'Known to services' or 'Known by professionals': Relationality at the core of trauma-informed responses to extra-familial harm

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ABSTRACT

Efforts to shift from criminal justice to welfare-based responses to exploitation and other forms of extra-familial risks and harms, have centred relational approaches. In particular, the role that relationships between professionals and young people can play in providing a sense of safety as well as a route to wider support services when young people come to harm beyond their families is under consideration. In parallel, trauma-informed practice is increasingly promoted as a tool for creating service conditions in which relational practice can thrive. In this paper we present data from an institutional ethnography of two social care organisations in the UK which are endeavouring to adopt trauma-informed responses to extra-familial risks and harms. We use observation, focus group, and case file data collected in two time periods, to illustrate a relationship we identified between the nature and source of knowledge that guided professional responses, the ability of professionals to form relationships with young people affected by extra-familial risks and harms, and the capacity for their organisations to be trauma-informed. In doing so we trouble an established discourse in many social care organisations, that young people subject to intervention are 'known-to-services' and call for more responses in which young people are 'known-by-professionals' who are supporting them. Far from being a matter of semantics, we discuss how these two ways of knowing about young people, and the situations they face, potentially facilitate or undermine key pillars of trauma-informed practice, and the relational approaches that make such practice possible.

1. Introduction

When we want to help someone, it is useful to know things about them. Who they are, what they need, and what they are trying to achieve are all helpful points of consideration when deciding what is most likely to make a difference, and what could make matters worse. So, when professionals who are responding to exploitation, violence, and other forms of abuse beyond families say that they 'know' the young people who are affected, or that those young people are 'known to the services' they work for, what does that tell us about their ability to help? To what extent does such 'knowing' matter for forming relationships between young people and the professionals who are supporting them, and to what extent does such relational working assist those who are seeking to take a trauma-informed approach to protecting young people abused beyond their family homes?

In this paper we argue that the ways in which services and professionals know young people, and how they describe this knowledge, can help or hinder relational responses to extra-familial risks and harms (EFRH), and in turn impact their implementation of trauma-informed practice. We use data collected through observations, focus groups and interviews, conducted in two social care organisations (sites) in the United Kingdom that are using trauma-informed practice to shape their response to EFRH, to explore connections between knowledge, relationships, and practice/system innovation. In the process, we evidence the shortfalls of professional responses to EFRH where young people and/or families are *only* 'known-to-services' (i.e. feature in their datasets or have been the subject of multiple referrals into services) without *also* being 'known-by-professionals' (having a relationship with a professional) supporting them; and what such knowing might tell us about how young people have experienced services, or may need to experience them in the future.

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2. Background

2.1. Developing relational responses to extra-familial risks and harms

Young people may experience a range of harms in extra-familial relationships and contexts, including: sexual and criminal exploitation in their local neighbourhoods; sexual abuse and harassment, or physical violence, from peers at school or college; and physical/sexual/emotional abuse in their own intimate/dating relationships (Barter, et al., 2015; Unicef, 2019). Since the early 2000′s governments in various countries have sought to reposition service responses to these issues within welfare rather than criminal justice paradigms (Fong & Cardoso, 2010; Ofsted, 2018; Musto, 2022; Firmin, Lefevre, Huegler, & Peace, 2022). Such efforts have included: naming various forms of EFRH as child welfare, child protection or (in the UK) safeguarding issues; viewing those affected as in need of support rather than in need of punishment; and shifting principal responsibility for coordinating responses to those affected from criminal/juvenile justice to social care organisations.

A rapid evidence assessment conducted by the first author and colleagues of social care responses to young people experiencing EFRH indicates that forming trusting relationships with professionals can be a paramount protective feature (Firmin, Lefevre, Huegler, & Peace, 2022). In other studies, on service responses to EFRH, young people have described safe and trustworthy professionals as: being authentic, persistent and flexible; willing to work collaboratively 0 (Hickle, 2020); establishing reciprocal caring relationships (Hallett, 2015); and being people who draw out their skills and positive characteristics (Dodsworth, 2014) and who listen to and respect them (Jago et al., 2011).

However, young people's experiences of relational safety and trust can be undermined in the context of EFRH, particularly if efforts to keep them safe involve policing their behaviour and limiting their rights to privacy and autonomy. A focus on achieving immediate physical safety through surveillance, rescinding rights, and removing autonomy can crowd out more nuanced approaches to creating safety (Shuker, 2013) which might better address the complex 'interconnected conditions' that sources of harm, vulnerability, and a lack of protective structures can create (Beckett, Holmes, & Walker, 2017). The lack of nuance is extended to considerations of young people's agency and the responsibility they hold to keep themselves safe (Lefevre, Hickle, & Luckock, 2019; Wroe, 2021), leaving little space for professional curiosity about what the behaviours of young people experiencing EFRH are communicating. These behaviours include going missing, acting aggressively or impulsively, or using substances (McKibbin & Humphreys, 2019), and they may reflect young people's felt sense of unsafety in the world, in their own bodies, or feeling unsafe in relationships. However, the overemphasis on observable (i.e. unsafe or self-destructive) behaviours can be easily misunderstood by professionals who lack an understanding of trauma and interpret these behaviours as hostile or avoidant. As a result, they might respond punitively rather than attuning to the experiences of young people whose maladaptive behaviours represent their own best efforts to keep themselves safe (Levenson, 2017).

Growing recognition that social care systems are not well-designed to meet either the developmental needs of young people experiencing EFRH (Hanson and Holmes, 2014; (Lefevre, Hickle, & Luckock, 2019)), or address the structural, social, and cultural barriers that young people may face in accessing services (Wroe, 2021; Meléndez Guevara et al 2021), has led to a search for new paradigms and interventions that may better address these complex dynamics – for example, 'Contextual Safeguarding' (Firmin, 2020), 'Transitional Safeguarding' (Holmes, 2021) and 'Radical Safeguarding' (Johnston & Akay, 2022). Likewise, the principles of trauma-informed practice are increasingly being turned to on this basis.

2.2. Trauma informed practice and extra-familial risks and harms

A 'trauma-informed approach' was first described by Harris and Fallott in 2001 as a framework for resolving gaps within service provision for traumatised people whereby past or present traumas are not recognised as reasons why someone may encounter or require the help of services (e.g. in mental health, child welfare, or criminal justice) in the first place. As a result, services and interventions offered are not designed with the needs of trauma survivors in mind. Taking a trauma-informed approach provides organisations, practitioners, and service users with a way of reframing trauma responses that inhibit people from leading autonomous healthy lives so that they are recognised as being normative and expected reactions to feeling threatened and overwhelmed (Herman, 1992; van der Kolk, 2014). This strengths-based orientation to trauma, wherein the emphasis is on an individual (or community's) experience of an event and their reaction to it, rather than the event itself, is a shift away from historical conceptualisations that categorise certain kinds of events as traumatic (Hopper, Bassuk, & Olivet, 2010).

Harris and Fallott (2001) first described five key principles of trauma-informed practice that were later expanded upon by the Substance Abuse and Mental Health Services Administration (2015) in the USA to include:

1. Safety
2. Trustworthiness and transparency
3. Peer support, collaboration and mutuality
4. Empowerment, voice, and choice
5. Cultural, historical, and gender issues

These principles are clearly defined and widely cited, for example, in the recent UK government's working definition of trauma-informed practice (HM Government, 2022). The benefits of taking a trauma-informed approach can include a reduction in post-traumatic stress symptoms and positive behaviour changes for some service users, such as children in care (Bartlett, et al., 2016) or in school settings (Harden et al., 2015), and among adults receiving mental health services (Sweeney, et al., 2016). Adopting a trauma-informed approach can also increase service engagement and staff empathy (Sweeney et al., 2016).

Research on effective responses to EFRH, particularly in respect of trusted relationships between young people and professionals (outlined previously), aligns conceptually with principles of trauma-informed practice. Trauma-informed practice can offer a way of reconceptualising negative and problematic behaviours of young people affected by EFRH as survival responses that indicate a need for safety that has not yet been met (Hickle & Lefevre, 2022). When professionals are able to see these behaviours as communication from young people that they feel unsafe (Treisman, 2018), professionals are better positioned to work collaboratively with them, to get to know them and, in doing so, find ways of helping them to feel safer (Becker & Kerig, 2011). Beyond facilitating trusted relationships, trauma-informed approaches promote whole-system / organisational recognition of trauma in which relational approaches can thrive; for example, facilitating peer-support amongst professionals at risk of vicarious trauma through the work they undertake so that they are better positioned to sustain relationships with young people at risk of significant harm; and considering trauma and re-traumatisation in building design and decoration so that young people can meet with professionals in environments where they feel safe and at ease (Bartlett et al., 2016; Hanson & Lang, 2016). Given the severe risks that EFRH may pose to some young people, these facets of trauma-informed practice hold much potential for creating service conditions in which young people can feel safe.

Yet there is a dearth of evidence on how trauma-informed approaches are understood and delivered within services addressing EFRH. Despite increasing interest in trauma-informed practice across the UK, and a concerted effort to define it within policy (HM Government, 2022)

HM Government, 2022), there remain significant gaps in the research in relation to 1) how a trauma-informed approach is meaningfully interpreted by practitioners working for organisations that have adopted a trauma-informed framework, and 2) how trauma-informed principles are evidenced in work to safeguard young people experiencing EFRH, particularly in the multi-agency contexts where decision-making is a shared endeavour between partners and timescales for decision-making do not align with young people's capacity to build trust and facilitate professionals' ability to really know them well (Hickle & Lefevre, 2022).

2.3. The role of knowledge in developing trauma-informed and relational practices

In order to understand how professionals might know young people in a way that effectively facilitates trauma-informed working, it is worth exploring what we mean by 'knowing'. We are influenced by Plato's foundational definition that knowledge requires that something is true, we have to believe it, and we have to have a justification for why we believe it (Plato, 1997). With reference to practice, we might then ask: what *truths* are preferenced when reaching decisions about the welfare of children and families; what do social workers use to *justify* their beliefs; and what personal biases and organisational experiences contribute to them?

Colonial and discriminatory legacies of knowledge production (Bernard, 2021; Nayak & Robbins, 2019), and inherent power imbalances within welfare systems (Bilson, Featherstone, & Martin, 2017; Keddell, Davie, & Barson, 2019; (Wroe, 2022), mean that the knowledge funnelled through social work systems and into practice are built on a set of beliefs of which inequalities are part of the fabric. Debates in the UK about the use of AI technology to produce algorithms that identify children and young people most at risk of harm have been critiqued for further reproducing system inequalities and biases that overly-survey some and under-scrutinise others (WWC, 2020). Such tensions are found in both developing responses to EFRH and the implementation of trauma-informed approaches.

In respect of the former, social care organisations workers have utilised risk assessments and matrices, intelligence sources (from criminal justice organisations), and specialist analyst roles to map trends associated with EFRH and identify those considered most at risk of harm (Franklin, Brown, & Brady, 2018). Such methods have resulted in the racialised profiling of Black young men and boys impacted by serious youth violence or criminal exploitation, as well as the under-identification of boys and young men, and racially minoritised young people, who have been sexually exploited (Brayley, Cockbain, & Gibson, 2014; Davis, 2019; Williams, 2018;).

In terms of the latter, we have seen how health and social care professionals, drawing upon Felitti and colleagues' (1998) Adverse Childhood Experiences (ACEs) research, can fall into prioritising the identification of childhood trauma and adversity without sufficient evidence that screening to identify 'ACEs' is an effective use of time and public funding. This approach also risks the collateral damage that can occur when helping professionals ask young people intrusive questions that might lead to them feeling further stigmatised (Finkelhor, 2018) and less able to trust practitioners in the first place. Whilst research into ACEs consistently indicates that childhood adversity is linked to social problems and poor health outcomes later in life, a focus on risk assessing at the level of the individual child, young person, or family risks an overemphasis on the individual and an underemphasis on addressing the structural drivers of childhood trauma (Asmussen, et al., 2020). This focus can also lead practitioners into pathologizing trauma responses rather than seeing the inherent strengths in traumatised individuals and communities who are finding ways to survive and thrive within social conditions that cause or facilitate harm.

In this paper we draw together these threads of knowledge on trauma-informed responses to EFRH, relational responses to EFRH, and the role of professional knowledge in both, to explore two ways in which professionals 'know' young people and families affected in need of support. We examine how these ways of knowing reflect the nature of relationships between professionals and young people affected by EFRH, and demonstrate how this knowing, and associated relationships, shape, and could be shaped by, the implementation of trauma-informed practice. In doing so we argue that knowledge, and the ways in which it is sought and described, matters, and that this mattering needs to be acknowledged if we are to create the service conditions in which trauma-informed responses to EFRH are feasible. While the questions we ask and discuss may hold relevance beyond trauma-informed practice, and are important for relational practice more generally, they emerged in a study that was principally concerned with the adoption of trauma-informed approaches and so we present them in this context.

3. Methodology

3.1. The study

This paper reports on a subset of data collected during an Economic and Social Research Council funded study of six practice or system innovations to address EFRH. Over 2021–22 we conducted a largely online institutional ethnography (Smith, 2006), informed by a psychosocial sensibility (Clarke and Hoggett, 2009) in two statutory organisations (sites) in different countries of the UK that were innovating via principles of Trauma-informed Practice.

Data were collected at two time points in each site, comprising: surveys of the social care workforce; interviews and focus groups with professionals in children's social care and their wider partner agencies (both frontline and managerial level); observations of practice and strategic meetings; reviews of social care case files for young people experiencing ERFH; reviews of local strategic and practice documents; and consultative interviews with young people and parents (see Table 1).

Site case studies were built up through fortnightly meetings where we read together the emergent data, including observation extracts, case file and documentary excerpts, and focus group and interview transcripts. These were reviewed at two-day annual events to reflect on: the processes of innovation; the extent to which the approach aligned to international frameworks for trauma-informed practice (Harris and Fallot, 2001); and whether professional and system responses reflected evidence-informed approaches to EFRH (Author A et al, 2022). This analytic process, informed by Smith's (2006) Institutional Ethnography, enabled us to map the innovation journey for our research sites and understand that journey with reference to the organisational structures and processes which co-ordinated professional discourse and behaviour in response to young people experiencing EFRH.

3.2. The approach to observations

Even though, as a result of the Covid-19 pandemic, data collection was conducted largely online, rather than in-person, ethnographic observations of professional practices were still paramount to data collection. During two data collection periods (April – September 2021 and March – July 2022), we observed online meetings where

Table 1
Data collection methods across two sites and two time points.

Data collection method	Site 1		Site 2	
	Time 1	Time 2	Time 1	Time 2
Observations	22	8	19	6
Professional Interviews	13	8	13	0
Professional Focus groups	2	3	2	2
Documentary review	20	5	28	15
Case file review	6	7	5	6
Young people engagement	0	5	0	7

professionals were developing plans to safeguard young people who were at risk of significant harm beyond their families. These enabled us to witness processes of assessment, planning and review operating in real time, rather than relying solely on post hoc reflective exercises via interviews and focus groups. During these meetings social workers would update a professional network (professionals from police, health, education, and voluntary sector agencies, amongst others) on their plans to support young people for whom there were significant concerns and would invite others to contribute to update/enhance those plans. Between 1–13 young people were discussed at each meeting, who were experiencing various challenges, including being: exploited sexually by individuals or groups (both peers and adults); trafficked to distribute drugs across the UK; violently assaulted, or threatened with violence, by adults or peers in their communities or schools; sexually harassed by peers in education, neighbourhood or online contexts; or missing from home for extended periods of time and returning with either physical injuries or having not slept or eaten for notable amounts of time.

Permission to observe meetings was first granted through the ANON university ethics approval process, followed by: overarching consent from the Directors of Children's Services in the two sites where we were conducting research; written consent by the chairs of each meeting being observed; additional consent from the police services in both participating sites; and individual opt-out consent from all those being observed.

At the beginning of each observation, ethnographers introduced themselves, muted their microphones and switched off their cameras. Using a template, they then documented what they were observing in a meeting. Where possible they transcribed what professionals said verbatim in fieldnotes, but it was often necessary to paraphrase. Observation records included researchers' own thoughts and feelings about those observations in an attempt to capture the tone of the meeting, identifying *how* things were said and done, not just what. This enabled them to 'look beneath the surface' (Clarke and Hoggett, 2009) to identify the role played by discourse and emotion. In this paper, excerpts of verbatim text are set within quotation marks to distinguish them from paraphrasing in fieldnotes.

3.3. The decision to focus on relationships and trauma-informed practice

At the first annual analysis review, we noted that professionals in each site had varying success at engaging young people affected by EFRH. Engagement was important as relationality appeared to be both a central enabler, and consequence, of trauma-informed practice. Professionals that formed relationships with young people were able to demonstrate trauma-informed practice through those relationships; professionals who struggled to build foundational relationships with young people were at a loss as to how to be trauma-informed. In this sense there appeared to be an association between distance/closeness demonstrated between professionals and young people, and their ability to implement the innovation that we were studying.

To explore this dynamic in more detail we used Nvivo software to code interview and observation data from the first data collection period for:

a) evidence of 'relationships' (or lack thereof) between professionals and young people
b) discourse used to describe young people impacted by EFRH
c) evidence of collaboration between young people and professionals
d) evidence of young people's voice (or lack thereof) informing professional decision making

Midway through the second data collection period we began to review the results of this coding, working together to undertake manual analysis of the extracts produced through this coding exercise, and build a descriptive account of relational practice in participating sites. We identified features of local practices/systems that characterised such

practice – and these features we report in this paper.

These initial findings continued to be explored throughout the second stage of data collection and analysis. During our second two-day analysis meeting we considered whether the features of relational practice identified during the first time period were reinforced, challenged, or extended by this new dataset, and the extent to which these demonstrated progress in respect of social care innovation or service improvement in each site. We subsequently subjected data from observations, interviews and focus groups collected during the second data collection period (Time 2) to the same Nvivo coding.

We go on now to present the results of this iterative process, using data from observations, focus groups and interviews, to illustrate how responses based on young people being 'known-to-services', rather than 'known-by-professionals', often undermined the relationality which was foundational to the implementation of trauma-informed practice.

3.4. Limitations

As noted, this study was completed as an online ethnography. As such we did not have access to many professional interactions that took place outside of meetings we observed, some of which we might have been privy to should we have conducted this study in-person. Due to limits on our own capacity, we were also unable to observe every professional meeting that took place in the two data collection periods and did not review all case files relevant to EFRH held by each site. During analysis meetings we were able to identify occasions when we reached data saturation in respect of meeting observations and adjusted which meetings we prioritised and those we ceased observing in response to this. Focus groups and interviews also provided context to practices we observed in meetings or read about in case files, indicating whether we were identifying atypical or relatively common occurrences.

In the data we present it is not possible to track individuals who may have been present in multiple meetings that were observed; hence we report findings at a site (systems/organisational) level rather than in respect of individual practitioners. In this respect, practices illustrative of responses where young people were 'known-to-services' or 'known-by-professionals' were observed in both sites, although we cannot comment on whether any individual practitioners displayed both of these approaches. As a result, we comment on system conditions that were created by these practices (and their alignment to trauma-informed practice) in the findings and discussions sections below, and reflect on their implications for individuals and systems in terms of recommendations.

In this paper we report on data collected in two social care organisations in different countries of the UK. The dynamics noted in these sites are not necessarily present in other social care organisations around the UK or internationally. To preserve site anonymity we do not disclose which countries of the UK the organisations were based in; as such we are not able to comment on how the different social policies in those two UK nations may also relate to our findings. To mitigate this limitation, we have situated our findings with reference to wider commentary on either social care responses to EFRH (such as the victim-blaming narratives, a need to intervene beyond parenting, and victim/perpetrator overlaps), or neo-liberal social care institutions (Featherstone et al., 2018; Gilbert, Parton, & Skivenes, 2011) (such as pros/cons of case-management and risk-management approaches, and an increased focus on individual responsibility) as, despite their different policy frameworks, both sites shared these features to varying extents. Rather than commenting on the different political contexts in which different ways of knowing are more/less possible, we ask what the data collected adds, troubles, or extends in commentary on these system features, and focus on the implications of different ways of knowing for the delivery of trauma-informed practice.

Finally, while we engaged some young people in Time 2 data collection via interviews in both sites, datasets for each research site are heavily weighted towards professional opinions and practices. When

building descriptive accounts of each site, we considered young people's views when discussing data collected from professionals, and the extent to which professional accounts aligned with, or diverted from, the narratives provided by young people. None of the findings we share here were contradicted by accounts provided by young people. However, we also recognise that this paper largely reflects how professionals viewed, and acted in response to, EFRH, rather than how young people viewed professional practices, with all bar one quote used in this paper are from observations of, or conversations with, professionals.

4. Findings: 'Known-to-services', or 'known-by-professionals': the features of relational practice on a journey to being trauma-informed

'[This] child is known to a few different services across [Anon Area]' (Site 1, Time 2, Observation, Safeguarding Panel 3.00)

If you have worked in any front-facing organisation that supports young people in the UK we are almost certain that you would have heard of a young person who is 'known to the service'. During our practice observations we heard this phrase repeatedly, yet our impression was that it was often used by professionals who were not familiar with the young person being described. In fact, the term 'known-to-services' rarely appeared to convey 'knowing' at all.

As outlined earlier in this paper, knowledge can be acquired through multiple routes, is a subject of persistent debate within social care research and service delivery and is a key feature of how professionals form and sustain trusting relationships with young people. It is notable, therefore, that when analysing our meeting observations alongside accounts of practice from interviews and focus groups, we identified relationships between how professionals acquired knowledge about young people affected by EFRH and the types of responses such knowledge yielded. In particular, we identified that responses often varied in situations where young people were described as being 'known to services' or appeared to be 'known by professionals'. Within our data we identified three ways to characterise differences between young people being 'known-to-services' or being 'known-by-professionals'. These characteristics illustrate the potentially problematic nature of the term 'known to services' – not simply as a matter of semantics, but as a matter of 'knowledge-informed' practice and protection. The extent to which responses to EFRH are offered in situations where young people affected are 'known-by-professionals', or 'known-to-services', was demonstrated in the:

- Physical, cultural, temporal, and emotional **distance** between young people affected by EFRH and the professionals responsible for supporting them.
- Ways **professional roles and services** were understood and used to safeguard young people affected by EFRH.
- Approaches practitioners took to **understand, and assess**, the needs of young people affected by EFRH.

4.1. Distance

Professionals who knew the young people they were supporting were often also close to them. This closeness was illustrated in several ways. These professionals frequently practised in teams, organisations, or sometimes individually, where they viewed the young people they were supporting as 'theirs':

we're looking to see why are these young people behaving in this way, well actually there is adults there … whether it's older teenagers or older adults there that have groomed our young people into ciminality or a thinking that their behaviour is the norm… So it was…about treating our kids in Anon Street the way you would with your own, so it was about getting out, exploring, tackling

shopkeepers, finding who our young people's friends were, making sure that we knew about parents and carers of our young people's friends. (Site 2, Time 1, Focus Group 1.00).

… we do have our [council] and we hear very, very strongly from our young people about what they want, about what they need, about what their experiences are like, and that very much forms our processes (Site 1, Time 1, Interview 1.00).

On occasion closeness was demonstrated through physical proximity; professionals would agree to meet with young people at times and places where the young person felt comfortable (travelling to them rather than the other way around). Such physical proximity was seen to create conditions for young people to open-up:

We went go-karting as champs of care experienced group. Great fun. Young people really chatting and came out of themselves. Importance of relationship building… One young person spoke to [Anon Worker] the most he ever has. He also volunteered to be the caller at the recent bingo night when he's usually so quiet. (Site 2, Time 2, Observation, Residential Meeting 1.00).

Increased frequency of such events appeared to impact temporal proximity – a factor noted by multiple professionals as being of central importance to young people. Young people seemed to want consistent relationships that endured over time:

Young Person: So when you put your trust in them, they can disappear like that (clicks fingers) and you've got to re-explain yourself all over again.
Interviewer: **Right. So the first thing I hear you say, and my spelling's terrible by the way ….**
Young Person: Yeah.
Interviewer: **… is not disappear.**
Young Person: Yeah. Literally, can you not disappear, because I have had some wicked social workers and they've just gone and I've been like … oh …" (Site 1, Time 1, Interview 18.05).

In both sites practitioners reflected this in the time it took to achieve meaningful engagement:

Building relationships with workers there have been a number of people involved in that time. 'I looked when Child was allocated to me – in March – but only recently I feel like I've managed to create a relationship'. (Site 2, Time 2, Observation, Safeguarding Panel 1.00). 'He is quite sporadic in his engagement with professionals. Quite a strong character.' Need to work with child for a long period of time to be able to get the information from him. (Site 1, Time 2, Observation, Safeguarding Panel 3.00).

For other professionals, physical and temporal proximity was a challenge. They reported struggling to meet with young people they were trying to support, and described situations where young people did not keep to agreed meeting times or would 'not engage' with services that had been provided:

[Social Worker] says child won't respond or make direct eye contact. [Child 3] was talking to a teacher at school but school is now closed and [Child 3] isn't going. 'How do we get child to get to a place where he can open up and talk', he asks. (Site 1, Time 1, Observation, Child Exploitation Multi Agency Meeting 1.00).
[Police say] Last year properly involved in county lines. In a trap house. Took drugs and money because they didn't want to leave it there. Then got robbed…. Threats from the [Anon] gang. Both were 'totally oblivious to the threat'. 'Child wouldn't engage with us despite trying. We don't know what's going on with the sister'. (Site 1, Time 2, Observation, Child Exploitation Multi Agency Meeting 1.01).

During analysis sessions we noted that these tensions often arose when relationships were new, or previous workers had moved on and a

young person had to start again with someone they did not know.

Distance was demonstrated culturally, as well as physically. When professionals knew the areas that young people were living in, had lived in those areas themselves, spent dedicated time in those areas, or had ties to the communities in which those young people lived, they were culturally sensitive to young people's experiences of both protection and harm:

'I think she thinks that she's doing something wrong but she's been walking alongside them in the woods and is getting a better understanding of what life is like for them. I'll invite her in to share' (Site 2, Time 2, Observation, Practitioners Forum on named Innovation, 1.00).
[Social Worker A] tells a story about seeing 'real live children' the day before after popping out in between meetings to get something from a vending machine. She sounds delighted. She was the support worker of their dad when he was a teenager. He recognised her straight away and said hello. 'I'm the social work granny' she quips, and everyone laughs (Site 2, Time 1, Observation, Professionals meeting to plan participation activities, 1.00).

In contrast, we observed, and heard of, young people who came from (or lived in) circumstances that were culturally dissonant with the experiences of the professionals charged with supporting them. Some young people were living in families who had sought refuge in the UK and had experienced various forms of trauma before arriving. Others were born in the UK but had experienced racism and other forms of discrimination in the communities where they lived. When professionals had no understanding of these contexts some distance was inevitable. However, such distance was entrenched when professionals a) did not live, or spend much time, in the areas where these young people now lived and/or b) did not take the time to explore or understand what those experiences meant for the young people and families they were supporting. There was often a noticeable absence of any meaningful consideration of race or cultural identity in professional case notes, as well as in professional meetings, and we noted the lack of such discussions in our analytical sessions. An absence of culturally competent practice appeared to create a chasm between professionals and the young people they were trying to support, particularly in one site where we were struck by the cultural distance between a largely white work force and young people who were Black or racially minoritised in other ways. For example, in our discussions on one case file (reference 650580), we noted how a social worker wrote about a girl of Romanian heritage that just moved to the UK where there are concerns about sexual exploitation. At one point the social worker queried whether a parent had provided them with all of the information requested stating: "(the mother) needs to fully be aware that such behaviour is not acceptable in England and deemed as a serious criminal offence". This is the only direct reference they made to ethnicity or nationality. In another file (reference 607812) for a boy who is being criminally exploited and whose family are refugees from Somalia, the only reference to culture or ethnicity was a recommendation from the social worker that work be undertaken "to explore with mum, her culture/ beliefs around parenting teenagers and how the parents differing styles can compliment each other". In both of these examples no consideration was given to how, from the perspectives of race, racism and/or cultural differences, these families may experience additional barriers to accessing or trusting support; and instead, negative assumptions were made about culture and parenting.

Emotional proximity was also evident in the dataset. We observed occasions where professionals were able to express how concerned they were for the young people they were supporting, how worried and anxious they were, and why. Through these expressions professionals communicated how much they cared for the young people they were supporting. They saw them as *their* children, whom they felt responsible for:

'This case has caused a lot of us sleepless nights, it's caused a lot of divides amongst professionals. There have been opposing views. There have been times when I've wanted this case to be given to someone else because I felt like I wasn't doing the right thing. But it's stickability isn't it?… She said to me in the car that she can't imagine herself being back to where she was'. (Site 2, Time 2, Observation, Practitioners Forum on named Innovation 1.00).
'I am particularly worried about sexualised behaviour. If you read about child sexual abuse you tend to think that [Child] is victim of child sexual abuse. His language, personal hygiene, he bed wets'. Nothing to corroborate this concern (Site 1, Time 2, Observation, Safeguarding Panel 3.00).

In other situations where we inferred that young people were 'known-to-services' but not 'known-by-professionals', practitioners frequently presented as emotionally distant from the young people they were supporting. We observed some young people being described in terms of their actions, their risk-rating on organisational matrices, or with reference to their levels of engagement; but how all of this made professionals feel was seldom discussed:

Talk about another child who was discussed last month. Graded as red. SW gives overview. Child was arrested with adult and charged with possession with intent to supply. Had drugs and money on them and in accommodation of the adult. Appeared in court and was given – can't remember charges- he is going back to court in the beginning of June. 'Mum denying all knowledge of the adult despite information that he is known to the family. Child will not speak to the Social worker about the arrest. But will chit chat generally. Challenge to get the information from him about the incident'. (Site 1, Time 2, Observation, Child Exploitation Multi Agency Meeting 1.02).
Professional A asks if they can talk about the 34. Professional B says they have identified 34 children and young people who fit into a 'venn diagram'… Professional A SLEH told me had been identified from an exercise across services as being at risk but not meeting thresholds. [If included in the] venn diagram – they are known to multiple services (Site 1, Time 1, Observation, Partnership Meeting 1.00).

In these scenarios, we would suggest, young people were presented as risks to manage rather than people to care for.

4.2. Professional and service role

In situations where professionals knew the young people they supported, they were well positioned to advocate on their behalf and saw this as their role. During observations professionals drew upon what they knew about young people – their hopes, their fears, and ambitions – when recommending specific actions to empower and/or keep them safe:

'… he is quite good with one to one in a creative environment. He will do well there but anything else and he will struggle' (Site 1, Time 2, Observation, Safeguarding Panel 3.00).
'… our [young person's name], if anyone has any cakes of baking they need ask her. I got some for myself for the weekend…it was amazing… we're trying to support her with this and into a business of her own so if you need anything for events do think of her' (Site 2, Time 2, Observation, Residential Meeting 1.00).

On some occasions, such advocacy required professionals to constructively challenge the views or actions of their colleagues, as well as reflect on where they may have made mistakes in the past that did not lead to good outcomes for young people:

Social worker: 'I'm meeting with parents of both young men this afternoon. I've observed that most often [Child A] absconds and goes to [Child B] …This afternoon we are looking to work with parents to see if we can promote contact between the two boys and families

together. Plan should go in tandem with both children's needs…The police view is different. They are trying to separate these two as they think the two of them together is 'fire'. I explained to them yesterday that there's no point trying to separate the two'. (Site 1, Time 2, Observation, Safeguarding Panel 3.00).

[Social worker A] says police should de-escalate but they have a number of incidents where children have come up of police contact with extra charges. [Social Worker B] agrees. 'We're trying to stop the use of restraint in children's homes but we don't want more incidents of police being called in to restrain. Police need to buy in to non-restraint' (Site 2, Time 1, Observation, Professional meeting to discuss guidance document, 1.00).

'…Maybe being male in this situation is not the best. Maybe we need to switch to female social worker… Could we do something with animals…it's getting to understand an understanding of who child is. We understand her current situation but not her background' (Site 1, Time 2, Observation, Safeguarding Panel 4.00).

In these scenarios, professionals centred the humanity of young people affected by EFRH and sought interventions/support that continued to do the same. Rather than proposing plans solely to target identified and perceived notions of 'risk', professionals also sought to enrich young people's lives, nurture their interests, and in the process, build routes to safety. As such they situated their role as one of advocate, supporter, and provider of services, and they were able to fulfil that role because of their knowledge of the young person.

Blame, as opposed to support, and responsibilisation as opposed to advocacy, more often characterised situations where young people were 'known-to-services' but not 'known-by-professionals'. Rather than reflecting on the role(s) that organisations might have played in creating safety, or contributing to harm, young people (and their families) were presented as a key source of both risk-making and future protection:

[Social worker] 'there's nothing for me to say. Child is number 1 in all of [the region] not just [the local area] for knife crime. [There are] outstanding mental health referrals but issues are more behavioural and not related to mental health. He's seen and known as a 'rational choice actor' – he knows what he does' (Site 1, Time 2, Observation, Safeguarding Panel 3.00).

'Kid isn't engaging and mum is chatting but not saying anything really. There are too many unknowns at the moment' (Site 1, Time 1, Observation, Child Exploitation Multi Agency Meeting 1.00).

[Police state] 'He will carry on and we will keep trying to arrest him. There are disputes with other groups. Arrest with intent to supply in [name] it looks like he might want to talk. We are trying to assist [name of area] police. We've had discussions about mum and I don't think this is the answer. Mum might want to support him, but her actions don't always show that' (Site 1, Time 2, Observation, Child Exploitation Multi Agency Meeting 1.01).

When young people and families were discussed in this way, the role of professionals was often to work with them to change their behaviour, and to support their families in doing the same. In respect of young people, this sometimes involved setting goals which did not necessarily reflect a young person's interests/needs but did reflect the priorities of organisations – for example, requiring young people to attend 'substance misuse' programmes to reduce drug use without also attending to what benefits (real or perceived) a young person may be getting from that. In one site we observed this conversation about compliance with interventions:

With the bail conditions he's had no choice but to comply and he's now seeing the benefit of getting support. You can see changes in him. It's a 'huge step forward'. He can regulate himself. He doesn't 'over speak professionals'. (Site 1, Time 1, Observation, Child Exploitation Multi Agency Meeting 1.02).

Social workers in particular were positioned as working with parents/carers in order to increase the capacity of those parents/carers to keep their child safe:

[Social worker] states: 'mum has second job, and this is an issue'. (Site 1, Time 2, Observation, Safeguarding Panel 3.00).

Social worker has told mum that when child has time on his hands he is at risk and she knows this. He is staying in most of the time at home. Mum can be 'quite defensive' and she tries to explain why he does what he does. She talks a lot about what has happened in the past and how social workers have failed him but she 'isn't doing anything to get her son to engage with professionals'. (Site 1, Time 1, Observation, Child Exploitation Multi Agency Meeting 1.00).

In situations where young people and families were 'known-by-professionals', we observed how such intervention was provided with greater understanding and, at times, compassion:

[Practitioner A] 'Female missing on two occasions. Discussed her quite frequently. Positive trip to [another area] has worn off. Being supported by intensive services. One incident mum ended up being assaulted'.

[Practitioner B]: 'I don't know the family but I feel heart sore for this mum. She's really trying but the girl has got her running around although to be fair when the police arrived she had her restrained' (Site 2, Time 1, Observation, Missing Persons Meeting 1.00).

In the absence of compassion and care, approaches that centred young people and/or parent/carer behaviour and choice reinforced physical, cultural, and emotional distance between professionals and those in need of support. They promoted a professional role that prioritised the needs of organisations over the needs of young people and families and, as such, the role of social workers was to bring young people and families in-line with organisations. In such situations the individual needs and experiences of young people and families were less relevant, and they did not appear to shape the plans put in place to support them. It is somewhat unsurprising then, that when young people are 'known-to-services', rather than 'known-by-professionals', plans developed to support them may be designed without much knowledge of, or conversation with, the young person who is the subject of that plan.

4.3. Approach to understanding and assessment

And so, to the final theme in our dataset – differences in how professionals approached assessments, and built an understanding, of young people impacted by EFRH. When young people were 'known to services', but not 'known-by-professionals', this knowledge was often acquired through datasets. These young people had been the subject of multiple 'referrals' into children's social care, and/or were the subject of numerous complaints to the council, or had been stopped or arrested on various occasions by the police. Such encounters resulted in a data-profile for a young person, their name repeatedly featured on computer systems. They were also raised on multiple occasions in professional meetings, to denote that they had 'come to attention' of one service or another.

'Is there anything else anyone knows about her? From a police point of view have you had a chance to look into her? '[child exploitation manager asks].

Police reply she does have some background information, but she can't get into the police system because of internet problems…starts to recall from memory. 'Child 1 has a couple of offences she is a victim of at the moment. Stalking. Boyfriend friend is 27 and in prison. 2016 there was an exploitation concern about her being with older males. Boyfriend is an ex-partner now and is not a risk to her at this time'.

Another police colleague – takes over and reads from the screen. 'Malicious comms (No Further Actioned), sexual assault (No Further

Actioned), stalking, domestic with ex-partner…' (Site 1, Time 1, Observation, Child Exploitation Multi Agency Meeting 1.04).

'Child – female. An old favourite but we haven't heard from her for a long time. Home based supervision order section 83. Didn't come home after going out with friends. Returned home the following day which is a bit concerning. Back to the pattern of what she was doing before. Need to find out about the missing overnight' (Site 2, Time 2, Observation, Missing persons meeting 1.00).

However, in situations such as those outlined above, coming to the attention of services did not necessarily mean that any professionals in those services knew the young person in question. Rather, they knew of the young person by way of data, rather than by way of interaction. Young people were sometimes described with reference to data, rather than with reference to them as a person beyond what the data suggested:

Police give their view. Hanging about on the periphery of other people who are linked to the adult. Friends with brother of one of the boys who went to jail for that. Drugs involved with that. 'All his other associates, there are well known o us. Group that are causing the disorder in [area]. Aware culture in [area], worked with Child's dad 15/16 years ago. Intelligence Child was carrying again and hanging around youth clubs. Concerns about that. Relationships have not been great with local kids but this is something we are trying to do – get to know the kids'. (Site 2, Time 2, Observation, Safeguarding Panel 1.00).

Youth Offending Service (YOS) working with him on a voluntary basis at the moment. 'Known after malicious communication issues. He is open to YOS, and they have seen him a little bit… We don't know an awful lot about him at the moment' (Site 1, Time 2, Observation, Safeguarding Panel 3.00).

As the two excerpts above illustrate, in some of these scenarios professionals themselves noted the limitations of such 'knowledge' on their ability to 'know' young people. Such approaches are largely built on assessments of risk, as opposed to understanding of needs, and often assessing risk from the perspective of an organisation rather than the perspective of a young person who is at risk of harm. It was rarely possible in such situations to ascertain whether the professional perspective on risk reflected, in any way, how young people perceived the situations that they were in. In contrast, when professionals were observed as knowing young people, their assessment of both risk and need was built relationally. Their approach to understanding/assessing a young person's situation was more conversation-based than data-driven. It was not uncommon in these situations to hear professionals refer to what a young person had told them, to explain assessment conclusions or proposed plans:

Young girl with two experiences of being in secure care. She was returned back to the community in April and there was a lot of anxiety around that. What would her care plan look like?… 'She called me and thanked me because she feels like we're listening to her. Staff are coming on shift and saying I know you want to do this … I wanted to highlight the really positive relationships. Knowing people had her back and that we're fighting her corner and the feeling of safety she has paid massive dividends' (Site 2, Time 2, Observation, Practitioner forum on named Innovation,1.00).

'He was involved in an activity and was asked what he was proud of and he said supporting mum. He was asked who he most admired and he said his grandad because he taught him that you can't rely on anyone and have to do things yourself.' [The child exploitation manager] suggests to the meeting that this may be something they should bear in mind. (Site 1, Time 1, Observation, Child Exploitation Multi Agency Panel 1.03).

In fact, in many of these observations data was not referenced at all, or on occasion was noted to contextualise a point already being made through relationally-informed knowledge. As such, when young people

were assessed by professionals who knew them, rather than by services they were known to, they were offered plans that reflected what they had shared of themselves, as opposed to what systems had concluded about them. This meant that on occasions plans were denoted an 'interim' status as is described in the excerpt below:

[Meeting chair] does round up of the interim plan ……. Will be another meeting. 'Can we beef up youth work activity, can we target some alternative activities and we're building in mentoring, what can be done in terms of community safety. He's not committing any more offences, he's engaging with you and education. Will review this quickly after peer mapping and youth work'. (Site 2, Time 2, Observation, Safeguarding Panel 1.00).

Producing an 'interim' rather than a 'final' plan of support signalled that was a work in progress, built on what was known at the time (and therefore subject to change if knowledge improved). Knowledge was limited to what that young person was willing to share at that point in their relationship with a professional. As organisational and professional knowledge improved, we observed how plans changed. For such an approach to be feasible, systems needed to be capable of holding a level of uncertainty and professionals needed to feel safe to work with such uncertainty in the knowledge that they were held by the systems in which they worked – key tenets of a trauma-informed system (Hanson & Lang, 2016). Knowledge that was predicated on relationships often seemed less fixed in the long term but appeared to be more accurate in the short term. Whereas knowledge built upon datasets was presented with greater long-term certainty; some young people retained their data-driven reputations and were not afforded the opportunity to change, to grow, to move beyond the risk assessments they had been assigned. While this may have offered a sense of certainty to organisations, it is both ethically and practically questionable when seeking to safeguard young people at risk of harms that by their nature are dynamic, un-known, unpredictable, and likely to change overtime.

4.4. Interlocking sources, and methods, of knowing

The three themes presented in this paper characterised situations in which responses to EFRH were developed for young people who were 'known-by-professionals' and/or 'known-to-services'. These three themes interlocked, and in that interlocking created (and were created by) systems in which relational practices were either feasible or constrained.

Situations where young people were 'known-by-professionals' were characterised by close (physical, cultural, temporal, and emotional) proximity between young people and professionals – a closeness that enabled, and was enabled by, professionals who advocated on behalf of young people and assumed roles in which they sought to meet young people's needs. The ability to achieve this closeness was in turn facilitated by a clear understanding of who a young person was and what would help them; an understanding which bolstered close proximity (Fig. 1).

Situations in which young people were only (or predominantly) 'known-to-services' were characterised by significant distance (physical, cultural, temporal, and emotional) between young people and pro-fessionals – a distance that was maintained or exacerbated when pro-fessionals assumed roles that blamed or responsiblised young people and parents for creating risk/safety. Such distance was exemplified in practices which assessed young people's experiences with reference to risk, and where such risk assessment was established via data and pro-fessional opinion. A reliance on data was both a causal, and conse-quential, factor for the significant distance observed between some young people and professionals; an inability of professionals to get alongside and advocate on behalf of young people was a likely barrier to them being able to source information directly from young people (Fig. 2).

It is important to note that the interlocking features of 'known to' and

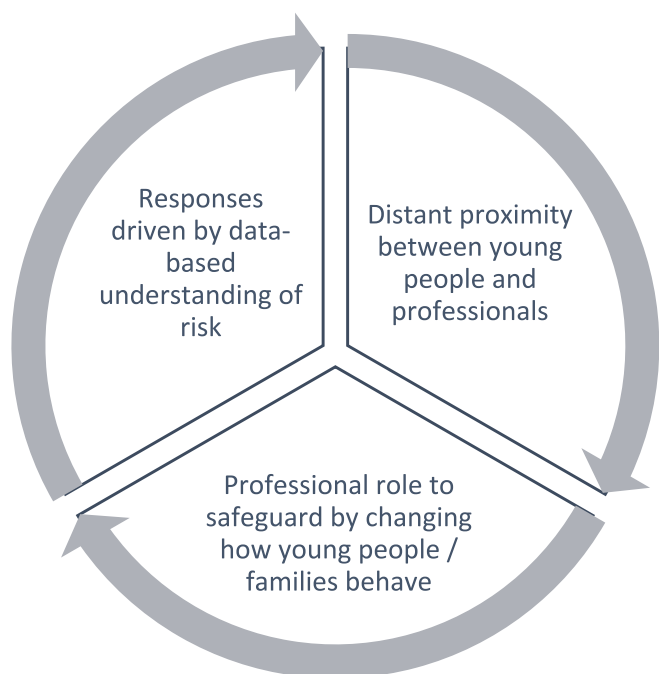**Fig. 1.** Situations where young people are known-by-professionals.

Fig. 2. Situations where young people are known-to-services.

'known by' practices were observed in both participating sites. Further work is required to identify the key system features in either site that produced a 'known to' or 'known by' approach at any given time. It may be that specific meetings, or partnerships, leant more towards one approach or the other, for example. We reiterate, however, that these findings are on system/organisation conditions that produced, and were produced by, certain practices, rather than a commentary on individuals. As such we recommend that teams/organisations, as well as individuals, reflect on them in respect of their responses to EFRH in the future.

5. Discussion

Far from being a simple matter of semantics, whether young people affected by EFRH are 'known-to-services' or 'known-by-professionals' appears to have practical consequences. We came to identify these two ways of knowing in response to EFRH through a study on the adoption of trauma-informed practice. As a result, in discussing these findings we have also observed how the interlocking factors of being 'known-to-services' and 'known-by-professionals' created (and were created by) systems in which a trauma-informed approach to protection is more (or less) feasible.

As outlined at the outset of this paper, there are key system and practice features to trauma-informed practice. The approach: provides safety; features trust and transparency; enables collaboration; facilitates empowerment through voice and choice; and considers cultural, historical or gender issues relevant to the context of service provision. The interlocking features produced in 'known to' or 'known by' systems, in many ways map onto these five components of trauma-informed practice, illustrating both their conceptual and practical relevance to the implementation of this innovation (as illustrated in Fig. 3).

Trauma-informed responses to EFRH by definition should feature collaboration between young people and professionals. However, distance rather than proximity between professionals and young people (as there is when young people are only 'known-to-services') can reduce opportunity for such collaboration. Alternatively, situations where young people are 'known-by-professionals' were characterised by proximity, which can facilitate collaboration and create conditions in which young people inform both assessments of their needs and plans to keep them safe.

The ability to collaborate can be empowering, and empowerment is another of the five features of trauma-informed practice that is often facilitated or undermined by the proximity between young people and professionals. Moreover, choice is characterised by feeling empowered. Trauma-informed practice is particularly useful in helping us reflect on whether responses to EFRH safeguard young people by controlling their choices or enabling safer choices; the latter are trauma-informed, the former are potentially trauma-inducing. Choice was less a feature in situations observed in this study where young people were 'known-to-services'. In particular, where the role of professionals was to change young people's behaviour in order to create safety, efforts were made to ensure young people complied with the demands of services regardless of their needs. However, in situations where young people were 'known-by-professionals', practitioners often advocated on their behalf so that they could access services/relationships of their choice. Indeed, young people's wishes and feelings characterised decision-making and incentivised professional action.

Finally, trauma-informed responses to EFRH are focused on creating safety for young people, families and professionals, and in building trust between young people and the professionals who support them. Both these features of trauma-informed practice appeared impacted by the sources of knowledge that professionals utilised to understand EFRH. In situations where young people were 'known-by-professionals', relationally-driven understandings of need informed decision-making. Whereas when young people were 'known-to-services', professionals were often risk-focused and assessed said risk using information generated without the involvement of young people. Known-by responses therefore required, and to an extent fostered, trust; Known-to responses more likely occurred in the absence of trust and had the potential to undermine it.

As Fig. 3 illustrates, the characteristics of 'known to' and 'known by' responses to EFRH have potential practical implications, and these practical implications can often provide an indication of the extent to which a trauma-informed approach is feasible in any given service/system. Is a local response to EFRH one in which young people trust, collaborate with and are empowered by professionals (better aligned with a known-by-professionals approach)? How do professionals come
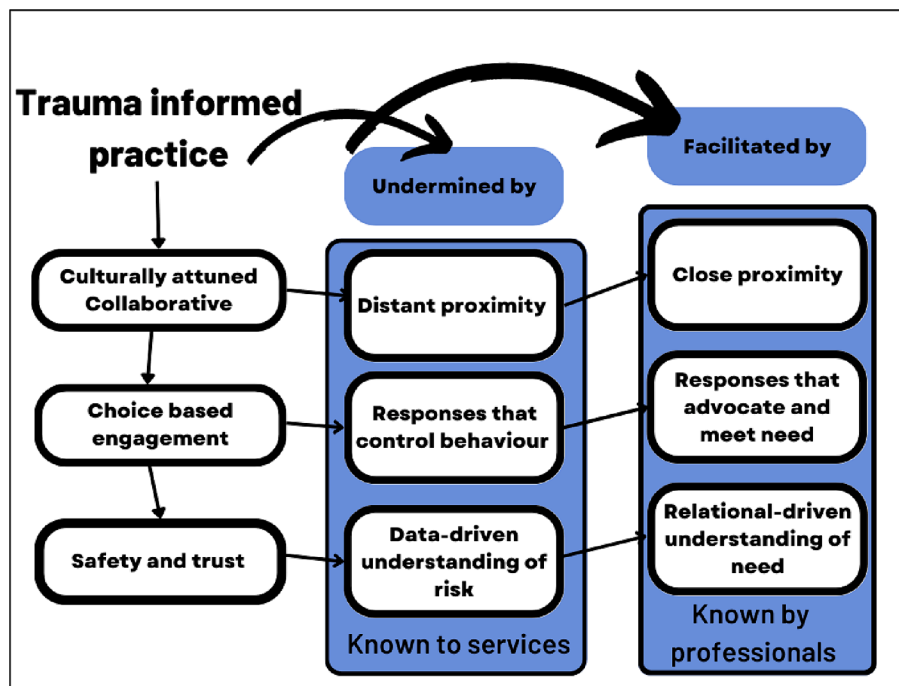
Fig. 3. Known to Known by characteristics mapped against features of Trauma-Informed Practice.

to know and understand young people's needs and experiences; is it through relational understandings of needs that professionals seek to meet (more characteristic of known-by-professionals approach) or data-driven understandings of risks that professionals seek to disrupt (more likely when young people are only known to services)? Do responses offered to young people affected by EFRH create the conditions in which young people's choices are enabled (known-by-professionals), or controlled (known-to-services)?

6. Conclusion

The findings of this study evidence that as services strive to offer a trauma-informed responses to EFRH, it may help for them to reflect upon whether their current systems facilitate responses in which young people are 'known-by-professionals' or solely 'known-to-services'. In this study, it was not only that relational practices facilitated trauma-informed practice, and vice versa, but that the absence of each undermined the introduction of the other. In particular, it will likely be challenging to develop trauma-informed practices within systems in which young people aren't truly known by the professionals supporting them, and therefore in a position to have their views considered, collaborate with those supporting them, and work from a position of trust.

In relation to EFRH, these findings also add weight to other studies that have promoted a relational response to the issues and prioritise trusted relationships between adults and young people as a route to safety. Moreover, it suggests caution with responses that are dominated by a reliance on intelligence, data-management, and information-sharing. Much of the UK narrative around EFRH has centred on the challenge of professionals not sharing enough information with each other in order to identify and respond to risks, and significant investment has been made in some quarters on the role of analysts in helping professionals understand the dynamics of EFRH and respond accordingly (Ofsted, 2018). While this study does not suggest such efforts are erroneous, it does imply that such activities, in the absence of trusted relationships between young people and professionals, could sustain responses to young people 'known-to-services' but do little to support professionals in knowing the young people they are supporting (and, in

turn, foster trauma-informed practice and relational safety).

This is not to suggest that situations in which young people tend primarily to be 'known-to-services' will necessarily generate a negative or ineffective response. However, based on the findings of this study we would invite professionals, and service leaders, to ask themselves what it means for a young person to be known to a service rather than known by professionals. Rather than assuming that this reality implies understanding of what a young person needs, such terminology may instead simply let us know that this young person has had contact with services before; and that may potentially be contact that has been ineffective (hence a repeat referral for support) or may have negatively impacted ongoing relationships with professionals. Indeed, the fact that a young person is 'known-to-services' may say more about service provision than it does about the young person in question. Being inquisitive about what this may mean, and bringing these questions to the fore, could open new avenues for service responses in the future. Moreover, pairing system data with professional relationships could improve responses. As such, our findings raise particular questions about scenarios where young people are *only* 'known-to-services', in the absence of any professional relationship, rather than suggesting that situations in which services have had previous contact with young people will always be problematic.

As a research team we have also wondered whether the nature of EFRH in general, and some forms of EFRH such as criminal exploitation (to distribute drugs) specifically, exacerbates the issues surfaced in this paper. We observed multiple occasions where professionals simply did not know young people's extra-familial relationships, who they were speaking to and/or who might pose a risk to their safety; this is quite different to instances of familial abuse in which professionals know of young people's relatives and/or caregivers. Moreover, where young people were being exploited in situations associated to organised crime, there were additional risks to them talking to any professionals who were charged with keeping them safe. As such professionals may have felt it safer to rely on data and information gathered through others, rather than seek information from a young person who may be a greater risk should they speak to practitioners. These challenges to building responses in which young people are known to professionals should be discussed when services commit to a trauma-informed response to

EFRH.

It is notable that both sites who featured in this study were seeking to adopt a trauma-informed approach. Yet, both featured responses (to varying extents) in which young people were 'known-to-services' without necessarily also being 'known-by-professionals'. Despite relational practice being intended to lie at the heart of a trauma-informed approach, our study suggests that this is not always the case in practice; the relational aspect of trauma-informed practice could be lost or overlooked. As a team we questioned the extent to which neo-liberal and/or case-management-driven systems that characterised both sites (to varying degrees) contributed to relation-less, and data-driven, interpretations of trauma-informed practice. As such, a strategic commitment, at local, national or international levels, for the adoption of trauma-informed practice is likely to prove insufficient, if the other features of an organisation/system are not equipped to nurture relationships between professionals and the people that they support. Relational knowledge, produced through relational service models, therefore, appears central to the development of both trauma-informed organisations and trauma-informed responses to risks beyond family homes.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

The authors do not have permission to share data.

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