

Parents’ experiences of the Children’s Social Care system when a child is sexually exploited

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Pace

Parents against
child exploitation

“A huge difference and improvement for families would be Children’s Social Care changing to see parents as the solution rather than the problem.”
Parent

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Foreword

Parents that contact Pace's national parent telephone-based support service are deeply distressed by what is happening to their child. When they reach out to professionals for help more often than not they feel blamed for what is going on. The assumption of many professions seems to be that sexual exploitation doesn't happen to children in 'normal' families and therefore there has to be something going wrong at home, with the fault in the parenting. So in addition to trying to help and support their traumatized child - and the inevitable strain this puts on family relationships they often receive little or no professional support.



In undertaking this research, we at Pace were keen to document the experience and voice of parents who come to us for support, in particular, we wanted to explore the response parents get from Children's Social Care and the impact this has on the safeguarding of their children.

We are all too aware of the impossible task facing Social Care as they cope with both the growing needs of families struggling with austerity and the massive cuts of recent years. At Pace, we have been building on our relations with local authorities and the police, and in particular developing our commissioning partnerships and delivering dedicated independent parent support within multi-agency teams tackling child exploitation.

This research reports on the experiences of parents who don't receive the kind of support they so obviously need. However, the report also contains examples of excellent professional practice.

Since starting this research, Pace has amended its name to Parents Against Child Exploitation in recognition of the increasing number of referrals we receive concerning criminalisation, 'county lines', radicalisation and modern slavery. However, this study looks at parents affected by child sexual exploitation, rather than the wider forms of exploitation we are increasingly becoming familiar with.

Our national telephone-based parent service remains focused on child sexual exploitation and will continue to do so until funding is found to extend into other forms of exploitation.

A handwritten signature in blue ink that reads "Gill Gibbons". The signature is written in a cursive, flowing style.

Gill Gibbons, CEO, Parents Against Child Exploitation (Pace)

Foreword by Dr Carlene Firmin MBE

Child sexual exploitation (CSE) has been referred to as child protection issue, and a form of sexual abuse, in government policy for a decade in England. And yet it is only in recent years that this has been coupled with an explicit acknowledgement that this form of significant harm, along with serious youth violence, criminal exploitation and teenage relationship abuse (amongst others) is rarely instigated by the parent of the child who is being abused. While there will always be some cases that go against this general pattern, for the most part the people who sexually exploit children are not also those who raise them. Revisions to Working Together, the statutory multi-agency safeguarding guidelines for England, in 2018 clearly articulated this point in two ways. It firstly introduced a section called Contextual Safeguarding in which it noted that: 'As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families', before listing the forms of abuse I have referenced above. In doing so government noted not just that child sexual exploitation was a child protection issue, but that it was one which was largely extra-familial. It further reinforced this point via the inclusion of three words in chapter 1, paragraph 56. When referring to child and family assessments the text was amended to read that social workers needed to 'understand the level of need and risk in, or faced by, a family'. In doing so the guidance directed practitioners to look beyond as well as behind a child's front door, in order to identify where safety and risk lay.

The voices of parents documented throughout this report demonstrate why such a small policy change has been needed, and the potential difference its implementation could make. Child protection systems in many countries including the US, Australia, New Zealand, Canada, Germany, France and the Netherlands, have been designed to respond to children who are abused by their parents or caregivers; some countries state this relationship in their actual definition of abuse. It is therefore somewhat unsurprising that England's child protection system, having framed CSE as abuse looked to the parents to find fault. The consequences of this have been devastating for many of the families featured in this report. A parent noted that their emotional collapse due to the desperation they felt for their child, was responded to as a sign of parental failure. Parents were sent to generic courses on boundary setting to regain control of their children, rather than programmes to assist them in understanding, and disrupting, the impacts of grooming, coercion and sexual violence. For me the most important lesson was that social care interventions often undermined parent-child relationships rather than strengthening them, reinforcing the estrangement that grooming aims to achieve.

It is also heartening to read about social workers and other practitioners who provided a coordinating, advocating role and stood alongside children and parents in spite of, rather than supported by, wider systems and structures that weren't designed to work in this way. In the Contextual Safeguarding team we are in touch with over 6,000 practitioners who are all striving to do the same - and the cumulative impact they are having is changing the structures in which they work as well as the families they support. What parents are saying loud and clear is that they want children's social care to respond to these cases; they want the support of social workers; this is a child protection issue. Whether there are difficulties both within and outside a family, or solely extra-familial factors at play, the specific actions parents need from social care in response to the exploitation of their children which they have not instigated, is clear. In this

Parents' experiences of the Children's Social Care system

report parents articulate the role a social worker can play in coordinating and overseeing plans, advocating for families in complex systems, framing the issue as abuse – and responding to it as such. Too often when I review case files I am confronted by assessments which conclude that because the parent is doing all they can to protect their child there is no role for a children's social care. These parents have told us quite clearly that there is.

Hearing from those directly affected by exploitation is one of the best ways to develop a response that is both needed and effective. In building a report on, and around, the voices of parents, whose children have been sexually exploited, PACE have made a critical contribution to informing how child protection systems evolve and respond to this issue in the future. The fact that one parent referenced Contextual Safeguarding demonstrates to me that this is an approach that speaks to the experiences of parents. The recommendation that parents be more directly involved in systems design is one that I will take on personally. As we continue to scale and test Contextual Safeguarding we will work with PACE and others to ensure that parents can inform our thinking and are partners in the design of safeguarding practices – not solely the delivery of safeguarding responses.

Executive summary

Child sexual exploitation (CSE) is a form of child sexual abuse (DfE, 2017)¹. Perpetrators may operate as individuals, or as part of informal networks or criminal associations (Berelowitz et al., 2013)². For the last two decades, Pace has worked alongside parents and carers of exploited children to provide them with support in safeguarding their children.

Over the years many parents and carers have contacted Pace because they have not been able to find the help they needed from other sources and we have heard numerous accounts of how they have felt failed by Children's Social Care. We wanted to find out whether these experiences were still commonly happening, and if so, what effect was it having on families where a child is sexually exploited. We therefore designed this research to address the following questions:

- What response do parents receive from Children's Social Care when their child is sexually exploited?

and

- What is the impact of that response on the safeguarding of their children?

The study involved two parent focus groups of 11 parents and 1 grand-parent who had previously received support from Pace, and in-depth interviews with 20 individual parents. All participants had received support from Pace in the recent past (between April 2016 and March 2018).

Key findings

Parents initially contacted Children's Social Care for help when they realised their child was being sexually exploited. The responses they encountered led them to believe that Children's Social Care services were ill-equipped to deal with this form of exploitation. Parents reported a lack of understanding of child sexual exploitation among Children's Social Care staff and a failure to address the risks and harms their child was facing. They frequently described the following issues:

- There were often considerable delays between parents raising their concerns with Children's Social Care and receiving any response. Delays had ranged from one month to two years with many families waiting over 3 months for an initial assessment.
- There was a lack of understanding of CSE amongst social care staff who often minimised or dismissed the risks and harms a child was facing.
- Interventions usually only focused on either the exploited child or the parents. There was little focus on the disruption or prosecution of perpetrators and consequently abuse continued.

¹ Department for Education. 2017. Child Sexual Exploitation: Definition and Guide -for Practitioners-Gov. <https://www.gov.uk/.../child-sexual-exploitation-definition-and-guide-for-practitioners>.

² Berelowitz, S., J. Clifton, C. Firmin, S. Gulyurtlu, and G. Edwards. 2013. "If only someone had listened". The Office of the Children's Commissioner's Inquiry to Child Sexual Exploitation in Gangs and Groups Final Report. London: Office of the Children's Commissioner.

Executive summary

- Parents frequently felt alone in managing the threats to their child and putting safety measures in place. Even when exploitation and abuse escalated and a child's distress manifested in violent outbursts, depression, self-harm or suicide attempts, parents were mostly left to cope alone.
- Parents described being treated as 'inadequate parents' or being seen as in some way 'to blame' for their child's exploitation. Some had been offered generic parenting courses, but none had been offered training relating to sexual violence or supporting victims of CSE.
- There was rarely much attempt by social care staff to engage meaningfully with the exploited child or build a trusting relationship with them.
- Social care staff displayed little trauma-awareness either in terms of understanding a child's behaviour or understanding the impact of secondary trauma on other family members. In some instances, parental distress had been interpreted as evidence of an inability to be a good parent.
- Parents' difficult relationships with Children's Social Care depleted their energy and sometimes exacerbated already challenging situations putting their child at even greater risk.
- Some parents reported having a supportive relationship with an individual member of children's social care staff, but even where this was the case, they did not feel supported by the Social Care system as a whole.

What parents said would help

Asked for their suggestions about what changes were needed in order to improve practice, the recurring recommendations made by parents were:

- An attitudinal shift within Children's Social Care.
- Earlier and more creative responses.
- The development of good quality relationships with both parents and children.
- Better multi-agency co-ordination.
- Genuine partnership with parents.

All of this suggests that a different approach to safeguarding sexually exploited children is needed.

Background

About Pace

Parents Against Child Exploitation (Pace) is a national charity working alongside parents and carers of children who are - or are at risk of being - exploited by perpetrators external to the family.

Pace's work is rooted in over 20 years' experience of working directly with over four thousand families affected by the exploitation of their children. Pace's national support service provides advocacy, support and information for parents affected by child sexual exploitation. This includes telephone-based case work support, a volunteer befriending scheme, a wide range of free resources and opportunities to connect with other parents in a similar situation to reduce their isolation, emotionally 'offload' and share survival tips.

Pace has developed a relational safeguarding model for working with families affected by child sexual exploitation (see appendix 1). This recognises the need to apply a different child protection framework when children are exploited by perpetrators from outside of the family home. In this context parents have a vital role to play in safeguarding arrangements including the development of statutory safeguarding plans. Relational safeguarding also focuses on ensuring that the wider needs of families are met, whilst working alongside them to disrupt and convict the perpetrators responsible. This model is now operating in several multi-agency teams where Pace has been commissioned to provide a parent liaison officer programme.

Why Pace initiated this research

Most local authorities have not yet embraced a relational safeguarding model and Pace's national telephone-based support service frequently receives calls from parents who have either not been able to access support or who have received unhelpful responses from Children's Social Care. Pace wanted to explore with parents what their experiences have been when contacting children's social care and how that contact had, or had not, contributed to the safeguarding of their child.

Background

Methodology

This study is based on the experiences of 31 parents and 1 grand-parent affected by child sexual exploitation all of whom have received support from Pace's national parent support service. For simplicity this report refers to 'parents', rather than 'parents and carers' as parents constituted 99% of the sample.

Data was collected through semi-structured telephone interviews and two focus groups. Telephone interviews averaged 60mins and followed the topic guide included in Appendix 2. Focus groups averaged 90mins and the questions that were asked of the focus groups are also included in Appendix 2. The interviews and focus group discussions were audio recorded and written notes were taken and typed up. A thematic analysis of the data was undertaken. All data was stored in compliance with GDPR requirements.

The data collection and analysis was conducted by Pace staff with additional support and advice provided by the independent research agency DMSS Research.

Sample

All 20 parents interviewed individually had received support from the National Parent Support Team between April 2016 and March 2018. Parents were only approached if they had 3 or more telephone support sessions. From the parents, carers and grandparents supported during this period, 82 had received 3 or more telephone support sessions. The names of these 82 potential participants were sorted alphabetically and every third person was contacted and invited to take part in the research. Out of those contacted, 20 parents (19 mothers and 1 father) gave full consent and were available for interview during the fieldwork period. All interviews were conducted on the telephone, by the same researcher, between February and April 2019.

In addition, Pace held two focus groups involving a total of 12 participants who attended Pace parent forum meetings during the fieldwork period. These were all parents, and one grandparent, who had previously received support from Pace. The sample included 1 grandmother, 3 fathers and 8 mothers.

Ethics

Pace adopted a statement of ethical research practice and developed a specific ethical protocol and guidance for this study. All potential participants were provided with information about the project and each confirmed their agreement to participate by completing a consent form. Parents were guaranteed anonymity and confidentiality. Each parent was offered further support before and after their interview/focus group session if they required this. The ethical protocol developed for this research is included as Appendix 2.

1 Findings

Parents' contact with Children's Social Care

When a child is being sexually exploited, it is often parents who first notice a change in their child's behaviour or indications of distress. As they come to realise their child is being sexually exploited, parents often feel scared, confused and desperate for help. At this point the parents in this study sought support from Children's Social Care. The majority of parents had either referred their child themselves or sought the help of another agency to make an initial referral on their behalf. A number of parents also requested support from other agencies in re-referring their child when no action was taken by Children's Social Care following the initial referral. Most had had no previous contact with such services and assumed that help would be forthcoming. They described themselves as initially open and receptive to whatever advice and support they might be offered.

“ I was in total crisis, in this unknown world, fighting to keep my child safe. I was on high alert because of what was happening to my child. I'd hoped that social services would help and support me. I needed to feel safe.”

“ I wasn't anti children's social services. I started out thinking that these people can help us. My position was that social workers are hard-working and committed. I was open to help and support.”

Unfortunately, for most parents in this study, their initial trust and optimism was rapidly undermined by their experiences of contact with Children's Social Care. They commonly reported the following issues:

Delayed response to their request for support

The majority of parents had experienced a time delay between raising concerns and Children's Social Care responding. Delays ranged from 1 month to 2 years. Parents spoke about devising strategies to get a response from Social Care by, for example, re-referring themselves, asking other statutory and voluntary agencies to make a referral, making complaints and escalating their concerns to more senior levels.

Even when Social Care became involved, parents frequently reported that their responses were slow, with further delays occurring throughout the whole process of support, often with devastating consequences:

Parents' experiences of the Children's Social Care system

“It took so long to get a specialist young person's CSE worker in place, that when they finally arrived, they'd missed the boat. At this point my daughter had totally disengaged from everyone.”

“It took years of extreme pressure from us (parents) and other professionals for Children's Social Care to become involved. During that time my daughter was not 'at risk' but [actually] being abused and there was the ongoing risk of death as my daughter made numerous suicide attempts. The abuse went on for far too long and became far too extreme before anything was offered [...] Eventually Children's Social Care placed my child in a therapeutic unit and she is no longer being abused.”

Lack of understanding of CSE by social care staff who often minimised or dismissed the risks and harms a child was facing

Most parents felt that Children's Social Care had not taken what was happening to their child as seriously as they should have done - particularly when they had first been approached for help. Parents referred to abuse being minimised and high levels of harm resulting from sexual exploitation not being acknowledged in safeguarding plans or reflected in direct work with their child.

“The approach from Children's Social Care was that I was being over protective towards my daughters. Children's Social Care weren't interested and were very blasé. Even when that attitude shifted and they became involved, the focus wasn't about my daughters being raped and sexually exploited or the people doing this, but on my childhood and parenting.”

“Even when my child disclosed rape, attempted kidnap, trafficking and was placed on a child protection plan, I still feel that child sexual exploitation was minimised and dismissed.”

“Children’s Social Care do not hear the countless cries for help from parents, but they will record when you collapse as a sign of failing, rather than the reality of repeated requests for help and support that have gone unheard.”

Nearly all parents felt that Children’s Social Care did not understand and weren’t equipped to deal with child sexual exploitation and the needs of affected families. Parents gave examples of being signposted to other agencies who they felt were out of their depth in dealing with the high levels of harm happening to sexually exploited children. A number of parents spoke about how the initial intervention by Children’s Social Care tended to undermine parental safeguarding as strategies devised by them as parents were dismissed. For instance, parents were advised to ‘give their children freedom’ as long as they ‘rang the police when the child had gone missing.’

Not being listened to

A central theme of the interviews was that parents generally felt unheard throughout the process of their engagement with Children’s Social Care. From failing to hear concerns raised, through to the interventions implemented or not, parents described numerous challenges in their communication with Children’s Social Care. Parents highlighted Children’s Social Care’s resistance to accept the information and intelligence they were sharing regarding the abuse of their children. Parents voiced concerns that they were not consulted on decisions made about their children and that their insights into child sexual exploitation, the needs of their child and what would and wouldn’t work were disregarded. They also reported not being kept informed.

Parents felt that social care’s ‘institutional bias’ that parents were ‘dysfunctional’ meant that their insights were disregarded and they were not seen as partners in safeguarding children.

“Children’s Social Care say that they want families involved, but they want you to attend meetings and stay silent. They didn’t like me trying to be part of it. They just had this approach that everything was happening because of me. My child was missing with high risks and there’d be no actions. Nobody ever told me anything. If I tried to point out the lack of actions the minutes wouldn’t record that but instead, [noted] ‘dad is angry.’”

Parents' experiences of the Children's Social Care system

“ I wasn't listened to. I was the enemy. Social Care and the police would have meetings without me and make decisions that I'd have challenged if they'd have informed me about them. They'd implement these badly thought out decisions and I'd be left to pick up the pieces. The truth was, I understand CSE better than any of them.”

A lack of meaningful engagement with the exploited child

Parents felt that there was a lack of genuine commitment to engage with and understand children traumatised and terrified as a result of CSE. Parents felt that the expectation of agencies, that children would automatically 'open up' about traumatic issues or engage with 'workbooks on CSE' in 4 to 6 sessions, failed to understand trauma and the necessity of first building trust before commencing any work on such challenging issues. A number of parents felt that rather than reflecting on how to effectively build rapport and trust with vulnerable children, Children's Social Care, and even specialist CSE agencies, had been quick to close down work with young people who did not readily engage.

“ There was no attempt to engage my son. There is no understanding of how young people, controlled and traumatised, may act and there was no support for him.”

“ I wish just one agency had tried to befriend, talk to and be there for my daughter. She would have talked to them. She was desperate.”

On the other hand, parents who had experienced positive approaches by services to engage their children, described workers' persistence, continued presence, genuine care and an intervention that went 'above and beyond.'

“ The child sexual exploitation worker who was allocated offered a glimmer of hope by doing something proactive and building a relationship with my child and me. When we came across a real person who cares in an organisation, it makes all the difference. I don't know what my family would have done without that person.”

Findings

“When we got a worker who really cared about my daughter and me, everything changed for us. My daughter is rebuilding her life, safe from abuse.”

A lack of accountability

One of the concerns commonly expressed by parents was a lack of accountability for safeguarding plans. They described how actions agreed within safeguarding meetings (child protection or child in need meetings) were not implemented, that reports compiled were inaccurate and biased and that no professional seemed to hold responsibility or be accountable

“There is no accountability in Children’s Social Care - the policies and procedures are manipulated and parents’ requests are not acknowledged, heard, recorded or responded to.”

“When I challenged the lack of adherence to policy and procedure or the 20 different social workers we’d had, there was an almost fatalistic admission that nobody followed these guidelines.”

Some parents had utilised formal complaints procedures to try and increase the safeguarding of their children. Whilst some parents felt that challenging in this way was effective, others felt that it led to a punitive response.

“When I challenged the fact that only two of the thirty actions promised in the Child in Need meeting had been actioned, Children’s Social Care went bananas and started child protection proceedings against me as an unfit mother.”

Being treated as ‘inadequate parents’ or ‘to blame’ for their child’s exploitation

A central theme in the accounts of parents was that Children’s Social Care seemed to be largely focused on ‘locating parental failure.’ Parents were often offered generic training on parenting but nothing on sexual violence or the issues of parenting a child being sexually exploited. Parents felt that this fixation on perceived parental failure meant that there was a lack of focus on the disruption and prosecution of perpetrators of CSE. This meant that the abuse continued and the child’s distress intensified, often manifesting in violent outbursts, depression, self-harm and suicide attempts.

Parents' experiences of the Children's Social Care system

“ I was put on two non CSE specific parenting courses. I was conscious that I was being judged and pretended that the course was helpful- in truth I already had these skills and it added to the burden I was already under rather than supporting me.”

“ Even when my child disclosed rape by a group of males and shared information about other children also being targeted by this group, the response was that it wasn't grooming because the children didn't get gifts. These men were never prosecuted. The focus was all on me.”

This tendency to 'blame' parents for the abuse happening to their children was the strongest and most recurring theme in the interviews. Parents described the devastating impact this had had on them and their families:

“ I was treated like a perpetrator. Everything about my parenting was questioned and there was no focus on the real dangers to my child.”

“ Children's Social Care could not see the external risk- they took incidents out of context to create a very damaging picture to fit with intra-familial abuse- this didn't help anyone.”

“ The rapist was forgotten as the response shifted to me. I'd started to challenge the effectiveness of the safeguarding plan and I feel as if the response was vindictive. I was mocked by a room full of professionals when I cried in a meeting. This was later used when citing that I was 'emotionally harming my child' because I cried because she was raped. My child wasn't even in the meeting, she read about me crying and me 'emotionally harming her' in the report posted to her by the social worker.”



Parents' overall reflections on the Children's Social Care system

Parents overall reflections on the Children's Social Care system

The majority of the 32 parents stated that the intervention taken by Children's Social Care did not safeguard their child. Only 4 parents stated that intervention by Children's Social Care had helped in the protection of their child.

Whilst parents identified some good practice among individual social workers, police officers and voluntary agencies, when asked about the overall impact of interventions by Children's Social Care, the majority of parents spoke about broken trust and the further harm that had been caused. Most said they would never again seek help from Children's Social Care and many would also dissuade other families from doing so.

“As a professional I understand Children's Social Care. I felt as if I'd found the right agency to go to and ended up asking, 'why aren't Children's Social Care helping us?’”

“I felt as if the social worker was a puppet of Social Care management who were looking to do as little as possible, save funds and wait it out until my child was an adult and it was no longer their problem.”

“I really thought Children's Social Care would help us- what I was left with is that I'd never contact them again. It's a strong statement and Children's Social Care need to understand why.”

Parents' experiences with Children's Social Care had led them to believe that the child protection system had developed in response to children being neglected or abused within their families and was unable to adapt to the needs of families when abuse was extra-familial. They described social care staff as 'fixated on parental failure' and being so focused on relationships within the family that they often ignored harms and risks stemming from other sources.

Parents' experiences of the Children's Social Care system

“ I was in total crisis, in this unknown world, fighting to keep my child safe. It's hard to keep seeing clearly in this desperate situation and you'd hope that Children's Social Care's role would be to help and support you but they don't. They come in and blame and it's absolutely devastating.”

“ They ignored the CSE, scrutinised me and made threats to me. They held this threat over me of removing all of my children. They blamed me and my traumatic childhood and kept raising this issue over and over. It didn't keep my daughters safer. I think this experience led to me getting post-traumatic stress disorder.”

Parents used the language of abusive power dynamics when speaking about their interaction with Children's Social Care.

“ It was absolutely damaging, scary and disempowering. I felt naked and ashamed.”

“ There was a lot of psychological manipulation. It feels scary because social workers are secure in their profession and you can't do anything about them putting you down or threatening to remove your child.”

“ It was like walking into a war zone with unexpected traps under the rugs. I was on high alert because of what was happening to my child. I needed to feel safe but Children's Social Care wasn't safe to speak to in the midst of crisis.”

Parents outlined how Children's Social Care fixating on 'parents as the problem' led to them failing to communicate to the child that their parents loved them and were doing their utmost to safeguard them. This approach, it was felt, benefitted no-one except the CSE perpetrators, whose modus operandi is to isolate a child from their networks of safety and support.

Parents' overall reflections on the Children's Social Care system

“Children's Social Care wrote these biased reports in order to get my child in an out of area placement. My child saw them and it encouraged my child to blame me and not the perpetrators - I think it made her more dependent on them.”

“Social Care involvement damaged my relationship with my child. I think if my child and I had been less strong it would have destroyed us.”

All parents felt alone in managing the threat to, safeguarding of and distress of their child. The majority of parents spoke about Children's Social Care failing to work in partnership with parents, exacerbating an already challenging situation and ultimately being an additional burden that depleted their energy at a time of crisis.

“Everything I did impacted upon my daughter's safety. Every bit of help my daughter received was because my focus was on getting her it. Children's Social Care made my job harder.”

What parents said would help

What parents said would help

When parents we interviewed had been negotiating the unfamiliar and frightening terrain of child sexual exploitation and had approached Children's Social Care looking for support, they had hoped to be helped in protecting their children, to be given a safe space to talk about what was happening and how they felt, and to be given some tools to help them support their child through heightened distress and trauma. They had been trying to protect their children whilst maintaining jobs and marriages and caring for other children and were desperate for support. Most parents felt that they were not only denied this support, but that the child protection system had manifested a suspicious, distorted and punitive attitude towards them as parents which had made things even worse for themselves and their families.

Asked for their suggestions for what changes were needed in order to improve practice, the recurring recommendations made by parents were:

- An attitudinal shift within Children's Social Care.
- Earlier and more creative responses.
- The development of good quality relationships with both parents and children.
- Better multi-agency co-ordination.
- Genuine partnership with parents.

An attitudinal shift and improved understanding

The biggest shift that parents see as necessary is for Children's Social Care to discard the view that 'parents are the problem' and require fixing and remember that caring and concerned parents are an abused child's greatest asset. There needs to be a strong focus on working collectively to find strategies and solutions that can keep children safe, address the impact of trauma and help them thrive.

“A huge difference and improvement for families would be Children's Social Care changing to see parents as the solution rather than the problem.”

Parents also highlighted the need for social care staff to have a better understanding of CSE and the needs of affected families: they suggested that Children's Social Care staff needed better training to understand the indicators of CSE, its dynamics and impacts, the links between CSE and criminal exploitation and of online abuse. They also felt that social care staff needed an improved understanding of the issues families contend with and of trauma and its impacts. Social care staff also need the skills to help families on issues such as de-escalating conflict and supporting a child in distress. Other gaps in staff knowledge highlighted by parents were around the additional needs of affected children with autistic spectrum disorders, and the needs of siblings in the family.

Parents' experiences of the Children's Social Care system

“Children's Social Care need to understand CSE, gender dynamics, the power dynamics of sexual violence, and to have an understanding of what is happening to children at the moment in our society.”

“Children's Social Care don't understand repeated trauma and how to ensure safeguarding through supporting the power and the love of the child and parent relationship. It was Pace that supported me in this work. Without an understanding of the dynamics of sexual violence and the methodology of offenders' Social Care can't support families in trying to combat and undo this.”

Parents also raised concerns about social care staff having overly rigid ideas of what indicates CSE. For example, parents spoke about children being raped but safeguarding actions not happening because the situation didn't fit the 'tick list' criteria for identifying CSE that services were using.

Earlier and more creative Interventions

Parents felt that there needed to be earlier and more creative interventions which started with the questions 'what does this child and family need now?' and how 'can we respond to this?' They felt there was resistance to this approach.

Parents also believed that Children's Social Care needed to be able to access resources earlier in order to disrupt abuse at an early stage and prevent children from becoming repeatedly abused. Parents highlighted the need to recognise that early intervention not only has better outcomes for a child but is cost effective.

“There needs to be early, effective interventions so that young people don't spend all this time blaming themselves for offenders' actions, or self-harming or becoming involved in greater and greater risks. The cost of early intervention is nothing compared to the kinds of costs of leaving this problem and batting it away.”

What parents said would help

“CSE has a big impact upon the physical, sexual and mental health of affected children as well as the health of siblings and parents. The cost of not addressing it is massive. Forty-four call outs to the police in under a year is just a tiny fraction of the cost.”

“I feel that if the abuse of my child had been effectively responded to early on, we may not have been in the situation whereby she experienced numerous rapes, was kidnapped and attempts made to traffic her and she wouldn't have ended up in the current therapeutic setting she's in, costing thousands and thousands of pounds.”

Another parent also talked about their experience and how an early and low cost provision of respite might have saved a much more expensive residential placement later on.

“I had to try and find a way to supervise my son, twenty-four hours a day and there were times that I had to sleep- I was exhausted. I wish there'd been some respite or someone to watch him, because in the end he had to be placed out of area in a therapeutic unit. It's something we'll never forget. There wasn't an alternative to him being placed in care.”

The development of good quality relationships

Child sexual exploitation is about abusive relationships - manipulation, lies, betrayal, threat, coercion, fear, dehumanisation, shame and guilt - and it is within this context that parents seek support. Positive relationships are a critically important antidote to this. All the parents interviewed spoke about the value of good quality relationships with professionals. Where they had experienced these they were very positive about the impact upon their resilience as parents and the benefits for their child.

“Even though I knew my social worker's hands were tied by the system she was great. She was my lifeline.”

Parents' experiences of the Children's Social Care system

“ There are good people and good professionals making real connections to families and they should be recognised for the difference they make to people's lives.”

“ The social worker built a good relationship with me where I felt comfortable and could be open. She was so compassionate and if I needed to cry I would and she'd be supportive. She made sure I understood the processes.”

“ There was no support at meetings, no respect or true regard for any members of my family. Then, a wonderful social worker took over our case. We finally had someone battling on our side. A social worker stood up to the powers that be on our behalf and she made a difference to us.”

“ We finally got a good social worker- she was brilliant, worked in partnership, championed and advocated for my child, treated us with respect, liaised with professionals to get the best support and response for my family. She said to me, 'you're not the reason that your child is being sexually exploited. You're an asset.' It changed everything. My child is no longer being abused and is having success, stability and making plans for the future.”

Parents also appreciated social care staff who made a positive relationship with children and regretted that this did not happen often enough. Parents identified the need for professionals to have the right skills to build rapport with children and establish a relationship of trust prior to any work on CSE being attempted. Parents highlighted the need for professionals working with children affected by CSE to be persistent, consistent, long-term, trauma-informed and able to communicate genuine care for, and commitment to, the child.

What parents said would help

“ I think Children’s Social Care need to have more of a physical presence in the child’s life and be able to build a continuous relationship with them. I know they are overstretched but they could be creative with this - support a trainee with this.”

“ Parents focused on the need of professionals to have good inter-personal skills - to really hear parents and children, to be humane, genuine, compassionate, to be on the family’s side and to be transparent. It is professionals’ ability to support healthy and nurturing relationships within a family experiencing CSE that parents felt was pivotal in a family’s ability to cope.

“ I’d have liked the social worker to have been genuine when she asked how I was and to have cared. I wish there had been a genuine holistic approach to my family. I wish Children’s Social Care had listened, REALLY listened to ALL my family.”

“ In this situation you need kind people around you. I don’t feel as if Children’s Social Care is kind. Luckily there were kind people around us- the police, Pace, the children’s home. By kindness I mean exceptional people who value my child and really wanted her to be safe.”

Parents highlighted the high turnover of social care staff and the consequences of this for families who had to repeatedly rebuild trust. Parents felt that newly trained social care staff were often out of their depth and suggested that greater mentoring and shadowing be introduced. Parents also noted that even when it was not possible to ensure a consistent staff member, greater efforts could be made to ensure effective recording so that there was a good and continuous record of the family’s situation.

Better multi-agency co-ordination

Parents identified the need for better multi-agency co-ordination in cases of CSE. They felt that agencies did not share the information which would help to identify risks earlier and which would enable a more joined up approach to both meeting the needs of children and disrupting the behaviour of perpetrators.

“The people who abuse children are opportunists, they're organised, networked and resourced. Safeguarding services aren't and they need to be to combat the abuse. Whilst services were scrutinising me, the primary safeguarding force in my child's life, the perpetrators were ignored and are still walking the streets. We all need to work together to keep our children safe because if we're not, the perpetrators will see this gap and exploit this.”

“There needs to be a shift towards a model of contextual safeguarding where the risks are identified in different areas of the child's life and there's a coherent multi-agency response.”

“I needed a cohesive partnership between all the agencies and my family and this feeling that we were all on the same page. There needs to be some commonality in the working approach. I felt caught between very different agency responses. I was looking for a team with expertise who could have helped us through and I'd have wanted to see Children's Social Care as the umbrella spoke holding it all together, coordinating actions.”

What parents said would help

Parents also felt that there needed to be a single lead professional who would be the 'lynchpin' in coordinating safeguarding and support across agencies.

“ Whilst I was chasing up services and acting as an advocate for my child, I didn't get to just be a mum- able to comfort, support and nurture my child. I'm sorry, it makes me cry now to think about it. I wish Children's Social Care had taken on this role of being responsible for my child's safeguarding, making referrals, following up professionals, trying to get updates and challenging why actions agreed had been abandoned, so that I could have focused on just being a mum to my child who so desperately needed me.”

When this 'lynchpin' role was undertaken well by a professional, it was highly valued.

“ The social worker kept me updated, involved the right professionals and liaised with the police and all the other professionals. The social worker was experienced on the issue of CSE and supported me through the process.”

Parents believed that it was appropriate for social care staff to be the key professional at the heart of organising a multi-agency response. Most importantly they felt that this key professional needed to be willing to challenge any lack of professionalism among agencies and to champion a family centred approach.

Genuine partnership with parents

Parents are central to tackling CSE. They are predominantly the first people to identify when CSE is occurring, they have the closest understanding of the reality and impact of CSE and they have had to develop strategies to both support their children and maintain their own resilience. Their experience means that there is wealth of insight and expertise among parents including about effective and ineffective interventions. However, as the interviews for this study amply illustrate, many parents feel that their expertise is completely disregarded by Children's Social Care. Parents strongly believed that if Children's Social Care viewed parents as a resource and as active agents in the safeguarding of children, there would be better outcomes for children, a better experience for parents and much learning for Children's Social Care.

“Children's Social Care, other services and the government need to accept that child sexual exploitation isn't going to go away. The perpetrators of these crimes are thinking big, they're connected, networked and organised. If we're going to defeat them, we need to be the same. We need to communicate, learn from each other, build our knowledge and specialism and work together for the welfare of our children. If we don't, we're weak and criminals will exploit that. The solution is communities around children.”

Parents also expressed some scepticism about what they saw as 'tokenistic' attempts to involve them. They noted that whilst greater partnership with parents has been encouraged in policy guidance, in reality they have not felt genuinely listened to or treated as equals. Some suggested they would like to see parents involved in the co-design and ongoing management of services.

“CSE services need to be over seen and managed by the parents of affected children to ensure that 'tick box exercises' are not the token response by agencies. People need to be asking whether an intervention has a positive impact on families.” -



4 Conclusion

Conclusion

Parents who participated in this study approached Children's Social Care because they wanted help and support. However, most felt that instead of safeguarding their child and supporting them as parents, the Social Care system exacerbated their difficulties.

Parents felt strongly that the predominant attitude of Children's Social Care towards parents of children being sexually exploited was fundamentally wrong. Their experience was of social care staff being fixated on parents as the problem rather than seeing them as partners in safeguarding. At the same time they believed that the perpetrators who were causing the actual harm went largely ignored, with the consequence of abuse continuing and escalating.

The recommendations made by parents involved in this study point to a need for an alternative safeguarding model for child sexual exploitation involving an attitudinal shift within Children's Social Care which places the responsibility with the abusers and not the family, early and creative responses, quality relationships, and a key lynchpin professional coordinating agencies' safeguarding strategies

Pace advocates a relational safeguarding model for extra-familial abuse which puts the responsibility solely on the perpetrators. This model starts with the assumption that parents want to protect their child, unless there are behaviours that evidence otherwise. It also assumes that parents have the capacity to safeguard their children, although they often need support in this.

The Pace model emphasises the following key principles of effective safeguarding in the context of CSE:

- Working with parents and carers as partners safeguards children. Informed, supported and empowered parents are key to tackling child exploitation. They are part of the solution and not the problem; their ultimate goal is to safeguard their child.
- A relational safeguarding approach increases the potential for successful convictions. Parents and carers have access to vital information and intelligence to aid the disruption and conviction of perpetrators, and can support prosecutions where the child is unable to testify.
- Working with parents and carers as partners saves money. Relational safeguarding reduces family breakdown, reduces missing episodes and decreases the number of children going into care.

Appendix 1

What is Relational Safeguarding?

Relational Safeguarding is an evidence-based contextual model built on over 23 years' direct experience to strengthen how we safeguard children affected by child exploitation, and disrupt and convict the perpetrators responsible. The model recognises the vital role of parents and carers as lead safeguarding partners to:

- Strengthen safeguarding arrangements for the exploited child.
- Increase the potential for robust intelligence, evidence and conviction rates.
- Recognise the impact of child exploitation on the wider family.

The approach assumes that parents and carers want to and have the capacity to protect their child, unless there is evidence to the contrary. This aligns with government guidance advocating for parents and carers to be treated as key partners in all safeguarding arrangements (Munro, 2011).

It is a strengths-based model which involves equipping and empowering parents and carers to safeguard their child and play a leading role in statutory safeguarding arrangements. It does this through supporting them to develop and implement safety plans. The model:

Recognises the impact of child exploitation on the whole family and does not blame them for the abuse

Families are listened to, valued and respected. They are never judged or blamed. By listening and responding to families' needs, parents and carers' resilience and confidence to safeguard their child is increased.

Understands and values parents and carers vital role in safeguarding

This includes but is not limited to parents and carers taking a leading role in the development of statutory safeguarding plans, collating information and evidence for key agencies to disrupt and convict those responsible, and supporting prosecutions where they child is unable to testify.

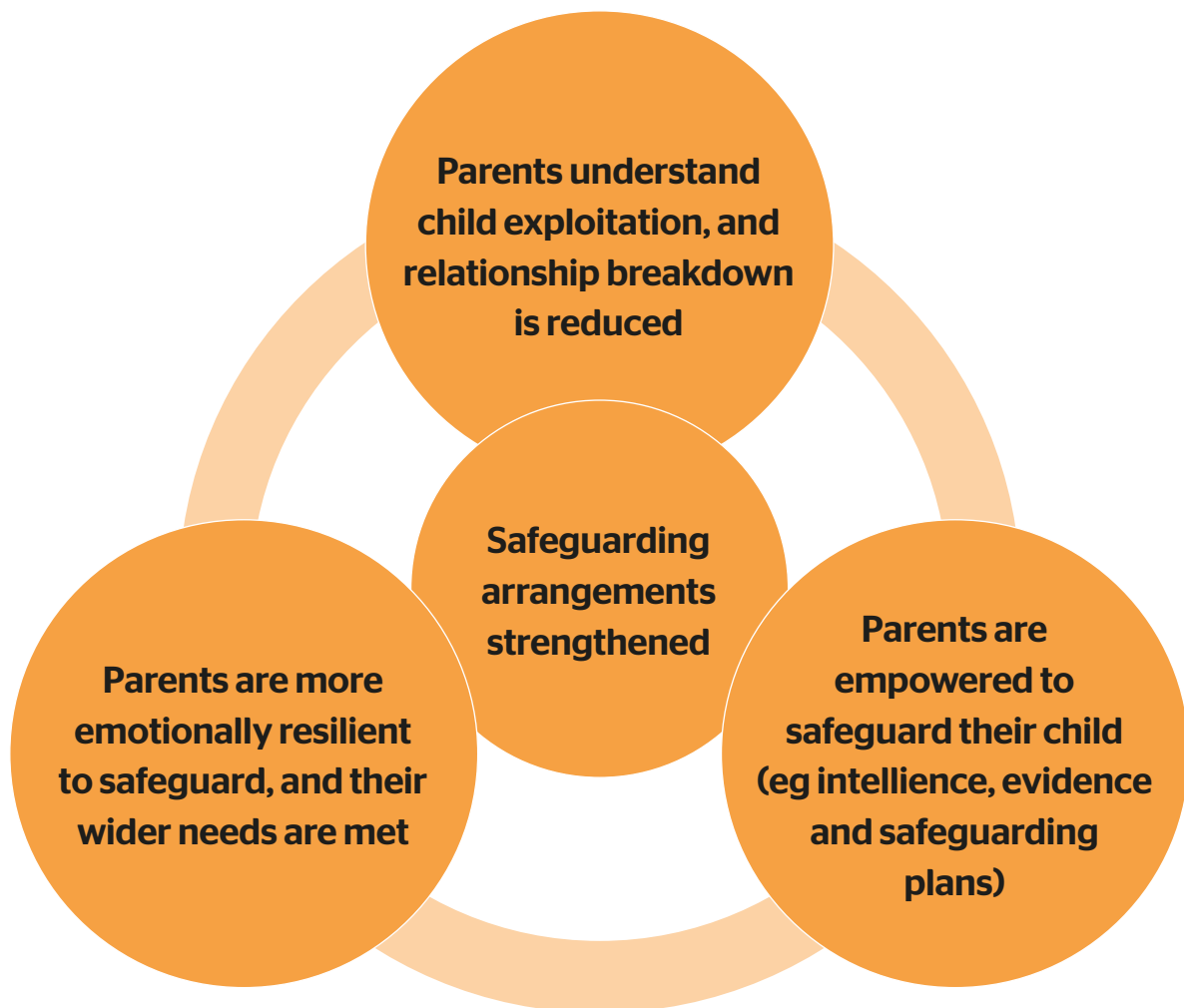
Provides long-term holistic support from referral to post-trial re-adjustment

This continuous cycle of long-term support increases attendance at court and will also lead to a reduction in re-referrals, with any witness intimidation being understood and acted upon when cases go to court.

Appendix 1

The model applies to families affected by all forms of exploitation by perpetrators from outside of the family home, including sexual exploitation, child criminalisation, county lines, modern slavery and radicalisation.

The Relational Safeguarding Model works to best effect when Parent Liaison Officers (PLOs) or advanced CSE trained practitioners are co-located within multi-agency teams providing direct support to parents and carers affected by child exploitation and working alongside them.



Local Authorities tackling child exploitation have invested in this evidenced-based model because it has been demonstrated to:

- Increase the capacity of agencies and empower parents and carers to work together to safeguard children, and disrupt and convict perpetrators.
- Maximise conviction rates by increasing attendance at court and the collation of robust evidence against the perpetrators (eg at one local authority, prosecutions increased by 90 per cent after a Pace Parent Liaison Officer (PLO) was placed in the team).
- Reduce missing episodes and children going into care as a result of CSE.

Appendix 1

- Increase parents and carers' understanding of CSE and reduce the likelihood of family breakdown by placing the responsibility of the abuse onto the perpetrator.
- Empower parents and carers to find ways to support and safeguard their child, with 86 per cent of parents and carers reporting they are more confident to safeguard their child after receiving support from the PLO team.
- Increase information sharing between parents and carers and practitioners - ultimately increasing opportunities for agencies to work with parents and carers to safeguard children.

This model was developed through direct work with families affected by child exploitation and partner agencies. Pace works with a range of organisations including local authorities, the police, health, charities and multi-agency child exploitation teams, to embed this model through its national training and consultancy programme.

“Pace’s Relational Safeguarding Model enables us to strengthen safeguarding arrangements and gather much better intelligence. It also shows how we can work alongside parents and carers and carers to successfully prosecute offenders. We need to change our approach to working with families affected by child exploitation and criminalisation across all sectors, and I believe Pace’s training programme is an excellent vehicle for making this happen. Based on over 20 years’ experience, Pace’s Relational Safeguarding model is a model that works.”

Former chief crown prosecutor for north-west England Nazir Afzal

Appendix 2

Ethical protocol and research questions

Pace's ethical research practice

Ethical protocol for: what is the response parents receive from children's social care and what is the impact of that response on the safeguarding of their children?

Core principles

Pace acknowledges that ethical practice is rooted in ongoing reflection and discussion, with ethical choices made on the basis of principles and values. The core principles underpinning Pace's research are: openness about the methods used and data gathered; honesty about interpretation and presentation of findings; acknowledging the boundaries of professional competence and safeguarding the interests of those involved in, or affected by, our work. This research project follows Pace's statement of ethical research practice. A specific ethical protocol has also been designed for this piece of research.

The safeguarding of parents (and connected young people) who are being interviewed is paramount. If a safeguarding issue is disclosed concerning a child, parent or indeed a professional there are clear processes to follow. For example, if a parent discloses to a researcher an issue that indicates dangerous professional practice, they will contact Pace's Designated Safeguarding Officer immediately (DSO), and the DSO deputy in their absence. The DSO and their deputy are referenced in Pace's Safeguarding Policy and all researchers are aware of these procedures.

At the start of the research, the Parent Participation Researcher will provide the parent with the details of Pace's national telephone support line and advise them that a member of staff will be available to speak to them after the call if they wish to do so. This will require co-ordination of the calls with the national parent support team, through partnership working between the Head of Research, Policy and Communications, and the Head of the National Parent Support Operations. If a parent requires support at the end of the call, the researcher will advise the national parent support team using internal protocols and referral systems. A member of the national parent support team will then make direct contact.

Pace has clear protocols in place if there is a complaint. These will be clearly communicated to participants (in writing) ahead of the research project. In the first instance, complaints go to the Head of Research, Policy and Communications. If the participant still does not feel the complaint is resolved or feels there is a conflict of interest, they go directly to the Chief Executive.

The interviews will be audio recorded, but participants will have a choice about whether they wish to be recorded or not. If not, the researcher will make clear hand-written notes which they will write up immediately after the interview. Recording is the preferred method. Hand-written notes will also be taken by a lead note taker as part of the research focus groups.

Role of the researcher

Pace will ensure support is in place for any parents who may feel they need to speak to a support worker following the research. This is for telephone interviews and focus groups. The researcher will ensure they remain in their research role and make it clear to parents what their role is as the interviewer, and focus group facilitator. They will clearly explain to the parent that their role as a researcher is not to offer advice or support and if the parent needs advice or further support the researcher will refer them to Pace's national telephone support line. For focus group sessions, an experienced worker will be present to help de-brief parents and be available should anyone need to talk.

Methodology

This research is qualitative and will be based on semi-structured interviews (that are recorded), conducted with parents over the phone lasting between 1hr and 1.5hrs. Following each interview, the researcher will listen to the recorded interview and write up notes, looking for emerging themes in the interviewees' responses in relation to the research question. Dr Sarah Lloyd from DMSS research agency will listen to four or five interviews in order to identify themes and compare findings with the researcher.

Two focus group sessions approximately comprising four to eight parents will also take place at Pace Parent Action Group meetings. These will be led by a lead facilitator using strict guidance used across all focus groups aligned with Pace ethical protocols. There will be a separate note taker writing up the discussion.

Maria Langham, Head of Policy, Research and Communications, will lead this project. The telephone interviews will be carried out by Nancy Pike, Parent Participation Researcher, and using guidance, protocols and policy agreement, and set questions.

Topic guides

The following research question underpins this research:

“What is the response parents receive from children’s social services and what is the impact of that response on the safeguarding of their children?”

To support this, a series of questions have been identified. These are:

Research questions for telephone interview

1. Who initially identified that your child was being exploited?
2. When did children’s social care become involved and who involved them?
[If yes, continue. If no, probe to check this is the case, explain focus of research and end call appropriately - was it that they asked for help, but did not get a response?]
3. Tell me about your initial contact with children’s social services. What was this like? Did you have an assessment?
4. What happened next and as a result were there any actions or interventions by social workers? Were you/your child offered support? Did anyone explain CSE to you?
5. What impact do you feel social care interventions had on the safety of your child? Was your child better protected as a result of these actions/interventions?
6. Was your child ever accommodated during this time? If so:
 - What kind of placement was it initially?
 - Did this change?
 - What impact do you feel being accommodated had on your child?
7. Did you feel you were treated as a partner in protecting your child? If not, how were you treated?
 - Were you included in meetings?
 - Were you involved in the decisions that were made about your child?
 - Did you see your child’s file or minutes of meetings related to your child?
 - If so, were the contents accurate from your point of view?
 - Please explain your answer.
8. How would you sum up the overall impact of involvement with the child protection system on your family?
9. What [in your opinion] could social workers have done differently to make your child safer, you feel more involved and the family better supported. What changes would you like to see?
10. What would you like to see happen as a result of this report? Have you any ideas of who should see it?

Research question for parent forum

(15 minutes for each question - 90 minutes with introductions and consent procedures required in total)

1. How did social care intervene/what services/support were you or your children offered?
2. What impact do you feel social care interventions had on the safety of your children?
3. Were your children better protected as a result of these actions/interventions?
4. What was the impact of your involvement with the child protection system on you, your children and other members of your families?
5. What could social workers have done differently to make you feel that they were working in partnership with you as parents? What could have been done better?

Interpretation and presentation of findings

The Parent Participation Researcher, Nancy Pike will listen to the interview recordings and write up any themes from the interview in report form immediately after the interview takes place. They will analyse all of the interviews, emerging themes and produce a written analysis working with the Head of Policy, Research and Communications. The report will be around 30 pages. It will include an executive summary.

A communications/influencing strategy will underpin the communication of these research findings. This will be steered and taken forward by a strategic advisory group working alongside affected parents.

Competency of researchers

The Head of Research, Policy and Communications is leading this project. Interviews will be carried out by the Parent Participation Researcher using clear guidelines and protocols. The Head of Research, Policy and Communications has:

- Qualifications in communications and leadership, including a BA(Hons) in English and Media, and is an experienced published writer.
- Has supported organisations to communicate their research, learning and evidence of impact to influence positive strategic change for children and families.
- Chaired a multi-agency evaluation task group to develop a programme of support to enable statutory and voluntary organisations to evaluate and evidence the impact of their work.
- Developed and project managed consortia community awareness campaigns.

Appendix 2

- Managed the development of robust policies and procedures, including around data protection and informed consent.
- Been commissioned to evaluate a regional Big Lottery funded infrastructure project.
- Several years' experience of working alongside individuals directly affected by the issues they wish to campaign against.
- Co-ordinated and set up voluntary sector forums focused on CSE, worked to influence policy, and attended Level 4 Accredited Child Sexual Exploitation training

The Parent Participation Researcher has:

- BA Honours Degree in History and Creative writing
- Counselling certificate
- Studied women for peace, women building peace in communities
- Over a decade of experience around supporting people impacted by CSE- as a young people's outreach worker at a CSE project Genesis, and nearly 10 years at Pace as a senior national parent support worker
- Facilitates arts projects with young women
- Writer involved in community theatre.

Relations with, and responsibilities towards, research participants

Researchers are responsible for ensuring that the physical, social and psychological well-being of research participants is not adversely affected by their involvement in the research. Disparities of power and status between researchers and participants will be addressed within the research design, methods and dissemination. Researchers will strive to develop relationships with participants based on equality, respect and trust.

Selection, inclusion and exclusion

No parents will be discriminated against. Pace will ensure it will meet any support needs to enable all parents invited to take part in this research to participate effectively.

Both samples will not include parents supported by the Parent Liaison Officer programme through which parents receive group support via parent support workers embedded within multi-agency teams. This is because this research project focuses on areas where parents do not have the support of a Pace Parent Liaison Officer embedded within a multi-agency team delivery a relational model of working.

Voluntary, informed consent of participants

Participants only take part if they choose to do so and an informed consent procedure is in place. All participants have the right to withdraw their consent at any time before and during the interview, and up to four weeks after the interviews take place. This is explained fully in information provided to participants when they sign their consent form. For focus groups, participants can withdraw before the discussion takes place and during the focus group discussion. These forms are attached to this document.

Participant comfort and security

The interviews will take place at pre-arranged time chosen by the participant. Participants will be made aware at the start of the call that they can speak to a member of the National Support Team if they feel they would like to talk to someone/need support after taking part.

Anonymity, privacy

Pace will never identify any parent taking part in this research project within the report. Pace will also ensure their child cannot be identified. No data linking individuals to the research document will be stored in the same place. All research data will be stored in a password protected file, and stored securely in a locked cupboard.

There will be a report in 2019 detailing the findings of this research. This will be based on parent interviews and the focus groups. There may also be a campaign and subsequent communications work which will include presentations, other publications, events and social media coverage related to the report. We may use some of parents' words in that report, but we won't use their name. Where quotes or specific examples are to be included in any public materials, any details that may be potentially identifiable will be changed.

Confidentiality

The interview data will be anonymised. Parents will never be referred to by name, or in any other way that identifies them, in any reporting of the research findings. The only instance where confidentiality would be broken would be where someone was thought to be at risk of significant harm. Any notes or voice recordings made with participants' names on will be kept in a locked file or password protected on the computer.

Recording and storing data

Interviews will be recorded digitally, unless parents choose otherwise. These recordings will be stored electronically in a password protected file. Any notes will also be stored in a password protected file. Parents names will not be published on these documents. Hard copies will be stored in a locked cupboard. Dictaphones will also be stored securely in a locked cupboard when they are not in use. All data, recorded or written will be destroyed 1yr from publication in November 2020.

Concluding relationships

The Parent Participation Researcher will explain their role to the parent in advance and before the interview begins. They will advise that they can speak to a member of the National Support Team after their involvement in the research project if they choose to do so. At the end of the research, participants will receive a thank you letter. They will also receive an electronic copy of the report, and a hard copy if they prefer. Following this, parents will receive regular updates in relation to how the research is being used up to and including its dissemination campaign.

Recognition of time and effort

Ensuring parents recognise how they are valued will be prioritised at the start of the session, and in all pre-communications and those distributed after the report. Pace's strategic Parent Action Group will also be recognised in all communications as the group which has prioritised the need for this research project to take place.

Pace will thank participants for taking part when the interview is booked and at the end of the interview, and Pace will ensure they communicate to parents how much their involvement in this project is valued.

Feedback

As above. Pace will send regular updates to all project stakeholders including but not limited to:

- Its Parent Action Group members.
- Pace team.
- Board of Trustees, and SMT.
- Key partners identified as part of the influencing strategy which will be developed alongside this campaign.
- Key funder related to this work.
- Advisory group (a strategic group to be developed to support the communication of the research findings, and strategic change)
- DMSS

Dissemination

- Pace will develop a communications and influencing strategy designed to influence strategic change for families, aligned with the research findings. The development and roll out of this communications activity will be led by a strategic advisory group being developed in 2019.

Responsibilities to self

When planning and carrying out research, researchers will make every effort to safeguard their own safety and seek necessary support to help them deal with the emotional effects of conducting the research.

Safeguarding own safety

All researchers will receive regular supervision and be able to speak with a member of the National Parent Support team following the call if they choose to do so. There will be an open-door policy if any researcher needs to speak to their manager following a research interview/call.

Considering potential impacts of carrying out research on self

No researcher will carry out more than two interviews per day. They will be advised to consider self-care, appropriate support methods will be put in place and they will be advised of the open door policy to speak to their manager if they need to do so.

Relations with, and responsibilities towards colleagues

Throughout the research process, researchers will ensure that their own conduct does not lead to negative consequences for others. They will appropriately acknowledge the contributions of colleagues.

Considering consequences of behaviour when carrying out research

This will be managed through researchers clearly outlining their research role with the parents they work with, as part of the interviews and focus group session.

Acknowledging contributions of colleagues

Pace will acknowledge all contributions. This includes as set out in the information sheet that the need for this research has come through our National Support Team support service, and prioritised by our Parent Action Group to create positive change for children and families.

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