Safe Steps CSE Innovation Project

Evaluation report

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**Jennie Williams & Sara Scott
with Anna Ludvigsen**

Working with The University of Bedfordshire International Centre: Researching Child Sexual Exploitation, Violence and Trafficking & NatCen Social Research

Contents

List of figures

List of tables

Executive Summary

Context

The St Christopher's Fellowship Safe Steps Innovation pilot was developed as a response to an increasing number of young women being identified as sexually exploited, or at risk of sexual exploitation, for whom concerns about their safety could lead to placement in secure children's homes or homes far from their own area.

Safe Steps aims to test whether providing intensive support and supervision, while working within existing guidance on restrictions to liberty, could keep young women safe outside a secure setting. It aims to enable young women to continue to live locally in order to limit disruption to their education and family ties, and to minimise the possibility that they will feel blamed or 'punished' for having been exploited.

The pilot was based in 2 children's homes (Allen House and Pelham House), adapted to offer the highest levels of protection and supervision within the provisions of the current Children's Homes Regulations. Staff have been trained in a social pedagogy model to work in ways that offer relational security and enable them to take a personalised approach to risk assessment, supervision and safety. The project necessitates managing risk differently and depends on trusting and collaborative relationships with commissioners, local authorities, police and other agencies in the wider community.

Main Findings

Establishment of the pilot

- Buildings and staff were in place by July 2015, but the complexities of establishing 2 new homes, including gaining Ofsted registration, meant that young women did not begin moving in until October 2015. Hence the operational period evaluated was 12 months.

- St Christopher's Fellowship project team and the Safe Steps managers and staff were active in developing contracts and procedures that would enable the project to operate. Commissioners involved from the outset (West London Alliance and North London Children's Efficiency Programme) were enthusiastic advocates for the project, but relationships also had to be built with a number of different local authorities, education providers, and police teams. This was easiest when there were prior relationships in place.

- Over the pilot period, 12 young women aged from 14 to 17 (mean age of 15 years) have been placed with Safe Steps.

- On the basis of 12 months experience, Safe Steps has developed a stricter referral protocol and reduced the maximum number of places in Allen House from 5 to 4.

- There is an emergent model for working with sexually exploited young women in residential care which is underpinned by the social pedagogy approach and effective supervision. Positive relationships with staff create opportunities for the young women to reflect upon and take responsibility for managing the risks in their lives on a day to day basis. Staff are confident in facilitating safe and constructive conversations following disclosures of abuse and exploitation.

Outcomes for the young women

- In October 2016, 3 of the 12 young women were living in the homes. Another young woman had made good progress and moved on in accordance with her care plan, and 3 young women are currently making progress in this regard. The remaining 8 young women have transferred to other placements. These transfers took place because of anxieties about the safety of these young women, which were particularly acute because of their traumatic histories, and the effects of these on their mental health. During their time at Safe Steps there was evidence that they had felt safe enough to begin talking with staff about their past, and current, abuse and exploitation. However, their multiple vulnerabilities and short time period at the homes meant that there was limited evidence of other positive outcomes.

- There is evidence that staff knowledge and competence has increased, and that staff have grown in confidence in their ability to make a positive difference to the young women using the service. High quality training provided by the Women and Girls Network was very positively evaluated and, reinforced by the external supervision provided, has helped staff maintain trauma-informed and empowering practice. There is agreement across a wide range of stakeholders that staff have been very effective in developing trusting and meaningful relationships with the young women.

- As relationships with staff have developed, some of the young women have become more secure and less confrontational. This is reflected in a decline in the frequency of 'incidents' (involving actual or potential harm to self or others) over the duration of their stay in Safe Steps.

- Most of the young women have significant mental health difficulties, often linked to trauma and neglect in early childhood and compounded by more recent experiences of CSE. This has informed the development of the referral protocol: information about the mental health of young women is used to determine the potential effects on the household; and to identify potential need for CAMHS provision or other therapeutic support.

- The young women's engagement with education has been variable, partly due to their behaviour and partly to the challenges of setting up options that met their needs. Both homes have had some success in getting young women to attend school or college and options have been broadened by the use of in-house tutors for some young women.[1]

Challenges and learning for Safe Steps

- St Christopher's Fellowship, managers and staff continue to be strongly committed to the project. This commitment is shared by some, but not all, commissioners and stakeholders. Those who have become less committed are those who had no previous history of successful collaboration with St Christopher's Fellowship to draw on when they were negatively affected by management problems in Allen House.

- Recruiting and retaining staff to high stress and low pay residential work in London is difficult, and effective leadership of homes, including line management support for operational staff, is crucial.

- The unsuccessful attempt to secure additional powers to restrict liberty of movement of the young women seems to have left a legacy of unrealistic expectations amongst some commissioners and social workers about the level of safety that Safe Steps could ensure.

- On the basis of 12 months experience, staff, managers and commissioners believed that the original emphasis on having greater legal powers would not have been helpful, and the legacy had been a hindrance to the project, distracting staff from their real work which was to provide the young women with relational security.

- In the Safe Steps model of intervention, risk is primarily addressed in the context of positive relationships between young women and their key worker or other trusted members of staff. Safe conversations help make sense of past and present experiences and their effects.   Young woman are also encouraged to take part in a wide range of positive activities which help them believe they are of value, deserve respect and are capable of making better lives for themselves.

- However, managing risk through building relationships with young women, and empowering them to make choices for themselves, has generated huge anxiety amongst stakeholders. A major challenge has been building acceptance of the idea that, just because a young woman has gone missing, doesn't mean that the placement isn't working. For the model to be tested there needs to be enough time for these anxieties to be acknowledged and contained. A year has not been long

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[1] Re-engagement with education by CSE-affected young women in their mid-teens is one of the most difficult 'protective outcomes' to achieve. See discussion in Scott and Skidmore (2006)

enough to test this Innovation and provide any conclusive evidence of the effects on young women's lives. Safe Steps has just reached a point where the project of managing risk differently is underpinned by staff knowledge and skill, and stakeholder confidence. It is therefore only now that there is a real possibility of working with young women for long enough periods of time to establish relationships that can provide relational security, address past trauma and begin to affect future outcomes.

Overview of project

What was the project intending to achieve?

The ultimate goal of the Safe Steps innovation was to improve the mental health and well-being of sexually exploited young women and enable them to build lives free of exploitation. The intended outcomes for young women were: reduced risk of sexual exploitation, improved emotional wellbeing, stable living situations, supportive relationships – including rebuilding positive family relationships, awareness of rights and risks, and ability to make positive choices for themselves. (Appendix 1).

For Safe Steps, the ultimate aim was to achieve these outcomes by having a stable, skilled workforce with a consistent trauma informed approach, and to be able to evidence an effective, replicable model of provision which would enable commissioners to continue to make appropriate referrals.

The project milestones (to the end of the pilot period) were as follows:

Developing the project and staff capacity:

1. Pilot is established to timetable and a good description of the model developed
2. Increased staff knowledge and competence
3. A strong staff team with a consistent empowerment and trauma informed approach

Implementing an empowerment model for work with sexually exploited young people:

4. Young women have positive relationships with staff; there is evidence of mutual respect and value
5. Young women are making safer decisions for themselves with fewer mishaps
6. Young women have greater understanding of CSE and its effects and believe that they deserve to be valued, not exploited, in relationships
7. Young women have greater understanding of the effects of trauma on their lives and have reduced trauma symptoms
8. Young women are actively engaged in safe and meaningful activities and are planning for the future

Managing effective transitions into the community for sexually exploited young women:

9. Referring local authorities are engaged and positive about the service and work with Safe Steps on transition planning
10. Transitions are well planned with local authorities and families

What was it intending to do to achieve these outcomes?

The original intention was to create a viable alternative to placing young women in secure children's homes or homes far from their own area for their own protection. The project was developed in discussion with commissioning consortia: the West London Alliance (WLA) and the North London Children's Efficiency Programme (NLCEP). The focus of the innovation was opening 2 high supervision children's homes in North and West London; one 4 bed (Pelham House) the other 5 bed (Allen House) for young women at high risk of child sexual exploitation or other serious community threats. The young women would be supported using the same social pedagogy model that underpins St Christopher's' other children's homes, but this would be supplemented by additional training and support so that staff could respond to the CSE related needs of young women.

In their original application to the Innovation Programme, St Christopher's Fellowship sought an exemption from existing legislation which would give them additional powers over the liberty of movement of young women living in the homes. The Department of Education were unable to support this and instead agreed to the pilot exploring the 'edge of practice' but still working within existing Children's Homes regulations.

The plan was for staff to be trained in a social pedagogical approach, with specialist training in early trauma and its effects, and the specific dynamics of CSE. They would be supported to take a personalised approach to risk assessment, supervision and safety. The aim was to empower the young women through providing access to trauma-focussed therapy; opportunities for healthy personal growth and development; and interventions that enabled young women to make sense of the grooming and exploitation to which they had been subjected. The young women would also be supported to take a more responsible stance towards their own safety. From the outset of each placement, local authorities and families would be engaged to ensure that the young women's transition from the home would be well planned and positive.

Existing research relating to this innovation

The challenges of keeping sexually exploited young women safe can mean that, for some, secure care may seem the best solution. However, findings from the Aycliffe innovation pilot (Scott, 2016) suggests this needs to be qualified. To have any positive effect, a secure order needs to be part of an integrated long-term plan by the placing authority and recognised by the Courts:

> "Looked-after' young people, like their peers in families, need trustworthy relationships in which they feel cared about and respected. Such relationships were identified as one of the essential foundations for safeguarding children and young people from sexual exploitation in evidence collected by the Office of the Children's Commissioner". (Berelowitz et al. 2013).

In children's homes, it is residential social workers who can most easily develop relationships with young people, but very little consideration has been given to defining the knowledge that can usefully inform their practice. St Christopher's Fellowship has drawn upon the social pedagogy approach to working with children which is well established in other parts of Europe. Cameron, McQuail et al. (2007) offer a short description of the work of social pedagogues:

> "Pedagogues usually work with and in groups of service users. They are trained to be conscious of the dynamics and conditions of group life. They value associative life, sharing the 'life space' of children and other service users. 'Everyday' activities – play, eating together, homework, creative activities and holidays, are seen as meaningful, not routine. Pedagogues also value the individual, their unique identity and their contribution to the group. Developing relationships is centred on listening to children, respecting their views and identifying and working with individual talents as well as problems.
>
> Pedagogues make opportunities to foster practical and creative skills in young people. An essential feature of the training concerns developing skills and confidence in using a range of arts, crafts and environmental skills with children, for enjoyment and therapeutic benefit."(2007:25)

In 2010, a pilot took place introducing the social pedagogy model into 18 residential homes across England. However, the design of the intervention was weak, and bore little resemblance to the way that social pedagogy is integrated into the policy and practice of childcare in Denmark, Belgium, Netherlands and Germany (Berridge, 2016).

The approach used by the St Christopher's Fellowship is a much closer approximation to the European model than that evaluated by Berridge, Biehal et al. (2011). However, one clear difference is that, as yet, staff do not share the same high status and career options as their colleagues abroad. These countries formally value the complexity and challenge of working effectively with young people who have been abused, neglected, and traumatised, and who are likely to have associated mental health problems and behavioural difficulties. There has been some consideration of ways that can happen in the UK through a formal system of training and qualification (Cameron, McQuail et al. 2007). However, such changes have yet to be adopted.

There is clearly a case for more research to be carried out into the efficacy of the social pedagogy approach in the UK. Meanwhile there are reasons for suggesting that this approach may be particularly well suited to meeting the relational needs of children and young people who have been sexually exploited - and who have often been repeatedly harmed by people in their families and communities. First, social pedagogy has equality, justice and rights at the heart of its formulation and practices. Second, it facilitates non-hierarchical relationships and consciously works to minimise differences in status and power. Third, it assumes each young person is the expert on their own lives and knows what is important to them. These are essential pre-conditions for young people with histories of abuse and exploitation to feel safe, build trust, and begin feeling entitled to a safer better future.

Changes to the project's intended outcomes or activities

The original proposal was for the project to be exempt from the usual regulations relating to the restriction of liberty of movement. These exemptions were not granted: instead supervision and restriction of liberty of movement was only possible within existing legal frameworks and as required by an individual's level of risk.

Context of the innovation

During the last 10 years there has been growing national concern about the extent and effects of sexual abuse and sexual exploitation, and the historic and current failure of a range of public services to protect children and young people. This is a pressing problem for children's services in London who are increasingly identifying young people (young women especially) at risk of harm in this way. There is a need for affordable, effective solutions that do not stigmatise young people or disrupt valued parts of their lives.

Strategic and operational responses to CSE are complicated by the fact that London is one of the most ethnically diverse cities in the world. CSE does not respect geographical boundaries and is enabled by the city's extensive and developed transport network, and its status as a global transport hub. Within this context it is challenging for local boroughs to reach an understanding of local prevalence of risk and experience of CSE; a task that has increasingly been taken more seriously (Becket et al, 2014). Collaboration between boroughs in mapping and working is essential, otherwise CSE affected young people can be placed together without risks being known, and the risks to children missing out of borough, or being educated in other boroughs, can remain unknown. Some forms of CSE are perpetrated by gangs, and over 50% of London's local authorities have been designated as ending gang and youth violence (EGYV) areas by the Home Office; there are indications that gangs are increasing in London but decreasing elsewhere.

It is against this background that the West London Alliance, comprising 9 local authorities[2], and the North London Children's Efficiency Programme, (NLCEP), comprising 5 local authorities[3], began collaborating on the Safe Steps initiative with St Christopher's Fellowship in 2014.

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[2] Barnet, Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon and Hounslow
[3] Camden, Enfield, Hackney, Haringey and Islington

Overview of the evaluation

What were the evaluation questions?

The main question for the evaluation was whether the project had achieved the milestones set out in its theory of change and was on track to achieve its longer term outcomes. In addition, we were concerned to explore the following questions:

Developing the project and staff capacity: Is Safe Steps providing a consistent and coherent intervention orservice model? What competencies do staff need? Is learning about trauma and CSE being translated into practice?

Implementing an empowerment model for work with sexually exploited young people: How can an empowerment model be implemented? Does it work? Do the safety adaptations to the building meet security needs? What are the barriers and facilitators to providing a therapeutic response to sexually exploited young women?

Managing effective transitions into the community for sexually exploited young women: What support do young women need to move safely on from Safe Steps? How can effective transition be implemented?

Methodology

The evaluation began with a workshop on 12th June 2015, for senior staff from St Christopher's Fellowship to clarify how the Safe Steps model was intending to lead to the desired outcomes for young women. Following this, we produced an evaluation framework to represent a 'road map' of the project's pilot year (Appendix 1).

Our evaluation of outcomes for young women used the following standardised measures completed by staff and young women at admission (baseline), and then at 3 monthly intervals:

Strengths and Difficulties Questionnaire (SDQ) – measuring symptoms and peer issues

Vulnerable Attachment Style Questionnaire (VASQ) – measuring insecure or mistrustful and anxious elements of attachment style

Teenage Attitudes to Sex and Relationships Scale (TASAR) – attitudes to sexting, pressure to have sex, gender roles and equality in relationships

Trauma Symptom Checklist for Children (TSCC) – self-report measure of post-traumatic distress and related psychological symptoms

Staff also completed a risk assessment measure for each young woman.

We examined information routinely collected by St Christopher's Fellowship (for example, incident data) and information which became available during the pilot. For example, Ofsted carried out inspections of both homes during the evaluation period.

Relevant training materials were collected and reviewed, and the post training questionnaires collated and analysed .

Interviews were carried out with staff, stakeholders (including commissioners and social workers) and Safe Steps residents, to collect information about the young women's pathways and the development of the project in relation to its milestones. 66 interviews were conducted at 4 time-points as detailed below (Table 1).

Table 1: Overview of interviews

	Baseline July 2015	T1 Oct to Nov 2015	T2 Jan to Feb 2016	T3 Sept to Oct 2016	TOTAL
Allen House staff	7	7	5	6	25
Pelham House staff	5	5	4	5	19
Young women	3	0	1	1	5
Stakeholders	0	0	1	16	17
TOTAL	15	12	11	28	66

As far as possible we interviewed the same staff on each occasion. Three members of staff were interviewed at all 4 time points and a further 4 at 3 time points. Brief interviews were conducted with 3 young women. 1 young woman was interviewed 3 times; 2 were interviewed once; the other 9 were unwilling to be interviewed or moved on before an interview could be arranged. Focus groups were also carried out at T3 with Safe Steps managers, and St Christopher's Fellowship Management Team. Most interviews were digitally recorded and carried out by one of 2 researchers (Topic guides from T3 are included in Appendix 4).

Twenty-four members of Safe Steps staff completed a staff survey in February 2016 and 25 staff members completed a follow up survey 6 months later in September 2016.

Significant changes to evaluation methodology from the original design.

There were no significant changes to the methodology. However, it proved very difficult to engage the young women directly in the evaluation, despite visiting the homes on numerous occasions and at optimal times. Most felt that they had too many professionals involved in their lives and were glad to have the option to refuse yet another interview.

Main Findings

How far the innovation has achieved its intended outcomes

The original theory of change evaluation framework identified 10 milestones for March 2016.

Milestone 1: Pilot is established to timetable and a good description of model developed

A delay in securing Ofsted approval affected the project start date. There have been a number of challenges in getting the pilot established and one of the homes is still struggling. However, a distinctive model of care is emerging.

It was widely appreciated at the outset that it would be difficult to set up a residential service for this client group within the timescale of the Innovation programme. The Ofsted approval process for a new registration takes 3 months and this had not been taken into account fully at the outset. The time was used to establish relationships, finalise agreements with important stakeholders, appoint and train staff, but St Christopher's Fellowship had to bear the financial cost of having staff in post without any local authority placement fees. The delay in becoming operational also affected commissioners and stakeholders as some had already identified young women who could benefit from the new service as early as July 2015.

By July 2015, the building renovation work was completed for both properties, and they were furnished. Considerable thought had been given to making them into places where young women would want to live, and security measures were as discreet as possible. A couple of the young women suggested in interview that they enjoyed the challenge of subverting the security measures, and subsequently the homes have been obliged to make further adaptations to window restrictors, location and settings of the fire alarms, and the internal locking system. Most staff and managers considered these adaptations to work, and their comments about the Paxton system[4] were positive, on the grounds that it provides containment without the need to carry bunches of keys or employ direct confrontation.

Both homes are in suburban streets but are different in character. Allen House is more institutional because of the central location of the main office; the building has 4 levels and a more complex layout .The prevailing view is that Pelham House has the advantage of being more homely, although the buildings haven't yet been tested by full occupancy.

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[4] This is a PC based system for controlling door access

The homes held open days in July 2015 which were well attended, reflecting the effort that had been given to building relationships with a wide range of stakeholders, including neighbours, commissioners, and local agencies such as the police, community services, and the project's DfE partners. The standard of both homes attracted positive comments, and it was evident that the people present wanted the innovation to work.

> "It was so refreshing to be part of opening something and in investing in something. The landscape has been about cutting so this was really exciting".
> NLCP Commissioner T3

The development of Safe Steps has been shaped by feedback from Ofsted inspectors which St Christopher's Fellowship considers both well justified and very useful. There were 2 full inspection visits to Pelham House during the pilot period, and 3 full inspections visits and a monitoring visit to Allen House.

Recruitment of staff

By the end of July 2015, all posts were filled and 32 of the 35 operational staff had completed their induction and training. The project attracted motivated, well qualified staff: many support workers had relevant first degrees and professional qualifications and a number of people moved to London to take up post. The staff group was mostly women and ethnically very diverse. Staff varied in terms of prior experience of residential work and knowledge of CSE. Because of the tight timetable, managers were either appointed after their staff team or were not able to be fully involved in recruitment. There was consensus that this was unfortunate. The jobs market in London has meant that staff recruitment, and in particular the recruitment of managers, has been a persistent challenge for the project.

Restriction of liberty of movement

The DfE supported the innovative approach, and Ofsted registered the homes according to their Statements of Purpose. Nonetheless, in explicitly offering the highest levels of protection and supervision available within the provisions of the current Children's Homes Regulations, this innovation ran the risk of legal challenge around practices relating to the deprivation of liberty of movement. St Christopher's Fellowship's response to this risk has been to be as clear as possible about their policy and practice within the existing legal framework; to provide independent advocacy for the young women; and to provide staff with relevant induction, training and supervision. However, the notion that Safe Steps could restrict the liberty of young people's movement fuelled some unrealistic expectations on the part of some commissioners, local authorities and police, about the measures Safe Steps could take to keep young women safe. There was a resulting tension between what was desired by stakeholders and what the project could provide. As one commissioner noted:

"Most of the girls were at risk when they went through the door. It was impossible to meet the high expectation that they would be kept safe - that just didn't materialise".
WLA Commissioner T3

Furthermore, in the absence of consensus within the sector about what is legally acceptable practice in relation to restriction of liberty of movement, the concept of 'edge of practice' is elusive. Indeed, some people questioned whether there was anything distinctive about Safe Steps practice:

"I don't think we are doing anything that they shouldn't be doing in other children's homes in terms of saying 'if you go out that door I am going to follow you, and if you get on that bus I'll be sitting on the bus behind you. And I'll be saying you shouldn't be talking to that person because you don't know who they are and they are older than you".
Manager T3

At the same time the lack of clarity and agreement about what is acceptable creates the theoretical possibility of legal challenge, and Safe Steps staff felt that the legality of their decisions were being scrutinised:

"The staff are a bit anxious. Wording of the legislation isn't directive - not specific enough. So, there is an element of risk assessment and being accountable. We need to follow procedures, but everyone is going to have to take responsibility for those decisions".
Residential worker B

In T3 interviews, staff, managers and commissioners agreed that the original emphasis on legal powers was a hindrance to the project which distracted staff from their real work, which was to provide the young women with relational security. On the basis of 12 months experience, service managers did not believe that having greater legal powers would have been helpful,but that greater clarity about existing powers would be:

"You break a lot of relationships when you use restriction of liberty - immediately they will start losing trust. It is definitely not something that is going to deal with the long term issue"
Manager T3

The limited capacity of the project to keep girls safe through physical containment is now made clear in detailed pre-admission discussions with young women and local authorities. This helps to achieve shared ownership of decision making.   Commissioners are accepting that it is unrealistic to expect this group of young women to suddenly stop going missing as soon as they are placed in Safe Steps.

Management and practice issues

Young women began moving into the homes at the beginning of October 2015 and a number of significant management and practice issues soon emerged.

Referrals, placements and transitions: Over the pilot period, 12 young women were placed with Safe Steps. At the point of arrival they were aged from 14 to 17 years with a mean age 15.25 years. Nine of the young women were from ethnic minority or mixed heritage backgrounds, and 3 were white British. As yet, neither of the homes has run to full capacity.

At the end of September 2016, 2 young women were living at Safe Steps (1 at Pelham House and 1 at Allen House). Ten had transferred elsewhere. The tables below detail the length of placements, reasons for transitions and the views of those involved, which are discussed in more detail under Milestone 10 (pg 40).

Table 2: Allen House Placements and Transitions

Residents by pseudonym	Length of placement	Reasons for transition	Move agreed by	Type of placement
1."Loriane"	1 month	Risks to self from going missing or risk to other young woman in the home	Agreed between home and local authority; not with young woman	Rural home; no CSE specialism, mixed sex
2. "Janey"	5 months	Alleged to have committed a sexual offence against another resident	Recommended by police & legal advisors; local authority did not agree	Briefly with family then then to local home.
3. "Rosi"	9 months	Risks to self from going missing and from gang involvement	Agreed between home and local authority; young woman did not want to move out of London	Rural home; some CSE expertise; single sex
4."Kimona"	6 months	Progress of her pregnancy, and ongoing risks linked with going missing	Agreed between young woman, social workers, unborn baby's social worker and home manager	Mother & baby unit
5. "Marisha"	Still living in AH (Arrived 19 Jul 2016	n/a	n/a	n/a

Table 3: Pelham House Placements and Transitions

Residents by pseudonym	Length of Placement	Reasons for transition	Move agreed by	Type of placement
1. "Farzana"	11 months	Ready to move and in accordance with care plan	Agreed by all stakeholders including the young woman	Foster care
2. "Carol"	3 months	Risks to self and aggression towards staff	Agreed between home and local authority; not with young woman	Secure care, mixed sex, no known expertise in CSE
3. "Deka"	5 months	Risks to self, serious MH difficulties and aggression towards staff	Agreed between home and local authority; not with young woman	Secure care, mixed sex, no known expertise in CSE
4. "Raziya"	1 month	Risks of being trafficked, lengthy periods of going missing	Agreed between home and local authority; not with young woman	Rural home, no CSE specialism, single sex; later moved to secure care
6. "Ranya"	2 months	Increased missing episodes; risk of being trafficked out of the UK	Agreed between home and local authority; not with young woman	Secure care, mixed sex, no known expertise in CSE
7. "Lily"	Still living in PH (Arrived 4 Aug.2016	n/a	n/a	n/a

Management and leadership: Pelham House has benefited from having the same Registered Manager throughout the evaluation period. In contrast, Allen House has had 3 Registered Managers and 2 periods of interim management. Four deputy managers also came and went. Interviews with staff and other stakeholders indicate that lack of leadership compounded uncertainty about how to manage risk:

> "There were confusions about security. Example, 'you could lock doors', 'you couldn't lock the doors'. As in 'girls couldn't have a fob', 'you couldn't keep them in but you could have that discussion'. Then 'they could have a fob' and just leave as they please. Then it went back to the way it was originally".
> Residential worker T1

Inconsistency in leadership had a detrimental effect on the quality of supervision and record keeping and on the collection of data for monitoring and evaluation. At times, there was a lack of structure in relation to basics such as food, meal times and bedtimes. Several staff resigned.

The current manager of Allen House is drawing on her experience of working at Pelham House for 18 months, and brings confidence that the model can work, and understands the structures, culture and practices that need to be in place. She is helping staff to define themselves as responsible adults, rather than friends, in their relationships with the young women, and to become more adept at talking to them about their risky behaviours. Feedback from Ofsted (2016a) indicates that the home is now on much better footing.

Emotional effects: Staff have had to manage unpredictable, aggressive and violent situations and several have sustained injuries. Their anxieties about the conditions under which they can restrict the liberty of movement of the young women have been compounded by anxieties about the welfare of the young women when they go missing.

Staff also heard disclosures, and while they took it as a good sign that the young woman was opening up and talking about her experiences, it was stressful:

> "She burst into tears; she spoke about being raped many times. Even with my length of experience I was struggling"
> Residential worker T1

It quickly became evident that the process of new residents joining the houses needed forethought and careful planning. Typically the young women find it difficult to share the attention of staff and in one instance 2 young women had some personal history in common which caused difficulties. Many staff were also unprepared for the dynamics that arise when a group of lively, vulnerable, and traumatised young women live together. This was particularly the case for staff who had never worked in residential services.

Staff have valued opportunities to share and reflect on their experiences with colleagues, and have felt supported by the service culture and management. This is evident from the very positive attitudes and feedback to supervision, case consultation from the Women and Girls Network, and team meetings (See Milestone 2, pg 23).

The ongoing risk of CSE: Safe Steps young women live in the locality where they have been sexually exploited in the past, and the risks posed by exploitative individuals, gangs and situations continue to affect their lives. Staff have been particularly anxious that perpetrators might use a young woman to entrap another resident, and several incidents have occurred that show these fears to be justified. It has been challenging for staff to manage such situations. Minimising the engagement between some young women has been one solution.

Meeting mental health needs: Both staff teams contain people with therapeutic skills and the ability to develop relationships with the young women. However, there have been instances where young women have begun to talk about traumatic and painful experiences, and some staff have lacked the skills and experience to move beyond listening to her disclosure to providing her with safe and therapeutic opportunities to talk:

> "In terms of CSE chronology and reporting - the processes and procedures – that has been well set up. But this is not being followed up by conversations with girls".
> NLCEP Commissioner T2

Staff have sometimes been at a loss to help those young women who experience the most severe mental health difficulties. It has not been easy to secure appointments with CAMHS, and a CAMHS referral is not always acceptable to the young women:

> "I don't know much about Rosi's past, but I suspect that she's been abused since she was tiny. I don't know what she knows about normal relationships that don't have sex as an aspect, that aren't contractual in some way. To expect her to go to a therapist now is ridiculous. … It's really hard and terrifying for them. You would want someone who was flexible - the right place and person."
> Manager T2

In recognition of this, both homes have recruited in-house therapists who are available to meet the mental health needs of residents.

Milestone 2: Increased staff knowledge and competence

Despite the turnover of staff there is evidence that staff knowledge and competence has increased, and that teams have grown in confidence in their ability to make a positive difference to the young women using the service.

Training

There was a clear training plan in place for staff who joined the project at the beginning (Appendix 3). Each person completed a 3 week induction programme which included a 2 day course on social pedagogy and a specialist 4 day course on CSE. Staff are also gradually released to take up places on a 9 day course on social pedagogy.

Social pedagogy: All staff attended the 2 day course and 3 or 4 staff in each house had attended the 9 day course by the end of February 2016. Respondents were consistently positive about both courses:

> "I now look at each person as an individual and their own agent for change. Giving them the agency has been great, Social pedagogy provides the rationale for empowerment. It has given me a framework to show more authentic care, to genuinely invest in these young people".
> Residential worker T2

CSE training: This is primarily provided by the Women and Girls Network which is an established and well regarded service. The course content (Appendix 3) is highly pertinent to the needs of Safe Steps staff, and feedback from participants has been very

positive. Several stated that they found the approach transformed their understanding of the needs and difficult behaviours of the young women and their practice. A couple of informants described the course materials as rather dense and the feminist framework 'challenging'.

CALMS (Crisis, Aggression, Limitation and Management) Training: Staff attend this 4 day course (2 days theory and 2 days practical) with 1 day annual refresher.

Supervision

Attitudes towards giving and receiving individual supervision have consistently been very positive across both homes, although management difficulties and staff shortages at Allen House negatively affected the frequency, quality and recording of supervision:

> "I'm thrilled by it. I think supervision is brilliant".
> Residential worker T1
>
> "I now have supervision every 2 weeks. It was very sporadic before. Now it is regular and really supportive".
> Residential worker T2

Fortnightly group consultation provided by the Women and Girls Network (WGN) has been especially valued, and is an effective way of ensuring that staff are supported to build on learning from the original training course. It helps staff to step back and think about the traumatic effects of CSE on the young women and themselves. Staff are supported to take a strengths-based approach when working with the young women, and to focus on building their resilience through the provision of consistent and boundaried relationships. Staff are unequivocal in the value accorded to this input from the WGN.

Effects on staff knowledge and confidence

There is evidence that staff knowledge and confidence increased over time. Those who have been with the project from the start reported at T3 that they felt much more confident about what they were doing. This positive change can be varyingly attributed to the cumulative effects of training, experience and supervision.

Assessing and managing risk

It was intended that staff would be capable of taking a personalised approach to risk assessment, supervision and safety. Those who have been with the project from the start believe that this has become easier over time. They have learned the importance of taking a full history as a basis for risk assessment, as referral information is often out of date and rarely provides information about the young woman's strengths:

> "None of the girls have been what they appeared on their referrals. Staff get to know the young women and are better able to tell their stories and when

necessary are able to put other professionals right. We are getting better at using this information".
Manager T3

The pilot period has been crucial in teaching staff how to manage risk and they now feel much better able to do so, and to identify information that needs to be passed on to the police. Reflection in weekly team meetings has contributed to this learning.

"As teams you have to reflect a lot - weekly team meetings are very important. There was much to learn, for example after every missing episode the information was glaring at you. Not just an incident but asking 'what are the underlying issues?"
Manager T3

Milestone 3: A strong staff team with a consistent empowerment and trauma informed approach

Staff turnover has inevitably impeded the development of staff teams and team development was badly affected by difficulties in securing an effective manager in one of the houses. However, high quality training and external supervision have helped staff maintain trauma-informed and empowerment practice.

Staff retention

Twenty-3 out of 38 staff left between August 2015 and September 2016. Nineteen of these resigned and 4 were dismissed. One of the reasons for this high turnover is likely to be that the project initially attracted people who were idealistic but lacked residential experience:

"We don't have many people with residential experience in the team unfortunately. Just 4 out of 16. It would help if there were more. They bring some resilience and experience, and know the reality of residential work".
Residential worker T1

Other possible explanatory factors identified by interviewees include: the management difficulties at Allen House; the emotionally demanding nature of the work; unpredictable shifts and shift lengths; long hours commuting; pay; and having no time for non-working life.

"The pay is low and the work load and responsibilities are high. I don't feel I have a work life balance. This home is my life".
Residential worker T2

Job satisfaction

The staff survey asked respondents to what extent they agreed or disagreed with 5 different statements about their work satisfaction. General levels of satisfaction with work were similar between the surveys, but more respondents strongly agreed' with statements in survey 2. (Appendix 5, Figure 3).

In both surveys the majority of respondents agreed with 'my work gives me a feeling of personal achievement'. In survey 2, the proportion who 'strongly agreed that work giving them a feeling of personal achievement increased slightly.

The majority of staff felt 'encouraged to develop better ways of doing things'. In survey 2 the number that strongly agreed increased markedly from one-third (33%)to two-thirds (66%). One member of staff did not feel encouraged.

In response to the statement 'I enjoy coming to work most days',5 staff members disagreed in survey 1 and 33 were 'not sure'. In survey 2 more respondents enjoyed coming to work, with 2 disagreeing and one 'not sure'. This is a positive development with 85% (17 out of 20) enjoying coming to work most days. A similar high number of respondents said in both surveys that they thought 'young people and their families value the work I do with them'. Four respondents were unsure in survey 2.

Regarding work induced stress, almost half of survey 2 respondents (9 out of 20) claimed to feel stressed by the nature of their work.

Male staff

Some concerns were expressed before the service opened about there being male staff.

> "I came across people at the Open Day who were concerned that there were males working in the unit".
> Residential Worker B

However, in practice this seemed to have worked well. Everyone, including the young women interviewed, was keen to point out the advantages of being around kind and non-abusive men, and suggested this provided a closer approximation to everyday heterosexual family life than would a single sex staff team. However, there has been no gender specific support or training for male staff to help maximise the value and minimise the risks of their role in the project.

> "We didn't have a conscious way of working with the girls for the males. That was a worry, I tried to think about that but it didn't really happen. It has been less of a problem than I thought it would be: in fact it hasn't been a problem and I don't know if that's because of the personalities of the male staff, but it hasn't been".
> Manager T1

"We've had men saying is there a course that we can do? I sort of say I don't know if it works like that really. But I get what they are saying; it might be nice for them to have a space where they talked about that with other men".
Manager T1

Survivor workers

Several staff members were open about having some past experiences in common with the residents but this was not always viewed as being an asset.

"In some instances staff are strongly aligned with the young women in ways that are not helpful".
Residential worker T2

These issues are discussed in team supervision but it is possible that some difficulties could have been pre-empted through recruitment processes, training and personal support. For example, feedback on the WGN training indicates that at least one staff member was only just beginning to acknowledge her own experiences of trauma.

Empowerment practice

The fact that Safe Steps staff and managers were new appointments meant that they were unfamiliar with St Christopher's Fellowship and each other, and it took time for them to become confident enough to participate in decision making and become co-authors of the project. This is still described as work in progress.

From the start project staff have been concerned to involve the young women in decision making: for example, about their rooms, what they eat and what they do. Staff interviewed at baseline talked extensively about their hopes of empowerment work with the young women. Their commitment to this way of working was very evident:

"There is nothing worse than apathy in young people or hopelessness. To break that circle would allow these young women to take action for themselves, and when you take action for yourself the paradigm of your existence changes".
Residential worker B

Staff interviewed at T2 thought that they were making some headway, but were also well aware that, for most of the young women, this was a long job:

"Overall I think the pilot is empowering young women. Those that have left have a greater awareness of the risks of CSE, grooming and unhealthy exploitative relationships. They also feel listened to and believed which for some may be the first time they have experienced this".
Residential worker T2

"I think that empowerment will take longer than the 3-9 months. Their attitudes and perceptions are so ingrained they take time to unpick and change".

Residential worker T2

Staff have actively supported the development of relationships between young women and members of their families. At the start of the project, baseline interviews suggested that this was not something that the project had given much thought to, but this changed as soon as the young women arrived. Taking the lead from the young women themselves, they now support their efforts to mend and build family relationships.

Empowerment practice has been most elusive at times of management change in Allen House, whereas Pelham House has benefited from the same leadership and has justifiably been described as a healthy team.

> "The crucial challenge has been to build up a core of staff who know what they are doing, and why, and who can sustain a constructive service culture. This has happened despite staff turnover in Pelham House and Allen House is getting there". Manager T3

Managers agree that it is challenging to be working with young women close to their home neighbourhoods and that building staff confidence is absolutely central. It means having a shared understanding that totally preventing the young women from going missing is an impossible ambition (especially in the early weeks or months of their placement) and that in the longer term, bigger risks are minimised through empowering the young women. The main task is to give them every support to learn from their experiences.

> "If they didn't go missing we would never know what it is all about. Brilliant stats but wouldn't have anything to work with. The girls need freedom to learn…That's the piece of work – not about physically stopping them from leaving the house". Manager T3

Over time, it has become easier to provide stakeholders with illustrations and examples of what has been achieved, and to justify the view that, just because a young woman has gone missing, doesn't mean that the placement isn't working. Having social workers who share this understanding is imperative.

Milestone 4: Young women have positive relationships with staff; there is evidence of mutual respect and value

Social pedagogy authorised staff to give priority to creating positive relationships with the young women. Evidence suggests that this was welcomed by staff and that they do this well.

Safe Steps staff have invested considerable time and energy in building relationships with the young women. Interviewees identify this as the most important thing that the project does well and there appear to be no detractors from this view. There is a clear

ethos that relationships are the most important route to managing risk, and to supporting the young person to assume greater responsibility. To illustrate, some of the young women use text messaging to stay in contact or ask staff for help.

There is evidence to suggest that staff are showing the kind of tenacity, commitment and approach to risk that these young women need. The ethos means that staff's first response to situations of risk is to engage the young women in conversation rather than to keep them safe by acting unilaterally: an approach that is likely to stand the young women in good stead in the long term. The young women are also able to differentiate Safe Steps from other services they have experienced where staff tell them what to do and try to keep them safe by controlling risk on their behalf.

Some feedback from young women was obtained from 7 service feedback forms completed by 4 young people – 4 at baseline, 2 at the 1st review and one at the 2nd review. Their experiences of the service were overall positive, with all agreeing or strongly agreeing to central questions like 'staff have been knowledgeable and competent' and 'I have not felt judged'. The 2 young women who completed the form at follow-up reviews, both agreed with the statement 'coming to this service has made a positive difference to my life'. However, one young woman disagreed with the statement 'I have felt safe to talk about private matters', one disagreed with 'I have been given choices about the support I receive', and a third (33.33%) disagreed with 'I have been listened to and believed by staff here'.

All 4 had been supported with practical issues, getting help from services outside the home, and in having positive relationships with friends and families. This support was described as 'helpful' or 'very helpful'. When asked what they would like to change about the support received, one young woman wrote 'better social worker', while another mentioned 'spending more time with staff you get along with outside'. In response to the final 'any other comments', another responded: 'continue to treat the home as a family unit and the young people as young adults'.

Further evidence comes from the Vulnerable Attachment Style questionnaire (VASQ), an assessment of the attachment style of young people (Appendix 2). At baseline, the project workers rated 6 out of 9 young women to have a highly insecure attachment style, while 3 young people had a moderately insecure attachment style. Data was available for 5 of these young women at T1 andor T2, and for 3 of them findings were indicative of their moving towards a less problematic way of relating; there had been no change for the 2 other young women. These findings suggest that relationships between staff and some of the young women were beginning to have positive effects that are not at all easy to achieve.

Milestone 5: Young women are making safer decisions for themselves with fewer mishaps

There is evidence from staff report and assessment data that 1 young woman made good progress and moved on in accordance with her care plan, and that 3 young women are currently making progress in this regard. The remaining 8 young women felt safe enough to begin talking with staff about the ways they had been, and were, being harmed in exploitative relationships. However, the high levels of risks, multiple vulnerabilities and short time period at the homes meant that there was no evidence of progression to the next stage, where they made more decisions in the interest of their own safety.

Incidents and missing reports

Data has been inconsistently recorded on ClearCare[5] for those young women living in Allen House. However, the broad pattern of available data for 6 young women living in Pelham House suggests that there have been positive changes in the rates of incidents[6] for 5 of them, and the same applies to the one young woman from Allen House for whom data is available. Missing reports have been recorded for 5 young women and missing episodes have been a major influence in decisions to move young women from Safe Steps to alternative placements.

While staff have the option of locking the front door if situations require, they favour working alongside the young women.

> "They're coming back, these are girls that could go missing for weeks. Actually when they are angry they talk to us, when they're out we say we are going to call them every hour, they text and they pick up the phone and they come home. These are the steps in the right direction and in such a short space of time it speaks volumes".
> Residential worker T1

> "The important thing is not to simply focus on crisis incident, but to look at the bigger picture, and remember that they haven't been rejected and shamed. This is an opportunity for everyone to learn and it can get better for them".
> Manager T3

Safe Steps has also created opportunities for intelligence to be gathered and shared with other agencies, including to inform police action to limit or disrupt the behaviour of predators.

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[5] ClearCare is the software used by St Christopher's Fellowship.
[6] This is anything significant that has happened that is outside of the usual risk of the young person; the social worker is notified along with the local CSE lead and the designated missing person's police officer as relevant.

"We've had our first arrest. We've got a man arrested, which I'm really pleased about, because I bet if this young woman had been sent out of area we wouldn't have been passing along this information. Linking names and doing that stuff".
WLA Commissioner T1

This requires good protocols and systems of communication to be in place. Where these have not been followed (for instance, when there was a change in management at Allen House) it caused considerable exasperation amongst local police, particularly those picking up complaints from neighbours. There are also lessons for the police. Staff consistently give good feedback about specialist CSE and neighbourhood officers but there have been concerns about the insensitivity of some of the 'ordinary PCs' who have arrived at the homes in response to incidents.

Milestone 6: Young women have greater understanding of CSE and its effects; and believe they deserve to be valued, not exploited, in relationships

There is some indication from interviews that these changes have begun to happen for some young women. It is more difficult to determine the effects on their current or future behaviour.

Service managers and young women themselves described the homes as places where it was easy for young women to talk openly about their lives and the risks they weretaking.

"When I was 14 didn't know CSE existed. I was a child. Didn't know what was going on … didn't know I was being exploited. Now I'm moving forward".
Young woman T3

"We were sitting outside in the sun waiting for X and there was a group of young boys and there was one that was being really derogatory about women. [The young woman I was with] picked this up and said to me 'they shouldn't be talking in that way'. She could identify that that was wrong".
Manager T3

While staff acknowledged it can be hard having girls with similar experiences living together, they thought it was unlikely that they would have such good opportunities to talk and reflect if they were not a specialist CSE provision. They also believed that there was a higher risk in non-specialist settings of young women being stigmatised and judged by other young people and by staff who had a limited understanding of CSE.

Open discussions enabled the young women to take a proactive approach to their sexual health; and, when sexual health services became involved, they were viewed very positively:

"The visits to clinics, conversation, medications …. They don't mind that I'm a guy - they find it hilarious. They speak very openly about the sexual health problems they may have – of which there seems to be quite a lot".
Residential worker T2

The Teenage Attitudes to Sex and Relationships Scale (TASAR) was used to assess young peoples' knowledge and attitudes to sex, relationships and gender (Appendix 2). At baseline, 6 young women completed this questionnaire. The responses suggest that the young women were well aware of what the socially desirable answers should be, but that the reality for them may be more complicated and uncertain. To illustrate, at baseline all 6 women disagreed with the statement 'if a girl sends her boyfriend a picture of herself it's OK for him to send it to his friends' and 'agreed' with 'good sex can only happen when both partners are up for it'. However, at later time points some of their answers suggest uncertainty about what constitutes healthy relationships. For example, 3 young women were unsure about 'when a girl says 'no' to sex she doesn't always mean it'. These are tentative findings but they do suggest that this group of young women are aware of a discourse of equal and healthy cross-gender relationships, but that their personal views and experiences are rather more conflictual.

Milestone 7: Young women have greater understanding of the effects of trauma on their lives and have reduced trauma symptoms

The evaluation data highlight the psychological vulnerabilities of these young women, and remind us that most of them are likely to be survivors of trauma and neglect in childhood as well as of more recent exploitative experiences. There were small signs of change for some individuals.

Strengths and Difficulties Questionnaire (SDQ)

Project workers completed the SDQ assessment form for 10 young women at baseline, while 6 young women completed the self-assessment form. The overall analysis confirms that this group of young women have complex needs and all experience a high degree of difficulties (Appendix 2).

Project workers assessed 8 out of 10 young people as scoring high or very high for total difficulty (Figure 1). Young people had a slightly more positive self-assessment, with 3 out of 6 scoring very high for total difficulty (the other 3 scored close to average).

In relation to emotional disorder, project workers scored 9 young women to have a disorder ('high' or 'very high') at baseline. This is a very high proportion. The young women were again slightly more positive, but half (3 young women) nevertheless scored a high level of emotional difficulties.

In relation to conduct disorder, project workers scored 6 of 10 young women to have a disorder ('high' or 'very high'), one was 'slightly raised' and 2 'close to average' (normal).

Symptoms of hyperactive and concentration disorder figured less frequently, with project workers assessing 2 young women to have issues with hyperactivity. Three young women self-reported having difficulties with issues such as poor concentration and over-activity.

There were follow up assessment data for 4 young women. In 3 cases their levels of difficulty remained the same or increased. In one case, the score for emotional disorder improved from 'high' to 'close to average'.

Figure 1: SDQ Worker and young women's self-assessment
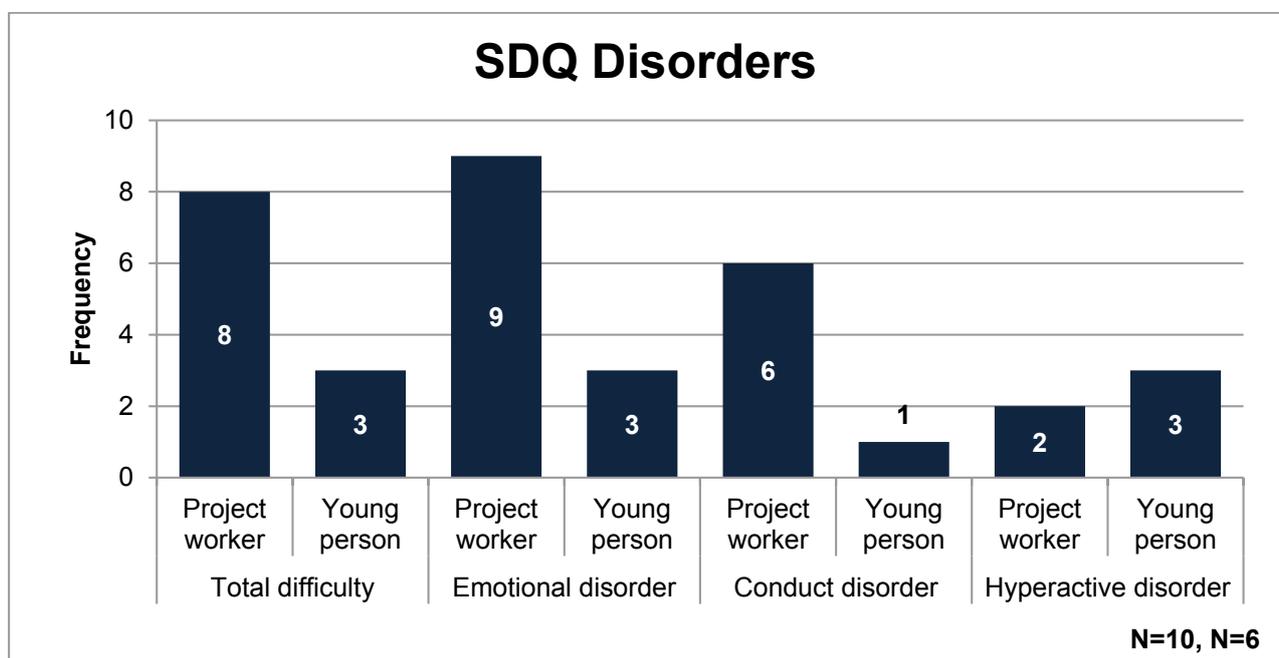
Trauma Symptom Checklist for Children (TSCC)

Six young women completed the TSCC forms at baseline, but 2 forms were deemed invalid as the young women had very high scores on the under-responsive validity scale (when the respondent has indiscriminately marked 0's on the symptom checklist measures). Figure 2 below relates to the 4 young people with a valid test at baseline and shows their normal, mild or critical elevation on the 6 clinical TSCC scales.

Figure 2: Young women's trauma symptoms
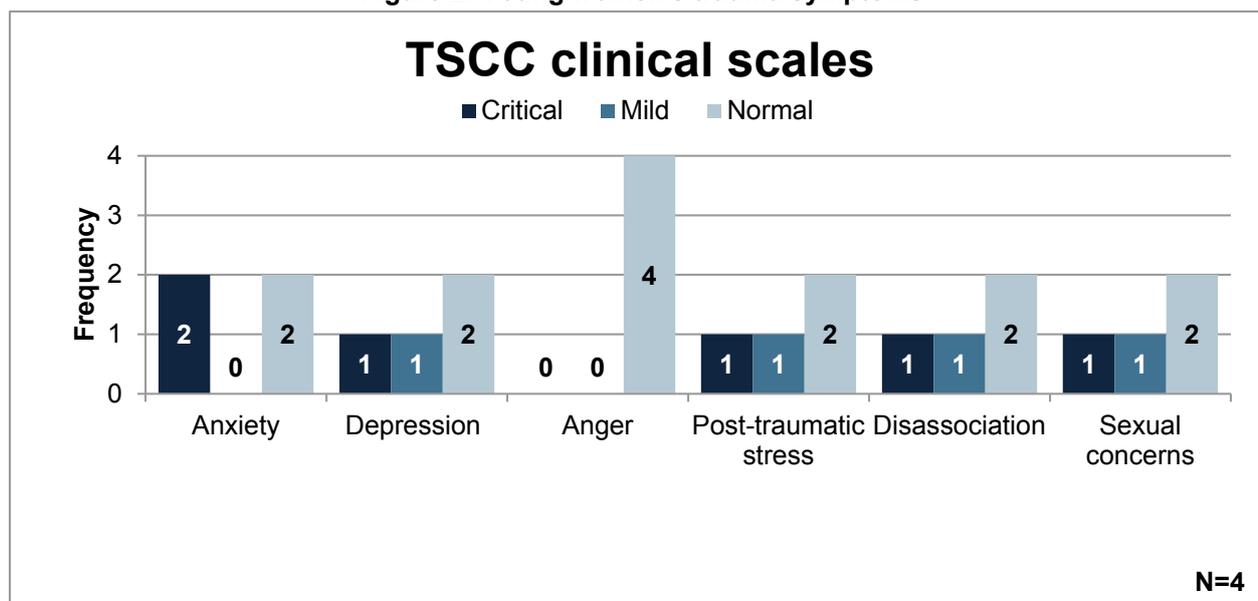
TSCC clinical scales

■ Critical   ■ Mild   ■ Normal

Anxiety: Critical 2, Mild 0, Normal 2
Depression: Critical 1, Mild 1, Normal 2
Anger: Critical 0, Mild 0, Normal 4
Post-traumatic stress: Critical 1, Mild 1, Normal 2
Disassociation: Critical 1, Mild 1, Normal 2
Sexual concerns: Critical 1, Mild 1, Normal 2

Frequency (y-axis: 0 to 4)

N=4

Two of the 4 young women had a critically elevated score for anxiety, higher than the average score of a young woman their age. The anxiety scale reflects the extent to which a young person is experiencing generalised anxiety, hyperarousal and worry. Elevated scores on the anxiety scale may reflect the presence of an anxiety disorder.

Although all 4 young women scored normal on the anger scale[7], they endorsed a high number of other potentially trauma-related symptoms, such as depression and post-traumatic stress.

Follow up trauma symptom assessments were only completed by 2 young women – in one case they showed a small improvement.

It would be unrealistic to expect these young women to have gained much insight into the effects of trauma on their lives when for many of them their exploitation was ongoing.

Milestone 8: Young women are actively engaged in safe and meaningful activities and are planning for the future

Staff understood the significance of this from the outset and have engaged young women in activities which give pleasure and meaning to daily life. However, their ambitions in

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[7] Anger is the emotion that gender socialisation makes it difficult for many women to own. See Williams & Watson, (2016)

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this regard were sometimes thrown off course by challenges from the young women, and by the management issues in one of the homes.

The philosophy of St Christopher's Fellowship involves working alongside young people to develop their knowledge, skills and interests. It was evident in the interviews with Safe Steps staff and managers that they shared this philosophy.

Domestic life

In September 2016 the Safe Steps participation worker undertook a photography project with some young women residents about living in Safe Steps, and their favourite places in their homes.

One took a picture of making fairy cakes and said that her favourite part of the home was the kitchen:

> "It is where I can help staff …I try to help them have less paperwork by helping by cooking meals so when I am in the kitchen I feel like I am doing a good thing... [The worst part of the home is not the rules] actually the rules make sense, they don't just have rules for the sake of it, the ones they have help you [but there is] too much paperwork for staff. They can't do things with you because they always have to go to do their paperwork."
> Young woman T3

> "As an observer it seemed that being in the kitchen was a positive experience as it was somewhere where her talents and skills were acknowledged and so she felt good about herself when she was in there."
> Participation worker T3

Another young woman echoed this enthusiasm for the kitchen because "there is always something to do, or someone there". She also took pictures of the garden and said that this was one of the parts of the home she liked too: "I have spent time here in the summer doing things like painting furniture and helping with the plants".

> "She seemed to be saying that she had enjoyed the garden because it was a place where she had been involved alongside staff with activities and had a good sense of

achievement about what she had done. She tried to show this by taking a picture of the benches in the garden that she had painted and the strawberry plants she had been helping grow."
Participation worker T3

Education

Many of the young women arrived without an education placement and this took time and energy to address, especially at the start of the project when links with local education services still needed to be developed.

"The struggle is that they haven't had a formal education plan. It's not down to us, very frustrating. There have been talks with schools; one deadline was missed because we didn't have our certificate. One school has said 'no' to a young person. I think more work needs to be done with educational establishments and being able to ensure young women are in some form of education".
Residential worker T1

While some of the young women have been settled into full time education, those who weren't were at risk of being under-occupied. To address this, one of the commissioners for Allen House went to the local Securing Education Panel and met with local head teachers and secured agreement that they would fund in-house education[8] for 25 hours a week, an arrangement which has worked well. The current commitment of the homes to education is very evident and includes a member of staff accompanying one young woman throughout her college day.

Milestone 9: Referring local authorities are engaged and positive about service

The pilot was established in a positive context where there was real commitment to its success and one of the 2 commissioning bodies involved remains enthusiastically committed to the innovation. The other has decided not to refer further young women to the project.

Commissioning arrangements

Places at the homes have been commissioned by two consortia – the West London Alliance, comprising 9 local authorities, and the North London Children's Efficiency Programme, (NLCEP), comprising 5 local authorities. Individual commissioners have been active in advocating on behalf of the innovation and in building links with other

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[8] Provided by 'Fresh Start in Education'

stakeholders. Findings from a brief survey carried out by the Spring Consortium in January 2016 indicate that they were hopeful about the potential of this innovation to positively influence the lives of CSE affected young women.

Partnership working with the 2 Local Authority consortia has differed, despite the fact that both consortia have been involved from the planning stage. St Christopher's Fellowship have found that their long-standing relationship with the West London Local Authority Consortia, including prior experience of collaborating on setting up a children's home, has stood them in good stead.

> "We got through challenges because of relationships, the 5-year background, and the integrity of individuals and St Christopher's".
> WLA Commissioner T3

Even so, there have been lapses in communication. Nine boroughs worked for several months putting together a contract that would fit within the legal framework located within the Pan London Contract, only to discover that St Christopher's Fellowship were not a registered provider. Consequently, contracting with Safe Steps was more labour intensive than expected. Because the consortia are not legal entities, it is not possible for a provider to enter into a contract with them:arrangements have to be made with each local authority, which is time consuming. More importantly, the opportunity to set up an arrangement for block purchasing was lost, and Safe Steps is placed in the more vulnerable position of having places spot purchased.

West London Alliance commissioners remain committed to the project and to continued service innovation for young women affected by CSE:

> "As commissioners we can say 'we will go and buy somewhere else' but then there is no innovation and you are stuck with the services you've got. These services only develop through good working relationships, a shared value base, and being open about needs and constraints. I'm unequivocally happy we have Safe Steps on our patch".
> WLA Commissioner T3

Commissioning arrangements with NLCEP have been more fraught. Despite some reservations at the start, they supported the development of Safe Steps; each of the Directors of Children's Services wrote in support of the bid and signed up to the idea. However, they had no previous experience of collaboration to draw upon when faced with the stop start dynamics at the start of the project or later concerns over the management changes in Allen House. This eroded their willingness to make referrals to the project.

> "You can test ideas but our responsibility is to make sure young people are safe".
> NLCEP Commissioner T3

They still recognised the benefits of having a local service for CSE affected young women, but have concluded that, without additional powers to restrict liberty of movement, the model can't keep children safe.

Multi-agency working

Effective multi agency working is central both to meet the needs of these complex young women, and to take action against predators. This is recognised by police and commissioners of Safe Steps who took it upon themselves to facilitate this happening.

> "In the early days the Police CSE team didn't know of Pelham House and its location so we built bridges between them ... It was easy to make connections".
> WLA Commissioner T3

Managers and staff continue to accord importance to building and sustaining positive relationships with local authorities, the police, social workers and educational establishments. It is acknowledged that this work is time consuming and that some tasks, for example, service level agreements, would have been best accomplished before the project started taking in young women. To illustrate: a commissioner in one of the host boroughs was disconcerted to find 2 young women had been admitted in the early days without necessary agreements being reached:

> "She's saying the systems and protocols aren't in place around disclosure, around education, around access to CAMHS, around working with the police, around working with safeguarding".
> Manager T1

There have been variable experiences of working with social workers. Some are very positive:

> "I really liked the place – fresh and clean – and I worked closely with the manager and deputies. I wasn't optimistic as the young woman was very challenging, and also absconding. I have no criticisms of Pelham House, they were highly professional".
> Social worker T3

Whilst some understand what Safe Steps is trying to achieve, others struggle with the model. For example, a social worker for one young woman (who later left under emergency exit) wanted greater restrictions and more police involvement than the home desired. This did cause conflict. In contrast, other social workers are apprehensive about restrictions and where they fit within the law. This is getting better as more agencies understand what the service is doing. One of the project team described this as the challenge of Safe Steps 'achieving system understanding'.

Good relations have been developed with CSE police officers; managers attend strategy meetings where they share intelligence and have systems of recording so they can pass names on, and map connections between men. Connections have also been built with missing persons officers, as they all go to the same meetings. A number of people, commissioners and therapists included, made the point that they wished the development of Safe Steps had been paralleled by stronger police action being taken against individual perpetrators and gangs.

Referral process

A number of realisations and concerns are now shaping Safe Steps' approach to referral and admission. These include:

- being as clear as possible about: what can be provided, especially in relation to safety; and who can benefit from a placement

- gathering the best possible evidence at assessment, and having more conversations with social workers about individual backgrounds, needs and risks

- carrying out a thorough risk assessment regarding the effect of a new referral on the other young women, and the implications of the timing of their arrival

- recognition that, as yet, Safe Steps does not have the resources to meet the needs of young women whose histories of complex trauma have profoundly affected their mental health and behaviour

Stakeholders have responded positively to these developments:

> "When Marisha was placed there was a very good admission process. Feedback from Waltham Forest, Ofsted and the social worker has been very complementary. There has been good support from MACE [multi-agency CSE risk meetings], the police inspector and the CSE lead".
> Manager T3

The development of a more reflective and cautious approach to accepting referrals is one reason why the homes have not reached full occupancy. However, other factors can also be identified: it took time to agree commissioning arrangements with individual local authorities; and referrals to Allen House have been affected by concerns about management difficulties and recently by the effects of a negative Ofsted inspection report (Ofsted, 2016b) received in June 2016[9].

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[9] Safe Steps managers emphasised how helpful and supportive they had found Ofsted input in the development of the project, and that a negative report does not mean a negative experience.

Milestone 10: Transitions are well planned with local authority and families

Effective transition planning requires good communication and collaboration; this has occurred in some cases but not in others. Safe Steps has actively engaged with family members whenever possible.

At the end of September 2016, 2 young women remained with Safe Steps (1 at Pelham House and 1 at Allen House). Ten had transferred elsewhere mainly because of concerns about their safety. Four were moved to secure units and 2 to rural homes outside of area; 1 to a local children's home and 1 to a mother and baby unit. Six of these new placements were in mixed sex facilities, only 1 of which claimed expertise in CSE (see Tables 2 and 3 under Milestone 1).

Arrangements for the young woman who moved into foster care were carefully planned in collaboration with the young woman, her mother, her social worker and staff of the home, and the placement is working well. In one case a move was instigated by the police. Decisions to transfer the other 8 young women were agreed between the home manager and the social worker but were typically driven by social worker's concerns about their safety.

> "The problem is that some local authorities would like us to restrict the young women 24/7 and when they go missing they take it as an indicator that the placement has failed and they should be moved on to secure care".
> Residential worker T3

Interviews with social workers indicated that they were initially inclined to attribute responsibility for placement breakdown to the homes, but at T3 this had shifted towards greater acknowledgement of the challenge of working well with this group of young women.

> "I've no concerns. They were professional but sadly couldn't work with Ranya. They did their best".
> Social worker T3

Staff in both homes have been conscientious in trying to make the transitions as constructive and tolerable for the young person as possible, including in one instance when they were only given 24 hours' notice. While the reasons for transfer were always rehearsed with the young women, they did not participate in planning when there was a risk that this might prompt them to disappear. Staff consider there is room for improvement in local authority decision-making and communication and that as yet most transitions have not been based on a 'team around the child' decision.

Learning from the project and the evaluation

Lessons about the barriers and facilitators to this innovation

- The short time scale of the Innovation project allowed insufficient set-up time for a project that required recruitment of a large team, building adaptations and Ofsted registration.

- 'Managing risk differently' can only work where there is a shared understanding of what this involves and a clear long-term commitment by commissioners, providers, children's social workers, police and other stakeholders. This is most likely where there are mature, trusting multi-agency relationships which can contain anxieties about risk.

- The expectations of some commissioners and staff as to the degree of safety the homes could ensure were unrealistic. This was a legacy of the project having been originally designed around being authorised to use additional powers to restrict liberty of movement.

- Getting referrals right is crucial in terms of identifying which young women such a provision is most likely to be able to help and ensuring an appropriate mix of residents. This is challenging where referral information is limited or out-of-date.

- Well-managed and supported residential staff can develop the kind of relationships that are necessary in order to redress the effects of CSE and developmental trauma. Although the changes achieved so far have been small, they may be long lasting and significant for the young women concerned.

- Social pedagogy appears to provide a sound model for staff working with CSE affected young women in a residential setting. It supports their work with individuals and provides a powerful rationale for empowering young women to be actively involved in their lives.

- Work with this client group is demanding and stressful for staff. Empowering young women to make their own choices, but also, when necessary, locking doors and restricting their liberty of movement, is a difficult balancing act. This has implications for staff recruitment, and highlights the need for high quality training and supervision.

- Successful outcomes are rarely achieved quickly or in the absence of interventions directed at perpetrators. The dynamics between abusers and victims of CSE have many parallels with those associated with coercive control in the context of domestic violence. While predators and gangs may maintain control over long distances, proximity makes this easier and the risks posed more immediate.

- The residential environment matters, and the most suitable houses are those that support the most homely place to live.

Learning of particular relevance for the Innovation Programme's objectives and areas of focus

Professional practice and methods in social care: In contrast to the field of domestic violence where problems, dynamics and interventions are well documented, this is a very undeveloped field of practice. Safe Steps has an important contribution to make to the knowledge and practice base of working with CSE affected young people. This innovation also has a contribution to make to other residential services that aim to meet the needs of trauma affected young people.

Organisational and workforce culture in social care: The evaluation provides a powerful reminder of the importance of strong leadership in projects like this which persistently generate high levels of anxiety.

Local leadership and governance including systems and processes in children's social care:This innovation has been led by a relatively small children's charity, with various levels of support from statutory services. Under what circumstances would statutory services have taken the lead?

National systemic conditions such as legislative frameworks: Greater clarity about the powers of staff to restrict liberty of movement would help to reduce unnecessary anxiety.

Limitations of the evaluation and future evaluation

It proved very difficult to engage the young women directly in the evaluation. Capturing the experiences and views of the young women using this, and similar projects, is crucial, and hence needs greater attention in future evaluations.

It was also difficult to engage staff to ensure the completion of the risk and psycho-social assessment forms. Regular training and support sessions were provided, along with telephone support, and they attended a session where the interim findings were reported. Despite encouragement, they did not see meaningful connections between the data provided on the forms and their work with the young women. Consequently, completion rates were variable, most notably in Allen House which experienced the most upheaval in terms of its managers. More recently there are indications that this home is getting on top of its record keeping.

Given the very short time that some of the young women spent living in the homes, the usefulness of the psycho-social data is limited to profiling the extent of their mental health or attachment difficulties.

In terms of accessing stakeholders, it was most difficult to involve the young women's social workers in the evaluation: the response rate to emails and messages was poor, and often there were changes in the people who held this responsibility.

However, the interview methods worked well to gather information about the experiences of managers, staff and the range of stakeholders. The people concerned enjoyed being listened to, and having the time to reflect on their decision-making and work:

> 'It has been a really good and productive time being interviewed by you, and I have definitely seen some great benefits for myself as a professional from the experience.'
> Residential worker T2

Plans for further evaluation

St Christopher's Fellowship has shown a strong commitment to the evaluation and has been using interim findings to inform future planning. There remains 6 further months of transitional funding, and the evaluation activities for this phase are currently under discussion.

Implications and Recommendations for Policy and Practice

- Safe Steps is now well established and has a clearer understanding of what it can achieve for these young women and how this might be achieved. There is evidence that Safe Steps is in a position to provide the relational security that CSE affected young women need to survive their past and present lives, but their approach needs to be fully supported by local authority corporate parents.

- St Christopher's Fellowship, the staff teams and many of the stakeholders continue to be very committed to this innovation. Following the end of Innovations funding, there needs to be a financial model for the service that is viable for St Christopher's Fellowship and acceptable to commissioners.

- Interventions to safeguard young people need to be accompanied by strong community interventions directed at predators and gangs to reduce risks in the lives of the young women. Continued effort will be needed to build and sustain multi-agency responses to such cases.

The lessons from this innovation have a contribution to make to understanding possible approaches to working with trauma- affected and CSE-affected young women. This is an essential endeavour when re-location to keep them safe is at best a partial solution which may add to their difficulties, and which may only postpone their return to their home communities.

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Appendix 1 – Theory of change framework

Where we are now: The problem the project is trying to address

Sexually exploited young women are being moved to homes which are costly and inappropriate (e.g. secure and out-of-area)

Young women need opportunities to learn to manage their own safety in the context of their own community

Providing young women with opportunities to address experience of trauma is critical to their securing a better future

Young women need help to find a life of meaning which does not include sexual exploitation

Transitions out of homes are often poorly planned and when this happens YW remain vulnerable to further CSE

There is a lack of clarity about the use of "common-sense" restrictions of freedom

What we intend to do to achieve change

A personalised approach to risk assessment, supervision and safety

Training and support so staff can understand early trauma and its impacts, and the specific dynamics of CSE

Training and support for staff so they can work with a social pedagogical approach to empowerment

Access to trauma-focussed therapy for YW

Access to opportunities for healthy personal growth and development

Interventions that enable young women to make sense of the grooming and exploitation to which they have been subject

Relevant people and agencies engaged from the outset in ensuring that the YW's transition from the home is planned and constructive

Early outcomes

Pilot service model instituted and described

Increased staff knowledge and confidence

Referring LAs and YW engaged, listened to and positive about service

Therapeutic culture embedded, and fewer incidents & emergencies

Young women:

Have positive relationships with staff

Better understanding of exploitation & trauma in their lives, reduced risk factors for CSE and reduced trauma symptoms

Feel that their daily life is more meaningful and their future's brighter

Are centrally involved in planning their transition from the home

Longer term outcomes

Young women are at reduced risk of CSE, have improved emotional wellbeing, stable living situations, supportive relationships, are aware of rights and risks and able to make positive choices for themselves

A stable, skilled workforce with a consistent trauma informed approach

Fewer re-referrals to secure accomodation

Evidence of an effective, replicable model for secure provision influencing commissioning and placement

Ultimate goal

To improve the mental health and well-being of sexually exploited young women and enable them to build lives free of sexual exploitation

Activities	Milestones by March 2016	How we will know milestones are achieved	How the evidence will be collected	We aim to learn
Developing the project and staff capacity				
Pilot service model instituted and described	Pilot has been established to timetable and good description of model developed	The pilot service has been implemented to the satisfaction of stakeholders including: LAs, YW & staff	Reviewing documentation; interviews with managers & staff	Whether a consistent and coherent intervention or service model is being provided
Staff trained and supported to: • take an individualised approach to risk management • use a social pedagogical approach • understand early trauma and its effects and the dynamics of CSE	Increased staff knowledge and competence	All home staff have attended the training; the training covers what they need to learn; staff report increased knowledge and confidence; staff & managers report improvements in practice Staff show more awareness of a trauma informed approach; there are fewer incidents and less escalation	Records of training attendance; training feedback forms; scrutiny of training materials; interviews with sample of staff, trainers and managers at set-up & T1	Whether the model address the vulnerabilities or risk factors related to CSE What evidence-base and theories underpin the model If success is linked to distinctive principles, practice and procedures About the competencies staff need Whether learning about trauma and CSE is translated into practice
Support and supervision for staff in the homes	A strong staff team with a consistent empowerment and trauma-informed approach	Feedback from staff and managers about the strength of the team and the consistency of practice; staff feedback on supervision and support; evidence of job satisfaction	Individual and focus group interviews at T1; supervision feedback forms; staff logs; measure of service culture Data collected through organisational health checklist; absence and turnover records; records of incidents	How gender issues are named & addressed in the service What works in supporting and supervising staff About the factors that make the culture empowering and therapeutic How staff are affected by this work

Activities	Milestones by March 2016	How we will know milestones are achieved	How the evidence will be collected	We aim to learn
Implementing an empowerment model for work with sexually exploited young people				
Establish empowering relationships between home staff and YW	YW have positive relationships with staff; evidence of mutual respect and value	YW feedback on service; feedback from staff	'Service Feedback' measure at T2 and T3; interviews with staff and YW; observations on everyday language	About what helps and hinders the development of these types of relationships in this context About the challenges of this way of working
YW given scaled opportunities to manage their own safety	YW is making more decisions for self with fewer mishaps	Feedback from YW; feedback from staff; staff assessments; records of incidents. YW report on reduction of risk	YW feedback forms; interviews with YW, staff; Care Plans, analysis of About People & SDQ; analysis of incident data	About the fine grain of empowerment practice in this context Best practice in using common –sense limitations of YW's freedom Whether the safety adaptations to the building meet security needs
YW helped to make sense of her experience of CSE	YW have greater understanding of CSE and its effects; YW believes she deserves to be valued not exploited in relationships	YW can tell her story; and has changed attitude towards SE relationships; there are reduced risk factors for CSE	Review of monitoring data; interviews with staff & YW; analysis of Risk Reduction assessment tool at referral and T2; analysis of TASAR at referral, T1 & T2	About the importance of the YW's narrative being shared by family and friends
YW enabled to have safe conversations about past trauma	YW have greater understanding of the effects of trauma on their lives and have reduced trauma symptoms	Feedback from YW; feedback from staff; staff assessments;	YW feedback forms; interviews with YW, staff; analysis of About People, SDQ & TSCC; analysis of incident data	What are the barriers and facilitators to providing a therapeutic response to sexually exploited YW? Which staff or outside agencies are best able to have safe conversations with YW?
• YW's personal development through positive relationships & opportunities	YW actively engaged in safe and meaningful activities and are planning for the future	Feedback from YW and staff; assessment of YW's attitudes; evidence of progress in relation to motivation, planning, self-reliance, education, money, social skills, health & fitness	YW and staff interviews at T1 & T2; Care Plans	Is it easier to make progress in some areas of development than others in this context? What is the significance of YW's relationship with each other?

Activities	Milestones by March 2016	How we will know milestones are achieved	How the evidence will be collected	We aim to learn
Managing effective transitions into the community for sexually exploited young women				
Develop effective partnership working with LAs	Referring LAs are engaged and positive about service and work with Safe Steps on transition planning	Feedback from important LA informants; LAs make appropriate referrals; records demonstrate commitment to co-working throughout placement and transition	Interviews with LA informants at T2; interviews with staff and managers; monitoring of referral and discharge data	What factors are important to LAs in referring young people to the project. Whether partnership working has resulted in better transitions
Develop plans for transition for YP from start of placement	Transitions are well planned with LA and families	Feedback from LA informants; YP and families or carers; YP plans indicate transition planning	Interviews with LA informants at T2; interviews with families or carers at T2; analysis of YP plans	About what needs to be in place for a YW to make a positive transition from the project
Engage and support families via regular keyworker contact and support in community	Families feel supported & are better able to support YP in the community	Monitoring of contacts and support provided to families; feedback from families	Review of records of family contacts; interviews with families at T2	About the factors that help engage families

Appendix 2: Psycho-social measures

Baseline information about the young women

At baseline, project workers completed psycho-social assessment measures for 10 young women (5 in Pelham House and 5 in Allen House) and 6 of the young women also completed the associated self-assessment forms.

Vulnerable Attachment Style Questionnaire (VASQ)
The VASQ is an assessment tool that determines the degree of attachment security[10]. It consists of 2 questionnaires – one that allows carers, project workers and other adults to assess the attachment style of children and young people, and the other a self-report tool that measures young people's behaviours, feelings and attitudes toward attachment. The assessment tool uses a dimensional approach to measure the total insecurity rate of the young people's attachment (secure, mildly-, moderately- and highly- insecure attachment), as well as 2 sub-scales of different types of attachment styles.

The first of these types 'represents a range of feelings and attitudes relating to discomfort with, or barriers to, closeness with others, including inability to trust and hurt or anger at being let down (for example 'I find it hard to trust others')'[11]. This attachment style is called 'insecure: mistrustful avoidant' or 'angry-dismissive / withdrawn'. The other attachment style – 'insecure anxious' or 'proximity-seeking' represents 'other-dependence' or clingy behaviour (for example. 'I miss the company of others when I am alone').

One staff assessment was missing for the VASQ at baseline, so this analysis consists of 9 staff assessments and 6 self-assessments.Figure 1 below, shows the various degrees of insecure elements as assessed by the young person herself alongside the project worker's assessment of the young person's attachment style.

In terms of 'total insecurity' at baseline, the project workers rated 6 out of 9 young women to have a highly insecure attachment style, while 3 young people had a moderately insecure attachment style. The young people had a slightly more positive self-assessment, with 3 rating themselves as having a 'highly' insecure attachment style and 3 as 'moderately' insecure.

None of the young people assessed had a secure attachment style.

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[10] Bifulco, A. et al. (2003) The Vulnerable Attachment Style Questionnaire (VASQ): an interview based-measure of attachment styles that predict depressive disorder, *Psychological Medicine*, 33, 1099-1110.
[11] Ibid: 1103

With reference to the 2 types of attachment styles (figure 3); all the young people were rated either highly- or moderately- insecure for the 'mistrustful avoidant' dimension, giving them an angry-dismissive or withdrawn element.

For the 'insecure anxious' element, 7 young people were scored to be either highly or moderately anxious insecure, giving them an enmeshed or fearful attachment style. Two young women were rated by their project worker to have a mildly insecure anxious attachment.

Figure 3: VASQ Insecure elements
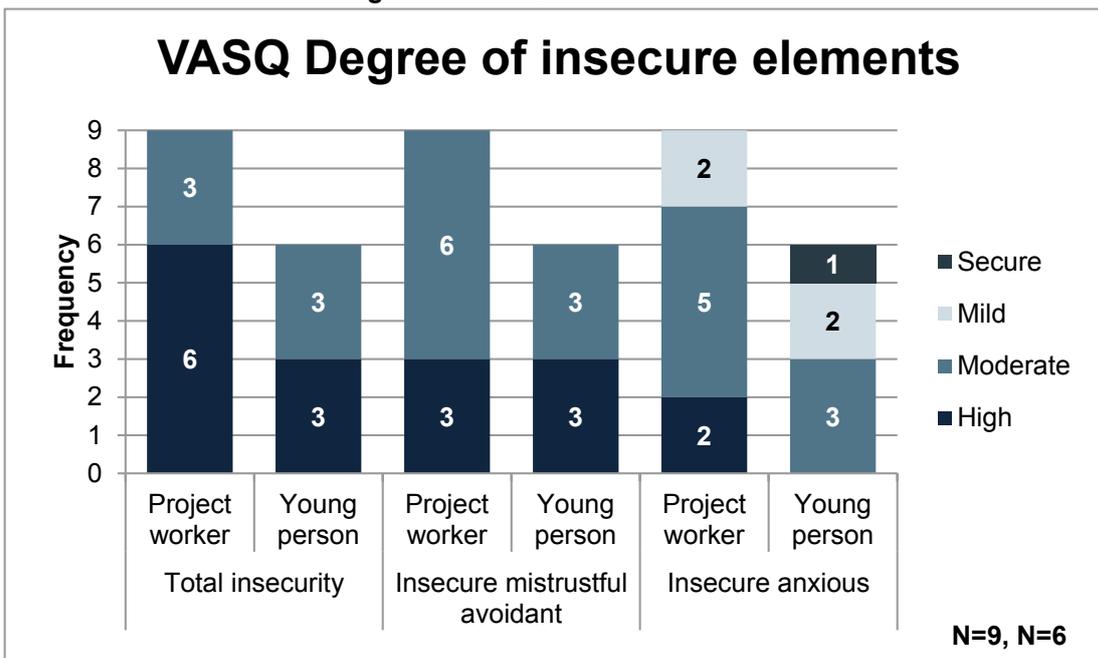
All the young people in this group were shown to have either one or 2 insecure styles of attachment (mistrustful avoidant and/or insecure anxious). As figure 4 shows, none were assessed to have a secure attachment. Young people who score moderate or high for both 'mistrustful avoidant' and 'insecure anxious' are classified as having of dual or disorganised attachment style. Seven of the 9 young women had a dual insecurity at baseline, which indicates a very high level of need, as young people with disorganised attachment styles are difficult to support as they simultaneously display clingy, angry and mistrustful behaviour.

VASQ Insecure attachment dimensions

■ Project worker   ■ Young person

N=9, N=6
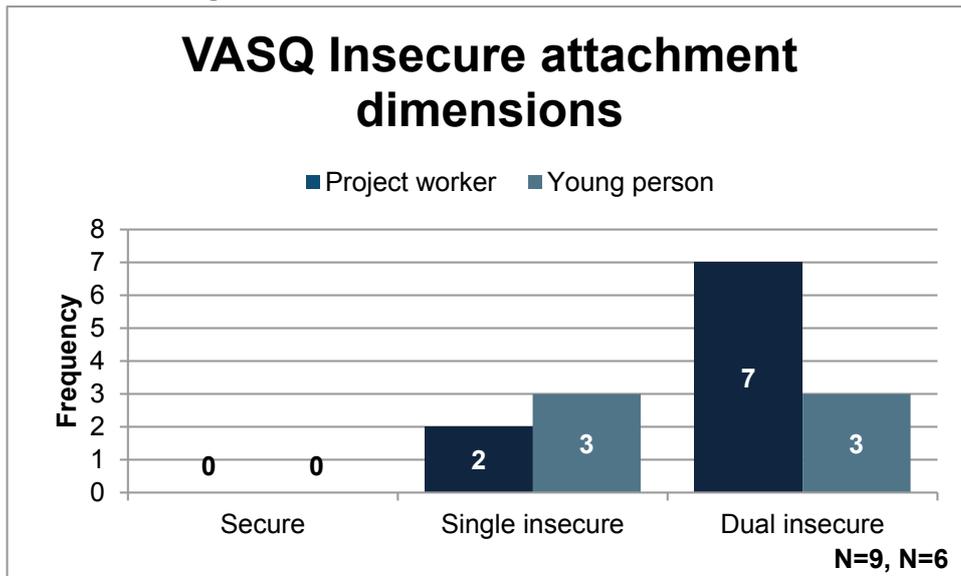
Strengths & Difficulties Questionnaire (SDQ)

The Strengths and Difficulties Questionnaire is a brief behavioural screening questionnaire for children and young people used for clinical assessments, to evaluate outcomes, in epidemiological studies and as a screening tool. It consists of a questionnaire for practitioners, carers and teachers, and a self-report questionnaire for young people to complete.

As well as the overall level of difficulty, the SDQ also highlights the most common emotional or behavioural problems among children and young people:

- emotional problems – depression, anxiety
- conduct problems – aggression, rule breaking
- hyperactive problems – poor concentration, over-activity

Project workers completed the SDQ assessment form for 10 young women at baseline, while 6 young women completed the self-assessment form. Project workers assessed 8 out of 10 young people to have a case (high or very high) for total difficulty (Figure 5). Young people had a slightly more positive self-assessment, with 3 out of 6 scoring 'very high' for total difficulty (the other 3 scored 'close to average').

In relation to emotional disorder, project workers scored 9 young women to have a disorder ('high' or 'very high') at baseline. This is a very high proportion. The young women were again slightly more positive, but half (3 young women) nevertheless had a high level of emotional difficulties.

In relation to conduct disorder, project worker scored 6 of 10 young women to have a disorder ('high' or 'very high'), one was 'slightly raised' and 2 'close to average' (normal).

Symptoms of hyperactive and concentration disorder figured less frequently, with project workers assessing 2 young women to have issues with hyperactivity. Three young women self-reported having difficulties with issues such as poor concentration and over-activity.

Figure 5: SDQ Disorders

SDQ Disorders

Frequency

Total difficulty		Emotional disorder		Conduct disorder		Hyperactive disorder	
Project worker	Young person	Project worker	Young person	Project worker	Young person	Project worker	Young person
8	3	9	3	6	1	2	3

N=10, N=6
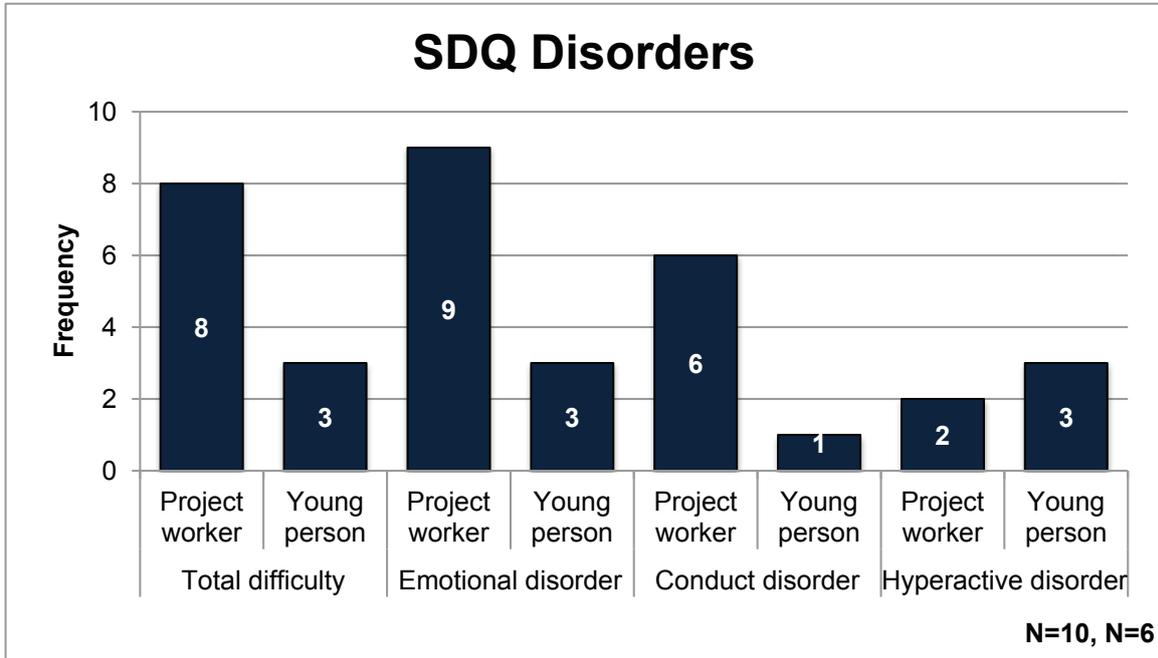
At baseline, the Project workers assessed 6 young people to have 2 disorders and one young person to have 3 disorders. According to the self-assessments, one young person had 3 disorders, 2 had 2 and 3 young women self-reported having none (Figure 6).

Figure 6: SDQ Number of disorders

SDQ Number of disorders

■ Young person ■ Project worker

	Young person	Project worker
3 disorders	1	1
2 disorders	2	6
1 disorder		2
None	3	1

Frequency
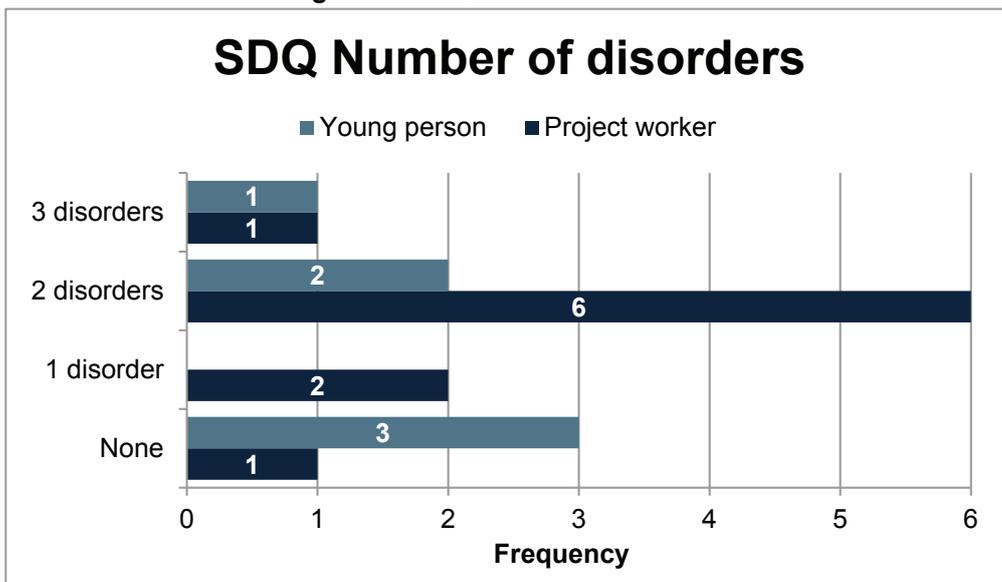
These figures confirm that this group of young people have complex needs and all experience a high degree of difficulty.

Risk Reduction Assessment (RRA)

The Risk Reduction Assessment (RRA) tool was designed to help services monitor change in relation to 10 factors associated with reducing the risk of sexual exploitation amongst young people who were already being exploited, or are at high risk of exploitation:

- awareness of risks and rights in relationships
- mental health and wellbeing
- engagement with sexual health issues
- going missing
- stable living situation
- relationships with parents or carers
- association with risky peers or adults
- school or college attendance
- alcohol or drug use
- internet and mobile phone safety

These factors map onto the risk indicators for sexual exploitation that have been identified in a range of research[12]. The tool itself was based on the Barnardo's outcomes framework which was originally developed in 2003 as part of the first evaluation of outcomes for young people using Barnardo's CSE services[13] and which has been in use in revised versions since.

All the risk factors are scaled from 1 to 5, where 1 is the lowest risk and 5 is the highest. The project workers completed the measure for 9 young women at baseline.
Figure 7 below shows that the areas where project workers expressed the highest level of concern for young women at baseline were centred on 'internet and mobile phone safety', 'association with risky peers or adults', 'going missing' and 'sexual health'.
In the area of 'living situation' the level of risk was assessed to be less critical.

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[12] Pearce, J (2002) 'It's someone taking a part of you': a study of young women and sexual exploitation. National Children's Bureau, London. Taylor-Browne, J. (2002) More than one chance! Young people involved in prostitution speak out. ECPAT, London. Chase, E and Statham, J (2004) The commercial sexual exploitation of children and young people: an overview of key literature and data. Thomas Coram Research Unit, London. Cusick, L and Martin, A (2003) Vulnerability and involvement in drug use and sex work, Home Office Research Study 268. Home Office Research, Development and Statistics Directorate, London.
[13] Scott, S and Skidmore, P (2006) *Reducing the risk: Barnardo's support for sexually exploited young people. A report of a two-year evaluation.*

Figure 7: Level of risk at baseline

Level of risk at baseline

N=9
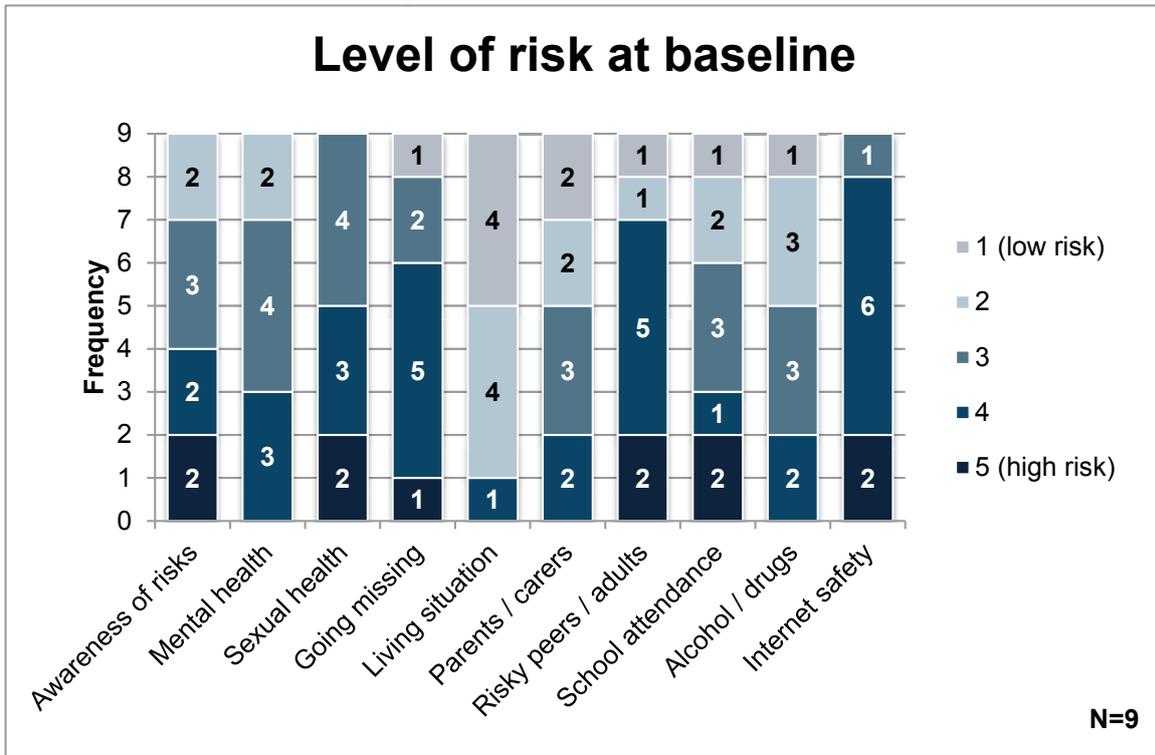
Trauma Symptom Checklist for Children (TSCC)

The TSCC is a self-report measure of post-traumatic distress and related psychological symptoms. As a tool it is used in the evaluation of children and young people who have experienced traumatic events, such as childhood abuse, major losses, victimisation (including physical and sexual assault), and witnessed violence done to others such as domestic violence[14].

The form, which is completed by the young people, consists of 54 items covering a range of thoughts, feelings and behaviours that are rated according to a four-point scale (never – almost all the time). The answers produce 2 validity scales (under-response and hyper-response) and 6 clinical scales (anxiety, depression, anger, post-traumatic stress, dissociated and sexual concern), on which young people are scored and their trauma-related distress or dysfunction are assessed.

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[14] Briere, J. (1996) Trauma symptom checklist for children (TSCC): professional manual, Florida, Psychological Assessment Resources Inc.

Six young women completed the TSCC forms at baseline; however, 2 forms were deemed invalid as the young women had very high scores on the under-responsive validity scale (when the respondent has indiscriminately marked 0's on the symptom checklist measures).

Figure 8 below relates to the 4 young people with a valid test at baseline and shows their normal, mild or critical elevation on the 6 clinical TSCC scales.

Figure 8: TSCC Clinical scales
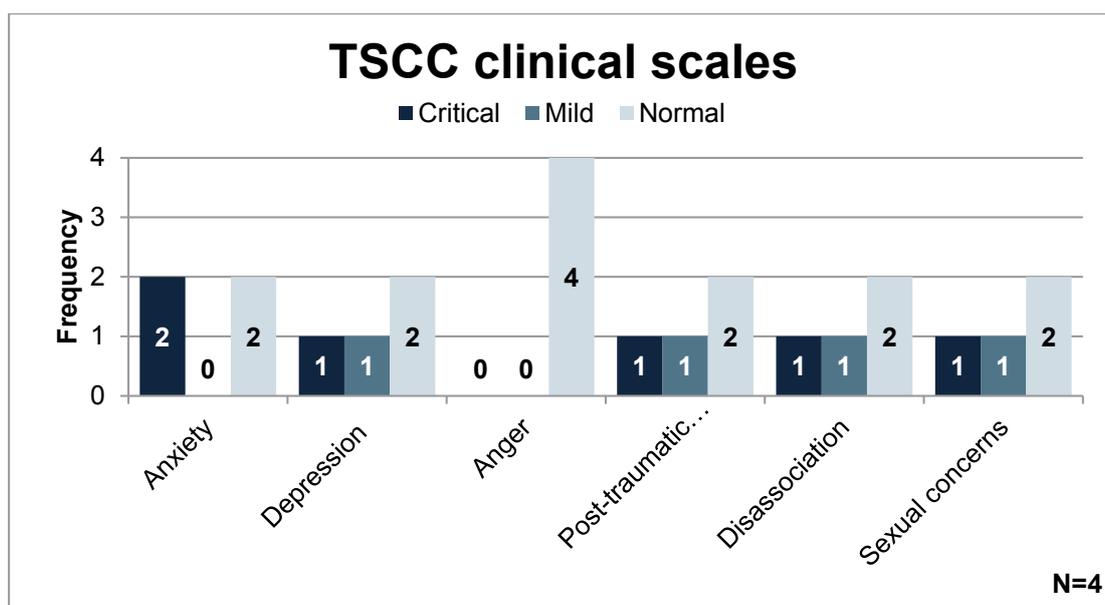
Two of the 4 young women had a critically elevated score for anxiety, higher than the average score of a young woman their age. The anxiety scale reflects the extent to which a young person is experiencing generalised anxiety, hyper arousal and worry. Elevated scores on the anxiety scale may reflect the presence of an anxiety disorder.
Although all 4 young women scored normal on the anger scale, they nevertheless appear to endorse a high number of potentially trauma-related symptoms, such as depression and post-traumatic stress. This is over and above the average score for young women their age.

Teenage Attitudes to Sex and Relationships scale (TASAR)
The TASAR questionnaire is a measure to assess young peoples' knowledge and attitudes to sex, relationships and gender. The scale is composed of 15 statements, which young people answer using a five-point scale indicating how strongly they agree or disagree with each statement. The scale can been used to evaluate sexual violence prevention projects, assessing the effect of the programme on young people's attitude to

sexual violence, and gender stereotyping by using the measure pre- and post-intervention[15].

At baseline, 6 young women completed the TASAR questionnaire. The responses show that overall the young women endorse socially desirable norms. For example, all 6 women disagreed with the statement 'if a girl sends her boyfriend a picture of herself it's OK for him to send it to his friends' or 'agreed' with 'good sex can only happen when both partners are up for it'. However, a few answers demonstrate a level of uncertainty about what constitutes healthy relationships, with young women answering 'not sure' to more risky statements. For example, one young woman was 'not sure' about the statement 'I think it's important for a girls to please her boyfriend', while 3 were unsure about 'when a girl says 'no' to sex she doesn't always mean it'. Such attitudes may indicate a certain level of risk or vulnerability to sexual coercion.

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[15] McNeish, D. and Scott, S. (2015) An independent evaluation of Rape Crisis Scotland's sexual violence prevention project http://www.rapecrisisscotland.org.uk/RCS/assets/File/final_evaluation_report_26-04.pdf.

Appendix 3: Staff Training

Table 4: Training plan 2015

Provider / Trainer	Training
Alcohol Concern	Young People and Alcohol: Identification and Brief Interventions (IBA)
Amthal	Paxton System Training
CALM	CALM Theory CALM Physical Interventions
Ealing Safeguarding Children Board (SCB)	How do we Respond to Safeguarding Children Concerns in Ealing – An Introduction Safeguarding Children & Young People at Risk of Suicide and Self-Harm Managing Allegations Against People Who Work With Children Neglect and Attachment Working with Children and Young People who Display Sexually Harmful Behaviour
Ealing SCB / Data Protection Team	Information Sharing to Safeguard Children
Ealing SCB / Southall Black Sisters	Safeguarding Children in Diverse & Faith Communities
St Christopher's Fellowship	Intro to Social Pedagogy (2 Days)
St Christopher's Fellowship	Diversity
St Christopher's Fellowship & ThemPra	Social Pedagogy (9 Days)
Women and Girls Network	CSE Interventions (4 days)

Key: SCF = St Christopher's Fellowship   ●CALM = Crisis & Aggression Limitation & Management   ●SCB = Safeguarding Children Board   ●WGN = Women & Girls Network   ●CSE = Child Sexual Exploitation   ●LADO = Local Authority Designated Officer

Safe Steps CSE Training Programme provided by Women and Girls Network (WGN) (4 days)

Day 1 Core Programme

- CSE – Lessons learnt – Serious Case Reviews – Attitudes and beliefs
- Myths and Realities
- Trauma Matters – Impact of multiple adversity and the neurobiology of trauma responses
- Impact and clinical conceptualisations: that is. Development trauma Complex PTSD
- Definitions of CSE
- Routes into sexual exploitation
- Vulnerability matrix and multiple adversity -push and pull factors into for example. gang association, sexting, cyber bullying, DV etc.
- Profile of Perpetrators
- The voice of young women – Testimonials
- Diversity part 1 – Inclusive practice

Day 2 Core Programme

- Principles of engagement – YW centred practice, gender responsive, trauma-focused, strengths or evidence-based empowerment and so on
- Barriers to help-seeking – help-seeking behaviour
- Diversity part 2 Black and Ethnic Minority responsive practice
- Facilitating disclosure – openers and closers
- The HER Model – Overview - Gender responsive, trauma-focused approach, strengths and evidenced based practice, relational practice, recovery
- Holistic Trauma Support Model – Overview trauma-focused response clinical model - overview multimodal, phased interventions.
- Interventions: Assessment - Indicators - Risk Assessment Framework of CSE
- Interventions: Safety
- Case Study

Day 3 – Interventions

- Coping Mechanisms – self harm, problematic substance use
- Understanding Depression and working with suicidal ideation or activation
- Interventions: Stabilisation
- Interventions: Self-care
- Interventions: Resourcing
- Interventions: Advanced Disclosure work – Testimony
- Interventions: Risk and Protective factors – Promoting Resilience
- Interventions: Positive affect enhancement - Working with self esteem

- Interventions: Moving-on strategies
- Promoting professional Resilience – Self care

Day 4 – Advanced programme and Legal and safe guarding framework
- Legislation and the Law re CSE – Sexual Offences Act
- Young women the law and sexual consent
- Referral pathways i.e. Police, Social Care, Safeguarding
- Training Review
- Q&A – Participants case studies and practice dilemmas
- Reflective practice
- Individual action plan

CSE: A trauma focussed approach training programme[16] (4 days)

Immediate Effects Course Evaluation

This course was provided in 2 parts, and the staff attended in 2 groups. Data for Group 1, part 1(N=16) and Group 1, part 2 (N=29) are presented below; data for group 2 were unavailable.

Did training meet expectations?	Fully	Mostly	Partly	Not much	Not at all	MISSING DATA
Part 1: 2 days	6	3	1	0	0	6
Part 2: 2 days	21	4	3	0	0	1

Part 1: Learning Objectives	No change	Increased	Missing data
Increased awareness of own attitudes and values in relation to young women, sexual activity and sexual exploitation	5	10	1
Increased awareness of the definition of CSE	4	12	0

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[16] Provided by the Women and Girls Network http://www.wgn.org.uk/

Increased awareness of the factors that make young women vulnerable to CSE	5	11	0
Increased awareness of the impact of trauma and the trauma cycle	0	16	0
Increased awareness of the neurobiology of trauma	1	15	0
Increased awareness of the clinical conceptualisations in relation to the impact of trauma	1	15	0
Increased awareness of the grooming process	4	12	0
Increased awareness of diversity	5	11	0
Increased awareness of WGN model	0	15	1

Part 2: Learning Objectives	No change	Increased	Missing data
Gain an understanding of WGNs holistic empowerment recovery model	2	27	0
Opportunity to practice and apply techniques from WGN's HER Model	1	28	0
Gain an understanding of coping mechanisms, their purpose and benefits	3	26	0
Gain an understanding of the legislation and guidance related to CSE	9	20	0
Increased awareness of the issues related to consent	8	21	0
Increased awareness of the issues related to engagement and disclosure	7	22	0
Increased awareness of the purpose and	5	24	0

benefits of being a reflective practitioner			

Appendix 4: Sample of T3 Topic guides

Protocol

Information Sheet: Check interviewee has previously had a hard copy which has been adapted for their group of informants

Anonymity: Explain that the information will only be used for the evaluation and it is not intended to attribute any views expressed to named individuals and all the findings will be reported anonymously.

Note taking and recording: Explain that you will make some notes but would also like their consent to record the interview so you can check your notes are accurate and pick up on anything you have missed.

Timing: Remind them that the interview will not last more than an hour

Consent: Check that the interviewee is willing to be interviewed and for the interview to be recorded. Give them the consent form to read and sign.

Questions: Ask if they have any questions before you start.

T3 Topic Guide: Young Women

Introduction
Remind that the purpose of the evaluation is to find out what they think about Allen House or Pelham House and whether they think their stay here is helpful to them or not. It is not part of any assessment of them – the focus is on the support they are receiving and the extent to which it is helping them now and might help other young women in the future.

1. How long have you been at Safe Steps now?

2. What has it been like here? What's the best thing about it? What's the worst thing about it? Anything you'd like to be different? [food, freedom, women, pets]

3. What has it been like to live alongside other YW? Especially those who have also had experiences of CSE

4. Has your freedom been restricted in any way? Illustrate? How do you feel about that?

5. What are the staff like? Are there any staff you particularly get on with? (Why is that?). What has been most helpful about the staff here? How do you think they've

helped? Has there been anything that's been unhelpful? If so, what? Could anything be improved? [Prompt re teachers].

6. What sort of things have you spent your time doing while you've been here? What's a day like? [prompt for education, activities, one to one support work; activities with other young women]

7. How do you feel about things now? Have your feelings changed since you've been here? In what way? Why do you think they've changed?

8. Have you had contact with anyone else since you've been here? (Prompt for family contact, friends, social workers). What has that been like?

9. Do you know what is going to happen next in your life? What conversations have you had about the future? What would you like to happen? What help do you think you need for your life to be better in the future?

10. Do you think staff listen to what you have to say?   Examples?

11. What would you like your life to be like in 5 year's time? How would you like to be living? What would you like to be doing?

T3 Topic Guide: Young Woman (Post Safe Steps)

Introduction
Remind that the purpose of the evaluation is to find out what they think about Allen House or Pelham House and whether they think their stay here was helpful to them or not. It is not part of any assessment of them – the focus is on the support they received and the extent to which it is helping them now and might help other young women in the future.

1. How long were you at Safe Steps?

2. So, where are you living now?

3. What was it like leaving the home? How was that planned and handled? Did you have a say? Were you involved?

4. How has school being going – still at same place?

5. What did you get out of being at Pelham House or Allen House? (Education? Relations with family; safety; activities, one to one support work; activities with other young women?)

6. Did you have a counsellor for yourself? What did you get out of that? Helpful?

7. What was it like being somewhere where CSE was on the agenda all the time (Conversations helpful? See things differently?)

8. What has it been like to live alongside other YW? Especially those who have also had experiences of CSE

9. Do you feel better equipped to look after yourself in relationships with men?

10. Was your freedom restricted in any way? Illustrate? How do you feel about that?

11. If you were running the place what would you do differently? Did they take account of your views?

12. What was the relationship between your SW and the staff like?

13. What were the staff like? Are there any staff you particularly get on with? (Why is that?). What was most helpful about the staff here? How do you think they've helped? Was there been anything that's been unhelpful? If so, what? Could anything be improved?

14. Do you know what is going to happen next in your life? What conversations have you had about the future? What would you like to happen? What help do you think you need for your life to be better in the future?

15. Would you recommend Pelham House or Allen House to anyone? (Who? Why or Why not?)

T3 Topic Guide: Senior Managers

About the interviewee

- Name:
- Job title:

Headlines

- What are the main headlines in terms of what has been happening since your last interview? e.g. Staffing changes; Ofsted; Arrival of YW; serious incidents; achievements in working with YW

Workload and you

- How were you affected by what has been going on?
- What has your workload been like?
- What has captured most of your attention?
- Do you find yourself worrying about anything in particular?

Referrals

- How are these going?
- Enough?
- Appropriate?
- Any YW who are not CSE affected?
- What kinds of feedback from referring authorities?

How the new service is working

- Now that you've got to know some of the YW can you identify any mismatch between their needs and what this house can offer? For example, are they going to be able to stay with you long enough?
- What would you say are the strong points of the team when it comes to working well with YW affected by CSE?
- Do you think your staff are confident working with YW about CSE issues? Do you think they are finding the right language?
- What does the team find most challenging about working alongside CSE affected YW?
- Are there any vulnerabilities in the team when it comes to working well with YW affected by CSE?
- Have any staff members left since the start of the project? If they left for work related reasons - can you say more?
- Are there any differences or divisions in the team that concern you?
- How is the mixed gender team working out? What are the pros and cons?
- Any thoughts about the new challenges that lie ahead?

The homes are for young women

You are only taking YW:
- What are the pros and cons of being a woman-only service?
- Do you think this kind of service would meet the needs of YM too? (Rationale?)

Training & support

- Staff had lots of training with the benefit of hindsight was any of it irrelevant?
- Can you identify any training gaps now?

Safety

One of the aims of the project is to direct attention to the fine grain of keeping YW safe within the current legislation, and to reveal possible limitations of the legislation
- The project is committed to keeping YW safe. Can you tell me briefly about the challenges involved?

- Do you think the staff group have a good grip on their legislative powers and how they can be used to keep YW safe?
- How is the power to lock doors, especially the front door being used? Examples?
- Could you do without the power to lock doors?

Empowerment

- The project is committed to empowering YW so that they are better placed to look after their own interests when they leave
- What are you doing to try and make this happen?
- Can you identify anything that is helping or hindering this?

Transition

- Can you describe any efforts being made to link YW with services beyond the house e.g. education
- Are plans in place to safeguard the YW's transition from the project?
- What's happening? Is family work underway?

About the local context & CSE

- What are the local effects of the project?
- Any publicity? Positive or negative
- What's your experience so far of multi-agency working locally? (e.g. with police, other voluntary agencies)
- What works well and what are the challenges?
- Are you engaged and influencing the right players?
- Any gaps in involvement of the important players? [*NB if people raise issues ask how they think these might effect this project*]
- Are there other specialist providers for CSE affected YW locally? How are you getting on?
- Do you anticipate any difficulties or opportunities?

Review

- What would you say is progressing well with the innovation project at this time?
- Are you aware of any barriers or blocks or challenges?
- What do you think would help Safe Steps achieve its aims?
- Do you have any reservations about the project?
- What would you say are the advantages or disadvantages of a specific CSE focused provision? Is there added value?

Finally

Have we missed anything important out?

Anything more to add?

T3 Topic Guide: Managers

About the interviewee

Name:
Job title
Any change in your role or position in the 3 months since last interviewed?

Headlines

- What has been happening since we last spoke? What are the important things that come to mind?
- Looking back what do you think you were least prepared for?
- What have you found most challenging as a manager?
- What advice would you give anyone taking up a post like yours?

Referrals

- How are these going?
- Enough?
- Appropriate?
- Any YW who are not CSE affected?
- What kinds of feedback from referring authorities?

How the new service is working

- What are the common issues that CSE affected YW have to deal with?
- Which issues are you working to meet?
- Now that you've got to know some of the YW can you identify any mismatch between their needs and what this house can offer? For example, are they going to be able to stay with you long enough?
- What would you say are the strong points of the team when it comes to working well with YW affected by CSE?
- Do you think your staff are confident working with YW about CSE issues? Do you think they are finding the right language?
- What does you and your team find most challenging about working alongside CSE affected YW?

- Are there any vulnerabilities in the team when it comes to working well with YW affected by CSE?
- Have any staff members left since the start of the project? If they left for work related reasons - can you say more?
- Are there any differences or divisions in the team that concern you?
- How is the mixed gender team working out? What are the pros and cons?
- Any thoughts about the new challenges that lie ahead?

The homes are for young women

You are only taking YW:
- How are they getting on with each other?
- What are the pros and cons of being a women-only service?
- Do you think this kind of service would meet the needs of YM too? (Rationale?)

Training & support

- Do you think that staff working with YW have specific training needs? If so, have these need been met?
- Any additional training and support needs that should be met?
- Have all staff completed the 9 day course on social pedagogy? How are the ideas and principles effecting the day to day work of the house?
- Have all staff completed the 4 day specialist course on CSE? What effects are these ideas and principles having? Has the session on brain structure and development been useful? What effects are they having on day to day practice?

Safety

One of the aims of the project is to direct attention to the fine grain of keeping YW safe within the current legislation, and to reveal possible limitations of the legislation
- The project is committed to keeping YW safe. Can you tell me briefly about the challenges involved?
- Do you think the staff group have a good grip on their legislative powers and how they can be used to keep YW safe?
- How is the power to lock doors, especially the front door being used? Examples?
- What other resources help to keep YW safe? E.g.
  - relationships
  - staffing levels,
  - meaningful activities for YW,
  - access to therapeutic support
  - input from other agencies
  - work with families

Empowerment

The project is committed to empowering YW so that they are better placed to look after their own interests when they leave.

- What are you doing to try and make this happen?
- Can you identify anything that is helping or hindering this?
- Can you provide any examples of changes in the young women that you think illustrate her empowerment?
- How is the project addressing the risks and vulnerabilities in YW's lives that are in addition to CSE e.g. ethnicity, sexuality, trauma, family difficulties
- Do the YW have opportunities to mull over the risks associated with simply being female (or more specifically an YW from a specific e.g. migrant community)?
- Is therapeutic support (esp. trauma work) being made available to YW

Transition

- Are efforts being made to link YW with services beyond the house e.g. education
- Are plans in place to safeguard the YW's transition from the project?
- What's happening? Is family work underway?

About the local context & CSE

- What effect is the project having locally?
- Any publicity? Positive or negative
- What's your experience so far of multi-agency working locally? (e.g. with police, other voluntary agencies)
- What works well and what are the challenges?
- Are you engaged with, and influencing the right players?
- Any gaps in involvement of the important players? [NB if people raise issues, ask how they think these might effect this project]
- Are there other specialist providers for CSE affected YW locally? How are you getting on?
- Do you anticipate any difficulties or opportunities?

Review

- What would you say is progressing well with the innovation project at this time?
- Are you aware of any barriers or blocks or challenges?
- What do you think would help Safe Steps achieve its aims?
- Do you have any reservations about the project?
- What would you say are the advantages or disadvantages of a specific CSE focused provision? Is their added value?
- How do you think Safe Steps is being affected by the fact that it is an innovation project? i.e. open to scrutiny and evaluation

T3 Topic Guide: Residential Staff

About the interviewee

If interviewed at baseline:
- Any change to your role or position in the 3 months since last interviewed?
- How long have you been working at Allen House or Pelham House?
- What do you say if people ask you what it is like to work at Allen House or Pelham House?

Headlines

- What has been happening since we last spoke? What are the important things that come to mind? [Make sure Allen Staff reflect on the changes in management
- Looking back what do you think you were least prepared for?

Generalities

- Do you think the referrals so far have been appropriate?
- Do you find that this project makes it possible to work differently with CSE affected YW? In what ways?
- Can you provide me with some examples of the work so far [prompt for relationship building, assessing needs, therapeutic input]
- What is working well?
- What are the challenges? Frustrations?
- Has anything changed from the original plan for the project? What do you think of these changes? [Prompt for whether positive or pragmatic?)
- What do you think of the building itself? Is it fit for purpose?

Security

- Have you been involved in such an incident? What happened? What was your experience? On reflection did you learn anything? Any concerns?

Empowerment

The project is committed to empowering YW so that they are better placed to look after their own interests when they leave.

- What are the main ways this is being achieved? (E.g. opportunities for healthy growth and development; opportunities to make sense of grooming and exploitation; opportunities to think through implications of their gender)
- Can you identify anything that is helping or hindering this?
- Has it been possible to make therapeutic support available to YW? Tell me about what form this takes – or why you think it hasn't been possible?
- Would you say this is a therapeutic culture? Evidence?

- Have you observed any changes (however, small) in the YW you work most closely with? For example, signs of growing trust and willingness to engage or in their beliefs about themselves and their future)

About the young women

- Do you think CSE affected YW have specific needs or issues? What are they? (If so, is the project addressing these?)
- How are the risks in the YW's lives being identified and managed? Can you illustrate?
- How are the YW together? Are there any distinctive dynamics?
- What is it like for staff? What sense do they make of what goes on? (Prompt for: advantages or disadvantages to a single sex home for young women)
- Do you think the home could meet the needs of YM who had been exploited too? [What are the differences?]
- Do you think the project is working better for some YW than others so far? (Define personal or circumstantial determinants)
- Do you think race/ethnicity is being responded to well? Illustrate?
  How are the YW involved in the local community (e.g. education, leisure)? How are risks being managed?
- Is work underway with the YW's families? What's happening?

About staff

- Have there been different challenges for different members of Allen House or Pelham House staff? (E.g. for male workers? For managers/key workers)
- What sort of input is Pelham House or Allen House getting from elsewhere? (E.g. supervision, therapy, police, church ….)
- Do you have any thoughts about the ways that the staff group can maximise the advantages and minimise the disadvantages of a mixed gender team?

Staff training and support

- You've attended a course on social pedagogy and CSE. Do you find yourself making use of them in your work with YW? Can you illustrate? (E.g. effects on understanding or attitudes; or how you try and engage YW)
- Do these ways of working affect the conversations you have with your colleagues e.g. at handovers and decision-making meetings? Can you illustrate?
- I understand that the CSE course included a session on the way the brain may be affected by trauma. Has this been helpful? In what way?
- Can you identify any further training needs?
- How would you describe the supervision you've had? (Prompt for: frequency, what they've gained or learned and how it has affected their work).

Transition Work

- Are you involved in transition planning and preparation? If so, can you describe?
- How is transition work progressing? Any illustrations or observations? What has worked well? What are the challenges?

Finally

- So, on the basis of your experience to date what advice would you give anyone wanting to set up a Safe Steps type of service?

- Any final comments or thoughts?

T3 Topic Guide: Commissioner

A. Why this interview
I wanted to interview you as one of the people who has been central in commissioning places for YW in the Safe Steps project i.e. Allen House or Pelham House

B. Planning and Development
Can we start with your involvement in the planning & development of the project?
- What went well?
- Difficulties? Reservations?
- Feel properly involved as a partner?
- How long did it take?
- Any lessons to be drawn?

C. Using the pilot
The project has now been taking YW for a year:
- What has the commissioning arrangements and process been like? Lessons?
- How significant was the DfE funding support?
- What have been the main issues in negotiating contracts?
- What would have been the alternatives for the YW if Safe Steps hadn't existed?
- Expectations: What were you were expecting Safe Steps to provide? (Safety? Empowerment? Maintaining positive community and family links). Have these changed over time?
- Do you think the project was burdened by its unfulfilled ambition to have additional powers over the liberty of movement of young women living in the community?
- What did it and didn't it do? (What caused most anxiety? Why? What worked well?)
- Can you identify anything that would have made you feel less anxious/more confident in the placements?
- What lessons to be drawn?

D. The future
Thinking ahead:

- What are the pros and cons of having 'Safe Steps' on your patch?
- What are your thoughts about costs? Spot v. block purchasing?
- Implications of Safe Steps looking further afield for referrals?
- Do you still feel you are in a partnership?
- Would you say that referring LAs are engaged and positive about service?
- Are CSE affected YW still a priority group?

E. Final reflections
Anything else?

T3 Topic Guide: Social Worker

Introduction

- I wanted to interview you as the social worker for X who has been living in Allen House and Pelham House during the last 6 months.

Pre-placement

- Can you begin by telling me why this placement was sought in relation to X? Prompt for history of previous placements and interventions – what else had been tried and why had it failed? Was it a planned or emergency placement?
- Did you know about the Safe Steps Project before this referral? If yes, prompt for what information they had
- What did you or do you hope this placement would achieve for X?

During placement

- What kinds of involvement did you or do you have while X has been placed at Allen House or Pelham House? Prompt re
  - Assessment of needs and identifying outcomes for the placement?
  - Monitoring of well-being/progress?
  - Providing support to X? What kind of support?
  - Providing support or undertaking work with parents?

- What do you think of what was is or was provided for X at Allen House/Pelham House? Prompt re strengths or weakness; what could be improved?
- How would you describe your contact with Safe Steps staff? Prompt for key contact, regularity, whether right issues flagged re mental health and well-being, education, risk etc.
- Are there ways in which contact and communication could be improved?
- The house was intended to provide trauma-sensitive, therapeutic care – what are your views on how far it achieves that?
- What needs do you think have been met well? Any less well? Prompt for education, drugs, food and exercise?

- The project was hoping to achieve the following short term outcomes for young people
  - Positive relationships with staff
  - YW are making more decisions for self with fewer mishaps
  - Increased understanding of the effects of exploitation & trauma in their lives
  - YW believe she deserves to be valued not exploited in relationships
  - Reduced risk factors for CSE
  - Reduced trauma symptoms
  - Engagement with education and their future
  - Planned & supported transitions

- In your view which (if any) of these have been/ or could be achieved for X?

Post-Safe Steps living and support arrangements

- Has transition planning begun for x? When was this? Who is responsible for this? What did it, or does it involve?
- What are or were the issues and difficulties in relation to identifying living and support arrangements for X?
- What kind of living and support arrangements would you like for X?
- If already left: where was X placed on leaving – how far ahead was this placement identified?
- Did you manage pre-placement contact and to accompany her move? How good do you think the handover from Safe Steps to the new placement was?
- What do you think of the transitional support that Safe Steps have provided to X?
- Could Safe Steps do more to ensure good transitions?
- Is there anything else you would like to say?

Anything else?

Appendix 5: Staff Survey

About the respondents

Twenty-four members of staff from St Christopher's completed survey 1 in February 2016. Twenty-five staff members completed survey 2 in September 2016 – 6 months later. These are not matched samples and to a large extent contain different members of staff as 23 out of 38 staff left between August 2015 and September 2016. Staff members completed both surveys on SurveyMonkey.

For both surveys, the largest group of respondents was residential workers, followed by managers. Slightly more managers completed survey 2, than survey 1.

More respondents worked at Allen House in survey 1, while slightly more respondents worked in Pelham House at the time of survey 2: a few appear to work at both locations.

Work satisfaction

The survey asked respondents to what extent they agreed or disagreed with 5 different statements about their work satisfaction. As can be seen from Figure 3 below, general levels of satisfaction with work were similar between the surveys, but more respondents strongly agreed with statements in survey 2.

In both surveys, the majority of respondents agreed that 'my work gives me a feeling of personal achievement'. In survey 2, the proportion who strongly agreed with work giving them a feeling of personal achievement increased slightly.

The majority of staff felt 'encouraged to develop better ways of doing things'. In survey 2 the number that 'strongly agreed' increased markedly from one-third (33.33%) to two-thirds (66.66%). One member of staff did not feel encouraged.

In response to the statement 'I enjoy coming to work most days', 5 staff members disagreed in survey 1 and 3 were 'not sure'. In survey 2 more respondents enjoyed coming to work, with 2 disagreeing or one 'not sure'. This is a positive development with 85% (17 out of 20) enjoying coming to work most days.

A similarly high number of respondents said in both surveys that they thought 'young people and their families value the work I do with them'. Four respondents were unsure in survey 2.

Regarding work induced stress, the number of people who disagreed with the statement 'I often feel very stressed by the nature of my work', remained similar between the 2

surveys. In survey 2, almost half (9 out of 20) claimed to feel stressed by the nature of their work, although fewer strongly agreed.

Figure 9: Work satisfaction
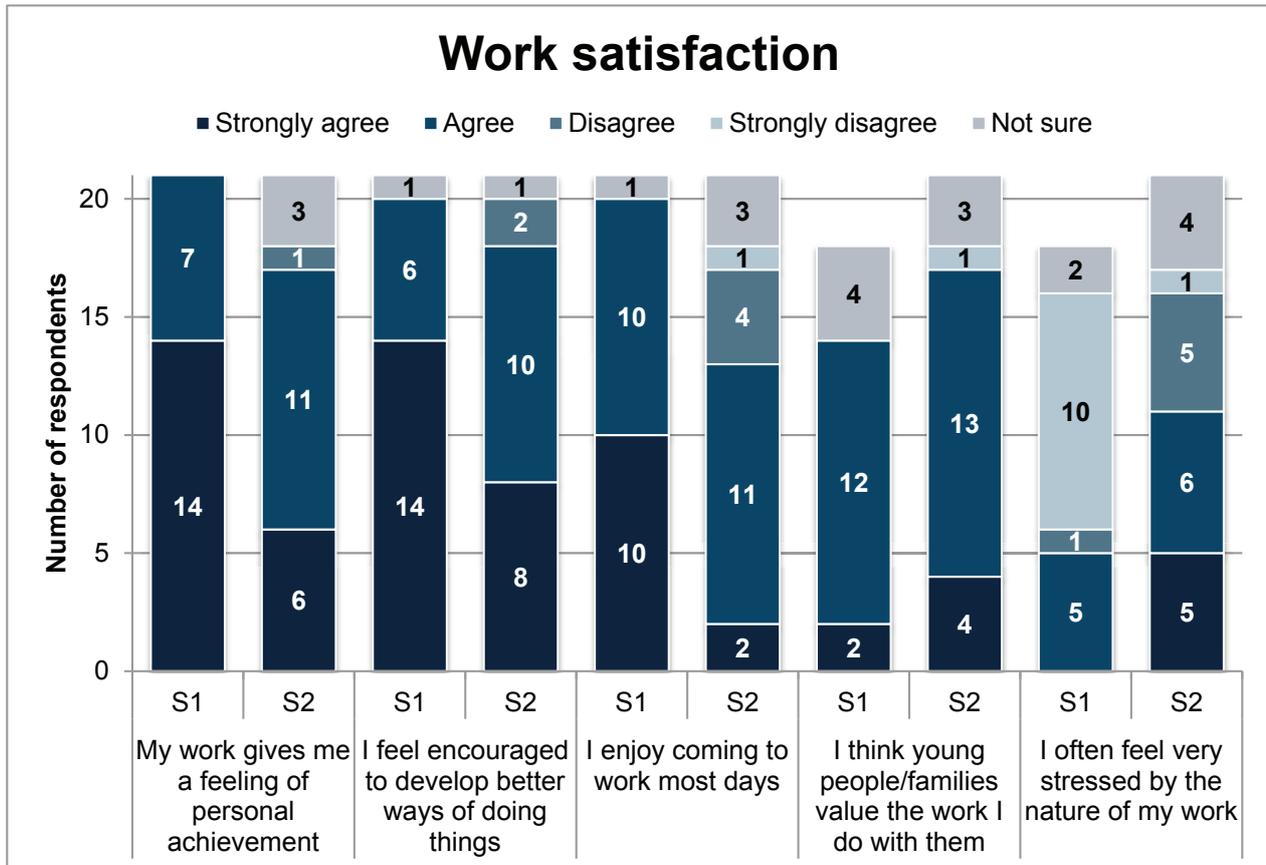
Time and resources

The staff survey looked at staff members' access to resources and time constraints. Overall, respondents continued to be positive about working effectively with young people within the given resources, although some respondents in both surveys considered time constraints to be an issue.

Over half (12 out of 20) agreed with the statement 'I have enough time to do my job' in survey 2 – a small increase compared to survey 1 – although no one strongly agreed with this statement in survey 2. The proportion of people who did not think they had enough time to do their job decreased slightly from 8 respondents in survey 1 to 6 in survey 2.

Two-thirds (66.66%) of respondents said in both surveys that they 'can access the expertise of others to support me in my work'.

Asked whether they had 'the right tools and resources to work effectively with young people' over half agreed in both surveys. Three said in survey 2 they did not have the right tools and resources, while 4 were unsure.

Fewer staff said in survey 2 (9 respondents) than in survey 1 (12) that they 'often work over my contracted hours to cope with my workload'. One-third (66.66%) did not often work over their contracted hours in survey 2.

Figure 10: Time and resources
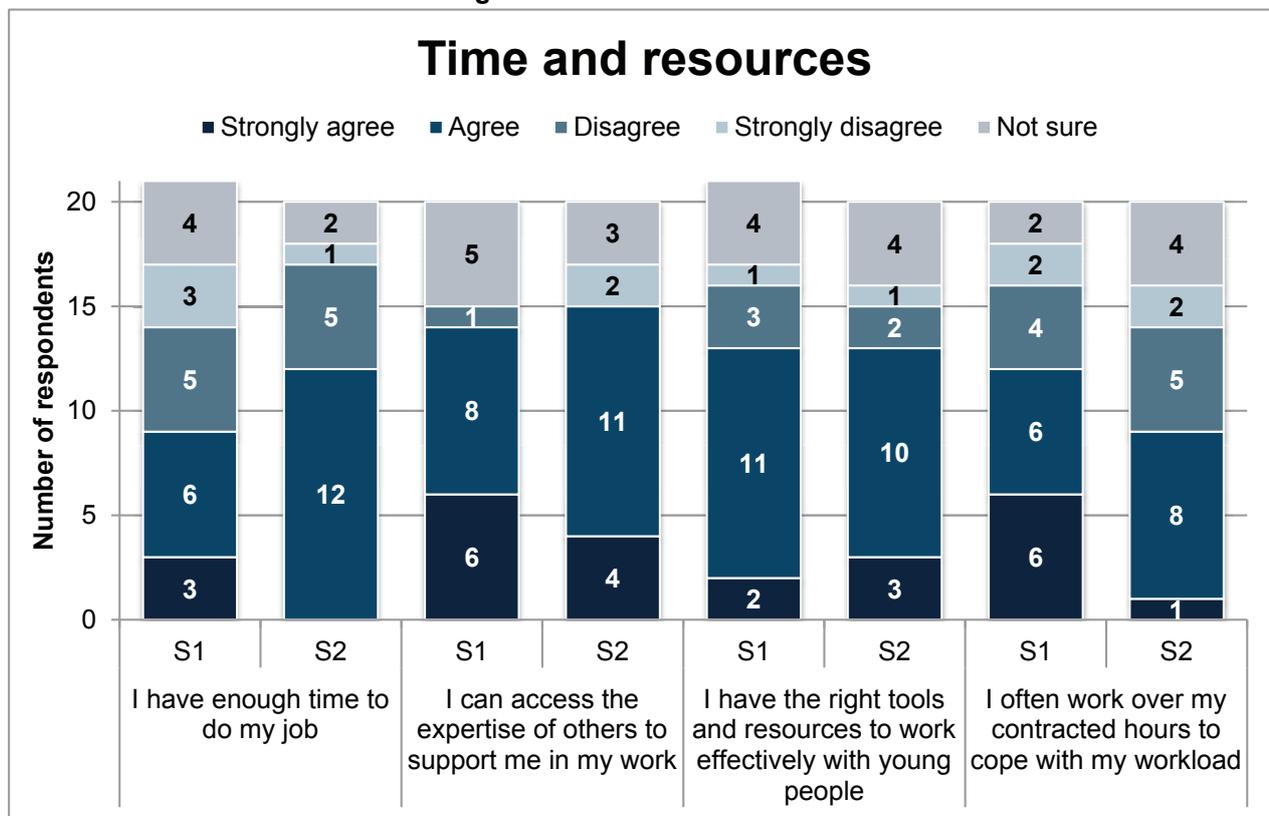
Peer and management support

Overall, respondents were positive about the level of peer and management support provided through their work. The proportion who did not feel supported decreased noticeably in survey 2.

The majority of staff felt 'able to regularly reflect on their work with experienced colleagues' in both surveys, although in survey 2 more respondents agreed strongly.

In survey 1, one-third (33.33%) of respondents (7 out of 21) did not think that their line manager provided them with regular supervision and feedback, while another 2 respondents were not sure. This improved markedly in survey 2, as the proportion who agreed with receiving regular supervision and feedback increased from half of the respondents to three-quarters (75%).

In both surveys, two-thirds (66.66%) of respondents 'received supervision, which helps me do my job better'. In survey 2 the number who did not think they received supervision

that helped their job, decreased from 4 to 2, although the number who were not sure increased slightly.

The proportion of respondents in both surveys who said they 'felt appreciated by colleagues and managers' was comparable. However, the number who strongly agreed with feeling appreciated by their colleagues increased markedly from one person in survey 1 to 9 in survey 2. This suggests that staff members feel more secure about their colleagues' appreciation of their work.

Figure 11: Peer and management support
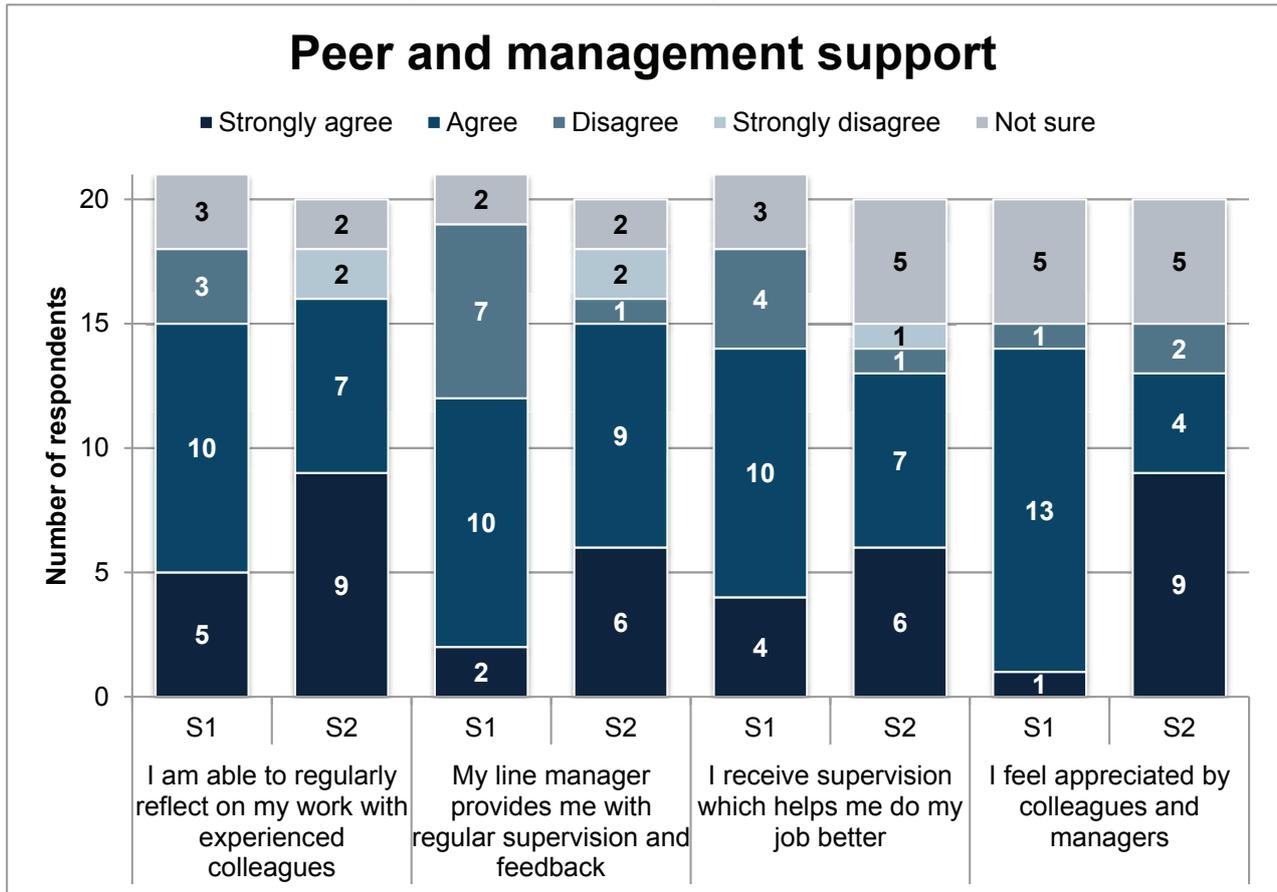
Learning and development

Access to learning and development is an important issue for most staff, and both surveys show that overall staff felt they had the knowledge, training and support they need to do their job. This was especially the case in survey 2.

The vast majority of respondents said in both surveys that they 'have the knowledge and skills I need to work effectively with young people'.

In terms of 'getting the training and development I need to do my job well', all agreed in survey 2 – a small improvement from survey 1.

Again in survey 2, all the respondents felt that 'managers encourage and support me to develop my skills'. This is a noticeable improvement from survey 1, where one-third (33.33%) were unsure about their managers' support.

The proportion of staff who were uncertain whether they 'have enough time to undertake learning and development' decreased markedly between the 2 surveys from half to less than one-quarter. This is a positive development as two-thirds (66.66%) of respondents said they had enough time for learning and development in survey 2.

Figure 12: Learning and development
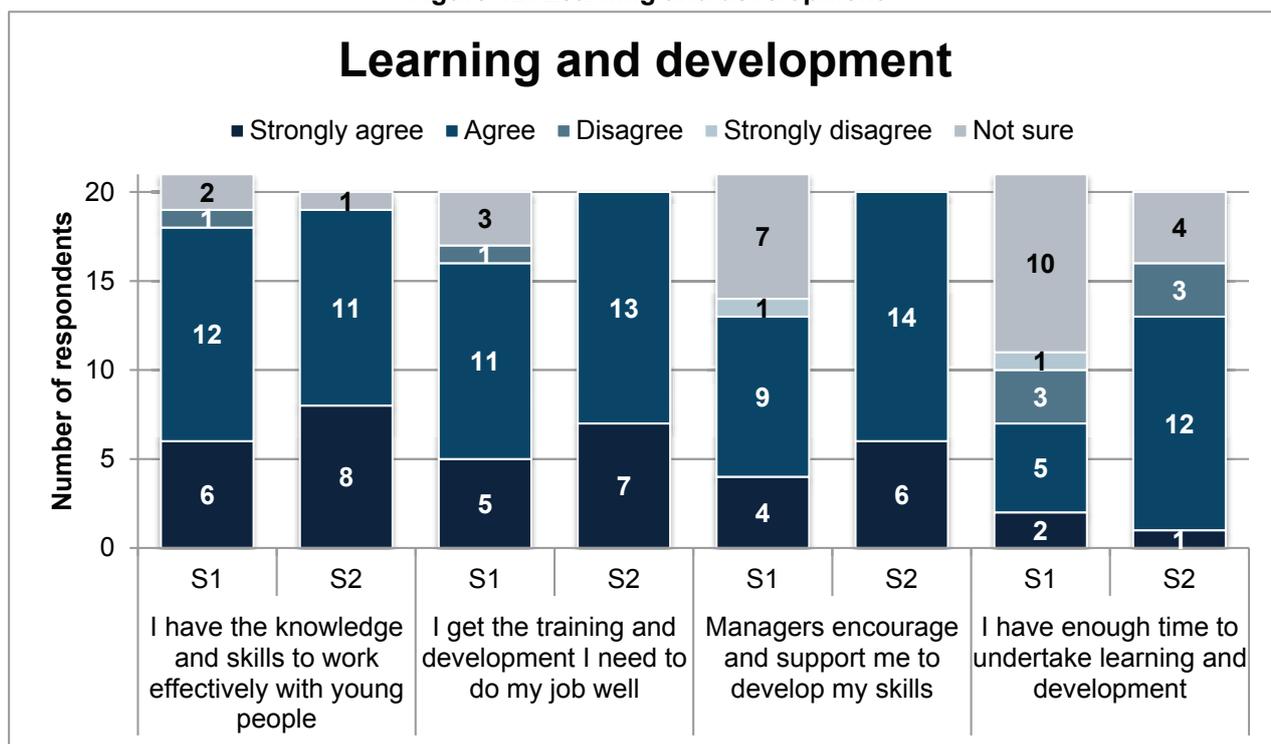
Communication and involvement in decision-making

Looking at the figures from the 2 surveys, the majority of respondents felt able to, and had the opportunities to, raise ideas and concerns with managers. Slightly fewer, but still two-thirds (66.66%) of staff members said they were involved in decision-making and kept informed about changes.

More agreed in survey 2 than in survey 1 with the statement 'my organisation keeps me well informed about changes affecting my work'. Consequently, fewer respondents were uncertain whether they were kept informed in survey 2.

The vast majority of staff members said in both surveys that they felt confident about raising ideas or concerns with managers.

In survey 1 the majority of staff members felt 'fully involved in decisions about my day to day work'. In survey 2 the proportion of those unsure increased slightly, as the number who felt fully involved decreased slightly (from 16 to 14 out of 20).

The vast majority of staff believed in both surveys that 'my organisation provides regular opportunities for staff to share their ideas or concerns'

Figure 13: Communication and decision making
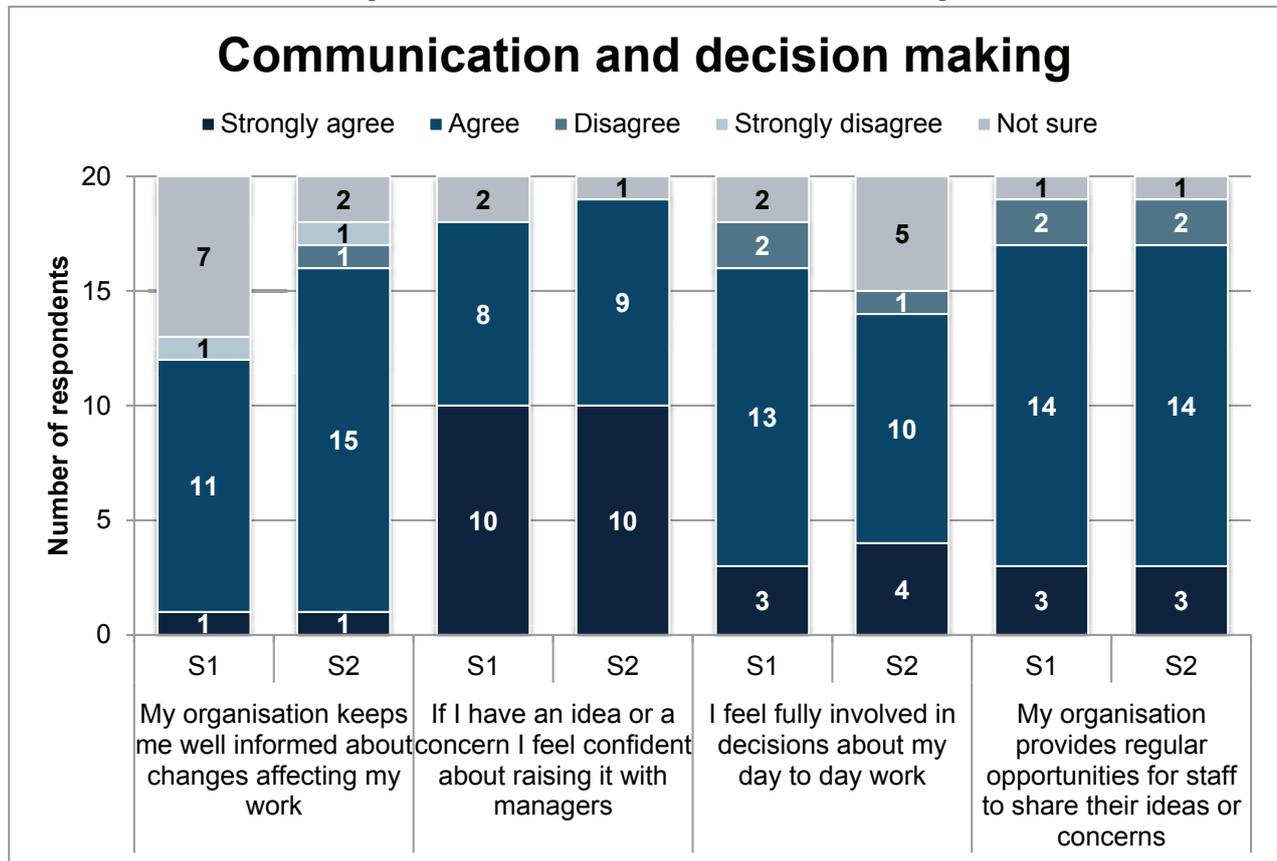
Organisational support

Responses to organisational support questions were overall positive in both surveys, although fewer respondents answered 'strongly agreed' to statements about organisational support compared to other areas addressed in the questionnaire, such as 'learning and development' and 'peer and management support'.

Three-quarters of staff found 'my organisation's policies and procedures clear and helpful' in survey 1. This decreased slightly in survey 2 and no respondents strongly agreed with policies being clear and helpful, while one strongly disagreed.

Two-thirds (66.66%) agreed in both surveys with the statement 'I feel my organisation support me in my professional judgment and decision-making'. The number who was uncertain stayed the same.

A similar high proportion (75%) found that their 'organisation enables them to access resources on good practice, research and legislation'. Two respondents disagreed in survey 2.

The majority believed in both surveys that their 'organisation supports effective partnership working with other agencies'. Two members of staff disagreed with this statement in survey 2.

Figure 14: Organisational support
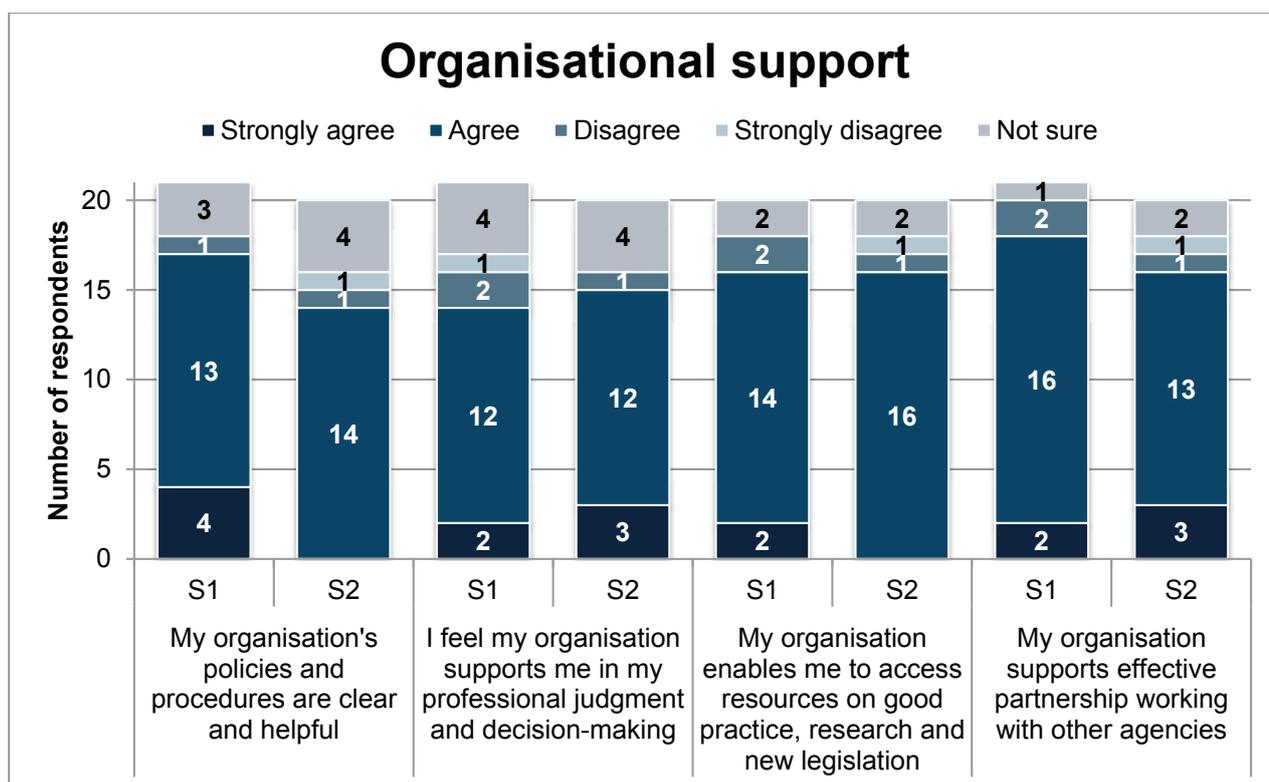
Child Sexual Exploitation (CSE)

This section of the staff survey focused on Child Sexual Exploitation and staff's knowledge and confidence in relation to CSE. Comparing survey 1 responses with survey 2, more staff felt certain in survey 2 about their knowledge about effective working with young people affected by CSE.

In relation to specific statements, the majority of staff claimed to 'know enough about CSE to help young people affected' – a number that increased slightly in survey 2.

In response to the statement 'I have had the training I need in relation to CSE' three-quarters (75%) of respondents agreed in both surveys, suggesting that for the majority of staff members training needs were being met. However, the number who disagreed increased slightly between the 2 surveys.

In survey 1 many respondents were uncertain whether they 'know what works in supporting young people who have been sexually exploited', a number that fell markedly in survey 2. The vast majority (almost 9 in 10) now says that they know what works in supporting young people. This is a positive development.

The proportion of respondents who agreed with the statement 'I get enough support around CSE to do my job' also increased between the 2 surveys, as fewer respondents ticked 'not sure' in survey 2.

Figure 15: CSE I
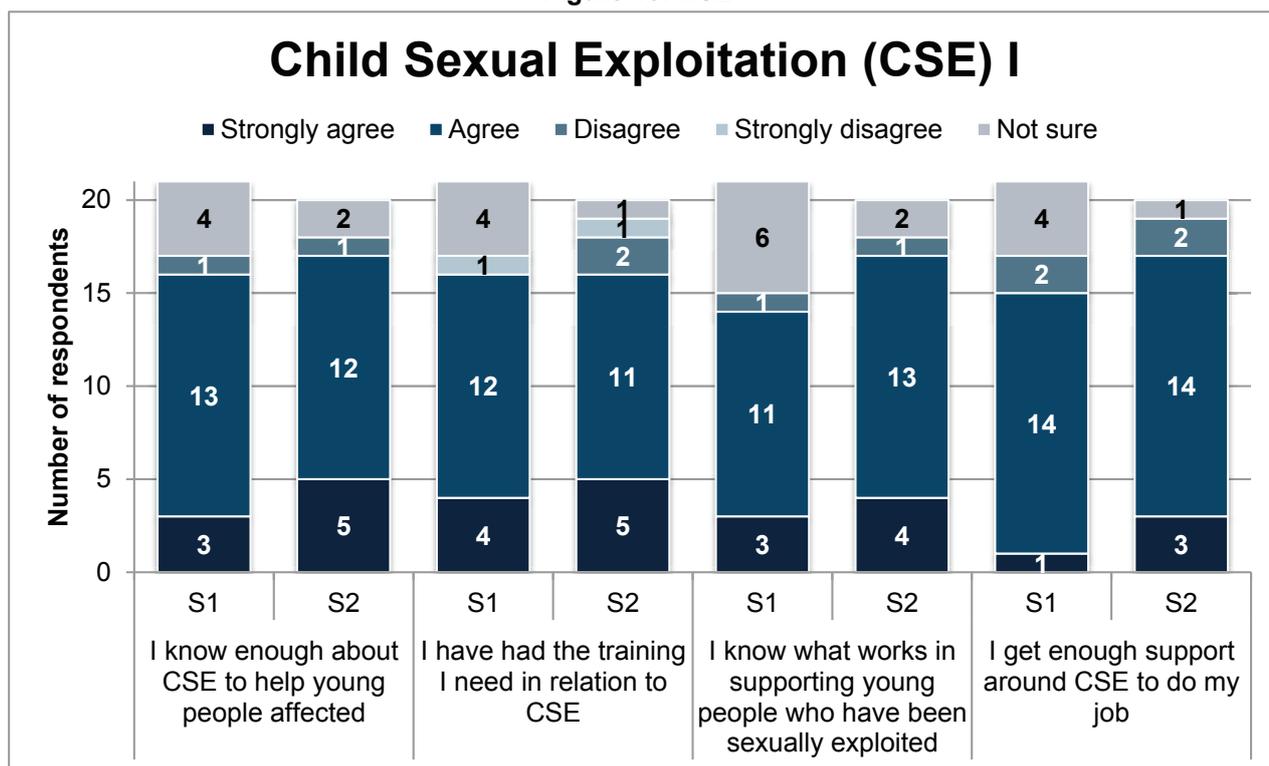
Overall, a large proportion of respondents were 'not sure' about the Child Sexual Exploitation statements. While this uncertainty was more prominent in survey 1 where one-third (33.33%) of staff members chose 'not sure', some members of staff continued to be unsure in survey 2.

In response to 'my organisation is where it needs to be to address CSE', there was a high degree of uncertainty amongst one-third (33.33%) of the respondents in both surveys. However, more agreed in survey 2, compared to survey 1, that St Christopher's is where it needs to be to address CSE.

A growing number of staff members agreed with the statement 'I feel anxious that there are cases that we don't know about'. While the number who were uncertain remained the same, the number that did not feel anxious fell from 6 to 2. This suggests that as staff knowledge about CSE grows, so does their awareness of potentially unidentified cases.

In both surveys, half of those asked did not 'worry that CSE cases will be broadcast in the media if anything goes wrong'. However, a small but increasing number did worry about media coverage of negative cases in survey 2.

The number who said 'young people and families are actively engaged in influencing our CSE service' increased between the 2 surveys. The proportion of those unsure fell by almost half.

The 2 surveys show that the proportion of respondents who agreed with 'I know enough about the influence of gender, sexuality and ethnicity in relation to CSE' increased markedly, as fewer staff members in survey 2 felt uncertain about how different factors influence CSE.

Figure 16: CSE II
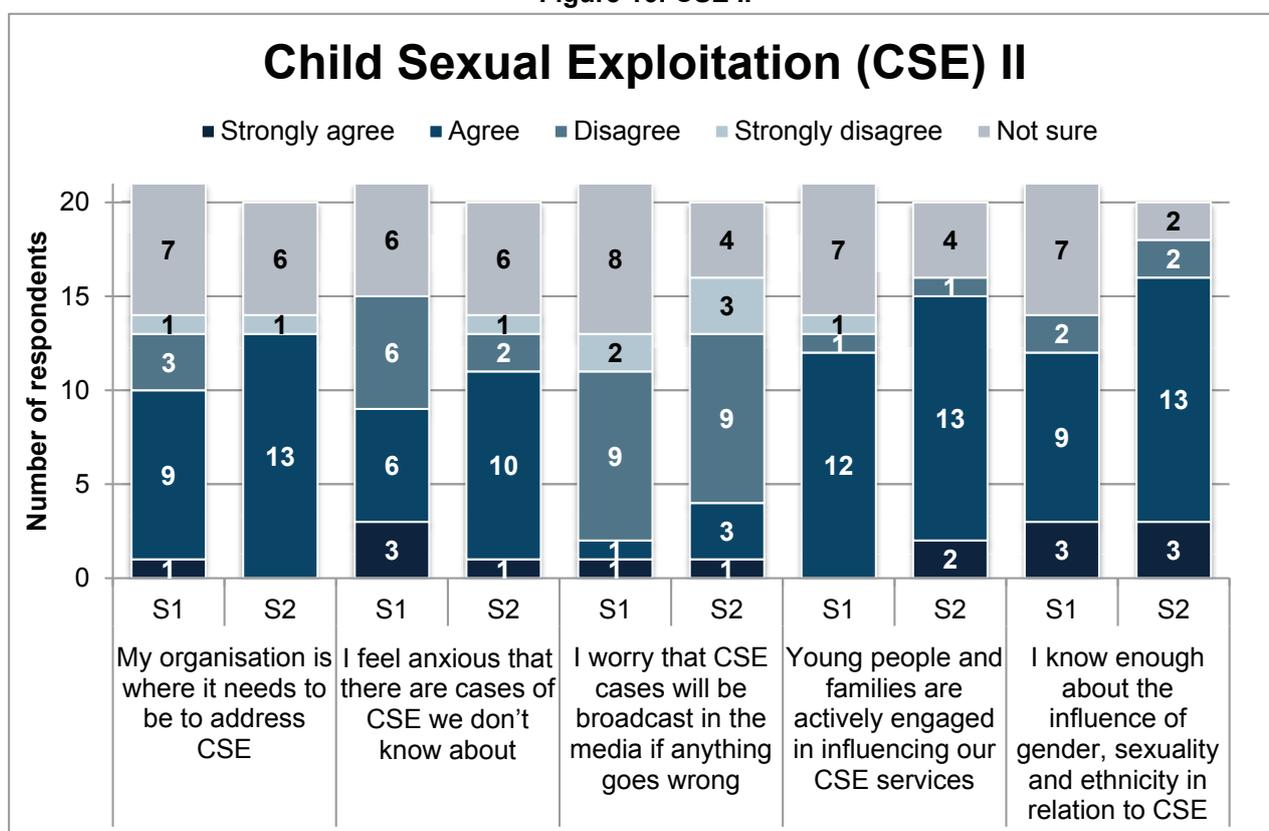
The Innovations Project

The final section of the staff survey focused on their opinions and experiences of the Innovations project. Overall, staff gave a positive evaluation of the project, staff commitment to, and their work with, young people affected by CSE.

In both survey 1 and 2, one-third (33.33%) of staff was 'not sure' whether 'being here is a therapeutic experience for young people'. However, half considered it to be a therapeutic experience in survey 2.

In survey 2, all agreed that 'if a member of staff has not behaved well towards a young person they will be challenged'. The high proportion of staff members who strongly agreed (almost half) with this statement is an indication how confident respondents felt about this matter.

Half of respondents disagreed that 'some of the things we do re-traumatise young people', while one-third (33.33%) were not sure. Three respondents believed that young people may be re-traumatised by some of St Christopher's practices.

Three-quarters of staff believed that new practices would continue if leaders left. However, some staff were uncertain whether they 'believe staff commitment to new practices will continue even if leaders move on'.

Figure 17: Innovations Project I
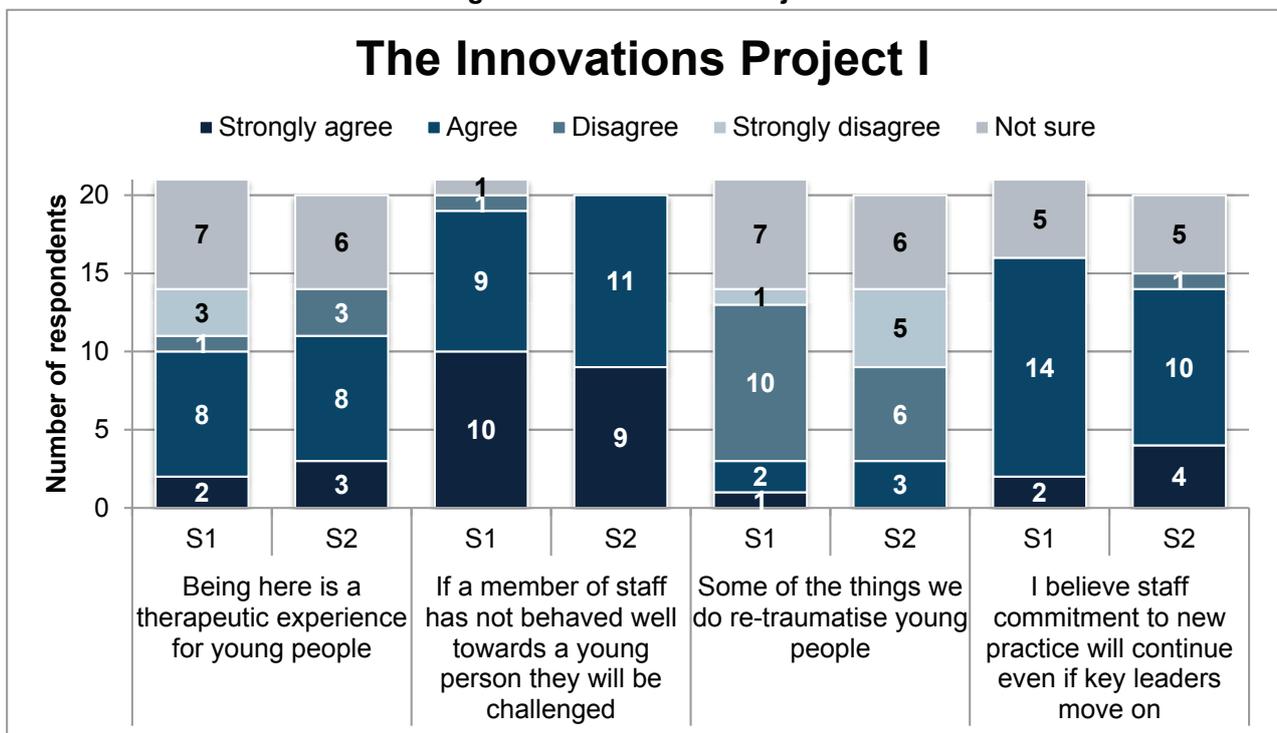
In summary, staff were very positive about the Innovations project, saying it had a positive effect on how they work with young people and the relationships they were able to build with young people.

The vast majority of staff members felt 'encouraged to think about the reasons behind the behaviour of young people they work with' – this was the case for both surveys. Only one was unsure.

Asked whether 'staff make relationships with young people that help them speak about their lives and feeling' all agreed, with over half 'strongly agreeing'. This positive finding was reinforced in both surveys.

In response to the negative statement 'I don't think the time young people spend here makes much difference to their lives' – 5 respondents agreed in survey 1, but this decreased to one in survey 2. Consequently, three-quarters (75%) of staff members disagreed, stating that the project does indeed make a difference in young people's lives.

In survey 1, two-thirds (66.66%) of staff members agreed that the CSE Innovations project was influencing their way of working with young people, a proportion that increased to 9 in 10 respondents in survey 2. This is a very positive assessment of the Innovations project by staff members.

Finally, when asked if they agreed or disagreed with the statement 'staff here are more interested in what is wrong with young people than what has happened to them', two-thirds (66.66%) disagreed in both surveys.

Figure 18: Innovations project II

The Innovations Project II

85