



Department
for Education

South Yorkshire Empower and Protect Child Sexual Exploitation Innovation Project

Evaluation report

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Executive Summary

South Yorkshire Empower and Protect (SYEP) involved a new partnership between the local authorities in Sheffield, Barnsley and Rotherham and Doncaster Children's Services Trust, working with voluntary and community sector (VCS) partner Catch 22. The aim was to develop an original, sub-regional delivery model for young people experiencing or at high risk of sexual exploitation which would enable them to remain safely at home, or in stable foster care in South Yorkshire, rather than being placed in out-of-area residential or secure accommodation. For young people already in care, this involved the recruitment and training of specialist foster carers, intensive support and therapeutic input to help sustain placements and prevent breakdowns. For young people living at home, a parallel provision included working with family members to increase their understanding of child sexual exploitation (CSE), ability to manage risks and provide appropriate care.

The project intended to undertake some direct work with families, carers, children and young people while at the same time skilling up other professionals to do this work, through modelling and by providing supervision and training. This workforce development element of the project was to be directed towards staff in fostering, child protection and CSE teams and was intended to help increase reflective social-work practice based upon relationships rather than process.

Key Findings

The programme has successfully demonstrated that young people who are likely to be placed out-of-area or in secure accommodation because they are being sexually exploited, or are at high risk of CSE, can be safely cared for in their own communities - if sufficient, appropriate support is provided for both them and their carers. Some aspects of a model for providing such support have been tested by the SYEP Innovation and found to be effective.

An extremely skilled and committed core team have been successful in achieving some very positive outcomes for a small number of young people. However, the impact of the project has been limited by the following factors: a very short time to co-design a new model; a late start caused by delays in appointing key staff; the huge challenge of recruiting foster carers for very complex adolescents; and a failure to fully engage social workers and managers with the project.

This would have been an ambitious project for any single local authority; the complexity of attempting to undertake it across a sub-region was greatly underestimated. The programme needed a more substantial development period in order to build relationships with key stakeholders and existing providers across South Yorkshire; fully involve young people, parents, carers and multi-agency staff in co-producing the model; develop a strategy to bring social care staff on board and recruit foster carers; and negotiate the necessary alignment of policies, procedures and budgets across the 4 authorities.

The Innovation has benefited from committed leadership at children's services director level, which has followed through into a commitment to mainstream elements of the innovation in each of the 4 areas. However, there has remained throughout a 'missing middle' at a management level where engagement and ownership were crucial if the hoped-for impacts on workforce development were to be achieved.

Progress against milestones

The programme identified the following milestones it hoped to achieve in the year to March 2016 (extended to September 2016):

Milestone 1: The programme is established and operating across the sub-region; referral and placement management are working well. The programme has benefited from a dedicated and competent core team. Delays in staff coming into post meant they were under considerable pressure to operationalise the project in just a couple of months. It opened for business on 1st October 2015 and, despite the challenges of working across 4 different authorities, and some delays between referral and support commencing, both the governance arrangements and management of placements has generally worked well.

Milestone 2: Programme has been co-developed with staff, foster carers and young people and all relevant staff understand and are signed up to the project. A core group of foster carers and project staff worked together on the co-design of key elements of the project and have been involved in the ongoing development and review of project progress. A group of young people were also involved at the outset, particularly in the logo design. The time-pressure to become operational and undertake direct work limited effective communication and engagement with a wider group of stakeholders and prevented further involvement of young people in project development.

Milestone 3: A coherent model of working is developed and described. A coherent model of working has been developed drawing on Adolescent Mentalization-Based Integrative Treatment (AMBIT - Bevington et al, 2013) and Community Psychology approaches. However, the model has not been effectively communicated or embraced by all concerned and, therefore, only some aspects of the model have been effectively tested by the Innovation project.

Milestone 4: Foster Carers and parents are engaged; feel confident to provide support at appropriate levels, and feel part of professional team. Foster carers have consistently reported how positive their experience of training and support has been the difference this has made to them and to their ability to support very challenging young people, and that programme staff have consistently related to them as equal members of the team. In cases where young people have remained in their family home, parents have been successfully engaged and some family relationships have improved as a result. The role of parents as members of the programme team rather than clients of the programme is more complex than the milestone suggests.

Milestone 5: Staff in CSE, fostering and children's social work teams report increased confidence in working effectively with CSE. This milestone has been achieved for a limited number of workers who have been fully engaged in a team-around-the-worker model. Most have been CSE support workers with established relationships with a young person referred to SYEP. To a lesser extent, it has been achieved for a range of professionals who have attended the professionals' courses. However, the impact on the overall workforce in CSE, fostering and children's social work has been limited.

Milestone 6: Young people are engaged with therapeutic support; have reduced risk factors in their lives; have improved mental well-being and report that placement/support is meeting their needs. Young people have engaged with the support provided and there is evidence that key risk factors, including missing episodes, have been reduced and protective factors, including a positive relationship with at least one supportive adult and attending school or college, have been increased. Young people have reported positively on the support they have received, and there is some evidence of improvements in mental well-being in those cases for which follow up data are available.

Milestone 7: CSE affected young people stay in their communities and residential/secure placements are reduced. Cost savings are made. Young people referred to the programme - for whom the alternative at referral was an out-of-area placement or who had previously been placed out-of-area or in secure - have remained safely in their own communities in specialist foster placements. Amongst the At Home cohort, young people considered to be on the edge of care have been able to remain at home. Cost savings have therefore been made.

Implications for policy and practice

The project was developed in response to the challenges of keeping high risk sexually exploited young people safe in the community: these have often seemed insurmountable and, despite the high costs and little evidence of better long-term outcomes, young people have continued to be sent to secure units or to residential homes in the depths of the countryside. In a very short time period, and despite many challenges, this Innovation has demonstrated that there is an alternative.

Sexually exploited or at risk young people at home

Parents whose teenager is going missing, taking drugs and associating with risky adults and peers want support for them, and for themselves. They are often struggling with other difficulties in their lives with which they need help, and their previous experience of professional involvement may be negative. However, the experience of this project is that it is possible to provide support in a way that is acceptable and valued, and that mothers,

fathers, young people and their siblings can be helped to increase their understanding of each other, improve their relationships and, perhaps most importantly for their future outcomes, move back from 'the edge of care'.

Sexually exploited or at risk young people in care

Young people who have been moved between numerous placements, been out of education, are frequently missing and at risk of being placed in secure care can be settled in stable, long-term foster placements with reflective, resilient, well-supported carers. For some young people this settling can occur relatively quickly given the right support is provided for them and their carers. The right support is psychologically-informed, readily available, respectful, collaborative and takes the whole family into account.

Overview of programme

What was the programme intending to achieve?

The South Yorkshire Empower and Protect (SYEP) programme was a partnership between the 3 South Yorkshire local authorities in Sheffield, Barnsley and Rotherham and also Doncaster Children's Services Trust, working with voluntary sector partner Catch 22. The ultimate goal of the innovation was to provide an evidence-based, cost effective service response to sexually exploited or at risk young people which reduced risk and improved outcomes.

The aim was to develop a sub-regional delivery model for young people experiencing/at high risk of sexual exploitation which would enable them to remain safely at home, or at least in stable foster care in South Yorkshire, rather than being placed in expensive out-of-area residential or secure accommodation. For young people already in care, this involved the recruitment and training of specialist foster carers, intensive support and therapeutic input to help sustain placements. For young people living at home, a parallel offer included working with family members to increase their understanding of CSE, their ability to manage risks and provide appropriate care.

The project was inspired by MAC UK Integrate principles which had taken mental health professionals out of the clinic to work with excluded young people in a highly flexible way¹. SYEP planned to use clinical psychologists to supervise a social care or youth work delivery model to provide more psychologically informed support for sexually exploited/at risk young people, their families and carers. The project intended to do some direct work with families, carers and young people while at the same time skilling up other professionals to undertake this work, through providing supervision, training, modelling and action learning sets. This workforce development element of the programme was to be directed towards staff in fostering, child protection and CSE teams and was intended to help increase reflective social work practice based upon relationships rather than process.

The intended long-term outcomes for young people were: reduced risk of sexual exploitation; improved emotional and mental health; stable, supportive living situations; positive relationships with family, carers and professionals; awareness of rights and risks and being able to make healthy choices for themselves. For the local authorities and the children's trust the intended long-term outcomes included, increased retention of foster carers; effective pathways and services for young people at risk of CSE, and less escalation of risks; more young people remaining in their family home or in a stable,

¹ The Integrate model is currently being evaluated by the Centre for Mental Health. Their Music and Change project was previously evaluated by the Mental Health Foundation [mac-uk Music and Change evaluation](#)

specialist foster placement; more reflective social work practice based upon relationships rather than process; integrated multi agency practice across the sub-region; reduced costs, and increased public confidence in South Yorkshire's responses to CSE.

The Theory of Change framework co-produced by the evaluators and the Programme Board (see Appendix 1) identified the following milestones which the programme hoped to achieve by March 2016:

Milestone 1: The programme is established and operating across the sub-region; referral and placement management are working well.

Milestone 2: The programme has been co-developed with staff, foster carers and young people, and all relevant staff understand, and are signed up to, the project.

Milestone 3: A coherent model of working is developed and described.

Milestone 4: Foster Carers and parents are engaged; feel confident to provide support at appropriate levels and feel part of the professional team.

Milestone 5: Staff in CSE, fostering and children's social work report increased confidence in working effectively with CSE.

Milestone 6: Young people are engaged with therapeutic support; have improved mental well-being; have reduced risk factors in their lives and report that the placement or support is meeting their needs.

Milestone 7: CSE affected young people stay in their communities and residential/secure placements are reduced. Cost savings are made.

What was it intending to do to achieve these outcomes?

The core activities the programme intended to undertake to achieve these outcomes were to:

- develop and describe a model of therapeutic work with CSE young people based on Integrate principles
- establish Catch 22 therapeutic service across the sub- region as an integrated part of Empower and Protect and skill up other professionals in the model
- develop consistent and co-ordinated sub-regional and multi-agency working
- recruit, train and support 35 specialist foster carers
- provide training and support to parents of CSE young people to enable young people to stay at home wherever appropriate
- reach and engage young people, provide direct therapeutic support and encourage use of other services.

Changes to the programme's intended outcomes or activities

There were no changes to the outcomes the programme intended to achieve or in the focus of its overall activities up to April 2016. However, the original intention of recruiting 35 specialist foster carers was considered unrealistic from the outset and the target was reduced to 15 foster placements.

In April 2016, the original theory of change was refreshed and a decision made to broaden the remit of the programme to accept referrals of a wider range of high risk young people, not all of whom would be experiencing, or at specific risk of, sexual exploitation. The ultimate goal of the programme was therefore reframed as follows:

South Yorkshire Empower and Protect (SYEP) aims to secure positive outcomes for young people with severe and multiple vulnerabilities, including those at risk of sexual exploitation, drug dependency, abusive relationships, homelessness and offending. Through therapeutic work with young people and direct support for parents and carers - including its own team of specialist foster carers - SYEP helps young people develop stable, supportive relationships with parents and carers and keeps them living at home, or looked after in South Yorkshire, where other positive aspects of their lives can be maintained.

SYEP works to increase professional understanding of severe and multiple vulnerability in young people including the impacts of traumatic histories, lack of secure attachments, mental health issues and isolation from peers. Through co-working, training and action learning, it supports social workers and others to develop reflective, relationship-based ways of working that place young people at the centre of their practice.

However, in July 2016, a decision was made by the 4 Directors that the programme would not be continued as a discrete service beyond March 2017. They agreed that from that point, SYEP would be absorbed into local mainstream services. The broadened remit had not had time to fully take effect by the time this decision was made. Therefore, this evaluation report relates to the original programme theory of change and evaluation framework.

The context within which this innovation has been taking place

Nationally, in recent years there has been increased concern about the extent and impact of sexual abuse and sexual exploitation, and the failure of public services to protect children and young people, for example, Operation Midland, Wiltshire Police's Heath Enquiry and the Independent Inquiry into Child Sexual Abuse.

Across South Yorkshire, referrals related to CSE had been increasing year on year for over a decade, the majority were of young people already known to services: known

young people accounted for 94% of CSE referrals in Sheffield in 2013 and 98% of those in Barnsley. In addition, Alexis Jay's Independent Inquiry into Child Sexual Exploitation in Rotherham (2014) gave a heightened focus to CSE across the sub-region and on the effectiveness of attempts to prevent, identify and deal with cases.

Each of the 4 districts' most recent Ofsted reports suggests that there is considerable work to be done in this respect. 2 of the 4 areas have been judged as 'inadequate' and 2 as 'requiring improvement' although the effectiveness of Sheffield's Local Safeguarding Children Board (LSCB) was judged 'good'².

There were established CSE services in each local authority area and each had some form of multi-disciplinary and co-located CSE team, although these differed in size and structure, and all 4 had recently undergone, or were undergoing, various amounts of restructuring. In addition each had at least one independent service working in the CSE field. While at sub-regional level, a Multi-Agency Safeguarding Hub (MASH) referral system was in the process of being implemented but was not yet fully established and there were concerns about how it might affect the identification of CSE cases.

Existing research relating to this innovation

The programme design was informed by evidence on what doesn't work, and by research relating to resilience and recovery factors. It was also inspired by early indications from evaluation that a combination of a youth-work delivery model and psychological expertise showed promise in improving mental health outcomes for some high risk young people.

What doesn't work

Research on the use of secure accommodation has found that it is not considered desirable or helpful for the majority of sexually exploited or at risk young women referred. Physical security is seen to add no value compared to providing the same levels of support in a young person's own community. Managing risk in the community is generally preferred by local authorities, but is sometimes considered impossible because of lack of appropriate provision (Creegan, Scott and Smith, 2005). This was clearly recognised in the development of the South Yorkshire Innovation. Evidence submitted to the Inquiry into children who go missing from care, suggests that being placed a long way from family and friends is often a factor in causing them to run away, and such placements often have a detrimental impact on the young person. Distance can also reduce the amount of social work support a young person receives (All Party Parliamentary Group, 2012). However, placement close to home does not necessarily mean in a child's own local

² In terms of CSE, a Local Safeguarding Children's Board (LSCB) is judged to be good if there is understanding of the nature and extent of local issues such as CSE risk and related 'missing' episodes, as well as overseeing effective information sharing, and a local action and strategy plan.

authority area. As Ofsted have pointed out, continuity of relationships, education and health care can be maintained via placement in an adjacent authority (Ofsted, 2014).

What supports resilience and recovery

Several factors have been identified as supporting resilience and recovery from trauma in adolescence and early adulthood (Newman, 2004). The SYEP programme was designed to promote these factors. In particular, it aimed to maximise the possibility of establishing or maintaining a strong, supportive relationship with a parent or a foster carer and with a committed, reliable worker outside the family. It aimed to maintain the positive supports of extended family and friends by keeping young people local, and also to re-engage them in education. School or college attendance, and the pro-social friendships and opportunities these provide, are understood to be protective factors which reduce exposure to the risk of (further) sexual exploitation (Scott and Skidmore, 2006).

Specialist foster care

Barnardo's Safe Accommodation project for sexually exploited and trafficked young people has been evaluated and found that specialist placements which deter young people from unstable care pathways, or being referred to residential care were potentially cost-effective and could provide effective protection from abuse and support ongoing recovery (Shuker, 2013).

Improving mental health outcomes for high risk youth

Ofsted's thematic report 'The Sexual Exploitation of Children: It couldn't happen here, could it?' (Ofsted, 2014b) included amongst its recommendations that local authorities and partners should ensure the availability of therapeutic support for exploited or at risk young people and that professionals should be enabled to build stable, trusting and lasting relationships with such young people. The design of the SYEP programme was inspired by discussions with Dr Charlie Howard and some emerging evidence from her work with MAC-UK delivering mental health interventions to young people involved in antisocial or gang-related activity in North London. The project had developed a model called 'Integrate' that aimed to take evidence-based approaches to mental health and apply them in new ways, by taking mental health workers out of the clinic and putting them at the heart of group activities led by the young people themselves. Evaluation by the Centre for Mental Health provided evidence that the first such project had been effective in providing mental health interventions and supporting young people's wellbeing (MAC-UK, 2012).

Integrate principles were adopted by the Innovations programme but some elements of the model were not readily transferable to working with sexually exploited or at risk young people in a family or placement context. The Catch 22 Clinical Lead developed a model substantially based on the Adolescent Mentalization-Based Integrative Treatment

(AMBIT) approach to providing therapeutic support (Bevington et al, 2013; see Appendix 3). The Anna Freud Centre has trained about 100 teams around the country to take up the approach and there is some promising early evaluative evidence (see Appendix 3).

Overview of the evaluation

What were the evaluation questions?

The central question for the evaluation was whether the programme achieved its milestones by March 2016 (amended to September 2016) and was on track to achieve its longer term outcomes. In addition, we sought to explore the following questions:

- What is 'business as usual' provision in each local authority and what is the added value of this Innovation?
- What are the barriers and facilitators to providing a specialist fostering and therapeutic service across the sub-region?
- What is the impact on the wider children's services workforce? Do staff feel more confident or skilled to deal with CSE and to work in different ways?
- How is the model or service regarded by key agencies working with sexually exploited or at risk young people and what has helped or hindered collaboration?
- Have some young people, foster carers, parents and social workers benefitted more or less than others? Why?
- What are the specific risks and vulnerabilities of the young people referred? Are these addressed and reduced over the intervention period?
- What is the cost of the service and how does this compare to other placements or interventions which may be used to protect young people from CSE?

Methodology

The evaluation began with a workshop for the Programme Board in June 2015 to clarify the specific outcomes of the Innovation and the relationship between these and the planned activities. We then produced an evaluation framework to represent a plan of the programme over the course of the pilot year, setting out the contribution of each element of the programme and how achievement of these would be assessed (see Appendix 1).

Our evaluation of outcomes for young people utilised a repeat risk-reduction assessment (a baseline when they were referred into SYEP, after receiving 3 months support and again at 6 months). In addition, a psycho-social assessment utilising the following measures was 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 or mistrustful and anxious elements
- Teenage Attitudes to Sex and Relationships Scale (TASAR) – attitudes to sexting, pressure to have sex, gender roles and equality in relationships

We have drawn on monitoring information routinely collected by the programme team on recruitment of foster carers, referrals of young people and progress of cases. Evaluators also reviewed the training materials; observed delivery of 4 days training on different courses for foster carers and professionals; and analysed post-training questionnaires completed by attendees. Observation of project development has involved regular evaluator attendance at Board and Operations Group meetings which have helped capture the learning of the project during its implementation.

We have evaluated progress against the programme milestones through 128 interviews conducted at 4 time-points.

Table 1: Interviews conducted

Category of interviewee	Baseline July 2015	T1 October 2015	T2 Jan and Feb 2016	T3 Summer 2016
Directors or deputy directors Children's Services	8	4	1	4
Managers or team leaders	9	3	3	3
Central programme team	2	1	2	2
Supervising social workers and social workers	3	11	9	8
CSE Support workers (not C22)	0	1	2	3
Foster Carers	0	5	5	6
Parents	0	0	0	2
Young People	0	0	1	4
C22 managers and staff	3	4	5	7
Other (Including multi-agency stakeholders)	4	2	1	0
Total	29	31	29	39

We interviewed a number of informants on 2 or more occasions. Seven key informants were interviewed at 3 time points and a further 16 at 2 time points. Almost all interviews were digitally recorded, conducted by one of a team of 4 researchers and, where possible, repeat interviews were conducted by the same researcher. (Topic guides are included in Appendix 4).

Case studies were compiled through interviews with key workers and clinicians, triangulated through interviews with foster carers or young people where possible. Five interviews were conducted with young women supported by SYEP. The young people are identified by a unique identifier in this report. However, given the very small numbers

involved and the unique nature of each individual case, we have taken the precaution of excluding case studies in the published version of this report.

Changes to evaluation methodology from the original design

There has been only one change to the methodology. The use of a baseline and follow-up survey to assess changes in staff culture and satisfaction was abandoned after the baseline survey failed to achieve a meaningful sample size in 2 of the local authorities and very different samples from the other 2. A presentation of the data was discussed with the Board and the survey was deemed to be an inappropriate measure, given the developing shape of the programme.

Throughout the evaluation we have struggled to obtain interviews with children's social workers. This mirrors the challenges in involving children's social workers in the programme itself. The difficulty has been particularly acute in the final round of fieldwork when the decision to terminate the programme as a discrete entity had recently been communicated to staff.

There have also been considerable challenges in getting the risk and psycho-social assessments of young people completed. Initially, we agreed with the programme that these should be the responsibility of the young person's social worker, although they would be able to delegate completion to a CSE support worker if there was one involved who knew the young person better. The thinking behind this was, first, that every young person referred to SYEP would have a social worker and they might well be the person who knew the young person best; and second, it was intended that social workers would be key members of the team-around-the-worker model who would find the assessments of interest and feed the information from these into the team. Unfortunately, this plan failed entirely: in the first 3 months there were no assessments completed. From January 2016, the Catch 22 team took over responsibility for the assessments but it still has not been an easy task, particularly as input from young people's social workers is still usually essential.

We had hoped to interview a sample of parents (where a young person was living at home and support had been provided for them and their family) but, despite a number of successful approaches by the project team to obtain consent to pass contact details to the evaluators, crises of various kinds intervened and only 2 parents were ultimately interviewed.

In addition to the evaluation methodology, Sheffield Performance and Analysis Service were tasked with collecting tracking data from the 3 authorities, Doncaster Children's Services Trust and from as many statistical neighbours as possible, to provide information on any reduction of the following (negative) outcomes related to CSE concerns:

- re-referrals

- residential care placements
- welfare secure orders
- placement breakdowns
- out of area placements
- missing episodes

However, it is difficult to draw conclusions from the data due to many factors, including:

- low response rates from among the 25 LAs: follow-up emails were sent as reminders to the 25 LAs where responses hadn't been received. Despite this, response rates were low. Capacity, resourcing and recording issues were cited by some LAs as reasons for not participating. The project relates to work carried out across South Yorkshire; however, no data were received from Rotherham
- gaps in data from those LAs who have returned data: some of the data requested is routinely collected and forms part of social care statutory returns, and LAs could provide this fairly easily. However, some LAs didn't routinely collect, or were not able to produce, data for other measures
- timescale: there is a relatively short period of time covered in the requests for data – 2 full years plus the first quarter of year 3; trends may not become apparent within this period
- unknown reasons for any changes in data: changes in data may be due to unknown factors. IT developments within an LA improving ability to report, additional focus by external inspection (eg the CSE deep dive theme in Ofsted's new Joint Targeted Area Inspection), local internal scrutiny or audit driving reporting improvements, CSE issues within a local area, or even this data request itself may all contribute to higher numbers or rates within the period of the data collection
- low numbers of children and young people: smaller-sized LAs report lower numbers, and some of the indicators in the return would also be expected to have low numbers
- inconsistent methodologies: although methodologies were defined as much as possible when the data was requested, there are still likely to be inconsistencies between LAs; for example, in how LAs classify a young person as being at risk of, or a victim of, CSE, or whether an LA is able to identify CSE at the referral stage

Key Findings

How far the innovation has achieved its intended outcomes

The original theory of change framework identified 6 milestones for March 2016 (see Appendix 1).

Milestone 1. The programme is established and operating across the sub-region: referral and placement management are working well

The programme has benefited from a dedicated and competent core team. Delays in staff coming into post meant they were under considerable pressure to operationalise the project in just a couple of months. It opened for business on 1st October 2015 and, despite the challenges of working across 4 different authorities, and some delays between referral and support commencing, both the governance arrangements and management of placements have generally worked well.

The primary activities directed towards achieving this milestone were recruitment of project staff; establishing governance arrangements; establishing referral system; recruitment of foster carers.

The initial set-up phase was scheduled to take place between April and June 2015. However, there was slippage in recruitment and redeployment of staff so the Programme Manager was not appointed until late June and a Fostering Placement Manager was not in post until early August. During these early months the Innovation continued to be led by the senior directors who had designed it. While this brought advantages, there was a lack of capacity to get things moving. Once the core team of programme manager, placement manager and administrator were appointed, progress in establishing the programme was swift. The Programme Manager brought considerable experience of project managing multi-partner projects, but had not worked in the social care sector. She faced a steep learning curve in terms of systems and processes:

“It was clear that the role of a project manager was quite new to people in the social care context – and I had to manage expectations... Initially I had very brief meetings with those with overall responsibility for the programme and to me its objectives still seemed a bit opaque... What did quickly become clear was that social care staff were completely over-stretched and the programme was relatively unimportant in the context of all the other priorities local authorities had... I have kept wondering: how can you bring about innovation when people are so busy and there is no time for the things that innovation inevitably involves?”

Project team T3

The Referrals Manager was recruited internally, had well established local knowledge and networks and was familiar with the programme, which brought considerable benefits.

A very competent administrator swiftly established monitoring and communication systems.

There were challenges for the voluntary sector partner in this project. Catch 22 had no existing infrastructure in South Yorkshire and had to set up its team from scratch. The Catch 22 Fellow, who had been instrumental in developing the bid, went on maternity leave before the project started and there were 2 changes of service manager before the project opened for business. This accounts for concerns expressed in T2 interviews that relationships that had initially been established were not consolidated. The original intention, in line with MAC UK principles, was to try and secure secondments to a number of posts but this proved impossible to achieve and external recruitment was necessary. The key post of Catch 22 Programme or Clinical lead was filled by a Consultant Clinical Psychologist who had a 3-month notice period. She managed to negotiate a phased start from July and was in post full-time in early September.

A structure for project management, including a Programme Board and Operations Group, was established in June 2015 and these have met regularly, although Operations Group membership has frequently changed and representation of all 4 authorities at all meetings has been difficult to achieve:

“It’s never been really owned by the 4 areas – not at any level below the Directors. It’s always been seen as ‘our’ project rather than ‘their’ project.”
SYEP manager T3

At the end of July, discussions were still on-going regarding a name for the programme. A provisional title: ‘Fostering Change’ was used and the final name of ‘South Yorkshire Empower and Protect’, the tag line ‘Creating positive futures for young people’ and a logo design were agreed in November 2015.

In view of the delays in recruitment, the start date for the programme to begin was revised to 1st October 2015 and there were a few early changes to the original project plan:

- the target number of foster care placements by March 2016 was reduced from 35 to a more realistic 15
- only 2 of the 5 CSE support workers C22 had originally planned to employ were recruited (See Milestone 3)
- the Catch 22 team initially co-located with the Sheffield Futures CSE team transferred to premises of their own at the end of October 2015

Recruitment of foster carers was recognised in most baseline interviews as likely to be a major challenge of this programme:

“Everyone knows how hard it is to get carers for teenagers, even harder for

troubled teenagers – particularly girls. And then you add ‘oh, and they’ve been sexually exploited’ and it’s hard to think why anyone would volunteer for that!”
SSW Baseline

Specific barriers to recruitment included the requirements that carers had no other looked after child in placement; were working no more than 18.5 hours per week; and that any birth children in the home needed to be assessed for suitability with the young person matched. However, as the project support offer became clearer, there was some cautious optimism that a more realistic number could be achieved:

“The original aim of 35 was unrealistic. [Especially as you need] to recruit foster carers who have a really good understanding about the problems many young people face. The role can be a thankless task and a hugely demanding job but [I think] the package of support given by Empower and Protect - including the training, support and the additional money (which is necessary and justifiable) will encourage foster carers to get involved.”
SSW T2

Four Supervising Social Workers were realigned from their own authorities to the core project team and approached existing carers who they felt could manage the complexity of the young people who would be referred to the programme. They attended existing foster carer support groups, presented at foster carer forums, and discussed SYEP with Fostering Services staff. The programme also allocated £2,000 to each of the 4 areas to spend on local recruitment of foster carers for the programme. By the end of September 2016 SYEP had recruited 13 foster carer households: 3 from Barnsley; 3 from Doncaster; 4 from Rotherham and 3 from Sheffield. Nine have remained attached to the programme. The 3 Sheffield households have left the programme to return to mainstream fostering.

There were some disparities between the authorities’ foster carer categories and payments that caused disquiet amongst carers and needed to be addressed at a sub-regional level. However, some of these involved changes that only made sense if the programme was to be sustained and have not therefore been resolved.

More recent recruitment has been made more difficult both by the widening of the programme’s remit and the uncertainty of the programme’s future. The decision to extend the programme to young people with severe and multiple vulnerabilities (SMV) at the April Theory of Change meeting meant the clear, specialist role of fostering sexually exploited or at risk young people was lost, while the new SMV remit raised questions about how the SYEP programme was different from any other adolescent fostering. At the same time, staff recruiting foster carers were no longer able to guarantee the ongoing wrap-around support that had been a major selling point. Consequently, numbers recruited have dwindled.

Referrals and placement management arrangements were agreed during September 2015 with the referral pathway defined and a panel established to ensure transparency

about acceptance or rejection of referrals. A provisional set of priority criteria were decided upon, as follows:

- young person is already in secure accommodation
- young person is already placed outside of city or area
- existing placement breakdown
- only other option is secure accommodation
- only other option is out-of-city or area
- young person is at risk of CSE

It was decided that the matching process for young people would follow existing protocols, and would involve a one month period for placement planning and introductions, and this has generally worked well:

“The pre-placement planning process was managed very well and was well thought out. This was very different to previous experiences she has had concerning placing young people where usually the pre-placement process was very brief and superficial. The meetings that took place prior to the child meeting the carer were thorough and very satisfactory.” FSW T2

A request was sent from the programme team to all CSE teams across the sub-region, for them to suggest young people as potential referrals. By mid-October 11 referrals had been received, although the first couple of attempted matches did not proceed to placement. In the case of a young woman leaving secure accommodation, there was ambivalence on both sides about the suitability of a family placement, and in a second case, the foster carers were newly qualified and although specialist training had been completed, their confidence and appreciation of the issues involved was limited. These early failures were thoroughly dissected and the learning from them informed future approaches to referral and placement management which have generally worked well.

Referrals of At Home young people have been more problematic, and interviewees involved have, in some cases, reported concern over significant delays between referral and the commencement of C22 involvement. These delays have been largely attributed to the difficulties in getting all parties together for an initial introductory session and this has caused frustration. The SYEP model involves the young person’s social worker first introducing the allocated clinician to the young person or family and this has often been difficult to achieve. Understanding of the model, particularly the requirement for joint working and the centrality of the social worker’s involvement, has not been widely understood, or necessarily agreed with, as the following suggests:

“SYEP wanted [me] to make the introductions to the family, and everyone, including mum, was so busy. It took over 6 months from referral for any SYEP work to be done because of the delays and [it would have been better] if SYEP could have just got on with the work. Families are used to professionals showing

up and social workers just do not have the time to be this involved. We have to prioritise child protection cases and can't spend hours introducing people to each other. I also see the young person and mum separately and finding the time to fit in another meeting with SYEP is really difficult in a monthly period.... I know these joint meetings are important but time is so limited." FSW T3

Sub-regional differences have been apparent throughout the programmes with variable levels of engagement across the 4 areas. As programme lead, Sheffield's involvement is high, and similar levels of involvement are apparent in Doncaster. However, whilst engagement with the programme at a senior level in Rotherham and Barnsley is good, engaging staff at delivery level has been more challenging. Although Barnsley has ultimately made good use of the programme, in Rotherham there has been considerable staff turnover and a number of interim managers, alongside a culture in the aftermath of the independent inquiry into child sexual exploitation in Rotherham (Jay, 2014) in which staff felt protective towards each other and cautious of outsiders, which has meant Rotherham never really engaged. The loss of Sheffield's Director, who had led and championed the programme, in June 2016 left a major leadership vacuum and a reduction in involvement at all levels.

The complexity of working across 3 authorities and a Trust has been frequently noted by the programme team. Information-sharing has been challenging as each authority has different databases and systems and even sending e-mails has sometimes been difficult due to secure e-mail restrictions.

Milestone 2. Programme has been co-developed with staff, foster carers and young people and all relevant staff understand and are signed up to the project

A core group of foster carers and project staff worked together on the co-design of key elements of the project and have been involved in the ongoing development or review of project progress. A group of young people were also involved at the outset - particularly in the logo design. The time-pressure to become operational and undertake direct work limited effective communication and engagement with a wider group of stakeholders and prevented further involvement of young people in project development.

Some recruitment of specialist foster carers began very early, before there was even a job description for them, with the intention of involving them in co-design of the programme. However, 'co-production' was not a familiar concept and not having some things agreed or in place at the outset led to some frustration amongst both foster carers and social workers. Some of those attending a couple of early co-design workshops where the purpose and content had not been well thought through were unimpressed:

"[The workshops] have felt quite fragmented – as if the house is to be built before the foundations having been dug. Foster carers want to know the what, where, when, how of it. It may be this is all clear at the strategic level but it hasn't got through to practitioner level and it didn't feel clear at the training... The foster

carers were confused both about where the project was going and what the financial package was to be.” SSW T1

However, despite a slightly uncertain start to staff and carer participation, SSWs and foster carers went on to have considerable involvement in the co-design of the fostering strand of the programme. The fostering placement manager facilitated fortnightly meetings in July and August at which SSWs and Catch 22 staff worked alongside foster carers to produce a number of key documents and policies including referral pathway and threshold criteria; foster carer recruitment process; foster carer job specification; foster carer and parent support flow chart.

In addition, foster carers and SSWs had some input to the pilot training course and in reviewing and amending subsequent training. They were also involved in co-designing the support package for foster carers, which included home visits from the Clinical Psychologists; an out of hours clinical support telephone service; a 3-weekly peer support group and an enhanced financial package.

Involvement in the developmental stage clearly built a sense of co-ownership for those workers directly involved.

“[I’ve been closely involved in the design and development of the project and] I think it is quite empowering for workers to have the ability to shape a service. I’ve really enjoyed the freedom of the innovation project – and how different such freedom is to the usual restraints in social care in local authorities.”

SSW T2

There has continued to be feedback to the programme from the foster carers’ support group but there has been no formal ongoing system for input to programme review and development.

Early interviews with a wider range of staff and stakeholders across the sub-region revealed limited knowledge about the Innovation Programme, and considerable concern about how it would integrate and work with existing CSE teams and other services. Most CSE delivery staff, outside Sheffield, only became aware of the programme and its aims during October 2015 when the programme team gave a series of presentations designed to disseminate information and kick-start referrals. The programme team were keen for the project to be seen as adding value to existing CSE support services, and that the project was understood as an extra layer of support, rather than as a separate service. It was hoped that the road shows would help to embed this understanding, but there was some disquiet about a new agency (Catch 22) coming from outside and entering territory some felt was already occupied by specialist CSE teams and other voluntary agencies. Some staff expressed disappointment that they had not been consulted as the programme was being developed:

“I think it’s strange we’ve not been asked, as an established CSE team, to input into discussions.” SW T2

“They’re already half way through delivery, so it’s a non-starter to expect to have any involvement in design.” SW T2

At the same time there was considerable enthusiasm for the rationale behind the programme, and for the opportunities such an Innovation represented:

“Provision for foster carers is vital and positive. The Catch 22 package is more intensive for young people, and I’m looking forward to seeing this come into being.” SW T2

Milestone 3. A coherent model of working is developed and described.

A coherent model of working has been developed drawing on Adolescent Mentalization-Based Integrative Treatment (AMBIT - Bevington et al, 2013) and Community Psychology approaches. However, the model has not been effectively communicated or embraced by all concerned and, therefore, only some aspects of the model have been effectively tested by the Innovation project.

The intention of SYEP was to undertake some direct work with families and young people while at the same time skilling up other professionals to provide most of the support required. This workforce development element of the programme was intended to be directed towards staff in fostering, child protection and CSE teams in order to increase reflective social work practice based upon relationships rather than process.

“At the outset there wasn’t an off-the shelf model, just a basic idea drawn from gangs work. Nothing was written down about the vision at the start and the key aims were not clearly articulated...The approach has developed through doing the work. Capturing the model is still not complete but the planned briefings will do that.” C22 Manager T3

The project was inspired by the MAC UK Integrate model which had taken mental health professionals out of the clinic to work with excluded young people in a highly flexible way. However, Integrate had been developed in the very different context of group projects with gang-involved young men and while the ethos of Integrate was compatible with the Innovation programme, other aspects could not be directly applied and insufficient time had been built in for developing a model from scratch. Given the task of devising a model of SYEP, the clinical lead drew on her prior experience of working in the community with adult women diagnosed with Borderline Personality Disorder and young women with enduring trauma and mental illness, and adopted the AMBIT model (Adolescent Mentalization-Based Integrative Treatment - see Appendix 3).

Direct work with young people focussed on providing Mentalization Based Therapy (MBT), ‘mentalization’ being the ability to think about the feelings and motivations of self and others. The approach is grounded in the understanding that adolescence is a life-stage when impulse control is generally underdeveloped and reflection resisted, while insecure attachment and unsafe or traumatic experiences often increase resistance to

'mentalizing'. This contributes to poor relationships with carers or peers and increases risk of further victimisation.

AMBIT also provides a structure for a collaborative approach to working with front line staff, foster carers and complex families. This focuses on developing skills, open dialogue and reflective practice. It supports a team-around-the-worker style of working involving both the development of a strong relationship, or therapeutic attachment, to a key worker and high levels of peer support across a team of workers.

The approach is theoretically driven and has a developing evidence base. However, it has not been well understood beyond those directly involved in delivery of interventions and participation in a team-around-the-worker model has been limited.

Milestone 4. Foster Carers and parents are engaged; feel confident to provide support at appropriate levels and feel part of professional team

Foster carers have consistently reported how positive their experience of training and support has been the difference this has made to them and to their ability to support very challenging young people, and that programme staff have consistently related to them as equal members of the team. In cases where young people have remained in their family home, parents have been successfully engaged and some family relationships have improved as a result. The role of parents as members of the programme team rather than clients of the programme is more complex than the milestone suggests.

The intended activities for the engagement of foster carers were carer involvement in co-design of the programme (see Milestone 2); provision of specialist training; a regular foster carers support group and supportive relationships with programme staff. For those foster carers who have remained with the programme, the milestone has been achieved in almost all instances and each of these activities has contributed to this.

The pilot training course for the first wave of foster carers dispelled much of the early confusion. It was delivered in September 2015 to ensure that foster carers were ready to take placements from the 1st October. Half day modules were delivered over 6 and half days across a 3-week period covering topics including:

- the impact of CSE
- making sense of relationships
- risk management
- understanding and responding to self-harming behaviour
- self-care, resilience and reflective practice
- understanding, negotiating and managing boundaries
- psychological approaches: Systemic theory, Recovery approach, Motivational interviewing and Mindfulness

The pilot training was attended by 11 foster carers along with 2 C22 support workers, one supervising social worker and 2 project administrators.

The evaluation team observed 2 days of the training and noted that all participants appeared positive and engaged. The facilitators were very comfortable with their subject matter, listened to, and were respectful towards, participants' views and questions. Evaluation feedback forms were completed after each session and these have been used to adapt and refine training on an on-going basis.

The training for foster carers has been well received across the 3 courses delivered to date this year. 60 out of 68 participants agreed that the first training session had 'increased my understanding of the needs of young people who are sexually exploited' and 55 out of 66 agreed that it had 'increased my confidence in my ability to work alongside or provide care for young people who are sexually exploited'. Sessions on self-harm, systemic theory and reflective practice were particularly highly rated by foster carers, with most strongly agreeing that the session had increased both their understanding and confidence. After almost all sessions, nearly all participants agreed with the statement that 'my experience and views have been valued in this session'.

Foster carers were also positive about most aspects of the training in their interviews:

"The training was great. The level and pace, the order of modules etc. all good. The clinical training was very good as it taught us good ways to talk to young people, and gave us low level therapy tools that instils confidence." FC T1

"We have been foster carers for 23 years and the Empower and Protect training is the best training we have ever attended". FC T1

There were some suggestions for improvements after the pilot course. First, some foster carers felt that a few of the sessions were very similar to previous training they had attended, particularly whilst being assessed. To account for the skills and knowledge of more experienced foster carers it was decided that in future, experienced foster carers need only complete 3 core sessions. Second, foster carers wanted to see more connections between the psychology they were learning in the specialist sessions, and how this could link into their real-life practice with sexually exploited or at risk young people:

"We learned the technicalities, and effects, and emotional behaviour that may be displayed, along with the psychological explanations of why emotional behaviour may be being displayed. The actual CSE - and what it is - was never really talked about. It stayed unspoken almost. That's not to say that it wasn't useful, but there was a bit missing - what CSE actually is, how it works etc." FC T1

This feedback was taken on board and case studies and scenarios focusing on sexually exploited or at risk young people were incorporated in future training.

Third, carers suggested that bringing in a range of expertise from other organisations working in CSE would be helpful and staff agreed:

“The biggest weakness was the training was delivered only by Catch 22. I would rather have had others delivering with them, so it was co-produced with other staff who have delivered CSE training and awareness – this would have been in line with the Integrate movement.” SW T2

At various time points we undertook 16 interviews with foster carers involved with the project. They were almost entirely positive about their experience and what the project has been able to offer young people. They reported feeling equipped to care for sexually exploited young people and having put their learning from training into practice. They felt they had been well supported and believed that the combination of the training and the input from the clinicians had prevented the breakdown of placements that would not have otherwise been sustained. They particularly valued being able to contact the clinical team directly and out of office hours via the helpline.

Foster carers considered that pre-placement planning had been excellent. Most also said they felt like part of the professional team. One carer described the difference between how she had sometimes been previously treated by professionals and her sense of equal membership in the SYEP team:

“It’s that social workers so often don’t seem to listen. They think their role is to be there for the child - and that’s right – but you can be in a real state about an incident and really upset and they’ll say things like ‘well do you think you could have dealt with it differently?’...I don’t think that’s how they’d speak to a colleague.” FC T3

However, the satisfaction of carers is only one marker of success in terms of provision of effective, specialist foster care. In a couple of cases social workers reported some doubts about the resilience of particular carers or the appropriateness of the match:

“They are great foster carers but they should not have been deemed suitable for the young person who was subsequently placed with them...[They are] ... not resilient enough for this ‘type’ of young person...social care is now looking for somewhere else for her but this is not easy and takes time. I feel the foster carers were not properly supported although they said they felt supported, I’m not convinced. However, the young woman has shown improvements and is now in education, and her risk of CSE has diminished.” FSW, T3

Engagement of parents and families: the original design of the SYEP intervention for the At Home cohort consisted of clinicians modelling the approach with families and then withdrawing as the social worker or support worker took over using the SYEP approach. The intervention would be front-loaded so that the clinicians could provide some assessment, case formulation and advice on the work to be undertaken. They would then be involved in monthly family sessions to review progress as well as providing

supervision (Thinking Time) for the case workers. In practice this approach has only been implemented in a couple of cases. Changes of social worker and non-engagement by social workers have led to most at home cases receiving a direct intervention from the C22 clinicians working alongside CSE support workers.

In the 2 cases we examined where the original design had operated as intended, the results had been successful and social care had been able to close the cases within the 6-month period. In each it was clear that the crucial factors were that there was a consistent social worker throughout the period, the young person had an established relationship with a CSE support worker and the family were well prepared for what family sessions would involve.

The biggest difference between At Home and fostering cases is that there is no equivalent to the Supervising Social Worker in At Home cases. There is therefore an absence of equivalent support for 'mum'³ and in practice this gap has been filled by the C22 clinicians:

"I feel part of a team and cannot express how supportive [clinician] has been... We had been desperate for help for years so I didn't mind the referral going in but my experience of other professionals, especially social care, has been very poor. I've felt very let down, accused and judged by professionals- but it is a different story with [clinician] and [support worker]. I could not speak highly enough of them. [The clinician] is the only professional I trust 100%, she has been utterly consistent over the past year and not judged, she has listened and supported, she believes what I say and makes me feel comfortable, she's the only one who has always been there and not looked for things (that are not there) to criticise me about. She rings and texts once a week and regularly has family meetings with me and my daughters.

We have had 3 or 4 social workers over the past year and another one has just started - but he is agency so he might not be around for long. But because of SYEP support I feel I am now better equipped to support my daughter." Parent T3

"One of our [team's] cases is a good example [of the at home model working]. We had a high risk young woman returning to her family from a residential unit. When she was referred to SYEP she also had a Barnardo's worker and the family had a family support worker. The process of referral and initial meetings went smoothly and the work with X and her mum has been intensive – [the psychologist] has seen the family regularly and also the Barnardo's and FSW workers. This has been a positive piece of work. All the staff involved on the case feel positive about

³ On the whole the project has worked with mothers but has also supported grandmothers, aunts and siblings with whom the At Home young people referred to the project have been living.

it and particularly have benefited from the Thinking Time. [Although other things have come up since, when the work ended] X was not at risk of CSE anymore and mum was better equipped to protect her.” FSW T3

One of the key successes in At Home cases is the engagement of parents who have previously not engaged with professionals or are seriously disenchanted because of previous experiences. Asked about what had made this possible, one of the clinicians described their approach:

“These are people who were resistant to social care and I sat and got to know them – I listened. I’d quite like to be able to say there was some marvellously scientific technique, but it’s just about being present, genuinely curious, consistent, validating not penalizing. And being tentative about suggesting alternatives: ‘this may not work but...’ and saying ‘I don’t know the answer, but if things aren’t working right now maybe it’s worth trying something different’. Part of the role is helping the professional team understand and get beneath the anger, swearing and resentment, to seeing them as human and burdened and struggling as best they can. I’ll share texts with the social workers so we can think together about what they may need.... I’ve also taken it upon myself sometimes to apologise on behalf of the system, or for the fact that professionals have let them down.”

Clinician T3

While the support of clinicians working in this way has clearly been invaluable in promoting engagement it is not widely considered a sustainable approach in terms of the supply or cost of such professionals. However, adopting the approach described above requires time, human warmth and some humility more than it requires a post-graduate qualification in psychology and could therefore be the approach taken by a variety of workers. It does not necessarily equate to treating parents as part of the professional team but, as some interviewees have noted, this may have been a naïve ambition given the complexity of many CSE-affected young people’s backgrounds:

“Seeing Mum as part of the team is not working very well as Mum has her own emotional and psychological needs – she’s a client as much as her daughter is - not a colleague.” FSW T2

Milestone 5: Staff in CSE, fostering and children’s social work report increased confidence in working effectively with CSE

This milestone has been achieved for a limited number of workers who have been fully engaged in a team-around-the-worker model. Most have been CSE support workers with established relationships with a young person referred to SYEP. To a lesser extent, it has been achieved for a range of professionals who have attended the professionals’ courses. However, the impact on the overall workforce in CSE, fostering and children’s social work has been limited.

The activities intended to facilitate the achievement of this milestone were training, co-working ('modelling'), supervision (Thinking Time or reflective practice) and action learning sets (ALSs). There has been limited success with the workforce development aspects of the programme and some aspects have remained undeveloped. In particular, there has been limited engagement by social work staff, who have been unable to find time for reflective practice sessions. There have been 3 main barriers to engagement:

First, psychological concepts and terminology are unfamiliar and off-putting to many non-clinicians, and clear communication and justification of the approach did not occur at the outset. This has meant that some social care staff have regarded the model as something alien and the property of psychologists. There was no co-production in this aspect of the project's development and even its senior leaders reported being puzzled about where the model had come from:

"Part way through the programme the clinicians wanted to go off with a new approach. They started talking about AMBIT and mentalization – and it sounded like a complete change in what we were supposed to be testing out [the Integrate model]. It had been galvanised by some training and felt superficial: 'flavour of the month'. That might not be fair but that's what it felt like: it just happened with no explanation to the Board or Operations Group...In the sites we had to communicate with staff, so if we didn't understand it how could they?" Director, T2

Second, it was felt by many informants at T1 and T2 that the clinical team did not have sufficient understanding of fostering, social care, the work of CSE teams or other voluntary agencies, or the caseloads and pressures under which social workers worked. The model was therefore seen as not being appropriate, and the expectation to participate and receive instruction as somewhat impertinent. 'Clinical supervision' was also an unfamiliar concept for many social care staff and was not necessarily welcomed or felt to be necessary. In an attempt to make the idea more accessible it was renamed Thinking Time – a term that may have had an unfortunate pre-school ring to it.

"There was an original assumption that people would understand and welcome us as consultants and supervisors. But actually people were quite defensive and developing relationships with staff took some time. ...Not enough homework had been done in advance and we were catapulted into providing direct support because young people were being referred – and we needed to model the way of working so people could get it [as it was not being understood]." C22 Manager, T3

Third, the model was impractical in terms of the high levels of voluntary participation expected from field social workers. The model depended on their active involvement and influencing their practice was one of its objectives, but no time allocation or reduced caseload had been agreed to enable social workers to participate in the team-around-the-worker model when they referred cases into the project. There was a 'missing middle' in terms of buy-in to the project such that social work team leaders or service managers had no commitment to freeing up staff time. In addition, social workers tended to see the

SYEP support as reducing the risk level of a young person from the outset, therefore enabling them to prioritise other young people on their caseloads.

By the final round of fieldwork there was some uncertainty among the 4 Directors as to whether the model had ever been viable:

“We had gaps in service managers and team managers were not engaged like they should have been. If I’d been phoned and told a social worker wasn’t engaging I’d have tried to make it happen but... The commitment of the psychologists has been fantastic but we should have clamped down on them doing the direct work. That wasn’t what we were meant to be testing... but ultimately programmes like this need a national commitment to less process-focussed, more relational work. Social workers would want to do it.” Director, T3

“[The idea of] transformation of social workers into doing direct work would be pushing at an open door if we could allow it – we train social workers to do one thing then make them do something else. The model could work with foster carers or residential workers but not social workers with caseloads of 25 and huge statutory responsibilities. If it had got [beyond that] I think the next barrier it would have hit is highly skilled social workers not wanting to be told how to do their job by another profession.” Director, T3

C22 managers estimated that the team-around-the-worker model had not been implemented in 70% of cases. In the few cases where the model was fully implemented the worker in each case was a CSE support worker or family support worker already working with the young person or family and there were established relationships between other members of the professional team. However, even in these instances the expectations of the team working a case could be unrealistic. For example, one support worker who had 3 cases referred to SYEP was expected to attend Thinking Time sessions with 3 different psychologists.

However, over time individual workers who have seen the approach in action – particularly those involved in, or responsible for, At Home cases in Barnsley and Doncaster – have come to think highly of it:

“I think the model of working...is a very good one - but unlike some other colleagues in social care I have never felt threatened by the therapeutic approach. I think it is a really good idea. SYEP is known about and understood within my team but I don’t think that is the case within other teams in Barnsley.” SW, T3

“One of our family support workers has regularly had Thinking Time and found it very useful. It has given him the chance to talk things through with a person other than his manager, as a result this has improved the supervision I do with him. And there’s another worker who has had Thinking Time and found it very helpful.” FSW, T3

Action learning sets have not been developed as planned. However, consultants have been appointed to provide training and support so that ALS can be used to embed learning and provide a legacy for the programme. The intention is to train one supervising social worker and one field social worker from each area to become ALS facilitators. After training they will co-facilitate 4 ALS alongside the consultants. .

Six 2-day professional training courses have been attended by a range of professionals. Feedback has been very positive with 58 of 72 attendees on day 1 courses agreeing or strongly agreeing that 'this training session has increased my understanding of the psychological needs of young people who are sexually exploited'. 64 of 68 attendees on day 2 courses agreed or strongly agreed that 'I have found this session on different psychological tools for working with CSE useful.' Across both days almost all participants found the facilitators approach and style had helped them share, reflect, practice and learn.

However, by July 2016 few of the social workers then attached to SYEP young people had attended⁴.

Barnsley - 5 out of 12 identified social workers or managers trained (42%)

Doncaster – 6 out of 7 identified social workers or managers trained (86%)

Rotherham – 5 out of 12 identified social workers or managers trained (42%)

Sheffield – 2 out of 7 identified social workers or managers trained (29%)

Milestone 6. Young people are engaged with therapeutic support; have improved mental well-being; have reduced risk factors in their lives and report that placement or support is meeting their needs.

Young people have engaged with the support provided and there is evidence that key risk factors, including missing episodes, have been reduced, and protective factors, including a positive relationship with at least one supportive adult and attending school or college, have been increased. Young people have reported positively on the support they have received and there is some evidence of improvements in mental well-being in those cases for which follow up data are available.

There is substantial evidence that the young people referred to SYEP were severely and multiply vulnerable (SMV). They were at very high risk in terms of sexual exploitation and had other complex difficulties in their lives. The psycho-social baseline data suggests a profile that is almost identical to that of the young women accommodated in Aycliffe Secure Centre CSE specialist unit during the same time period (Scott, 2016). For those

⁴ Since the July decision that SYEP would not continue as a discrete project, the purpose of professionals' training has changed. Courses are being offered in each of the 4 authorities with participants identified and invited by the Director as part of their mainstreaming strategy.

in the foster care strand, there is very clear evidence that the Innovation has been successful in achieving its intended outcomes including: missing episodes reduced, or no longer happening; a stable foster placement and positive relationship with a carer; and attendance in education significantly improved.

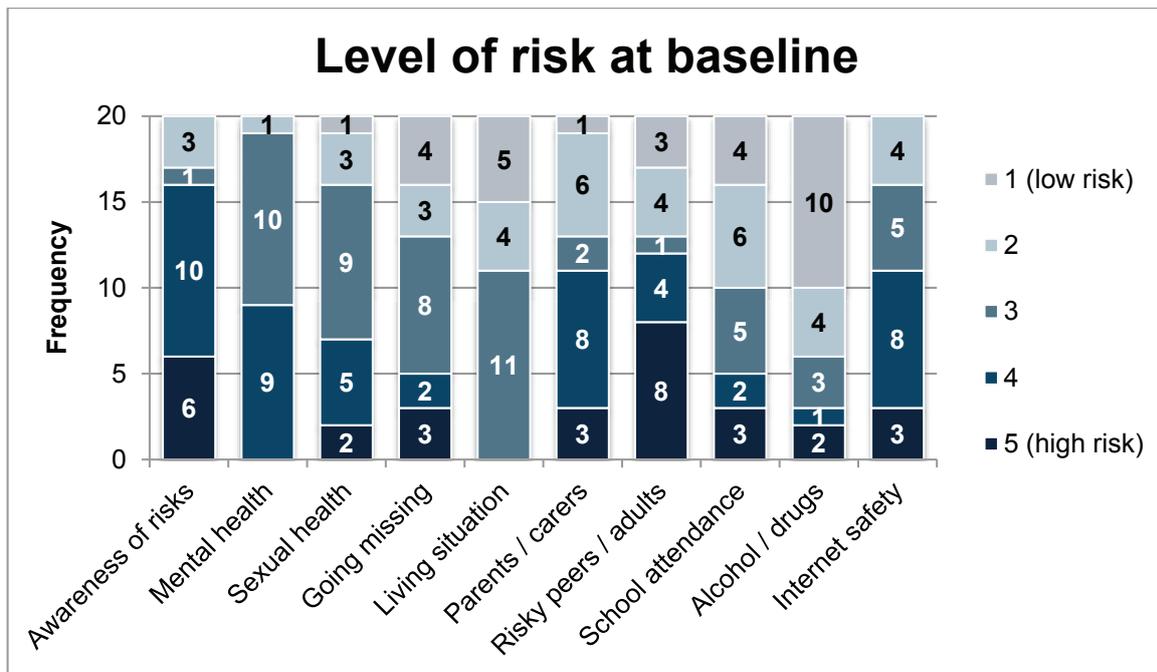
In 2 cases young people are no longer a Child in Need and their case has been closed by Social Care. A further 2 young people are no longer under Child Protection Plans. Improvements are also reported in cases that SYEP is currently stabilising, particularly in terms of improved family relationships; more stable foster placements and young people engaging with CAMHS and substance misuse services. The evaluation undertook detailed case studies for some of these cases but in order to protect confidentiality these are not included in the published version of this report..

Of the 36 referrals (both At Home and foster placements) accepted by SYEP between October 2015 and October 2016, project staff considered there had been significant improvement in the safety and likely future outcomes in 9 cases⁵. This claim is supported by qualitative data collected in interviews, but formal risk reduction assessments repeated across the intervention period do not exist for all 9 of these cases. In terms of systematic data on risk reduction, assessments conducted at baseline and at least one follow up are available for 14 of the 36 young people (see 2.2.1 for discussion of issues re-non-completion). Nine of these showed a reduction in risk and in 3 of these cases this is a significant reduction (see Appendix 2).

A baseline Risk Reduction Assessment was completed for 20 young people. The highest level of concern was for 'awareness of risk and rights in relationships' amongst three-quarters (75%) of the sample, 'association with risky peers or adults' amongst two-thirds (66%) of the sample, 'internet or mobile phone safety' amongst half (50%) of the sample, and 'relationship with parents carers' also amongst half (50%) of the sample. Project workers assessed that the vast majority of the young people were at high or medium risk in the areas of mental health (19 out of 20) and sexual health (16 out of 20). The lowest level of risk was in the area of alcohol or drug use, although for 6 young people this was an area of high or medium risk at baseline. It is also a risk factor for which evidence often only emerges over time as a trusting relationship with a worker develops.

Figure 1: Level of risk at baseline

⁵ In a further 15 current cases stabilisation is ongoing.5 further cases are recent referrals and in 7 cases SYEP intervention led to little or no improvement, and these young people have mostly been placed out of area – in 2 cases in secure accommodation.

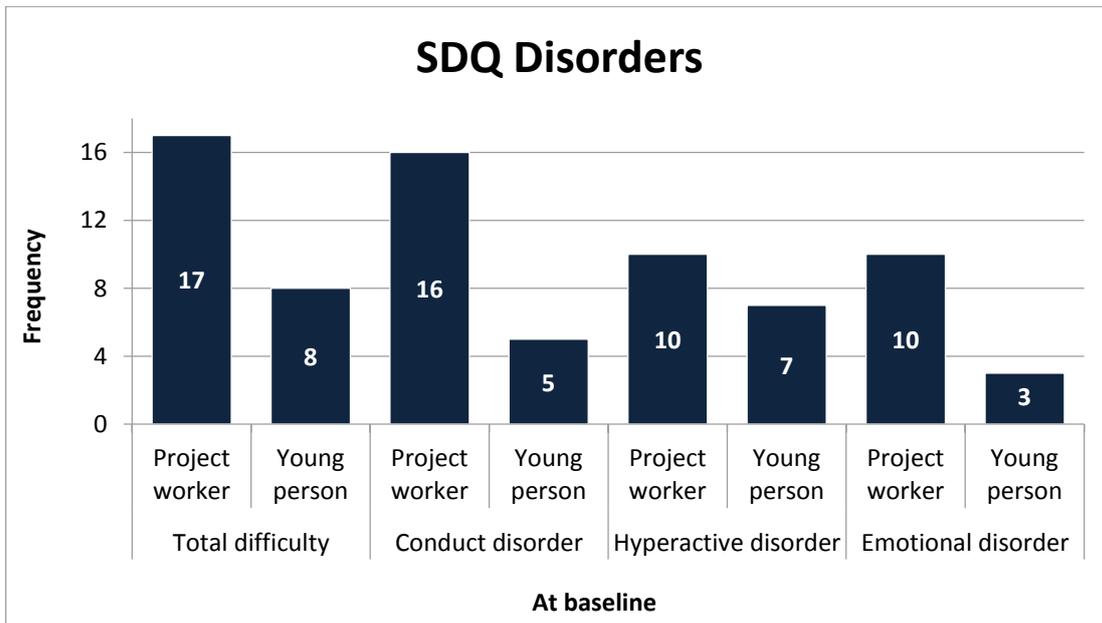


We have baseline psycho-social data from worker assessments for 21 of the 36 young people who have been or are currently being provided with a service by SYEP and baseline self-assessments completed by 14 young people. This completion rate provides one indication of initial engagement with therapeutic support. In terms of mental well-being, the psycho-social data indicates that this group of young people has complex needs, and all experience a high degree of difficulty.

Strengths and Difficulties Questionnaires (SDQs) completed by workers⁶ suggest that only one young person did not have any emotional, conduct or hyperactive difficulties at baseline. Although slightly more positive, half of the young people’s self-reports also indicate them having one or more disorders at baseline.

⁶ SDQ bands were originally categorised into normal, borderline and abnormal. More recently, a 4-fold classification was created (close to average, slightly raised, high and very high). The main difference between the 2 systems is that the ‘abnormal’ category was been divided into 2 groups (‘high’ and ‘very high’, each containing 5% of the population, compared to 10% previously in the ‘abnormal’ category). Categories are based on a population-based UK survey, where 80% of children are close to average, 10% slightly raised, 5% high and 5% very high. Both systems only provide a rough-and-ready way of screening for disorders; combining information from SDQ symptom and impact scores from multiple informants is better, but still far from perfect.

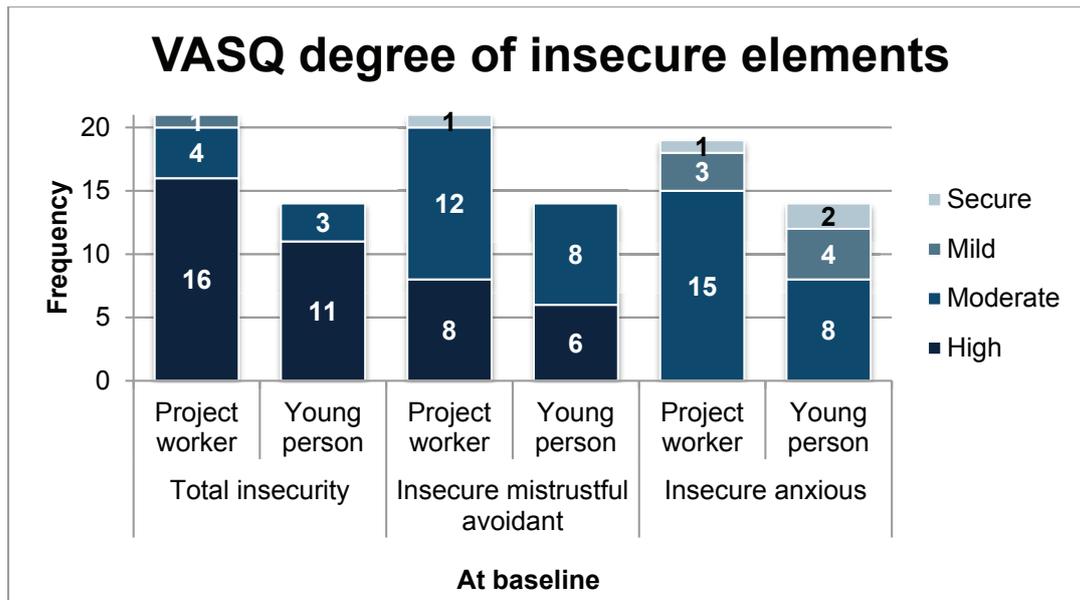
Figure 2: SDQ Disorders



The Vulnerable Attachment Style Questionnaire (VASQ) is an assessment tool that determines the degree of attachment security⁷. None of the young people were assessed to have a secure attachment style. Foster carers and project workers rated 16 out of 21 young people to have a highly insecure attachment style. The young people had a similar assessment of themselves, with 11 out of 14 having a highly insecure attachment style by self-report.

⁷ 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. The VASQ is a simplified tool to measure insecure/mistrustful and anxious elements based on the Attachment Style Interview. The ASI in-depth interview is taken to be the gold-standard for determining attachment style. It is an investigator-based interview assessing respondents attachment styles on the basis of their ability to make and maintain supportive relationships along with attitudes about closeness/distance from others and fear/anger in relationships. It assesses relationships with carers, parents (if in contact), siblings and also up to 3 close others in order to determine how an individual forms and maintains relationships, which in turn forms the basis for the level of security or insecurity of attachment style.

Figure 3: VASQ degree of insecure elements



Young people who score moderate or high for both ‘mistrustful avoidant’ and ‘insecure anxious’ are classified as having a dual or disorganised attachment style. Two-thirds of young people (14 out of 21) had a dual insecurity at baseline, as assessed by their foster carer or project worker. This indicates a very high level of need, as young people with disorganised attachment styles are difficult to support.

At baseline, thirteen young people completed the TASAR questionnaire. The responses show that, overall, the young people endorsed socially desirable norms. However, some answers demonstrate a high level of uncertainty about what constitutes healthy relationships, with some young people answering ‘not sure’ to more risky statements for example, ‘I wouldn’t have sex just to please someone else’ or ‘Good sex can only happen when both partners are up for it’. Such uncertainty may indicate a higher level of risk or vulnerability to sexual coercion.

Improved mental well-being: The most reliable outcomes data relates to cases where there has been a baseline and a first and second review. There are only 6 such cases in this sample and changes cannot therefore be subject to tests for statistical significance.

For 1 young person the various measures showed no change (neither positive nor negative)

For 3 young people all the measures demonstrated a small positive change, or no change on some measures and a marked improvement on others.

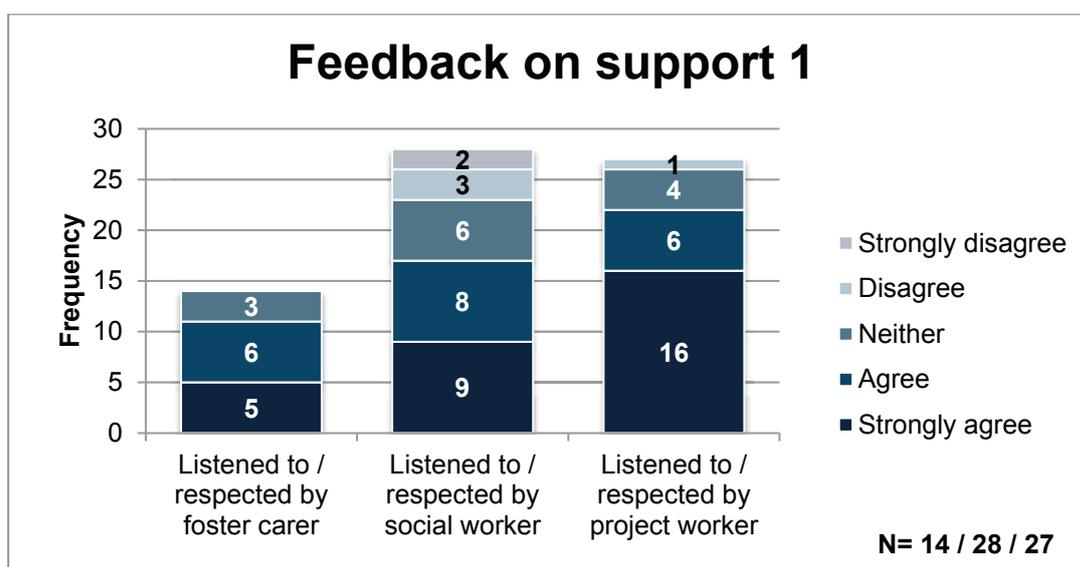
For 2 young people all the measures demonstrated a considerable or marked improvement.

Carers struggle to care for young people with dual or disorganised attachment styles as they simultaneously display clingy, angry and mistrustful behaviour. Therefore, change

from a dual to a single attachment style is particularly significant for looked after children. In 3 cases of young people in SYEP specialist foster placements such change was recorded. Qualitative case studies confirmed and expanded on behavioural and relational changes in some of these cases.

Young people’s satisfaction A service feedback form was completed by 16 young people. Some completed it only once at baseline, while others completed the form either 2 or 3 times e.g. at baseline, 1st and 2nd review. (A full analysis of young people’s feedback is included in Appendix 2). The young people were asked about their experiences of the support they had been offered by their foster carer (where relevant), social worker and project worker. The majority of young people either agreed or strongly agreed with the statements ‘I have been listened to and treated with respect by my foster carer’ and ‘I have been listened to and treated with respect by my project worker’. Two-thirds of the young people felt listened to and treated with respect by their social worker.

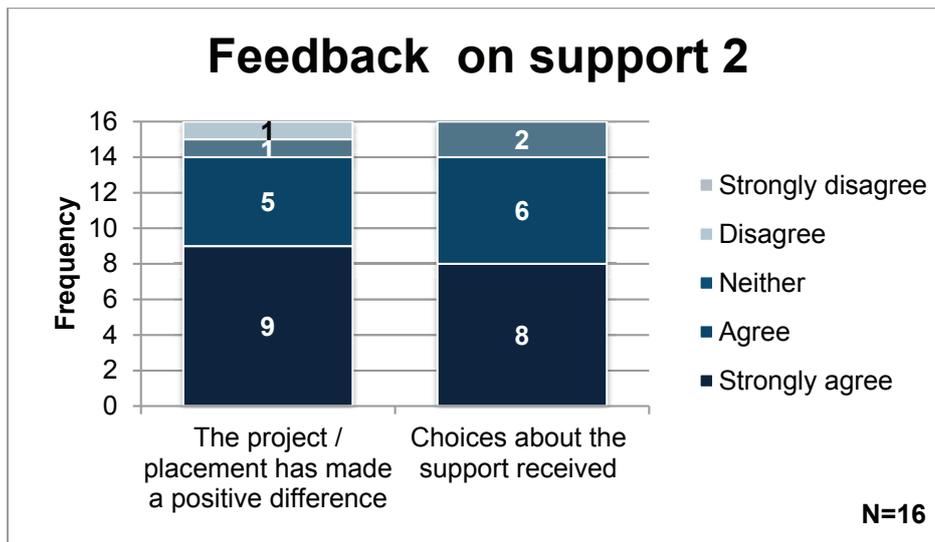
Figure 4: Feedback on support 1



In response to the statement ‘I felt safe to talk about private matters with my’ the majority agreed or strongly agreed with regard to their foster carer and project worker. Almost half also felt safe to talk about such matters with their social worker while 8 young people did not.

Sixteen feedback forms were completed at young people’s 1st and/or 2nd review. The vast majority of these young people said that the project or foster care placement (where relevant) had made a positive difference to their life over the past month. The vast majority said that they had been given choices about the support they had received (see figure 5).

Figure 5: Feedback on support 2



In interview, young people also expressed their satisfaction with the relationships SYEP had provided or supported:

“I’ve had 8 social workers in 3 years. You can’t help not having much time for them when it’s like that can you? [SYEP Clinician] is different – really friendly and approachable and supportive. She was introduced as a psychologist and that sounded important and interesting – she said ‘I’m special’. A youth worker would have been boring. She comes every week and we talk about everything: the past, being in care, how to understand feelings and how to open up to [her carer].

“Sometimes we go out for coffee. If I’d had to go see her in an office it wouldn’t have been the same. There’s lots of things about what it feels like being in care: needing permission from a social worker to do things, not feeling part of the family – always outside looking in. I don’t understand myself sometimes and she has helped me put things into words [like by asking] ‘how do you think ‘sad’ would feel?’” Young person, T3

Milestone 7: CSE affected young people stay in their communities and residential or secure placements are reduced. Cost savings are made.

Young people referred to the programme, for whom the alternative at referral was an out-of-area placement or who had previously been placed out-of-area or in secure, have remained safely in their own communities in specialist foster placements. Amongst the At Home cohort, young people considered to be on the edge of care have been able to remain at home. Cost savings have therefore been made.

There is little doubt that sexually exploited or at risk young people have been enabled to stay in their own communities, and often in their own families, when a likely alternative would have been going into care or, for those already in care, an out of area or even a secure placement. This has been enabled through providing wrap-around support to foster carers, parents and CSE workers. Working as a team they have been able to manage risk more confidently, and tolerate the inevitable anxiety of repeated missing

episodes and risky behaviour, in order to achieve stability and security that is relational rather than geographical.

The original supposition, that cross-borough placements within South Yorkshire would be particularly helpful in facilitating safety, has only been tested by the Innovation in 2 cases. Although it has been reasonably successful in those instances, it was clear in final interviews that not everyone involved in the programme was convinced of the value of sub-regional fostering in achieving that outcome:

“That was a weakness in the original hypothesis. Placing young people out of their own area increases risk even if it’s just across the border – it makes it more likely they’ll run back. From the perspective of perpetrators, South Yorkshire is one community. From young people’s perspective, Sheffield and Barnsley are worlds apart.” Director, T3

The programme design was based on the assumption that while the costs of SYEP support would be high, the cost savings and cost avoidance would far outweigh them. The original Innovations bid anticipated cost avoidance or savings of £4.1m annually. These were calculated on the basis of 70 young people being supported per annum. In a cost savings or avoidance exercise undertaken by the programme manager and Sheffield City Council’s finance department, based on 22 young people being supported by SYEP in the financial year 2016-17, the estimated avoidance or cost savings were £1,166,854. The average saving per young person was therefore £53,039 or 91% of the originally anticipated saving of £58,571 per young person.

Unit cost (cost per young person) was calculated on the basis of total programme spend divided by 22⁸. Cost savings or avoidance was calculated on a case by case basis by agreeing with each area the costs over the year that would have been incurred for each of their young people referred to the programme if the young person had not been supported by SYEP (the Plan B cost). The anticipated financial benefit for 2017-18 if the programme were to continue (fully funded by the 4 areas) and usage remained the same were also calculated.

Table 2: Anticipated financial benefit for 2017-18 based on current usage

Area	Cases	Cost (£)	Cost avoidance (£)	Overall financial benefit (£)
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⁸ It was impossible to develop a more sophisticated unit cost as there were only 3 closed cases at the time the exercise was carried out and numbers of hours of input varied so greatly between foster care and at home cases and between individual cases in each cohort.

Barnsley	8	288,000	515,836	227,836
Doncaster	6	216,000	184,142	-31,858
Rotherham	5	180,000	269,908	89,908
Sheffield	3	108,000	196,968	88,968
Totals	22	792,000	1,166,854	374,854

It is interesting to note the difference between the anticipated financial benefit for different areas with similar numbers of cases. Clearly, Plan B scenarios were envisaged, or costed, differently in different authorities. The reasons for this are not clear.

When this exercise was shared with the 4 Directors to inform their thinking about whether to continue the programme beyond March 2017, they were not entirely convinced by the methodology:

“In terms of cost avoidance these Plan B’s were social workers’ judgements about where young people would have ended up – if they’d been right there would have been a huge spike in our securing pattern and that just wouldn’t have been realised. If the project had continued we’d have needed to re-visit with a more sophisticated cost avoidance model – building in changes of placement and distance of placements – but even if we’d had this in July it wouldn’t have changed the decision.” Director, T3

Learning from the programme and the evaluation

Lessons about the barriers and facilitators to this innovation

The major challenges for this programme can be summarised as follows.

Recruitment of foster carers. The programme model has provided an enhanced financial package, training and support that is hugely appreciated by foster carers and appears to have a positive effect on retention and satisfaction, but it has not produced the new pool of appropriate carers for very troubled teenagers the project hoped for.

Social workers' capacity to engage with the team-around-the-worker model. The low levels of social work engagement mean that the Innovation's intended model was not tested and the ambition of SYEP to embed change (developing therapeutic skills, and encouraging young person-centred and reflective practice within the Social Care workforce) has not been realised.

Model overwhelmed by direct work. Rather than focussing on developing skills in key workers or carers, and thereby supporting the long-term relationships in young person's life, SYEP clinical staff have undertaken far more direct case work than was intended. This has impacted on the team's case-load capacity and the cost of the intervention.

Four different authorities. The complexity of working across 4 very different areas, in a new partnership, with varying demographics, strategic priorities, external pressures, scrutiny and cultures and with different structures, processes and management information systems is hard to overstate.

Relationships with other providers. Competition and territorial defence are frequent consequences of the current commissioning environment. Catch 22 had no history in South Yorkshire and were regarded with suspicion by some established teams and projects in the field. As a one year innovation there were also concerns that young people might be used, and then dropped, if the project didn't have a future. The impact of this on engagement with the programme had not been predicted.

Leadership and ownership at the right levels. The Innovation had committed leadership from the 4 South Yorkshire Directors involved at the outset. However, there has been little ownership of the initiative by service managers or team leaders. This has had an effect on 2 levels: first, key decisions have been delayed or poorly communicated because attendance at Operations Group meetings has been inconsistent and designated representatives have changed frequently. Second, frontline social workers have not been encouraged to prioritise engagement with the programme and team leaders or managers have taken few steps to facilitate their staff's involvement.

Managing a multi-disciplinary programme. Delivery has been in the hands of 2 teams: one local authority and social work and one voluntary sector and psychologist led. Social

workers and clinical psychologists come from very different professional cultures and enjoy rather different status in the world. At times there has been a lack of cross-professional respect for roles and skills or understanding of the policies, professional standards and legal requirements within which each operates. The Innovation has been experienced by some social workers as an alien imposition rather than as something supportive and developmental.

Lack of set-up time. The programme ambitions were not achievable in such a short timescale. A successful Innovations bid does not equal a project plan ready to be operationalised. The pressure of such a short timescale to begin delivery was considerable, particularly given the 3 month delay in getting key personnel in post. Crucial development work did not therefore take place. Many of the other challenges could have been identified and tackled more effectively if project design, consultation, alignment with existing resources and external and internal relationship building could have been undertaken at the outset.

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

- committed and experienced Directors able to make joint decisions, including to fund continuation of the programme to March 2017
- committed and experienced VCS managers and project staff
- a programme model which focusses on strengthening key relationships in a young person's life and providing carers and key workers with the tools to better support them, and which takes clinicians (with a trauma and attachment focus) out of the clinic and into the homes of sexually exploited or at risk young people and their carers. This has successfully broken down barriers to accepting therapeutic support and increased engagement with services more generally
- providing foster carers with specialist training and direct access to clinical expertise from the beginning of a challenging placement, rather than only when a breakdown is on the cards, has greatly enhanced carers' willingness and ability to cope with self-harm, missing episodes and such like
- the interest of fostering teams in all 4 authorities in working across the sub-region, which has enabled the development of South Yorkshire-wide approaches to SYEP foster carer training, foster carer retainer payments and payment processes, and foster carer specification. The 4 teams have established regular networking meetings for managers and are currently developing a South Yorkshire strategy for recruiting foster carers for teenagers

Limitations of the evaluation and future evaluation

The most obvious limitation is that this report has been written only 12 months after programme inception and therefore findings only relate to 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. We selected tools that measured meaningful, relevant things and were short and accessible, but it is understandable that young people have sometimes found them intrusive or nosy and have not always been willing to complete them at the specified intervals. Less understandable has been the difficulty of getting young people's social workers to provide client profile information or assess whether risks have increased or reduced.

The programme is not continuing beyond March 2017 so there will be no future evaluation.

Implications and Recommendations for Policy and Practice

The challenges of keeping high-risk sexually exploited young people safe in the community have often seemed insurmountable and, despite the high costs and little evidence of better long-term outcomes, they have continued to be sent to secure units or to residential homes in the depths of the countryside. In a very short time period, and despite many challenges, this Innovation has demonstrated that there is an alternative.

Sexually exploited or at risk young people at home

Parents whose teenager is going missing, taking drugs and associating with risky adults and peers, want support for her and for themselves. They are often struggling with other difficulties in their lives with which they need help, and their previous experience of professional involvement may be negative. However, the experience of this programme is that it is possible to provide support in a way that is acceptable and valued, and that mothers and daughters, fathers and daughters and siblings can be helped to increase their understanding of each other, improve their relationships and, perhaps most importantly for their future outcomes, move back from the edge of care.

Sexually exploited or at risk young people in care

Young people who have moved across numerous placements, been out of education, are frequently missing and at risk of a secure placement can be settled in stable, long-term foster placements with reflective, resilient carers. For some young people, this settling can occur relatively quickly, given the right support being provided for them and their carers. The right support is psychologically-informed, readily available, respectful, collaborative and takes the whole family into account.

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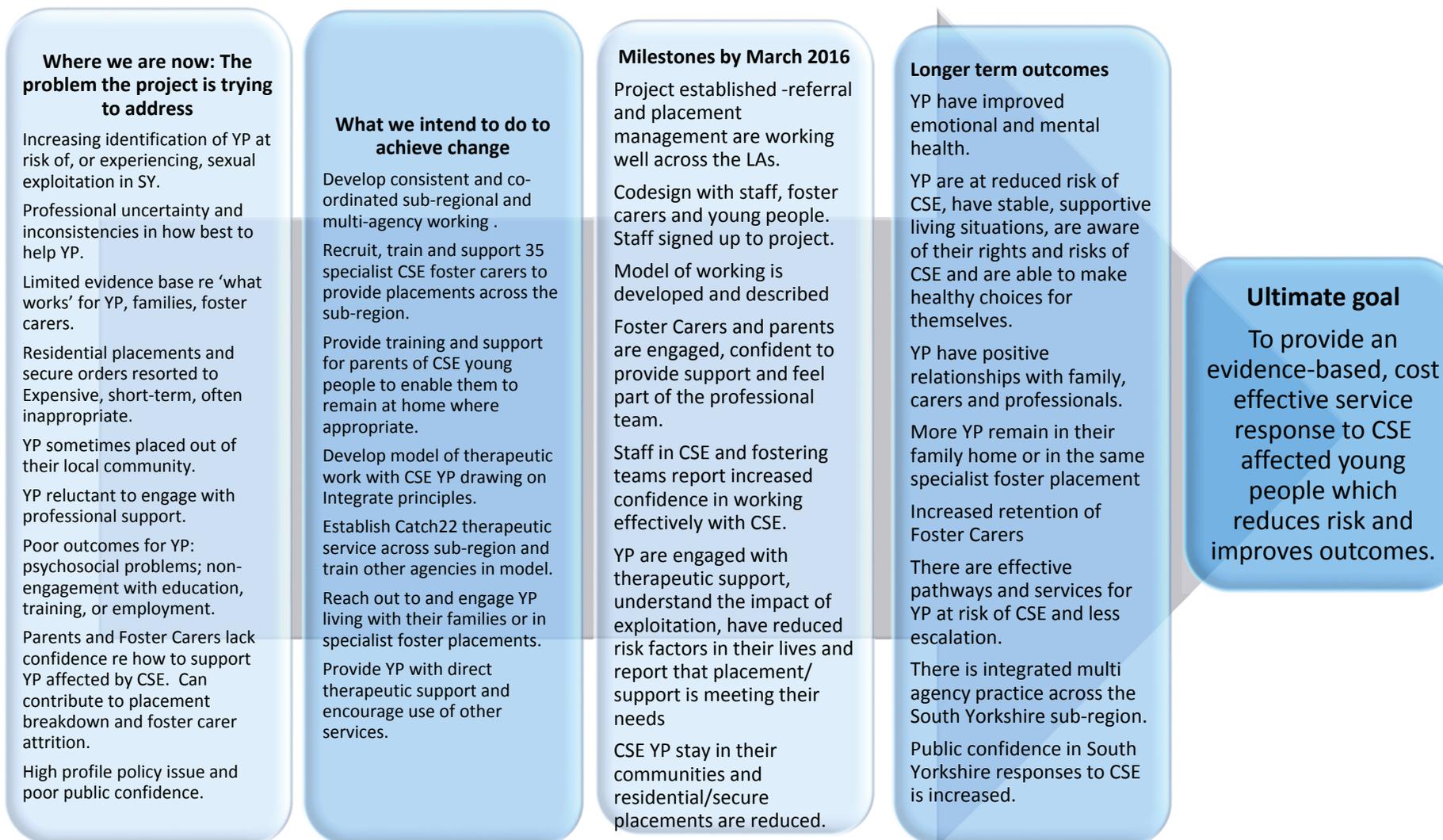
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Appendix 1: Theory of Change



Activities	Milestones by March 2016	How we will know milestones are achieved	How the evidence will be collected	What we will aim to learn
Develop consistent and co-ordinated sub-regional and multi-agency working	The Empower & Protect project is established and operating across all 4 areas of sub-region. Referral and placement management are working well across the sub-region	All 4 areas are making use of the project. Stakeholders report satisfaction and confidence in the project.	Monitoring of referral & placement data; Interviews with stakeholders from the sub-region; observation of partner meetings; review of plans and protocols	What factors have affected the implementation of the project in each area and across the sub-region? What are the facilitators and barriers to developing sub-regional collaboration? What are the implications of this experience to the future of this project and other sub-regional initiatives?
Co-develop project through series of workshops involving multi-agency staff, FCs and YP & specialist training in Integrate model	All relevant staff understand and are signed up to the project; staff have increased confidence in working effectively with CSE; FCs & YP feel engaged with the process	Staff report understanding & commitment to the project. Staff report increased confidence in working with CSE. FCs and YP report satisfaction with their involvement.	Observation at sample of workshops and training; interviews with staff; staff satisfaction questionnaire; interviews with FCs & YP; feedback forms from training	What has worked well or not so well in engaging staff, FCs, parents and YP in co-production?
Recruit, train and	Foster carers with the	FCs are in place and	Monitoring data re	What characteristics and

<p>support 35 specialist foster carers</p>	<p>required levels of experience, motivation and skills have been recruited, trained and retained. Support or supervision for FCs is in place as planned. FCs are confident to provide support and feel part of professional team; CSE YP stay in their communities and residential or secure placements are reduced</p>	<p>YP are being placed with them. FCs report increased confidence and understanding as a result of the training and support. There is good attendance at training, supervision and support meetings. FCs report feeling part of team. Placements for YP are stable. Fostering managers report fewer placement made out of authority due to CSE. YP report that their placement is supportive and meeting their needs.</p>	<p>FCs recruited, trained and placements made. Interviews with FCs and placement manager; records of attendance; feedback from training. Data on YP placements; interviews with fostering managers.</p>	<p>support do FC need to be specialist CSE carers? What are the facilitators and barriers to FCs being part of the professional team? What factors contribute to successful and stable placements? Do these placements work better for some YP than other, and why?</p>
<p>Provide training and support to parents of CSE YP to enable YP to stay at home wherever appropriate</p>	<p>Parents have been successfully engaged in training and support groups. Parents feel confident to provide</p>	<p>Parents have participated in training and support groups. They report feeling more confident to</p>	<p>Interviews with parents; monitoring of attendance; feedback forms from training; interviews with social</p>	<p>What helps and hinders in engaging parents? Are some parents more likely to engage than others? What are the most important</p>

	<p>support and feel part of professional team. YP who might otherwise have been removed, are enabled to stay at home; family relationships are improved.</p>	<p>support YP and feeling respected and valued by the agencies involved. YP's social workers report project has enabled YP to stay at home. Parents and YP report improved family relationships.</p>	<p>workers.</p>	<p>factors in improving family relationships and enabling YP to stay at home?</p>
<p>Develop model of therapeutic work based on Integrate principles</p>	<p>A coherent model is developed and described</p>	<p>The model is written up with an account of principles, rationale and implications for practice. Stakeholders across the sub-region know about the model</p>	<p>Review of the model description and its rationale or evidence base; interviews with stakeholders</p>	<p>How is the model different from other CSE intervention models? Does having the described model make a difference to the way agencies work?</p>
<p>Establish Catch 22 service across sub-region as integrated part of Empower and Protect</p>	<p>The service is in place and working with YP across all 4 areas</p>	<p>Referrals are being made to the service and YP are being worked with. Agencies report satisfaction with the service and the way it is integrated within Empower and Protect.</p>	<p>Monitoring of service use data; interviews with stakeholders (e.g. the YP's social worker, foster carer, parent); interviews with C22 staff</p>	<p>What helps and hinders the implementation of the C22 service across the sub-region? What differences are there between the 4 areas? What features of the service are most valued and why?</p>

Train other agencies in the model	Other agencies have received training, understand model and adopt the principles	There is good take up of the training by relevant staff. Staff report understanding and commitment to the model and report an influence on their practice.	Monitoring of training take up; training feedback forms; interviews with staff and trainers	What works in engaging staff from a range of agencies in training? Are there core elements of the model which appear to be most widely adopted? Are there elements which have less purchase?
Reach out and engage YP	Approximately 10 YP at home and 10 YP in foster care are engaged with C22	YP report that they trust and feel supported by the service. Parents and FCs report good engagement between YP and the service	Monitoring of numbers of YP engaged with C22; interviews with YP, FCs, parents and staff; case study data maintained by C22.	What are the key features of successful engagement of YP?
Provide YP with direct therapeutic support and encourage use of other services	YP have received therapeutic support and are accessing other services to meet their needs; YP understand the impact of CSE; YP have reduced risk factors in their lives and improved wellbeing.	YP report that their needs are being met. YP demonstrate increased understanding of impact of CSE YP risk factors for CSE are reduced.	Monitoring data on support provided to YP by C22 and other services; interviews with YP, FCs, parents and staff; YP psychosocial questionnaires (Risk Reduction Monitoring tool, SDQ)	What are the core features of successful therapeutic interventions?
ALL OF THE ABOVE	There are cost savings as a result of fewer YP in	Stakeholders from each of the 4 areas	Cost data maintained by each area across	What are the relative costs of this project compared to

	residential and secure accommodation and more YP remaining at home.	report cost savings.	sub-region	'business as usual'? Have savings been made and can they be sustained?
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In relation to the above milestones we will be seeking positive evidence of their achievement. In addition Sheffield Performance and Analysis Service will be collecting data from the 4 SYLAs, and from as many statistical neighbours as possible, relating to reduced instances of the following (negative) outcomes related to CSE:

- re-referrals
- residential care placements
- welfare secure orders
- placement breakdowns
- out of area placements
- missing episodes

Appendix 2: Psycho-social assessments

Assessments at baseline

Vulnerable Attachment Style Questionnaire (VASQ)

The VASQ is an assessment tool that determines the degree of attachment security⁹. It consists of 2 questionnaires: one that allows carers, project workers and other adults to assess the attachment style of children and young people, and the other a self-report tool that measures young people's behaviours, feelings and attitudes toward attachment.

The assessment tools utilise a dimensional approach to measure the total insecurity rate of young peoples' attachment (secure, mildly-, moderately- and highly- insecure attachment), as well as 2 sub-scales of different types of attachment styles.

Figure 6 below, shows the various degrees of insecure elements as assessed by the foster carer or project worker, alongside young peoples' self-assessment of their attachment style.

In terms of total insecurity at baseline, the foster carers or project workers rated 16 out of 21 young people to have a highly insecure attachment style. The young people had a similar self-assessment, with 11 out of 14 rating themselves as having a 'highly' insecure attachment style. None of the young people were assessed to have a secure attachment style, although one had a 'mildly' insecure (borderline) attachment.

The VASQ tool also measures 2 sub-scales of attachment styles. The first of these 2 styles 'represents a range of feelings and attitudes relating to discomfort with, or barriers to, closeness with others, including inability to trust and hurt or anger at being let down (for example, 'I find it hard to trust others')'¹⁰. This attachment style is called insecure: mistrustful avoidant or angry-dismissive withdrawn. The second 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').

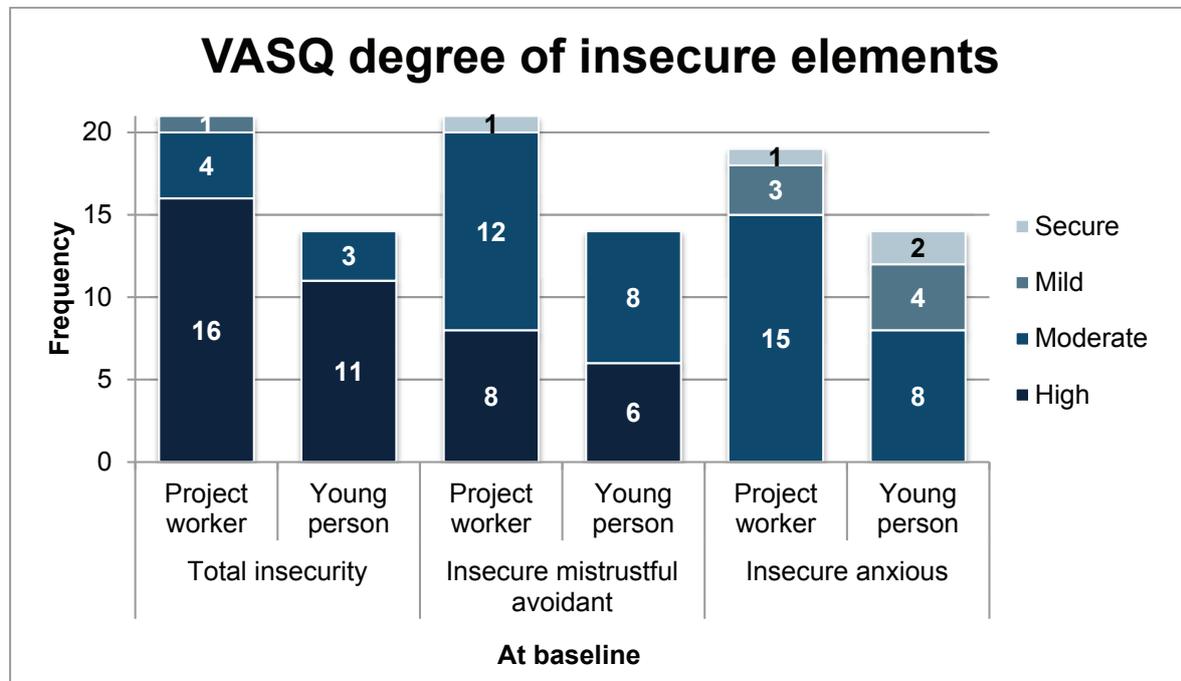
Focusing on these 2 types of attachment styles, figure 6 shows that all but one of the young people scored either highly or moderately insecure for the mistrustful avoidant dimension, giving them an angry-dismissive or withdrawn element.

⁹ 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.

¹⁰ Ibid: 1103

For the insecure-anxious element, 15 young people were scored to be moderately anxious insecure, giving them an enmeshed or fearful attachment style.

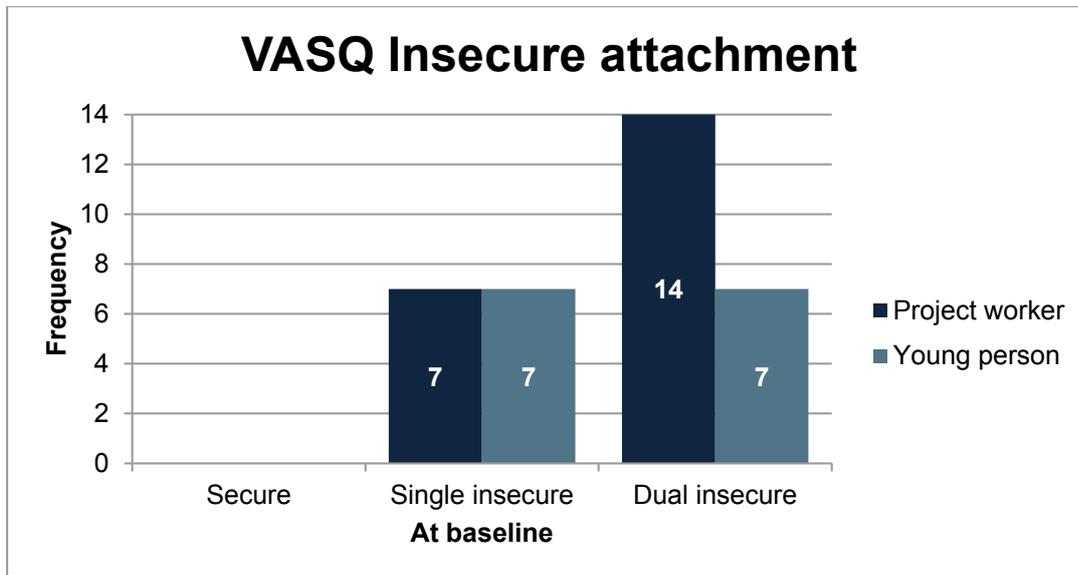
Figure 6: VASQ degree of insecure elements



All the young people in this group were shown to have either one or 2 insecure styles of attachment (mistrustful-avoidant and/or insecure-anxious). As figure 7 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 a dual or disorganised attachment style. Two-thirds (66%) of young people (14 out of 21) had a dual insecurity at baseline, as assessed by their foster carer or project worker. 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 7: VASQ Insecure attachment



Strengths and 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 or stress, the SDQ also highlights the most common emotional or behavioural problems among children and young people:

- emotional problems – depression, anxiety
- conduct problems – aggression, rule breaking
- hyperactive problems – poor concentration, over-activity
- difficulties with peer relationships – getting along with other young people

At baseline the foster carers or project workers assessed 17 out of 21 young people to have a case for total difficulty (figure 8). Young people had a slightly more positive self-assessment, with 8 out of the 14 scoring high or very high for total difficulty (4 scored 'normal' and another 2 scored 'borderline').

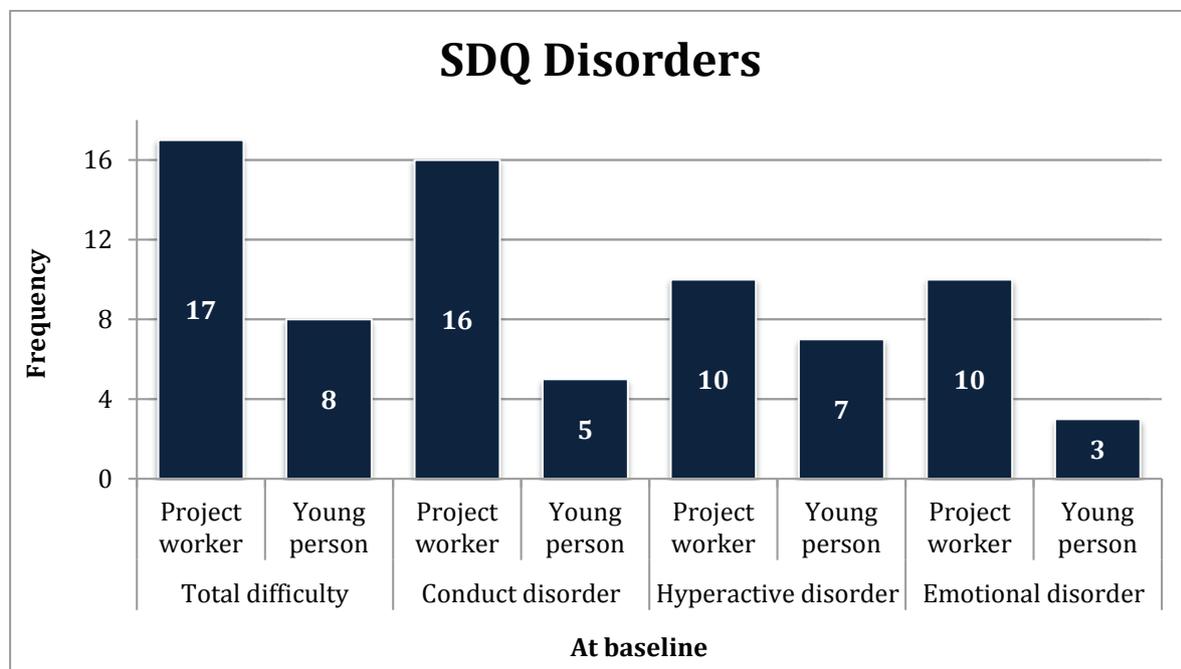
In relation to conduct or behaviour disorder, foster carers or project workers scored 16 young people to have a case for conduct disorder – the equivalent of three-quarters of the sample. This is a higher proportion than from the young

people’s self-assessment (one-third). This is a common finding of research using the SDQ assessment tool, as children and young people often, but not always, under-report their difficulties.

Ten young people were assessed by their foster carer or project worker to have a high level of hyperactive difficulties (half of the sample), a slightly higher proportion than the one-third of young people who reported the same.

Only 3 young people self-assessed a high level of emotional difficulties, while foster carers or project workers scored 10 young people to have an emotional disorder (half of the sample).

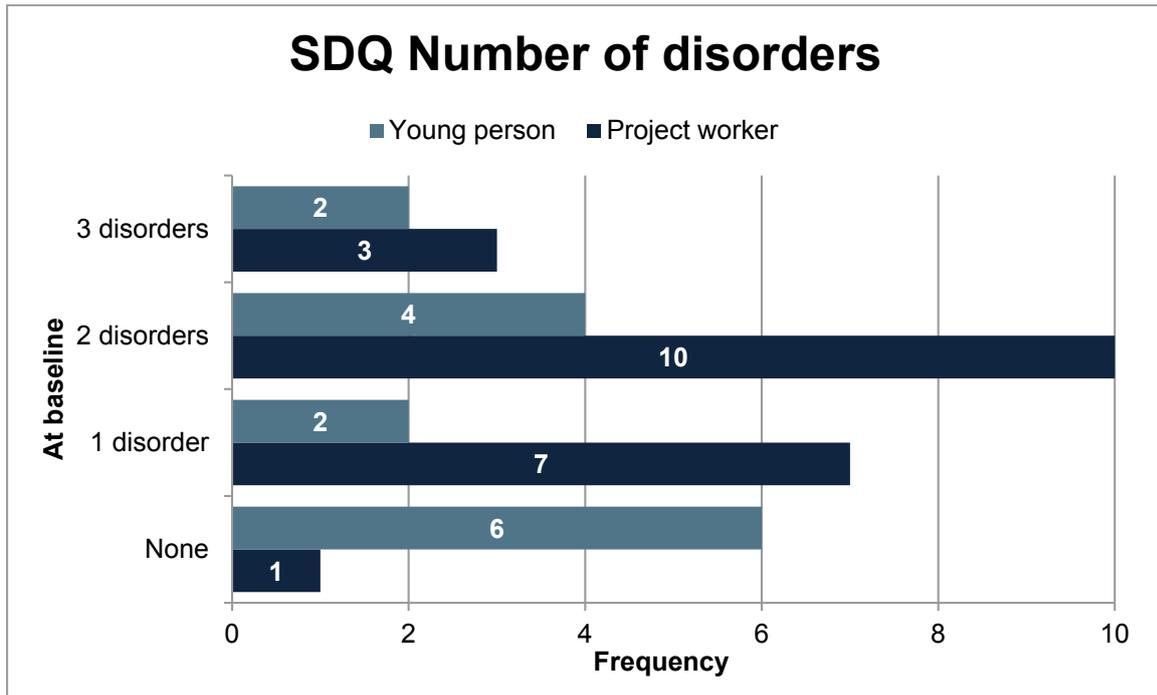
Figure 8: SDQ Disorders



Project workers assessed 3 young people to have 3 disorders (for example, conduct, hyperactive and emotional disorders) and 10 young people to have 2 disorders at baseline. Only one young person did not have any emotional, conduct or hyperactive difficulties at baseline. Although slightly more positive, half of the young people self-reported one or more disorders at baseline.

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

Figure 9: SDQ Number of disorders



Risk Reduction Assessment (RRA)

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

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

These factors tap onto the risk indicators for sexual exploitation that have been identified in a range of research¹¹. The tool itself is based on Barnardo's Outcomes Framework which was originally developed in 2003 as part of the first evaluation of outcomes for young people using Barnardo's CSE services¹² and which has been in use, in revised versions, since.

All the risk factors are scaled from 1 to 5, where 1 represents the lowest risk and 5 the highest.

The project workers completed the Risk Reduction Assessment for 20 young people at baseline.

Figure 10 below shows that the areas where project workers expressed the highest level of concern (4 or 5 out of 5) for the young people was centred on 'awareness of risk and rights in relationships' (three-quarters of the sample), 'association with risky peers or adults' (two-thirds of the sample), 'internet or mobile phone safety' (half of the sample) and 'relationship with parents carers' (half of the sample).

Including medium risk (3 out of 5), as well as high risk young people, the project workers assessed that most of the young people were at risk in the areas of 'mental health' (19 out of 20) and 'sexual health' (16 out of 20).

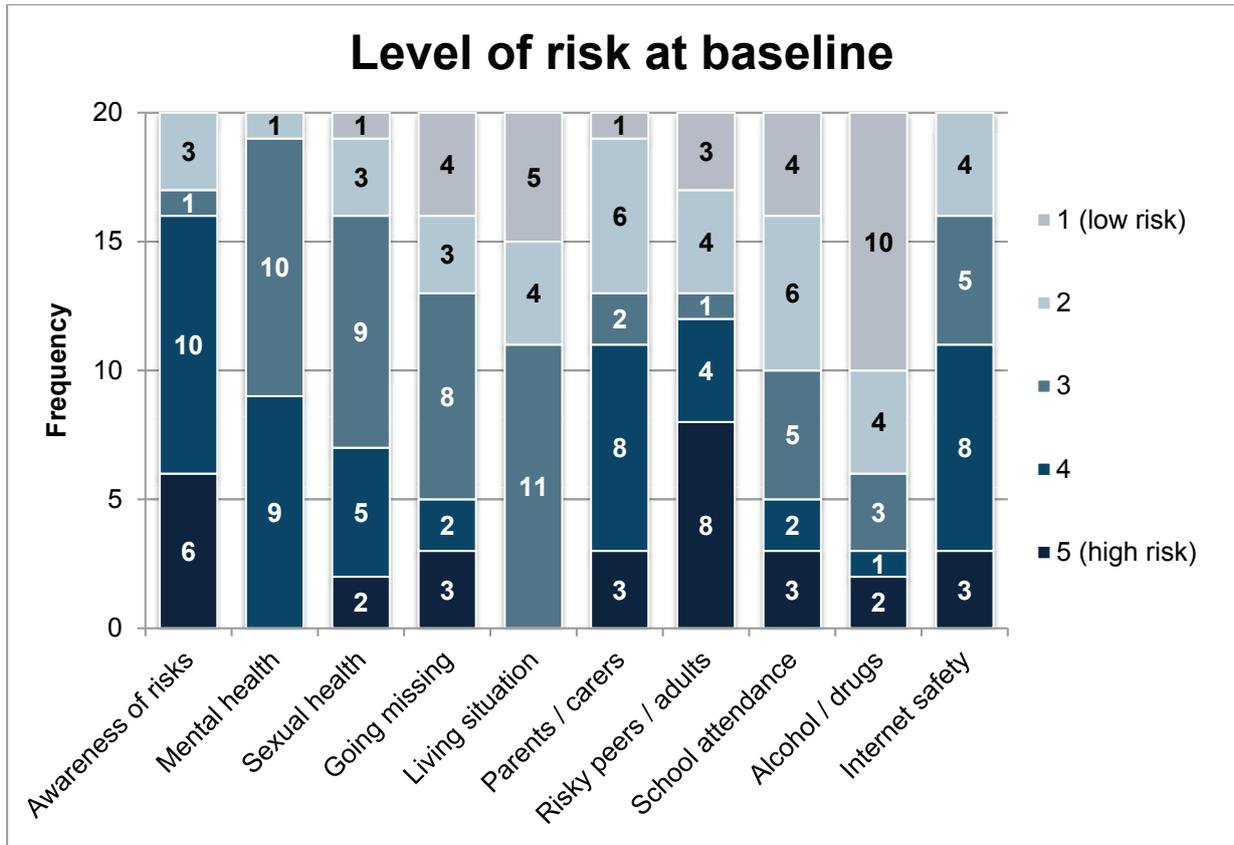
The lowest level of risk was identified in relation to 'alcohol or drug use', although for 6 young people this was considered an area of high or medium risk at baseline.

These findings demonstrate that this is a group of young people who experience high levels of risk across most of the key indicators.

¹¹ Pearce, J. (2002) 'It's someone taking a part of you': a study of young women and sexual exploitation. London: National Children's Bureau. Taylor-Browne, J. (2002) More than one chance! Young people involved in prostitution speak out. London: ECPAT. Chase, E. and Statham, J. (2004) The commercial sexual exploitation of children and young people: an overview of key literature and data. London: Thomas Coram Research Unit. Cusick, L. and Martin, A. (2003) Vulnerability and involvement in drug use and sex work, Home Office Research Study 268. London: Home Office Research, Development and Statistics Directorate.

¹² Scott, S. and Skidmore, P. (2006) Reducing the risk: Barnardo's support for sexually exploited young people. A report of a 2-year evaluation. London: Barnardo's

Figure 10: Level of risk at baseline



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 programmes on young people's attitude to sexual violence and gender stereotyping by using the measure pre- and post- intervention¹³.

At baseline, thirteen young people completed the TASAR questionnaire.

¹³ McNeish, D. and Scott, S. (2015) An independent evaluation of Rape Crisis Scotland's sexual violence prevention project Glasgow: Rape Crisis Scotland.

The responses show that, overall, the young people endorse socially desirable norms. However, some answers demonstrate a high level of uncertainty about what constitutes healthy relationships, with some young people answering ‘not sure’ to more risky statements. Such unsure attitudes may indicate a higher level of risk or vulnerability to sexual coercion.

Service Feedback (SF)

The service feedback form was completed 29 times by 16 young people. Some completed it only once at baseline, while others completed the feedback form 2 or 3 times (e.g, baseline, 1st and 2nd review).

The young people were asked about their experiences of the support they had been offered by their foster carer (where relevant), social worker and project worker. Table 3 below shows that the majority of young people either agreed or strongly agreed with the statement ‘I have been listened to and treated with respect by my [foster carer] or [project worker]’. Two-thirds (66%) of the young people felt listened to and treated with respect by their social worker.

Table 3: Feedback on support

	Strongly agree	Agree	Neither	Disagree	Strongly disagree	N=
Listened to and respected by foster carer	5	6	3	0	0	14
Listened to and respected by social worker	9	8	6	3	2	28
Listened to and respected by project worker	16	6	4	1	0	27
Felt safe to talk with foster carer	4	7	2	1	0	14
Felt safe to talk with social worker	5	8	7	5	3	28
Felt safe to talk with project worker	9	11	6	1	0	27
The project or placement has made a positive difference	9	5	1	1	0	16
Choices about the support received	8	6	2	0	0	16

In response to the statement ‘I felt safe to talk about private matters with my’ the majority agreed or strongly agreed with regard to their foster carer and project worker. Almost half of the young people also felt safe to discuss such matters with their social worker while eight young people did not.

Sixteen feedback forms were completed at the young people's 1st and/ or 2nd review. Of these young people the vast majority said that the project or foster care placement (where relevant) had made a positive difference to their life over the past month. In similar terms the vast majority said that they had been given choices about the support they had received. This is very positive feedback on the support offered to these young people.

All the young people who completed the feedback form at their 1st and 2nd review described the support they had received to deal with practical issues as either helpful or very helpful. Those that had been supported to have positive relationships with their family and friends also described this support as helpful or very helpful.

When asked if there was anything about the support they had received that they would like to change, most comments said 'nothing'. One young person would like more sessions with their psychologist, while another would like more support to see their family more frequently. Two young people who completed the form at baseline mentioned being asked too many questions by too many different people. A few comments referred to the assessment forms (e.g. SDQ and VASQ) they were asked to complete at the reviews, saying they were 'nosey' or asking difficult and personal questions.

Individual young people

Assessment data were collected more than once for 14 young people in the sample (for example, baseline (B), 1st Review (T1), 2nd Review (T2)). The table below shows the range of measures completed for each young person with more than one assessment point:

Table 5: Measures completed for each young person

LAC or at Home	ID	Case study	Project worker or foster carer			Young People			
			VASQ	SDQ	RRA	VASQ	SDQ	TASAR	SF
AH	SYB YP F002	CS2	T1, T2	T1, T2	B, T1, T2	B, T1, T2	B, T1, T2	B, T1, T2	B, T1
AH	SYB YP F004		B, T1	B, T1	B, T1				
AH	SYB	CS1	B, T1,	B,	B, T1,	B,	B,	B, T1,	B,

	YP F007		T2	T1, T2	T2	T1, T2	T1, T2	T2	T1, T2
AH	SYB YP F016		B, T1, T2	B, T1, T2	B, T1, T2	T1, T2	T1, T2	T1, T2	T1, T2
AH	SYB YP F027		B, T1	B, T1	B, T1	B, T1	B, T1	B, T1	B, T1
FC	SYD YP F012	CS3	B, T1	B, T1	B, T1	B, T1	B, T1	B, T1	B, T1
AH	SYD YP F018		B, T1	B, T1	B, T1	B, T1	B, T1	B, T1	B, T1
AH	SYD YP F019		B, T1	B, T1	T1	B, T1	B, T1	B, T1	B, T1
FC	SYD YP F024		B, T1	B, T1		B, T1	B, T1	B, T1	B, T1
FC	SYR YP F008	CS5	B, T1, T2	B, T1, T2	B, T1, T2	B, T1, T2	B, T1, T2	B, T1, T2	B, T1, T2
AH	SYR YP F017	CS4	B, T1, T2	B, T1, T2	B, T1, T2				
FC	SYR YP F025		B, T1	B, T1	B, T1	T1	T1	T1	T1
AH	SYS YP F001	CS6	B, T1, T2	B, T1, T2	B, T1, T2	B, T1, T2	B, T1, T2	B, T1, T2	B, T1, T2
AH	SYS YP M021		B, T1	B, T1	B, T1				

Appendix 3: Model Overview

The Catch 22 guiding principles for the SYEP programme, agreed with partners and informed by The Integrate Movement (TIM) principles of experience by practice and co-production, were:

- we listen to what children or young people tell us and work alongside them to develop and deliver the programme
- we are co-designing and deliver our model, training and services
- plans are tailored for each child or young person and delivered in places and times that work for them
- foster carers get the right level of support to stick with young people
- parents and Foster Carers are seen as part of the professional network
- our wrap around support places an emphasis on trust, persistence and continuity in engaging young people
- we deliver services as local and at the earliest point of intervention possible
- we manage risk differently, we are risk informed
- learning and ongoing review is informing our practice

Adolescent mentalization-based integrative treatment (AMBIT) takes the mentalization approach and applies it to the needs of 'chaotic, complex and multiply comorbid youth': so far this has included a lot of young offenders that is young people with lots of problems that generally include attachment issues and trauma histories). The approach aligns with Dr Charlie Howard's Integrate and team-around-the-worker style of working in that it promotes both the development of a strong relationship (therapeutic attachment) to a key worker and high levels of peer support across a team of workers.

In terms of direct work with young people, it promotes the use and adaption of existing evidence-based treatments for example, CBT based interventions and Eye Movement Desensitization and Reprocessing (EMDR) as well as 'mentalization'.

Mentalization Based Therapy (MBT) was developed from Peter Fonagy's research with people diagnosed with borderline personality disorder (BPD) and the recognition of their underlying attachment issues (NICE guidelines now recommend MBT as a treatment for BPD). The approach has been extended to treating problems in adolescence, families, couple relationships and eating disorders.

In MBT the therapist adopts an “inquisitive” or curious stance in order to understand how the client interprets the actions of themselves and others. They model and encourage the development of curiosity in the client. This is mentalization.

However, in AMBIT the idea is that mentalization is not just applied to direct work with the young person but also in relation to their family or carers, colleagues and peers and the wider multi-agency network. It is not a rigid, manualised model. Instead it encourages the development of a "learning organisation" approach – where curiosity extends to colleagues, teams and systems - and it encourages adapting the approach and ways of working to fit local cultures and services.

The AMBIT project is based at the Anna Freud Centre and they have trained about 100 teams around the country to take up the approach. There is some early outcomes evaluative evidence published that is quite promising.

Key references

Asen, E. and Bevington, D. (2007): Barefoot practitioners: a proposal for a manualized, home-based Adolescent in Crisis Intervention Project. In Baruch, G., Fonagy, P. and Robins, D. (eds). *Reaching the Hard to Reach*. Chichester: John Wiley. An early description of the model, with less emphasis on the organisational elements.

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Fuggle, P., Bevington, D., Cracknell, E., Hanley, J., Hare, S., Lincoln, J., Richardson, G., Stevens, N., Tovey, H., Zlotowitz, S. (2014) The Adolescent Mentalization-based Integrative Treatment (AMBIT) approach to outcome evaluation and manualization: adopting a learning organization approach. *Clin Child Psychol Psychiatry* March 3, 2014

Appendix 4: Topic Guides

Topic guide for Baseline interview with service managers

Topic guide to be used with people at operational management level e.g. those directly managing services or a group of services

Interviewer to introduce the purpose of the interview.

The purpose 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.*

Explain that the information will only be used for the evaluation and it is not intended to attribute any views expressed to named individuals. Check out the interviewee is willing to be interviewed and for the interview to be recorded.

Provide information sheet and ask interviewee to sign consent form.

1. About the interviewee

Name:

LA or organisation:

Job title:

Contact details (check we have correct email address or phone no)

Please describe your current role:

- Your role in your organisation or LA
- How long have you worked here?
- Previous experience (any previous work with CSE).
- What are you responsible for
- Who do you report to?

2. About your service

Can you provide me with some general information about your service or s:

- What are the main aims?
- Who works in the service (approximate number of staff, what roles do they have, what professional backgrounds do they come from)?
- How is it funded?
- Where do you receive referrals from?
- Which other agencies do you work with most closely?

Can you now tell me about how your service works with CSE affected young people?

- What does your service do re CSE currently? [*check if service is specialist CSE service or works with CSE YP as part of wider brief*]
- What are the referral routes for CSE YP into your service?
- Do the right YP get referred to you? [Are there some who do not reach your service?]
- How are YP assessed? [Before they reach your service; by your service]
- What are the most common issues CSE YP have?
- Which issues do you or your team find most challenging or difficult to resolve?
- What do you think you currently do well in relation to YP affected by CSE? How successful are you in helping young people [e.g. to stop CSE; build better lives]
- What are the gaps in provision for such YP?
- What difficulties do you encounter in meeting their needs?
- Do you think your staff are confident working with young people or parents or foster carers around CSE?
- What further training or support do you think they need?
- Other challenges.

3. About the local context and CSE

- Has there been much public or political attention paid to CSE locally?
- How has local or national attention on CSE impacted on the work of your organisation or LA?
- Who are the key providers for YP affected by CSE in the area?

4. About your involvement with the Innovations Project

- What has your involvement been with the Fostering Change 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 they found out about the project*]
- Do you know what it intends to do [*prompt for level of understanding of the aims of the project*].

5. Your thoughts about the project activities and milestones

5.1 An objective of the project is to develop consistent and co-ordinated sub-regional and multi-agency working:

- What's your current experience of working sub-regionally, if any?
- What works well and what are the challenges?
- What's your experience of multi-agency working locally? [e.g. with Police, other voluntary agencies]. What works well and what are the challenges? Any gaps in involvement of key players?

[note: if people raise issues, ask how they think these might impact on the Fostering Change project]

1. The project intends to be participatory and to co-design solutions involving foster carers, parents and young people.

- What experience of this kind of involvement do you have locally?
- What works well, what are the challenges:
 - For involving foster carers
 - For involving parents
 - For involving young people
- What about the involvement of staff? What are the issues and challenges here?

2. By March 16 it is hoped to have recruited, trained and supported 35 suitable specialist foster carers for YP affected by CSE

For fostering managers:

- What progress is being made to recruit these carers in your area?
- Do you have carers you think will be suitable to become specialists in this area?
- What will be the main challenges in recruiting such carers?
- What training do you think they will need?

- What supervision and support do you think they will need?
- What are the main challenges do you think such carers will face?
- What do you see as the potential benefits of carers undertaking this role?
[prompt: benefits for YP; for the LA; for anyone else]

For others:

- What do you see as the potential benefits of carers undertaking this role?
[prompt: benefits for YP; for the LA; for anyone else]
- What are the main challenges do you think such carers will face?
- What training do you think they will need?
- What supervision and support do you think they will need?

3. A further aim is to provide training and support to parents of CSE YP to enable YP to stay at home wherever appropriate

- What experience do you have of supporting parents of CSE YP?
- What works well and what are the challenges?
- What do you think parents need to enable them to support their YP at home?
- What are the differences compared to foster carers?

4. The overall goal of supporting parents and foster carers is to enable more young people to stay in their communities and reduce the number of out-of-area and secure placements.

- What are the main risks of supporting YP in the community?
- How do you manage such risks at the moment?
- What do you think will need to be different for this goal to be achieved?
 - Resources?
 - Management support for managing risk?
 - Political support?
 - Staff confidence and willingness?

5. By March 16 it is planned to have established a Catch 22 therapeutic service across the sub-region as integrated part of Fostering Change

- What direct support is currently available locally to CSE affected YP? [prompt: providers and nature of support]
- What do you think is most helpful? Less helpful?
- Are there gaps in what is available? Do services overlap?
- How do existing support services work together and with other agencies [police, health, children's services]?

- What do you envisage the contribution of the Catch 22 service may be?
Do you foresee any challenges for it getting established?

6. 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 your service?
 - For the South Yorkshire region?
- Do you know what's progressing well with the innovation project?
- Are you aware of any barriers or blocks or challenges?
- What do you think would help it to progress?
- Do you have any reservations about the project?

Baseline interview with service managers – South Yorkshire (Catch 22)

The purpose of baseline interviews is twofold:

- *To gather data 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 gain interviewees views on what the Innovations project needs to achieve if it to make a positive difference, what is going well so far and what the issues and challenges are likely to be.*

1. About the interviewee

Name:

LA or organisation:

Job title:

Contact details: (to check we've got all relevant contact details)

2. Please describe your current role:

- Your role in your organisation or LA
- How long have you worked here?

- Previous experience. Any previous work with CSE?
- What are you responsible for? Particularly in relation to the Innovations Project
- Who do you report to?

3. Development of Innovations project to date

- Can you tell me how Catch 22 got involved with this Innovations project?
- What were the main motivations for Catch 22's involvement?
- How is it progressing so far:
 - Is there a contract in place?
 - Have staff been recruited?
 - Do you have a physical base?
 - Can you describe the structure of the delivery team and who will do what?
- What has gone well in terms of getting the project started?
- What have the main challenges been?
- Have these been overcome? If so, how?
- And if they haven't, what challenges remain? Anything that's seriously holding you back?

4. The thinking behind the project

- Can you tell me a bit about the Integrate principles and the MACUK approach and why this model was selected?
- How does it differ from other approaches to CSE work? E.g. Catch 22's existing Cheshire or Wirral service
- Why do you think it will be effective? Any previous evidence?
- How are you intending to adapt in to the South Yorks CSE context? What difference do you envisage working largely with CSE affected young women rather than gang-involved young men make?

5. Your thoughts about the project activities and milestones

Develop consistent and co-ordinated sub regional and multi-agency working

A milestone for March 16 is for the Fostering Change project to be established across all 4 areas of sub-region.

- What's your experience so far of getting the project up and running in each of the 4 areas to date. Can you tell me a little about the differences, challenges and facilitating factors in each of:
Barnsley

Doncaster
Rotherham
Sheffield

- In your experience so far, how is the sub-regional partnership working? What is it going well? What have been the main challenges?
- How are the non-LA partners [e.g. Police, other voluntary agencies] getting engaged? Any gaps in involvement of key players?
- Do you know who the key people are in each LA or partner agency? [*get names of anyone we need to be aware of*]

Co-develop project through series of workshops involving multi-agency staff, FCs and YP and specialist training in Integrate model

By March 16 it is hoped that relevant staff understand and are signed up to the project and that foster carers and young people feel engaged with the process.

- What progress is being made towards this so far? Tell me about the planned workshops and what they hope they'll achieve
- Are foster carers getting involved? How are you achieving this? Any challenges?
- Are young people getting involved? How are you achieving this? Any challenges?

- How are plans for staff training in the Integrate model progressing?
- What do you see as the main learning outcomes?
- Which staff are you hoping to target as priorities?
- What challenges, if any, do you anticipate?

Recruit, train and support 35 specialist foster carers

By March 16 it is hoped to have recruited, trained and supported suitable specialist carers.

- From your experience of each of the 4 areas, what progress is being made to recruit these carers? Can you tell me a little about the differences, challenges and facilitating factors in each of:
Barnsley
Doncaster
Rotherham
Sheffield

What progress is being made in regard to the training and supervision of carers that Catch 22 will be providing?

Provide training and support to parents of CSE YP to enable YP to stay at home wherever appropriate

- What is Catch 22's role in training and supporting parents?
- What progress is being made in developing your thinking in relation to this? What are the differences in your likely approach to parents compared to foster carers?

Develop model of therapeutic work based on Integrate principles

The milestone for this is that a coherent model is developed and described

- Who is responsible for developing and writing up the model of working?
- Where is this up to?

6. Establish Catch 22 service across sub-region as integrated part of Fostering Change

The milestone for March 16 is that the service is in place and working with YP across all 4 areas.

- Do you know how YP will be referred by each area?
- What other support services are available locally in each area?
- How do you anticipate working together?

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 Catch 22?
- For the 4 LA's?

Topic Guide for Baseline interviews with young people

Introduction

Explain that the purpose of the evaluation is to find out what they think about SYEP and whether they think their placement here is helpful to them or not. It is not part of any assessment of them – the focus is on the support they are receiving and the extent to which it is helping them now and might help other young people in the future.

- *Check interviewee has previously had a copy of the Project Information Sheet adapted for this group of informants*
- *Go through consent form point by point. Particularly emphasise that: ‘To find out whether SYEP is being helpful I may ask some questions about you and your experiences but if there is anything you don’t want to answer that’s fine. ‘*
- *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.*

- How long have you been at [FC placement]?

- What was it like when you were getting to know the FC before you moved in? [how were you greeted, what information were you given, who did you meet etc]. Was it what you expected? If not - what was different?

- How did you come to be brought to the FC or SYEP? or Why do you think you are here? [what were your circumstances immediately before you were brought here; did anything particular lead to you being brought to FC; who brought you; what were you told in advance; did you understand the reasons you were given].

- How did you feel about coming into FC? [did you agree to come; did you think it was the right decision for you at the time?]

- What has it been like in FC? What's the best thing about it? What's the worst thing about it? Anything you'd like to be different? [food, freedom, people, pets]
- What are the FC like? Who are your key workers on SYEP? Why is that?. What has been most helpful about those workers? How do you think they've helped? Has there been anything that's been unhelpful? If so, what? Could anything be improved? [prompt re teachers, social workers, CSE support workers, mentors].
- How do you spend your weekdays-school? Weekends? Do you enjoy any other activities? [prompt for education, activities, one to one support work; activities with other young people]
- How do you feel about things now? Have your feelings changed since you've been here? In what way? Why do you think they've changed?
- Have you had contact with anyone else since you've been here? [prompt for family contact, friends, social workers]. What has that been like?
- Do you know what is going to happen next in your life? What conversations have you had about the future? What would you like to happen? What help do you think you need for your life to be better in the future?
- What would you like your life to be like in 5-years time? How would you like to be living? What would you like to be doing?

T1 Topic Guides

Interview Topic Guide – LA or Trust Staff

To be used with front-line staff, and those directly managing the innovation project

Introduction

The purpose of these interviews is to gather information at the start of the operational stage for the innovation project. They will provide us with a starting point,

from which we can monitor progress over the next 6 months (that is how the project is working; how it's being provided; what is going well; whether there are any gaps, issues and or or challenges).

- *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 should only last between 40 and 45 minutes.*
- *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.*
- *Provide information sheet and ask interviewee to sign consent form.*

1. About the interviewee

Name:

LA or organisation:

Job title:

Contact details [check we have correct email address or phone no]

Please describe your current role:

- Your role in your organisation or LA
- How long have you worked here?
- Previous experience or professional background. Any previous work with CSE?
- What are you responsible for?
- Who do you report to?

2. Involvement in and understanding of the Project

- When did you first hear about the project?
- When did you become involved in the project?
- Can you describe the objectives of the project? [Prompt: what the project's purpose is; how it will work with young people, foster carers, parents, staff]
- Can you discuss how its different from other CSE intervention models?
- Can you describe how you are involved in the project? [prompt for whether or how their role is integrated with the project; whether the project is seen as an additional intersecting layer of support, or is viewed as a separate service]

3. Co-Design of Project

One of the aims of the project was that it should be developed in partnership with young people, foster carers and existing support workers. What involvement, if any, have you had in designing or developing it? [prompt for attendance at first wave of training or co-developmental workshops back in July; in relation to set-up; how the service was going to work; what it would look like]

- What has the involvement been like for you? [what has worked well, what not so well; to what extent do you feel your views and experience were taken into account?]
- Is there anything you would have done differently in the design and setting up stage?

Screening question for next part of interview

- Have you been involved in any of the Catch 22 training?

If yes, ask question 4. If no, move to question 5.

4. Training

- What training have you been involved in so far? [prompt for which sessions they've attended]
- What do you think about the training you've had? [prompt for views on content, pace, the order of training modules, the way it was delivered or facilitated, the level it was pitched at]

- How much knowledge or experience of working with CSE young people did you have prior to the training?
- Has the training increased your understanding of the difficulties and challenges faced by young people at risk of, or experiencing CSE? [prompt for specific examples of what they've learned]
- Has the training helped you feel more confident and equipped to support young people at risk of, or experiencing CSE? [prompt for specific examples]
- Was there anything you didn't understand within the training programme? If yes, were you able to discuss this or clarify it with someone? If so, whom?
- Is there anything you would change about the training, either for the next cohort of foster carers, parents, or for new members of staff?

5. Foster Carer and Parent Support Needs

To date, there are 7 CSE specialist foster placements, by March 2016, the aim of the project is to have recruited, trained and supported a total of 15 CSE placements:

- Can you tell me about the main challenges foster carers might face?
- What supervision and support do you think they will need?
- What do you see as the potential benefits of specialist foster carers? [Prompt, benefits for YP; for the LA; for anyone else]

Another aim is to provide training and support to parents of CSE affected young people, to enable them to stay at home wherever appropriate:

- Do you have any experience of supporting parents of CSE affected YP?
- What works well, and what are the challenges?
- What do you think parents may need to enable them to support YP at home?
- What are the differences compared to foster carers?

6. Referral Process

- Can you discuss the referral process or pathway for young people into the project?
- Have any young people from your CSE team been referred into the innovation project, if yes, can you tell me talk me through it? [Prompt, in terms of how straightforward it was; were there any issues or challenges?]

- If the young person hadn't been referred into the project what would have happened to them? [Prompt: would they have been placed out of area, or in secure accommodation]
- Overall, were you satisfied with the process of the placement? Is there anything you think could have been improved?

7. Consistent and Co-Ordinated Sub-Regional or Multi-Agency Working

One of the objectives of the project is to develop consistent and co-ordinated sub-regional and multi-agency working:

- Do you have any experience of working sub-regionally?
- Have you experienced, or can you foresee any potential problems or challenges for the innovation project working successfully across the sub-region?
- Have you experienced, or can you foresee any potential problems or challenges for the innovation project working collaboratively with multi-agency partners?

Another aim of the project is that foster carers and parents are integrated as part of the professional team offering wrap-around support to young people:

- How do you think this might be done? [prompt: valuing their opinion; listening to their concerns; doing things differently as a result of their suggestions]

Screening question for next part of interview

Have any young people from your CSE team been referred into the innovation project, and have you been, or are you involved in their support?

[If yes, move to question 8. If no, finish the interview and thank the participant.]

8. Issues and Support Needs for Young Person

- What did or do you think are the main issues and support needs for this young person? [prompt if necessary for therapeutic support needs; support for education, health, support with their relationships with family, anything else?]

- To what extent are these issues linked to CSE?
- What is going well [prompt for any examples of positive change for the young person, including reduced missing episodes and attendance or engagement in education]
- What other sources of support does the young person have? [prompt for therapeutic support; support for education, health, support with their relationships with family, anything else?]
- Is the YP engaging with the Innovation Project service? Does the YP have a Catch 22 project worker? If not, who is their main project worker?
- What is working well in terms of meeting the young person's support needs?
- What is not working so well; are there needs which are not being met?

YP's understanding of CSE

- To what extent does the YP placed with you understand the impact of CSE? [prompt for whether they perceive themselves as having been exploited; any changes in their perceptions]
- Can you describe how you, and others, are working with the young person to increase their understanding of CSE? [prompt for any examples to illustrate changes in YPs understanding]
- To what extent do you think the YP is still at risk of CSE? Has there been any reduction in risk, in your view? Why do you think this?

T1 Interview Topic Guide - Foster Carer

1. Involvement in the project

- How did you get involved in this project? [prompt – how did you find out about it?]
- When did you first hear about the project?
- When did you become involved in the project?

- What made you want to become involved? [prompt for previous experience in this area, their motivations for becoming a specialist carer]
- Can you describe what has happened so far with your involvement? [prompt for information about the process they've been through from expressing an interest to now and what stage they're at in terms of training and placement]

2. Co-Design of Project

One of the aims of the project was that it should be developed in partnership with foster carers.

- What involvement, if any, have you had in designing or developing it? [prompt for attendance at first wave of training back in July; any consultation with the placement manager: in relation to the FC side; in relation to set-up; how the service was going to work; what it would look like].
- What has the involvement been like for you? [what has worked well, what not so well; to what extent do you feel your views and experience were taken into account?]
- Is there anything you would have done differently in the design and setting up stage?

3. Training

- What training have you been involved in so far? [prompt for which sessions they've attended]
- What do you think about the training you've had? [prompt for views on content, pace, the order of training modules, the way it was delivered or facilitated, the level it was pitched at]
- How much knowledge or experience of working with CSE young people did you have prior to the training?
- Has the training increased your understanding of the difficulties and challenges faced by young people at risk of, or experiencing CSE? [prompt for specific examples of what they've learned]
- Has the training helped you feel more confident and equipped to support young people at risk of, or experiencing CSE? [prompt for specific examples]

- Was there anything you didn't understand within the training programme? If yes, were you able to discuss this or clarify it with someone? If so, whom?
- Is there anything you would change about the training for the next cohort of foster carers?

Screening question for next part of interview

- Do you have a YP (or have you had) a young person from the Innovation Project placed with you?

[If yes, move to question 5. If no, ask question 4, then finish]

4. What next

- Now that you've had the training as a specialist foster carer, what do you hope will happen next? Any anxieties?
- What further support and training do you think you will need to undertake the role?

5. Support (if YP placed with them)

- What date did the placement start?
- Can you describe how the placement came about? [prompt for who discussed it with them, what information they received, how the young person was introduced, how long it took]
- Overall, were you satisfied with the process of the placement? Anything that you think could have been improved?
- Can you describe the support you have been getting since the placement started?[prompt for support by your supervising social worker; support from the young person's social worker; support out of normal working hours; support from Catch 22; support from other foster carers]
- What has worked well in terms of the support you've been getting? Is there a type of support offered that you find particularly helpful?

- What has not worked so well? Is there anything you'd like to change about, or add to the support you receive?
- Have all the placement practicalities been arranged satisfactorily? [Prompts: Pay, clothes etc. for YP if required; any arrangements for education – transport etc]

6. Part of YP's Professional Team

One of the aims of the project is that foster carers are integrated as part of the professional team offering wrap-around support to young people.

- Do you feel as though you are treated as part of a professional team? [prompt: does the rest of the team, for example, social care staff, project workers, health and education workers listen to you, hear your concerns, and value your professional opinion; any examples of this happening in practice e.g. something being done differently because of your suggestions]

7. Issues and support needs for young person

- What do you think are the main issues and support needs for this young person? [prompt if necessary for therapeutic support needs; support for education, health, support with their relationships with family, anything else?]
- To what extent are these issues linked to CSE?
- Can you describe how you are supporting the young person in placement? [prompts: do they seem settled here; are they talking to you; have you built up a trusting relationship]
- What are the main challenges for you in supporting this young person?
- What is going well [prompt for any examples of positive change for the young person]
- What other sources of support does the young person have? [prompt for therapeutic support; support for education, health, support with their relationships with family, anything else?]
- Who is the YP receiving their support from?
- Is the YP engaging with the Innovation Project service? Does the YP have a Catch 22 project worker? (If not, who is their main project worker?)

- What is working well in terms of meeting the young person's support needs?
- What is not working so well; are there needs which are not being met?

8. YP's understanding of CSE

- To what extent does the YP placed with you understand the impact of CSE? [prompt for whether they perceive themselves as having been exploited; any changes in their perceptions]
- Can you describe how you, and others, are working with the young person to increase their understanding of CSE? [prompt for any examples to illustrate changes in YPs understanding]
- To what extent do you think the YP is still at risk of CSE? Has there been any reduction in risk, in your view? Why do you think this?

9. Hopes or plans for the future

- If you have a young person placed with you, what do you hope will happen over the next few months to improve their lives? Is there anything more that needs to be done to help make this happen?

T2 Topic Guides

Topic Guide for C22 Staff

Introduction

The purpose of these interviews is to gather information about the progress of the innovation project and the extent to which it is achieving the milestones it set in April last year. We are interested in your views on how the project is working; what is going well; whether there are any gaps, issues and or or challenges).

- *Check interviewee has had a copy of the Project Information Sheet adapted for this group of informants and if not give them one.*
- *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 should only last between 40 and 45 minutes.*
- *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.*

1. About the interviewee

Name:

What is your job title:

- What are your main responsibilities
- What do you do on a day to day basis
- Who do you report to? Who reports to you?

2. Co-design of project

One of the aims of the project was that it should be developed in partnership with all those involved: staff, foster carers and young people

- What involvement, if any, have you had in designing or developing Empower and Protect?
- What has worked well, what not so well; to what extent do you feel different views and experiences have been taken into account?
- Is there anything you would suggest could be done differently to improve the involvement of different perspectives in shaping the project?
- How would you describe the project to an outsider? [what are its objectives and how is it trying to achieve them?]
- Can you describe the role the C22 team plays in the project?

3. Sub-Regional or Multi-Agency Working

One of the objectives of the project is to develop consistent and co-ordinated sub-regional and multi-agency working:

- In your experience so far how well is this working? [prompt for examples of both cross LA working and working across different agencies e.g. Catch 22, police]
- Do you feel well-informed about the overall development of the project and the roles of different partners?
- From your contact so far have the young people referred in to the project been appropriate? [prompt for their views on whether the right young people are getting the service; any inappropriate referrals and why they think they were inappropriate]
- Are there other young people apart from those affected by CSE who could benefit from the project? If yes, who would they be? [Prompt for what issues they would have and why the particular Empower and Protect offer or way of working might be effective for them]
- From your experience so far, how well has the foster care placement process been managed across LAs? [prompt for information to carers; introductions; support; management of any difficulties]

4. Involvement in current cases

Screening question:

There are currently 5 young women placed with Empower and Protect foster carers and 6 young women being supported at home. Are you, or have you been, involved in any way with any of these cases? If yes, continue, if no go to end of interview

- Can you tell me what your involvement has been?

In relation to particular young people you have been involved with:

- What did or do you think are the main issues and support needs for the young person or people you have been involved with? [prompt if necessary for therapeutic support needs; support for education, health, support with their relationships with family, anything else?]
- What support is the YP getting from the Project service? [prompt for whether

the YP has a Catch 22 project worker; if not, who is their main project worker]

- What other sources of support does the young person have? [prompt for therapeutic support; support for education, health, support with their relationships with family, anything else?]
- What is working well in terms of meeting the young person's support needs?
- What is not working so well; are there needs which are not being met?
- To what extent does the YP understand the impact of CSE? [prompt for whether they perceive themselves as having been exploited; any changes in their perceptions]
- Can you describe how you, and others, are working with the young person to increase their understanding of CSE? [prompt for any examples to illustrate changes in YPs understanding]
- To what extent do you think the YP is still at risk of CSE? Has there been any reduction in risk, in your view? Why do you think this?
- Overall, in your experience so far, what impact is the project support having for the young person? [prompt for any examples of positive change for the young person]
- If the young person hadn'tt been supported by the project what do you think is most likely to have happened to them? [Prompt: would they have been placed out of area, or in secure accommodation]

In relation to foster carers:

- In your view, how well has Empower and Protect provided for the needs of foster carers
- How would you describe the support that has been provided by Catch 22 on any of the cases you've had contact with?
- What has worked well about the support provided? [prompt for any examples not just C22 support]
- Is there anything that could have been done better? [prompt for any examples where project support has not been effective; what happened]

- In your view is there anything else that should be being provided to support FC placements?
- An aim of the project is that foster carers are integrated as part of the professional team offering wrap-around support to young people: in your experience so far how well is this working? [prompt: valuing their opinion; listening to their concerns; doing things differently as a result of their suggestions]

In relation to parents or families:

- In your view, how well has Empower and Protect provided for the needs of parents or families where a young person affected by CSE is living at home?
- How would you describe the support that has been provided by Catch 22 on any of the cases you've had contact with?
- What has worked well about the support provided? [prompt for any examples –not just C22 support]
- Is there anything that could have been done better? [prompt for any examples where project support has not been effective; what happened]
- In your view is there anything else that should be being provided to support parents or families?
- An aim of the project is that parents are integrated as part of the professional team offering wrap-around support to young people: In your experience so far how well is this working? [prompt: valuing their opinion; listening to their concerns; doing things differently as a result of their suggestions] What are the difficulties or barriers to this?
- Is there anything else about the development of the project so far that you would like to comment on?

T2 Interview Topic Guide - Foster Carer

Introduction

The purpose of these interviews is to gather information about the progress of the Empower and Protect project and the extent to which it is achieving the milestones it set itself in April last year. We are interested in your views on how the project is working; what is going well and whether there are any gaps, issues and or or challenges.

- *Check interviewee has had a copy of the Project Information Sheet adapted for this group of informants. If not, give them a copy.*
- *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 should only last between 40 and 45 minutes.*
- *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.*

1. Involvement in the project

If foster carers have been interviewed before they will have been asked these questions already – if so just use these as a way of getting to know them and give them an opportunity to reflect on why they got involved with the project.

- *When did you become involved in the project? [prompt – how long have you been involved?]*
- *What made you want to become involved? [prompt for previous experience in this area, their motivations for becoming a specialist carer]*
- *Can you describe your involvement so far? [prompt for information about the process they've been through from expressing an interest to now and what stage they're at in terms of training and placement]*

2. Co-Design of Project

Again, if they've been interviewed before they will have been asked these questions so you're looking for an update.

- One of the aims of the project was that it should be developed in partnership with foster carers: What involvement, if any, have you had in designing or developing it? [prompt for attendance at first wave of training back in July; any consultation with the Placement manager in relation to the FC side; in relation to set-up; how the service was going to work; what it would look like]
- What has the involvement been like for you? [what has worked well, what not so well; to what extent do you feel your views and experience were taken into account?]
- Is there anything you would suggest should be done differently in terms of involving foster carers in shaping the project?

3. Training

- What do you think about the training you've had? [prompt for what training they've had; how well they thought it was delivered; how relevant to them]
- Has the training increased your understanding of the difficulties and challenges faced by young people at risk of, or experiencing CSE? [prompt for specific examples of what they've learned]
- Has the training helped you feel more confident and equipped to support young people at risk of, or experiencing CSE? [prompt: for those with a young person in placement ask whether the training has helped them support their young person]
- Is there any further training you would find helpful? [if so, what and why]
- Is there anything you would suggest about the training of foster carers for this project?

Screening question for next part of interview

Do you have a YP (or have you had) a young person from the Innovation Project placed with you?

[If yes, move to question 5. If no, ask question 4, then finish]

4. What next

- Have any possible placements been discussed with you? If so, what happened?
- What do you hope will happen next in your role as a specialist carer? Any anxieties?
- Is there anything else you'd like to say?

5. Support (if YP is or has been placed with them)

We want to know about any current placements and any made under this project which have already ended.

- When did the placement start?
- Can you describe how the placement came about? [prompt for who discussed it with them, what information they received, how the young person was introduced, how long it took]
- Overall, were you satisfied with the process of the placement? Anything that you think could have been improved?
- Can you describe the support you have been getting (or got) since the placement started?
- [prompt for support by your supervising social worker; support from the young person's social worker; support out of normal working hours; support from other foster carers – ask if carer is part of a support group]
- Can you tell me more about the support you get or got from Catch 22? [prompt for frequency of contact; what sort of support they receive; role of psychologist if not already mentioned]
- What has worked well in terms of the support you've had? Is there a type of support offered that you find particularly helpful? [prompt for specific examples of what's been done and how it's helped]
- What has not worked so well? Is there anything you'd like to change about, or add to the support you receive?

- Have all the placement practicalities been arranged satisfactorily? [Prompts: Pay, clothes etc. for YP if required; any arrangements for education – transport etc.]
- If the placement has already ended, can you tell us what happened? [prompt for how long the YP was in placement; was the ending planned; where is the YP now or where did they go; how was the ending handled by the project; did the carer get sufficient support during and after the ending]

6. Part of YP's Professional Team

One of the aims of the project is that foster carers are integrated into the professional team offering wrap-around support to young people.

- Do you feel as though you are treated as part of a professional team? [prompt: do the rest of the team, for example, social care staff, project workers, health and education workers listen to you, hear your concerns, and value your professional opinion; any examples of this happening in practice e.g. something being done differently because of your suggestions]
- Is there anything you would suggest could be done differently to make you and other carers be part of the team?

7. Issues and support needs for young person

If placement has ended, please use your judgement about how far the carer can answer these questions.

- What do you think are the main issues and support needs for this young person? [prompt if necessary for therapeutic support needs; support for education, health, support with their relationships with family, anything else?]
- Can you describe how you are supporting the young person in placement? [prompts: do they seem settled here; are they talking to you; have you built up a trusting relationship]
- What are the main challenges for you in supporting this young person?
- What is going well (prompt for any examples of positive change for the young person, including reduced missing episodes and attendance or engagement in education]

- What other sources of support does the young person have? [prompt for therapeutic support; support for education, health, support with their relationships with family, anything else?]
- Who else is the YP receiving their support from? [prompt for their social worker, Catch 22 worker; CSE specialist worker. Who would you identify as their main or key worker?]
- What is working well in terms of meeting the young person's support needs? What is not working so well; are there needs which are not being met?

8. YP's Understanding of CSE

If placement has ended, please use your judgement about how far the carer can answer these questions.

- To what extent does or did the YP placed with you understand the impact of CSE? [prompt for whether they perceive themselves as having been exploited; any changes in their perceptions]
- Can you describe how you, and others, are working with the young person to increase their understanding of CSE? [prompt for any examples to illustrate changes in YPs understanding]
- To what extent do you think the YP is still at risk of CSE? Has there been any reduction in risk, in your view? Why do you think this?

Hopes or plans for the future

- If you have a young person placed with you, what do you hope will happen over the next few months to improve their lives? Is there anything more that needs to be done to help make this happen?

T2 Interview Topic Guide – LA or Trust or Partner Agency Staff

To be used with front-line staff, and those directly managing the innovation project

Introduction

The purpose of these interviews is to gather information about the progress of the innovation project and the extent to which it is achieving the milestones it set in April last year. We are interested in your views on how the project is working; what is going well; whether there are any gaps, issues and or or challenges).

- *Check interviewee has had a copy of the Project Information Sheet adapted for this group of informants and if not give them one.*
- *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 should only last between 40 and 45 minutes.*
- *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.*

Ask interviewee to sign consent form.

1. About the interviewee

Name:

LA or organisation:

Job title:

Contact details [check we have correct email address or phone no]

Please describe your current role:

If interviewee has been interviewed before we'll have all this so only need to ask new ones or if they've changed role since last interview.

- Your role in your organisation or LA
- How long have you worked here?
- Previous experience or professional background. Any previous work with CSE?

2. Involvement in and understanding of the project

- What has been your involvement with the Empower and Protect project?
- Can you describe how you are involved in the project? [prompt for whether or how their role is integrated with the project;]
- How would you describe what the project does and what it's trying to achieve?

3. Co-design of project

One of the aims of the project was that it should be developed in partnership with young people, foster carers and workers.

- What involvement, if any, have you had in designing or developing it?
- What has the involvement been like for you? [what has worked well, what not so well; to what extent do you feel your views and experience were taken into account?]
- Is there anything you would suggest could be done differently to improve the involvement of workers in shaping the project?

4. Sub-Regional or Multi-Agency Working

One of the objectives of the project is to develop consistent and co-ordinated sub-regional and multi-agency working:

- In your experience so far how well is this working? [prompt for examples of both cross LA working and working across different agencies e.g. Catch 22, police]
- Do you feel well-informed about the overall development of the project and the roles of different partners?
- From your contact so far have the young people referred in to the project been appropriate? [prompt for their views on whether the right young people

are getting the service; any inappropriate referrals and why they think they were inappropriate]

- Are there other young people – apart from those affected by CSE who could benefit from the project? If 'yes', who would they be? [Prompt for what issues they would have and why the particular Empower and Protect offer or way of working might be effective for them]
- From your experience so far, how well has the foster care placement process been managed across LAs? [prompt for information to carers; introductions; support; management of any difficulties]

5. Involvement in current cases

Screening question:

There are currently 5 young women placed with Empower and Protect foster carers and 6 young women being supported at home. Are you, or have you been, involved in any way with any of these cases? If yes, continue, if no go to question 6.

Can you tell me what your involvement has been?

In relation to the young person:

- What did or do you think are the main issues and support needs for the young person or people you have been involved with? [prompt if necessary for therapeutic support needs; support for education, health, support with their relationships with family, anything else?]
- What support is the YP getting from the Project service? [prompt for whether the YP has a Catch 22 project worker; if not, who is their main project worker]
- What other sources of support does the young person have? [prompt for therapeutic support; support for education, health, support with their relationships with family, anything else?]
- What is working well in terms of meeting the young person's support needs?
- What is not working so well; are there needs which are not being met?
- To what extent does the YP understand the impact of CSE? [prompt for whether they perceive themselves as having been exploited; any changes in their perceptions]

- Can you describe how you, and others, are working with the young person to increase their understanding of CSE? [prompt for any examples to illustrate changes in YPs understanding]
- To what extent do you think the YP is still at risk of CSE? Has there been any reduction in risk, in your view? Why do you think this?
- Overall, in your experience so far, what impact is the project support having for the young person? [prompt for any examples of positive change for the young person]
- If the young person hadn't been supported by the project, what do you think is most likely to have happened to them? [Prompt: would they have been placed out of area, or in secure accommodation]

In relation to foster carers:

- In your view, how well has Empower and Protect provided for the needs of foster carers
- How would you describe the support that has been provided by Catch 22 on any of the cases you've had contact with?
- What has worked well about the support provided? [prompt for any examples – not just C22 support]
- Is there anything that could have been done better? [prompt for any examples where project support has not been effective; what happened]
- In your view is there anything else that should be being provided to support FC placements?
- An aim of the project is that foster carers are integrated as part of the professional team offering wrap-around support to young people: in your experience so far how well is this working? [prompt: valuing their opinion; listening to their concerns; doing things differently as a result of their suggestions]

In relation to parents or families:

- In your view, how well has Empower and Protect provided for the needs of parents or families where a young person affected by CSE is living at home?
- How would you describe the support that has been provided by Catch 22 on any of the cases you've had contact with?
- What has worked well about the support provided? [prompt for any examples – not just C22 support]
- Is there anything that could have been done better? [prompt for any examples where project support has not been effective; what happened]
- In your view is there anything else that should be being provided to support parents or families?
- An aim of the project is that parents are integrated as part of the professional team offering wrap-around support to young people: in your experience so far how well is this working? [prompt: valuing their opinion; listening to their concerns; doing things differently as a result of their suggestions]. What are the difficulties or barriers to this?

6. Any additional points

Is there anything else about the development of the project so far that you'd like to comment on?

T3 Topic Guides

Topic Guide – LA or Trust or Partner Agency Staff

To be used with front-line staff, and those directly managing the innovation project

Introduction

The purpose of these interviews is to gather information about the progress of the innovation project and the extent to which it is achieving the milestones it set in April this year. We are interested in your views on how the project is working; what is going well; whether there are any gaps, issues and or or challenges.

- *Check interviewee has had a copy of the Project Information Sheet adapted for this group of informants and if not give them one.*

- *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 should only last between 40 and 45 minutes.*
- *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.*

Ask interviewee to sign consent form.

1. About the interviewee

Name:

LA or organisation:

Job title:

Contact details [check we have correct email address or phone no]

Please describe your current role:

If interviewee has been interviewed before we'll have all this so only need to ask new ones or if they've changed role since last interview.

- Your role in your organisation or LA
- How long have you worked here?
- Previous experience or professional background (any previous work with CSE and or YP with SMV?).

2. Involvement in and understanding of the project

- How would you describe what the project does and what it's trying to achieve?
- Can you describe how you are involved in the project? [prompt for whether or how their role is integrated with the project; have they attended training if so,

what did they think about it; are you involved in reflective practice and or action learning sets?]

- Who is the project working with or for? [prompt - what types of YP involved, who have you referred, have they met the criteria, if not why not?]
- Do you think that E and P is generally known about and its purpose understood within your organisation? [prompt - is it valued and used? seen as saving costs long-term?]

3. Sub-regional and multi-agency working

- What do you understand about the sub-regional aspect of the project [prompt - do you know that it is across 4 LAs and how that works?]
- What has been your experience of sub-regional or multi-agency working? Is it successful? Do you think your LA or organisation is making use of the project and the sub-regional element of it?
- How has referral and placement management worked sub-regionally in your experience? [prompt - any problems you are aware of? i.e. finances, disparity in policy or practice or communication?]
- Do you think that governance sub-regionally is effective? [prompt - do you know who is strategically responsible for SYEP?]

4. Involvement in current cases

- Can you tell me what your involvement has been? [i.e. bit about your caseload]

In relation to the young person: AH or FC?

- Why were they referred to the project? [prompt - what were their SMV?] What did or do you think are the main issues and support needs for the young person or people you have been involved with? [prompt if necessary for therapeutic support needs; support for education, health, support with their relationships with family, anything else?]
- What support is the YP getting from the Project service? [prompt for whether the YP has a Catch 22 project worker; if not, who is their main project worker- 'the worker']
- What other sources of support does the young person have? [prompt for therapeutic support; support for education, health, support with their relationships with family, anything else?]
- What is working well in terms of meeting the young person's support needs?

- What is not working so well; are there needs which are not being met?
- Was the YP at risk of CSE? If so to what extent does the YP understand the impact of CSE? [prompt for whether they perceive themselves as having been exploited; any changes in their perceptions]
- Can you describe how you, and others, are working with the young person to increase their understanding of CSE? [prompt for any examples to illustrate changes in YPs understanding]
- To what extent do you think the YP is still at risk of CSE? Has there been any reduction in risk, in your view? Why do you think this? [prompt - have missing episodes decreased since being placed with SYEP?]
- Overall, in your experience so far, what impact is the project support having for the young person? [prompt for any examples of positive change for the young person, do YP report that their needs are being met, that they have increased understanding of risk]
- If the young person hadn't been supported by the project what do you think is most likely to have happened to them? [Prompt: would they have been placed out of area, or in secure accommodation]

5. In relation to foster carers

- In your view, how well does SYEP provide for the needs of foster carers?
- Do you think they get the necessary training and support, do they feel part of a professional team?
- Are they able to feedback their experiences and be part of the development of the project?
- What, in your opinion works well and what does not work so well?
- How would you describe the role of C22 with foster carers?
- Would you say that having having specialist foster carers meant placements are more successful [have secure placements and residential placements out of area decreased?]

6. In relation to parents or families

- In your view, how well has SYEP provided for the needs of parents or families where a young person has SMV? [Do parents feel valued by professionals, part of a team?]
- Do you think parents feel more confident to support YP as a result of SYEP involvement?

- Has SYEPs involvement meant young people are able to stay at home and be safe?
- Do you think parents and young people have improved family relationships since SYEP involvement? Are the risk factors for young people reduced in your opinion?
- What do you think might have happened to this young person if SYEP had not got involved?

7. Any additional points?

- Is there anything about SYEP that you would like to add?

T3 Topic Guide for interviews with young people

Introduction

Explain that the purpose of the evaluation is to find out what they think about SYEP and whether they think their placement here is helpful to them or not. It is not part of any assessment of them – the focus is on the support they are receiving and the extent to which it is helping them now and might help other young people in the future.

- *Check interviewee has previously had a copy of the Project Information Sheet adapted for this group of informants*
 - *Go through consent form point by point. Particularly emphasise that: ‘To find out whether SYEP is being helpful I may ask some questions about you and your experiences but if there is anything you don’t want to answer that’s fine.’*
 - *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.*
- How long have you been at FC?
 - What was it like when you were getting to know the FC before you moved in? [how were you greeted, what information were you given, , who did you meet etc]. Was it what you expected? If not - what was different?

- How did you come to be brought to the FC or SYEP? Why do you think you are here? [what were your circumstances immediately before you were brought here; did anything particular lead to you being brought to FC; who brought you; what were you told in advance; did you understand the reasons you were given].
- How did you feel about coming into FC? [did you agree to come; did you think it was the right decision for you at the time?]
- What has it been like in FC? What's the best thing about it? What's the worst thing about it? Anything you'd like to be different? [food, freedom, people, pets]
- What are the FC like? Who are your key workers on SYEP? Why is that?. What has been most helpful about those workers? How do you think they've helped? Has there been anything that's been unhelpful? If so, what? Could anything be improved? [prompt re teachers, social workers, CSE support workers, mentors].
- How do you spend your weekdays-school? Weekends? Do you enjoy any other activities? [prompt for education, activities, one to one support work; activities with other young people]
- How do you feel about things now? Have your feelings changed since you've been here? In what way? Why do you think they've changed?
- Have you had contact with anyone else since you've been here? [prompt for family contact, friends, social workers]. What has that been like?
- Do you know what is going to happen next in your life? What conversations have you had about the future? What would you like to happen? What help do you think you need for your life to be better in the future?
- What would you like your life to be like in 5 years time? How would you like to be living? What would you like to be doing?

T3 Topic Guide - Foster Carers or At Home Parents or carers

Introduction

The purpose of these interviews is to gather information about the progress of the Empower and Protect project and the extent to which it is achieving the milestones it set itself in April this year. We are interested in your views on how the project is working; what is going well and whether there are any gaps, issues and or or challenges.

- *Check interviewee has had a copy of the Project Information Sheet adapted for this group of informants [if not, give them a copy].*
- *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 should only last between 40 and 45 minutes.*
- *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.*
- *Ask interviewee to sign consent form.*

1. Involvement in the project

If foster carer has been interviewed before they will have been asked these questions already (no At Home parents have been interviewed before so questions are important) if so just use these as a way of getting to know them and give them an opportunity to reflect on why they got involved with the project.

- **FC:** When did you become involved in the project? [prompt – how long have you been involved, were you involved with the design or dev?], **AH:** When were you referred, who by and why? **FC or AH:** Can you describe the purpose or aims of the project and who it is for i.e. types of young people?
- **FC:** What made you want to become involved? [prompt for previous experience in this area, their motivations for becoming a specialist carer] **AH:** How did you feel about begin referred (prompt- annoyed, worried, relieved?) did you already have other workers involved with your child or family?

- **FC:**Can you describe your involvement so far? [prompt for information about the process they've been through from expressing an interest to now and what stage they're at in terms of training and placement] **AH:**can you describe your involvement with SYEP so far, what input have you received?[who they first met with and where, how often do they and the YP meet with SYEP, make-up of who is at sessions.]

2. Training or support (for FC)

- What do you think about the training you've had? [prompt for what training they've had; how well they thought it was delivered; how relevant to them]
- Has the training increased your understanding of the difficulties and challenges faced by SMV young people at risk , especially around CSE? [prompt for specific examples of what they've learned]
- Has the training helped you feel more confident and equipped to support SMV young people especially around CSE? [prompt: for those with a young person in placement, ask whether the training has helped them support their young person; ask for practical examples]
- Is there any further training you would find helpful? [if so, what and why] Is there anything you would suggest about the training of foster carers for this project?
- Do you feel part of a professional team, are you attending supervision and support meetings? Do you feel able to give feedback?

Training or support (for AH)

- Do you feel supported and part of a professional team? Do you feel respected and valued by other professionals? Who is your key or main support worker? [prompt-where are they from i.e. C22, social care; how often you are in touch with them]
- Do you feel (more) able to support the young person you care for? Do you attend support groups with other carers or parents?
- Are relationships within your family improved? if so what has made the most difference?

- What do you think would have happened to the young person you care for, and you, if SYEP was not involved with your family? [prompt-secure, living elsewhere, distressed etc?].

3. Re: Young people

Questions for foster carers

We want to know about any current placements and any made under this project which have already ended.

- When did the placement start? What were you told about the YPs SMV?
- Can you describe how the placement came about? [prompt for who discussed it with them, what information they received, how the young person was introduced, how long it took]
- Overall, were you satisfied with the process of the placement? Is there anything that you think could have been improved?
- Can you describe the support you have been getting (or got) since the placement started? [prompt for support by your supervising social worker; support from the young person's social worker; support out of normal working hours; support from other foster carers – ask whether carer is part of a support group]
- Can you tell me more about the support you get or got from Catch 22? [prompt for frequency of contact; what sort of support they receive; role of psychologist if not already mentioned]
- What has worked well in terms of the support you've had? Is there a type of support offered that you find particularly helpful? [prompt for specific examples of what's been done and how it's helped]
- What has not worked so well? Is there anything you'd like to change about, or add to, the support you receive?
- Have all the placement practicalities been arranged satisfactorily? [Prompts: Pay, clothes etc for YP if required; any arrangements for education – transport etc.]
- If the placement has already ended, can you tell us what happened? [prompt for how long the YP was in placement; was the ending planned; where is the

YP now or where did they go; how was the ending handled by the project; did the carer get sufficient support during and after the ending]

At Home

- Describe what SMV the young person has or had and for how long?[prompt- her family history, make-up of family, other issues within family]
- Tell me about the weeks before SYEP got involved, how or why she was referred, was there a specific incident, who visited, what happened the first time she or you met SYEP workers
- How often did you have contact with SYEP, who was your key worker, how did the relationships progress, did you start to see changes in the young person, did you see changes in your relationship with the young person, with other professionals?
- How is the young person doing now?[prompt- attending school, missing, drugs or alcohol, self harm, CSE risks]
- Describe how you think your involvement with SYEP will continue to develop, what difference do you hope it will make or has made? [prompt, would she be living at home or in the area if SYEP had not been involved? Effect on wider family of SYEP involvement?]
- Could anything be done differently? Is there anything you are particularly happy with and or frustrated by concerning the professionals involved?

4. Issues and support needs for young person (FC and AH)

- Do you think the YP is at less risk of harm since SYEP involvement?
- Is the YP engaging in therapeutic support?
- Do you think the YP's needs are being met by their placement with SYEP? Do they feel supported?
- Is the YP demonstrating increased understanding of risk and vulnerabilities?
- Do you think the risk the YP was at has reduced? [prompt-is she going missing less?]

- Would you assess your placement or family situation as stable, or as having become increasingly stable since SYEP involvement?
- Does the young person feel they have an improved relationship with you? Do you feel you have an improved relationship with them?
- Is the young person engaging in any support groups?
- What other support needs does the YP have? [health, education etc]. Do you think she or he still at risk of CSE?

5. Hopes or plans for the future

- What do you hope will happen over the next few months to improve their lives? Is there anything more that needs to be done to help make this happen?
- Is there anything else you would like to add or say about SYEP?



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