clinic and a representative from GU medicine regularly attends monthly practitioner group meetings.

In addition to working to support the young people and provide them with the most appropriate referral or intervention to meet their needs, the Sheffield ACPC Sexual Exploitation Project has also achieved the following:

♦ Produced leaflets and posters to distribute to young people through schools, youth clubs and other agencies providing them with numbers to contact in the event of concerns about sexual exploitation – either for themselves or their friends

♦ Provided multi-agency training to managers and practitioners in various organisations. In the period March 2001 – March 2003, seven training events were held, one for managers and six for practitioners. In all 30 managers and 121 practitioners have received training. The agencies from which those attending the training sessions came are summarised in the tables below

Table 9: *Organisations from which managers have been provided with training by Sheffield Sexual Exploitation Project March 2001-March 2002*

Organisation	Number of managers attending
Voluntary Organisations	9
Sheffield City Council	4
Police	4
Health Authority	4
Education	3
Social Services Department	2
ACPC Representatives	2
YOT	1
Evaluator (University of Luton)	1

Table 10: *Organisations from which practitioners have received training by Sheffield Sexual Exploitation Project March 2001-March 2002*

Organisation	Number Practitioners Attending
Education (including CPLTs)	36
Youth Service (Connexions and Sheffield Futures)	32
Voluntary Sector Organisations	15
Health Authority	12

Social Services Department	10
Police	6
Specialist Drug Workers	5
Sheffield City Council	1
ACPC Representative	1
YOT	1
Evaluator (University of Luton)	1

In addition to these training events, the project also hosted a conference in March 2003, attended by approximately 100 people to launch new referral documents developed by the project. These events have been successful in raising awareness of the issue of commercial sexual exploitation amongst managers and practitioners. The increased number of referrals received by the project since it has been operational demonstrates this.

As well as working with the young women on a one-to-one basis, the youth service provision (*Taking Stock*) has undertaken preventative work with groups of young women in schools and community settings. This work has been conducted in five different sites and has involved approximately 150 young women. The one-to-one contact with young women occurs on a weekly basis and is reviewed on a six-weekly basis. If practitioners consider that the young woman still needs regular support and the young person is still willing to receive it, contact will continue for as long as necessary but becoming less frequent where/when appropriate.

The evidence from practitioners and young people in Sheffield suggests that the Sheffield ACPC project has successfully achieved the following outcomes:
♦ engaging young women and working them to address their behaviour and move them away from risk of becoming involved in commercial sexual exploitation
♦ working to prevent young women from becoming involved by delivering group work to young women in schools and residential homes
♦ providing training to other professionals to raise awareness of the issue. The success of this is demonstrated by the number of referrals, at early stages of risk behaviour, that the project receives

- tracking the young women through the police data system so that they are immediately flagged up as vulnerable should they go missing or come into contact with other statutory services
- referring to sexual health services as appropriate
- providing general advice and support to young people
- improving service delivery to client group through multi-agency planning sessions and development of interagency data sharing protocols

Below we examine what practitioners involved in the projects at both sites say about what they feel they have achieved in their work, what else they feel might need to be done and how they envisage their work might develop in the future.

What the practitioners say

The discussion below is based on data generated from interviews and questionnaires completed with practitioners from both sites. In terms of what they thought worked well about the projects, practitioners from both sites provided very similar answers. Most commented on the benefits, for the young people and the practitioners, of multi-agency working and noted that this had enabled:

- Clear support structures for young people
- Cross referrals and joint working
- Tracking and sharing of information in relation to young people and perpetrators
- Co-ordination of services to the young people to be significantly improved
- More trust and willingness to work together
- Young people to access more than one service in one venue
- Young people to access services they were previously unaware of
- Workable solutions to be found for the young people

Other things that practitioners thought worked well were:

- Basing work on the street rather than waiting for them to come through the doors
- Regular practice meetings and sharing information about the young people and the perpetrators
- Regular steering group meetings
- Agreeing a confidentiality policy
- Providing a one-stop-shop approach to services

In terms of what they felt did not work so well, or what might have been improved about the projects, practitioners gave the following replies:

- Short term nature of funding made it difficult to plan for development of service delivery
- Issues around delayed referrals to substance misuse services
- Needed a full-time co-ordinator
- Could have improved out-of-hours provision – especially in relation to sexual health services
- Initially agencies protective of their work
- More time in the planning phase to develop protocols for working and information sharing
- More pre-emptive work
- Some lack of clarity around information sharing and confidentiality at the outset

In their views about what might have been improved, practitioners from Bristol and Sheffield gave quite different responses. In Bristol, Avon Health Authority initially offered to co-ordinate the project as its contribution in kind to Pandora. This offer was subsequently withdrawn and the co-ordination therefore passed to the city council. This led to a drain on the Community Safety team, which was attempting to co-ordinate the project in addition to normal workloads. Most practitioners from Bristol acknowledged that co-ordination of the project was something of a problem. Practitioners from Bristol also commented on the friction and tensions that had initially existed between the different agencies involved in the partnership. One practitioner, for example, identified

> 'Conflicts of interest and interagency tensions. Some of these were resolved over time but others were not'.

Another commented,

> 'Initially agencies were protective of their work but now information and referrals pass easily between agencies'

One worker thought that,

> 'Pandora did not really develop its own identity. It was a network of agencies rather than a project. There was a lack of synergy that should have developed as a result of agencies coming together'.

These difficulties might have been overcome by allowing more time at the planning phase for agencies to agree joint protocols for working and information sharing.

According to one worker, the development of these protocols 'often led to minor frictions'.

In terms of what might have been improved about the projects, some practitioners noted that the 'appalling' housing conditions for these young people need to be improved in order to make real progress with them. These were referring to extremely unsuitable hostels in which young people were often placed upon leaving care.

When they were asked about what else they felt the projects could or should have provided, practitioners gave the following responses:

♦ Better co-ordination
♦ Educational responses
♦ Measures to tackle the men concerned
♦ Supported foster places
♦ More preventative work
♦ Raise public awareness
♦ Educational programmes to work with young people around abusive relationships and drug use
♦ Appropriate housing provision – develop a network of landlords sensitive to the needs of young people
♦ Improve counselling around issues of previous abuse
♦ Provision of 24 hour on call service
♦ GP access/on-call service
♦ Address harm minimisation for those still on the street – improve street lighting

Practitioners were also asked about what they thought they might do differently from the start if they were setting up projects such as these again. This question elicited the following replies:

♦ Include ideas from front-line staff, not just heads of different agencies
♦ Have one overall project manager
♦ Clear referral procedures between agencies
♦ Ensure needs of young people and not funding dictate implementation of project
♦ Get agencies to confirm their commitment in writing (especially statutory organisations)

- Make it young person centred, not funding centred or one agency's agenda centred
- Have clearer aims and objectives – they were too vague
- Nominate a co-ordinator and provide a job description
- Provide more planning time for developing protocols
- Make sure it is needs led and not funding led
- Have a salaried co-ordinator

Clearly, practitioners have learned a great deal from their involvement in the CRP funding initiative and now have a clearer idea of what is required in order that projects run smoothly and are effective in achieving their goals. The major issues here are again about co-ordination and project management (this was a common theme across both projects) as well as funding issues. Evidently, practitioners felt that the funding dictated service provision rather than the needs of the young people.

When they were asked about what they felt were the major successes of the projects, a number of different replies were forthcoming and these often reflected the perspective of the particular agency from which the practitioner came. For example,

- Provision of a discrete sexual health service
- The number of young men worked with who have been able to exit because we have dealt with the issues that led them to prostitution in the first place
- Despite all the tension, we now have vastly improved inter-agency working
- Young people keep coming back and asking for a particular worker
- Young people benefit from a diverse and quality service
- Better understanding of the dynamics of commercial sexual exploitation of young people
- Improved co-ordination and joint working
- Prevention of STDs through provision of condoms etc
- The referral process and direct intervention with young women
- The number of young women now receiving support from a variety of agencies
- Clear procedures and raised awareness for those working with young people

When asked about what they felt had helped the work of the projects, a common theme to emerge from both sites referred to the 'commitment' or 'enthusiasm' of the staff concerned. One practitioner commented that it was,

> *'The will of the staff to make it work and deal with concerns about the different ethos of the various agencies involved'*

Clearly, if projects such as these are to work in future, there is a need to go beyond the enthusiasm of particular individuals if they are to be successful. When success is dependent on the commitment of individuals to work together, this could very quickly be undone by changes in personnel. There needs therefore, to be a way in which such joined-up practices become institutionalised to deliver effective services to these young people. While they are dependent on the enthusiasm of staff to work together, their success will remain very hit and miss.

Other things that practitioners felt had helped their work were:

♦ Regular contact with evaluators and regular communication/meetings between agencies
♦ Level of trust developed between workers and young men
♦ Sharing information and concerns about young people
♦ Having clear guidelines
♦ Multi-agency steering group ensured any issues could be resolved

Practitioners were clear about the things they felt had not helped their work. These were issues around short-term funding, problems encountered in inter-agency or multi-agency working and constraints on time and resources.

Both projects hope in the future to be able to continue the work they have established under the CRP initiative. Some recognise that without necessary funding this will mean offering a reduced service while others are seeking alternative sources of funding to enable them to continue provision at current levels. Sheffield has already been successful in securing monies from the Communities Against Drugs fund to continue its work (but only until March 2004).

In our assessment, one of the most valid measures of the success or otherwise of the projects is how the young people experienced the support and interventions they received. Based on our interviews with young people, these are discussed in the following section of the report.

What the young people said

The young people we met at both sites gave remarkably similar accounts of the support they had received from projects compared to what they had experienced previously. In particular, the young people tended to be highly critical of interventions they had experienced through social services. In making these comments, the young people were not necessarily referring to social services in the areas in which they were currently living. The names of all the young people have been changed to protect their identities.

Caroline (16) from Sheffield, for example, told us,

> *'Social services are a load of shit. They only give you support if you're in crisis. You don't get no regular support from them. They're useless.'*

She felt that social workers/social services had

> *'...fucked my life up. If it weren't for them I wouldn't be in the state I've been in for the past nine years.....Thanks for a fucked up life. I've got to live my life knowing what they've done'*

Ella, (16) also from Sheffield, echoed these sentiments:

> *'Social Services are crap. They don't tell you owt'.*

She also felt that social services had,

> *'...totally messed my life up. They didn't give me support when I ran away, they just kept sending me back home'*

She went on to say,

> *'I can't stand my social worker. I hate her. She's just ruined my life'.*

The young people we met in Bristol also expressed these views about social services, social workers and/or the support that they had, or had not, received prior to being put in touch with the project. Phillip (18), for example, had this to say,

> *'I had social workers as well as housing but I hate them, really, really hate them. They think they know everything and they don't listen at all. I've met loads of them (social workers) and they're all the same.'*

Part of this negativity towards social workers could reflect the statutory role they have with young people and the fact that their intervention is forced rather than being on a voluntary basis. Also, social workers are often not in a position to offer the flexibility necessary to encourage engagement with this group of young people who need an instant and positive response when they contact a service.

In contrast, the young people had nothing but positive things to say about the support they had received since becoming involved with the projects. Many appeared to have become genuinely attached to their named worker and regarded them with affection and respect. The following young people from Sheffield had this to say about the service they had received from *Taking Stock* (which provides one-to-one support). Caroline had been in touch with her worker for just over a year and had this to say about her,

> 'She's good to talk to. I used to slag myself down and she's put a bit of a boost to me. She's good to talk to when I'm down. She's helped me; really, she's made me feel better about myself. I wasn't getting any support before, none from social services. I had support from key workers but it ain't the same. I haven't had support from anyone like I have from ▮▮▮▮ '

Similarly, Ella, who had also been in touch with the project for approximately a year had this to say about the same worker,

> 'She's helped me build me self-esteem. When I've been down in the dumps, she's helped me. She's made me realise what life's all about. Money isn't everything. You can't change what's happened in the past. I've changed altogether. I wasn't right bad but I had a face on all the time. Now I'm right bright.'

Charlene (15) had this to say about her involvement in the project,

> 'It's helped me feel better, more positive. I'm not self-harming now. I'm going to start college; well I'm looking into it. ▮▮▮▮ helped with that. She's kind; she listens and helps you. She's patient, she can sort things out. I just like her. I like meeting her.'

Kelly, also 15, said this about her worker,

> 'She's changed my life for a happier one. She's helped me to get out of the things I used to do.'

Rachel, (14), had this to say about her worker,

> 'She was great, really great. She went with me [to GU clinic] and supported me while I waited for the results. She's like a friend, she gives support, she listens. You can talk to her about things you can't talk to other people about. She takes you serious, even though she's not, not like a teacher with that attitude, she's serious when she needs but she can be fun too'

The young people we met in Bristol also expressed these sentiments about the workers they were now in touch with. Phillip, (18) had this to say about his worker from THT,

> ███ *is good. I can phone him up whenever I like. He also, if he thinks I need support because I've got to go and do something, if I ask him, he'll come and give me moral support for it. Normally if you get a worker it's strictly a job, but when I see ███ he's like a friend as well now, it's a bit more social and because it's more social I feel a lot more relaxed around him. It helps me more. What he does is help you see things all calm and clear. He helps you to come to decisions rather than coming to them for you. He makes you feel more sensible by treating you like you're sensible – or you can be'.*

Katie (17), with whom Barnardos BASE had been working, had this to say about the project,

> *'There are lots of places to talk and I feel safe'*

Emily (14), who was also in touch with Barnardos BASE had this to say,

> *'You can come down and talk to someone about any problems and young people are getting the support they need when they need it'*

Given that the young people we are discussing here are often described as 'hard to reach' and/or 'difficult to engage', it is evident from what they have said above that the workers have been very successful in being able to reach these young people and keep them engaged. Ella thought that her worker was,

> *'Someone to look up to and who's not going to judge me'*

The young people felt that being in touch with the projects had enabled them to assess their situation and had provided them with an opportunity to change their behaviour. Caroline, for example, admitted that she had been 'proper off me head' on drugs before she was put in touch with the project but since engaging with the worker, she had 'calmed down on drugs'. Ella said that being in touch with the project had 'made me more sensible. I think twice about things now'. Charlene (15) said,

> *'I don't self-harm now. It's helped me to have someone to talk to about that. I think it's silly to do that now.'*

Phillip told us,

'What it's done (the project) is make me realise, believe, that I could get where I wanted. When you get one little step it makes you feel better, then you can do a bigger one next time and that goes on and on'

Rachel told us,

'It's made me realise what I want and that I have to put an effort in to get it, organise things, organise me a bit. Not to get drunk, not to get out of it and forget. To look after myself, to be more careful'

When they were asked what they thought they might be doing now if they had not been put in touch with the projects, the young people gave the following replies:

'Don't know. Haven't got a clue' (Kelly, 15)

'Probably on the streets, shoplifting and doing all sorts of crime. I'd probably be right bad on drugs – probably on heroin' (Caroline, 16)

'Probably be missing from home. No, to be honest, I'd probably be dead. I'd end up committing suicide. I used to hang around with druggies now they're all locked up. I've got better friends now, I don't see those people anymore' (Ella, 16)

'I think if this wasn't here for me I'd probably be dead. I was putting myself into situations when I started getting into drugs. I was getting beaten up, raped, and I was robbing off people. I was putting myself in danger a lot. Sometimes, if I didn't come here, I don't know what would have happened. I would probably be dead' (Katie, 17)

'I'd still be depressed, still doing other thing. Miserable. I'm a happy child now' (Janine, 13)

The evidence presented above demonstrates that the young people have found the service offered to them through these projects immensely valuable. It is also clear that they appreciate being taken seriously by project workers. Through engagement with project staff, the young people have come to value themselves and their sense of self-worth has improved. As well as improving their situation in the present, this can only promise positive results for the future. It is also clear that the young people value the

opportunity to have someone to talk to about the problems they are confronting in their lives. This provides them with the support they lack but so obviously desperately need.

The comments of the young people also make it clear that their behaviour has changed as a result of engagement with the projects. They have taken the opportunity to assess their situations and make improvements that will provide beneficial outcomes in the long term. Additionally, there have been immediate improvements to their health as a result of accessing sexual health and other health facilities (such as vaccinations for hepatitis) provided through the projects. This is beneficial not only for the young people themselves but also for public health.

In terms of their work with the young people, therefore, the projects have been successful in terms of their defined aims and goals. In Bristol, the system of referrals for these vulnerable young people has been improved and they are now provided with a 'joined-up' service to meet their needs. In Sheffield, the project has been successful in working with the young women to improve their self-esteem and to provide them with an understanding of the potentially abusive nature of the relationships in which they have been involved. Both projects have therefore made considerable progress in moving the young people away from situations of commercial sexual exploitation. It is true to say, nevertheless, that the young people with whom they have been working will continue to need intensive support and interventions in order to ensure that they remain positively focused on their futures.

Reducing Crime and Offending

In spite of their success in working with these particular young people, practitioners are not complacent and are aware that there is a great deal more that needs to be done. All practitioners are acutely aware of the fact that the young people with whom they are working are victims, rather than perpetrators of crime. Many of the young people are therefore not involved in the juvenile justice system.

In Bristol in particular the increase in the availability of crack-cocaine and heroin, combined with its relative cheapness, mean that the problem of young people becoming involved in commercial sexual exploitation looks set to increase. Police officers we met and interviewed in the course of the evaluation appeared to be quite

overwhelmed by the scale of street crime associated with drug use and drug dealing in the area. They suggested that the only feasible way to tackle the problem was to make the drugs available in controlled environments. They regarded this as the most effective means by which the problem could be tackled.

Dealing in crack-cocaine and heroin in Bristol is a problem that revolves predominately around Jamaican nationals, many of whom are allegedly in the country illegally (Thompson 2003). Many of these men are also allegedly involved in gang-raping young women and many of the young women are involved in 'swapping' sexual favours for drugs.

In 2001, Bristol police launched *Operation Atrium* to tackle the local crack trade (Thompson 2003). At the same time, various national initiatives have attempted to tackle the increasing availability of drugs such as crack-cocaine and heroin (Edwards 2002). Locally, *Operation Atrium* had a successful, although limited, impact on the problem. Some of the men concerned were deported although there are others ready to replace them immediately. Anecdotal evidence has also suggested that when these men are deported, it is not long before they are back in the country using false documentation. The impact of such local initiatives is therefore necessarily limited by the national and international context in which drug markets operate (Bean 2002, Edwards 2002). In addition, because the areas in which sex and drug markets operate in Bristol are heavily populated by ethnic minority groups, there is an obvious challenge for the police in controlling these activities effectively while at the same time maintaining the confidence of the communities and local populations being policed.

The police in Bristol have also launched a series of special initiatives to target kerb-crawlers in the period that the project has been operational. After October 2001, kerb crawling became an offence with automatic powers of arrest, thus 32 arrests were made between October 2001 – March 2002. Prior to it being an offence with automatic powers of arrest, from July – September 2001, 5 kerb crawlers were issued with letters and 6 were reported for summons. (We do not have figures for April 2002 – March 2003). We have been provided with the following data showing crime and disorder associated with prostitution for the Bristol area:

Table 11: Bristol Associated Crime and Disorder – (All offences relate to young people 21 years and younger)

Offence	April 2001-March 2002	April 2002-March 2003
Crimes Committed By Sex Workers	33 (12 under 18 years)	Not Recorded
Arrests of Sex Workers	23 (2 under 18 years)*	6 (0 under 18)
General Complaints Re: Nuisance	18 (8 under 18 years)	7 (2 under 18)
Crimes Committed Against Sex Workers	21 (3 under 18 years)	8 (1 under 18)

*Both the under 18s who were arrested were bailed for a decision to be made by the child protection team about how to deal with them. One was 16 and had not previously come to police attention. She was put in touch with appropriate services and no further police action was taken. The other young woman was 17 years old and well known to the police for loitering/soliciting and had also committed other offences. She was aware of appropriate agencies and was going to be cautioned under the young offenders' scheme. However, she failed to answer her bail at the police station.

The figures detailed above demonstrate that in the period since the project has been running, there has been an overall decrease in the number of crimes recorded in relation to prostitution for those aged 21 or below. In general terms, arrests of sex workers, crimes committed against sex workers and general complaints in terms of the nuisance caused by sex workers have all declined. Of course, the figures may represent a change in policing priorities in the area and/or a decrease in police activity in relation to these specific crimes. It is therefore important to bear in mind that they do not unproblematically suggest a decrease in the number of these offences taking place. Further, we do not know whether these figures relate to young people with whom the projects have been working.

In terms of the offending careers of the young people with whom Pandora has been working, we have received the following statement from Bristol Police Child Protection Officer:

> *Throughout the time that Pandora was running, only three young people worked with were involved in criminal activity. Of these, one was often involved alongside her boyfriend and both are drug users. She was already involved in this type of activity prior to Pandora and her involvement in the project did not decrease this activity although she did at least have somewhere to get support. Of the other two, one has a long history of criminal activity and involvement with Pandora did not appear to affect this either to increase or decrease it. The other young person came to the attention of Pandora through outreach work and criminal activity started while involved with Pandora. She was eventually placed in a secure unit because of concerns about her safety. After this she returned to her previous activities despite work by BASE and SSD* (Norley 2003 – private correspondence).

At the time of writing, we have not been supplied with data from Sheffield showing crime and disorder associated with prostitution. We understand that this is a result of different practices in recording crime between different police forces. Sheffield, have, however, attempted to look at the young people with whom the project has been working and at their offending careers. Data has been provided for 30 young people. The data records convictions/cautions and/or reprimands before and after referral to the project. The data also records the numbers of times a young person has come to the police attention, for example, as missing persons, witnesses to crime, stop and search before and after referral to project. Because young people are entered into the police tracking system to track their vulnerability after referral to the project, figures for being known to the police after referral are higher in some cases than before the referral. When the young person has stopped going missing as a result of referral to the project, the 'known to police after referral' figure will be lower than the number before referral.

Table 12: Sheffield Young People and Offending

Subject	Convictions/ Cautions/ Reprimands	Known to Police before Referral	Convictions/ Cautions/ Reprimands	Known to Police after Referral

	Before Referral (Not Custody)		After Referral	
1	3	11	0	0
2	0	10	1	13
3	0	1	0	2
4	0	0	0	0
5	1	2	0	7
6	0	0	0	10
7	1	4	0	3
8	0	2	0	0
9	11	3	1	3
10	1	8	2	5
11	1	3	1	17
12	7	6	0	3
13	0	1	0	12
14	2	0	0	0
15	0	7	0	2
16	0	6	0	9
17	0	1	0	2
18	0	0	0	0
19	0	6	0	1
20	0	0	0	2
21	1	1	0	0
22	5	1	0	6
23	1	0	0	0
24	1	2	0	3
25	2	5	0	2
26	0	13	3	11
27	1	3	0	3
28	0	8	0	4
29	0	0	0	0
30	0	0	0	0

These figures show that for the most part, where young women were involved in offending prior to referral to the project, their offending has, on the whole decreased. The most prolific offender (subject 9), for example, with 11 convictions/cautions and/or reprimands prior to referral to the project had offended just once since being referred to the project. In only three cases, (subjects 2, 10 and 26) had offending increased since referral to the project and in one case (subject 11) it had remained the same. This demonstrates the value of early intervention with the age groups

considered to be at risk. The figures also show that over half the young women (16) were not involved in offending prior to their referral to the project. The data presented here also demonstrate the effectiveness of the police tracking system into which young people are entered when they are referred to the project. This tracking system flags the young person up as vulnerable and police are alerted immediately if they go missing and so on. The data above show that 10 young women came to police attention more frequently after they had been referred to the project while two came to police attention the same amount of times. This suggests that as a result of referral to the project, a majority of the young women stopped going missing and so on as frequently as they had done before they were referred to the project. This therefore means that their vulnerability to commercial sexual exploitation has been reduced.

Cost-effectiveness[4]

Both the projects being discussed here have achieved a great deal with relatively limited resources and in a relatively limited period of time. Both projects are concerned not only with working effectively with young people to ensure that they are moved away from commercial sexual exploitation where they are already involved but also to prevent others from becoming involved. In the case of Sheffield, it has also been concerned to raise awareness of this issue with other agencies as part of its preventative work. Preventative work is extremely difficult to attach a monetary value to since we are talking in effect about a non-event (Crawford 1998). In addition, since we are talking about young people, and potentially, their entire future, attaching monetary value is more complicated still. As Tilley (2001:90) has pointed out, 'there is no means of measuring a prevented rape or homicide'. It is also extremely difficult to compare the costs of working with these young people through projects to the cost of providing for them in residential care. This is because the costs of taking care of children in the looked after system vary nationally and regionally. On average, services for 'Children in Need' cost social services £50 million per week. Of this, £31 million is spent on children looked after and £19 million per week is spent on other children in need (www.doh.gov.uk/cin/cin2001results.htm).

According to figures from the Department of Health, the 'average' child looked after costs social services £500 per week while other children in need cost £120 per week[5].

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[4] We should note that the software promised to complete this element of the evaluation has not been delivered

There is, however, no such thing as an 'average' child looked after. In 1995/96, for example, annual gross costs per child (excluding capital charges) were £47,922 for residential care, £8,268 for foster care and £6,293 for day care (Carr-Hill *et. al.* 1999). However, there are major variations between different authorities. In Barnet, for example, the average cost per child in residential care is £82, 795 while in Waltham Forest it is £19,618. These variations may be accounted for by numerous factors such as:

- The type of child in care
- Local authority policy
- Costs of inputs
- Inputs used
- Efficiency factors
- Accounting practices (Carr-Hill *et. al.* 1999)

Given these massive variations in the costs, comparison of the costs of engaging young people in projects with the costs of keeping young people in residential care are not particularly helpful – nor necessarily valid. Residential care, however, although perhaps the most appropriate, is not the only option available for these young people. The cost of running projects could therefore also be compared with the cost of accommodating a young person in a Young Offenders Institution (£42,000 for 12 months) and with making a young person the subject of an Intensive Supervision and Surveillance Programme (£12,000 for 12 months) (www.youth-justice-board.gov.uk 2003).

From March 2001-March 2003, the Bristol Pandora project cost £204,249.21. This is equivalent to accommodating approximately 5 young people in a Young Offenders Institution for one year or subjecting 17 young people to Intensive Supervision and Surveillance Programmes for one year. The Pandora costs were broken down as follows:

Barnardos BASE:	£73,907.08
Bristol Drug Project	£20,747.00 (until summer 2002)
Milne Centre	£31,279.69
ONE25 Ltd.	£16,397.97 (from August 2001)

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[5] figures provided are for 2001

Margaret Melrose   Page 70

THT   £56,190.47

Shared Miscellaneous Costs

(Transport, Training, Supplies

& Leaflets)   £6,000

TOTAL   **£204,249.21**

In its first year of operation (March 2001-April 2002), the Sheffield ACPC Sexual

Exploitation Project cost £86,236[6]. This is equivalent to accommodating 2 young

people in a Young Offenders Institution for one year or subjecting 7 young people to

an Intensive Supervision and Surveillance Programme for one year. These costs were

broken down as follows:

Social Services   £37,536

Youth Service   £23,925

Police   £19,400

Reference Group   £1,200

Practitioners Group   £3,600

Community Safety   £575

TOTAL   **£86,236**

The number of young people with whom projects have worked, or begun the process

of engagement, suggests that projects represent good value when compared with other

options. If the process of engagement with a service begins, the possibility of

'rehabilitation' in the future at least has a chance. Without the interventions provided

through projects, the probability is that the young people would become more deeply

entrenched in problematic and self-destructive behaviour.

SECTION SIX: WHAT MORE NEEDS TO BE DONE?

Both projects discussed here provide examples of good practice and demonstrate the

sorts of things that can be achieved with young people involved in, or at risk of

involvement in, commercial sexual exploitation when they receive intensive support

and interventions. Both projects have made considerable progress in developing

models of effective interventions with these young people in a relatively short period

of time. As we have previously pointed out, these young people have taken a long

time to get to where they are in their lives and results cannot be expected overnight.

Solutions need to be sought in the long, rather than the short term. However, given what has already been achieved, we can point to areas in which practice might be developed to provide the most effective interventions in relation to this issue in the future.

- Strategies and tactics need to be developed to tackle the men who abuse these young people at the same time as supporting the young people themselves. In this sense, projects should be two-pronged. There is no need for extra legislation to achieve this as laws already exist which could be implemented more effectively in the service of the young people

- Mechanisms need to be developed whereby the young women need not give evidence in court against the men who have been abusing them

- Projects need to ensure that all relevant agencies are included in the work – this includes schools, education departments and housing departments

- The social conditions that lead young people into prostitution need to be tackled. This would involve addressing family and childhood poverty, restoring welfare rights to young people at age 16 and 17, and tackling the availability of drugs such as crack and heroin more effectively

- There is a need to continue to raise awareness of the issue amongst all agencies and to ensure that all relevant professionals receive necessary training. We were told on more than one occasion that the attitudes of many police officers towards these young people are 'archaic'

- More preventative work in schools, residential homes and youth centres needs to take place to make young people aware of the dangers of abusive and exploitative relationships as well as the dangers of becoming involved in drug use. Innovative techniques, such as theatre and drama workshops may prove positive in this regard

- More holistic support needs to be developed so that young people can access a range of services, for example, sexual health, drug advice, counselling and so on in one location

- Projects could also provide training and educational opportunities – by providing a Connexions worker, for example

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[6] Sheffield have not provided financial data for 2002-2003.

- There is a need to extend provision to young men. The Bristol project has demonstrated that there is a real need for services for young men and the Sheffield project has, in the course of its work, identified a level of unmet need amongst young men. In future, projects need to find ways of working with *both* young men and young women

- The earlier the intervention occurs, the greater its likelihood of success will be

SECTION SEVEN: WHAT WORKS? TACKLING CRIME AND DISORDER RELATED TO PROSTITUTION IN RELATION TO YOUNG PEOPLE-CONCLUSIONS AND RECOMMENDATIONS

The CRP funding initiative has provided learning opportunities for a variety of agencies, for example, social services, the police, health services, education services and voluntary sector agencies, about how to work together effectively to achieve positive results for young people involved in commercial sexual exploitation. The positive outcomes for the young people engaged in projects in Bristol and Sheffield are demonstrated in the comments young people have made about the interventions they have received. It is important also to bear in mind that prior to this initiative there were no dedicated services for these young people in the regions being discussed here. However, in each area, the scale of commercial sexual exploitation has been found to be greater than had been anticipated for both young men and young women[7]. This demonstrates a very real need for the sorts of dedicated resources that have been provided as a result of the CRP funding initiative. We suggest that these services might be mainstreamed through Primary Care Trusts, who are large budget holders, and will be linked closely with local ACPCs where sub-groups could be formed to address specifically the needs of young people involved in commercial sexual exploitation. We believe that mainstreaming in this way will provide the most positive outcomes in terms of the health and welfare of the young people concerned and in terms of public health more generally.

We have seen from the evidence presented here that the young people are desperately in need of the type of support they have received from the projects. For the most part, these young people are emotionally fragile, they have little or no family/social support and lack the support networks that might ordinarily prevent their drift into self-

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[7] This suggests the need for a national study of the scale of this problem. The team at the University of Luton own the research methodology ideas in relation to this.

destructive and self-defeating behaviour. In fact, they often tend to associate with peer groups that encourage their self-destructive behaviour. There is also a need to recognise that when these young people are involved in relationships, these are frequently abusive or exploitative in nature. The importance of a named worker they can trust therefore cannot be overstated. The worker has to be prepared to 'stay with' the young person even when they appear to be rejecting offers of help.

The types of support that are effective are intensive, diverse but joined-up services that provide support over the long term. Projects should ideally provide the following range of services:

◆ sexual health services (fast-track service)
◆ advice on drug use/detoxification facilities (adequate places for detoxification need to be provided and these places need to be immediately available)
◆ counselling services (to allow the young person to address their victimisation)
◆ training and educational opportunities for young people
◆ support with childcare where appropriate
◆ advice on and provision of housing
◆ advice on and provision of welfare benefits

As many of these services as possible should be provided in/from one location. The particular mix of services provided would depend on the specific needs of each young person and the stage of involvement in commercial sexual exploitation that they are at. Projects should be flexible enough to respond to the particular context of each young person they are working with. Interventions need to be tailored to respond to the young people depending on whether they are involved with pimps, whether they are 'freelancing', whether they are drug-addicted and/or whether they are involved simply because they have no other means of sustaining themselves. Projects need to adapt their responses depending on whether the young person is involved in sexualised risk taking, whether they are 'swapping' sexual services for some form of material gain or whether they self-define as a 'prostitute' (Pearce et. al. 2003). Depending on the stage of involvement of the young person, interventions should be focused on prevention (education, self-esteem, positive role models and so on) and/or 'recovery' (counselling, sexual health, alternative opportunities and so on).

A range of ways of working with the young people needs to be employed to optimise contact and engagement with practitioners. Outreach work enables workers to take the work to young people rather than waiting for them to come to seek a service. This ensures that more young people become aware of the service and by reaching them where they are (i.e. on the street) relations of trust can be built between the worker/agency and the young person so that they may be more willing to receive the service offered. Recently completed research suggests that each hour of outreach work yields two contacts with young people (Crimmens *et. al.* forthcoming). Outreach, however, needs to be combined with drop-in centres and premises where young people can be provided with more intensive interventions and practical help (bathing facilities, facilities for washing clothes and cooking food). Provision also needs to be made to deliver support services out of hours, as young people involved in commercial sexual exploitation may often experience crises outside the hours of a normal working day.

These services need to be child-centred and non-judgemental if they are effectively to engage young people. This means that the worker will remain engaged with the young person even if they can see no immediate change in their behaviour and/or attitude. The young people cited in this report have demonstrated the importance of a consistent named worker whom they can contact when they need to. The evidence also shows that when young people feel valued by their support worker, the young person comes to value and respect themselves. Encouraging such feelings leads to immediate improvements in terms of the young person's self-confidence and self-esteem, this promises positive outcomes for the future.

In terms of developing 'ideal type' projects, the ingredients would involve 'bolting together' elements of both the Bristol and Sheffield projects. To establish clear organisational and accountability structures, projects could be located within ACPCs. This would ensure consistent referrals from key agencies such as education and social services. However, projects should also provide outreach and drop-in facilities and a facility for young people to self-refer for services. We would suggest that models from Juvenile Justice Forums could be incorporated into this work as they appear to offer more appropriate models for working with these young people than current provision under the auspices of ACPCs (Melrose and Barrett 2003). This is not, however, to suggest that these young people should be criminalised for their

behaviour. Models for working with victims of domestic violence could also usefully be incorporated into this field of work to provide effective interventions (Pearce *et. al.* 2003).

We would suggest that it is important to get the 'right' mix of agencies involved and from the evidence would propose that this would involve voluntary sector agencies working within a statutory framework. Projects could be managed from within the statutory sector (ACPC) but with voluntary sector agencies carrying out the 'front-line' work because young people tend to respond more positively to these styles of intervention than they do to those provided by statutory organisations.

Key agencies such as education and social services are in the best position to identify early signs that a young person is at risk or involved in commercial sexual exploitation. These include a combination of the following indicators:

♦ Sexualised risk behaviours
♦ Truanting
♦ Self-harming
♦ Involved in abusive relationships (usually with older men)
♦ Previous abuse or neglect (sexual and/or physical)
♦ Going missing
♦ Unexplained money or gifts
♦ Involved in drug use

It is important that professionals from key agencies continue to receive training to alert them to these early warning signs.

'Ideal type' projects would simultaneously address issues of *both* supply and demand in relation to young people's involvement in prostitution. In this sense, projects would be three pronged and provide:

♦ Appropriate support to the young people
♦ Training to other professionals
♦ Means of targeting the men involved in abusing the young people

In order to achieve the latter, projects would need to work closely with both the police and CPS.

Workers need to be purposeful and persevere in their attempts to engage the young people in order to effect change in their lives. The young people may initially prove difficult to engage and the process of engagement may take a considerable amount of time as frequently the young people have been failed previously by services and/or find it difficult to trust adults. Project workers must also recognise the possibility that young people may not engage with them because they are frightened of potential repercussions from 'pimps'. Drug use, especially the use of crack-cocaine and/or heroin, is a major complicating factor in trying to engage and work with these young people. It is also the case that drug treatment services for those aged under 18 are woefully underdeveloped. There need to be adequate numbers of places and young people need to be 'fast-tracked' into immediately available places as soon as they express a desire to stop using drugs.

Housing and appropriate accommodation for young people have been consistently identified across both regions as an area of desperate need. Very often, young people are placed in inappropriate accommodation, bed and breakfast hostels for example, where they are vulnerable to predatory older men/women and drug dealers. Practitioners often felt that when they had successfully worked with young people to move them away from the damaging behaviours in which they were engaged, this work was quickly undone when they returned to the same living conditions that they had previously left in order to move away from drug use and/or sex work. This housing crisis for young people is exacerbated by housing benefit regulations that deny the same level of housing support to those aged under 26 as those over 26 (Dean 1997, Melrose et. al. 1999).

In order that such vulnerable young people are afforded the interventions they require from a range of agencies, there is a pressing need to mainstream the sorts of provision developed under the CRP initiative. In terms of preventative work with young people, this could be mainstreamed through the school curriculum (PHSE) and into youth service based provision through Connexions. In terms of training and awareness raising amongst professionals, this issue should be mainstreamed so that it becomes a core part of training for those working in education, youth work, health services, social services, the police, the judiciary and so on. This issue could be mainstreamed through incorporation into the Crime and Disorder Strategy. This will ensure that it becomes a policing priority and that resources are allocated accordingly. We would

also suggest that it would be appropriate for police and social service workers to develop protocols and receive training on a regional basis in relation to young people who go missing and young people abused through prostitution. This would ensure that practices are consistent between regions and between different divisions within the same region. We would also suggest that the risk to children posed by an increase in trafficking for the purpose of sexual exploitation requires greater involvement from customs and immigration services in relation to this issue.

There is also a need to ensure that definitions of 'young people' are employed consistently across services and agencies. We have seen, for example, in relation to the projects discussed in this report, that each worked with different age groups (Bristol up to 21, Sheffield up to 18) yet each described its work as being concerned with 'young people'. We would suggest that in future, services working with 'young people' define those 'young people' in terms of the Children Act (1989) – that is, anyone up to the age of 18.

It is also important that practitioners agree on and work with consistent definitions of terms they routinely employ such as, 'at risk', 'engagement', 'working with' and so on. If consistent definitions of 'at risk' are not employed, there is a danger of the concept being expanded to include all sorts of sexual behaviour in which young people might engage. We also found in the course of the evaluation that practitioners did not necessarily mean the same thing when they employed terms such as 'engaging with' or 'working with' young people. Sometimes the former term was employed to signify that the worker had managed to contact a young person and the latter to signify that they had undertaken work with them. On some occasions, however, these terms tended to be reversed with the former indicating that work had been undertaken with the young person and the latter that they had contacted a young person. When work is undertaken in a multi-agency context, these definitions need to be developed in a multi-agency forum so that the various agencies involved are not working to different definitions or at cross-purposes. Such consistent definitions, developed at the outset of project work, would also make statistical comparison between projects more meaningful.

The issue of comparison between projects raises the question of data collection. Some agencies are better at this than others and the co-ordinator in each project needs to

ensure that data is recorded consistently to an agreed format. Agencies/projects need to be clear from the outset about the data they need to collect the frequency with which they need to collect it and the form in which it should be collected. Although pro-forma were developed by the evaluators and distributed to projects, many agencies chose to ignore these and continued to collect, or not, data according to their own requirements and needs. This definitely complicated the work of the evaluation. The role of the co-ordinator should be fully funded to ensure that projects run as they are intended and that issues of responsibility, especially in relation to data collection and collation, are clear. The co-ordinator should be responsible for ensuring that a named person in each agency collects and submits necessary data, in an agreed format and at agreed intervals. She should also provide regular feedback to partner agencies about what the project as a whole is achieving.

We saw earlier in the report that some practitioners felt it would have helped their work if there had been a longer period at the pre-activation stage of project life to agree protocols for information sharing and working practices in relation to their clients. It is of course the case that many agencies involved in projects under the CRP initiative offer a confidential service to their clients and are not therefore used to sharing information with other agencies. When working in multi-agency contexts, however, it is necessary to strike a balance between the need to offer a confidential service on the one hand with the need to share information with other agencies on the other. This is a delicate balance to strike and the circumstances in which information will or will not be shared with other practitioners need to be clearly and consistently defined and agreed.

We would agree with practitioners that there is a need for time to be devoted to developing these protocols before projects become 'live'. We would add to this that there is a need to spend time agreeing how data will be collected, who will be responsible for collecting it in each agency and who will be responsible for collating it on behalf of the project as a whole. This appeared to present particular difficulties in Bristol where data from the various agencies involved was submitted by individual agencies rather than being centrally collated. This made the task of building a picture of the work of the project as a whole more difficult. This was true for the evaluators but also necessarily for partner agencies. Although they knew what they were doing

and achieving individually, they did not necessarily know what the project overall was achieving.

Also in relation to this issue, we would suggest that partnerships do not have 'too many' agencies involved in them and that they remain of a manageable size. From some of the comments practitioners have made to us, we would also say that there is a need to ensure that agencies are involved for the 'right' reasons and not just 'to get a piece of the cake'. This would entail ensuring that all agencies to the partnership are committed to the same objectives and agree on the means by which they will achieve them. It would also involve ensuring that the role of each agency, and the expectation of the contribution that it will make to the overall work of the partnership, is clear. As far as possible, projects should attempt to ensure that services being delivered from different agencies are not being duplicated. The essential services involved in any partnership should involve a mix of statutory and voluntary organisations and include:

- Social services
- Education/youth services
- Sexual Health Services
- Police and CPS
- Drug Services (voluntary rather than statutory sector)
- Housing services (statutory and voluntary sector)
- Mental health services

Drawing on what we have learned from what *did not* work about the projects, we can say that funding for projects needs to be long-term. Practitioners in both projects said consistently that the short-term nature of the funding they received to work with young people with long-term and entrenched problems hindered their work. In Barnardos BASE, for example, outreach work ceased because the worker's contract expired before the agency knew that it was to have its funding extended. Because of the need for consistency in those working with the young people, this situation needs to be avoided, wherever possible, in the future. Where there are changes of personnel, if a new worker is recruited to the post the process of getting to know the young person, and building a relationship of trust with them, has to begin all over again. Additionally, if a young person has engaged with a particular worker, there is no guarantee that they will engage with another if there is a change of personnel. As

Tilley (2001:91) points out, 'it is how human agents engage with programmes that comprise the medium through which they do or do not have their effect'. There are additional ethical concerns about engaging vulnerable young people and then being left in a position of not being able to provide them with support because funding has expired. This is a salient point given that local authorities have a statutory responsibility to care for 'children in need'. In the circumstances where young people are engaged by projects but then left without support because funding is withdrawn, there is possibility that local authorities could be faced with litigation by 'harmed' children.

Word Count: 27,334

Appendix 1
Typical Examples of Professional Responses to Questionnaires

Professional Questionnaires: HO Evaluation – Project Overviews

The purpose of this questionnaire is to provide the evaluation team with an overview of what you think the project has achieved in the course of its lifetime.