

Thinking critically about expansion, integration & 'joined up' approaches to exploitation

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Reflections from local activity

- > ‘horizontal and/or vertical expansion, and/or integration’ – could be increasingly common? Could be less common than discourse suggests?
- > Definitional complexity – expand Vs integrate
- > Requires some careful critical thinking – unintended consequences; system conditions for success.
- > Form follows function – co-located teams might be a mechanism, but unlikely to be the primary solution
- > Salad not a soup
- > Cultural and structural factors both require attention (and it’s not linear)

- > Vulnerability is individual *and* situational *and* dynamic. Categorisation rarely reflects reality
- > Risk and harm – language matters
- > Harm and its effects do not abruptly end at 18; the brain doesn't stop developing until mid 20s (Sawyer et al, 2018)
- > 16-24 yrs - highly vulnerable (ONS, 2020). Yet support usually ceases at 18, due to misaligned safeguarding structures (Holmes & Smale, 2018; Cocker et al, 2021)
- > SYV / CCE / CSE / XYZ is rarely the only harm a person is facing – universalism and intersectionality matters.
- > Youth work is more than table tennis; social work is more than risk assessment – a system not a service.



Thinking critically about our policy & practice response (applying learning from CSE)

- Simplistic ‘risk indicators’ are problematic, inconsistent and counter-productive (Brown, 2016; 2017)
- Data is part of the solution BUT needs to be sophisticated, ethical and dialogical not dogmatic
- Boundary-spanning is essential: age, geography, department / sector, victim/perpetrator, specialist *and* generic
- Trauma-informed is not just ‘doing ACEs’ (EIF, 2020)
- Tackle contradictions: Policy and criminal definitions; departmental priorities; divergent inspectorates; rhetoric *and* resources
- Action plans are not the actual work...



Thinking critically about 'gangs'

- > SYV often seen as group-based phenomenon, with 'gang membership' a frequent reference-point (Decker and Pyrooz, 2010). Gang-affiliation can be a driver of violence between YP, creating obstacles to desistance.
- > Frequently misunderstood, gangs often misrepresented, resulting in the perpetuation of what can be highly racialised stereotypes (Williams and Clarke, 2016).
- > Gang-specific interventions have mixed evidence of success (Matjasko et al., 2012; Davies, Grossmith and Dawson, 2016), increasing evidence that the designation of 'gang-member' is applied in ambiguous & opaque ways, resulting in a range of discriminatory consequences (Jacobs, 2009; Fraser, Armstrong and Hobbs, 2020).
- > Excessive focus on 'gangs' as primary driver can distract attention from deeper structural drivers of violence (Irwin-Rogers & Fraser, 2021).



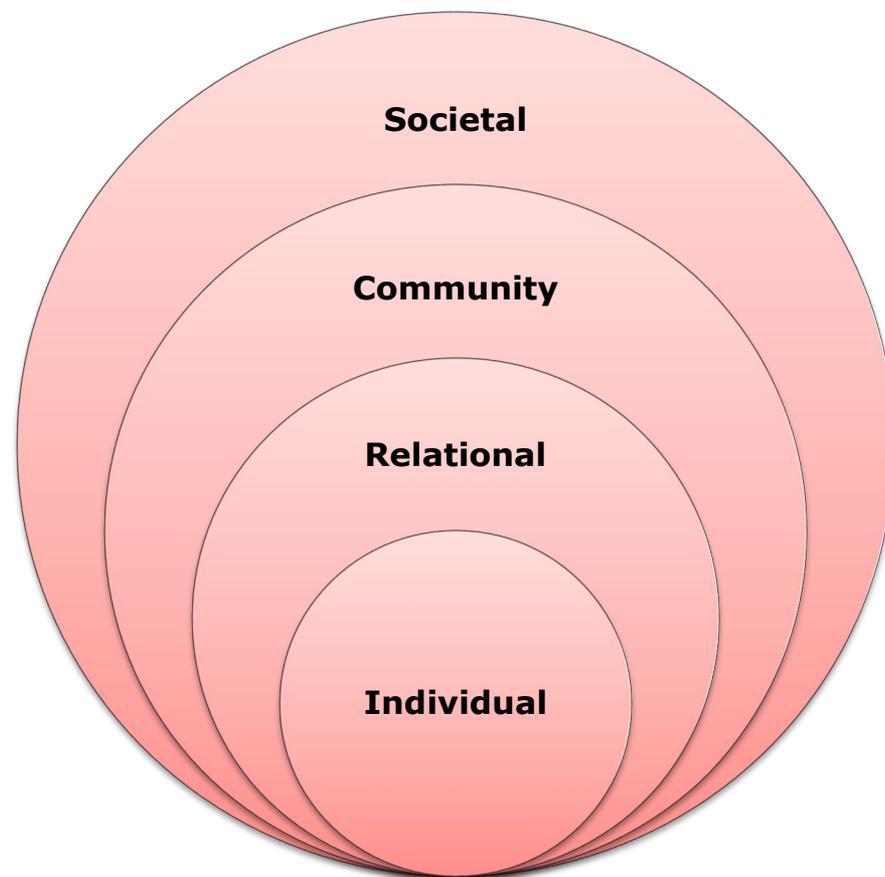
Thinking critically about lived experience

- > People's lived experience is an important source of knowledge – it should be used alongside research, data, practice wisdom to create a picture of need and 'what might work for whom in which circumstances'
- > People with lived experience may bring invaluable expertise, but we might *also* need to acknowledge that personal experience is not a substitute for qualifications, training, supervision, support and decent pay...
- > It is not a cheap option, done properly
- > Done badly it can be exploitative, extractive, traumatising, limiting
- > Consider vicarious trauma...



Thinking critically about whole system responses (learning from 'SYV')

- > Need to replace 'simple, often short term, individual-level health outcomes' with 'complex, multiple, upstream, population-level actions and outcomes' (Rutter 2017) .
- > Causes of violence are complex & interrelated (WHO, 2020). Inter-related factors can increase likelihood of involvement in violence, as victim or perpetrator:



A public health approach (PHE, 2019)

- > With and for communities
- > Not constrained by organisational or professional boundaries
- > Focused on generating long term as well as short term solutions
- > Based on data and intelligence, including any inequalities
- > Rooted in evidence of effectiveness

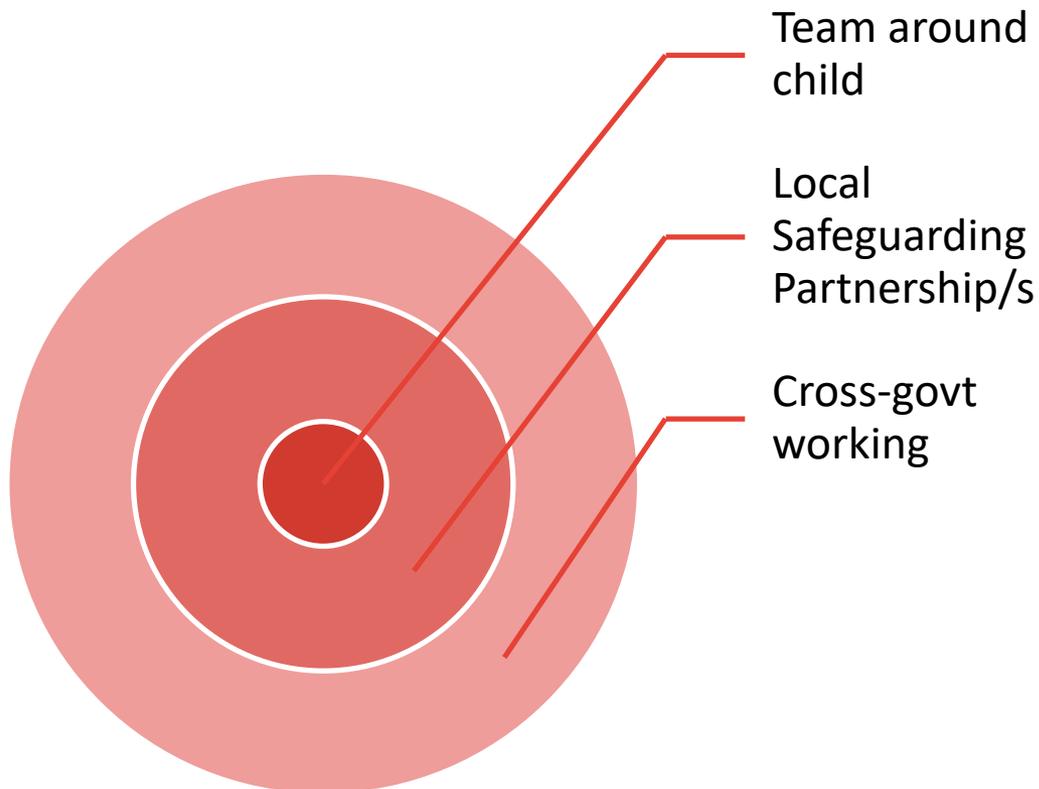
Requires the 5 Cs

- > Collaboration
- > Co-production
- > Co-operation
- > Counter-narrative
- > Community consensus approach



Thinking critically about parallel processes

- > Collaborative problem solving or problem displacement?
- > What behaviours get rewarded?
- > Everybody's business? Or everybody's *busyness*?
- > DfE as DCS – whole child, whole system
- > TCE as intermediary



Are we modelling the kind of behaviours we want to see in practice?



Solutions some stuff worth considering...?

- > All policies to have an underpinning Theory of Change that includes attention to underpinning inequalities (with intersectional lens)
- > Redesign safeguarding systems so they reflect the fact that harm doesn't stop at 18, nor does brain devt.
- > Subject all policies to a rigorous transparent equalities impact assessment, and review at 6 / 12 months for unintended consequences
- > Provide LAs with the resources required to fulfil Children Act duties
- > Reinstate DfE as a whole child dept, leading on *all* X-govt policy to do with children, YP & families



Solutions some stuff worth considering...?

- > Make it the norm for commissioned services to be co-designed with CYP and families
- > Dust off 'whole place community budgets' / Total Place so local areas can interrogate *all* expenditure from a life-course / system perspective and develop strategies accordingly
- > Push ourselves to a more sophisticated (non-exploitative) approach to using lived experience in local & national policy & practice development
- > Apply the same quality judgments re collaboration, multi-agency working to x-govt as we do to local partnerships (eg JTAI)
- > Have a Chief Youth Worker, Chief YOT worker and Chief Early Help Worker as we do Chief Social Workers and Chief Nurse etc



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Thank you