Children's services for the digital age: A qualitative study into current procedures and online risks among service users

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Abstract

Background: Local government public sector children's services working with vulnerable children in England are faced with challenging cases involving potentially harmful digital risks. All services have a duty to safeguard. Educators and key professionals in children's services such as in social care, mental health, youth justice, voluntary sector advice centres or policing may be involved. Yet little is known about how these services identify, assess, refer and respond to such cases.

Aim: This study aims to explore how local services working with children and young people, including social care, health and the police, address cases with digital components among children and adolescents and how equipped they are to do so.

Methods: Using semi-structured interviews this study interviewed 14 participants within 10 services such as mental health, social care, youth justice, teenage pregnancy prevention, voluntary sector online youth counselling, school nursing and children's education inspection and safeguarding services. Interviews were transcribed and thematically analysed.

Results: A narrowly focused awareness of online risk was noticed among all participants, reflecting an emphasis on a singular target (e.g. child sexual exploitation - CSE). This led frontline staff to omit exploration of wider online risks or antecedents of grooming. The outcome therefore was a lack of data on harms other than CSE or sharing of explicit images, and limited knowledge of a wider range of fast changing risks to children, which could inform prevention. Assessment tools seemed generic and focus heavily on CSE or social media. Some omitted online risk unless safeguarding issues were raised. Furthermore, multi-agency collaboration was hampered by simplistic or no referral mechanisms for evidence involving online risks. Finally, it was also apparent that there is a lack of structured and mandatory training programmes around online risk and children and young people's digital lives.

Conclusion: Online risks need careful consideration within children's services' cases and to be more systematically embedded within practice. The findings are crucial in guiding services towards modernising their methods, advancing their training and assessment tools to enhance multi-agency collaboration in cases involving vulnerable children.

1. Introduction

In the context of England, local agencies working with vulnerable children and adolescents are exposed to many stresses including staff shortages and reduced resources (Rocks, Fazel, & Tsiachristas, 2020). Improving quality of care and addressing young people's mental health needs with reduced resources presents a major barrier (Fuggle et al., 2016). The online world has added another layer of complexity which requires new skills and professionalism (NSPCC, 2019). In addition, the digital environment is fast-changing and youth culture rapidly evolves. Against this backdrop, all services have a duty to safeguard children.

The internet and connected devices have become integral to young people's lives and provide the most widely used socialisation tools, which enable both positive and potentially harmful impacts for them. Information of all kinds is also at their fingertips. The UK Office for Communication (OfCom, 2019) showed over a third of children (8-11 years) have their own smartphone, 93% accessed the internet for approximately 13.5 hours a week and 18% had social media profiles, despite age limits. By ages 12-15, 83% had smartphones and 99% went online for around 20.5 hours a week. Social media use increases sharply in the mid-teen years; Bentley et al. (2019) showed that 90% young people between 11-16 years are on social media. This facilitates new relationship behaviours which children must negotiate. For example, nearly 15% of young people between 11-18 years revealed that they have been asked to send a text including sexual content.

Services around the child (i.e. children's services) find that as part of their professional role, they must support, enable and protect our children and young people so that they can seize the opportunities and avoid the dangers. This involves understanding how online risk is often associated with pre-existing offline vulnerability (El Asam and Katz, 2018) and how the internet enables and facilitates certain behaviours. The screen itself plays a role: in the EU Kids Online survey, 50 per cent of 9-16 year old internet users said it was a bit or very true that 'I find it easier to be myself on the internet than when I am with people face-to face' and 45 per cent said that they talk about different things on the internet than when speaking to people face-to-face (Livingstone, Görzig and Ólafsson, 2011). Self-disclosure or disinhibition (Suler, 2004) can increase risk, as children navigate a space where pornography, coercive or abusive behaviour and grooming takes place and there is little inbuilt design to shield them.

Every child may come across online risks, however, El Asam And Katz (2018) showed that children with the selected offline vulnerabilities, are more likely to experience online risks and

suffer more acutely than their non-vulnerable peers who in contrast, are less likely to encounter such severe risks or so many. When they do, the majority tend to navigate them relatively well; they may get help, or report being less acutely affected. Similar supporting evidence has been reported linking vulnerable young people and potentially harmful online risks (May-Chahal et al., 2018; Odgers & Jensen, 2010).

When a young person may be exposed to grooming, inappropriate content, sexual exploitation and bullying online, as Bentley et al. (2019) describe, services require new digital professionalism, training, procedures and tools. In this scenario, services are required to respond to cases where there might be a complex interplay between offline skills such as resilience, which may benefit a child online; or conversely, offline vulnerabilities, which may be amplified online (Haddon & Livingstone, 2014). Assessment tools, data collection and cross-agency data sharing emerge as essential.

For some services the digital element is too daunting. Practice evidence from an association of online safety trainers, revealed that local authority services working with the most vulnerable children can be reluctant to take on cases if there is a digital aspect, preferring to refer these cases to the Child Exploitation and Online Protection (CEOP) service of the National Crime Agency, despite other aspects of the case which are their domain (Association of Adult and Child Online Safety Specialists/AACOSS meeting, December 2019).

The British Association of Social Workers (BASW) and NSPCC (2013) found that over two thirds of social workers felt they needed more support with child protection cases involving online abuse, despite almost half (49%) of social workers saying that a quarter of their sexual abuse cases now involve some form of online abuse. Care home staff can lack the digital skills needed to fully safeguard young people (Dunn, 2014) or foreground limiting professional risk rather than the young person's digital resilience and independence (Hammond & Cooper, 2015). Despite all the empowering and supportive aspects of the digital world, specific risks are relevant: A therapist seeing a young person for anorexia may need to be aware that they are competing with pro-anorexia sites which normalise an ultra-thin/emaciated body or give extreme or dangerous dieting advice (Bond, 2012; Curry & Ray, 2010). Mitchell et al. (2014) have drawn attention to the impact of suicide sites. A young person may have access to sites or shared pro-suicide content, for many more hours per week than their interaction with services.

Those who educate young people to stay safe online may not meet their needs either. The UK schools inspectorate, Ofsted (2013 and 2015) has twice found school staff training in online safety to be weak, while in 2018, 43% of schools reported that they had no staff training about online safety and over half did not evaluate their online safety efforts (Annual report of 10000 schools using 360 degrees self- evaluation tool developed by South West Grid for Learning/ SWGfL). According to the Royal Society (2017), there remains a serious shortage of teachers of the new computer science curriculum, which includes Digital Literacy, the strand to educate young people about staying safe. At the same time youth services in England, upon which many troubled or disadvantaged young people depend, have been dramatically reduced (Unison, 2016 and YMCA 2020). Some vulnerable young people might formerly have learned about staying safe online at their local youth club where workers might have picked up on problems the young people were having online. YMCA's figures suggest that by 2020, cuts in local authority expenditure on youth services had resulted in the loss of 750 youth centres and more than 4,500 youth workers. Furthermore, staff in children's services may simply not have the digital skills or knowledge required. Dunn (2014) cites a lack of digital skills among staff as a barrier in social care. It was explained that although digital skills are considered a core functional learning skill, it is not considered in the social care workforce training and qualification frameworks in any significant way.

El Asam and Katz (2018) showed that vulnerable young people such as young carers, young people in care and those with special needs or mental and emotional health difficulties were not only at higher risk online than their peers when a basket of high risk categories was grouped together, but they were also at risk online in particular ways according to their vulnerability. The range of risk categories included harmful contact, content and conduct, requiring skilled interventions. Wisniewski et al. (2017) suggests the way forward in protecting young people online is not to ban but to detect behaviours that might escalate risk and nudge young people towards resilience. This would require a well-trained children's services workforce with integrated referral procedures, data management and multi-agency co-operation.

Local agencies face many challenges including staff shortages and reduced resources (Rocks, Fazel, & Tsiachristas, 2020), and the complexity of the online world requires new skills and professionalism (NSPCC, 2019). Previous research points to a positive link between extensive internet use and poor mental health (Keles, McCrae, & Grealish, 2020; El Asam, Samara, & Terry, 2019). Furthermore, evidence indicates that children and adolescents encounter increasing online risks with the greatest impacts seen among those who are vulnerable offline

(El Asam, & Katz, 2018). The extent to which children's services acknowledge such risks is not known. Following a qualitative approach, this paper explores the existing responses, assessment processes, staff training and record keeping of a range of local health and local authority services for children and young people within a Metropolitan Borough in the UK. This study seeks to answer two key questions; firstly, to what extent are local agencies addressing the digital lives of children and young people with whom they work? Secondly, to what extent are local agencies within children's services equipped to address the digital lives of their often vulnerable young service users?

2. Methods

2.1 Design

This is a qualitative study using data collected through semi-structured interviews with representatives of Children's Services and related agencies within a local authority. Their experiences of online harms among service users and their organisational responses to cases with a digital component were explored, including how and which other agencies they worked with. Data were also sought about the extent to which these services were equipped to respond via specialist training, resources and tools, data management and sharing. A qualitative approach was deemed the most appropriate, in that it allows rich and in-depth understandings of the researched phenomenon (Creswell, 2012).

2.2 Sample

A total of 14 participants were recruited purposively from a range of services within one local authority/government area in England. For the inclusion criteria, all participants had to have experience of working with vulnerable children and young people. The local authority provided an introduction letter to cohort of potential interviewees, with additional participants being subsequently recruited through snowball sampling based on emergent themes in the initial interviews. Participants represented the following services: Child and young people's mental health services (CYPMHS); local authority children's services such as Family Solutions and Troubled Families; the school nursing service; the police child abuse investigation team representative; police online child sexual exploitation team; the education inspection team; integrated youth services; the local safeguarding board; the teenage pregnancy team; a voluntary and community sector (VCS) provider of youth counselling; a local charity providing a variety of advice, support and outreach services for young people.

2.3 Materials

This study involved individual telephone interviews using a semi-structured interview protocol that consisted of 18 questions. All questions were designed to reflect current agency practices and in line with survey findings (Katz, 2014) which pointed towards prevalent online risks among children and adolescents. Interview questions enquired about awareness of online risks; use of records and data; assessment tools; interagency co-operation; training for staff; protocols and procedures; mental health wellbeing and referrals to CYPMHS; referrals via Children's Service Single Point of Access (SPA); accessing an online counselling and emotional well-being platform for children and young people.

2.4 Data Collection

Children's services were the main focus of this study. As just noted, representatives of each service were identified with the assistance of the local authority lead who provided a letter explaining the study. Once their consent to be involved had been gained, stakeholder contact details were passed to the research team who then followed up and arranged phone interviews. Consent was reconfirmed at the start of each interview, where confidentiality, anonymity and the right to withdraw was also explained. Each of the stakeholders was interviewed for approximately 45 minutes and a written transcript of the conducted interview was sent to them afterwards to correct any factual errors or interpretations. All data gathered were analysed thematically to allow for identification of common or prominent themes, areas where views and/or practice differed markedly and where information gaps emerged.

2.5 Data Analysis

The focus group and interview transcripts were analysed using Thematic Analysis following the 6 stages suggested by Braun and Clarke (2006). Firstly, interviews (per service) were transcribed and were extensively read. Secondly, preliminary codes were assigned to describe the content of each interview. Thirdly, we looked at potential patterns or themes in these codes across interviews. Fourthly, the extracted patterns/themes were reviewed in relation to the research question, fifthly a name was assigned to each and finally we produced the analyses report to answer the research questions.

3. Results

The interview transcripts were analysed leading to more than 675 min of interviews. In line with the research aim, thematic analysis of the transcribed interviews identified 56 codes,

which were further categorised under 5 major themes and 11 subthemes.

Table 1: Main themes and subthemes reflecting the use of digital lives when working with vulnerable children and adolescents

Themes	Subthemes
1. A narrow focus	1. Singular targets
	2. Poor awareness of adolescents' online lives
2. The Data Gap	1. Perceived increase in online risks
	2. Lack of accessibility and sharing of data
	3. Poor or non-existent data bases and systems
3. Assessment tools omit online risks	1. Generic, not Focused assessment tools
	2. Online risks are explored only when directly suspected of being linked to grooming or safeguarding.
4. Partnership and Multi-Agency Collaboration	1. Lack of collaboration on digital lives of clients
	2. Evidence not saved or shared; but anecdotal evidence was frequently provided
5. Lack of a structured and mandatory training programme	1. Optional ad hoc training;
	2. Limited access and difficulties in training
	3. No tailored specialist training

Theme 1. A narrow focus

The local authority has a crucial role in the seamless provision of comprehensive support, health and care services to children and youth. However, this was not necessarily the experience of participants in this study, whose services tended to focus on a single area of offline expertise.

1.1 Singular targets

While the risks and harms in the digital environment are many, practice seemed to be designed with a narrow focus according to interviewees. When participants were questioned on whether they ask about clients' online lives, Child Sexual Exploitation (CSE) was the main focus. Their tools are predominantly designed around identifying such cases and not intended to provide questions on a wide range of other harms that might render someone more vulnerable to CSE. A second key focus is young people's mental health. The relevant assessment tools in use *"do not routinely include reference to online life"* [S1]. School nurses, while generally focusing on physical health, explained that they often neglect digital lives. For example, one participant stated *"if I did think of emotional or mental health needs, I would not include online risks in this."*[S3]. Another service explained that "*The Clinical Outcomes in Routine Evaluation tool*

is used but we don't have any specific tools for assessing a young person's e-safety online risk." [S9].

1.2 Poor awareness of adolescents' online lives

Participants were asked about referrals following online concerns or risks or where these concerns were the main reason for the referral. This led to discussions about the types of risks seen. Interviewees did not display a wide knowledge of the digital risks young people take or experience. Several staff members had not grown up in a digital world. Although 'social media' was often mentioned in a narrative, participants failed to identify or record specific types of risks experienced via social media. Only one service included social media in their assessment or initial questions, but none explored other categories of harmful content, for example, gambling, cyberscams, or content advocating anorexia, self-harm or suicide. Conduct such as meeting up, 'sexting' chatting to strangers within games, or other relationship risks that might lead to grooming or other forms of harm or exploitation were rarely discussed. The service working to reduce teenage pregnancy stated that they regularly saw cases related to sexting, distribution of sexual images and cyberbullying. Of note, they highlighted that "*Over the last 18 months, the team reports seeing a definite increase in social media use being a factor in referrals, including sexting, the sending and distribution of inappropriate images and cyber-bullying."* [S8].

While for some services, data was not accessible even if questions were asked, they explained *"This would require a case file review of individual cases and the risk assessments that are undertaken as a part of the initial appointment."*[S1].

Theme 2: The Data Gap

Participants were asked to reflect on data collected in their past year and discuss levels of online related issues/risks and complexities. One of the most important themes was the lack of data about types of digital components within cases at all stages of intervention, treatment or support. The majority of the 10 services tracked or consolidated no data (n = 6), while others collected limited data (n = 3). Police data concerned only recorded crime. Overall, it appeared that data was lacking or partial and could not be used to inform and develop the response of services.

2.1 Perceived increases in online risks

Four interviewees believed that their services were seeing more and increasingly younger children presenting with difficulties as a result of or influenced by online activities – however, they could not evidence this in terms of types of case, age or gender trends. For example, one

participant explained "*We cannot quantify because no specific data is collected as yet, but we sense that number is increasing"* [S2]. Another participant from the Teenage Pregnancy service explained that inappropriate use of social media was identified and was noticeable; the interviewee commented '*We're seeing an increase in online issues."* [S8].

2.2 Lack of accessibility and sharing of data

Interviewees commented that the lack of data, whether at referral or subsequent assessment of a young person's needs or treatment, had far-reaching implications where online activity might be a concern or influence. Information held in case notes was not systematised nor accessible to frontline practitioners, their managers or service commissioning bodies as an anonymised overview, or in formats suitable for sharing with other agencies or for training. One interviewee from CYPMHS stated *"There is no referral category for this, it would require a case file audit of individual cases and risk assessments that are undertaken as a part of the Initial Choice appointment."* [S1].

Data were generally not used for evaluations of effectiveness, nor to identify training needs. The interviewees suggested that this resulted in reactive rather than proactive service planning and responses to perceived increases in cases.

2.3 Poor databases and systems

Participants indicated that even within services seeing vulnerable young people likely to encounter risk and harm online, good quality data was not collected for further in-service use or to inform referrals of young people to more specialist or intensive services when this might be needed. One interviewee stated *"Poor data is an issue – IT is outdated and disjointed… hopefully this will soon be rectified…. the service is being re-modelled into a cluster model to integrate different services."* [S2]. In some services the data collated was minimal (e.g. the teenage pregnancy service [S8] do ask about age, gender and 'social media') but this was vague and omitted many other types of online risk or harm. As an interviewee explained *"This seems to be such a rapidly changing field and it's hard to keep up; often our (NHS) data sharing systems don't seem up to this… the Trust's safeguarding website might be one way to improve this."* [S9].

Theme 3: Assessment tools omit online risks

Some services reported the use of screening or assessment tools to identify risks or levels of seriousness of a case. They were asked about the tools they routinely used and whether online

experiences were taken into account in referrals. Some services did not use any assessment or screening tools (n = 3). Where they were used, assessment tools were often generic, focused on CSE (n = 3) or on mental and emotional health (n = 3). Interviewee responses suggested that there was very little focus on developing a full picture of the online life of the client/patient or their exposure to high risk online scenarios which might be relevant to treatment or case management. Similarly, there were no reports of the data from referrals or assessment tools being used to develop interventions to help prevent and protect children and young people from online harm.

3.1 Generic, not focussed assessment tools

The assessment tools reported to be in regular use were largely focused on identifying CSE, Female genital mutilation (FGM), or mental health problems. Assessment tools used in CYPMHS included the various tools recommended by the Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme, for example, the Strengths and Difficulties Questionnaire (SDQ), the Children's Global Assessment Scale (CGAS), Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) and both patient, parent/carer and young person's GOALs. Extended assessments for children and young people presenting with issues concerned with FGM and CSE using the National Working group/NWG CSE screening tool, were also noted. It was highlighted by the CYPMHS interviewee that their risk assessment was currently under review with a view to adding in some specific questions/tools for assessing e-safety and online risks, in order to strengthen the response to this aspect of children and young people's mental health needs.

According to the integrated youth service "*A validated tool for assessing risk and vulnerability is used and in other parts of the service, an 'Early Help' assessment is undertaken – this does not explicitly ask about online safety/e-risks but such matters are implicit in many of the questions asked.*" [S6]. Further evidence was provided, stating that "*Local services (overall) are quite poor at asking the 'so what' questions, to dig beneath the surface of what they hear…(they) don't think about the implications for outcomes, for practice etc. unless it's clear it's safeguarding and then "everyone gets involved."* [S2].

3.2 Online risks are explored only when directly suspected of being linked to grooming or safeguarding

When services were asked how online risks were incorporated into their assessment tools, many responded that questions about online activities were instigated only when grooming and

safeguarding concerns were noticed. In terms of the CYPMHS risk assessment, it was noted that practitioners routinely checked out the sources of support young people were using, but this did not always include online support or information (which of course could include both helpful and evidence-based material but also poor or dangerous advice) and would not constitute a detailed assessment of their safety, behaviour or experiences online unless it was clear that an issue such as grooming was present. This would then trigger a safeguarding assessment and the process set out by the local NHS Trust (such as making a referral to the Single Point of Access (SPA) and/or the Multi-Agency Safeguarding Hub (MASH). It was recognised that changes were required: "We *have introduced new questions into our baseline questionnaires (about online activity) since we are seeing more and more young people with these issues."* [S1].

Such a lack of specific consideration of online risks, other than grooming or safeguarding issues being identified, is highly worrying in that information from the CYPMHS representative (and also from the local NHS Mental Health Partnership Trust within which the CYPMHS sat) suggested that more children and young people were being seen in the service with a wide range of online issues including cyber-bullying, self-harm and 'revenge porn' (posting of personal images post a relationship break-up). However, it was stated that "*at this moment in time, it is not possible to quantify referrals where e-safety/online risks are an influence on a child or young person's mental health or emotional difficulties, no specific referral data are collected/available and this would require a case file review of individual cases."* [S1].

Theme 4. Partnership and Multi-Agency Collaboration

Although there were existent successful partnerships between agencies on other types of cases, interviewees reflected that there was little collaboration regarding digital lives in general and that when evidence was generated it was not shared. It was explained "*An Early Help strategy to identify risk would be useful plus a timetable for data sharing between safeguarding board partners."* [S7]. Interviews from the police suggested that many cases could be dealt with more appropriately by other services. *It was stated that "Many of the concerns being reported to the police (e.g. about sexting) reflect inappropriate rather than abusive behaviour but demand considerable police time to the detriment of dealing with more serious offences."* [S4].

4.1 Lack of collaboration on digital lives of clients

Agencies had good relationships and worked successfully together on other issues, but were widely of the view that they had not fully joined up their response to young people's digital lives. Referrals frequently lacked mechanisms to include a digital component. Formal multi-agency procedures, for example to triage incidents or to share data or save digital evidence of incidents were lacking. When asked about protocols for multi-agency collaboration regarding online cases, one interviewee from CYPMHS explained "*No there are no protocols and procedures for dealing with online cases though obviously there are standard child protection and safeguarding procedures etc via the MH Trust.*" [S1].

4.2. Evidence not saved or shared, but anecdotal evidence was frequently provided

When a digital issue was present, evidence was not routinely saved and shared with other involved services as appropriate. Technology was repeatedly described as outdated and some referred to '*disjointed computers and systems.*' Anecdotal evidence suggested that all services were increasingly seeing younger children referred to them, in particular the Teenage Pregnancy service, and that "*Growing numbers of young people now present with few or no boundaries of what is 'normal' or 'OK' in sexual relationships and are modelling their behaviour on what they have viewed online.*" [S8].

There are concerns from various services about how these changing ideas about relationships might affect young people emotionally, physically and in other damaging ways. However while there was concern, and several good suggestions, there appears to be no sophisticated understanding of what the problem represented, the extent of it and how it might be understood and strategically addressed.

Theme 5: Lack of a structured and mandatory training programme

Overall, it was clear that there was no mandatory, structured training which methodically incorporates online life, vulnerability and risk.

5.1 Optional ad hoc training

Much of the online safety training which interviewees knew of, was not mandatory (with the exception of safeguarding, child protection and child sexual exploitation training). This reason was given to explain the limited take-up of online safety training. The counselling service used the NSPCC online safeguarding module, various training courses offered by BACP (British Association for Counselling and Psychotherapy) and training on CSE. The following interviewee comment is typical of the responses noted on this topic, explaining that "*Training*

is via the local Mental Health Trust – for all staff, but nothing specific re online safety. However, some of the staff have undertaken training via the YOT – general child protection training levels 1-3. This has some things about online safety. This is not mandatory…but CSE training is and this is updated on a three-yearly basis." [S1].

5.2 Limited access and barriers to accessing training

Across the different stakeholders interviewed, there was a lack of knowledge about the local authority specific online safety training that they could access, other than local child protection, safeguarding and child sexual exploitation training. With the exception of the online counselling provider and the regional level police force, both of which offered their staff mandatory training that covered online risks, all other interviewees described training courses that did not deal specifically with how to identify and prevent online risk and understand and deal with young people's digital life experiences in ways that related to their service and the types of cases seen.

In addition to limited or no awareness about the local online safety training available, the stakeholders also described a number of other difficulties that were impeding the take up of training; these included problems releasing staff to attend training days due to the workload pressures facing many services and also staff turnover. For example an interviewee from the Social Services Department explained *"Whilst (I think) the training about managing online risk is good, one problem facing local services is high staff turnover, this means you need training to be offered on a regular basis which is expensive…it's also hard to make time when staff are very busy."*[S2].

5.3 Lack of tailored specialist training

When it was available, online safety training was described as generic and not tailored to the service requirements and the type of case or age group seen, i.e. child and adolescent mental health and the digital world. There was no evidence of continuous professional development (CPD) or higher levels of training about online safety on offer. Training when it was available, tended to be offered to all services at the same level. Some training about e-safety was offered via the Youth Offending Team (YOT) although this was not mandatory (falling within general child protection training levels 1-3). Training about CSE was, however, mandatory with updating on a three-yearly basis. In terms of the training they needed, interviewees identified working with parents including offering education and support to help keep their children safe online. In addition, the interviewee from Teenage Pregnancy Team explained *"We need to*

develop the skills and approaches for working with younger children as we see younger children increasingly referred to us, and also to develop skills for working with children with learning difficulties."[S8].

4. Discussion

Digital lives and online behaviour pose challenges to practitioners and people working with young children and adolescents. This study explored the extent to which various local services in England address the digital lives of the children and young people with whom they work and how equipped they are to address such risks. Themes (table 1) highlight that services are narrow in their focus and their routine assessment tools omit or take a limited view of online risks. A data gap was noted with little data sharing on types of cases seen or referred. While multi-agency collaboration was generally good, this was not the case in relation to digital risk. Finally interviewees highlighted a lack of structured/mandatory training programmes around online risks.

Awareness and assessment (Themes 1 & 3)

Practitioners seemed limited in their assessment of vulnerable young people, being understandably focused on Child Sexual Exploitation and Abuse after historic high profile cases of organised child sexual abuse had occurred in the town of **Rotherham**, South Yorkshire, Northern England from the late 1980s until the 2010s. Local authorities had failed to act on reports of the abuse throughout most of that period (a narrow focus). They showed poor general awareness of other online risks and harms, some of which could increase the likelihood of a young person being vulnerable to serious harm. Most, if not all practitioners use relatively old assessment tools. In this study participants explained that such tools are generic in their nature, and that online lives/risks are, in general, only explored if a case is linked to grooming or safeguarding issues.

Despite their different backgrounds (safeguarding, mental health, teenage pregnancy and general education and support services), it can be concluded that participants' awareness of online dangers or risks is limited, hence it is understandable that they have a narrow focus in their assessment tools mainly around CSE. Risk assessment is often at the forefront of any contact with children, and CSE is one of the key risks evaluated. Current assessment tools being used are essentially aimed at identifying either CSE or emotional or mental health difficulties and therefore do not give enough attention to broader online life in general, to be able to provide in-depth information on young people who are likely to be at risk, before they reach a crisis.

Findings from the current study accord with previous research evidence that highlighted the need for newly designed assessment tools for the digital era (Hamilton-Giachritsis et.al., 2017). Internet and smart phones are highly accessible to all young people. In a study across Europe, Smahel et al. (2020) explained that online risks or potentially harmful risks were noted (e.g. contact, content and conduct related risks). Compared to data from 2010, they reported more excessive internet use, hate, sexual and money related risks, meeting strangers among and an increased negative impact of internet-use on eating and sleeping habits among 9-16 years old children and adolescents. This follows similar themes reported by Katz (2014, 2015 & 2017) in surveys of UK youth. However, it is important to highlight that not all risks result in harm and some young people are more resilient than others.

A systematic review by Keles, McCrae and Grealish (2020) pointed towards an association between mental health and social media use, highlighting that most authors agreed that this association is complex. When considering general internet use, El Asam, Samara and Terry (2019) showed that increased Problematic Internet Use (PIU) is linked to increased symptoms of depression, anxiety substance misuse and other behavioural problems. PIU could be understood as a risk, it reflects obsession with internet use, neglect of daily chores and failure to control time online. Hence, it is essential that aspects of the digital life of the young person need to be carefully explored.

Online risks such as pro-anorexia websites and suicide related material (content) are easily accessible. Young people with depression, anxiety, self-esteem issues and other complicated emotional difficulties are perhaps more at risk of accessing such content, and experiencing one risk online might predict exposure to other online risks (El Asam & Katz, 2018). Lack of awareness of online risks, combined with dated or inappropriately focused assessment tools might result in such risks being missed. In the case of social workers, who often work with vulnerable young people in the care system, it is essential to understand that this group is also at higher risk of experiencing a range of online dangers. El Asam and Katz (2018) found that having mental health difficulties, being in care, being a carer for a family member, or having special educational needs, explain higher exposure to online risks. Hence it is clear that such risks need to be fully accounted for in assessment tools.

Data and Agency (Themes 2 & 4)

Data is key in this digital age, especially when practitioners have to work collaboratively across agencies. Despite services and professionals perceiving online risk to be on the increase, in this study, data accessibility and sharing were found to be lacking, illustrated by poor or non-existent databases and systems. The data gap could also be explained/hindered by poor

partnership and multi-agency collaboration in the use of this data. Participants showed that there is lack of collaboration on digital lives of clients, and that evidence is not saved/shared, although anecdotal evidence was frequently provided.

The services included in the study all lacked comprehensive data because it was not formally collected (no standard instruments), was difficult to access or share (being within case notes or on an electronic system few people could use). Additionally, poor databases and outdated computer systems were described. Several different online systems might be running among the different services within one local authority and they may not be compatible. Previous research has clearly highlighted the importance of data, for example in CYPMHS poor data contributes to poor mental health outcomes considering the gap in knowledge and outcomes (Singh, Paul, Ford, Kramer, & Weaver, 2008), furthermore the lack of systematic databases also negatively affects staff recruitment and hampers research (McNicholas et al., 2015).

The findings also highlight that tools used by practitioners (e.g. diagnostic tools, forms or checklists) often quite simply lack categories for online risks; There was poor data sharing of online issues within clients' cases between agencies generally, or in referrals, despite good multi-agency partnerships in other fields. This was frequently put down to the fact that either the referring agency had not identified the online concern in the first instance, or the referral form did not provide anywhere to describe online risk.

Services did not know whether they were seeing new types of cases, or whether their efforts were effective, because this lack of overview data made evaluation impossible. Data was contained in case notes but not collated to track trends or measure change. Interviewees were only able to provide anecdotal estimates of the cases they were seeing, and this was recognised as a barrier to mapping training needs and thereby delivering proactive and meaningful training. Police data and some service data was available, but focused narrowly on a small aspect of online life such as offending, or cases with what were called '*distorted relationships*'. The importance of good data cannot be overstated. The critical role of multi-agency working has been emphasised in the literature, considering the potential for strategies to enhance data-sharing and bridge gaps in reporting (Munro, 2011; Barnardo's, 2013). Better systematic data collection would also help focus the dwindling resources more effectively. For example, Katz (2014) conducted a survey that gathered evidence from young people in this local authority and revealed that less than 4% of the whole sample had been involved in 'sexting' but Looked After Children were four times more likely than their peers to report doing so and also more

likely to say it was because they were under pressure to do so rather than because they wanted to.

Poor databases could explain poor accessibility and poor multi-agency collaboration. The digital world is seen by many as outside their professional scope and some felt ill equipped to deal with such cases, preferring to pass them to another agency but the key principle in safeguarding is that it is everybody's responsibility. Therefore, for all services to take responsibility, they require coherent practice and an overall local strategy.

Training (Theme 5)

A final key theme in this study is the lack of a structured and mandatory training programme. Participants explained that training they received was not adequate, was optional and ad-hoc in its nature, with limited access. An absence of tailored specialist training on adolescent digital risks/lives appropriate to each particular service was clearly apparent. If data were improved, training could be designed to meet the need, in particular when new threats to children's safety emerge. Research findings indicate that healthcare professionals lack knowledge and confidence about current social networking sites used by teens. They know mainly about mainstream platforms, such as Facebook and Instagram and they feel poorly equipped to ask young people about this aspect of their lives or to deal with emerging digital needs due to unstructured and inadequate associated training (Somerville, & Brady, 2019). Increasing digital literacy amongst healthcare professionals will help to improve and design more robust care-approaches to young people (Cotton, 2019).

Training is an essential aspect of the development of any practitioner working with young people. Training is an opportunity to offer new knowledge, improve awareness and equip individuals to tackle new challenges. Considering the rapid speed of change in the digital environment, regular updates are required after initial training. Services did not indicate any or sufficient training to tackle issues related to the "digital lives" of young people. That provides a probable reason to explain why poor awareness of various risks was noted in an earlier theme. Previous research clearly highlights risks associated with the internet (e.g. El Asam & Katz, 2018), and that those with mental health problems or considered vulnerable are more at risk.

Some services were not aware of what was offered centrally by the local authority. Training is often post-hoc or reactive, and there is not enough tailored, high quality specialist training around digital lives of vulnerable children to help services anticipate the types of problem their clients may present. Services are reluctant to spare staff for non-mandatory training and some mentioned staff turnover and a loss of trained individuals as a reason why they were not

accessing training where it is offered. It must be remembered that within their own professions there is a need for continuous professional development and this training is taking up time and money already.

In conclusion, previous research studies clearly explain the rise of digital and potentially harmful impact on children and adolescents in the UK. Practitioners and children's services role in adapting to such knowledge is currently limited; little is known about how these services identify, share and deal with such risks. The main themes of this study showed that there was a narrow focus of services on singular target (e.g. child sexual exploitation) and poor awareness combined with the use of generic assessment tools; online risks are more likely to be considered in cases of child grooming. Despite a perceived increase in online risks, data/evidence was poorly kept, with limited access and sharing across agencies. The training received was noted to be optional, poorly promoted and not specialised. Such factors in combination indicate that it is highly likely that many children's services and practitioners are not sufficiently prepared to deal with online risks. Recent research findings explain that children and adolescents who experience Adverse Childhood Experiences (ACEs) or live with vulnerabilities, are at greater risk online, yet services working with them often overlook or underestimate the impact of their online lives.

This research recommends that local authority children services should focus firstly on the collection of good data (follow up data records for the benefits of service users) that can be shared across a local authority and with any commissioned services, as a priority. This will be of assistance in planning training, in setting up evaluation of services and in watching trends. Secondly, all those working with young people especially those who are vulnerable, should have a duty to be informed about the digital environment and encouraged to take a professional interest in how it impacts the young people they serve. Thirdly, training should be tailored to the service with a basic core. That way it can ensure common knowledge of basic themes but also provide more specialised modules for each specialised sector. For example, it is unlikely that social workers will have the same requirements as the youth service or CYPMHS. Fourthly, appropriate tools are needed to help front-facing services consider the relevant risks the young people with whom they work might encounter. Resources are required at a professional level to identify risk and harm and also to support the work with the young person. Finally, safeguarding frequently mentions the online world (e.g. DfE, 2019) but for this to become reality these recommendations are needed in a coherent programme.

Although this study interviewed 15 experienced individuals across different children's

services, and was conducted in one local authority in England, it provided a wealth of in-depth material on an area where research to date has been limited. Qualitative research is often complicated and expensive, future research should consider this study's key themes and explore them quantitatively across other children's services in other local authorities. Future research should consider examining existing assessment tools (mental health, social services and safeguarding) and their inclusivity of online lives. Future research/studies should also consider service users, parents/carers, educators and their views on online risks and children's services.

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Appendix:

Services and Participants:

Service	Service types	Number of Participants
1	**Child and Young People Mental Health Service (CYPMHS):** Works with children and young people to support their mental health or wellbeing.	2
2	**Family Solutions - The Troubled Families Programme (TFP):** A programme in England administered by the Ministry of Housing, Communities and Local Government (MHCLG). The programme conducts targeted interventions for families experiencing multiple problems, including crime, anti-social behaviour, truancy, unemployment, mental health problems and domestic abuse.	1
3	**School Nurse:** Addresses physical, mental, emotional, and social health needs.	1
4	**Local police service:** Commissioner & Child Sexual Abuse Team Officer.	2
5	**Education Inspection Team**: Collecting information about staff, children and schools.	1
6	**Integrated Youth Service:** Offers social support for youth at risk, 12-19 years, also works with Youth Offending Service.	1
7	**Safeguarding board:** One person from adult mental health trust with safeguarding responsibility and one addressing safeguarding generally.	2
8	**Teenage Pregnancy Project:** Local authority funded. Sits within Family Solutions team.	1
9	**Online Counselling Service** (Community Sector): Commissioned by the local authority: Works with CYMHS, social services, local sexual health clinic, local schools and police safeguarding team.	2
10	**Local Charity:** providing a variety of services to young people at risk of not engaging in education employment or training, community outreach, youth clubs, personalised support for some of the young people seen. Holds some young people waiting to be seen by CYMHS and contributes to the gang panel. Supported by local authority and external supervision.	1

Interview Questions:

This study used a semi-structured interview, some questions were only asked if applicable/appropriate to the participating service:

- Does your service offer any form of online support - e.g. advice, information, signposting? What type?
- How many cases referred to your service are linked with an online incident or problem/behaviour as the main concern?
- Are online incidents or difficulties ever the main reason for referral? Explain How?
- How many cases referred for another reason, subsequently turn out to have an online component?
- Does your service routinely ask young clients about their online lives? Do you ask where they go online for information and/or advice? how?
- When assessing a young person referred to your service, do you routinely take into account their online experiences/behaviour/ risk taking or encounters? How?
- How much training has your service received in recognising and managing online risk and safety for young people? Who provided the training? Was it accredited? What did it cover? Are there regular updates?
- How closely does your service liaise with e-safety experts within the local authority?
- Does your service collaborate with other local services/agencies in cases involving the internet or mobile phones? (Not council services)
- Could you give any examples of an agency your service collaborates with? What formal procedures are there for: inter-agency meetings, information sharing etc.
- Who would you call on locally for advice or support in a complicated case involving an online or mobile phone element?
- Does your service seek advice/support for cases involving the internet or mobiles from national or international sources? How?
- What supervision arrangements/line management support are in place regarding online safety issues?
- Does your service have any protocols and/or procedures for online safety (and if yes, please can we have a copy). What are they?
- How extensive is your knowledge on how to handle disclosures by young people of incidents involving self- generated explicit images?
- Thinking about the past year, do you think you are seeing a greater or lesser number of cases involving online issues than the year before?
- Thinking about the past year, do you think you are seeing internet related cases with greater or less complexity than before?
- Comments – based on your experience, do you have any further messages/points would you like to add?