



IDENTIFYING ELEMENTS OF CULTURAL COMPETENCE

Identifying Elements of Cultural Competence within a CCE Cohort: Knowledge, Skills & Values

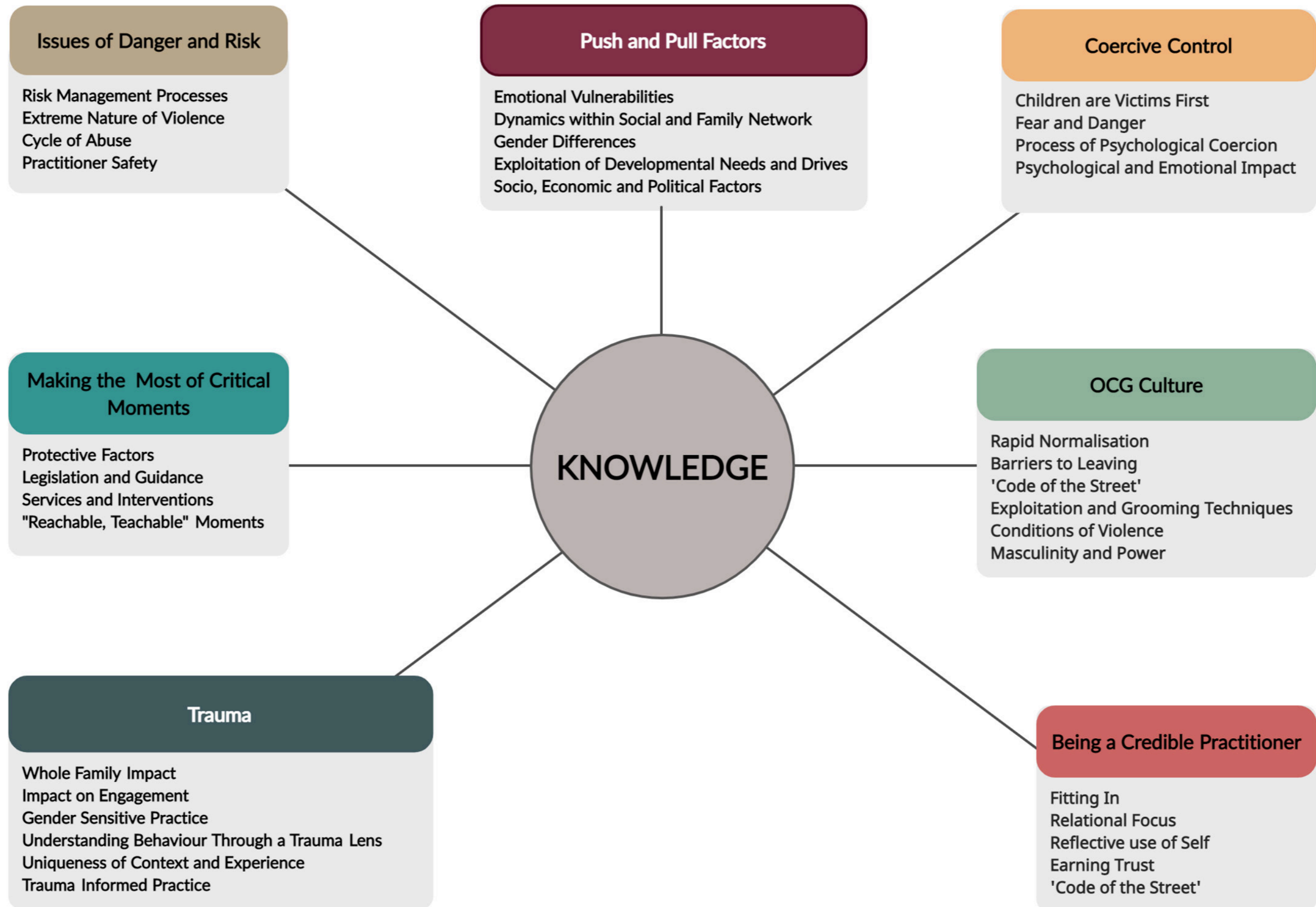
There is a vast body of research that explores cultural competence for practitioners working with children and families. Increasingly, cultural competence is cited as helpful when working with children who are criminally exploited. There is however limited research regarding what makes a practitioner culturally competent in this field. This leads us to draw on learning from other areas as a starting point.

We have considered child sexual exploitation and domestic abuse across a range of disciplines including social work, psychology, and youth work. We have pulled the main themes from these areas together and split them into knowledge, skills, and values to make it easy to digest. We have gathered the reflections of professionals to ensure the literature reflects what is happening in the field. We have also discussed the skills, knowledge and values children and caregivers' find important in a practitioner. The prompt sheet that was used to aid these conversations is attached as Appendix 1.

This briefing paper can be used to:

- **Support the recruitment process for new practitioners**
- **Support the training and development needs for practitioners.**
- **Act as a reflective tool for practitioners and teams to consider their own cultural competence in this field.**

High level summary of what knowledge is needed for Cultural Competence relating to Criminal Exploitation



Issues of Risk and Danger

Risk Management Processes. Benefits of intensive risk management plans, which include control measures (e.g., tags); implemented within the context of a positive relationship and caregiver support. Recognising that because of their experiences, young people are likely to lack trust and confidence in institutions and in the police, and this affects whether they 'tell their story' or seek support. Recognition that being seen to engage with risk management processes might be believed to increase risk and danger by young people (e.g., fear of being labelled a 'snitch', mistrust over information sharing). Negative cycle can be created wherein young people receive high levels of care and concern when 'high risk' but attention reduces when risk reduces.

Extreme Nature of Violence. Appreciation of the extreme nature of physical, emotional, sexual, and psychological violence children are likely to be exposed to, conditions they may face day-to-day, and the risks to life faced when attempting to exit, especially in relation to drug debt. Understanding that children may be / feel constantly under-threat of emotional and physical harm (e.g., witnessing overdoses, physical attacks, sexual assaults), or of such harm coming to loved ones. This fear will affect a child's presentation, and ability to engage in conversations; they may appear hyper-vigilant and / or aggressive and may present as being superficially cooperative due to fear of saying too much. Children felt that practitioners should understand the dangers, either through first-hand experience, or being able to effectively empathise with the young person.

Cycle of Abuse. Awareness and appreciation of how children may be affected by the cycle of abuse within relationships with exploitative adults, and how risks and attitudes may vary within these stages.

Practitioner Safety. Awareness of the local area, dominant individuals, links with families, elders, how the practitioner may be perceived by those in the local community; this knowledge allows practitioners to navigate complex and hostile environments. Understanding of relevant legislation and policies, safeguarding and risk assessment processes.

Making the Most of Critical Moments

- **Protective Factors.** Activities which boost self-esteem, mobilising social and community support structures, sources of support families can access.
- **Legislation and Guidance.** Awareness and ability to make use of relevant safeguarding and risk assessment information, understanding and use of the NRM, working knowledge and understanding of extra-familial harm.
- **Services and Interventions.** Knowledge of local services and where to signpost children for appropriate support. Understanding of interventions which are generally successful vs. approaches which are unhelpful. Awareness that girls may feel trapped in their current circumstances and unsure where to access support as victims of domestic abuse. Understanding that children may often feel judged by the police if they live within gang-affected areas, and labelled unfairly.
- **“Reachable Teachable” Moments.** These moments are crucial and should be used to practitioners’ full advantage, decisive responses are necessary to affect long-term outcomes. May include times such as: school exclusions, physical injuries, arrests.

Trauma

- **Whole Family Impact.** Awareness that the trauma children face affects not only them, but all members of the close family network. Importance of sources support for children, but also parents / caregivers, and siblings too.
- **Impact on Engagement.** Appreciation that children may feel constantly under threat of serious harm, and therefore may appear on guard, and easily triggered (fight/flight/freeze/appease response). Understanding how living with this level of fear affects trust, and children may not share information for fear of how this might be used and the danger this may create for them. Awareness that coercive control and interpersonal violence will affect a child’s emotional and cognitive development, and how children manage their emotions, and respond. children may lack faith in the support services are able to provide them, e.g., ‘no one can protect me.’
- **Gender Sensitive Practice.** Girls affected by CCE may especially require trauma-based mental health support, and responses which acknowledge the importance of positive relationships and improving self-esteem as an exit from crime and violence.

- **Understanding Behaviour Through a Trauma Lens.** Importance of understanding children’s’ responses and reactions through a ‘complex trauma’ lens, more likely to show aggression in response to conflict (fight ‘survival’ responses). Appreciating children may struggle to articulate and fully express their experiences. Trauma history endemic within the population; trauma effects account for many recognisable features (e.g., lacking empathy, impulsivity, anger, ‘acting out’, “resistance to treatment”). Understanding that mental health issues and substance misuse may develop as a result of the abuse children experience. Avoid responding to the behaviours without recognising and treating the drivers of actions (‘looking underneath the surface’), seeing the person and their experiences behind the behaviour.
- **Uniqueness of Context and Experience.** Appreciating the need to gain a deep understanding of a child’s individual, family, and social contexts and to place their experiences of CCE within the context of their lives. Understanding that push and pull factors may be different for boys and girls (i.e., girls more likely to be pushed in order to escape trauma and pulled by the promise of romantic relationship and protection). Children indicated it is important for practitioners to avoid pathologizing them, and to bear in mind that the child could be having a difficult day.
- **Trauma Informed Practice.** Adopting a trauma-informed approach to supporting young people affected by CCE. Consideration towards how children self-identify because of their experiences (e.g., victims, survivors, denial of victimisation) as psychological defences and reactions. Understanding that mental health needs may arise as reactions to a child’s experiences, and these need to be supported. Actively avoiding re-traumatising children affected by CCE (e.g., micro-aggressions, processes or approaches which replicate loss of power and autonomy, failing to appreciate the role of gender, ethnicity, socio-economic factors, making recommendations which deny the realities for children).

Trauma & Child Criminal Exploitation

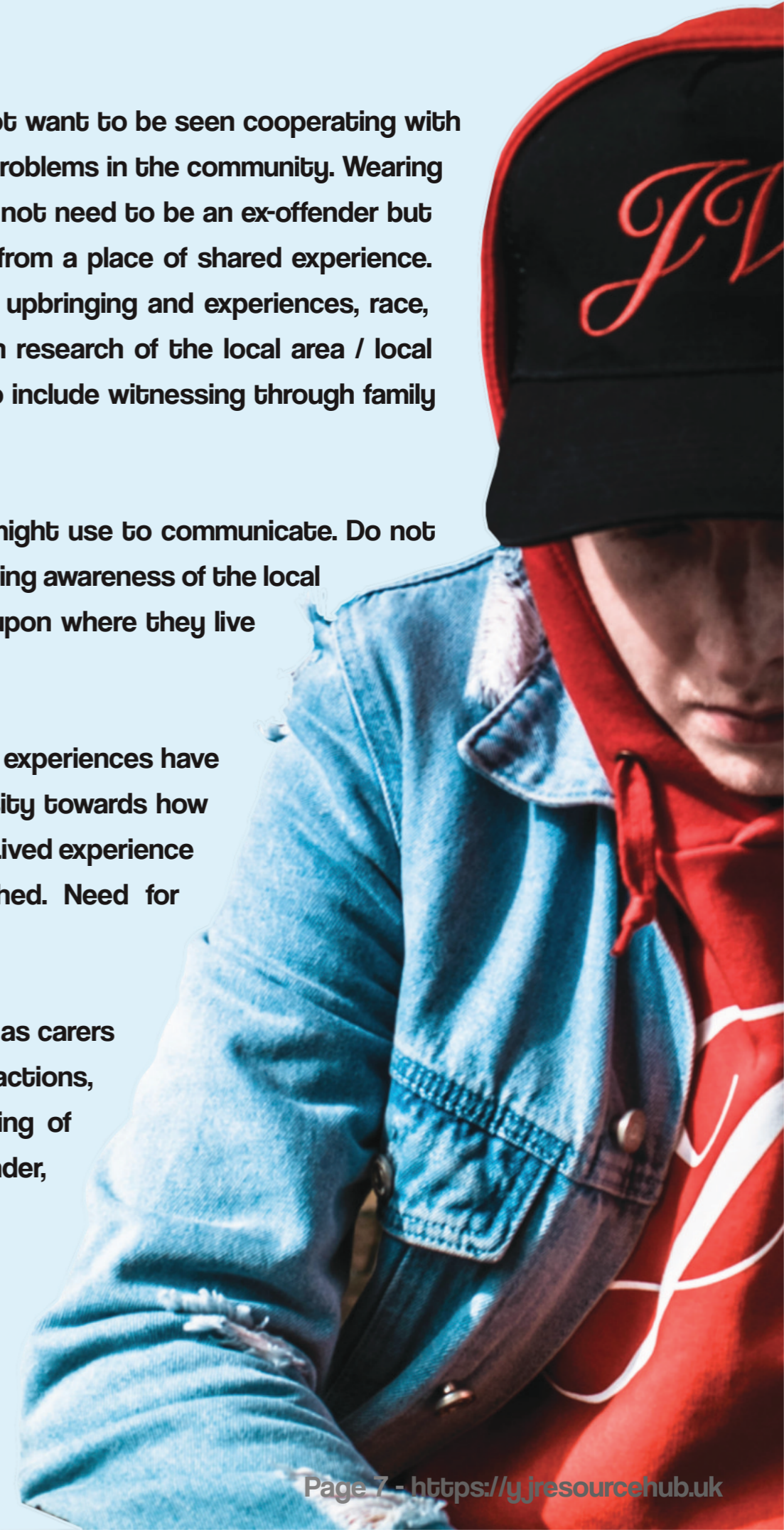
This video is a presentation by Dr Kate Budge who explains what trauma is and how children are affected by Criminal Exploitation.

WHY IS TRAUMA RELEVANT?

-  Children and young people subject to CCE; by definition, are frequently subject to life-altering, and in many instances life-threatening situations and experiences
-  May (P)
-  Direct and indirect exposure.
-  Traumatic experiences resulting from CCE do not occur in a vacuum. Life context and experiences- acts of commission and omission, existing strengths and resources
-  'The CCE on-going trauma can be trauma-aware with

Being a Credible Practitioner

- **Fitting in.** Being mindful of appearance and clothing, clothing can send messages to children. Children may not want to be seen cooperating with those who look like they are in a position of authority and this can place children at significant risk, or cause problems in the community. Wearing clothing children find an affinity with and credibility is deemed important. Need for relevant life experience, do not need to be an ex-offender but have credible lived experience and knowledge and awareness of local community, importance of connecting from a place of shared experience. Matching children and practitioners based upon similarities such as: occupational / educational background, upbringing and experiences, race, gender. Professionals felt that credible workers may also include people who have earned credibility through research of the local area / local interests / contexts / youth culture, not just lived experience. They highlighted that lived experience can also include witnessing through family members or friends, in addition to personal experience.
- **Code of the Street.** Understanding of words, dialects, slang, and body language children affected by CCE might use to communicate. Do not need to adopt this language but have an awareness of this to engage relevantly and authentically. Demonstrating awareness of the local community, links, leaders, spaces. Awareness of how children may feel in relation to practitioners depending upon where they live (e.g., judged, labelled).
- **Earning Trust.** Having empathy as the basis for developing an understanding of children's lives and how their experiences have affected them, recognising that building mutual trust and respect takes consistency and time. Active curiosity towards how Black and Minority Ethnic groups may view and experience services and the impact of this upon trust-building. Lived experience gives practitioners credibility which enables relationships of trust and mutual respect to be established. Need for practitioners to act as advocates for children.
- **Reflective Use of Self.** Consideration towards how practitioners themselves may be perceived (e.g., females as carers and nurturers, males as protectors and providers). Self-reflective awareness regarding how a practitioner's actions, language, and choices may be perceived by children within the context of their experiences. Understanding of positionality, how practitioners position themselves, or are positioned by the community and child; gender, clothing, credibility has an impact.
- **Relational Focus.** Understanding of the importance of relationship-based practice within the context of abuse, coercion, and trauma. Focusing upon providing a consistent, and non-judgemental relationship, developing deep understanding of the lives of children affected by CCE and the challenges they face.



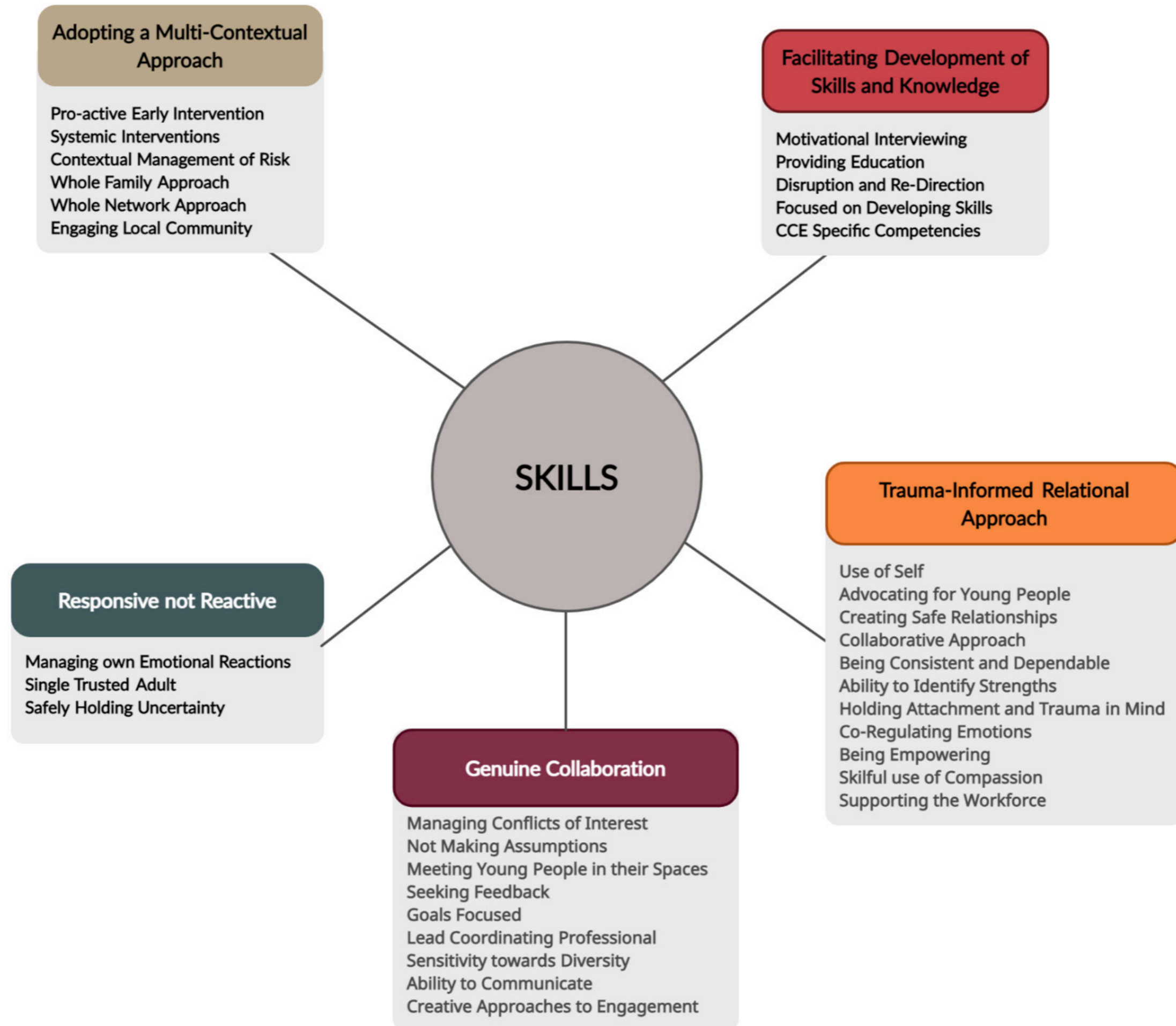
- **Rapid Normalisation.** Understanding the process by which violence can become quickly normalised within OCG culture, how perpetrators may exploit a child's need for sense of belonging and value to influence the risks they are prepared to take. Developmentally 'typical' risk taking behaviours exploited by perpetrators, to appear alluring and seductive. Criminal behaviour reframed in terms of entrepreneurship, income-generation, not in terms of crime.
- **Barriers to Leaving.** Knowledge of external factors children might face as a barriers to leaving, such as housing, debt bondage. Knowledge of internal factors children might face as a barrier to leaving, such as attachment / bonding, social status, identity, sense of loyalty. Approachability of services may be a barrier for children, i.e., feeling unable to seek support from services, lack of faith that services can offer adequate protection.
- **Code of the Street.** Understanding the model in which CCE 'county lines' operates is essential, to promote engagement and protect safety of children, families, and practitioners. Understanding language, both verbal and non-verbal. Children felt it was important that practitioners had a good understanding of what types of problems they are facing, so they can be informed enough to help them out.
- **Exploitation and Grooming Techniques.** The role of social media in enabling exploitation, tactics developed by OCG networks to coach children not to engage with professionals, and to avoid missing episodes (making it harder to detect CCE). Promise of money, drugs, food, lifestyle. Psychological methods to enforce compliance.
- **Conditions of Violence.** Understanding the conditions of victims, forms of cuckooing, appreciation of the nature and severity of risks children might face, capacity to mentalise the child's experience (i.e., what might living under constant high levels of threat be like for this child, how might this affect them). Awareness of the violence children may be subject to both indirectly and indirectly (e.g., witnessing sexual assaults, physical attacks against others).
- **Masculinity and Power.** OCGs may use particular techniques and methods to incorporate ideas of manhood, usually hyper-masculinity. Gender used to command respect and exert power and control.

- **Children are Victims First.** Holding the 'victim-perpetrator' dichotomy in mind, children may be both and should be seen as victims first and foremost, appreciating that criminal activity may result from exploitation. Focusing on the OCG as perpetrators. Therefore, focusing upon the risk's children face, rather than the risks they may pose. Being aware that to protect and defend against feelings of vulnerability, children may frame their exploitation in terms of autonomous choice rather than victimisation.
- **Fear and Danger.** In depth understanding of the risks to life faced by children involved in, or trying to exit 'county lines', particularly with regard to drug debt. Understanding of the impact of psychological coercion and how this may affect perceptions of fear and danger, and a child's willingness to reach out for support (barriers).
- **Process of Psychological Coercion.** Knowledge and awareness of the process of psychological coercion, and cycles of abuse, and how this affects children and the barriers they face in relation to leaving. Awareness that the OCG may use several methods to groom the child, and to enforce compliance, e.g., isolation from support network, distorting reality ('gaslighting'), deprivation of resources, surveillance and monitoring via social media and phones. Professionals said it was important for practitioners to be aware, within the context of coercive control, that threats can and are often made against the child's family, and therefore the child can believe they are protecting family members through their actions.
- **Psychological and Emotional Impact.** Understanding how coercive control and interpersonal violence affects the way children manage emotions and respond. Knowledge and awareness of the process of psychological coercion, how this affects the child, and how to support this. Awareness that the child is likely to have been 'groomed' or 'coached' to not engage with professionals or respond in ways to achieve pre-determined responses. Understanding the coercive control will affect how a child behaves in other settings (e.g. higher risk of bullying in school- perpetrator and victim). Development of mental health difficulties as understandable responses to the abuse and coercion; this may take the form of substance misuse. Girls affected by CCE may particularly report fear and a sense of lacking choice and autonomy, treated as disposable objects.

Push and Pull Factors

- **Emotional Vulnerabilities.** Tendency for children affected by CCE to view themselves as worthless, or otherwise show signs of low self-esteem and self-worth. This may be a vulnerability in terms of children viewing themselves as perhaps deserving of ill-treatment. Role of social, emotional, psychological, relational factors. In terms of emotional vulnerability, professionals explained the importance of also being aware that a child can be manipulated to have an exaggerated sense of self, and sense of invincibility, which can be particularly dangerous, and difficult to penetrate.
- **Dynamics within social and family network.** Holding in mind risk factors, e.g., association with someone affected by CCE, access to social media, alongside the need to avoid stereotyping children. Children from 'loving homes' are also exploited; perpetrators exploit the child's immature brain. Vulnerabilities within family and social relationships, e.g., conflict, antipathy, rejection.
- **Gender Differences.** Understanding that the 'push and pull' factors may be different for boys and girls affected by CCE. Understanding the roles of shame and humiliation and how these may be a consequence of CCE, but also a push towards 'county lines' (e.g., refusing to claim benefits because of humiliation limits alternative options for generating income).
- **Exploitation of Developmental Needs and Drives.** Exploiting the natural tendency for children towards risk taking, achieving a 'buzz' and sense of autonomy and freedom. Exploiting a child's natural drive towards gaining approval, connection and belonging from peers and older adolescents. Caregivers emphasised they felt it was important that practitioners had an understanding of the psychology of children, and of child development. Caregivers valued the experience of practitioners and them being able to apply this to the individual needs of their child.
- **Socio, Economic and Political Factors.** The role of psychological, emotional, social and relational factors in terms of vulnerability. Awareness of how inequality and marginalisation, and deindustrialisation, have contributed towards "grafting drugs" as a main way of generating income. Motivation of a promised lifestyle, access to drugs / money. Knowledge that risk factors don't always act as predictors, common indicators of vulnerability not present in the lives of many children subject to CCE, besides from school exclusion.

High level summary of what skills are needed for Cultural Competence relating to Criminal Exploitation



Trauma Informed Relational Approach

- **Being Empowering.** Supporting children and families to gain awareness of their own abilities and control, moving away from 'passive victim.' Supporting children to develop positive self-identities.
- **Skilful Use of Compassion.** Being able to mentalise the child's and family's experience, understand concerns from their perspective, deep understanding of how they have experienced situations within the context of them as people and their life experiences.
- **Co-Regulating Emotions.** Regulating the 'emotional temperature' of interactions, knowing how and when to combine challenging and safe topics of conversation. Being able to provide children with the opportunity to fully express a range of emotions, not making assumptions or imposing own views.
- **Holding Attachment and Trauma in Mind.** Having a solid understanding of complex developmental trauma and the skills required to support children affected by this, in all interactions being 'trauma reducing' through words and actions, not 'trauma inducing.' Being able to educate children about the impact of trauma, and both normalise and validate their reactions. Managing all aspects of the relationship with a child with attachment and trauma in mind, e.g., well-prepared and managed endings.
- **Ability to Identify Strengths.** Starting off the relationship finding out about the child, their interests, what they enjoy. Encouraging all professionals to adopt a strengths-based approach with the child and the whole family, working to the child's strong points. Noticing strengths, and paying compliments. Children reported it was useful for practitioners to be aware of their strengths and difficulties, in order to be able to help them to improve.
- **Being Consistent and Dependable.** Children having stable access to a safe practitioner throughout their whole journey in services, 'walking side-by-side.' Providing predictability and structure, e.g., meetings at the same time, but also being responsive to engage in critical moments.
- **Collaborative Approach.** Doing with, not doing 'to' the child. Working at the child's pace, not forcing disclosures. Promoting the child's choice and increasing autonomy, naming explicitly that it is OK not to disclose, working in a way which communicates the child has a right to choose.
- **Advocating for Young People.** Being capable of advocating and negotiating for the child on their behalf, especially with other agencies and in terms of accessing education.
- **Creating Safe Relationships.** Ability to engage in dialogue, critically interrogate actions and opinions, create safety plans, identify opportunities to engage with other support, engaging children on the street. Contracting for safety with the child, thinking together about how to make conversations feel safe.
- **Use of Self.** Being a role-model in every interaction, self-reflection and knowledge about practitioner's own strengths, weaknesses, limitations, blind spots, emotional awareness and intelligence. Ability to avoid imposing own views and biases. Using processes to manage potential de-sensitisation to risk / CCE / impact of CCE upon children and families. Practitioners being aware of their own stance, views, biases, privileges, protected characteristics, and how these might interact with the child's differences to affect the working relationship.
- **Supporting the Workforce.** Professionals emphasised the need, within a trauma-informed approach, to meaningfully consider and support emotional safety across the workforce. Providing careful management, supervision, and opportunity to reflect confidentially on this.

Adopting a Multi-Contextual Approach

- **Pro-Active Early Intervention.** Being skilled at intervening early, recognising especially the vulnerability of siblings and targeting siblings not yet involved in criminal behaviour. Focusing on 11 – 14 year old age range especially.
- **Systemic Interventions.** Ability to draw upon systemic models to inform ways of working, e.g., Bronfenbrenner's (1979) social ecological model as a framework for understanding the multiple contextual risk factors and influences at an individual, family, peer, school, and neighbourhood level. Specific systemic interventions, e.g., Multi-Systemic Therapy are also likely to be useful.
- **Whole Network Approach.** Ability to work contextually with the whole system, not just individually with the child and their family. Building close relationships with key partners and all involved practitioners, supporting children to engage with other agencies. Think multi-agency every step of the way, not working in isolation. The often timelined nature of project funding can impact on service delivery. The direct work can be affected as practitioners shift their focus to the need to look for new jobs or re-apply for their existing posts.
- **Whole Family Approach.** Adopting a whole-family focus, ensuring that there is a network of support for the family too. Moving assessment focus away from parenting capacity, towards assessing what is known about the family and extra-familial factors and how this might affect a child's vulnerability. Improving family relationships and family cohesion. Ability to educate families and parents in the initial stages of having concerns about CCE / 'county lines', grooming, exploitation. Being able to formulate and understand parents' own responses and reactions to the risks their children faces, avoiding the default of 'they're not interested' or 'won't engage.' Empowering parents and caregivers to effectively parent, care for, and manage their children. Children said it was important for practitioners to have an understanding of their home life, so that they can be open about it and find a way to tackle the difficulties they are facing.

- **Contextual Management of Risk.** Working with the whole system, working contextually. "Contextual Risk requires a Contextual Approach". Developed understanding of, and skills in using, contextual safeguarding approaches.
- **Engaging Local Community.** Ability to build relationships within the local community, reaching out to others in the community, such as businesses, older gang members, professionals, and forming relationships with people in the child's context and local area as well as with them individually.

Responsive not Reactive

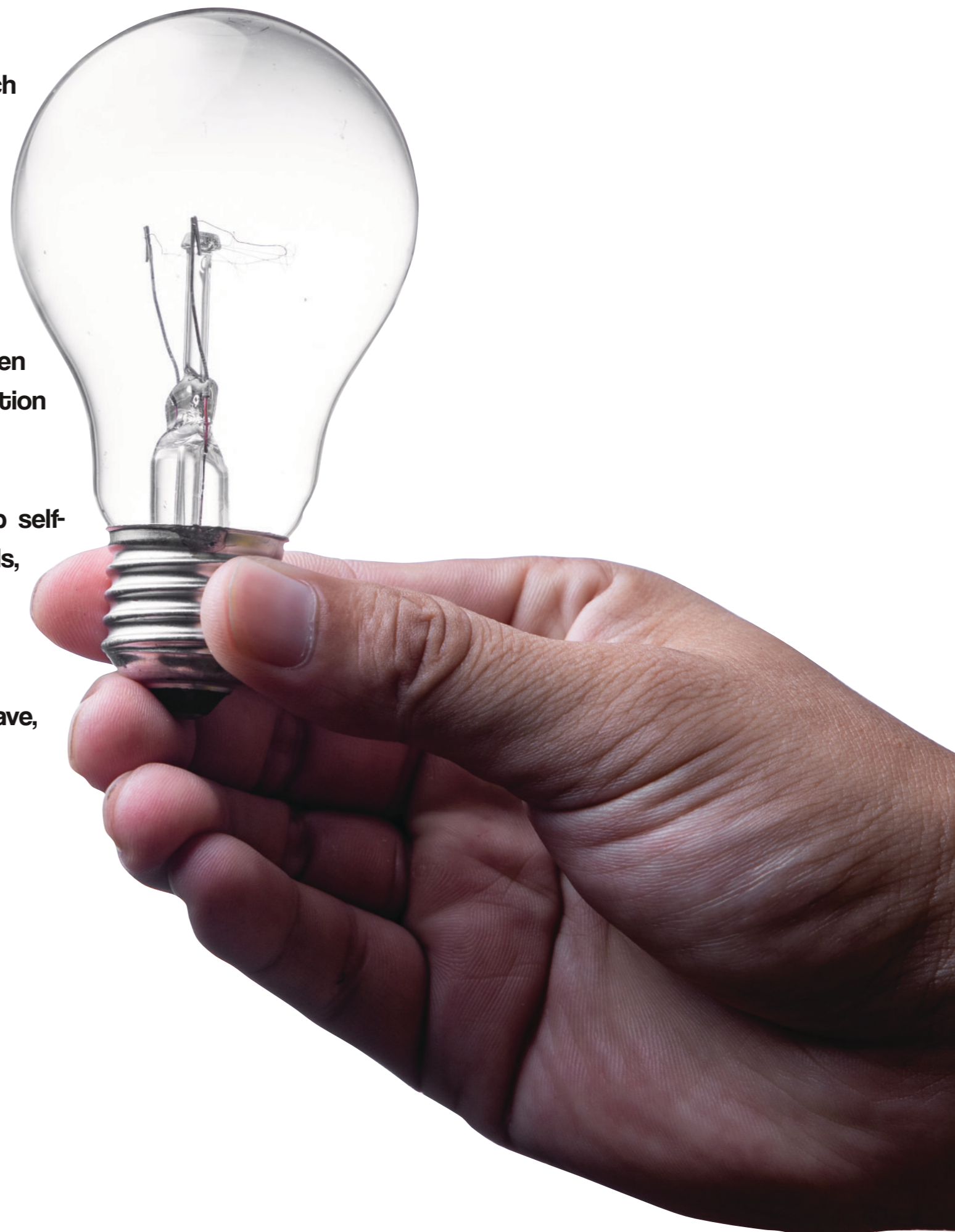
- **Safely Holding Uncertainty.** Finding ways to feel comfortable with not knowing all information and risks a child might face, recognising that overly interventionist approaches can be counter-productive and have the effect of pushing children away from the very services designed to protect them.
- **Managing Own Emotional Reactions.** Being able to tolerate and hold high levels of emotion, not showing shock or surprise, providing a respectful and accepting space so children can express their full range of feelings.
- **Single Trusted Adult.** Working in a way which prioritises a 'team around the relationship' approach, avoiding the tendency to engage more and more services in a child's life, focusing on the one or two key existing relationships they have. Practitioners from across the system working together in a consistent way, to support whoever has the lead relationship with the young person. Children emphasised the importance of trust; and felt that if this isn't there at the start, trust and loyalty can be built and probably improved.

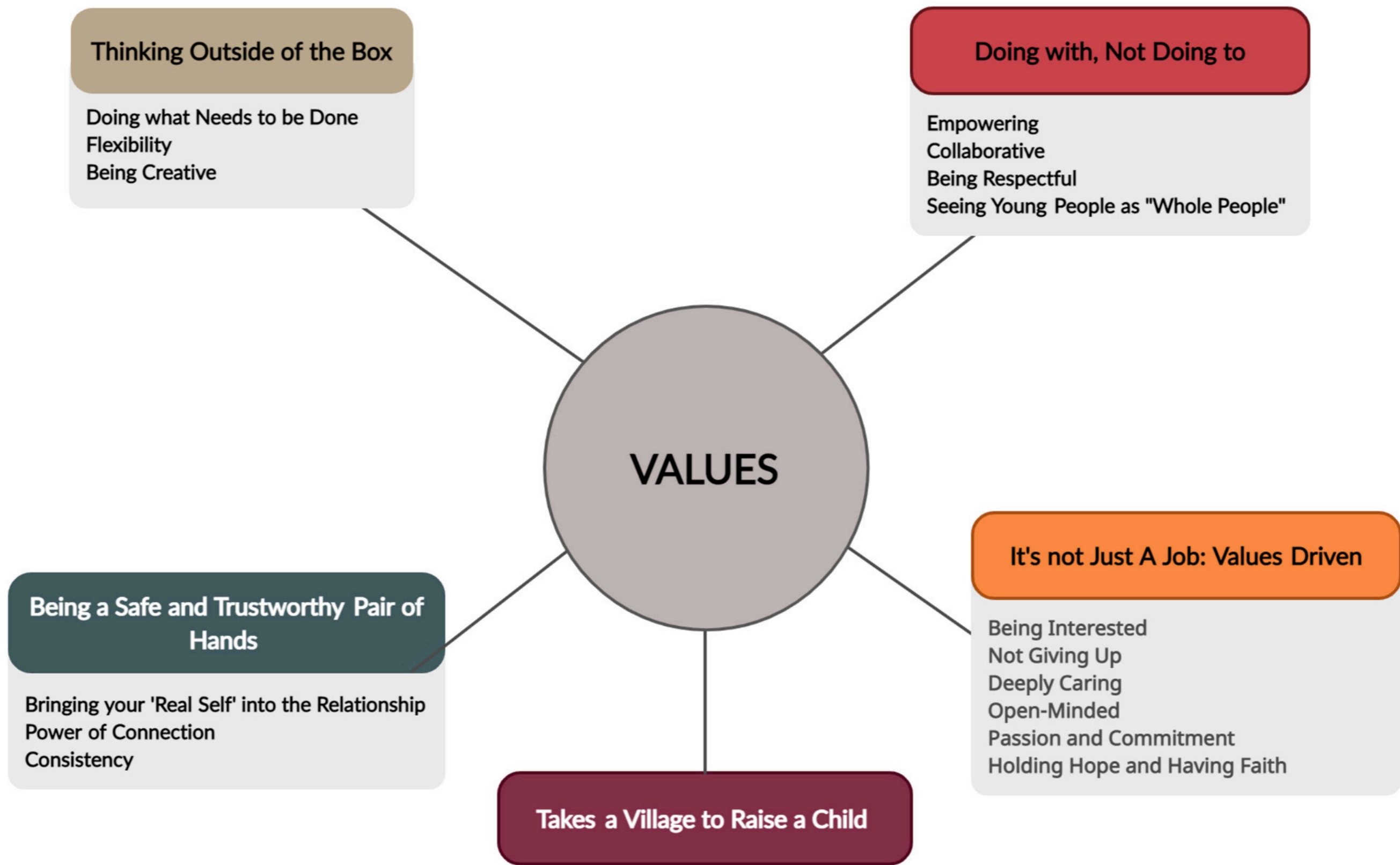
Genuine Collaboration

- **Not Making Assumptions.** Providing children with opportunities to fully express themselves, and ambivalent feelings they may have about different people or circumstances, not assuming what a child's feelings or perceptions might be. Children reflected that it's important to feel as though practitioners are really listening to them, demonstrating empathy within this, and not acting as though they know what the child is going to say before they say it. Children emphasised the importance of active listening. Children felt that it was useful to feel as though they could talk about anything and not feel judged. Some emphasised the importance of practitioners not having pre-conceived ideas, or judging the child based on what others might say about them.
- **Meet Young People in their Spaces.** Engagement in the 'real world', 'on the street', being flexible in contact and meeting spaces, being available on the phone, being aware that due to the child's circumstances they may need text reminders of meetings.
- **Seeking Feedback.** Using processes such as asking for verbal feedback, or using scaling questions, to check how the child is feeling about their work with the practitioner.
- **Goals Focused.** Targeting support and interventions upon the impact of experiences on everyday life and relationships, rather than focusing on violence or behaviour itself. Working with children to define and set their own goals, helping them set achievable tasks each week (realistic expectations) to help reach these.
- **Lead Coordinating Professional.** One practitioner taking on a lead coordinating role for the child, allowing other practitioners to develop the relationships required as being about positive change. This would also avoid practitioners appearing disingenuous in their attempts to engage young people, which might otherwise lead to superficial exchanges.
- **Sensitivity towards Diversity.** Ability to deliver sensitive work, based upon the child's individual experiences.
- **Ability to Communicate.** Being child-centred and using language appropriate to the child's level of understanding, using open-ended questions, paying attention to body language and behaviour. As well as listening, children reported that they felt practitioners needed to have excellent communication skills and the ability to 'share' and 'discuss' rather than just 'teach' and/or 'tell'. Children felt it was important that they were able to work with someone who knows how to make them laugh, or that has a good sense of humour and does not deal with everything too seriously. Professionals agreed that humour is important.
- **Creative Approaches to Engagement.** Being able to use a variety of approaches to engaging and working with children, e.g., music, play, drawing, creative expression, verbal and non-verbal activities. Ability to engage children in a range of recreational activities, these can help to provide: cooperation, perseverance/consistency, structure/supervision, mentoring/coaching, targeting. This can provide: positive role models, nurturing prosocial relationships, teaching life skills, offering diversion and safety, leading to meaningful reappraisals for children.
- **Managing Conflicts of Interest.** Being open and transparent. Children valued practitioners being open about how they would use their information, and whilst they felt it could be helpful to know some details of what they talked about with the practitioner wouldn't go any further, they also reflected that just knowing who practitioners were sharing information with and why was important and reassuring.

Facilitating Development of Skills and Knowledge

- **Motivational Interviewing.** Knowledge and skills about how to use this approach to ignite and intensify a young person's internal motivation for change.
- **Providing Information.** Ability to educate the child about abuse, consent, coercion; recognising that children may have limited knowledge and understanding about these issues.
- **Disruption and Re-Direction.** Being capable of working intensively with children to disrupt and redirect them, and using techniques such as critical interrogation to support them with disengaging from risky situations.
- **Focused on Developing Skills.** Using evidence-based techniques to develop self-esteem, self-efficacy, communication (assertiveness), critical thinking, life skills, and problem-solving. Young people felt that practitioners should be able to share life skills with them.
- **CCE Specific Competencies.** Being skilled in, or able to access those who have, specialist skills specifically associated with CCE, such as gang exit strategies.





Thinking Outside of the Box

- **Flexibility.** Recognising that in order to be accessible, approach and style driven by the need for flexibility, not just in terms of adapting approach, but practical considerations such as functioning out of office hours, meeting children in locations of their choosing, using other ways to connect (e.g., text message), variable appointment lengths. Being responsive and reactive to needs 'in the moment.' Professionals highlighted the importance of being able to swiftly adapt to meet the child's needs, of knowing when to use humour, when to be serious, when to talk, when to listen, when to educate, and when to be led by the child.
- **Being Creative.** Embodying an approach which values using diverse and creative ways to connect and work with children and families. Children felt it was nice when practitioners were able to care for them by buying them drinks or having some food with workers.
- **Doing what Needs to be Done.** Being driven by the belief that sometimes it's necessary to 'go above and beyond' for children and their families, being flexible to take support to the child, and adapt professional style and the nature of the support offered in order to meet the unique needs each child might have. Professionals emphasised that 'going above and beyond' can pose risks to practitioners, and that by doing this constantly this can lead to moral injury (i.e., facing situations which we can't always change upsets us because we want better for the child, bad things happen to the child) which in turn can lead to burnout.

This burnout can lead to a shift in perceptions about what is acceptable for children and could lead to practitioners becoming desensitised to their situations or extreme risk/neglect/abuse, as an internal coping strategy. They emphasised the importance of clarity in terms of expectations for practitioners, e.g., 'going above and beyond' in terms of supporting young people with tasks like writing a job application, even if the service outcomes are about something else, rather than working extra hours/being constantly on call. Supporting

children with the things that are important to them when they need it. This requires planning rather than responding in an ad hoc way.

Doing With, not Doing To

- **Empowering.** All interactions underpinned by the belief that a child's status as a victim of CCE does not prevent them having capacity, opinions, agency, and that children should be involved in decisions about their care wherever possible. Actively working with children to build self-efficacy, focusing on strengths, capacities, resources.
- **Collaborative.** Driven by values of working with children, not adopting an 'expert' position, treating children as partners; appreciating all children bring to the relationship, ensuring they feel validated and listened to. Allowing children to lead conversations, avoiding punitive and controlling responses. Regularly seeking feedback from the child, being humble and taking equal responsibility for the working relationship. Utilising the experience of ex-gang members. Supporting, not teaching. Children said that they wanted practitioners to be able to share information with them and help them to understand some of the adult / professional language and phrases that get used with them, so the child knows what they are doing and what they are learning.
- **Being Respectful.** Believing and working in a way which demonstrates children and families are deserving of respect, a non-judgemental stance, deep compassion. Being mindful of the impact of gender, ethnicity, and economic status upon children, and on their relationship with you, and actively working in an anti-oppressive manner. Children felt manners were important, and value practitioners who are polite to them and their families.
- **Seeing Young People as 'Whole People'.** Engaging children as whole people, being interested in them as people outside of their experiences and reasons for contact with services, appreciating children and families for who they are within the context of their lives, striving to understand the impact of CCE upon individual children, parents, families; tailoring and adapting interventions based upon unique individual and family needs.

Being a Safe and Trustworthy Pair of Hands

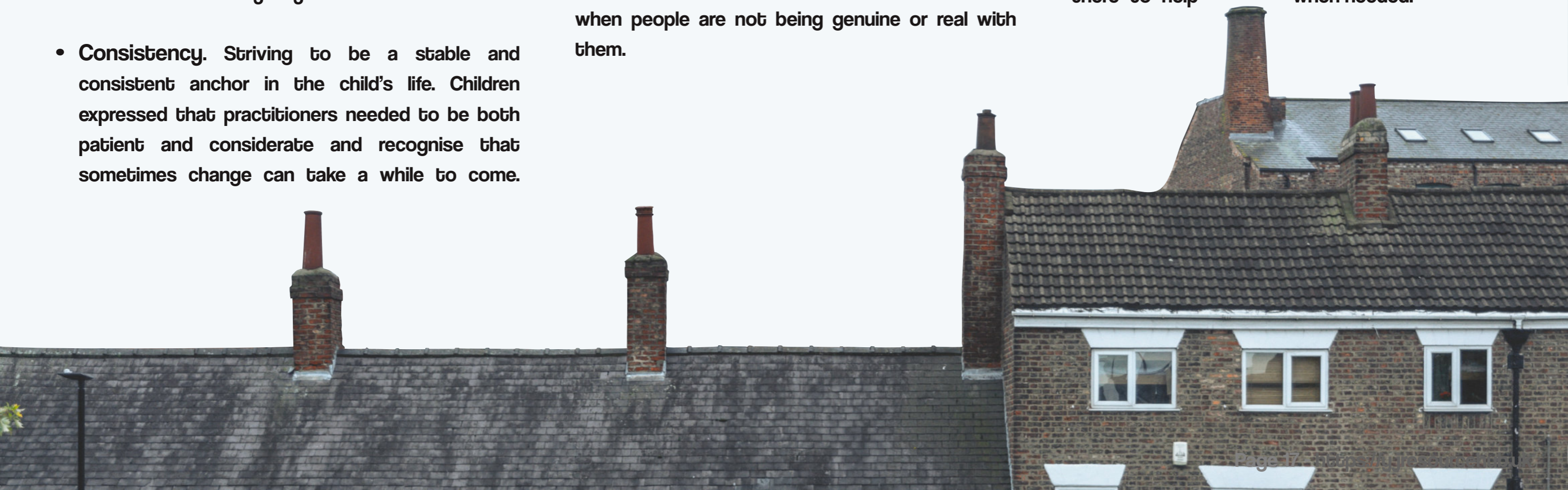
- **Use of legitimate authority.** Being open, honest, clear about role and boundaries. Being reliable.
- **Power of Connection.** Embodying the importance of being a relational role model for children. Genuine and authentic relationship-based practice. Being responsive and reactive to needs 'in the moment' Acknowledging this is not 'surface level', and the time required to achieve this. Person-centred, seeing and appreciating children and families for who they are. Striving to understand the lived experience and impact of CCE upon individual children, parents and families. Use of self, and responding in a kind, warm, calm, gentle, sensitive and friendly way.
- **Consistency.** Striving to be a stable and consistent anchor in the child's life. Children expressed that practitioners needed to be both patient and considerate and recognise that sometimes change can take a while to come.

Children felt that practitioners sticking by them proves the practitioner is invested, which in turn makes the child feel valued.

- **Bringing your 'Real Self' into the Relationship.** Being honest and real, practitioners not trying to be what they think young people want, practitioners bringing themselves into the relationship, naturally and authentically, 'not speaking out of a textbook.' Children highlighted the need for practitioners to be honest. They expressed how some people tell you what they've been told to say, but it's better when practitioners can talk from their own experience because it means more. Children emphasised the need for practitioners not to be "fake gangstas" and for practitioners to be genuine within their interactions. Professionals also emphasised the importance of being genuine, and felt children know when people are not being genuine or real with them.

Takes a Village to Raise a Child

- Fundamentally believing that a whole systems approach is required to understand, and support children and their families affected by CCE, and that to be successful, community acceptance, social capital, and support is needed. Working in partnership with local community leaders, parents, and others to understand children within their local contexts, and involving partners and parents and children in all aspects of safety planning. Appreciating the need for a whole-system model that understands and addresses both causes and effects of CCE. Children favoured an approach where practitioners worked with them and their whole family. Children often had a sense of effective practitioners as nurturing figures, of being there to help when needed.



It's Not Just a Job: Values Driven

- **Being Interested.** Being responsive and interested in the happiness, hobbies, interests, views, perceptions and opinions of the child and their family. Listening carefully. Children emphasised the importance of practitioners really getting to know them as a person.
- **Not Giving Up.** Appreciating that trust takes considerable time to build, and that time needs to be taken to earn the trust of the child and their families. Being persistent, tenacious and dedicated in the face of challenges. Deeply Caring. Being concerned about how children and their families feel. Caring and supportive, showing empathy and compassion, thinking 'child' and 'victim' first, and avoid blaming the child; focusing on the perpetrator's harmful behaviour, not the child's way of coping, or reactions. Focusing on children's skills, capacities, resources. Discovering 'details of the responses to trauma' rather than focusing on the detail of the trauma itself. Inherently finding the child valuable as a person (self-esteem / self-confidence building).
- **Open-Minded.** Valuing difference, being mindful and reflective about issues of diversity and how this may affect the experience of children and their families, as well as their relationships with practitioners and services. Children emphasised that they felt practitioners needed to have an open mind towards other cultures, and religions different to their own. Attempts by practitioners to familiarise themselves with ethic and youth culture were valued.
- **Passion and Commitment.** Coming to the work with dynamic energy, enthusiasm, humour, empathy and maturity. Children felt it was important that practitioners enjoyed their job and reported that they felt if practitioners didn't enjoy their job then they wouldn't be good at it.
- **Holding Hope and Having Faith.** Believing that change is possible, that young people are redeemable. Challenging self-fulfilling prophecies. Understanding that engaging young people will require dedication, tenacity, and persistence in the face of frequent challenges. Children emphasised the importance of making sure practitioners are there for that child. Children and caregivers expressed that they felt practitioners needed to believe in each child and be committed to supporting them reach their potential.

Audio and Video Discussions Linked To Cultural Competence

This page has links to videos and audio files on YouTube that were recorded specifically for this toolkit. Each link is a specific video related to sections of this report. There is also a single video which combines all discussion. Please click on the links to view the videos and audio



- [Video 1: The victim / perpetrator overlap](#)
- [Video 2: Remaining curious](#)
- [Video 3: Creating opportunities](#)
- [Video 4: Going deeper](#)
- [Video 5: Being credible](#)
- [Video 6: Variations in the model](#)
- [Video 7: Stepping back](#)
- [Video 8: The cash cow and recruitment](#)
- [Video 9: Online and financial exploitation](#)
- [Video 10: Advertising](#)
- [Video 11: “Being the best I can be” creativity and support](#)
- [Video 12: Use of supervision](#)



- [Audio 1: Services and interventions](#)
- [Audio 2: How families are affected](#)
- [Audio 3: Barriers to leaving](#)
- [Audio 4: Being collaborative](#)
- [Audio 5: Coercion and control](#)
- [Audio 6: Why are children easy to exploit?](#)
- [Audio 7: Why cant children see that they are being used?](#)
- [Audio 8: Why cant children just leave?](#)
- [Audio 9: What are the benefits of a trauma informed approach?](#)
- [Audio 10: Trauma informed skills](#)
- [Audio 11: Working as a system](#)

APPENDIX A: Seeking Feedback from Young People and Caregivers

Knowledge: What do workers need to KNOW to be good at working with young people / families?	Skills: What SKILLS do workers need to have to be good at working with young people / families?	Values: What BELIEFS and VALUES do workers need to have to be good at working with young people / families?
<p>Prompts, what about:</p> <ol style="list-style-type: none"> 1. <i>Workers need to be 'credible'? Know how to fit in in the local area, understand the 'code of the street'</i> 2. <i>Spending time really getting to know young people / families, taking time to build trust?</i> 3. <i>Knowing how going through 'tough stuff' [trauma] affects young people and families, and how they respond and behave?</i> 4. <i>Being aware of the risks and dangers young people and their families might face?</i> 5. <i>Knowing when to offer support / reach out, the best time to help, and what services and supports might be useful?</i> 6. <i>Knowing a young person's strengths, being able to draw these out and build on them?</i> 7. <i>Understanding the pressure and control young people and families might be placed under to act certain ways / do certain things?</i> 8. <i>Understanding why it's difficult to get out of that life?</i> 	<p>Prompts, what about:</p> <ol style="list-style-type: none"> 1. <i>Workers being able to support young people to learn, and develop new skills?</i> 2. <i>Being able to motivate young people and families?</i> 3. <i>Know how to re-direct young people away from what they're involved with?</i> 4. <i>Working with everyone in the young person's life, not just the young person? (family, school, local area)</i> 5. <i>Avoid involving too many professionals, focusing on relationships with one or two people?</i> 	<p>Prompts, what about:</p> <ol style="list-style-type: none"> 1. <i>Working alongside young people and families, making decisions together? Doing with, not doing to.</i> 2. <i>Being respectful, and interested in the young person as a person, not just about their behaviour?</i> 3. <i>Being creative and flexible in how, where and when to meet with young people, and talk with them?</i> 4. <i>Being passionate about working with young people, and deeply caring about them?</i> 5. <i>Believing in young people, believing they can reach their goals?</i> 6. <i>Being real, not fake, building real relationships with young people and families?</i> 7. <i>Sticking to their word, e.g. turning up when they say they will, doing what they say they will?</i> 8. <i>Important to work with everyone involved in a young person's life, not just the young person, i.e. family, school, friends, local area?</i>
<p>Is there anything we have missed, which you think is important for workers to know to be effective at working with young people and families?</p>	<p>Is there anything we have missed, which you think is important for workers to be able to do, in order to be effective at working with young people and families?</p>	<p>Is there anything we have missed, which you think is important for workers to be like, in order to be effective at working with young people and families?</p>

APPENDIX B: Further Information & Podcasts



Links were live as of 04-11-2021

Podcasts:

[PowerTalk S2 Ep2 Grace Robinson - County Lines and Child Criminal Exploitation - YouTube](#)

[Keep It Moving - It does not have to end the same way it started - YouTube](#)

YouTube:

[Who do you have around you? - YouTube](#)

[Parents lift the lid on the damage county lines does to families | ITV News - YouTube](#)

[5 Big Questions for Parents/Caregivers who are worried about their young people and gangs - YouTube](#)

[Paul Mckenzie interviews drug dealer who targets the youth to sell their drugs #UKStreet - YouTube](#)

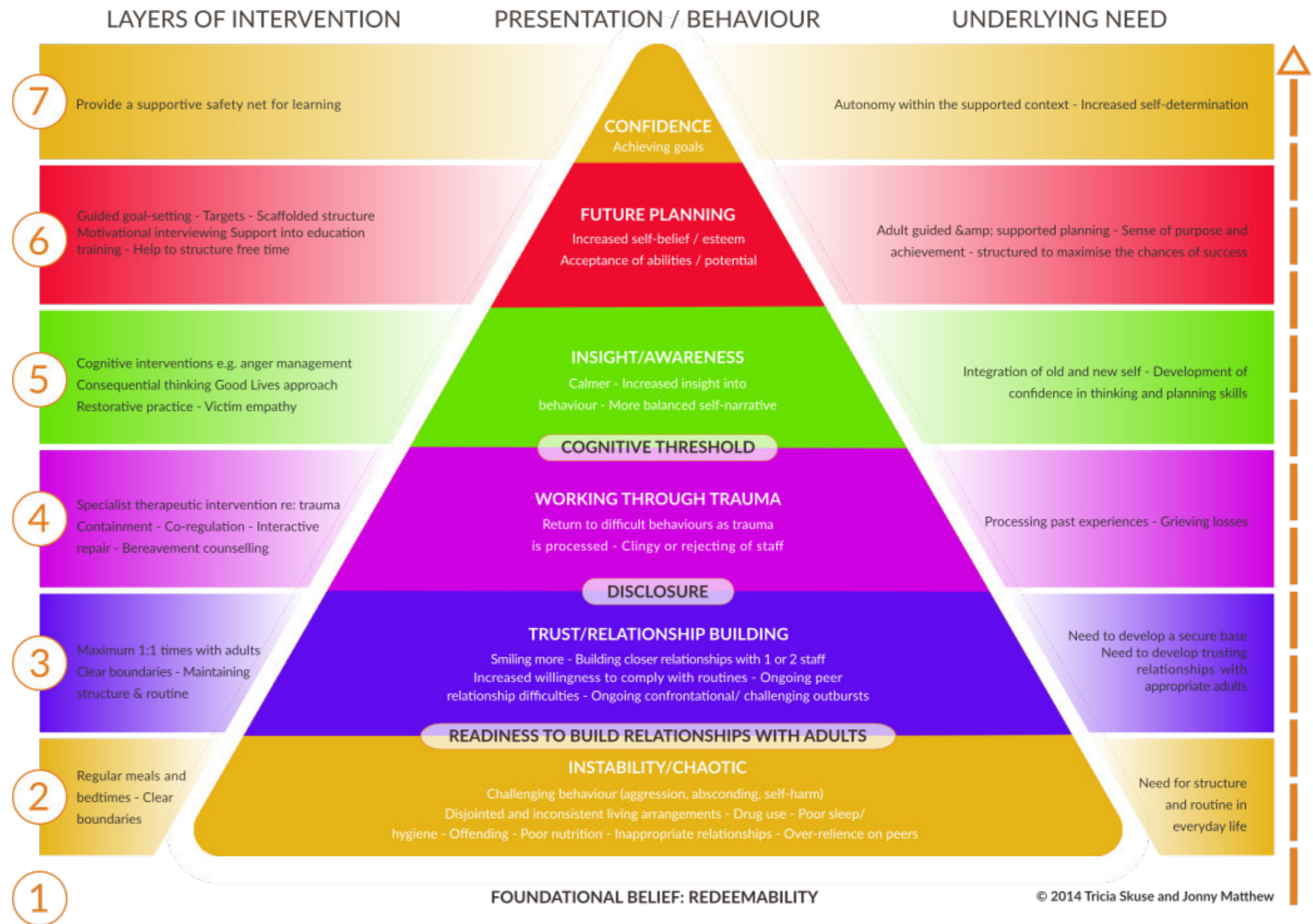
Other resources:

Dalenberg, C. J. (2004). Maintaining the safe and effective therapeutic relationship in the context of distrust and anger: Countertransference and complex trauma. *Psychotherapy: Theory, Research, Practice, Training*, 41(4): 438–447.

Range of FREE resources relating to trauma [Resources \(beaconhouse.org.uk\)](https://beaconhouse.org.uk)

- Recommendations: Developmental trauma [DT-Van-Der-Kolk \(beaconhouse.org.uk\)](https://beaconhouse.org.uk)
- Bringing hidden needs to the surface [Hidden Needs \(beaconhouse.org.uk\)](https://beaconhouse.org.uk)

The Trauma Recovery Model is a road map to help professionals care for and guide troubled people towards recovery. It's a composite model; combining theories of child development, attachment and neuroscience with hands on practitioner skills. It provides practical guidelines for knowing which interventions to use and when. This means practitioners understand the psychological needs that underpin behaviours and can identify the types of interventions that best address those needs.



- Andell P. and Pitts J. (2017) Preventing the violent and sexual victimisation of vulnerable-gang involved and gang-affected children and young people in Ipswich. A Report for Suffolk's Public Health and Community Safety Team. <https://www.uos.ac.uk/sites/default/files/YGV%20-%20Final%20Report%20-%202016-08-2017.pdf>
- Berdychevsky, L., Stodolska, M., & Shinew, J. (2019). The roles of recreation in the prevention, intervention, and rehabilitation programs addressing youth gang involvement and violence. *Leisure Sciences*.
- Boulton, L., Phythian, R., & Kirby, S. (2019). Diverting young men from gangs: a qualitative evaluation. *Policing: an international journal of police strategies and management*, 42(5): 887-900.
- Children's Commissioner. (2017). Children's voices: a review of evidence on the subjective wellbeing of children involved in gangs in England. Retrieved from <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2017/11/Childrens-Voices-A-review-of-evidence-on-the-subjective-wellbeing-of-children-involved-in-gangs-in-England-2.pdf>
- Dalenberg, C. J. (2004). Maintaining the safe and effective therapeutic relationship in the context of distrust and anger: Countertransference and complex trauma. *Psychotherapy: Theory, Research, Practice, Training*, 41(4): 438-447.
- Dando, C. (2020). Psychology used to groom children for County Lines. *Psychology Today: Forensic Insights*.
- Fellin, L.C. Callaghan, J.E.M., Alexander, J.H., Harrison-Breed, C., Mavrou, S., & Papathanasiou, M. (2019). Empowering young people who experienced domestic violence and abuse: the development of a group therapy intervention. *Clinical Child Psychology and Psychiatry*, 24(1): 170-189.
- Frisby-Osman, S. & Wood, J.L (2020). Rethinking how we view gang members: An examination into affective, behavioural and mental health predictors of UK gang-involved youth. *Youth Justice*, 20 (1-2); 93 – 112.
- Fritz, D., Olatan, P., & Firmin, C. (2016). Practitioner Briefing #5: The role of detached youth work in creating safety for young people in public spaces. Retrieved from <https://csnetwork.org.uk/assets/documents/Briefing-5-detached-youth-work.pdf>
- Gómez, J. M. (2020). Trainee perspectives on relational cultural therapy and cultural competency in supervision of trauma cases. *Journal of Psychotherapy Integration*, 30(1): 60-66.
- Hallett, S., Verbruggen, J., Buckley, K., & Robinson, A. (2019). 'Keeping safe' an analysis of the outcomes of work with sexually exploited young people in Wales. Retrieved from https://www.cardiff.ac.uk/_data/assets/pdf_file/0007/1553596/KEEPING_SAFE_FULL_RESEARCH_REPORT_2019_ENG.pdf
- Harding, S. (2020). *County Lines. Exploitation and Drug Dealing Among Urban Street Gangs*. Bristol University Press.
- Henggeler, S.W., & Schaeffer, C.M. (2016). Multisystemic therapy: clinical overview, outcomes, and implementation research. *Family Process*, 55(3): 514-528.
- Hesketh, R.F. & Robinson, G. (2019). Grafting: "the boyz" just doing business? Deviant entrepreneurship in street gangs. *Safer Communities*, 18(2): 54-63.

Hudek, J. (2018). County lines scoping report. Retrieved from <https://www.basw.co.uk/system/files/resources/County%20Lines%20Scoping%20Report%20May%202018%20designed.pdf>

Hudek, J. (2018). Evaluation of county lines pilot project. Retrieved from https://www.stgilestrust.org.uk/storage/web/source/en-US/our-impact/evaluations-into-our-work/work-with-young-people/evaluation-into-the-kent-county-lines-pilot-project/county-lines-demonstration-pilot-evaluation-report-may-2018-designed/pdf_County%20Lines%20Demonstration%20Pilot%20-%20Evaluation%20Report%20May%202018%20designed%20%281%29.pdf

Hunter, J., Dickson, J., & Allan, J. (2019). "All of us were broken": An exploratory study into family experiences of child criminal exploitation. Missing People.

Lefevre, M., Hickle, H., Luckock, B. & Ruch, G. (2017). Building Trust with Children and Young People at Risk of Child Sexual Exploitation: The Professional Challenge. British Journal of Social Work, 47; 2456 – 2473.

Levenson, J. (2017). Trauma informed Social Work Practice. Social Work, 62 (2); 105 – 113.

Lewing, B., Doubell, L., Beevers, T. & Acquah, D. (2018). Building Trusted Relationships for Vulnerable Children and Young People with Public Services. London: Early Intervention Foundation

Lloyd, J. & Firmin, C. (2020). No Further Action: Contextualising Social Care Decisions for Children Victimised in Extra-Familial Settings. Youth in Youth Justice, 20 (1-2); 79 – 92.

McLeod, D., & Flood, S. (2018). Coercive control: impacts on children and young people in the family environment: literature review (2018). Retrieved from <https://www.researchinpractice.org.uk/children/publications/2018/december/coercive-control-impacts-on-children-and-young-people-in-the-family-environment-literature-review-2018/>

Mills, S., & Unwin, P. (2020). Perspectives of volunteers and professionals working County Lines. University of Worcester: School of Allied Health and Community.

Molina, J. & Levell, J. (2020). Children's experience of domestic abuse and criminality: a literature review. Victim's Commissioner- England and Wales.

Ormhaug, S. M., Jensen, T. K., Wentzel-Larsen, T., & Shirk, S. R. (2014). The therapeutic alliance in treatment of traumatized youths: Relation to outcome in a randomized clinical trial. Journal of Consulting and Clinical Psychology, 82(1): 52–64.

Osidipe, T., & Palmer, S. (2019). Serious youth violence in Britain: is the public health approach the solution? British Society of Criminology Newsletter, 84, 22-28.

Pinkney, C. (2019). Responding to youth violence through youth work. National Youth Agency. Retrieved from <https://nya.org.uk/wp-content/uploads/2019/12/Responding-to-Youth-Violence-Through-Youth-Work-final.pdf>

Pinkney, C., Robinson-Edwards, S., & Glynn, M. (2018). On road youth work: inside England's Gun Crime Capital. Retrieved from <https://www.youthandpolicy.org/articles/on-road-youth-work/>

Public Health England. (2015). The mental health needs of gang affiliated young people. Centre for Public Health; Liverpool John Moores University.

Rescue and Response Project Analysts. (2019). Rescue and Response County Lines Project Supporting young Londoners affected by county lines exploitation. Retrieved from https://www.london.gov.uk/sites/default/files/rescue_and_response_county_lines_project_strategic_assessment_2019.pdf

Robinson, G., McLean, R., & Densley, J. (2019). Working County Lines: Child Criminal Exploitation and Illicit Drug Dealing in Glasgow and Merseyside. *International Journal of Offender Therapy and Comparative Criminology*, 63(5): 694-711.

SafeLives. (2014). Practice briefing Working with young people experiencing relationship abuse. Retrieved from <https://safelives.org.uk/sites/default/files/resources/Young%20People%20practice%20briefing%20for%20IDVAs%20FINAL.pdf>

Southgate, J. (2011). *Seeing differently: working with girls affected by gangs*. The Griffins Society.

Spicer, J., Moyle, L., Coomber, R. (2019). The variable and evolving nature of ‘cuckooing’ as a form of criminal exploitation in street level drug markets. *Trends in Organised Crime*.

The Child Safeguarding Practice Review Panel. (2020). ‘It was hard to escape’: Safeguarding children at risk from criminal exploitation. London.

Turner, A. (2018). ‘We weren’t set up to deal with this’: How councils have responded to County Lines. *Community Care*.

Urka, A. (2019). *Birmingham Criminal Exploitation and Gang Affiliation Practice Guidance*. Birmingham Children’s Trust.

Watson, D. (2017). Domestic abuse and child protection: women’s experience of social work intervention. Retrieved from <https://www.iriss.org.uk/resources/insights/domestic-abuse-and-child-protection-womens-experience-social-work-intervention>

Whittaker, A., Densley, J., & Moser, K.S. (2020). No two gangs are alike: the digital divide in street gangs’ differential adaptations to social media. *Computers in Human Behaviour*, 110.

Windle, J., Moyle, L., & Coomber, R. (2020). ‘Vulnerable’ Kids Going County: Children and Young People’s Involvement in County Lines Drug Dealing. *Youth Justice*, 20 (1-2); 64 – 78.

Winter, K., Cree, V., Hallett, S., Hadfield., Ruch, G., Morrison, F. & Holland, S. (2017). Effective Communication between Social Workers, Children and Young People. *British Journal Of Social Work* 47; 1427 – 1444

Wood, L. (2020). Child modern slavery, trafficking and health: a practical review of factors contributing to children’s vulnerability and the potential impacts of severe exploitation on health. *BMJ Paediatrics Open*, 4.

Zack, S.E., Castonguay, L.G., Boswell, J.F., McAleavey, A.A., Adelman, R., Kraus, D.R., & Pate, G.A. (2015). Attachment history as a moderator of the alliance outcome relationship in adolescents. *Psychotherapy*, 52(2): 258-267.