

New Beginnings: Supporting Adult Survivors of Child Sexual Exploitation

Evaluation Report

Evaluation
commissioned by



Service
commissioned by



Foreword to New Beginnings Evaluation Report

“Elmore is proud to deliver the New Beginnings service for adult survivors of child sexual exploitation (CSE) in Oxford and we welcome this independent evaluation and its overall conclusion that New Beginnings is a unique, much needed, highly flexible service to a vulnerable group of people who have experienced horrific and multiple forms of victimisation and whose needs cannot be met by other services.

“The group of individuals supported by New Beginnings often have complex needs that are difficult to meet by statutory services alone. Recovery is a cyclical not a linear process, and efforts in moving forward from these experiences can be hampered by the needs of, and the demands made by, the criminal justice system. New Beginning provides vital practical and emotional support to people who otherwise fall between the gaps in existing services.

“On behalf of Elmore, I want to acknowledge Oxfordshire County Council’s multi-year and ongoing investment in an exceptional and innovative model, the partnership of so many agencies to meet the needs of vulnerable people, and the tenacity and passion of Elmore managers and caseworkers who work so effectively with everyone on an individual basis. I also want to thank Dr Nadia Wager and Dr Khai Wager for an evaluation which robustly and independently creates insights into the service and recommends potential enhancements which we will take into consideration with partners and our funder.”



Tom Hayes, Chief Executive of Elmore Community Services

“As the former National Police Chiefs’ Council lead for Child Protection and Abuse investigations I regularly engaged with victims and survivors of abuse and their advocates and support groups. The message from these individuals and groups was consistent: having had the courage to come forward and talk about their abuse, the system on too many occasions failed them and the impact for many was catastrophic. We should not be surprised, the Independent Inquiry into Child Sexual Abuse has highlighted the impact of CSA on victim and survivors and the list includes the impact on mental health, relationships, education, and employment opportunities.

“This evaluation of New Beginnings, a service supporting adult survivors of child sexual exploitation, shows that, with the right interventions, programmes—like those of Elmore Community Services, funded by Oxfordshire County Council—can make a real difference. This unique approach, based on meeting the bespoke needs of its clients, sets a standard of care, engagement and support all victims of CSA should be afforded the opportunity to benefit from.

“In this important evaluation, Dr Nadia Wager and Dr Khai Wager have shown what meaningful support can look like and the difference it can make. Work of this nature is personally demanding and arduous and it is to their great credit that they have produced such a comprehensive evaluation. I hope the New Beginnings model now becomes the standard that all statutory CSA support teams and staff look at and aspire to emulate.”



Simon Bailey QPM, DL, MSt (Cantab), formerly Lead for Child Protection, National Police Chiefs’ Council (2014-2021) and Chief Constable of the Norfolk Constabulary (2013-2021).

New Beginnings: Supporting Adult Survivors of Child Sexual Exploitation

Evaluation Report

July 2021

Dr Nadia Wager and Dr Khai Wager

Contents

Executive Summary.....	3
Background Literature.....	8
Recovery from CSA.....	27
Aims and Objectives	32
Methods.....	33
Major Themes	37
Mind Map: Trust.....	38
Mind Map: Children.....	39
Mind Map: Essence of New Beginnings.....	40
Objective 1: Overview of the clients and cases.....	41
Objective 2: Clients’ Presenting Needs	48
Objective 3: Referral Pathways.....	55
Objective 4: What does New Beginnings offer their clients?.....	58
Objective 5: The impact of New Beginnings on clients’ lives.....	62
Objective 6: Factors attributed for the positive impact of New Beginnings on clients....	71
Objective 7: The barriers and facilitators to working with this client group, including in relation to multi-agency working.....	79
Objective 8: Identify challenges, if any, that clients face (or have faced) in using the service and ascertain what changes might alleviate such challenges.	95
Objective 9: The experiences of the New Beginnings staff regarding the day-to-day operation of the service and what has worked well and whether any changes might be necessary to improve the processes.....	97
Objective 10: External stakeholders’ experiences of the referral process and/or working alongside the service.	108
Objective 11: What does the New Beginnings service offers its clients that other services do not.	114
Recommendations	121
References	123
Appendix A: Compilation of the key performance indicators	129

Executive Summary

New Beginnings is a holistic, person-centred service for adult survivors of child sexual exploitation (CSE), delivered in Oxford by Elmore Community Services and funded by Oxfordshire County Council. The service was introduced in 2016 in the wake of Operation Bullfinch which uncovered 300 people who had potentially been victims of CSE in Oxfordshire between 1999 and 2014. CSE is a serious form of child sexual abuse (CSA) that is associated with pernicious and potentially long-term effects. These are further compounded by the fact that the perpetrators of CSE typically target adolescents who are vulnerable by dint of their life circumstances and thus who lack protective resources that might otherwise foster resilience. This group of individuals often have complex needs that are difficult to meet by statutory services alone. Recovery is a cyclical rather than linear process, and efforts in moving forward from these experiences can be hampered by the needs of, and the demands made by, the criminal justice system. The New Beginning service was therefore established to provide practical and emotional support to this group of people who otherwise fell between the gaps in existing services.

This independent evaluation, undertaken between February and April 2021, aimed to provide a 360-degree reflection on the operation and impact of the service.

The objectives of this evaluation of Elmore's New Beginnings service were to:

1. Describe the client base.
2. Highlight the range and complexity of the client's presenting needs.
3. Explore the referral pathways into and through the New Beginnings service.
4. Describe the New Beginnings service in practical terms.
5. Assess the impact, if any, that the service has had on its client's lives.
6. Identify which aspects of the service are deemed to be most impactful for the clients.
7. Highlight the barriers and facilitators to working with this client group, including in relation to multi-agency working.
8. Identify any challenges that clients face (or have faced) in relation to using the service and ascertain what changes might alleviate such challenges.
9. Explore the experiences of the New Beginnings staff regarding the day-to-day operation of the service to determine what has worked well and whether any changes might be necessary to improve the processes.
10. Explore external stakeholders' experiences of the referral process and/or working alongside the service.
11. Ascertain what, if anything, the New Beginnings service offers its clients that other services do not.

The evaluation consisted of three phases. 1) a deep-dive into the case files of all forty-four clients (18 closed cases and 26 current clients), 2) semi-interviews with two clients, two service managers, four case workers, two referrers/external partners and one commissioner, and 3) the analysis of the scores on a psychometric outcome measure taken at various points in the clients' engagement with the service (Moving Forward from Crime Scale).

The findings from across the interviews and the file-analysis are presented to answer each of the evaluation objectives in turn. Additionally, three core themes were identified which related to *Trust, Children* and the *Essence of New Beginnings*. Overall, the findings highlighted that New Beginnings offers a unique and bespoke service to each individual client, that has life changing impacts for the clients and provides a valuable contribution to other service providers who work with this or similar groups of clients.

In relation to objective 1, the clients who engaged with the service were aged between 17 and 50 years at the point of referral. Across the five years of operation the age range of clients has decreased from an average of 32 to 23 years. Most (82%) of the clients were female and 52% of the clients had children, although not all were in their care.

Objective 2 was to explore the clients' presenting needs. This was based largely on the file-analysis and demonstrated that the clients presented with a myriad of needs, most of which stemmed from their experiences of abuse, but others were associated with prior or subsequent life problems or traumas. The needs of the clients were categorised as being; practical problems, a lack of social support, mental health issues, emotional well-being, previous trauma and predictable triggers. One of the key needs for many clients revolved around their lack of permanent and secure housing, with a significant proportion of them being street-homeless or sofa-surfing, both of which elevated their risk for revictimisation. Importantly, most clients had multiple and changing needs, which were often due to multiple forms of victimisation, some of which were on-going.

Objective 3 was to explore the referral pathways into and through the service. This highlighted that the complexity and multidimensionality of the clients' needs were reflected in the wide range of different partner agencies with whom the service and its clients were connected. The other agencies related to the criminal justice system, housing and homelessness services, dedicated services for survivors of sexual assault or CSE, psychotherapies, mental health services, medical centres, substance misuse services, activity providers, Social Services/ Child Protection Services, Local councils, Citizen's Advice Bureau, and migrant services. Some clients were internally transferred from other Elmore services once the client's experience of CSE or a need related to this experience came to light and a small number of clients self-referred.

Objective 4 was to explore the roles played and activities undertaken by the service. Again, this was primarily achieved through examination of the case files, although the interviews offered further clarification and detail. The types of support offered were categorised as; facilitating life-skills and personal management, trauma specific support, emotional support, assistance in traversing through the criminal justice system, building longer-term resilience, building a future, building a sense of identity and self-worth, assistance with parenting-related issues, providing resources for immediate needs, reducing current stressors, and improving/ maintaining physical health.

Objective 5 was to examine the impact of the service on both the clients and society more broadly. Regarding the societal impacts, the provision of support to the survivor of CSE that enabled them to give evidence in a trial that led to the successful conviction of the offenders, prevented the offenders exploiting further victims, and meant that the financial costs incurred by preparing a case for trial have not been wasted. Additionally, interviewees from external agencies stated that they believed New Beginnings service also led to financial savings for other 'emergency services' such as police, ambulance mental health teams etc., due to the high level of crisis intervention work that they invariably undertake as the clients reach out to them in the first instance. The other key impacts for other services were the contribution the team make to the future thinking of the sector and the ability to create 'referred trust' in clients that enables the client to trust and engage with other services. This was particularly noteworthy in relation to fostering trusting relationships between the clients and the police. The outcomes for the clients themselves range from 'small wins' through to having their lives turned around positively and enabling them to 'staying alive.' Specific outcomes were being helped to seek justice, gaining a sense of closure, building trust in others that allowed someone to form a friendship with someone else for the first time in their life, establishing a sense of agency which served to overcome the profound sense of helplessness, acknowledgement of victim status and acceptance, raised self-esteem, and being able to look to the future rather than being stuck in the past.

Objective 6 was to explore factors that appear to have contributed to the positive impact on the clients. This was referred to as the 'essence' of New Beginnings or the service's magic ingredients. The key factors associated with the potency of the service were; a) its ability to engage with clients who others can't connect with or retain, b) its focus on building the clients' sense of self-efficacy, c) its commitment to engaging long-term with the clients, d) being an evolving organisation, and e) being a caring organisation. With regards to building self-efficacy there were several ways in which this was encouraged though; enabling the clients to do things for themselves rather than doing it all for them, avoiding the creation of client dependency on the service or

caseworker, creating opportunities for experiencing a sense of pride, modelling and coaching, improving interpersonal skills (e.g., self-presentation, perspective taking, conflict management), fostering organisational skills, the use of motivational interviewing to enable the development of better problem-solving skills, facilitating the self-management of emotions (e.g. the use of positive distractions and validation and containment), and the demonstrations of compassion and care from the staff toward the clients. Concerns were expressed that it might be easy for the ‘essence’ to be lost through possible changes in performance targets.

Objective 7 was to examine the barriers and facilitators to working effectively with this client group. The key barriers were identified as being; the clients’ chaotic life circumstances, distrust of authority figures and needing time to build trust, clients’ level of anger, children and child care issues. Facilitators of client engagement included; reducing the potential for shame, reducing ‘power differences’ though creating a sense of informal formality, maintaining a non-judgmental stance, not expecting or directly requesting disclosures of the abuse experiences, building authentic relationships, being flexible and able to respond to individual needs and circumstances, adopting a holistic and person-centred approach, persistence and consistency on the part of the staff, taking time to build and maintain trust and recognising that this is a long-term commitment, and children as motivation to look to the future with a sense of hope.

Objective 8 was to identify the challenges faced by clients that hampered their engagement with the service. This drew on the accounts offered by the two clients. Attachment to a single caseworker was reported as problematic for one client who felt it was hard to be supported by someone with whom they had yet to build trust.

Objective 9 was to explore the experiences of the day-to-day operation of the service. It was evident from the case-files and the interviews that the overall feeling is that the service runs well and that it has evolved overtime to enhance the processes and policies (e.g., the simplified referral system and adapting to accommodate male and younger clients). The interviewees talked of the impact of COVID-19 and the resultant lockdowns and other social distancing measures, with some noting that there were positives as well as negatives for some clients during this period. The issues of stress and stress management were evident in both the file-analysis and the interviews. The potential physical and psychological risks of working with this client group in the community are undoubtedly high, and whilst these were articulated, the consensus was very much on feeling safe at work due to the risk management processes/policies that are in place.

Objective 10 was to explore the external stakeholder experiences of working alongside New Beginnings. Trust seemed to dominate many of the interviewees' accounts. Referring to the trust between the agencies that allowed for mutual referral pathways, referred trust that enabled clients to move readily between services, Elmore being a trusted service provider and a respected relationship-builder between organisations. It was proposed that such trust between the partner agencies permitted enhanced assessments and safeguarding actions.

Objective 11 was to explore the uniqueness of the New Beginnings service. Its uniqueness being derived from its ability to meet the needs of clients that couldn't be met by other services, and this was likely to be partly attributable to the services unique flexibility that enabled it to address the issues identified by each client as being their individual presenting need. New Beginnings staff have exceptional breadth and depth of knowledge and their training has been expanded to the Elmore team more widely (e.g., training on trauma). The extent of support offered to, and care shown for, the clients surpassed that which could be offered by most other service providers. The service has facilitated end-user engagement to inform practice across the sector and thus has given the clients a voice and acted on this. It is evident that the success of the New Beginnings service comes predominantly from it being embedded within the suite of services that are delivered by Elmore. Since many of the clients have complex needs, they are likely to access different Elmore services at different points in time, yet they have no need to make disclosures afresh with each service transition. They build familiarity and trust with several caseworkers and likewise the team come to truly understand the clients as individuals.

The overall conclusion of this evaluation is that the New Beginnings in its current shape and form offers a unique and much needed service to a highly troubled and or vulnerable group of people who have experienced horrific and multiple forms of victimisation. It does so with compassion, commitment, and tenacity. As one of the interviewees said; *'Every town needs a New Beginnings service.'*

Four recommendations have been made to extend the reach, maximise the impact and ensure the sustainability of the New Beginnings' service. These are; to expand the cultural diversity of the clients served, to increase access to therapeutic services for working with complex PTSD in a timelier manner, adopt a two-worker system generally to prevent service-facilitated client disengagement, and to form a consortium with other non-statutory service providers to enable collaboration on funding applications to enable fulfilment of the needs that were identified as difficult to meet.

Background Literature

What is child sexual exploitation?

Child sexual exploitation is a type of child sexual abuse (CSA) that is characterised by the exchange of commodities, money, affection, or status (Beckett et al., 2017). The exchange can be between either the perpetrator and the victim or the trafficker and the exploiter. However, it has been noted that many perpetrators of CSA offer children enticements as part of their grooming strategies (McGee et al., 2012) and thus it is unclear how this element of exchange differentiates the two types of abuse. The Department for Education (DfE, 2017) defined CSE as:

‘Child sexual exploitation is a form of child abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child exploitation does not always involve physical contact; it can also occur through the use of technology.’

Although not inevitable, often CSE will involve trafficking. This is the coordinated movement or transportation of children for the purposes of exploitation. The United Nations’ (2000) Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children defined trafficking as:

‘Trafficking in persons shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of threat, use of force or other form of coercion, or fraud, or abduction, or deception, or the abuse of power or of a position of vulnerability or of the giving and receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.’

This first part of this definition highlights the various roles played by the different people involved in the trafficking process. Thus, the process often relies on the loosely coordinated efforts of a network of offenders (Cockbain et al., 2011) who are differentially involved in the direct sexual exploitation of the children who they traffic. Trafficking in relation to CSE can be both international and domestic/internal; where domestic or internal trafficking can relate to both international victims who are moved around within a foreign country and national victims moved around within their home

country (Brayley & Cockbain, 2014). Domestic trafficking can involve movement across county or state borders, or it might be as subtle as being given the bus fare to travel to the other side of the town. Conversely, international trafficking involves the transportation of victims across national borders, which can include transition through several different countries where exploitation and abuse may occur before reaching an ultimate destination country. Typically, children are taken from poorer countries to be exploited by those in relatively wealthier countries where there is a high demand for sex-related 'services' and pornography (Hughes, 2000). Similarly, children from the most disadvantaged and marginalised corners of the society are likely to be targeted for domestic trafficking. Thus, as with international sex trafficking the most vulnerable children and young people are targeted (Flowers, 2001a). Trafficking may or may not involve involuntary confinement and has rarely been conceptually associated with CSA, but it appears to be a feature commonly found in the perpetration of CSE.

CSE that involves trafficking is sometimes defined as commercial child sexual exploitation (CCSE). In 1996, the First World Congress Against the Commercial Sexual Exploitation of Children defined CCSE as "sexual abuse by the adult and remuneration in cash or kind to the child or a third person or persons" (p. 1). The commercial aspect refers to compensation, financial or otherwise, where the child is treated as though they are a commercial object.

Comparing CSA and CSE

There has been little research comparing the nature of the crimes committed by international and domestic traffickers. However, while recognising that CSE and CSA are heterogeneous in both the nature of offences committed and the likely perpetrators, Beckett et al. (2017) highlight several similarities between CSE and other forms of CSA. They suggest that CSE, like CSA, includes both penetrative and non-penetrative acts, non-contact and contact sexual offences, and may or maynot be facilitated by the use of technology and social media. In both cases, gaining the compliance of the victim can involve physical or psychological force, grooming, violence or the threat of violence and the abuse can be either overt or surreptitious. That is, the abuse/exploitation may occur without the child's knowledge, such as when images or videos are taken/made, copied and disseminated without the child's knowledge. The perpetrators of both CSA and CSE may operate in groups or alone and the abuse may consist of a one-off incident or repeated incidents over either relatively short or protracted periods of time. Both types of offences can be perpetrated opportunistically or be premeditated and highly organised (and somewhere between). The interpersonal dynamics between the victims and perpetrators in both CSA and CSE demonstrate an imbalance of power due to age, gender, status etc. which is weighted

against the victim. Although females tend to be over-represented as victims, both young males and females are at risk of both CSA and CSE. Kelly and Karsna (2017) added that perpetrators of both CSA and CSE can include family members as well as other people more distant from the child.

Although CSE is a form of CSA and there are multiple similarities, there are also some striking differences between the two forms of abuse. These differences are likely to have implications for the impacts on the victims, the victims' needs in moving forward from their exploitative experiences. Not all the differences purported here are currently supported by research findings as there has been a relative dearth of comparative research (Selvius et al., 2018). Rather, the suggested differences are drawn from our own experiences of interviewing survivors of CSA and CSE and our reading of the sentencing reports for convicted offenders on the lawpages.com undertaken when conducting other research projects.

It is thus tentatively suggested that in contrast to CSA, CSE offenders are more likely to; offend as part of a group and thus subject the child to multiple assaults by different perpetrators on both a single occasion and across multiple occasions (Commissie Azough, 2014 cited in Selvius et al., 2018; Greenbaum, 2014; Verwijs et al., 2011); involve more than one child in a particular abusive incident; use violence or threats of violence (Bruhns et al., 2018; Hopper, 2017; Varma et al., 2015); demonstrate that the threats are genuine by physically harming or killing some victims whilst forcing others to watch (Hughes, 2000) or listen (Heal, Galdman & Longfield, 2017); coerce the victim to harm or exploit others (Hopper, 2017); engage in acts that are particularly humiliating, degrading and brutal (Heal et al., 2017); engage in penetrative sex (Hopper, 2017); target post-pubescent victims (Melkich, 2013), particularly those living in local authority (Fong & Cardoso, 2010) or foster care (Shaw et al., 2017), who have histories of child sexual abuse (Wilson & Widom, 2010) and who have different ethnic backgrounds to themselves (Dank, 2010); exploit the young person's quest for a mutual affectionate-intimate relationship, and encourage the victim to develop, or increase their existing drug and alcohol misuse/dependency or their engagement in other criminal activity (Cole et al., 2016; Hopper, 2017; Varma et al., 2015).

How many young people experience CSE?

Although there have been several attempts to ascertain the extent of CSA in England and Wales, there has been no systematic attempt to calculate the rate of CSE specifically, either nationally or internationally (Miller-Perrin & Wurtele, 2017). Kelly and Karsna (2018) estimated that approximately 18,800 children are at risk of CSE each year in England alone. We do, however, know that particular groups of children experience

significantly higher levels of risk for CSE. Those at greatest risk are teenagers (Department for Education, 2017) aged 15-19 years (Unicef, 2014), females (Unicef, 2014), and those who have a prior history of CSA (Lalor & McElvaney, 2010), a sexual minority status (Reid, 2012), children who have a disability, have been placed in residential care (Brown et al., 2016), find themselves homeless (Tyler, 2009) or who go missing from home (Wilson & Widom, 2010).

What are the potential impacts of CSA?

There is a wealth of evidence that offline CSA can have a pronounced and persistent impact on multiple domains of the lives of survivors. Indeed, the persistence of the effects is such that 30% of survivors in Banyard and Williams' (2007) study felt that full recovery from CSA was unlikely and they viewed recovery as an on-going and continuous process rather than an end result. This is not to say that survivors are permanently affected by the abuse at every moment of every day, but rather they are aware that previously resolved negative impacts can resurface repeatedly over their lifespan (Phanichrat & Townsend, 2010).

It is very clear from research evidence that adult psychopathology and social disadvantage often have their origins in childhood adversity, particularly in various forms of child abuse (Terr, 1991). However, although sexually abused children can display a variety of enduring problems and difficulties in life (Carr, 2009), up to 50% of survivors of CSA do not exhibit the most severe long-term psychiatric disorders (Finkelhor, Hotaling, & Yllo, 1988), and between 10% and 53% show little, if any symptoms in adulthood (Domhart, Münzer & Fegert, 2014; Finkelhor, 1990).

So not all survivors of CSA are affected in the same way. Some may experience little by way of negative impacts, others will have their lives dominated by effects and many will experience a variety of negative effects but successfully function in some life domains (e.g., work, school, relationships, etc.) more than others. The extent of the impact is shaped by a range of risk and protective factors. Many of the identified risk factors related to the circumstances of the sexual abuse, but there are other potentially modifiable risk factors associated with how survivors cope with their histories of abuse as they enter adolescence and adulthood and how other people treat them when they reach out for help.

Risk factors

Shakespeare-Finch and de Dassel (2009) identified several factors associated with the

context and nature of the abuse that increases the risk of having an adverse and/or prolonged response to CSA. These factors include:

- intra-familial abuse (where the victim and perpetrator are from the same family),
- early onset of abuse (the abuse started at a young age),
- multiple perpetrators (either during the same incident or from successive abusive incidents),
- the severity (the degree of force used and the nature of the sexual acts),
- the duration of the abuse, and

There is a significant body of research that identifies negative responses given to early attempts to disclose the abuse serve as a risk factor for increasing and prolonging the impact of CSA (Berliner, 2011; Cohen & Mannarino, 1998: 2000; Everill & Waller, 1994; Jonzon & Lindblad, 2005; O’Leary et al., 2010; Shakespeare-Finch and de Dassel, 2009; Wager 2013; Waller & Ruddock, 1993). A supportive response to a disclosure would include providing emotional support and taking protective action to prevent further abuse, whereas a negative response is associated with disbelieving or dismissing the disclosure, blaming the victim or showing disgust. Negative responses to a disclosure are unlikely to result in action taken to prevent further abuse of the child, may make the child reluctant to make further disclosures and this reduces their opportunities for receiving emotional support from others, and/or they can ignite or fuel a sense of shame and self-blame.

Feiring and Taska (2005) found that adolescents whose attempts at disclosure resulted in a sense of shame found that this sense of shame not only persisted over the subsequent six years but that it was associated with high levels of PTSD. High levels of internalized shame appear to be causally related to the link between CSA and adult sexual revictimization (Kessler & Bieschke, 1999). Shame appears to impede recovery following CSA because it triggers avoidance coping strategies that inhibit help-seeking or the processing of the abuse-related memories (Irwin, 1999; Nathanson, 1989; Zupanic & Kreidler, 1998).

Protective factors

Several factors have been found to afford abused children some protection from the worst possible outcomes. The factors evident in childhood environment include:

- educational engagement and/or attainment (Werner & Smith, 1992),
- involvement in extracurricular activities (Mahoney, 2000),
- having one supportive and stable caregiver (Houshyar & Haufman, 2005), and
- having an emotional bond with someone which allows for the development of

-
- a sense of autonomy, trust, and initiative (Werner, 2000), or
 - having a positive adult role model and mentor (these might be friend's parents, teachers, neighbours, grandparents, older siblings, etc.) (Walsh, 1996; Werner, 2000).

According to Domhart et al. (2014), educational engagement, attainment, and contentment in school appear to be the strongest factors associated with resilience in adult samples. It may be that all of these protective factors make children more resilient and thus less affected by the abuse, and/or they may help the child or young person find adaptive ways of coping in the aftermath of the abuse (Shakespeare-Finch & de Dassel, 2009).

Certain personality characteristics appear to encourage resilience in sexually abused children. Protective characteristics include; an internal locus of control, high self-efficacy (Herman et al., 2011), high intelligence (Bogar & Hulse-Killacky, 2006; Daigneault, Herbert & Tourigny, 2007), having a sense of hope for the future (Sesma, Mannes & Scales, 2005; Williams & Nelson-Gardell, 2012), being socially skilled (Conrad & Hammen, 1993), high self-esteem and sense of self-worth (Masten, 2001).

Others have referred to protective cognitive abilities and attributes that foster resilience in adulthood following CSA. These include finding meaning and a sense of personal growth in response to the abuse (Tarakeshwar et al., 2006) and attributing blame to the perpetrator rather than themselves (Dufour & Nadeau, 2001; Feinauer & Stuart, 1996; Liem et al., 1997).

Impacts in childhood and adolescence

Concerning the effects of CSA in childhood, Walsh, Fortier, and DiLillo (2010) suggest that between 75 and 90% of known victims of CSA report psychological difficulties during childhood. However, other estimates suggest that fewer victims (about 50%) experience psychological problems at the time of the abuse or throughout their childhoods (DuMont & Czaja, 2008; Finkelhor & Berliner, 1995; McClure, Chavez, Agars, Peacock & Matosian, 2008). Although, some children who have experienced CSA appear to be symptom-free in childhood, many demonstrate a 'sleeper effect' or a delayed response that emerges in adolescence or adulthood as they begin to engage in their consensual sexual relationships.

Pre-school aged children

There is a shortage of research examining the impacts of CSA on pre-school-age children. The shortage is due to several factors. Firstly, CSA in this age group is often undetected, which limits the sample sizes. Secondly, there are practical and ethical issues in research with young children. Such issues include, but are not limited to; language competence, the potential for causing distress, consent, and much of the research on older children are based on clinical diagnoses or self-report measures, neither of which are appropriate for this age group. The studies that do exist tend to be based on parent's, child protection workers' or researchers' observations. Thus, they serve as potential indicators of CSA exposure as well as demonstrating the impact on the developing child.

- Engage in age-inappropriate sexualised behaviour (e.g., towards the self and other people, dolls or pets) (Mian, Wehrspann, Klajner-Diamond et al., 1986)
- Age-inappropriate sexual knowledge (Main et al., 1986)
- More passive in free play sessions than children without CSA experiences (Fagot, Hagan, Youngblade & Potter, 1989)
- Appears withdrawn (Achenbach, 1966)

Primary/middle school-aged children

- A sense of guilt can appear as the child matures (Conte & Schuerman, 1987)
- Inappropriate sex-play with peers
- Difficulty engaging in the classroom
- Difficulty interacting with peers and teachers
- Recurring headaches
- Frequent stomach aches

Late childhood/adolescence

It is at this age that the impacts of CSA become most marked. The effects manifest in terms of maladaptive behaviours, reduced psychological and social well-being and negative conception of themselves. Some of which will pose significant barriers to the young person's future opportunities in life. The following impacts have been collated by authors such as Beitchman, Zucker, Hood et al. (1991), Hinkelman and Bruno (2008), Trickett, Noll & Putman, (2011) and Walsh, Fortier and DiLillo (2010).

Physical health

- Sexually transmitted infections including HIV
- Pregnancy as a consequence of the abuse
- Early pregnancy
- Irritable bowel syndrome
- An irregular stress response

Psychological well-being

- Post-Traumatic Stress Disorder (PTSD) – (which is sometimes misdiagnosed as Attention Deficit Disorder [with or without] Hyperactivity; Norris, Murphy, Baker, Perilla, Rodriguez & Rodriguez, 2003),
- depression
- anxiety disorders,
- phobias
- eating disorders
- self-harming (cutting or burning)
- suicidal ideation or attempts
- substance misuse
- nightmares

Social well-being

- social withdrawal (unusual as most adolescents become more drawn to their peer group),
- difficulty interacting with teachers

Self-perceptions

- an impaired sense of self,
- low self-esteem
- self-blame
- self-depreciation, particularly in girls (Chandy, Blum & Resnick, 1996)
- Powerlessness (Moody, 1994)

Maladaptive behaviours

- running away/going missing
- engaging in delinquency, particularly in boys (Plant, Miller & Plant, 2004)
- being disruptive in school
- dropping out of school

Curtailed opportunities

- Educational poor performance and achievement in school,
- Reluctant to participate in physical education and sports, particularly when this involves communal changing rooms and showers
- Poor memory
- Cognitive deficits

Explanations for the apparent lack of impact on some children include that; the abuse was not sufficiently serious to constitute a trauma, unaffected children are more resilient than those who are affected (Kendall-Tackett, Williams & Finkelhor, 1993; Putnam, 2003), the symptoms that do manifest have been attributed to some other cause than CSA as the abuse is not recognised by either the child or adults on who the child victim depended, or researchers have failed to focus on the aspects of child's life that have been significantly impacted by the abuse.

Longer-term impacts evident in adulthood

For some CSA survivors, the effects become more deleterious as they progress toward adulthood (Kendall-Tackett *et al.*, 1993; Putnam, 2003). A range of mental health issues, interpersonal problems, maladaptive behaviours and attitudes, and compromised social and economic circumstances in adulthood are more likely for adult survivors of CSA in comparison to people whose childhoods were free of CSA. The potential long-term impacts on the different life domains are highlighted below.

Mental Health Issues

Associations between CSA and adverse psychological outcomes in both adolescence and adulthood have been found across a number of studies and reviews, although people with CSA have been found to display variability in the range and severity of reported symptomatology (see Finkelhor *et al.*, 1990; Briere and Runts, 1993; Kendall-Tackett, Williams and Finkelhor, 1993; Putnam, 2003; Maniglio, 2014). It should also be recognised that the majority of the studies investigating long-term outcomes have often drawn on samples of female survivors or have not conducted analyses based on gender. Consequently, it is unclear whether all of the impacts referred to here are equally evident for male and female survivors. With this in mind, the identified impacts include:

- deliberate self-harming behaviour (Gladstone *et al.*, 2004; Klonsky and Moyer, 2008; Fliege *et al.*, 2009; Maniglio, 2011)
- eating disorders, especially bulimia nervosa (Astbury, 2006)
- post-traumatic stress disorder (PTSD) (Chen *et al.*, 2010)
- suicidal ideation and suicide attempts (Neumann *et al.*, 1996; Paolucci, Genius and Violato, 2001; Maniglio, 2011; Young *et al.*, 2007)
- depression and anxiety (Beitchman *et al.*, 1992; Chen *et al.*, 2010; Hailes, Yu, Danese & Fazel, 2019; Jumper, 1995; Kaplow *et al.*, 2005; Neumann *et al.*, 1996; Putman, 2003)

- alcohol and drug dependence (Freyd et al., 2005; Kendler et al., 2002; Min et al., 2007; Nelson et al., 2002)
- nicotine dependence (Freyd et al., 2005; Min et al., 2007; Nelson et al., 2002)
- somatoform disorders (Jumper, 1995; Neumann et al., 1996)
- Conversion disorders (Hailes et al., 2019)
- borderline personality disorder (BPD) (Fossati et al., 1999; Hailes et al., 2019; Izdebska, 2020; Paolucci et al., 2001)
- conduct/anti-social personality disorders (Maniglio, 2014; Nelson et al., 2002)
- dissociative identity disorder (DID) has also been found to be both an impact and coping mechanism associated with a history of CSA (Ellason et al., 2016; Jumper, 1995; Neumann et al., 1996; Putnam, 2003).

Whilst it is often difficult to disentangle the impact of CSA from the impacts of other forms of abuse and neglect that people experienced as children, there is some evidence that the long-term mental health impact of CSA is greater than that of childhood physical abuse (Fergusson et al., 2008).

Physical health issues

On average, adult survivors of CSA engage in more frequent use of health services (Newman et al., 2000; Burgess et al., 2003; Trickett, Noll and Putnam, 2011), have more surgeries (Kendall-Tackett, Marshall, & Ness, 2000), report more physical health symptoms (Hulme, 2000; Newman et al., 2000) and have poorer perceptions of their overall health (Hulme, 2000), than their people whose childhoods were free of CSA.

There is a wide range of health-related issues that appear experienced at a higher rate or their onset occurs earlier in adult survivors of CSA. These include:

- ischemic heart disease (Runyan, Wattam, Ikeda, Hassan, & Ramiro, 2002; Scott et al., 2011),
- cancer (Runyan et al., 2002),
- chronic lung disease (Runyan et al., 2002),
- osteoarthritis (Scott et al., 2011)
- gastro-intestinal disorders (Paras, Muran, Chen, et al., 2009) such as irritable bowel syndrome (Runyan et al., 2002)
- cardiopulmonary symptoms (Irish, Kobayashi and Delahanty, 2010)
- gynecological problems (Irish et al., 2010).
- obesity (Hemmingsson, Johansson & Reynisdottir, 2014), which is particularly associated with intrafamilial abuse (Smith, Markovic, Danielson et al., 2010)
- non-epileptic seizures (Sharpe & Faye, 2006)
- non-specific chronic pain (Paras et al., 2009) such as fibromyalgia (Runyan, et al., 2002),

- chronic back pain (Scott et al, 2011)
- frequent or severe headaches (Scott et al., 2011)
- chronic pelvic pain (Paras et al., 2009)

Interpersonal difficulties

Childhood sexual abuse has been linked with difficulties in relationships with others which although manifest most notably in intimate partnerships and parenting can extend beyond this. Importantly, there is growing evidence to suggest that the interpersonal difficulties that arise as a consequence of CSA are causally linked with the risk of depression (Mellin, 2008; Rumstein-McKean & Hunsley, 2001; Whiffen, Thompson & Aube, 2000; Wilson & Scarp, 2015). Some of the interpersonal difficulties identified include:

- Lack of assertiveness
- Compromised sexual consent decision-making mechanism (Freyd, 1996) which relates to the ability to say no to unwanted sexual advances or being unable to convey the desire to engage in safe sex practices (Freyd, 1996; Lamoureux, Palmieri, Jackson & Hobfoll, 2013 Livingstone, Testa & VanZile-Tamsen, 2007)
- Having more sexual partners (Isley, Isley, Freiburger, & McMackin, 2008; Roberts, O'Connor, Dunn, Golding, & ALSPAC Study Team, 2004).
- Having unstable relationships (Isley et al, 2008; Roberts et al, 2004).
- Feeling less satisfaction in relationships with an intimate partner (Isley et al, 2008; Roberts et al, 2004).
- Distrust of others due to the fear that they have nothing to offer (Long et al., 2006)
- Difficulties interacting with authority figures (Ethridge & Davis, 2017)
- Remaining in abusive relationships (Ratican, 1992)
- Fear of intimacy
- Sexual dysfunction (Rumstein-McKean & Hunsley, 2001).
- Attachment issues (Rumstein-McKean & Hunsley, 2001).
- Sense of loneliness (Payne, Galvan, Williams, et al., 2014)
- Isolation (Payne et al., 2014)
- Communication problems (Payne et al., 2014).

CSA survivors' experiences of anti-natal care and childbirth

For female survivors of CSA pre-natal maternity care, labour, childbirth and post-natal care all have the potential to trigger memories of abuse, both those always remembered (Montgomery, Pope & Rogers, 2015) and those that had been long

forgotten (LoGiudice, 2017). The triggering of abuse-related memories can be experienced as traumatic (LoGiudice, 2017), the impact of which can be enduring and distressing (Montgomery, 2013). Such circumstances are unlikely to be conducive to feeling confident as a new mother. Additionally, embarking upon motherhood can be accompanied by emotional distress, a lack of confidence and low self-esteem, which all appear to be exacerbated in new mothers who are survivors of CSA (Sperlich & Seng, 2008).

Parenting in the Aftermath of CSA

Having a history of CSA does not inevitably mean that parents will have difficulties in this role. Indeed, there is evidence to suggest that many CSA survivors can be as supportive and nurturing toward their children as non-abused parents (Fitzgerald, Shipman, Jackson, McMahon, & Hanley, 2005). A proportion of male and female survivors even report that becoming parents had a healing effect on them (Wark & Vis, 2018). However, for some survivors of CSA, parenting can be a role that is either unfulfilling or can cause several worries and uncertainties.

Many survivors of CSA fear that they will become bad parents, and this can lead them to have overly high expectations of themselves (Herman, 1981). However, reflections on their childhoods can lead concerned parents to resolve to ensure that their children have very different life experiences to their own (Martsolf & Draucker, 2008). Some mothers and fathers who have experienced CSA have the potential to experience problems as they enter into parenthood. Many of the issues are similar for either parent, although there are a couple that are specific to men. Concerns raised by parents with a history of CSA or concerns about survivors of CSA's parenting include:

- Hypervigilance over their child's safety (O'Brien, Creaner & Nixon, 2019)
- Difficulty promoting age-appropriate autonomy (either too restrictive or too permissive)
- A tendency for role reversal with the child (Burkett, 1991; Cross, 2001), but only when there is an unsatisfactory relationship between the mother and her intimate partner (Alexander, Teti & Anderson, 2000)
- Difficulty dealing with child's sexuality and sexual development
- Not trusting others with their children and fearing that their children will experience CSA (Gelinis, 1983). Importantly, this concern appears to be justified since there appears to be an intergenerational transmission of risk for CSA between mothers and their children. Oates et al. (1998) found that of children who had been sexually abused, 34% of them had mothers with

histories of CSA, in comparison to 12% of mothers from children who had not experienced CSA.

- Problems caused by emotional disconnection (Gelinas, 1983)
- Low parenting confidence (Cole, Woolger, Power, & Smith, 1992)
- A tendency towards adopting a permissive parenting style (e.g., not setting limits on the child's behaviour) (Cole et al., 1992).

Issues for male survivors as fathers

These following issues may also present for mothers, but the literature suggests that these themes are far more potent for fathers (Sigurdardottir et al., 2012; Wark & Vis, 2018). It appears that for men the awareness of the victim-to-perpetrator discourse can increase the frequency and intensity of the following concerns:

- Difficulties with touching own children
- Prejudice against them regarding their interactions with children
- Fear of abusing their own children
- Maintaining emotional and physically distant from their children.

Maladaptive behaviours

Paolucci et al.'s (2001) and Putnam's (2003) reviews both found a consistent link between CSA and risky sexualised behaviours. These behaviours are found to be most pronounced in younger children and the immediate aftermath of abuse, although on occasions they have also been found to extend into adulthood (Herrenkohl et al., 1998). A history of CSA has been associated with increased arrest rates for sex crimes such as sex trading (for money, drugs or shelter) for both women and men (Paolucci et al., 2001; Arriola et al., 2005).

Compromised social and economic circumstances

It has been found that many adult survivors of CSA experience a downward social spiral (moving towards a life of poverty and deprivation) despite relative educational success (Russell, 1986). At the end of the continuum, this can manifest in terms of homelessness (Rotheram-Borus, Mahler, Koopman, & Langabeer, 1996), serving a custodial sentence (Social Exclusion Unit, 2002), or becoming a psychiatric inpatient (Spataro, Mullen, Burgess, Wells, Moss, 2004).

Sexual Revictimisation

It is known that a high proportion of victims of CSA will be sexually revictimised by a different perpetrator after their original abuse (Cloitre, Tardiff, Marzuk et al., 1996; Roodman and Churo, 2001). Estimates suggest that between half (Walker, Freud, Ellis et al., 2019) and two-thirds (Classen, Palesh & Aggarwal, 2005) of CSA survivors will be

revictimized. This may also occur in their childhood or later adolescence or adulthood (Wager, 2012). The degree of the risk for sexual revictimization conferred by CSA is equivalent for men and women (Arata, 2002; Desai, Arias, Thompson & Basile, 2002; Elliot, Mok & Briere, 2004). The other known impacts of CSA are increased and prolonged for survivors who experience sexual revictimization (Classen et al., 2005; Follette, Polusny, Bechtle, & Naugle, 1996; Messman-Moore, Long, & Siegfried, 2000).

The cycle from victim to abuser

There is a common notion that experiencing CSA places the individual at a far greater risk of becoming a perpetrator, particularly when the victim is male (Hilton & Mezey, 1996; Reckdenwald, Mancini & Beauregard, 2013). Whilst there is some evidence to suggest that the prevalence of CSA is higher among known sexual offenders than non-sexual offenders (Cohen et al., 2002; Jespersen et al., 2009; Ogloff, Cutajar, Mann & Mullen, 2012; Stirpe & Stermac, 2003), offenders who abuse children in comparison to offenders who target adults (Jespersen et al., 2009) and among officially recognised victims of CSA and matched control groups (e.g, Ogloff, et al., 2012; Salter et al., 2003), the relationship is relatively weak and is often only indirect rather than causal in nature. Ogloff et al.'s (2012) Australian, 45-year, follow-up study of 2,759 children who had been identified as having experienced CSA between the years 1964 and 1995 and a matched control group of 2,677 people from the same region. They found that men with a history of CSA had a 5:100 chance of being convicted of a sexual crime in comparison to 6:100 chance for the men in the control group. Thus, whilst their risk is elevated above those who have not experienced abuse, their overall risk for offending is fairly low. Indeed, the notion of isomorphic similarity between abuse experienced and actions as an adult, was not supported in the findings from Leach et al.'s (2016) prospective birth-cohort study. Here the findings highlighted that it is not the experience of CSA per se that is associated with becoming a perpetrator of CSA, rather it is childhood experiences of poly-victimisation, and whether CSA features in the various forms of victimisation, appears to be immaterial.

Since most people who have experienced CSA are female and female sex offenders are in the minority, it means that the majority of people who have experienced CSA do not go on to perpetuate the abuse (Salter et al., 2003). Additionally, not all sex offenders have a history of sexual abuse (Jespersen et al., 2009). Thus, Jespersen et al. (2009) conclude that "sexual abuse history is neither a sufficient nor a necessary condition for adult sexual offending."

Gender differences in impact

It appears that both males and females can experience a similar range of adverse outcomes in the aftermath of CSA. However, there are a couple of significant outcomes for men that are less evident for women. These are:

- living with the stigma associated with the widely held perception that men who have been sexually abused as children will themselves become perpetrators of CSA notion and the concomitant fear that they might become an abuser,
- confusion over their sexual identity and difficulty in constructing their gender-identity (e.g., expressions of masculinity).

The impacts of online CSA

There is a sparse, but growing body of research investigating the impacts of online CSA, which appears to be counteracting the unfounded perception that online CSA will be less harmful to the child than is contact offending (Hamilton-Giachritsis, Hanson, Whittle & Beech, 2017; Hanson, 2017; Leonard, 2010; Sigurjónsdóttir).

Whilst there is considerable variation in how children can experience CSA online, there are several features that have been identified as increasing the impact of online victimization (Hamilton-Giachritsis, et al., 2017; Hanson, 2017; Whittle, Hamilton-Giachritsis, & Beech, 2013;). These include:

- abuse reaches into their home and other safe places, even when it is committed by someone they have never met in person
- the typed conversations and the images shared or taken have an unknown permanence which means it is more difficult to put the abuse in the past.
- where images have been shared, the scale of the distribution and the persons with who these are shared causes additional worry.
- The online nature of the grooming and the lack of physical presence of the perpetrator may lead the survivors of online grooming to feel more culpable and ashamed of their compliance with the perpetrator's requests.
- Other people are more likely to see the victim as blameworthy due to the reasons above – this reduces the availability of social and emotional support, and further reinforces feelings of self-blame and shame.
- Remote communications technology allows for a greater intensity of grooming behaviours (at low cost to the perpetrator) and for asserting more rapid control over the young person, even keeping them awake at night, which leads to

tiredness and difficulties concentrating (and potentially compromising their decision-making).

- With or without blackmailing on the part of the perpetrator, online abuse that consists of images of the child may impose the desire to remain silent due to the anticipated shame of others such as parents and the police seeing the images.

With regards to the impact of the receiving of online sexual requests whether from a peer or an adult, Wolak, Mitchell and Finkelhor's (2006) US survey found that these left about a fifth of young people feeling fearful and just over a quarter feeling very or extremely upset. Where the requests were 'aggressive' (i.e., moving from online-only communication to telephoning, meeting in person, etc. or threatening to do so) the level of upset and fearfulness increased. Additional reactions reported by young people victimized in this way included hypervigilance, irritability, rumination, embarrassment, stress and losing interest in other things. Mitchell, Ybarra & Finkelhor (2007) reported more persistent impacts such as depression and substance misuse.

Regarding the impacts of sexual acts committed online, the sharing of sexual images or online grooming that culminates in contact CSA there is research conducted in Europe and specifically the UK. These studies included: Hamilton-Giachritsis, Hanson, Whittle & Beech, 2017 Hamilton-Giachritsis, Hanson, Whittle and Beech's (2017) study for the NSPCC which included interviews with 12 females and 23 respondents to a Childline survey, all of whom were survivors of online sexual abuse. Whittle, Hamilton-Giachritsis, and Beech's (2013) qualitative study of eight young people in the UK who had experienced online grooming that resulted in either online sexual activity or contact sexual abuse. Sigurjónsdóttir's (2012) survey of 12 female victims of online CSA perpetrated by a single Swedish offender between 1999 and 2004 examined the impacts of online CSA over time and comparing the impacts between those whose CSA was confined to online experiences with those whose abuse culminated in contact offences. The range of impacts identified in qualitative studies is presented in the table overleaf. It is important to note that the impacts which are supported by Sigurjónsdóttir's (2012) study were reported six years after the trial in which the perpetrator was successfully prosecuted. Thus, these represent the impacts on survivors who were relatively well supported following disclosure or discovery of their abuse.

Sigurjónsdóttir's (2012) survey assessed retrospective self-reported psychological well-being at seven points in time; before the abuse, during the abuse, when communication with the perpetrator ended, upon disclosing, during the police investigation, following the trial and six years after the trial. The decrease in psychological well-being associated with the ending of the communication with the perpetrator corresponds

with Whittle et al.'s finding that the survivors missed the relationship with the perpetrator.

Impacts reported in qualitative studies

Impact	Supporting studies
Attempted or completed suicide	CEOP (2013)
Feeling embarrassed particularly due to their parents knowing/seeing what had happened	Whittle et al. (2013)
Losing self-confidence	Whittle et al. (2013)
Becoming aggressive towards others	Whittle et al. (2013)
Missing the relationship with the perpetrator	Whittle et al. (2013)
Self-harming	Whittle et al. (2013) Sigurjónsdóttir (2012)
Having difficulty trusting other people	Whittle et al. (2013)
Having panic attacks	Whittle et al. (2013)
Sadness over the loss of their innocence	Whittle et al. (2013)
Feelings of shame and guilt	Jonsson and Svedin (2012)
Feeling disgusting and unworthy of relationships	Sigurjónsdóttir (2012)
Difficulty concentrating or following instructions which impacted on education or work	Sigurjónsdóttir (2012)
Problematic alcohol use	Sigurjónsdóttir (2012)
Difficulties expressing themselves to their partners	Sigurjónsdóttir (2012)

It appears that the victims were relatively happy during the communications and interactions with the perpetrator, but that their psychological well-being was most negatively affected during the period around the communication with the perpetrator ending and the disclosure of the abuse. Overall, psychological well-being had returned to pre-abuse levels six years after the trial.

Analysis comparing the impact of abuse that remained online to that which led to contact CSA six years after the trial demonstrated that there were no statistically

significant differences in the long-term impact between the two experiences. However, the very small sample size, not using a validated tool to assess psychological well-being and the retrospective nature of the survey mean that caution needs to be exercised when interpreting the validity of these findings. This said the findings do correspond with those from Hamilton-Giachritsis et al.'s (2017) more robust study. Whittle et al. (2013) observed that young people most impacted by the online CSA were those who had pre-existing vulnerabilities before the online abuse. However, with the sample being only eight young people, it may be a little too premature to draw this conclusion.

Impacts of CSE

Although various documents and reports comment on the impacts of CSE, few known published studies have investigated this specifically. The lack of research was noted by Brown and Saied-Tessier in 2015 and the situation does not appear to have changed. Due to the relative recency of the concern about CSE, most of the discussions tend to be about the immediate or short-term healthcare needs of the affected young people (e.g., high rate of STIs, teen pregnancies, requests for terminations, etc.) (Selvius, 2018). Studies exploring the longer-term social and psychological impacts whilst rare, although they are beginning to emerge. For example, Lanctôt, Reid and Laurier (2020) compared levels of post-traumatic stress symptoms (PTSS) in female adolescents living in residential care based on whether they had experience of commercial child sexual exploitation (CCSE). They found that those who had experienced CCSE had higher levels of PTSS, specifically in relation to anxious arousal, intrusive experiences, dissociation, and defensive avoidance.

Despite the paucity of research evidence, it is anticipated that, survivors of CSE will likely experience a significant range and heightened intensity of the issues faced by survivors of other forms of CSA. This assumption is based on three factors. Firstly, there is a dose-response effect of the severity of CSA on the various potential negative impacts (Green et al., 2010; Scott et al., 2010), and CSE includes some of the most severe forms of sexual, emotional and physical abuse (Bruhns et al., 2018; Hughes, 2000; Varma et al., 2015). Secondly, since many children and young people who have been subjected to CSE have histories of CSA (Wilson & Widom, 2010) and or have been abused by multiple perpetrators (Commissie Azough, 2014) they typically experience sexual revictimisation, which is associated with more pronounced and prolonged impacts (Classen et al., 2005; Follette et al., 1996; Messman-Moore et al., 2000). Thirdly, CSE perpetrators intentionally target vulnerable youth (Wilson & Widom, 2010), particularly those living in unstable homes or local authority care (Fong & Cardoso,

2010). Consequently, this group of young people is unlikely to have the resources that would foster resilience to protect them against the potential impacts of the abuse.

Conclusion

The potential negative impacts on survivors of CSA across their lifespan represents a serious threat to their mortality, longevity, and quality of life (Brown, Anda, Tiemeier et al., 2009; Felitti, Anda, Nordenberg et al., 1998; Kelly-Irving, Lepage, Dedieu et al., 2013), so much so that CSA has been referred to as a public health issue (Brown & Saied-Tessier, 2015; Kaufman, Barber, Mosher & Carter, 2002; Letourneau, Eaton, Bass et al., 2014). Importantly, higher rates of premature mortality amongst CSA survivors are not completely accounted for by potentially health-damaging ways in which survivors cope in the aftermath of abuse. Rather premature mortality and some of the other negative impacts of CSA are related to structural changes in the brain, and the imbalances in hormones and neurotransmitters that arise as a consequence of toxic levels of stress that occur during their development (Kelly-Irving, Lepage, Dedieu et al., 2013). These potential impacts highlight the necessity of well, resourced and targeted support for this group of individuals.

Recovery from CSA

Recovery from CSA refers to more than the elimination of symptoms of mental ill-health. While recovery is unique to each individual, the process relates more to the individual's ability to live a fulfilling life. The defining features of recovery have been variously described by survivors as:

- Acceptance over what has happened
- Making peace with one's self
- Connecting with others and feeling competent and accepted in interpersonal relationships
- Regrouping and being able to trust others
- Talking about one's experiences
- Making links to substance misuse recovery
- No longer feeling hatred and fear
- Feeling safe
- Feeling comfortable with emotional and sexual intimacy
- Gaining self-confidence
- Able to be assertive
- Ability to embrace vulnerability
- Living a satisfying life
- Stopping the cycle of abuse
- Attaining spiritual transformation
- Engaging in altruism

Turning points

Turning points can be the catalysts for a change in the trajectory of recovery, which may be characterised by either an upward or a downward turn. Essentially, turning points are transformative events that when facilitating an upward turn can lead to a profound sense of well-being (Easton, Leone-Sheehan, Sophis & Willis, 2015). These positive turning points have been found to lead to a change in understanding and the realisation that there is hope for a better future (Harvey, Mishler, Koenen & Harvey, 2000). Easton et al. (2015) contend that turning points appear to prompt victims to amend their existing trauma narratives, to create a more coherent life-story and to establish/re-establish a stronger sense of personal agency and self-identity. Turning points appear to be memorable pivotal moments and/or epiphanies for those who have recovered (or are recovering) from victimisation (Anderson & Heirsteiner, 2007). It is not unusual for individuals to report multiple turning points along their road to recovery. The following factors have been identified as positive turning points for male and

female survivors of child sexual abuse (CSA) (Arias & Johnston, 2013; Banyard & Williams, 2007; Easton et al., 2005; Phanichrat and Townsend, 2010):

- Fear of losing their children
- Wanting better lives for their children
- The need to remember so as to not repeat the past
- Realisations and changes that happen gradually (e.g., tiring of old maladaptive behaviour patterns)
- Social support
- Environmental opportunities
- Spirituality
- Relinquishing self-blame
- Not wanting the abuse to continue to affect their lives
- Seeking therapy
- Confronting the abuser
- Volunteering and helping others
- Disclosing to a friend
- Coming to a new understanding

Phanichrat and Townsend's (2010) interview study of the journey of recovery for male and female survivors of CSA concluded that a sense of hope might underpin turning points, facilitate support seeking, cognitive reappraisal and acceptance.

Models of trauma recovery

There are several different ways to conceptualise the process of recovery. These have included general models of recovery from a range of different traumas, to those which have focused specifically on recovering from CSA.

Herman's (1992) Stage process of recovery.

- 1) Establishing safety, which included symptom mastery and establishing routines of self-care. This can only be established through the development of a satisfactory treatment alliance.
- 2) Exploration and processing of the traumatic experiences
- 3) Reconnecting with others - establishing mutual and non-exploitative relationships

Harvey et al, (1994) suggest eight different domains of trauma recovery:

- a) Gaining authority over memories
- b) Integration of memory and affect
- c) Affect tolerance and regulation
- d) Symptom mastery and positive coping
- e) Self-esteem
- f) Self-cohesion

- g) Safe attachment
- h) Meaning-making.

Draucker et al. (2012) proposed model of the process of healing from CSA specifically. Like Glaister (2001) they uphold the notion that healing necessitates that an individual actively engages in the process and undergoes changes from within. They suggest that the process consists of four non-sequential stages that the individual might transition back and forth though over the course of their lifetime:

- Grappling with the meaning of CSA
- Figuring out the meaning of CSA
- Tackling the effects of CSA
- Laying claim to one's life

They propose that healing stages are enacted across several different domains of functioning:

- One's life patterns
- Parenting
- Disclosure
- Spirituality
- Altruism

Arias and Johnson's (2013) study broadens out the process of healing to external contextual factors. The additional factors identified in their study were:

- *Social support* - both the giving (e.g., volunteering and helping others) and the receiving of support from others.
- *Informal and formal education* - Formal education raised self-esteem and self-confidence, and sometimes provided a deeper understanding of their abuse-related experiences. Informal education, typically in the form of engaging with the self-help literature written by those who have 'successfully' survived CSA often gave a sense of hope for the future and broke the sense of isolation and difference from others.
- *Confronting abusers* - Confrontation may have been in vivo and take the forms either of a face-to-face meeting or sending a letter, or an imagined confrontation through writing a letter without the intention of sending it or imagining confronting the abuser.

Overall, recovery from CSA appears to be an active process on the part of the individual and thus arises due to their attempts at coping. Different types of coping strategies will typically be employed at different stages of recovery. Avoidant coping (which relate to situational avoidance, procrastination, dissociation, amnesia for abuse-related

memories etc.) is more likely to be used in the crisis stage of a trauma, whereas active coping (e.g., help-seeking, self-educating, confronting the abuser etc.) would be used during the meaning-making and the creating a new-life path stages of recovery.

Summary

- Recovery can look different people at different points in time – it is all about the individual's own subjective perception.
- Recovery often requires the individual to forge a new life-path and new ways of being.
- Recovery can be a long process that happens gradually, but there can be positive turning points that significantly accelerate the rate of progress.
- Positive turning points are events that instill hope for a brighter future.
- Recovery is not necessary a smooth linear process. Sometimes there can be negative turning points (e.g., new life stressors) which can lead to a temporary loss of adaptive functioning.
- The key processes of recovering are eliminating or learning to manage the unpleasant thoughts and emotions, making sense out of what has happened and moving forward with a new zest for life.
- Recovery can be aided by several different resources and activities including, therapy, social support from others, education, volunteering, spirituality and confronting or making a formal complaint against the abuser.

Evaluation

Aims and Objectives

The aim of this evaluation was to provide a 360-degree reflection on the operation and impact of the New Beginnings service delivered by Elmore Community Services (to be referred to as Elmore henceforth) on behalf of Oxfordshire County Council.

The objectives of this evaluation of Elmore's New Beginnings service were to:

12. Describe the cohort of clients.
13. Highlight the range and complexity of the client's presenting needs.
14. Explore the referral pathways into and through the New Beginnings service.
15. Describe the New Beginnings service in practical terms.
16. Assess the impact, if any, that the service has had on its client's lives.
17. Identify which aspects of the service are deemed to be most impactful for the clients.
18. Highlight the barriers and facilitators to working with this client group, including in relation to multi-agency working.
19. Identify any challenges that clients face (or have faced) in relation to using the service and ascertain what changes might alleviate such challenges.
20. Explore the experiences of the New Beginnings staff regarding the day-to-day operation of the service to determine what has worked well and whether any changes might be necessary to improve the processes.
21. Explore external stakeholders' experiences of the referral process and/or working alongside the service.
22. Ascertain what, if anything, the New Beginnings service offers its clients that other services do not.

Methods

The evaluation consisted of three distinct research phases that utilised a mixture of quantitative and qualitative data.

- 1) **A file-analysis.** This explored the referrals and cases to provide an overview of the number and types of referrals, the proportion of referrals that translate into active cases, a description of the support provided by the service, the presenting issues of the clients and a summary of the referral pathways into and between services.

Both researchers signed non-disclosure agreements with Elmore Community Services prior to being given remote access to the clients' case-file records in order for them to develop an anonymised and coded database.

- 2) **Assessment of outcomes for the clients.** This entailed the analysis of outcome data collected by the service over the past five years in line with their evaluation framework. In many cases, this was based on a comparison of clients' scores on a psychometric measure called the Moving Forward from Crime Scale which were due to be completed intermittently throughout service engagement.

Moving forward from Crime Scale (Wager, 2015)

There are two versions of this self-report scale; the original 29-item scale and the 14-item short-form version. The scale is adapted from Mental Health Recovery Measure (MHRM) (Young & Bullock, 2003). This instrument was developed to permit the comprehensive assessment of the recovery process for individuals with serious mental illnesses. The level of the client's recovery is assessed without relying on the measurement of symptoms or symptom management. The original scale was developed from the findings of a grounded theory interview study with 18 service users exploring their recovery journeys. The conceptual subscales that emerged in understanding the recovery process were: Overcoming Stuckness, Self-Empowerment, Learning and Self-Redefinition, Basic Functioning, Overall Well-Being, and New Potentials (Hope). Spirituality and Advocacy/Enrichment are also recovery processes that are assessed by the MHRM. The scale has been found to work well with different cultural groups. With regards to the psychometric properties of the original scale the overall scale has satisfactory internal reliability (Cronbach's alpha = .93) and all of the subscales have or are approaching a level of satisfaction (range .60 for Overcoming Stuckness to .89 for Spirituality). The scale has been found to have a high test-rest reliability over a two-week period ($r = .91$). The scale scores

demonstrate strong correlations on measures of resilience (Connor-Davidson Resilience Scale 2003; $r = .73$) and empowerment (Rogers et al., Empowerment Scale 1997; $r = .67$). When used to evaluate therapeutic services, the scale has been found to capture change in client well-being (Bullock, O'Rourke, Farrer, Breedlove, Smith & Claggett, 2005) and to differentiate between clients who are at different stages of recovery (Bullock, Wuttke, Klein, Bechtoldt & Martin, 2002; Bullock & Young, 2003).

In adapting the scale, the references to mental health and recovery were removed and replaced with phrases such as 'criminal events/experiences' and 'moving forward'. The changes made arose from a period of consultation with practitioners who were working with victims of serious crimes in a variety of different intervention services (e.g., Victim Support, Counselling Services for refugees, restorative justice etc.). The practitioners then piloted the questionnaire with several of their clients and changes were made in response to the observations during the piloting. The key change was the creation of the short-form version of the questionnaire as the full version was deemed too onerous for use with highly traumatised clients. The scale has been used in several evaluation studies of interventions for victims of crime across the Thames Valley provision.

- 3) The **process evaluation was based on interviews** with a range of stakeholders' who had experience of the service (e.g., clients, case/support workers, team managers, referrers, community partners and the service funder). Individual semi-structured interviews were undertaken remotely with each interviewee. The interviews were conducted between February and March 2021 while the national Covid-19 lockdown was in force. The interviews were digitally recorded and transcribed prior to analysis using thematic analysis (Braun and Clarke, 2013). Upon transcription the digital recordings were permanently deleted. The interviews were anonymised during the transcription process and pseudonyms have been used to reference interviewees throughout this report.

In total nine interviews were conducted with professionals including: Two managers working within the service, four caseworkers working within the service, two referrers/external partners, and one commissioner. A further three caseworkers expressed an initial interest in participating, but who did not follow-up on this. No other external partners expressed an interest in participating. Each interview lasted between 35 minutes and just over 2 hours. The typed interview transcripts were returned to each of the individual interviewees to allow them to approve or amend their contribution prior to data analysis.

In the case of the interviews with New Beginnings clients, their case worker joined the online meeting prior to the interview commencing (e.g., during the initial rapport building phase). The case workers left the meeting before the interview questions began, but they remained contactable for the client should the client have wished to speak to them. The researcher, with the client's prior consent, informed the caseworker when the interview had ended. Where this had been agreed, the case worker then contacted the client immediately after the interview for an informal check-in. Additionally, it was recognised that some clients had a preference for a greater level of anonymity and thus the interview questions were also made available as an anonymous online survey.

In total two clients contributed to this evaluation; one through an interview conducted over TEAMS and one through completion of the anonymous online survey.

Ethical Approval

The evaluation was granted ethical approval from the School of Health and Human Sciences Research and Integrity Committee on 8th February 2021.

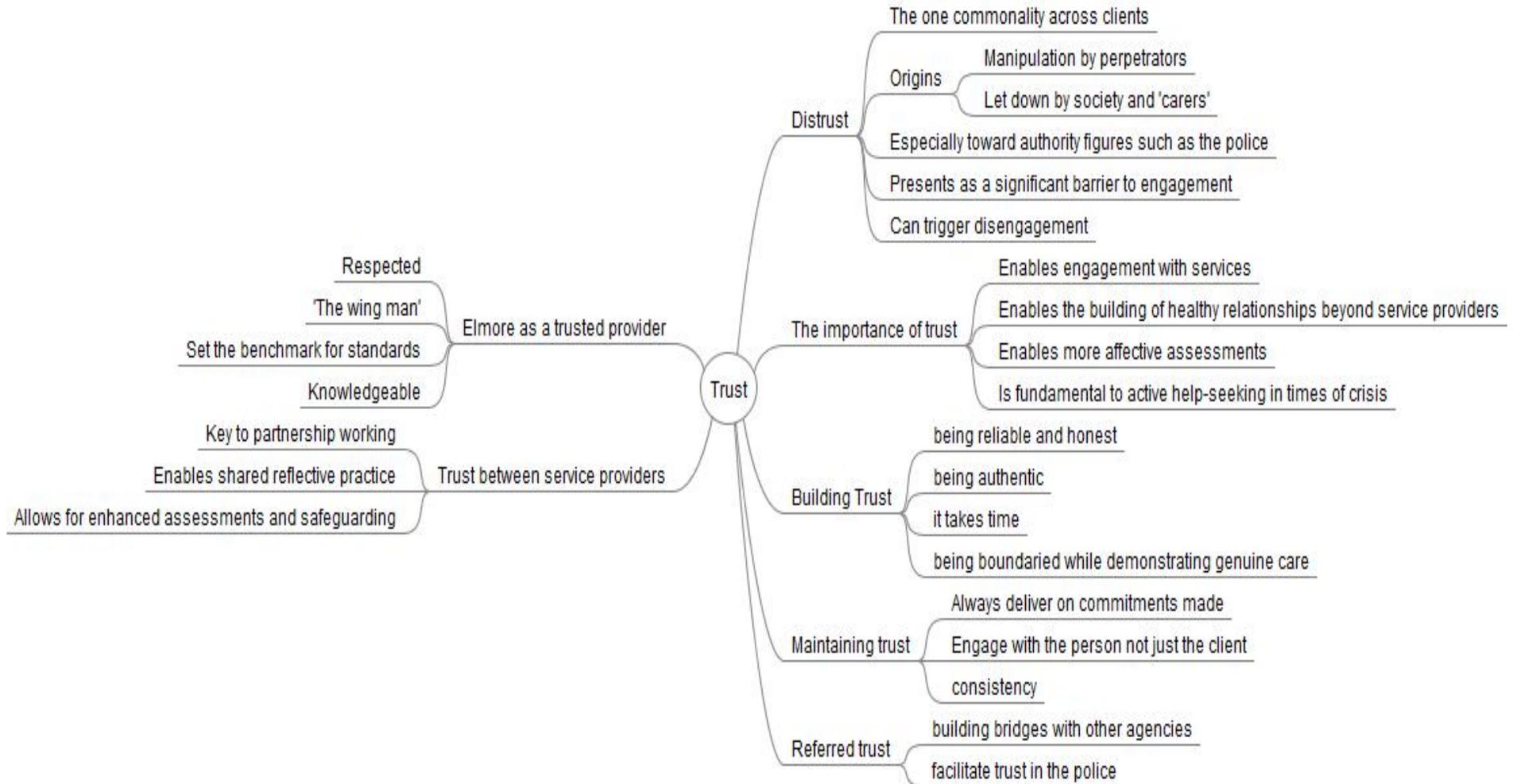
Findings

Major Themes

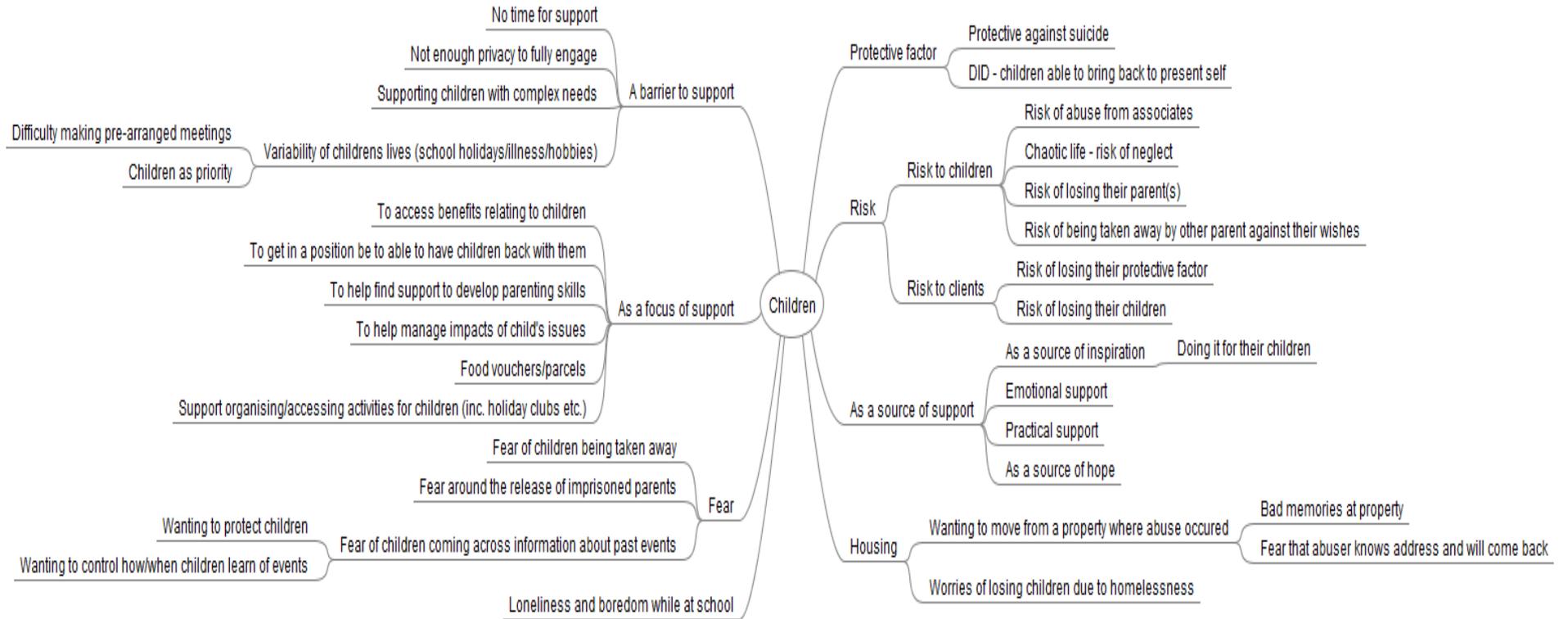
The evaluation revealed three major themes that permeate the evaluation objectives: *Trust, Children* and *The Essence of New Beginnings*.

These major themes, among many other themes, are explored in detail in addressing each of the evaluation objectives in what follows. In this section, each major theme is presented as a mind map to give the reader an overview of how each hold together as a whole.

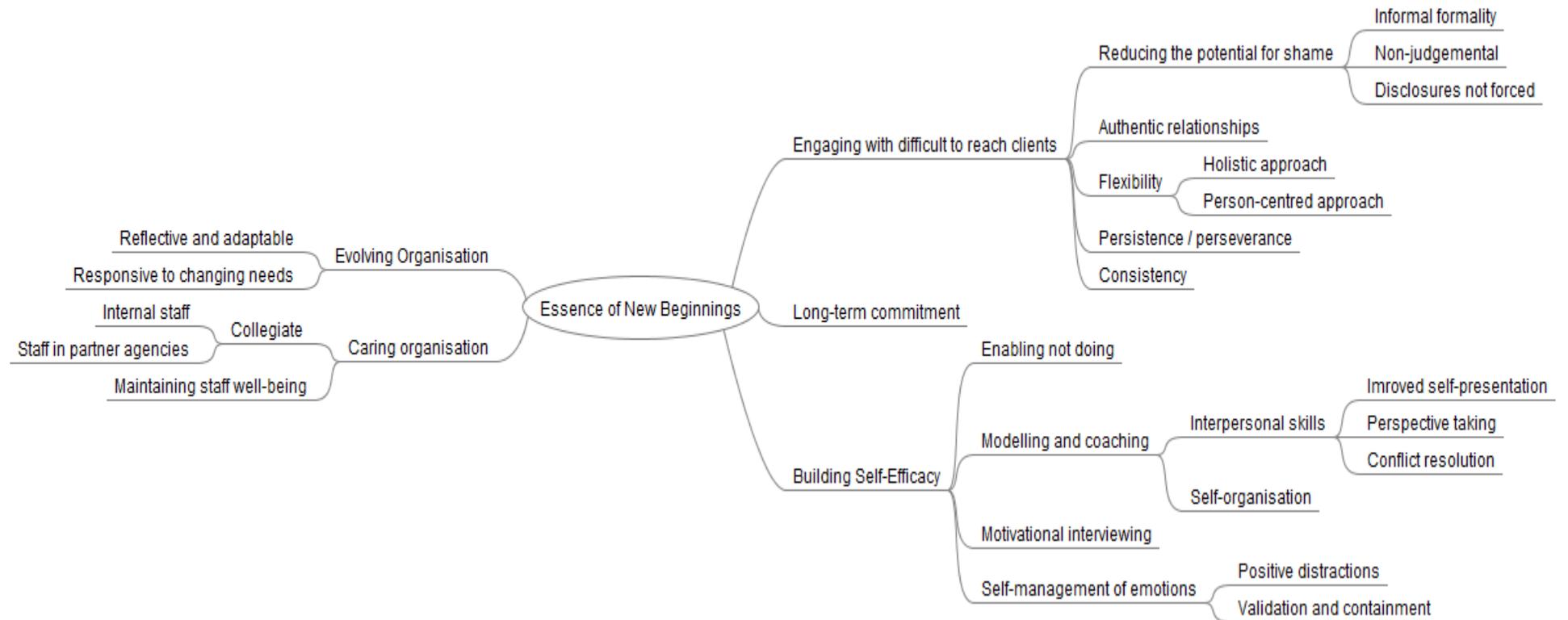
Mind Map: Trust



Mind Map: Children



Mind Map: Essence of New Beginnings



Objective 1: Overview of the clients and cases

The analysis of the case files informed an overview of the New Beginnings service. The file-analysis ascertained basic details of clients such as their age (on referral), gender and parental status. It uncovered snapshots of the status of client timelines at the time of the evaluation and for each year since the service began, including the total number of timelines (overall and by year) and a count of open and closed timelines (overall and by year). It also explored the duration between client referral and the start of a timeline and clients' duration of engagement with service.

The service database that formed the basis of the file-analysis did not, at time of the evaluation, detail most referrals into the New Beginnings service that do not go on to become clients. A reason for this may be because the service intentionally operates a very flexible, minimal, and informal referral process, not requiring any specific paperwork or form of contact. As a result, it was not possible to ascertain the overall numbers of referrals into the service, the proportion of referrals that translate into active timelines, or details regarding the overall number of referrals from specific referrers.

It was not possible to do an analysis of various categorical variables (e.g., Ethnicity, Sexuality, Religion, etc.) due to the data not being recorded on the database consistently enough. However, it was clear that the reason for this is the New Beginnings service's approach of being minimally invasive and moving at the pace of the client. The collection of this information was not required for the service to begin supporting the clients.

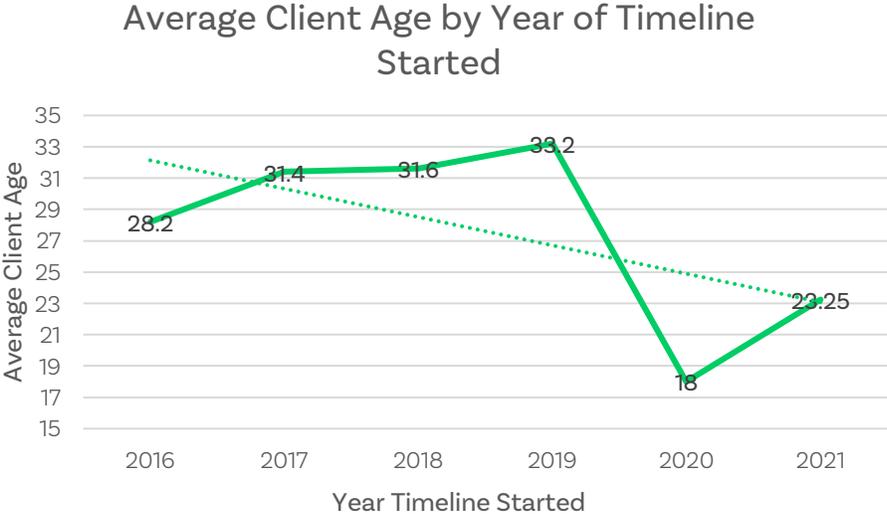
Some clients have multiple New Beginnings timelines and others have previously had timelines with Elmore Community Services' other services.

Age

The age, at the time of referral, of those referred to the service that went on to become clients ranged from 17 to 50 years old. The average age, at the time of referral, of those that went on to become clients was 30 years old.

Viewed year by year, there is a downward trend in the average age of clients, with those whose timelines started in 2020 or later being significantly younger than the overall average. For those timelines beginning in 2020 or later, the average age of clients was 23.3 years old, compared to an average of 31.8 years old for the years before 2020 and the overall average of 30 years old.

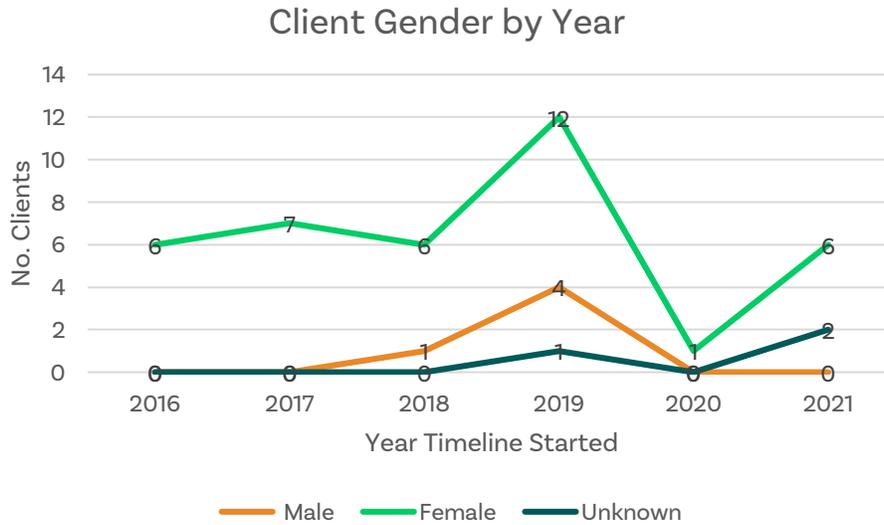
Year Timeline Started	Average Age	Number of Timelines
2016	28.2	6
2017	31.4	7
2018	31.6	7
2019	33.2	17
2020	18	1
2021	23.25	8



Gender

Of all 44 client-referrals that went on to become clients, 36 were female, 5 were male and in 3 cases no gender information was given, this translates to 81.8% female, 11.4% male and 6.8% gender unknown.

Year Timeline Started	Male	Female	Unknown
2016	0	6	0
2017	0	7	0
2018	1	6	0
2019	4	12	1
2020	0	1	0
2021	0	6	2
Total	5	36	3



Age and Gender

As shown above, most clients were female with only a small number of males and those without a gender listed on the database. This makes a comparison of the average ages of males and females tentative since the number of male clients was low. However, there was a marked difference in the average age across genders, with the average for males being 41.8 years old and females being 28.2 years old, making the average male client 32.5% older than the average female client.

Parental Status

There was a total of 44 clients, 23 were known to be parents, 6 were listed as not having children and the parental status of 15 was unknown. This translates to 52.3% being known parents. Parental circumstances varied among clients, with a mix of those whose children lived with them and those whose children did not live with them. Children were a mix of preschool aged, school-aged and adult. Some had children in care, living with other family members or living with the other parent.

New Beginnings Status

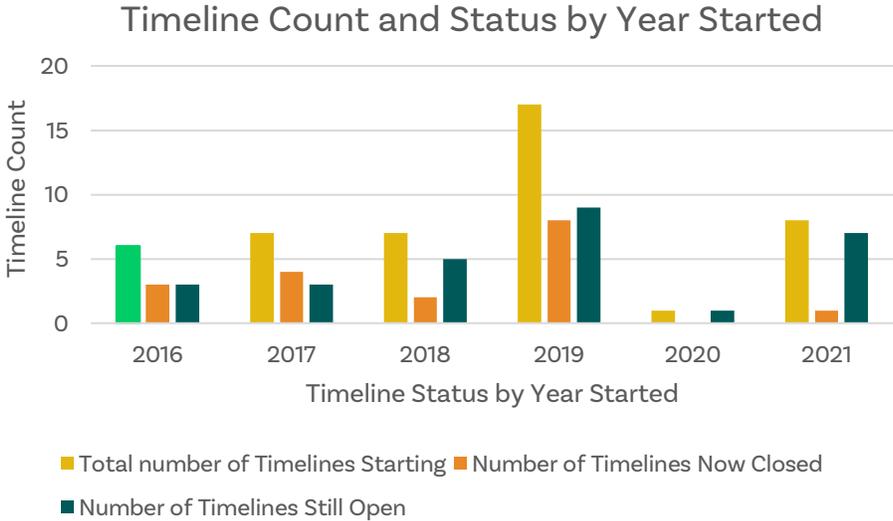
There was a total of 46 timelines among 44 clients, 18 were closed and 28 were open. There were two clients with open timelines that had previous timelines that had been closed. At the time of the evaluation the service had the capacity to support 30 clients at any given time. In its earlier years it operated below this capacity but since 2019 it has been operating at capacity. At the time of the evaluation in spring 2021, the service already had 26 open timelines for 2021. The table below shows the total number of timelines open each year (i.e., the total count of timelines that were open for at least some of the given year), as a result the figure shown will not necessarily be the same as

the total number of timelines open at any one time in a given year, which could be a lower figure.

Year	Timelines Open in Year
2016	6
2017	13
2018	17
2019	32
2020	29
2021	26

Timelines that were open at the time of the evaluation were not necessarily those started in more recent years. Viewed year by year showed that there were open timelines that were opened as far back as 2016 (the first year of the service), with approximately a half or more of all timelines opened in any given year still open at the time of the evaluation.

Year of Timeline Start	Total number of Timelines Starting	Number of Timelines Now Closed	Number of Timelines Still Open
2016	6	3	3
2017	7	4	3
2018	7	2	5
2019	17	8	9
2020	1	0	1
2021	8	1	7



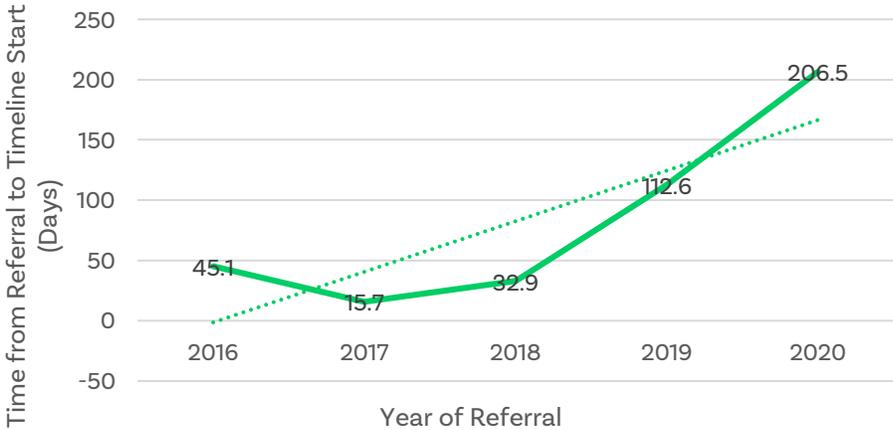
Timelines were closed for various reasons but the most common were client disengagement with the service and clients deciding they no longer want or feel they need support from the service. This was not always the view expressed by the client’s caseworker in the case files, however the New Beginnings service is led by its clients so timelines will be closed on clients’ wishes.

Time from Referral until Timeline Start Date

The duration between the date of referral and the start of a timeline ranged from 0 days to 433 days, with the average duration being 85.7 days. The average duration between referral and the start of a timeline varies from year to year, ranging from 15.7 days in 2017 to 206.5 days in 2020, following an overall pattern of increasing duration:

Year of Referral	Referral to Start (Days)	Number of Timelines
2016	45.1	7
2017	15.7	6
2018	32.9	7
2019	112.6	22
2020	206.5	4

Time from Referral to Timeline Start by Year of Referral



The increasing duration between referral and the start of a client timeline may be a result of the increasing number of referrals and the fact that the service supports clients long-term with a large portion (approximately half) of timelines opened in any given year of the service remaining open at the time of the evaluation. Another potential factor may be the effects of the Covid-19 pandemic preventing new timelines starting in 2020.

Duration of engagement

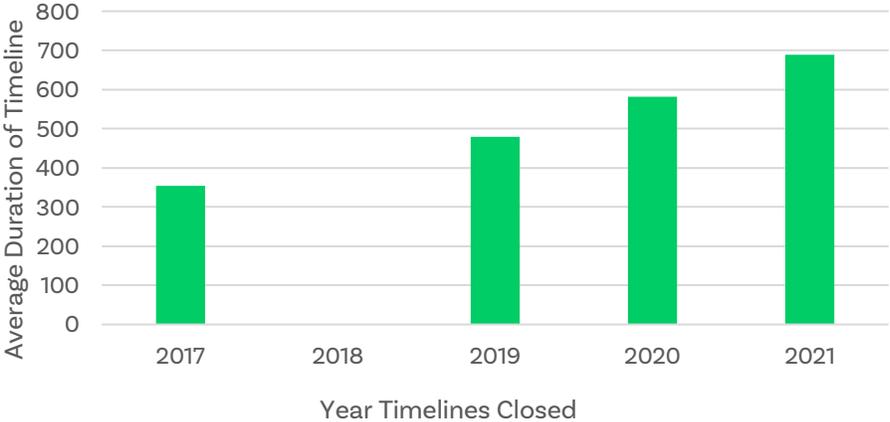
When investigating the duration of engagement (i.e., the length of individual timelines) with the New Beginnings service, it is important to note the difference between open and closed timelines, with closed timelines being of a fixed duration since they had come to an end and open timelines increasing in duration since they were ongoing, at the time of the evaluation. Open and closed timelines are presented separately here.

There was a total of 18 closed timelines and 28 open timelines.

The duration of the 18 closed timelines ranged from 38 days to 1537 days, with an average engagement of 551.4 days. The duration of closed timelines in the year increased year on year since the start of the New Beginnings service, from a low of 354.5 days for timelines closed in 2017 to a high of 689 days for timelines closed in 2021. There were no timelines closed in 2018.

Year Timeline Closed	Average Duration of Timeline (Days)	Number of Timelines Closed in Year
2017	354.5	2
2018	N/A	0
2019	479.5	4
2020	581.2	9
2021	689	3

Average Duration of Timeline by Year Timelines Closed



The duration of the 28 open timelines, at the time of the evaluation, ranged from 77 days to 1834 days, with an average engagement of 755.3 days. The oldest open timelines were opened in 2016 and there were timelines that remained open from every year of the Service’s history.

Year Timeline Opened	Average Duration of Timeline at Evaluation (Days)	Number of Open Timelines Opened in Year
2016	1702.7	3
2017	1429.7	3
2018	968.2	5
2019	634.3	9
2020	451	1
2021	81.4	7

There were two clients each with two separate timelines. The average duration of client (as opposed to timeline) engagement with the New Beginnings service among those clients with open timelines, at the time of the evaluation, was 810.3 days.

Objective 2: Clients' Presenting Needs

The analysis of the case files revealed that the clients presented with multiple and multifarious needs. Importantly, the analysis indicated that many of the needs were not apparent when first working with the client, rather they emerged; once trust had been built with the caseworker which permitted discussing additional problems, due to the on-going chaotic life circumstances of the clients, or due to the involvement of systems and agencies (e.g., stages in the police investigation/criminal proceedings, the instigation of a care plan for their own children etc.) which served to retraumatise the client.

“New Beginning clients are people who do carry a heavy load.”
(Interview 8 – New Beginnings)

It is evident from the case files that not only had the clients' experiences of CSE resulted in these needs, but that many of the clients had also experienced numerous traumas both in adulthood and in childhood. Some of the traumas that preceded the CSE may have contributed to them being targeted by the perpetrators, and many others appear to have been left unprocessed due to the lifetime stolen by the CSE experience. As a consequence, the New Beginnings service, in adopting its holistic approach, works with the clients who have complex trauma histories that require a variety of different forms of support and intervention over a prolonged period of time.

The table overleaf summaries the issues faced by the clients served by the New Beginnings service. The needs have been categorised under six headings: *practical problems, lack of social support, mental health issues, emotional well-being, previous trauma* and *predictable triggers*. The summary presents an extremely sanitised version of the clients' needs and experiences, this is to preserve the anonymity of the clients and to protect the reader. The reader is therefore asked to be cognisant that each of the clients presented with an array of the table entries, including both issues within a single category and across the different categories.

Housing issues

In addition to the needs referred to in the table, many of the clients have issues with housing, particularly the lack of permanent and secure accommodation. Some were identified as rough-sleepers, others were living in tents or were sofa-surfing. Others were threatened with loss of their homes or had their homes repossessed; sometimes due to unpaid rent arising due to problems applying for welfare benefits. A few of the

clients were living in supported housing or staying in Bed and Breakfast. For some, there was a need to move to new accommodation/area due to fears for their safety, both physical (e.g., reprisals from the perpetrators or the perpetrators' friends and

Presenting Needs of New Beginnings Clients

Practical Problems	Lack of social support	Mental Health Issues	Emotional well-being	Previous traumas	Predictable triggers
<p>Chaotic lifestyle</p> <ul style="list-style-type: none"> On-going risk/actual exploitation Living with the perpetrator Own offending behaviour (particularly physical assaults, criminal damage and public disturbance offences) Involved in sex work (online) <p>Systems</p> <ul style="list-style-type: none"> Criminal trial (of perpetrators) Help to report risks to the police Becoming a care-leaver and needing to apply for accommodation Involved in a CSE investigation 	<p>Lack of support from parents due to:</p> <ul style="list-style-type: none"> Own parents have mental health issues Parent undergoing investigation for CSA offences CSA abusive parent continues to live with the non-abusing parent They are a care-leaver with little/no contact with birth parents Biological family pose an ongoing risk (e.g., involved in the CSE) <p>Lack of support from partners</p> <ul style="list-style-type: none"> Fractious relationships with partners 	<ul style="list-style-type: none"> (Multiple) attempted suicide(s) Suicidal ideation (some active) Self-harming Post-traumatic Stress Disorder Personality disorders (Dissociative identity disorder & Emotionally unstable personality disorder) Depression Anxiety Panic attacks Eating disorders Substance misuse Alcohol abuse (severe) Psychogenic seizures Paranoia Some of the clients have a history of being sectioned under 	<ul style="list-style-type: none"> Feeling <ul style="list-style-type: none"> out of control, overwhelmed, hopeless, distressed, vulnerable Difficulty managing emotions Low self-esteem Difficulty trusting others (particularly those in authority) Trusting too readily Low threshold for becoming defensive/aggressive 	<p>Child abuse</p> <ul style="list-style-type: none"> History of familial CSA prior to CSE History of childhood neglect and/or physical abuse CSE by multiple perpetrators over protracted period Being removed from the family home and being placed in care Discovery of intergenerational CSA within the family <p>Criminal victimisation</p> <ul style="list-style-type: none"> History of modern-day slavery Victim of a mugging Held at knife-point 	<ul style="list-style-type: none"> VIPER process to identify perpetrators is retraumatising. Preparing for and being a witness in a criminal trial (or multiple trials) Perpetrator(s) parole hearings Impending release of perpetrator(s) from custody Threats to have their children removed from their care. Being asked about exploitation experiences Undertaking psychotherapy Media reports on the case

<p>Issues around children:</p> <ul style="list-style-type: none"> • Pregnant • Anxiety and lack of confidence in own parenting abilities. • Abuser (father of client’s child) threatening to take the child from them. • Access/custody cases in relation to their children <p>Financial Hardship:</p> <ul style="list-style-type: none"> • No money for food • Job loss • Difficulty accessing state benefits • Gambling - leading to shortage of money 	<ul style="list-style-type: none"> • Living in an abusive relationship • Partner serving a custodial sentence • Unable to seek support from those close due to masking their past and the impact it has on them. <p>Social isolation</p> <ul style="list-style-type: none"> • Moved to new area to escape the abusers/ reminders of the abuse. • Few friends due to the difficulties in forming relationships • Limited contact with children 	<p>the Mental Health Act.</p>		<ul style="list-style-type: none"> • Witnessing family member being hostage • Sexual and intimate partner violence by former partner (including attempt to kill) • Previous victimisations which have been handled insensitively by the investigating officer • Sexual assault case in which the perpetrator was acquitted in court <p>Complex Bereavement</p> <ul style="list-style-type: none"> • Found body of partner who had passed away at home • Partner completed suicide. • Bereavement of parent at a young age 	
--	--	-------------------------------	--	---	--

				Other Loss: <ul style="list-style-type: none">• Children taken from their care	
Practical Problems	Lack of social support	Mental Health Issues	Emotional well-being	Previous traumas	Triggers

family) and psychological (fear of seeing the perpetrators). Young people who have been looked-after-children faced the particularly daunting challenge of applying for local authority/social housing on reaching their 18th birthday.

Meeting clients' needs

Immediate, small-scale financial needs (bus fares, electricity top-ups, food vouchers etc.), practical support with making/keeping appointments and completing forms and the need for emotional support that can be met using the New Beginnings'/ Elmore's resources were those deemed easiest to meet.

“In a practical sense, sometimes that can be quite easy, helping them to appointments or filling in forms, and all those sorts of things that we do with them.” (Interview 10 – New Beginnings)

However, when the fulfilment of the need necessitated reliance on other agencies/services, those were found to be more difficult to address, or at least take longer and require great persistence on the part of the caseworkers before progress could be made. The difficulties have been exacerbated with the funding reductions that have been made to statutory services and often there is only a single provider for a particular need (e.g., housing and complex needs), and thus there is no quicker way of addressing the need. Once someone is on the waiting list, they invariably have to wait their turn, which can mean waiting two years once someone has reached the position of accepting that they need the service and feel ready to engage with the provision. This means that New Beginnings 'holds' the clients during the waiting period and continues to address the new and ongoing needs that tend to arise due to the inability to deal with the more substantive issues.

The difficulties of getting support from statutory agencies was felt to be most acutely evident in contexts where the need is immediate and potentially life threatening.

“Another need which is hard to meet is to provide sufficient support or make sure clients get sufficient support from statutory services around the time of a mental health crisis.” (Interview 11 – New Beginnings)

It was noted that it is particularly difficult to address the needs of clients who have been diagnosed as having a personality disorder, as some services are reluctant to engage with them and specialist services are in short supply with very long waiting lists.

Regarding housing, whilst the shortage of housing makes it difficult to secure housing for any client, the problems were greater for single males.

Several gaps were identified in the range of service provisions. For example, closure of the children's centres meant that there was less support with parenting related issues, and no other dedicated parenting support services were identified in the list of services being accessed by the clients.

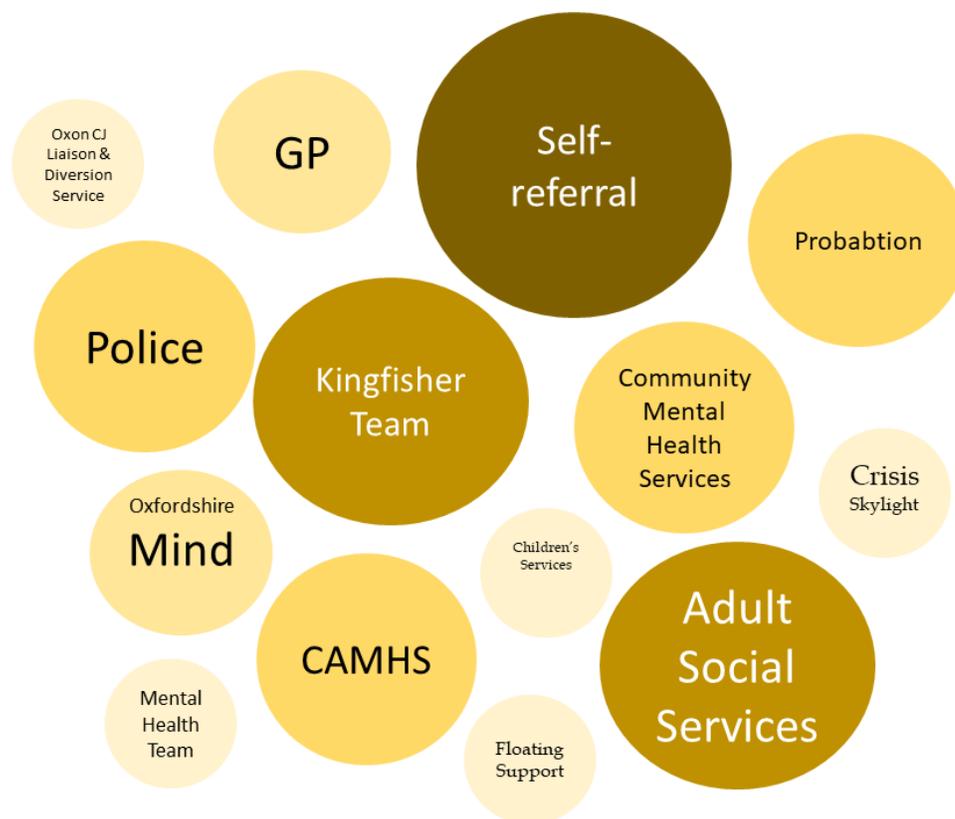
“[W]hen the children's centres were closed, parents who were dependent on their services, they completely lost support, they were horrible times.” (Interview 3 - New Beginnings)

Additionally, the change to SAFE!'s contract that resulted in a change of age criteria for their client base (the upper age limit reduced from 26 to 18), meant that access to a valuable resource - the protective behaviours programme that endeavours to reduce the risk of revictimisation - had been lost.

Objective 3: Referral Pathways

Referral into New Beginnings

The referrals into the New Beginnings service come from a wide range of partner agencies, which demonstrates the extent of the partnership working. The image below represents the number of clients who were identified as referred from each of the agencies (the larger the circle the higher the number of referrals from the source). The self-referral category is likely to also include people who were already clients of Elmore's other services, but upon discovery of their history of CSE they agreed to be referred into the New Beginnings service. In some instances, several referrers were recorded for a single client. The referrals from the police, came from different units/teams within the police, including: Oxfordshire Youth Justice and Exploitation Service and the Safer Streets Team. It is important to note that since the case-files only include cases that were opened rather than all referrals, not all referrers or the true extent of each agency's willingness to refer clients is captured here.



Referral Pathways into the service

The interviewees also described three main referral pathways: from partner agencies, internal transfer of Elmore Clients to the New Beginnings service and self-referrals.

Referrals from partner agencies included supporting the victims in the CSE police operations and connections with other agencies that are facilitated by the Service Managers being members of the Young People Sexual Violence and Exploitation Network. Other possible referrals came from the Kingfisher Team, SAFE! and Donnington Doorstep, who run the Step-Out service.

The internal transfer of Elmore clients from other services to the New Beginnings project tended to occur due to the emerging recognition that existing Elmore clients have experienced CSE or their experiences were already known but their needs now mapped better onto the New Beginnings provision.

“There are people on our current client caseload who we know have experienced this, or a court case comes up and we can support them through the court case, or something like that, so a variety of ways.” (Interview 1 – New Beginnings)

“We do have clients, however, who came to us from Elmore [other services] and they were not aware of the New Beginnings project existing, however, while working with an Elmore worker, they found out, or they disclosed child sexual exploitation, and they were then transferred to New Beginnings.” (Interview 3 – New Beginnings)

Self-referrals were seen as the exception rather than the norm. Although the image above suggest self-referrals were the largest source of referrals into the service, it is likely that many ‘self-referrals’ were instigated by either the Elmore team or by partner agencies.

Multi-Agency working

Due to the complex needs of the clients and their circumstances, a wide range of services are involved in providing support or are key to addressing their needs. The file-analysis permitted an investigation of the range of agencies and services with which the clients are involved; many of which the New Beginnings team directly communicate or facilitate the clients’ engagement with.

The agencies include:

Criminal Justice	Housing/ Homeless Services	Survivor Services	Therapy Providers
<p>Police</p> <ul style="list-style-type: none"> • Domestic Violence Abuse Unit • Solicitors 	<ul style="list-style-type: none"> • Mayday Trust • Connection Support • Sanctuary Housing • Aspire Oxford • Simon House (Supported Housing) • Salvation Army • Yew Tree Lodge (Assisted Living) 	<ul style="list-style-type: none"> • OSARCC • Victims First • Oxfordshire Sexual Abuse and Rape Crisis Centre (OSARCC) • Victims First • SAFE! • Step-Out • Anti-trafficking and Labour Exploitation Unit 	<ul style="list-style-type: none"> • MEET Oxford (EDMR and Energy Therapies) • Clean Slate (Counselling)
Mental Health Services	Medical Centres	Substance Misuse Services	Activities
<ul style="list-style-type: none"> • AMHTs • CAMHS • Oxfordshire Mind • Restore • Oxfordshire Complex Needs Service • Talking Space 	<ul style="list-style-type: none"> • Luther Street (Medical Centre) • GPs 	<ul style="list-style-type: none"> • Turning Point 	<ul style="list-style-type: none"> • Crisis: Skylight (Art classes) • Restore
Social Services Children's Services Child Protection	Citizen's Advice Bureau	Cherwell Council Aylesbury Council	Migrant Help
Kingfisher Team (Multidisciplinary team to respond to CSE)			

Objective 4: What does New Beginnings offer their clients?

The interviewees expressed that the clients are a heterogeneous group of individuals with divergent needs that they address by adopting a person-centred, holistic approach.

“It's not just about what's happened to them in the past, it's also about who they are. It's finding out what they used to enjoy before all this happened to them ... It looks at the whole person ... [creating opportunities for] enjoyment that will bring the old person back ... So, it's lots of different angles you're coming at this person. So, it's to get them better head-wise, physically, and also personality-wise, bringing them all back together.” (Interview 6 - New Beginnings)

Analysis of the goals of engagement with New Beginnings in the case-files, lends support for the eclectic range of roles played by the service in assessing the clients' needs. The range of activities undertaken clearly demonstrate the holistic nature of the support provided to the clients. Additionally, the support offered is client-determined rather than service-determined and this contrasts significantly with other service providers who have a narrowly defined remit or time limitations on what they can offer.

“We support them based on what they feel they need support with rather than telling them what they need support with.” (Interview 10 - New Beginnings)

Types of support offered

The following list of types of support were drawn from the file analysis.

Life skills and personal management

- Help to manage debts and apply for a Debt Relief Order
- Money management / budgeting / applications for funding
- Finding assistance to deal with gambling problems
- Assist with housing / housing transfer applications and coordinating house moves
- Help securing a mental health diagnosis,
- Assistance with PIP applications
- Finding meaningful day-time activities/building constructive routines
- Assistance with benefit claims (e.g., applying for benefits, renewing benefit claims, appealing the DWP benefit decisions).

- Assisting with methadone prescriptions
- Assistance managing personal paperwork

Trauma specific support

- Support engaging in survivor programmes (e.g., Anchor)
- Support to recognise healthy and risky relationships
- Assisting arrangements for increasing physical safety (e.g., an assessment of the safety of the home, the instillation of a panic alarm in the home and purchase of a personal safety alarm)

Emotional support

- Identifying and managing emotions
- Help finding alternative coping strategies
- Help to construct a list of trusted people to call when in need
- Building a sense of hope
- Help to find mindfulness courses
- Assist with referrals to therapeutic/counselling services
- Supporting through life stressors (e.g., moving home, threats of repossession)

Supporting clients through criminal justice processes

- Supporting through on-going police investigations
- Preparation and support (making arrangement for child care) to enable the client to give their best evidence in court
- Support to report previously undisclosed victimisations to the police
- Help to find out when abusive ex-partner is due to be released from prison
- Support through the (National Referral Mechanism) NRM process

Building longer-term resilience

- Facilitate building trust with other services/agencies (e.g., police)
- Identifying and referring to local agencies in order to build a support network – e.g., Complex Needs, AMHT, Archway/Tandem (Volunteer befriending service to combat loneliness and sense of exclusion)
- Support to engage with other agencies: probation, Adult Social Care
- Assistance to attend the Recovery College (programme for managing mental health and addiction issues)

Support with building a future

- Assistance with looking for jobs, finding opportunities to develop transferable skills, securing and maintaining employment (e.g., helping with job applications and preparing for the interview)

-
- Assistance in finding and supporting the completion of accredited training programmes and/or access to literacy and UK living standard skills education.
 - Finding and enabling clients to find volunteering opportunities
 - Support in embarking on learning to drive

Building a sense of identity

- Support accessing Social Care records
- Enabling/assisting the client to find birth parents

Building a sense of self-worth

- Building self-esteem
- Providing support to help clients end abusive relationships
- Build self-care skills and routines
- Provision of positive reinforcement
- Build sense of independence and self-efficacy
 - Support capacity to plan and think through potential consequences

Assistance with parenting related issues

- Supporting negotiating adult life as a parent
- Support attending Mother and Baby groups
- Support in stepping down from Child Protection to Children in Need
- Support in dealing with children's behavioural/health issues

Provision of resources for immediate needs

- Money for public transport to make appointments
- Provision of food vouchers
- Support applying for funding for essential household items
- Topping up their electricity

Reducing stressors

- Helping to resolve issues with digital devices

Helping clients maintain/improve their physical health

- Providing education about healthy life-styles (healthy diet, exercise, sleep hygiene, smoking cessation etc.)
- Encouraging them to address physical health issues (e.g., attend dental appointments), reminding and encouraging them to take medication; helping them to register with GPs, liaising with clients' GPs - booking and attending appointments with them.

Clients' views on what the New Beginnings caseworkers do for them

“She's been there when I basically feel like I'm about to fall off the horse.”

“[My caseworker] was also helping me with overturning a DWP PIP decision, we had to go to tribunal, she sat with me with another student support worker and we gave our evidence to the tribunal ...They got it overturned.”

“Sometimes she's been the voice of reason. Sometimes she's ... calmed [my young self] down a few times. She's calmed me down when I've been overworked and under-slept. Her support has been invaluable...”

“I knew I needed someone I could talk to when I couldn't talk to anyone else. And that is what I have received.”

Objective 5: The impact of New Beginnings on clients' lives

The New Beginnings service has resulted in a wide range of positive outcomes for its clients. It has also made a clear and significant positive impact on society more broadly, outside of the positive outcomes for its clients.

Impacts

The New Beginnings service has unquestionably made a significant positive impact on society, this was clear from the results of the file-analysis, interviewee testament and analysis of the key performance indicators.

Court cases leading to the prosecution of perpetrators

Several interviewees reported that without the service providing support there would have been court cases that could not have concluded with the prosecutions of multiple perpetrators of CSE. Aside from all the benefits prosecutions have for the victims, it is a huge positive impact on society more broadly to have perpetrators held accountable and imprisoned, and thus safeguarding other potential victims.

“The police, they said that they didn't think that those women would have got to the trial if we hadn't been supporting them.” (Interview 1 - New Beginnings)

“We would never have got them through the court process, or even to court, had we not had the support of Elmore, without a shadow of a doubt. Without them holding the hand, we wouldn't have got through the process for a lot of these girls because of the stress and the grief.” (Interview 4 - external agency)

“If [a New Beginnings worker] hadn't been there, we would never have maintained contact with her or gone through the court system or locked up three or four people for 20 years each for horrendous crimes...That whole process would never have got off the ground, we would have lost her the day we let her go” (Interview 4 - external agency)

Potential financial Impact

Some interviewees talked about the financial impact of the New Beginnings service, suggesting the financial savings to society, as a whole, that it must make by supporting clients whose unmet needs would otherwise lead to considerable financial costs.

“I think every town in the UK needs an Elmore ... For every pound spent on, or invested in, Elmore ... we probably save ten pounds in emergency services, the psychiatric unit, ambulances, prison, and goodness knows what else. All that preventative work, apart from the value of it, is that if nothing else, financially, it must save a huge amount of money. It saves people getting so distressed that they end up being sectioned or in prison.” (Interview 2 - external agency)

Contributions to future thinking among partners

Other interviewees spoke about the contribution that the service makes to future thinking among its partnered agencies. From the file analysis, it was evident that the service’s efforts to foster a collegiate atmosphere among its partners was paying dividends, with close, supportive, working relationships and a sense of shared vision coming through from the interactions among a range of partners.

“For the partnerships that Elmore is part of, I think they make a huge contribution to future thinking, as well as current services, in Oxfordshire. I think without their input, those partnerships would lose out too.” (Interview 5 - External agency)

Referred trust

It was notable that the work of the New Beginnings service is recognised as having contributed to a sense of referred trust – where clients’ trust gained in New Beginnings caseworkers or the service is transferred into trust in external partners, especially the police. This meant that the positive effects of the New Beginnings team’s work in building trust with its clients were felt much further afield.

“But they [New Beginnings] had that way of breaking down the barrier to saying, “no you can trust the police because this is what they've done and we've worked with them before.”” (Interview 4 - external agency)

“[It’s] changing people's perception that even a police officer is there to help not to handcuff you” (Interview 4 - external agency)

Outcomes (for the clients)

In addition to the wider impacts of the New Beginnings service, it facilitates many positive outcomes for its clients.

Aspirations

The aspirations of the caseworkers for client outcomes are often realistic and grounded in small wins.

“I think it's just when you see a slight shift and a slight change and they do start to see things more positively, it's good progress for all of them” (Interview 10 – New Beginnings)

“You see somebody who is not even going out, incredibly demotivated...let's try to get you to go out, let's go for a walk...it helps them to feel completely different.” (Interview 8 – New Beginnings)

But there are also long-term hopes for significant change in one or more life domains for the clients.

“If they're going through our service my hope for them would be that they come out financially sorted, possibly in a home where they feel safe, with it kitted out as much as possible with money from grants or we'd advise them to maybe look on somewhere like Gumtree where you can pick up things for nothing if you want to, and they've found courses that they can go on that help them through their health, maybe they've come through and they're now sober or they've got to the stage with Turning Point where they've been offered a place at a rehab. On each one of those different things, whether it's that their mental health has got better, their financial situation is now sorted, home is safe, and possibly even we've helped them out with maybe their physical health.” (Interview 6 – New Beginnings)

“A good success means that before closing a client you know that they have completely got through the therapy that they need, they have had as much support as they would have needed and have completely changed their lives, are willing to move forward, or have already moved forward, have already decided what they want to do to move forward.” (Interview 8 – New Beginnings)

In the words of a client

When asked about the outcomes of their engagement with the service, one client said that the support they had received from the service meant that their children still have a mother and that learning to trust their caseworker empowered them to develop a close friendship for the first time in their life.

“Staying alive so that my kids will have a mum and staying in therapy so that I can have a chance to heal eventually.” (Client 2)

“I have been able to make more progress in therapy because I have the support outside of the therapy room to cope with distress between sessions. Learning to trust my support worker has helped me to trust a friend and let her in a bit, so I have a close friend for the first time in my life. In opening-up to my support worker about my mental health, I have learned to have more acceptance of my diagnosis.” (Client 2)

Completing rehab

A positive outcome for some was reaching the point where they were able to recognise, and accept support for, their substance misuse. In some cases, merely accessing the support services was a positive outcome, while in other cases clients managed to successfully complete rehab after multiple attempts.

“We've got somebody who finally made it through rehab. After I have no idea how many times she's been, but she's been around within Oxford known by Elmore for a long, long time.” (Interview 1 - New Beginnings)

Turned life around

The interviews and case files detailed some accounts of clients, with support from the service, turning their lives around in remarkable ways.

“One of the ladies who had 10 different timelines opened with us. She was really on and off with the service for years. Eventually, last year, she managed to complete rehab, she managed to complete all the steps afterwards, she became very proactive in finding different accommodation for herself to not to go back to the old address and old friends. She's sober now, she lives in a different town,

we still support her, and she turned her life completely around ... relationships with her family. She doesn't feel like a victim anymore. She feels like a winner. She's strong. She obviously has some relapses and weak moments, which is absolutely normal, she's not superhuman" (Interview 3 – New Beginnings)

"When I went the first time to meet him, he was on the verge of suicide. He had every plan made ... [to] where he is now, where I don't need to even see him or talk to him, all I need is to wait and close him. He wants to go back to work ... He's a completely different person and not with me having to do everything ... because he believed that it would help him, so he put in a lot of work ... but he needed somebody that he could trust before doing it." (Interview 8 – New Beginnings)

Enabled to seek justice

The work that New Beginnings staff have undertaken to change perceptions of the police was well documented in the case files and, especially, in interviews with external partners. At the start of their support in the service, clients often had a poor view of the police with many having felt let down by them in the past. The New Beginnings team have sought to change the perceptions of the police among their clients, in order that they are enabled to seek justice, if they had so wanted.

"[One client] said that she'd had a total turnaround in how she felt about the police and she was able to engage with the police. And actually, they were working towards getting somebody convicted for what happened to her. It's an enormous step forward, to trust the police after these things have happened." (Interview 1 – New Beginnings)

The importance of having the opportunity to seek justice through reporting to the police did not have to culminate in a conviction for the client to have gained considerable benefit.

"[My client felt] relief that they reported the crime, some sense of closure thanks to that, relief that they told their story and were heard, satisfaction and a fulfilled sense of duty that they might have prevented other children from experiencing harm, as (we were told) there were some safeguarding measures put in place in the alleged perpetrator's workplace." (Interview 11 – New Beginnings)

Establishing a sense of agency

Before entering the service, many clients had experienced a poor sense of agency and independence for much of their lives, often feeling that their lives were out of their control. Sometimes, this was to the extent of demonstrating signs of learned helplessness. A notable positive outcome of engagement has been a growing sense of control over aspects of their lives they previously felt they could not get a handle on. In interviews with New Beginnings staff, it was apparent that they appreciated the significant positive impact that establishing a sense of agency has on their clients' lives.

"It's the getting to the point where they realise they don't need our support anymore, and they're very happy to carry on doing things on their own ... they have engaged and they are willing to look at things and they are willing to say "okay, life isn't great and I've got some agency here and I can do something about it." (Interview 1- New Beginnings - New Beginnings)

"It's all about also trying to make them a little bit more independent ... I think that is quite important. Independence is very important" (Interview 6 - New Beginnings)

"Sometimes I do witness ... [the clients] develop more of an agenda, a personal agenda, that they feel more in control of their life. Even if it is usually very small steps ... But because most of them are just so dependent on services they don't feel they have control; they've learned that they have no control. So, they display these signs of learned helplessness. And to help them move on from that to feel like they can change something about their own lives..." (Interview 11 - New Beginnings)

Convictions and closure

For some clients, the closure gained from convictions allowed them to move on with their lives.

"For the people who have gone to court and have got convictions, I think that's enormous. It really does help them just put it all to bed and make them feel that people have got their just deserts and it vindicates people." (Interview 1 - New Beginnings)

Acceptance

Several interviewees stated that clients of the service sometimes take time to recognise themselves as victims of CSE, often blaming themselves for what happened to them. Coming to accept that what happened to them was wrong and it was not their fault is an important positive outcome for some, regardless of whether the client decides to pursue a conviction.

“To some people, it's not all about getting convictions, it's just about accepting that something has happened to them or understanding it's not their fault that these things have happened to them. And their lives have been really hard, but it's not them, they were children, and they weren't culpable.” (Interview 1 – New Beginnings)

Raised self-esteem

The case file analysis revealed that many clients of the service present with poor self-esteem. Among many other aspects of their person-centred approach to working with their clients, one important aspect of the service for fostering self-esteem was its ethos of always taking clients as they are in the moment. Some clients have been supported by Elmore's services numerous times, having disengaged on multiple occasions, but regardless of prior disengagement, the service always treated a client as they presented in the moment. This was noted as having a positive impact on self-esteem since clients had rarely experienced acceptance as they are and had often felt judged as not being good enough or worthy of help.

“To accept people exactly as they are, this has a big positive impact on their self-esteem.” (Interview 3 – New Beginnings)

Adopting a future-orientation rather than being stuck in the past

A change in orientation from past-focused to future-oriented signified an important turning point for some clients.

“[The client] has been through the process with the police and been through the court process and worked with us, and then she's come out the other side and

we're starting to look at employment, thinking of moving areas and thinking of positive life changes. And I think when you start to see that, you see that there's some progress because they're able to look at the future and not the past, which is really nice to see.” (Interview 10 – New Beginnings)

Key Performance indicators

The service managers tracked progress towards key performance indicators, as set by their funders, by combining information drawn from the Moving Forward from Crime Scale (MFFCS) and extracts from the individuals' records held in the client data-base (see appendix A for a summary of the data composition for each of the targets). These data were compiled every six months across a maximum of five waves of data collection between January 2018 and January 2020. The performance targets, which related to the proportion of clients who experienced each of the targets by the end of their engagement with the service (or the last wave of data collection), are presented and set against the achieved performance in the table overleaf.

Complete data sets were only available for 12 of the clients due to the voluntary nature of completion of the MFFCS.

The analysis demonstrated that the achieved performance exceeded the target in 12 of the 15 funder-defined targets. The three exceptions were seeing their GP regularly, being more able to develop and maintain positive relationships with those who matter to them and being more able to assert their rights. Additionally, 92% of clients gained a sense of hope for the future during their engagement with New Beginnings. This is particularly poignant given the sense of hopelessness that emanated from the case-file analysis.

Table: Key Performance Indicators

Performance Indicator	Target	Achieved
Feeling more in control of their lives	65%	67%
Physical and mental well-being has improved as a result of staff support	65%	75%
Seeing their GP regularly	65%	50%
Engaging with substance misuse services	60%	83%
In stable accommodation	60%	83%
Know what resources are available to them	80%	100%
Have taken steps to access therapeutic support	40%	83%
Taken steps to learn coping mechanisms to help address substance/alcohol use	60%	83%
More able to develop and maintain positive relationships with those who matter to them	70%	50%
Taken steps to manage debts	60%	100%
Being more able to assert their rights	70%	50%
Rate the service as good or excellent	80%	100%
Feel safe	60%	67%
Feel they have someone they trust through support received through the service	80%	100%
Feel the law is on their side and are accepting help with legal issues	50%	67%
*Feel a sense of hope	N/A	92%

* Not a target set by the funder

Objective 6: Factors attributed for the positive impact of New Beginnings on clients

The ‘essence’ of the New Beginnings service is what enables it to be impactful on those with whom it interacts; the clients, the staff and other people in partner agencies. In this section the focus is on the parts of the essence that are most likely to lead to meaningful change for its clients. We propose that there are five key ingredients that account for the evident potency of the service;

- its ability to engage with clients who others can’t connect with or retain,
- its focus on building the clients’ sense of self-efficacy,
- its commitment to engaging long-term with the clients,
- being an evolving organisation
- being a caring organisation.

Each of the five factors, together with their attributes are presented in a mind-map at the beginning of the findings section. Four of the five factors have been, or will be, discussed at length elsewhere in this report. The one factor not covered elsewhere is the focus on building the clients’ sense of self-efficacy. This was characterised by the following practices; enabling not doing, modelling and coaching, motivational interviewing and facilitating the self-management of emotions.

Enabling not doing

The need to avoid the ‘rescuer’ mode, which is the tendency to want to ‘do’ everything to help the client, was referred to by several interviewees. Indeed, during the review of this report, it transpired that the caseworkers receive training on the distinction between these two approaches.

“What we try to do is to empower clients to do things for themselves. It’s really hard to do, it’s easy to say but because they are quite vulnerable and they are so chaotic, and they trigger those caring instincts in us, I have a tendency to fall into a rescuers role, so I have to be mindful of not doing that and to expect them to take some responsibility for sorting their problems with my support, but not to take this away from them.” (Interview 11 - New Beginnings)

“What I also try and do with my job now is, "I’m going to do this, you will do this" it’ll be very, very simple things, it would just sit something like, "okay, I’m going to be going away and researching this for you. Could you make the appointment

with the doctors, just to review your medication", a tiny little thing, but sometimes that can be an awful lot ... And if they haven't done it, that's fine, but I encourage them to do it." (Interview 6 - New Beginnings)

Leads to a sense of agency and overcomes feeling of helplessness

Whilst it was recognised that it was difficult not to adopt a 'rescuing' approach, the benefits of allowing the clients to do things for themselves was seen as particularly important for a group of people who have often been made to feel powerless and helpless.

"Most of them are just so dependent on services they don't feel they have control. They've learned that they have no control. So, they display these signs of learned helplessness. And to help them move on from that to feel like they can change something about their own lives, would be good ... Doing this with them gradually and watching them becoming more confident in addressing problems by themselves, being able to make phone calls by themselves, or in my presence, instead of asking me to call agencies for them. So, I guess it's about the sense of control." (Interview 11 - New Beginnings)

"I also like to say to them, "would you like to choose where you want to sit? I'll get the coffees you choose where you'd like to sit" ... I think that's quite important to give them choice." (Interview 6 - New Beginnings)

In the research on stress and social support it is perceived rather than received stress that is found to be the most helpful in terms of mental well-being (Eagle, Hybels & Proschold-Bell, 2019). To be in receipt of constant support serves as a reminder to the individual that they are unable to cope, whereas knowing that they have support available, should they need it, gives them the confidence to test out new coping strategies, skills, and ways of being.

Reducing the potential for creating dependency

The importance of fostering independence is particularly important to enable clients to be more self-reliant once they leave the service. Since the endings are often unplanned, encouraging a level of independence throughout contacts better prepares the clients for their futures.

So maybe a year after they've left our service, they get a letter through from PIP to say, "fill in this form". They remember, "I went here with my PIP form last time with whoever it may be, I'll give them a call and they'll sort it for me. I remember they did it last time". That is quite important, because it's all about also trying to make them a little bit more independent and not to think, "oh, I'm gonna have to go back on the waiting list again. ...They know where to go. I think that's quite important. Independence is very important, isn't it?" (Interview 6 - New Beginnings)

Creates opportunities for experiencing a sense of pride

By not doing everything for the clients, but instead creating opportunities for them to succeed at tasks big and small affords them occasions for feeling pride in their achievements, which stands in stark contrast to the shame that typically shrouds their being.

Modelling and coaching

For many of the clients, they have lost their childhoods, a time when they would have been learning life-skills from observing or being instructed by others. These conditions can be recreated in minor interactions between caseworkers and the clients.

“Little things like maybe even making a phone call for them for the first time showing them how to do it.” (Interview 10 - New Beginnings)

While many of the examples of modelling efficient and assertive behaviour and other interpersonal skills related to the interactions between the caseworker and the client, in some instances, there was also a sense that it was also beneficial for the clients to meet ‘good people’ outside of service providers.

“Get them into anything that will maybe help them feel better about themselves, whether it be taking them to an art class or something social, so then they can see good people out there, understand better things.” (Interview 6 - New Beginnings)

Modelling can also be achieved by sharing experiences (within reason), which is typically frowned upon for many professionals.

“And saying things like, "everyone goes through difficult periods in time, I did as well, what helped me was this" is absolutely fine and within Elmore boundaries. I've heard from clients many times that they really appreciate that Elmore is completely different in that way.” (Interview 3 - New Beginnings)

Appropriate boundary setting can also help people recognise how best to behave.

“They have someone who’s... putting boundaries in place around their behaviour and stuff, and it helps people feel held, I think, and it helps people develop a different sense of themselves and what they can achieve.” (Interview 1 - New Beginnings)

Interpersonal skills

The trusting relationships formed between caseworkers and clients enable the workers to help the client to best present themselves in formal contexts, and assist them to develop other key interpersonal skills such as perspective taking and managing conflict. All of which will improve their interactions with other service providers and serve as a transferable skills that can be implemented in other personal relationships. Additionally, this learning can be utilised as a guide to normative behaviour that can assist in the identification of abusive behaviour from other people. Ordinarily these skills will be modelled within home environments and educational settings, both of which were often lacking or suboptimal learning grounds for the clients.

Improved self-presentation

Many of the clients had difficulties accessing services or eliciting favourable responses to their help-seeking behaviours, which often arose partly as due to their poor self-presentation. For some they were unable to assert themselves and for others their expectation of rejection meant that they presented in a hostile and confrontational manner. Neither of which are conducive to getting needs met.

“I used to say to some people “just because you think he’s a F this and F that, just think it, don’t say it”. “So, I’m not stopping you from thinking it. I asking you not to flipping say it”. “Don’t tell a judge in court what you think of him, he could start unhelping you and that ain’t helping you.” (Interview 2 - External agency)

“People learn to present themselves when they see someone in authority, somebody who has a badge. How do you present yourself? I used to spend hours on that, it’s really important to teach people not to be submissive and intimidated, just because you haven’t got that much education doesn’t stop you from presenting your case. Try not to swear. Try not to get violent.” (Interview 2 - External agency)

Perspective taking

Some interviewees discussed how they tried to encourage their clients to take the perspectives of others so that it would reduce the likelihood of them adopting a confrontational or defeatist approach to their interactions.

“Trying to stop people seeing everybody as the enemy.” (Interview 2 - External agency)

Managing Conflict

Managing conflict and repairing relationship that have been strained by differences of opinion are essential skills that facilitated the ability to form long-lasting, stable, and respectful relationships.

“To make this relationship work we have to help clients learn how to manage conflict, so that even if they fall out with me - because it happens quite a lot, they often have unrealistic expectations, and they may not accept that there is a limit to what I can do for them. And so we can repair that relationship and I think this is an important aspect of my work with them.” (Interview 11 - New Beginnings)

Organisational skills

The chaotic life circumstances are often thrown further into disarray due to the difficulties the clients have with organising their personal affairs. This might be partly attributed to their issues with housing. However, encouraging better organisational skills was seen as fundamental to assisting problem solving and fostering more convivial relationships with other service providers.

“Come with your paperwork. If you can't read and write, say to the person or do you want me to say to them beforehand?” (Interview 2 - External agency)

“I used to teach people to keep all their letters. People used to throw everything, I'd say "if you bring the letter then they know what the question is because they've got a copy of the letter, if you just come in with your hands in your pocket, they haven't got a clue what you're there for". (Interview 2 - External agency)

Motivational Interviewing

Motivational interviewing was seen as key to encouraging the clients to begin problem solving for themselves and thus to promote a greater sense of self-efficacy and independence.

“We’re trained in lots of motivational interviewing.” (Interview 10 - New Beginnings)

“We’re not supposed to solve all their problems, you’re supposed to work with them and encourage them to work through it themselves.” (Interview 10)

Facilitating the self-management of emotions

In light of the theorising (Scheff, 1987) and empirical findings demonstrating the relationship between internalised shame and expressed anger and/or rage (e.g., Hejdenberg, & Andrews, 2011), it is unsurprising that many of the clients were found to have difficulties managing their emotions. Not only can self-regulation offer much needed respite from the turmoil of being on a perpetual emotional rollercoaster, but it also potentiates the likelihood of more appealing interpersonal interactions with others.

“... many clients are so unable to contain their emotions” (Interview 11 - New Beginnings)

“It’s about teaching people how to cope with their fears, anxiety, the anger - which is all to do with fear ...” (Interview 2 - External agency)

“We help them contain their emotions, that we help them manage their emotions ... I talk about this with the clients, increase their insight into it, help them gradually develop some skills in managing emotions and self-soothing.” (Interview 11 - New Beginnings)

Positive distractions

Positive distractions such as walking in the park or participating in a craft or art class not only help to pass the time but can also be key to facilitating recovery from trauma (Chouliara et al., 2014). Such activities occupy the mind and reduce the impact of intrusive images, thoughts, or memories and they can lead to developing what are felt to be meaningful activities that lend the opportunity for feeling a sense of pride. In the short-term, walking and being surrounded by nature reduces anxiety and depression, and increases cognitive function (thus aiding problem-solving) (Berman et al., 2012). All

of which serve to reduce the emotional turmoil and demonstrate to the client that these types of activities serve as active coping strategies that can aid the self-regulation of emotions.

“... because you see somebody who is not even going out, incredibly demotivated and various processes will be going on... ‘let's try to get you to go out, let's go for a walk’ and ... people who were not doing anything start do things, it helps.” (Interview 8 -New Beginnings)

“People like to do things like arty-crafty things, to focus their mind on something else ... doing crafty things face to face, would make them relax and take their mind to totally somewhere else. To do yoga, do pilates, meditation ... Doing courses, art courses, painting courses, writing courses, all that kind of thing is very good for them.” (Interview 6 - New Beginnings)

Validation and Containment

Sometimes the clients might need to vent their emotions to reduce the impact they have on them. In such instances, the caseworkers recognise that a timely phone conversation can validate the client’s emotions and help to dissipate their impact.

“It could just be a phone call, they could just need to speak to us for 20 minutes and have a rant, they might not need us to say anything, but they just need somebody to listen to validate their emotions.” (Interview 10 New Beginnings)

The compassion, care and commitment of the staff is central

The essence of New Beginnings from the clients’ perspective centres on the authentic relationships that they build and model for the clients. It was clear from the interviews with the staff that their compassion and commitment to the clients was in abundance.

I've never worked with clients that are so complex, so demanding and challenging, but also vulnerable, and in need of that support, in desperate need of that support. So I think I have lots of curiosity and genuine concern for my clients and they are such amazing characters, so it keeps me going. (Interview 11- New Beginnings)

“But where he is today is completely...yeah...I love seeing him, it's the best thing, knowing him is the best thing that can ever happen in your working life.” (Interview 8 - External agency)

Risks to maintaining the essence of Elmore/New Beginnings

Some of the interviewees raised concern that the essence of the Elmore approach (e.g., going at the client's pace, being client-directed in terms of the types of support given etc.) could be threatened in contexts where there was greater emphasis on measurable targets and short waiting lists.

“It's becoming increasingly difficult because we're under pressure to shorten the waiting lists, to make our work more goal-orientated and outcome-orientated, so we can move swiftly from one client to another and close people, but this is frankly against the ethos of what Elmore always stood for.” (Interview 11 – New Beginnings)

Objective 7: The barriers and facilitators to working with this client group, including in relation to multi-agency working

Barriers

Chaotic life-circumstances

Throughout the interviews with professionals, the key barrier to engaging with the service referred to was the chaotic life-circumstances of many of the clients.

“... people live very chaotic lifestyles and therefore all sorts of stuff will impact on them. You know, it will be, they have had a row with their boyfriend or their children ... People’s lives are very full and very complex.” (Interview 1 – New Beginnings)

The file-analysis permitted exploration of the factors that contributed to the perceived chaos in the clients’ lives. These manifested in relation to their living arrangements (e.g., homelessness or threat of homelessness), the lack of structure in each day (e.g., arising due to the unemployment or truncated education), their engagement in risky activities (e.g., sex working, drug dealing), the combination of having mental and physical health issues, but failing to comply with medication regimes, and their relationships with other people.

For example, some of the (ex)partners, housemates, and other associates of the clients were problematic drug users, or have charges/convictions for interpersonal crimes (e.g., kidnapping, rape, child sexual abuse, intimate partner violence, physical assault). This meant that having partners/associates who were being arrested, going to court or serving custodial sentences, which would all be undoubtedly experienced as stressors.

Others have an ongoing relationship with the perpetrator, in some cases the perpetrator was living with them. Some find themselves in one violent relationship after another. The violence by partners have included acts that have potential to be lethal (strangulation, injecting with an overdose of drugs while sleeping etc.) and involve the use of weapons (knives). Some are living under threats to kill. Searching for love, high levels of dependency on abusive partners and the tendency to form attachments too readily, place some clients at on-going risk for experiencing exploitation or intimate partner violence.

Even for clients whose life circumstances appear less chaotic and more structured, in that they live with a stable caring parent, are employed and not using drugs or alcohol to cope, life-events can sometimes overwhelm them.

“It was a video statement [to the police] that was given ... But leading up to it was difficult. I was freaking out regularly. And also, I just moved out and had my new job and there was that pressure as well, so it was like a pressure cooker.” (Client 1)

Distrust and Needing time to build trust

A core, pervasive, theme of the evaluation was trust. Distrust and the need for time to build trust were highlighted by all interviewees as major barriers to working with this client group.

The Trust Problem

Despite the heterogeneity of the clients and their needs, the one commonality between them is ‘the trust problem’:

“The only thing in general, I would say, is that with every single person, it takes a long time to build up a relationship and gain the trust. That’s the only generic thing they all share, the trust problem, definitely.” (Interview 3 – New Beginnings)

For potential clients, trust was not only absent but there was an active distrust of actual or perceived authority. In many cases, this was the result of negative past experiences and failures of those in authority to help them. Clients had often experienced a pattern of being let down by those who were supposed to help them. As a result, right from the start of their involvement with a potential client, before they are even taken into the service, the New Beginnings team face an extremely difficult challenge in the trust problem.

“It’s that distrust of authority and in some cases, distrust of police [that makes it hard to support potential clients].” (Interview 4 – External agency)

“Elmore clients don’t typically like the police, they’re not a fan of the police, but us working with the police and showing them the police can be trusted, that’s why it’s such a big deal. People have been let down by the police all over the place, so it’s really nice to see that the police are doing really good stuff.” (Interview 1 – New Beginnings)

“[T]he biggest barrier [to engaging with New Beginnings] is people’s bad experiences with other services and lack of trust, which gives us a very, very difficult beginning to our work with them.” (Interview 3 – New Beginnings)

For many clients, the default response from the people around them, whether they be authority figures or those they have been in personal relationships with, has been to exploit and manipulate them. This makes it difficult for potential clients to trust anybody at all, not just those perceived to be in positions of authority.

“For a lot of our clients, all that’s ever happened in their lives is that they been exploited and manipulated, and everybody they have had relationships with has manipulated them in some way.” (Interview 1 – New Beginnings)

“I think the main barrier [to client engagement] for me is the trust. Often they tend to think that they have been let down by society and expect to be let down by anybody that they come across. That’s the first thing.” (Interview 8 – New Beginnings)

It was not just a case of previous exploitation or manipulation causing clients’ lack of trust, sometimes a lack of trust also came from a history of feeling like they were not listened to. For those clients who had never disclosed their CSE to anybody before, their repeated past experiences of not being listened to meant they lacked the trust that they would be listened to, believed, or that something would be done about the things that happened to them.

“Sometimes before the disclosure [of CSE] nobody has listened to anything that they have ever said. Even though they have not ever disclosed it, until they disclosed it they were on their own trust journey, whether to trust or not to trust. The trust is the key thing.” (Interview 8 – New Beginnings)

Lack of trust preventing access to help with parenting

A lack of trust in services and professionals, due to associating them with problems, prevented clients from seeking support with parenting despite often struggling.

“They’ve probably drifted through their childhood avoiding professionals as best they can because professionals have meant problems, and then they’ve slipped through the net into adulthood. Most of them have got kids, but are single parents and struggling” (Interview 4 – External agency)

Many clients struggle to cope with the challenge of being single parents and are without supportive families around them who can help out with parenting responsibilities.

“Our clients probably don’t have the most supportive family. They didn’t end up in this situation because their family were looking out for them and caring for them and all the rest of it. So there isn’t necessarily extended family around and people to help support them.” (Interview 1 – New Beginnings)

Needing time to build trust

Gaining the trust of clients was essential to providing them with the support that they need to help them improve their lives. Interviewees were unanimous in their conviction that it takes time to build trust with clients and that this cannot and should not be rushed. Distrust and the time it takes to build trust had been a major barrier to clients seeking support previous to their engagement with New Beginnings. Behind the distrust were clients desperate for support, requiring a service willing and able to invest the time to gain the prerequisite trust in order that their needs could be addressed.

“If you have never trusted people, you’re not going to trust people any more quickly than you’re going to trust people. I don’t think you can speed that up.” (Interview 1 – New Beginnings)

“We have to first build up the relationship and sometimes before we manage to achieve something practical, we have spent six months, eight months, just building up the relationship and helping people to trust us to the level when they actually tell us what they need and are willing to work with us to achieve their goals.” (Interview 3 – New Beginnings)

“... to get their trust and that can take quite a while for them to actually open up. And once they have, then it can take quite a while for them to start to divulge everything.” (Interview 6 – New Beginnings)

“I’ve worked with people who nobody can engage, you cannot work with them, they are extremely hard, but when you try to trust them, understand them, you listen to them, they are completely different people, seeking support. Desperately seeking support.” (Interview 8 – New Beginnings)

Anger

The anger that clients often feel has prevented them from accessing support in the past. For many clients, the anger, although rooted in what happened to them, can be directed at anybody and everybody. The anger that is characteristic of New Beginnings’ clients, and their suffering, is often precisely what has prevented other support services from supporting them.

“You have younger people who really are very angry when this is disclosed, to themselves, to whoever, to humanity, for what happened to them, which is completely general, you’re dealing with [clients] who are often extremely complex cases that are very difficult to engage. Even if they engage, you have to understand that they will engage on a completely different level...they often do not fit into mainstream generic support. You will have a New Beginnings client who is working with the Adult Mental Health team and this client does not fit between PD and mental illness, he is treated as a PD and his behaviour in relation to PD makes him quite likely and quickly somebody that will be dismissed by the Adult Mental Health team because of his behaviour; not engaging, getting violent talking to them, but these are characteristic of New Beginnings’ clients...when they are talking to people, including myself, they are raging. You lend them a listening ear and this is when they come and say “this is how I feel to all of humanity when I remember what happened” ...[then other support services respond by saying]...”we can’t support for him, he’s raging, he’s too angry, he threatens, he does this...”, but actually it’s their own process of going through what happened to their lives. So you have a category of people who are very, very angry at everything, humanity, whatever they come across” (Interview 8 – New Beginnings)

“It’s about teaching people how to cope with their fears, anxiety, the anger - which is all to do with fear - and not to see everybody as the enemy” (Interview 2 - external agency)

Children

For clients who were parents, children were often barriers to engaging with the New Beginnings service and had inhibited their access to other support services in the past, this was highlighted in both interviews and in the analysis of case files.

Children were barriers to support in numerous ways. Some clients, despite the desire and willingness to engage, struggled to find the time due to their responsibilities as parents.

“We had someone who had six children at one point and actually trying to find time to meet that person was almost impossible, because they were with their children all the time, understandably” (Interview 1 - New Beginnings)

Moreover, the variability of their children’s lives (in terms of school holidays, illnesses, unpredictable changes to childcare routine, etc.) sometimes made it difficult to attend pre-arranged meetings or stick to scheduled telephone calls.

For some, a lack of privacy from their children made it difficult to fully engage with their caseworker, especially around having sensitive conversations about their CSE experiences and other past trauma, that they did not want their children to overhear. This relates to fear, among some clients, of their children finding out about past events relating to their traumatic experiences.

“Some people haven’t admitted to their current partners or their children that these things happened to them and that’s also really painful.” (Interview 1 - New Beginnings)

In these cases, it was important to clients that they protected their children from this information and controlled how and when their children came to learn of past events.

Several clients had children who themselves had complex needs and prioritised caring for them and supporting them in accessing support for their needs over their own. Accessing support for complex needs can be a long, arduous, and confusing process so parents of children with complex needs may tend to expend their energy on pursuing their children’s care, leaving little left to pursue their own.

Some clients struggle with complex Child Protection cases related to their children which are difficult to manage at the same time as addressing other issues resulting from their traumatic experiences.

“We've worked with a few people who've had really difficult Child Protection cases. I mean, that's really hard, how do you get through this and then you parent your own children effectively? I have no idea.” (Interview 1 – New Beginnings)

Facilitators

This evaluation identified several facilitators to working with this client group that the New Beginnings service has exhibited.

Reducing the potential for shame

Reducing the potential for shame is an important facilitator to working with New Beginnings clients. Clients have a propensity to feel shame in relation to many aspects of their lives and past experiences. Feeling shame is likely to prevent potential clients from seeking support and may cause existing clients to disengage. Reducing the potential for shame facilitates engagement for both new and existing clients and interviews highlighted numerous ways that the New Beginnings service has succeeded in achieving this.

Informal formality

The New Beginnings service promotes an informal formality by building informality into the heart of how its staff operate. Caseworkers are above all relatable but with an understated but discernible professionalism, dressing in casual clothes and displaying no obvious indications that they are professionals at work.

“We don't wear badges. We don't wear uniforms, we meet people in cafes, parks, other pleasant, nice places, and we try to smuggle the professional support in in a very humane way, I would say. We just talk to them, as friends would, obviously within boundaries, so people don't feel intimidated. We make lots and lots of effort to make sure that people feel equal to us, it's silly things. But this includes people wearing very casual clothing to work even if someone has a very elegant style in their private life, they know that at work they have to wear what clients would wear. So, when they meet clients it doesn't feel like "oh, gosh, you know, I'm not as good as they are”.” (Interview 3 – New Beginnings)

Not being a statutory service, and clients being aware of the fact it is a third-sector provider, not a statutory service, was a key to fostering engagement.

“We are a voluntary service and that they don't have to work with us. I think because there is unfortunately quite a lot of stigma about social services and the police, and a fear of authority, I think we do try, even if it's subconsciously, to remind them that we are voluntary, and it is up to them ...” (Interview 10 – New Beginnings)

Non-judgmental

The New Beginnings client group have typically been judged, feel they have been judged, or fear that they will be judged, due to aspects of their lives. For potential clients, being judged has become an expectation which manifests in a reluctance to engage with services for fear of being judged again. A non-judgemental approach is therefore essential to engaging with this client group, to help them get the support they need.

It is evident from interviews and case files that a core approach of the New Beginnings service is to be non-judgemental.

“Meeting someone who is completely non-judgmental towards your criminal past, and things that you did to other people, or to yourself, helps people understand that we are all just human and it's okay to not to be perfect.”
(Interview 3 – New Beginnings)

The case file analysis revealed that there was a particular fear among parents that on accessing support, especially in relation to their children, they would be judged as bad parents. This was notably the case among younger mothers, where in some cases they had withdrawn from much needed support due to the fear of being judged.

It is important to note that the New Beginnings service’s non-judgemental approach extends beyond being non-judgemental to new potential clients. The same approach applies to past clients who come back to the service after a period of disengagement, in such cases the potential client will be treated with the same non-judgemental approach as if they were previously unknown to them. This is important because, for clients, it may act as further confirmation that the non-judgemental approach of the service is genuine, helping to reinforce the message that it is okay to not be perfect. Furthermore, the interviews highlighted this as vital to catching people who fall through the gaps in provisions elsewhere.

“Anytime the same client comes back [after a period of disengagement] we always reassess the situation, as if it was completely new, and try to see what we can do in the current circumstances. And to never see them for what happened in the past and how things didn't go well for them. I think this is really valuable because this is the only way you can really catch people who fall through the gaps in the provision of other services; be completely non-judgmental and just accept them the way they come to you in this moment.”
(Interview 3 – New Beginnings)

Disclosures not forced

It was evident from interviews and case files that disclosure of CSE was usually a very difficult and distressing event for clients, this was highlighted by New Beginnings staff and external partners alike.

“During that statement process, halfway through, she goes, “well, it didn't just happen to her, it happened to me”...She was in an absolutely horrendous state.” (Interview 4 – External agency)

The New Beginnings service has a gentle approach to disclosure. Direct disclosure of CSE is not required for support to begin and New Beginnings staff demonstrated an understanding of the complexities around disclosure for their clients, the strong emotions it can bring with it and how for both staff and clients it can occur out of the blue.

“So it's just waiting for that opportunity, the right kind of trust, and trust of the environment. And often it comes with extremely strong emotions...And what you have here is somebody who is in a crisis in the past. Out of the blue, they do not know where to go, how to go, and sometimes this is not the best time to give any advice, this is just a time to support them because they have done an incredibly difficult thing.” (Interview 8 – New Beginnings)

“It has to be the trust element and to feel comfortable with you, to say something. I had a client tell me about hers when I never expected it, at all. It came right out the blue, totally out of the blue.” (Interview 6 – New Beginnings)

Staff were sensitive to the fact that there is a personal cost to the clients in not disclosing, in the sense that they may not be able to access some of the appropriate support until they do, however there was an understanding that in some cases this is offset by clients having the chance to disclose when they are comfortable and having developed a stronger relationship with their Elmore caseworker(s).

“I guess maybe some people need a little bit of prompting to disclose this experience [CSE] and if we don't do that then they usually eventually do [disclose] but they may end up waiting longer for the support if they're not identified as a CSE client. But they have then a chance to build a stronger relationship and disclose this trauma in maybe a safer environment, and at a time when they feel is right for them.” (Interview 11 - New Beginnings)

Authentic relationships

Clients had often had no experience of authentic relationships prior to their involvement with the service. Central to the New Beginnings approach is to build authentic relationships with clients. Caseworkers seek to form relationships with clients that are based on honesty and trust, and which, within boundaries, involve the sharing of some personal information by caseworkers. The client-caseworker relationships are exemplar relationships on which clients can model other relationships in their lives.

“It's our workers, our workers are freaking amazing, they really are really, really, really good at what they do. They stand by people, they tell people the truth, they are reliable, they are somebody that people can trust. For a lot of people for the first time in their life, they've got someone who they can trust and who they

know will tell him the truth and won't manipulate them.” (Interview 1 – New Beginnings)

“Within boundaries, we allow sharing some personal information which would be beneficial for the client ... I've heard from clients many times that they really appreciate that Elmore is completely different in that way.” (Interview 3 – New Beginnings)

“But just to be able to go with them to the appointment, go out and have a cup of coffee with them afterwards, and have a chat with them about it. That's really quite effective.” (Interview 6 – New Beginnings)

Flexibility

Rigidity in other services and organisations, in various ways and for many reasons, has typically been a major factor in New Beginnings clients not seeking or engaging with them. Interviewee testament, confirmed by the case file analysis, showed the New Beginnings service to exercise flexibility in several important domains.

“And this contract is really nice because it doesn't bind us to doing things in particular ways, or having particular methods of working, so we can really be as creative as we want to be out there, which is lovely.” (Interview 1 – New Beginnings)

One interviewee noted that small organisations like Elmore – and its New Beginnings service – in some sense have an important advantage over large organisations or bodies because they can flex with, and adapt to, the changing needs and aspirations of their clients, in ways that would not be possible with large organisations.

“I think small organisations are invaluable, and as well, I think what makes them invaluable is because they are small that actually gives them the strength that a big organisation cannot have, that small organisations, like Elmore can adapt quite quickly if the needs, the aspirations, or our members change ... If you work with a massive organisation, I would have to make a request to my line manager, my line manager passes it to the executive team, they'll then go to the moon and back, and by the time we get a reply, you know, I've retired already. With a small organisation, you can often respond quite quickly and adapt because it's not so cumbersome, it actually makes it a strength rather than a weakness.” (Interview 2 – external agency)

The flexibility allows the service to meet needs at an individual level in accordance with emerging scenarios.

“Most of our services are 9-5. This one is a bit more flexible. So for example, right at the beginning of the service, before I was here, we did have someone who stayed in the safe house with someone overnight, when they were giving evidence of court and when Op. Silk happened a couple of years ago, we had this

amazing timetable for people, which we developed with the police that had who's going to pick someone up and who's going to be there and who's going to make a phone call later and a couple of [caseworkers] would go around and have dinner with someone just to make sure they're okay in the evenings after everything.” (Interview 1 – New Beginnings)

“We had somebody who came down from Scotland for the trials and had to stay across the weekend and was really freaked out by being in Oxford and somewhere they didn't know, and having to stay in a hotel, and having to eat on their own and things. We popped over and had a walk with them, then the police popped over and did something else with them, and then we went back to dinner. It meant that people had that additional level of support as well.” (Interview 1 – New Beginnings)

Another area of flexibility highlighted in interviews was around the scheduling of meetings and telephone calls with clients. From the case files it was clear that chaotic life circumstances often make it difficult for clients to maintain a pre-agreed schedule of meetings and calls. A lack of flexibility would invariably mean less engagement, or even disengagement, so New Beginnings staff remaining flexible and persistent around engagement is a key facilitator.

“On the organisational side, when we think about factors such as a chaotic lifestyle and ups and downs in engagement due to alcohol and drug use, we are very flexible. So it's introducing massive flexibility.” (Interview 3 – New Beginnings)

The flexibility of the New Beginnings service has also allowed it to adapt to a widening client demographic, from initially supporting a client-base that was largely women to now having a growing number of male clients (as evidenced in Objective 1).

“We started to have more referrals from men, it was largely women to start with and I think as people have to know us a bit better more men have started to come through.” (Interview 1 – New Beginnings)

Holistic approach

The New Beginnings approach to supporting its clients is holistic, focusing on the whole of a person and not just on specific predetermined issues.

“It's not just about what's happened to them in the past, it's also about who they are. It's finding out what they used to enjoy before all this happened to them. So maybe somebody says, "oh, yeah, yes, before I used to do a lot of art" or jigsaws, I'll say "how would you like to [join an art class], I can find an art class for you, I can get funding for it. So then maybe you could go off and do that?" It looks at the whole person. The enjoyment will bring the old person back, that's the way I look at it as well. So it's lots of different angles you're coming at this person at. So it's to get them better head-wise, physically, and also personality-wise, bringing them all back together.” (Interview 6 – New Beginnings)

Person-centered approach

The New Beginnings service places a person-centred approach at its core. It is for this reason that it can be hard to describe exactly what support the service offers its clients. Client support is highly individualised and client-led, with service staff working with the needs and aspirations of its clients on an individual basis. This is important with this client group because they tend to have diverse complex needs and a ‘one size fits all’ approach is unlikely to maximise engagement or positive outcomes for clients.

“I cannot imagine them undergoing any structured kind of intervention, it has to be a completely flexible, creative approach, very individualised, very holistic, and created around each person separately.” (Interview 3 - New Beginnings)

“It has to be [a person-centred approach]. Every human is different and they've all also experienced something different as well. So it has to be.” (Interview 6 - New Beginnings)

“I do assess every single person. So, by the time they are our clients, I already know everyone a little bit and I can kind of put a face to the name, which is very, very helpful for me. And I really appreciate that I have time and capacity to be able to meet every single client for the assessment.” (Interview 3 - New Beginnings)

Evidence of the service’s person-centred approach could be seen in many interviews. Sometimes it took the form of adapting to the time of day clients were contacted if, for example, they were more likely to be sober at a particular time of day.

“If someone's scheduled phone call is on Thursday, we call them on Thursday, they are completely drunk. There is no way you can make any sensible conversation with them. We would not say "okay, so the next scheduled phone call is on Thursday in two weeks", we will then try to call them on the next day for quick catch up saying "hi, I phoned you yesterday, but it didn't go well, do you have another time when you think it would be good for me to call you?". We are also very flexible whether people choose to be phoned in the morning or later in the day depending on when they are more likely to be sober.” (Interview 3 - New Beginnings)

One interviewee noted that clients may sometimes have difficulty understanding precisely what the New Beginnings service does and what it can help them with, and that this is a result of the apparent ‘vagueness’ of a person-centred approach. However, they noted that when clients realise what this means - the range and extent of support on offer - they want to engage.

“They probably don't understand exactly what we do, so once they do understand, our vagueness of what we do, literally, because it's person-centred it is so vague and they realise the true extent of what we can do, they do want to

engage...I think they are grateful once they understand what we actually do.”
(Interview 6 – New Beginnings)

Persistence

Trust is key for New Beginnings clients, both initially building trust and maintaining trust. The evaluation revealed that New Beginnings staff often must be persistent in order to encourage initial engagement and also to maintain engagement over time.

Sometimes persistence took the form of not giving-up on serial service dis-engagers.

“Because our clients face massive lack of trust and problems with trust, then the persistence comes over, we don't give up easily. We had people who are just serial dis-engagers, I think a good example will be one of the ladies who had 10 different timelines opened with us.” (Interview 3 – New Beginnings)

Other times it was trying different contact methods to maintain contact.

“If you're saying to somebody with CSE, they've got anxiety, they've got depression, and you phone them three times and they don't pick up, a lot of people then just say, "okay then, we've tried". But Elmore doesn't, we do more, we'll send out like a compliment slip and say, "we're trying to contact you have we got the right details?", and write a letter after that, and we keep trying a few different ways, for them to get back to us. We could even send a letter to them saying "you know, we're in Cowley and I've got a space to see you on this particular day, at this time. Are you going to be free? Contact her on this number", just to try and bring them in. Lots of different little techniques to bring them in that make Elmore more unique.” (Interview 6 – New Beginnings)

The persistence in maintaining contact was sustained even in the absence of the client's caseworker(s), with colleagues continuing the contact while they were away.

“We use loads and loads of flexibility and work around each person individually, what would work for them, as well as we are very persistent with maintaining the contact. So, if we cannot reach someone, if we are concerned, we will then keep trying to contact them every day. If the worker is not working on a particular day, they would ask a colleague to try to reach the client. If we cannot reach them, in the worst-case scenario, we also request police welfare checks to make sure that they are safe if we know that they have a tendency for heavy drinking and something could have happened.” (Interview 3 – New Beginnings)

“Making contact with them, initially is quite hard. But also, then once we've actually made contact with them, trying to keep them engaging with us, that can be quite hard as well. I just had two recently that I tried to contact by phone, by letters, and they don't respond. But I've also had others that, you know, that I've taken over from other people, and they haven't responded for quite a few months and it's a question of just trying to drag them back in talk to us again.”
(Interview 6 – New Beginnings)

Interviewees suggested that the persistence with clients was not just short-term. Sometimes life circumstances caused disengagement for long periods of time, however, persistence is able to rekindle engagement.

“sometimes they get bad bouts of depression, or whatever it may be, and you'll lose touch with them for, it could be weeks or it could be months. And then they come back again. At some point, they'll come back, because maybe they're feeling better, maybe you've rung at the right time when they're by their phone and they pick it up.” (Interview 6 - New Beginnings)

Among New Beginnings staff, persistence was also exemplified in an unwillingness to give up on clients and a reticence to close their timeline due to lack of engagement.

“We never give up, unless someone tells us literally like “just leave me alone. I don't want any support from you”. We would always try to find a way.” (Interview 3 - New Beginnings)

“I could not find him. I tried to trace him through the adult mental health team and “no”, everywhere “no”. I had to close him. But I could not close him because of everything in my conversation with him, how he was struggling at the time, how he could not move, how he wanted to change his life, it was all there...I could not close that case without doing further searching. I could not find him anywhere. Luckily, a month and a half after...I had a call out of the blue from a children's school somewhere, [saying] that he mentioned [an Elmore caseworker]” (Interview 8 - New Beginnings)

Consistency

Another core tenet of the New Beginnings approach is to, in all ways, remain consistent over time. This includes ensuring that if clients were offered something then they should receive it, even if, for example, the client's usual caseworker is not working due to sickness or annual leave.

“There is in general a big culture of people covering work for other colleagues, so if someone is suddenly off sick or on annual leave, we always make sure that the client receives the service they should receive, even if their worker is not there. And workers are very willing to pick up other people's work just to make sure that the clients are well looked after. And no matter who contacted the client, we always try to be consistent in what we offer, what we say, what we expect, also setting up some expectations from clients.” (Interview 3 - New Beginnings)

Elmore's ethos of consistency of support extends the reach of all its services, including New Beginnings. At times, Elmore clients are being supported by one of its other services when they are identified as a victim of CSE and moved into the New Beginnings service. Elmore have the ability to maintain consistency of caseworker despite moves between services, by spreading caseworker's caseloads across its numerous services. This avoids the need to begin the time-consuming task of gaining a

client's trust from the ground up, meaning the client can benefit more quickly and fruitfully from engagement with the service.

“The same workers will all deal with the same things, so they wouldn't have to then transfer to a new worker at all, they will stay with the same worker. But also, for something like tenancy sustainment, we only work with them for a limited length of time. But for somebody with CSE we don't. We help them focus on what they need, I don't think there was a time frame on that. If you think about it, if somebody came to us on the tenancy programme, which is somebody that's not managing their tenancy at all, maybe problems with money, drink, drugs, whatever it may be, and then we tend to get a lot of that sorted, and then they devolve that they are a victim of CSE. But then you think, if you went back to your manager, and then said, "oh, this person says...", and they say "oh, okay, then you're off the case, somebody else is on the case", then you've got to start again, haven't you? How many months then is it going to take for them to trust the next person? There's that kind of thing. We have, obviously, people that leave Elmore and new people to come but normally we would do a handover, so you would go out and meet that client face to face with their current person. Then they get to know your face already, you've been told a lot about their background and you'd be told what's the next thing you'll be working on. So that flows quite well. To just stop somebody because of what's happened to them in the past, "oh, no, that's not my department", that doesn't fit comfortably with Elmore.” (Interview 6 – New Beginnings)

Time to build trust and long-term commitment

A major facilitator to working with the New Beginnings client group is understanding the need for (and allowing for) the significant amount of time it takes to build trust with clients, and for the service to be oriented toward long-term support.

“Working with New Beginnings clients is a very time consuming process. If you put [the same] time into it as we do with the other pool of clients, then they will end up worse off, it'll just be one of the many services they have attempted seeking support from and have felt let down by” (Interview 8 – New Beginnings)

“For the clients, it's usually one of their first experiences in their life of having someone who they can rely on and develop a trusting relationship with. Unlike other services, we can work long-term with clients, so we have quite a lot of time to build this good relationship and this is what I value in my work, that actually I don't have to stick to some very strict timeframe and I can just invest energy into building a trusting relationship and to be this contact person for my client when they feel they're not coping on their own.” (Interview 11 – New Beginnings)

“There's always going to be a setback along the way, it's very rarely that there isn't. To them, having to go through speaking to the police as well, it does bring up lots of triggers for them. You have to go from thinking "we'll do that next time because it's another thing that will help them", [then] if they've had a little bit of

a setback, you have to put on the reins and say "no, actually, this week I think is just for a chat and the walk", just to make sure they're okay. And then, you know, when they're ready again, and you can see that they're ready again, then you move forward again. It's very slow. I think it has to be a very slow progress because if you rush it could be quite frightening to some people." (Interview 6 – New Beginnings)

This value of allowing time to trust and a providing time-term commitment is well-recognised among clients.

"It took quite a while, but now I trust her and she helps me a lot." (Client 2)

Maintaining trust

There was an understanding among New Beginnings professionals that trust needs to be maintained and not just gained. Maintaining trust is an ongoing process and trust, when it has been built, tends to be delicate.

"Sometimes we used to go for a walk just with the client to get them out, because sometimes they would never go out. So take them for a walk. Go and sit by a lake or a river and have a cup of tea with them. Anything that lifts their mood would definitely be something that would be good for them, to help lift any kind of barrier, lift the mood, bring the trust back." (Interview 6 – New Beginnings)

"In the trust journey itself, you will have a lot of red alerts. They can believe that you're supporting but if anything goes wrong, they tend to quickly go back and they think, "this is the same old thing", but being clear, explicitly clear, if anything is going wrong, clearly stating what's going wrong, what needs to be done, that you are with them in that journey. And again, with a lot of them you are aware that that happened and as humans they will have that instinct to say that "nobody is going to help me", but it's for you to let them know that you are available to help them and support them. When they see that someone has called for two days they say "no, I still want to come in and kind of get support." (Interview 8 – New Beginnings)

Children

Despite children often presenting as barriers to support, they were also facilitators. Clients with children sometimes credited their children as a source of inspiration for gaining support from New Beginnings, often saying they were doing it for their children or that their children inspired them to seek help. For some, becoming a parent was a key motivating factor in reaching out for support and offered an important sense of hope for the future.

In many cases, children were a focus of the support sought from the service. For example, clients sought help accessing benefits relating to their children, support

getting themselves in a position where they could have their children living back with them, support with organising or accessing activities for their children, help develop parenting skills, help managing the impacts of their children's issues and sometimes help accessing necessities such as food, via food vouchers or food parcels, for their children. Children can therefore also be seen as an indirect facilitator of engagement with the New Beginnings service.

For others, their children provided emotional and practical support to their New Beginnings engagement.

Objective 8: Identify challenges, if any, that clients face (or have faced) in using the service and ascertain what changes might alleviate such challenges.

The two clients who participated in the evaluation were asked whether they had faced any challenges in using the service and were asked to recommend any potential areas for development. Each the quotes below come from the clients.

Challenges

The problem of building trust with just one caseworker was highlighted by one of the clients.

“If my support worker is away and no one lets me know that my appointment is cancelled, or it’s cancelled at really short notice. It makes me feel worthless and that no one cares, which can trigger withdrawal and suicidal feelings.”

“I have struggled to connect with other support workers when mine is away. It might have been good to develop a relationship with an additional support worker from earlier on.”

In contrast the second client, had experience of the two-worker system due to their complex need and for them this appeared to be working wellfor them.

I think the way that [caseworker] has dealt with it has been pretty good, she's introduced the other person to me, explained to me why they are there. A lot of the time when [caseworker] hasn't been around, [another caseworker] has been around, or another support worker who I've actually engaged with previously ... I was going to [a] therapy centre, [my caseworker] couldn't come, but they were able to send [another caseworker] instead. And obviously I know [the other caseworker] because she's been there with me. She's been with me and [my caseworker] so she's been hearing the same thing. I find that sometimes helpful as well.”

Despite the assessment process being flexible, so that it can be undertaken across a protracted period of time with the pace being led-by the client so that reference doesn't need to be made to the exploitation experiences, it still holds the potential for triggering the clients.

“I nearly wasn’t able to get help because some of the assessment questions were so direct that it triggered me into not being able to speak. I think it would be good to be aware that some people will struggle with being able to answer the questions needed to access help”.

Recommendations

- 1) To avoid asking direct questions during the assessment that might be triggering for the client.
- 2) Tell clients at the start that there is a possibility that an appointment might be postponed due to another client needing extra support during a period of crisis.
- 3) Promote greater awareness about the service by informing GPs or having a more visible online presence.
- 4) Establishing information sharing agreements between the client’s GP and the New Beginnings service.

Impact of Covid-19 on the experience of using the service

The change in mode of communication was particularly problematic for one of the clients, however, they appreciated the greater frequency of communication afforded by remote working.

“We went from meeting in person once a fortnight to talking on the phone once a week, and now on skype. I have really missed seeing [my caseworker] in person, it makes a difference for someone to meet with you when you feel that you are so repulsive that no one can bear to be around you. But it has been good to be able to talk every week.”

“I know that Covid has been challenging for all the staff, and I am grateful for everything they have done.”

Objective 9: The experiences of the New Beginnings staff regarding the day-to-day operation of the service and what has worked well and whether any changes might be necessary to improve the processes.

The case file analysis and the interviews conducted with New Beginnings staff offered an insight into the day-to-day running of the service. The overwhelming view from interviewees was that the service works well. It is evident that the flexibility and adaptation to the clients' individual needs is reflected in the way the service operates. There were several clear instances of how the service has evolved to enhance their processes and policies. For example, simplifying the referral process so that it does not serve as a barrier to a client accessing the service. This self-motivated evolution of processes and policies was recognised by external partners.

“The couple of examples that I've just given you are areas that they identified where there was a gap, or maybe where we could do better to make sure those needs were met...I think they're pretty good at understanding the needs of the people they're supporting and where their gaps are. And, like I said, they come up with ways to meet them.” (Interview 5 - commissioner)

“They don't seem to come to you with problems, they are always trying to come up with something that they can do or an avenue to explore to resolve something” (Interview 4 - external agency)

Simplified referral process

The service operates a simplified referral process that does not require any specific paperwork to be submitted. Referrals will be accepted in any form. The file analysis demonstrated this simplified referral process in action, with referrals arriving as a simple email, phone call, in-person conversation, by text message as well as a more traditional form.

“Somebody can be referred, sometimes it's by their social worker, or maybe by a police officer, and it can just be a brief excerpt with what's going on.” (Interview 10 - New Beginnings)

Following an initial referral, in whatever form it took, the New Beginnings team would seek out any further required or pertinent information from the referrer before making initial contact with the potential client. The simplified referral process was viewed in a

positive light by interviewees because it removes barriers to reaching potential clients; for clients self-referring it removes a practical barrier that has prevented them from engaging with other services in the past – completing lengthy and complicated forms can be challenging and overwhelming to potential clients. For those making a referral on behalf of a potential client, the simplified referral process undoubtedly expedites the time between identifying a potential client and making the referral, due to reducing the administrative burden. Existing relationships between New Beginnings staff and external referrers also allows referrers to quickly and informally assess the suitability of a potential client for the New Beginnings service.

“The actual referral mechanism, from our point of view, was fairly basic and straightforward. We didn't have to have the usual haggling that you'd have with other agencies.” (Interview 4 – External agency)

Adapting to accommodate new client groups

It was noted from several interviewees that the client-base had changed over-time and that the service now included male clients and had accommodated young people as they approached the 18-year age threshold. This was reflected in the file-analysis discussed earlier in this report.

“A few times in contract meetings where they identified gaps in provision and talked about ways that they could evolve and develop the service to meet them. For example, the service, initially, was for people aged 18+, but they'd identified a couple of referrals where there were people that were a little bit younger than that who needed support. So, we talked about how we could make that happen and also how they could reach out to support more males. They thought about how they could do that through reaching out to GP surgeries and other people who were likely to refer, how they could get the word out there to make sure that they increase their reach and met needs for everybody, which I think they started to do really successfully.” (Interview 5 – commissioner)

Continuing professional development

The caseworkers felt that overall, they had good access to training opportunities. Several interviewees suggested that they might benefit from additional training specifically about topics such as CSE and trauma.

Similarly, during the interviews it was highlighted that originally the New Beginnings service had a single manager supervising caseworkers with New Beginnings clients, but this had since changed to most Elmore managers supervising caseworkers with New

Beginnings clients. While having a single manager would naturally suggest a detailed awareness of the service and its clients, it was felt that in-depth knowledge might be lost by spreading the responsibility among several Elmore managers. As a result, it was felt that New Beginnings caseworkers would benefit from all Elmore managers receiving training on the kinds of issues, complexities, and backgrounds of New Beginnings clients, to better understand the clients and the challenges faced by the caseworkers, some of which are possibly unique to working in the New Beginnings service.

Impact of the Covid-19 pandemic

The Covid-19 pandemic and the resulting lockdowns and social distancing policies had several impacts on service provision. It is noted from the file-analysis that there were fewer new cases opened in the first year of the pandemic. In the interviews this was attributed to the difficulties conducting assessments of the potential clients and having fewer referrals from partner agencies whose staff, in some cases, had been furloughed, while others were working from home in less than ideal conditions.

With new clients, the caseworkers reported that it was harder to build rapport between people who had never met in person and where communication had to be conducted over the phone, or through text and email.

“And I think it's been difficult in terms of taking new clients on because you can't really develop that rapport, or you can but [only] to a certain extent. If you haven't met each other, you don't know who you're talking to and that's been difficult, I think more with the new clients rather than existing ones.” (Interview 10 - New Beginnings)

Due to the housing issues faced by many of the clients, they often do not have internet connectivity or the use of laptops and other digital devices that many people now take for granted, and that have proved to be a lifeline for many people during the lockdowns. This means that for many clients they have been unable to access alternative, online activities that serve as distractors and help provide structure to the day.

“A lot of them don't have things like laptops with internet connection so it's hard to do something like a pilates ...or a yoga class, online. ... if they haven't got those devices to keep themselves entertained for those hours, then it's very easy to then slip back into old ways as well.” (Interview 6 - New Beginnings)

Some of the practical support typically offered by the caseworkers entails reading through hard copy letters received by the clients and helping them craft responses or

interpreting what the contents mean. Therefore, the lack of face-to-face meetings with the clients during the lockdowns meant this was harder to accomplish.

During the pandemic there has been difficulty accessing other services due to them being closed, which means that the balance between providing practical and emotional support may have become tipped more towards the provision of emotional support.

“In terms of if we needed to help them with any other services, those services aren't open, everything is shut. So, I think sometimes the clients may feel like, "oh, well, what are you doing?" but it's sort of just persevering with them and giving them that emotional support that we can over the phone.” (Interview 10 – New Beginnings)

However, not all work with clients has been negatively affected, indeed some clients have found remote means of working with their caseworkers to be more appealing (although possibly not ideal to building their long-term resilience).

“Strangely, I've had quite good engagement. Because ... you get some clients who have experienced agoraphobia and they don't want to go out, so they've got that engagement that's manageable for them.” (Interview 10 – New Beginnings)

Stress and stress management

Potential risk to workers' physical safety

According to the notes in the case-file analysis, lone working is often seen as too risky for the caseworkers. Some clients have a history of misunderstanding situations which can lead to conflict or unfounded allegations being raised about professionals working with them. Due to Class A and B drug use (crack-cocaine, heroin, Ketamine, MDMA) some clients' mood and behaviour can be unpredictable, which raises the risk for physical assaults against caseworkers, as evidenced from some of the clients' histories of arrests and convictions for assaults (sometimes on numerous occasions). This is exacerbated by the high levels of anger and rage experienced by many of the clients as a consequence of the abuse and the neglect by those they thought could/should have protected them. In a few instances, there is suspicion, or it is known, that firearms are in the property where the client is living or the client is known to carry a knife for self-protection, both of which present a risk of serious harm to caseworkers as well as the client. Additionally, some clients' tendency to form attachments too easily can risk caseworkers engaging in boundary crossing which leads to the risk of burnout for the caseworker and a sense of dependency for the client. By having two workers, the potential for this is reduced.

Feeling Safe

Despite the potential risks to physical safety, all the staff reported feeling safe in carrying out their roles and no one reported experiencing physical harm or threats to themselves, indicating that the current risk assessment and management policies are operating effectively.

“We've got very good risk procedures in place actually, so I do tend to feel quite safe.” (Interview 10 – New Beginnings)

“Personal safety; I feel fine because the system of risk assessment and maintaining the safety within team whilst meeting clients is working brilliantly and I think is one of the best. It's probably the best of all agencies I've worked for.” (Interview 3 – New Beginnings)

Reducing risks to physical wellbeing

The service adopts a several different strategies for managing assessed risk. These include the two-worker policy for clients with complex needs (as mentioned earlier), partnering with other agencies such as the police when necessary, meeting clients in public places, and encouraging staff to remain vigilant and willing to remove themselves from any situation where they feel unsafe. This is important not only for the well-being of the staff, but also because it ensures that clients are not excluded from the service based on the risk they or their circumstances pose to the workers.

Partnering with other agencies to conduct face-to-face contacts

One interviewee noted that the New Beginnings team had partnered with the police to ensure support could be provided to clients that otherwise might have posed too much risk to support.

“Elmore have worked particularly closely and successfully with the police, to make sure that people are able to be supported. There have been a couple of individuals for whom it would not necessarily have been safe for one member of staff to support them, so how Elmore managed that was they've supported them jointly with police representatives.” (Interview 5 – Commissioner)

Meeting in public spaces

Both the interviewees and the case-file entries indicated that many face-to-face contacts with clients were held in public spaces such as parks and cafes. While this practice served a few positive purposes, it was also seen as essential for when working with clients whose circumstances are deemed too risky to permit the caseworker to enter the client's home.

Being vigilant and not afraid to remove oneself if it doesn't feel safe

"We have really good structures we really get people to feel with their guts. So, people really just, if they just don't feel safe in a situation, they just leave, nobody will ever be in trouble for leaving a situation. Even if it turns out in the end, there was no danger, there was no risk. You know, if you don't feel safe, get out of there. I hope we're really good at that." (Interview 1 - New Beginnings)

"I have had [a health problem], on days when my [health] is particularly playing up there is no pressure at all, in fact they would prefer me to stay in the office. Because they've always said to all of us, "if you can't run away from the client, you shouldn't be outside visiting a client". Because our clients can be quite volatile. You don't know who their latest partners are. So, you should always be prepared to bring your trainers and run." (Interview 6 - New Beginnings)

Potential for psychological stress

The personal impact of supporting this client group was referred to by both the New Beginnings interviewees and those from the partner agencies. It was acknowledged that the role is emotionally demanding, stressful, not easy to switch off from, and that it holds the potential for burnout. To see clients in such trauma and to not be able to respond or provide support that you feel they need in that moment that can weigh heavy on such caring workers.

"I find [it] difficult, when you can't solve all their problems." (Interview 10 - New Beginnings)

"You may leave that assessment [and not see the client again] because it's not a client allocated to you, but it will always remain in your mind." (Interview 8 - New Beginnings)

"And they are aware, because we are honest with people, that we are not forever and there will be a point when we close them, end the support. And this often comes back to us as a painful punch when people say "yes, and you said this will

change and that will change and then what now? Now I have nowhere to go and nothing to do". It's quite tough to tell the person "yes, but look how much you achieved and it's just another step. You just have to wait a little bit" because they are fed up with waiting, they've been waiting for support their entire lives." (Interview 3 – New Beginnings)

The impact of this has been exacerbated during the Covid-19 pandemic due to the lack of services and the longer waiting lists.

"I found that quite difficult because I'm quite a practical person so if I see they've got a problem I want to solve it and when I can't I think I struggle with that. So that's been quite difficult." (Interview 10 – New Beginnings)

Hearing or reading about the clients' life stories, witnessing their ongoing struggles and being directly involved in battling to get their basic necessities for living, and supporting them through further rejections or thwarted attempts to gain justice can all take their toll.

"It's extremely emotionally draining. And stressful. And unpredictable. Just as our clients' lives are." (Interview 11 – New Beginnings)

The potential for being shocked also comes from the fact that such suffering and brutality occurs within such a relatively affluent region of the country.

"The cases that we [a partner agency] and Elmore are working with, they are quite shocking really, especially in a place like Oxford where there's money coming out of our ears. The divide in wealth is just astonishing, it shows the failure of society in many ways. And I think those cases can be very distressing to you if you read the paperwork" (Interview 2 – External agency)

The level of distress expressed by the clients means that many are frequently talking about contemplating suicide or discussing the arrangements they have made to complete a suicide. Since the New Beginnings case workers are the people who the client tends to have built most trust in, it is to them they turn in periods of such crises. As exemplified by Client 2:

"I have found being able to contact [my caseworker] between appointments, by email or text or phone, when I am in crisis, really helpful, although I try to manage by myself. [My caseworker] really tries to understand me, and knows what I need

when I am in crisis. She provides a reality check for me when I am triggered and reacting from the past.” (Client 2)

So, although the New Beginnings service is not a crisis service, the caseworkers are in effect the first responders in times of crisis as it is them who takes the call and then coordinates the response of other service providers (e.g., AMHT, Samaritans, GPs etc.)

“The risk that we are drawn into providing support for them when they are in their crisis. And this is not our main role, we are not a crisis service, although we do act as one, very often, because they trust us most and they contact us when they feel suicidal, and they want support from us. So of course, we do then help them access [other support] ... this happens so often for our clients.” (Interview 11 - New Beginnings)

The potential for burnout, compassion fatigue, and vicarious traumatisation are thus very real potentials in this type of work. While some of these negative impacts can be temporary, others can have a sustained impact on the workers, and cross over into multiple domains of their lives.

“Sadly, in this kind of work, there are many, many - I know many - professionals that had breakdowns and have never been able to work again. With some, they either developed, or had gone back to drinking or gone back to drug using, because you come across some really distressing stories” (Interview 2 - External agency)

It is unsurprising that many people feel unable to do this kind of work or engage with this client group in such an intense and present way.

“You don't come into this job because you come in for an easy life or anything like that. And I mean, you know, the stuff that they [New Beginnings staff] deal with even makes me think I couldn't do that and I'm used to people telling me all the time "I couldn't do your job" (Interview 4 - External agency)

Importantly, it was not just issues related to client contact that are potent stressors for caseworkers, so too is negotiating the actions, regulations, criteria and processes of other agencies that have serious implications for their clients. These types of stressors necessitate that the caseworkers remain persistent and polite (often masking true feelings) in the face of challenges and imposed barriers.

I mean, the whole housing issue stuff. When this client got excluded, we ... turned up to find her literally sat outside sobbing with all her personal belongings on the street. And so, we went in to have a conversation, "nope, nope, it's not gonna happen". So, we said, "well, can we just talk to your boss, please?" "No, you can't talk to the boss. No," so I was like "I will be talking to your boss, we need to talk to your boss, this is outrageous. You can't just throw her out at seven o'clock at night and say, "go find somewhere, this is a human being. She might be causing you problems. But you know". I remember we had about an hour and a half where we went around and around in circles and eventually, they agreed to reinstate, but it was literally to the point of like, going, "I'm going to go to the papers if you don't do something. This is just ridiculous". We got there in the end. But they [Elmore] deal with stuff on a daily basis that makes my skin curl. (Interview 4 - external agency)

Supporting emotional well-being of the staff

The needs for emotional support are evident from the nature of the work. Thus, having the opportunity to 'off-load' and 'unpick' this emotional burden is crucial for staff well-being and their ability to continue supporting others.

"For me personally, I need my one-to-ones to look at feelings, the tasks I can do, that's fine, you don't need to remind me 'this needs doing on Friday.' I want to be able to explore all the feelings that come up ... because our clients are difficult people, often, and they experience difficult things. It's hard work, or can be." (Interview 1 - New Beginnings)

New Beginnings caseworkers felt the emotional support from the management and peers was exceptionally good. The 'caring' ethos of the organisation and the holistic approach adopted in relation to the clients is mirrored in the support for the staff.

"Completely emotionally supported." (Interview 10 - New Beginnings)

"I think the biggest source of support for me is the support I get from my team and my managers, having an opportunity to offload. Whenever I have a difficult conversation with a client, or whenever I have concerns about a client and it feels a bit too much to carry on my shoulders, I can speak to the colleagues. We offer one another peer support, I can speak to the managers, they're very, very supportive, very understanding and also -this is fantastic about Elmore and these are not empty words - we have this person-centered holistic approach to clients, respectful, caring, but the same applies to workers... it's a very caring

environment, I think without it, people wouldn't last long in this job.” (Interview 11 – New Beginnings)

It was evident from the interviews that need for emotional support and opportunities for off-loading the emotional burden is shared all staff, not only those in frontline positions. Indeed, team and service managers will not only be carrying the emotional workload from unburdening with the caseworkers, but they also have the added strains of dealing with all the ‘sad stories’ from referrals that do not become cases, having an overview of the circumstances and histories of all the clients, having to consider the well-being of all the staff and having the task of coordinating the service within the necessary financial and resource limitations.

Strategies employed for managing stress

The New Beginnings interviewees talked about a range of strategies employed to reduce and/or manage stress. Some of these were undertaken as individuals, others were coordinated by the service. Of the services’ initiative, the interviewees spoke about importance of in-house group and individual supervision, clinical supervision and peer-support.

“I think supervision is really important. I always go back to supervision, supervision, supervision, go to your manager, your line manager, speak to your colleagues, it doesn't have to be formal.” (Interview 10 – New Beginnings)

“We have a group supervision, and we have a lot of things in place that can support us. (Interview 8 – New Beginnings)

Peer-support was not only available informally, but there were also scheduled sessions, particularly to break the isolation of home working during the Covid-19 pandemic. For example, group on-line meetings at the beginning and the end of the day and a ‘Good News’ session to end the working week on Fridays.

“At the moment, we have a beginning of day and end of day meeting every single day because we're not together. So, it's just there for people to come together, talk about clients, talk about crises and then dump everything at the end of the day ... We do ‘good news Friday’ for our last meeting on a Friday afternoon, anything people's clients have done that week that they are really pleased with, we talk about and it's just really lovely to hear those things.” (Interview 1 – New Beginnings)

Respecting workers' own attempts to self-manage their well-being by adjusting their workload in times of need. This was referred to particularly as a strategy for maintaining staff well-being during the pandemic.

“And that's also been the case during COVID, to take on as much commitment as they can. But in case your mental health is at risk, they can delegate work to colleagues, they can ask managers for support.” (Interview 11 – New Beginnings)

It is likely that this has been particularly important when the normal strategies for monitoring staff well-being are based on seeing people in-person.

“But what I do think is more difficult is I'm used to being in the office and keeping an ear out for everybody. I know what's going on with people, I know if people sound stressed, or if people have come in upset and things like that, and you don't get to see that anymore. So, I feel like that sort of pastoral side of my role is much harder to do.” (Interview 1 – New Beginnings)

Additionally, people talked of the training they have received to help them cope with working with this type of client group.

Objective 10: External stakeholders' experiences of the referral process and/or working alongside the service.

As part of the evaluation, external stakeholders were asked about their experiences of the referral process and/or working alongside the New Beginnings service. Key themes that emerged centre around trust, the essence of the service and the simplified referral process.

Trust

The theme of trust is one that permeates the New Beginnings service and this was apparent in interviews with external stakeholders.

Trust between agencies leading to mutual referrals

The building of trust between agencies facilitated two-way referrals between the New Beginnings service and partner agencies, including agencies such as the police that had traditionally found it hard to foster trust in clients and professionals.

“I got people at Elmore emailing me saying "I've got a client, not telling you who it is, they've mentioned this, that, or the other, how do we...?" and so I've got a referral coming back the other way now ... I think it's brilliant because it means that trust is there is and the system is working, because it's a two-way street rather than us always just palming people off on them, if we can help them, we should be.” (Interview 4 - External agency)

Referred trust

During the interviews, it was noted that the trust gained between the New Beginnings caseworkers and their clients was referred, meaning clients were more likely to work with other agencies or comply with other procedures because they trust their caseworker and the caseworker vouches for the other agency or procedure.

“Again, if somebody is in trouble with the police or whatever, they would probably feel quite comfortable to speak to their Elmore worker and then that person may indirectly then comply with whatever, the police, or going to court, rather than running away from all of that.” (Interview 2 - External agency)

Lack of client trust of referring agencies presenting an initial barrier

Most referrals to the service came from external partners, such as the police or local authorities, but these agencies are rarely trusted by potential clients of the service. This presents a barrier to potential clients' engagement with the service before the service even has any contact with them. The barrier is well understood by the police and the New Beginnings team have worked very closely with them, and others, to build mutual trust. External partners reported that stressing to potential clients that the New Beginnings service is not a statutory body is, now, a key feature of how they present the idea of a referral to the service.

“... it's not too difficult to refer, but it's trying to explain to them that they're not part of the police, they're independent of us, they're not part of the Council, they're not going to stop your benefits, they're not going to report you, they're there to help you just have that initial chat and see what happens.” (Interview 4 - External agency)

Elmore as a trusted service provider

All the external partners who took part in the evaluation emphasised that Elmore is a trusted service provider and highlighted that they are considered a benchmark organisation in terms of their reliability and the standard for client care that they set.

“Elmore, quite simply has a very good reputation within Oxfordshire. Rightly so. They've been around since the late 80s. I think. They work very hard. They're very knowledgeable. They communicate well.” (Interview 2 - External agency)

“They are a good benchmark, they are one of a few organisations that you know you can rely on, which is very good in his line of work.” (Interview 2 - External agency)

Elmore as a relationship builder with externals

External partners viewed Elmore as a respected and valuable relationship-builder among organisations.

“I think the team are great. I think they've developed some really brilliant relationships and partnerships through the work that they've done, and I think that the work they do is really valuable.” (Interview 5 - Commissioner)

“Well known and well respected all over the place. I think the fact that Elmore is part of the [Oxfordshire] mental health partnership [OMHP] also really helps.”
(Interview 2 – External agency)

Trust between partners allowing for enhanced assessments and safeguarding

In cases where external partners have concerns about a shared client, or even an individual who is not currently a New Beginnings client, the trust and respect that partners have for the service mean they play a reassuring role in providing or supporting enhanced assessments and safeguarding where needed.

“And again, that's very important if things get really tight, and things go wrong, if a safeguarding alert needs to be put, if there's a case of modern slavery, or human trafficking, concerns, they will be aware of all that, which is really in many ways, also reassuring. You almost feel like you've got a wingman.” (Interview 2 – External agency)

Essence

The essence of the New Beginnings service was noticeable in external stakeholder's experiences of working alongside it.

Elmore's professional approach

The reputation of the New Beginnings service, among external partners, is one defined by professionalism. This was seen by smaller partner organisations as important because it meant they were well placed to understand and interact with statutory bodies. Partners felt that the professional approach benefited clients since caseworkers were able to speak the same 'language' as statutory bodies on behalf of their clients.

“What I also like with Elmore is that they can match the professional approach from statutory bodies, they understand the language and understand legislation.” (Interview 2 – External agency)

“I remember being sat in Newbury Town Council...Absolutely about to lose it. And there was [a New Beginnings caseworker] nice and calm, going "no, you need form A, form B..." (Interview 4 - External agency)

New Beginnings as an evolving service

Partners recognised that the New Beginnings service is an evolving organisation that actively seeks to identify and address gaps in the support it provides to its clients, as well as gaps in the support offered more broadly, that it may be able to address.

“I think they're pretty good at understanding the needs of the people they're supporting and where their gaps are. And, like I said, they come up with ways to meet them” (Interview 5 - Commissioner)

The New Beginnings' work ethic

From the perspective of external partners, the New Beginnings' staff work ethic was characterised by their commitment, tenacity, hard work and a dedication to coordinated working.

“If Elmore closed tomorrow, you would lose their expertise, you would lose their hard work, their tenacity -they don't give up easily. They commit themselves with [clients] they work long-term with [clients then] commit themselves. They're not scared of hard work, not scared of advocating in court for people, their professional conduct and commitment. Their coordinated approach.” (Interview 2 - External agency)

We spoke to Elmore and a member of the Elmore team then met us the following day and [they] then set about trying to sort out accommodation and all the other bits and pieces. The fights that she had to get emergency accommodation. That day was unbelievable. [The New Beginnings caseworker] was an absolutely amazing, amazing woman. [She took on] The benefits, the accommodation, [contacting] the contacts that she had in these different departments...somehow [they] managed to arrange accommodation in a secure, or semi-secure, property that gave her the necessary support” (Interview 4 - External agency)

Simplified Referral Process

External partners remarked that the referral process was remarkably simple and free of the administrative strain commonly associated with making referrals to agencies.

“The actual referral mechanism, from our point of view, was fairly basic and straightforward. We didn't have to have the usual haggling that you'd have with other agencies.” (Interview 4 – External agency)

Descriptors of the New Beginnings Service and the Elmore Team



Objective 11: What does the New Beginnings service offers its clients that other services do not.

New Beginnings is seen as a unique service that works with clients that typically fall through the gaps in service provision elsewhere or that other service providers find too difficult to work with.

Unique in meeting the challenge

The New Beginnings service was viewed by all external partners as unique in supporting clients with needs that simply could not be met anywhere else.

“[The clients] have quite complex issues and quite chaotic lives, and I don't think that those needs could be met anywhere else.” (Interview 5 - external agency)

Without the New Beginnings service, many clients would not be able to get the support that they desperately need. There was a feeling this would be compounded by the current weak state of the economy in light of the pandemic and the recent financial reductions to services.

“If that whole system [the New Beginnings service] didn't exist, it's a question you have to ask yourself, where would they get that [support]? Where would they get looked after now, probably nowhere based on the current economic climate...It'd be pretty devastating for them.” (Interview 4 - external agency)

The difficulty in accessing other services is partly because other services find the clients hard to engage and partly because the clients find it difficult to comply with the requirements of the service.

“I think a lot of people wouldn't engage with the services at all ...many sex workers that are a bit full-on, who wouldn't engage at all with the court system and so on, and probably their behaviour would get worse and worse.” (Interview 2- external agency)

“If we were not flexible, we would have not been able to work with people, probably [only] 10% of clients would cope with a more rigid or a more structured way of support.” (Interview 3 – New Beginnings)

Unique flexibility of approach

The New Beginnings service offers a unique level of flexibility. Flexibility is pivotal when trying to support this client group because a lack of flexibility has frequently been a reason for not receiving meaningful support from other services or engaging with statutory bodies in the past.

“We're quite a unique service in the sense that we're so flexible and we offer long term help. And often there's nowhere else they [the clients] can go really, because they've often tried other services, but because they were not able to commit to their schedules, to their routine and expectations, they just ended up being on their own.” (Interview 11- New Beginnings)

“[If] Elmore was to be lost, I think an awful lot of clients would miss out on a service altogether. A lot of statutory services and other services, their criteria was so specific and not flexible to a client's needs that these clients may go without a service at all. And obviously, their mental health may deteriorate, their substance misuse may increase, all these sorts of things that can have a knock-on effect. I think the whole point of Elmore is that we get the clients that miss out on other services, they're the ones that fall through the gaps. So I think if we were to go, I don't think there's anywhere that would do that.” (Interview 10 - New Beginnings)

Unique service benefit to Elmore

It was felt that the New Beginnings service has provided a benefit to Elmore more broadly due to the staff's trauma training related to the service having a positive effect informing their practice in other Elmore services.

“[Without New Beginnings] we wouldn't have trained our staff to be able to deal with trauma so they wouldn't have such a sensitive approach to their needs.”
(Interview 1 - New Beginnings)

Unique breadth and depth of knowledge

From the interviews and file analysis it was apparent that the New Beginnings staff have an exceptional breadth and depth of knowledge related to further support, activities, legal issues, and funding that may be available to their clients, as well as being highly successful at supporting their clients in accessing these provisions.

“They just unlock doors that you didn't even know existed and suddenly magic funding out of the air for somebody.” (Interview 4 - External agency)

Unique extent of support and care

It was notable from interviewees accounts of the New Beginnings service that the extent of the support and level of care extended to its clients was unique.

“The way that the clients talk about them the level of service and care that they get from Elmore it's far in excess of anything ...they get anywhere else. And by going through that person they then help sort out all the other issues, or help them address the other issues going on in their lives.” (Interview 4 - External agency)

The New Beginnings service has provided intensive and holistic support to victims of historic CSE investigations as they have gone through trials. This is a period where it

was evident from the case-files that retraumatisation was highly likely, with the victims regressing to childhood behaviours, experiencing flashbacks, and being overwhelmed by emotions (including powerlessness and hopelessness) previously experienced as part of the exploitation.

“The idea that the women who went through Operation Silk would have had to do it without having support around them, I think it would have been really, really, really difficult for them. I think they would have found it really hard. They were all really scared.” (Interview 1 - New Beginnings)

A ubiquitous view was that the service made a difference to clients usually lacking in choices and opportunities.

“[New Beginnings] make a world of a difference and more to the point they make a world of difference to people that probably have a lot less choices and opportunities than maybe you or I have had” (Interview 2 - External agency)

Unique willingness to take time

It was clear that a unique hallmark of the New Beginnings service is a willingness to take the time to engage clients and to commit long-term to supporting them with their varied and changeable needs.

“[Without the New Beginnings service, we would lose] All the clients, I would say. They’ll be totally lost. There’s nobody out there as unique as Elmore, that spends the time like we do. Every single different support agency outside offer something different, but we’re very unique.” (Interview 6 - New Beginnings)

Unique in engaging clients to inform the practices

New Beginnings staff have engaged clients in end-user activities to inform the practices of their own service and those of other agencies. In one instance, clients were asked what they would like to say to the police if they had the chance and their views

were then reported back to the police. This then informed changes in the police approach to working with victims/survivors of CSE.

“One of the things that we did at that conference was we went and spoke to clients about what they wanted us to say to the police, because actually it was loads of stuff the police hadn't thought about like, there was a client who said that the police had come round and they'd watch the evidence sitting on her sofa at home, so now every time she sits on that sofa she remembers the evidence and she goes through it. Also, she said when the police first started working with her they would give her things to meet her. So, you know, they would give her cigarettes, they would give her chocolate and so it was just like being in the same kind of weird relationship with the guys [who exploited her].”
(Interview 1 – New Beginnings)

Elmore: the whole is greater than the sum of its parts

There is a unique relationship between Elmore Community Services as an organisation and its constituent services, such that the whole is greater than the sum of its parts. This can be of huge benefit to Elmore clients and especially to some clients of the New Beginnings service.

It was not unusual for clients of the service to have had prior timelines in Elmore's other services before becoming New Beginnings clients. In these cases, Elmore clients had often been identified as victims of CSE during their Elmore support and had then been moved across into the New Beginnings service.

“So it could be anything, mental health, complex needs, or it could be even somebody that comes in under our tenancy sustainment and then we work through that and then they divulge something to us and then they'll come out of tenancy sustainment and onto the New Beginnings project” (Interview 6 – New Beginnings)

“There are people who are referred to Elmore as potential New Beginnings clients and there are people that are referred to Elmore as generic Elmore clients and

during the process of the assessment - it has happened to me in the past - you look at the big picture and realise it has to go a different way, to New Beginnings.” (Interview 8 - New Beginnings)

There are obvious benefits to New Beginnings clients coming to the service from Elmore’s other services as opposed to equivalent services elsewhere (where they exist). For example, the client is known to Elmore and an understanding between the client and organisation has usually been built, with the client having experienced the Elmore ethos and Elmore perhaps being aware of what works for that client.

“We do have clients, however, who came to us from Elmore [other services] and they were not aware of the New Beginnings project existing. However, while working with an Elmore worker, they found out, or they disclosed child sexual exploitation, and they were then transferred to New Beginnings. Also, talking to people about what we have available and explaining each project and what the project offers, sometimes encourages people to come out.” (Interview 3 - New Beginnings)

A less obvious but highly impactful benefit to New Beginnings clients coming to the service from Elmore’s other services, as opposed to equivalents outside of Elmore, has to do with the way in which Elmore caseworker’s workloads are spread across all of its services (i.e., an Elmore caseworker will have clients from numerous services on their caseload). A key finding of this evaluation is that the engagement of New Beginnings clients is highly dependent on consistency, including consistency of caseworker(s), due to the time it takes to build the trust essential for progress. Elmore, given its range of services and the way it spreads its caseworkers’ workloads across services, is unique in being able to maintain the consistency of caseworkers for Elmore clients who are identified as victims of CSE and moved across to the New Beginnings service. This is a crucially important feature of Elmore, given that a key barrier to support is trust and trust, in part, comes from consistency over time.

“All the same workers will all deal with the same things, so they wouldn’t have to then transfer to a new worker at all, they will stay with the same worker. But also, for something like tenancy sustainment, we only work with them for a limited length of time. But for somebody with CSE we don’t. We help them focus

on what they need, I don't think there was a time frame on that.” (Interview 6 – New Beginnings)

It appears that Elmore as a whole is greater than the sum of its parts. It could not be wholly replaced by simply replacing each of its component services with individual services not held together under the Elmore umbrella. The success of Elmore, and by transition the New Beginnings service, is in part a function of its ability to integrate services, staff, and clients seamlessly (at least outwardly) between services. There is unique value in the New Beginnings service being embedded with Elmore services.

One of the clients explained that from their point of view, the key benefit of having the New Beginnings service embedded within the Elmore team’s provision is it reduced the trauma that comes from having to repeat talking about the presenting issues to each new service provider.

“Service users need to feel like they are supported through out and they shouldn't feel like they have to be a broken record. It's better to try and streamline the system I don't want a service user to be having their life put in danger because of something that they have to repeat multiple times. You can't keep going through that trauma every single time, it's really unfair. Both on the service user and on the support worker as well.” (Client 1)

Recommendations

1. Reaching more culturally diverse client groups.

“What I didn’t mention were barriers related to language or cultural/religious beliefs. Majority of our clients are British and White.” (Interview 11)

Solution - Maybe consider extending the reach of the service through an even greater diversity in the pool of caseworkers and possibly reaching out to faith and community leaders in minority communities.

2. Increasing access to therapeutic services

There appears to be a shortage of free therapeutic services for clients with complex PTSD (often diagnosed as dissociative disorder and borderline personality disorder - Bailey & Brown, 2020) that can be accessed relatively quickly. Furthermore, it was recognised that some clients who are directed to the complex needs service, feel unable to engage in group therapy. For the clients in crisis or those with living in chaotic circumstances, their capacity to engage in long-term therapy is likely to be compromised and they have a high probability of disengaging. Additionally, many find therapy retraumatising and could feel unable to pursue this ‘self-indulgence’ if they have children (Sneddon, Wager & Allcock, 2016).

“My two clients both have the diagnosis of dissociative identity disorder and one of them is lucky enough to be able to pay for private therapy, {the other client} isn't, and his option is to access the Complex Needs ...but there is nothing else available on the NHS.” (Interview 11)

Solution - Explore the possibility of securing Personal Injury claims for clients to help them pay for private, short-term, but effective individual therapy, that can be accessed quickly and readily such as EMDR, which can now be delivered online.

3. Preventing service facilitated client disengagement.

The file-analysis highlighted that there is a significant tendency for clients to disengage, despite reaching peak occasions for needing support (e.g., presenting as a witness in a criminal trial), when their case worker is suddenly off work or leaves the service. Additionally, the interview/survey with the clients highlighted both the difficulty connecting with a new caseworker, or valuing the fact that they have two workers, so one can step-in with ease when the other is absent.

Solution – Expand the two-worker system to all clients. Both workers could initially meet with the client and then maybe one takes the lead and the other meets with the client intermittently. This would permit the smooth transition between caseworkers in event of staff illness or leaving the service.

4. Addressing the needs of clients that are difficult to meet due to dwindling or the lack of services.

It was noted that sometimes it is difficult to meet the clients' needs because services that had potential to offer much needed resources to the client group had been cut (e.g., family centres) or were struggling to meet demands. Particular needs are; trauma therapy (as mentioned above), support to develop effective and appropriate parenting skills, support with child-care, preventing/reducing risk for revictimisation, having opportunities to engage in meaningful and/or creative activities.

Solution – Form a consortium together with other non-statutory service providers and to collectively seek funding to provide the wrap-around support needed by this client group. For example, the SAFE!'s Protective Behaviours programme that cannot be accessed now by the over 18's could be extended with additional funding to meet the requirements of this group or someone to provide support to develop parenting skills.

References

- Berman, M.G., Kross, E., Krpan, K.M., Askren, M.K., Burson, A., Deldin, P.J., Kaplan, S., Sherdell, L., Gotlib, I.H. & Jonides, J. (2012). Interacting with nature improves cognition and affect for individuals with depression. *Journal of Affective Disorders*, 140(3): 300-305,
- Brown, D.W., Anda, R.F., Tiemeier, H., Felitti, V.J., Edwards, V.J., Croft, J.B. & Giles, W.H. (2009). Adverse childhood experiences and the risk of premature mortality. *American Journal of Preventative Medicine*, 37(5): 389-396.
- Bruhns, M.E., del Prado, A., Slezakova, J., Lapinski, A.J., Li, T. & Pizer, B. (2018). Survivors' perspectives on recovery from commercial sexual exploitation beginning in childhood. *The Counselling Psychologist*, 46(4): 412-455
- Chouliara, Z., Karatzias, T. and Gullone, A. (2014), Recovery from childhood sexual abuse. *Journal of Psychiatry and Mental Health Nursing*, 21: 69-78.
- Cole, J., Sprang, G., Lee, R. & Cohen, J. (2016). The trauma of commercial sexual exploitation of youth: A comparison of CSE victims to sexual abuse victims in a clinical sample. *Journal of Interpersonal Violence*, 31(1): 122-146
- Commissie Azough, Ministerie van Volksgezondheid, Welzijn en Sport (2014). *Hun verleden is niet hun toekomst. Actieplan Aanpak meisjesslachtoffers van loverboys/mensenhandel in de zorg voor jeugd*. Nederlands Jeugdinstituut, Utrecht (cited in Selvius et al., 2018)
- Dank, M. (2010). *The lost children of New York City: Population estimate, network attributes and the role of social capital in the commercial sexual exploitation of children in New York City* (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses database. (UMI No. 3369048)
- Eagle, D. E., Hybels, C. F., & Proeschold-Bell, R. J. (2019). Perceived social support, received social support, and depression among clergy. *Journal of Social and Personal Relationships*, 36(7): 2055-2073.
- Ethridge, K. & Davis, T. (2017), What's going on?: How we can confront child sexual abuse in America. *Psychology Benefits Society* (12th May) Retrieved from: <https://psychologybenefits.org/2017/05/12/how-we-can-confront-child-sexual-abuse-in-america/>

Fedina, L., Williamson, C. & Perdue, T. (2016). Risk factor for domestic sex trafficking in the United States, *Journal of Interpersonal Violence*, 31(1):1-21

Felitti, V.J., Anda, R.F., Nordenberg, D. Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P. & Marks, J.S. (1998). Relationship of childhood abuse and household dysfunction to many leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventative Medicine*, 14(4): 245-258

Follette, V.M., Polusny, M.A., Bechtle, A.E. & Naugle, A.E. (1996). Cumulative trauma: The impact of child sexual abuse, adult sexual assault, and spouse abuse. *Journal of Traumatic Stress*, 9(1): 25-35

Fong, R. & Berger Cardoso, J. (2010). Child human trafficking victims: Challenges for the child welfare system. *Evaluation and Program Planning*, 33:311-316

Fox, C., and Kalcan, G. (2016). *Barnardo's Survey on Online Grooming*. Available @ <https://www.barnardos.org.uk/barnardos-online-grooming-survey-2016.pdf>

Greenbaum, V.J. (2014). Commercial sexual exploitation and sex trafficking of children in the United States. *Current Problems in Paediatric and Adolescent Health Care*, 44(9): 245-269

Hailes, H.P., Yu, R., Danese, A. & Fazel, S. (2019). Long-term outcomes of child sexual abuse: An umbrella review. *The Lancet: Psychiatry*, 6(10): 830-839

Heal, A., Gladman, A., & Longman, A. (2017). *Child Sexual Exploitation: Learning from Rotherham and Beyond*, Jessica Kingsley Publishers.

Hejdenberg, J. & Andrews, B. (2011). The relationship between shame and different types of anger: A theory-based investigation. *Personality and Individual Differences*, 50(8): 1278-1282.

Hemmingsson, E., Johansson, K. & Reynisdottir, S. (2014). Effects of childhood abuse on adult obesity: A systematic review and meta-analysis. *Obesity Reviews*, 15(11): 882-893.

Hughes, D. M. (2000). The "Natasha" trade: The transnational shadow market of trafficking in women. *Journal of International Affairs*, 53: 625-651.

Kaufman, K., Barber, M., Mosher, H., & Carter, M. (2002). Reconceptualizing child sexual abuse as a public health concern. In P. A. Schewe (Ed.), *Preventing violence in*

relationships: Interventions across the life span (pp. 27-54). Washington, DC, US: American Psychological Association.

Kelly-Irving, M., Lepage, B., Dedieu, D., Bartley, M., Blane, D., Grosclaude, P., Lang, T. & Delpierre, C. (2013). Adverse childhood experiences and premature all-cause mortality. *European Journal of Epidemiology*, 28(9): 721-734

Lamoureux, B.E., Palmieri, P.A., Jackson, A.P. & Hobfoll, S.E (2013). Child sexual abuse and adulthood interpersonal outcomes: Examining pathways for intervention. *Psychological Trauma*, 4(6): 605-613.

Lanctôta, N., Reid, J.A., & Laurier, C. (2020). Nightmares and flashbacks: The impact of commercial sexual exploitation of children among female adolescents placed in residential care. *Child Abuse and Neglect*, 100: 104195

Leonard, M. M. (2010). "I did what I was directed to do but he didn't touch me": The impact of being a victim of internet offending. *Journal of Sexual Aggression*, 16, 249-256

Letourneau, E.J., Eaton, W.W., Bass, J., Berlin, F.S. & Moore, S.G. (2014). The need for a comprehensive public health approach to preventing child sexual abuse. *Public Health Reports*, 129(3): 222-228.

Livingston, J.A., Testa, M. & VanZile-Tamsen, C. (2007). The reciprocal relationship between sexual victimization and sexual assertiveness. *Violence Against Women*, 13(3): 298-313.

LoGiudice, J. A. (2017). A systematic literature review of the childbearing cycle as experienced by survivors of sexual abuse. *Nursing for Women's Health*, 20(6): 582-594.

Luterek, J.A., Harn, G.C., Heimberg, R.G. & Marx, B.P. (2004). Interpersonal rejection sensitivity in childhood sexual abuse survivors: Mediator of depressive symptoms and anger suppression. *Journal of Interpersonal Violence*, 19(1): 90-107

Melkich, S. (2013). *A health impact comparison between child sexual abuse and child sexual exploitation*. Report for the International Centre for Missing and Exploited Children. Available @ https://www.mensenhandelweb.nl/system/files/documents/08%20dec%202014/Health_Impact_Comparison_on_CSA_and_CSE_Selmas_Paper_FINAL.pdf

- Miller-Perrin, C. & Wurtele, S.K. (2017). Sex Trafficking and the Commercial Sexual Exploitation of Children, *Women & Therapy*, 40:1-2, 123-151
- Mellin, E. (2008). Rejection sensitivity and college student depression: Findings and implications for counseling. *Journal of College Counseling*, 11(1): 32-41
- Mitchell, K. J., Ybarra, M., & Finkelhor, D., (2007). The relative importance of online victimization in understanding depression, delinquency, and substance use. *Child Maltreatment*, 12, 314-324.
- Messman-Moore, T.L., Long, P.J. & Siegfried, N.J. (2000). The revictimization of child sexual abuse survivors: An examination of the adjustment of college women with child sexual abuse, adult sexual assault and adult physical assault. *Child Maltreatment*, 5(1): 18-27
- Montgomery, E. (2013). Feeling safe: A meta-synthesis of the maternity care needs of women who were sexually abused in childhood. *Birth: Issues in Perinatal Care*, 40(2): 88-95
- Montgomery, E., Pope, C. & Rogers, J. (2015). The re-enactment of childhood sexual abuse in maternity care: A qualitative study. *BMC Pregnancy and Childbirth*, 15: 194
- O'Brien, J., Creaner, M. & Nixon, E. (2019). Experiences of fatherhood among men who were sexually abused in childhood. *Child Abuse & Neglect*, 98.
doi.org/10.1016/j.chiabu.2019.104177
- Payne, J.S., Galvan, F.H., Williams, J.K., Prusinski, M., Zhang, M., Wyatt, G.E. & Myers, H.F. (2014). Impact of childhood sexual abuse on the emotions and behaviours of adult me from three ethnic groups in the USA. *Culture, Health and Sexuality: An International Journal for Research, Innovation and Care*. 16(3): 231-245.
- Radford, L., Allnock, D. & Hynes, P. (2015). 'Promising programmes to prevent and respond to child sexual abuse and exploitation'. Report for Unicef. Available @ [https://www.unicef.org/protection/files/Promising_programme_responses_SEA_\(Radford et al\).pdf](https://www.unicef.org/protection/files/Promising_programme_responses_SEA_(Radford_et_al).pdf)
- Ratican, K. (1992). Sexual abuse survivors: Identifying symptoms and special treatment considerations. *Journal of Counseling & Development*, 71(1): 33-38.

Rumstein-McKean, O. & Hunsley, J. (2001). Interpersonal and family functioning of female survivors of childhood sexual abuse. *Clinical Psychology Review*, 21(3): 471-490.

Scheff, T. J. (1987). *The shame-rage spiral: A case study of an interminable quarrel*. In H. B. Lewis (Ed.), *The role of shame in symptom formation* (p. 109-149). Lawrence Erlbaum Associates, Inc.

Selvius, K., Wijkman, M.D.S., Slotboom, A.M. & Hendriks, J. (2018). Comparing intrafamilial child sexual abuse and commercial sexual exploitation of children: A systematic literature review on research methods and consequences. *Aggression and Violent Behaviour*, 41: 62-73

Sigurjónsdóttir, S. (2012). Consequences of victims' mental health after internet-initiated sexual abuse: A grooming case in Sweden. Masters Thesis, Department of Psychology, University of Stockholm. Available @ <http://www.diva-portal.org/smash/get/diva2:609191/FULLTEXT01.pdf>

Smith, H.A., Markovic, N., Danielson, M.E, Matthews, A., Youk, A., Talbott, E.O., Larkby, C. & Hughs, T. (2010). Sexual abuse, sexual orientation and obesity in women. *Journal of Women's Health*, 19(8): 1525-1532

van San, M. & Bovenkerk, F. (2013). Secret seducers. *Crime, Law and Social Change*, 60(1): 67-80

Varma, S., Gillespie, S., McCracken, C. & Greenbaum, V.J. (2015). Characteristics of child commercial sexual exploitation and sex trafficking of victims presenting for medical care in the United States. *Child Abuse and Neglect*, 44: 98-105

Verwijs, R., Mein, A., Goderie, M., Harreveld, C & Jansma, A, (2011). *Loverboys en hun slachtoffers. Inzicht in aard en omvang problematiek en in het aanbod aan hulpverlening en opvang*. Verwey-Jonker Instituut, Utrecht

Wark, J. & Vis, J.A. (2018). Effects of child sexual abuse on the parenting of male survivors. *Trauma, Violence and Abuse*, 19(5): 499-511.

Whiffen, V.E., Thompson, J.M. & Aube, J.A. (2000). Mediators of the link between childhood sexual abuse and adult depressive symptoms. *Journal of Interpersonal Violence*, 15(10): 1100-1120.

Whittle, H.C., Hamilton-Giachritsis, C. & Beech, A.R. (2013). Victims' voices: The impact of online grooming and sexual abuse. *Universal Journal of Psychology*, 1(2): 59-71

Wilson, H. W., & Widom, C. S. (2010). The role of youth problem behaviours in the path from child abuse and neglect to prostitution: A prospective examination. *Journal of Research on Adolescence*, 20: 210–236.

Wilson, L.C. & Scarp, A. (2015). Interpersonal difficulties mediate the relationship between child sexual abuse and depression symptoms. *Violence and Victims*, 30(1): 163-176

Wolak, J., Mitchell, K. J., & Finkelhor, D. (2006). Online victimization of youth: Five years later. National Center for Missing & Exploited Children. USA

Appendix A: Compilation of the key performance indicators

1	Feeling more in control of their lives	MFFCS	5, 13, 15, 17, 22	
2	Physical and mental wellbeing has improved as a result of staff support	MFFCS	2, 3, 5, 7, 8, 12	
3	Seeing their GP regularly	Database		1
4	Engaging with substance misuse services	Database		2
5	In stable accommodation	Database		3
6	Know what resources are available to them	Database and		
7	Have taken steps to access therapeutic support	Additional Qs	a, b	4
8	Have taken steps to learn coping mechanisms to help address substance/alcohol use	MFFCS	d6	
9	More able to develop and maintain positive relationships with those who matter to them	MFFCS	11, 23	
10	Have taken steps to manage debts	MFFCS	6, 7, 9, 10, 20, 21,	
11	More able to assert their rights	Database and MFFCS	24	5
12	Rate the service as good or excellent	MFFCS	18	
13	Feel safe	MFFCS	4, 5, 16	
14	Now feel they have someone they trust through support received through the service	Additional Qs	g, j, i	
15	Feel the law is on their side and are accepting help with legal issues	MFFCS	19, 20, 21	
	KPI not requested by the contract	Additional Qs	c, h	
	Feel a sense of hope	Additional Qs	d, e, f	
		MFFCS	1, 14	



elmorecommunityservices.org.uk

Elmore Community Services are a registered Charity (1090616)