

Practice Principles for tackling child exploitation and extra-familial harm:

Practice Tool: Part 1

01

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Practice Tool



Introduction

This Tool is designed to help think through some of the complexities of responding to child exploitation and extra-familial harm in direct work. It is one of a suite of resources, linked to eight Practice Principles that have been developed for the Department for Education, as part of the Tackling Child Exploitation Support Programme. You can read more about the Practice Principles, including the evidence that informed their development, [here](#).

The Practice Principles are relevant and applicable to all those who work with children and young people. They 'speak' across a range of roles, including strategic and managerial, but in this Tool the focus is on direct work. As we know, child exploitation and extra-familial harm can affect any child or young person. If you work directly with children, young people and families – whether working in healthcare, social care, education, the police, youth work, or in any other role – then this Practice Tool is for you.

By focusing on the 'how' – achievable and actionable ways of working – the Practice Principles and this Tool offer a set of guiding values rather than detailed prescriptive guidance. You can think of them as a 'compass' rather than a 'map' – and, as you work through this practice tool you will be able to make links with the frameworks, tools and other guidance that apply to your role.



How to use this Practice Tool

The Practice Tool is structured around a case study in which you meet two young people, Cassie and Jo, and some of the people in their lives. The case study is fictional but informed by real life scenarios, in order to illustrate the range of complex issues that can arise in relation to child exploitation and extra-familial harm.

Cassie and Jo's world is presented in the way children and young people's experiences of child exploitation and extra-familial harm can often come to light, i.e., a partial picture at first, raising as many questions as answers, leaving us unsure as to what is going on and how we might best respond.

The main aim of this Tool is to help you consider the application of the Practice Principles in scenarios such as these, and to reflect on how you might use them in your work.

Although the case study focuses on a particular set of identified concerns – around child criminal exploitation and child sexual exploitation – it holds transferable learning for other manifestations of child exploitation and extra-familial harm, as covered by the overarching Practice Principles.

(Please be aware that the case study contains descriptions of sexual abuse, violence and coercion. Ensure you know where and how you can access any support, should the content cause difficult feelings.)

There are two parts to the Tool. The first part encourages you to reflect on the case study, using the Practice Principles as a compass. The second part illustrates ways in which the Practice Principles might inform a response.

You can use this Tool as an individual reflective exercise or work through it as a team. It is also recommended that you discuss it with your manager or supervisor, highlighting any particular issues it has raised for you.



The Practice Principles

There are eight Practice Principles that support a more holistic response to child exploitation and extra-familial harm. Although presented in a linear fashion in this Tool, as illustrated in the diagram below, they are non-hierarchical (meaning each one is of equal importance) and interdependent (meaning they all connect to and inform each other).





About Cassie and Jo

Cassie

Age: 15

Ethnicity: Black British

Family: Lives with her mother and father and her two brothers (13 and 20).

Lives: In a privately rented flat, first floor, converted from a larger Victorian terrace. The flat has a number of problems, including damp and mould in Cassie's bedroom.

Area: Large city.

Likes: Marvel films, Fortnite, nachos, writing in her diary, shoes.

Dislikes: Racism, the smell of fish, bicycles (can't ride one and can't stand when they run through red lights), hospitals, steep hills.



Illustration by Nessietessimal



Jo

Age: 16

Ethnicity: White British

Family: Lives with her mother and partner. Has no brothers or sisters. Also close to her maternal grandmother.

Lives: In a Housing Association flat in a purpose-built block, ground floor.

Area: Large city.

Likes: Art, Fortnite, chocolate, fashion, long baths.

Dislikes: Public speaking, writing, P.E., housework, hangnails.

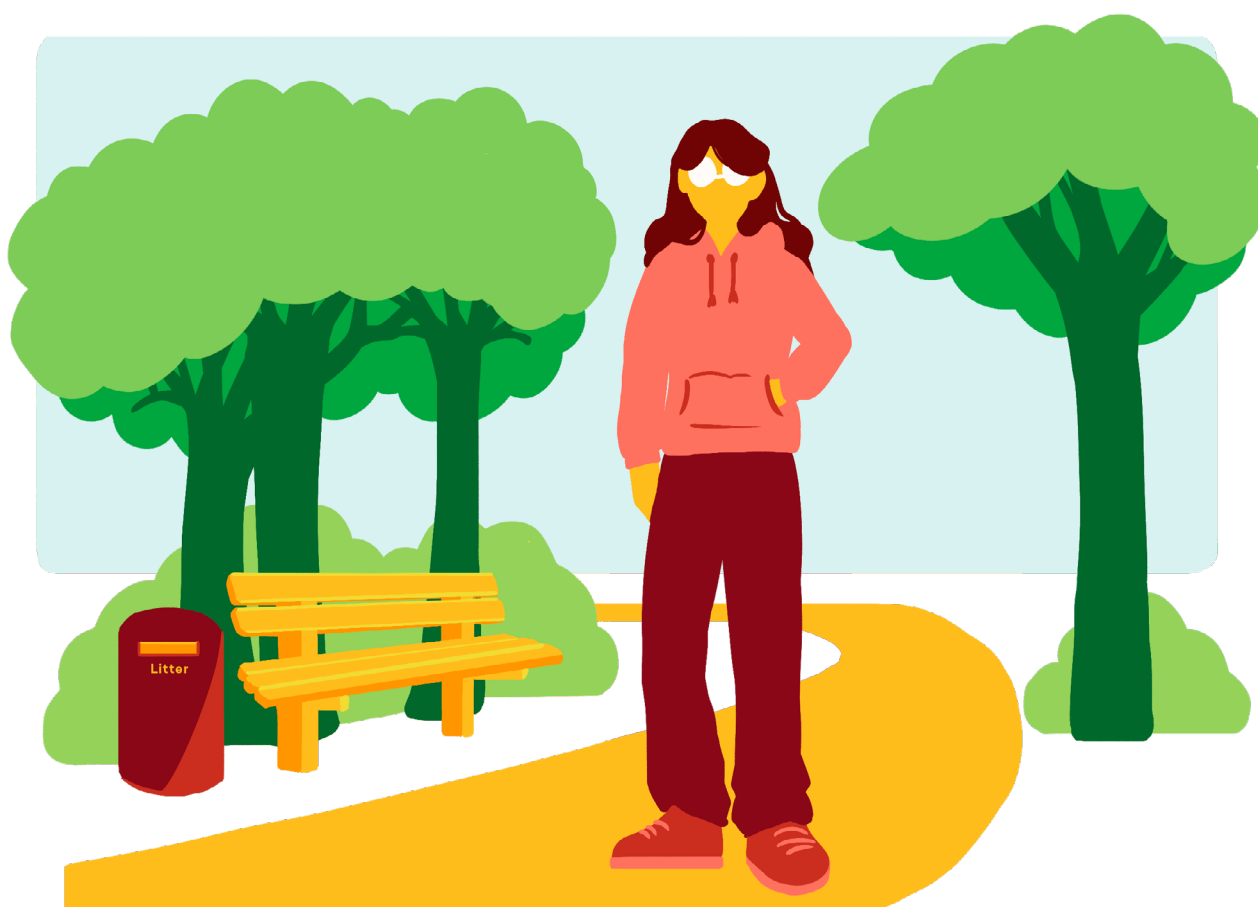


Illustration by Nessietessimal



Part 1: Case study and reflective questions

Six months ago, Cassie, who is 15, was found to be in possession of drugs – too many for just her own use – and referred to the local Youth Offending Service. It is not yet known why she had these drugs on her, or what she intended to do with them, and she appears very reluctant to engage in any conversations around this.

Cassie's school has been contacted to see if there are any known concerns around Cassie and drugs. The school reports that this is 'out of character' for Cassie, that there are no known concerns around drugs for either her or her friends and she is in fact 'the ideal pupil'. Concerned about what is going on for Cassie, the school refers her to the school counsellor.

Write down some initial thoughts about this scenario. What are some of the immediate issues that you notice?

Notes



Practice Principle: **Putting children and young people first**

Children and young people, even those instigating harm, should be seen as children first and foremost and our language and actions should reflect this. We must exercise professional curiosity to see beyond ‘presenting behaviours’, seek to understand the context of their lives and prioritise their safety, wellbeing and development needs in light of this.

How this should feel for a child / young person being supported



I feel understood, believed and treated like a human being. I feel my worker is interested in me and on my side. I know they don't judge or blame me.

Applying the Principle in practice

- What have you learnt about Cassie and the context of her life so far?
- Think about the role of professional curiosity here. What else do we need to know (and how might we find out)?
- Might there be other people, beyond Cassie, who we need to be considering?
- What might seeing Cassie through the lens of ‘child first’ mean for our responses?
- What might be behind her apparent reluctance to engage in conversations about what has happened?



Notes



Practice Principle: **Recognise and challenge inequalities, exclusion and discrimination**

A multi-agency meeting is convened where professionals are bringing the information together that they have about Cassie. An extract from the police report reads as follows:

‘Responding to incident of suspected drug selling in local park. Questioned group, two Black males (aged 13 and 20) and young Black female (15). Males were wearing dark hoodies, inappropriate in hot weather. 20-year-old male initially provided false details, but my colleague recognised him from previous encounters. An identification search revealed they are brothers and sister in the same household.

20-year-old has history of Anti-Social Behaviour charges and associations with peers with ‘Possession with intent to supply’. Subsequently, requested to conduct body search for suspected possession of drugs. Request was met with aggression, swearing and disrespect for myself and my colleague. Two males tried to obstruct search of young Black female. Body search of young female, by female officer, revealed possession of Class A drugs. Approx. street value £200. Young woman was distressed, claimed brothers not involved.

Initial suspicion was of criminal exploitation by 20-year-old brother; subsequent investigation found this to not be the case.’

Professionals must demonstrate their commitment to anti-discriminatory and inclusionary practice. This will involve understanding the impact of inequality, exclusion and discrimination on children, young people, families and wider communities. It involves recognising and challenging negative stereotyping in both ourselves and others, and in relation to both visible and less visible minority identities (for examples, faith, sexual identity and some learning needs).

How this should feel for a child / young person being supported



I am seen, respected and accepted for who I am, professionals can relate to me, and they challenge any discrimination I face



Applying the Principle in practice

- What assumptions are being made about Cassie and her brothers?
- What negative stereotypes may be influencing these assumptions and the documented response to Cassie and her brothers? How might these be linked to issues of inequality, exclusion and discrimination?
- How might discussion of this report play out in the multi-agency meeting and influence responses to Cassie and others?
- How might you positively influence a multi-agency meeting discussing these issues?
- What would you need to do to prepare effectively for discussing issues of inequality, exclusion and discrimination?

Notes



Practice Principle: **Be curious, evidence informed and knowledgeable**

In one of her sessions with the school counsellor, Cassie told them she's worried about her friend Jo (age 16, in the same class) as she is 'swapping sex' for money and drink. Cassie says that when she was out with Jo last week, Jo met a man outside the pub and offered him a blowjob for a tenner, using the money she got to buy cider for them to drink. And then, later, when they needed to get home, Jo approached another man and had sex with him to get money to pay for the taxi. Cassie wasn't quite sure how to react, and when she asked Jo what was going on, Jo just laughed it off and said 'they're the mugs for paying for it.'

Demonstrating professional curiosity, professionals ask questions as to the 'why' and not just the 'what'. They work with others to understand the realities and contexts of children and young people's lives, and the ways in which these might impact on their experiences. They recognise where they may have only partial knowledge or understanding and remain open to learning, change and challenge. They exercise reflexivity as to any (unintended) consequences of their assumptions and actions.

How this should feel for a child / young person being supported



I feel properly seen, because the people who are there to help me put in the effort to understand me and my life. They are knowledgeable and always learning about how to help me feel safer.

Applying the Principle in practice

- What is your initial reaction to what Cassie says? What are your initial thoughts on what needs to be done?
- Might there be differences between how we view the situation and how Jo and Cassie view it (for example, who is experiencing harm and who is responsible for this)?
- How might an understanding of the context of Jo and Cassie's lives / their friendship help us respond to this situation?
- What new questions have now emerged, and who might help you find answers to these?
- Why is multi-agency working particularly important in this Practice Principle?



Notes



Practice Principle: **Respect the voice, experience and expertise of children and young people**

Cassie didn't tell Jo she had spoken to the counsellor about her. The counsellor made a child protection referral for Jo on the basis of what Cassie said, but did not inform Jo or Cassie. Therefore, the first time Jo heard anything about this was when people turned up at her home to tell her parents what was going on, or at least what they thought was going on. But obviously, they didn't understand...

'They say I'm a victim, that I'm being exploited, but I know that I'm the one in control. No one's making me do it! I keep all the money. OK, I get that it mightn't be ideal, but how else am I going to be able to get drink? I'm actually going to kill Cassie. She was happy enough to get in the taxi with me. Why couldn't she just keep her mouth shut!'

Jo gets allocated a support worker to 'work with her around what's going on', but she just can't identify with what they're saying. What's all this talk about 'grooming and coercion'? That might be something that happens to other people, but definitely not her.

Proactive steps should be taken to elicit, understand and respond to children and young people's understanding of their situation, and their associated views and wishes. We should 'work with them' rather than 'do to them', involving them in decision-making wherever possible, and where decisions cannot align with their wishes (for safety reasons, for example), have meaningful conversations around this.

How this should feel for a child / young person being supported



I feel heard, acknowledged and validated because my views and opinions are sought and included. This matters to me and makes me want to talk to them.

Applying the Principle in practice

- How do we think Jo views what is going on (for example, think about how she sees her control over the situation)?
- What might be impacting Jo's perceived control of the situation? Age? Alcohol? Other factors?



- Jo was not informed that professionals were coming to her house. What are the potential implications for how this was handled? How might it have been handled differently?
- What might be going on in the family home now the parents know what's happening? What support might be needed here?
- What are the potential implications here for Cassie and Jo's friendship?

Notes



Taking stock

You have now worked through half of the Practice Principles. It is a good idea to pause here and reflect on the following, either individually or together with your colleagues:

- What is the key learning so far?
- What do you still need to find out?
- Thinking about your own and your team's practice, what aspects of the Practice Principles would you like to discuss further, either with your manager or other colleagues?

Notes



Practice Principle: **Be strengths-based and relationship-based**

Jo consistently looks at the floor all the time she is sitting with her allocated support worker, and barely responds to anything the support worker says. Her phone keeps pinging and this is noticeably making Jo restless. The support worker asks what that is, who has her number and what it is they want. Jo laughs and says 'It's not blokes, if that's what you're worried about. It's just notifications from Fortnite.'

Children and young people should be seen as more than the harm they have experienced. Whilst attending to the presence of risk, there should be a clear focus on their aspirations, strengths, and the protective factors in their lives (and those in their support networks), and an avoidance of deficit or blame-based interpretations or assumptions.



How this should feel for a child / young person being supported

I have someone to go to who genuinely cares about me and my future. They do things to actually help me. I feel safe with them and can trust them.

Applying the Principle in practice

- What assumptions might the support worker be making here? How might they sensitively check out what is going on with the phone?
- What strengths and positives in Jo's life can you see?
- Based on what you already know about Jo and the support worker's approach, what might be the reasons for Jo's lack of response? Can you think of alternative ways to build a relationship with Jo?
- Think about your own experiences of working in a strengths and relationship-based way with children and young people. What was needed for trust to develop?



Notes



Practice Principle: Approach parents and carers as partners, wherever possible.

Jo's mum and her partner have been really worried about the changes they can see in Jo, and have been desperately trying to find help for the last few months. They've tried talking to Jo, but Jo just keeps saying everything is fine, and nobody else seems to take their concerns seriously either – not the GP, not the school. And now these people have turned up at their home and they're being told their daughter is 'prostituting herself', 'selling sex', and it's their fault for 'letting her run wild'. Their biggest fear is that a social worker will take Jo away.

Unless there is evidence to indicate it would be unsafe to do so, parents and carers should be seen as partners in protection. They should be treated with empathy and respect and supported to be involved in key decision-making processes. This will require attending to how they can both support their child and their own support needs around the exploitation their child is experiencing.



**How this should feel
for a child
/ young
person being
supported**

I am included in decisions about involving my parents and carers. Supporting my parents and / or carers to understand what has happened to me can help improve family relationships and the support I receive.

Applying the Principle in practice

- What emotions might Jo's mum and her partner be experiencing here?
- How might these emotions affect their willingness or ability to work in partnership with services?
- Jo's mum and her partner haven't found anyone to take their concerns seriously up to now. What are the possible implications of this for current and future work?
- What do you think of the language used in this part of the case study? Generally speaking, why is language important when working with child exploitation and extra familial harm?



- Imagine Jo's mum and her partner had not noticed any changes in Jo. Would this alter your approach to treating them as partners? If so, why? If not, why not?
- We have not met Cassie's parents, but we must also think about this Practice Principle for Cassie. How might we approach this? What else might we need to consider when approaching partnership work with Cassie's parents?

Notes



Practice Principle: **Recognise and respond to trauma**

It turns out that, about a year ago, Jo reported she had been sexually assaulted by two classmates in the local park. She then quickly retracted the report and refused to talk about it any further. There had been rumours of this in school at the time, but everybody just laughed it off, and Jo got labelled a 'cock-tease'. Jo started to withdraw from everyone at this stage. She stopped hanging out with her friends outside of school, and started drinking a lot. Cassie was one of the only people she would still hang out with. Jo also started arriving into school late and leaving early, and school records showed she had had a few 'run-ins' with staff, something that was totally out of character for her.

However, none of this was known until, several sessions into working together, Cassie made a comment to the school counsellor that it wasn't that she had wanted to hold the drugs, but that the punishment of not doing so would have been even worse. It transpires that Cassie was threatened (though we don't know exactly who by) that if she didn't hold the drugs, she would be assaulted like Jo was. She had seen how that played out and definitely didn't want to end up like that!

We need to recognise the wide-ranging impacts of trauma and attend to non-verbal means of alerting us to an experience of trauma. Attendance to voice, choice and control – all of which are undermined by trauma – is important, as is a recognition that 'non-engagement' or 'negative' coping strategies may be a direct or indirect result of trauma.



How this should feel for a child / young person being supported

People understand how I have been affected by what has happened to me and they show that in the way they help me. I feel like I matter.

Applying the Principle in practice

- How might an understanding of the impacts and manifestations of trauma have influenced the school response when Jo reported the sexual assault? And their response to both Jo and Cassie now?



- How do you understand the links between the sexual assault, Jo's drinking, the current sexual exploitation, and what has happened to Cassie?
- How might what has happened be impacting on Cassie and Jo's experiences of 'services responses' (i.e. Cassie's experience of the Youth Offending Service and the school counsellor, and Jo's experience of the support worker and children's social care)?
- Might there be any other young people affected by these incidents? How might you find this out?
- Revisit the Practice Principle of putting children and young people first. What does this now mean in the context of what you have learned of Jo's sexual trauma and Cassie's experience of exploitation? How do these two Practice Principles link together?

Notes



Practice Principle: **Create safer spaces and places for children and young people**

Jo and Cassie used to hang out a lot in the local park before Jo was assaulted there. Jo stopped going to the park after that. Cassie did too at the time. Recently, though, Cassie started going back with some of her other friends who continue to meet there at weekends.

It turns out the park is where Cassie was first approached about holding drugs, by one of the local drug dealers who was always around hanging around when she and her friends were spending time in the park.

The park is unlit and unmonitored. Most local people avoid it after dark. However, when young people are asked about the park, they say it's the one place they can go without feeling hassled or unwelcome.

This Principle requires us to pay attention to the contexts in which child exploitation and / or extra familial harm take place (including both physical and virtual spaces), so we can identify wider patterns of harm, the spaces and places enabling these, and ways in which these can be safer.



How this should feel for a child / young person being supported

In my community I have opportunities to do activities and make new friends. The spaces and places where I spend my time feel safe and give me a sense of belonging.

Applying the Principle in practice

- How might professionals understand more about what is going on at the park?
- Notice what the young people say about feeling unwelcome in the community. Why might they feel like this?
- How might the park be made a safer place? Who could help with this?
- Think about the local area where you work. Are there particular 'hotspots' for child exploitation and / or extra-familial harm? What is being done or could be done about this? What role could you play?



Overall reflections

Now you have worked through the full case study, what are your key 'take away' messages?

Have you identified any areas for further learning or development, or issues you would like to discuss with your manager or colleagues?

Notes



Further learning

Having worked through this Practice Tool, you now have several reflections to help you think about each of the Practice Principles in more depth, and how these might apply to your work. If you would find it helpful, you can now read through [part two](#) to see some illustrative ways in which using the Principles might inform a response to Cassie and Jo, as well as some further areas for reflection.

You could also use the alternative scenarios below, or consider some of your own, to reflect on how your learning so far might apply to other ways that child exploitation and / or extra-familial harm can present, or other children and young people affected by these forms of harm.

Alternative scenario one

Imagine that Cassie and Jo are male. Does this change the way you would work with these two young people? If so, how? If not, why not?

Alternative scenario two

Throughout this case study, we have not learned how Jo and Cassie identify in terms of their sexuality. We have perhaps made the assumption that Jo identifies as heterosexual because she has been exchanging sexual activity for alcohol and money with men, but this is not necessarily the case. Would you do anything differently if Jo and / or Cassie identify as lesbian, bisexual or queer?¹

Alternative scenario three

On the basis of the information we have, it seems safe to treat Jo's mum and her partner as partners in Jo's care. What if it wasn't safe to do this?

Alternative scenario four

What if it had been Cassie's older brother who was the person making her hold the drugs?

Alternative scenario five


What if Cassie or Jo had a learning disability? Would that alter your response?

¹Queer is a catchall term used to describe people from LGBTQ+ communities. Once a derogatory word used to insult and offend, it has now been reclaimed by those who had it used against them, to denote a sense of connection, agency and collective empowerment.



Notes

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