

“A Light in the Dark”

Impact evaluation and Social Return on Investment Analysis of The Green House therapeutic service for children and young people who have experienced sexual abuse



"I would like to say thank you. You have been a significant light in a dark time in our family's life."

Parent of young person
referred to The Green House

**Janine Edwards, the Foundation for Social Improvement (FSI)
March 2018**

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Executive Summary

Research shows an estimated 1 in 20 children have experienced some form of sexual abuse and nearly half a million adults in England and Wales are sexually assaulted each year. These experiences cause severe trauma and deep physical, emotional and psychological stress with major implications for children's health, development and life chances. Adverse consequences of sexual abuse can include acute feelings of betrayal, powerlessness, stigmatisation, guilt and traumatic sexualisation as well as difficulties forming and maintaining relationships, mental health related problems resulting from trauma and physical health problems.

Sexual abuse has a far-reaching impact on society as well: child sexual abuse is estimated to cost more than £3.2bn per year, made up of costs relating to mental health and adult physical health problems from alcohol and drug misuse, criminal justice costs, children's social care and loss of productivity to society through unemployment or reduced earnings.

The Green House is Bristol's only provider of specialist therapy for child victims of sexual abuse. They serve families from within Bristol and across the surrounding counties who commit to traveling huge distances to access specialist help, with over half of referrals originating outside of Bristol. The therapeutic support provides a safe place for children and young people to process their experiences and begin to move forward with their lives.

This Impact Evaluation and Social Return on Investment Analysis report explores the wider impact of The Green Children's Therapy Service, which includes therapeutic support to children and young people as well as practical and emotional support sessions for parents and carers. The analysis evaluates the impact and social value delivered in the year 1st April 2016 – 31st March 2017. During this period there were 101 referrals into the service and 27 individuals who started and completed therapy with planned endings during this period.

Key findings

The Green House's therapeutic service for children and young people who have experienced sexual abuse offers significant value for money. The charity operates on very lean resources and yet delivers a high level of outcomes which are experienced by a range of stakeholders. Whilst The Green House may be more expensive than some other providers of support, the outstanding quality of their service delivers significant social value with a strong return on investment.

The results of the SROI analysis indicate that for every £1 invested into The Green House's therapeutic services for children and young people who have experienced sexual abuse, at least £4.17 is realised in social value.

This figure may be even higher due to the following factors:

- The SROI analysis did not consider the value of outcomes sustained in future years beyond the therapeutic relationship, due to lack of long-term follow up data.
- The SROI analysis does not consider the preventative nature of The Green House's work. Data from The Green House Adult Service indicates that 61% of clients who present to the service are victims of childhood sexual abuse. By addressing trauma much earlier in an individual's life, the Children's Service can prevent future negative experiences and outcomes in adulthood. Again, this is discussed further in recommendations.

Outcomes

The evaluation analysed outcomes for a range of stakeholders, including children, young people and their families accessing the service, therapists delivering the service, The Green House and referrers to the service.

Children and young people demonstrated the following outcomes post-therapy:

- Improved mental health and wellbeing
- Able to understand and manage more effectively their emotions and behaviour
- Aware of rights and risks
- Better able to make positive choices
- Improved engagement in education or training

The outcomes demonstrated by The Green House after six months compare favourably with other initiatives. Carpenter et al (2016) provide a benchmark for outcomes for children and young people. Their study is the only known randomised control trial and showed that for younger children, positive outcomes took longer to achieve: there was no positive change for younger sexually abused children under the age of 8 after six months of a therapeutic intervention for children. By 12 months there was promising evidence of positive change. The Green House on the other hand demonstrates outcomes for children of all ages at just six months.

Parents and carers experienced improved family relationships post-therapy, which also serves as a protective factor around the child/young person.

Therapists identified their primary outcome as increased personal and professional satisfaction.

The Green House has improved information about the needs of children and young people who have experienced sexual abuse, and their families. This improved information provides valuable insight for service improvements and partnership working.

Referrers responses indicated the key outcome as improved referral pathways for service users. Interviews revealed that referrers hold a great deal of trust in The Green House to deliver a specialist service with high levels of support and high-quality client outcomes.

Recommendations to optimise value

The need for investment in The Green House therapeutic support for children and young people, specifically to reduce waiting list times: A child or young person must wait 6-8 months before they can access support, and demand on the service is increasing. Measures have been implemented to provide support around each child while they wait, for example the support offered by the Family Support Practitioner. However, there is a further need to increase capacity to reduce waiting list times. This requires further investment from funders and commissioners.

Importance of The Green House in building individual resilience and boundaries, preventing future harm: It is vital that the statutory child protection framework recognises the unique contribution that specialist services such as The Green House make in allowing children and young people to build their resilience and boundaries to safeguard themselves better.

The value of partnership working and information sharing: The Green House is viewed by other agencies and referring partners as a crucial part of the support network for children and young people. Some feedback from partners indicated a lack of clarity of what happened to children while on waiting list. The Green House should review communications with referrers to see whether this can be enhanced or improved.

Recommendations for future evaluations

This Social Return on Investment analysis has offered a valuable opportunity for The Green House to better understand and demonstrate the difference it has made to the lives of individuals. Whilst the organisation has robust monitoring and evaluation processes, this is the first time that the data has been analysed from

a social value perspective. The Green House is committed to continuous improvement always seeking to learn and improve and therefore some areas have emerged as opportunities for development:

Additional data capture: The focus of this SROI analysis was on the 27 individuals who had planned endings during the year 2016/17. Limited data was available for those who had unplanned endings: whilst the initial assessment was available there is not currently any follow up to see whether the (albeit truncated) service had an impact on individuals. It would be useful to capture this data to allow for comparison between cohorts of individuals who have completed therapy vs those who haven't.

Longer-term follow up with children and families: Beyond the end-of-therapy evaluation and assessment, there is no further follow up with children and families. For this reason, the long-term benefits of The Green House's work are difficult to quantify. The Green House should consider how best to develop a longer-term follow up with clients and their families, for example at 6 and 12 months post-therapy.

Preventative nature of work with children and young people: The service potentially provides a vital role in addressing trauma before adulthood, providing crucial coping strategies to manage emotions and boundaries. This preventative aspect of the service has not been explored within the scope of the SROI but could be the focus of further research.

Transgenerational abuse and trauma around the family: Transgenerational abuse was not explored in this study. There is an opportunity to learn more about the impact of sexual abuse from a wider point of view, and the value of therapeutic work with the whole family unit to break the cycle of harm. This could build on the work that The Green House has completed in their partnership project with Be Safe.

Conclusion

This impact evaluation and Social Return on Investment analysis offers significant learning for The Green House and other organisations delivering similar services in other parts of the country. The report will be shared via the Centre for Expertise on Childhood Sexual Abuse (who funded this research), through local consortia and partnerships such as the Bristol Sexual Violence Support Services Consortium and via national organisations such as The Survivor's Trust, the Foundation for Social Improvement and Social Value UK.

Introduction

About The Green House

The Green House provide free, quality therapy for people affected by sexual abuse and rape with the aim of improving their physical, emotional and mental health and building their resilience. They are a local Bristol-based charity with 30 years' experience providing these vital services for men, women, children and young people from across the city and surrounding counties.

About this report

This report was commissioned by The Green House with funding support from the Centre of Expertise for Child Sexual Abuse. It is intended to explore the wider impact of their Children's Therapy Service, providing a tool to engage and persuade funders and commissioners to invest in this service, as well as to improve impact evidence and practice across the wider Child Sexual Abuse sector. The report will also be an internal resource, used for sharing good practice, measuring outcomes effectively, demonstrating an SROI analysis and generally for internal learning.

The scope of the analysis is the therapeutic service for children and young people delivered by The Green House. This includes therapeutic support to children and young people as well as practical and emotional support sessions for parents and carers. This analysis evaluates the impact and social value delivered in the year 1st April 2016 – 31st March 2017. During this period there were 101 referrals into the service and 27 individuals who started and completed therapy with planned endings during this period.

Methodology

The FSI has used a Social Return on Investment (SROI) approach to understand the impact and value of The Green House Therapeutic Service for Children & Young People. SROI uses financial proxies to understand the value of changes that stakeholders experience. It is only by valuing changes, and by valuing them from the perspective of the individual or organisation that experience the change, that we can properly decide which of these changes are the most important.

SROI measures change in ways that are relevant to the people or organisations that experience or contribute to it. It tells the story of how change is being created by measuring social, environmental and economic outcomes and uses monetary values to represent them. This enables a ratio of benefits to costs to be calculated.

SROI is a principles-based methodology. Principles and steps have been summarised in the box on the preceding page. For details of the principles and process and why they are important, the Cabinet Office sponsored Guide to SROI (Social Value UK, 2012) should be referred to.

SROI is much more than just a number. It is a story about change, on which to base decisions, that includes case studies and qualitative, quantitative and financial information.

SROI Principles

1. Involve stakeholders
2. Understand what changes
3. Value what matters
4. Include only what is material
5. Avoid over-claiming
6. Be transparent
7. Verify the result

SROI Process

1. Establish scope & identify key stakeholders
2. Map outcomes
3. Evidence outcomes and give them a value
4. Establish impact
5. Calculate the SROI
6. Report, use and embed.

Due to ethical requirements the evaluation primarily analysed existing case data collected and collated by The Green House. We did not complete primary research with children and young people, or their families and carers, as part of this evaluation.

It is important to emphasise that The Green House has in place a robust monitoring and evaluation system to ensure they record and monitor clients' experiences, outcomes and feedback. This system has been developed and refined over more than 30 years of working with people who are affected by sexual abuse to ensure that the voice of children and young people is heard when measuring outcomes.

Children (and their parents or carers) attend a thorough assessment at the start of their therapeutic relationship to assess the client's presenting needs and to determine whether The Green House is the right service to support them at that time. Clients starting therapy with The Green House have the opportunity to define their own goals for the work.

The Green House then uses several good practice outcomes tools to monitor the child's journey through the service, for example, a well-established counselling tool called CORE adapted for children and young people. Children and their parents also complete end of therapy evaluation questionnaires capturing further reflections on the difference it has made for them and how the service could be improved.

Existing assessment and outcomes data was supplemented by stakeholder consultation and a literature review to support the theory of change, outcomes and valuation judgements. Specific consultation activities included:

- A focus group with therapists and management team
- Email and telephone interviews with referrers
- Further input and review throughout the evaluation from the Clinical Lead and Director

Specific measures and questionnaires can be found at Appendix 2.

The Green House Children's Therapy Service

Understanding the need and context

Research shows **an estimated 1 in 20 children have experienced some form of sexual abuse** and nearly half a million adults in England and Wales are sexually assaulted each year (Ministry of Justice, Home Office and Office for National Statistics, 2013).

Approximately 11% of women and 3% of men have experienced childhood sexual abuse (British Crime Survey, March 2016). Within Bristol, an estimated 21% of girls and 11% of boys are sexually abused (Safer Bristol, 2011)

These experiences cause severe trauma and deep physical, emotional and psychological stress with major implications for children's health, development and life chances:

- Individuals who have experienced sexual and domestic violence are 15 times more likely to suffer from mental health problems (NatCen Reva Project, 2015).
- Approximately 40% of survivors of abuse experience Post Traumatic Stress Disorder (Barbara et al, 2015).
- The risk of suicide in those who have experienced sexual abuse is twice as high compared with the general population (Banyard et al, 2001).
- Despite the increased mental health needs of survivors of abuse, they are 4 times less likely to discuss their mental health with their GP and 3 times less likely to access community mental health services (NatCen Reva Project, 2015).
- The mental health needs of those who have experienced abuse are likely to escalate unless treated (Banyard, 2001)

The negative impacts can be long lasting and continue into adulthood (Widom 1995, Kendler et al 2000, Felitti et al 1998). Adverse consequences of sexual abuse can include acute feelings of betrayal, powerlessness, stigmatisation, guilt and traumatic sexualisation as well as difficulties forming and maintaining relationships, mental health related problems resulting from trauma and physical health problems (Meadows et al 2011).

Experiencing abuse during childhood also increases people's vulnerability to further harm and exploitation. For example, approximately 35% of women sexually abused during childhood go on to experience sexual violence as adults (Lau & Kristensen, 2010).

Sexual abuse has a far-reaching impact on society as well: child sexual abuse is estimated to cost more than £3.2bn per year (Saied-Tessier, 2014). These costs are made up of:

- Health: mental health problems and adult physical health problems from alcohol and drug misuse
- Criminal justice service: dealing with both the sex offenders and victims of child sexual abuse who become involved in criminal activity
- Services for children: children's social care
- Loss of productivity to society through unemployment or reduced earnings.

Therapeutic support provides a safe place for children and young people to process their experiences and begin to move forward with their lives. Children and young people who have experienced sexual abuse may require some form of therapeutic support to begin to process and make sense of what has happened to them (Carpenter et al., 2016). Early intervention in childhood can help reduce

physical and mental health problems and prevent social dysfunction being passed from one generation to the next (Allen, 2011).

Yet, access to therapeutic support is highly variable. Statutory CAMHS (Child & Adolescent Mental Health Services) provide variable models of provision and have variable capacity. Additionally, they may not be available to those not deemed to have a diagnosable mental health condition. (Children's Commissioner, 2015; Parkin, 2016). Third sector specialist services, such as those provided by The Green House, operate significant waiting lists. Funding tends to be short-term and insecure: there is no ringfenced statutory funding for these services (Children's Commissioner, 2015).

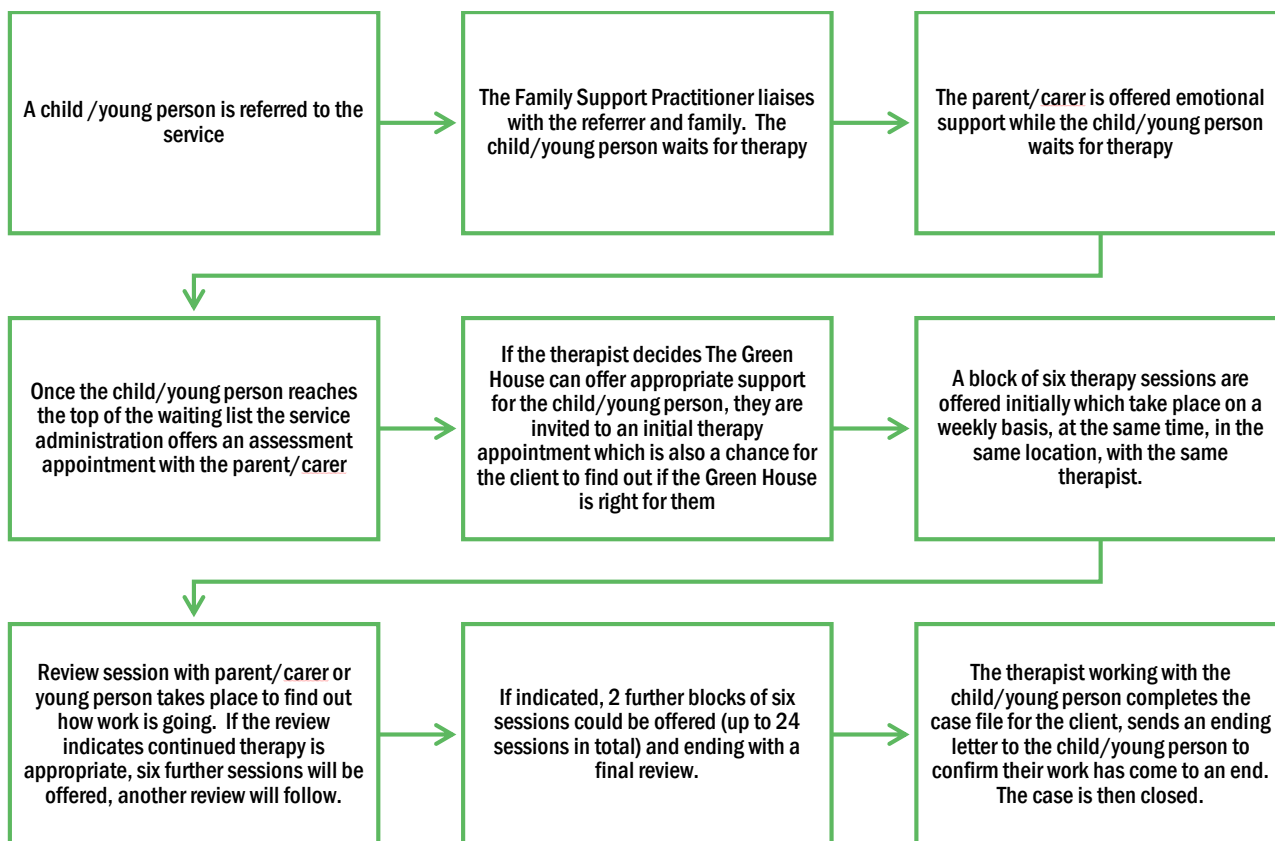
The Green House Therapeutic Service

The Green House is Bristol's only provider of specialist therapy for child victims of sexual abuse. The lack of regional provision means that they serve families from across the surrounding counties who commit to traveling huge distances to access specialist help. For example, of the 2016-17 children's referrals, 50% were from outside of Bristol, including 17% from South Gloucestershire, 16% from Somerset and 13% from North Somerset.

The Green House work with children as young as 3, and young people up to age of 18 who have experienced any form of sexual abuse or trauma. Each child attends up to 24 sessions of free, one-to-one therapy from a hub in central Bristol or outreach sites in the north, south or east of the city. Highly skilled therapists focus on using creative approaches such as art, drama and play therapy. It can often be difficult for children to articulate their painful memories so these creative modalities provide accessible, non-threatening ways for children and young people to process their experiences and make sense of their complex emotions. This specialist support in a safe environment helps them find healthy ways of coping and builds their confidence, self-esteem and resilience.

In addition to therapy, a Family Support Practitioner offers practical and emotional support sessions for parents and carers. For many families their child's disclosure of sexual abuse is deeply distressing. This crucial guidance equips them to better understand their child's trauma and ways to parent and support them. In addition, the team have seen a rise in disclosures of transgenerational abuse in recent years. By offering holistic support to both children and parents, The Green House hopes to address the cycle of harm within these families.

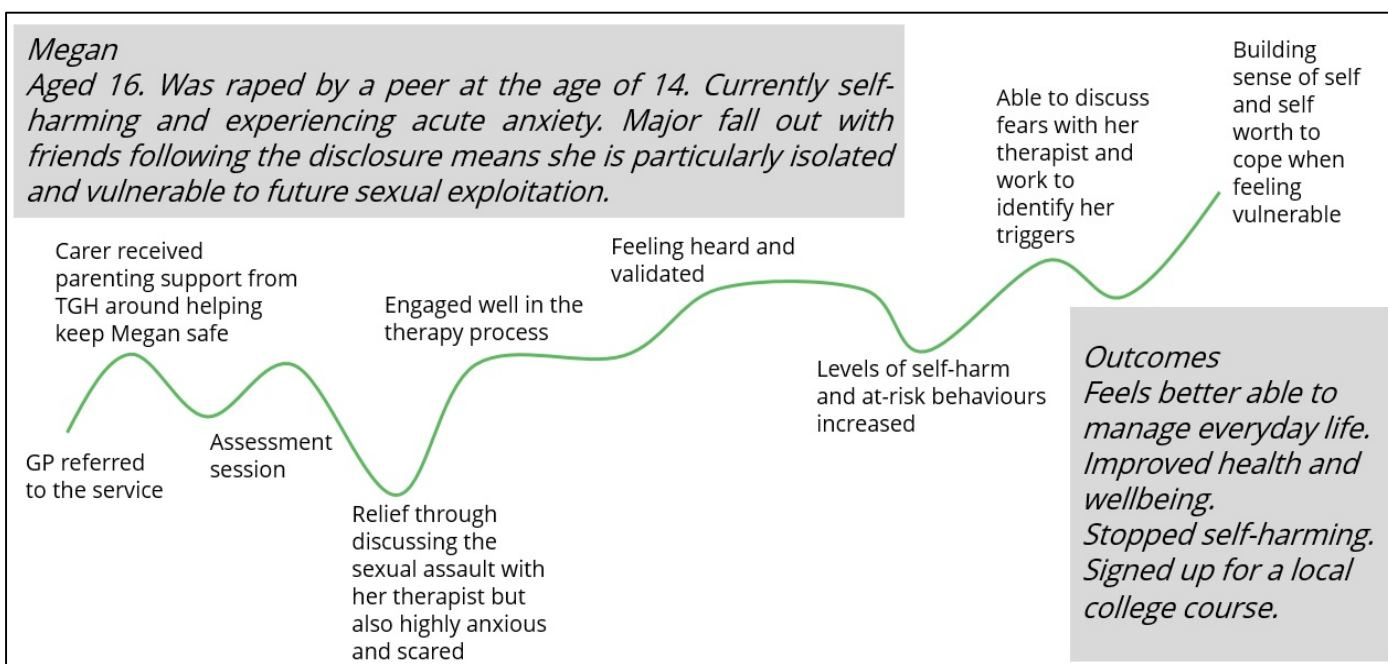
Diagram 1: Service Pathway



Therapy Service Theory of Change

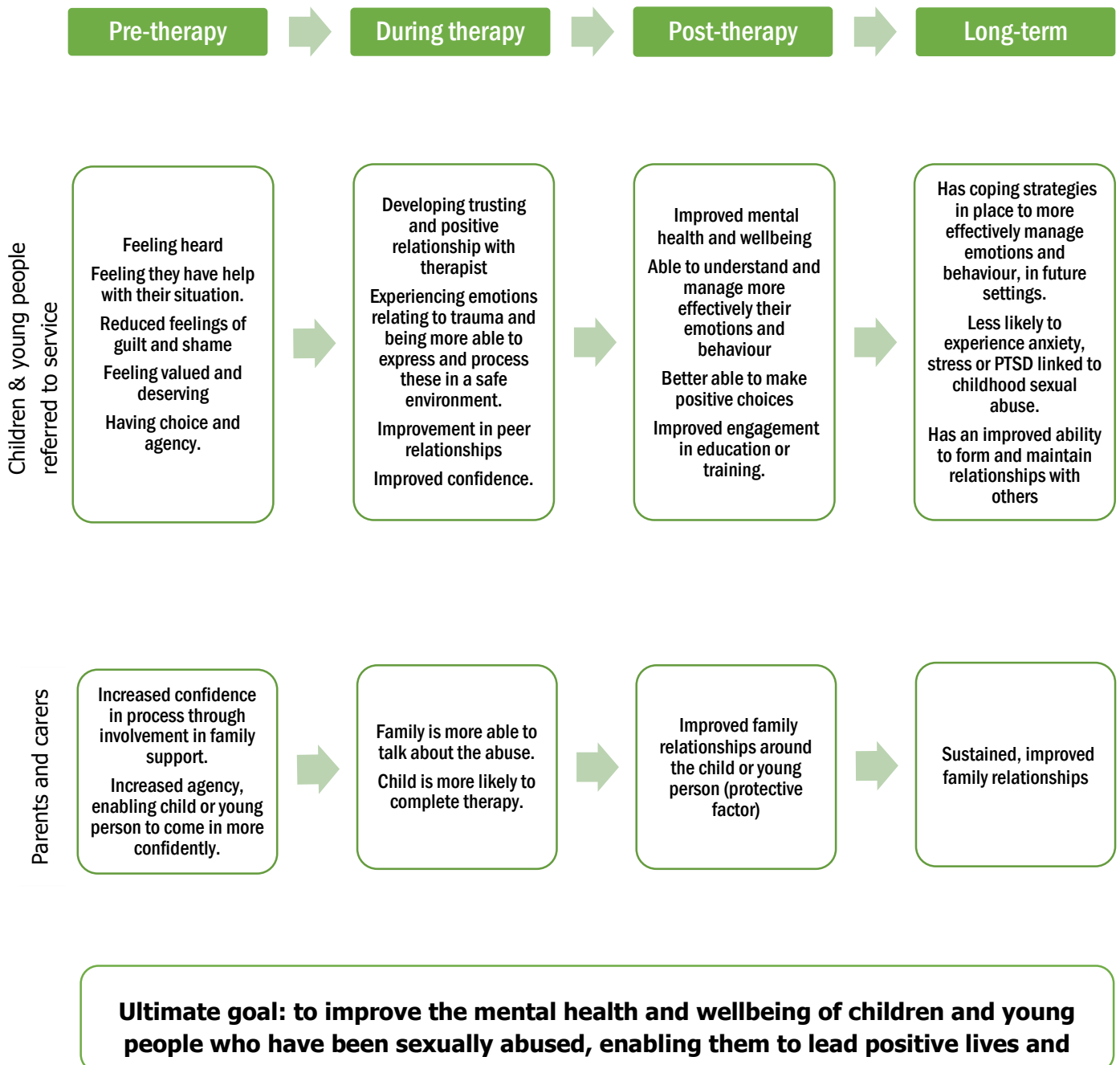
For those who have experienced trauma, the journey to recovery will not be straightforward. There will be setbacks along the way as the individual is supported to understand and process their feelings, giving tools and resources so they can cope with daily life as well as when feeling vulnerable. The following Chain of Change diagram for Megan* demonstrates a typical client journey:

Diagram 2: Chain of Change for Megan (this client is a composite to protect confidentiality)



To analyse the many changes going on for children and young people, individual changes were first identified at different points in the client journey (from referral, to during therapy, to post-therapy and beyond). An ultimate, final outcome was determined as 'improving the mental health and wellbeing of children and young people who have been sexually abused, enabling them to lead positive lives and fulfil their potential'. Changes were also considered for parents and carers of the child/young person accessing the service using the same points in the client journey.

Diagram 3: Theory of Change



Final outcomes were analysed separately for therapists, The Green House and referrers into the service:

- Therapists experience increased personal and professional satisfaction;
- The Green House is better able to identify and implement service improvements, and has improved partnership working.
- Referrers have improved referral pathways for their service users.

Diagram 4: Therapist chain of change

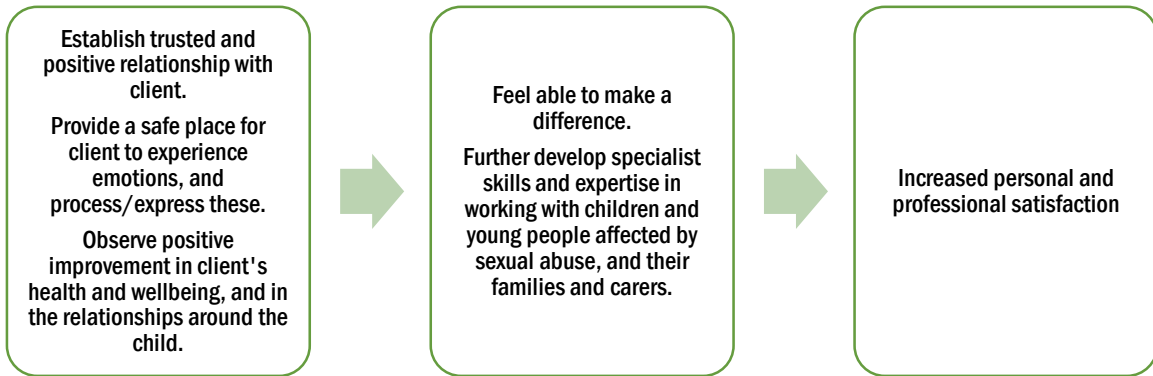


Diagram 5: The Green House chain of change

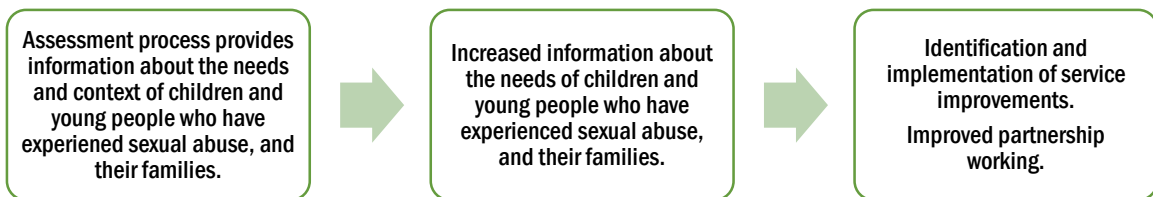
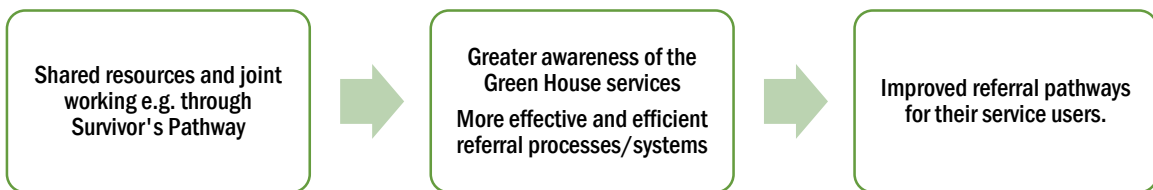


Diagram 6: Referrer chain of change



Evaluation and SROI Findings

Activities and outputs

101 referrals were received to the children and young people's therapeutic service in 2016-17. During the year, 46 individuals started counselling, and 27 children completed their therapy. (Note that some of the 27 that completed counselling in 2016/17 would have started their therapy in 2015/16).

At any one time, The Green House had 24 children accessing specialist counselling support, resulting in an average of 24 hours of therapeutic support every week and 761 hours delivered in the year. This is an increase of 12% on the previous year. For those on the waiting list, there was an average waiting time of 6-8 months before accessing therapy due to demand.

93 hours of one-to-one support were provided to parents or carers of children and young people accessing the service, offering emotional and practical support.

Six referrals were made to The Green House therapeutic service for adults who had experienced sexual abuse.

Analysis of Referrals 2016/17

Similar to previous years, the majority of clients were female. However, the total number of males presenting to the service during the year increased by 35% compared with the number of males in 2015-16. This can be contrasted with a 24% increase in females between 2015-16 and 2016-17. Chart 1 overleaf shows the breakdown by gender.

Overall 62 children aged 12 and under were referred to the service compared with 39 aged 13 plus. Chart 2 overleaf shows further breakdown by age category.

The main sources of referrals during 2016-17 included local authority Children & Young People's Services, Sexual Assault Referral Service, parents and social workers.

Further breakdown can be found at Chart 3, overleaf. Although The Green House is Bristol-based, 50% of referrals were from outside of Bristol as shown in Chart 4. There was a notable increase in referrals from South Gloucestershire over the course of the year: rising from 9% of referrals between April - September to 29% of referrals between October-March.

Chart 1: Referrals by Gender

Chart 2: Referrals by age

Diagram 7: The Green House in numbers 2016/17



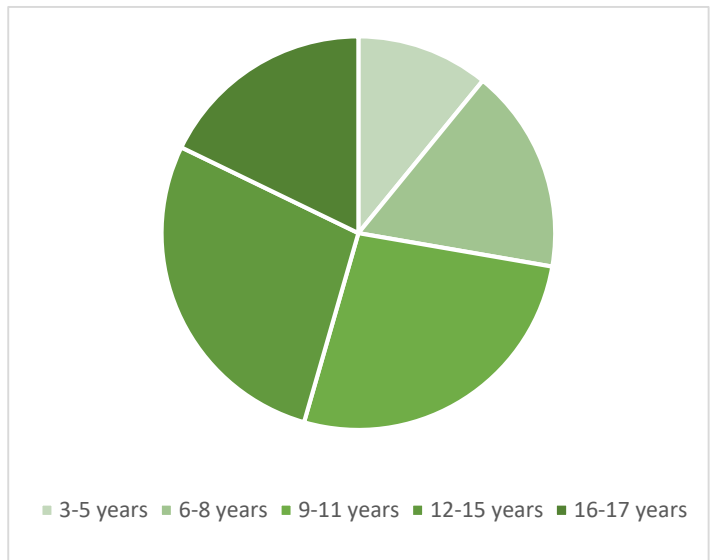
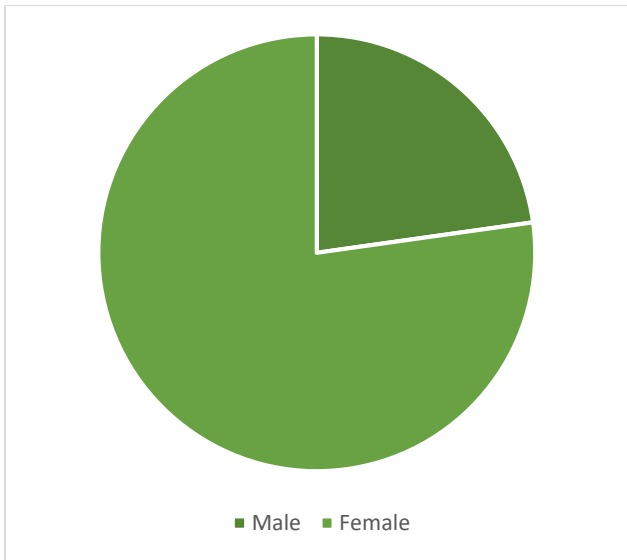


Chart 3: Referral source

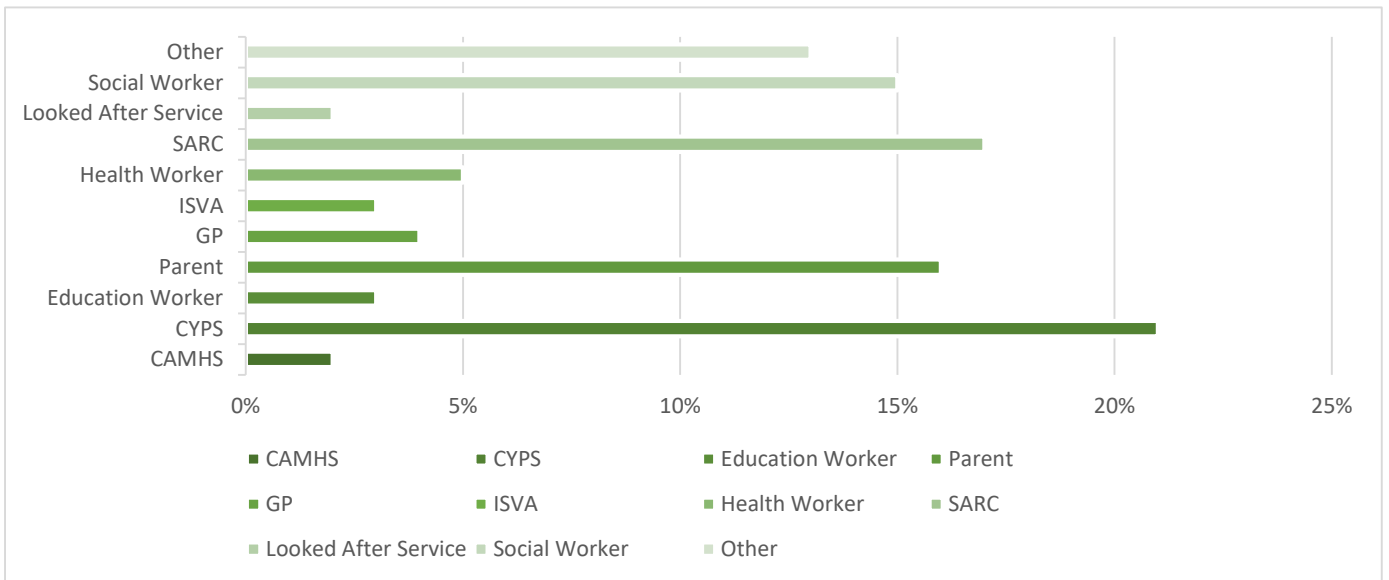
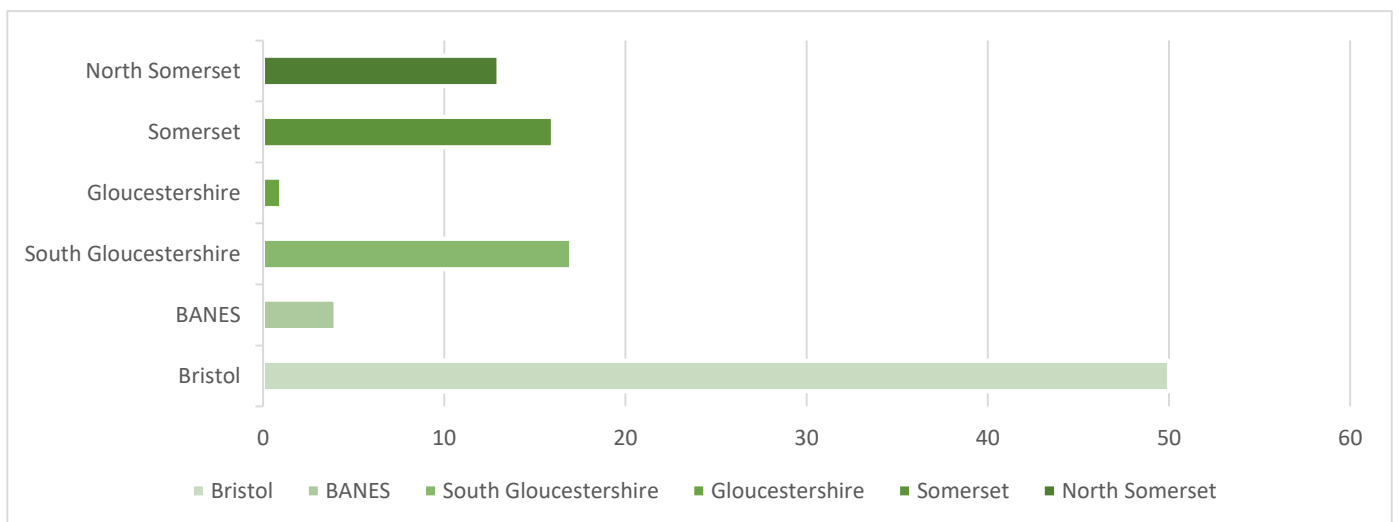


Chart 4: Geographic breakdown



Joe's story

This is a composite case study. The names and identifying features of the original case have been changed to protect client confidentiality.

Joe had been in care since he was 9. When he was 15 he was referred to The Green House because he had been brutally sexually assaulted by a peer connected with one of his foster placements.

All of Joe's siblings continued to live at home with his Dad which Joe found incredibly painful. He had moved from placement to placement and each placement breakdown brought him closer to the conclusion that he was unlovable and unwanted. Joe's Dad would regularly let him down when there were planned meetings and visits. This made things worse for Joe.

When Joe began therapy he would share stories of his risky lifestyle choices and how doing these things gave him a sense of belonging and 'family'.

Joe found it difficult to attend therapy regularly and was often late for his sessions. Talking about this in therapy, Joe began to make the connection between giving his therapist the experience of feeling 'stood up' and 'let down' and the hurt and anger he felt when relating to his frequently absent father.

During the course of his therapy, Joe was often at a point of crisis, filling the sessions with worrying tales of his involvement with risky activities outside in the world. Slowly Joe became more open to reflecting on this with his counsellor, and he began to recognise his need for the therapist to feel the concern and fear that he wished he felt from his Dad.

Joe had found a place of belonging in his school where he appreciated the importance of boundaries, routine and discipline. He could recognise the care which was felt through these boundaries and experienced a sense of holding which he could communicate in his sessions.

Through this external experience, Joe was able to communicate his need for the therapist to take the information he was giving and to exert routine and procedure around his safeguarding. This made him feel safe and noticed. Each time risky behaviours were brought to the session, Joe and his therapist were able to translate them into a communication which he requested to be shared in his support network. He needed to feel consistently acknowledged and cared for by those around him.

Outcomes and Impact

Outcomes for children and young people

Intermediary outcomes: Pre-therapy

At the referral and initial assessment stage, the following outcomes were identified for Children and Young People following a review of the case files and consultation with therapists:

- Feeling heard
- Feeling they have help with their situation
- Reduced feelings of guilt and shame
- Feeling valued and deserving
- Having choice and agency

"I think it helped because you feel understood and respected."

Client, aged 13

"Somewhere to get things off your chest and people who care."

Client, aged 13

"Children & young people often appear relieved when they first come into therapy. They realise they can process what has happened to them in whichever way is right for them. Having a safe space where they can use art materials and play to make sense of their experiences can be far less threatening than talking about what has happened".

Ruth Archer, Children and Young People's Clinical Lead

Intermediary Outcomes: During Therapy

During therapy, the following outcomes were identified for Children and Young People:

- Developing trusting and positive relationships with their therapist
- Experiencing emotions relating to their trauma (including negative emotions) and being more able to express and process these in a safe environment
- Improvement in peer relationships
- Improved confidence
- Feeling valued and deserving

"For the children and young people that we work with, the fact that another human being is able to hear the harrowing nature of what they've been through, to tolerate all the mess and confusion that comes along with it, and bear witness to what's happened to them can be life changing. Children and young people learn to accept themselves and feel worthy of care and attention from those around them. The development of a safe and trusting therapeutic alliance is vital."

Ruth Archer, Children and Young People's Clinical Lead

"[The Green House has been helpful because] I could work things out better for myself...They just let you talk and work things out".

Client, aged 15

"I would describe it as a creative and fun way of help which actually works."

Client, aged 16

"It was helpful because I feel like I can share all my emotions and thoughts without being judged."

Client, aged 12

Lydia's story

This is a composite case study. The names and identifying features of the original case have been changed to protect client confidentiality.

When Lydia was born her mother was assessed as being unable to care for her needs and she was placed in the care of her grandfather. Social Services believed that this was the best alternative for Lydia considering she was unable to remain with her mother. A few years later it was discovered that Lydia's grandfather was sexually abusing her. Children who are abused by those they rely upon to provide their basic needs are severely affected, both emotionally and psychologically.

Lydia was referred to The Green House service after being removed from the care of her grandfather and placed in foster care, and following a court hearing which found her grandfather guilty of child sexual abuse, the result of which meant he was sent to prison.

Lydia arrived at The Green House in a giddy place, surrounded by chaos and demonstrating how risky and precarious her behaviour could be. Contracting carefully and establishing robust boundaries was important in providing a sense of safety for Lydia.

During the initial phase of the work Lydia was encouraged to show her therapist something of her experience and what she felt like inside, using art materials and the props within the room. A lot of mess was created, paint was squeezed out and poured into palettes, paint was dolloped onto sheets of paper and smeared around using a variety of brushes. Water was then poured on top of the sludge which had been created. Lydia was showing how messy, confused and uncontained she felt inside.

Thus began a journey of curiosity together in learning about Lydia. There were times when she was angry and frustrated, times when she sang songs and laughed, times when both she and her therapist were both very confused about what was going on. Lydia had control of what took place within sessions (with some limitations) and there were times when she showed, in her own way, how brutal and devastating the abuse she endured had been.

Towards the end of therapy having explored the mess, the confusion, the anger and the relationships in her life, she began the complex process of sorting out her feelings and emotions into two categories – feelings she wanted to keep and feelings she wanted to get rid of and no longer needed to carry around.

At the end of the process, Lydia was a much calmer and considered child, her energetic and lively nature remained, however she appeared more in control of her emotions and actions. She thought carefully about how to answer questions about how she was feeling, and she was more confident to show her emotions. She understood that those around her had her best interests in mind and that she could trust and rely upon them to support her.

Lydia worked really hard to explore and to understand what safe trusting relationships with adults felt like. Her experience in therapy was an important building block from which to move forward positively with the rest of her life.

Post-Therapy Outcomes

The post-therapy outcomes for Children & Young People have been identified as:

- Improved mental health and wellbeing (reduced depression and anxiety, increased confidence and greater feeling of control in own life).
- Able to understand and manage more effectively their emotions and behaviour
- Aware of rights and risks
- Better able to make positive choices
- Improved engagement in education or training

The outcomes demonstrated by The Green House after six months compare favourably with other initiatives. Carpenter et al (2016) provide a benchmark for outcomes for children and young people. Their model differed significantly to The Green House in that it was a therapeutic intervention delivered by social workers rather than specialist sexual abuse and trauma therapists. Their study is the only known randomised control trial and showed that that for younger children, positive outcomes took longer to achieve: there was no positive change for younger sexually abused children under the age of 8 after six months of a therapeutic intervention for children. By 12 months there was promising evidence of positive change. The Green House on the other hand demonstrates outcomes for children of all ages at just six months.

Improved mental health and wellbeing

Comparing the pre-assessment and post-assessment CORE 10 scores, 78.2% of clients experienced a positive improvement in their mental health and wellbeing (n=23) as evidenced by a stabilised or improved CORE 10 score. The mean change in score was 5.9 and the median change was 6.0.

Breaking the CORE 10 scores down further, the changes were most marked in the areas of symptoms (78.2% reporting an improvement) and functioning (56.5% reporting an improvement).

Case file records indicate that 74% of children and young people experienced an improvement in confidence. 100% of the clients who set goal-based outcomes achieved at least one outcome, and 79% achieved two or more, indicating increased feelings of control over their own lives (able to achieve self-defined goals).

"As I look back on how I was before I started, I was very anxious and nervous. Now I am a lot more open and confident."

Client, aged 14

"[My child's] self-belief has improved and their ability to be confident. There has been a more contented child and self-motivated. All this has happened because positive messages were given in a safe setting by a person that was able to show empathy and give validation."

Parent/carer

Able to understand and manage more effectively their emotions and behaviour

Reviewing the goals-based outcomes data for the 14 clients who specified at least one goal and completed the beginning and end measures, 10 clients specified goals linked to managing emotions and behaviour. These included for example:

- "I want to feel less angry"
- "I want to accept it rather than ignore it"
- "To talk about my feelings more"
- "Not being constantly affected by triggers"

90% of those specifying at least one goal related to managing emotions and behaviour demonstrated an improvement from beginning to end scores.

"It's been quite helpful because I've been feeling sad but [my therapist] has been helping me."

Client, aged 8

"Through the process of therapy, children and young people can start to feel more 'in tune' with the emotions and feelings they experience in everyday life, and therefore have more opportunities to manage their feelings before they escalate. They become more 'in tune' with themselves".

Ruth Archer, Children and Young People's Clinical Lead

Aware of rights and risks

Within the CORE 10 tool, one item targets risk/harm (i.e. whether the client is at risk to themselves or others). If a score of greater than 0 is recorded, this indicates that the client is at risk of harm to themselves or others. Of the 25 clients who were scored on this item in the initial assessment, 40% scored greater than 0. By the end assessment, 91% had either stabilised or improved their score. Of those that had scored greater than 0 in the initial assessment (n=10), all 10 had reduced their score with four of these reducing to a safe level of 0.

"[I want to] learn to cope with horrible thoughts to commit suicide or flashbacks."

Client, aged 16

"We often work with young people who present with difficulties around self-harm. Through the process of therapy, self-harm is carefully explored and understood from the client's perspective. When young people have a greater understanding of their own risk-taking behaviours, they have the opportunity to recognise their triggers and find ways of responding differently."

Ruth Archer, Children and Young People's Clinical Lead

Reviewing the goals-based outcomes data for the 14 clients who specified at least one goal and completed the beginning and end measures, three clients specified goals linked to a greater awareness of rights and risk, specifically regarding future relationships, for example: *"Feeling like I can have a healthy relationship without it getting in the way."*

Two of the three clients reported an improvement from the beginning to end score against their goals. One client reported no change.

Better able to make positive choices

Therapy can help children to recognise their feelings and as a result make better choices about what they do or do not want to do, for example choosing not to do something because they know it will harm them.

The process of therapy can also help children realise that they have choices in the first place. E.g. some of our clients are extremely compliant. Therapy can help them realise their needs and feelings are valid and therefore they can choose to assert themselves and say no to things people might make them do.

This outcome has been identified by therapists and is evidenced through our analysis of case studies – for example in Michael’s story (page 18):

"Michael would talk about the abuse he experienced in quite a dissociated way; telling his therapist what he had been telling professionals for years and what he thought she wanted to hear."

Improved engagement in education and training

Whilst not systematically captured in client case files, therapists reported that therapeutic support helped children to engage in school and there is anecdotal evidence in client files, as illustrated in the following three examples:

Therapy can help children who are feeling anxious about school, for example where the abuse took place at school, or was perpetrated by a peer who is in that school/connected to it, or for children who experience flashbacks while they are at school.

Sexual abuse can cause some children to disassociate, cutting themselves off from the outside world. This includes their capacity to take on new learning. When therapy helps them to engage with their feelings it can consequently help their ability to learn.

Sometimes when children are struggling with the pressures of schoolwork, exams, tricky relationships or difficult behaviour in school they (or their parents) might ask their therapist to speak with the school or write a supporting letter for some helpful strategies to be put in place. For example, having a named person in school that they could talk to or explaining to a staff member what the underlying trauma and difficulties are.

Michael's story

This is a composite case study. The names and identifying features of the original case have been changed to protect client confidentiality.

Michael came to The Green House because he had been groomed and sexually abused by male adult family members from aged 4 to 8 years old. His younger brother was the first to tell someone, as he was also subjected to similar abuse.

It was clear from his assessment session that Michael had internalised the trauma he had experienced and his carers were concerned about him struggling to manage his emotions in the future.

Michael presented as compliant, quiet and sometimes 'frozen' in dramatherapy. He seemed to find it very difficult to play, be spontaneous and connect with his therapist. Michael would talk about the abuse he experienced in quite a dissociated way; telling his therapist what he had been telling professionals for years and what he thought she wanted to hear.

Feelings were difficult for Michael and he also struggled to feel connected to his body. His therapist introduced different art and sensory activities like playdoh, sand and water. Michael then expressed an interest in working with the story of Shrek. At each of his weekly sessions he would act out sequences of it or draw an aspect of the story. He and his therapist would then reflect on what was happening for him and where it was resonating for Michael.

In Shrek's story the protagonist lived a quiet, solitary life until one day he is flung into a mission to help fairytale characters who are being persecuted by the villain, Lord Farquaad. Shrek has a friend, Donkey, who helps him overcome several obstacles and travels alongside him on the road to meet Lord Farquaad. Shrek also has to overcome internal struggles and one of these centres around a crisis point where he feels such shame and thinks that he is so unlovable that he decides he would be better off going back to his ordinary life. In the swamp where he came from, he didn't feel judged and he didn't have to deal with difficult relationships and challenges. However, Shrek realises his self-worth and with the help of his friends he overcomes the challenges Lord Farquaad sets him.

Michael felt a strong connection to Shrek. He saw him as a survivor, as brave, strong, fearless and at times, vulnerable. He gradually began to recognise how he also had some of these qualities. Michael struggled with feeling responsible for not stopping his brother being abused so it was particularly powerful for him to act out the part of the story where Shrek kills Lord Farquaad and finds his own space, the swamp where he was most comfortable. During his final therapy sessions Michael was keen to imagine a future for Shrek and in doing so, he began to feel more positive about his own.

By the end of his time at The Green House Michael felt more comfortable in his own skin, more confident and more able to express his feelings. His carer had noticed how Michael was less overwhelmed by the shame of his abuse, more willing to try new things and less detached from his peers. His improved self-esteem showed both at home and school. Michael's brother was also referred to The Green House so that he too could benefit from the team's specialist support.

Negative outcomes

At the conclusion of therapy, a small number of clients demonstrated negative outcomes. On further analysis of the End of Therapy Questionnaire, these could be interpreted as a reflection of the child's fear and anxiety as a trusted relationship drew to a close.

Even though a lot of work takes place to prepare a child or young person for the ending, children and young people can still worry about what they will feel like when therapy ends. These feelings are often reflected in their CORE scores.

"I am just worried about not coming here (it has been a weekly thing all year)."

Client, aged 13

"I wanted to spend more time with [my therapist]."

Client, aged 8

"When children first begin therapy they are sometimes too fearful to express their needs. Using the CORE outcomes tool at this point, they may tell us what they think we want to hear. Over the course of therapy, as their trust and confidence grow, so does their ability to express their true feelings. Sometimes the negative change in their CORE scores demonstrates that they are in fact becoming more able to communicate their needs and emotions."

Ruth Archer, Children and Young People's Clinical Lead

Beyond Therapy: Long-term outcomes

The changes experienced by children and young people last beyond the therapeutic relationship. Clients will have coping strategies in place to more effectively manage their emotions and behaviours in the future.

However, it is important to acknowledge that clients may continue to experience challenges outside the therapeutic relationship, as demonstrated in the following End of Therapy response:

"It helped me to say and express my feelings more but my sleeping and PTSD are still the same."

Client, aged 12

Whilst the long-term outcomes were outside the scope of this report, there is a growing understanding of the long-lasting impact of childhood sexual abuse and a growing body of evidence of the importance of early intervention:

- Adverse consequences of sexual abuse can include acute feelings of betrayal, powerlessness, stigmatisation, guilt and traumatic sexualisation as well as difficulties forming and maintaining relationships, mental health related problems resulting from trauma and physical health problems (Meadows et al 2011).
- Experiencing abuse during childhood also increases people's vulnerability to further harm and exploitation. For example, approximately 35% of women sexually abused during childhood go on to experience sexual violence as adults (Lau & Kristensen, 2010).
- Early intervention in childhood can help reduce physical and mental health problems and prevent social dysfunction being passed from one generation to the next (Allen, 2011).

Given that 61% of adult clients who present to The Green House Adult Service are victims of childhood sexual abuse, there is significant potential to address trauma before adulthood, providing crucial coping strategies and greater mental and emotional wellbeing.

Jessica's story

This is a composite case study. The names and identifying features of the original case have been changed to protect client confidentiality.

Jessica came to The Green House for counselling when she was 17. She had had a difficult start in life, having been sexually abused by her mother's partner for a number of years in her early childhood. Both her mother and her mother's partner used alcohol heavily, and Jessica had not felt able to talk to her mother about what was happening as she was worried about the consequences. The abuse was finally uncovered when her mother's partner left her for another woman and Jessica disclosed it to her support worker at a drugs and alcohol service.

When Jessica first came for counselling she was extremely nervous. She was finding it increasingly difficult to be around people and was at risk of exclusion from college because she was finding it too difficult to cope. Other organisations had already been involved in her life such as the drugs and alcohol service, CAMHS (Mental Health Service) and college support, and she was reluctant to have to talk to anyone else about what had happened.

Although she found the first session difficult to come to, she was reassured by the friendliness of the counsellor and the realisation that she did not have to talk about the abuse if she didn't want to. The early sessions focused on her feelings of anxiety and overwhelm, working at identifying her triggers and finding ways of calming herself down without always using alcohol. Her counsellor also worked with the college to help Jessica cope with the pressures of her course, by together identifying some helpful strategies they could put in place.

As Jessica started to feel safer with her therapist and was managing her anxiety better, she felt able to look at her relationships. She realised that she had never felt able to talk to anyone about her feelings because she worried that they wouldn't cope or that she would burden them, and linked this back to feeling in her childhood that her mother would be hurt if she knew about the abuse. Through taking the risk of talking to her counsellor about her feelings, Jessica found that she was then able to share her feelings with her mother and friends. She also looked at her relationships with boys, and why she felt unable to say no to them. She had found herself in a string of abusive relationships, feeling obliged to go along with whatever boys wanted to do sexually because she felt she had to please them.

As she looked at the patterns in more detail, Jessica realised that the situation was repeating itself because of her fear of something bad happening if she said no. With the help of the counsellor she was able to look at her emotional reaction to the situation and by understanding it gradually release herself from it.

Towards the ending of counselling Jessica started a new relationship with a loving and respectful partner. Though she initially found this difficult as he was so different from her usual boyfriends, by being observant of her feelings she was able to identify old triggers and work through them. She had also cut down her use of alcohol significantly and was managing much better at college. She described having counselling as the best decision she had ever made.

Value of outcomes for children and young people

The outcome of achieving improved mental health and wellbeing for children and young people has been valued as follows:

- Relief from anxiety and depression, valued at £11,819.00
- Feeling in control of life, valued at £15,878.00
- Improvement in confidence, valued at £9,455.00

All figures are based on the HACT Value Bank, using figures provided for those under the age of 25 living outside London. These figures use Wellbeing Valuation techniques (Fujiwara & Campbell, 2011; Fujiwara, 2013, HACT Value Bank). Fujiwara and colleagues used large data sets to compare how different life changes affected happiness or wellbeing as stated by very large numbers of people. The impact of an increased income was also calculated in the same manner, by comparing information from these data sets, the value of life factors such as an increase in security or a decrease in depression could be valued. Wellbeing valuation (WV) is recognised by the UK HM Treasury Green Book guidance on policy evaluation and is widely used in social value calculations.

Outcomes for parents and carers

Parents and carers experience direct outcomes from the practical and emotional support provided by the Family Support practitioner. This also provides further enabling or protective factors for the child, in that it supports the child's therapeutic journey.

Intermediary Outcomes: Pre-Therapy

At the referral and assessment stage, the following outcomes were identified for parents and carers:

- Parent/carer has confidence in the process through involvement in family support
- Parent/carer has agency, enabling child to come in more confidently

100% of parent/carers reported that they felt listened to, supported and taken seriously as a parent carer in the End of Therapy Questionnaire (n=10).

"The privacy and intimacy of The Green House makes you feel that you and your child have 100% support. You feel like you are the only ones attending."

Parent/carer

"When times were hard the services was amazing. I could ring up and have things explained to me."

Parent/carer

Intermediary Outcomes: During Therapy

During therapy, the key outcome identified was that the family was more able to talk about the abuse. This is reflected in the Parent/Carer responses where comments included:

"This is an experience that I did not know existed or thought I would bring my child to. The support has made me feel that we are not alone and there is help out there."

Parent/carer

"It has helped her face her 'demons' and talk more about it."

Parent/carer

FC *"It helps my daughter to talk about her worries and fears."*

Parent/carer

Post-therapy, parents/carers experience improved family relationships, which also serves as a protective factor around the child/young person.

Whilst not systematically captured in parent/carer evaluations, the final outcome of improved family relationships was indicated through qualitative responses (n=10) to the End of Therapy Questionnaire demonstrating improvements in communication in the family, improvement in coping skills and ability to talk about and resolve issues within the family unit (reported by 8 families).

"My step-daughter can talk about things more and feel as if she is part of the family."

Parent/carer

"You have shown me a different way of listening and interacting with my daughter by just being there and listening. This process has been invaluable."

Parent/carer

Beyond Therapy: Long-term outcomes

Whilst the long-term outcomes were outside the scope of this report, there is increasing recognition that family support contributes to sustained, improved family relationships. Making Noise (published by the Children's Commissioner for England, 2015) considered children's experience of abuse within the family environment. It highlighted the need for professional support for family members:

"These needs were often framed as inter-related: children need to be able to talk to close family about what had happened [and] supporting family members need to understand and respond appropriately to children's own feelings and responses"

Value of outcomes for parents and carers

The value of achieving improved family relationships for parents and carers has been estimated at £1,850 using Wellbeing Valuation techniques (Fujiwara, 2013). Fujiwara and colleagues used large data sets to compare how different life changes affected happiness or wellbeing as stated by very large numbers of people. The impact of an increase income was also calculated in the same manner, by comparing information from these data sets, the value of life factors such as being a member of a social group could be valued. Wellbeing valuation (WV) is recognised by the UK HM Treasury Green Book guidance on policy evaluation.

Outcomes for other stakeholders

Therapists

The specialist expertise of the therapists delivering the service was acknowledged and highlighted by clients, parents and carers, and referral partners alike:

"I found it helpful because we talked about things and how we could change that."

Client, aged 11

"When times were hard the service was amazing I could ring up and have things explained to me. I would like to say the team was amazing throughout."

Parent/carer

"It takes a particular kind of understanding to be able to work with adults and/or children who have experienced rape or sexual assault, their trauma is often layered over time. It requires an expertise and people who are willing and able to hear and talk about sexual abuse in a compassionate and non-judgemental way, able to engage the individual in the meaning of what has happened with them and finding ways to live with it. This differs from other things you might deal with in other types of counselling."

Louise Davey, The Bridge Sexual Assault Referral Centre

Within the context of the SROI analysis, the outcome for therapists was identified as increased personal and professional satisfaction.

"The work we do can be incredibly demanding but also fulfilling. We witness daily the courage of our young clients and their resourcefulness to overcome unimaginable trauma."

Ruth Archer, Children and Young People's Clinical Lead

The Green House

The outcome for The Green House has been identified as having improved information about the needs of children and young people who have experienced sexual abuse, and their families. This improved information provides valuable insight for service improvements and partnership working.

"We consistently strive to offer a centre of excellence where any child who has experienced sexual abuse can access free, quality therapy. The learning from this study will help us to continue providing cutting-edge services. The evaluation provides empirical evidence of the difference we make and draws attention to the importance of funding and delivering specialist therapeutic services for sexually abused children and young people."

Michelle Windle, Director of The Green House

The value of the Social Return on Investment analysis was highlighted by referral partners as a strong learning opportunity for both The Green House and wider sector learning:

"The pressures that the services are under means that there is not enough time spent on research, data and analysis with service providers. It's fantastic that The Green House has this opportunity: and will be valuable to all of us in terms of improving services. We need more of this, more room for us to be doing research, collecting data, understanding data for what works for who and when so we can share it with other practitioners."

Louise Davey, The Bridge Sexual Assault Referral Centre

Referrers

The outcome for referrers has been identified as improved referral pathways for service users. As evidenced in the quotes overleaf, referrers hold a great deal of trust in The Green House to deliver a specialist service with high levels of support and high-quality client outcomes.

"The Green House is a key service we refer to, I know I can pick up the phone or email them and they will get back to me, and that child will be well supported. In the case I really remember, the counsellor fed into the professional network whilst maintaining client confidentiality. She played a really important role in reframing the child's understanding of the sexual abuse they had experienced and was an important part of the multi-agency network. The support they offered the parents was invaluable, enabling and supporting the parent to manage the complexities of what they were experiencing. In my view we are lucky to have such great provision in Bristol"

"The Green House are very therapeutic, flexible, person-centred. The idea of play therapy, art therapy is great and gives me confidence as I know they can adapt to suit needs of child. They are very focussed on the needs of the young person and their family. The families I have referred, and I as the referrer, have had great communication from the team so I feel confident and reassured that the family will get what they need and I can take a step back."

Lucy Pell, Safelink

"There are other services in Bristol and across Avon and Somerset that we can refer to, however across the board there is very limited provision. The Green House have expertise in working with children and young people and will provide a service to people outside Bristol. Across the region there is insufficient counselling provision full stop. The Green House hold an expertise around working with children, young people and families which is really important for Bristol and the surrounding areas."

Louise Davey, The Bridge Sexual Assault Referral Centre

Conclusions and Recommendations

The Green House's therapeutic service for children and young people who have experienced sexual abuse offers significant value for money. The charity operates on very lean resources and yet delivers a high level of outcomes which are experienced by a range of stakeholders. Whilst The Green House may be more expensive than some other providers of support, the outstanding quality of their service delivers significant social value with a strong return on investment.

The results of the SROI analysis indicate that for every £1 invested into The Green House's therapeutic services for children and young people who have experienced sexual abuse, at least £4.17 is realised in social value.

This figure may be even higher due to the following factors:

- The SROI analysis did not consider the value of outcomes sustained in future years beyond the therapeutic relationship, due to lack of long-term follow up data. This is discussed further in recommendations.
- The SROI analysis does not consider the preventative nature of The Green House's work. Data from The Green House Adult Service indicates that 61% of clients who present to the service are victims of childhood sexual abuse. By addressing trauma much earlier in an individual's life, the Children's Service can prevent future negative experiences and outcomes in adulthood. Again, this is discussed further in recommendations.

Recommendations to optimise value

The need for investment in The Green House therapeutic support for children and young people, specifically to reduce waiting list times

As demand for the therapeutic service has increased, so too has the waiting list for children and young people. Typically, a client can expect to wait 6-8 months from referral to the point of starting therapy. On average 40 children and young people are on the waiting list at any one time.

Carpenter et al (2016) found no significant improvements in mental health and wellbeing for children and young people who were on a waiting list for therapeutic support and therefore a reduction in the waiting list time should be a priority.

The Green House has put significant measures in place to provide support around each child while they are on the waiting list, for example the support offered by the Family Support Practitioner. However, there is a further need to increase capacity to reduce waiting list times. This requires further investment from funders and commissioners.

Importance of The Green House in building individual resilience and boundaries, preventing future harm

The Green House service does not work in isolation; each child who is referred to the service exists within their family network and is surrounded by a network of professionals. The Green House Children and Young People's Service focusses on the child or young person and the recovery of past harm as well as prevention of future harm. Therapy provides an important space for children to voice their own needs and allows for more holistic support.

Anecdotally, The Green House therapists report as much as a quarter of parents and carers have disclosed their own sexual abuse as children. Had they accessed support to build their own resilience and boundaries,

it is possible that the cycle of harm could have been prevented. It is vital that the statutory child protection framework recognises the unique contribution that specialist services such as The Green House make in allowing children and young people to build their resilience and boundaries to safeguard themselves better.

The value of partnership working and information sharing

The Green House is viewed by other agencies and referring partners as a crucial part of the support network for children and young people. They are involved in several informal and formal partnerships including:

- The Survivors Pathway: provides information about services available to survivors and professionals;
- The Bristol Sexual Violence Support Services Consortium: consists of five specialist agencies working together to develop coordinated and joined up services for survivors of sexual abuse in Bristol;
- With the Avon and Wiltshire Mental Health NHS Partnership Trust Be Safe Service: developing holistic and integrated systems of supporting children who have been sexually abused within their family, the children who harmed them and the wider family unit.

Some feedback from partners indicated a lack of clarity of what happened to children while on waiting list. The responses did not indicate an awareness of the Family Support Service for example. The Green House should review communications with referrers to see whether this can be enhanced or improved although we recognise that resources are incredibly stretched and the information requirements may differ from one organisation to another.

Recommendations for future evaluations

This Social Return on Investment analysis has offered a valuable opportunity for The Green House to better understand and demonstrate the difference it has made to the lives of individuals. Whilst the organisation has robust monitoring and evaluation processes, this is the first time that the data has been analysed from a social value perspective. The Green House is committed to continuous improvement always seeking to learn and improve and therefore some areas have emerged as opportunities for development:

Additional data capture

The focus of this SROI analysis was on the 27 individuals who had planned endings during the year 2016/17. Limited data was available for those who had unplanned endings: whilst the initial assessment was available there is not currently any follow up to see whether the (albeit truncated) service had an impact on individuals. It would be useful to capture this data to allow for comparison between cohorts of individuals who have completed therapy vs those who haven't.

In the period that was under evaluation, some tools were still being embedded such as a practitioner observation form. We recommend that The Green House continue to integrate this across the service and future analysis considers the outcomes captured by these tools.

Longer-term follow up with children and families

Beyond the end-of-therapy evaluation and assessment, there is no further follow up with children and families. For this reason, the long-term benefits of The Green House's work are difficult to quantify. The Green House should consider how best to develop a longer-term follow up with clients and their families, for example at 6 and 12 months post-therapy. This would help demonstrate whether and how outcomes are sustained beyond the therapeutic support, as well as provide valuable information about enabling factors and barriers for clients. However, any follow-up activity needs to be considered alongside a trauma-informed and ethical policy.

Preventative nature of work with children and young people.

61% of adult clients who present to The Green House Adult Service are victims of childhood sexual abuse. Furthermore, The Green House estimates that approximately 25% of parents/carers of children/young people referred to the service disclose their own childhood abuse. The service potentially provides a vital role in addressing trauma before adulthood, providing crucial coping strategies to manage emotions and boundaries. This preventative aspect of the service has not been explored within the scope of the SROI but could be the focus of further research.

Transgenerational abuse and trauma around the family

Transgenerational abuse was not explored in this study. There is an opportunity to learn more about the impact of sexual abuse from a wider point of view, and the value of therapeutic work with the whole family unit to break the cycle of harm. This could build on the work that The Green House has completed in their partnership project with Be Safe, which applied the principles of restorative justice to work with children who had been sexually abused, those who have harmed them, and their families.

Conclusion

This impact evaluation and Social Return on Investment analysis offers significant learning for The Green House and other organisations delivering similar services in other parts of the country. The report will be shared via the Centre for Expertise on Childhood Sexual Abuse (who funded this research), through local consortia and partnerships such as the Bristol Sexual Violence Support Services Consortium and via national organisations such as The Survivor's Trust, the Foundation for Social Improvement and Social Value UK.

Appendix 1: Adherence to SROI Methodology and Principles

SROI Terminology

Throughout this report, SROI definitions are used:

Scope: The activities, timescale, boundaries and type of SROI analysis.

Materiality: Information is material if its omission has the potential to affect the readers' or stakeholders' decisions.

Stakeholders: People, organisations or entities that experience change as a result of the activity that is being analysed.

Impact Map: A table that captures how an activity makes a difference: that is, how it uses its resources to provide activities that then lead to particular outcomes for different stakeholders.

Inputs: The contributions made by stakeholders that are necessary for the activity to happen.

Outputs: A way of describing the activity in relation to each stakeholder's inputs in quantitative terms.

Outcome: The changes resulting from an activity experienced by a stakeholder. These may be intended or unintended, positive or negative.

Duration: How long (usually in years) an outcome lasts for after the intervention, such as the length of time a participant remains in a new job.

Financial Proxy: An approximation of value where an exact financial measure is impossible to obtain.

Impact: The difference between the outcomes for participants, taking into account what would have happened anyway, the contribution of others and the length of time the outcomes last.

Deadweight: A measure of the amount of an outcome that would have happened even if the activity had not taken place.

Attribution: An assessment of how much of the outcome was caused by the contribution of other organisations or other people.

Involving Stakeholders (SROI Principle 1)

We identified the following stakeholders as material and therefore included them within our stakeholder engagement plan:

- Children/Young People referred to service
- Parents/Carers of children/young people referred to service
- Therapists
- The Green House
- Referrers

A stakeholder engagement plan was developed to identify how relevant stakeholders were to be consulted and involved. The stakeholder engagement plan was developed in consultation with other stakeholders in a workshop, which included Therapists, the Green House Director and Development Manager. This is summarised in Table 2.

Table 2: Stakeholder Engagement Plan

Stakeholder	Method of involvement / data collection	Total no. per group	No. Consulted with
Children/Young People referred to service	Case records: Initial assessment, YP-CORE, Goals-based outcomes record sheets, Therapist Report Form, Case notes – Evaluation questions, End of Therapy questionnaire	27	27
Parents/carers of children/young people referred to service	Case records: initial assessment for Parents/Carers, End of Therapy Questionnaire for Parents/Carers, Evaluation questions for Parents/Carers	27	10
Therapists	Workshop session Further input/review through project as existing data analysed	3	3
The Green House	Workshop session Further input/review through project as existing data analysed	1 (via Director)	1
Referrers	Telephone and email interviews	8	6

In all cases, we assessed that the number of stakeholders consulted was a reasonable basis for determining outcomes as the sample sizes represented. The numbers consulted with for Parents/Carers reflects the amount of completed assessments and evaluations available within the dataset. This presents a risk that there may be different experiences within the parents/carers group. In recognition of this, we have only claimed the number of individuals who demonstrated outcomes rather than extrapolating to the total number of Parents/Carers who accessed a service from the Green House. Examples of the surveys, workshop agenda and interview scripts can be found at Appendix 2.

Subgroups within Stakeholder Groups

Subgroups within the stakeholder groups were considered but were not included within the scope of this report, for the following reasons:

- **Children and Young People:** there was no evidence in the dataset to indicate that different subgroups (for example, split by age or gender) experienced different outcomes.
- **Parents/carers:** there was no evidence in the dataset to indicate that different subgroups identified different outcomes.

Excluded Stakeholders

Funders of the service, including local authority funders and grant-making foundations were excluded on the principle of materiality. Whilst they are making an investment into the service, this contributes to the inputs made by The Green House and the outcomes are the direct and indirect changes as experienced by other stakeholder groups. To illustrate, a grant-making foundation may provide project funding, which provides resources for the therapeutic service. The value of the input is the therapist's time which is accounted for in the SROI analysis; the value of this outcome is ultimately realised by the individual accessing the service, not the funder.

Understanding Change (SROI Principle 2)

Inputs

Inputs into the service are summarised in Table 3.

Table 3: Service Inputs

Stakeholder	Inputs	Financial value of inputs
Children/Young People referred to service	Time	In line with standard SROI practices, time input was not valued in monetary terms.
Parents/carers of children/young people referred to service.	Time Cost of travel	In line with standard SROI practices, time input was not valued in monetary terms. Cost of travel has been calculated at £5,168.88 based on distance of home postcode to The Green House (assumes return journey x 24)
Therapists	Time Expertise	The time of therapists has been included within The Green House inputs. Costs of professional development to maintain expertise have already been included within The Green House inputs.
The Green House	Annual cost of service incl overheads	The total cost of providing the service including direct service costs and share of overheads is £91,369.00

Referrers	Time	The time of referrers has not been valued within the assessment as it is time spent in pursuit of their organisation's aims and objectives and not directly involved in the delivery of the service.
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Table 4 identifies the ultimate, final outcome and outcome indicator for each stakeholder group.

Table 4: Outcomes and outcome indicators

Stakeholder	Ultimate outcome	Indicator
Children/Young People referred to service	Reduced anxiety and depression	23 young people with stabilised or improved CORE YP score from baseline to end of therapy assessment.
	Increased feeling of control in life	27 children or young people demonstrate increase in feelings of control through setting and achieving at least one self-defined goal-based outcome
	Improved confidence	19 children or young people report or demonstrates improved confidence.
Parents/carers of children/young people referred to service	Improved family relationships around the Child/Young Person	8 families report improvement in the communication or coping skills of the family, less conflict and ability to resolve issues collectively in the end of therapy assessment.
Therapists	Increased personal and professional satisfaction	3 therapists report increased personal or professional satisfaction. However, as we further involved therapists in discussions about the amount and value of change, deadweight and attribution we assessed that a judgement of excluding this outcome from the analysis on the grounds of materiality was justified (whilst relevant the outcome was not assessed to be significant). We have included this outcome in our overall evaluation report but have excluded it from the SROI Value Map.
The Green House	Identification and implementation of service improvements. Improved partnership working.	Instances of service improvements and increased partnership working reported by staff. Note: As we further involved staff in discussions about the amount and value of change, deadweight and attribution we assessed that a judgement of excluding this outcome from the analysis on the grounds of materiality was justified (whilst relevant

		the outcome was not assessed to be significant). We have included this outcome in our overall evaluation report but have excluded it from the SROI Value Map.
Referrers	Improved referral pathways for service users	8 referrers referring to The Green House Note: As we further involved staff in discussions about the amount and value of change, deadweight and attribution we assessed that a judgement of excluding this outcome from the analysis on the grounds of materiality was justified (whilst relevant the outcome was not assessed to be significant). We have included this outcome in our overall evaluation report but have excluded it from the SROI Value Map.

Negative and unintended outcomes

SROI explores changes and impact, not just benefits. Potential negative and unintended outcomes were explored in the following ways:

- Review of existing research: in order to establish whether previous evaluations had identified negative or unintended outcomes.
- Review of monitoring and evaluation data for children and young people, their parents and carers, specifically the Goal Based Outcomes, End of Therapy Questionnaire and CORE assessment.

The CORE YP assessments indicated that for 4 clients, there was a negative change from the initial assessment to final assessment undertaken. This was discussed during a consultative workshop with therapists and these outcomes were interpreted as a reflection of the child’s fear and anxiety as they near the end of a trusted, valued relationship. In assessing the materiality of the negative outcomes we considered relevance and significance. We excluded the negative outcome on the basis of materiality and verifiability. Specifically in relation to the magnitude of the change On page 30 of this report we recommend that The Green House undertake longer-term follow up with clients and their families at 6 and 12 months post-therapy. This would help to further understand this negative outcome.

Valuing What Matters (SROI Principle 3)

Financial Proxies

Financial proxies have been selected that represent the value to the stakeholder that identified the outcome. Some financial proxies are more straightforward to calculate than others. The financial proxies selected and value is summarised in Table 5.

Table 5: Outcomes, financial proxies and values

Stakeholder	Outcomes	Financial Proxy	Value	Source
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Children/Young People referred to service	Reduced anxiety and depression	Wellbeing valuation of relief from anxiety and depression for young people (under 25, outside London)	£11,819.00	HACT Value Bank
	Increased feeling of control in life	Wellbeing valuation of feeling in control of life (under 25, outside London)	£15,878.00	HACT Value Bank
	Improved confidence	Wellbeing valuation of improvement in confidence for young people (under 25, outside London)	£9,455.00	HACT Value Bank
Parents/carers of children/young people referred to service	Improved family relationships around the Child/Young Person	Value of being a member of a social group using Wellbeing Valuation techniques	£1,850.00	Fujiwara, 2013, Layard et al. 2008 Welsch 2007

Note: the Wellbeing Valuation method was selected as it is recognised as a method for making relative assessments of value for money in the HMT Green Book and as an alternative method for valuation by the OECD (2013 & 2017). It has been used in research and value for money analysis by the UK Government (e.g. Department for Culture, Media and Sport (DCMS), Department for Work and Pensions (DWP), Cabinet Office) , and the Government of Canada (Public Health Agency Canada), and has featured in over 80 academic publications in economics.

We considered other valuation techniques such as contingent valuation and revealed preference, however these were not selected due to ethical considerations which informed our evaluation methodology.

Focusing on What is Material (SROI Principle 4)

Changes and impact as a result of activities are more difficult to account for than activities. Social impact often means changes in people's lives in the world that they live in – a world that goes beyond the activities that brings about the changes. Change is naturally chaotic and complex. In exploring what happens to stakeholders as result of the counselling service, there is a wealth of data. If explored for long enough, it is possible to generate more data than it would be possible to analyse with resources proportional to the scale of activity. In additional, every stakeholder is a unique individual, so each stakeholder will have a different story to tell. So, there is more complexity and diversity than it would be possible to analyse with proportional resources.

This potentially infinite amount of data is prioritised and managed by focusing on the stakeholders and outcomes that are material to this analysis and its scope. In this analysis, what was relevant and significant to be included was judged by considering elements of the Accountability Material test, including where changes are expected or known in similar projects, and where there is a direct financial impact of the change. Further explanation of excluded outcomes is provided in Table 4.

Avoiding Overclaiming (SROI Principle 5)

Each change, for each stakeholder, has been considered for deadweight (what would have happened anyway), attribution (any change that is a result of others) and displacement (has this activity moved something rather than change it).

Where the answer was yes to any of the above, then the percentage that was deadweight, attributable to others or displaced was estimated. These percentages are detailed on the Impact Map. These estimates were informed by existing research and data, as well as through consultation with stakeholders.

The risk of overclaiming when making assumptions about deadweight, attribution and displacement have been considered and addressed through sensitivity testing (see page 40).

Table 6 summarises the assessment of deadweight, displacement and attribution for outcomes experienced by each stakeholder.

Table 6: Deadweight, Attribution and Displacement

Stakeholder	Outcomes	Deadweight	Attribution	Displacement
Children/ Young People referred to service	Improved mental health and wellbeing	This has been assessed at 0%. Carpenter et al (2016) demonstrated no significant improvements in mental health and wellbeing for children and young people in a control group (i.e. not accessing therapeutic support) suggesting no change would have otherwise occurred without the service.	This has been assessed at 50%. A therapeutic relationship is two-way and therefore requires the active participation of the child/young person to succeed. The assessment was informed by staff workshops and consultation, stakeholder interviews and existing research and evaluations.	Not assessed as relevant to this stakeholder as the achievement of this outcome does not require the displacement of another outcome – and in fact may help to facilitate it. 0% used in calculation. The assessment was informed by staff workshops and consultation, stakeholder interviews and existing research and evaluations.
Parents/ carers of children/ young people referred to service	Improved family relationships around the Child/Young Person	This has been assessed at 0%. Based on findings from Children's Commissioner (2015) <i>Making Noise: children's voices for</i>	This has been assessed at 33%. The parent/carer relationship is complex as it involves both the child and therapist. It	Not assessed as relevant to this stakeholder as the achievement of this outcome does not require the displacement of another outcome –

		<p><i>positive change after sexual abuse .</i></p> <p>Future analysis could consider outcomes for children whose parents engage vs those that do not.</p>	<p>requires the participation and involvement of all three parties to be successful.</p> <p>The assessment was informed by staff workshops and consultation, stakeholder interviews and existing research and evaluations.</p>	<p>and in fact may help to facilitate it. 0% used in calculation.</p> <p>.</p> <p>The assessment was informed by staff workshops and consultation, stakeholder interviews and existing research and evaluations.</p>
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Being Transparent (SROI Principle 6)

The Green House commissioned the FSI to carry out this analysis on a paid-for consultancy basis. This analysis has been undertaken following the standard approach to SROI as documented by the UK Government, Cabinet Office sponsored guide to SROI and supplementary guidance (Social Value UK, 2012). The analysis was undertaken by Janine Edwards of the FSI who has no links with The Green House outside this piece of work.

To account for chaotic and complex change, in a world beyond the confines of an activity, requires judgements to be made. SROI is a framework within which these judgements are made. Judgements in SROI are guiding by the principles of SROI. To be clear on why this analysis is the way it is, this report attempts to set out as many of these judgments, estimations and assumptions, as is practicable and show what has been included and excluded in the analysis.

Sensitivity Analysis

A sensitivity analysis was conducted to test for the values, deadweight, attribution and displacement for each outcome. Note that quantities were not included within the sensitivity analysis because any change in quantity would lead to a proportional change in inputs, therefore having no net effect on the SROI calculation. In addition, sensitivity analysis was not undertaken for drop off, because the duration of the outcomes was not more than one year.

Table 7: Sensitivity Analysis

Variable	Base case assumption	New assumption	New SROI calculation
Value of outcome for CYP	£11,189.00	£43,453.00 – using Wellbeing Valuation improvement in mental Health and Wellbeing	£8.43
Value of outcome for parent / carer	£1,850.00	£0 – if there was no value to the parent / carer.	£4.56

Deadweight for CYP outcome	0%	+10% - we may have underestimated the amount of deadweight.	£4.21
Attribution for CYP outcome	50%	+10% % - we may have underestimated the contribution made by other agencies and professionals in the child's life	£3.75
Displacement for CYP outcome	0%	+ 10%: The therapeutic activity may have displaced the outcome for a different cohort of children and young people	£4.21
Deadweight for parent/carer outcome	0%	+10% - we may have underestimated the amount of deadweight.	£4.65
Attribution for parent / carer outcome	33%	- 16.5% - we may have underestimated the contribution made by other agencies and professionals	££4.69
Displacement for parent/carer outcome	0%	+ 10%: The therapeutic activity may have displaced the outcome for a different cohort of children and young people and therefore their parent/carers.	£4.65

As with any social return on investment analysis, which necessarily involves subjective judgements to be made, there is a risk of error. In a relatively small cohort size, this risk is magnified. However, we are confident that through the use of our own stakeholder engagement and involvement, and through reference to larger studies and bodies of research, that these risks have been mitigated.

Verifying the Result (SROI Principle 7)

Although an SROI analysis provides the opportunity for a more complete understanding of the value being created by an activity, it inevitably involves subjectivity. The result of the SROI analysis has been tested with The Green House management team in order to verify the theory of change, the assessments made to value, deadweight, attribution and displacement, and the result. Further verification was sought through the assurance process offered by Social Value UK and assurance was confirmed in October 2018.

Appendix 2: Measures

Children & Young People's Service Assessment

Date of assessment			
Name of assessor			
Name of carer 1			
Name of carer 2			
Name of client			
Client date of birth		Client age	
Early assessment?		Client ID	

Referral					
Self-referral (Parent)		Social Services		CAMHS	
Education Worker		ISVA		Other	
Details:					
Current living arrangements					
Residential		Kinship Care		Foster care	
With Parent/s					
Details:					
Other children living at home:					
Child Protection					
Child/young person is currently on the CP register for: <ul style="list-style-type: none"> <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Sexual Abuse 			<ul style="list-style-type: none"> <input type="checkbox"/> Child/young person is currently not on the register <input type="checkbox"/> Child/young person has previously been on the CP register 		
Details:					

Sexual Abuse						
Abuser	Adult Male		Child under 11 Male		Child over 11 Male	
	Adult Female		Child under 11 Female		Child over 11 Female	
	Unknown					
Relationship	Family member		Person known to family		Stranger	
	Paedophile ring					
Time	0 - 2 years		3 – 5 years		6 – 8 years	
	9- 11 years		12- 15 years		16 - 18 years	
Type	Childhood Rape		Childhood Sexual Abuse		Child Sexual Exploitation	
	Exposure		Witnessing Sexual Abuse		FGM	
Frequency	Single incident		Multiple incident		Systematic	
Comments:						
Disclosure to						
Parent		Carer		Other family		
Other:						
Date of disclosure:						
Criminal investigation						
Yes		No		Current		
Complete		Unknown				
Contact with CAIT indicated				Yes	No	
Counselling agreed with CAIT				Yes	No	
Has summary of allegations been received?				Yes	No	
Comments:						

Court case

Yes

No

Current

Complete

Anticipated (with CPS)

Unknown

Comments:

Agency involvement**Social services**

Yes

No

Current

Within the last year

Earlier

Comments:

CAMHS

Yes

No

Current

Within the last year

Earlier

Comments:

Other agencies

Yes

No

Current

Within the last year

Earlier

Comments:

Family

Family of origin, key relationships, mental health history:

Exposed to domestic violence?

Other incidents of sexual abuse within the family?

Presenting issues & health

		Recent	Earlier		Recent	Earlier
Trauma & mental health	Sleep difficulties			Dissociation		
	Somatic complaints			Traumagenic beliefs (I am to blame)		
	Flashbacks			Anxiety/panic		
	Obsessive thoughts			Nightmares		
	Sexualised behaviours			Talk about/re-enact abuse?		
	Wetting/soiling			Aggression/violence/angry outbursts		
	Difficulties in relationships			Other		
Self-harm	Suicidal thoughts			Burning		
	Suicidal plans			Risk taking		
	Suicide attempt			Self-neglect		
	Multiple suicide attempts			Other		
	Cutting					
Substance misuse	Alcohol misuse			Drug misuse		
				If yes, which type?		
Eating disorder	Bulimia			Compulsive eating		
	Anorexia			Other		
Health/diagnoses/allergies/medication:						

Access or comfort needs for therapy:	
Statement of special needs?	
Is there a SAF or TAC?	
School attendance:	
Main concerns & impact of sexual abuse:	
Infancy/early years:	
Other traumatic experiences:	
Previous/ongoing counselling or therapy:	
What does the child/young person enjoy? What is going well in their life?	
Thoughts about therapy	
Parent/carer's hopes for therapy & why therapy now?	
Parent/carer support systems:	
Child/young person's feelings about therapy:	
Family Support Work	
Has the parent/carer had family support work?	
Number of sessions:	
Would the parent/carer like family support work?	
What might the aims be?	
Would the parent/carer like a referral to the adult service?	
Other information	
Next steps	

Assessor's checklist	<input checked="" type="checkbox"/>	Assessor's name:	
Emergency contact form complete	<input type="checkbox"/>		
Equalities monitoring form complete	<input type="checkbox"/>		
Service explained	<input type="checkbox"/>		
Parent/carer contract explained (including confidentiality, commitment)	<input type="checkbox"/>	Signature:	
Parent/carer contract signed	<input type="checkbox"/>		
Consent for using therapeutic materials explained	<input type="checkbox"/>		
Waiting list explained	<input type="checkbox"/>		
Family support work discussed	<input type="checkbox"/>	Assessment date:	
Next steps discussed	<input type="checkbox"/>		
Assessor's comments			
Is child/young person currently suitable for therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other – see details	Is there any safeguarding required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there any multi-agency liaison required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Possible restorative justice case? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Details:			
Information from young person's assessment			

CORE Assessment Form

CLINICAL OUTCOMES in ROUTINE EVALUATION

OUTCOME MEASURE

Site ID	<input type="text"/>	<input type="text"/>	Male	<input type="checkbox"/>
letters only	<input type="text"/>	numbers only	Age	Female
	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>
Client ID	<input type="text"/>	<input type="text"/>	Stage Completed	Stage
Therapist ID	<input type="text"/>	numbers only (1)	S Screening	<input type="checkbox"/>
	<input type="text"/>	numbers only (2)	R Referral	
Sub codes	<input type="text"/>	<input type="text"/>	A Assessment	
	<input type="text"/>	<input type="text"/>	F First Therapy Session	
D D / M M / Y Y Y Y	<input type="text"/>	<input type="text"/>	P Pre-therapy (unspecified)	
Date form given	<input type="text"/>	<input type="text"/>	D During Therapy	
	<input type="text"/>	<input type="text"/>	L Last therapy session	Episode
	<input type="text"/>	<input type="text"/>	X Follow up 1	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	Y Follow up 2	

IMPORTANT - PLEASE READ THIS FIRST

This form has 34 statements about how you have been OVER THE LAST WEEK.
Please read each statement and think how often you felt that way last week.
Then tick the box which is closest to this.
Please use a dark pen (not pencil) and tick clearly within the boxes.

Over the last week

	Not at all	Only Occasionally	Sometimes	Often	Most or all the time	OFFICE USE ONLY
1 I have felt terribly alone and isolated	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> F
2 I have felt tense, anxious or nervous	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
3 I have felt I have someone to turn to for support when needed	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> F
4 I have felt O.K. about myself	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> W
5 I have felt totally lacking in energy and enthusiasm	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
6 I have been physically violent to others	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> R
7 I have felt able to cope when things go wrong	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> F
8 I have been troubled by aches, pains or other physical problems	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
9 I have thought of hurting myself	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> R
10 Talking to people has felt too much for me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> F
11 Tension and anxiety have prevented me doing important things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
12 I have been happy with the things I have done.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> F
13 I have been disturbed by unwanted thoughts and feelings	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
14 I have felt like crying	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> W

Please turn over

Over the last week

Not at all Only Occasionally Sometimes Often Most or all the time OFFICE USE ONLY

15	I have felt panic or terror	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
16	I made plans to end my life	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> R
17	I have felt overwhelmed by my problems	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> W
18	I have had difficulty getting to sleep or staying asleep	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
19	I have felt warmth or affection for someone	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> F
20	My problems have been impossible to put to one side	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
21	I have been able to do most things I needed to	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> F
22	I have threatened or intimidated another person	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> R
23	I have felt despairing or hopeless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
24	I have thought it would be better if I were dead	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> R
25	I have felt criticised by other people	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> F
26	I have thought I have no friends	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> F
27	I have felt unhappy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
28	Unwanted images or memories have been distressing me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
29	I have been irritable when with other people	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> F
30	I have thought I am to blame for my problems and difficulties	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
31	I have felt optimistic about my future	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> W
32	I have achieved the things I wanted to	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> F
33	I have felt humiliated or shamed by other people	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> F
34	I have hurt myself physically or taken dangerous risks with my health	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> R

THANK YOU FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE

Total Scores

 → →

Mean Scores

(Total score for each dimension divided by number of items completed in that dimension)

(W) (P) (F) (R) All items All minus R

CORE-YP (12+)



YP-CORE

Assistance given?
(If yes, please tick)

Site ID	<input type="text"/>	Male	<input type="checkbox"/>
Client ID	<input type="text"/>	Female	<input type="checkbox"/>
Therapist ID	<input type="text"/>	Age	<input type="text"/>
Subcodes	<input type="text"/>	Stage Completed	
Date form given	<input type="text"/>	S Screening	
		R Referral	
		A Assessment	
		F First Therapy Session	Stage
		P Pre-therapy (unspecified)	<input type="checkbox"/>
		D During Therapy	
		L Last Therapy Session	Episode
		X Follow up 1	<input type="checkbox"/>
		Y Follow up 2	<input type="checkbox"/>

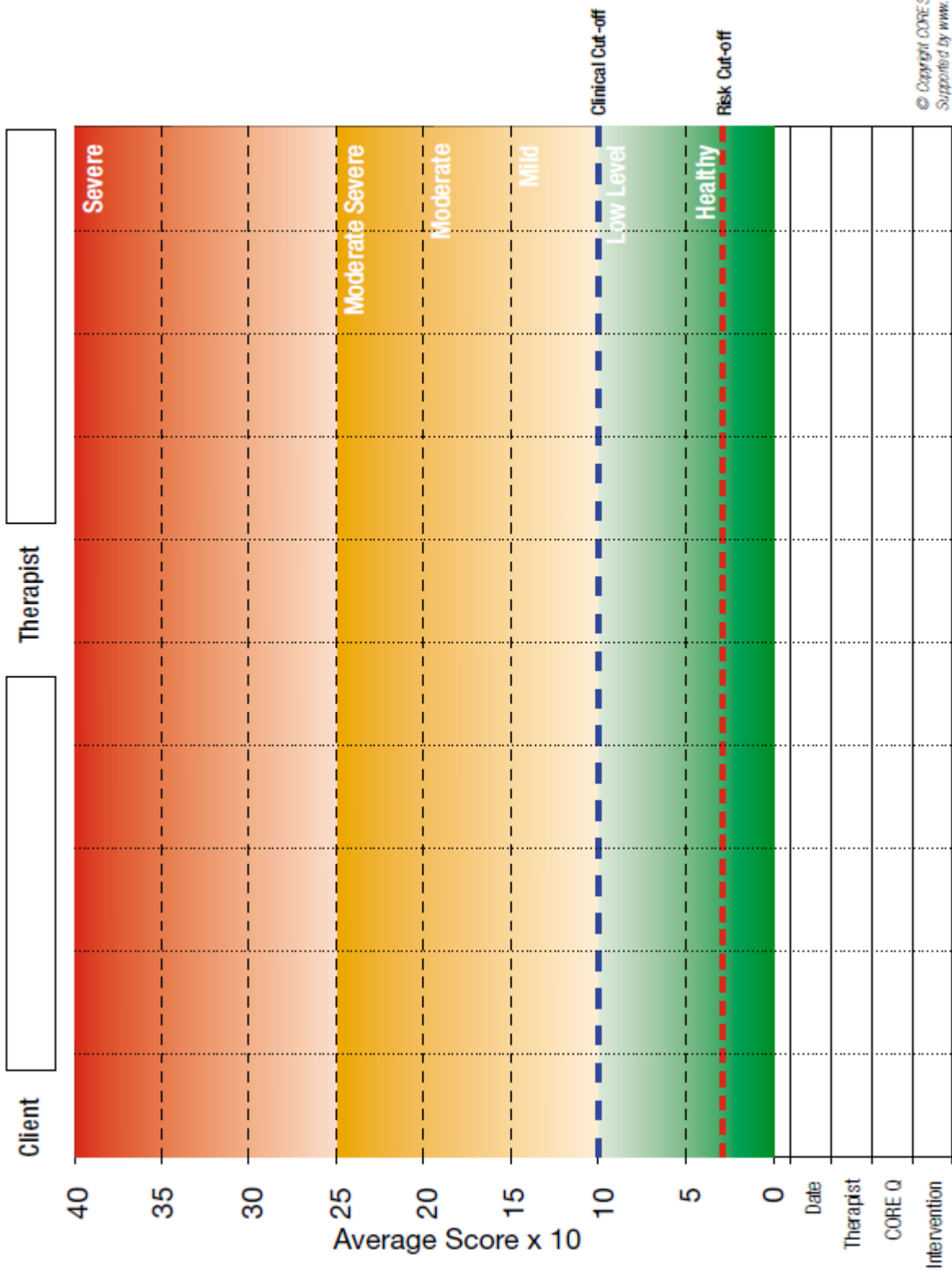
These questions are about how you have been feeling OVER THE LAST WEEK. Please read each question carefully. Think how often you have felt like that in the last week and then put a cross in the box you think fits best. Please use a dark pen (not pencil) and mark clearly within the boxes.

OVER THE LAST WEEK...

	Not at all	Only occasionally	Sometimes	Often	Most or all of the time
1. I've felt edgy or nervous	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2. I haven't felt like talking to anyone	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. I've felt able to cope when things go wrong	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4. I've thought of hurting myself	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5. There's been someone I felt able to ask for help	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
6. My thoughts and feelings distressed me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7. My problems have felt too much for me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8. It's been hard to go to sleep or stay asleep	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9. I've felt unhappy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10. I've done all the things I wanted to	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Thank you for answering these questions

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CORE-YP Children's Form

Date form completed..... Client I.D.....

Male / Female..... Age.....

Therapist.....

Stage completed –

- Assessment
- First Therapy Session
- During Therapy
- Last Therapy Session

These questions are about how you have been feeling OVER THE LAST WEEK.
Please read each question carefully. Think how often you have felt like that in the last week and then mark the box you think fits best.

Over the last week...

1. I've felt panicky, anxious or nervous



- 0 I've **not** felt panicky, anxious or nervous **at all**
- 1 I've **hardly ever** felt panicky, anxious or nervous
- 2 I've **sometimes** felt panicky, anxious or nervous
- 3 I've **often** felt panicky, anxious or nervous
- 4 I've felt panicky, anxious or nervous **most or all of the time**

2. I haven't felt like talking to anyone about my worries



- 0 I've **always** felt I could talk to someone
- 1 I've **often** felt I could talk to someone
- 2 I've **sometimes** felt like I haven't wanted to talk to anyone
- 3 I've **often felt like I haven't** wanted to talk to anyone
- 4 I haven't felt like talking to anyone **most or all of the time**

3. I've felt able to get by when things go wrong



- 4 I've **not** felt able to get by **at all** when things go wrong
- 3 I've **hardly ever** felt able to get by when things go wrong
- 2 I've **sometimes** felt able to get by when things go wrong
- 1 I've **often** felt able to get by when things go wrong
- 0 I've felt able to get by **most or all of the time**

4. I've thought of hurting myself



- 0 I've **not felt** like hurting myself **at all**
- 1 I've **hardly ever** thought of hurting myself
- 2 I've **sometimes** thought of hurting myself
- 3 I've **often** thought of hurting myself
- 4 I've thought of hurting myself **most or all of the time**

5. There's been someone I've felt able to ask for help from



- 4 There's **not** been anyone I've felt able to ask for help from
- 3 There's **hardly ever** been anyone I've felt able to ask for help from
- 2 There's **sometimes** been someone I've felt able to ask for help from
- 1 There's **often** been someone I've felt able to ask for help from
- 0 There's been someone I've felt able to ask for help from **most or all of the time**

6. My thoughts and feelings have been upsetting me



- 0 My thoughts and feelings have **not** been upsetting me **at all**
- 1 My thoughts and feelings have **hardly ever** been upsetting me
- 2 My thoughts and feelings have **sometimes** been upsetting me
- 3 My thoughts and feelings have **often** been upsetting me
- 4 My thoughts and feelings have been upsetting me **most or all of the time**

7. My problems have felt too big for me



all

- 0 My problems have **not** felt too big for me **at**
- 1 My problems have **hardly ever** felt too big for me
- 2 My problems have **sometimes** felt too big for me
- 3 My problems have **often** felt too big for me
- 4 My problems have felt too big for me **most or all of the time**

8. It's been hard to go to sleep and stay asleep



asleep **at all**

- 0 It's **not** been hard to go to sleep or stay asleep **at all**
- 1 It's **hardly ever** been hard to go to sleep and stay asleep
- 2 It's **sometimes** been hard to go to sleep and stay asleep
- 3 It's **often** been hard to go to sleep and stay asleep
- 4 It's been hard to go to sleep and stay asleep **most or all of the time**

9. I've felt unhappy



- 0 I've **not** felt unhappy **at all**
- 1 I've **hardly ever** felt unhappy
- 2 I've **sometimes** felt unhappy
- 3 I've **often** felt unhappy
- 4 I've felt unhappy **most or all of the time**

10. Because of my worries I've not done all the things I've wanted to do



- 4 I've **not** done all the things I've wanted to do **at all**
- 3 I've **hardly ever** done all the things I've wanted to do
- 2 I've **sometimes** done all the things I've wanted to do
- 1 I've **often** done all the things I've wanted to do
- 0 I've done all the things I've wanted to do **most or all of the time**

Thank you for answering these questions

Goal-based Outcomes Record Sheets

In coming to this service, what are some of the problems you want help with or goals you want to get to?

(List up to three goals)

Goal Number	Goal Description
1	
2	
3	

If you have any other goals, please list them here.

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End of Therapy Questionnaire – For Child/Young Person

1. Has coming to The Green House been helpful to you? (please circle a number)

0 1 2 3 4 5 6 7 8 9 10

Not helpful at all

quite helpful

very helpful

Can you tell us why you found it helpful or unhelpful:

2. Did coming to The Green House help you with your problems?

0 1 2 3 4 5 6 7 8 9 10

Not at all

A little

Yes, a lot

Can you tell us why you think it helped or didn't help:

3. How do you feel about your future?

0 1 2 3 4 5 6 7 8 9 10

I feel worried

I feel ok

I feel happy / positive

Is there anything else we could have done to help you feel more positive about your future?

4. Did your therapist do all they could to support you?

0 1 2 3 4 5 6 7 8 9 10

Not at all

some of the time

Yes, during every stage of the process

Are there ways your therapist could have supported you better?

5. What did you think of the waiting area, the therapy room you worked in and the equipment / materials you used?

0 1 2 3 4 5 6 7 8 9

Not acceptable

quite good

very good

How could the room / equipment / materials be improved?

6. Would you recommend The Green House to a friend?

0 1 2 3 4 5 6 7 8 9

No

Maybe

Yes, definitely

Can you tell us how you would describe the service you received from The Green House to a friend:

Was there anything you didn't like about the service you received, or anything you feel needs improving?

Are there any other comments or doodles you would like to share with us:

Many thanks for taking the time to fill in this form! Your feedback is really valuable to us.

End of Therapy Questionnaire – For Parents/Carer

1. Has coming to The Green House been helpful to your child/young person? *(please circle a number)*

0 1 2 3 4 5 6 7 8 9 10

Not helpful at all

quite helpful

very helpful

2. Can you tell us why you think the process has been helpful or unhelpful:

3. Did coming to The Green House help your child/young person with the difficulties they were experiencing?

0 1 2 3 4 5 6 7 8 9 10

Not at all

A little

Yes, a lot

4. Can you tell us about any of the changes you've noticed in your child/young person since they attended therapy or anything else you have noticed:

5. In your opinion, did the therapist who worked with your child/young person do all they could to support your child/young person through the process?

0 1 2 3 4 5 6 7 8 9 10

Not at all

some of the time

Yes, during every stage of the process

6. Are there ways the therapist could have supported your child/young person better?

7. Were the facilities available to you comfortable?

0 1 2 3 4 5 6 7 8 9 10

Not at all

quite comfortable

very comfortable

8. What do you think we could do to improve the building / the waiting area / the facilities at The Green House?

9. Did you access family support work sessions with Lisa Kirkland either whilst your child/young person was waiting for a service or whilst your child/young person was engaged in therapy?

Yes / No ? *(please circle)*

10. Were you given enough information about the services available to you and your family and were the services fully explained to you?

0 1 2 3 4 5 6 7 8 9 10

Not at all

Partly

Yes, fully

11. Was it easy to get to the place where your child/young person had their weekly appointments?

0 1 2 3 4 5 6 7 8 9 10

Not at all

It was okay

Yes, it worked out really well

12. Did you feel supported, listened to and taken seriously as a parent/carer?

0 1 2 3 4 5 6 7 8 9 10

Not at all

Some of the time

Yes, during every stage of the process

13. Can you tell us more about your own experience of The Green House, and are there ways we could have supported you better?

14. If a friend needed similar help, would you recommend they contact The Green House?

0 1 2 3 4 5 6 7 8 9 10

Not at all

Maybe

Yes, absolutely

15. Can you tell us why you would or would not recommend The Green House to a friend:

16. Was there anything you didn't like about the services we offered to you and your family, or anything you feel needs improving?

17. Are there any other comments you would like to share with us:

18. May we use your feedback comments **anonymously** e.g. in our leaflets or on our website?

YES

NO

Many thanks for taking the time to fill in this form. Your feedback is really valuable to us.

Therapist Evaluation Case notes

Child I.D. No.	Date completed:				
Outcome: Changes relating to wellbeing					
	1= the least; 5 = the most				
Client feeling optimistic	1	2	3	4	5
Client expressing confidence	1	2	3	4	5
Client's level of energy	1	2	3	4	5
<i>Tick where appropriate, leave blank if this measure has not been observed for this session/time period</i>					✓
Client expressing a sense of having a place in the world					
Client feeling more interested in other people or things than previously					
Client seems engaged with the process				Yes	No
Client seems ambivalent about the process				Yes	No
Therapist notices changes to the way the client engages with the process					
Outcome: Improved relationships					
Therapist notices evidence of client developing constructive friendships					
Client seems less isolated					
Therapist notes improvements client's relationships to his/her family members					
Therapist notes improvements in overall family functioning					
Outcome: Victims become more empowered					
Notice changes to communication, or client coming out of their shell					
Client becomes more engaged with activities, e.g. joining clubs or groups (in school or outside of school)					
Improved performance/results at school					
Outcome: Greater self-esteem: <i>If change noticed, tick box. If no change, leave blank</i>					
Client feeling less shame					
Client expressing feelings of self-worth, or being on an equal place with others					
Client expressing their positive qualities					
Client expressing achievements or actions they feel proud of					
Client expressing self-respect					
Client expressing that they feel confident in their own abilities					
Client expresses a sense that it is possible for things to be fair					

Focus group with staff

The focus group gave an opportunity for practitioners and management team members to explore the changes they observe at different stages of the client journey. The agenda was fluid, the following key areas were covered:

1. Objectives from the SROI and evaluation
2. Understanding the SROI process
3. Exploring stages in the client journey from the child perspective and the parent/carer perspective
4. Identifying outcomes specific to each stage
5. Identifying key stakeholders to engage in the SROI process.

Stakeholder interviews

Stakeholder interviews took place over the telephone, in the format of a semi-structured interview. The following questions were used as prompts to explore the perspective of partners who referred into The Green House Children and Young People service:

1. Can you tell me a bit more about your organisation and role?
2. How long have you been working with the Green House children and young people's service?
3. What has been your experience of the service: what benefits have you seen?
4. Do you engage with any similar services – if so, who?
5. What do you think the Green House offer that others can't?
6. If the service didn't exist, what would otherwise happen to the individuals who you refer?
7. Have you had any negative experiences or disbenefits?
8. How do you think the service could be improved?
9. Any other comments?

Follow up consultation with Lead Therapist and Director

Once a draft impact map and report had been produced we met with the Lead Therapist and Director to test and verify the judgements made in producing the report. As with the previous staff workshop the agenda was fluid, the following areas were covered:

1. Excluded stakeholders
2. Material outcomes
3. Assessment of deadweight, attribution and displacement.

Appendix 3: References

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