Young person-centred approaches in child sexual exploitation (CSE) - promoting participation and building self-efficacy
1) Key messages:

1. Effective safeguarding responses to CSE require approaches tailored to the needs of adolescents and their growing sense of autonomy. Professionals responding to CSE from all agencies must be committed to listening to young people and engaging them in decision-making processes, as recommended in national and international government guidance.

2. Many young people using CSE services or engaged in related criminal justice processes report experiencing a loss of control and increased stigma, often linked to poor communication and exclusion from decision-making. Services involved in supporting young people affected by CSE need to carefully consider how to avoid replicating the disempowerment that characterises exploitative relationships.

3. Child or young person-centred and participatory practice tends to be poorly defined, variably understood and inconsistently integrated into practice responses to CSE.

4. Involving young people in decision-making about their care involves working with and managing risk, as opposed to adopting more risk averse approaches. It involves reframing children and young people’s agency as a resource rather than a problem and requires staff to have access to robust organisational support for help dealing with the challenges and ethical dilemmas that emerge.

5. Opportunities to engage young people in decision-making about their care and support require organisational commitment, support for staff and the time and resources for relational-based working as a minimum.

6. Emerging evidence suggests participatory approaches to practice hold potential therapeutic benefits and may help to address some of the impacts of CSE: for example countering stigma, isolation and a poor sense of self-efficacy with opportunities to experience a sense of purpose, connection and an impact on effecting tangible change.

7. Children and young people’s participation is a fundamental aspect of protecting them. At its most fundamental it supports and amplifies young people’s voices and challenges the cultures of silence in which abuse flourishes. Evidence also suggests that where young people affected by CSE are informed about, and engaged in, decision-making processes about their care, they are less likely to resist or disengage from professional support.
2) What is child sexual exploitation?

First and foremost, child sexual exploitation must be understood as a form of child sexual abuse. The government issued a definition of child sexual exploitation in 2017 to be used for the purposes of the statutory Working Together guidance. It states that:

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology. (Department for Education, 2017)

This new guidance was commissioned by the Department for Education and is based on a review of the evidence by the University of Bedfordshire and Research in Practice. The extended text is available as an open access resource - www.rip.org.uk/cse-practice-tool

The document should be read in conjunction with Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children, which provides the statutory framework for responding to child sexual exploitation and all other forms of abuse - www.bit.do/working-together

1 This definition should not be confused with the criminal offences of ‘sexual exploitation of children’ which differ in scope, as explored in section 9.
2 See section 2.2 for what this exchange can include.

Typically (though not invariably) CSE involves abusive relationships and risk which originate outside the home environment, independent of familial networks. Those affected are predominantly (though not exclusively) adolescents and exploitative relationships are typically characterised by the child or young person’s limited availability of choice resulting from social, economic and/or emotional vulnerability.

Research highlights evolving and distinct forms of child sexual exploitation and the diversity of those who experience it. Many young people affected by CSE have histories of adversity which may include experiences of care and maltreatment. Sexual exploitation is often associated with a range of other experiences including going missing (Smeaton et al, 2014), involvement in criminality (Phoenix, 2012), trafficking (Brayley and Cockbain, 2014) and gang-association among others (Beckett et al, 2013). These issues may occur as both causes and consequences of exploitation.

In addition, research highlights that there is no single ‘model’ of CSE or ‘typical victim’ while also highlighting distinct groups with particular vulnerabilities (such as young people with disabilities or looked after young people). Equally there are groups of young people for whom services remain particularly inaccessible and therefore may be under-represented among current service users. These include boys and young men (McNaughton-Nicholls et al, 2014); young people from ethnic minority communities (Gohir, 2013; Ward and Patel, 2006); and disabled young people (Franklin et al, 2015).

3 For example see Allnock (2016) Evidence scope: CSE and neglect. Dartington: Research in Practice.
The impact of CSE

While it is important to avoid assumptions about the specific impact of CSE on any one individual, it may have long-term, complex and profound impacts on a range of aspects of children’s lives, including: family and peer relationships; educational access and attainment; physical safety; physical health; harmful behaviours (including drug and alcohol misuse, self-harm and criminality); and psychological wellbeing (McClelland, 2011). CSE, like other forms of sexual abuse, is associated with a number of common psychiatric disorders – post traumatic stress disorder being the most commonly noted but also depression and anxiety (RCoP, 2012).

In common with other forms of child sexual abuse, young people affected by CSE often report a sense of self-blame, experiences of stigma and difference, ‘invisibility’, instability, exclusion; and a wider sense of disempowerment, including a loss of self-efficacy (Hallett, 2015; Smeaton, 2014; Berelowitz et al, 2013; Beckett, 2011; Reid and Jones, 2011; McClelland, 2011, Pearce, 2002).

3) Responding to CSE

Public and professional awareness of, and statutory responses to, CSE have increased significantly in recent years. This is partly recognised as a response to high profile prosecutions and inquiries, and the associated scrutiny on statutory safeguarding and criminal justice responses (see for example Casey, 2015; Jay, 2014; HASC, 2014).

Learning from these reports highlight common shortcomings in strategic and service level responses to CSE. Among these is a repeated message that professionals have failed to listen to young people and recognise their vulnerabilities and victimisation.

In response, specialist local multi-agency teams forums have multiplied, and revised inspection frameworks prioritised a specific focus on CSE for the first time (HMIC, 2015; Ofsted, 2014). [For more evidence on responding effectively to CSE see Berelowitz et al, 2013.]

The growth of dedicated responses to CSE reflects an understanding that existing child protection frameworks often failed to identify and respond to those affected, in part due to structures designed to meet the needs of younger children harmed within the family.

---

4 Self-efficacy is understood as the strength of belief in your own ability to succeed in specific situations or affect change.
For practitioners, factors which may seem to distinguish CSE from other cases of child sexual abuse include:

> Risk which generally (though not invariably) stems from relationships developed outside the home, independent of family networks.

> Its impact primarily on adolescents (aged 11 – 17 years), with different competencies and needs to younger children, and increasing independence.

> An element of exchange in which the young person receives something they need or want, and/or the perpetrator or facilitator gain financially or in status5.

> The misperception that young people are demonstrating (and may describe) a relatively high degree of autonomy - sometimes mistaken to be ‘free choice’ in their abusive relationships.

Subsequently identifying, reducing or removing risk for those affected is often complex and challenging. Ultimately, social workers and other frontline practitioners are required to work with and alongside choices that young people make - albeit choices which may be severely constrained by their circumstances or biography.

From young people’s perspectives, accepting help and identifying yourself as a victim of child sexual exploitation (or someone at risk) is neither comfortable nor straightforward. It means admitting the limitations of your own protective resources and requires trusting a new set of professionals and services, often after multiple negative experiences of other services (Hallett, 2015; Warrington, 2013a).

Even where services are offered, engagement with support may understandably prompt feelings of ambivalence, loss, anxiety and mistrust (Gilligan, 2015; Hallett, 2015; Warrington, 2013a; Purple Monsters, 2014). The effectiveness of services, to protect and support, are therefore partly rooted in young people’s own decisions about if and how to engage with professional care and support (Hickle and Hallett, 2016; Hallett, 2015; Warrington, 2013a).

---

5 Status is defined as standing or importance in relation to others. For examples of how this may occur see Beckett et al (2013) exploring sexual exploitation in the contexts of gang association.
4) What do we mean by ‘child-centred practice’ and children’s participation?

Child-centred practice

It has been acknowledged that a failure to listen to children and consider their needs has sometimes resulted in poor safeguarding practice (Munro, 2011). Government policy notes that professionals’ ability to protect children is dependent on an ability to communicate effectively with children and respond to their views:

*Failings in safeguarding systems are too often the result of losing sight of the needs and views of the children within them, or placing the interests of adults ahead of the needs of children.*

(HM Government, 2015)

Government subsequently promotes ‘child-centred practice’ and defines this to mean that effective services are ‘based on a clear understanding of the needs and views of children’ (2015).

Children’s participation

‘Children’s participation’ is also concerned with listening to children but goes further, promoting children’s ability to influence decisions made about them. Definitions vary, but within safeguarding practice children’s participation is understood to mean enabling the views of children and young people to inform decisions about their individual care, and wider service responses (Godar, 2015; Thomas, 2015; Hinton et al, 2008). It means working with children individually, and collectively - as representatives of wider ‘service user’ groups.
Children’s rights, protection and participation are intrinsically linked, most specifically through Article 12 of the United Nations Convention on the Rights of the Child (UNCRC, 1989). This specifies children’s right to be involved in all decisions that affect their lives, in accordance with their evolving capacity.

Following the UNCRC, participatory principles have increasingly become enshrined in national law (Children Act 2004); policy and guidance (HM Government, 2015); quality standards for work with young people (Badham and Wade, 2010; DoH, 2011); and inspection frameworks (Ofsted, 2015).

Within social care, children’s participation aligns with a broader interest in addressing imbalances of power between service users and those delivering services (Beresford and Carr, 2012) and these ideas are often formalised through specific structures, guidance or legislation. For example, in work to safeguard vulnerable adults, these principles can be seen in the ‘Making Safeguarding Personal’ agenda. This approach promotes ‘person-centred safeguarding practice’ and a focus on enhancing the ‘involvement, choice and control’ of those using services - recognised as ‘experts in their own lives’ (Lawson et al, 2014). It also aligns to the language and values of ‘co-production’ - a group of approaches aiming to involve those affected by policy and services in their design and delivery (Stephens et al, 2008; Cahn, 2004).

For looked after children and young people, and ‘children in need’, children’s participation has been formalised through the Children Act 2004, including provision for representation, complaints and advocacy, and often supported locally through ‘Children in Care Councils’.

However, despite the commitment to participatory practice within policy, research demonstrates that these values are not always understood or applied consistently (Percy-Smith and Thomas, 2010). As Peter Beresford (2012) notes: ‘a fundamental problem affecting user involvement and participation is that the terms tend to be poorly defined and carelessly used.’

Other critiques demonstrate the danger of ‘co-option’ – tokenistic involvement of children and young people in organisational decision-making to legitimise existing agendas (James and James, 2008). Assessments of meaningful child participation therefore need to consider the quality and dimensions of that involvement, including considering children’s opportunities to:

- exercise autonomy and choice
- exert influence and inform change
- experience a sense of control
- access information, resources and support that enable meaningful involvement.

(Larkin et al, 2014; Gallagher, 2012; Thomas, 2000)

For young people affected by sexual exploitation these concerns are equally pertinent and, as noted below, policy rhetoric does not always translate easily into practice.
Children’s participation in child sexual exploitation policy and guidance

Recent government guidance on CSE describes child-centred practice and participation as central principles for working with sexually exploited young people (DCSF, 2009; Department for Education, 2017). In addition, the Council of Europe (CoE) Convention on the protection of Children against Sexual Exploitation and Sexual Abuse (2007a) notes that the development of policy in this area ‘must of necessity be informed by children’s own views and experiences in accordance with their evolving capacity’ (CoE, 2007b, note 67).

In 2013, the Office of the Children’s Commissioner for England (OCC) developed the ‘See Me, Hear Me’ framework for addressing CSE at local authority level. Currently being piloted in three areas, the framework adopts an explicitly rights-based approach and describes children’s participation as an essential practice principle (Berelowitz et al, 2013). Meanwhile, Ofsted (2014) identify listening to children and young people and developing relationships as key principles for addressing CSE.

Yet, despite this policy and guidance rhetoric, evidence from practitioners and those using CSE services demonstrate that these principles are inconsistently applied and challenging to translate into practice (Brodie, 2016; Ofsted, 2014; Warrington, 2013a).

5) Child participation in CSE support

A history of exclusion from decision-making?

Brown (2006) notes that sexually exploited young people’s experiences of mainstream safeguarding services have too often been characterised by a focus on victimhood; a tendency to focus on risks, as opposed to resilience and protective factors; and a lack of opportunity to demonstrate agency.

Historically the tendency to view young people affected by child sexual exploitation as ‘challenging’ or ‘difficult’ means their agency may be recognised but framed as a problem rather than a resource, exacerbating exclusion from decision-making processes.

Alternatively, when young people are recognised as victims there may be an understandable focus on their lack of agency, overlooking their potential competencies or viewing them as too vulnerable to exercise autonomy.

[It’s] as if you can’t do it yourself and like treating you like you can’t, and treating you like maybe you don’t have a future.
(What Works for Us group cited in Jago et al, 2011)

6 When referring to young people’s ‘agency’ we refer to their independent capability, or ability, to act according to their will. It is important to recognise that individual agency is always situated within (and hence constrained to some degree by) biography, circumstances and/or social structures.
Research with service users repeatedly describes the need for professionals to avoid replicating dynamics of control which characterise young people’s experiences of abuse.

“A lot of people have pushed us into things, have forced us to do things and made a lot of decisions for us and we don’t need the people who are there to help us, to do it as well.”

(What Works for Us group in Jago et al, 2011)

**Research evidence:**

Involvement in criminal justice processes as victims or witnesses is widely cited to be one of the most disempowering and traumatic aspects of young people’s professional involvement following experiences of CSE (Beckett and Warrington, 2015; CEOP, 2011). Findings from participatory research with young experts by experience, and practitioners, demonstrate how implementing meaningful ‘child-centred practice’ can minimise distress, support young people’s continued engagement in the process and ultimately improve investigative outcomes. They highlight the need for:

- Empathetic and non-judgmental responses from police and other professionals.
- Effective and timely communication, including information about young people’s rights, clarity about criminal justice processes and the rationale behind decision-making.
- Involving children and young people in decision-making wherever possible, in accordance with the Victims Code.
- Providing young people with access to support (through and beyond CJS interventions) including intermediaries and advocacy to facilitate communication with young people.

(Beckett and Warrington, 2015)
Even where practitioners commit to principles of participation, barriers to its implementation in CSE practice remain (Harris et al, 2015; Warrington, 2013).

Some [CSE professionals] found the prospect of involving young people to be daunting and struggled to make it a comfortable experience. (Jago et al, 2011)

For professionals working within a statutory framework these challenges may be significant – balancing the need for flexibility and relationship-based practice with pressures to prioritise minimisation of short-term risk and fulfil procedural requirements.

### Barriers to involving young people affected by CSE in decisions about their own care or service development

- Anxiety about the conflict that stems from differences between young people and practitioners’ perspectives of risk.
- Concerns about devolving undue responsibility onto children who may be viewed as particularly vulnerable or experiencing crisis.
- Concerns that young people’s presence in meetings will inhibit professionals from speaking openly and impede the need to share third party information.
- Reluctance to bring ‘vulnerable’ young people together in groups – due to perceived risks that they may pose to one another.
- Limitations on project resources and competing priorities such as crisis intervention and case-work.
- Questions about the relevance of strategic or policy level consultation to young people.
- Fears that consultation which asks young people to reflect on experiences of professional support may cause additional upset or trauma.
- Presentation of CSE as an individual issue preventing links to a social change agenda.

Despite these challenges, many practitioners, projects and initiatives recognise the value of involving sexually exploited young people in decision-making and demonstrate its feasibility at both individual and collective levels (Purple Monsters, 2014; AYPH, 2013; Brown, 2006; Taylor Browne et al, 2002).
In these examples participation is described as a necessary part of a protective response and one which supports young people’s long-term recovery from the impacts of abuse. As Brodie (2016) explains, for sexually exploited young people, and practitioners who support them, participation can be ‘a part of a process of recovering their sense of self, and sense of agency.’

Perhaps most importantly, as Lansdown (2012) notes, a commitment to eliciting and listening to children’s views, and demonstrating to young people that their contributions are valued, is key to countering the cultures of impunity and silence in which abuse flourishes.

Examples of participatory practices:

Participation in governance and service development

> Safe and Sound Derby, a specialist CSE project, has a dedicated participation worker who supports service users to inform service development and feed into wider consultations and influencing opportunities. This work also provides young people who are 18+ with ongoing project contact. Young people are also represented on their board of trustees.

www.safeandsoundgroup.org.uk

Participatory communication projects

> Using creative methods, a number of initiatives have supported young people to represent their views and experiences to wider audiences - to raise awareness, promote understanding and advocate for others. See, for example, ‘Having our Say’.

www.photovoice.org/hos3

Training professionals

> The AYPH Be Healthy project trained young people with experience of CSE services as ‘health advocates’ and developed a range of resources (films, booklets and leaflets) to support young people and professionals to work together more effectively. Young people who have been through the programme have also delivered face-to-face training for professionals and developed a website exploring peer support.

www.ayph-behealthy.org.uk
Involvement in individual care planning and assessment

> Derby LSCB has a dedicated CSE lead who has implemented young people’s participation in multi-agency ‘sexual exploitation meetings’. Before a meeting young people are provided with information, offered an opportunity to meet the chair and co-develop the agenda. Options for advocacy are also discussed and planning considers how to ensure young people feel respected and listened to within the meeting. The practice has been highlighted and praised by Ofsted.

www.derbyscb.org.uk/scb7.asp

Involvement in peer support

> Barnardo’s SECOS in Middlesbrough has developed ‘ISVA Peer Supporters’ training for young people with experience as victims in CSE prosecutions. This enables them to meet and support other young people due to attend court under similar circumstances. Feedback from young people providing and receiving this service has indicated it is highly valued and supports young people at a particularly difficult time.

www.barnardos.org.uk/secos/secos

Involvement in the development of resources and materials for awareness raising or training

> Next Gen Youth radio show provides an innovative example of peer support practice, involving young people in a local youth-led response to raising public awareness and community level dialogue about CSE.

www.unityradio.fm/the-nga-show

Involvement in policy development locally or nationally

> The Greater Manchester Child Sexual Exploitation Innovation project used co-production approaches to involve all stakeholders, including young people using services, to co-design and develop new CSE responses.


Involvement in research and evaluation

> Making Justice Work (2015) is a participatory research project focused on improving responses to young people involved in CSE investigations and prosecutions. It was developed collaboratively with nine young ‘experts by experience’ who worked with researchers for 12 months to collect and analyse data, disseminate findings and identify opportunities for change in the system.

www.beds.ac.uk/ic/recently-completed-projects/making-justice-work

Co-developing assessments, intervention, and action plans and goal-setting

> In line with a strengths-based approach, there is increasing awareness of the potential role of collaborative goal-setting and co-creating outcome frameworks with children and young people (Harris, 2014). Although there is relatively little known about the application of these ideas to CSE there is some practice-based evidence of CSE services starting to involve young people in assessment and outcomes settings.

www.abianda.com
6) Learning from research on how to enable participation in responding to CSE

There remains a lack of robust evidence about the meaning, delivery and outcomes of child-centred practice and participation within CSE services across the UK. Descriptions of initiatives tend to highlight good practice rather than the dynamics and challenges in how these are managed (Brodie, 2016). Existing evidence suggests that implementing principles of child-centred and participatory practice requires the following as a minimum:

- An organisational commitment.
- Support for young people to understand and access their rights – including time and resources to make this happen.
- Organisational arrangements which enable rather than obstruct young people's involvement in individual decision-making.
- Staff who are skilled and supported to work effectively with young people.
- A flexible, reflective and creative approach to participation (Brodie, 2016).

Where research has explored participatory practice in CSE services it identifies a contrast between:

- **Children's participation as an 'add on' ('a jigsaw piece'):** services which view children's participation as an important but additional component - not necessarily essential to their functioning.
- **Children's participation as a culture ('glue'):** services where child-centred and participatory practice are understood as a core component of provision and integrated within all service delivery (Harris et al, 2015).

The following section explores in more detail principles, considerations and approaches that underpin integrated, effective and safe participation work in CSE services:

**Building rapport and trust as the foundation for support and collaborative working**

A key component of effective participatory safeguarding practice is the presence of trusting relationships within which young people are supported to communicate and feel listened to (Larkin et al, 2014; Cossar et al, 2013). Evidence of effective practice in responding to child sexual exploitation acknowledges that building trusting relationships takes time and persistence (Scott and Skidmore, 2006). Research with CSE service users highlights the importance of tenacity, warmth, humour, care, reliability and persistence in facilitating trusting relationships through which opportunities for decision-making and influence are facilitated (Gilligan, 2015; Hallett, 2015; Warrington, 2013a).
Supporting young people to understand their rights and promoting accountability to young people within services

In order to fully participate in decisions made about them and hold professionals to account, children and young people must be aware of their right to be heard and how they can exert influence (Godar, 2015). This is particularly significant when children and young people are involved with criminal justice processes, as victims and witnesses. A more specific focus on developing children and young people’s awareness of interpersonal rights is also core to sexual exploitation interventions. Children’s ability to recognise and assert their rights is an outcome integrated into Barnardo’s service evaluation (Scott and Skidmore, 2006).

The role of advocacy in representing young people’s support needs and perspectives

Given the potential for distrust or conflict between young people and service providers, and barriers to young people being taken seriously within multi-agency contexts, access to advocacy can help to place young people’s needs at the centre of formal decision-making processes such as professional meetings. However, this can be challenging for practitioners and requires clarity of role and relationship, as one voluntary sector worker explains:

“I told [the young person] that I couldn’t say what she wanted me to say in my own capacity - the indicators suggest she was at really high risk [of sexual exploitation] - but that I could advocate for her and present her thoughts. I thought I might lose her [engagement] but she was alright with it ... I said I’m an advocate and this is not my professional view ... I cannot say ‘she is not being sexually exploited’... instead I said ‘these are S’s thoughts - she wants you to know that she is not being sexually exploited.”

(Practitioner, Warrington 2013a)

Here, adopting an advocacy role enables the practitioner to meaningfully represent the young person’s view within multi-agency meetings, while not colluding with their perspective.
Developing young people’s own critical thinking skills to recognise situations in which they might be at risk, and constraints upon their choices

Working with conflict that can arise when professionals and young people assess risk differently is central to young person-centred responses to CSE. It involves professionals simultaneously challenging young people’s views while respecting their right to a differing perspective. This can be difficult for both practitioners and young people. For a young person, hearing a practitioner say that they believe their ‘relationship’ to be abusive is painful: their perspective needs to be given space and carefully challenged (not just dismissed). In the quote below a practitioner describes her approach to managing these differences sensitively through the use of dialogue and planning:

“Quite a lot of times [young people] don’t really see that they’re at risk [of CSE]... we’re saying that because their parents, or professionals, noticed the warning signs – people are worried about them...We’re not saying that they [definitely] are being sexually exploited but we are saying that we’re worried...We’re saying that the meeting’s being arranged so everyone who’s concerned can discuss it and find out how they can be protected and supported. We’re also saying that we want them to actually come to the meeting. But if they can’t – if they don’t feel that they’re able to – giving them the option of asking someone they trust to come to the meeting to pass on their point of view.”

(Project Manager, Warrington, 2013a)

Using dialogue to help young people consider alternative views on relationships and understand constraints imposed on their agency is a long-term but critical process. The use of story-based resources and group work have also been highlighted as means of helping young people develop new perspectives on their experiences (AYPH, 2013; Purple Monsters, 2014).

Respect the way we see our own situation. It’s much better for us to understand why something is wrong than to be told by someone else that it is.

(AYPH Be Healthy Health Advocates, 2013)
Strengths-based approaches and the need to support young people’s positive goals and aspirations

Children’s participation is by definition ‘strengths-based’, dependent on recognition of children’s capacity and agency to influence change. CSE research increasingly suggests that strengths-based approaches are desired by young people (Smeaton, 2013) and necessary to counter an undue focus on risk, deficit and past experiences (Brown, 2006; Taylor-Browne, 2002; Pearce, 2002).

Young people and practitioners draw attention to the therapeutic value of support that provides them with: positive attachments; a sense of belonging (Hagell, 2013); new opportunities to fill gaps left in young people’s lives after moving away from abusive relationships; and a sense of purpose through helping others (Batsleer, 2011). Participation work that involves peer support, or influencing policy or service development, offers young people an opportunity to shift their identity from someone ‘in need’ (receiving support) to someone who contributes to support for others.

“Before I saw what I had been through as a weakness – a horrible part of my life...now I can use my experiences for good ... I’ve gone from the person who is coming here to ask for help for me, to someone who’s coming to help other young people.”

(Maisy, 18, in AYPH Be Healthy, 2013)

An approach to risk which is enabling rather than restricting

Many reasons practitioners cite for excluding young people affected by sexual exploitation from decision-making meetings relate to risk, including fears about exacerbating young people’s distress or the potential for conflict between young people and professionals. As one practitioner explains:

“I think the challenge for workers is to be able to convey the same information as you would have done without [young people] being there... people can find that really, really difficult to do, but actually it’s better - because [professionals] have got to be prepared to be challenged... It’s only fair that the people on the receiving end should know about it... I’d much rather they [young people] were there than they weren’t there.”

(Practitioner, Project I)

A commitment to involving young people in decision-making, both at individual and collective levels, involves a need to engage with risk and consider it as something to be managed rather than avoided (Hickle and Hallett, 2016). A consideration of risk also needs to be balanced against the opportunities that such initiatives offer young people. Recognising the therapeutic benefits of participation work is one way of reframing discussions about risk – highlighting the contribution to young people’s wellbeing that group work, consultation or participatory practice may offer.
Sensitivity towards issues of anonymity, representation, stigma and acknowledgment

Consequences of identifying yourself publically as someone affected by child sexual exploitation are potentially far reaching, not least because of the potential for further stigma. Participation work that involves the representation of young people needs to consider how best to balance young people’s need for anonymity alongside an acknowledgement of their contributions (Cody, 2015).

For young people involved in public or political influencing, deciding whether and how to associate themselves with the issue of CSE will be a deeply personal decision. Professionals have a role in anticipating and managing the associated risks, offering young people options about how to represent themselves safely and supporting informed choices about this.

This work involves asking young people what they want others to know about them now and in the future and supporting them to consider the risks and benefits of sharing personal information about themselves. It may mean supporting groups to develop a statement about themselves that they are happy to share (see Beckett and Warrington, 2015) or preparing young people to deal with the potential for clumsy and insensitive questioning in public meetings (for an example of guidelines about representing those affected by CSE, written by young people, see AYPH 2014).
7) Conclusion: Why participatory approaches to CSE matter

While it is important to acknowledge that young people don’t have a monopoly on expertise about CSE or how services should be run, their voices offer critical insights which should form the basis on which services are designed and delivered. Practitioners must be able to challenge the views of young people, particularly when they are known to facilitate their ongoing exploitation, but time and respect must equally be given to young people’s perspectives, unpicking the rationale behind stories they choose to believe and tell about their own risk.

Young people’s ability to resist professional interventions, if and when they feel they are not listened to, or kept involved, means ‘child-centred’ and participatory practice are critical to enhancing the welfare of young people at risk of, or affected by, sexual exploitation. This means viewing young people as partners in safeguarding and recognising their agency as a resource rather than a problem. In addition, the potentially therapeutic value of participatory initiatives should also be recognised – offering young people opportunities to reframe their identities, increase self-efficacy and challenge stigma.

Rather than standing in opposition to paternalistic approaches to protection, young people’s own voices suggest that participation and empowerment are necessary conditions of a protective service, especially one hoping to challenge the exclusion of those considered the most marginalised, and concern itself with longer-term recovery. Put simply, it is not ‘protection or participation’; participation is a fundamental part of protecting young people.

Framing young people as active partners in safeguarding rejects an approach to participation as a box to be ticked, or as an additional aspect of care; an ‘add-on’ or luxury, which though desired may not always get prioritised. Rather, young people’s input should be seen as the foundation for safety, realising the mutuality of young people’s rights to participation and protection.
Further reading


Web resources:


Be Healthy Participation Project www.ayph-behealthy.org.uk


Greg’s Story www.mesmac.co.uk/projects/blast/for-boys-and-young-men/real-life-stories

Next Gen Youths radio show - an example of a response to CSE co-produced and delivered with young people: www.unityradio.fm/ngy-show-child-exploitation-in-manchester
References


CEOP (2011) Out of sight, out of mind: Breaking down the barriers to understanding child sexual exploitation. London: CEOP.


Franklin A, Raw P and Smeaton E (2015) Unprotected, overprotected: Meeting the needs of young people with learning disabilities who experience, or are at risk of, sexual exploitation. Ilford: Barnardo’s.


HMIC (2015) Online and on the edge - real risks in a virtual world: An inspection into how forces deal with the online sexual exploitation of children. London: HMIC.


