will end up going into Early Help."

Designated Safeguarding Lead

"The police and social care should have looked into this earlier. They knew the boy, they knew she was talking to him, they knew about that he'd been requesting images. Even now I see images in my head of when she was missing in York and when she arrived at that police station and I can't get things out of my head and it's not helpful because it's making me not feel like I can't move on. They did the section 47 and social care got involved, but I do feel the services let my daughter down and me."





3. Early safeguarding response to extra-familial harm should focus on more those who harm and making the child's environment safer, and less on the child & their family

The early safeguarding response doesn't allow for a contextual safeguarding response. The system focuses on the child & their family, rather than making the child's environment safer.

With the current system structure, when children are at risk of exploitation, before they meet the threshold for Making a Change, families are typically pointed to Early Help as default.

Once they had a relationship with a supportive professional such as an Early Help Practitioner or school Designated Safeguarding Lead this helped parents and carers to have someone to talk to and help them navigate the system. Families with an Early Help practitioner found them incredibly helpful and we heard numerous examples of what a difference having this worker made to the family both emotionally and practically.

However, there was still a frustration that **not enough was** being done to address the people and spaces causing the harm; with the focus placed solely on the family.

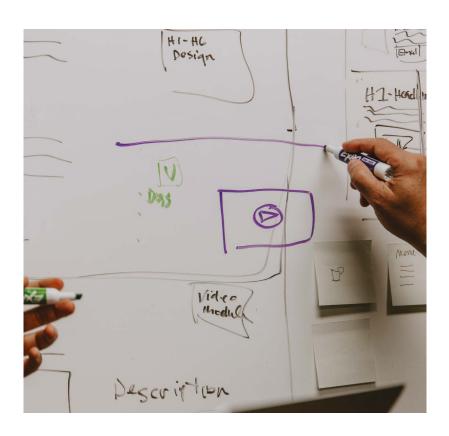




The system is missing an opportunity for earlier contextual safeguarding response

Pointing victims of extrafamilial harm into a family service creates a number of challenges;

- It puts the focus and emphasis for change on the child and their family rather than focusing on those that harm and making the child's environment safer.
- The Early Help workers often don't feel equipped to deal with extra-familial harm so try to refer families on to Social Care and Making a Change when they meet threshold, which then in turn breaks the relationships they have built (and Early Help becomes simply a stop-gap service until they can get through to MAC).
- Early Help tell us they are low down in the hierarchy of services and struggle to get Police support or representation from other teams in meetings and have a 3 month wait time after they accept a case before they can start to work with a family.
- There is a lack of any contextual safeguarding approaches being used to tackle the immediate risk of harm to the child.





Case study

This file read example shows a child's journey through the system from indicators flagged to intervention

This case study describes the service journey of a female white British child, who is 18 as the time of review (June 2023). She is adopted, with a learning disability and other complex health conditions. She attended a specialist school following this diagnosis and has an EHCP plan in place.

Goes missing from school with other peers, takes an overdose and admitted to hospital.

Worries about peer group and exclusions from school. Goes missing from home. Self harming. No specialist support offered around emotional wellbeing and peers. Youth and Family Support worker first identified risks of exploitation described as 'adult male supplying drugs'. Risk Indicator Tool was completed, the child was referred to CAMHS. CAMHS crisis team supported. CAMHS told adoptive parent to 'expect this type of behaviour' - no reason given. Family reported them as 'rude' and disengaged from the service quickly.

No alternative service was offered to safeguard against exploitation risks.

Child told a missing coordinator that she 'met someone online and went to London and had sex with them and she was too scared to say no'. Escalated the allegation of rape to safeguarding team - No consent by family given, although the threshold was met the social work team did not override consent. Case was closed and no RIT completed as worker states that this is not something they would complete

Request by SEND to front door to say child has spoken about suicide and self harm and taken overdose of paracetamol. When request for service was made the worker stated "She has previously put herself in risky situations including the ability to leave the home, travel across the country and meet men she met online and start sexual relationships."

(6 months later) - reports
that child was asked to
send explicit images of
herself. Referred to NRM
and she received a conclusive
ground decision, and MAC
consultation. Case goes into
MACE (Multi Agency Child
Exploitation strategic risk
management meeting).

Missed opportunity to provide support around mental health, especially considering disabilities. Who's responsibility was it to complete a RIT? Why was threshold not met at the front door?

Parental consent should be overridden when an allegation of rape is identified?

Could child-blaming language used here have delayed the service response?

Significant delay - could harm have occurred during this delay?

3 YEARS from indicators or exploitation first identified before specialist intervention

-Age 13-

-Age 14-

-Age 15-

(SEND team).

Age 16

-Age 17

The only evidence we could find of the approach being adapted to meet her needs was by the MAC team when she was aged 17. MAC highlighted the missed strategy discussion, NRM referral and relevant support.



To summarise, there are three opportunities to deliver an earlier intervention and prevent the escalation of risk

An early intervention offer is needed to support a child when early exploitation factors are identified, and fill the support gap currently experienced by families

Referral pathway needs to move faster and more efficiently



Early safeguarding response to extra-familial harm should focus on more those who harm and making the child's environment safer, and less on the child & their family

Service experiences of children & families



Reflecting on support received, young people & families highlighted four areas for better impact

We captured children's and their family's experiences of language and practice. Overall children and families were extremely positive about the support they had received from both Early Help and Making A Change, once it was in place.

That said, digging into what could better support their journey and building on system strengths, we unearthed four areas that would help families feel better supported and further tackle victim-blaming.





1. Shift responsibility away from the child and family

Families feel well supported by workers but frustrated not more is being done.

Whilst the family hugely value the worker's time and emotional support given to them either through Early Help or Making a Change, they also sometimes see little happening to hold the person who caused harm to account.



watch the video

- The responsibility for safeguarding is focused on the child's actions and the family, not their surrounding community.
 - Social care focus on behaviour management so young people are often risk assessed. Young people feel like this doesn't help; it feels intrusive and like a tick box exercise. This also exacerbates the feeling that they may have done something wrong, as the emphasis to change is being put upon the child.
- There is a lack of disruption in the community or spaces where harm occurs.
 - Contextual safeguarding tools aren't always being used, for example there is no consistent peer group or safety mapping or location assessments.
 - The court process is slow and many of the people who caused harm are still 'walking free', and children might see them from time to time.



"The strategy meets started talking about escalating this child from a child in need to a child protection. My real strong concern with that is we are placing more emphasis on the child and the family, than we're placing on the adult perpetrator. They are doing everything that they should be doing. The safety plans in place, their working with services, this male is continuing to come into contact and be in the local area and, you know, in the park on the street causing intimidation. And our response is - the police says we're gonna place this child on child protection, which comes with all the trauma that brings to a parent and child. And I thought, well, no, no, no. Let's target the perpetrator, it's not fair they target the child and the family. We really need to be holding these adults to the same account as we're holding children to."

Professional Stakeholder



2. Prioritise relationships over processes

Children and families value their worker relationship above all else.

Children and families told us they value the time and attention provided by their worker above all. They appreciate feeling listened to and that the worker genuinely cares. This feedback is service agnostic but consistently comes out from relationships with Making a Change and Early Help.

Having inconsistent workers breaks trust and makes a child relive experiences which can feel retraumatizing. For children and families, it's more important to them to try and keep the same worker relationship in place.

"The biggest thing that I will say is it's that I don't always think that the children that are in this situation need a social worker. They just need a team around them that are skilled in understanding exploitation and that can work with them without a social worker."

Stakeholder

There were some instances where the family held a strong and valued relationship with Early Help, but that was taken away when they moved onto Making a Change. In the child and family's perspective the only difference was the time the person had to spend with them. Experiences included:

- When Early Help support was removed, although the child had more support from MAC, sometimes the parent missed the support that they had with the family worker.
- Early Help workers themselves felt quite cut off and not included in the continued family support.
- In more rare instances, if Social Care & MAC support ended, for example if a child moved out of area, then they had lost support not just of that service but also of the Early Help worker and were back to square one.
- Early Help worker getting replaced with a Social Worker simply so the family can access Making a Change, but this was confusing to the family as the Social Worker doesn't have a valued role to them. It felt like a tick-box process and they would have preferred to keep their Early Help Practitioner who they know.



Families want to keep relationships in place as much as possible

"And she was, she was brilliant. Very understanding, very, very knowledgeable. But then when all these risky behaviours increased, we had to move from youth and family services to the social workers.

So we went to safeguarding. And we couldn't keep her. Which I think was one of the biggest downfalls."

Parent

"The biggest challenge in our journey was when we had to change workers. It really set us back because my child had to build trust all over again and that takes a lot for her to do. I don't see why we had to move teams really, it doesn't seem like the MAC worker is much different, they just have more time for her."

Parent

"The social worker I'm working with now is different to the one I did have. I don't know why, but when you get a social worker, they get taken off cases and then they go to different ones. And I feel like if you are being told to give trust to other people, they maybe should stick with the same worker who's working with you rather than keep changing it. Because you're, you're just having hand trust to different people."

Child, male, 15



3. Consistently use child-centered & trauma informed language so children hear positive words being used about them

There has been a noticeable shift toward more childcentred language across East Riding in recent years.

Overall language is becoming more child-centered; staff told us they have observed **good practice around supportive challenge from managers and changing cultures within teams** and this was supported through the file reads where good practice of positive child-centred language was evident, with clear improvements in recent years.



We observed Making A Change (MAC) leading the way with wellestablished and consistent child-centred language. MAC write all their notes to the child, which contributes towards the language feeling more relatable and understandable.

They also consistently use easy to understand language and words, avoiding too much jargon. E.g.

"We are worried that you are at risk of exploitation and because you have been working with our strengthening families team recently we will be asking that they look into the risks with you and your family further" / "[child] has recently been groomed by a 21 year old male named *** who had contacted her via social media."

When we did hear examples of victim-blaming language people said it was unintentionally harmful or a result of previous learned behaviors or uncertainty over the correct terminology to use.

There is an openness to learning and a demand for updated guidance about best practice language.



...yet still a way to go for child-centred language to be consistent

Children and families shared numerous examples of victim-blaming words or phrases they had heard from professionals, and we also saw evidence of this within case notes and assessments in the file reads from non-specialist services. Whilst Social Care are starting to write their notes to the child, this has not been consistent across all file read observations.

Hearing professionals use words that either imply there is something about them that has caused the abuse (e.g. vulnerable, risk taking) or labels them (e.g. bad attitude, difficult) cause children to feel it is their fault and impact their self-esteem.





"My social worker tells me I've got a good head on my

Child, male, 15

proper s**t. Cause obviously going through that hard time,

bad, bad behaviour."

Child, male, 13

I don't like suspect because people accuse me of doing things that I haven't done. Encouraging others - people think



"We're never gonna hear this, I'm afraid, but I think it would be really nice to hear various services, whether it be the police, the school, social services or whomever, really speaking out and saying 'look, what you're doing is really, really wrong and it's incorrect. And we really need to get this nipped in the bud now and we are here to help you.' So it's a case of you've been firm, you're explaining that what they're doing is totally wrong. But we are here to help you. So you've got the balance between the two. It's not a case of coming down on the kid and saying, you know, you're a bloody drug addict. You're this, you're that. And you're a worthless piece of s***. That I don't agree with. But I certainly think sure that there needs to be a stern approach with the balance of support, but there isn't."



Beyond language, there is a need to look at victim-blaming attitudes and actions

In addition to language, it was the actions of professionals that stood out more to children and families. A conversation, or a decision, that made the family feel like it was their fault they were in this situation.

As outlined above, the early safeguarding response focusing on the family rather than the spaces and places where harm is occurring, contributes toward a feeling of victim-blaming.

Parents are often been sent on parenting courses when concerns are first raised, putting responsibility for change on to them. Or children see and feel stereotyping placed upon them and take labels on. For example, a child told us he is 'expecting to fail' school because that's what the teachers have told him, and another told us he is 'a drug dealer' because that is what he has done before and been called.

"The police said to me, which I think is quite appalling, he said to me on the phone, "we are waiting for him to mess up and do something serious for us to get involved." I said, "so you want my child to do something serious?

Why not nip it in the bud now before it gets serious. Before he ends up seeing inside the prison cell" because they keeps saying to my son "we reckon you're going to go down that route where you'll end up in prison. We're expecting that because you're on that step." They said to me, you're on this path, there's this ladder. You are at the bottom here, but you're on the same ladder going up to prison.

And I'm like, right. Okay then if you are saying that to him, why not nip it in the bud now and getting the support so he gets off that ladder. Do you know I'm trying my hardest to get him off that ladder and put him on the street and narrow."



"Because school had kind of dismissed it, I thought maybe I'm going a bit mad, maybe there isn't really anything else wrong. You know, there's a very much a, you know, "it's just cause you don't discipline him" and things like that. It's only the last sort of year I've stopped carrying all that guilt of, actually it's nothing I've done. This is what's happening to him and I've done everything I could possibly do for him. And it's talking to a few other people. But **there's so** few and far between people who will open up to tell you that they've had similar problems."



When children and families have an advocate in their corner, everything changes

Once children had a worker in place that they had a connection with, could relate to and trust, their situation improved dramatically.

Families told us that **once their child had a strong worker relationship it helped to improve their relationship with their child and ease home life pressures**. They saw their child's confidence grow, and this in turn helped them with other areas of their life such as school or college.

Children and young people felt like they finally had someone they could talk to and who would listen without judging. They enjoy going out and about with their worker and the time they spend with them helps them to feel appreciated and valued for who they are.

"I love my making a change worker to absolute pieces. She's a legend. She takes us out for food. She takes us out on drive. She takes us for walks."

Child, female, 13

"When she closed our case she gave me this little book and it's got like a rainbow on the front and positive thoughts on it. On the back of it, she wrote to me how far I've come, I'm gunna go far in life. And your not meant to have favourites as professionals but she went, PS you are my favourite."

Child, female, 17



"She has a really close relationship with her MAC worker, she will really open up with her. From day 1 they just connected. Whenever my daughter worries about meeting new people the MAC worker will go with her, she actually acts like she gives a sh*t, and genuinely cares. She feels so comfortable with her MAC worker now that she tells her anything, even when she was self- harming, she spoke to her about it. Which shows how much she trusts her.

Whenever I get in touch with her she'll always get back to me, and has given me a lot of her time. She's so supportive, and it's been the only consistent support we've had, through all the services we've had. They listen to you, they are there for you. They show you they care. They will tell you when your wrong and give you suggestions, but they are just comfortable to be around. it's been amazing."



4. Better communication, collaboration and coordination of services between agencies

When multiple agencies become involved at once, it can feel overwhelming.

For many young people and families it feels like the service support goes from 0 to 100 very quickly;

- Whilst there seems to be a shared understanding between agencies that best practice is to have one lead contact for the family and a joint up approach, that doesn't always translate into practice and experiences.
- Some young people have felt initially overwhelmed by multiple agencies and professionals.
- There have been experiences of having to repeat information to multiple professionals, indicating that information is not being adequately shared.



watch the video



Differing processes contribute towards confusion

Professionals acknowledge the inconsistent approaches across agencies, each with differing processes and multiagency meetings. Though service mapping workshops we learnt that:

- Each team has a bespoke referral process which causes confusion and delays for staff trying to refer into services.
- This also causes issues for teams receiving referrals due to missing or incorrect information, lack of evidence and incorrectly completed referral forms. Some of these issues are caused by a lack of understanding of how to complete bespoke referral forms for each service.
- Multiple teams might make their own contact with the child and family to get information for their assessment or referral within a short space of time.
- Each team also holds their own multi-agency meetings. These can be poorly attended by other services and agencies. Staff complained of the time wasted chasing colleagues to attend and rearranging meetings regularly.



To summarise, there are four opportunity areas for service delivery to become more child-centred and contextual

Shift responsibility
away from the child
and family

Prioritise relationships over processes

Consistently
use child-centered
& trauma-informed
language so children
hear positive words
being used about them

Better communication, collaboration and coordination of services between agencies



Summary of recommendations for co-design



12 service design recommendations

Overall we have uncovered 12 recommendations for developing East Riding's systems and response to children who are exploited and their families, all centering around earlier identification/intervention and tackling child-blaming practice;

Identifying indicators earlier

- 1. Boost awareness & knowledge of exploitation
- 2. Ensure a trauma-informed response from universal services
- 3. Listen to and respond to family's concerns immediately
- 4. Provide earlier SEND support in school to ensure inclusivity and belonging for all children
- Understand needs of young people for whom risk indicators may be being missed to shift responsibility onto the workforce for overcoming barriers to support

Earlier intervention

- An early intervention offer is needed to support a child when early exploitation factors are identified, and fill the support gap currently experienced by families
- 7. Early safeguarding response to extrafamilial harm should focus on more those who harm and making the child's environment safer, and less on the child & their family
- 8. Referral pathway needs to move faster and more efficiently

Child-centred and contextual support

- Shift responsibility away from the child and family
- 10. Prioritise relationships over processes
- Consistently use child-centered & traumainformed language so children hear positive words being used about them
- 12. Better communication, collaboration and coordination of services between agencies



Design questions

We turned all 12 recommendations into design questions to take forward into Co-design. As 12 would be too many to take forward, the project team ran a prioritization exercise where we scored each design question on;

Feasibility

- · Within project scope?
- Time
- Cost

- Do we have the skills and expertise to do this within the team/our networks?
- · Have we got ideas popping?

Potential Impact for young people and families

Depth

Reach

Strategic alignment

- · With East Riding priorities
- · With Barnardo's priorities
- Is there work going on already in this space e.g. participation, innovation and improvement team?





Four questions:

Four questions have been selected and taken through to the co-design stage with children, families and professionals.

How might we treat families as safeguarding partners

...so that professionals act as soon as concerns are raised, and families feel reassured and supported? How might we support children and families when risks of exploitation are first identified

...so that they are kept safe from further harm?

How might we have a more coordinated and streamlined approach between agencies

...so that risk factors are recognised, opportunities for earlier safeguarding are quickly acted upon, and support is delivered in a joined up way?

How might we focus more on the causes of harm rather than the childs behaviour, and use better language

...so that children and families are kept safe and feel understood?

Identifying indicators earlier

Earlier intervention

Child-centred and contextual support



Thank you

First and foremost, we would like to thank all the children, young people and families who gave us their time. For sharing your experiences, where you felt safe to do so, and now co-designing ways to improve the experiences for other children in the East Riding for years to come. Your legacy will live on long after the end of this project.

We know child sexual abuse and exploitation is one of the most difficult topics to talk about, we hope we always acted with sensitivity and empathy in our work. We hope that we have accurately captured your views on the changes needed. Thanks for trusting us.

Secondly, all the professionals and partners across the practice system; for your support, challenge, genuine enthusiasm and your willingness to listen, consider and importantly trust us in taking a new approach. You really are Stronger Together.

Voices Mean Choices Project Team

If you would like to know more about the project please see:

East Riding of Yorkshire and Barnardo's Child Exploitation Collaboration 2022-25 (erscp.co.uk)





Appendix



Children & young people

Detailed sample breakdown

42 young people

Age	
10-12 years	4
13-15 years	16
16-18 years	19
18+	3

Gender	
Female	17
Male (inc 3 trans male)	25

Location	
East	19
West	13
North	10

Services experienced	
Making a change	14
Early Help	8
CAMHS	8
YJS	3
Social work teams	14
ERVAS / Voluntary orgs (Blue Door, Lollipop, Matthews Hub, Twilight Football)	23
Pathway team	3

Ethnicity	
Asian or Asian British (Indian, Pakistani, Bangladeshi, Chinese, Any other Asian background)	1
Black (Black British, Caribbean or African (Caribbean, African, Any other Black, Black British, or Caribbean background)	1
Mixed or multiple ethnic groups (White and Black Caribbean, White and Black African, White and Asian, Any other Mixed or multiple ethnic background)	1
White (English, Welsh, Scottish, Northern Irish or British Irish, Gypsy or Irish Traveller, Roma, Any other White background)	37
Arab	2

39/42 English is first language



13 parents and carers

Detailed sample breakdown

13 parents and carers

Gender	
Female	12
Male	1

Location	
East	6
West	4
North	3

Services experienced	
Making a change	8
Early Help	8
CAMHS	4
YJS	5
Social work teams	9
ERVAS / Voluntary orgs (Blue Door, Lollipop, Matthews Hub, Twilight Football)	0
Pathway team	0

Ethnicity	
Asian or Asian British (Indian, Pakistani, Bangladeshi, Chinese, Any other Asian background)	0
Black (Black British, Caribbean or African (Caribbean, African, Any other Black, Black British, or Caribbean background)	0
Mixed or multiple ethnic groups (White and Black Caribbean, White and Black African, White and Asian, Any other Mixed or multiple ethnic background)	0
White (English, Welsh, Scottish, Northern Irish or British Irish, Gypsy or Irish Traveller, Roma, Any other White background)	13
Arab	0

13/13 English is first language

Detailed research questions for stakeholders

Early identification

- How do practitioners define / understand exploitation?
- How are children for whom risk factors are present currently being identified? (who picks up signs and how?)
- What were the barriers to those young people being picked up before the child suffers harm from exploitation?
- Are there particular groups/communities professionals think are being missed and why do they think that is?
- How are various services (schools, police, social care, transport, youth clubs part of ERVAS) picking up exploitation, where do they refer children to and what support/intervention is being given within what timeframes?
- Where do families/communities report concerns to? What role do parents/carers play and how are they supported? (e.g. is there outreach to communities to raise awareness of exploitation? Early help?)
- Who are the children for whom signs of exploitation aren't being picked up before they suffer harm?
- What is the pathway from risk first identified to referral to intervention? (e.g. risk flagged -> front door-service)

- What do staff know about what that experience is like for children and parents / carers? E.g. do staff collect evidence or have anecdotal feedback of what that is like for people?
- What best practice approaches to early identification can we draw upon? (e.g. other LAs)
- · What are the early warning signs of exploitation?

Victim-blaming language

- Where is unhelpful language being used and where is best practice language being used? (e.g. across which disciplines, at certain moments in time?)
- What do professionals feel helps or hinders their use of language?
- What processes do professionals feel could support better use of language?
- What do professionals think 'non-victim blaming language' would sound like? What are good words and phrases?
- What best practice approaches to language can we draw upon?
 (e.g. other LAs)



Detailed research questions for families

Context: Building understanding of children in East Riding & their lives

- What's important for children who are victims of exploitation; what are their interests, passions, ambitions?
- · What challenges are children and their families facing in East Riding today?
- What places and people do children spend time in/with?
- Where do they feel most comfortable? Where do they feel safe/unsafe?
 - What adults do they have around them (including professionals)?
 Who do they have trust in/don't they trust?

Early identification

- What has a child's journey from identification through to services been like for them?
- What happened first and what happened next how did each step feel for them?
- What would have helped more/been better?
- What difference would it have made if they had support sooner? (e.g. met their MaC worker earlier)
 - · What stopped that from happening?

- What do children and parents/carers think stops victims of exploitation getting support sooner?
 - What do they think could help quicker? E.g. who would be the right person, the right place to step in? (probe school, police, family, youth worker)

Victim-blaming language

- How do children & their families feel about the communication they have had with professionals around exploitation?
 - What experiences have felt positive / negative and why?
 - Were there things they didn't understand what were these things and what words would they use to describe them?
- What language do children & parents/carers think sounds right when describing exploitation and harm?
 - · How do these words or phrases make them feel?
- What language doesn't sound right to children & parents/ carers when describing exploitation and harm?
 - How do these words or phrases make them feel?





