



Department
for Education

Aycliffe CSE innovation project

Evaluation report

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Contents

Executive Summary	3
Context	3
Key Findings	3
Implications for policy and practice	5
1. Overview of project	6
1.1 What was the project intending to achieve ?	6
1.2 What was it intending to do to achieve these outcomes?	6
1.3 Changes to the project's intended outcomes or activities	8
1.4 The context within which this innovation has been taking place	9
1.5 Existing research relating to this innovation	10
2. Overview of the evaluation	12
2.1. What were the evaluation questions?	12
2.2. Methodology	12
3. Key Findings	15
3.1. How far the innovation has achieved its intended outcomes	15
3.2. Learning from the project and the evaluation	35
4. Limitations of the evaluation and future evaluation	37
5. Implications and Recommendations for Policy and Practice	38
References	39
Appendix 1 Psycho-social assessments	41
Appendix 2 Staff Surveys	49
Appendix 3 Education data	60
Appendix 4 Feedback from supervision	64
Appendix 5 Theory of Change Framework	68
Appendix 6 Topic Guides	72

Executive Summary

Context

The rise in concern about sexual exploitation and the difficulties of keeping exploited young people safe in the community has resulted in more referrals of sexually exploited young women to secure accommodation. However, depriving young people of their liberty on welfare grounds is a contentious issue, particularly given a lack of evidence of its effectiveness in improving outcomes. Within this context, the central question being tested by this pilot was: can secure accommodation provide a therapeutic environment, engage sexually exploited young people with appropriate therapeutic support and support their transitions into a safer life in the community?

Key Findings

Development of the pilot:

- The pilot project was efficiently established and, by June 2015, staff for the specialist house were appointed and trained and the first young women were admitted.
- A strong core team was created which included Barnardo's and Odysseus staff working alongside residential workers. A shared ethos was developed, although in the first few months, consistency of approach was sometimes impeded by under-staffing and reliance on cover staff.
- Over the course of its implementation the planned model of working has evolved with a number of changes made to its original design:
 - The step-down facility was not pursued;
 - Individual trauma-focused therapy was not provided for most young women;
 - After a brief period of education being provided in the house, almost all young women attended Aycliffe's main provision.

However, the biggest difference between what was planned and what occurred related to the source of referrals. Rather than coming mainly from the north east, referrals came from much further afield and this has a major impact on the sustainability of the transitional and throughcare support that has been provided.

Outcomes for young people:

- Over the course of the pilot period, eleven young women have been resident in the specialist house, mainly referred on 3 month orders (with some extended to 6 months). Ages have ranged from 13 to 17 years.
- Most of these young women had extremely troubled backgrounds, often including major experiences of violence and abuse. In most cases, the

precipitating factor for seeking a secure order was frequency of missing episodes, placement breakdowns and serious concerns for the young women's safety.

- The development of positive relationships with staff was a key objective of the pilot and staff succeeded in developing some very positive relationships. However, the attachment difficulties of the young women have presented major challenges. These have been compounded by the time-limited and brief nature of the secure placements as well as the mix of young people in terms of age and need.
- There is some evidence for an increase in the young women's understanding of the impact of child sexual exploitation (CSE), although this has varied between individuals.
- There is also some evidence of improvements in the mental and emotional well-being of some young people during their time at Aycliffe. However, the project has been unable to address the complex underlying difficulties affecting many of the young women referred in the short time available to do so.
- Some young people have engaged well with education while at Aycliffe although there has been uncertainty about how best to accommodate education alongside therapeutic needs. Planning for future education or training has been limited by the difficulties of achieving well planned transitions to suitable placements.
- In most cases, positive transitions into suitable placements have not been achieved. Local Authority planning has been poor and placements difficult to find. Placements have often been identified only very shortly before young women have been due to move. However, the project has involved families well wherever possible and, despite many placements being far-flung, workers have provided considerable support to young people during and following transitions.

Outcomes for Aycliffe

- Staff report increased knowledge and confidence in relation to working with CSE affected young people. 100% of staff have completed a 5 day training course on trauma, attachment and CSE which was very positively received.
- There is some early evidence that a more therapeutic culture is emerging across Aycliffe and this can partly be attributed to the Innovations project. The introduction of clinical supervision has been welcomed by most staff and is making a difference.
- There is evidence that sustaining relationships across transitions from secure accommodation into the community is appreciated by young people, parents and social workers.

Implications for policy and practice

In recent years, we have developed a growing awareness of the complexities often associated with sexual exploitation. There is a strong concern to keep sexually exploited young people safe and provide them with the right support to regain control over their lives, but the challenges of achieving this for some young people within the community often seem insurmountable. Consequently, despite its costs and disquiet about its use on welfare grounds, secure accommodation continues to be used for sexually exploited young people. In this context, the pilot attempted to test whether secure accommodation could play a positive role in the lives of young people by providing a more therapeutic environment where they could gain an increased understanding of the impact of CSE on their lives, engage with appropriate therapeutic support and be supported into a safer life in the community.

From the evidence so far, there are good indications that it is possible to create a more therapeutic culture in a secure environment and the combination of intensive, whole-staff training and reflective supervision look promising. It is also possible for staff to develop positive relationships with sexually exploited young people and for these relationships to be sustained during a period of transition. However, for a secure placement to do more than care for a young person for the length of the order, it needs to be part of an integrated long-term plan by the placing authority. Such a plan would need to incorporate a really thorough appraisal of young people's needs; an ongoing relationship with a worker - preferably prior to, during and after secure accommodation; transition planning in place from the start of the order and appropriate residential, foster care and independent living options being available. For the period in secure accommodation to be an effective part of this package, it would need to offer more in terms of assessment and facilitate the start of therapeutic relationships which could continue in the community and provide transitional support to parents and carers as well as young people. Realistically, this is far more difficult if young people are placed from a long distance away.

The fundamental difficulty for these young people is a lack of appropriate long-term placements. For most, a series of placement breakdowns was a major factor in them being placed in secure accommodation. But a secure placement, however good, cannot positively affect outcomes in the absence of long-term solutions.

1. Overview of project

1.1 What was the project intending to achieve ?

The ultimate goal of the Aycliffe innovation was to improve the mental health and well-being of sexually exploited young people and enable them to build lives free of sexual exploitation.

The intended outcomes for young people were: reduced risk of sexual exploitation; improved emotional well-being; stable living situations; supportive relationships – including positive family relationships being rebuilt; awareness of rights and risks and being able to make positive choices for themselves. (The findings around outcomes for the young women are discussed in section 3.1) For Aycliffe Secure Centre itself, the outcomes included: fewer re-referrals to secure accommodation (as a result of the improved outcomes for young people); a stable, skilled workforce with a consistent trauma informed approach; and evidence of an effective, replicable model for secure provision influencing commissioning and placement.

The original milestones the project hoped to achieve by March 2016 were as follows:

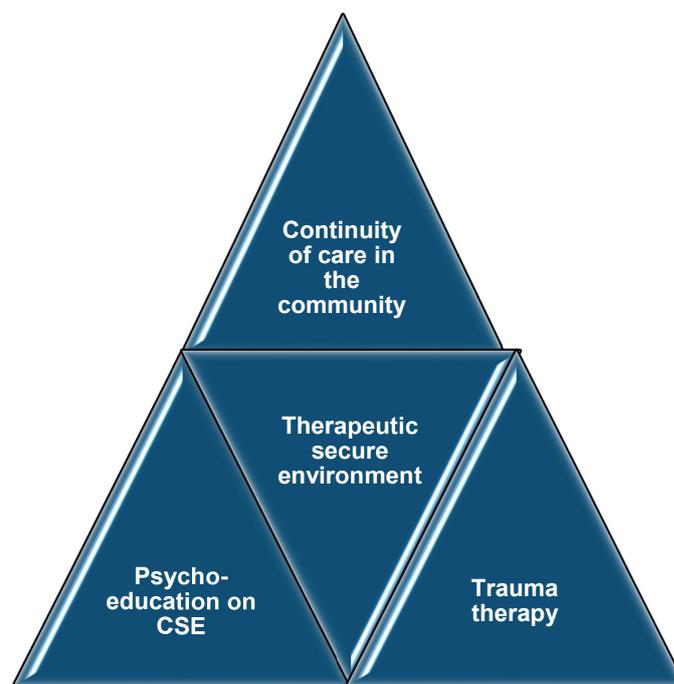
1. The pilot established to timetable with a good description of the model developed.
2. Increased knowledge and confidence amongst project staff.
3. A strong project team with a consistent trauma informed approach
4. A more therapeutic culture in Aycliffe overall.
5. Young people will have positive relationships with staff, their emotional well-being improved, there are fewer incidents/emergencies.
6. Young people have a greater understanding of the impact of trauma in their lives and have reduced trauma symptoms.
7. Young people have greater understanding of CSE and its impacts; there are reduced risk factors for CSE.
8. Young people are more engaged in education and plans for their future.
9. Step-down is being used and positively experienced by young people
10. Transitions are well planned.
11. Young people are well supported in making the transition from Aycliffe and have more confidence and skills in managing their lives.
12. Families feel supported and are better able to support young people in the community.

1.2 What was it intending to do to achieve these outcomes?

The original project design involved opening a specialist unit at Aycliffe Secure Centre (referred to here as 'the house') to focus on working with trauma in sexually exploited young people. This was to be accompanied by a 2-3 bed step-down facility and the provision of up to 12 months follow up support in the community. The project was developed in partnership with Barnardo's and the Odysseus mentoring project. It was an intervention made up of 4 elements: a period of 3-6 months

accommodation in a secure therapeutic environment during which trauma focused support would be provided and relationships would be developed with Barnardo's project workers delivering a CSE intervention, and with an Odysseus mentor. The same workers would then continue to provide support post-Aycliffe. Barnardo's workers would provide transitional support for up to 3 months and facilitate young people's engagement with longer-term therapy and CSE work in the community where required, while mentors would continue supporting their mentees for up to a year after leaving Aycliffe. Where young people were moving to new care placements, or returning to family, the workers would also ensure continuity of care by providing input to family and carers. Older young people, preparing for independence, would be able to spend time in a step-down flat on site before moving on into the community.

Figure 1. The original project model



In addition, all staff at Aycliffe were to receive 5 days training in trauma and sexual exploitation, and group and individual clinical supervision, to ensure a centre-wide approach to a new way of working.

The overall approach emphasised the importance of relationships, and rather than focus on one-to-one therapy, placed the relationships between young people and project staff (particularly residential workers) at the centre of the intervention as the primary facilitator of change. The training provided was based on theory about the effects of attachment, disruption and trauma on self-regulation, adaptive traits and developmental competencies (Perry and Pollard, 1998; Kinniburgh et al, 2005). It drew on the 'therapeutic parenting' approach to the fostering and adoption of abused and attachment disordered children expounded by Dan Hughes (2004) and Kim Golding (2007).

1.3 Changes to the project's intended outcomes or activities

There have been no changes to the project's intended outcomes, but there have been changes in the activities the project has actually undertaken from those in the project plan summarised below:

1.3.1. Local or national referrals

The original model was predicated on referrals to the unit coming primarily from local authorities in the North-East. This has not been the case and the unit has accepted referrals from Yorkshire, Lincolnshire, Derbyshire, the North-West and London. Budget and staffing were based on this 'local' model and it soon became clear that the wider range of referrals would impact on the continuity of care that could be provided:

"The whole project is simply not viable if we are not getting north-eastern young people. The continuity ... it has to be the same workers following through or it's just not what was intended. They can't send therapists out all over the country from Barnardos when they're only working 2 ½ days and Odysseus uses local mentors."
(Baseline)

The pilot project has succeeded in providing considerable outreach support for those young women who have moved to placements across the North and Midlands, but this would be difficult to sustain in the long term.

1.3.1. Therapeutic input

The original project plan included employing 2 part time counsellors to work alongside residential staff on the unit. However, there was some confusion as to their role (whether they should be providing individual therapy or offering less structured support to the young women and consultation to staff). A room in the house was originally designated as a therapy space but this was recognised to be inappropriate and an alternative room in the education block was identified. In the first couple of months the young women were mostly reluctant to engage with formal one-to-one sessions (whether designated for therapy or CSE work) and the therapists struggled with working more informally and with different expectations. These posts were subsequently discontinued, although one young woman who had immediately engaged with one of the counsellors has had weekly therapy throughout her time in the project and this has continued into a local placement in the community. There are also arrangements in place to 'spot purchase' therapy from a local Barnardo's service where this is required.

"The design was originally that B's therapists would integrate themselves with the workers on the house, but I am not sure this happened.... The therapists were expecting a more structured approach but the young people couldn't take that.... There were different expectations of the project across the staff team at the start."(T1)

1.3.2. Step-down

The step-down facility has not been developed as planned. This was initially because the CSE affected young people referred to the project were much younger than was anticipated – 13 and 14 rather than 16 plus and approaching independence. In addition, there were a number of practical barriers over the designation of the available accommodation as secure/non-secure which could not readily be resolved within the timeframe. The accompanying milestone is therefore no longer relevant although the step-down flats have been used to enable young people to spend quality time with family members.

1.4 The context within which this innovation has been taking place

Aycliffe Secure Centre is a purpose built Local Authority Secure Children's Home run by Durham County Council and currently able to accommodate 32 young people across 4 houses. It accepts referrals for young people who satisfy the "welfare" criteria specified within Section 25 of the Children Act 1989 as well as providing Youth Justice Board places for 12 to 14 year-olds sentenced to custody, girls under 17 and boys aged 15 or 16 with particular needs. It has been rated 'good' overall by Ofsted. Services include a mental health in-reach service - The Kolvin Service - a Consultant led multidisciplinary adolescent forensic mental health provision commissioned by NHS England. A range of intervention programmes are delivered including on substance misuse, anger management, self-harm and emotional literacy.

The use of secure accommodation for young people who are sexually exploited is a contentious issue, with critics questioning the use of 'welfare grounds' to deprive young people of their liberty. However, secure accommodation continues to be used: research suggests that while managing risk in the community is generally preferred by local authorities, it is sometimes considered impossible because of lack of appropriate placements and services (O'Neill, 2001).

It is recognised that while secure units frequently offer 'evidence-based' interventions, these have usually been designed and evaluated in relation to a largely male population of young offenders. Access to individual therapy or counselling – in which sexual exploitation, abuse and family relationships could be expected to be addressed – is variable.

Securing young people in response to sexual exploitation is, by definition, a short term solution and regarded by secure unit staff as being only one stage in a much longer process. Its effectiveness is thought to be dependent upon young people's needs being adequately addressed once they have left the unit. However, throughcare and aftercare are frequently considered poor and any benefits that might accrue from the secure experience are sometimes cancelled out by a lack of effective follow through (Creegan, Scott and Smith, 2005). This was clearly recognised in the development of the Aycliffe Innovation.

In this context the Aycliffe Innovation project represents an attempt to test the possibilities of secure provision in providing a therapeutic environment, meeting

sexually exploited young people's therapeutic needs and supporting their transitions into a safer life in the community.

1.5 Existing research relating to this innovation

There is research identifying the complex and multi-layered issues that may need to be addressed with sexually exploited young people including:

- Drug addiction
- Trauma, depression and self-harm
- Lack of qualifications and training
- Lack of family support and positive social networks
- Relationships with abusive partners/pimps/boyfriends/family members (Research in Practice, 2015; Harper and Scott, 2005)

There is good evidence on the features of residential care that best promote the mental and emotional well-being of children and young people:

“Differences within ordinary care can be a powerful influence on well-being for children in residential and foster care, as well as providing the context for any additional interventions. In residential care, the degree to which the head and staff agree on their approach, establish ‘warm’ relationships with residents and have clarity of expectation about behaviour and education are key to the impact of the home..” (Luke et al, 2014)

The evidence on mentoring schemes with looked after children suggests that they can be of benefit to their social and emotional well-being. Mentoring may work best when it provides a consistent, personal relationship, with frequent contact over an extended period, and includes good support for mentors as well as those mentored.

Barnardo's work with high risk young people affected by CSE has been evaluated and found to be effective in reducing associated risks in community settings (Scott and Skidmore, 2013). In addition, Aycliffe had collected psycho-social outcomes data for 19 young people with a proven history of sexual exploitation in the community (or strong evidence to suggest this) who had completed the Barnardo's CSE programme on a 1:1 basis during their secure placement in 2013/14. There was good improvement in these young people's self-esteem and their knowledge of risks associated with going missing and sexual exploitation which – combined with positive feedback from the young people themselves – was considered to be attributable to the intervention (MacInnes, 2014 Internal report).

There is an evidence base for interventions to treat trauma symptoms, depression and self-harming behaviours in adolescents (NICE Guidelines include group and individual CBT, EMDR for PTSD and DBT for self-injury¹ – see also MacPherson et

¹ See also the Trauma and Self Injury (TASI) programme co-developed with adult women in forensic services <http://www.nice.org.uk/tasi>

al, 2013). There is also some good evidence of the underlying principles that should inform any residential care intended to improve young people's mental health and well-being (Luke et al, 2014). However, there are few evaluations of initiatives with a specific focus on the needs of looked after young people who are sexually exploited.

There is evidence of effective interventions for adult women who have experienced similar patterns of child abuse, sexual exploitation, addiction and abusive relationships with partners (Scott and McNeish, 2014). These have been developed in community, mental health and criminal justice settings and there is a current wave of interest in these in the UK (Allen, 2016). In 2015 Stephanie Covington toured women's prisons in England and Scotland delivering training on trauma-informed practice and there was a 5 week pilot of her *Healing Trauma: A Brief Intervention for women* delivered at HMP Holloway (Burke et al, 2008; Covington and Bloom, 2006; Covington, 2004).

In the original design, the project intended to draw on the experience from Rossie Secure Children's Home in Scotland of introducing an adapted form of Teaching Recovery Techniques (a manualised programme of evidence based psycho-educational work for children and young people traumatised by war and disasters²). A pilot initiative had been funded by the Scottish Government and evaluated by the University of Dundee. <http://www.rossie.org.uk/index.php/news/69-trauma-recovery-training.html>

² The original programme consists of 5 sessions to help children deal with intrusive thoughts and feelings, arousal and avoidance. They are introduced to distraction techniques, dual attention techniques (similar to some EMDR techniques), and various imagery techniques. They are helped to schedule their activities, develop better sleep patterns, manage frightening, repetitive dreams and practice coping self-statements.

2. Overview of the evaluation

2.1. What were the evaluation questions?

The key question for the evaluation was whether the project has achieved its milestones by March 2016 and is it on track to achieve its longer term outcomes. In addition, we were concerned to explore the learning from the project and its implementation – in particular:

- Whether a consistent and coherent intervention/model of service was developed
- The barriers and facilitators to providing a therapeutic response to sexually exploited young people within a secure service
- The impact on staff skill, confidence and culture
- Whether the service was seen to be helpful by young people, their families and social workers
- How transitions into the community are managed and ‘follow-through’ support provided

2.2. Methodology

The evaluation began with an evaluation workshop on 21st May 2015 involving key staff from the project partners in which we sought to clarify how the trauma focused model of working in the secure unit, step-down and community service contexts was intended to lead to the desired outcomes for young people and for the wider system in Aycliffe.

Following this, we produced an evaluation framework to represent a ‘road map’ of the project journey over the course of the pilot year and setting out the contribution of each element of the programme and how achievement of these would be assessed (see Appendix 5).

A pre-post survey of Aycliffe staff was undertaken in July/August 2015 and in February 2016 to assess work satisfaction, resources and support and the impact of the innovations project.

Our evaluation of outcomes for young people utilised a repeat risk reduction assessment based on Barnardo’s outcomes framework (at admission, at 3 months and/or pre-discharge). In addition, a psycho-social assessment utilising the following measures was intended to be undertaken at the same time intervals:

- Strengths and Difficulties Questionnaire (SDQ) – measuring symptoms and peer issues
- Vulnerable Attachment Style Questionnaire (VASQ) – measuring insecure/mistrustful and anxious elements

- Trauma Symptom Checklist for Children – post-traumatic stress and related psychological symptomatology in children ages 8-16 years who have experienced traumatic events, such as physical/sexual abuse or witnessing violence
- Teenage Attitudes to Sex and Relationships Scale (TASAR) – attitudes to ‘sexting’, pressure to have sex, gender roles and equality in relationships

In addition we have drawn on information routinely collected by Aycliffe and its partners including:

- An assessment of Pupil Attitude to Self and School (PASS) conducted at entry and exit
- Assessments of confidence and life skills undertaken by the Odysseus mentoring project
- Performance analysis re critical incidents
- Records of staff absence

Evaluators also reviewed the training materials and the evidence base for the model being promoted; observed delivery of 3 days of the 5 day training course; and analysed post training questionnaires. We supplemented this with a focus group on the therapeutic model involving Barnardo’s staff.

Observation of project development has involved evaluator attendance at project and ‘team around the child’ meetings and sessions led by the Spring Consortium coach which has helped capture the learning of the project during its implementation.

We have evaluated progress against the project milestones through 3 rounds of interviews as follows:

Table 1: Interviews conducted

Interviewees	Baseline July 15	T1 October 15	T2 Jan/Feb 16
Aycliffe staff	13	11	12
Barnardo’s staff	1	2	2
Odysseus staff	1	0	2
Young women	2	2	2
Parents	0	0	2
Social workers	0	0	5

As far as possible, we interviewed the same staff on each occasion and 8 key members of staff were interviewed at all 3 time points and a further 8 at 2 time

points. All staff interviews were digitally recorded. Our approach to interviews was that of 'appreciative enquiry' which emphasises the expert and experiential knowledge of those involved in developing and delivering programmes and their desire to learn from their experience and share it with others. All interviews were conducted by one of two researchers in order to develop trust and rapport between informants and the evaluation team. (Topic guides are included in Appendix 6).

Brief interviews were conducted with a total of 6 young women while they were resident on the unit. None of these were recorded (at the young women's request). They were known to the evaluators by a unique identifier and have been given pseudonyms in this report. However, given the small numbers involved and the unique nature of the specialist provision at Aycliffe, we have taken the precaution of not including case studies in the published version of this report.

2.2.1. Changes to evaluation methodology from the original design.

There were no significant changes to the methodology but we had intended to repeat the risk reduction assessment and the psycho-social measures at 3 months post-discharge and to interview parents (where young people had returned home) and carers (where the young person was being looked after). Two parents have been interviewed but further follow up has not been possible due to the highly problematic nature of young people's transitions from Aycliffe back into the community. The trauma symptom checklist (TSCC) was administered by an appropriately qualified staff member but was used as a one off rather than a repeat measure³.

³ In the evaluation design the TSCC was linked through the theory of change to the provision of trauma-focused counselling and was intended as a pre-post measure. As such counselling was not provided by the project there was no clear rationale for the evaluation to use the measure in this way and it would therefore have been unethical to have done so. Where it was administered at baseline and the test indicated a clinical threshold had been reached, this was referred to the Kolvin Unit team to consider further assessment/intervention.

3. Key Findings

3.1. How far the innovation has achieved its intended outcomes

The original theory of change framework identified 12 milestones for March 2016 (see Appendix 5). These were adjusted to remove the milestone related to step-down provision. We therefore report progress against 11 milestones as the key findings of the evaluation.

3.1.1. Milestone 1: Pilot has been established and there is a good description of the model of working.

By June 2015 the pilot project was well established. The model has evolved over the course of its implementation with a number of changes made to its original design.

The pilot was established with great efficiency and a residential staff team was recruited – from within Aycliffe and externally – by May 2015, with the first referrals being received the following month. However, the speed of implementation allowed little time for the new unit staff to develop their understanding of the new model of working, and the process of appointment created some resentment across the wider staff team. At baseline interviews there was widespread agreement that the pilot had got off to an uncertain start:

“The first few weeks has been a really lonely time. I don’t think the initiative is that well received by the rest of Aycliffe – and some people can’t wait for it to go wrong. [We] felt very much on our own and we were panicking and scared at times. The wheels seemed to fall off the staff. They just forgot that what they had been doing previously on Lumley – [the house that previously tended to accommodate CSE affected young people] was fine and they just needed to keep doing it. Nobody knew what the programme was about. I didn’t know until I attended the evaluation presentation. It had all been a big secret and we didn’t even know what the jobs we were applying for entailed. ... Then four young women arrived rather quickly and people wanted to give them everything. Staff was scared they were going to cock up and were not at all clear about expectations – they’d never been briefed.... The training was wonderful but has left people uncertain about whether they are doing it right. They are much more self-conscious, self-critical and that can be for good or bad. The team should have been chosen long before and fully involved in the development of the project. They all should have been at the evaluation meeting for example.” (Baseline interview)

The initial project team was seen to have both strengths and weaknesses:

“We actually appointed 9 ½ staff out of 30 applications because we wanted the right people even though 15 is the full complement. And they’re all RSW’s [Residential social workers], we have no seniors appointed and I now think it’s a gap as we need a good organiser on each shift.” (Baseline interview)

However, the initial staffing was seen to have some advantages:

“On the unit there’s a good flow: it feels natural and allows practitioners to be drawn into their natural strengths and that shines through. What goes on is less regulated by team leader allocation. However, cover staff from other units coming in can’t cope with it – they struggle with the lack of structure.” (Baseline)

Project leads described “psychological conversations with young people getting behind behaviours [and] creating different narratives” as fundamental to the model and the different ingredients identified by residential staff were:

- *An ‘open door’ policy in relation to free movement around the house and into the garden*
- *Individual safety contracts rather than blanket rules*
- *No behavioural reward system*
- *Stronger representation of the girls – through a NYAS [National Youth Advocacy Service] advocate*
- *Key workers being matched to needs rather than randomly assigned*
- *Clinical supervision for all staff*
- *A house rabbit – and later a hamster*
- *Education and therapy to be available on the house*
- *Barnardo’s CSE workers and Odysseus mentors to be part of the staff team*

A number of these ingredients were changed over the first few months of the project.

First, there was some debate about how best to provide education. The original proposal was for a continuum of provision from solely ‘on house’ to full integration with Aycliffe ‘mainstream’ education and it was quickly recognised that providing education on the house was not appropriate for most of the young women and contributed to a highly charged environment with staff and girls in the same space 24/7.

The project responded accordingly, and from the start of the September term the girls were largely attending school alongside other Aycliffe young people (see Milestone 7).

However, the need for change on this score was also partly driven by the young women themselves:

“I think the girls have shaped us to some extent. The girls wanted to be ‘normal’ including a 9 to 3 day and getting up and going to school rather than being allowed to lie in because we understood their adolescent brains needed a lot of sleep.” (T1)

Second, there were difficulties in engaging the initial cohort of young women with individual therapy. The plan to make some individual therapy available was based on evidence that interventions focused on improving the quality of the relationship between the child and their carers – though fundamental to mental health of young

people – may not be sufficient to address the full range of issues facing looked after young people, and that sexually exploited young people were likely to have complex issues like PTSD and therefore require additional psychotherapeutic interventions that tackle their internal world of feelings and beliefs⁴.

The level of resistance to engaging with CAMHS amongst many troubled teenagers is widely recognised and a similar rejection of ‘therapy’ was encountered from many young women in the project. Attempts to address this in different contexts have included psychologists and psychotherapists working more flexibly and informally with young people or by providing consultation, joint working or supervision to youth workers, foster carers or care staff. Unfortunately, in this project, the role of the counsellors was unclear to both them and the residential staff and there was a poor fit with the usual bounded, appointment-based therapy the counsellors had previously provided for CSE affected young people :

“At the outset I understood that providing a therapeutic environment was the focus and not 1:1 therapy – but at the same time there was a designated room for therapy. It seemed in contradiction to the content of the training to have therapists at all – so staff were confused about what they were there for. It could have worked if it had been constituted as a consultant psychotherapist role but it wasn’t that clear.” (T2)

It was quickly recognised that a room on the house designated for therapy did not provide appropriate privacy or separation from daily life and arrangements to use a room in the education block (out of school hours) were put in train. Subsequently it was decided that in the light of the young women’s denial of their own exploitation and resistance to the idea of therapy there was no clear role for the counsellors and their posts were discontinued.

Third, the behavioural regime was changed. By early summer residential staff were struggling to deal with unwanted behaviours and the Brills behaviour points system was re-introduced to enable the young women to earn privileges (e.g. extra TV, later bedtime, more association) as young people do across Aycliffe.

For some this was a return to normality after a very difficult summer, but there were also losses identified by others:

“There was a model for doing things differently but we’ve reverted to Aycliffe as usual [and] it’s now no different to what Lumley was 18 months ago. Perhaps some things we were trying were naïve but the pendulum has swung too far. I’d have liked to have kept that feeling of creativity and magic – not just the animals.” (T1)

Some changes were in response to specific risk assessments in line with the requirements of a secure service. However, by January when the unit had moved

⁴ Black et al’s (2012) list of therapeutic techniques employed in treatments for trauma symptoms in adolescents: psychoeducation, developing coping skills, cognitive restructuring, and creating a trauma narrative and a post-treatment plan.

back from Durham to Lumley House⁵, residential staff were feeling that the experiment in doing things differently had been abandoned:

“It’s [now] supposed to run [the same] as the other houses, not as it was, for example having doors locked and children do what they’re told. Staff are to be more disciplinary – that has been the change over the last few weeks...so the kitchen is not open now, shoes are not allowed in the house now. Also other staff have been told to come and sort us out – they’ve been told we need strong, older staff to come and whip us into shape.” (T2)

3.1.2. Milestone 2: There is increased staff knowledge and confidence

Staff across Aycliffe report increased knowledge and confidence in relation to working with CSE young people.

Ten courses on *Child Sexual Exploitation, Trauma and Attachment* have been delivered each consisting of 5 days training (1 day on CSE and 4 days covering the impact of trauma, attachment, disruption and trauma on brain development and relationship-based approaches in residential settings). All staff working with young people at Aycliffe have completed the course (138 of 139 staff: the only exception being one staff member on long-term sick) and post-course questionnaires from 95 staff were returned. The course was considered excellent by almost all those attending. Participants’ responses to the key learning outcomes are shown in Tables 2 and 3.

Table 2: Following the training programme, I have a good awareness of the needs of sexually exploited young people

	Number	Percentage
Strongly disagree	0	0%
Disagree	2	2%
Neither disagree nor agree	3	3%
Agree	41	43%
Strongly agree	49	52%
Total	95	100%

⁵ The Innovations project was based on the 5 bed Durham House until the end of 2015 when it moved to the 8 bed Lumley House which had previously been the house for sexually exploited and particularly vulnerable S52 young people.

Table 3: Following the training programme, I feel I have the necessary skills to work with sexually exploited young people.

	Number	Percentage
Strongly disagree	1	1%
Disagree	0	0%
Neither agree nor disagree	8	9%
Agree	44	46%
Strongly agree	41	44%
Total	94	100%

Additional evidence of staff knowledge and confidence comes from the staff survey which included questions on Child Sexual Exploitation and staff's knowledge and confidence in relation to CSE⁶. At survey 1 (July/Aug 15) almost a third (32%) of staff did not feel they *'had the training they need in relation to CSE'*. The proportion was only 12% at survey 2 (Feb 16) suggesting that the training provided between the 2 surveys had met the training needs of many staff. (See Figure 11, Appendix 2)

In response to the statement, *'I know what works in supporting young people who have been sexually exploited'*, a third of respondents were *'not sure'* at both survey points. Although half (52%) said they did know what works in CSE support, almost 1 in 5 said they did not.

In similar vein, over half of all respondents claimed to *'know enough about CSE to help young people affected'* – 53% at survey 1 and 64% at survey 2. The remaining one-third felt unsure or didn't think they knew enough about CSE to help young people.

The proportion of respondents who agreed that *'Aycliffe is on track to become a centre of good practice in responding to CSE'*, grew between the surveys from 51% to 71%. Although some remained unsure, only 1 person disagreed that this was the case.

It is possible for a training programme to increase carers' knowledge and understanding and still fail to have a detectable effect on behaviour and outcomes and a systematic review by MacDonald and Millen (2012) failed to find any evidence

⁶ The first survey was conducted during July and August 2015 (completed by 82 staff representing 60% of the total workforce) the second 6 months later in February 2016 (completed by 72 members of staff). Sixty-one percent of those completing survey 2 had also completed survey 1. (Appendix 2 for full report of the staff surveys).

that the training of residential staff had a beneficial effect on outcomes. However, there is a good rationale for training residential workers to place a compassionate, understanding interpretation on disturbed behaviour (Sinclair and Wilson, 2003). Staff interviewed largely reported that the training had increased their understanding of the causes of difficult behaviours and that this in turn enabled them to respond with greater empathy to young people:

“I can see that it helps set the practical in the theoretical context, for example the theory of mind explains much of what we know anyway, and we learnt about the impact of hormones, but we also learnt that brain development is ongoing until age 23 and that helps to explain the vast gap of development that a 14 year-old still has to go through. Having the training on attachment helped to explain YP’s behaviours, for example knowing about ‘ambivalent secure attachment’ helps us to understand.” (T1)

However, at T2 house staff were unpicking the reasons why the new unit had got off to a very difficult start and some felt that the training had been unhelpful in this respect:

“The training hasn’t had the best impact – it made us all a bit tentative and reduced our self esteem. We thought we didn’t know anything and should be doing everything differently rather than building on things that we were good at [like maintaining] boundaries and consistency across the team. The baby went with the bathwater and the house was chaos... staff let the girls do whatever: they were ruling the roost but they really didn’t feel safe at the same time.....The brain stuff is really amazing – you can see it in the young people – but it’s not what you think about in the moment. It doesn’t help you know what to do.” (T2)

3.1.3. Milestone 3: A strong project team with a consistent trauma informed approach

A strong core team was created which included Barnardo’s and Odysseus staff working alongside residential workers. However, consistency of approach has sometimes been limited by under-staffing and reliance on cover staff.

The house continued to struggle with being understaffed for the first 6 months and during this period interviewees felt that while a core group of staff shared a consistent approach, the reliance on cover being provided by staff from other teams led to some inconsistencies. During this period the team manager and deputy were also acting as duty managers across Aycliffe for over 50% of their time. They therefore had insufficient time to coach their team or to be able to ‘lead by example’.

Project leads described trauma-informed working developed in the team:

“The trauma work was delivered through the residential worker interventions in building secure attachments and having psychologically minded conversations addressing the thoughts and feelings behind the presenting behaviours. Addressing the trauma was about the team nurturing the young people, creating emotional regulation and creating more positive narratives.”(T2)

In interview, questions about the approach of the team commonly received 'broad brush' responses rather than eliciting specific examples, but the warmth and empathy with which project staff spoke of the young women they were working with was evident and it has been clear throughout the evaluation that most of the residential staff saw their work as being 'trauma informed':

"The new staff are showing elements of the training, in having more empathic ways of working, reflecting on the young person's experiences not just their behaviour."
(Baseline)

"I think 90% of the staff really understand the effects the girls' trauma has had on them and can work with that – hence no restraints or separations. We had a staff meeting last week and the alarms went off 3 times while the house was being covered by staff from other houses. That's the difference [a trauma informed way of working can make.]"(T1)

However, some staff felt that the Innovations project had been an interruption of previously effective ways of working:

"Lumley House was already therapeutic but it was felt that they needed to do something new. They could have built on what was already there."(T1)

Others explained that a consistent approach had not been clear at the outset but had developed during the first few months of the project:

"When I joined in July the project had only just started, but the biggest oversight at the start was there were no procedures, policies or guidelines when it had opened, the project staff were running without knowing what to do and what being a therapeutic environment meant. That was not explained at the start. But then there were several discussions which led to changes. Now there are lots of boundaries and expectations on the house which I think is key to the therapeutic environment itself succeeding; now they know what we expect from them and what they can expect from us ... Now the house does offer a therapeutic environment, for example there is reduced damage and there are better relationships with peers and the young people are more sociable with staff, they will ask for a key-working session. It has not been easy to achieve this, there have been rough patches but time and consistency make a difference. Staff have been able to support young people in finding space and time to reflect, and staff have taken young people's views on board quickly."(T1)

A number of staff mentioned that they believed having male residential staff was important as it enabled the young women to have contact with nice men. They also acknowledged that the risk of allegations being made against them put them in a difficult position and that specific support organised for male staff on this topic was helpful⁷.

⁷ There have been allegations made against 3 male workers during the 8 month period. These were not substantiated but 2 have moved permanently to other houses while 1 has chosen to return to Lumley.

Staff were extremely positive about the partnership between Aycliffe, Barnardo's and Odysseus. While there were some early tensions about communication and the 'status' of different partners (Barnardo's workers were immediately allocated desks and included in internal communications arrangements which took a little longer to be put in place for Odysseus staff), interviewees described few tensions in ways of working and expressed considerable appreciation of the different strengths and contributions each other brought. The presence of external staff on the house was seen as particularly positive as well as enabling direct work on CSE issues to be undertaken alongside the development of relationships to support transition.

The parents interviewed were particularly positive about the consistency of the team's approach:

"The staff have been really consistent in what they have said to X and to us – and that's really important for her. She's got great relationships with the [Barnardo's and Odysseus workers]... We've not received the weekly reports but whenever we've rung up the response has been really good and we thought the family day was fantastic – a real family environment – staff even brought their own children along."(T2)

Leadership of the project has been shared by Aycliffe and Barnardo's while much of the management of the project has sat with a manager seconded from Barnardo's. The project lead was acting director of Aycliffe when the project commenced and it was 'inherited' by a new director who came into post a couple of months later. These changes have meant that lines of reporting and responsibility have not always been entirely clear, but the experience of the managers concerned, mutual respect for their different organisational roles and responsibilities and good interpersonal communication have carried the project.

A number of staff acknowledged the inherent tension between secure provision and therapeutic provision:

"A therapeutic environment is a priority for children who are in secure for welfare reasons, and for CSE victims and survivors, but security can tend to take priority – the issue is that these children need emotional containment not physical containment. ...For YP there can be an emotional shock at being in secure for welfare reasons, even though the security, routine, boundaries and consistency may help. The tension is whether this is a holding place for their safety or actually a place to deliver more emotional support. The safety aim is short-term, the work of emotional containment is long-term. ... If the aim of Durham House is to provide safety then 3 months' duration is okay, but if the aim is anything else than it is too short.."(T1)

3.1.4. Milestone 4: Project is influencing a more therapeutic culture in Aycliffe

Based on staff and supervisor interviews and responses to staff surveys, there is some evidence that a more therapeutic culture is emerging and that this can partly be attributed to the Innovations project. The introduction of clinical supervision seems to be welcomed by most staff and is making a difference.

We asked staff who work across Aycliffe if they thought a more therapeutic culture was emerging and there was a great deal of thoughtfulness about the different ways in which culture change is influenced through training, supervision and managerial support:

“I loved every minute of the 5-day course even though it was a bit too much to absorb. You saw people really recognising things like [young woman] is going off and somebody said to me ‘she’s dissociative you know.’ It’s led to a lot of reflection already. Supervision is just a fantastic idea. I think there’s been a culture shift amongst management recently and proper recognition that staff resilience is a fluctuating state – rather than seeing you as tough enough to hack the job or not and asking ‘are you in the right job’ if you’re not coping at a particular time.”(T1)

Responses to the 2 staff surveys provide support to the view that there has been a shift in culture and that it has been influenced by the Innovation project :

At survey 2 a very high proportion of staff members felt *‘encouraged to think about the reasons behind the behaviour of young people they work with’*. With 87% agreeing or strongly agreeing at survey 2, compared to 78% at survey 1.

Asked whether *‘staff make relationships with young people that help them speak about their lives and feelings’* the vast majority agreed at both survey points, with 40% ‘strongly agreeing’ and no-one disagreeing at survey 2.

Over one-third of respondents were unsure whether the *CSE Innovations project was influencing their way of working with young people* at survey 1 (Figure 9, Appendix 2). By the time of survey 2, fewer respondents were unsure and more agreed that the project was in fact influencing their way of working (up from 42% to 63%)

A similar proportion of staff was ‘not sure’ at both survey points whether *‘being here is a therapeutic experience for young people’*. However, the proportion of those who considered it to be a therapeutic experience increased from one-third (33%) to half of respondents (51%).

Very few respondents disagreed with the statement *‘I believe staff commitment to new practices will continue even if key leaders move on’*. Two-thirds (64%) believed that new practices would continue if key leaders left at survey 2– compared to 51% at survey 1.

Some survey responses make clear there is still room for the development of a more therapeutic culture. One-quarter of respondents remained uncertain whether *‘staff here are more interested in what is wrong with young people than what has happened to them’*, although over half (56%) disagreed at survey 2 – an increase from 46%.

An even larger proportion of respondents (one-third or 36% at survey 2) was uncertain whether *‘some of the things we do re-traumatise young people’* and one-in-5 respondents (22%) believed that young people may be re-traumatised by some of Aycliffe’s practices. While this had decreased from 35% at survey 1 this is still a concerning finding.

The vast majority at both surveys 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 (43%) with this statement – the highest 'strongly agree' response to any statement in the two surveys – is an indication of how confident respondents felt about this matter.

A major element of the project intended to influence culture was the provision of clinical supervision – referred to as 'reflective practice' (RP). These sessions (1 individual and 1 group session per month) are an entirely novel experience for staff and represent a considerable investment of organisational time on the part of Aycliffe. There is good evidence that RP has been quickly embraced by the majority of staff and is influencing their work. At T2 we asked for their observations of reflective practice having an impact on ways of working and were given a number of specific examples:

"It's been possible to challenge why someone spends a lot of time in the office rather than with the young people – but so they didn't feel attacked."(T2)

"Someone has gone back to the house and asked a young person how they felt about something that had happened – when before they'd only talked to them about their behaviour and why it wasn't OK."(T2)

Individual and team RP sessions are being facilitated by two very experienced psychotherapist/supervisors. Both have a similar training background in integrative psychotherapy and have supervised multi-disciplinary teams in a variety of related contexts (including inpatient mental health services, children's homes and prisons). Since September clinical supervision has been rolled out across all four house teams and to both education staff and the senior management team. Some teams have been slower to engage than the others (see Milestone 8, pg 32) but attendance at all sessions is good and feedback forms completed after each session suggest increasing levels of engagement and satisfaction⁸. (See Appendix 4)

"The take up of supervision has been good – organisational issues can get in the way but there's individual enthusiasm. People were surprised that it's not 'punishing' and really is completely confidential. The focus is on what they bring and what young people bring to interactions and relationships with emphasis on empathy, boundaries and consistency and on group process. Staff report back on what they've done differently and that they can see how changing how they behave has consequences in how the young people behave..."

...People feel less alone and gain different options of how to work. They are sharing more outside the group and challenging each other – but with consideration. It's paralleling a process with staff that would like to see with the young people....

At the outset of the project there was no guiding vision of what a therapeutic unit for young women should look like. The training sounded clever – the neuroscience in

⁸ The feedback forms were designed by the project without input from the supervisors and need to be adjusted to better reflect the objectives of RP Sessions.

particular – but it intimidated them rather than valuing what they did and building on it. Supervision is giving them the core understanding they need to be able to validate young people’s distress and still challenge their behaviour”.(T2)

From supervision feedback forms and interviews it is clear that a small number of staff have ongoing doubts about the value of RP Sessions:

“[The sessions are] led by the managers who attend although they are not really trying to lead them. The sessions are just not aimed in quite the right way...Individual supervision is fine but it’s basically just a chance to have a rant, which makes you feel better but I wonder if it is constructive.”(T2)

However, others reported finding it ‘fantastic’, ‘hugely helpful’ and ‘the aspect of the project that must be maintained for the sake of the future of the whole unit’.

3.1.5. Milestone 5: On the CSE Unit young people have positive relationships with staff and there are fewer incidents/emergencies

The attachment difficulties of the young women who have been resident on the unit present major challenges to developing relationships with staff. These challenges have been compounded by the fact that secure placements are both time-limited and brief and the mix of young people has posed challenges. Despite this, staff have developed some positive relationships.

Relationship history and attachment problems are core challenges to the development of positive relationships with abused young people. We used the Vulnerable Attachment Style Questionnaire (VASQ) to determine the degree of attachment security of young women admitted to the house (Bifulco et al, 2003). Of the 8 young women who were assessed at baseline none were assessed to have a secure attachment style. All were shown to have either one or two insecure styles of attachment (mistrustful avoidant and/or insecure anxious). Young people who score moderate or high for *both* ‘mistrustful avoidant’ and ‘insecure anxious’ are classified as having *dual or disorganised* attachment style. Five of the 8 young people had a dual insecurity at baseline: this 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.

It was clear from interviews conducted at baseline that attachment issues and their sequelae were understood by residential staff working on the new house:

“[These girls have] lots of placements, no attachments, low self esteem, look to others for their self-image. They are materialistic (see love as expressed by things), have no core friends, constant change. It means they are very adaptable – chameleon-like – they mimic others and getting a true reading of who they are is very hard. They are followers not leaders but at the same time very demanding of caregivers. Sometimes there’s some obstinate refusal but most often say ‘yes’ – they are compliant so there’s not much behaviour management needed. There’s huge fear of new situations or of mixing with large groups. Someone wants a bit of you all the time – they are very needy and can’t do without attention for 5 minutes. It’s this that sometimes gets workers down.”(Baseline)

The mix of young women on the house at any one time has proved challenging. The age range of 13 to 17 has been broad and the actual developmental range even broader and the mix has included young women with very sexualised behaviour alongside pre-pubescent girls:

“The referrals need to be very carefully screened and once the young person is admitted the dynamics of the group might require further adjusting across Aycliffe. We must have some control over not just ‘who’ but ‘when’ referrals are accepted. Aycliffe is under enormous financial pressure and this can lead to admitting young people when the house is very volatile and unsettled and this isn’t good for any of the young people and staff.”(T2)

Despite these significant challenges, the young peoples’ social workers reported that they felt positive relationships had been established by staff and identified the emotional support provided for the young women by specific case managers and key workers as being very helpful.

“There’s good representation [at reviews] and the staff really know X. I’ve been really impressed by the relationship she’s developed with [Barnardo’s worker] and the residential worker was warm and lovely.” (T2)

Project staff also described some very positive relationships having developed but were also aware of the barriers and limitations to these relationships, particularly the limited time available to build them and their very temporary nature.

Residential staff were positive about the different role played by the Barnardo’s and Odysseus staff and the opportunities their presence provided for the young women to develop different relationships:

“Barnardo’s are often on the house to build a relationship with the young person, and they take them for sessions about CSE after school, it is good for them. It was a good decision for the Barnardo’s staff to be based on the house now and to be here for more time, because the girls see her more often and relate to her, and she accompanies them on mobilities [off-site trips]. The Odysseus mentor is on the house from time to time as well as delivering sessions. The general conversations the girls have with the Barnardo’s worker on the house can be quite deep about CSE, very intensive by comparison with what I’m used to, and the Barnardo’s worker can help steer the conversation, and the girls are more likely to ask them questions about it than us.” (T1)

It was suggested that more definition of what constituted ‘positive relationships’ was needed and some recognition that there were particular skills that could help staff build these:

“The members of staff and key workers help the young people to develop more normal relationships and attachments, just as a matter of course in their day-to-day work. We are now trying to write the importance of developing these sorts of relationships into the young people’s ISPs (Independent Support Plans) but it is difficult to decide how exactly to do that.”(T2)

In interview, young women were more equivocal than workers in the views they expressed:

“It’s alright when it’s a good day and shit when it’s a bad day; there are staff who know what they’re doing but still you just don’t like them.”

“There are five staff who I like but some I find odd and there are about 20 people working here overall so I don’t see the ones who I like every day.”

“The mentors are the best people here, they’re lethal. [One mentor] came to court with me and my mam, it was really good to have her there.”

“They [Barnardo’s worker and mentor] take this other girl out all the time for food and to keep in touch with her now that she’s left. I’ll stay in touch with them when I leave.” (T2)

The young women clearly valued the attention they received from staff, as was demonstrated by one young woman who felt others got an ‘unfair share’ of a Barnardo’s workers time and wanted more:

“I can’t remember [what I talk to them about] but I know it was different to what I talk about with the resi staff. It depends who you get [which Barnardo’s worker]; [the other worker] is okay, she helps with CSE work and that.” (T2)

Three young women completed the project feedback form (one at the first review and two at the second review). Their experiences of the project were overall positive, with all three answering ‘agree’ or ‘strongly agree’ to questions about feeling listened to and treated with respect and about feeling safe to talk about private matters. In response to the question ‘my time at Aycliffe has made a positive difference to my life’, two answered ‘strongly agree’ and one ticked ‘agree’.

All three had had support with practical issues, getting other help where needed, and in having positive relationships with friends and families. Support was described as ‘helpful’ or ‘very helpful’. However, one young woman found that the support she had received in having positive relationships with her family had been ‘unhelpful’ and she would consequently have liked more support in contact with family and friends. Another young woman rated the practical support she had received as ‘unhelpful’ and would have liked more support with practical issues.

Incident levels on the house varied according to the individuals resident at any one time. For example, the highest number of incidents in any one month was 11, of these 9 related to one individual with serious mental health problems. Overall incident rates in the months between October 15 and January 16 were second lowest of the 4 Aycliffe houses.

3.1.6. Milestone 6: Young people have greater understanding of the impact of CSE and trauma in their lives

There is some evidence for an increase in understanding of the impact of CSE, although this has varied between young people. There are strong indications that the young women had experienced major trauma prior to admission to the unit. Individual trauma focused therapy was not provided.

The risk assessments completed by Barnardo's workers for 8 of the young women recorded very high levels of risk for CSE at baseline. For those with follow up data, workers' assessments at first and second review generally show that improvements had been made and the level of risk reduced for the majority of outcomes assessed including 'ability to recognise abusive/exploitative behaviour' (see Appendix 1).

In some cases staff were more positive about changes in young people's understanding:

"There have been some positive examples. One young woman reflected on what she has gained from being here, and she said it had given her the opportunity to be out of the situation she was in, it had given her another chance and made her feel safer. She said "I'm not going to be used again, I'm not a mug", which was a reflection of the impact of the CSE work – although we did also talk about what the challenges might be. She said she will use alcohol but won't get 'off her face' and she sees having been here as a fresh start..." (T2)

However, there was concern expressed by staff and social workers that some young women 'knew the right answers' but that the work on CSE had not really been taken on board or that 'just educating them about risks' does not deal with the underlying issues that had led to their vulnerability:

"They [project staff] were over optimistic about her progress...she knew all the language and has had CSE work done with her previously. She can be quite convincing but I don't think any of it really got through."(T2)

Staff described most of the young women as being 'in denial' about having been exploited. There was denial that sexual activity had taken place and insistence that what had occurred had been their choice rather than that they had been used or abused. Some young women maintained this narrative of 'free choice' throughout their time in secure:

"All the young women came in denial and most remained so with a vital window of opportunity when they returned to the community – for example X pressing charges against a perpetrator at this stage. Key to formal work on trauma or CSE is that the young women by and large weren't ready for it."(T2)

Staff considered the length of stay to be the major single factor impeding greater progress:

"I would say that 3 to 6 months has to be a minimum but you don't really want to lock children and young people up for long. Six to 12 months feels like a better basis for the work which we try to do, but there is an ethical conflict." (T1)

"If X been here for longer we could have explored more with her about self-blame, we could have given her more sessions per week and more focused work could have been done. It can be difficult to find the right balance between the length of the stay and the intensity of the number and level of the sessions whilst they are here."(T2)

The young peoples' levels of trauma are apparent from their case histories, and for 4 of the young women the impacts were identified via completion of the Trauma Symptom Checklist for Children (TSCC).

Among the 4 young women with a valid test at baseline, 3 had critically elevated scores for anxiety, 3 for post-traumatic stress and 3 for disassociation. One young person had an elevated score for depression and another for sexual concern. In summary, this small group (especially 3 of the 4 young women) appear to have a high number of potentially trauma-related symptoms. This suggests that the project correctly assumed that the target client group were liable to have trauma-related symptoms and that ensuring staff were knowledgeable about the impacts of trauma would be important in providing appropriate care.

The Trauma Symptom Checklist for Children (TSCC) was intended as a pre-post measure in line with the original project design. Its inclusion as one of the psycho-social measures was based on the assumption that trauma focused counselling would be provided where required. The project has not provided directly trauma-focused interventions/treatment (except in the case of 'Charmaine' – see case study) so the TSCC was not used as a repeat measure. However, a protocol was in place where the TSCC indicated a clinical threshold had been reached this was referred to the Kolvin Unit team to consider further assessment/intervention.

3.1.7. Milestone 7: Young people's mental and emotional well-being is improved

There is some evidence of improvements in the mental and emotional well-being of some young people during their time at Aycliffe. However, there are clear indications that the project has been unable to address the complex underlying difficulties affecting many of the young women referred during a 3-6 month placement.

The 6 risk assessments for which there is both baseline and follow up data suggest that there were some improvements observed in the mental and emotional well-being of 5 of the young women during their time in Aycliffe (see case studies). However, limitations of this data include that this is a worker assessment (completed by the same worker at 2 or 3 intervals of 3 months) and that baseline assessments are undertaken in the first couple of weeks after arrival (when case studies suggest that most young people were anxious and distressed about being secured).

The evidence from the SDQ and VASQ assessments of the 4 young women for whom follow up data is available suggests some small improvements in mental and emotional well-being. For example Alice's scores for hyperactive and attention disorder were abnormal at baseline and within the normal range at first and second review, and Carli's scores shifted similarly for emotional disorder (see Appendix 1). It should be noted that on these measures young people's self assessments at all time points are more positive than those completed by workers.

The project has attempted to provide a more therapeutic environment for CSE affected young women but, as previously noted, the project placed less emphasis on direct therapeutic interventions with the individual and aimed instead at impacting on mental well-being through the emotional and relational environment. However, the

relationship between this approach and individual assessment/diagnosis and treatment has not been clear. It is acknowledged by the project that the original design of the Innovation did not adequately involve the mental health in-reach team:

“Mental health is a particular issue for the girls who are on site now – but throughout the project input from CAMHS and from the Kolvin Unit has been very limited. There are no CAMHS staff at any external meeting to discuss how young people are doing and to plan for their placements. The Kolvin Unit pulled right back at the start so the project has missed out on their input; the arrangement that is in place now, with the Kolvin Unit having more contact with the young people, should have been clear from the start because the young people really need the mental health support – although there is still limited communication between the Kolvin Unit and the rest of the staff.”(T2)

As previously noted there was some confusion about the role of the Barnardo’s counsellors during the early months of the project and the subsequent deletion of this role in the project team:

“There has been one major departure from the original plan, in relation to the mental health services, the Innovation Team has now made it clear that they are not providing therapy. It was confusing as it was before, so this has made things clear although I am also saddened by the change.

Mental health issues and trauma are now being addressed by us from a mental health perspective ... Barnardo’s workers are managing the day-to-day engagement and supporting the Aycliffe staff – but treatment is left with us. ...[O]ur brand of the medical model clashed with what the Innovation Team had planned and there were governance issues around how mental health disorders were conceptualised. The consequence was that the Mental Health team here was not expecting to work with the huge levels of disorders which the young people on Lumley House can have. There is a need for the commissioners [of the Mental Health team] to meet the additional need.[...] CSE has a particularly high level of psychiatric morbidity.”(T2)

In the last few months, there have been discussions of the DART (developmentally informed attachment, risk and trauma) approach as being congruent with the training provided for the innovation and providing a model of therapeutic care in secure settings that operates alongside ‘medical model’ approaches to mental health⁹.

In interviews with social workers it was clear that there was some disappointment that the therapeutic input had not been quite what they’d anticipated at referral, and there were a number of calls for more in-depth assessments of young people’s difficulties and more structured direct work to address them:

“There was a mental health assessment undertaken by Dr X but it wasn’t in-depth or insightful and there was no direct communication with him. X was taken off anti-

⁹ A pilot in a UK YOI has been evaluated and showed improvements in behaviours, engagement with the regime and peer relationships; reduced risk to others although not in vulnerability from others. (Rogers and Budd, 2015).

depressants and I don't know why...the informal sessions don't work well for X – she didn't feel she was getting something just for her...[In a previous secure placement] the work with her was much more intense – but the 3 month placement was too short.”(T2)

“I was really taken by the offer – specifically for CSE and girls only. I'd hoped for containment and therapeutic intervention. She'd never kept her CAMHS appointments but in secure it could be different. There was an assessment offered from the inreach team but she didn't engage so it wasn't done...but with all those staff around her every day I'd have thought there'd be some insight that could be shared.”(T2)

“A proper mental health assessment was promised but it was actually just the CHAT and even that was only half completed whereas we needed recommendations. In another secure placement [with different young woman] they started the CHAT immediately in the first week and regular appointments with a psychologist kicked in immediately.”(T2)

It seems that a number of different issues contributed to this dissatisfaction. First, the model which emphasised a therapeutic milieu and relationships rather than formal therapy was not well understood by social workers. (This has been recently addressed by providing a 1-day training workshop for referring social workers to share the approach with them.) Second, the lack of clarity about the role of the inreach team and the provision of therapy and third, any formulations that may have been developed and shared in team around the child (TAC) meetings have not been formally communicated to social workers.

3.1.8. Milestone 8: Young people are more engaged with education and plans for their future

Some young people have clearly engaged well with education while at Aycliffe although there has been some uncertainty about how best to accommodate education alongside therapeutic needs. Planning for future education or training has been limited by the difficulties of achieving well planned transitions to suitable placements.

There were different understandings amongst interviewees concerning the provision of education 'on house'¹⁰. Some thought this was primarily in order to allow education to be tailored to individual needs and to fit around therapeutic priorities, and others that it had been mainly proposed in order to keep CSE affected young people apart from YOI young people:

“Education has to take place but we've been concerned about the mix for some time – mixing welfare girls with some of the young offenders (especially given the nature of some offences) has led to the decision to educate the Durham girls separately.

¹⁰ Two teachers were employed as part of the project team. One has remained and provides support to the girls in the classroom and has contributed her creative skills to some of Barnardo's psycho-social direct work.

Two teachers [working on the house] obviously can't deliver the range but 3 to 4 months can identify gaps as well as support therapeutic work. [There is a question about]... the role of education? They're not here for educational reasons but education can help them achieve focus, gain ideas and motivation in life. Education can be therapeutic in itself and there is a healthy focus on the future especially of course [their] vocational future.”(T2)

At baseline interviewees were questioning the arrangements for education:

“Education is usually where everybody mixes together – including young offenders. Education is not where they're at [the girls] and they can't focus, but doing it on the house has not been that easy. Not having an identified room or space is a problem or an established regime. They are focused on their relationships with the RSW's and the two teachers are new and only just in post. They will comply with the RSW's but not with the teachers: 'I'm not working with 'er I don't like 'er'. This I still think is the right way to go with education but we didn't appreciate how chaotic and stressful for RSW's it would be! It's not a demotivater but it does need a solution.”

Shortly thereafter it was decided that – for the sake of girls, teachers and residential staff – there needed to be both more routine to daily life and a more traditional distinction between home life and education. From the beginning of the Autumn term the young women were integrated into the main education provision and there is widespread agreement that this has been appropriate. However, some confusion about the role of education remains:

“There's still much work to be done to identify the young people's priorities – whether it is education or something else, like addressing their trauma. I find that different staff have different views on this and case managers don't seem to take a final view on this, they don't clarify the priority for the individual young person.”(T2)

The education team has been less readily engaged in reflective practice sessions than some of the house teams and some staff appear to be uncertain what is expected of them, or view their role as being there 'to teach' while the social and emotional needs of the young people are the responsibility of other staff. Ideas introduced on the training (e.g. 'red and green behaviours') have been described as being used to 'punish' staff. However, there is also enthusiasm for working in a more integrated way with other teams and supervision may be a vehicle for this.

Individual school reports (see Appendix 3) provided for the evaluation suggest that while a couple of the young women have failed to engage with education entirely, most have demonstrated some interest, ability and application and received considerable encouragement to engage in thinking about and taking responsibility for their future. In the most positive case this has involved a complete change in attitude and engagement:

“Carli was quite outspoken – refusing education – felt she couldn't learn anything, but after a short period of time began to see the necessity to attend education and work towards a transition that would lead her into college or employment. This was demonstrated with her participation in the Brighter Futures initiative which gave her a positive direction for her future learning. By the time Carli left us she was in attendance full time in education achieving some accreditation.”(T2)

The PASS (Pupil Attitudes to Self and School) assessment is completed by Aycliffe young people at arrival and exit. The data pertaining to the project young women suggests that there is considerable variability in their attitudes to self and school on arrival, but whatever their starting point, attitudes towards learning and their own capacity to do so improved for most of them during their time at Aycliffe. (See Appendix 3).

Planning for the future in terms of education and training is tied up with transitions in general (see next milestone). Where transition planning is poor or placements are not identified until the eleventh hour it is not possible to liaise with providers and discuss options. Even when young people have re-engaged with education in secure this is likely to be fragile and context specific and without good transitional support into school/college they are liable to lose confidence and revert to previous patterns of absenting themselves.

3.1.9. Milestones 9, 10 and 11 Transitions are well planned and supported (Combining milestones 9, 10 and 11)

Positive transitions into suitable placements have not been achieved. Planning by Local Authorities has been poor and placements hard to find. Placements have often been identified only very shortly before young women have been due to move. However, the project has involved families well wherever possible and provided considerable support to young people during and following transitions.

The project design was for an overall intervention with each young woman of around 18 months duration as it was recognised that, on its own, a short period in secure was unlikely to improve long term outcomes. The theory of change highlighted the need for well-supported transitions into appropriate long-term placements where good ongoing support for both young people and their parents or carers would be crucial. However, it has not been possible for the project to deliver these 'good transitions' for any of the young people who have left the house to date.

Some staff suggested that the project could have done more to put pressure on local authorities:

"Transitions are a huge issue for us. Across Aycliffe 60-70% are non-planned and this has been 100% for these girls that they've been last minute and inappropriate. That means we haven't been able to work properly with the carers they've gone to... We should have been stronger with the local authorities. We've used the same case management processes and the managers haven't had enough clout. It needs to be a senior manager doing the pushing and we haven't always escalated appropriately. We've learned from this and in the new structure there'll be a senior manager for resettlement."(T2)

Other staff were clear "Aycliffe can't solve transitions on their own – it's a huge policy issue."(T1), but the sense of frustration amongst managers and staff who felt unable to improve the situation has been considerable:

“The grinch is resettlement and nobody seems to grasp the nettle. It’s like I’m looking out of the window and somebody is being raped and I’m shouting but nobody hears me and I can’t do anything to stop it.”(T2)

Pressing local authorities harder to plan transitions better was recognised to be only a very partial solution to the problem:

“The transitions are still as rubbish as ever because we still deal with last minute placements, the same ratio as before are rushed. That may be because there are a limited number of CSE beds. Also we put a cap on the distance of placements so we can do the follow-up. The young people are also difficult to place anyway, and the placements have to be competent – there’s a limited offer of suitable placements in the community for the young people we are working with.”(T2)

This was a view echoed by social workers:

“We just haven’t got enough placements that will take these girls – we put out the call and no-one responded. She’d had a dozen placements before Aycliffe and the whole country had just run out of options...In the end the least worst option was thought to be her returning home.”(T2)

Despite the huge difficulties in identifying suitable placements for the young women leaving the project – and the eleventh hour arrangements that have been the norm – those moving on have received exceptional support from the project during and after the transition to a new placement – and through subsequent moves where these have occurred. Despite some placements being at a distance of 100 miles, most of the young women moving on have had weekly or fortnightly visits from a Barnardo’s or Odysseus worker. This support has been hugely appreciated by the young women’s social workers:

“The best aspect of the Aycliffe placement has been the continuity into the community – not just with the therapist but with the CSE worker and the mentor.”(T2)

“The planning was good and although the placement broke down I have to say that the Aycliffe support through that was fantastic. X was devastated and it made a huge difference to her having people she trusted to help her through that.”(T2)

Family involvement has been variable but project staff have made considerable efforts to engage with parents wherever this has been appropriate.

The flat originally designated as a step-down facility has been used to facilitate family contact in a comfortable environment and enabled some of the young women to spend meaningful time with parents and siblings – and for staff to observe family interaction.

One parent reported that:

“Aycliffe is the only placement I’ve ever been satisfied with. She was happy and the staff loved her. They’ve talked to me and kept me informed instead of treating me like I was the problem even though it’s me that’s been asking for help since she was 6 and never got it... Now she’s going to still have the Barnardo’s worker twice a week and she’s got a good relationship with her.”(T2)

3.2. Learning from the project and the evaluation

3.2.1. Lessons about the barriers and facilitators to this innovation

Key challenges to this project can be summarised as follows:

- Referrals coming from across the country rather than the North East has put huge pressure on the capacity to provide throughcare for young people from initial transition into the community to longer term support. The project has managed this well during the pilot period but it would not be sustainable over the long term
- The main barrier to good transitions has been the lack of placements willing and able to provide long-term care and appropriate support to sexually exploited young women and the lack of early planning for transitions
- The extent of most of the young women's denial that they had been exploited, the complex trauma and attachment difficulties many of them brought and the mix of ages and issues amongst those referred, has made the provision of a specialist facility extremely challenging
- The different component activities intended to deliver improved outcomes were not joined up. There was no single guiding vision running through the initiative like letters through rock. The training, supervision, CSE work and therapeutic input to the house were all provided by Barnardo's – but the different individuals delivering each component never met together as a team and there were differences of emphasis and approach which caused confusion amongst staff
- The relationship between interventions based on a social and relational model of trauma and recovery and mental health provision based on diagnosis and treatment of mental disorders is a complex one and needs to be worked through if social care and mental health staff are to provide joined-up help for young people

Despite these challenges, the pilot project has been greatly enhanced by:

- Fantastically committed and experienced staff with real enthusiasm for doing things better. This has been recognised and appreciated by social workers and parents
- The project has also benefitted from good partnership working between the three partners with mutual respect for different roles and responsibilities. The swift set up that the partners achieved was particularly impressive
- The innovation fitted with the 'direction of travel' set by managers for Aycliffe as a whole and it has therefore been able to contribute to a shift in culture overall

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

- Ensuring residential care staff are knowledgeable about the impact of trauma and able to build warm, consistent relationships with young people alongside providing CSE specific psycho-educational interventions is necessary – but not sufficient – to address complex needs
- Approaches that are evidence-based in relation to improving the mental health of young people in long term foster or residential placements cannot achieve the same outcomes in short-term placements (although there is some evidence from this Innovation that they may impact on immediate well-being)
- A whole-system approach involving social care and mental health professionals working together is required if appropriate care is to be provided for young people with complex needs
- Clinical supervision is welcomed by residential care staff and 'green shoots' suggest that it makes a positive difference to practice - leading to greater empathy with young people and more consistency in staff teams
- Asking parents, young people and social workers for feedback on service quality elicits useful information about what matters to them
- Onwards transitions are a huge problem that cannot be solved by innovations within the secure sector alone
- Transitional support to maintain continuity and consistency of support is highly valued by young people, parents and social workers

4. Limitations of the evaluation and future evaluation

The most obvious limitation is that this report has been written only 9 months after programme inception and therefore findings only relate to very early implementation.

A key challenge in the evaluation of projects working with troubled young people is ensuring their participation and finding suitable tools that will make this easier. This has not been entirely achieved. We selected tools that were robust, measured meaningful, relevant things and were short and accessible, but young people have not always been willing to complete them despite the best efforts of Barnardo's workers to explain and encourage this.

The evaluation measures have not been as well integrated with the intervention as would be desirable. The ideal is that measures of difficulty re attachment, trauma symptoms etc would inform formulations and care planning as well as the evaluation, but this hasn't been the case as yet. However, this report is the first opportunity to demonstrate any findings from these measures and the project will need to decide whether they have value for informing therapeutic interventions as well as monitoring outcomes in the future.

The project is not intending to continue in its current form (based around a specific CSE house) so any future evaluation will have to be designed around their revised approach to providing secure accommodation for CSE affected young people.

5. Implications and Recommendations for Policy and Practice

In recent years, we have developed a growing awareness of the complexities often associated with sexual exploitation. There is a strong concern to keep sexually exploited young people safe and provide them with the right support to regain control over their lives, but the challenges of achieving this for some young people within the community often seem insurmountable. Consequently, despite its costs and disquiet about its use on welfare grounds, secure accommodation continues to be used for sexually exploited young people. In this context, this pilot attempted to test whether secure accommodation could play a positive role in the lives of young people by providing a more therapeutic environment where they could gain an increased understanding of the impact of CSE on their lives, engage with appropriate therapeutic support and be supported into a safer life in the community.

From the evidence so far, there are good indications that it is possible to create a more therapeutic culture in a secure environment and the combination of intensive, whole-staff training and reflective supervision look promising. It is also possible for staff to develop positive relationships with sexually exploited young people and for these relationships to be sustained during a period of transition. However, for a secure placement to do more than care for a young person for the length of the order, it needs to be part of an integrated long-term plan by the placing authority and recognised by the Courts. Such a plan would need to incorporate a really thorough appraisal of young people's needs; an ongoing relationship with a worker – preferably prior to, during and after secure; transition planning in place from the start of the order and appropriate residential, foster care and independent living options being available. For the period in secure to be an effective part of this package, it would need to offer more in terms of assessment and facilitate the start of therapeutic relationships which could continue in the community and provide transitional support to parents and carers as well as young people. Realistically, this is far more difficult if young people are placed from long distances.

The fundamental difficulty for these young people is a lack of appropriate long-term placements. For most, a series of placement breakdowns was a major factor in them being placed in secure. But a secure placement, however good, cannot positively affect outcomes in the absence of long-term solutions.

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Appendix 1 Psycho-social assessments

1. Sample

The table below shows the sample size for the range of measures completed at 3 different data collection points:

Table 1 Sample

Time	Project worker			Young Women				
	SDQ	VASQ	B's	SDQ	VASQ	TASAR	TSCC	SF
Baseline	8	8	8	7	7	6	5	NA
T1	5	5	6	5	4	5	3	1
T2	3	3	3	2	2	1	1	2

2. Baseline information about the young women

At baseline, project workers completed psycho-social assessment measures for 8 young women, and 7 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 security¹¹. It consists of two 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 utilises 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 two 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 (e.g. 'I find it hard to trust others')¹². 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 (e.g. 'I miss the company of others when I am alone').

¹¹ 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.

¹² Ibid: 1103

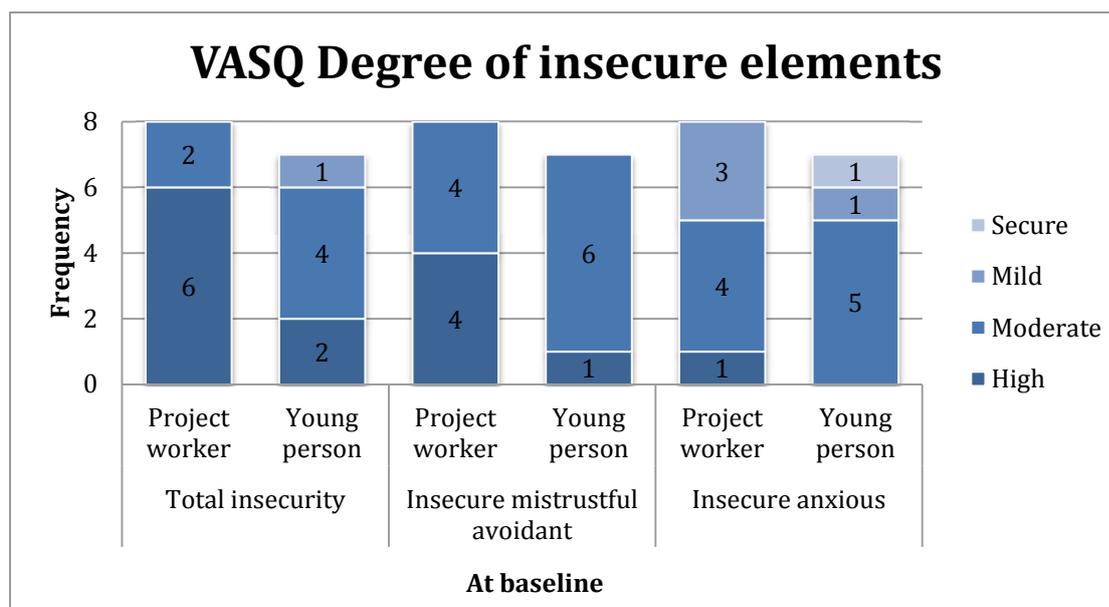
Figure 1 below shows the various degrees of insecure elements as assessed by the young person herself alongside the project worker’s assessment of the young person’s attachment style.

In terms of ‘total insecurity’ at baseline, the project workers rated 6 young people to have a highly insecure attachment style and 2 young people to have a moderately insecure attachment style. The young people had a slightly more positive self-assessment, with two rating themselves as having a ‘highly’, four a ‘moderately’ and one a ‘mildly’ insecure attachment style. None of the young people were assessed to have a secure attachment style.

Focusing on the two types of attachment styles (figure 1), 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, 4 young people were scored to be either highly or moderately anxious insecure, giving them an enmeshed or fearful attachment style. One young person rated herself to have no anxious attachment.

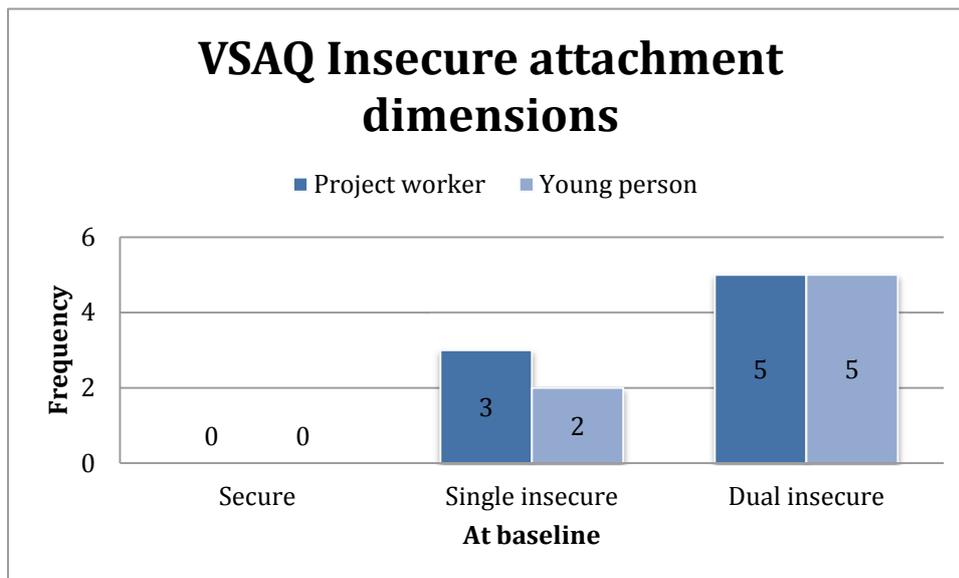
Figure 1.



All the young people in this group were shown to have either one or two insecure styles of attachment (mistrustful avoidant and/or insecure anxious). As figure 2 shows, none were assessed to have a secure attachment for both elements.

Young people who score moderate or high for *both* ‘mistrustful avoidant’ and ‘insecure anxious’ are classified as having of *dual or disorganised* attachment style. Five of the 8 young people had a dual insecurity at baseline, this 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.

Figure 2.



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:

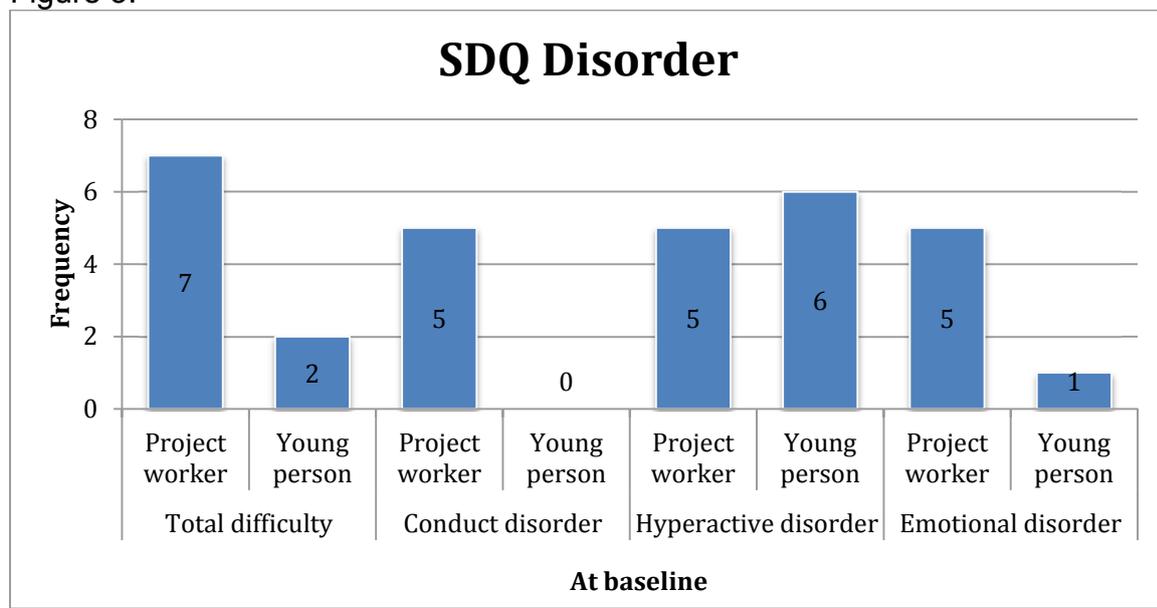
- Conduct problems – aggression, rule breaking
- Hyperactive problems – poor concentration, over-activity
- Emotional problems – depression, anxiety

Use of the Strengths and Difficulties Questionnaire (SDQ) with looked after children has been shown to provide a good estimate of the prevalence of mental health conditions, allowing the identification of children with psychiatric diagnoses based on the Development and Well-Being Assessment (DAWBA). Caregivers' and teachers' responses on the SDQ have proven to be more useful than self-reports and its use as a screening tool during routine health assessments for looked after children has been shown to increase the detection rate of socio-emotional difficulties.

¹³Project workers assessed 7 out of 8 young people to have an 'abnormal' or case for 'total difficulty' (figure 3). Young people had a more positive self-assessment, with only 2 out of 7 scoring high / abnormal for total difficulty (another 3 scored 'borderline').

In relation to conduct and emotional disorder project workers also scored the young people to have more difficulties than the young women themselves. This is a common finding within research using the SDQ assessment tool, as children and young people often underreport problems. The exception here was for symptoms of 'hyperactive and concentration' disorder where 6 out of 7 young people self-report that they have issues with hyperactivity, while project worker assessed 5 out of 8 to have difficulties with poor concentration and over-activity.

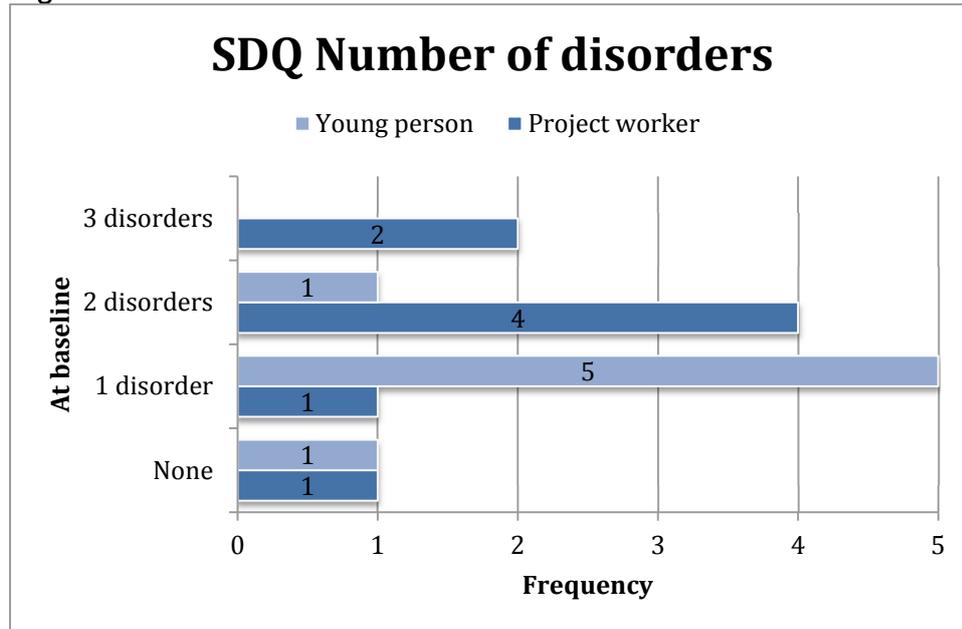
Figure 3.



Project workers assessed two young people to have 3 disorders and 4 young people to have two disorders at baseline. Although slightly more positive, 6 young people reported to have one or more disorders at baseline (figure 4).

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

Figure 4.



Barnardo's Outcome Monitoring Framework

Barnardo's outcome monitoring framework is a system that allows Barnardo's staff to select relevant outcomes for individual children and young people that the service works with. The level of risk is assessed according to a 5-point scale, with 5 representing the highest level of risk and 1 the lowest.

Outcomes for young people in this evaluation were identified at baseline using information received on the young person's referral form and from initial meetings with other professionals.

At baseline project workers completed the outcomes form for 8 young people, who were all assessed to have a very high level of risk (5 out of 5) for the following features:

- Reduction in level of risk/harm
- Able to identify abusive / exploitative behaviour
- Able to recognize exploitative behaviour / grooming on the internet
- Knowledge of sexual health strategies
- Reduced association with risky peers / adults

Depending on needs, other outcomes were also identified for individual young women, such as:

- Improved mental health and well-being
- Reduced/safer consumption of controlled substances
- Enhanced parent/carer/adult – child relationships
- Satisfactory school/college attendance

For those with follow-up data, the project worker’s assessments at first and second review generally show that improvements have been made and that the young person’s level of risk has been reduced for the majority of outcomes.

Trauma Symptom Checklist for Children (TSCC)

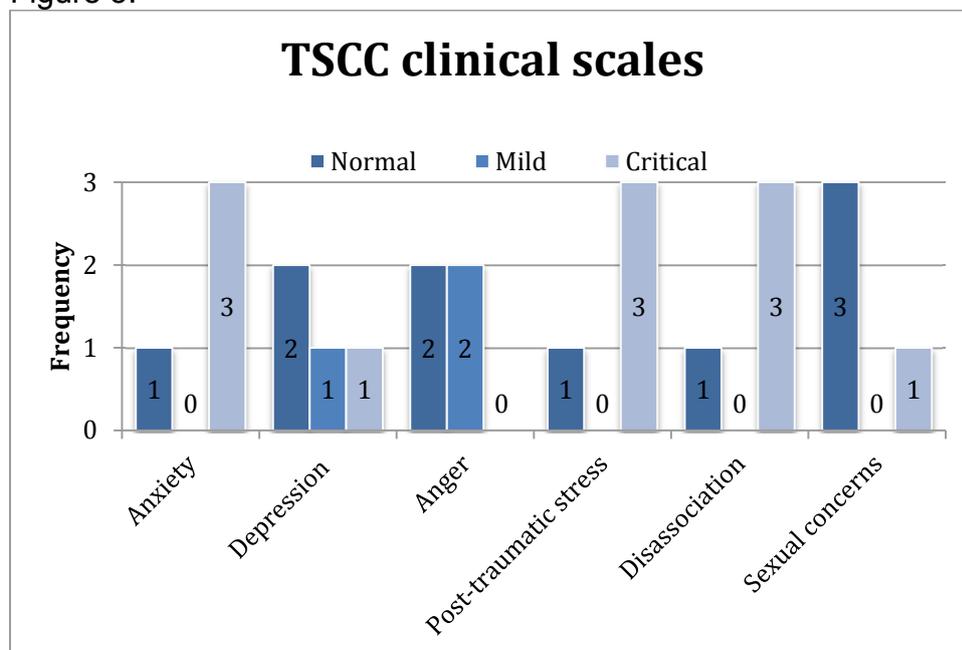
The TSCC is a self-report measure of post-traumatic distress and related psychological symptoms. As a tool it is used in the evaluation of children and young people who have experienced traumatic events, such as childhood abuse, major losses, victimisation (including physical and sexual assault) and witnessed violence done to others (e.g. 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 4-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.

Five TSCC forms were completed by the young women at baseline; however one form was deemed invalid as the young woman had a very high score on the under-responsive validity scale (when the respondent has indiscriminately marked 0’s on the symptom checklist measurers).

Figure 5 below shows the number of young people with a normal, mild or critical elevation on the 6 clinical TSCC scales.

Figure 5.



¹⁴ Briere, J. (no date) Trauma symptom checklist for children (TSCC): professional manual, PAR

Among the 4 young women with a valid test at baseline, 3 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 child is experiencing generalised anxiety, hyperarousal and worry. Elevated scores on the anxiety scale may reflect the presence of an anxiety disorder.

Three of the 4 young people had a critically elevated score for *post-traumatic stress*. This scale consists of items relating to intrusive thoughts, sensations and memories of painful past events, fears of men and women and cognitive avoidance of negative thoughts and memories.

Three young women scored critical on the *disassociation* scale, two on the sub-scale 'overt dissociation' (DIS-O) and one on 'fantasy' (DIS-F). Overall, the disassociation scale measures items such as one's mind going blank, emotional numbing, pretending to be someone else or somewhere else, daydreaming and memory problems. Young people with clinically significant elevations on the dissociation scale, especially overt dissociation, often present with reduced responsivity to the external environment, emotional detachment, and a tendency to cognitively avoid negative affect. Young people with a high score on the fantasy dimension (DIS-F) may be seen by others as overly involved in fantasy to the exclusion of the real world and its demands.

One young person had an elevated score for *depression* and another for *sexual concern*. In summary, this small group (especially 3 of the 4 young women) appear to endorse a high number of potentially trauma-related symptoms – 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 5-point scale indicating how strongly they agree or disagree with each statement.

The scale can be used to evaluate sexual violence prevention projects, assessing the impact of the programme on young people's attitude to sexual violence and gender stereotyping by using the measure pre and post intervention¹⁵.

At baseline, 6 young women completed the TASAR questionnaire (however, one form was photocopied/scanned in a manner that made the answers illegible).

The responses show that overall the young women endorse socially desirable norms. For example, all 5 disagree with the statement 'if a girl sends her boyfriend a

¹⁵ McNeish, D. and Scott, S. (2015) An independent evaluation of Rape Crisis Scotland's sexual violence prevention project, DMSS.

picture of herself it's OK for him to send it to his friends' or agree with 'good sex can only happen when both partners are up for it'.

However, some answers demonstrate a high level of uncertainty about what constitutes healthy relationships, with some young women answering 'not sure' to more 'risky' statements. For example, only one young person 'disagreed' with the statement 'I think it's important for a girls to please her boyfriend', while two 'agreed' and two were 'not sure'. In similar terms, only one 'agreed' with the statement 'I wouldn't have sex just to please someone else', while three disagreed and one was unsure. Such attitudes may indicate a higher level of risk or vulnerability to sexual coercion.

Project Feedback Forms

Three young women completed the project feedback form (1 at the first review and 2 at the second review). Their experiences of the project were overall positive, with all 3 answering 'agree' or 'strongly agree' to questions about feeling listened to and treated with respect and about feeling safe to talk about private matters. In response to the question 'my time at Aycliffe has made a positive difference to my life', two answered 'strongly agree' and one ticked 'agree'.

All three had had support with practical issues, getting other help where needed, and in having positive relationships with friends and families. Support was described as 'helpful' or 'very helpful'. However, one young woman found that the support she had received in having positive relationships with her family had been 'unhelpful' and she would consequently have liked more support in contact with family and friends. Another young woman rated the practical support she had received as 'unhelpful' and would have liked more support with practical issues.

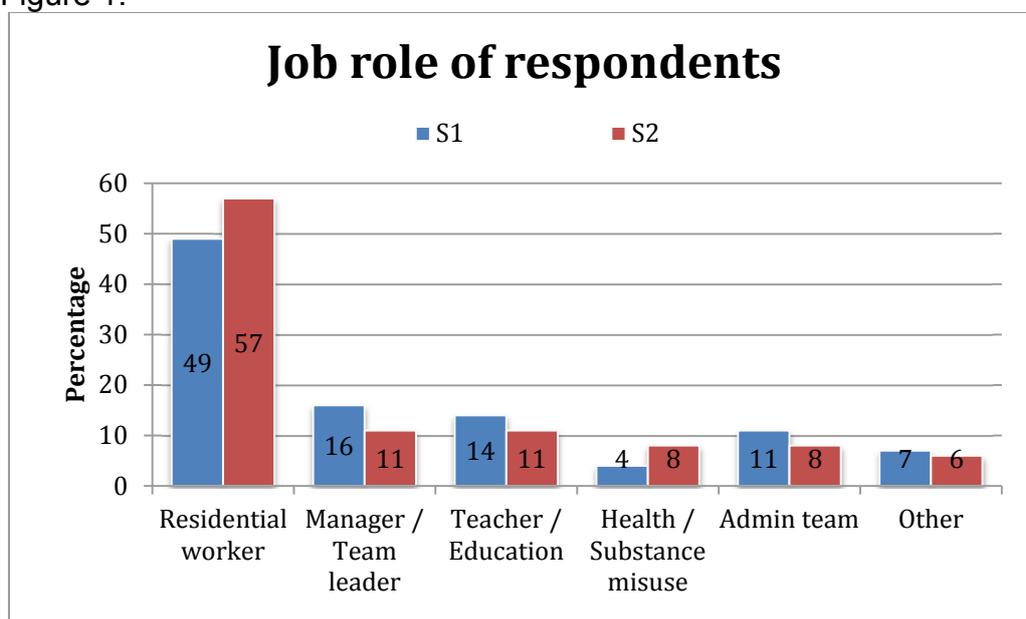
Appendix 2 Staff Surveys

Survey respondents

Eighty-two Aycliffe staff completed the staff survey during July and August 2015 (representing 60% of the total workforce) while 72 members of staff completed the same survey 6 months later in February 2016. Sixty-one percent of those completing survey 2 had also completed survey 1.

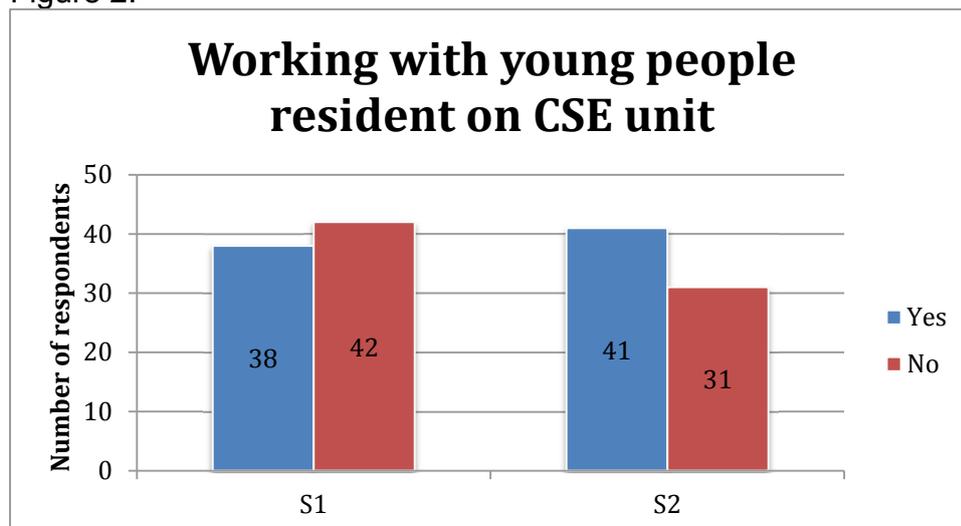
The largest group of respondents was residential workers, followed by managers /team leaders and teachers.

Figure 1.



Slightly more survey 2 respondents worked with young people resident on the new CSE unit, than those who completed survey 1 (see figure below). This reflects the increased staffing of the unit.

Figure 2.



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 the figure below, general levels of satisfaction with work increased between surveys 1 and 2.

The proportion of respondents who agreed with the statement 'My work gives me a feeling of personal achievement' went up from 79% to 88%. Only 2 members of staff did not get a feeling of personal achievement from their work, down from 5 in survey 1.

The vast majority of staff (81% in survey 2) felt they were 'encouraged to develop better ways of doing things'. The proportion of those unsure about this statement decreased from 28% to 11%, although 8% (or 5 staff members) did *not* feel encouraged.

In survey 2, one-quarter (25%) of respondents 'strongly agreed' with the statement 'I enjoy coming to work most days' – up from 17% in the pre-survey. Only 3% (2 members of staff) did not enjoy coming to work most days.

The proportion of respondents who were unsure about whether 'young people / families value the work I do with them' decreased markedly from 38% to 16%. In survey 2 three-quarters of staff members believed that the young people and families valued their work.

Regarding work induced stress, the figures were similar between the two surveys. Almost half (43%) disagreed with the statement 'I often feel very stressed by the nature of my work'. However, a similar proportion of staff often felt stressed by the nature of their work (40% in survey 1 and 37% in survey 2).

Figure 3.



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 more considered time constraints to be an issue.

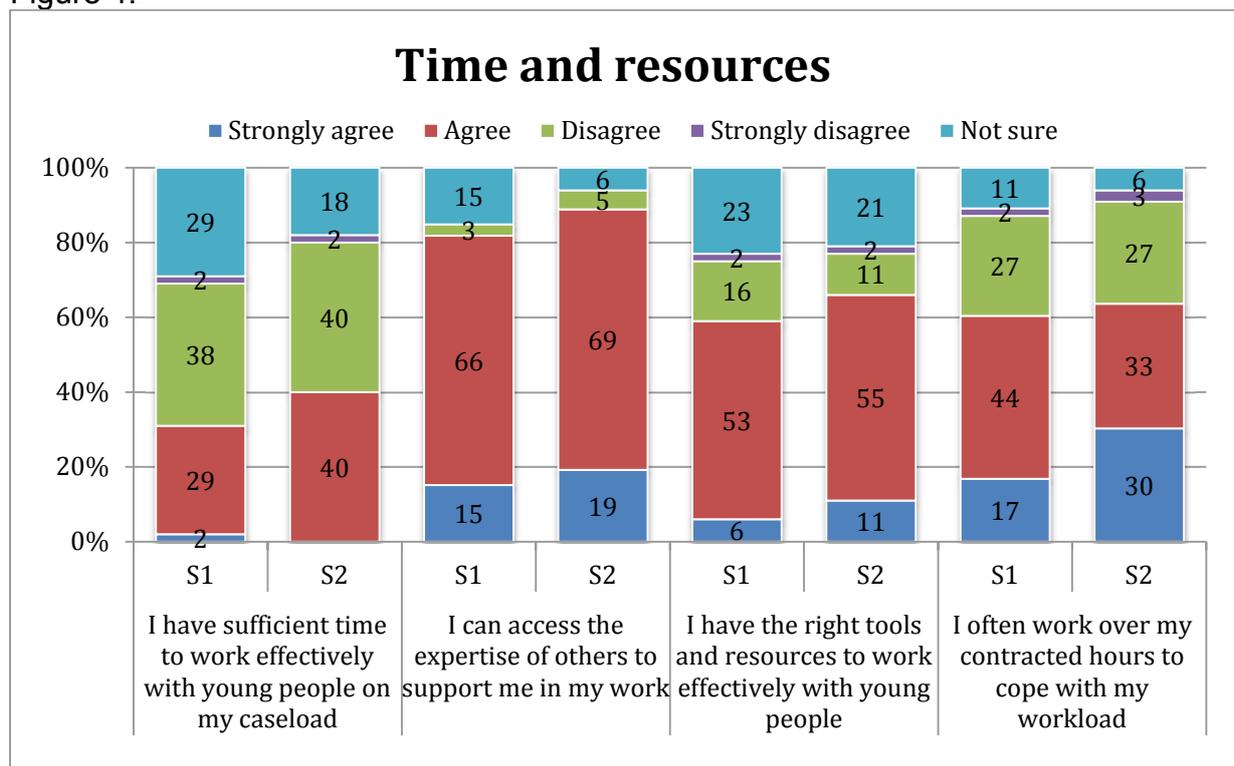
Twenty-nine percent agreed with the statement 'I have sufficient time to work effectively with young people on my caseload' in survey 1 – a proportion that increased to 40% at survey 2.

The vast majority agreed with the statement that they 'can access the expertise of others to support me in my work' at both survey points (81% rising to 88%). Three members of staff (5%) disagreed and 4 remained unsure at survey 2.

60% of staff thought they had 'the right tools and resources to work effectively with young people' at survey 1. This only increased slightly to 66% at survey 2 and the proportion of those unsure remained the same. One-in-five staff members were not sure at survey 2 whether they had the right tools.

The overall proportion of staff who say they 'often work over my contracted hours to cope with my workload' was similar between the two surveys, but the group who 'strongly agreed' with this statement increased from 17% to 30%.

Figure 4.



Peer and management support

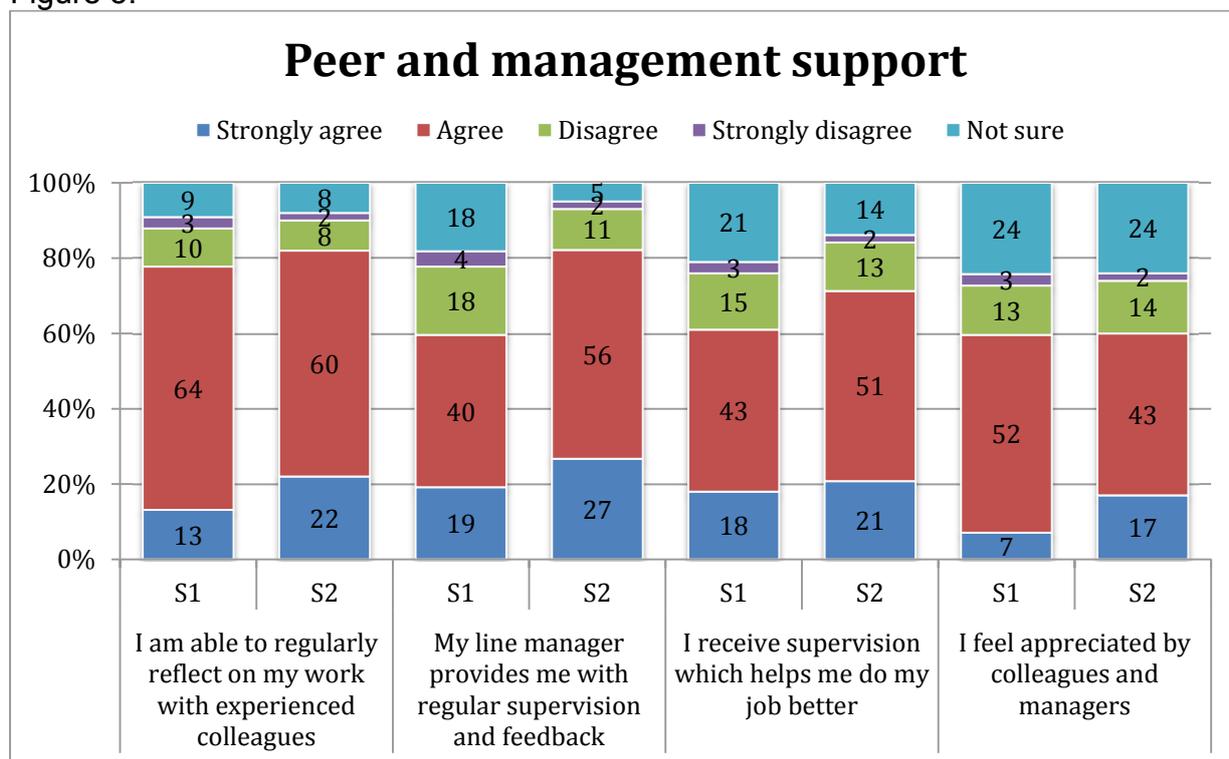
Respondents at both survey points felt 'able to regularly reflect on their work with experienced colleagues'. However, the proportion who strongly agreed with this statement increased from 13% to 22% probably reflecting the introduction of group supervision for all residential staff.

At survey 1 one-in-five respondents did not think that their line manager provided them with regular supervision and feedback, while another 1 in 5 was 'not sure' (18%). Survey 2 responses suggest that supervision structures have become more embedded in the period between the two surveys, as the number of 'disagrees' and unsure comments decreased, while the proportion that felt their manager provided regular supervision increased from 59% to 86% - a significant increase.

In similar terms, the proportion of staff who agreed they 'receive supervision which helps me do my job better' increased from 61% to 72% between the two.

A similar proportion of staff (24%) was unsure at each survey point whether they 'felt appreciated by colleagues and managers'. Although over half of respondents felt appreciated (60% at survey 2), the number 'not sure' appears high.

Figure 5.



Learning and development

Access to learning and development is an important issue for most staff, but the surveys show that time and training were issues for some members of staff.

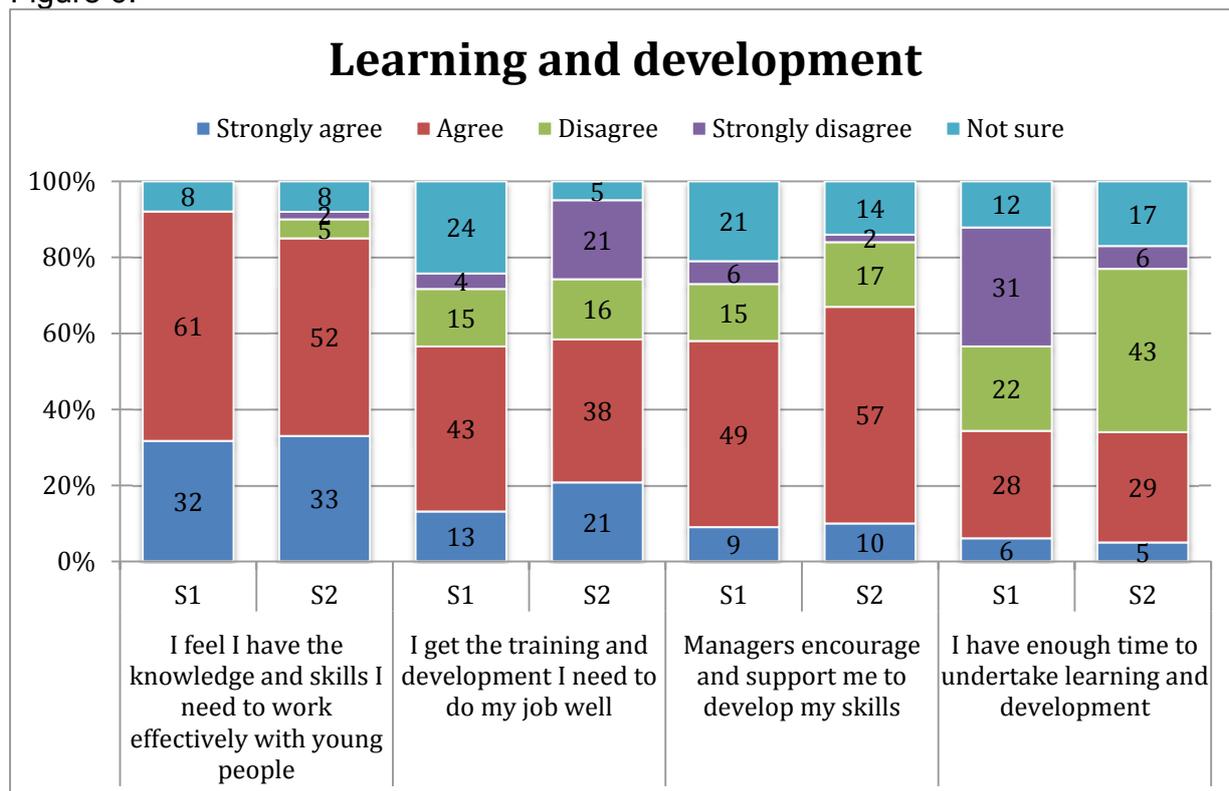
The vast majority of respondents said that they ‘have the knowledge and skills I need to work effectively with young people’, although this proportion decreased slightly from 93% at survey 1 to 85% at survey 2 – it is still a high percentage.

In terms of ‘getting the training and development I need to do my job well’ half agreed that they did. However, the proportion that disagreed increased between the surveys from 19% to 37%. One-in-five ‘strongly disagreed’ at survey 2 that they were getting the training and development they needed.

In survey 2, two-thirds (67%) of respondents felt that ‘managers encourage and support me to develop my skills’, slightly up from survey 1 (58%), but 1 in 5 did not feel encouraged by managers to develop their skills.

The proportion of staff who said they ‘have enough time to undertake learning and development’ remained the same pre and post survey (34%). While the overall proportion of those disagreeing with the statement also stayed the same, fewer respondents answered ‘strongly disagree’ in the post-survey (6%) compared to the pre-survey (31%). This suggests that although half of respondents continued to think that time limitations were an issue, they felt less strongly about it.

Figure 6.



Communication and involvement in decision-making

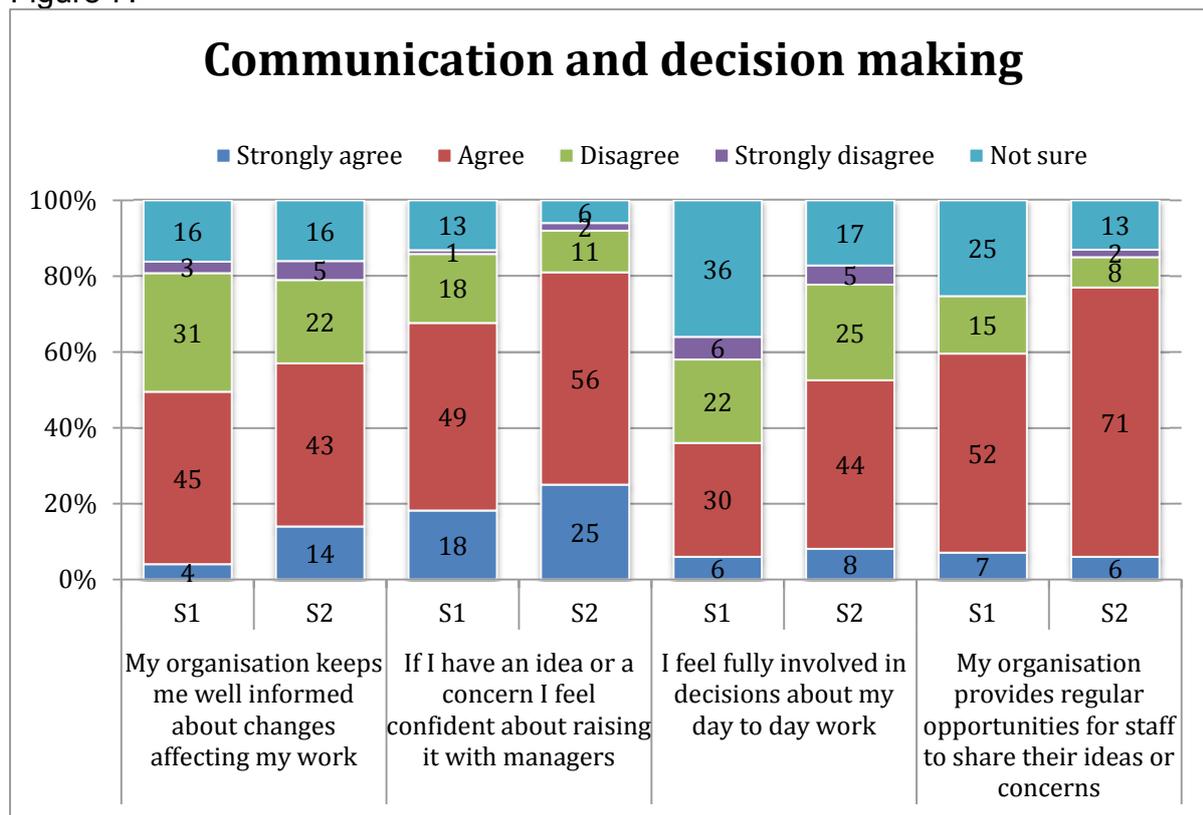
In survey 2 over three-quarters of staff (81%) felt confident about raising ideas or concerns with managers. This proportion was up from 67% at survey 1 – a positive development.

Slightly more staff said at survey 2 (57%) that their ‘organisation keeps me well informed about changes affecting my work’ than pre-survey (49%), with the group of staff disagreeing falling from 31% to 22%.

In survey 1, one-third of staff members were unsure whether they felt ‘fully involved in decisions about my day to day work’. While the proportion of those unsure decreased and the proportion who felt fully involved increased (from 36% to 53%) - one-third of respondents (30%) did not feel fully involved in decisions about their day to day work at survey 2.

Three-quarters of staff (77%) believed ‘my organisation provides regular opportunities for staff to share their ideas or concerns’ – a proportion that was up from survey 1(59%).

Figure 7.



Organisational support

Responses to organisational support were overall positive in both surveys.

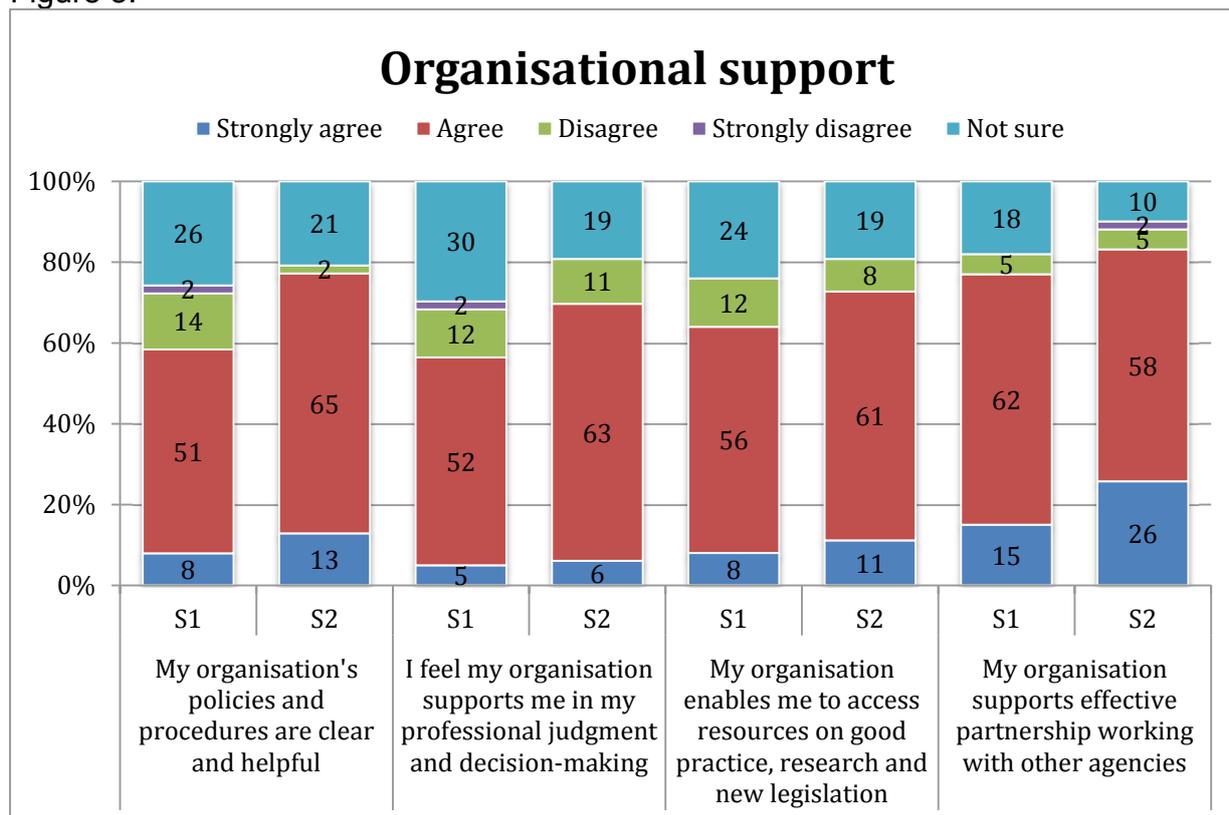
Staff found their 'organisation's policies and procedures clear and helpful' in both surveys – a proportion that increased from 58% to 78%.

The number of 'not sure' replies decreased between surveys in response to the statement 'I feel my organisation supports me in my professional judgment and decision-making', with 69% agreeing in survey 2.

A similar high and increasing proportion found that their 'organisation enables them to access resources on good practice, research and legislation'.

The vast majority (84% at survey 2) believed that their 'organisation supports effective partnership working with other agencies'. Seven percent (4 members of staff) disagreed with this statement.

Figure 8.



The Innovation project

A very high proportion of staff members felt ‘encouraged to think about the reasons behind the behaviour of young people they work with’, with 87% agreeing or strongly agreeing at survey 2, up from 78% at survey 1.

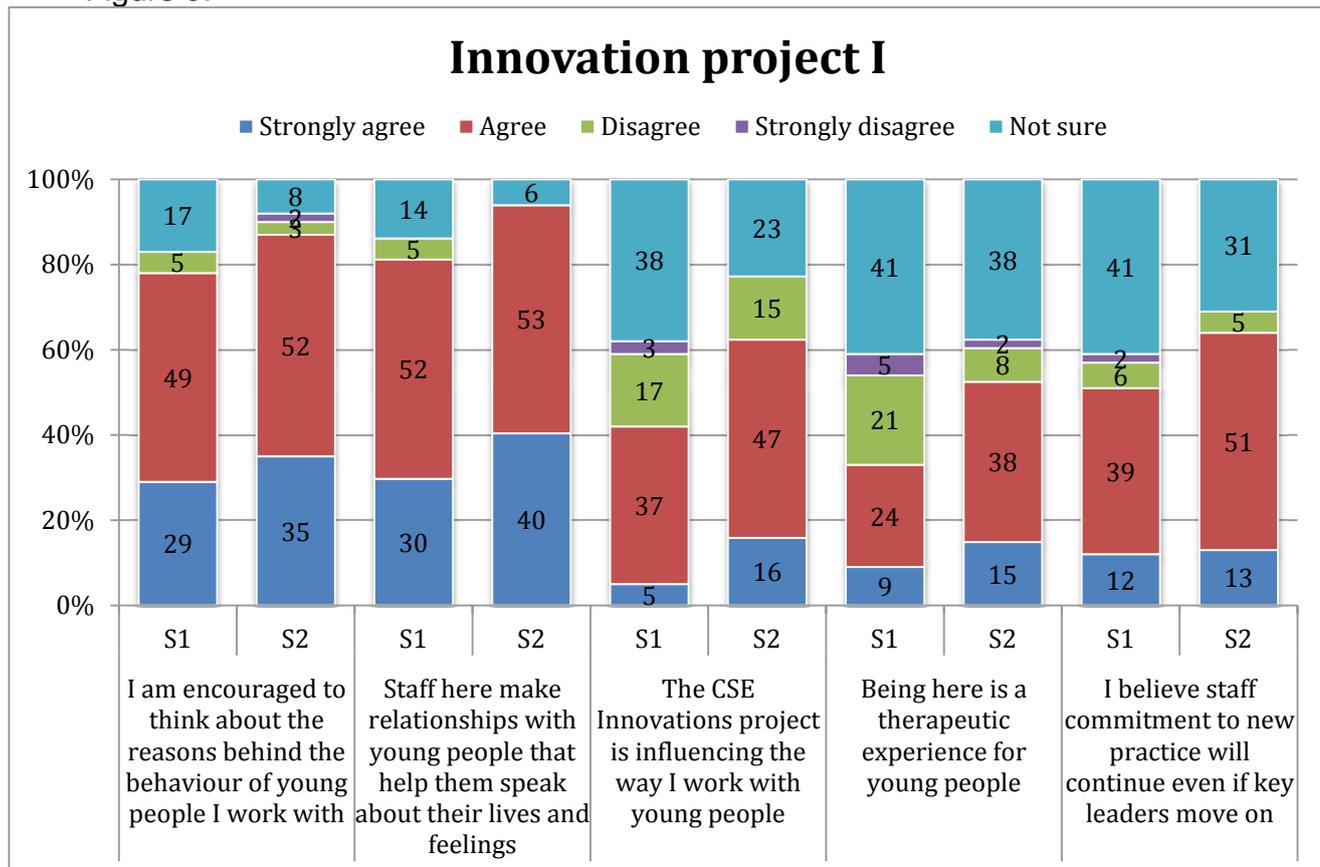
Asked whether ‘staff make relationships with young people that help them speak about their lives and feeling’ the vast majority agreed at both survey points, with 40% ‘strongly agreeing’ and no-one disagreeing post-survey.

Over one-third of respondents were unsure whether the CSE Innovations project was influencing their way of working with young people at survey 1. By the time of survey 2, fewer respondents were unsure and more agreed that the project was in fact influencing their way of working (up from 42% to 63%).

A similar proportion of staff was ‘not sure’ at both survey points (38% at survey 2) whether ‘being here is a therapeutic experience for young people’. However, despite many staff members being unsure, the proportion of those who considered it to be a therapeutic experience increased from one-third (33%) to half of respondents (51%).

Very few respondents disagreed with the statement ‘I believe staff commitment to new practices will continue even if key leaders move on’. Two-thirds (64%) believed that new practices would continue if key leaders left at survey 2– a figure up from 51% pre-survey.

Figure 9.



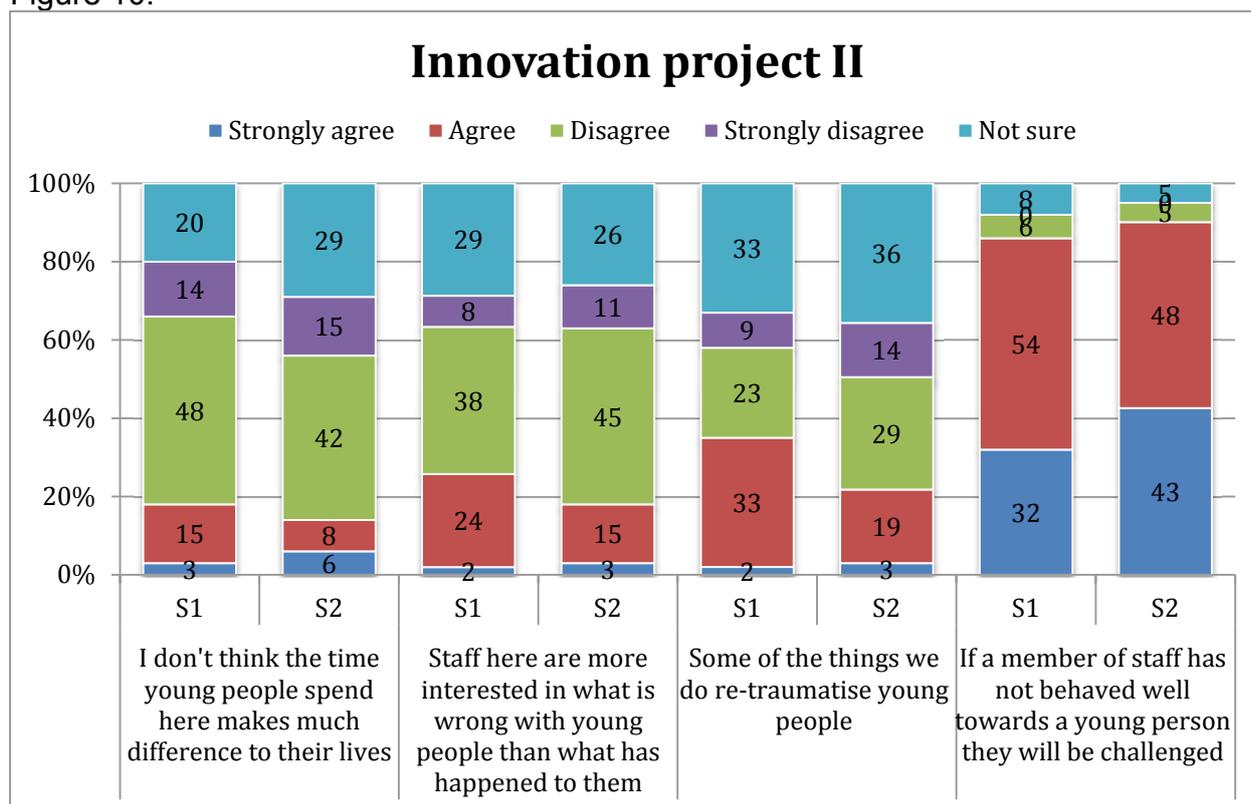
In response to the negative statement 'I don't think the time young people spend here makes much difference to their lives' only a small proportion agreed. However, the number of staff members who disagreed – those who believe that the project makes a difference in young people's lives – decreased slightly from 62% at survey 1 to 57% at survey 2, while those unsure increased slightly (from 20% to 29%).

Asked whether they agree or disagree with the statement 'staff here are more interested in what is wrong with young people than what has happened to them', over half (56%) disagreed at survey 2 – an increase from 46%. However, one-quarter of respondents continued to be uncertain.

An even larger proportion of respondents (one-third or 36% at survey 2) was uncertain whether 'some of the things we do re-traumatise young people' and 1 in 5 respondents (22%) believed that young people may be re-traumatized by some of Aycliffe's practices. While this had decreased from 35% at survey 1, this is still a concerning finding.

The vast majority at both surveys 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 (43%) with this statement – the highest 'strongly agree' response to any statement in the two surveys – is an indication how confident respondents felt about this matter.

Figure 10.



Child Sexual Exploitation (CSE)

The last section of the staff survey focused on Child Sexual Exploitation and staff's knowledge and confidence in relation to CSE.

Over half claimed to 'know enough about CSE to help young people affected' – a figure that increased from 53% at survey 1 to 64% at survey 2. The remaining one-third felt unsure or didn't think they knew enough about CSE to help young people.

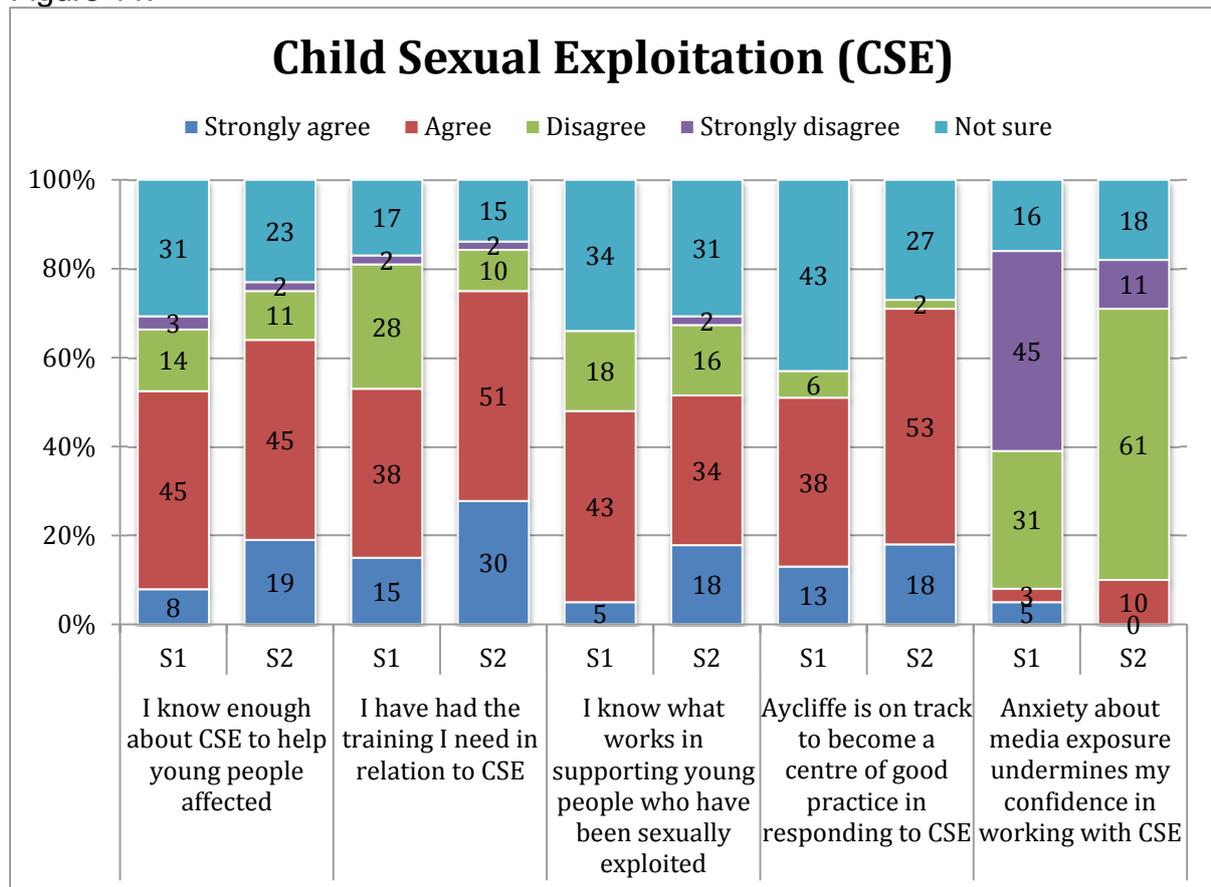
At survey 1 a large proportion (32%) of staff members did not feel they 'had the training they need in relation to CSE'. This proportion fell to 12% at survey 2 – a figure that suggests that the training provided on CSE between the two surveys had met the training needs of the majority of staff.

The following claim, 'I know what works in supporting young people who have been sexually exploited', was another statement where a high proportion of respondents were 'not sure' (one-third) both pre and post survey. Although half (52%) said they did know what works in CSE support, almost 1 in 5 said they did not. The apparent contradiction between staff feeling they had the training they needed re CSE but still being doubtful that they knew what constituted effective support may result from the fact that some members of staff do not work directly with young people affected by CSE – and therefore 'know enough' for their role.

The number of respondents who agreed that 'Aycliffe is on track to become a center of good practice in responding to CSE', grew markedly between the surveys from 51% to 71%. Only ne person disagreed.

Anxiety about media exposure in relation to working with CSE did not undermine staff confidence. However, the proportion of those who 'strongly disagreed' fell from 45% to 11%, suggesting that while staff were not anxious about media exposure they were less firm in their conviction.

Figure 11.



Appendix 3 Education data

Teachers provided individual progress reports and *PASS* (Pupil Attitudes to Self and School) data for young women who had left Aycliffe by end February 2016 and individual progress reports for those currently in residence. *PASS* is an all-age attitudinal survey that helps schools gain an insight into the mindset of pupils and identify obstacles that are impacting negatively on attainment. It uses 9 standard measures:

1. **Feelings about school.** Explores whether a pupil feels they belong to or are alienated from their learning community. A low score in this measure can indicate feelings of social exclusion and potential bullying.
2. **Perceived Learning Capability.** Offers a snapshot of a pupil's unfolding impressions of self-efficacy and can reveal early warning signs of demoralisation and disaffection.
3. **Self regard.** Equivalent to self-worth, this measure is focused quite specifically on learning and shows a strong correlation with achievement.
4. **Preparedness for learning.** Highly correlated with pupils at risk of behavioural difficulties, this measure explores whether a pupil feels they have the tools in place to learn. It covers areas such as study skills, attentiveness and concentration.
5. **Attitudes to teachers.** Provides an invaluable insight into a pupil's perception of the relationship they have with school staff.
6. **General work ethic.** Highlighting pupils' aspirations and motivation to succeed in life, this is the first of two motivational measures. It focuses on purpose and direction, not just at school but beyond.
7. **Confidence in learning.** Identifies a pupil's ability to persevere when faced with a challenge.
8. **Attitudes to attendance.** Correlating very highly with actual attendance 12 months later, this measure enables teachers to intercede much earlier with strategies to reduce the likelihood of truancy in the future.
9. **Response to curriculum demands.** This second motivational measure focuses more narrowly on school-based motivation to undertake and complete curriculum based tasks.

The scores for the 5 young women (identified by pseudonyms) who have been part of the project and have now left Aycliffe are included overleaf:

Table 1 Serena

Serena	Admission	Release
Feelings about school	84.6	98.4
Perceived Learning Capability	98.3	94.6
Self regard	84.4	98.1
Preparedness for learning	93.6	97.6
Attitudes to teachers	96.4	100
General work ethic	99.8	99.8
Confidence in learning	96.7	98.4
Attitudes to attendance	82.9	98.4
Response to curriculum demands	81.1	99
Total Score	817.8	884.3
Difference	66.5	
Length Of Stay	28 weeks	

Table 2 Carli

Carli	Admission	Release
Feelings about school	11	22.4
Perceived Learning Capability	23.5	13.4
Self regard	2.6	23.1
Preparedness for learning	1.0	14
Attitudes to teachers	16.5	37
General work ethic	8.6	13.5
Confidence in learning	59.6	12.6
Attitudes to attendance	2.2	26.9
Response to curriculum demands	1.0	19.2
Total Score	126.0	182.1

Difference	56.1	
Length Of Stay	8 weeks	

Table 3 Charmaine

Charmaine	Admission	Release
Feelings about school	95.8	98.4
Perceived Learning Capability	100	99.4
Self regard	90.8	76.6
Preparedness for learning	82.2	90.5
Attitudes to teachers	100	100
General work ethic	83.3	96.3
Confidence in learning	96.7	97.3
Attitudes to attendance	94.8	100
Response to curriculum demands	90.5	91.5
Total Score	834.1	850.0
Difference	15.9	
Length Of Stay	30 weeks	

Table 4 Suzy

Suzy	Admission	Release
Feelings about school	19.8	85.4
Perceived Learning Capability	66.8	64.5
Self regard	91.7	76.6
Preparedness for learning	50.3	90
Attitudes to teachers	44.8	90.6
General work ethic	67.8	44.5
Confidence in learning	86.3	98
Attitudes to attendance	30.4	70.7
Response to curriculum	66.7	67.7

demands		
Total Score	524.6	688.0
Difference	163.4	
Length Of Stay	12 weeks	

Table 5 Alice

Alice	Admission	Release
Feelings about school	4.8	81.6
Perceived Learning Capability	18.9	75.1
Self regard	14	14.1
Preparedness for learning	6.4	50.3
Attitudes to teachers	27	100
General work ethic	17.8	67.8
Confidence in learning	41.9	71.9
Attitudes to attendance	1	42
Response to curriculum demands	17.3	29.8
Total Score	149.1	532.6
Difference	383.5	
Length Of Stay	16 weeks	

Appendix 4 Feedback from supervision

Attendees complete feedback forms at the end of each group supervision, rating, on a scale of 1-5, how strongly they agree or disagree with the following statements:

- Supervision has helped me understand better how we work as a team
- Supervision has helped me understand better my role in the team
- Supervision has helped me understand better the needs of young people
- Supervision has helped me develop new knowledge and skills in making positive interventions with young people
- Supervision has taught me new models and practice to inform my work
- Supervision has helped me embed the learning from the training programme

Staff on Lumley house have consistently agreed/strongly agreed with the statements - particularly in relation to how they work as a team and better understand the needs of young people. Walworth and Auckland staff have been similarly positive with just 2 staff members in each team disagreeing with some of the statements. Feedback from Barnardo's first supervision suggests about half of team members were unsure whether they agreed with some of the statements - particularly in relation to better understanding the needs of young people and their role in the team.

In addition to residential staff, the education staff and the senior management team have also had 3 group supervision sessions. SMT feedback has been positive. (Half of the SMT were unsure whether the supervision helped them 'understand young people's need better' or 'helped them develop new knowledge and skills in making positive interventions with young people: given the role and experience of members of the SMT this is hardly surprising and results from the feedback form not being designed with this group in mind.)

The feedback from education staff was mixed with more 'disagree' and 'unsure' responses, although the majority of those relate to the first supervision feedback.

Figure 1 Auckland

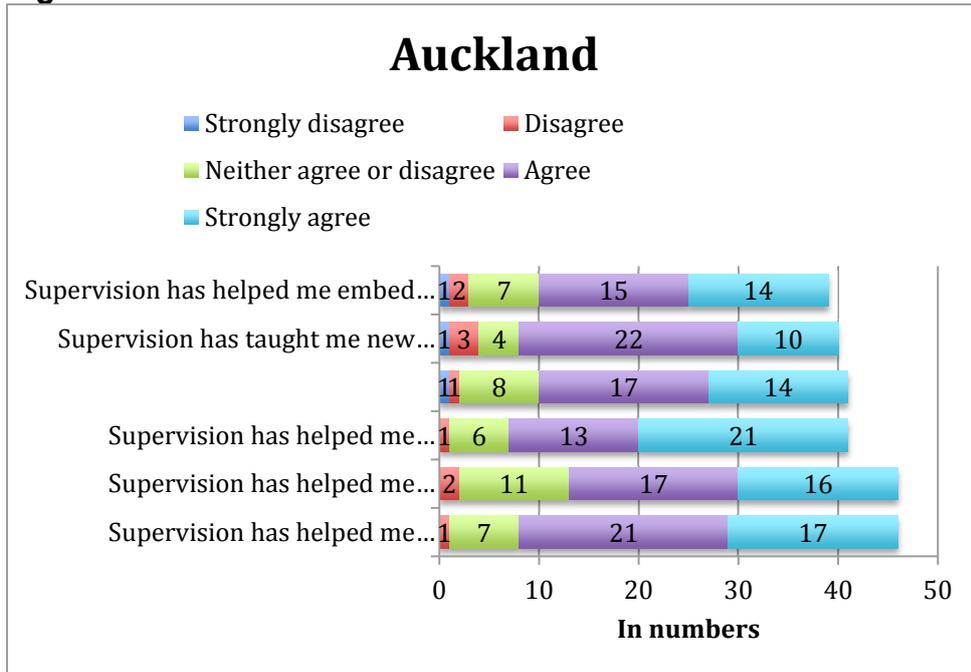


Figure 2 Barnard

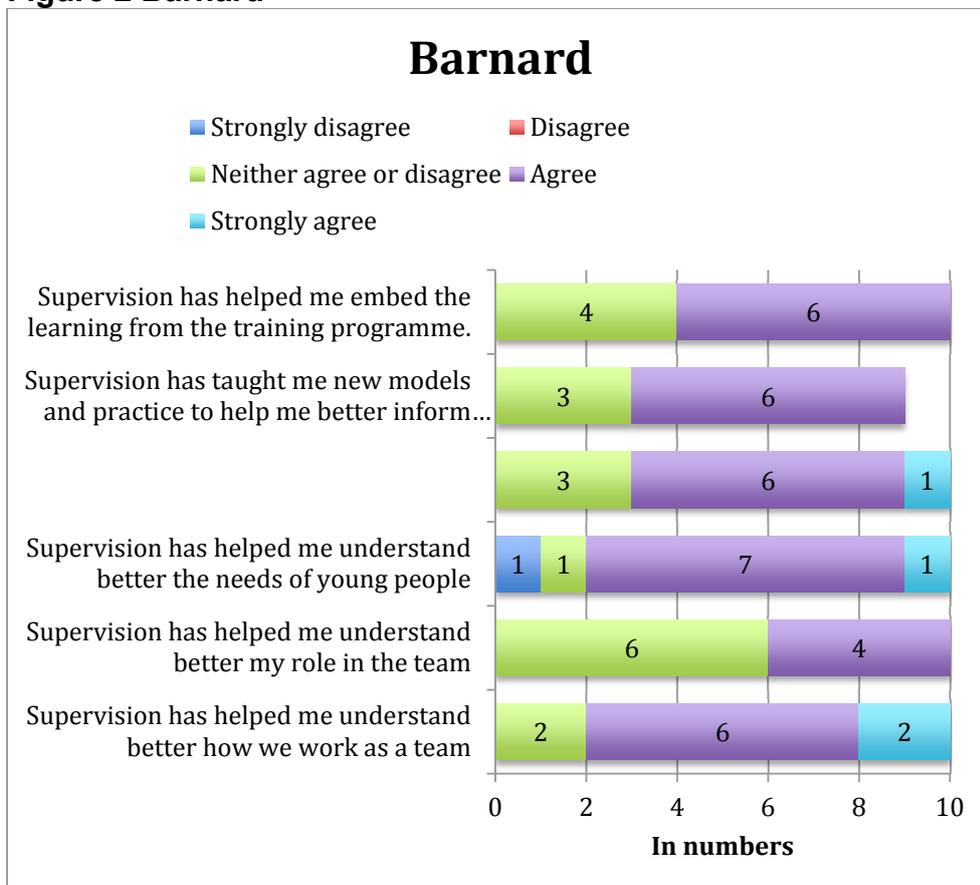


Figure 3 Walworth

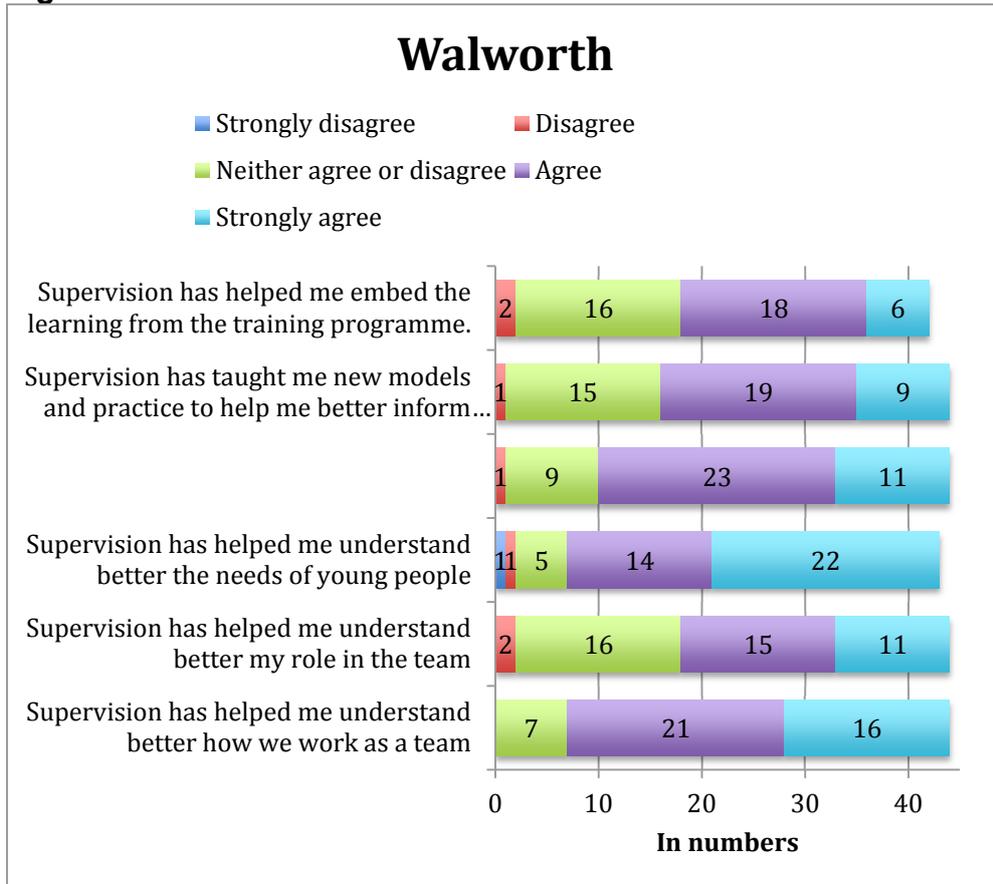


Figure 4 Durham

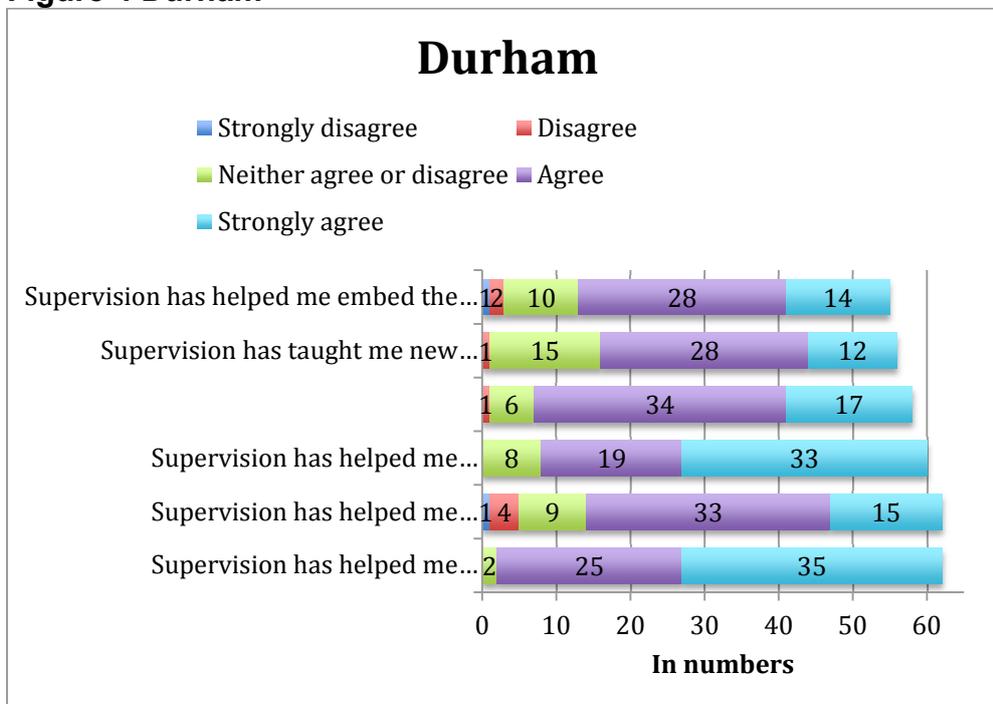


Figure 5 Education

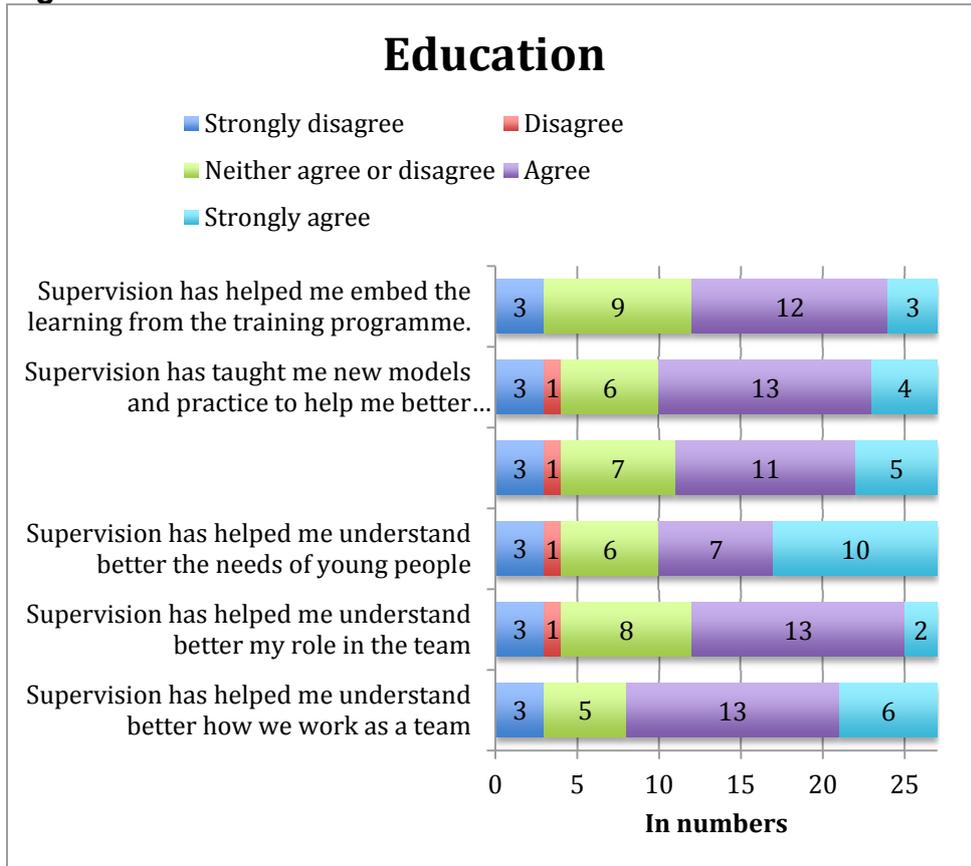
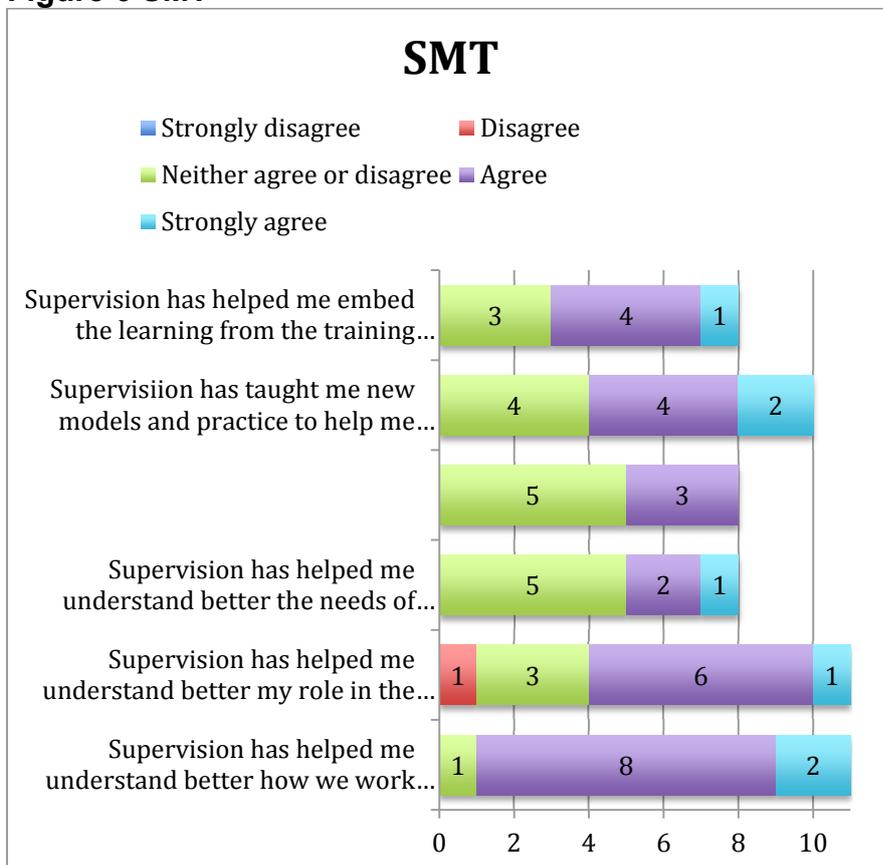


Figure 6 SMT



Appendix 5 Theory of Change Framework



Theory of change framework				
Activities	Milestones March 16	How we will know milestones are achieved	How the evidence will be collected	What we will 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 and project partners report satisfaction with progress/quality	Reviewing documentation; interviews with managers & staff	Is there a consistent and coherent intervention/model of service delivered? Does the model address the vulnerabilities/risk factors related to sexual exploitation? What evidence-base and theories underpin the model?
Training for Unit staff to understand early trauma and its impacts and the dynamics of CSE	Increased staff knowledge and confidence	All unit 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	Records of training attendance; training feedback forms; observation of training; interviews with sample of staff, trainers and managers at set-up & T1	How is the new provision different re principles, practice and specific procedures? What do staff learn and what changes to current practice are planned?
Support and supervision for Unit staff	A strong staff team with a consistent 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	Individual and focus group interviews at T1; supervision feedback forms	Does learning about trauma and CSE translate into practice change? How are gender issues addressed in training/supervision? What works in supporting and supervising staff?
Training for all Aycliffe staff	Innovation project is influencing a more therapeutic culture in Aycliffe	All staff show more awareness of a trauma informed approach; there are fewer incidents and less escalation to RPI & separation; staff express greater job satisfaction	Survey of staff (Durham's organisational health check); absence and turnover records; records of incidents; interviews with sample of non-unit staff at T2	What factors make the culture more therapeutic? What is the impact on working relationships and support? Is there impact on staff retention and absence?

Activities	Milestones by March 2016	How we will know milestones are achieved	How the evidence will be collected	What we will aim to learn
Implementing the therapeutic model for work with sexually exploited young people				
Establish therapeutic relationship-based practice between unit staff and YP	YP have positive relationships with staff; emotional well-being is improved; there are fewer incidents/emergencies	Feedback from YP; feedback from staff; staff assessments; records of incidents	YP feedback forms; interviews with YP, staff; analysis of About People & SDQ; analysis of incident data	What are the barriers and facilitators to providing a therapeutic response to sexually exploited young people?
Provide trauma focused therapy by specialist Barnardos' team	YP have greater understanding of the impact of trauma in their lives and have reduced trauma symptoms	Monitoring of therapy provided; feedback from workers; YP self-report on level of trauma symptoms	Review of monitoring data; interviews with staff T1 & T2; analysis of Trauma Symptom Checklist completed at referral, T1 & T2	How does the relationship between the partner service providers work? What role do the external services play? How do the young people perceive the different providers?
Provide a CSE intervention by specialist Barnardo's team	YP have greater understanding of CSE and its impact; there are reduced risk factors for CSE	Monitoring of intervention provided: feedback from workers; staff and YP report on reduction of risk and attitudinal change towards relationships	Review of monitoring data; interviews with staff; analysis of Risk Reduction assessment tool at referral and T2; analysis of TASAR at referral, T1 & T2	
Provide education tailored to YP	YP are more engaged with education and plans for their future	Feedback from YP and staff; assessment of YP's attitudes and engagement with education	PASS Assessment facilitated by education staff on entry and exit; YP and staff interviews at T1 & T2	
Implement option of 'step-down' for more gradual/planned transitions	Step-down is being used and is being positively experienced by YP	Plans for young people show the use of step down; feedback from staff and young people	Monitoring use of step down; review of young people's plans with managers; interviews with staff and young people	What is the role of the 'step down' facility? Have orders been extended to enable its use? What barriers/facilitators have there been to this? How important is the additional time spent in Aycliffe to achieving positive outcomes

Activities	Milestones by March 2016	How we will know milestones are achieved	How the evidence will be collected	What we will aim to learn
Managing effective transitions into the community for sexually exploited young people				
Develop effective partnership working with LAs	Referring LAs are engaged and positive about service and collaborate on transition planning	Feedback from key 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? Has there been partnership working to achieve 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/carers; YP plans indicate transition planning	Interviews with LA informants at T2; interviews with families/carers at T2; analysis of YP plans	How are transitions into the community managed?
Provide follow-through mentoring and support for YP in Aycliffe and on into the community via Odysseus	YP are well supported in making the transition from Aycliffe to the community and have developed more confidence and skills in managing their lives	Monitoring mentoring support provided; feedback from YP, mentors, families/carers; YP self-report of YP's confidence & skills	Records kept by Odysseus; interviews with mentors, YP and families; analysis of assessment and review data from Odysseus	Is the 'follow-through' support into the community engaged with? What works in successful transitions for YP?
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	What factors help in engaging families?

Appendix 6 Topic Guides

CSE Innovations Project Aycliffe

Topic Guide for Baseline interviews with staff

Introduction

The purpose of these interviews is twofold:

- To gather information on the current situation re CSE in each LA (what is being provided, what is being done well, what are the gaps, the issues and challenges).
- To obtain views on what the Innovations project needs to achieve if it is to make a positive difference, what is going well so far and what the issues and challenges are likely to be.
- *Check interviewee has previously had a copy of the Project Information Sheet adapted for this group of informants*
- *Explain that the information will only be used for the evaluation. It is not intended to attribute any views expressed to named individuals and all the findings will be reported anonymously.*
- *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*
- *Remind them that the interview will not last more than an hour*
- *Check out the interviewee is willing to be interviewed and for the interview to be recorded*
- *Give them the consent form to read and sign*
- *Ask if they have any questions before you start.*

A. About the interviewee

Please describe your current role

- Your role at Aycliffe
- How long have you worked here?
- Previous experience/professional background (any previous work with CSE).
- What are you responsible for?
- Who do you report to?
-

B. About the work you do (unit/team you work in)

Can you provide me with some general information about your unit/team?

- What are the main aims?
- Who works in the team (approximate number of staff, what roles do they have, what professional backgrounds do they come from)?

- Can you describe what you do on a day to day basis?
- Which other internal teams do you work with most closely?
- Which external agencies do you work with most closely?

Can you now tell me about how Aycliffe (and your team/unit) has worked with CSE affected young people up to now? [*we're trying to get information on what practice has been like prior to the innovations project*]

- What are the referral routes for CSE YP into Aycliffe?
- [How are they then referred to your unit/team?]
- What information do you generally get from referring agencies? How adequate is this?
- How are YP assessed once they are here?
- In your experience, what are the most common issues CSE YP have?
- Which issues do you/your team find most challenging/difficult to work with?
- Can you tell me about your approaches (to date) to supporting such YP?
- What do you think you have been doing well in relation to YP affected by CSE? How successful have you been in helping young people (e.g. to stop CSE; build better lives)
- Which aspects of your work so far are you most proud of?
- What are the gaps in what you have been able to provide so far for such YP?
- What difficulties do you encounter in meeting their needs?
- To what extent do staff in your team/unit share a common approach to working with CSE YP?
- How do you think the innovations project can improve the support you provide to YP?

Can you now tell me about how transitions have been managed for CSE YP to date?

- What contact do YP generally have with their families/previous carers/social workers? [anyone else? - friends?] Are these arrangements different for CSE YP than others in Aycliffe?
- What work do you do with YP's families? [what issues are there?]
- What have been the processes for planning transition from Aycliffe? What has worked well; What have been the challenges?
- Has there been any ongoing contact between YP & Aycliffe once they've left? How has that worked?
- In your experience, what support do CSE YP get once they leave Aycliffe? What has worked well? What has not worked well?
- What are the main challenges of managing transitions for CSE YP? [Main gaps in support]
- How do you think the innovations project can improve the transitional arrangements for YP?

Can you tell me what you think about staff's confidence and skills in working with CSE YP?

- Do you think staff in your team are confident working with young people around CSE?
- Has there been any training on CSE available previously? [any training you've done?] How useful has it been?
- Have staff in your team done the 5 day training? (How many have, how many haven't yet)
- Have you done it yourself?
- What did you think of the model?
- To what extent do you think the training has increased peoples' confidence and skills? [shared approaches/theoretical underpinnings]
- How do think it will impact on practice?
- What further training do you think you/staff need?
- What other kinds of support have been available prior to the innovation project? How useful has it been?
- What do you think about being provided with clinical supervision? [Do you think people will be able to make use of it? Will it improve practice? Any reservations?]

C. FOR STAFF WORKING IN NEW UNIT/WITH YP IN NEW UNIT

- How are things going now that the new unit has started?
- How have the YP been referred to you? Do you think the referrals have been appropriate?
- What has been different so far in the way you are working with CSE YP?
- Can you provide me with some examples of the work so far [prompt for relationship building, assessing needs, therapeutic input]
- What is working well? Any challenges?

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

- What would you say are the main ways that this is going to be achieved?
- Can you identify anything that might help/hinder this?
- What is the significance of making therapeutic support (esp trauma work) available to YW?

The unit is probably going to accommodate young women

- Do you think YW have specific needs?
- Are there advantages/disadvantages to a single sex unit for young women?
- Do you think it could meet the needs of YM who had been exploited too? [what are the differences?]
- Do you think the project is likely to work better for some YW than other? (define personal/circumstantial determinants)
- Can you identify any other risks and vulnerabilities that are often there for CSE young women (e.g. ethnicity, sexuality, problems in relationships with people, health issues)
- Any plans for the project to specifically address these? (If so, what are they?)

The staff group is mixed i.e. M and F

- Does that seem appropriate to you? What is the rationale? Has there been any debate about this?
- 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?

D. About the national and local context and CSE

- How has national and local attention to CSE impacted on the work of Aycliffe? [probe for increased referrals; greater scrutiny; risk aversion]

E. About your involvement with the Innovations Project in Aycliffe

- What has your involvement been with the Innovations Project so far? (*prompt for how long they've been involved; what role they've played – and if their involvement has been limited, ask how it was communicated*)
- Do you know what it intends to achieve? (*prompt for level of understanding of the aims of the project*).
- How do you see the role of project partners? Barnardo's; Odysseus? What difference do you think working in partnership will make? Advantages? Challenges? How is it going so far?

F. What will success look like?

- From your perspective, what do you hope will be achieved through this project over the coming 18 months (to Sept 16)?
 - For young people?
 - For Aycliffe?
- What do you think would help it to progress?
- Do you have any reservations/questions about the Project?

CSE Innovations Project Aycliffe

Topic Guide for T1 interviews with staff

Introduction

The purpose of these interviews is to obtain staff views on:

- How the Innovations project is unfolding. What they think has been achieved and what they think are the challenges.
- Whether they think a trauma informed way of working is developing, and their thoughts on the relevance of training, supervision, systems and the environment to achieving these ends.

Preparation

- *Check interviewee has previously had a copy of the Project Information Sheet adapted for this group of informants*

- *Remind them that the information will only be used for the evaluation. It is not intended to attribute any views expressed to named individuals and all the findings will be reported anonymously.*
- *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*
- *Remind them that the interview will not last more than an hour*
- *Check out the interviewee is willing to be interviewed and for the interview to be recorded*
- *Give them the consent form to read and sign*
- *Ask if they have any questions before you start.*

G. About the interviewee

If interviewed at baseline:

- Any change to your role/position in the 3 months since last interviewed?

If a new informant:

- Can you tell me your job title and what your role involves?
How long have you been working at Aycliffe?

All:

- What do you say if people ask you what it is like to work on Durham House/work with the Durham House young women?

H. Durham House

Generalities

For managers/case managers:

- Have there been any particular issues around referrals? Do LAs understand the Durham House 'offer'? Are LAs referring CSE affected YW to Aycliffe specifically because of the unit?

All:

- Do you think the referrals so far have been appropriate?
- How are things going now that the new unit is established?
- Has it been possible to work differently with CSE affected YW on the unit? 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?
- What has changed from the original plan for the project? What do you think of these changes? [Prompt for whether positive or pragmatic? Are they developments of a default to previous ways of working?]
- What do you think of the building itself? Is it fit for purpose?

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 that this is being achieved?
- Can you identify anything that is helping/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?

About the young women

- 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/disadvantages to a single sex unit for young women)
- Do you think CSE affected YW have specific needs/issues? What are they? (If so, is the project addressing these?)
- Do you think the unit 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/circumstantial determinants)
- How are the Durham young women perceived by other YP in Aycliffe? (Is it identified as the CSE House? How do YP relate to the girls in education/youth club? Prompt for sexualised behaviour/harassment)

About staff

- Have there been different challenges for different members of Aycliffe staff? (e.g. for male workers? For mentors/Barnardo's staff? For managers/case workers/teachers?)
- How do you think the unit is perceived by staff on the other houses?
- Do you think anything could have been done differently in setting up the unit? E.g. more preparation/support for staff?

- 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 had training to help you work with YP with trauma histories. Has it been possible to bring this into your work with YW? Any examples of ways it influenced your understanding/attitudes; or the ways you try and work with them?
- Has having a model about the way the brain may be affected by trauma been helpful? In what way?
- Have you noticed your colleagues using trauma-informed ways of working? What were they doing?
- Can you identify any further training needs?
- How would you describe the supervision you've had? (Prompt for: what they've gained or learned and how it has affected their work).

Transitions

How is this going?

- Are you involved in transition planning and preparation? If so, can you describe?
- How is 'transition work' progressing? Any illustrations/observations? What has worked well? What are the challenges?
- If the ongoing work of addressing trauma and reducing risk needs to take place in the community how can this best be ensured?

CSE Innovations Project Aycliffe

Topic Guide for T2 interviews with staff

Introduction

The purpose of these interviews is to obtain staff views on:

- How the Innovations project is progressing. What they think has been achieved and what they think are the challenges.
- Whether they think a trauma informed way of working is happening and their thoughts on the relevance of training, supervision, systems and the environment to achieving these ends.

Preparation

- *Check interviewee understands purpose of interview*
- *Remind them that the information will only be used for the evaluation. It is not intended to attribute any views expressed to named individuals and all the findings will be reported anonymously.*
- *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*

- *Remind them that the interview will not last more than an hour*
- *Check out the interviewee is willing to be interviewed and for the interview to be recorded*
- *Give them the consent form to read and sign*
- *Ask if they have any questions before you start.*

I. About the interviewee

- Reminder of role (note whether interviewee works a) on Durham House b) with DH young women as part of their role of c) on another unit
- Any change to your role/position since last interviewed?

J. The project milestones

The project plan set out a number of milestones it wanted to achieve by March 2016. I want to go through these and get your views on how far they've been met and what has been learned from the progress made.

Milestone: Pilot has been established and there is a good description of the model of working.

- How would you describe the way of working with CSE-affected young people that DH is implementing?
- How far do you think there is a shared understanding of the approach across the Durham staff team? Across Aycliffe?
- How is it different from previous practice, or other practice in Aycliffe?

Milestone: Increased staff knowledge and confidence

- You've had training to help you work with YP with trauma histories. Has it been possible to bring this into your work with YW? Any examples of ways it influenced your understanding/attitudes; or the ways you try and work with them?
- Have you noticed your colleagues using trauma-informed ways of working? What were they doing?
- Do you feel more knowledgeable and confident in working with CSE people? (if not, prompt for why)
- Apart from the training, has anything else contributed to your knowledge and confidence?
- Are there areas where you feel you'd like to know more? Things you feel you'd like to be more confident about?

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

- Has this been achieved? If so, what's made it happen?
- Are there still inconsistencies? If so, what?
- What difference has having Barnardo's and Odysseus staff as part of the team made?
- How would you describe the supervision you've had? (Prompt for: what they've gained or learned and how it has affected their work).

- What about the support between members of the team?

Milestone: Project is influencing a more therapeutic culture in Aycliffe

- Do you think this is happening? Can you give any examples?
- What are the challenges?

c) Interviewees go to end of interview

For a) and b) interviewees only: The following milestones relate to the young people worked with on Durham House. Where appropriate the following questions should be asked in relation to the young women the staff member has worked with.

Milestone: YP have positive relationships with staff; emotional well-being is improved; there are fewer incidents/emergencies

- To what extent do you think this is being achieved? Can you give any examples?
- What are the facilitators and barriers to working in a therapeutic way with CSE young women?

Milestone: YP have greater understanding of the impact of trauma in their lives and have reduced trauma symptoms

- To what extent do young people have a greater understanding of CSE and its impact? Any examples?
- Do you think the young women have reduced risk of being exploited as a result of their time on DH? If so, how has this come about? If not, what might have helped achieve this?
- Have symptoms of trauma been apparent? How have they been responded to?
- Have young people accessed any individual counselling/therapy?
- If so, what impact has this had? Can you give any examples?
- What have been the challenges to young people accessing/making use of therapy?
- Have young people had needs DH has been unable to address?

Milestone: YP are more engaged with education and plans for their future

- To what extent do you think this is being achieved? Any examples?
- What are the facilitators and barriers to engaging CSE young people in education and future planning?

The following milestones relate to young people's ongoing lives and transitions back into the community. Again, where appropriate the following questions should be asked in relation to the young women the staff member has worked with.

Milestone: Families feel supported and are better able to support YP when they leave

- To what extent is this happening?
- What has worked well? What has not worked so well?

Milestone: Transitions are well planned with families

- To what extent are families effectively involved in transition planning?
- What are the facilitators to good planning with families; what are the barriers?
- Any examples of it working well?

Milestone: Referring LAs are engaged and collaborate on transition planning

- To what extent is this happening? Any examples?
- What are the facilitators to good collaboration with referring LAs; what are the barriers?
- Any examples of it working well?

Milestone: YP are well supported in making the transition from Aycliffe to the community and have more confidence and skills in managing their lives

- To what extent is this happening?
- What has worked well? What has not worked so well?

K. Rounding off

All interviewees:

How would you sum up the impact of the DH project this year a) on the young women placed and b) on Aycliffe overall?

Thanks etc

CSE Innovations Project Aycliffe

Topic Guide for telephone interviews with social workers of young people placed at Aycliffe

Feb 2016

- *Check interviewee has previously had a copy of the Project Information Sheet and signed a consent form adapted for this group of informants*
- *Explain that the information will only be used for the evaluation. It is not intended to attribute any views expressed to named individuals and all the findings will be reported anonymously.*

- *Explain that you will be making 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*
- *Remind them that the interview will not last more than half an hour*
- *Check out the interviewee is willing to be interviewed*
- *Check the consent form has been returned*
- *Ask if they have any questions before you start.*

We wanted to interview you as the social worker for X who has been accommodated on Durham [Lumley] House at Aycliffe during the last 6 months.

A. Pre-placement

Can you begin by telling me why a secure order was sought in relation to X? [Prompt for history of previous placements/interventions – what else had been tried and why had it failed? Was it a planned or emergency placement?]

Did you know about the Innovations Project before this referral? [If yes, prompt for what information they had]

What did/do you hope this secure placement would achieve for X?

B. During placement

What kinds of involvement did/do you have while X has been placed at Aycliffe? [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/undertaking work with parents?]

What do you think of what was/is being provided for X at Aycliffe?

- The separate house for CSE affected young people? [why good/bad? Peer relationships?]

How would you describe your contact with Aycliffe staff? [Prompt for key contact, regularity, whether right issues flagged re mental health/well being, education, risk etc] Are there ways in which contact/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

- Increased understanding of the impact of exploitation & trauma in their lives
- 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/may be achieved for X?

C. Post-Aycliffe living and support arrangements

When did transition planning begin for X/has it begun? Who is responsible for this? What has/does it involve?

What are/were the issues/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/ accompany her move? How good do you think the handover from Aycliffe to the new placement was? What do you think of the transitional support the Barnardo's and mentors have provided to X?

Could Aycliffe do more to ensure good transitions into the community?

Is there anything else you would like to say?

Thanks etc



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