

Supporting parents of sexually exploited young people **An evidence review**

Sara Scott and Di McNeish, DMSS Research



About the authors

Di McNeish and Sara Scott run DMSS Research (www.dmss.co.uk), an independent company specialising in research and evaluation in child and family services, gender, violence and abuse. They have been conducting research in the field of child sexual abuse and exploitation for the past 20 years.

About the Centre of expertise on child sexual abuse

The Centre of expertise on child sexual abuse has been established to help bring about significant and system-wide change in how child sexual abuse is responded to locally and nationally.

We will do this by identifying, generating and sharing high-quality evidence of what works to prevent and tackle child sexual abuse (including child sexual exploitation), to inform both policy and practice.

The Centre is funded by the Home Office, led by Barnardo's, and works closely with key partners from academic institutions, local authorities, health, education, police and the voluntary sector.

Contents

Executive summary	4
1. Introduction	7
1.1. Methodology	8
1.2. Context	8
2. Evidence from the family support literature	10
2.1. Key principles of good practice	10
2.2. Theories underpinning parent support	11
2.3. Access to support	14
3. Parenting teenagers	17
3.1. Adolescent development	17
3.2. Gender, adolescence and risk	18
3.3. Parent-teenager relationships	20
3.4. The support needs of parents of teenagers	21
3.5. Promising interventions to support parents of ‘troubled’ teenagers	23
3.6. Interventions to support parents of sexually abused children and young people	26
4. Parenting sexually exploited young people	29
4.1. Impact of CSE on the family	29
4.2. What parents find helpful – lessons from PACE	30
4.3. Effective approaches to supporting parents – lessons from recent evaluations	33
5. Summary and conclusions	37
5.1. Lessons for practitioners and service managers	37
5.2. A needs-led framework	38
References	40

Executive summary

This review focuses on what is helpful in enabling parents to maintain or rebuild positive, supportive relationships when their child has been sexually exploited. It is also relevant to situations where serious concerns exist about exploitation. It is intended for practitioners working in specialist services, child protection and universal services in order to inform better professional responses.

The focus of this review is parents rather than the broader category of parents and carers. Whilst the content will be highly relevant to others working with and caring for sexually exploited young people, it does not specifically address the support needs of foster, residential or other non-parent carers.

Research in this area is relatively new and studies are small in scale. The review therefore draws on the more extensive literature on parenting support in general, evidence from research about the needs of parents when a child is sexually abused, and evidence concerning support for parents of a range of 'troubled' teenagers.

Child protection has traditionally focused on abuse and neglect within the family. From the late 1990s a number of voices, particularly within voluntary organisations, began to identify the sexual exploitation of young people outside the family and to advocate for this to be taken seriously as a concern for child protection, and for services working with children and families.

Although CSE is now accepted as a major safeguarding concern, there can be a mismatch between the perspective of statutory services and the needs of families when a young person is sexually exploited. There are three main reasons for this:

1. Approaches to safeguarding have largely been developed with younger children in mind, and the needs of teenagers – and parents of teenagers – are different.
2. Responses to safeguarding children have developed on the basis that most abuse occurs within the family, and this has led to a 'default position' of seeing parents more as part of the problem than as partners in protecting their children.
3. The development of specialist CSE services has tended to focus on the young person as an individual rather than developing a family-based approach. As a consequence, parents of sexually exploited young people have tended to be overlooked by services or seen as at least partially to blame.

What are the key messages from the evidence?

There is a wealth of evidence pointing to the significance of parents in the lives of young people and the importance of parenting to outcomes, even where parent-child relationships are on the verge of breaking down. It is vital that services support the role of parents in supporting their children.

When their child is sexually exploited, or there are serious concerns about CSE, many parents will be encountering services and systems for the first time – and where parents have had previous contact with services, the focus is likely to have been quite different. What parents want in this situation are respectful, honest relationships with professionals who have some appreciation of what they are experiencing.

Parents want to increase their understanding and confidence in safeguarding their child, rather than to be blamed or stigmatised. They value support that enables them to reflect on their own experiences and share these with other parents.

Parents who miss the early signs of CSE may not realise that they need support until the situation becomes very serious, whilst those who attempt to ‘flag’ early concerns about CSE need to be taken seriously; support therefore needs to be available to parents whenever they most need it.

Furthermore, support to parents needs to be provided in tandem with effective support to their child, and the two should be integrated whenever possible. One of the biggest sources of distress for parents is their child not getting the help they need.

Parents are likely to need support across four areas:

- **Their relationship with their child**, and particularly understanding teenage development, what makes their child vulnerable, how perpetrators groom and control, their role as parents, and how parenting can help.
- **Their own emotional needs**, including dealing with the trauma of CSE, the impact of their own past experiences, and parents’ relationships with each other.
- **Dealing with systems**, including understanding how police, legal and child protection systems work, and having someone who can advocate for parents.
- **Building their resilience**, including identifying sources of support in the wider family and community, and accessing the professional and peer support they require.

What are the implications?

The principles that underlie any effective family support are equally relevant to supporting parents of sexually exploited young people. Key amongst these are:

- seeing parents as partners in safeguarding
- taking a whole family approach, involving fathers as well as mothers, and addressing issues with adult-child and adult-adult relationships
- keeping a focus on outcomes, particularly the safety and wellbeing of children and young people
- making access to support as easy as possible
- planning support that is flexible and addresses the assessed needs of families
- applying a strengths-based perspective which recognises and values the resilience factors in families’ lives
- joining up support across agencies to avoid duplication and identify gaps in provision.

In addition to operationalising these principles, effective support for parents whose child is sexually exploited needs to:

- recognise the ongoing trauma that parents are likely to experience, and how this may also trigger distress over past experiences of their own
- be aware of the shame and stigma that they may feel, and challenge rather than reinforce this
- appreciate how they can become isolated through trauma and stigma from family and friends, and help them recover and build new support networks.

1. Introduction

This review was commissioned by the Centre of expertise on child sexual abuse to synthesise the evidence relevant to providing effective support to parents of sexually exploited young people. A whole range of professionals have contact with parents in the context of CSE and have an opportunity to provide support. This review is therefore intended for a multi-agency audience.

The review's focus is limited to 'parents' rather than the broader category of 'parents and carers'. Learning from this review will of course be relevant to other caring situations, but should be considered in light of this limitation.

Although there are cases of CSE where parents or other family members contribute directly or indirectly to the sexual exploitation, most CSE is perpetrated by other parties and involves manipulation and deceit by them. This review focuses on meeting the needs of parents who, after learning or suspecting that CSE may be taking place, want to support and safeguard their child.

Positive relationships with parents are important protective factors in young people's lives. Positive relationships with their teenage children are just as important to parents themselves. The ultimate focus of the review is therefore the evidence of what is helpful in enabling parents to maintain or rebuild good relationships where a child has been sexually exploited or serious concerns exist. Effective support to parents presents opportunities to address new or further exploitation early, and to improve recovery from the impacts of exploitation where it has already occurred.

There is only a very limited amount of research that specifically addresses the needs of parents when supporting a young person who has been sexually exploited; therefore the early sections of this review draw on the more extensive evidence on parenting support in general. We identify transferable knowledge about 'what works' and evidence concerning support for parents of other 'troubled' teenagers. In the final section, we focus specifically on the available evidence from research and practice on supporting parents of sexually exploited young people.

The core questions we consider are as follows:

- What are the key principles of good practice in supporting parents/families?
- What do we know about what works in supporting parents of troubled teenagers?
- What transferable learning is there for supporting families where CSE is a concern?
- What specific evidence is there concerning support for parents when a child is sexually exploited?

The review is divided into three main sections covering:

- evidence from the family support literature
- evidence relating to the parenting of teenagers
- specific evidence on supporting parents of sexually exploited young people.

1.1. Methodology

We conducted a search of a broad range of potential sources of evidence, including:

- published research and research in progress
- data available on UK government websites
- 'grey literature', e.g. organisational reports and websites.

Our search strategy included:

- a search of websites including those of relevant UK government departments (e.g. Home Office, Department for Education, Ministry of Justice, Department of Health), voluntary organisations and think-tanks
- a search of the following databases:
 - COPAC
 - ASSIA
 - Google Scholar
 - ProQuest Dialog (includes Australian and British Education Index)
 - Scopus (covers nearly 20,500 titles from over 5,000 international publishers)
 - IBSS
 - Cochrane
 - SCIE.

The parameters of the search strategy were literature with a specific focus on 'parents' and 'child sexual exploitation'. We also scanned for studies of parenting in adversity (particularly with 'troubled teenagers') published in the English language since 2000, supplemented by a selective review of any significant literature since 1990 (identified primarily through citations). We reviewed the available evidence on the characteristics of interventions that aim to provide support to parents, and summarise findings on their effectiveness.

1.2. Context

The rise in concern about the sexual exploitation of young people can arguably be seen as having significantly changed the face of children's safeguarding. Traditionally, child protection has focused almost exclusively on abuse and neglect within the family. From the late 1990s a number of voices, particularly within voluntary organisations, began to identify the sexual exploitation of young people outside the family and to advocate for this to be taken seriously as a concern for child protection and for services working with children and families. Prior to this, teenagers were likely to be thought of as 'young prostitutes' or 'rent boys' who were selling sex by choice.

The last 20 years have seen an increase in the number of specialist workers/services specifically focused on CSE, as well as some increase in awareness amongst more universal services and practitioners such as school nurses. We have learned more about how perpetrators operate and the factors that make young people particularly vulnerable, although there is still much that is not known. Today child sexual exploitation is accepted as a major safeguarding concern, but we suggest that there is often a mismatch between the perspective of statutory services and the needs of affected families, for three main reasons.

First, it is widely acknowledged that approaches to safeguarding have largely been developed with younger children in mind, and that the treatment of teenagers needs to be different (Hanson and Holmes, 2014). Second, responses to safeguarding children have developed on the basis that most abuse occurs within the family, and this has led to a 'default position' of seeing parents more as part of the problem than as partners in protecting their children. Third, the development of specialist CSE services has tended to focus on the young person as an individual rather than developing a family-based approach. As a consequence, parents of young people who have been sexually exploited can be either overlooked by services or seen as at least partially to blame. If parents have had previous contact with services because of family difficulties, the latter may be even more likely.

What works in supporting parents whose child is sexually exploited is not a straightforward question. These parents may encounter services and systems not because of their own behaviour, but because of the actions of an external perpetrator. Some will have had no contact with services prior to their children being sexually exploited; others will have done, but the focus of that contact is very likely to have been different. They do not fit into either of the traditional 'family support' or 'child protection' boxes, but there are important lessons that can be derived from both of these fields.

2. Evidence from the family support literature

Most research evidence about supporting parents lies within the general literature about supporting families. In this section, we provide an overview of the main lessons from this literature that are likely to be relevant to supporting parents of young people affected by CSE. Much of the research focuses on supporting parents of children in the early years; we have largely omitted this from our review and focused mainly on what the research says about supporting parents of vulnerable teenagers.

We consider what the evidence can tell us about:

- the key principles of good practice in supporting parents
- the most relevant theories underpinning good practice
- the levels of support that may be provided to parents/families
- effective ways of engaging parents.

2.1 Key principles of good practice

There are several principles commonly highlighted in the policy literature as being needed to underpin parent/family support. These have generally been derived from research and other sources of evidence, such as consultations with parents and practitioner expertise. Whilst these principles derive from the general family support literature, they can be seen as equally relevant to those seeking to support parents of sexually exploited young people.

The key principles can be summarised as follows:

- **Seeing parents as partners** in safeguarding and promoting the wellbeing of children and young people, and involving them in the planning and delivery of services (Munro, 2011; Davis, 2007).
- **Taking a whole family approach**, including taking account of the wishes and feelings of children and young people alongside those of parents; involving fathers as well as mothers; meeting the needs of adults as well as children; and addressing issues with adult-child and adult-adult relationships (Social Exclusion Task Force, 2008).
- **Keeping a focus on outcomes**, particularly the safety and wellbeing of children and young people.
- **Planning support around the assessed needs** of families, aiming for the minimum necessary intervention and making this flexible in respect of timing, setting, and changing needs and circumstances (Barlow and Schrader McMillan, 2010; Allen, 2011; Munro, 2011).
- **Making access to support as easy as possible**, including through self-referral and a variety of referral routes, including via universal services.
- **Applying a strengths-based perspective** which recognises and values the resilience factors in families' lives. This includes using and strengthening informal and peer support networks (Ghate and Hazel, 2002; Gardner, 2003; Smith and Davis, 2010).

- **Ensuring support services are inclusive** and reach all those who might need them, including families from black and minority ethnic (BME) communities (Chand and Thoburn, 2005), disabled parents and those in both rural and urban areas.
- **Joining up support across agencies** to minimise duplication and avoid parents/families falling through the gaps between services (Frost and Parton, 2009).
- **Making the best use of evidence** in developing support services.

Chaskin (2006) suggests that these principles need to be integrated into:

- an underpinning value base which is strengths-based and inclusive and focused on prevention
- a framework for service provision based on prioritising partnership and the strengthening of informal supports
- practice which is needs-led and flexible.

2.2 Theories underpinning parent support

There is no distinct theoretical foundation for parent support services. However, Devaney et al (2013) identify five broad theoretical perspectives as relevant:

Social support: The relevance of social support theory to supporting parents/families has been highlighted by a number of writers (Ghate and Hazel, 2002; Gardner, 2003; Dolan et al, 2006). There is good evidence of the value of social networks that provide practical and emotional support in enabling parents to cope with stress (Eckenrode and Hamilton, 2000; Pinkerton et al, 2004). For most people, social support is accessed through informal relationships with family and friends. Key features are that it is naturally occurring, non-stigmatising, available outside nine-to-five hours and cheap.

It follows that, in supporting parents, practitioners need to consider how to foster and nurture parents' social support networks. However, it is important not to assume that all family and community networks are positive or capable of meeting all parents' support needs (Sheppard, 2009).

Resilience: Resilience is a person's ability to withstand stress and to adapt positively to life's adversities (Rutter, 1985; Ungar, 2005). Rutter identifies factors associated with resilience, including self-esteem and confidence, a belief in one's own self-efficacy, ability to adapt to change and having a range of problem-solving approaches. Research suggests that more resilient individuals tend to have the following factors in their lives: a positive experience of parenting, a close social support network and a positive educational experience. For young people growing up, other important elements are a good relationship with at least one trusted, reliable adult, and having a range of opportunities to develop an understanding of one's social world and to practise problem-solving (Newman, 2004). It follows that support services need to find ways of promoting these factors, with a particular emphasis on building and strengthening parent and carer capacity (Luthar and Zulazo, 2003). However, levels of resilience are not static and will be impacted by what is happening in a young person's life at any particular point (Hanson and Holmes, 2014).

For some parents, an important element in building this capacity is support for the parents' relationship with each other. The quality of parents' relationships is increasingly recognised as an important influence on how effectively they parent their children. A recent evidence review (Harold et al, 2016) noted that parents/couples who engage in frequent, intense and poorly resolved inter-parental conflicts put children's mental health and long-term life chances at risk. This indicates that, in supporting parents, attention needs to be given to the couple's relationship as well as the relationships between parents and children.

Attachment: Attachment theory emphasises the importance of young children forming a close emotional relationship with a parent or carer, and holds that the quality of attachment has a lasting effect on emotional functioning, personality development and other personal and social relationships throughout childhood and into adulthood (Howe, 2005, 2011). A lack of secure attachment is correlated with emotional distress, antisocial and aggressive behaviour and feelings of rejection. Parents who themselves lacked attachment in childhood may experience more difficulties in fostering secure bonds of attachment with their own children (Howe et al, 1999). It follows that support services should aim to support parents in forming close bonds with their children, but where there are difficulties in parental attachment it may also be important to pay attention to supportive factors in the child's wider family and social network which can help mitigate the effects of poor attachment (Green, 2003).

Social ecology/systems theory: Social ecology theory views the family as a system in which the care and development of its members occurs. The family is also part of wider systems of community, organisations, and the broader social and political environment. Social ecology theorists emphasise the importance of understanding the interaction between individuals and these wider systems (Bronfenbrenner, 1979), and the ways in which these interactions shape their lives. It follows that, in supporting parents, practitioners need to be aware of the family and community in which individual parents function, and take account of the prevailing norms and culture of the systems they are part of.

Social capital: Linked to social ecology theory, social capital refers to the advantages people have through their relationships, networks and social connections. It often derives from the mutually supportive relationships people have with the community, but children can also be seen as deriving social capital within families through the time, effort and energy invested in them by their parents (Coleman, 1988). It follows that support services need to explore ways of developing and capitalising on the social capital that families have, and consider approaches to bridging gaps in social capital by supporting families to create new social networks.

Both the social ecology and social capital perspectives have strong links to strengths-based or asset-based approaches to family support, which start with an assumption that families have strengths and, with support, are capable of finding solutions to their problems (e.g. Saleebey, 2006). These approaches aim to build on the strengths of families; proponents argue that they benefit families by influencing their engagement in support, by increasing family efficacy and empowerment, and by enhancing their social support networks (Green et al, 2004).

Implications for parents of sexually exploited young people

The theories underlying support services for families can provide a useful framework for considering the needs of parents of sexually exploited young people.

When supporting parents of sexually exploited young people, practitioners from the range of agencies that support or intervene with children and families need to start with a focus on the strengths/assets of parents, and avoid assumptions of deficit or blame. These strengths will include parents' social support networks and personal resilience factors, but the extent to which parents have these in their lives will vary.

Social support networks for such parents are extremely important, but practitioners need to be aware that, for some parents, the stigma associated with sexual exploitation and the lack of understanding they may encounter within their wider family/community can be barriers to them accessing informal support. Practitioners also need to be mindful of the prevailing norms and culture of the family and community, and how these are likely to impact on parents' responses and coping mechanisms.

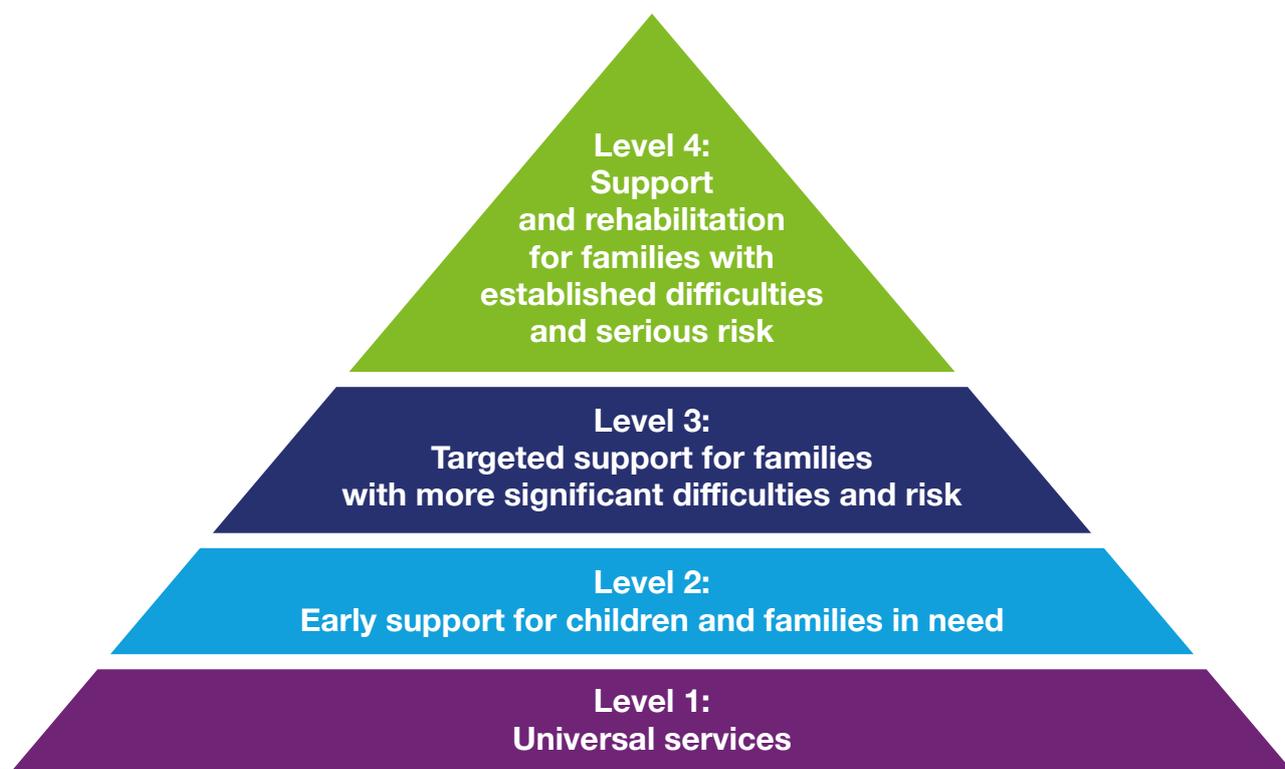
There is little doubt that the resilience of parents of sexually exploited young people will be tested. Parents' capacity for coping will be influenced by their own circumstances and their past experiences, and they will have different resilience factors in their lives. Support needs to acknowledge these aspects of parents' own experience and the implications for their coping strategies. They may also need opportunities to identify resilience factors in their child's life and develop strategies to help reinforce these.

Parents of sexually exploited young people will also have different experiences of attachment, both from their own childhood and as parents. Strong early attachment between parent and child is likely to be a major protection against relationship breakdown. Conversely, where attachment was already problematic, sustaining a positive parent-child relationship in the context of CSE will be much more challenging.

2.3 Access to support

Support services can be provided at different levels, in response to stage of need or problem development (see Figure 1).

Figure 1. The four levels of support



Adapted from Hardiker et al (1991)

A tiered approach to thinking about support, complemented by awareness of the importance of connectedness across tiers, can inform decisions about what sort of support should be provided to whom. The challenge is determining what should be provided at each level and what the criteria should be for deciding who is eligible for what support. Definitionally, universal provision should be quite straightforward. These are the services such as libraries and leisure centres that are open to everyone. However, there is considerable variation in what is available universally. For example, children's centres were for a time commonly open to any parent with a young child; this is not usually the case today. Additionally, the threshold criteria for services at level 2 and above can vary substantially between areas.

Reviews of messages from research (Davies and Ward, 2011) and from families themselves (Easton et al, 2013) suggest that thresholds for access to children's social care are often too high. The Allen and Munro reviews (Allen, 2011; Munro, 2011) both emphasised the importance of earlier intervention with families to prevent the escalation of risks to children and young people's wellbeing. Hence, the revised Working Together Guidance (Department for Education, 2013) focused on the collective responsibility of all agencies to identify, assess and provide effective targeted early help services, and placed a duty on Local Safeguarding Children Boards (LSCBs) to put in place agreed threshold criteria so that all professionals are clear when it is their responsibility to help families as difficulties emerge. However, an

Ofsted (2015) thematic inspection of early help found that, although local authorities had arrangements in place to provide early help to families, and partner agencies were committed to improving the coordination of the local early help offer, there were still some serious flaws in the system. Help was still not being provided early enough for many families, assessments were often poor and support was not well planned. There was generally inadequate follow-up to assess the outcomes of support and, whilst LSCBs had published threshold criteria, there was insufficient oversight or evaluation of the effectiveness of early help.

A conclusion that can be drawn from this is that, although there is a growing commitment to providing early help to families, there is still a long way to go before we can be confident that all families who need such support will have access to it. At the same time, there have long been concerns that some parents who need support are reluctant to seek or accept it. These two factors combined mean that it is very likely that many parents will not access support until their difficulties are very acute.

From her qualitative study of parents' attitudes to seeking help, Broadhurst (2007) concludes that for many parents the first port of call for family problems is their own family – and that, if they are unable to get support in this way, they will frequently see themselves as having nobody to turn to. The very idea of seeking formal support is alien to many families who view formal support services as the last resort.

The more acute the problems and the higher the risks, the less value professionals assign to informal support networks to keep young people safe, and the more likely they are to employ formal safeguarding procedures which alienate rather than support parents (Hanson and Holmes, 2014).

Some parents have been identified as facing additional barriers to accessing support. Parents in some BME communities may experience language barriers, a lack of cultural awareness on the part of service providers (including a failure to recognise the diversity of BME communities) and, consequently for some groups, an increased reluctance to accept help outside the family (Chattoo et al, 2004; Chand and Thoburn, 2005; Page et al, 2007). Other parents identified as less likely to access support are parents from the armed forces and other very mobile groups (Institute of Public Care, 2015). Research has also highlighted the failure of support services to engage effectively with fathers (Lloyd et al, 2003).

Research reviews have identified the importance of support being provided in the context of a positive relationship between practitioners and parents (Edelman, 2004; MacQueen et al, 2007), and some have shown that better relationships increase the likelihood of positive outcomes (Bell and Smerdon, 2011; Davis and Meltzer, 2007).

Crowther and Cohen (2011) identify several key factors important to maintaining effective relationships with vulnerable parents:

- **Maintaining a child-focused approach.** Keeping a strong focus on the outcomes intended for children and young people; this includes being able to respond promptly and confidently to safeguarding concerns.
- **Supporting and challenging.** Achieving an effective balance of support and challenge; this includes being able to be assertive and persistent and working with parents to identify the areas where they require support
- **Being open.** Being clear and direct with parents from the outset, by providing clarity on the purpose of support, the intended outcomes and how safeguarding disclosures or concerns will be dealt with.

- **Building trust and mutual respect.** Demonstrating credibility and genuineness; being down-to-earth and demonstrating warmth; being reliable and proactive, keeping to agreements and taking actions within set timescales; having the time to get to know parents; and keeping parents informed through ongoing communication.
- **Empowering and enabling.** Working with parents to identify issues, set goals and targets, and develop their own skills and responses to resolving the issues identified.
- **Action-focused practice.** Taking a proactive approach to maintain momentum to the support, ensuring that the focus on goals, targets and outcomes does not slip.
- **Being able to interact positively with young people as well as with their parents.** This helps to break down barriers, putting parents at ease about engaging in the support process.
- **Facilitating parents' understanding.** Helping parents understand terminology, jargon or actions needed, in a way that is not patronising.

Implications for parents of sexually exploited young people

Accessing support is not always easy, and parents of a sexually exploited young person may experience difficulties in getting the support they need, when they most need it. They will face similar barriers to other parents, but these are likely to be compounded by additional factors associated with awareness of sexual exploitation, shame and stigma. For example:

- Parents may miss the early signs of sexual exploitation and not realise that they need support until the situation becomes very serious.
- Providers of support may similarly miss signs of sexual exploitation and therefore assess parents as not meeting threshold criteria.
- For parents from some BME communities, there may be additional barriers to their recognising signs of exploitation and accessing support.
- Parents commonly feel guilt and shame, making them even more reluctant to seek support; for some parents, there may be a 'double stigma' arising from both the sexual exploitation and the need for help from outsiders.

Lessons about effective access and engagement from the general parenting support literature apply equally to parents of young people who are sexually exploited. Interventions need to be experienced as supportive and non-judgemental, not punitive. Parents need consistent, reliable, respectful and honest relationships with key professionals who maintain a clear focus on outcomes for the young person and the parents' role in helping to achieve these.

3. Parenting teenagers

The evidence we have reviewed so far comes mainly from the generic family support literature. As Henricson and Roker (2000) point out, much of the focus on parenting in this literature is on the early years or is undifferentiated. However, there have been a number of reviews focusing on the needs of adolescents (Coleman, 2014; Hanson and Holmes, 2014) and a comprehensive review of the research on supporting parents of teenagers (Asmussen et al, 2007). Understanding adolescence is of critical importance to understanding the vulnerability of young people to sexual exploitation and the challenges facing parents of teenagers.

3.1 Adolescent development

Teenagers undergo a series of physical, cognitive and social transitions, with adolescence being the fastest changing period of development after infancy (Coleman, 2014). Hormonal changes in puberty trigger physical developments, and the adolescent brain goes through a period of increased plasticity which affects how young people conceptualise the world and respond, particularly in relation to risk-taking and reward-seeking (Dahl and Hariri, 2005; Steinberg, 2010). Simultaneously, teenagers face significant social change as they move from relying on their parents to relying on themselves and negotiating new relationships.

Researchers in adolescent development tend to separate this transition into three phases (DeBord, 1999):

- Preadolescence (age 9 to 13) – beginning with the onset of puberty and marked by the most rapid growth spurt.
- Middle adolescence (age 14 to 16) – when the need for independence becomes increasingly apparent.
- Late adolescence (age 17 to 19) – when young people make a gradual shift towards economic and emotional independence from their families.

Individual young people develop differently. For example, the onset of puberty can be from the age of 9 for some girls, but not until 14 for some boys. The period of middle adolescence can be relatively short or long, so that some parents are faced with the issues traditionally associated with the ‘teen’ years when their child is 12, whereas others do not encounter these until much later. Similarly, the age at which young people move towards independence varies considerably.

It is important not to generalise about how young people respond to adolescence, and many young people go through this stage of life with no major difficulties. However, the physical, emotional and social transitions are often stressful for teenagers and are associated with a number of risks (Kelly et al, 2004; Resnick et al, 1997) including academic pressure, engagement in antisocial behaviour, mental health issues, risk-taking including around sex, drinking and drug taking, and unhealthy peer relationships. Vulnerability to these risks starts to increase in early adolescence, tends to peak around the age of 15 and then gradually decreases as the teenager matures (Hanson and Holmes, 2014).

Although in the teenage years young people are more susceptible to peer influence than at any other time in growing up, it is still the case that parents generally exert the greatest influence. As Asmussen et al put it (2007:35):

‘The extent to which teenagers avoid the risks associated with adolescence is largely influenced by a set of educational and sociocultural factors that are determined and moderated by their parents.’

3.2 Gender, adolescence and risk

There is frequently a lack of gender analysis in research and policy literature regarding children and young people. Yet a consideration of the differences between the experiences of young men and women growing up may be crucial in understanding the support needs of parents of teenagers.

In their evidence review on women and girls at risk, McNeish and Scott (2014) argue that gender matters in understanding risk and vulnerability at all stages of the life course because of three sets of interrelated factors: gender and other social inequalities, the different impact of negative life experiences on men and women (in particular violence and abuse), and the different gender expectations they face, e.g. the ways in which boys and girls are expected to behave.

Adolescence is a period of life when gender differences in risk and vulnerability factors come to the fore. As they enter their teens, both boys and girls experience more pressure to comply with gender roles (Berkout et al, 2011), and teenagers develop a stronger concern with their physical and sexual attractiveness. However, studies suggest that, whilst self-esteem decreases for both sexes after the primary years, the drop is more dramatic for girls and that adolescent girls are more anxious and stressed than boys of the same age, suffer from increased depression, and experience more body dissatisfaction and distress over their looks (Johnson et al, 2001).

Whilst boys are susceptible to risks in adolescence, there are some differences in their development and experience which tend to result in different trajectories. The way boys are ‘supposed to behave’ makes them more at risk of accidental injury, getting into fights, being excluded from school and committing offences. Being a girl is a protective factor for these outcomes – but is a risk factor for some kinds of mental ill health and for experiences of abuse in intimate relationships.

At this age, young people can be particularly vulnerable to sexual harassment and abuse from peers within their year group and older. This commonly includes ‘sexting’ (Phippen, 2012; YoungMinds and Ecorys, 2016). Teenagers can feel pressured into getting involved in relationships without having the confidence to negotiate how they are conducted. Although both boys and girls face these pressures, girls are more susceptible. A UK study of intimate teenage relationships found that a third of teenage girls suffered an unwanted sexual act, and 25% of girls and 18% of boys had experienced some form of physical partner violence. Girls reported greater incidence rates for all forms of violence, experienced violence more frequently and described a greater level of negative impacts on their welfare than boys. When girls had an older partner, and especially a ‘much older’ partner, they were likely to experience the highest levels of victimisation. Girls with a history of family violence had an increased likelihood of having an older partner. Overall, 75% of girls with a ‘much older’

partner experienced physical violence, 80% emotional violence and 75% sexual violence (Barter et al, 2009).

Evidence suggests that girls who already have a number of risk factors in their lives are particularly vulnerable between the ages of 12 and 14. It is at this age that any underlying factors (childhood abuse and neglect, domestic violence, parental mental health and substance use, and family breakdown) meet a constellation of immediate risk factors, such as those outlined above. A study of girls in the US youth justice system (Acoca, 1999) found that this was the age at which those girls were most likely to report becoming sexually active, first being sexually assaulted, beginning to use alcohol and drugs, running away and being suspended from school for the first time. It is also during the early teens that girls are most likely to start offending: the peak age for offending behaviour for girls is 15 whereas for boys it is 17. Becoming disengaged from education, running away from home and perhaps entering the care system can rapidly multiply the risks for young people. They can become disconnected from the majority of their peers, from normal routines and from the prospect of college and employment. They are at higher risk of meeting adults involved in drugs and crime, who may offer somewhere to be and a sense of acceptance and belonging. This may result in being propelled into a premature adulthood with the associated risks of sexual exploitation (Beckett et al, 2013).

Gendered expectations are different for boys and may result in less disclosure and less help-seeking behaviour when abuse occurs. Parents and professionals may be less likely to think about boys needing protection from sexual predators, and likely to allow them more freedom than girls. Boys usually come to social and sexual maturity at a later point in adolescence than do girls, and some of their vulnerabilities and routes into exploitative relationships are likely to be different. Rather than the boyfriend model of heterosexual romance that 'hooks' many teenage girls, boys may become involved with an older 'trusted friend'. This could be based on shared (stereotypically masculine) interests such as sports or online gaming. Professionals report that young men may become involved in criminal acts with or for an abuser, such as drug dealing, and this can then be used to discourage them from disclosing CSE (McNaughton Nicholls et al, 2014). Gay, bisexual or curious young men may lack 'safe spaces' to explore same-sex relationships, and experiences of harassment and homophobia may push some young gay men towards secrecy, which can make exploitative same-sex relationships easier to facilitate and hide. The involvement of young men in commercial sexual activity is particularly overlooked within the published literature (Brayley et al, 2014). Historically, male-victim CSE was associated with 'rent boys' – a term now considered inappropriate. This type of exploitation still occurs, but has moved from traditional 'street sites' to more hidden forms of commercial sexual exploitation supported by internet and mobile phone communication (McNaughton Nicholls et al, 2014), making it even more difficult for parents to know what is happening.

3.3 Parent-teenager relationships

A degree of parent/teenager conflict is normal, and research suggests it may even be a necessary part of adolescent development, enabling the young person to practise the successful negotiation of conflict within the context of an otherwise warm and nurturing relationship (Nurmi, 2004).

The teenage years are often depicted as a time of conflict and rebellion, but research suggests that these portrayals exaggerate what actually occurs in most households (Gillies et al, 2001). Most families experience only moderate increases in conflict during the teenage years. Arguments are most frequent in early adolescence and are mostly about relatively minor issues such as tidying up, doing homework and style of dress. High levels of conflict between teenagers and their parents occur in fewer than 25% of all families (Collins and Laursen, 2004). However, where it occurs, serious conflict is associated with more serious risks such as running away, poor educational attainment and negative peer influences. In the majority of such cases, problems between child and parent had already begun prior to the onset of adolescence. For example, children who had an insecure attachment or difficult relationship with their parents at a younger age are much more likely to experience further problems as teenagers, thus making an unstable parent-child relationship even worse (Allen and Land, 1999).

Parenting style appears to be particularly important during the teenage years, with research (Baumrind, 1991) pointing to the benefits of a style of parenting which actively encourages autonomy and responsibility through the following:

- **A democratic style.** Parents surrender some of their own authority and limits are set through mutually agreed decisions. Limits are firmly enforced, however, once they have been established.
- **Warmth, affection and mutual respect.** Parents make clear that they fundamentally value their teenager's opinion and contribution, as well as demonstrating confidence in their child's potential. Parents permit the appropriate rights and responsibilities within this context.
- **An open style of communication.** Parents encourage open discussion during disagreements, and listen to their teenagers before demanding that their teenagers listen to them.
- **Mutual trust.** Parents expect honesty from their children and are willing to give it in return.

Research consistently demonstrates that such a parenting style is a predictor of improved academic performance, a secure identity, higher self-esteem, greater social responsibility and a greater resistance to peer pressure, substance misuse and early sexual activity. This style of parenting is linked to more positive outcomes, regardless of culture or ethnicity (Steinberg, 2001). Parenting styles which are either highly punitive or very permissive are likely to put teenagers at developmental risk.

3.4 The support needs of parents of teenagers

There are some recurring themes in the research on the needs of parents in general which are equally relevant to the parents of teenagers. These themes are the importance of accessible support, of having opportunities to share experiences with other parents, and of services meeting parents' personal needs (Ghate and Hazel, 2002; Moran et al, 2004; Quinton, 2004). However, there are some additional factors in respect of parenting in the teenage years:

- **Insecurities about parenting a teenager.** It is not uncommon for parents to experience doubts about their parenting when their child becomes a teenager, including uncertainty about their parental authority, their understanding of the teenage world, and fears (often compounded by the media) about drug abuse, pregnancy and delinquency (Parentline Plus, 2006). Parents may struggle to respond to the increased risk-taking that is characteristic of adolescence as a developmental stage.
- **Issues associated with parents' own stage of life.** For many parents, having a teenager coincides with midlife, which can bring additional stresses such as career uncertainty and the additional care of a grandparent. Family problems such as divorce and bereavement can also make parenting a teenager more difficult. Neglect can commence once children reach adolescence, e.g. if the parents' difficulties escalate over time leading to neglectful parenting, and/or if support that was mitigating neglect is reduced as the child grows up (Hanson, 2016).
- **Additional challenges in families already facing difficulties.** Some parents face additional stresses such as parenting in poverty. Where parents are already experiencing difficulties such as major family conflict, domestic abuse, mental ill health and/or substance misuse in the family, such issues are likely to seriously impair their ability to parent a teenager effectively.

Asmussen et al (2007) highlight some key lessons for service providers in supporting parents of teenagers:

- **The value of providing parents with information about adolescent development.** Evidence regarding the significant changes that occur in the adolescent brain suggests that parents play a particularly important role during this time of child development, and that quality parenting counts. Knowing about such changes can be very helpful to parents in understanding teenage behaviour.
- **Different services for different needs.** Parents appreciate being able to access support in different ways, and may need support for different issues at different stages. On the whole, parents with pre-teens or younger teenagers are more likely to make use of generically focused support, whereas parents with older teenagers are more likely to want help that is tailored to their individual needs and problems.
- **Prevention/early help.** Well-delivered preventative services can contribute to improved outcomes for teenagers and their parents. This includes some well-evidenced parenting programmes.
- **The ongoing need for targeted and intensive support.** When serious problems develop, there is a need for intensive levels of support which are flexible and responsive to a wide range of needs.
- **Services should provide information alongside giving opportunities for reflection and peer support.** Miller and Sambell (2003) outline three elements in parenting programmes which they refer to as 'dispensing, reflecting and relating.' Parents of

teenagers value all three of these elements – they not only want to know what to do, they also want to understand why they should do it and they value support that enables them to reflect on their own experiences and share with other parents.

- **Parents do not want to be judged or punished.** Parents with teenagers need to feel listened to, not judged or stigmatised. Parents are more likely to benefit from support that builds their confidence rather than highlighting their inadequacies.
- **Support services are likely to succeed if they are:** located in places that are non-threatening, easily accessible and comfortable; provided by agencies that are perceived as less stigmatising (e.g. voluntary and community organisations); open at flexible times which suit parents of teenagers; and offered by staff who combine an informal and non-judgemental approach with a demonstrable understanding of the difficulties faced by parents of teenagers.

Implications for parents of sexually exploited young people

Much of what has been written about supporting parents of teenagers in general is relevant to parents of sexually exploited young people. Providing parents with knowledge and understanding of adolescent development, particularly the different factors affecting boys and girls, may be important in helping them to understand why their child is vulnerable to CSE, identify when their child is at greater risk and understand the processes involved.

Limited knowledge of the teenage world, lack of awareness of their child's emerging sexuality and limited ability to understand how young people use social media can leave some parents in ignorance of the risks faced by their son or daughter until they become all too obvious.

Parents of sexually exploited young people are likely to face challenges in maintaining a positive relationship with their child. Supporting parents to adopt an appropriate parenting style at an early stage may be helpful in reducing the risk of sexual exploitation. Helping them to maintain this approach may be important in rebuilding fractured parent/teenager relationships.

However, there are situations where sexual exploitation occurs despite good levels of parental awareness and positive parenting styles. It should always be remembered that perpetrators of CSE deliberately set out to undermine intra-familial relationships between adolescent children and their parents. Adolescence is a period of life when parental influence diminishes, and perpetrators of sexual exploitation capitalise on this. In these circumstances, the principles of accessible, non-judgemental and strengths-based support to parents are more important than ever. The lessons outlined above for service providers in supporting teenagers are equally pertinent for parents of young people affected by CSE.

3.5 Promising interventions to support parents of ‘troubled’ teenagers

There are very few studies that focus specifically on programmes to support parents of sexually exploited young people, but there are a number of reviews of ‘what works’ in supporting parents facing difficulties, including some that include interventions with parents of ‘troubled’ teenagers such as those with conduct disorders or offending behaviour. We summarise these in order to identify transferable lessons of relevance to parents of sexually exploited young people. Whilst we focus here on specific interventions, it is worth noting that these do not encompass other, more general opportunities for support, particularly in universal settings (such as through school nurses or general practitioners).

Helplines/online support

Widely available forms of parenting support include information available online and telephone helplines. Montgomery et al (2007) reviewed the range of media-based interventions to address behavioural problems in children, and noted that in some cases these may be sufficient to help parents requiring information or seeking advice with relatively low-level difficulties. Where parents are experiencing significant problems, easy access to information may not be enough, but it can still play a valuable role. A recent US study of telephone-based contact with other parents for parents of teenagers with emerging behavioural and emotional difficulties found the approach to be an effective means of providing support (January et al, 2016). The ability of such programmes to work with and retain participation with a group of parents who typically are difficult to engage has been demonstrated (Kutash et al, 2011).

Parenting programmes

A number of structured parenting programmes have been subjected to rigorous evaluation and meta-analysis (e.g. Barrett, 2010), and some have consistently reported positive results including for parents of more troubled teenagers. These include the following:

- **The Adolescent ParentWays programme** was developed in the USA for parents of youth experiencing social/behavioural issues; it focuses on enhancing parent-adolescent relationship quality, increasing parental knowledge about adolescent development and parental monitoring of adolescents, and reducing both parent and adolescent stress. It is provided as either an online or face-to-face 10-week parent training programme. The face-to-face programme was associated with an improved overall parent-adolescent relationship, increased parent knowledge about adolescent development, improved relationships with adolescents, and lower perceptions of their teenagers as being difficult. Similar positive results were found for the online-only programme, although these were smaller in magnitude (Taylor et al, 2015).
- **Triple P Positive Parenting Programmes** are some of the most commonly used, and most researched, programmes aimed at parenting skills. The target age for the programme ranges from infants to teenagers, with specific programme approaches for different age groups. The programmes have been very extensively evaluated, including for parents of teenagers (McConnell et al, 2012; Ralph and Sanders, 2006). Triple P is a multi-level strategy which aims to prevent behavioural problems in children by focusing on establishing effective parenting practices in families and improving communication

between family members. It is based on a social-learning perspective which sees a child's behaviour as a product of their environments and parenting experiences, and takes an ecological approach incorporating a holistic view of child development (Sanders et al, 2002). Overall, there is evidence that the Triple P programme shows positive child outcomes in the following areas: fewer behavioural problems, increased self-esteem, and fewer emotional and psychosocial problems. Positive outcomes for parents include lower levels of parental stress, depression and anger; increased use of positive parenting methods and decreased coercive parent practices; improved parent-child relationships and communication; reduced marital conflict; reduced need for child placement; and high levels of satisfaction with the programme (Ghate et al, 2008).

Whole family interventions

There are a number of interventions aimed at the whole family rather than just the parent or the young person alone. Many of these are aimed at families with younger children, but there are some that work across age ranges:

- **Strengthening Families Programme for Parents and Youth (SFP)** is a family skills training programme that involves both parents and children. The programme has been adapted to many age ranges including teenagers. The shorter version (such as the seven-week 10–14 years programme) is suitable for all families, and the longer versions (such as the 14-week 12–16 years programme) are targeted at 'high risk' families. SFP is designed to reduce multiple risk factors for later alcohol and drug use, mental health problems and criminal behaviour by increasing family strengths and young people's social competencies, and improving positive parenting skills. It focuses on building family protective factors such as parent-child relationships, communication, cohesion, social and life skills, resisting peer influences, family organisation and attachment, and reducing risk factors such as conflict, excessive punishment, family drug and alcohol abuse, truancy and depression. Randomised control trials have found that the programme consistently improves outcomes for both parents and children, maintained after a five-year follow-up (UNODC, 2010). The full SFP (comprising Parent, Child and Family components) reduces alcohol and drug use – or the likelihood of initiation of alcohol or drug use – by parents and older children, improves protective factors and reduces risk factors predictive of later problem behaviours.
- **Family Group Conferencing** originated in New Zealand in the 1980s and aims to place the family at the centre of decision-making in issues of child welfare. Evaluations have found generally positive perceptions of the service (e.g. Crampton, 2007; Brady, 2006; Kemp et al, 2005) and some measurable positive outcomes, including better school attendance, children being returned home from care, better use of professional services by families as a whole, improved communication within families, and less risky behaviour from children. However, the evidence base for family group conferences (FGCs) is still developing, and some studies have shown no discernible positive outcomes for either children or their families; reasons for this include a lack of engagement with the intervention or with implementing decisions made. Longer-term success seems likely to depend on the commitment of the families themselves and ongoing support from external agencies (Frost et al, 2014). Recent evaluation of the use of FGCs for more 'at risk' families, including those affected by domestic abuse, shows some promise (Mason et al, 2017).

Therapeutic interventions

There have been a number of reviews of interventions aimed at families facing serious difficulties, including those where young people are in care or at risk of entering care or involved in gangs (Shute, 2013):

- **Multi-Systemic Therapy (MST)** is an intensive, home-based therapy intervention for young people aged 10–17 with social, emotional and behavioural problems, and their families (Littell et al, 2005). This short-term (four to six months) therapy aims to reduce substance misuse and offending in young people, and is based on an ecological perspective that takes account of individual, family, neighbourhood and wider social factors which can influence antisocial and delinquent behaviour. The therapy has been used primarily in the USA, where it was developed, but also in Ireland, Sweden, Denmark and the UK (UNDOC, 2010). National Institute for Health and Care Excellence (NICE) guidelines report a relatively large evidence base, with consistent evidence for reducing offending for up to 14 years follow-up (Brodie, 2012).
- **Functional Family Therapy (FFT)** is a systemic family prevention and intervention therapeutic programme, used successfully to treat young people and their families coping with relationship issues and emotional and behavioural problems at home, at school, and in the community. Aos et al (2006) analysed seven rigorous evaluations of this programme in the USA and found that FFT programmes are successful in reducing young people's re-offending rates.
- **Multidimensional Treatment Foster Care (MTFC)** was developed in the early 1980s in the USA, designed as an alternative to institutional, residential, and group care placements for young people with severe and chronic criminal behaviour. Subsequently, the model has been adapted for use with children and adolescents who have severe emotional and behavioural difficulties. Young people involved are placed to live with foster carers, who have been trained in implementing the programme, for a period of six to nine months. During this time, wrap-around support is provided to the young person in every aspect of their lives, as well as to their birth family and foster carers. The aims of MTFC are to enable young people to live successfully in families rather than in group or institutional settings, and to simultaneously prepare their parents, relatives or other aftercare resources to provide them with effective parenting so that the positive changes can be sustained. Evaluations conducted in the USA and Europe have shown improvements in youth criminal behaviour and incarceration rates, youth violent offending, youth behavioural and mental health problems, disruption of placements and running away (Macdonald and Turner, 2008). However, a randomised control trial in the UK of MTFC for adolescents in care found no evidence of better outcomes between the intervention and control group who received 'care as usual' (Green et al, 2014). The evaluators concluded that the intervention may be more beneficial for young people with antisocial behaviour, but less beneficial for those without.

Implications for parents of sexually exploited young people

None of the evidence-based interventions reviewed above has been evaluated with parents of sexually exploited young people. However, there is potential for them to have value for such parents.

By the time many parents of sexually exploited young people access support services, their circumstances have become very difficult indeed. In such a context, the offer of online or phone support may seem insufficient and inappropriate. However, the above evidence suggests that even parents who are struggling with very difficult situations can derive benefit from easily accessible support, such as that offered by helplines and online provision. Important advantages are that parents can access such support at times when they need it.

Similarly, an offer of a parenting programme may not be welcomed at a time of acute crisis. But again, the above evidence suggests that even parents facing major difficulties can benefit from a well-run, well-evidenced programme, particularly if such support is combined with opportunities for parents to participate alongside those in similar situations.

Some of the other interventions outlined above were developed for use with young people and parents facing serious difficulties, particularly families affected by conduct disorder and offending. The evidence is not directly transferable to parents of young people who have been sexually exploited, but elements of these programmes can inform the development of more intensive support to families affected by CSE.

3.6 Interventions to support parents of sexually abused children and young people

There is a substantial literature on the needs of non-abusing parents in cases of child sexual abuse (CSA), the difficulties they are likely to experience and the forms of support that are most helpful. Most of the research relates to parents of younger children rather than adolescents, and much of it is focused on the specific experience of non-abusing mothers whose child has been abused by a partner or other family member. However, there are some clear messages that are transferable to the support of parents whose child has been sexually exploited.

Following a disclosure of CSA, most parents experience psychological and emotional distress (Elliott and Carnes, 2001), which is often overlooked by professionals. Parents have described the disclosure of CSA as a major life crisis (Humphreys, 1995; Lipton, 1997) and they may experience the effects of their child's victimisation for several years following disclosure. Research shows increased rates of mental health difficulties amongst these parents (Elliott and Carnes, 2001; Hill, 2001; Schuetze and Eiden, 2005).

At the same time, numerous studies have shown that the way a non-offending parent responds to the disclosure of their child's abuse can mediate the level of psychological symptoms the child experiences, and that higher levels of support from parents are linked to better adjustment in children (Elliott and Carnes, 2001; Kendall-Tackett et al, 1993).

A recent review concluded (Toledo and Seymour, 2013:775):

‘The needs and outcomes of the non-offending caregivers are inseparable to those of their child... Professionals [should] involve caregivers as much as possible in the processes following disclosure, keeping them informed and assisting them in accessing support, education, and counselling as required... The issues that caregivers are faced with may include how to initially deal with disclosure, how to access information, how to deal with their own victimisation issues, and how to parent in this novel situation.’

A review of 56 systematic reviews related to parenting and child mental health found no review-level evidence relating to parenting interventions specifically with parents of adolescent survivors of sexual abuse (Stewart-Brown and Schrader-McMillan, 2011). However, it did identify strong evidence that cognitive behavioural therapy (CBT) for non-abusing parents and school-aged children is effective in preventing deterioration of child mental health and/or recurrence of abuse (Corcoran and Pillai, 2008). Findings from efficacy trials of Trauma Focused CBT point to the importance of carer involvement and education in achieving positive outcomes for children and in reducing carers’ stress (Cohen et al, 2004 and 2005). In these efficacy studies, carer participation in the intervention was a requirement and was of the same duration and intensity as that provided for the child. However, much more modest parent-focused interventions (including instructional videotapes based on social learning theory) provided at the time of a sexual abuse disclosure also appear to benefit children’s psychosocial functioning (Stewart-Brown and Schrader-McMillan, 2011).

The most robust recent evaluation of an intervention for both sexually abused children and their carers is the randomised control trial of the NSPCC’s ‘Letting the Future In’ service (Carpenter et al, 2016). The practice guide for the service recommends offering up to eight sessions of a carers’ support intervention, delivered by a different practitioner to the child worker, and in most cases provided towards the end of the work with the child. There was a statistically significant reduction (from 48.6% to 26.8%) in the proportion of carers with clinical levels of ‘total stress’ at one year follow-up. However, only 40% of carers in the trial actually received the carers’ intervention. Carers interviewed were very positive about the helpfulness of the support they had received, although several respondents raised concerns about the timing and number of carer sessions.

Overall, the best evidence of the value of parent support from the perspective of parents relates to support groups. Psychoeducational groups that combine group support with the provision of information about the dynamics and impacts of abuse, as well as practical advice on how to deal with children’s feelings and behaviours, evaluate particularly well; parents in numerous studies report increased wellbeing, confidence and ability to care for their child as a result of participating in such groups. Parents also report improved coping and stress management, and greater ability to deal with professionals (Toledo and Seymour, 2013). Groups help participants build vital social networks with others who share similar experiences, help to normalise a child’s behaviour, and may reduce depression in mothers of victims of sexual abuse (Hernandez et al, 2009).

Implications for parents of sexually exploited young people

Non-abusing parents of sexually abused children and young people are not in exactly the same situation as parents of sexually exploited young people. However, there are many parallels and transferable lessons from the CSA field. In particular, the literature recognises the degree of parental distress and trauma associated with disclosure, and the ‘toxic’ combination of blame, shame and guilt that many parents experience.

The research in this area shows the value of parents being enabled to gain increased understanding of what has happened to their child and its likely impact, in combination with support that addresses parents’ own emotional needs. The evidence affirms the benefits that many parents gain from contact with others who have similar experiences. It also highlights that for some parents the abuse of their child will trigger distress over past trauma, and that addressing this will need to be part of effective support.

There is also good evidence that supporting parents has a direct effect on outcomes for their children.

4. Parenting sexually exploited young people

There is little research about the impact of CSE on the families of exploited young people, and even less specific evaluation of what is effective in supporting parents whose child is sexually exploited. The evidence in this section therefore derives from two main sources:

1. The practice knowledge and evaluation data accumulated by Parents Against Child Sexual Exploitation (PACE) – the only UK support service specifically for parents of sexually exploited children and young people – over the past decade. Previously called CROP, PACE is a parent-led organisation which provides a national parent support helpline, an online parents' forum and networking events, volunteer befrienders and parent liaison officers currently co-located in six multi-agency CSE teams in the North-West and Yorkshire. There have been a number of small-scale evaluations of its work, and PACE therefore has a critical contribution to make to our understanding of the needs of parents and families and how these can be met.
2. A limited number of recent evaluations of CSE initiatives to provide support to both young people and their parents/carers.

4.1 Impact of CSE on the family

To fully appreciate the support needs of parents, professionals need to understand the range of impacts that CSE has on the whole family. These include the following:

- **Intimidation and trauma.** In a number of reports, PACE parents describe the family trauma that sexual exploitation often involves.

“...two years later when I moved house to get away from them driving up and down outside, I don't know if you've had that intimidation where they drive up and down and they're looking in your window and threatening your family, and telling you what's going to happen to your family.” (Unwin and Stephens-Lewis, 2016:29)

- **Relationship tensions and family breakdown.**

‘...parents may start drinking, arguing, or even separating, as a consequence of the CSE. Unfortunately, in some families, this rift becomes permanent, with parents separating and one or more of the siblings becoming a looked after child.’ (Palmer and Jenkins, 2013:12)

- **Negative effects on other children in the family.**

‘Some siblings report feeling left out and seek to gain attention in other ways... One parent noted that her daughter had struggled with the attention that the subject child was receiving and this ultimately led to a rift in their relationship and the young person being asked to be taken into care.’ (Palmer and Jenkins, 2013:12)

- **Parental guilt and self-blame.**

‘...parents may well chastise themselves for not realising sooner what was happening or wonder what they could have done differently.’ (Palmer and Jenkins, 2013:12)

- **Health impacts.** In an online survey of parent members of PACE by researchers from the University of Worcester, 88% of the 53 respondents felt that their experiences of CSE had impacted upon their general health; 40% reported that they suffered with frequent headaches; 56% felt disconnected from everyday life and activities; 84% agreed that their sleep patterns were disturbed, with 58% having intrusive and unwanted thoughts and 74% reporting the replaying of CSE-related events in their heads; and 72% reported that they had been prescribed medication intended to help them cope with the effects of CSE (Unwin and Stephens-Lewis, 2016).
- **The impact of going through legal processes.** The process is lengthy, the young person has to repeatedly go over what has happened in interviews, and parents may be interviewed as witnesses. Court cases can involve public and media exposure which is extremely traumatic.

‘One of the families interviewed had been moved three times, because of the threats they received, as the case against a number of men went through the legal process.’ (Palmer and Jenkins, 2013:12)

- **Encountering negative, blaming attitudes from professionals.** In several of the PACE reports and service evaluations, parents commented on the contacts they had with statutory services, which were often described as unhelpful and parent-blaming.

4.2 What parents find helpful – lessons from PACE

To a large extent, the messages from parents of young people who have been sexually exploited reflect the key lessons from research outlined in earlier sections of this review. Parents in this situation want respectful, honest relationships with supportive professionals who have some understanding of what they are experiencing. Fundamentally, parents want service providers to work with them as partners in supporting their child – to be seen as part of the solution, not blamed as ‘causing the problem’.

PACE's relational safeguarding model

PACE is an organisation based on listening to parents' lived experience of supporting children who have been sexually exploited. Parents themselves have played a leading role and co-produced an approach to supporting parents they refer to as a 'relational safeguarding model'.

A traditional child protection approach to CSE is designed to assess and respond to risks to the child within the home, including the parents' capacity to provide appropriate care. In contrast, the relational safeguarding model assumes that parents want to, and have the capacity to, protect their child unless there is evidence to the contrary. This approach acknowledges the significant strain that exploitation places on families, and responds by empowering parents to be partners in safeguarding their child.

Key features of relational safeguarding are:

- maximising the capacity of parents and carers to safeguard their children and contribute to the prevention of abuse and the disruption and conviction of perpetrators
- early intervention and prevention
- enabling family involvement in safeguarding processes around the child, including decision-making
- ensuring the safety and wellbeing of the family in recognition of the impact of CSE
- balancing the child's identity both as an individual and as part of a family unit.

This model is described (PACE, 2014:8) as:

'Professionals work[ing] in partnership with parents, facilitating and supporting them, in order to maximise the ability and capacity of statutory agencies and families to safeguard a child at risk of/being sexually exploited.'

The most recent evaluation of PACE's support of parents (Shuker and Ackerley, 2017) focused on the work of a parent liaison officer (PLO) placed in the multi-agency 'Engage' team in Blackburn with Darwen. Parents were given the following forms of support by their PLO:

- information and advice about CSE to parents and other family members
- help to develop safety plans to protect the child
- emotional support, encouragement and a listening ear
- advocacy in relation to other agencies
- updates on actions from the police, social care and other agencies
- signposting to further support.

Where families had other significant needs in addition to coping with their child's exploitation, the PLO provided additional support and helped them access other services. The support provided by PLOs is usually flexible, intensive and prolonged. It may include daily contact during a particularly difficult period, home visits that fit around a family's schedules, and continuity of support during a two-year wait for a case to reach court.

Parents interviewed for this evaluation described how PACE support had reduced their isolation and helped them cope with their own distress. They valued the understanding of grooming and exploitation they had gained, as parents had done in previous evaluations. In Pickerden (2014), for example, parents described how this support had helped them to make sense of their child's behaviour and put the blame where it belonged – on the perpetrator – rather than blaming themselves or their child:

“I began to see my child as a victim so this definitely changed the way I behaved towards her. I understand her emotional experience, how her experiences have affected her. Some of her behaviour is much easier to deal with because of that.” (Parents quoted in Pickerden, 2014:9)

PLOs work with parents to develop and implement safety plans. As a result, parents interviewed had greater confidence in their own capacity to protect their child, to report their child missing when necessary and to share information with the police and other services.

The 2017 evaluation found that the combined effect of putting the blame for CSE where it belonged, and parents being confident to act consistently and protectively, improved relationships in the home. This in turn could help to reduce missing incidences, and ultimately weaken the perpetrator's ability to isolate the young person from their family:

“It helped me understand her a lot more... I'd get angry and get really upset thinking, 'Why is she being like this to me?' It helped me understand that, just give her a bit of time, just leave her. Kind of like taking it away, but understanding it from her side, how she was feeling and what she was going through.” (Parent quoted in Shuker and Ackerley, 2017:21)

Previous evaluation of the PACE PLOs' work in Lancashire also found that, where agencies acted in response to the information shared by parents, children were better protected and there was a greater chance of a successful prosecution.

‘The outcomes that [the PLOs] achieve are because of their unique contribution to the Multi-Agency Teams' work; it is this synergy between [them] and the Multi-Agency Teams that makes the positive difference.’ (Palmer and Jenkins, 2013:12)

Other evaluations of PACE work have found similar evidence in support of its approach, in terms of both client satisfaction (parents consistently report that the service is accessible, supportive and empowering) and validation of PACE's underlying theory of change (that increasing parents' understanding of the dynamics of exploitation and providing them with direct support can improve their ability to help and safeguard their child). Across a number of evaluations (e.g. Christie, 2016; Parkinson and Wadia, 2015), the messages from parents about what they need and value is clear:

- knowing that they are understood and taken seriously
- not being blamed
- feeling that someone genuinely cares about the welfare of their family and can advocate for them
- having a reliable worker who returns phone calls, does what they say they are going to do, keeps them updated and sticks by them for the long haul

- specific advice and methods for dealing with difficult behaviours, information that is helpful to both parent and child, and guidance on how to seek information in a way that will help gather evidence
- contact with other parents to give and receive support.

There has been less evaluative focus on the peer support aspect of PACE provision, but it is clearly valued by parents. This is a unique aspect of PACE provision, and in a recent evaluation (Parkinson and Wadia, 2015) parents described how important the online Parents Forum and particularly Parent Network Days were in enabling them to share their experiences with other parents in the same situation. Critically, knowing that other parents were experiencing what they were going through made them feel less isolated and more able to cope:

“When you go through CSE, you suddenly can’t talk to your friends, to your neighbours, because they have absolutely no understanding of what you’re talking about. So to be able to sit in a completely safe environment, and have people who really understand and don’t judge you is very important.” (Parent quoted in Parkinson and Wadia, 2015:18)

4.3 Effective approaches to supporting parents – lessons from recent evaluations

Specialist CSE services are usually commissioned to undertake direct work with affected young people, and that is their primary focus. However, most do also provide various degrees of support to parents, and a few offer a more family-focused intervention which provides direct support to both parents/carers and young people. Three recent evaluations of specialist CSE services providing specific support to parents and carers, alongside their work with young people, provide some evidence of what is effective; however, all have had limited test periods and therefore cannot tell us about longer-term outcomes for the families involved.

Families and Communities against Sexual Exploitation (FCASE)

One early intervention model that has been piloted is Barnardo’s FCASE project. It consisted of a structured programme of six to eight weeks’ direct work with young people and their parents where a risk of CSE had been identified. Separate workers were provided for the parent/carer and for the young person, but the sessions were delivered in parallel. This seems to have been a particularly useful approach, according to a parent quoted in the evaluation by D’Arcy et al (2015:16), because learning from the programme was complemented by discussions at home following the sessions:

“I used to feel on edge but now I feel much more confident. Now I know what is safe/unsafe, right and wrong so I can say ‘no’. But she also knows her mum is there to support her if things go wrong. I would not have realised this person was grooming – that is the word she used – and it shocked me. We did the same session and we were both able to discuss it afterwards.”

Parents and carers greatly appreciated the service, primarily because they felt listened to and the advice they received was helpful and specific. They contrasted the approach with their experience of other agencies (D'Arcy et al, 2015:15):

“FCASE was the only agency that has been consistent and done what they had said they would do. They were honest and kept in contact and returned your calls.”

“I can voice my fears. Social care and social workers are concerned with procedure, they don't deal with me – if I am scared.”

“Basically it being less formal, you don't feel that you're being spoken down to – the worker is talking to you on the same level. It's not so 'authoritarian'. I've dealt with lots of different agencies. A lot of them make you feel talked down to; they can make you feel a little bit like you're out of the circle.”

The evaluation concluded that a key strength of FCASE was its ability to take parents through a process of increasing understanding. Parents often started with a desire to change or 'fix' their child. With support, they were able to consider their own emotional needs and feelings about the situation, and move on from there to being able to reflect on their relationship with their child, consider why the sexual exploitation was happening and work out how they could best use their relationship with their child to improve the situation.

South Yorkshire Empower and Protect (SYEP)

SYEP was a one-year Innovation in Children's Social Work project funded by the Department for Education. It was set up in partnership between Sheffield, Barnsley and Rotherham local authorities and Doncaster Children's Services Trust, working with a voluntary-sector partner, Catch 22. Its primary aim was to enable young people experiencing or at high risk of sexual exploitation to remain safely at home, or in stable foster care in South Yorkshire, rather than being placed in out-of-area or secure accommodation. For young people already in care, this involved the recruitment and training of specialist foster carers, intensive support and therapeutic input to help sustain placements. For young people living at home, a parallel provision included working with family members to increase their understanding of CSE, and their ability to manage risks and provide appropriate care. The intention was to treat both foster carers and parents as part of the professional team.

The approach was based on Adolescent Mentalization-Based Integrative Treatment (AMBIT), which focuses on strengthening key relationships in a young person's life and providing carers and key workers with the tools to support them better (Bevington and Fuggle, 2012; Bevington et al, 2013). It also took psychologists out of the clinic and into the homes of young people and their families to provide assessment and intensive support during a stabilisation period, telephone support as required, and ongoing supervision to a key worker and consultation to the wider professional team.

The evaluation (Scott, 2017) found that evidence of impact was limited by the short time period, the huge challenge of recruiting foster carers for very complex adolescents, and a failure to fully engage social workers and their managers. However, the intervention was highly acceptable to young people and their parents, who were often struggling with a range of difficulties (including learning difficulties, poor mental health or another child with a disability). There was evidence of reduced risk of CSE and improvements in family

relationships so that some young people remained at home who would otherwise have gone into care.

One of the key successes was the engagement of parents who had not previously engaged with professionals or who were seriously disenchanted because of previous experiences. Asked about what had made this possible, one of the clinicians described their approach (Scott, 2017:28):

“These are people who were resistant to social care and I sat and got to know them – I listened. I’d quite like to be able to say there was some marvellously scientific technique, but it’s just about being present, genuinely curious, consistent, validating not penalizing. And being tentative about suggesting alternatives: ‘this may not work but...’ and saying ‘I don’t know the answer, but if things aren’t working right now maybe it’s worth trying something different’. Part of the role is helping the professional team understand and get beneath the anger, swearing and resentment, to seeing them as human and burdened and struggling as best they can. I’ll share texts with the social workers so we can think together about what they may need... I’ve also taken it upon myself sometimes to apologise on behalf of the system, or for the fact that professionals have let them down.”

Whilst the support of clinicians working in this way was invaluable in promoting engagement, it is not widely considered sustainable in terms of the supply or cost of such professionals. However, the approach described above requires time, human warmth and humility more than it requires a postgraduate qualification in psychology, and could therefore be the approach taken by a variety of workers. It does not entirely equate to treating parents as part of the professional team but, as some interviewees noted, this may have been a naïve ambition given the complexity of many CSE-affected young people’s backgrounds.

Achieving Change Together (ACT)

ACT is another Innovation in Children’s Social Work project, this time set up in partnership between Wigan and Rochdale local authorities. It works with young people who are at medium or high risk of, or have already experienced, sexual exploitation, and who are also at high risk of family or placement breakdown. ACT is staffed by qualified social workers who operate as key workers, co-working with children’s social workers. Evaluation is ongoing, and findings to date relate to an early operational period of eight months.

The service aims to act as a bridge between young people, parents and carers. In some cases it works directly with parents/carers: for example, explaining the impact of exploitation and how this may affect behaviour, supporting a young person’s transition into a new foster placement jointly with a foster carer, or working with a father to reinforce boundaries. In other cases, other specialist services have been enlisted to work with parents, including a family therapy service and a respite and outreach service providing intensive family support.

Parents, carers and young people have engaged well and reported high levels of satisfaction with the service (Scott and Botcherby, 2017). There is evidence that some key risk factors for exploitation have been reduced, and some protective factors increased, for many of the young people worked with to date. Entry into care and escalation into out-of-area/high-cost placements have been avoided.

Interviews with parents revealed that, when their son/daughter was referred to ACT, what they had needed most was support and understanding from someone outside the family. Many spoke about feeling their son/daughter had been 'closed' to them, and expressed their gratitude that the ACT worker had been able to 'get through to them' and enable them to open up.

Parents also reported positively on the direct support they had received for themselves and how they felt they had been heard by workers. There were also descriptions of how interactions with ACT workers had enabled them to better understand and support a son/daughter, and had prevented the whole family from breaking down. One parent noted that these interactions were different from those they had with some other professionals (Scott and Botcherby, 2017:34):

“These [ACT workers] are just normal. It’s a fresh way. I’ve not felt as though they were scary. If I ring, they will respond. I’ve not felt any pressure at all.”

On the basis of its experience during the pilot period, ACT is further developing its work with parents, and a parent support worker has recently joined the team.

5. Summary and conclusions

In Section 1.2, we suggested that the question ‘what works in supporting parents of sexually exploited young people’ is not straightforward because such parents do not generally fit into the categories that are easily recognisable by services. This review suggests a need for services and practitioners to be more proactive, and to recognise how they can better respond to parents in what for them can be a confusing and threatening system.

5.1 Lessons for practitioners and service managers

We have found a substantial amount of evidence which can offer valuable transferable lessons for practitioners and for those developing and delivering support services. We summarise these lessons as follows:

CSE services need to give greater priority to the support needs of parents

Most specialist services are understandably focused on the young person, but there is a wealth of evidence pointing to the significance of parents in the lives of young people and the importance of parenting to outcomes. This remains the case even where parent-child relationships are on the verge of breaking down. It is vital that specialist services take seriously and support the role of parents in supporting their children.

Practitioners need to start with a focus on the strengths/assets of parents and avoid assumptions of deficit or blame

One of the loudest messages from parents of sexually exploited young people (as well as other parents) is that they want to be treated as partners in safeguarding their children, so they can increase their understanding of and confidence in that role. Support to parents falls at the first hurdle if it is experienced as critical or blaming. Universal settings can provide avenues for improving support to parents which are less likely to be experienced as stigmatising.

Support is most effectively provided in the context of a trusting relationship

The lessons about effective access and engagement from the general parenting support literature apply equally to parents of sexually exploited young people. Parents need consistent, reliable, respectful and honest relationships with key professionals who maintain a clear focus on outcomes for the young person and the parents’ role in helping to achieve these.

Taking a strengths-based approach does not mean ignoring needs and challenges

There are some key areas in which parents will have strengths but may also experience difficulties. For example:

- Parents’ social support networks may be compromised by the stigma associated with sexual exploitation and the lack of understanding they may encounter within their wider family/community.

- Parents' capacity for coping will be influenced by their own circumstances and their past experiences, and they will have different resilience factors in their lives.
- Parents will have different experiences of attachment, both from their own childhood and as parents. Strong early attachment between parent and child is likely to be a major protection against relationship breakdown. Conversely, where attachment was already problematic, sustaining a positive parent-child relationship in the context of CSE will be much more challenging.

Support for parents needs to recognise and address these difficulties; for example, it should challenge rather than reinforce any shame and stigma that parents may feel, and help them recover and build new support networks if they have become isolated from family and friends.

Support needs to be available to parents when they most need it

The barriers to parents accessing support have been extensively reported in the literature. Parents of sexually exploited young people will experience all of these, but they are likely to be compounded by additional factors associated with awareness of sexual exploitation, shame and stigma. Parents may miss the early signs of sexual exploitation and not realise that they need support until the situation becomes very serious. Providers of support may similarly miss signs of sexual exploitation, and therefore assess parents as not meeting threshold criteria. It is important that parents who attempt to 'flag' early concerns about sexual exploitation are taken seriously.

Support to parents needs to be provided in tandem with effective support to the young person

One of the biggest sources of distress for parents is their child not getting the help they need. Wherever possible, support for the young person should be integrated with support to the parent.

5.2 A needs-led framework

The kind of support provided needs to be flexible to the needs of the parent, but there are some elements which practitioners should always consider. Figure 2 below sets out the four core areas in which parents may benefit from support:

- **Support for their relationship with their child.** The literature about parenting teenagers suggests that parents benefit from having a good understanding of adolescent development. It is important not to assume that parents already know this, or that it is too late to provide them with some insights about the factors that increase or protect against risks and vulnerabilities. Increasing parents' awareness of teenage culture and behaviour, including the use of social media, as well as helping them understand how perpetrators operate can be very helpful to them in their safeguarding role. Some parents of sexually exploited young people may benefit from support to adapt their parenting style. Again, it is important not to assume that it is too late for parents to benefit from a parenting skills programme.

- **Support for their own emotional needs.** The sexual exploitation of a child is traumatic for parents and may additionally trigger distress over earlier trauma if, for example, the parents themselves have a history of being abused. Being given permission to acknowledge and have support for themselves may be crucial in enabling them to support their child. Support for parents' relationship with each other may be an important element of this.
- **Support for building their resilience.** Enabling access to other sources of formal and informal support is important, recognising that this may need to be 'brokered' in order to build/rebuild social networks. The evidence strongly suggests that parents value peer support from parents with similar experiences, and support from professionals who have some appreciation of what they are experiencing.
- **Support for dealing with systems.** Parents of sexually exploited young people are likely to be plummeted into unfamiliar police, safeguarding and/or legal systems. Having support to navigate these systems is highly valued.

Figure 2: Elements of support



References

- Acoca, L. (1999) Investing in girls: a 21st century strategy. *Juvenile Justice*, 6(1), 3–13.
- Allen, G. (2011) Early Intervention: The Next Steps. *An independent report to Her Majesty's Government*. London: Cabinet Office.
- Allen, J.P. and Land, D. (1999) Attachment in adolescence. In Cassidy, J. and Shaver, P.R. (eds.) *Handbook of Attachment: Theory, Research, and Clinical Applications*. New York: Guilford Press.
- Aos, S., Miller, M. and Drake, E. (2006) *Evidence-based Public Policy Options to Reduce Future Prison Construction, Criminal Justice Costs, and Crime Rates*. Olympia, WA: Washington State Institute for Public Policy.
- Asmussen, K., Corlyon, J., Hauari, H. and La Placa, V. (2007) *Supporting Parents of Teenagers*. Nottingham: Department for Education and Skills.
- Barlow, J. and Schrader McMillan, A. (2010) *Safeguarding Children from Emotional Maltreatment: What Works*. London: Jessica Kingsley.
- Barrett, H. (2010) *The Delivery of Parent Skills Training Programmes: Meta-analytic studies and systematic reviews of what works best*. London: Family and Parenting Institute.
- Barter, C., McCarry, M., Berridge, D. and Evans, K. (2009) *Partner Exploitation and Violence in Teenage Intimate Relationships*. London: NSPCC.
- Baumrind, D. (1991). *The influence of parenting style on adolescent competence and substance use*. *Journal of Early Adolescence*, 11(1), 56–95.
- Beckett, H., Brodie, I., Factor, F., Melrose, M., Pearce, J., Pitts, J., Shuker, L. and Warrington, C. (2013) *"It's Wrong... but You Get Used to It": A qualitative study of gang-associated sexual violence towards, and exploitation of, young people in England*. London: Office of the Children's Commissioner.
- Bell, K. and Smerdon, M. (2011) *Deep Value: A literature review of the role of effective relationships in public services*. London: Community Links.
- Berkout, O.V., Young, J.N. and Gross, A.M. (2011) Mean girls and bad boys: recent research on gender differences in conduct disorder. *Aggression and Violent Behavior*; 16(6), 503–511.
- Bevington, D. and Fuggle, P. (2012) Supporting and enhancing mentalization in community outreach teams working with hard-to-reach youth: the AMBIT approach. In Midgley, N. and Vrouva, I. (eds.) *Minding the Child: Mentalization-based interventions with children, young people and their families*. Hove: Routledge.
- Bevington, D., Fuggle, P., Fonagy, P., Target, M. and Asen, E. (2013) Innovations in practice: Adolescent Mentalization-Based Integrative Therapy (AMBIT) – a new integrated approach to working with the most hard to reach adolescents with severe complex mental health needs. *Child and Adolescent Mental Health*, 18(1), 46–51.

- Brady, B. (2006) *Facilitating Family Decision Making: A study of the family welfare conference service in the HSE Western Area*. Galway: Child and Family Research and Policy Unit, National University of Ireland.
- Brayley, H., Cockbain, E. and Gibson, K. (2014) *Rapid Evidence Assessment – The Sexual Exploitation of Boys and Young Men*. Essex: Barnardo's.
- Broadhurst, K. (2007) Parental help-seeking and the moral order. *Notes for policy-makers and parenting practitioners on 'the first port of call' and 'no one to turn to'*. *Sociological Research Online*, 12(6)4.
- Brodie, C. (2012) *Multi-systemic Therapy (MST) and Functional Family Therapy (FFT): A review of the evidence*. London: Public Health Intelligence, Inner North West London PCTs.
- Bronfenbrenner, U. (1979) *The Ecology of Human Development: Experiments by nature and design*. Cambridge, Massachusetts: Harvard University Press.
- Carpenter, J., Hackett, S., Jessiman, T., Patsios, D. and Phillips, J. (2016) *Letting the Future In: A therapeutic intervention for children affected by sexual abuse and Their carers. An evaluation of impact and implementation*. London: NSPCC.
- Chand, A. and Thoburn, J. (2005) Research review: Child and family support services with minority ethnic families – what can we learn from research? *Child & Family Social Work*, 10(2), 169–178.
- Chaskin, R.J. (2006) Family support as community-based practice: Considering a community capacity framework for family support provision. In Dolan, P., Canavan, J. and Pinkerton, J. (eds.) *Family Support as Reflective Practice*. London: Jessica Kingsley.
- Chattoo, S., Atkin, K. and McNeish, D. (2004) *Young People of Pakistani Origin and Their Families: Implications for providing support to young people and their families*. Leeds: Centre for Research in Primary Care, University of Leeds/Barnardo's.
- Christie, C. (2016) *PACE Services Evaluation Report*. Chanon Consulting (unpublished).
- Coleman, J.S. (1988) Social capital in the creation of human capital. *American Journal of Sociology*, 94, 95–120.
- Coleman, J. (2014) *Frontline Briefing: Understanding Adolescence*. Dartington: Research in Practice.
- Collins, W.A. and Laursen, B. (2004) Parent-adolescent relationships and influences. In Lerner, R. and Steinberg, L. (eds.) *Handbook of Adolescent Psychology (2nd edition)*. Hoboken, New Jersey: John Wiley and Sons.
- Corcoran, J. and Pillai, V. (2008) A meta-analysis of parent-involved treatment for child sexual abuse. *Research on Social Work Practice*, 18(5), 453–464.
- Crampton, D. (2007) Research review: Family group decision making: a promising practice in need of more programme theory and research. *Child & Family Social Work*, 12(2), 202–209.

Crowther, K. and Cowen, G. (2011) *Effective Relationships with Vulnerable Parents to Improve Outcomes for Children and Young People: Final study report*. Leeds: York Consulting.

Dahl, R.E. and Hariri, A.R. (2005) Lessons from G. Stanley Hall: Connecting new research in biological sciences to the study of adolescent development. *Journal of Research on Adolescence*, 15(4), 367–382.

D’Arcy, K., Dhaliwal, S. and Thomas, R. (2015) *Families and Communities Against Child Sexual Exploitation (FCASE) Final Evaluation Report*. Luton: University of Bedfordshire.

Davies, C. and Ward, H. (2011) *Safeguarding Children across Services: Messages from research*. London: Jessica Kingsley.

Davis, H. and Meltzer, L. (2007) *Working with Parents in Partnership*. London: Department for Education and Skills.

Davis, J.M. (2007) Analysing participation and social exclusion with children and young people. Lessons from practice. *International Journal of Children’s Rights*, 15(1), 121–146.

DeBord, K. (1999) *Parenting Teens*. Raleigh, NC: North Carolina Cooperative Extension.

Department for Education (2013) *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children*. London: DfE.

Devaney, C., Canavan, J., Landy, F. and Gillen, A. (2013) *What Works in Family Support? National guidance and local implementation*. Dublin: Child and Family Agency.

Dolan, P., Canavan, J. and Pinkerton, J. (eds.) (2006) *Family Support as Reflective Practice*. London: Jessica Kingsley.

Easton, C., Lamont, L., Smith, R. and Aston, H. (2013) *“We Should Have Been Helped from Day One”: A unique perspective from children, families and practitioners. Findings from LARC5*. Slough: National Foundation for Educational Research.

Eckenrode, J. and Hamilton, S.K. (2000) One-to-one support interventions: home visitation and mentoring. In Cohen, S., Underwood, L.G. and Gottlieb, B.H. (eds.) *Social Support Measurement and Intervention: A guide for health and social scientists*. Oxford: Oxford University Press.

Edelman, M.S. (2004) A relationship-based approach to early intervention. *Resources and Connections*, 3(2), 2–10.

Elliott, A.N. and Carnes, C.N. (2001) Reactions of nonoffending parents to the sexual abuse of their child: a review of the literature. *Child Maltreatment*, 6(4), 314–331.

Frost, N., Abram, F. and Burgess, H. (2014) Family group conferences: evidence, outcomes and future research. *Child & Family Social Work*, 19(4), 501–507.

Frost, N. and Parton, N. (2009) *Understanding Children’s Social Care: Politics, policy and practice*. London: Sage Publications.

- Gardner, R. (2003) *Supporting Families: Child protection in the community*. Chichester: NSPCC/Wiley.
- Ghate, D., Haurai, H., Hollingsworth, K. and Lindfield, S. (2008) *Parenting: Source Document*. London: Youth Justice Board.
- Ghate, D. and Hazel, N. (2002) *Parenting in Poor Environments: Stress, support and coping*. London: Jessica Kingsley.
- Gillies, V., Ribbens McCarthy, J. and Holland, J. (2001) *Pulling Together, Pulling Apart: The family lives of young people*. Joseph Rowntree Report. London: Family Policy Studies Centre.
- Green, B.L., McAllister, C.L. and Tarte, J.M. (2004) The strengths-based practices inventory: A tool for measuring strengths-based service delivery in early childhood and family support programs. *Families in Society: The Journal of Contemporary Social Services*, 85(3), 326–335.
- Green, J. (2003) Are attachment disorders best seen as social impairment syndromes? *Attachment and Human Development*, 5(3), 259–264.
- Green, J.M., Biehal, N., Roberts, C., Dixon, J., Kay, C., Parry, E., Rothwell, J., Roby, A., Kapadia, D., Scott, S. and Sinclair, I. (2014) Multidimensional treatment foster care for adolescents in English care: randomised trial and observational cohort evaluation. *British Journal of Psychiatry*, 204(3), 214–221.
- Hanson, E. (2016) *Exploring the Relationship between Neglect and Child Sexual Exploitation*. Dartington: Research in Practice/NSPCC/Action for Children.
- Hanson, E. and Holmes, D. (2014) *That Difficult Age: Developing a more effective response to risks in adolescence*. Dartington: Research in Practice/Association of Directors of Children's Services.
- Hardiker, P., Exton, K. and Barker, M. (1991) *Policies and Perspectives in Preventive Child Care*. Aldershot: Avebury.
- Harold, G., Acquah, D., Sellers, R. and Chowdry, H. (2016) *What Works to Enhance Inter-Parental Relationships and Improve Outcomes for Children?* London: Early Intervention Foundation
- Henricson, C. and Roker, D. (2000) Support for the parents of adolescents: a review. *Journal of Adolescence*, 23(6), 763–783.
- Hernandez, A., Ruble, C., Rockmore, L., McKay, M., Messam, T. and Harris, M. (2009) An integrated approach to treating non-offending parents affected by sexual abuse. *Social Work in Mental Health*, 7(6), 533–555.
- Hill, A. (2001). "No-one else could understand": women's experiences of a support group run by and for mothers of sexually abused children. *British Journal of Social Work*, 31(3), 385–397.
- Howe, D. (2005) *Child Abuse and Neglect: Attachment, development and intervention*. London: Palgrave.

- Howe, D. (2011) *Attachment across the Lifecourse: A brief introduction*. London: Palgrave
- Howe, D., Schofield, G., Brandon, M. and Hinings, D. (1999) *Attachment Theory, Child Maltreatment and Family Support: A practice and assessment model*. London: Palgrave.
- Humphreys, C. (1995) Counselling and support issues for mothers and fathers of sexually abused children. *Australian Social Work*, 48(4), 13–19.
- Institute of Public Care (2015) *What Works in Engaging Pakistani and Army Families in Family Support? A rapid review of the research and best practice for the Windsor and Maidenhead Innovation Programme*. Oxford: Oxford Brookes University.
- January, S.A., Duppong Hurley, K., Stevens, A.L., Kutash, K., Duchnowski, A.J. and Pereda, N. (2016) Evaluation of a community-based peer-to-peer support program for parents of at-risk youth with emotional and behavioral difficulties. *Journal of Child and Family Studies*, 25(3), 836–844.
- Johnson, N.G., Roberts, M.C. and Worell, J. (eds.) (1999) *Beyond Appearance: A new look at adolescent girls*. Washington DC: American Psychological Association.
- Kelly, A.E., Schochet, T. and Landry, C.F. (2004) Risk taking and novelty seeking in adolescence. *Annals of the New York Academy of Sciences*, 1021, 27–32.
- Kemp, S., Allen-Eckard, K., Ackroyd, A., Becker, M. and Burke, T. (2005) Community family support meetings: connecting families, public welfare, and community resources. In Mallon, G. and Hess, P. (eds.) *Child Welfare for the Twenty-first Century*. New York: Columbia University Press.
- Kendall-Tackett, K.A., Williams, L.M. and Finkelhor, D. (1993) Impact of sexual abuse on children: a review and synthesis of recent empirical studies. *Psychological Bulletin*, 113(1), 164–180.
- Kutash, K., Duchnowski, A.J., Green, A.L. and Ferron, J.M. (2011) Supporting parents who have youth with emotional disturbances through a parent-to-parent support program: a proof of concept study using random assignment *Administration and Policy in Mental Health and Mental Health Services Research* 38(5), 412–427.
- Lipton, M. (1997) The effect of the primary caretaker's distress on the sexually abused child: a comparison of biological and foster parents. *Child and Adolescent Social Work Journal*, 14(2), 115–127.
- Littell, J.H., Campbell, M., Green, S. and Toews, B. (2005) Multisystemic Therapy for social, emotional, and behavioural problems in youth aged 10–17. *Cochrane Database of Systematic Reviews*, 2005:4.
- Lloyd, N., O'Brien, M. and Lewis, C. (2003) *Fathers in Sure Start*. London: National Evaluation of Sure Start, Birkbeck College.
- Luthar, S.S. and Zulazo, L.B. (2003) *Resilience and Vulnerability: Adaptation in the context of childhood adversities*. Cambridge: Cambridge University Press.
- Macdonald, G. and Turner, W. (2008) Treatment Foster Care for improving outcomes in children and young people. *Cochrane Database of Systematic Reviews*, 2008:1.

- MacQueen, S., Curran, J., Hutton, L. and Whyte, W. (2007) *Support and Services for Parents: A review of the literature in engaging and supporting parents*. Edinburgh: Scottish Government Social Research.
- McConnell, D., Breitzkreuz, R. and Savage, A. (2012) Independent evaluation of the Triple P Positive Parenting Program in family support service settings. *Child & Family Social Work*, 17(1), 43–54.
- McNaughton Nicholls, C., Harvey, S. and Paskell, C. (2014) *Gendered Perceptions: What professionals say about the sexual exploitation of boys and young men in the UK*. Essex: Barnardo's.
- McNeish, D. and Scott, S. (2014) *Women and Girls at Risk: Evidence across the life course*. London: Lankelly Chase Foundation.
- Mason, P., Ferguson, H., Morris, K., Munton, T. and Sen, R. (2017) *Leeds Family Valued: Evaluation Report*. London: Department for Education.
- Miller, S. and Sambell, K. (2003) What do parents feel they need? Implications of parents' perspectives for the facilitation of parenting programmes. *Children & Society*, 17(1), 32–44.
- Montgomery, P., Bjornstad, G. and Dennis, J. (2007) Media-based behavioural treatments for behavioural problems in children. *Evidence-Based Child Health: A Cochrane Review Journal*, 2(4), 1154–1190.
- Moran, P., Ghate, D. and van der Merwe, A. (2004) *What Works in Parenting Support? A review of the international evidence. Research Report RR574*. Nottingham: Department for Education and Skills.
- Munro, E. (2011) *The Munro Review of Child Protection: Final report – A child-centred system*. London: Department for Education.
- Newman, T. (2004) *What Works in Building Resilience?* Essex: Barnardo's.
- Nurmi, J.E. (2004) Socialization and self-development: channeling, selection, adjustment, and reflection. In Lerner, R. and Steinberg, L. (eds.) *Handbook of Adolescent Psychology (2nd edition)*. Hoboken, New Jersey: John Wiley and Sons.
- Ofsted (2015) *Early Help: Whose Responsibility?* Manchester: Ofsted.
- Page, J., Whitting, G. and Mclean, C. (2007) *Engaging Effectively with Black and Minority Ethnic Parents in Children's and Parental Services*. Nottingham: Department for Children, Schools and Families.
- Palmer, E. and Jenkins, P. (2013) *Parents as Partners in Safeguarding Children: An evaluation of Pace's work in four Lancashire child sexual exploitation teams October 2010 – October 2012*. Leeds: PACE.
- Parentline Plus (2006). *The Highs and Lows: The challenge of parenting teens*. Surrey: Parentline Plus.

Parents Against Child Sexual Exploitation (2014) *The Relational Safeguarding Model: Best practice in working with families affected by child sexual exploitation*. Leeds: PACE.

Parkinson D. and Wadia A. (2015) *Working in Partnership with Parents to End Child Sexual Exploitation: an evaluation of PACE's services*. London: Charities Evaluation Services (National Council for Voluntary Organisations).

Phippen, A. (2012) *Sexting: An exploration of practices, attitudes and influences*. London: NSPCC.

Pickerden, C. (2014) *There to Pick Up the Pieces: An evaluation of national parent support work*. Leeds: PACE.

Pinkerton, J., Dolan, P. and Canavan, J. (2004) *Family Support in Ireland: Definition and strategic intent. A paper for the Department of Health and Children*. Dublin: Stationery Office.

Quinton, D. (2004) *Supporting Parents: Messages from research*. London: Jessica Kingsley.

Ralph, A. and Sanders, M. (2006) The 'Teen Triple P' Positive Parenting Program: a preliminary evaluation. *Youth Studies Australia*, 25(2), 41–48.

Resnick, M.D., Bearman, P.S., Blum, R.W., Bauman, K.E., Harris, K.M., Jones, J., Tabor, J., Beuhring, T., Sieving, R.E., Shew, M., Ireland, M., Bearinger, L.H. and Udry, J.R. (1997) Protecting adolescents from harm: Findings from the national longitudinal study on adolescent health. *Journal of the American Medical Association*, 278(10), 823–832.

Rutter, M. (1985) Resilience in the face of adversity: protective factors and resistance to psychiatric disorder. *British Journal of Psychiatry*, 147(6), 589–611.

Saleebey, D. (ed.) (2006) *The Strengths Perspective in Social Work Practice (4th edition)*. Boston: Pearson Education.

Sanders, M.R., Turner, K.M. and Markie-Dadds, C. (2002) The development and dissemination of the Triple P–Positive Parenting Programme: a multilevel, evidence-based system of parenting and family support. *Prevention Science*, 3(3), 173–189.

Schuetze, P. and Eiden, R.D. (2005) The relationship between sexual abuse during childhood and parenting outcomes: modeling direct and indirect pathways. *Child Abuse & Neglect*, 29(6), 645–659.

Scott, S. (2017) *South Yorkshire Empower and Protect Child Sexual Exploitation Innovation Project: Evaluation Report*. London: Department for Education.

Scott, S. and Botcherby, S. (2017) *Wigan and Rochdale Child Sexual Exploitation Innovation Project: Evaluation Report*. London: Department for Education.

Sheppard, M. (2009) Social support use as a parental coping strategy: its impact on outcome of child and parenting problems – a six-month follow-up. *British Journal of Social Work*, 39(8), 1427–1446.

Shuker, L. and Ackerley, E. (2017) *Empowering Parents: Evaluation of Parents as partners in safeguarding children and young people in Lancashire project 2014–2017*. Luton: University of Bedfordshire.

- Shute, J. (2013) Family support as a gang reduction measure. *Children & Society*, 27(1), 48–59.
- Smith, M. and Davis, J.M. (2010) Constructions of family support: lessons from the field. *Administration*, 58(2), 69–82.
- Social Exclusion Task Force (2008) *Think Family: Improving the life chances of families at risk*. London: Cabinet Office.
- Steinberg, L. (2001) We know some things: parent-adolescent relationships in retrospect and prospect. *Journal of Research on Adolescence*, 11(1), 1–19.
- Steinberg, L. (2010) A dual systems model of adolescent risk-taking. *Developmental Psychobiology*, 52(3), 216–214.
- Stewart-Brown, S. and Schrader-McMillan, A. (2011) Parenting for mental health: what does the evidence say we need to do? Report of Workpackage 2 of the DataPrev project. *Health Promotion International*, 26(S1), 10–28.
- Taylor, L.C., Leary, K., Boyle, A., Bigelow, K., Henry, T. and DeRosier, M. (2015) Parent training and adolescent social functioning: a brief report. *Journal of Child and Family Studies*, 24(10), 3030–3037.
- Toledo, A. and Seymour, F. (2013) Interventions for caregivers of children who disclose sexual abuse: a review. *Clinical Psychology Review*, 33(6), 772–781.
- Ungar, M. (2005) *Handbook for Working with Children and Youth: Pathways to resilience across cultures and contexts*. Los Angeles: Sage Publications.
- United Nations Office on Drugs and Crime (2010) *Compilation of Evidence-Based Family Skills Training Programmes*. New York: United Nations.
- Unwin, P. and Stephens-Lewis, D. (2016) *Evaluating the Health Implications of Child Sexual Exploitation on Parents*. Worcester: University of Worcester.
- YoungMinds and Ecorys (2016) *Resilience for the Digital World: Research into children and young people's social and emotional wellbeing online*. London: YoungMinds.

