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for Education

Wigan and Rochdale Child Sexual Exploitation Innovation Project

Evaluation report

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**Sara Scott and Sue Botcherby
with Anna Ludvigsen**

**Working with The University of Bedfordshire International Centre:
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Executive Summary

The Wigan and Rochdale Child Sexual Exploitation (CSE) Innovations Project is a partnership between Wigan and Rochdale local authorities, Greater Manchester Phoenix CSE Project, the Children's Society and Research in Practice, on behalf of the Association of Greater Manchester Authorities. It has aimed to address the problem of too many young people affected by sexual exploitation being placed in high cost or secure accommodation that was not always meeting their needs.

The project was designed in three phases: 1) a programme of action research to understand more about the problem identified, especially the journeys of young people affected; 2) co-design of a new pilot service, involving young people, parents/carers, social workers and key agencies; and 3) implementation of the pilot service to work across Wigan and Rochdale, and a cost-benefit analysis of its impact. Learning from the pilot was intended to lead to the adoption of more effective ways of working in each authority, with the longer-term goal of replicating best practice across Greater Manchester.

Key Findings

Progress against project milestones

Milestone 1: Action research has provided evidence to inform service development

Messages from a review of national evidence, original local research and co-production activities provided evidence which informed the development of the ACT (Achieving Change Together) pilot service.

The evidence highlighted the complexity of CSE and how it is rarely the only issue in young people's lives. Common features in the journeys of CSE-affected young people were identified, including ruptures in family relationships, instability through frequent placement moves and isolation from peers. The evidence highlighted the need to understand adolescent development, the impact of trauma, neglect and abuse on the behaviour of young people and the need for better responses to their psychological needs.

Young people themselves gave strong messages about being alienated by having too many different professionals in their lives and frequent changes of social worker. They wanted support from 1 key person who would listen, not judge, be consistent, show that they care and be there for the longer term.

Milestone 2: Pilot service model has been co-designed and is in place

The Innovation was committed to exploring how best to address CSE from the viewpoints of young people, families, practitioners and the children's social care system and to the co-design of a new service model. It engaged with a wide range of stakeholders and

young people through a creative process of co-design. It was the first time the participating authorities had undertaken such an exercise and it entailed a considerable investment of partner time. There were good levels of participation, with 100 people involved in one or more co-design event, although involvement from parents and carers was lacking. A model for service provision emerged from the co-design phase and the ACT pilot service has been delivering this model since mid February 2016 with a staff of 4 social workers, a part-time therapist and an operational development manager. ACT works with young people at medium or high risk of, or having already experienced CSE, who are also at high risk of family or placement breakdown. ACT social workers operate as key workers, co-working with children's social workers and working non-standard hours to better meet the support needs of young people.

Milestone 3: Referral criteria and role of the pilot project are understood and multi-agency working is effective

Referral criteria were established in each authority. These criteria, and the role of ACT, have become better understood over time through briefings, provision of training, meetings, relationship building and co-working. Multi-agency working is progressing. There has been generally good information-sharing and communication about specific cases. Social workers and other stakeholders have highlighted the passion, enthusiasm, commitment and flexibility of ACT workers.

Milestone 4: Young people are being identified and provided with appropriate early support

In their first 8 months of operation ACT have provided intensive early support to 25 young people. These have been mainly young women under 16, affected by sexual exploitation and home or placement instability. Profile information at baseline indicates that all have a range of complex difficulties and single or dual disorganised attachments. There have been innovative elements to the early support provided in response to these levels of difficulties.

Milestone 5: Young people understand the impact of exploitation and have reduced risk factors in their lives

There is evidence that some key risk factors have been reduced for many of the young people worked with, including young people's awareness of risks, their association with risky peers or adults, sexual health, missing episodes, and relationships with parents or carers. There is also some evidence for an increase in protective factors, including a positive relationship with at least 1 supportive adult, improvements in relationships with family members, and attendance at school or college. Young people report improvements in things that matter to them, like relationships, how they feel, and the attainment of personal goals. However, outcomes data is limited, as assessments at 6 months and beyond provide the most reliable data on change and only 9 young people reached this assessment point within the timeframe of the evaluation.

Milestone 6: More young people remain at home, or in stable placements in their own communities. Fewer young people are referred to high cost or secure placements that do not meet their needs

All of the young people referred to ACT were assessed as either being 'on the edge of care', or in care placements that were at risk of breakdown. Escalation has been avoided and no secure placements have been used. The pilot is therefore providing good early evidence that placement instability and unnecessary escalation for CSE-affected young people can be avoided by providing key worker support which is young person centred and high intensity.

Milestone 7: Young people, parents and carers are engaging and report satisfaction with the service

Parents, carers and young people are engaging and reporting high levels of satisfaction with the service. Parents or carers needed timely support and understanding from someone outside the family and ACT workers have enabled young people to communicate more openly with their family. ACT workers are viewed by young people as people who care about them, people they can talk things through with and also have fun with. Their ACT worker does not go away when they act up, but is honest with them and sticks around.

Milestone 8: Staff receive appropriate support and supervision

Providing appropriate support to staff across 2 geographically dispersed areas has been a challenge. All ACT staff have received regular supervision and have been given opportunities for different types of personal development. The emotional impact of the work was initially underestimated but has now been recognised and clinical supervision is being introduced.

Milestone 9: Ways of working are seen to be effective and adopted more widely in each authority

Both local authorities signed up to the 6 good practice principles that emerged from the action research and are embedding them through various workforce development activities. Both Wigan and Rochdale have reduced the caseloads of their children's social workers to improve the quality of relationships between workers, young people and families and enable more strengths based, young person-centred ways of working. The ACT service is contributing to this through provision of training and co-working. There is some evidence that overall knowledge and confidence in working with CSE has increased, and that the model of working has support amongst target staff in both authorities. A cost-benefit analysis by New Economy has estimated that there could be annual benefits of over £1.6m through reduced and avoided accommodation costs (Appendix 2).

Challenges

The project has faced several challenges, most notably that of delivering a complex initiative involving several elements of work, with a diversity of partners, within a very tight timescale. The logistics of obtaining access to records, consent to participate and the engagement of young people and families delayed the action research and co-design phases. Further delays resulted from working across 2 local authorities which are geographically 2 of the furthest apart in Greater Manchester, as well as managing across 2 different HR and IT systems.

There have been some changes in senior managers involved in the Innovation from both authorities. Despite this, the partnership and project governance have been effective. People have attended meetings and have done what they said they would do.

As the pilot develops, there is ongoing dialogue about future challenges including how to provide a shared service across several local authorities that takes into account the specific contexts of each area; how a hub-and-spoke service can provide spoke workers with adequate support (Harris et al, 2015); how the key worker role might develop, and who should undertake this role. Discussion of such issues is taking place within the context of wider debates around complex safeguarding and supporting adolescents with multiple vulnerabilities.

Implications for policy and practice

There are several lessons from this innovation which may be relevant to other initiatives:

- a phased approach to innovation incorporating action research and co-production can be effective in achieving early 'buy-in' and wider ownership of new ways of working. It helps ensure that the designed innovation properly reflects the context in which it is to be delivered
- local authorities, and other partners, with very different starting points and perspectives, can work effectively together and learn from each other. But the process is time-consuming and it may help to take account of practical factors such as physical proximity and compatibility of systems
- findings suggest that young people affected by CSE can be supported without escalating into high cost placements. Support needs to be young person and family focused and be high intensity. However, there is no quick fix and services need to be sustained for longer than a pilot year for the longer term outcomes and cost-benefits to be realised
- the pilot ACT service has shown that relationship-based work can be effectively carried out by social workers and there may be some benefits to intensive direct work being undertaken by social workers in terms of modelling new approaches to

social work practice. However, this may need to be balanced against cost, which, in this particular model, has involved having 2 social workers to a case

- all the young people worked with by ACT have had complex difficulties and the team has had considerable success in stabilising their situations through intensive relationship-based support. However, the caseloads of ACT social workers have been approximately a third of those of other children's social workers in Wigan and Rochdale. This raises questions about whether social workers with larger and more mixed caseloads could provide the same level of intensive support in cases where it was required. There is widespread support for relationship-based work amongst relevant multi-agency staff, but there is still much to be learned about the conditions needed to sustain this level of social work intervention outside an innovation context
- although the ACT service has not been strictly speaking a hub-and-spoke service many of the challenges it has encountered in working across 2 authorities would potentially be writ large in any Greater Manchester hub-and-spoke service

Overview of the project

What was the project trying to achieve?

The project is a partnership between Wigan and Rochdale local authorities, Greater Manchester Phoenix CSE Project, the Children's Society and Research in Practice, on behalf of the Association of Greater Manchester Authorities. The project derived from concerns that too many young people affected by sexual exploitation were ending up in high cost or secure accommodation that did not necessarily meet their needs and was estimated to cost Greater Manchester authorities around £8.9 million. The goal of the project was to improve outcomes for young people and their families and provide effective alternatives to high cost and secure accommodation for those vulnerable to CSE in Greater Manchester.

The project was planned with 3 phases: first, a programme of action research¹ to understand more about the problem identified, including a review of national evidence and the conduct of local research to further understand the experiences of young people, families and professionals; second, a co-design process, enabling young people, families and professionals to reflect on, and refine, the emerging evidence, and co-produce a framework of principles and a pilot practice model; third, the implementation of an evidence-based pilot service across Wigan and Rochdale to work with up to 30 young people. Good practice from this pilot would be more widely adopted in each authority, with a longer-term goal of developing a hub-and-spoke provision across Greater Manchester. Alongside this evaluation, a cost benefit of the pilot service would be undertaken by New Economy in Greater Manchester.

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 partner agencies, long-term outcomes included:

- new pathways for young people vulnerable to exploitation leading to more effective, integrated practice
- less escalation and fewer referrals to high cost and secure accommodation
- an evidence based and cost effective service model that can be replicated in the region
- an action learning and co-production approach to design and development which is seen to be effective and adopted more widely

¹ Action research is focussed on solving a particular problem and providing guidelines for ensuing practice. It is usually initiated by, and involves, those whose problem it is (for example service providers, service users, funders etc).

- increased public confidence in Greater Manchester's responses to CSE.

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

1. Research conducted and partners have better evidence of what works to inform their practice
2. Pilot service model has been co-designed and is in place
3. There is effective multi-agency working
4. Young people are being identified and provided with appropriate early support
5. Young people are engaging with the pilot and report that it is meeting their needs
6. Staff working with exploited young people report increased knowledge and confidence
7. Fewer young people are referred to high cost or secure placements and more YP stay in their communities
8. Young people worked with understand the impact of exploitation and have reduced risk factors in their lives
9. Families are engaged and supported

What was the project intending to do to achieve these outcomes?

The core activities were as follows:

- review the available evidence and conduct research to inform service development
- co-design and co-produce new pathways or service model with staff, young people and parents or carers which:
 - improves timely reporting, action and response mechanisms
 - enables young people to stay in their communities
 - supports young people to understand the grooming and exploitation to which they have been subjected, and increases resilience
 - responds better to needs of adolescents, especially re gender and ethnicity
 - engages and supports families
- pilot this service model in Rochdale and Wigan with up to 30 young people
- provide training and support for staff
- undertake cost-benefit analysis of the above

Changes to the project's intended outcomes or activities

There were some revisions to the planned timetable. The phase 1 research took longer than expected and the co-design phase began later than planned in January 2016 to enable newly-employed pilot service staff to take part. The ACT service became operational in mid-February, part-way through the co-design process which was completed in June 2016.

Evidence from the research and co-design phase led to the refinement of ACT's referral criteria to include young people at risk of, or experiencing, CSE who were also at risk of placement instability at home, entry into care, or escalation into high cost or secure placements.

The context within which this innovation has been taking place

An overall contextual factor is the prospect of regional devolution, which is shaping thinking about public sector reform in Greater Manchester and encouraging more collaborative working in services for children and families.

With regard to CSE, there was already a history of collaborative working. In 2012, Greater Manchester established Project Phoenix, a unique partnership between local authorities and local safeguarding children boards, designed to raise standards; improve cross border working and consistency across Greater Manchester; raise awareness of CSE; and encourage people to report concerns. Within individual authorities, there are specialist multi-agency CSE teams which identify, assess and work with young people who are at risk of, or are victims of, CSE.

At the outset of the project, the 2 local authorities were at different starting points with regard to CSE. Rochdale had an established strategic approach to CSE, and 2 years earlier had established the Sunrise project, a nationally recognised multi-agency CSE project located in Rochdale police station. Amongst their other activities, Rochdale's work included the analysis of police data to develop CSE profiling, and they had undertaken extensive community awareness raising and training.

In Wigan, following a review of its CSE provision, a co-located CSE team was just being set up as this Innovation project started. Wigan had recently introduced 'The Deal', a whole authority approach to partnership working with citizens designed to move away from a deficit model and emphasise the strengths and assets of communities, families and individuals. Those working in a range of services were concerned to think through how this approach could incorporate providing appropriate support for the most vulnerable families and children.

In both Wigan and Rochdale, and in Greater Manchester more widely, there has been a recent focus on complex safeguarding in response to cases involving CSE and gang involvement, trafficking, drugs, gun crime, modern slavery, female genital mutilation and forced marriage.

Existing research relating to this innovation

While there is existing research on the issue of CSE and its impacts on young people there is relatively little evaluation evidence of effective interventions. Research has found

that secure accommodation has is often not helpful for most sexually exploited or at risk young women who are referred to it. 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).

Evidence submitted to the Inquiry into children who go missing from care (APPG, 2012), suggested 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.

Stability of placement has been identified as a key factor in reducing the risk of CSE. A study of specialist fostering found that positive outcomes were clearly related to placement length and stability (Shuker, 2013). 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, 2004).

Research reviews identify several factors which can support resilience and recovery from trauma in adolescence and early adulthood, including establishing or maintaining a strong, supportive relationship with a parent or carer and with a committed, reliable worker outside the family; maintaining the positive supports of extended family and friends, by keeping young people local, and re-engaging young people in education (Newman, 2004).

There is evidence that effective practice takes account of gender and diversity. Boys and girls have different developmental trajectories and may be confronting different issues in their lives (McNeish and Scott, 2014). Girls' well-being and self-esteem decreases through their teens, while boys' remains relatively stable (Harrison-Evans et al, 2015). Boys exploring, or dealing with, an emerging sexual orientation as gay or bisexual may lack support in this regard and be particularly vulnerable to exploitation (Paskell, 2014).

Ofsted's thematic report on sexual exploitation (Ofsted, 2014) included recommendations that professionals should be enabled to build stable, trusting and lasting relationships with exploited or at risk young people, and that local authorities and partners should ensure the availability of therapeutic support for such young people.

Overview of the evaluation

What were the evaluation questions?

The 2 overarching evaluation questions were:

- to what extent has the project achieved its intended milestones and outcomes?
- what can be learned from the implementation of this project to inform future developments in the region and more widely?

We were also concerned to explore:

- what is the contribution of taking an action research and co-production approach to service development?
- how are young people and families with lived experience involved?
- how is evidence from different sources integrated?
- what are the facilitators and barriers to using this approach to service development?
- does the approach achieve its intended outcomes of co-producing a testable design for CSE service provision?

Methodology

The evaluation began with a theory of change workshop for the project's Executive Board in July 2015, to clarify the specific outcomes of the Innovation and the relationship between these and the planned activities. An evaluation framework was produced to represent a plan of the project 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. This was refreshed at a review workshop in June 2016 (see Appendix 1).

A member of the evaluation team was embedded in the project team between June 2015 and March 2016. She attended all routine project and steering group meetings as well as being a participant-observer at research, engagement and co-design events. Between April and November 2016, day-to-day evaluator involvement has been lighter touch but attendance at key meetings and regular sessions with the ACT project team have continued. The evaluation team has also contributed to the development, review and synthesis of research outputs from the project.

We administered a staff survey to a target population of Wigan and Rochdale staff to capture baseline evidence of work cultures and satisfaction, and knowledge and confidence in relation to CSE. It was re-administered a year later to the same pool of staff, incorporating additional questions relating to the Innovation project and principles of good practice relating to CSE.

Our evaluation of outcomes for young people included completion of case profiles to identify when they were referred, and key characteristics (age, gender, ethnicity, sexual identity, religion, disabilities or learning difficulties, living situation, child protection histories and risk factors); a repeat risk reduction assessment (intended to be completed by ACT social workers at baseline, at 3 months and at 6 months). A psycho-social assessment using the following measures was to be undertaken at the same time intervals:

- Strengths and Difficulties Questionnaire (SDQ) – measuring symptoms and peer issues (versions for completion by worker and young person)
- Vulnerable Attachment Style Questionnaire (VASQ) – measuring insecure or mistrustful and anxious elements (versions for completion by worker and young person)
- Teenage Attitudes to Sex and Relationships Scale (TASAR) – attitudes to sexting, pressure to have sex, gender roles and equality in relationships (version for young person)

Case studies were compiled through interviews with ACT social workers, parents or carers and young people where possible. Six interviews were conducted with young women supported by ACT. Young people and parents or carers also completed service feedback questionnaires.

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.

We have evaluated progress against the project milestones through a total of 94 interviews conducted at 4 time-points, 2 workshops with multi agency staff and a focus group with the ACT staff team.

Table 1: Interviews conducted

Identity of interviewees	Baseline July or Aug 2015	T1 Feb or Mar 2016	T2 June or Jul 2016	T3 Sept or Oct 2016
Directors or deputy directors	2	2	0	2
Social work managers or team leaders	4	0	0	6
Innovation Project partners or managers	4	5	0	5
ACT project staff	0	7	9	7
Social workers	2	0	2	8
Parents or Carers	0	0	0	6
Young People	0	2	1	5
Multi-agency staff	6	2	4	5

Total	16	18	16	44
Workshop 1 and 2	8 and 9 multi-agency staff			
Focus group				5 ACT staff

We interviewed a number of informants on 2 or more occasions. Interviews were digitally recorded or recorded in notes. They were all conducted by 1 of a team of 3 researchers and, where possible, repeat interviews were conducted by the same researcher (topic guides are included in Appendix 5). Our approach to interviews was that of ‘appreciative enquiry’ which emphasises the expert and experiential knowledge of those involved in developing and delivering programmes, and their desire to learn from their experience and share it with others.

We have also drawn on monitoring information collected by the project team relating to project development, research, engagement, co-design, training, briefings, conference events, referrals of young people, their chronologies and case information. We have analysed selected post-training and conference feedback.

A cost-benefit analysis was conducted by New Economy Greater Manchester (Appendix 2).

Changes to evaluation methodology from the original design

The evaluation proposal included examining case files to understand more about young people previously affected by CSE in Wigan and Rochdale. The Children’s Society (TCS) were also proposing to undertake case-file analysis as part of their action research, so to avoid duplication we collaborated on producing a case-file analysis template, TCS undertook the analysis and shared the findings.

Having an embedded evaluator working as a member of the project team led to us undertaking some additional activities as part of phase 1 of the project. These activities provided additional knowledge to inform the development of the project. We undertook 6 biographical interviews with young adults who had experienced CSE, 4 young women and 2 young men, and produced an internal report exploring their pathways and experience of services. We conducted 2 workshops with CSE practitioners to capture their current ways of working with young people and their perspectives on how work should develop. This led to a practitioner briefing: ‘Direct work with young people affected by sexual exploitation: Insights from current practice’. We also produced an accessible summary report synthesising the findings from all the research conducted by TCS, Research in Practice and ourselves during Phase 1.

The T1, T2 and T3 interviews were spread across a revised timeframe because of the evolving nature of the project and the later start of the pilot service.

There have been challenges in getting repeat risk and psycho-social assessments completed in the 8-month operational period. The main reason is that the ACT project prefers to delay initial assessments of young people in order to build relationships and engagement. Baseline assessments may therefore not be completed until 2 months after work has started, with a subsequent effect on the timing of T1 and T2 assessments. Young people have not engaged in their versions of the assessments as we had hoped, despite the explanations and encouragement provided by project workers, and seem to have been particularly reluctant to complete repeat measures.

Key Findings

How far the innovation has achieved its intended outcomes

The refreshed theory of change framework identified 9 milestones for October 2016 (see Appendix 1).

Milestone 1: Action research has provided evidence to inform service development

Messages from a review of national evidence, original local research and co-production activities have provided evidence which has informed the development of the Achieving Change Together (ACT) pilot service.

The theory of change behind the project's approach was that if you develop a service model on the basis of good evidence, including local experience, and you actively involve young people, parents and professionals through action research and co-production activities, it will deliver better outcomes for young people. If you then pilot such a model, and can evidence it works in Wigan and Rochdale, there is a good chance of being able to replicate it across Greater Manchester. From the outset, project partners were very committed to this approach:

'I'm fairly confident that the way we're going about it we'll be in a stronger position than we are now. We'll know more than we do now. We haven't asked the right questions of the right people up to now. ... The clue is in the title Innovations. We've got to take ourselves to a place where we've never been. We have to make ourselves uncomfortable and that's alright. I'm really excited about it. I just don't know what we're going to learn'. LA lead Baseline

The project undertook the following research activities as part of phases 1 and 2:

- an evidence scope (Webb and Holmes, Research in Practice, Sept 2015)
- a case study analysis (O'Neill Gutierrez and Hollinshead, The Children's Society, Dec 2015)
- child's voice interviews with young people (Kennedy et al, The Children's Society, Jan 2016)
- research and engagement workshops with practitioners and managers (Research in Practice, Oct or Nov 2015)
- practitioner workshops and briefing on insights from practice (Evaluation team, Nov 2015)
- biographical interviews with young people who had previously experienced CSE (Evaluation team, March 2016)

The evidence collected highlighted the complexity of CSE and how it is rarely the only issue in young people's lives. The lives of CSE affected young people are frequently impacted by ruptures in family relationships, instability through frequent placement moves and isolation from peers. There is a need to understand adolescent development; the impact of trauma, neglect and abuse on the behaviour of young people, and to respond better to their psychological needs.

Young people often felt alienated by having too many different professionals in their lives and by frequent changes of social worker. They wanted support from 1 key person who would listen, not judge, be consistent, show that they cared and be there for the longer term.

On the basis of the evidence, 6 key principles of good practice were identified to underpin the shape and focus of the pilot service:

- young people must be at the centre
- CSE is complex, therefore the response cannot be simple or linear
- no agency can address CSE in isolation; collaboration is essential
- knowledge is crucial
- families are valuable assets and may also need support
- effective services require resilient practitioners

The principles were endorsed by senior management in Wigan and Rochdale with the intention that they should both inform the Innovation pilot service and be more widely applied across Children's Services.

'It's been interesting to see the steering group having to address evidence including evidence from their own closed cases. There was nothing to stop them doing this at any time – but they haven't. It's the same with the RiP influence. A lot of the messages weren't new but it was really helpful that they were boiled down to some basic principles. The knowledge is often there but not analysed and acted upon. That's what we've been able to join up in this innovation.' Manager T3

A summary of the learning from the research and co-production was produced, along with briefings on the implications for practice from research findings and the co-design approach.

Stakeholders are clear that the evidence has indeed informed the design and development of the pilot project:

'In all of my time, I have not seen a project where the team is so closely shaped by the evidence. The evidence speaks directly to the team and it has used the evidence to great effect'. Manager T3

'At the last steering group I attended someone was talking about the importance of ensuring that we held on to the principle that resilient practitioners are vital to building resilience in young people. So I heard myself being quoted back to myself and that's when you know something has been taken on board and is being run with by other people...There has been a continued commitment to really understanding evidence and for staying committed to using evidence that comes from research and from practice and from young people.' Partner agency lead T3

This view of the centrality of evidence was confirmed in a focus group with the ACT pilot team at T3 in which they identified the key ways in which they believed the research had influenced the project and how it was continuing to do so. They felt that the research had:

- formed the framework for ACT and continued to be its backbone
- provided a secure evidence base to build from
- enabled an objective assessment of children's social care processes
- given the team the confidence to challenge the status quo
- given the project focus, direction and identity
- helped keep young people central

Milestone 2: Pilot service model has been co-designed and is in place

The Innovation was committed to exploring how best to address CSE from the viewpoints of young people, families, practitioners and the children's social care system. It has engaged with a wide range of stakeholders and young people through a creative and positive process of co-design. It was the first time the participating authorities had undertaken such an exercise and it entailed a considerable investment of partner time. A model for service provision emerged from the co-design phase and the ACT pilot service has been delivering this model since mid February 2016.

From January to May 2016 the project ran a series of co-production events, including 3 events intended for staff, parents or carers and young people, 2 for staff or parents and carers, and 1 event for young people. Almost 100 people attended 1 or more event. Young people who had experienced sexual exploitation attended each designated event as did staff from all relevant agencies with the exception of education. However, only 1 carer attended an event, and no parents did so.

None of those attending had any prior experience of co-design and were unsure what to expect. A few were sceptical about the whole idea:

'I'm not a great believer in involving fractured young people in these processes. I think a lot of it is just paying lip service to the process of involving young people. Tick done that. Most parents of young people aren't necessarily interested in what it looks like as long as it works with a young person.' Manager Baseline

However, most acknowledged that considerable time and energy had been invested in the process and were appreciative of this.

The 12 young people who took part in events varied in age. Some were still struggling to come to terms with the impact of sexual exploitation, while others had gone through a longer process of recovery. At least half of the young people had not met each other before or had not taken part in any group event involving professionals. Some had been out of education for some time. The project provided individual support to enable young people to attend and participate. A few young people struggled to maintain their engagement through a 3 hour session and being unused to speaking in groups, were less vocal than others, but 3 young people attended more than 1 event and most appeared to enjoy the process and felt that what they had to say was respected:

‘Yes, they listened to us and want to improve things.’ Young person T2

Adults were equally positive about their involvement. Some professionals commented on the passion in evidence at events or observed that there was a buzz around the whole process. Interviewees said they felt genuinely listened to and that openness was encouraged.

‘It gave us the chance to really think about everything at a deeper level. It gave me a chance to think personally and professionally, and [to recognise that] professionals don’t have all the answers’. ACT team T2

‘It was a good process. There was plenty of learning from the first event and that learning was really used in planning events 2 and 3. The feedback showed that it improved from 1 event to the next. It was truly ambitious to involve CSE affected young people in the co-production and that made it 10 times harder for them. But I think it was worth it.’ Partner agency lead T3

The process achieved its intended outcome of co-producing an outline design for service provision. The name ACT (Achieving Change Together) was chosen and the new pilot service had an embryonic identity to take forward. The key elements of the service model co-produced were:

- providing high intensity support when needed
- working non-conventional hours in order to meet young people’s needs
- delaying assessment until a young person is engaged
- engagement taking as long as is necessary to build trust
- focusing upon young person’s needs and goals
- using technology to engage and speak to young people²

² ACT has produced an augmented reality card with service information and contributions from a young person, parent, foster carer and worker. It is accessed via a Zappar application on iPhone or Android devices.

- developing a young person friendly, strengths-based assessment ³
- promoting young people led meetings
- ACT social workers being key workers and leading care planning
- ACT social workers acting as a bridge between children's social workers and parents or carers
- minimising the number of professionals around the young person

The co-design phase validated the findings from the research phase and provided further justification for the shape and focus of the pilot project:

‘There was nothing that anyone said that contradicted the research. It confirmed the evidence. No one disagreed with anything in the research’. ACT Team T2

Those most closely involved with the Innovation found the process invaluable and believed they would not have arrived in the same place without the co-design and the benefits of service user and service provider experiences.

Milestone 3: Referral criteria and role of the pilot project are understood and multi-agency working is effective

Referral criteria were established in each authority. These criteria, and the role of ACT, have become better understood over time through briefings, provision of training, meetings, relationship building and co-working. Multi-agency working is progressing. There has generally been excellent information sharing and communication about specific cases. Social workers and other stakeholders have highlighted the passion, enthusiasm, commitment and flexibility of ACT workers.

Referral criteria agreed during January 2016 were:

- young people at risk of CSE
- young people at risk of entry into care, placement breakdown or escalation of care.

To be eligible for the service, young people had to meet both criteria.

The process for referrals was also agreed. In Rochdale referrals go through the Multi-Agency Screening Service (MASS) and the 2 service managers of the CSE multi-agency Sunrise team and ACT negotiate their appropriate allocation. Wigan receive referrals into their Duty and Assessment team and onward referrals to ACT are allocated by the team manager and agreed with ACT. In the first 2 months of operation referrals were slower

³ Currently being developed as an ‘adolescent strength and participatory based assessment tool’ to be launched with the pathway in January 2017.

from Rochdale than Wigan, but this changed over time as awareness and relationships developed.

Between February and October 2016, ACT received 49 referrals, 21 from Wigan and 28 from Rochdale. In the same period, ACT has worked with 25 young people (approaching the project target of 30 young people). The main reasons for non-acceptance of referrals were little evidence of placement instability and or or low risk of CSE.

In order to raise awareness of the role of the project, and to share learning from the research and co-production, the ACT team has undertaken an extensive programme of briefings and training sessions - 25 events between February 2016 and August 2016.

Despite this, a full understanding of the project's role has only gradually been achieved. At T1 and T2 some social work staff were not entirely clear about ACT's dual focus on addressing social placement instability alongside risk of CSE. In addition, ACT's emphasis on gradually building relationships with young people was not always immediately understood. At T2, 2 social workers commented that the ACT approach can seem 'slow', and they felt work should be delivered more quickly. At the same time, ACT workers have sometimes felt under pressure from children's social workers to move cases on more quickly than they believed was in the best interests of a young person.

The ACT role has been less easy to define compared to other co-working roles such as those with existing multi-disciplinary CSE teams. Some social workers commented on early confusion regarding who was responsible for what, with ACT workers taking on elements of the care plan that would normally be the responsibility of the young person's social worker. Conversely, ACT workers reported that they had sometimes been left out of statutory meetings 'when they knew the young person best.'

The ACT team felt that greater clarity about their role and approach would have been achieved if they had been able to introduce their pathway plan earlier. The draft pathway plan (Appendix 4) sets out ACT's working relationships with children's social workers and includes an 'expectations meeting' following referral at which roles and responsibilities are agreed on a case by case basis. The introduction of this pathway was delayed, in part due to the over-run of the co-design process followed by summer holidays, and the necessary involvement of very busy senior managers in a task-and-finish group. The pathway should be operational for ACT's next period of operation between January and June 2017.

However, understanding has increased considerably through direct experience of co-working cases with the ACT team and by witnessing progress achieved for children and families.

'They've taken a lot of work in the care plan. It's reduced what I have to do....[and I] value their support. Information has been outstanding, if anything, more than I need....Excellent communication'. Social worker T3

Several social workers were very happy for ACT to take the lead in the care plan for their young person and believed that they were well placed to do so.

‘Helped massively in my job. X drives the case..... She is a direct line to refer to for me and the young person.... She gives very practical support to the young person. She attends care planning meetings regularly.....Has helped me greatly.....Has availability when needed....X knows the young person better....Their working times are different and this helps.’ Social worker T3

Completely effective multi-agency working across all teams and agencies would be an unrealistic goal for a small, pilot team in its first 8 months. However, by T3 there was evidence of increased understanding and appreciation of ACT’s approach and contribution by multi-agency staff:

‘They have no time limit. Everything is in the young person’s time and that is fantastic. They are brilliant. It’s as slow as you want to take it and they work with the immediate family around the impact of their work when they are not there. ...They are really fluid and flexible and will respond immediately if they think it’s in the young person’s interest.... This model is what has been lacking for young people and the system just hasn’t worked for them in the past.’ Voluntary Agency worker T3

Social workers commented on the high levels of engagement of young people, the quality of relationships established and the presence of trust in cases they had been involved in.

‘[What this case demonstrates is] the strength of the relationship with [ACT worker]. She can say stuff to him and he listens. She can say stuff I can’t. Their relationship is safe and trusting.’ Social worker T3

Milestone 4: Young people are being identified and provided with appropriate early support

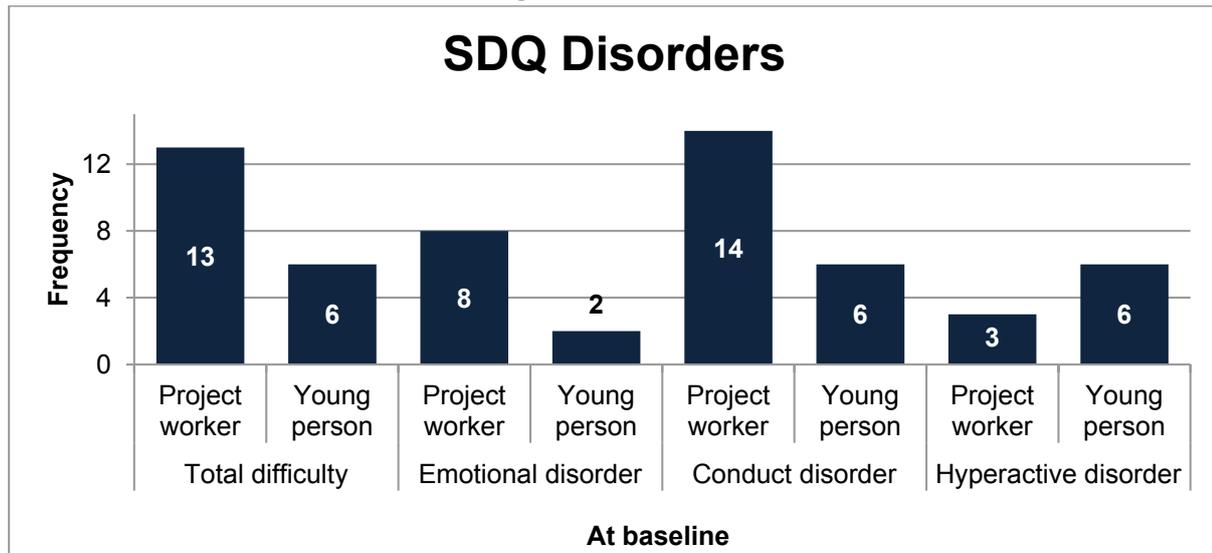
In their first 8 months of operation ACT have provided intensive early support to 25 young people. These have been mainly young women under 16, affected by sexual exploitation and home, or placement, instability. Profile information at baseline indicates that all have a range of complex difficulties and dual or disorganised attachments. There have been innovative elements to the early support provided in response to these levels of difficulties. Eight of the young people had been supported for the full 8 months, and the remaining 17 for 6 months or less. Two of these were very recent referrals and 3 were young people the service worked with only briefly. The service was therefore able to provide the evaluation team with new client profiles for 20 young people: 16 young women and 4 young men.

The client profiles at baseline show that young people referred to ACT were multiply vulnerable. All were high risk in terms of placement breakdown or escalation and had other complex difficulties in their lives. Fifteen of the young people were living at home

with a parent, or relatives; 5 were in care or homeless. 17 had been missing to various degrees; 10 were known to have misused alcohol and 10 were known to have misused substances; 13 were known or believed to have been sexually exploited, the others were deemed to be at medium or high risk of sexual exploitation.

Psycho-social assessments at baseline included the Strengths and Difficulties Questionnaire. Project workers assessed 13 out of 20 young people to have a case for 'total difficulty' (figure 1). In relation to conduct or behaviour disorder, project workers scored 14 out of 20 young people to have a case for conduct disorder.

Figure 1: SDQ Disorders

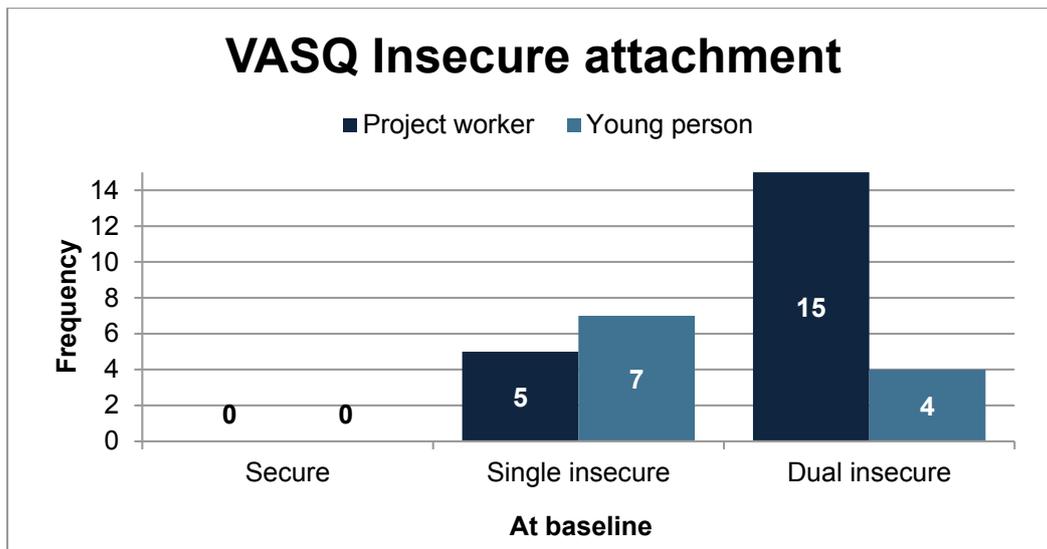


The young people had a slightly more positive self-assessment, with half (6 out of 12) scoring themselves high, or very high, for total difficulty. This is a common finding within research using the SDQ, as children and young people may underreport their difficulties.

Assessments using the Vulnerable Attachment Style Questionnaire (VASQ)⁴ showed all the young people to have either 1 or 2 insecure styles of attachment (mistrustful avoidant and/or insecure anxious). Three-quarters (15 out of 20) had a dual insecurity at baseline, as assessed by their 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 2: VASQ Insecure attachment

⁴ 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.



Responding to these needs

ACT operationalised the principles of the co-produced service model in developing 4 innovative elements of early support to young people and families:

- doing background work
- taking time over engagement
- thinking about family
- providing for mental health needs

Doing background work

ACT has introduced the routine practice of reviewing case files and writing up chronologies in advance of meeting with young people. The primary aim was to prevent young people having to answer the same questions for the benefit of another unfamiliar professional. Workers tell young people that they have done this, and why, as part of signaling what is different about the service. It also ensures that workers can begin to make sense of young people’s current difficulties in the context of other aspects of their lives:

‘This allows us to view the young person holistically and take their history into account from the very start of our work. Our young people also appear to appreciate the fact that they do not need to re-tell their stories and experiences, if they wish to discuss this, it is at their discretion’. Act Team T3

Taking time over engagement

Many young people referred have responded positively to the offer of ACT support when they understood it was about them, and what they wanted to change or achieve for themselves. In some cases it has taken 3 or 4 months to establish relationships with

young people and some have tested workers in various ways before deciding to engage. The approach in such cases is to take things slowly, maintain contact and chip away at resistance by maintaining a focus on the young person's wishes and needs:

'It's all about really small steps that add together and make a difference.'

ACT Team T2

Thinking family

The service aims to act as a bridge between young people, parents and carers. In some cases they have worked directly with parents or carers: for example, explaining the impact of exploitation and how this may affect behaviour; supporting a young person's transition into a new foster placement jointly with a foster carer, or working with a father to reinforce boundaries. In some cases, specialist services have been enlisted to work with parents, including a family therapy service in Wigan, and a respite and an outreach service in Rochdale providing intensive family support. This is an area of their approach that ACT would like to develop, and the possibility of a parent support worker joining the team is being discussed.

Providing for mental health needs

ACT have commissioned a part-time therapist from the Liberty Project in Stockport (a specialist service for young people affected by CSE) to provide an alternative source of mental health support. The therapist specialises in trauma work for young people affected by CSE and meets with them on an outreach basis in settings chosen by them. Four ACT young people have so far accessed regular therapeutic support in this way. Another 4 are being supported to access CAMHS, or counselling from St Mary's Sexual Assault Centre (SARC).

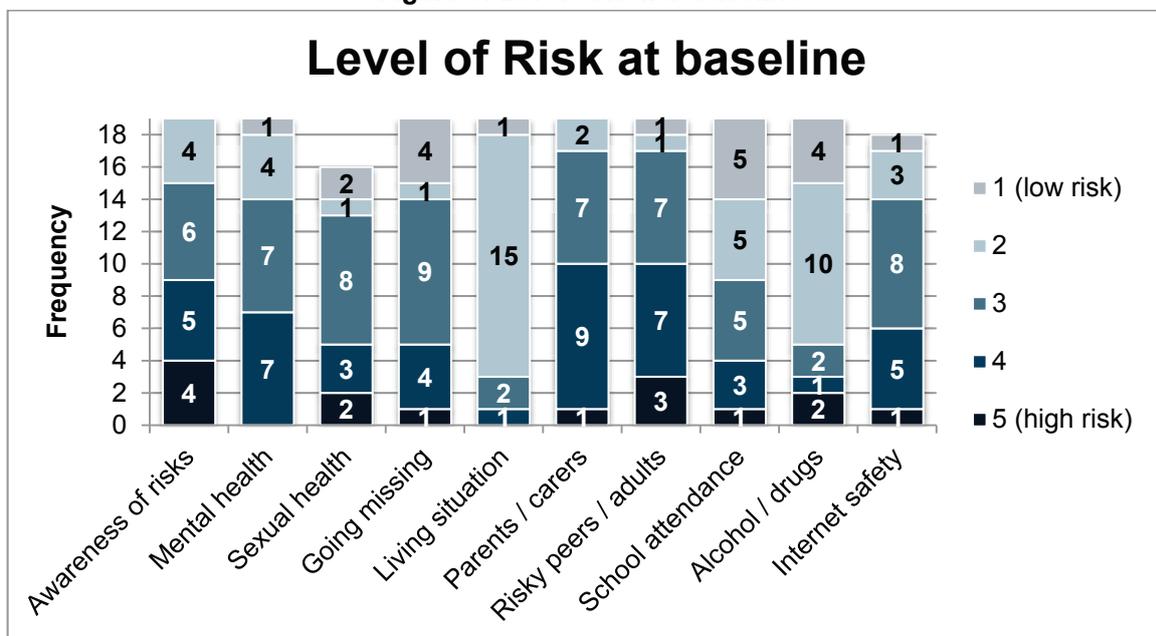
Milestone 5: Young people understand the impact of exploitation and have reduced risk factors in their lives

There is evidence that some key risk factors have been reduced for many of the young people worked with, including young people's awareness of risks; their association with risky peers or adults; sexual health; missing episodes; and relationships with parents or carers. There is also some evidence for an increase in protective factors, including a positive relationship with at least 1 supportive adult, improvements in relationship with family members and attendance at school or college. Young people report improvements in things that matter to them like relationships, how they feel and the attainment of individual goals.

Levels of risk were measured using a Risk Reduction Assessment (RRA) designed to assess 10 key factors associated with risk of sexual exploitation amongst young people

who were already being exploited, or are at high risk of exploitation. The project workers completed an RRA for 19 young people at baseline. Figure 3 shows that the most frequent high risks were ‘awareness of risk and rights in relationships’, ‘association with risky peers or adults’ and ‘relationship with parents or carers’. These were high risk issues for half the young people. Workers considered the majority of the young people (14 out of 19) to be at medium or high risk in the areas of ‘mental health’, ‘internet and mobile phone safety’ and ‘going missing’. A low level of risk was generally identified in the area of ‘alcohol or drug use’, although for 3 young people this was identified as a high risk at baseline: it is a risk factor for which evidence often only emerges over time as a trusting relationship with a worker develops. ‘Living situation’ appears to be a moderate risk as the service considered their referral threshold was best reflected at level 2 or above on the RRA scale (‘living situation meets most of their needs and they are reasonably settled, but placement is not entirely secure’). At baseline, 18 of the cohort were assessed at level 2 or above for living situation.

Figure 3: Level of risk at baseline



During the time period of the evaluation 11 of the 19 young people reached a first review assessment (3 months after baseline) and 9 young people reached a second review assessment (6 months after baseline) It is common for reviews at 3 months to suggest that risk has increased from baseline as young people are likely to disclose more during this period as they come to trust a worker. Assessments at 6 months and beyond therefore provide the most reliable data on change.

A reduction in risks in some key areas was recorded for all 9 young people who reached a second review. In 3 cases there was improvement in relation to all 10 risk factors. In 1 case, although the relationship with a parent or carer had improved, other risks remained high and in the other 5 cases the picture was more mixed with reductions of risk in relation to some factors, while other risks remained. Improvements were most common in relation to young people’s awareness of rights and risks; sexual health; going missing;

relationships with parents or carers; school attendance and internet or mobile phone safety. The risks least susceptible to improvement were mental health, alcohol or drug use and association with risky peers or adults.

These reductions in levels of risk represent important changes in young people's lives in a 6 to 8 month period. Comparable assessments of young people accessing Barnardo's CSE services between 2003-2005 found that significant risk reduction was achieved for young people engaged in support relationships of 12-18 months duration (Scott and Skidmore, 2006).

Follow up assessments included repeat use of the SDQ and VASQ and second review assessments of these were available for the same 9 young people.

In 2 cases there were considerable improvements in workers' SDQ assessments of total difficulty between baseline and second review (a reduction from very high to slightly raised in 1 case and a reduction from high to close to average in another); in 2 further cases there were improvements in level of emotional disorder but conduct disorder scores remained high. In the remaining cases there was no change. It is notable that in 2 of the cases where workers assessed total difficulty scores as remaining very high, the young people's self-assessments scored as close to average.

VASQ assessments at baseline showed this to be a group of young people with considerable attachment difficulties. Of the 9 young people reaching a second review, 7 had a dual or disorganised attachment style. Attachment style originates in infant-carer relationships and is not something that interventions easily affect, although there is evidence that it is susceptible to change in the context of stable and supportive care relationships (Dozier et al, 2006). However, worker assessments suggested a change in attachment style for 3 of these young people from a dual to a single insecure attachment style. This is an important improvement that bodes well for their relationships with professionals, parents and carers, because it is likely to make supporting them easier.

Enabling young people to fully understand the impact of their exploitation is an unrealistic outcome in such a short timeframe. However, the reduction of risk that can be gained by young people in a few months is illustrated by the following vignettes. Names and identifying details have been changed.

Leah has been supported by ACT for the last 6 months. She is no longer at risk of sexual exploitation, her family life is much more stable, going missing from home has stopped and she achieved her goal of liking herself better. She is better able to regulate her emotions and recover from outbursts. She is no longer a Child in Need (CIN) and her case has been closed by Social Care.

'Leah (WRO3) has improved. Six months ago she was struggling quite a lot. She still has good and bad days but she is a lot more settled and she's not running away.' Parent T3

Brad's previously very unstable relationship with his mother is improving and he has re-connected with his grandmother and father. He is more honest, open and able to reflect upon why he does things. He is engaged with CAMHS and in education. If he goes missing, he says where he is. He has been stepped down from a Child Protection plan to CIN. ACT will work with him for a few months longer when his case is likely to become closed to social care.

'You should have seen me before. I would give teachers loads of shit. I took drugs and people were after me. I am different now'. Young person T3

Milestone 6: More young people remain at home, or in stable placements in their own communities. Fewer young people are referred to high cost or secure placements that do not meet their needs

All of the young people referred to ACT were assessed as either being 'on the edge of care', or in care placements that were at risk of breakdown. Escalation has been avoided and no secure placements have been used. The pilot is therefore providing good early evidence that placement instability and unnecessary escalation for CSE-affected young people can be avoided by providing key worker support which is young person-centred and high intensity.

Maintaining placement stability has been a central focus of work, and to date the service has been very successful in achieving this. None of the young people living at home and judged to be 'on the edge of care' have come into care, and no young people in care have moved to out of area, high cost or secure placements. In 2 cases there have been placement moves to better meet the young person's needs and in both the young person has received support from ACT over the transition and has settled well. The following vignettes illustrate the kinds of stability that have been achieved:

Kayleigh's home life has improved considerably in the last 6 months and her living situation is much more stable – her mother is engaging with ACT and Kayleigh is no longer at high risk of harm. Kayleigh's goals were to be happy, stop stealing, have a better relationship with her mum and try a positive activity – all of which have been achieved. She is likely to be removed from her Child Protection Plan in the New Year when she has her baby and her case is likely to be closed to Social Care after that.

'[My ACT worker] has helped me stop drinking and going out. I don't know how but things have got better since having her helping me'.

Young person T3

Pearl was moved to a new foster placement that better met her needs. She is no longer at risk of exploitation and she and her foster carer are reporting stability and happiness. She wanted to make friends and is building up to being able to

socialise. Pearl had previously been bullied for being in care, so a school move is planned to help her make a fresh start and to help her make new friends.

‘[My ACT worker] helped me to build good relationships with everybody. She giggles and is caring and is there for me. If I told her something she would help and pass it on. I can talk to her. We’ve done work on internet safety, honesty and socialising. She has really, really helped’.

Young person T3

For the last 6 months Natasha has been settled in stable residential accommodation that is meeting her needs for the first time. She is attending college part-time, having been disengaged from education for the previous 18 months. She is attending CAMHS appointments regularly, accompanied by her ACT worker, which is a big step forward. She really wanted to re-connect with her sister, who she now sees fortnightly, and is also seeing her father more regularly. She is starting to trust others and form attachments.

‘[My ACT worker] helped me back in touch with my little sister. No one else seemed bothered. [When I first met ACT worker] I lived all over and got into fights. I’ve not had a fight since moving here’. Young person T3

A cost-benefit analysis has been undertaken by New Economy using the cost benefit analysis guidance for local partnerships (HM Treasury et al, 2014). It concentrated on the likely accommodation outcomes of young people if the ACT option for support had not been available. As a preliminary, 20 case files were examined. In 10 cases it was felt that there was substantial evidence that, without the intervention, the young people would have been very likely to have gone into residential care or, in 2 cases, into a secure placement. On the basis of these assumptions, and assuming the project would support 30 clients a year on running costs of £305k, it was estimated that there could be annual benefits of over £1.6m through reduced and avoided accommodation costs (Appendix 2).

Milestone 7: Young people, parents and carers are engaging and report satisfaction with the service

Parents, carers and young people are engaging and reporting high levels of satisfaction with the service. Parents or carers needed timely support and understanding from someone outside the family and ACT workers have enabled young people to open up and communicate with their family. ACT workers are viewed by young people as people who care about them and don’t tell them what to do all the time, someone they can talk things through with and also have fun with. Their ACT worker does not go away when they act up, but is honest with them and sticks around.

Thirteen young people completed service feedback questionnaires for the ACT service and 8 took part in interviews. Responses on feedback forms were extremely positive, indicating high levels of engagement and satisfaction with the service. Young people

strongly agreed, or agreed, that they had been listened to and treated with respect by their ACT worker (n=13) and that they felt safe to talk about private matters with them (n=11). Most also agreed that their ACT worker had made a positive difference to their life (n=10).

In interviews it was the intensity of support and the accessibility of their workers that seemed of particular significance:

‘I just feel like with an ACT worker you’ve got more support. I get more support from [her] than I have with anyone’. Young person T3

‘I trust her loads. She helps me all of the time and is always there when I need her’. Young person T3

Persistence and positivity from workers who emphasised possibilities rather than problems were also valued:

‘Before meeting X I put up my walls, I used to be the big hard man. X got through that’. Young person T3

‘X is different, we have a laugh, we chill. She doesn’t make negative comments about what I am doing, she focuses on the positive. She moves forward.’ Young person T3

Ten parents and carers completed feedback questionnaires for the ACT service. They strongly agreed that both their son or daughter, and they themselves, had been listened to and treated with respect by project staff; that their knowledge and experience as parents or carers had been valued; that project staff had the right skills to help and that they had responded helpfully to the family’s changing needs.

We conducted interviews with 6 parents and carers at T3. Many reported that, when their son or daughter was referred to ACT, what they had needed most was support and understanding from someone outside the family. Many spoke about feeling their son or daughter had been ‘closed’ to them and expressed their gratitude that the ACT worker had been able to get through to them and enabled them to open up:

‘My daughter struggles letting anyone in, she is a closed book, but with help and guidance from [ACT worker] she has managed to break down the barrier, I dread to think how life would be without her involvement.’ Parent T3

‘She managed to get her confidence and got a good rapport with her. That is half the battle. [She] doesn’t let people in easily’. Parent T3

Parents also spoke about the direct support they had received for themselves and how this had felt. The isolation, confusion and need of parents to be heard was evident. As 1 parent commented:

‘No one has have ever listened to me in my whole life’. Parent T1

They also spoke about the approach of the ACT workers and how they were different from some other professionals they had encountered:

‘These [ACT workers] are just normal. It’s a fresh way. I’ve not felt as though they were scary. If I ring they will respond. I’ve not felt any pressure at all’. Parent T3

‘I can’t fault her. She goes far beyond any support I’ve had before’. Parent T3

There were also descriptions of how interactions with ACT workers had enabled them to better understand and support a son or daughter, and prevented the whole family breaking down:

‘Quite simply more of it please! [ACT worker] has been a fantastic source of support for X and for us as a family in the short time to date that she has been working with us. We believe that intense time and support has been needed for so long for X and for us all as a family.’ Parent T3

Milestone 8: Staff receive appropriate support and supervision

Providing appropriate support to staff across 2 geographically dispersed areas has been a challenge. All ACT staff have received regular supervision and have been given opportunities for different types of personal development. The emotional impact of the work on staff was underestimated initially but has now been recognised and clinical supervision is being piloted.

Managing a new staff team working across 2 local authorities as geographically distant as Rochdale and Wigan has not been easy. The journey between the 2 can consume half a working day and therefore a good deal of line-management contact has to be on a remote basis – by telephone and email. It also means the ACT service has no single base and the workers (2 largely based in Wigan and 2 in Rochdale) can easily become isolated. This is an issue that has been recognised elsewhere in relation to hub-and-spoke service developments in the CSE field (Harris et al, 2015).

The emphasis on building relationships necessitates workers spending considerable amounts of time with young people whose histories mean they can be extremely challenging to support, and whose lives currently involve a variety of risks and frequent crises. Staff working with traumatised clients inevitably risk secondary traumatising and protecting them through boundaried working practices, support and clinical or reflective supervision is essential. One of the 6 key principles of good practice identified from the evidence was that effective services require resilient practitioners. At the outset the project under-estimated the emotional impact of the work and did not have the necessary support in place. A number of strategies have since been introduced to address this. These include:

- the manager spending increased amounts of time in each authority so his staff can receive more face-to-face support from him in addition to line management supervision
- people being designated for workers to contact if they need de-briefing or consultation when the manager is unavailable
- staff being co-present for a half day each week in order to meet as a team and touch base
- stress and time management strategies for individual workers
- a pilot period of clinical supervision with an external consultant

ACT staff have had various opportunities for personal development including attending conferences, speaking and leading workshops at the project launch event and delivering, as well as receiving, training. There has been a clear focus on getting the right training for staff including commissioning a 3 day bespoke course on participatory and strengths-based working with at-risk adolescents from the University of Bedfordshire and Research in Practice.

Milestone 9: Ways of working are seen to be effective and adopted more widely in each authority

Both local authorities signed up to the 6 good practice principles (see Milestone 1) that emerged from the action research, and are in the process of embedding them through various workforce development activities. Both Wigan and Rochdale have reduced the caseloads of their children's social workers with the aim of both improving the quality of relationships between workers, young people and families, and enabling more strengths-based, young person-centred ways of working. The ACT service is contributing to this through provision of training, awareness raising and co-working.

The process of project development, and the learning from the pilot service, was intended to influence thinking and practice amongst children's services managers and staff. At T3 we asked the lead partners to describe what, if any, wider influence they thought the Innovation had had on Children's Services in Wigan and Rochdale.

'In Wigan the best indication is that people are starting to say and adopt the principles as their own. Even when they say 'we've always done that' it's still about owning it for themselves... This innovation has helped move children's services towards an assets based approach that fits much better with the overall direction of the local authority. At the same time it brought a new sense of freedom to innovate especially in relation to children in need... I've been intrigued by social workers seeming to be so locked in that they couldn't apply their professional ways of working. It's as if they've been hamstrung by fear and lack of confidence and [have] turned into nothing more than a risk assessment machine. I think we've undone some of that.' Partner agency lead T3

‘The co-design has been fantastic and we would want to take the lessons learnt and establish them across work in children’s services. It’s really clarified that CSE is just one form of abuse and that dealing with it is part of the day job. We need to be assuring staff that they can do it - including building effective relationships with families.’ LA Lead T3

As well as the 2 authorities formally signing up to the principles, there were examples of the principles in action:

‘Over the last 18 months I think people here have entirely got that it’s relationships that countIt’s about developing a different response to managing adolescent risk. It’s based on developing a safety plan with the young person and their family. It is different from the usual child protection approach - but of course we need to balance [that] with what we are actually required to do.’ LA Lead T3

There was also an awareness that change in how practitioners think and act is something which only slowly takes root and spreads but that early indications were evident:

‘[For me the Innovation was] primarily about what can keep young people from secure [accommodation]? It was about putting to one side how we’d always done things and asking instead what could be done - especially from what young people have to say. The Innovation was about people being freed up to try doing things differently. Recently I’ve heard [people] saying that some of these approaches we’ve seen in ACT are things that are needed and we too should be doing them. It’s as if the Innovation has given them permission.’ LA Lead T3

The decision to staff the ACT service entirely with social workers was an interesting one. In ACT’s early days it led to some confusion over roles and responsibilities, and it was acknowledged by an LA lead that having 2 social workers attached to a case may not be sustainable in the long term. However, it was also suggested that in the context of the Innovation project it may have increased the likelihood of wider adoption of new ways of working:

‘The decision to staff with social workers was an interesting choice ... one might have thought that the opposite message came from the action research (in terms of which workers young people preferred). But if you want to influence how social workers work, then maybe other social workers modelling a different approach is a good way in...’ Partner agency lead T3

‘[Having a team made up entirely of social workers] may have been a savvy move on the part of the local authorities. I see it as a potentially useful subversion of the narrative about social workers being the case holders and someone else [for example a youth worker in a voluntary agency] being the one that does the work. That’s a narrative that really needs disrupting.’ Partner agency lead T3

Some evidence of change in the knowledge and confidence of staff themselves comes from surveys administered by the evaluation team at the beginning of the project in October 2015 and repeated a year later. The survey was targeted at a multi-agency group of 79 staff identified as likely to be involved with the project in some way (for example as part of co-production activities or co-working with the ACT service). A number of CSE related questions were asked in both surveys. Table 2 shows responses to these at baseline and follow up:

Table 2: Staff knowledge and confidence

How strongly do you agree or disagree with these statements?	Strongly agree or agree		Unsure		Disagree or strongly disagree	
	Baseline (n=46)	Follow up (n=31)	Baseline (n=46)	Follow up (n=31)	Baseline (n=46)	Follow up (n=31)
I know enough about CSE to help young people affected	80% (37)	87% (27)	13% (6)	3% (1)	7% (3)	10% (3)
I have had the training I need in relation to CSE	78% (36)	90% (28)	9% (4)	0	13% (6)	10% (3)
I know what works in supporting young people who have been sexually exploited	63%(29)	77%(24)	24%(11)	16%(5)	13%(6)	6%(2)
I get enough support around CSE to do my job	78%(36)	90%(28)	11%(5)	3%(1)	11%(5)	6%(2)
My organisation is where it needs to be to address CSE	78%(37)	84%(26)	20%(9)	3%(1)	2%(1)	13%(4)
My confidence has increased around CSE in the last year	NA	84%(26)	NA	6%(2)	NA	10%(3)

Whilst these findings need to be treated with some caution (the respondents came from the same pool of 79 staff, but they were not a matched sample, so the analysis cannot show changes in individuals over time), there are some indications of group increases in knowledge, training and access to support (the proportion of respondents agreeing or strongly agreeing with statements concerning these was 12% higher in the follow-up

survey). 84% of respondents also reported that their confidence had improved around CSE in the last year.

Some additional questions were added to the follow up survey in an attempt to assess the extent of understanding and support for the principles and model of working being piloted by the innovation. There was almost unanimous support for both.

Table 3: Support for Innovation principles and model

How strongly do you agree or disagree with the following statements?	Agree or strongly agree	Unsure	Disagree or strongly disagree
It is essential that staff understand the impact of trauma on young people's lives	100% (31)	0% (0)	0% (0)
Young people affected by CSE often have other complex difficulties in their lives	97% (30)	3% (1)	0% (0)
The quality of relationships staff have with young people is key to improving their outcomes	97% (30)	3% (1)	0% (0)
Resourcing a staff team with small caseloads to work intensively with young people with complex difficulties is a good use of resources	90% (28)	10% (3)	0% (0)

Feedback from participants at the ACT Conference in September 2016 also suggested there was ongoing enthusiasm for the model of working, and some reported feeling empowered to rethink the work social workers undertake with young people; or to continue with their own developments along the same lines. The evidence suggests that both managers and staff consider the ways of working developed through this innovation to be effective and worth wider adoption.

Learning from the project and the evaluation

Lessons about the barriers and facilitators to this innovation

Despite the challenge of developing and delivering this innovation project in a very tight timescale, project partners have been successful in achieving their objectives. The project was planned to incorporate action research and co-design phases and these were delivered. A key lesson for future innovations is that these phases took longer than anticipated: the co-design phase was completed 4 months after the pilot service started, which may have contributed to some early lack of clarity about its role and way of working. Engagement in co-production was good but there was a lack of involvement of parents and carers, suggesting that more initial engagement work with these constituents might have been beneficial. Nevertheless, the evidence generated via the research, and the principles for the service model developed via the co-production process, have been widely valued. The overall verdict seems to be that it took time to do these phases but it was time well spent.

The pilot service has faced some practical challenges associated with working across 2 geographically distant authorities with workers based in each. Providing management and support has been time-consuming, and there have been some lessons learned about the importance of sufficient face to face management supervision and support for staff.

In addition, relationship-based practice with very vulnerable young people has emotional impacts on staff, and a further lesson has been the need for some clinical supervision to support staff in dealing with this.

There were some early misunderstandings about the role of the ACT service and its approach, requiring some careful relationship building, particularly with children's social workers. Nevertheless, the main lesson from the pilot service is that it is possible to work differently with young people at risk of CSE and placement instability in ways that are highly acceptable to young people and families, and have a positive effect. The key facilitator for this has been the commitment of staff and managers to new ways of working.

Learning of particular relevance for the innovation programme's objectives and areas of focus

There are several lessons from this innovation which may be relevant to other initiatives:

- a phased approach to innovation, incorporating research and co-production, can be effective in achieving early buy-in and wider ownership of new ways of working, and help to ensure that the designed innovation properly reflects the context in which it is to be delivered

- local authorities, and other partners, with very different starting points and perspectives, can work effectively together and learn from each other. However, the process is time-consuming and it may help to take account of practical factors such as physical proximity and compatibility of systems
- young people affected by CSE and at risk of escalation can be supported without recourse to secure and or high cost placements. Support needs to be young person and family focused, and be high intensity
- the pilot service has shown that relationship-based work can be effectively carried out by social workers. This is an important lesson in view of the Innovation Programme's interest in the role of social workers. The Wigan and Rochdale experience suggests that there may be some benefits to intensive direct work being undertaken by social workers, but there are questions about the cost and viability of this particular model which has involved having 2 social workers to a case
- although all have been highly complex and demanding cases, the caseloads of ACT social workers have been approximately a third of those of other children's social workers in Wigan and Rochdale. There is a question about whether social workers with larger, and more mixed, caseloads could provide the same level of relationship-based support in those cases where it was required

Limitations of the evaluation and future evaluation

The main limitation of this evaluation is the lack of data on longer term outcomes for young people. It is not possible to say whether positive changes in young people's lives are going to be sustained and engaging young people in completing repeated assessments has been challenging.

The ACT project's practice of delaying initial assessments of young people in order to build relationships first may help ensure the engagement of young people in the assessment process and increase the likelihood that a true picture of needs and risks will be forthcoming, but it has implications for any evaluation of change as baseline assessments may not be completed until 2 months after work has started and therefore not provide an accurate picture of young people's actual starting point.

The approach of using an embedded evaluator, to work closely with the project team and observe key events and processes has brought benefits, not only in generating evidence for this report but also in offering partners ongoing reflections and observations to support them in project development. This has been positively received:

'The embedded evaluator has....acted to help keep the project on track, reminding us of what we were supposed to be trying to achieve... The sense of there being external observation alongside has been really important and it's contributed intelligence and insight and ideas'. Partner agency lead T3

The project is currently discussing future evaluation and we suggest that some ongoing monitoring of young people's progress, in terms of underlying issues of attachment, trauma and mental health as well as in relation to risk reduction, stability or non-escalation and the development of greater resilience and strengths, needs to be built into any plans.

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. This Innovation has demonstrated that there is an alternative way of social workers supporting young people, keeping their lives more stable and preventing entry into care or escalation of placement. It confirms that social workers can be effective in providing high intensity and relationship based direct work and there is widespread support for this way of working amongst relevant multi-agency staff. However, there are challenges to mainstreaming this approach and there is still much to be learned about the conditions needed to sustain this level of social work intervention outside an innovation context.

Although the ACT service has not been strictly speaking a hub- and-spoke service, many of the challenges it has encountered in working across 2 authorities would potentially be encountered on a larger scale in any Greater Manchester hub-and-spoke service. It is still the case that much of the regulatory framework (including Ofsted) is based on single authorities serving their own population, and the new Children and Social Work bill that is intended to offer more freedom to innovate is still based on that model. As 1 interviewee pointed out:

‘How this stacks up against devolution is the question. [This project has plenty of evidence that] young people value consistency, regularity, availability – so how do you reshape services across GM that keeps the local and so allows this?’ Partner agency lead T3

The implications for future development are as follows:

- the model of social work practice exemplified by ACT has shown very positive early results with highly complex young people. We strongly recommend that the approach is sustained for a longer period to assess the longer term outcomes and cost-benefits
- a partnership between 2 geographically distant authorities may not be the most practical way to proceed, but the fact that it has worked, despite the challenges, supports continued commitment to partnership working across 2 or more local authorities
- the success of the action research and co-production phases of this project shows that such activities can generate innovative solutions to identified problems and provide firm foundations for the piloting of new approaches. We suggest that the approach could usefully be replicated in other innovation projects

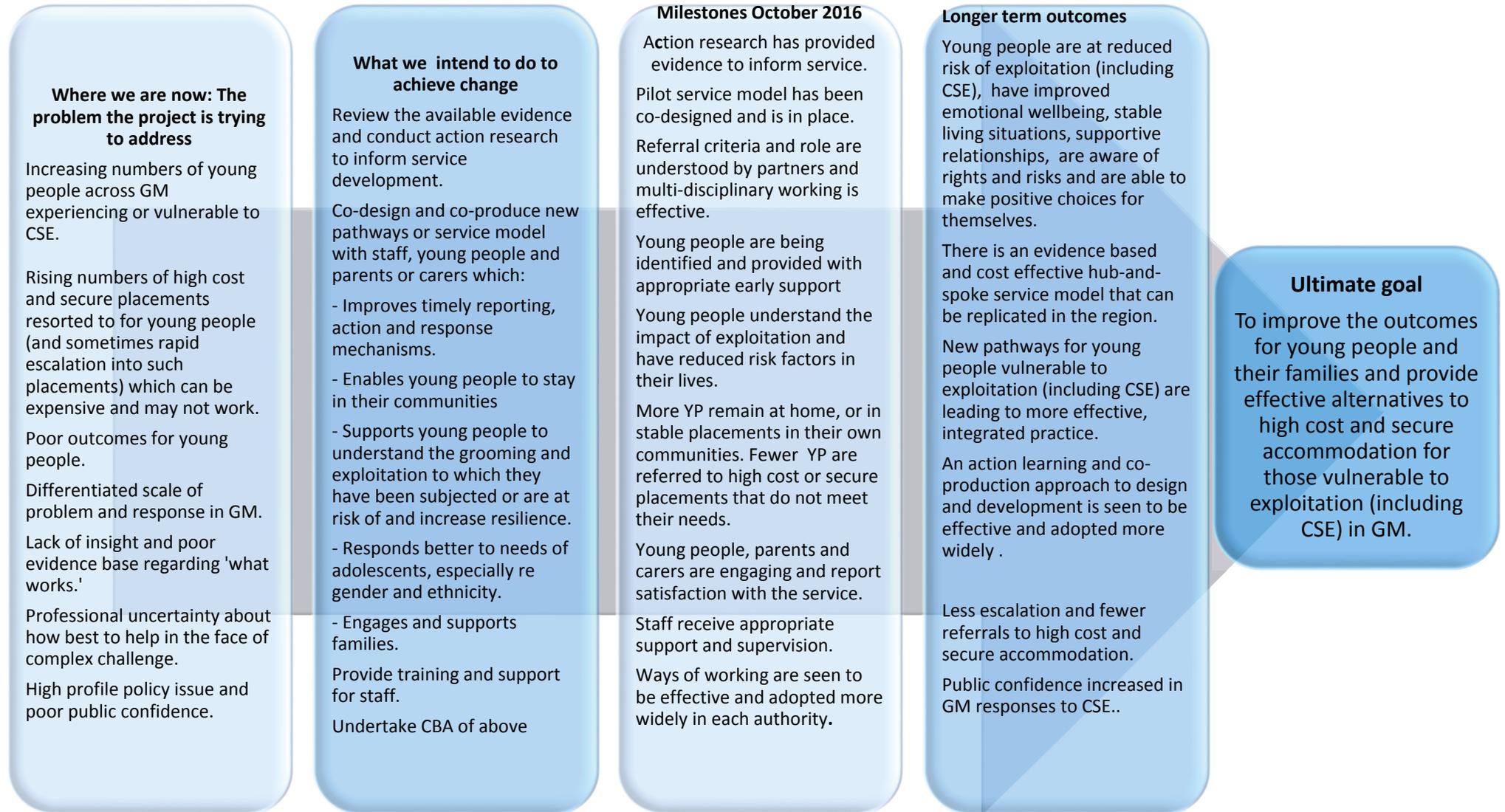
- the model of working has the potential to be transferred into other contexts and with other young people with complex needs (not just sexual exploitation). However, the right conditions need to be created for this level of intensive support to be provided. Key ingredients seem to be size of caseloads and support for staff. Simply exhorting social workers to adopt new ways of working, without putting these ingredients in place, is unlikely to lead to the desired outcomes

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Appendix 1 Theory of Change Framework



Activities	Milestones by March 2016	How we will know milestones are achieved	How the evidence will be collected	What we will aim to learn
Action research phase				
Action research to improve the evidence base and inform service development.	Action research has provided evidence to inform service.	<p>Evidence review completed and reported by research in practice</p> <p>Case study analysis review completed and reported by Children's Society (20 cases across GM)</p> <p>Focus groups with practitioners completed by research in practice</p> <p>Biographical interviews completed and in-depth cases reported. (6 cases)</p> <p>Depth interviews with young people and parents or carers completed and reported by Children's Society (10 YP and 10 parents or carers).</p>	<p>Documentary review by external evaluators (of action research design and conduct: sampling, methods, tools and analysis)</p> <p>Observation of research focus groups.</p> <p>Review of research outputs.</p>	<p>What does the evidence tell us about 'what works' in relation to targeted interventions and approaches to CSE?</p> <p>What impact does an action research approach have on developing the model?</p> <p>How are those with lived experience involved?</p> <p>How is evidence from different sources integrated?</p> <p>Are issues of gender, ethnicity and sexuality investigated?</p> <p>What are the remaining gaps in evidence identified for future research?</p>
Co-production phase				
Co-design and production of new pathways and service model	Staff, young people and parents or carers are engaged in co-design and co-production of new	<p>Events held with staff, YP and parents or carers.</p> <p>Service pathways and model co-produced and described.</p>	<p>Observation of events.</p> <p>Interviews with staff, YP, parents or carers involved</p> <p>Review of model.</p>	<p>How are those with lived experience involved?</p> <p>What are the facilitators and barriers to using this approach to service development?</p>

	service pathways or model.			Does the process achieve its intended outcomes of co-producing a testable design for CSE service provision?
Pilot of new pathways and model first phase				
Pilot service model instituted	<p>Pilot service model has been co-designed and is in place.</p> <p>Staff in place.</p>	<p>Project partners report satisfaction with progress and model.</p> <p>Suitably qualified and experienced teams are in place</p>	<p>Observation and documentary review; initial delivery stakeholder interviews and workshop with pilot staff</p> <p>Monitoring of staff appointments</p>	<p>Is there a consistent and coherent intervention or model of service piloted?</p> <p>What assumptions and theories of change underpin it?</p> <p>What issues and challenges are there in establishing the pilot?</p> <p>What is effective in building and effective staff team? What works in supporting and supervising new staff?</p>

Activities	Milestones by October 2016	How we will know milestones are achieved	How the evidence will be collected	What we will aim to learn
Pilot of new pathways and model – second phase				
Pilot service model is getting established	<p>Referral criteria and role are understood by partners and multi-disciplinary working is effective.</p> <p>Young people are being identified and provided with appropriate support.</p> <p>Young people are engaging with the pilot.</p> <p>Young people understand the impact of exploitation and have reduced risk factors in their lives</p>	<p>Relevant partners report that they understand the referral criteria and roles of the new service.</p> <p>Relevant multi-disciplinary partners are engaged with pilot and report positive joint working.</p> <p>Number of young people referred and provided with support.</p> <p>Relationships established with young people, families, parents and carers</p> <p>Feedback from YP, workers, parents or carers; evidence of reduced risk.</p>	<p>Documentary review. Interviews with partners in each authority</p> <p>Documentary review; interviews with partner agencies; interviews with staff</p> <p>Review of monitoring data; Analysis of data from initial risk assessments and psycho-social measures with YP. Case studies of YP provided with support. Staff interviews.</p> <p>Interviews with key workers, young people and parents or carers</p> <p>Repeat risk assessments and psycho-social measures; interviews with key workers. Case studies.</p>	<p>What are the specific risks and vulnerabilities of the young people referred? (with specific reference to gender, ethnicity, disability and sexuality) .</p> <p>What is working in engaging YP and families?</p> <p>How do the staff teams and multi-agency approaches operate now, compared to business before?</p> <p>How are young people identified now (as compared to business before)?</p> <p>How are families, parents and carers involved and engaged and how do they see their role?</p> <p>Have some at risk young people benefited more than others? Why? Are there some for whom the provision proved inappropriate or insufficient. Why was this?</p>

	<p>More YP remain at home, or in stable placements in their own communities. Fewer YP are referred to high cost or secure placements that do not meet their needs.</p> <p>Young people, parents and carers are engaging and report satisfaction with the service.</p> <p>Staff receive appropriate support and supervision.</p> <p>Ways of working are seen to be effective and adopted more widely in each authority.</p>	<p>Number and type of placements and orders made; time in own community</p> <p>YP and families report positively</p> <p>Staff receive appropriate and regular supervision, attend training, engage in opportunities for development and report enhanced knowledge, skills and confidence.</p> <p>Feedback from multi-disciplinary staff. New assessments, pathway and plan produced reflecting principles.</p>	<p>Review of LA data. Staff interviews. Case studies.</p> <p>Interviews with YP & families.</p> <p>Young people complete service satisfaction reviews. Young people and parent or carer interviews.</p> <p>Staff feedback from training and development. Staff interviews.</p> <p>Documentary review. Staff and partner interviews. Pilot service training feedback forms. Staff survey.</p>	<p>What alternative approaches might be needed to better address the needs of those young people?</p> <p>What were the critical success factors across all elements of the model?</p> <p>What has or helped or hindered collaboration with other relevant services?</p> <p>Are models sensitive to gender and ethnic differences? Do they support practices that are empowering and informed by knowledge of the implications of gender and ethnicity?</p> <p>How are the messages and principles drawn from action research reflected in new service? Which ways of working are seen to be effective? How do they start to be adopted more widely? What are the benefits and challenges involved in achieving wider influence?</p>
Activities	Milestones by October 2016	How we will know milestones are achieved	How the evidence will be collected	What we will aim to learn

Economic cost-benefit				
Cost-benefit analysis or cost comparison	Data on costs and benefits are being collected e.g. risk reduction evidence	Evidence of risk reduction in young people collected at T1 and T2 Evidence of costs of new model	Risk reduction tool analysis. Costs of new model identified and analysed compared to costs identified at the start of the project.	Does the new model offer a cost effective alternative to high cost and secure accommodation? Note – a full cost benefit analysis is outside the scope of the first year. It would require up to 2 years data on risk reduction in order to demonstrate the full cost-benefits.

Appendix 2 Cost-Benefit Analysis

Achieving Change Together Team – Cost-Benefit Analysis

(Accommodation outcomes only)

Version	2
Author	Joanne Beese
Creation date	11/11/2016
Key customer	Nicholas Marsh, ACT Team and Damian Dallimore, GM CSE Lead

Classification of document:	Definition	Transmission	Storage and Handling	Disposal
Company Confidential	Information which is restricted to specified MGC ⁵ employees or that is disseminated to other parties as authorised by the Information Owner. Unauthorised access could cause an important financial and or or reputational loss to MGC; provide a significant competitor gain or a drop in customer confidence.	<p>Internal post - clearly marked Company Confidential and addressed to specific recipient</p> <p>Externally – Include MGC return address on envelopes. Under 50 pages use a signatory delivery service, over 50 pages use approved courier service</p> <p>Fax should not be used. In person – 5 or fewer pages in a sealed envelope. 5 or more pages should be transported in a locked bag.</p> <p>Email - classification within the subject title</p>	<ul style="list-style-type: none"> • Paper format - stored in a lockable filing cabinet in secure offices with no public access. Keys to filing cabinets must be stored in a Key Safe. • Not left unattended (e.g. table, desk or printer) as per MGC Clear Desk & Clear Screen Policy. • On systems – protected by login ID or password, and appropriate access restrictions. • Should not be saved directly to desktops, laptops or tablets where this can be avoided. Where this is unavoidable the information should only be stored on a company authorised and encrypted device and should be removed as soon as possible. • Critical data must be stored on a secure server that is frequently backed up. • USB devices - only held on encrypted devices. • Premises - must have appropriately controlled access (eg restricted access via code locks or reception desks) 	Secure confidential waste bins or cross shredder.

⁵ Manchester Growth Company- the umbrella organisation which hosts New Economy.

Methodology

We have used the New Economy cost-benefit analysis model. This methodology is being used throughout the Greater Manchester Public Service Reform programme, and has been adopted by HM Treasury as part of the Green Book suite of documents. The methodology supporting the analysis can be found on the HMT website here

<https://www.gov.uk/government/publications/supporting-public-service-transformation-cost-benefit-analysis-guidance-for-local-partnerships>

Costs are based on annual current running costs of the ACT Team. Previous research, development and initial set up costs have not been included.

This CBA has concentrated on the accommodation outcomes of ACT team clients. Other benefits and outcomes have been discussed and are likely to be explored in the future.

Optimism bias corrections have been applied to both costs and benefits to ensure the analysis is conservative.

Brief summary of findings

Current Cohort CBA – Benefits to date

Based on the number of current ACT team clients.

The cost-benefit analysis found that, for every £1 spent running on the Achieving Change Together service, the fiscal equivalent of £4.25 in benefits was saved through reduced and avoided accommodation costs. The analysis was based on an annual running cost of £305k and benefits of over £1.3m, representing strong value for money and a service that effectively pays back its own costs within one year.

Modelled Cohort – Estimated annual benefits

Based on a modelled, or estimated number of ACT team clients for 12 months. 30 children (estimated number per year), modelled against the current cohort makeup, that is, 50% no cost, 25% savings in LA residential care, 5% savings in out of borough residential care, and so on.

The Cost-benefit Analysis found that, for every £1 spent running on the Achieving Change Together service, the fiscal equivalent of £5.48 in benefits was saved through reduced and avoided accommodation costs. The analysis was based on an annual running cost of £305k and benefits of over £1.6m, representing strong value for money and a service that effectively pays back its own costs within one year.

Supporting information

Costs included current staff salaries or on costs, workforce development costs and section 17 (the Children's Act 1989) payments that were additional to those that would have been paid by the local authority when delivering services as usual.

Benefits for this CBA concentrated only on the different accommodation settings of the ACT team clients. Information to establish reduced and avoided costs was taken from several sources: see table below.

Table 4: Costs linked to different accommodation settings

Accommodation Type	Annual	Monthly	Notes
LA Foster Placement	£22,716	£1,893	Based on National Audit Office (NAO) Children in Care Report
Private Foster Placement	£40,329	£3,361	Based on costs from Placements North West (PNW) Census 2015
LA residential unit	£153,386	£12,782	Based on National Audit Office (NAO) Children in Care Report
Out of Borough Residential Unit	£142,850	£11,904	This is for 'commissioned' placements which may geographically be within placing LA. Based on PNW Census 2015
Out of Borough Residential Unit with therapeutic input	£166,400	£13,867	A standard 'proxy' rate of £3,200 per week is used. Small numbers and low incidence significantly skew mean rates.
Secure accommodation	£286,000	£23,833	Using £5,500 per week as a proxy. Very limited regional data on this.
Local private children's home	£31,720	£2,643.33	Based on £610 per week

Accommodation costs were set against the current ACT team clients to establish benefits seen in reduced or avoided costs, as per figure 2 below. For the modelled cohort of 30 children over a 12 month period, the proportions of children in each type of setting (see figure 2 for percentages) were used to estimate the benefits for the extra 10 children.

Table 5: Costs set against the current cohort of ACT team clients

Count of individuals	Percentage of cohort	Saving type	Sum
10	50%	Cost neutral	£ -
5	25%	LA residential care	£766,920.00
1	5%	LA Residential care (currently private CH)	£137,522.00
1	5%	Out of Borough residential with therapeutic input	£166,404.00

1	5%	Out of Borough residential with therapeutic input (currently LA residential)	£13,018.00
1	5%	Secure accom/Out of Borough residential with therapeutic input (currently LA foster care)	£173,586.00
1	5%	Secure accom/Out of Borough residential with therapeutic input (currently OOB)	£53,452.00
20	100%	Total	£1,310,904.00

Appendix 3 Psycho-social assessment analysis

Baseline information about the young people

At baseline, psycho-social assessment measures were completed for 20 young people. Twelve young people also completed the associated self-assessment forms.

Vulnerable Attachment Style Questionnaire (VASQ)

The VASQ is an assessment tool that determines the degree of attachment security⁶. It consists of 2 questionnaires – 1 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.

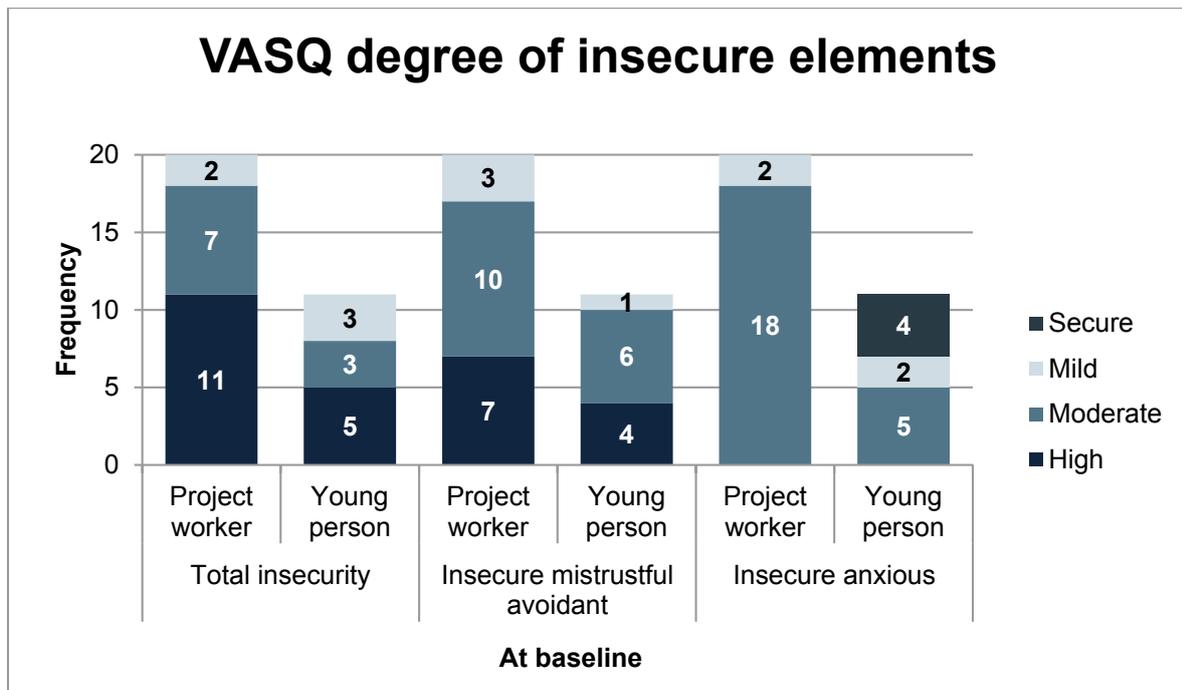
The assessment tools utilise a dimensional approach to measure the 'total insecurity' rate of young peoples' attachment (secure, mildly-, moderately- and highly- insecure attachment), as well as 2 sub-scales of different types of attachment styles.

Figure 4, below, shows the various degrees of insecure elements as assessed by project workers, alongside young peoples' self-assessment of their attachment style.

In terms of 'total insecurity' at baseline, project workers rated 11 out of 20 young people to have a 'highly' insecure attachment style. The young people had a similar self-assessment, with 5 out of 11 rating themselves as having a 'highly' insecure attachment style. None of the young people were assessed to have a secure attachment style, although 2 had a 'mildly' insecure (borderline) attachment.

Figure 4: VASQ Degree of insecure elements

⁶ 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 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’)’. This attachment style is called insecure: mistrustful avoidant or angry-dismissive or withdrawn. The second attachment style – insecure anxious or proximity seeking – represents ‘other-dependence’ or clingy behaviour (for example ‘I miss the company of others when I am alone’).

Focusing on these 2 types of attachment styles, figure 4 shows that the vast majority of young people (17 out of 20) scored either highly or moderately insecure for the ‘mistrustful avoidant’ dimension, giving them an angry-dismissive or withdrawn element. Three scored mildly insecure for this element only. The young people’s self-assessment showed a similar high degree of insecurity on this element.

For the insecure anxious element, 18 young people were scored to be moderately anxious insecure, giving them an enmeshed, or fearful, attachment style. The self-assessments were slightly more positive with 4 young people reporting having a secure attachment on the anxious element.

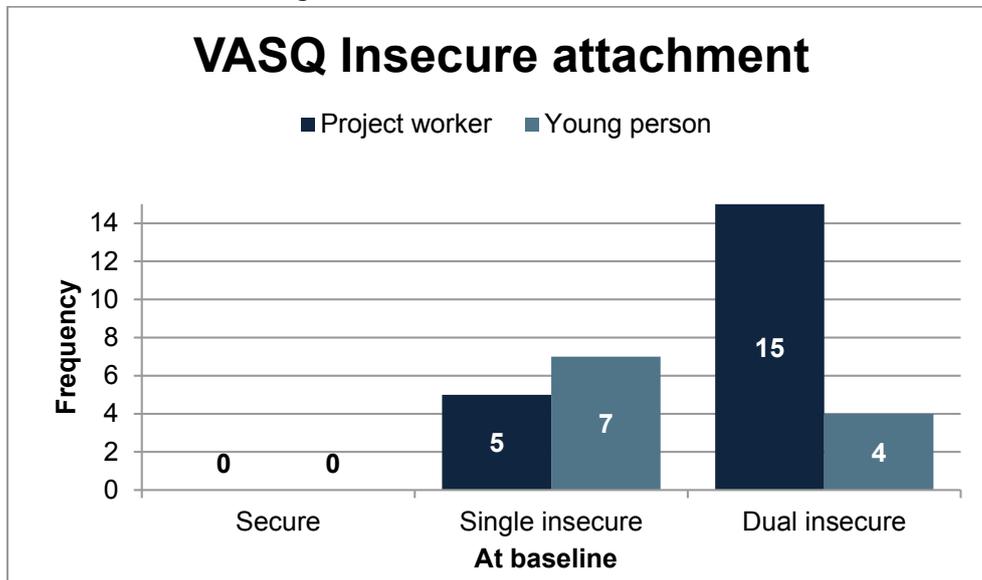
All the young people in this group were shown to have either 1 or 2 insecure styles of attachment (mistrustful avoidant and/or insecure anxious). As figure 5 shows, none were assessed to have a secure attachment for both elements.

Young people who score moderately or highly insecure for both mistrustful avoidant and insecure anxious are classified as having a dual or disorganised attachment style. Three-

⁷ Ibid: 1103

quarters of the young people (15 out of 20) had a dual insecurity at baseline, as assessed by their project worker. This indicates a very high level of need, as young people with disorganised attachment styles are difficult to support because they simultaneously display clingy, angry and mistrustful behaviour.

Figure 5: VASQ Insecure attachment



Strengths & Difficulties Questionnaire (SDQ)

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

As well as the overall level of difficulty 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

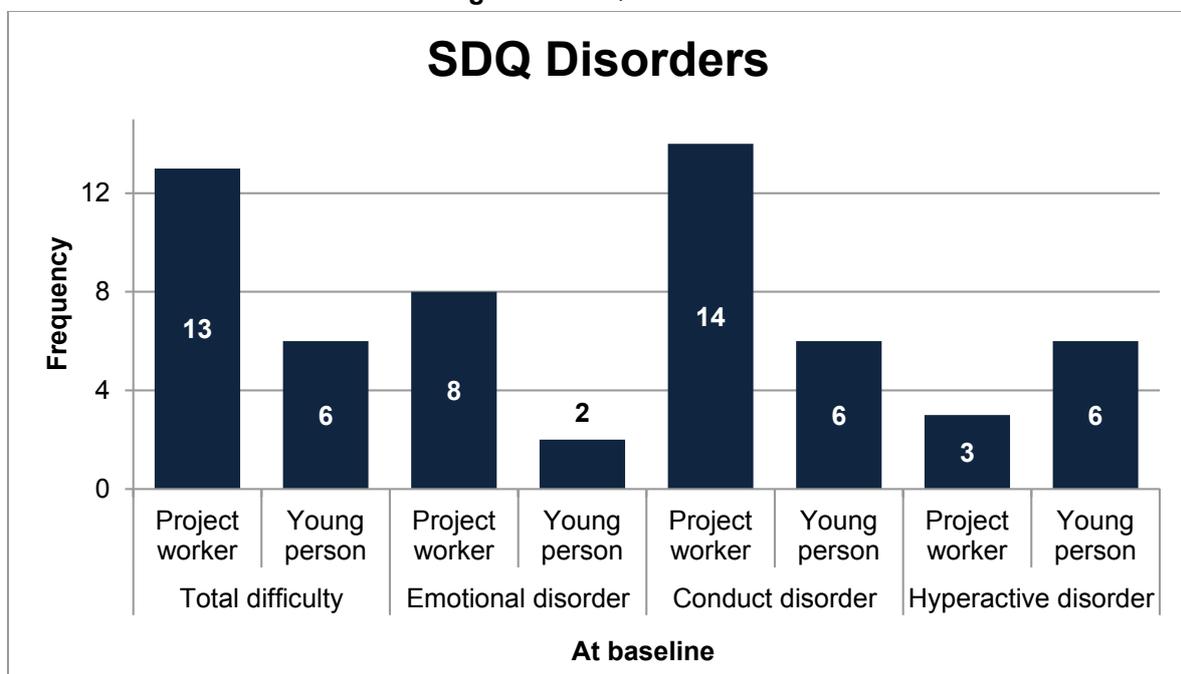
At baseline project workers assessed 13 out of 20 young people to have a case for ‘total difficulty’ (figure 6). The young people had a slightly more positive self-assessment, with half (6 out of 12) scoring high or very high for total difficulty (5 scored ‘normal’ and 1 other young person scored ‘borderline’). This is a common finding in research using the SDQ assessment tool, as children and young people often, but not always, underreport their difficulties.

In relation to conduct or behaviour disorder, project workers scored 14 out of 20 young people to have a case for conduct disorder – the equivalent of three-quarters (75%) of the sample. This is again a higher proportion than for the young people’s self-assessments.

Only 2 out of 12 young people self-assessed a high level of emotional difficulties, compared to the project workers who scored 8 out of 20 young people to have an emotional disorder.

The project workers assessed 3 young people as having a high level of hyperactive difficulties – this is a lower proportion of young people with hyperactivity difficulties than has been identified by workers in other CSE Innovation projects. Half of the young people (6 out of 12) self reported having difficulties in this area.

Figure 6: SDQ Disorders

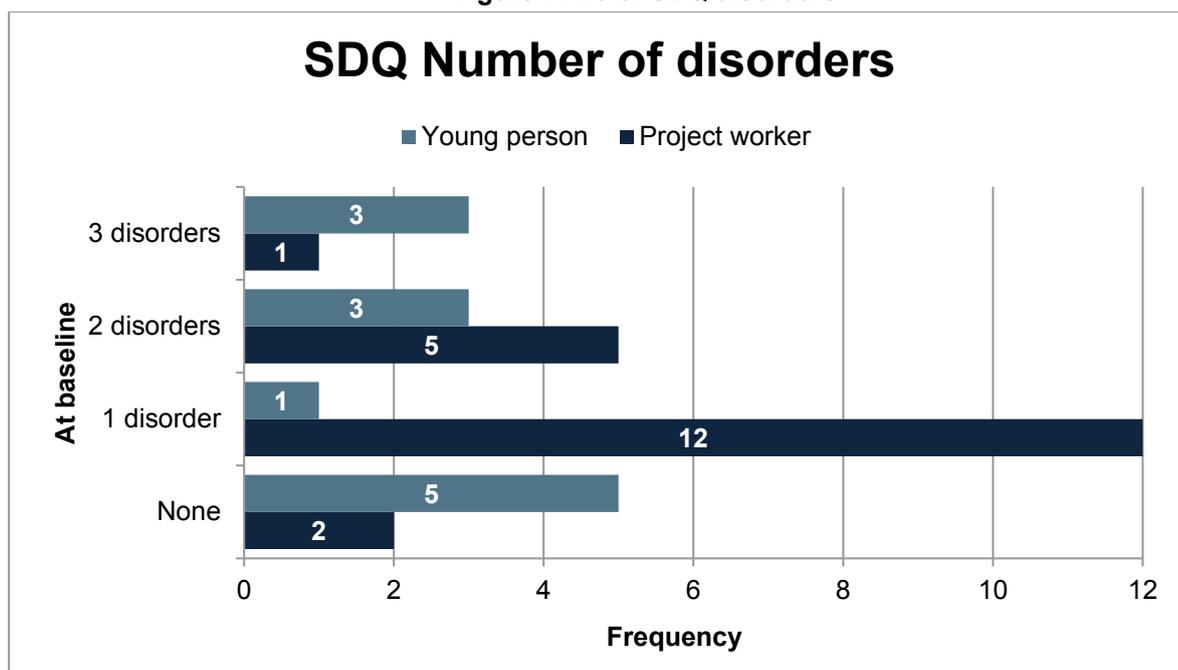


Project workers assessed 1 young person to have 3 disorders (for example conduct, hyperactive and emotional disorders) and 5 young people to have 2 disorders at baseline. However, over half of the sample (12 out of 20) had 1 disorder only, while 2 young people did not have any emotional, conduct or hyperactive difficulties at baseline.

The young people’s self-assessment differed somewhat in being both more negative and more positive than project workers’. Three young people (a quarter of the sample) reported having 3 disorders at baseline, a higher proportion of young people with a very high level of difficulties than assessed by project workers. However, 5 young people self-reported no disorders at baseline.

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

Figure 7: No of SDQ disorders



Risk Reduction Assessment (RRA)

The Risk Reduction Assessment (RRA) tool was designed to help services monitor change in relation to the following 10 key factors associated with reducing the risk of sexual exploitation amongst young people who were already being exploited, or were 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 are based on the risk indicators for sexual exploitation that have been identified in a range of research⁸. The tool itself is based on Barnardo's outcomes

⁸ 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

framework which was originally developed in 2003 as part of the first evaluation of outcomes for young people using Barnardo's CSE services⁹ 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 19 young people at baseline, although not all questions were answered.

Figure 8 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 around 'awareness of risk and rights in relationships', 'association with risky peers or adults' and 'relationship with parents carers'. All were concerns in relation to half of the sample (50%).

Including medium as well as high risk, the project workers assessed that the majority of young people were also at risk in the areas of 'mental health', 'internet and mobile phone safety' and 'going missing'. All were concerns in relation to 14 out of 19 young people.

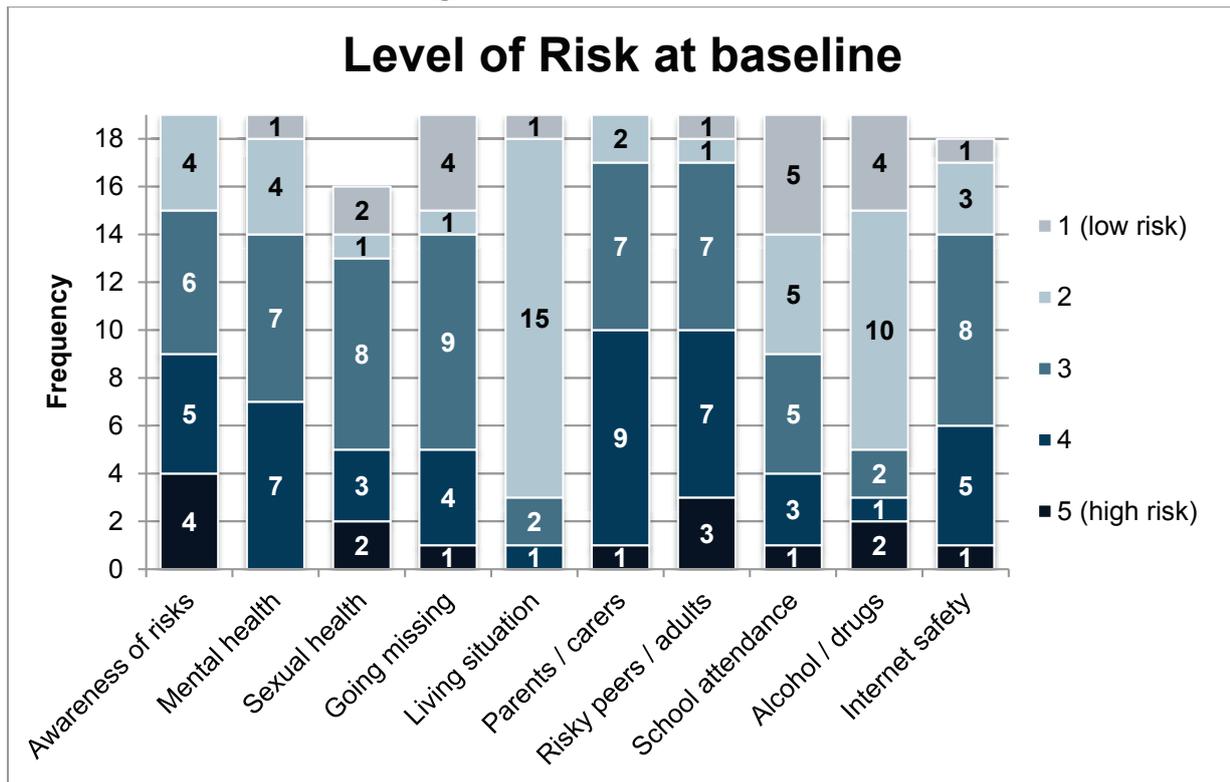
The lowest level of risk was found in the area of 'living situation' and 'alcohol or drug use', although for 3 young people these were areas of high risk at baseline.

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

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.

⁹ Scott, S. and Skidmore, P. (2006) Reducing the risk: Barnardo's support for sexually exploited young people. A report of a 2-year evaluation. Barking: Barnardo's.

Figure 8: 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- intervention¹⁰.

At baseline, 9 young people completed the TASAR questionnaire.

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.

¹⁰ McNeish, D. and Scott, S. (2015) An independent evaluation of Rape Crisis Scotland’s sexual violence prevention project. Glasgow: Rape Crisis Scotland.

Individual young people

Assessment data were collected more than once for 11 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 1 assessment point:

Table 6: Measures completed for each young person

ID	Project worker			Young people		
	VASQ	SDQ	RRA	VASQ	SDQ	TASAR
WR01	B, T1, T2	B, T1, T2	B, T1, T2		B	B
WR02	B, T1, T2	B, T1, T2	B, T1, T2	B, T1	B, T1	B, T1
WR03	B, T1, T2	B, T1, T2	B, T1, T2	B, T1, T2	B, T1, T2	B, T1, T2
WR04	B, T1, T2	B, T1, T2	B, T1, T2	B, T1, T2	B, T1, T2	B, T1
WR05	B, T1, T2	B, T1, T2	B, T1, T2	B, T1, T2	B, T1, T2	B, T1, T2
WR06	B, T1, T2	B, T1, T2	B, T1, T2	B, T1, T2	B, T1, T2	B, T1, T2
WR07	B, T1, T2	B, T1, T2	B, T1, T2	B, T1, T2	B, T1, T2	B, T1, T2
WR08	B, T1	B, T1	B	B, T1	B, T1	B, T1
WR09	B, T1, T2	B, T2	B, T1, T2	T2	T2	T2
WR10	B, T1, T2	B, T1, T2	B, T1, T2			
WR11	B	B, T1	B, T1			



Appendix 4 Draft ACT Pathway

‘AT A GLANCE’ PATHWAY

ACT’s pathway has been designed following the principles of the research documents as well as listening to the messages from co-design. The co-design included input from survivors of CSE, partner agencies, social workers, foster carers and several children’s charities. The pathway has been designed with the principles of strength-based work in mind and firmly places the young person and their family or carers at the centre. The at a glance pathway is to serve as a quick reference guide for professionals.

Name of meeting or process (to be agreed)	Description	Considerations for practice	ICS or Recordings or QA	Suggested Auditing
<p>Expectations meeting</p> <p>Documentation An expectations meeting proforma will be completed by the ACT worker</p> <p>Timeframe Within 3 days of referral being made</p>	<p>This meeting has a set agenda and takes place prior to any case being formally accepted. This meeting provides an opportunity to share ACT’s background, working practices and research, as well as to ask questions from either ACT’s or the referrer’s perspective. The ultimate objective from this meeting is to agree a way forward and share objectives and manage expectations.</p>	<p>The allocation of an ACT worker will not be made official prior to this meeting taking place. Although this may appear to initially delay matters, what we have learnt is that these meetings support more efficient working further down the line. Where an urgent response is required, such as attendance at a strategy meeting, an ACT worker will attend for information sharing purposes and will endeavor to arrange an expectations meeting within 3 working days.</p>	<p>The expectation meeting will follow a set agenda which will be uploaded to ICS for auditing purposes and as a point of reference for the ACT worker and the allocated social worker.</p>	<p>This will form part of ACT’s quarterly internal auditing which will cover 4 cases per locality. This document will also be available for external auditing from the respective LAs and Phoenix perspective.</p>
<p>Our Focus phase</p> <p>Documentation Solution or Asset Based Tool</p>	<p>This is essentially a dynamic ‘assessment’ phase, where the ACT workers, the YP and their family get to know one another and explore ‘best hopes and preferred futures’ and agree the work to be undertaken. This will</p>	<p>This is ACT’s and the YP’s assessment phase. It is dynamic and strength based, although it is important to bear in mind that the tools, plans & document are in the very early stages of design-to be supported by RiP & UoB.</p>	<p>The finalised document will sit within CSE workspace. Further consideration and support is required regarding the specifics of a strength based assessment fitting in with a C & F assessment and what IT support is required to</p>	<p>This will form part of ACT’s quarterly internal auditing which will cover 4 cases per locality. This document will also be available</p>

<p>(Solution-based brief-therapy approaches used: Best Hopes and Preferred Futures and introduction to scaling)</p> <p>Timeframe 8 weeks</p>	<p>include formal documentation in the latter part of the 8 week period, with ACT, the YP and their family writing up the 'assessment' at the end of the phase. This tool will include multi-agency perspectives. An extension to this period is possible via consultation with the YP, family and the ACT manager.</p>	<p>The development and trialing of this document needs to be carefully considered and it would be beneficial for the YPs who are identified for the pilot to be discussed on a case by case basis to assess their suitability for the pilot phase of the new assessment.</p>	<p>ensure the migration of information from one document to the other to stop families 'retelling' their stories.</p>	<p>for external auditing from the respective LAs and Phoenix perspective.</p>
<p>Ambitions Agreement Meeting</p> <p>Documentation A pro-forma agreement between YP, family or carers and ACT worker.</p> <p>Feedback sheets</p> <ol style="list-style-type: none"> 1. YP 2. Parent or carer 3. Multi-agency profs <p>Timeframe 8 weeks (max)</p>	<p>This is a strength based approach to engagement as well as an opportunity to tailor each intervention to individual circumstances. This meeting is between the YP, the family and the ACT worker. It will have a set agenda which agrees; the frequency of meetings, the place, timing and invitee list (which may include family members and members of the family's support network). A contingency plan, should matters escalate, will also be agreed in this session. They will take place no later than 8 weeks.</p> <p>Up until this meeting takes place, services will continue to be delivered through the usual approach (CIN)</p>	<p>This meeting will take place at some point during the initial 8 weeks. It should take place where the family or carers choose. It is facilitated by the ACT SW and they will draw up an agreement at the end of the session(s). The agreement will be a set pro-forma which has editable areas regarding frequency of meetings, the place, timing and invitee list (which may include family members and members of the family's support network) and a contingency plan.</p> <p>The suggestion is this will be the first official meeting chaired by ACT and following this meeting ACT's alternative approach will commence. During the pilot stages it is important that the allocated social worker and their manager will need to review this agreement and also sign up to it</p>	<p>The ambitions agreement meeting will follow a set agenda which will be uploaded to ICS for auditing purposes and a point of reference for ACT workers and the allocated social worker. The agreement and contingency plan will be uploaded for the purpose of auditing and QA.</p> <p>Feedback for the review will be sought from the YP, parents or carers formally via ACT's Adv Prac's and manager or the allocated SW (non-ACT worker) via a pro-forma. This will also be uploaded to the system.</p>	<p>The agreements will be reviewed each time they are completed by the ACT manager or Adv Pracs and will also form part of ACT's quarterly internal auditing which will cover 4 cases per locality. This document will also be available for external auditing from the respective LAs and Phoenix perspective.</p>

		<p>for the process to commence ACT's lead on the case. Joint reviews to be held at 3-4 months or as soon as there are signs of an escalation.</p> <p>The review will also include feedback from the YP, family, carers and multi-agency professionals.</p>		
<p>Ambitions Meetings (instead of CIN meetings or CP conferences where concerns of CSE are the primary issue and parents or carers are entirely onboard)</p> <p>Documentation As with CIN or CP meetings there will be an agenda, minutes and actions from each meeting</p> <p>Timeframe 8 weeks (max)</p>	<p>These are facilitated by ACT in adherence to what has been agreed above, working with both the YP and the family, reviewing their agreed plan, using scaling as indicators of progress.</p> <p>The meeting will follow the agenda set and agreed with the YP and the family. The attendance and or participation of the YP is paramount and the meeting structure should reflect this. This may include contribution via verbal or written or electronic or recorded medium. The structure should also ensure that areas of risk and need are also addressed in a productive manner.</p> <p>These meetings till take place no longer than 6-8 weeks apart to stop drift. The frequency is dependent on level of need and family feedback.</p>	<p>This is where families and YP's referred to ACT officially diverge from usual processes such as CIN. ACT will be responsible for coordinating the plan and the meeting- the allocated stat SW will feed in to this plan alongside other agencies. The escalation policy, where family may fall back into statutory interventions, would need to be clear and regularly reviewed.</p> <p>This area will require specific training, inputs and potentially written understandings for the social workers or managers or MA partners who are involved in the pilot cases. They will also need an opportunity to provide feedback during and at the end of the process.</p>	<p>As with CIN or CP meetings there will be an agenda, minutes and actions from each meeting at the intervals agreed in the ambitions agreement meeting and these will be available for auditing and QA. The ACT worker will have 10 working days following the meeting (as parents and YP would need to also sign them off) to upload them to ICS</p> <p>Every 4 months ACT Adv Prac or manager will observe the meeting to ensure progress is being made. This will also take place prior to cases closing to ACT.</p>	<p>This will form part of ACT's quarterly internal auditing which will cover 4 cases per locality. This document will also be available for external auditing from the respective LAs and Phoenix perspective.</p>

<p>My Safety Plan (alternative to CP conference where CSE is the primary factor however risks are so high that a different response is required)</p> <p>Documentation As with traditional strategy or CP conferences meetings there will be an agenda, minutes and actions from each meeting</p> <p>Timeframe To be agreed with the family, ACT and the IRO. This could be as frequent as fortnightly or as far apart as monthly.</p>	<p>My Safety Plan Meeting can be triggered via a CSE strategy meeting where parents or carers or YP may be invited as long as their presence does not disrupt the flow of the meeting (parents or carers or YPs will be invited to attend 15-30mins after everyone else to allow confidential information to be shared).</p> <p>My Safety Plan Meeting date will be agreed in the CSE strategy meeting to take place no longer than 10 working days. Any immediate concerns will be addressed in the recommendations of the CSE strategy meeting.</p> <p>My Safety Plan Meeting's purpose is to recognise an increase in risk where parenting is not the issue and further structure is required as well as objective oversight. These will be chaired by IROs but are structured in a FGC style with a facilitator and the family and support network in attendance. These will be supportive with the objective of a safety plan being agreed. There should be at least one review prior to stepping down into ambitions meetings or closing.</p>	<p>This meeting will be initially highlighted to the family in their contingency plan.</p> <p>Consideration regarding the pathway to this meeting requires senior leadership guidance, especially in regards to parents or carers or YPs attending CSE strategy meetings (albeit time is afforded prior to their attendance to provide space private and confidential matters to be discussed).</p> <p>My Safety Plan Meeting will be chaired by one or two IROs in each area during the piloting stages. The IRO's engagement will be key in developing the agenda and approach to the meetings. With this in mind training for the IROs will be required as well as regular updates to keep them in the loop. These cases will be few and far between, so clear pathway and guidance will be drawn up once SLT guidance has been received.</p>	<p>As with CIN or CP meetings there will be an agenda, minutes and actions from each meeting at the intervals agreed in the ambitions agreement meeting and these will be available for auditing and QA up to 10 working days following the meeting (as parents and YP would need to also sign them off).</p>	<p>This will form part of ACT's quarterly internal auditing which will cover 4 cases per locality. This document will also be available for external auditing from the respective LAs and Phoenix perspective.</p>
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'AT A GLANCE' PATHWAY



Appendix 5 Sample topic guides

T3 Interview Topic Guide – Partner Reflections

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. 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 previously had a hard copy which has been adapted for their group of informants*
- *Explain that the information will only be used for the evaluation and it is not intended to attribute any views expressed to named individuals and all the findings will be reported anonymously.*
- *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.*

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?
- Key responsibilities.

1. Involvement in the Project

- What has been your role or involvement in the Project?
- And what has been the wider role of your organisation in the Project? Has this changed over the course of the first year? If so were the changes planned? Can you describe what changed?

2. Action research has provided evidence to inform service

[intended project outcome]

- What do you think have been the key insights generated by the research or evidence?
- How far do you feel the action research provided evidence to inform the ACT service?
- Are there still gaps in the evidence you think is needed to inform any future service development?

3. Co-design and co-production

One of the aims of the Project was that it should be developed in partnership with young people, parents or carers and staff from different agencies, informed by research and evidence.

What involvement, if any, have you had in the co-design or co-production phase of the Project?

- What has involvement been like for you?
- What has worked or not worked?
- Any gaps and challenges?
- Insights for future co-design events in Wigan and Rochdale and future replication?

4. The new Pilot Service Team

One of the aims of the Project was the recruitment of a new Pilot Service team and their model of working would be informed by the research and evidence base, and co-designed or co-produced in partnership with young people, parents or carers and staff from different agencies.

5. Pilot service model has been co-designed and is in place.

[intended project outcome]

What were you hoping to achieve from the establishment of a new Pilot Service team at the outset of the Project? Did you have any concerns regarding establishing a new Pilot Service team in Wigan and or or Rochdale?

What involvement, if any, have you had in the development of the new Pilot Service team ACT?

If you had a role in the recruitment process, please outline what you feel worked well, any challenges and any insights for future replication.

Do you feel you were able to recruit people with the right skills, experiences and aptitudes?

6. The beginning of the model or approach and how it is evolving

Was it correct to focus the new service upon:

- preventing placement escalation or ensuring stability or ensuring accommodation that meets young people's needs?
- complex vulnerable young people at risk of or experiencing CSE?

How far does the model or approach need to develop further?

7. Staff receive appropriate support and supervision.

[intended project outcome]

What involvement, if any, have you had in the support and supervision of ACT staff?

How has support and supervision been offered and developed? How has this worked across 2 authorities? Have staff received appropriate support and supervision?

As a pilot, Act staff will receive separate clinical supervision in support of their role. What would you expect to see as the benefits to such supervision? What would you like to know about the impact of such supervision going forward?

Going forward (and thinking about possibly replicating the service in other authorities), how would you develop the support and supervision of Act staff?

8. Young people are being identified and provided with appropriate early support.

[Intended project outcome]

- How far are you aware of the number of young people being identified and provided with early support by ACT? The original intention was to support 30 young people. Is this a realistic goal given the ACT approach or model? How far is case management and case size an issue going forward for ACT?

- How do the ACT numbers of young people compare to other similar teams (your team, if applicable)?
- Is it clear what support young people are receiving? What are the main types of support offered? Going forward, are there types of support ACT could offer in the future? And are any new areas being identified?
- How does ACT support compare to other similar teams (your team, if applicable)?
- Are there other young people, apart from those affected by CSE or placement stability, who would benefit from the ACT model or approach?

9. New ACT service pathway, new form of assessment and new plan.

- Have you been involved in helping to develop the ACT service pathway, new form of assessment and new plan?
- If yes, what has your involvement been? How do the service pathway, assessment and plan differ from existing ones for CSE?
- What are your hopes and expectations for the new service pathway, assessment and plan? Can you foresee any challenges in implementing them?

10. More young people remain at home, or in stable placements in their own communities. Fewer young people are referred to high cost or secure placements that do not meet their needs

Young people understand the impact of exploitation and have reduced risk factors in their lives

[Intended Project Outcomes]

- Have you been briefed on progress and outcomes for young people supported by ACT? How has this happened and in what form? Are you able to see progress and outcomes for these young people? What are they? What are the challenges faced by ACT in achieving the intended outcomes for young people?
- Are they the same challenges faced by other similar teams (your team, if applicable)

11. Training and development opportunities

One of the principles coming out of the research is the provision of appropriate training and development opportunities (possibly action learning, shadowing, space for learning and reflection) for staff.

- To your knowledge, how has the Innovation Project offered a range of training and development opportunities for staff? Of these, which have been the most useful for you or your staff?
- Have you or any of your staff been involved in the strengths based training commissioned by ACT? If yes, how useful has it been to date?

12. Develop effective multi-disciplinary working (Intended project outcome)

- Who are the key staff or teams or services and linked agencies that ACT should be developing working relationships with?
- How has ACT introduced their service to staff or teams or services and linked agencies (your team, if applicable)?
- Do you feel the role and remit of the ACT team is now known to key staff, or teams, or services and agencies (your team, if applicable), or is this work in progress? Any suggestions for improving this?
- From your perspective, how effective have ACT been in building relationships with staff or teams or services and linked agencies (your team, if applicable)?
- What has helped ACT to do this, or have they had to overcome any barriers during their existence?

For example, has their newness helped, or been a barrier for them?

Has their role in the Innovation project helped them to build relationships, or has it been a barrier for them?

How has their social worker background helped them, or has it been a barrier in any way?

13. Ways of working are seen to be effective and adopted more widely in each authority.

- Which of the principles or findings underpinning the ACT model or approach regarding 'what works' can be adopted more widely in each authority?
- What would enable wider adoption in each authority and where do the challenges lie?

14. Partnership Working

The Project is founded upon partnership working across Rochdale and Wigan LAs, Greater Manchester Phoenix Project and GM partners, The Children's Society and Research in Practice.

- How far has partnership working underpinned the Project? Please describe how you have worked together.
What have been the benefits of working this way?
- And any challenges along the way? If yes, please describe how you resolved them with a view to future replication.
- Were the partners involved the right ones?
Any additional points about partnership working?

15. The policy and strategic landscape

- Since the project began, have there been any changes in the policy and strategic landscape (CSE, social care, police, voluntary sector, GM, young people) that have influenced your thinking and the shape of the Project?

If yes, please describe what they are and how they are influencing the Project.

- GM describes complex safeguarding as an emerging challenge in that it needs to understand the safeguarding implications of wider (often organised) criminal activity, including trafficking, forced marriage, modern slavery and radicalisation, alongside CSE. How far have you been involved in this thinking?
- Please describe how the ACT model or approach could evolve in relation to complex safeguarding, if at all.

16. There is an evidence-based and cost effective hub-and-spoke service model that can be replicated in the region.

[Project outcome]

- How close is the ACT model or approach to demonstrating its impact and cost effectiveness?
- Which aspects of the model or approach might be replicated in the region and which elements would need to be altered (and why?)
- What are the anticipated challenges or benefits of extending the ACT model or approach to more than 2 GM authorities?
- Can you describe any wider 'green shoots' emerging from the Wigan and Rochdale (GM) Innovation?

Please add any final comments and thoughts you feel might be useful.

THANK YOU!

T3 Interview Topic Guide – Linked social workers

Introduction

The purpose of these interviews is to gather information about the progress of the ACT team and how it is working with you or your young person and family. We are interested in your views on how the service is working; what is going well; whether there are any gaps, issues and or or challenges).

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?
- Key responsibilities.

1. Direct involvement as linked social worker

When and how were you introduced to the ACT service? Were their role and referral criteria clear to you? What was the reason for your referral to the service?

- Please outline the main family and young person issues or background.
- How has your ACT worker been working with the family or young person?
- What key issues have they been working on?
- How has the young person or family responded?

Please explain what progress has been made and any changes or outcomes observed. [Prompt for how long change took and the pattern of the work)

- Who are the other key agencies that have been involved?

2. ACT model or approach

Is it clear how the ACT service work and what their approach is? Please explain. Is this the right approach? [Prompt for strengths and limitations] Are there elements of their approach that can usefully be adopted more widely?

[Prompt for key elements including relationships, strengths or assets, non case holding, longer term, young people focused, their pace etc]

3. How has your ACT worker worked with you and what difference have they made to your work?

[Prompt for issues around communication, information sharing, joint working, involvement in statutory meetings and decisions, workload/caseload]

- Any issues raised or challenges?
- How could working together be improved?

4. Does it make a difference that ACT workers are social workers?

[Prompt for how it would it be different if they were youth workers, or third sector workers? What difference does it make to the family/YP? To how cases are managed?]

5. What does the future hold for your young person or family?

[Prompt for hopes and fears of the YP and family; likely involvement with Children's Services]

Any changes or developments to the service you would recommend?

THANK YOU!

T3 Interview Topic Guide – Young person

Introduction

The purpose of these interviews is to gather information about the the ACT team and how it is working with you.

About the interviewee

Name:

1. Please describe the support you have been getting from your ACT worker and their service since they started work with you.

- How often have you seen them?
- What have you done together?
- What have they done for you?

2. What has mattered most to you, or what do you like most, about the support you have been offered by ACT?

- Has it helped you?
- Is anything different for you now compared to when you started getting support from ACT?

3. How does ACT compare to other support you have had in the past?

- What is different about ACT? If anything?
- Does it matter that ACT workers are social workers?
- Is there anything you'd like to change, or add to the support you receive from ACT going forward?

4. What are your hopes and plans for the future?

THANK YOU



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Any enquiries regarding this publication should be sent to us at:

richard.white@education.gov.uk or www.education.gov.uk/contactus

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