Evaluation of the Alexi Project 'Hub and Spoke' programme of CSE service development:

Final Report
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Acknowledgements

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Executive Summary

Aims of the project and evaluation undertaken

This report details the evaluation of a programme of service development as it was rolled out through 16 new services, which were designed to extend the coverage and reach of child sexual exploitation (CSE) services in England. They were funded by the Child Sexual Exploitation Funders' Alliance (CSEFA). The 16 services were all established by voluntary sector organisations, and specialised in working with young people affected by CSE. Each service adopted a 'Hub and Spoke' model of service development, which involved an established voluntary sector CSE service (known as the 'hub'), locating experienced project workers (known as 'spokes') in new service delivery areas. These spoke workers undertook a range of activities to improve CSE work locally, including individual casework and awareness-raising with children and young people, and consultancy, training and awareness-raising with professionals locally.

The evaluation adopted a realist approach. This focusses not just on whether programmes or interventions work, but on how or why they might do so (Pawson and Tilley, 1997). It takes a theory-driven approach to evaluation rather than concentrating on particular types of evidence or focussing on 'before' and 'after' type data. It starts from the principle that interventions in themselves do not either 'work' or 'not work' – rather it is the people involved in them and the skills, attitudes, knowledge and approach they bring, together with the influence of context and resources, that determine the outcomes generated.

The evaluation was undertaken between September 2013 and January 2017, exploring how the 16 services developed during a phased roll out. The evaluation team undertook extensive fieldwork at each site on two occasions (one visit for the final eight sites), including 276 interviews[1] with Hub and Spoke staff, professionals locally from children's services, police, and health, and with children and young people and parents/carers. In addition, quantitative data were collected (about numbers of young people and professionals reached), and spoke workers produced case studies about their work with young people.

This summary describes the main findings from the evaluation of the Hub and Spoke programme.

Main Findings

Services provided and the impact of the Hub and Spoke development programme

The CSE Funders' Alliance funded 16 individual Hub and Spoke developments over the phased programme. As a result, these services expanded their geographical coverage into 35 new local authority areas. Ten dedicated spoke managers were employed over the period of the evaluation, and a total of 53 new spoke workers were employed (49 at full-time equivalent). During the period of the evaluation 783[2] new cases were opened. These were children and young people who would not otherwise have had access to a specialist service. As some services are still underway, these figures will increase. Most spoke workers had a caseload of between 10 and 12 children and young people at any one time, and worked with around 20 per year. Therefore, it is estimated that the spoke workers are undertaking casework with approximately

[1]See Section 3 of the Final Report for a breakdown of interviewees.

[2]This figure is an underestimate of the actual number of young people worked with as some services provided incomplete data.

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1,060 children and young people per year of the project.

Further details are available for the 783 new cases opened during the period of the evaluation. Four-fifths of the new cases (83.2%) were female, with 13.4% male. The majority of young people receiving casework were White British / European (85.7%). The majority of young people worked with were assessed as being at high risk of CSE (37.5% of new cases) or at medium risk (38%) at the start of the intervention. Of the 783 new cases opened, 255 cases were closed during the evaluation period. The closing risk assessment for these 255 children and young people showed that 72% were recorded as being at lower risk compared to the initial assessment. For the remaining 28% where no reduction in risk was recorded, this was due to a variety of reasons, including the child or young person not engaging with the service, not being contactable, or moving away.

In total 7,722 children and young people attended groupwork, talks and sessions run by the spoke workers during the evaluation period. In addition training and awareness-raising sessions were attended by 6,568 professionals from children's services, police, other voluntary organisations and services engaging with children and young people.

Supporting local strategy, service organisation and partnership working

The importance of focusing on arrangements for partnership working at local level emerged as a paramount consideration, and these benefitted from having a dedicated management role at the hub. Developing the required relationships took time and persistence. The operational role of specialist workers could not be effective unless mirrored by negotiation at the strategic level to ensure that partnership arrangements, relationships and clearly defined roles reflected and supported the aims of the service.

Five key models for the location of the spoke workers were identified, as the Hub and Spoke model was adapted to meet variations in service context. These are detailed on page 21-23. The location of a spoke worker within the host authority was a key determinant of their visibility to potential referrers to the service. Successful locations for spoke workers within other services acting as hosts, opened up access to key contacts and resources, and strengthened the development of effective referral pathways to the Hub and Spoke service. Less enabling contexts resulted in the spoke being side-lined or missing the attention of key partners.

The use of co-location was a strong vehicle for increasing communication and collaboration between agencies and was also a cost-effective way to provide a holistic response to the support needs that CSE raises. Having a voluntary sector presence in co-located teams was an effective way to advance cultures that responded more sensitively to the experiences and support needs of young people. Voluntary sector involvement improved young people's engagement in services, and informants reported that this supported better operational outcomes including prosecutions and convictions.

Of the five models, outreach approaches provided the least supportive arrangements for lone spoke workers, with reduced visibility and opportunities for the diffusion of good practice and for acting as local change agents. These arrangements also presented challenges in terms of providing supervision and support and could result in spoke workers

feeling isolated.

Placement in co-located services provided more facilitative contexts, but these arrangements had to include support and management from the host organisation. It also required an acknowledgement from all involved that the spoke worker may not always be physically present in the host office or base, due to the demands of doing casework with young people.

Successful partnership working and collaboration was brought about through developing a shared understanding of and respect for each organisation's role, needs and priorities; agreeing arrangements and protocols for effective communication and information sharing; and through negotiating clear roles and boundaries.

In a context of trust and a mutual understanding of respective roles, voluntary sector services were able to provide constructive challenge (for example, in relation to poor practice), and support improved organisational and cross-agency learning in combating CSE.

The Hub and Spoke programme has not automatically led to sustainable funding arrangements. Longer term funding outcomes for the new services are not yet known, but given the on-going context of reduced local authority budgets, this is likely to remain a key challenge to their survival in the longer term. Proper funding for voluntary sector services enables them to remain independent and advocate for children and young people.

Improving local safeguarding practice

The salience of CSE at local level has been raised through a string of high profile media cases that have triggered public concern and new policy responses. Many LSCBs are responding to the threat of CSE by developing strategies and new service structures. The historical campaigning role of the voluntary sector in this regard is therefore sometimes reduced, but specialist services maintain a vital role in contributing to the work of LSCB sub-groups addressing issues for vulnerable young people.

The Hub and Spoke approach to service development supported a regional overview of CSE models and prevalence across local authority or LSCB boundaries. With this came a knowledge of young people's movements and networks that contributed both to LSCB strategy development and also to more effective operational responses.

Initial development of the spoke service was supported by a thorough scoping of the local context including: the current service landscape, safeguarding responses and gaps in services; challenges to time, costs and resources arising from local geography; local demography and needs arising for local populations or groups with differential needs; and the local profile of CSE including evident models and prevalence. The early recruitment of statutory 'champions' who would advocate for and promote the role of the spoke worker locally from the outset was essential.

The location of the specialist CSE worker was key in:

- *Ensuring their visibility to the relevant agencies;*
- *Developing referral pathways that reflected the ways in which the populations of young people targeted for intervention were identified;*
- *Maximising young people's access to and engagement with the service.*

It was widely agreed that the voluntary sector brings a contribution to safeguarding children and young people affected by CSE, which is distinct

from that of statutory workers and agencies. A key finding is that this occurs through the diffusion of their safeguarding approach and methods amongst partner agencies which helps to develop a sense of shared norms or values between partner agencies, and drive up standards in local safeguarding practice. This occurs through their modelling of casework, providing tools and resources, and delivering training in order to increase the local capacity and effectiveness of responses to CSE. Thus the spoke role is at its most effective when rooted in casework so that workers' expertise and credibility is located in their experience of young people.

Engaging young people in specialist services

The evaluation findings tell us about the unique contribution that the Hub and Spoke services make, along with the voluntary sector more generally, through their ability to engage vulnerable children and young people that other services struggle to reach. To the forefront of spoke workers' safeguarding practice is a recognition of the young person's own volition. At its most fundamental, this means offering them the choice not to engage. This represents a powerful and distinguishing feature of voluntary sector intervention for young people because it changes the terms of engagement, altering the power relations between the providers of services and those engaging with them. In this sense the term 'voluntary' applies as much to children and young people's relationships with services as to the classification of service provider.

Through adopting a relationship-based approach to intervention, the spoke workers created a context which enabled young people to develop a sense of control and self-efficacy in their lives, helping them to disclose abuse, leave unsafe relationships and begin to recover from exploitation. In practical terms, this meant providing them with choice over the venue and timing of meetings, methods of communication, the pace of the work, control over the timing and nature of disclosure, and over the work to be undertaken.

Location was closely allied with the aims of the Hub and Spoke development programme. If the aims were to support young people considered at high risk of CSE the location in a statutory setting was effective. However, voluntary or community sector locations enabled more varied referral pathways and provided opportunities for early intervention, thus increasing reach to young people from diverse communities or presenting with differential support needs.

Where specialist workers were located in statutory or multi-agency teams they needed to develop a suite of 'soft' access points to the service (for example community buildings and resources) for young people that avoided statutory badging of the service.

Summary and recommendations

1. This evaluation found that specialist voluntary sector workers within the Hub and Spoke programme have the capacity and expertise to address CSE through direct intervention with young people and through the training and support of other agencies and professionals.

- **Commissioners should utilise voluntary sector knowledge and expertise to identify and respond to CSE, and to support the development of good**

safeguarding practice.

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2. The unique contribution of voluntary sector provision rests in its independence and in the methods and approach that services are able to adopt, including relationship-based approaches and longer intervention times. It is important that these aspects are protected within contractual arrangements in order to preserve the benefits they bring; namely the stronger engagement of young people in services.

- *When commissioning voluntary sector services to support children and young people, it should be for as long as that support is needed. Good supervision of voluntary sector staff should be in place, to ensure progress is being made in individual cases. Service reporting should include evidence of persistent outreach to children and young people, engagement and trust-building (for example, through case studies) so that the value of this work is clearly communicated.*

- *Statutory services should partner with voluntary workers to engage children and young people in statutory services and processes.*

- *Future research should evaluate the contribution of the voluntary sector to partner agency outcomes, including the prevention of children and young people coming into care and increased prosecutions of the perpetrators of CSE.*

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3. There needs to be a recognition from all parties engaging in partnership arrangements regarding the safeguarding of young people, that trust takes time to develop. This is especially the case between statutory and voluntary sector organisations that may have different functions and responsibilities within the safeguarding arena.

- *Managers and commissioners engaging in partnership arrangements should build in time for mutual listening, trust-building and creating shared agreements and protocols for co-delivering service responses to CSE. These should be regularly revisited, and revised if needed.*

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4. The Hub and Spoke model strengthened regional responses to CSE by providing an overview of CSE patterns and services across local authority areas. It facilitated awareness of children and young people's movements across local authority boundaries, and multi-agency strategy development in combatting CSE.

- *Commissioners should consider the use of Hub and Spoke models if seeking to strengthen regional approaches to combatting CSE or to scale up voluntary sector services rapidly across a region.*

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5. In order to embed successfully, Hub and Spoke services and commissioners need to undertake a thorough scoping exercise in the proposed new area. This was in order to understand the current service landscape, challenges to time, cost and resources, local demography and the needs arising and the local profile of CSE including evidence, models and prevalence.

- *Those wanting to commission future Hub and Spoke developments should ensure that the strategic aims are thoroughly underpinned by a local scoping exercise. Undertaken in conjunction with the Hub and Spoke provider, this should inform key decisions including the spoke worker location, and resource allocation/structures for supporting lone workers.*

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6. Effective use of the Hub and Spoke model to expand services requires strategic investment, and there are some conditions that are necessary for effective implementation of this approach to service expansion, including

a dedicated management role with a focus on developing local partner arrangements and relationships.

- *For Hub and Spoke approaches to be effective, commissioners and the voluntary sector need to co-design services in a sustainable way that supports the strategic positioning of the service and its embeddedness in the local service landscape.*

7. Services 'scaling up' using a Hub and Spoke design for development should be aware that this model is effective for expanding services quickly and with minimum resource implications. However there are challenges in providing sufficient management and support to lone workers and in managing the implications of covering large catchment areas.

- *Hub services and host organisations need to provide adequate support and management to spoke workers, and acknowledge that the demands of casework with children and young people may limit the physical presence of the spoke worker in a host service or team.*

8. In this study, the voluntary sector services focussed on relationship-building, trust and empowerment, and keeping children and young people at the centre of all their activities. The diffusion of these approaches and methods amongst partner agencies helped to develop a sense of shared norms or values between partner agencies which in turn, supported improved standards in local safeguarding practice.

- *Multi-agency CSE teams should include experienced voluntary sector CSE workers, who can offer training and resources and model their distinct approach to other agencies.*
- *Specialist services need to ensure they deploy experienced case workers as spokes.*

9. The location of spoke workers in host agencies is a key factor in developing referral routes to the service. If the aims are to support young people considered at high risk of CSE, then location in a statutory setting is effective. Location in a community resource or voluntary sector centre can support preventative or early intervention strategies by extending reach to those young people not meeting the high threshold criteria of statutory authorities.

- *Commissioners and voluntary sector agencies should determine the location of the spoke based on need locally, and the aims for the spoke worker role.*
- *Specialist workers in statutory or multi-agency teams need to develop 'soft' access points to the service for children and young people (such as community buildings and resources) to emphasise their independence.*

10. Several services struggled to clearly demonstrate the impact and outcomes of their work and its added value. More work is needed in the CSE sector to understand how approaches to impact measurement might reflect more appropriately the value and benefit of this work for children and young people using services.

- *Policy-makers, service commissioners, practitioners, children and young people engaging in services, and academics need to work together to develop innovative approaches that will more effectively capture the difference that services make to children and young people's lives.*

11. The Hub and Spoke model did not automatically lead to sustainable funding arrangements. Short-term contracts and funding arrangements can undermine the methods used by these services to support young people effectively, such as through long intervention times based on relational practice. A different approach to co-commissioning and co-funding is required that reflects the value of multi-agency partnerships at local level and the role of voluntary sector specialist CSE services within them.

- *Longer term co-commissioned funding streams should be developed, drawing on both government and voluntary funding, in recognition of the important role of the voluntary sector in safeguarding and child protection practice.*

Concluding comment

The voluntary sector has a significant role to play in the safeguarding field, and particularly in relation to child sexual exploitation. The recommendations above are made in order to inform the development of good safeguarding practice and partnership working between the statutory and voluntary sectors in providing effective responses to CSE. They support sustainable, specialist, CSE services provided for children and young people by the voluntary sector, which contribute to children and young people being protected from, and recovering from CSE.

1. Introduction

The Child Sexual Exploitation Funders' Alliance was created in 2012, in order to co-ordinate a five year funding programme that would extend the coverage and reach of voluntary sector Child Sexual Exploitation (CSE) services within England. A key aim of this continuing programme is to ensure that CSE is responded to as a child protection issue by all the relevant authorities.

The Alexi 'Hub and Spoke' is a phased funding programme, which aimed to develop a total of 16 CSE services over a five year period (2013-2018), with each service being funded for three years[3]. This programme of service expansion represents an £8 million investment in specialist voluntary sector services to support children and young people affected by child sexual exploitation. In order to achieve it, the Funders' Alliance adopted a particular model, based on one originating service[4] which used the expertise, resources and infrastructure of an established CSE service (known as a 'hub') in order to extend the impact of that service, by locating project workers (known as 'spokes') into new service delivery areas.

2. Aims of This Report

The overall aim of this report is to present key findings from the evaluation of the Alexi Hub and Spoke development programme, identifying the lessons learnt and making them available to a general audience. This includes: policy makers with an interest in multi-agency structures and services for responding to CSE; commissioners and funders of specialist support services; voluntary sector providers of CSE services; professionals working within statutory agencies responding to CSE; the CSE Funders' Alliance as the commissioning body for the Alexi

[3]*With the exception of the original Hub and Spoke service which was established prior to the funding programme, and so received continuation funding for a period of one year from CSEFA (2013-2014).*

[4]*The Barnardo's SECOS service in Middlesbrough.*

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Hub and Spoke evaluation; and the participating services.

The evaluation took place between September 2013 and January 2017. It aimed to both inform the establishment and development of funded services, and summarise the learning to date.

It is important to note that the funding programme extends beyond the lifetime of the evaluation and so a fully summative account of programme outcomes has not been possible. In line with the realist evaluation approach (see section 3) the conclusions presented here provide explanation designed to support ongoing learning, and contribute to an ever-evolving knowledge regarding effective service responses to CSE. In particular, the report provides insight into the distinct contribution and value that specialist voluntary sector support services bring to this arena, operating within the complex, multi-agency landscape of services that respond to this issue.

3. Evaluation Approach and Methods

The evaluation team

'The International Centre: Researching child sexual exploitation, violence and trafficking' is based at the University of Bedfordshire. As the UK's leading centre of research into child sexual exploitation, staff have extensive experience of undertaking research with children and young people who are often marginalised from mainstream services through their experiences or through multiple disadvantages. The International Centre was commissioned to deliver this evaluation over a period of three years and this has been undertaken by a team of experienced evaluators under the management of Principal Investigator Dr Julie Harris.

Aims and methods

This evaluation explored what happened when a model of service development (the Hub and Spoke) was transferred more widely over a three year period. The Hub and Spoke model was derived from one practice example[5] and used as a vehicle for increasing capacity and expanding the reach and impact of voluntary sector CSE services in England. This was in order that more children and young people affected by CSE might access the support they need.

The aims were to find out if changes occurred to safeguarding practice in the new service delivery areas, following the introduction of the new Hub and Spoke projects. In addition to the original service, the evaluation investigated how the model was applied by 15 other CSE services including: what worked or did not work in different areas; barriers to its implementation; adaptations that were made to the model and why, and whether these resulted in improvements to services.

The evaluation adopted a realist approach. This is interested not just in whether programmes or interventions work, but in how or why they might do so (Pawson and Tilley, 1997). It takes a theory-driven approach to evaluation rather than concentrating on particular types of evidence or focussing on 'before' and 'after' type data. It starts from the principle that interventions in themselves do not either 'work' or 'not work' – rather it is the people involved in them and the skills, attitudes,

[5] *The Middlesbrough SECOS service run by Barnardo's.*

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knowledge and approach that they bring which determine the outcomes generated, along with the influence of context and resources.

At the beginning of this evaluation in 2013, a review of the literature identified what is known about the effectiveness of Hub and Spoke models in other areas including health, education and family support services Bostock and Britt (2014). These findings, together with existing knowledge of CSE services, assisted in the development of some early ideas or 'candidate theories' about how the model might work in different contexts.

During the evaluation all 16 services were visited, with the majority visited on two occasions, 6-12 months apart. Multiple data were collected:

- *276 interviews: 72 with spoke workers and 62 with hub staff. Participants also included 56 representatives from children's services (including social workers, managers, CSE co-ordinators), 24 from the police and Police and Crime Commissioners (PCC), 17 in other roles in the local authority, 12 from Local Safeguarding Children's Boards (LSCBs), 12 young people, 9 from other voluntary organisations working in the sector, 8 parents/carers and 4 from CSEFA.*

- *Case studies from spoke workers, exploring features of the model that enabled them to effectively engage with children and young people.*

- *Quantitative data relating to numbers and backgrounds of children and young people reached by Hub and Spoke projects, as well as children and young people and professionals attending training and awareness raising events.*

4. The Hub and Spoke Model

The overall aim of the Hub and Spoke service development programme is that CSE is responded to at a local level as a child protection issue by all the relevant authorities and agencies. The study set out to answer some key research questions and to ascertain whether the Hub and Spoke model was effective in:

1. Promoting stable CSE policy frameworks in new areas by raising awareness, developing procedures and advancing cultures of support by local policy makers responsible for CSE;

2. Promoting good safeguarding practice amongst local agencies responding to CSE, and supporting and equipping specialist CSE workers to work effectively in host agencies;

3. Safeguarding children and young people from sexual exploitation through appropriate service delivery.

The Hub and Spoke model was based on the experience of the SECOS (Sexual Exploitation of Children on the Streets) project run by Barnardo's in Middlesbrough, which had extended its reach into neighbouring Local Safeguarding Children Board (LSCB) areas using this approach.

SECOS was established in 2000, following some local research undertaken by Barnardo's providing evidence of child sexual exploitation in the area and the subsequent support needs of the young people affected. A decade later and once soundly established, the SECOS service expanded into neighbouring local authority areas that hitherto did not have specialist support of this kind. It did so by placing

'spoke' workers into different service locations in five neighbouring areas. The role of these workers was to raise awareness of CSE locally, alerting social workers, police and other practitioners to the signs and indicators of CSE, through awareness-raising and training activities. At the same time, they invited referrals for individual children and young people and began providing direct work and carrying a caseload. They received long-arm management from the central 'hub' service (SECOS) which also supported their work on the ground by providing a more strategic role in the new area, advising on local policy and procedures in order to tackle CSE more effectively.

The Funders' Alliance adopted this approach as a vehicle for funding the rapid expansion of specialist CSE services in times of austerity, with the aim of increasing capacity so that more children and young people affected by CSE could access support, whilst bolstering expertise in the ways in which they were supported.

For the purposes of illustrating how this model was applied elsewhere the evaluation team captured the underlying reasoning behind this approach in an over-arching programme theory, as expressed below:

- *By raising the profile of CSE in a new area, the Hub and Spoke activities would advance cultures of support and help to develop local strategy, resulting in stable policy frameworks;*
- *These would drive and support more effective local responses to CSE, through developing appropriate procedures and processes;*
- *Local safeguarding practice would improve through providing direct support to children and young people through casework; providing case consultancy to staff from other agencies; and delivering training and awareness-raising activities so that police, children's services and other agencies would recognise and respond to the signs and indicators of CSE.*

This model of CSE is represented graphically as follows:

Diagram 1: The Hub and Spoke Model Programme Theory

The key elements of the Hub and Spoke model

There are a number of key assumptions that underpin the Hub and Spoke model. These are that:

1. The presence of a new voluntary sector service in a new LSCB area will heighten the profile and salience of CSE locally.

2. Through providing awareness-raising and targeted training for local organisations, professionals in other agencies will more readily recognise and identify children and young people affected by CSE and refer them to the specialist service for support.

3. Through developing a caseload, the specialist worker will generate knowledge about the nature and prevalence of CSE locally and improve outcomes for the children and young people affected.

4. By providing training, consultancy and advice to workers from other agencies the specialist workers will also help to improve safeguarding responses to children and young people from those agencies.

5. The spoke worker's activities will help to establish whether there is an ongoing need for specialist intervention, and make the case for sustained funding in areas where this was so.

The following diagrams depict the role of the spoke workers, supported by their hub services:

Diagram 2: Role of the spoke worker
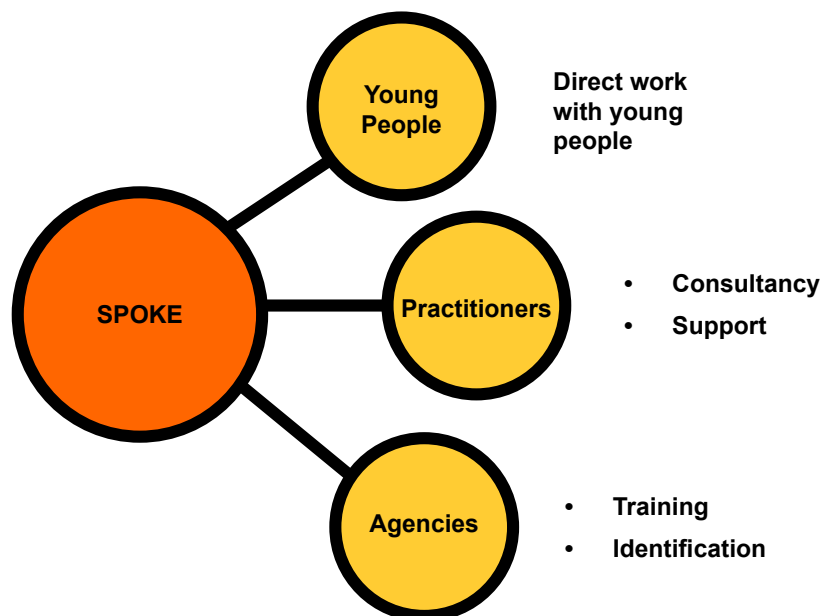
The locations in which spoke workers could be placed were flexible and this was for the hub services to negotiate with host authorities at local level. Diagram 3 below illustrates the range of locations in which it was possible for the spoke to be situated. (Section 7 identifies the variations in location that emerged as the Hub and Spoke model was established in the 15 'roll out' areas).
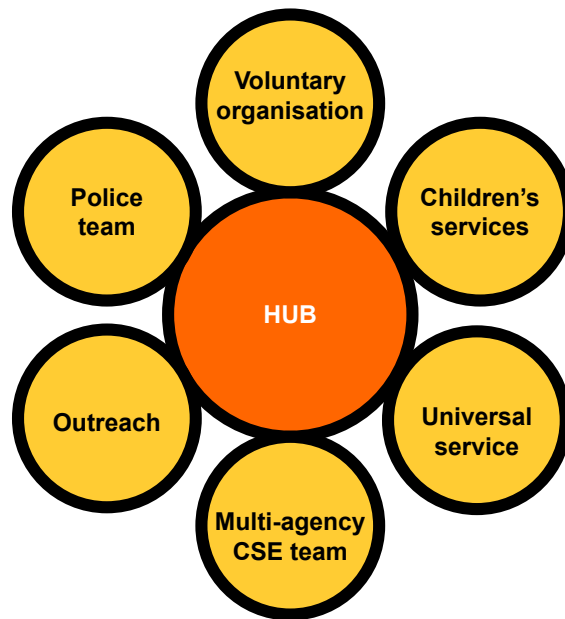
Before presenting the findings from the evaluation of the model's implementation, it is important to note the national context which formed the backdrop to this funding programme. This is explored below, prior to a description of the proposal to scale up the Hub and Spoke model as a significant policy transfer programme.

5. Public Policy Context

The key aim of the Hub and Spoke programme was to trigger cultural and systemic change in the way local areas responded to the issue of CSE. Since the inception of the CSE Funders' Alliance's work, child sexual abuse (CSA) and CSE has been a significant focus of public conversation and political action across the UK, affecting the local and national contexts in which the Hub and Spoke model was being delivered.

This development was not necessarily anticipated by the Funders' Alliance. The turn of the current decade saw a series of publications highlighting the scale of CSE and the need for a sea-change in local and national responses (Barnardo's, 2011; CEOP, 2011; Jago et al., 2011). The messages were also reinforced in public consciousness by media coverage of a series of CSE-related criminal trials in Preston (2010), Derby (2010), Telford (2012) and Rochdale (2012). However, successive government action plans had failed to deliver or invest in wide-scale reform of CSE responses (Department of Health, 2001; DCSF, 2008; DfE, 2011). Furthermore, significant cuts to public services indicated that this was unlikely to change. After 2012, the Funders' Alliance strategy therefore focussed on capacity building within specialist voluntary services as a means to drive improvement in local responses.

The sudden acceleration in the profile of CSA/E over this period has largely been attributed to sustained media reporting of two public scandals. The first related to criminal trials revealing the extent of sexual exploitation and violence perpetrated by groups of men in Rotherham,

Rochdale, Oxford and other cities, as well as the chronic failure of services to protect children. The second was the scale of child sexual abuse offences committed by the public figure, Jimmy Savile, which were only acknowledged after he died in 2011. This media coverage is credited with increasing victim reporting of sexual offences and a significant increase of referrals to the child protection system (NSPCC, 2017).

A series of high profile government inquiries (Home Affairs Committee 2013; CLG Committee, 2014; Barnardo's, 2014), serious case reviews (Bedford, 2015), and independent reviews (Klonowski, 2013; Coffey, 2014; Jay, 2014; Casey, 2015) followed, and the Independent Inquiry into Child Sexual Abuse (IICSA) was established in 2014. In response to the exposure of multiple and persistent safeguarding failures in Rotherham and beyond, the Coalition government published 'Tackling Child Sexual Exploitation' (TCSE), another action plan laying out measures intended to create a 'step change' in responses to CSE (HM Government, 2015).

Unlike previous plans, TCSE signalled the government's intent to drive systemic improvement in the police by identifying CSA as a national threat in the Strategic Policing Requirement, and providing a network of regional coordinators and analysts across local forces. There has been a policy focus on strengthening accountability in safeguarding through measures on protecting whistle-blowers and a possible offence of 'wilful neglect' in TCSE, as well as joint targeted area inspections on CSE (Ofsted, 2016). Many of the relevant government departments have responded with further reforms and action plans related to CSE, including the NHS[6] and DfE[7]. The government has created a series of funds[8], many of which have resourced projects focusing on CSE (e.g. Luke, 2017), as well as launching the Centre for expertise on child sexual abuse with a remit to bring about significant and system-wide change in how child sexual abuse is responded to locally and nationally. This has been followed by a new definition of CSE, outlined in the recently published Government CSE Definition and Guide (DfE, 2017).

Voluntary sector agencies have consistently been identified as having a significant role to play in response to CSE and, until relatively recently, were often the driving force of local work (DoH, 2000; Swann and Balding, 2002; Jago and Pearce, 2008; DCSF, 2009; Jago et al., 2011). However there is evidence that the reforms described above have resulted in the political will and determination to drive improvements at the local level (Ofsted, 2016), bringing greater leadership from LSCBs, police and other agencies. This renewed focus on CSA/E and the recalibration of local roles and functions could be indicative of the 'step change' sought by government. Nevertheless, reforms have taken place in the context of austerity policies that have seen funding for children's services cut whilst demand for services has increased (NSPCC, 2017). Therefore, it is not clear whether political will can translate into sustainable change.

[6] www.england.nhs.uk/ourwork/safeguarding/our-work/cse/.

[7] *In 2017 it was announced that Sex and Relationships Education (SRE) would become a statutory subject, in response to growing pressure on the government to invest in the prevention of sexual exploitation. The DfE also released a new definition and guidance on CSE in February 2017, and have produced a series of campaigns aimed at raising awareness of abuse amongst children and young people ('This is Abuse' and 'Disrespect NoBody').*

6. The Alexi Project – Scaling Up The Hub And Spoke Model

Statutory sector responses to CSE are improving although still regularly judged to be inadequate (Jago et al, 2011; Berelowitz et al., 2013; Ofsted, 2014; HMIC, 2015). The current economic climate and the cuts imposed on local authorities have impacted on local authority services for children and young people. Voluntary sector provision has largely been developing with the support of charitable / independent funders. These services work in a child-centred and holistic way with children and young people, some of whom are highly marginalised and disengaged from mainstream services as a result of multiple disadvantages. Research shows that voluntary sector services can be very effective in engaging these children and young people. Also, multi-agency, co-located teams provide examples of best practice through responding holistically to needs and facilitating better information sharing and partnership working (DCSF, 2009; Jago et al., 2011; CEOP, 2011; Berelowitz et al, 2013).

The Hub and Spoke funding programme represented one element of a wider strategy, developed by the Funders' Alliance with the support of representatives of the wider CSE network and the International Centre. Approved by a Funders' Alliance steering committee, the strategy comprises three key programmes of work:

1. The development of a Hub and Spoke model of specialist service development;

2. The promotion of the meaningful involvement of children and young people in decision making and the development of good practice in CSE practice intervention;

3. The creation of a Knowledge Hub on CSE to pool and share knowledge about CSE and the evidence base for good practice.

These three components are interdependent and have been developed concurrently. See the Alexi Project website for more details of these activities and outputs arising from the project.

This report focusses on the first of these work strands, presenting conclusions as to the success of the scaling up of a Hub and Spoke model of service development in CSE. The programme represents an £8m investment from the independent trusts and funders represented by the CSE Funders' Alliance (see Appendix One) with funding extending over five years. There are three phases of service development, as follows:

Phase one: Three services (2013-2016)

Phase two: Five services (2014–2017)

Phase three: Eight services (2015–2018).

With the evaluation running concurrently with the new service developments and adopting a formative (as well as summative) approach, it was intended that each new wave of services should learn from the last. The evaluation team met with the Funders' Alliance on a quarterly basis to report on the progress of the Hub and Spoke developments and the team's evaluation activities. Thus the learning that emerged was used to inform further selection and funding decisions (see below). Broader learning, including what worked well and in which contexts, was disseminated amongst participating services and stakeholders over the lifetime of the evaluation through the production of a yearly report and via various knowledge exchange events and activities. These included an annual conference, a monthly newsletter

[8] Children's Social Care Innovation programme, Police transformation fund, Violence against women and girls service transformation fund and Sexual abuse victim support fund.

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and online blogs (see Alexi Project website). These activities provided the vehicle for knowledge-sharing so that services participating in each phase of development were able to learn from their predecessors.

The Hub and Spoke services

As the original SECOS service was already being funded by one of the Funders' Alliance members, it was included within the cohort of services to be evaluated. Further specialist voluntary sector services that had potential as Hub and Spoke developments were identified by the Funders' Alliance using a snowballing approach, drawing on the knowledge of independent trusts and funders and professional colleagues from the sector. The Funders' Alliance was also keen to ensure an even geographical coverage so that areas without specialist CSE services were targeted for development. They also aimed for a balance between rural and urban, coastal and inland, highly populated or less densely populated areas, for example, in order to maximise the learning that might be achieved. Services were then identified and invited to apply for Hub and Spoke funding on the basis that they:

- *were a well-established and sustainable service*
- *had the management and resource capacity to expand*
- *had experience of multi-agency partnerships.*

In addition, they were required to be flexible in their approach to service delivery, able to fundraise to meet new demands, and to adapt to the changing needs of children and young people. They were expected to work with both young women and young men and to provide a variety of programmes and interventions to meet local needs. It was vital that hub services undertook some preliminary work in order to understand the local service landscape in a proposed host area.

A full list of the services funded is provided in Appendix Two.

The following table provides an overview of the numbers of the services and the local authority areas involved.

Table 1: Overview of the services funded

N= Hubs	N= Local authority areas (total)	N= Local authority areas (spokes)	N= Spoke managers	N= Spoke workers total	N= Spoke workers @ FTE
15	50	35	10	53	49

Of the hub services funded, six were broadly located in the North of England (spoke workers N=22), six in the South (spoke workers N=21), and three were in London and East (spoke workers N=10).

*NB. Originally 16 services were funded including the original service. However, one spoke service in phase three merged with a sister project from the same service provider when the hub lost funding, so the end total number funded was 15.

This section gives a summary of the different ways in which 'Hub and

Spoke' was adopted by the services, together with some of the key data relating to the management and structure of the projects. It also summarises the quantitative data relating to numbers of professionals and children and young people worked with, and some of the data used to measure outcomes[9]. Further detail about all the aspects summarised in this section are available in the full report.

Adaptations to the Hub and Spoke model

Five broad models of Hub and Spoke development were identified, and these are described and represented graphically on page 21-23.

Over the phased period of service development, the Hubs and Spokes have developed a more complex understanding of the processes required to achieve their desired outcomes, within the context of local circumstances and in response to changes in the policy environment. Therefore, the original Hub and Spoke model was not imported wholesale into any of the new service development areas. Rather, adaptations were made in order to respond to local CSE strategy, the organisation of services and the relationships between them. These included the arrangements for management and support, the location of spoke workers and the activities undertaken by them.

Management and support

The spoke workers received management and supervision from a hub service which supported the operational activities of the spoke worker by:

1. Developing a strategic presence within the LSCB structure, advocating for and supporting the development of local structures and processes that support an effective, collective service response to CSE amongst key partner agencies;

2. Negotiating effective service locations for the spoke workers within host authorities;

3. Helping to develop effective referral pathways to the spoke service;

4. Providing case management, supervision and support to spoke workers in their host locations.

Ten of the Hub and Spoke services had a dedicated spoke manager. This role helped to ensure local co-ordination of the work in host areas and provided appropriate time for supporting spoke workers in their operational role. Some spoke managers had other roles at the hub, including training, fundraising, and managing other staff. Thus, the actual levels and types of support offered by hub managers varied greatly.

Hub services worked hard to keep spoke workers engaged with, and part of, the hub. This was done through a combination of regular one-to-one supervision, attending staff meetings and training days, and regular telephone and email contact. This worked less successfully where spoke workers felt that the onus was on them to initiate contact. This sometimes resulted in 'as and when' support, as opposed to regular contact and supervision feeling like it was an integral feature of their

[9] Note that the hub for one of the services closed down during the course of the project, and the spoke worker transferred to another of the charity's hubs nearby – the data below therefore refer to 15 of the 16 services that were originally funded.

daily practice.

All but one of the Hub and Spoke projects provided external supervision for their spoke workers, where a professional (generally a psychologist) met with spoke staff to explore issues and the impact of the work on them personally. This was offered on a monthly, fortnightly, or 'as required' basis. Group supervision was most frequently provided, with only a small number of sites offering individual clinical supervision. All services provided supervision for spoke staff on a regular basis, most commonly monthly.

Where spoke workers were based in a host agency, they usually had one key contact who was a senior manager. The spoke workers generally had regular contact with this individual, and a weekly or monthly 'check in' to review how things were going. This was seen as a supportive arrangement that facilitated good information sharing, provided a local champion for their work and increased their visibility.

Location of the spoke workers

There were between one and five spoke workers attached to each of the hubs, mainly working full-time. There was significant variation in how far away spoke workers were based from their hubs – this ranged from zero miles (for the small number who were based at the hub) to 75 miles for one spoke. Typically, spokes were located 15-30 miles from the hub. Given that most spokes were lone workers in the new area, many of them covered large geographical catchment areas encompassing both urban and rural localities. This meant that many of them travelled hundreds of miles in a week in order to reach children and young people.

Five key models with regards to the location of spokes are identified as the Hub and Spoke model was adapted to meet variations in service context. These are described below.

Hub and Spoke location models

1. Statutory model:
Spokes go out into statutory teams, often service gateways such as Duty and Assessment, police teams or statutory led multi-agency teams (3 services).
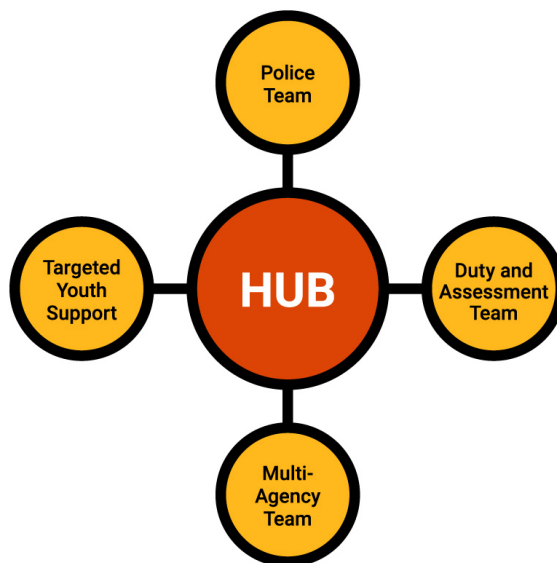
2. Community Model:

Spokes are located in a variety of voluntary sector, youth or community settings in order to provide easy access for children and young people (2 services)

Voluntary Service

HUB

Youth Service

VCS Resource Centre

Multi-Agency Team
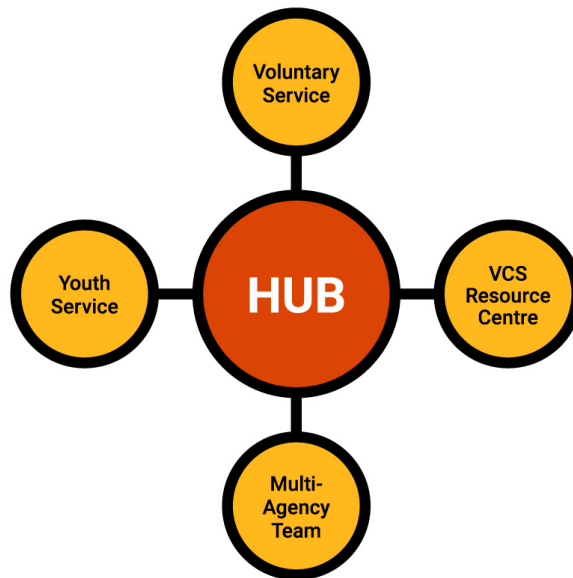
3. Outreach model:

Spokes are located in the hub as their main base and travel out to deliver an outreach service in new areas (3 services).

SPOKE 1

HUB

SPOKE 4
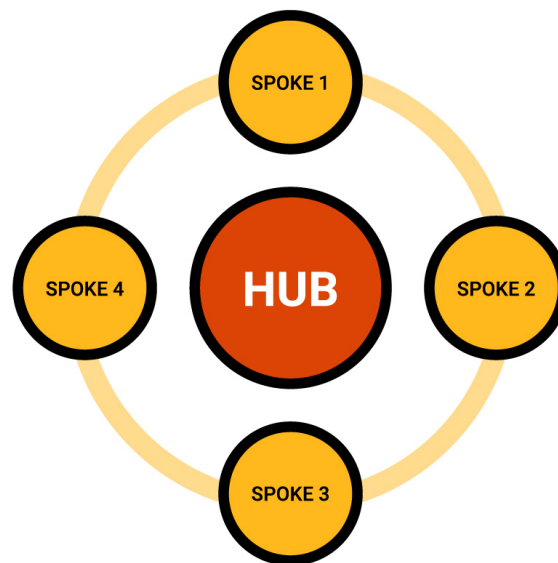
SPOKE 2

SPOKE 3

4. Mixed model:

Some spokes are located out in other agencies and some remain within the hub (3 services).

SPOKE 1

HUB

SPOKE 4
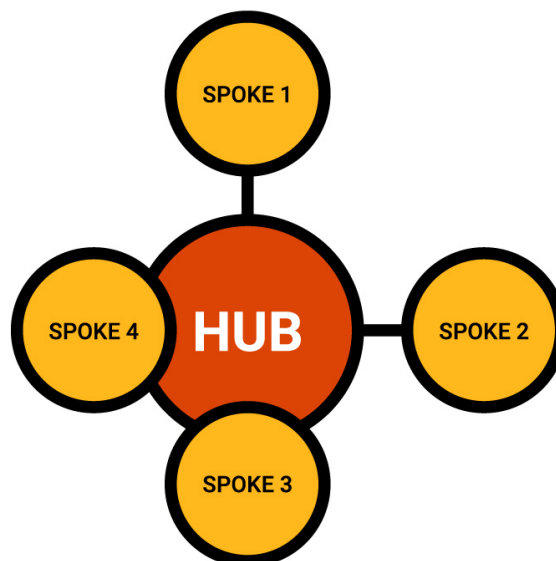
SPOKE 2

SPOKE 3

5. Spoke team model:
Here the spokes are located together as a team within a host agency (2 services).

HUB

Spoke Team
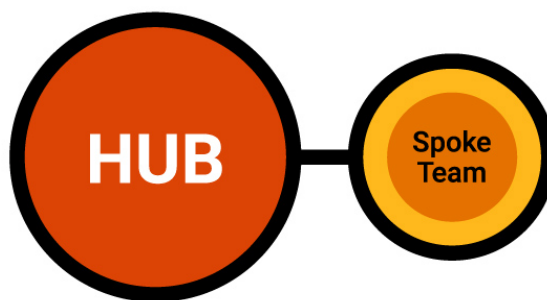
N.B. Two further services combined statutory and voluntary settings for their spoke workers (i.e. a combination of models 1 and 2).

The location of a spoke worker within the host authority was a key determinant of their visibility to potential referrers to the service. Successful locations within other services acting as hosts opened up access to key contacts and resources, strengthening the development of effective referral pathways to the service. Less enabling contexts sometimes resulted in the spoke being side-lined or missing the attention of key partners.

Whereas locations in statutory service settings were able to maximise collaboration, partnership-working and the diffusion of good practice, they also limited the reach of spoke services to children and young people meeting high threshold criteria for intervention. Voluntary or community sector locations enabled more varied referral pathways and provided opportunities for early intervention, thus increasing reach to children and young people from diverse communities or presenting with differential support needs.

Outreach working and working from home proved the least effective arrangements, with reduced visibility and opportunities for the diffusion of good practice and acting as local change agents. These arrangements sometimes meant that spokes felt isolated and under-supported.

Spoke activities

Most spoke workers provided direct work with individual children and young people through a relationship based, casework model[10]. Some also provided support to parents and carers. In addition, they offered consultancy and advice to other practitioners or to police who were working with children and young people affected by CSE. They undertook awareness-raising events and provided training courses to a range of professionals, in order that they might identify and respond to young people affected by CSE appropriately and effectively. Although most spoke workers undertook all of these activities to some degree (see footnote), the balance of these varied between Hub and Spoke services in response to local context.

Hub and Spoke services were requested to collect information, both in relation to their casework, and their awareness raising and training with children and young people and professionals[11]. Due to the different start dates of the Hub and Spoke services, Phase 1 services completed a single annual return, covering 2014. Phase 2 and 3 services were

asked to complete quarterly returns from their start until the end of the evaluation fieldwork period in December 2016.

A variable amount of data were received from services. Some, particularly in phase 3, were late starting their activities and so had little data to report in the early quarters. Other services did not routinely collect some data, such as disability or educational participation. In addition, some services found it difficult to separate data pertaining to the work of the hub staff from that of the spoke staff. There is thus a considerable amount of missing and/or inconsistent data returned by services.

It is important to acknowledge that the phase 2 and 3 services are continuing and many have substantially increased their casework and training activities, compared to those reported below. The quantitative findings reported here should therefore be seen as indicative rather than definitive. The information below relates to (a) children and young people receiving casework, (b) awareness-raising activities with children and young people, and (c) training and awareness-raising for professionals.

(a) Children and young people receiving casework

In total, the number of new cases opened by services throughout the data collection period was 783. As stated above, this figure is indicative of the number of cases for the middle part of the Hub and Spoke programme, as phase 2 and 3 services continued and expanded their work with children and young people after the end of data collection in the evaluation. Further details were provided about these 783 children and young people, as follows:

Table 2: Details of new cases

	Number	% (of 783 children and young people)
Gender:		
Female	652	83.2%
Male	105	13.4%
Transgender	2	0.3%
Not known / missing	24	3.1%
Ethnicity:		
White British / European	671	85.7%
Black and Minority Ethnic	84	13.4%
Not known / missing	28	3.6%
Disability:		
None	583	74.5%
Physical disability	33	4.2%
Learning disability	59	7.5%
Physical and learning disability	9	1.1%
Not known / missing	99	12.6%

The figures in Table 2 show a number of important findings. Of the 783 new cases opened during the evaluation period, the majority of these (652, or 83.2%) were female, with 105 (13.4%) male, and two transgender. For the remaining children and young people their gender was not recorded. Thus over four-fifths of those worked with by Hub and Spoke services were female. In terms of the ethnicity of the children and young people worked with, the majority were White British or White European, accounting for 671 (85.7%) of the new cases opened during the evaluation period. In total 84 young people (13.4%) were from Black and Minority Ethnic backgrounds. It is also of note that three-quarters of the young people receiving casework (583, or 74.5%) were described as not having a disability, with 101 (12.9%) children and young people described as having a physical and/or learning disability. For the remainder this information was not available.

It should be stressed once more that some services were still developing their casework at the end of the evaluation, and many more children and young people will be worked with by the end of the Hub and Spoke programme. Most spoke workers have a caseload of between 10 and 12 at any one time, and work with around 20 per year. Therefore it is estimated that the 53 spoke workers are undertaking casework with approximately 1,060 children and young people per year.

The questionnaires sent to services asked for the social care status of their newly opened cases. There was some missing data for this question, with several services commenting that they did not always know this until the spoke worker had got to know the young person better and developed a relationship. However, for those where this information was known, the highest proportions (340 children and young people, 43.4% of new cases) were known to Children's Services and living at home. The second largest group were not known to Children's Services (247 children and young people, 31.5% of new cases), with 141 children and young people (18% of new cases) looked after by the Local Authority.

Children and young people were also referred to the Hub and Spoke services by a variety of routes. The most common referrers were social care (294 young people, 37.5%), the multi-agency safeguarding hub, or MASH (106 young people, 13.5%), and the police (54 children and young people, 6.9%). The remainder (42%) did not have this information.

Services were asked to assess the risk level of the children and young people at the start of the intervention. The vast majority were assessed as either being at high risk of CSE (294, 37.5% of new cases) or at medium risk (298, 38% of new cases), with only a small number being assessed as low risk (45, or 5.7%). The remainder of cases did not have this data recorded. Thus most spoke workers were primarily undertaking casework with children and young people assessed as being at high and medium risk of CSE.

Finally in this section, for the cases that were closed during the recording period, services were also asked to rate the closing risk level for those who were rated as high risk at the start of the intervention. For the 255 children and young people whose cases were closed during the evaluation period, 184 (72%) were recorded as being at lower risk compared to the initial assessment. Of the remainder, 61 (24%) were recorded at the same level of risk after the intervention, and 10 (4%) at increased risk. For these children and young people where there was no change or an increased risk, this was largely because the young person

did not engage with the service, or moved away. The intervening period was thus very short and the risk status was assessed as not having changed. It should be stressed, however, that for most children and young people whose cases were closed during the evaluation period, their risk level reduced as a result of spoke intervention.

(b) Awareness raising activities with young people

The services were asked about the numbers of children and young people that they worked with during the evaluation period, in addition to those receiving casework. This showed the following:

- **Groupwork (1 session)**   **1,960**
- **Groupwork (2 sessions +)**   **239**
- **Talks and sessions**   **5,523**

As these figures show, in total 7,722 children and young people were reached during the evaluation period and given information, advice and support in relation to CSE. Of these, over 2,000 children and young people attended groupwork sessions organised and run by the spoke workers. In addition, over 5,000 children and young people attended talks and other sessions run by the spoke workers. These events varied in structure, content and style, and included discussion, games and activities, presentations, and case studies – each separately designed by spoke workers to meet the ages and needs of the children and young people attending.

(c) Training and awareness raising for professionals

The numbers of professionals who attended training and awareness-raising sessions were as follows:

- **Half day or less**   **5,534**
- **More than half day**   **1,034**

As these figures show, over 6,500 people received at least a half day's training on CSE during the evaluation period. In addition a number of sessions were run for professionals across a variety of agencies. This included events run for multi-agency groups (224 were run) and for children's services (113 were run). In addition, many hub services provided training for a range of workers in other fields, most notably taxi drivers, and hotel and bar staff.

Three aspects must be reiterated in relation to the quantitative data presented here:

Firstly, data monitoring and collation were incomplete and inconsistent at times, and thus only partial data were received from many services. The data above thus provide indicative rather than definitive descriptions of the activities of the spokes.

Secondly, the data were collected early in the project's development for many of the services, prior to when they were fully 'up and running'. Numbers of children and young people and professionals reached are therefore likely to be much higher (and possibly more diverse) than these figures suggest. However, this section gives a useful indication of the range of activities undertaken by spokes, and who these services reached.

Thirdly, the Hub and Spoke services found it challenging to evidence

their impact through top level outcomes measurement for a variety of reasons: a young person's level of vulnerability to, and experience of, CSE is difficult to assess; baselines are challenging to establish; and progress may be too subjective or relative to measure. Even where possible, top level aggregated data on outcomes for children and young people using CSE services is unlikely to capture the change that these services make to children and young people's lives. The case study illustrations written by spoke workers in this report demonstrate this point. This issue is discussed in further detail later in this report.

In the second part of the Findings section below, the extent to which Hub and Spoke services met a number of outcomes are described.

8. Findings (2) – Achievement of Objectives

As part of the theory development, the evaluation team identified some key outcome indicators that would establish if the aims of the programme were being achieved. These were described in the second year report and were used to guide data collection in the final year. Over the course of that year these have been refined and re-ordered in order to reflect the evolving theories about how change was being achieved.

Outcome 1:
New specialist services are successfully embedded in and become an integral feature of the CSE service landscape

Outcome 2:
Local agencies working with children and young people are confident in identifying and responding to CSE

Outcome 3:
Children and young people affected by CSE are able to access expert, specialist and dedicated intervention in their locality

Outcome 4:
Children and young people in different geographical locations, from different demographic groups and with differential support needs, can access specialist support services

Outcome 5[12]:
Children and young people affected by CSE are successfully engaged in support services

Outcome 6:
New specialist services supporting children and young people affected by CSE are funded on a sustainable basis

The following section explores key themes across the 16 Hub and Spoke services as they were introduced into their host authorities, identifying which contextual features either support or inhibit the achievement of the desired outcomes.

[12] *It should be noted that Outcome 5 originally prescribed that outcomes should improve for children and young people but for reasons given in the report regarding the challenges facing services in monitoring and recording outcomes for children and young people, this has been re-configured to capture instead the success services achieved in engaging children and young people in need of safeguarding and support.*

Outcome 1:
Are new specialist
services successfully
embedded in and an
integral feature of
the local CSE service
landscape?

A key aim of the Funders' Alliance funding programme was that the new spoke services become an integral part of the local CSE landscape of services for children and young people.

Partnership working

The level of embeddedness achieved was significantly determined by the local relationship between statutory and voluntary sector providers, and usually framed within the historical context. Where these relationships had developed well over time local authorities were able to tolerate a high level of challenge (in relation to working practices and approaches in relation to CSE) and welcomed the independent perspective that the voluntary sector could offer.

"I think the other thing that made it really easy was that we'd worked with [Hub and Spoke provider] for a number of years...they knew our passion and drive and our worries. Helping us think through where our blind spots are, because we've all got them... any difficult conversations I think can be had and worked with." (Children and Families manager)

Relationships were often stronger in areas where CSE had featured as a prominent issue through large scale police operations, and the hub services had played a pivotal role in intelligence gathering and victim support. These had provided the triggers for developing collaborative working practices founded on trust between the partner agencies, and this often led to the hub service's involvement in supporting the development of local strategy to address CSE. This historical relationship could be lacking in the new areas where spokes were trying to establish themselves or for newer, smaller charities establishing a hub and spoke (as opposed to the large, national charities). For this reason, achieving that embeddedness and establishing trust between agencies took time and persistence.

The importance of focusing on arrangements for partnership working at local level emerged as a paramount consideration and was found to require a dedicated management role. The operational role of the spoke workers was not effective unless mirrored by negotiation at the strategic level to ensure that partnership arrangements, relationships and clearly defined roles reflected and supported the aims of the service.

"I know they're embedded within that partnership structure, so they go along to the appropriate strategy board meetings…So on an operation level I know that they're connecting with the right people, they're talking to [police force name]… partners, they're having those strategic discussions and then I have confidence that they have those internal conversations to make sure that what's happening at a strategic level, and an operational level are connected." (Police and Crime Commissioner)

Referral routes

The majority of referrals to spoke services came through statutory routes. Effective referral routes did not just rely on location and the role of spoke services but also on the capacity of the referring agencies to recognise CSE and take action accordingly.

In large, rural catchment areas, referral pathways were often defined by

networks and relationships between agencies. Whilst these relationships sometimes provided effective diffusion mechanisms for good practice, they also at times frustrated routes into diverse communities and groups where those services did not have strong links into them.

Demonstrating expertise

Recognition of a spoke worker's expertise was a significant factor in their successful integration into the local service landscape. Perceptions of 'expertise' varied across hubs and spokes and their local partners and stakeholders. For some, the level of professional or academic qualification was paramount, whilst others prioritised knowledge and experience of CSE issues or the skills required to undertake this kind of work with children and young people.

"No disrespect to social workers, they spend less time with the children and young people. Obviously [spoke worker] in her role can very much focus on CSE, whereas social workers can't. So her expertise in terms of doing this day in, day out, is so important for people to learn from. I know I've heard there have been occasions where someone's stuck on a case so they've made contact with [spoke worker] to say, "What can I do differently?" …She [the spoke worker] has built up skills that other people won't have." (LSCB manager)

The large national charities in particular, could act as effective change agents by drawing on their reputation and credibility, and channelling their national knowledge, campaigning power, and tools and resources for use at local level. However, the projection of 'expertise' was sometimes a sensitive issue, especially if it was presented in juxtaposition to more generic roles supporting children and young people. Care had to be taken to ensure that the expert role did not overwhelm but rather supported pre-existing support roles. This applied to statutory roles but also to the contribution of other voluntary organisations in supporting vulnerable children and young people. It was therefore important for Hub and Spoke services to demonstrate their relevance to local communities in order to complement rather than overwhelm other voluntary and community organisations providing support to vulnerable children and young people.

Training and awareness-raising

Outcome 2: Are local agencies working with children and young people more confident in identifying and responding to CSE?

Training and awareness-raising activities were key components of the Hub and Spoke model, and perceived as effective vehicles for affecting the way in which participants thought about CSE and children and young people's vulnerability, changing attitudes, bringing about behaviour change and diffusing good practice in CSE. There were tensions between providing training and undertaking casework because of the limitations on spoke workers' time and capacity. In these circumstances, casework was often prioritised at the expense of providing training.

One of the key ways in which spoke workers were able to be successful change agents was through the delivery of training to partner organisations responding to CSE and to wider businesses or services

that encounter children and young people. These events aimed to have an impact in changing attitudes towards children and young people (for example, in recognising vulnerability) and in increasing the salience of CSE in individual lives (for example persuading local business owners or providers that these issues might also impact their own children and communities).

A significant challenge for the delivery of training lay in the high level of staff change that occurred in statutory services, especially those undergoing re-structuring. In order to combat this, one service developed bespoke packages of support for VCS organisations within the context of an ongoing mentoring relationship. This is an effective way of helping an organisation build their awareness and knowledge incrementally over time. However it can be challenging, given the insecurity in the current context of austerity, for small VSOs and their staff to commit to longer term training approaches.

Spoke workers as trainers were most successful where they were perceived as experts in direct work with children and young people and where training content was grounded in their own experiences as specialist workers. Where spoke workers did not undertake direct work with children and young people, their confidence as trainers was often reduced, as was others' confidence in them.

Very often spoke workers contributed to LSCB training programmes in CSE. This worked well because the partner agencies together brought a varied suite of skills and expertise, whilst also lending each other credibility.

Where training was effective, it had an impact in terms of professionals' behaviour change. For example, some spoke workers described an increase in referrals after they had delivered training. They also noted longer term changes in attitudes and the language used amongst participating partner agencies, such as the police and children's services, when referring to children and young people and CSE.

"The alarm bells [for CSE] I can see them [professionals who had attended spoke training] identifying, you know, this missing indicator or sexual exploitation indicator, so they caught on. Also the language of the professionals has changed. There are still some professionals (who)… would not describe a young person as vulnerable as we would, but I have seen a big shift in the attitude of the workers across [the area] about how they define a young person and see the reason why somebody that's behaving the way they are is because they are exploited." (Hub project manager)

Casework and consultancy

A key element of the Hub and Spoke model lies in influencing how staff in partner organisations identify and respond to children and young people affected by CSE. The undertaking of direct casework with children and young people, whilst also providing case consultancy, is a key vehicle for affecting changes in the comprehension, attitudes and behaviour of police and practitioners in dealing with this issue. This proved a powerful way of developing 'shared norms' or standards about what is acceptable practice when working with children and young people affected by CSE. This included, for example, establishing that long intervention times combined with a relationship-based approach

are more likely to lead to a young person's disclosure of abuse. This relies on partner agency staff working closely with spoke staff to observe their practice with children and young people and some of the distinguishing features of the voluntary sector approach.

"She's [spoke worker] very open, she's very friendly, she's very receptive to ideas and she also takes on board the social workers' concerns and she has them open discussions and debates and she creates that forum and that's down to her personality as well which is crucial and her communication skills…. (Social Care CSE Lead)

[It is important] for [the spoke worker] initially to be kind of like a facilitator and disseminate her skills and expertise throughout our team in [the region]… for the social workers to be confident and competent also to undertake that work. But equally so [the spoke worker] is the key to that at the moment because workers haven't got that confidence, they haven't got the training and we are trying to get there, there's no two ways about it, but [she] is very influential in working with the children who are high risk and ensuring that an effective safety plan is in place at this moment in time." (Social Care CSE Lead)

However, the degree to which statutory staff were able to assimilate this learning into their own practice was limited by the pressures of statutory sector working, frequently characterised by high threshold criteria, case prioritisation, long waiting times, and time-limited interventions. These factors usually precluded the adoption of such techniques into statutory based work, even though, conceptually, the principles and values inherent in relationship-based or therapeutic approaches might be shared.

Pressurised caseloads carried by spoke workers, combined with a significant amount of travel in order to reach children and young people meant that spoke workers often had a reduced physical presence in their host agencies. Much of the time they worked in relative isolation and this both reduced their visibility to partner agencies, and limited opportunities for active modelling of the direct work. Hub and host managers need to ensure that staff know that spoke workers doing casework will often be 'out on the road' seeing children and young people, and will not necessarily be at their desks on a regular basis.

Similarly, there was limited time for providing case consultancy, although this appeared to be an effective method of diffusion of voluntary sector methods and approaches to the work where spokes were able to provide it.

Supporting and equipping CSE specialists to work effectively in host agencies

There are two key elements of the Hub and Spoke model which enable spoke workers to deliver the role effectively. First, that spoke workers are well managed, with a clear direction and plan for their work provided both by the hub service and the spoke host (where applicable). Second, that spoke workers feel emotionally and practically supported to undertake a challenging and demanding role.

Spoke workers who were well supported and managed were then able to use their skills and distinctive approach to influence policy and practice locally, and improve services for children and young people

affected by CSE.

"[The young person was] well known in area for offending and antisocial behaviour. Due to this professionals saw her as misbehaved and it was challenging to change the professional view of her from being badly behaved to being a victim." (Spoke worker)

Hub services acknowledged the potential for spokes to be isolated, with some having little regular contact with other spokes and/or hub colleagues. Many spokes acknowledged the tension in the role, in terms of being both visible and accountable to both the hub service / employer, and their host organisation. Thus the Hub and Spoke model often required spoke workers to 'tread a tightrope' between two worlds. It was acknowledged that this made it a challenging role. However, some spoke workers managed to negotiate this effectively by maintaining a clear voluntary sector identity but proactively working to develop and maintain relationships in other agencies.

Hub and Spoke staff recognised that there is some inherent risk in the Hub and Spoke model, including spoke workers sometimes having to deal with child protection and related issues 'out of hours', when they might have no or limited access to hub staff or statutory agencies. This meant they might have to 'hold' difficult personal and emotional issues until senior staff were available. Spoke workers described the need for anyone in a spoke role to be both resilient and self-aware, to be able to recognise their own emotional state and ready to seek support where necessary. External, clinical supervision, whether on an individual or a group basis, was valued by the majority of spoke workers, and provided a space to offload, review, and address issues.

Outcome 3:
Are children and young people affected by CSE able to access expert, specialist and dedicated interventions in their locality?

It was widely agreed that the voluntary sector brings a contribution to safeguarding children and young people affected by CSE, which is distinct from that of statutory workers and agencies. A key finding from this evaluation is that this occurs through the diffusion of their safeguarding approach and methods amongst partner agencies (through modelling casework, providing tools and resources and delivering training), in order to increase the local capacity and effectiveness of response to CSE.

Bringing organisational expertise and resources to the work

Success in engaging children and young people gave credibility to the spoke worker's role and encouraged trust from key partners and organisations. However, any failure to negotiate and agree a clearly defined role for the spoke worker at local level, undermined their credibility and acted as a barrier to acceptance into the service landscape.

The open-ended or long intervention times that typically characterise voluntary sector methods in CSE work, sometimes led to extended waiting times for other children and young people needing a service, and at times this undermined the trust of referring agencies. This was also the case where funding for the spoke service was perceived as short

term and unsustainable.

Where spoke workers were viewed as experts in CSE, training was an effective way of diffusing good practice. However, this was at times frustrated where spoke workers lacked credibility, either through lack of casework experience or lack of knowledge of the specific roles and responsibilities of those whom they were training.

Outcome 4:
Are children and
young people in
different geographical
locations, from diverse
demographic groups
and with differential
support needs, able
to access specialist
support services?

Geographical reach

It took time to develop local relationships in order to negotiate and agree the locations and roles for the spoke workers. This process was at times frustrated by statutory service re-structuring and staff changes. Therefore, persistence was required to repeatedly achieve 'buy-in' to the Hub and Spoke concept.

Spoke workers faced a difficult balance between undertaking casework and being 'visible' in host sites - necessary for engaging with professionals locally. This was especially challenging where spoke catchment areas were large and the spoke workers spent significant time travelling or where spoke workers were unable to meet demand in an area. Efforts to extend geographical reach were sometimes frustrated by a difficulty identifying areas with particular needs, because of a lack of statistical data and evidence.

Reaching all communities and children and young people with different support needs.

Hub and Spoke services developed different strategic aims with regard to the reach of the service in response to the local context and demography. For example, some focused on capacity building within the community sector. This opened up opportunities to concentrate on aspects of work other than supporting statutory responses to children and young people assessed as being at high risk of CSE. These included more preventative and early interventions and extending the reach of the service into diverse communities and those that were described as 'hard to reach'.

This was more successful where there were 'reach-specific' workers or where practitioners developed a special expertise with vulnerable groups including boys and young men, LGBTQ and travelling communities.

"So, the referral stream, we're looking at... I identified referrals for all of the Spokes as needing potentially to come from the parents or carers or volunteers or staff of voluntary organisations, because the young people we'll be taking...won't reach the threshold of social care intervention. So, we're thinking, how can we dig right down, go to grass roots and have somebody come say, "look, I'm really worried"?....Social care, it's not something they necessarily pick up. So, that's the rationale behind that in terms of referrals....so we're looking at getting referrals through school or college as a starting point." (Hub and Spoke manager).

Within the Hub and Spoke model there is an implicit assumption that there is a distinct quality in the way in which the voluntary sector engages children and young people that sets it apart from the statutory sector and confers a 'specialist' status upon it. The evaluation set out to test this, exploring the nature and quality of the voluntary sector contribution regarding children and young people's engagement. The findings below relate specifically to the approach to the direct work undertaken by spoke workers in the context of this evaluation, but may also be taken to be indicative of the techniques employed by voluntary sector project workers more generally.

"The young person is now at no risk from CSE and her life has changed completely. After the initial period of gaining her trust we were able to have really good engaging sessions. She was able to see that she had been groomed and sexually exploited and that she was in fact a child and choices had been taken away from her. I think the main factors that contributed to the success is she felt listened to and not judged (she had previously felt she had always been perceived as a naughty child with bad behaviour)". (Spoke worker)

Changing the terms of engagement

Those children and young people that are affected by CSE and who have been involved with statutory services in a variety of ways, may feel wary or distrustful of such services. These children and young people are at heightened risk of marginalisation and of being 'lost' to the system. If specialist workers are to achieve effective engagement with these children and young people the worker needs to change the young person's perception of services and support. This requires bringing about a shift in their understanding of services as being 'done unto them,' towards one that recognises a relationship that they feel is 'for them'. Spoke workers achieved this in the following ways.

Choice

To the forefront of spoke workers' intervention practice with children and young people was a recognition of the young person's own volition. At its most fundamental, this meant offering children and young people the choice not to engage. The option of refusing support represents a powerful and distinguishing feature of voluntary sector intervention for children and young people.

Children and young people frequently tested that this choice was 'real.' Often it is only after asserting their right not to use the service, and seeing that choice respected, that they eventually take up the support. It is essential for them to feel that they are doing so on their terms.

"So the first session if they've agreed to see us is very much about, 'Do you want to?' Every session ends the same, 'Do you want to see me?' And sometimes they'll just say 'no' just to check...'Is it okay for me to say 'no' and there's no repercussions?' So I think sometimes that feeling of control is a precious thing."
(Spoke worker)

The most effective interventions were those that created contexts in which children and young people were able to enact volition in a number of ways. Spoke workers perceived this exercising of choice as a vehicle to developing a sense of control and self-efficacy for young people.

"I say to them [young people], 'Look, just because we make an appointment it doesn't mean that you cannot cancel, I'm happy for you to send me a text.' And they look at you like, 'Wow, really?' And then when they do cancel and you go, 'Oh fine, not a problem' they immediately become more receptive because they see that you are not going to judge them… So I think that's quite useful." (Spoke worker)

Location and venues

If spoke workers are to change children and young people's attitudes toward engagement in services it is vital that they are perceived as being distinct and separate from the statutory sector.

This perception was sometimes compromised by a spoke worker's physical location in a police building or in children's social services, conferring a statutory 'badge' on the work of the spoke by association. In these circumstances the spoke worker tried to combat this by creating 'neutral,' soft access points to the service. They did this by undertaking the work in a variety of settings away from their host location. These venues included community buildings or resource centres, schools, coffee bars and fast food outlets or, frequently, their own cars.

"My impression is that some of the girls and boys, by the time they've got to this stage, are sort of quite distrustful of social workers, police. So I do genuinely think having listened to victims speak before, that they do see their case workers as somebody who's really advocating for them with no hidden agenda." (Police DCI)

Spoke workers' independence was reinforced by giving children and young people choice over when and where they should meet. The ability to meet 'out of hours' emphasised their non-statutory status. Giving children and young people choice over venues allowed them to perceive some benefit from that choice and, for example, include a meal if they chose, or safety in the home environment, or neutrality in a school setting.

"I think that it's better when it's at your own house because you feel comfortable. I know if something happened my mum's downstairs and my mum's in the kitchen. I know that I'm in a safe place and I know where I am. I'm one of them people that I prefer … I don't know, I just feel more comfortable if it's in a place that I know." (Young person)

Venues often posed challenges for spoke workers and they worked within budget constraints as well as practical ones. Very often the places that children and young people felt comfortable in (for example, fast food venues) were not conducive to talking about sensitive issues such as sex and relationships. Spoke workers nevertheless responded to these choices with positivity and creativity, adapting the timing and pace of the work accordingly.

The Hub service as a physical base for direct work with children and young people was perceived as a valuable resource. This could provide drop-in facilities as well as a venue for individual or group work with children and young people. It also provided a physical identity for the voluntary sector service which the young people could relate to; opportunities for them to get to know staff other than their own worker; and opportunities to meet other young people and share experiences and perspectives with them. However, because the spoke workers and the children and young people they supported were usually located some distance away from the hub, this was a resource that was seldom available to them.

"I've had a couple [of young people] that have come here for participation groups, and the difference when they've come here has been amazing. They look around and we can take them up to meet people in the office and just see the whole building, get a drink. And they come away and say, "That's such a cool place." There must be so many young people then that come in and that makes quite a difference as well for them to just feel like there's a place and... clearly there must be other young people like them, because there's this whole building dedicated to them with all their artwork around...I think for the young people then, it almost feels like we're... just a little side service." (Spoke worker)

This situation necessarily placed some limitations on the nature of the work undertaken, and the children and young people's identification with the voluntary sector service. This was a key distinction between the support offered to young people by hub based project workers and the spoke workers.

Methods that empower children and young people

Children and young people's right to self-determination is an underlying principle of the methods of intervention used by voluntary sector project workers who described this as a key building block to young people learning to keep themselves safe. They also described using an 'anti grooming' approach through which they endeavoured to replace the harmful attention of a perpetrator with a positive and supportive, consistent and reliable relationship.

"I love that, text messages, I mean it's a perfect way of contacting young people. Most of them will not answer the phone, even if they know it's you they don't answer the phone. Whereas when you're texting they'll sheepishly text you back or they can just say whatever and it's just much easier for them and I think it gives that element of control then." (Spoke worker)

Children and young people were sometimes 'put off' engagement if the means of communication with the service felt awkward or uncomfortable. For this reason many of the spoke workers avoided speaking directly on the phone, and instead established more informal, easy means of contact – through texting, for example. This enabled young people to manage their own communications and gave them the choice over whether and when to make contact. It also provided a vehicle for more impromptu and spontaneous communication when young people felt the need to talk or ask for help.

Children and young people were routinely involved in jointly assessing their needs for support, deciding the focus of the work and determining its pace. Spoke workers delivered programmes of intervention that were flexible, using tools and resources that could be ordered to suit the needs and priorities of the individual young person. Intervention was mostly open-ended which increased the young person's control over the pace of the work.

Safe relationships and trust

The use of relationship-based approaches to the work with children and young people, created safe contexts which helped young people to disclose abuse, leave unsafe relationships and start to recover from their experiences of exploitation. In addition, many of the Hub and Spoke services adopted trauma-informed and therapeutic approaches to direct work.

The process of building relationships with children and young people was characterised by patience and persistence; young people described how their worker had never given up on them, especially in the initial stages of engagement and this persistence persuaded them to eventually accept support.

"I believe that this young person enjoyed the flexible approach of our work with her. At the point of referral she was very weary of services and was reluctant to engage. However, once she realised that [spoke worker's] approach was different and that she had control on what she chose to discuss and how quickly or slowly we did the work she started to relax and feel more comfortable. I believe this was a turning point for her." (Spoke worker)

Outcome 6:
Are specialist services supporting children and young people affected by CSE funded on a sustainable basis?

It was a key intention of the Hub and Spoke programme that the hub services would gain a source of sustainable funding for the spokes over the development period and prior to the end of Hub and Spoke funding. At the completion of the research it was too early to know funding outcomes for the phase three services. However, funding outcomes for the phase one and two services were variable, with only the original service securing ongoing funding from statutory services for four of its five spoke posts. There are a number of explanations for this.

Raising the salience of CSE at local level

For the last 20 years the large national voluntary organisations that have lead on the issue of CSE, have been actively campaigning to raise awareness of children and young people at risk. These campaigns have been accompanied by service development and strategic lobbying driven at LSCB level. The original Hub and Spoke service had its inception at a time when awareness of CSE as an issue was much lower, prior to the emergence of the large, high profile operations that have proliferated since 2010.

At the time of the launch of the Hub and Spoke programme in 2013,

CSE had risen to be a matter of significant public concern and featured highly on the national policy agenda (see section 5).This somewhat reduced the need for specialist voluntary sector services to act as change agents at local policy level as, in the context of the national agenda and the resulting downward pressure on LSCBs to respond, local salience of the issue was already heightened.

Historical context and the role of the voluntary sector

In most of the areas where the hub services were located there was a historical relationship between statutory and voluntary sector services. This was particularly notable in areas where there had been large-scale police operations involving the co-operation and support of specialist CSE services. These operations often stimulated new service configurations around CSE and heightened collaboration between partner agencies in tackling it.

However, these historical relationships were notably absent from the LSCB areas into which spokes had been placed. Their host authorities were often coming new to the concept of cross-sector collaboration in the area of child protection and safeguarding.

A poor understanding of voluntary sector funding models and the true costs of delivering specialist work inhibited sustainability. Some hub managers reported that where local authorities were moving to the commissioning of CSE services, these were more likely than previously to be awarded via a process of competitive tender and often on the basis of cost rather than overall value.

Furthermore, in the context of austerity, the Hub and Spoke funding model appeared, in some circumstances (for example where there was a less developed relationship between the sectors), to have reinforced expectations that the voluntary sector would use its own funds to provide its services for free. Thus it was important to scope and fully understand the local landscape before placing a spoke there.

Strategic priorities of the Hub and Spoke development

Most Hub and Spoke services are concerned that statutory funding streams or commissioning models adversely change the nature of their engagement with children and young people, as they tend to prioritise those who are assessed as being at high risk of CSE and thus reduce capacity for early intervention. Other implications include the shortening of interventions and a compromise to the independence of the service, both in terms of offering challenge to practice and in providing advocacy for children and young people.

For some Hub and Spoke services, this implied careful negotiation and local lobbying to ensure that the value and contribution of voluntary sector approaches were recognised and preserved through contractual arrangements. However, for others, this has meant developing different priorities for the Hub and Spoke strategy such as developing a focus on capacity building within the local VCS or extending the reach of the service into new, diverse communities, rather than aiming for longer term funding and sustainability outcomes.

Having described the main findings of the evaluation, the final sections of this report draw some general conclusions focussing on the key

realist question of what works, in what circumstances, and why. These are followed by a final section detailing the summary and a series of recommendations for future Hub and Spoke service developments in the CSE sector.

9. Conclusions

It is not possible to transfer all the elements of the original Hub and Spoke model wholesale: all the sites modified it in response to local context. The report identifies what has been more or less successful in spoke development and why, providing an account of the underlying mechanisms required for achieving the outcomes which are looked for through this type of service expansion.

What works, in which circumstances and why?

Strong relationships and partnership working with the police emerged as key characteristics of Hub and Spoke developments, particularly where there had been criminal CSE operations where the police had relied on the voluntary sector support. Because the police and Hub and Spoke services often worked across local authority boundaries they were able to present as natural allies. These collaborations were most successful where the spoke workers were undertaking direct work with children and young people and were prepared to provide intelligence and share information in support of police operations.

A successful location for a spoke worker was one where they were clearly visible to partner agencies and practitioners and where there were natural referral routes that could be developed. Statutory locations were likely to encourage referrals for children and young people considered at 'high risk,' whereas locations in community or voluntary sector settings were able to assist in reaching young people earlier; as well as children and young people from more diverse communities or with differential support needs.

The location of a spoke within the host authority is important for children and young people's access to the service. If a spoke worker is located in a statutory setting the use of other community or public resources can provide alternative soft access points to the services. Another way to avoid a young person associating spoke workers with statutory services, is to offer meeting times outside of the 9 am–5 pm working day.

The distinguishing and most powerful feature of voluntary sector services' practice in CSE safeguarding is the emphasis on the young person's volition in engaging with services. It is often the option not to engage that persuades children and young people to take up support because they feel that they are doing so on their terms.

Spoke workers used the exercising of choice as a vehicle for supporting children and young people to develop more control and a sense of self-efficacy in their own lives. They did this by giving them the opportunity to determine the venues and times of meeting, and the best method of day to day communication. Providing an open-ended or long term intervention gave them more control over the pace and order of the work that they did together and over the timing of disclosures of exploitation. The use of a relationship based intervention created a safe context for that disclosure and for tackling sensitive topics such as sex

and relationships.

The experience of direct work with children and young people gave credibility to the spoke worker's role and heightened others' perceptions of them as experts. This was important in the delivery of training and consultancy to partner agencies which are, in themselves, key vehicles for effecting changes in the comprehension, attitudes and behaviour of statutory agencies responding to this issue. Through these activities, and through the challenge that spoke workers provide to practice through their advocacy of young people, they were able to trigger shared norms or standards about what is acceptable practice when working with children and young people affected by CSE.

What doesn't work, in which circumstances and why?

Hub and Spoke services found it difficult to gain traction and momentum for development in areas where there were local re-structuring or new service configurations underway. These sometimes resulted in the loss of key contacts and champions for the work, requiring that they repeatedly 'start again' in developing relationships, and 'selling' the concept of the Hub and Spoke model.

The spoke worker's role had to be clearly negotiated, defined and communicated to partner agencies. A failure to do so at times resulted in a caseload that was unmanageable and/or inappropriate for their role. In these circumstances they lost credibility locally and struggled to maintain visibility and relevance to workers in partner agencies. Similarly, if spoke workers did not have a background in working with young people and/or did not carry an active caseload (i.e. in contexts where they only offered consultancy or training) they at times felt out of touch and lost confidence in their work and this impacted negatively on others' perceptions of them as experts.

The introduction of a CSE specialist or 'expert' into a new area acted sometimes to divest children's services workers of their responsibility to respond to and address CSE. This was prevented by the existence of well-defined arrangements to ensure that they continued in their role alongside the specialist worker. If the spoke worker was seen to 'take over' a case then their role in building capacity and skills amongst workers and diffusing good practice amongst partner agencies was undermined.

An important aspect of the voluntary sector role is advocating on behalf of the young person and to challenge practice where necessary. However, in order to achieve this, spoke workers had to retain a strong sense of identity with their own organisation and the hub service. If these ties became weak because of the challenges of geographical distance and long-arm support, spoke workers sometimes began to identify more strongly with their host service, culture and practices, thus losing the sense of independence that is crucial if they are to be effective in their role.

Children and young people using spoke services often did not benefit from the physical resource that the hub service offered as a venue for direct work, group work, and a meeting place for activities. Very often a young person's experience of the service was of the spoke worker as a lone individual. Whilst this did not detract from the quality of individual

support they received, it meant that they did not have the same opportunities to identify with other young people who shared similar experiences that might be afforded through the group work or activities offered by a hub service.

Dilemmas and tensions in the Hub and Spoke model

Whilst maximising opportunities for partnership working and influencing local safeguarding practice, the location of spoke workers in statutory settings at times limited opportunities for undertaking early intervention or preventative work with children and young people. This was because the young people coming to the attention of statutory services must meet high threshold criteria. Being located in a community resource or voluntary sector centre can increase the reach of the service to children and young people not coming through the front door of children's services, through the development of contact with communities and families, and the development of more diverse referral routes.

There were tensions for spoke workers in being a part of two services at the same time, especially for those who became successfully integrated into their host service, which may have different priorities and experience different challenges to the hub service.

Tensions can arise in areas where there are heavy demands on the spoke workers in maintaining a high caseload and this is more likely to be the case in statutory settings. Where this occurs it can be difficult for the spoke worker to maintain a balance of activities and the training and consultancy work tends to give way to the direct work. The consequences of this can be reduced opportunities for triggering shared norms and values about what constitutes good safeguarding practice.

Whilst the voluntary sector approach to open ended or long term interventions is valued as a distinct and successful feature of the spoke's work, this can lead to longer referral and waiting times which can undermine trust in the service. Hub and Spoke services often avoid a waiting list as they are keen that active input from partner agencies is maintained rather than a young person being put 'on hold', but it is important that arrangements for future allocation are clearly communicated so that partner agencies' confidence is upheld.

Choices about priorities

In order to maintain their independence from statutory services, some Hub and Spoke services have developed strategic priorities that do not rest in securing statutory funding. Rather they focus on raising local awareness of CSE, developing capacity amongst VCS organisations to respond and extending reach into communities, in order to meet a more diverse range of needs. These developments aim for longer-term and more sustainable responses to CSE to be embedded into the local service landscape and community context rather than longevity of their own service.

In some local areas, natural opportunities have arisen to develop very specific aspects of the voluntary sector contribution. The development of training for taxi drivers in recognising and reporting suspected exploitation is one such example where opportunities have organically emerged to scale up and roll out a programme across the region, in direct response to the demand arising from local context.

Key challenges

Building the requisite relationships in new areas to negotiate arrangements for spoke services takes time and persistence. Essentially it involves the recruitment of local champions that can advertise and promote the work of the spoke and help to develop effective and visible pathways to the service. Small independent Hub and Spoke charities which arrived unknown into a new area found it more challenging to develop these relationships than the large national charities, whose reputations preceded them. For the smaller charities this involved building credibility, trust and providing reassurance that they provided 'safe hands' for vulnerable children and young people. Other challenges faced large national charities in not carrying the badge of big business but instead demonstrating appropriate sensitivity to local context.

Developing the reach of services into diverse communities and successfully engaging young people from a range of ethnic or religious backgrounds is challenging for all the Hub and Spoke services, even where this is managed successfully in the hub service. This is largely due to the spoke service being newly established and therefore under considerable pressure to meet high referral demand, so that it becomes impossible to focus on developing time and resource-intensive strategies for extending demographic reach. However, this can be more successful where spoke workers are allocated 'reach specific' roles as occurred in some services in the last phase of service development.

Whilst spoke workers are able to model and diffuse young person centred safeguarding methods and approaches very effectively, the degree to which partner agency workers are able to assimilate these into their practice may be limited by other pressures on statutory work. However the principles and values inherent in such approaches may still infuse statutory practice through a 'shared norms' mechanism, and support improved local safeguarding practice.

One of the most significant challenges facing voluntary sector services lies in successfully demonstrating the impact of their work. This is due to a complex combination of factors which include the challenge of establishing baselines using risk assessments, the inappropriateness of many standardised measures for evaluating progress and ascertaining attribution, and the subjectivity of current 'distance travelled' tools. Some potential commissioners are sensitive to the challenges of gathering and using outcomes data robustly in this area of work and are consequently more accepting of other forms of evidence such as case study data. However, others express scepticism and disappointment at the lack of quantitative evidence. This can ultimately undermine confidence in the service and impact upon their longer term sustainability. More work is needed in the CSE sector to understand how approaches to impact measurement might reflect more appropriately the value and benefit of this work for children and

young people using services.

A confident assertion of the voluntary sector ethos can bring about a shift in power relations between those providing support services and the children and young people engaging with them. This occurs through the development and diffusion of shared norms and standards in safeguarding practice that can effect change in attitudes and service responses to issues of vulnerability and risk for children and young people, and especially those with overlapping and complex needs.

Future plans for funding or the commissioning of voluntary sector services either from central government, local government or continued support from independent trusts and funders should acknowledge the value of this contribution. This might be achieved through, for example, contractual agreements that recognise the key benefits for children and young people in the use of relational approaches and longer term support. It is important that the challenges in measuring the impact of the work are recognised and that the sector is supported in developing effective solutions.

Given the current context of austerity, securing ongoing and sustainable funding remains a key challenge to the survival of these services in the longer term. In light of constrained local authority budgets and service funding, we may continue to see individual workers from voluntary organisations placed in multi-agency or co-located teams, rather than the development of whole specialist services. These configurations are increasingly used (for example Multi-Agency Safeguarding Hubs) and it is therefore in the interests of local authorities to understand how to balance protecting the distinct role of the voluntary sector, whilst emphasising the value of partnership working in these structures. The report identifies mechanisms that can help practitioners and managers achieve this balance in the interests of young people's safety and recovery from abuse. In doing so, it will be valuable for LSCBs and service commissioners seeking to understand how to reap the most benefit from partnerships with the voluntary sector in driving up the effectiveness of local safeguarding responses to CSE.

10. Summary and Recommendations

1. This evaluation found that specialist voluntary sector workers within the Hub and Spoke programme have the capacity and expertise to address CSE through direct intervention with children and young people and through the training and support of other agencies and professionals.

- *Commissioners should utilise voluntary sector knowledge and expertise to identify and respond to CSE, and to support the development of good safeguarding practice.*

2. The unique contribution of voluntary sector provision rests in its independence and in the methods and approach that services are able to adopt, including relationship-based approaches and longer intervention times. It is important that these aspects are protected within contractual arrangements in order to preserve the benefits they bring; namely the stronger engagement of children and young people in services.

- *When commissioning voluntary sector services to support children and young people, it should be for as long as that support is needed. Good supervision of voluntary sector staff should be in place, to ensure progress*

is being made in individual cases. Service reporting should include evidence of persistent outreach to children and young people, engagement and trust-building (for example, through case studies) so that the value of this work is clearly communicated.

- *Statutory services should partner with voluntary workers to engage children and young people in statutory services and processes.*
- *Future research should evaluate the contribution of the voluntary sector to partner agency outcomes, including the prevention of children and young people coming into care and increased prosecutions of the perpetrators of CSE.*

3. There needs to be a recognition from all parties engaging in partnership arrangements regarding the safeguarding of young people, that trust takes time to develop. This is especially the case between statutory and voluntary sector organisations that may have different functions and responsibilities within the safeguarding arena.

- *Managers and commissioners engaging in partnership arrangements should build in time for mutual listening, trust-building and creating shared agreements and protocols for co-delivering service responses to CSE. These should be regularly revisited, and revised if needed.*

4. The Hub and Spoke model strengthened regional responses to CSE by providing an overview of CSE patterns and services across local authority areas. It facilitated awareness of children and young people's movements across local authority boundaries, and multi-agency strategy development in combatting CSE.

- *Commissioners should consider the use of Hub and Spoke models if seeking to strengthen regional approaches to combatting CSE or to scale up voluntary sector services rapidly across a region.*

5. In order to embed successfully, Hub and Spoke services and commissioners need to undertake a thorough scoping exercise in the proposed new area. This is in order to understand the current service landscape, challenges to time, cost and resources, local demography and the needs arising and the local profile of CSE including evidence, models and prevalence.

- *Those wanting to commission future Hub and Spoke developments should ensure that the strategic aims are thoroughly underpinned by a local scoping exercise. Undertaken in conjunction with the Hub and Spoke provider, this should inform key decisions including the spoke worker location, and resource allocation/structures for supporting lone workers.*

6. Effective use of the Hub and Spoke model to expand services requires strategic investment, and there are some conditions that are necessary for effective implementation of this approach to service expansion, including a dedicated management role with a focus on developing local partner arrangements and relationships.

- *For Hub and Spoke approaches to be effective, commissioners and the voluntary sector need to co-design services in a sustainable way that supports the strategic positioning of the service and its embeddedness in the local service landscape.*

7. Services scaling up using a Hub and Spoke design for development should be aware that this model is effective for expanding services quickly and with minimum resource implications. However there are challenges in providing sufficient management and support to lone workers and managing the implications of covering large catchment areas.

- *Hub services and host organisations need to provide adequate support and management to spoke workers, and acknowledge that the demands of casework with children and young people may limit the physical presence of the spoke worker in a host service or team.*

8. In this study, the voluntary sector services focussed on relationship-building, trust and empowerment, and keeping children and young people at the centre of all their activities. The diffusion of these approaches and methods amongst partner agencies helped to develop a sense of shared norms or values between partner agencies which in turn, supported improved standards in local safeguarding practice.

- *Multi-agency CSE teams should include experienced voluntary sector CSE workers, who can offer training and resources and model their distinct approach to other agencies.*
- *Specialist services need to ensure they deploy experienced case workers as spokes.*

9. The location of spoke workers in host agencies is a key factor in developing referral routes to the service. If the aims are to support young people considered at high risk of CSE then location in a statutory setting is effective. Location in a community resource or voluntary sector centre can support preventative or early intervention strategies by extending reach to those children and young people not meeting the high threshold criteria of statutory authorities.

- *Commissioners and voluntary sector agencies should determine the location of the spoke based on need locally, and the aims for the spoke worker role.*
- *Specialist workers in statutory or multi-agency teams need to develop 'soft' access points to the service for children and young people (such as community buildings and resources) to emphasise their independence.*

10. Several services struggled to clearly demonstrate the impact of their work and its added value. More work is needed in the CSE sector to understand how approaches to impact measurement might reflect more appropriately the value and benefit of this work for children and young people using services.

- *Policy-makers, service commissioners, practitioners, children and young people engaging in services, and academics need to work together to develop innovative approaches that will more effectively capture the difference that services make to children and young people's lives.*

11. The Hub and Spoke model did not automatically lead to sustainable funding arrangements. Short-term contracts and funding arrangements can undermine the methods used by these services to support children and young people effectively, such as long intervention times based on relational practice. A different approach to co-commissioning and co-funding is required that reflects the value of multi-agency partnerships

at local level and the role of voluntary sector specialist CSE services within them.

- *Longer term co-commissioned funding streams should be developed, drawing on both government and voluntary funding, in recognition of the important role of the voluntary sector in safeguarding and child protection practice.*

Conclusion

The voluntary sector has a significant role to play in the safeguarding field, and particularly in relation to child sexual exploitation. This report has detailed how one particular model – Hub and Spoke – can contribute to this. The recommendations from this evaluation are made in order to inform the development of good safeguarding practice and partnership working between the statutory and voluntary sectors in providing effective responses to CSE. They support sustainable, specialist, CSE services provided for children and young people by the voluntary sector, which contribute to children and young people being protected from, and recovering from CSE.

Glossary of Terms

Alexi Project

The name given to the evaluation of the Hub and Spoke programme (name derived from god/goddess of protection)

CSA

Child Sexual Abuse

CSE

Child Sexual Exploitation

CSEFA

Child Sexual Exploitation Funders' Alliance

IICSA

Independent Inquiry into Child Sexual Abuse

International Centre

The International Centre: Researching Child Sexual Exploitation, Violence and Trafficking, at the University of Bedfordshire

LSCB

Local Safeguarding Children Board

MASH

Multi-Agency Safeguarding Hub

PCC

Police and Crime Commissioner

SECOS

Sexually Exploited Children on the Streets (Middlesbrough)

Specialist worker / service

A service staffed by workers with expertise and experience in work around child sexual exploitation

TCSE

Tackling Child Sexual Exploitation government strategy

VCO

Voluntary and Community Organisation

VSO

Voluntary Sector Organisation

Appendix One: Member Organisations of the Child Sexual Exploitation Funders Alliance (CSEFA)

The Barrow Cadbury Trust

BBC Children in Need

Big Lottery Fund

The Blagrave Trust

City Bridge Trust

The Bromley Trust

Comic Relief

The Esmee Fairbairn Foundation

The Henry Smith Charity

Lankelly Chase Foundation

Northern Rock Foundation

Sainsbury Family Charitable Trusts

Samworth Foundation

Trust for London

Appendix Two: List of Participating 'Hub and Spoke' Services

CSE service 'Stop it before it starts' London - Barnardo's

BASE Bristol - Barnardo's

CARE Essex - The Children's Society

Checkpoint Torbay - The Children's Society

CLEAR Cornwall

Link to Change Cambridgeshire

Time 2... Project - Basis Yorkshire / MESMAC

Protect and Respect London - NSPCC

Safe and Sound Derbyshire

SCARPA Newcastle - The Children's Society

SECOS Middlesbrough - Barnardo's

Sheffield Futures Sheffield

Street Safe Lancashire - The Children's Society

U-Turn Hampshire - Barnardo's

WiSE East Sussex – YMCA Downslink

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