

The Profile of Young People using the Right 2B Safe Project in 2013-2015



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Introduction

The Right 2B Safe Project took place following reports by both the Home Office and Education Select Committees about some of the shortcomings of current Social Service responses to older adolescents' safeguarding needs. A landmark report from the Children's Commissioner, also added evidence and insight into the scale of need amongst young people, particularly regarding sexual exploitation and the risks young people will continue to face without a more effective and tailored response to their specific needs.

The findings of the above mentioned reports formed the early context for the project's work; identifying some of the challenges faced by both statutory, as well as voluntary sector services seeking to support and meet young people's needs. As the Right 2B Safe Project progressed, the scale of the challenge with regard to young people's safeguarding needs became even more apparent. As the project began in April 2013, a number of historic sexual abuse cases, including Jimmy Saville and others, were already on the public radar. And, over the course of this two year project, the sexual exploitation of young women in particular, in a number of towns and cities, was never far from the news.

This report provides a range of data about young people in three diverse areas of the country: Hackney, Hampshire and Leeds. The picture it offers is likely to be true of many other areas of the country. It will hopefully add to the work of others such as The Children's Society which reported in February 2015¹ that 16 and 17 year olds are more likely to be abused and neglected than any other age group, but are the least likely to be offered any protection.

The services which worked under the banner of the Right 2B Safe Project have demonstrated the contribution that youth information, advice and counselling services (YIACS) can offer this group and their role in helping to reduce some of the risks experienced by young people.

¹ <http://www.childrensociety.org.uk/news-and-blogs/press-releases/16-and-17-year-olds-at-greatest-risk-of-abuse-and-neglect-but-are>

1. Background

The Right 2B Safe Project, a partnership led by Youth Access with its partners No Limits, Off Centre, and The Market Place identified and supported young people, either with experience of, or at risk of abuse and neglect, including domestic violence and child sexual exploitation. Mainly focused on 11-19 year olds, the project also included some groups of older young people, such as those with a disability and those who had been in the Care system.

Funded by the Department of Education from April 2013 to March 2015, the Right 2B Safe Project operated in three areas of the country: Hampshire, Leeds and Hackney in London and set out to:

- Strengthen Youth Information, Advice and Counselling Services (YIACS) capacity to identify young people at risk of harm, particularly sexual exploitation and violence.
- Increase access to timely and appropriate help for those young people identified as in need or at risk.
- Increase awareness of YIACS' contribution to local child protection and safeguarding strategies, particularly for 13-19 year olds.

As the project manager, Youth Access supported the three delivery partners - all longstanding and locally respected YIACS – to:

- Implement a programme of early identification, intervention and prevention, targeted on those at risk
- Build relationships with local statutory services to develop YIACS role and contribution to local safeguarding and child protection strategies.

Project partners

While the target group for the Right 2B Safe Project was the same across all three areas of the country, there was some variation in the interventions available.

No Limits, a large YIACS based in Southampton, worked with other smaller YIACS throughout the Hampshire area. Its focus was on children and young people aged 11-19 at risk of abuse, neglect and sexual exploitation. The organisation developed a package of support, including brief interventions in drop-in settings, one-to-one case work and some group work activities. The latter included work with groups of young LGBT people.

The Market Place, a YIACS in Leeds, provided self-harm and safeguarding group work for young people aged 13-18 in single sex groups. The groups ran over a 12 week period and offered a programme of activities and issue-based sessions, which supported young people's general mental health and wellbeing, self-esteem, anger, confidence and also focused on particular issues young people identified as wanting support. Individual sessions were also offered to young people with self-harming or safeguarding related needs. This was offered in the form of long term counselling support for up to a year or through My Plan - a short term solution focused support with youth workers. Alongside this, for those who found it difficult to engage in regular support, an informal drop-in support was offered where no appointment was needed. In addition if young people wanted to stay involved with the Market Place after their support had ended they also had the option of joining HYPE an established voice and influence service user group.

Off Centre, a YIACS in Hackney focused much of its work on providing counselling and therapeutic group support to young women with histories of, or who were at risk of sexual abuse and child sexual exploitation. Off Centre offered a mix of counselling and therapeutic group support, including to young disabled people. There was also strong take up of by young women from a diverse range of cultural and ethnic backgrounds.

Project aims

Through this mix of interventions, and working with local partners to help build effective partnerships to support the safety and wellbeing of young people, the Right 2B Safe Project sought to achieve the following outcomes:

- Improved identification and risk assessment of young people and children at risk
- Increased access to appropriate and relevant help for those at risk
- Improved trust and confidence in YIACS' contribution to local child protection and safeguarding strategies, and their potential to reduce pressures on statutory services

This report offers some further detail about the profile of the young people taking up the Right 2B Safe services over 2013-2015. It also considers the range of issues brought into the local services and the outcomes achieved with those young people.

A separate and independent report written by the project's evaluator Dr Ann Hagell in association with Dr Debi Roker considers the wider achievements of the project and can be found at www.youthaccess.org.uk

2. A note on the data

This report provides information about the profile of young people offered some form of direct intervention as part of the Right 2B Safe Project. It includes data on young people seen across all three delivery sites of the Right 2B Safe Project from July 2013 to the end of January 2015. While the data provides a good insight into the young people using the services and the range of issues impacting on their lives, it does not include data on all those who may have briefly come into contact with the services offered. It also excludes young people who continued to be offered help until the end of March 2015, when the project ended.

The frontline agencies involved in the Right 2B Safe Project already had well-established data recording systems before the project began. Their individual systems have evolved over a number of years, out of the need to report across a number of funding streams, as well as assisting their own internal management information needs.

As a two year funded project, it was recognised at the outset that the Right 2B Safe project's data requirements would need to work alongside these existing systems. As a result, and through a process of consultation with delivery partners, Youth Access led the development of a specific tool to assist the recording of data on the young people using the Project's services.

This report provides some analysis of the data gathered through the agreed tool. In presenting this report, a few points need to be made in relation to data quality across the three geographically disparate sites:

1. The impact of existing organisational reporting cultures: There is likely to be some variation in the way data has been recorded across all three sites. In addition to reporting activity through the Right 2B Safe tool, staff in the sites were also using internal systems. This meant they were also capturing some data in ways consistent with their own organisation's definitions, rather than those of the Project e.g. ethnicity.
2. The impact of individual professional judgement: There were a number of staff working across all three sites. The data provided in this report is based upon a mix of practitioners' judgement, as well as self-report by young people
3. Timing of data collection: Much of the data in this report is based on initial presenting information. The report therefore largely offers a snapshot of the young people at the initial stage of help.
4. Use of closed and open text data recording: Some of the data has been generated via closed text boxes and automatically collated. In other cases e.g. range of abuse and presenting issues there was a free text option. The free text data has been analysed centrally by Youth Access

3. Who used the Right 2B Safe Project?

The following tables consider the demographic profile of the young people engaged by the Right 2B Safe Project.

Gender

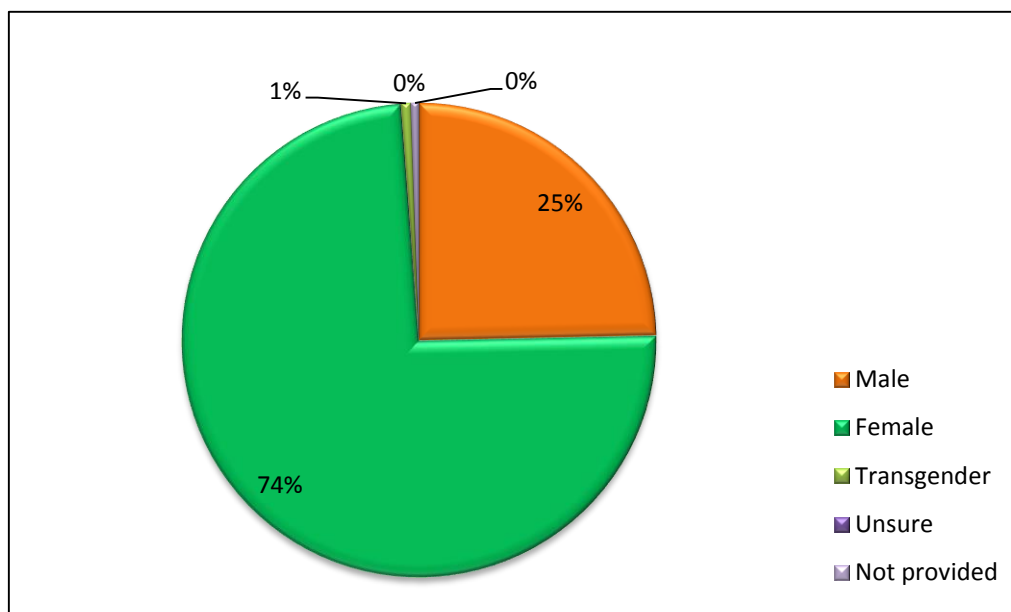
Of the 742 young people engaged by the project’s staff between July 2013 and the end of January 2015, the majority (74%) were female (see Table 1). The significantly greater number of girls and young women helped by the project services can be explained in part as a result of some of the activities on offer. For example, in Leeds more self-harm groups were run for young women. However, it is also the case that the safeguarding issues faced by young people as they enter adolescence are different to those of children.

During adolescence, young people experience a change both in the nature and range of risks; including an increased gender divide in the risks faced. Young women, for example, begin to experience greater risks of sexual violence and exploitation compared to those experienced by young men.

According to an ONS report in 2013² *“in addition to women being more likely than men to have experienced intimate sexual violence in the last year, victimisation varied by other personal characteristics., The prevalence of intimate violence was higher for younger age groups. Women aged 16-19 or between 20 and 24 were more likely to be victims of any domestic abuse (13.7% and 12.6% respectively) or of stalking (7.9% and 7.3%) respectively). Women aged between 16 and 19 were most likely to be victims of sexual assault (9.2%)”*.

This is not to suggest that young men are not also vulnerable to abuse, neglect and exploitation; combined with a greater reluctance to report incidents. There is some evidence, for example, that young gay males, transgender young people and those with learning disabilities are additionally vulnerable to risks.

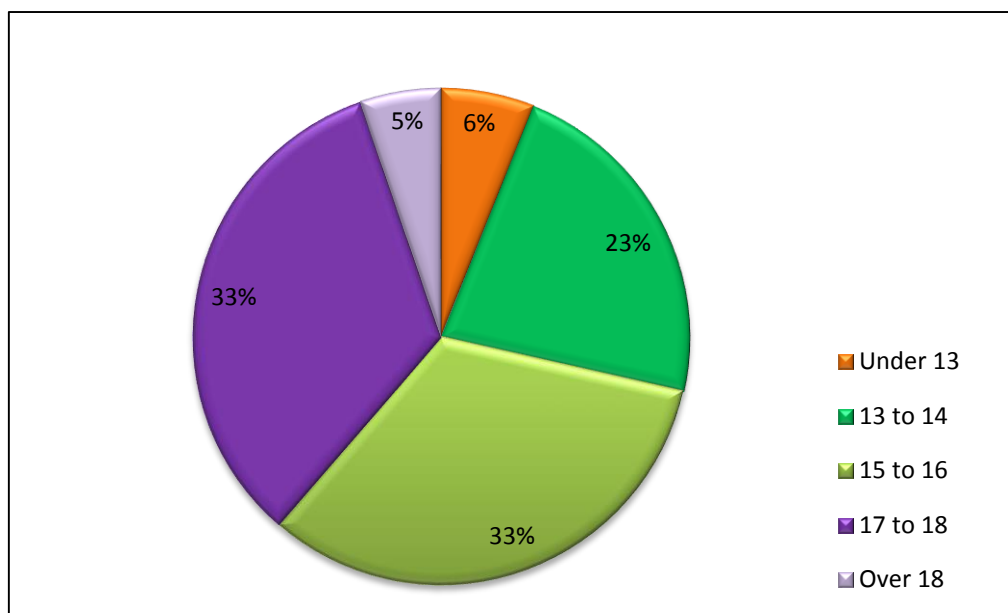
Table 1: The Gender of Young People Engaged in the Project



² <http://www.sexeducationforum.org.uk/evidence/data-statistics>

Age at referral

Table 2: The age range of young people



At the point of their first referral into the Right 2B Safe Project (Table 2), 66% of the young people reached were aged between 15-18 years. This group was split equally between those aged 15-16 years, and those aged 17-18 years at the first contact. The next largest group of young people using the Project were those aged 13-14 years who made up 23% of the service users. A further 6% of young people were aged under 13 years and 5% were over 18 years. Those aged 18+ were included in the Project for one or more of the following reasons: they were either a care leaver or had a disability.

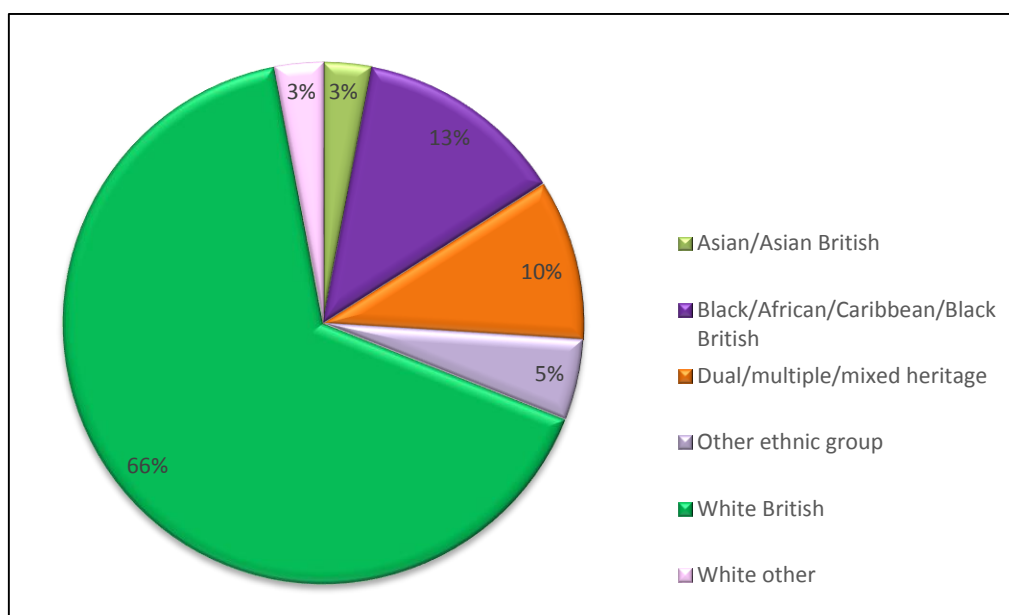
Ethnicity

Table 3a provides the ethnic breakdown of all the young people seen across the three delivery sites i.e. in Hackney, Hampshire and Leeds. Sixty six per cent of the 698 young people providing information on their ethnic origin were from a White British background. In the 2011 census data for England and Wales, the proportion of 10-19 year olds classifying themselves as White British was 78.5%. This suggests that young people from non-White British backgrounds were over-represented in the work: a total of 34% non-White British young people were engaged in the project compared to the national total of 21.5%³.

The next largest group (13%) of young people supported by the project were young people describing themselves as Black/African/Caribbean/Black British. This was closely followed at 10% by those young people who said they were from a Dual/multiple/mixed heritage. Five per cent of the group were in a range of other ethnic groups with 3% saying they were from Asian/Asian British and 3% saying they were from White other backgrounds.

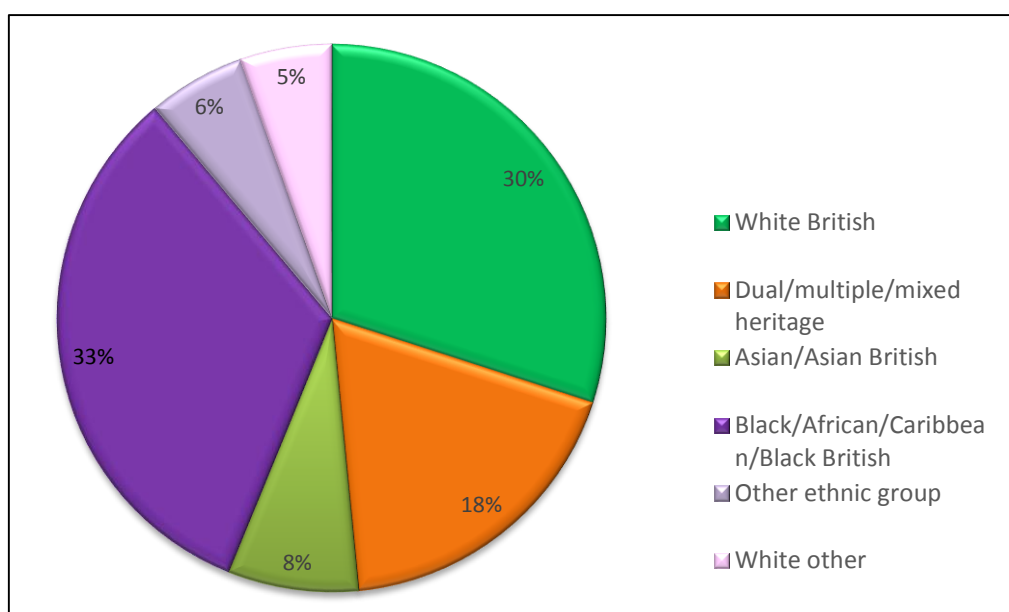
³ Hagell, A. Coleman, J. Brooks, F. (2013) Key Data on Adolescence 2013 (Association for Young People's Health)
Right 2B Safe March 2015

Table 3a: Ethnic background of young people across the three sites



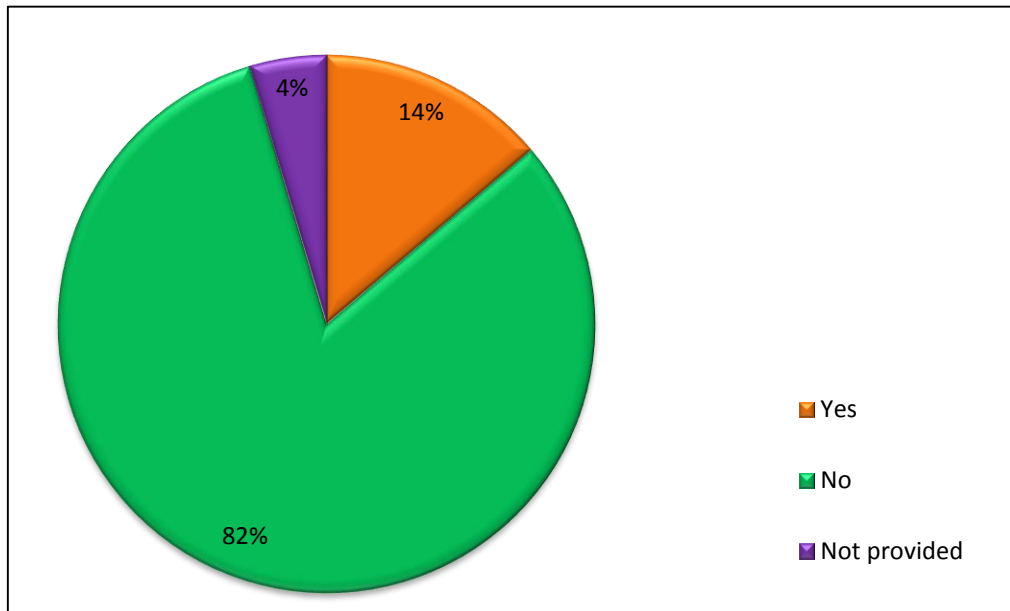
A different ethnic profile emerges when the sites are considered individually. For example, in Hackney an area populated by people from a diversity of ethnic backgrounds, the profile of service users was very different (Table 3b). In Hackney, data was available on 260 young people. Of these 260 young people, the largest group, which also represented a third of the total at 33%, were young people who described themselves as Black/African/Caribbean/Black British. This was followed by White British young people at 30%, with young people who described themselves as having Dual/Multiple or Mixed heritages at 18%. Eight per cent of the young people in Hackney described themselves as being from an Asian or Asian British background with 'other ethnic groups' totalling 6% and 'Other White' young people at 5% of the total.

Table 3b: Ethnic background of young people in Hackney site



Disability

Table 4: The proportion of young people with disabilities



The total proportion of young people aged 11- 24 years with a disability nationally is between 7% and 8%⁴ Of the 718 young people where information was provided, 14% of the young people had a disability (Table 4), suggesting this group was positively reached by the Project. In many instances, these young people had a learning disability, which presented particular concerns around their safeguarding needs.

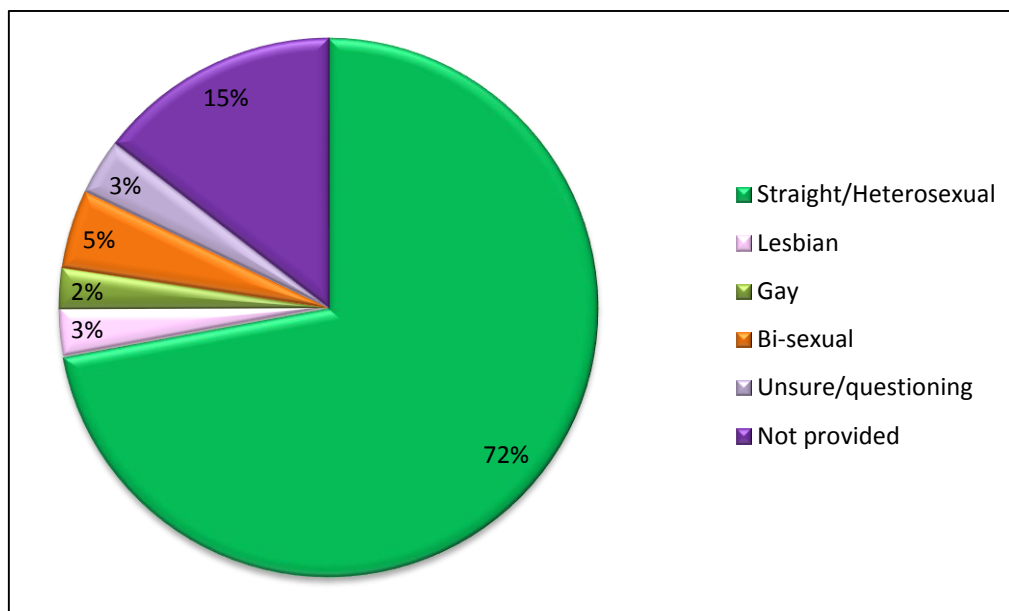
Sexuality

The majority of young people (72%) using the Project described themselves as heterosexual (Table 5). A further 5% said they were bi-sexual; 3% said they were lesbian; a further 3% were unsure or questioning their sexuality, while 2% stated they were gay. Fifteen per cent of young people declined to provide information about their sexual identity.

The Government uses a figure of 5-7% of the population to estimate the number of lesbians, gay men and bisexuals in the UK (a figure supported by Stonewall). Based on this figure, the Right 2B Safe Project was effective in reaching young people in these groups.

⁴ Ibid
Right 2B Safe March 2015

Table 5: The sexual identity of young people



Case Study

Oliver, a 15 year old, gay young man male living in the family home, self-referred for counselling. Whilst waiting for counselling, he was referred to the Right 2B Safe Project Worker. This meeting revealed a number of issues: bullying due to his sexuality, inappropriate relationships; physical abuse by partners/ex- partners; inability to say no to others' demands, including from past abusers and anxiety about forming new relationships. There had been some previous Social Services involvement due to him being at an address where a sexual assault had taken place.

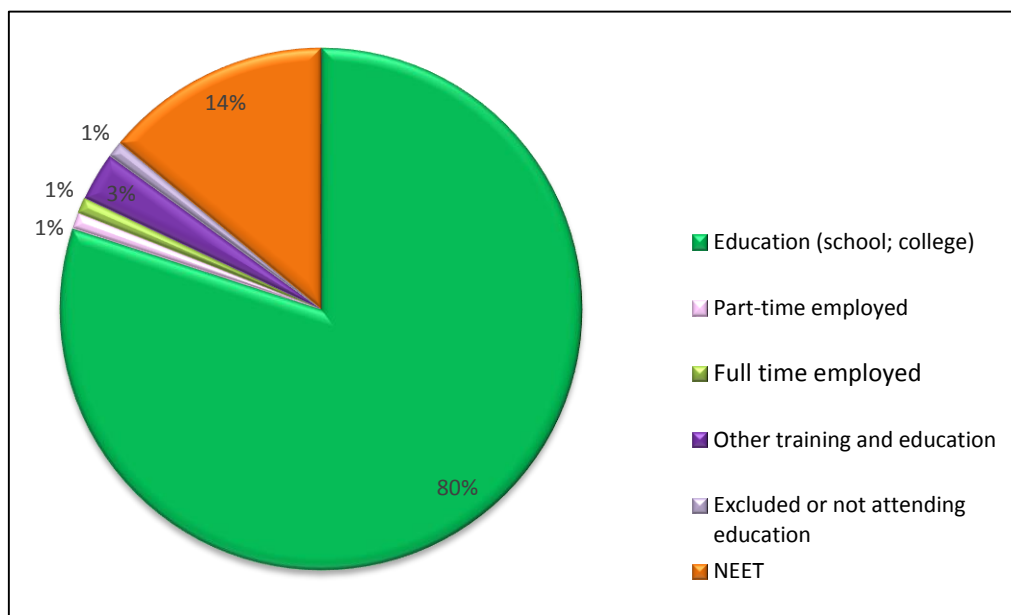
The Right 2B Safe worker became aware of the high level of risk run by this 15 year old, including his online behaviours; resulting in an alert to the Police. This led to his Facebook account being closed and there was concern about whether Oliver would continue his engagement with the Project. However he did continue to engage and started to take steps to make himself safer.

The Right2B Safe worker offered support in making his school environment safer and helped him to give video evidence to the Police. While Oliver continues to be vulnerable and ran away again, he called his support worker who helped him return home. He is now looking ahead to the future and remains in regular touch with the help and support offered.

Education, Training or Work Status

The first year of the Right 2B Safe project coincided with the introduction of the new school leaving age. A significant majority (80%) of the 690 responses from the 683 young people providing information about their education, training or work status suggested they were in education i.e. attending school or college (Table 6). The next largest group were those young people who were not in education, employment or training i.e. NEET. This group formed 14% of the total responses. Those saying they were in part time or full time employment made up 1% each respectively. A few young people said they were in a mix of part-time education and part-time employment – in which case both items were checked.

Table 6: The proportion of young people in education, training or employment (multi response)



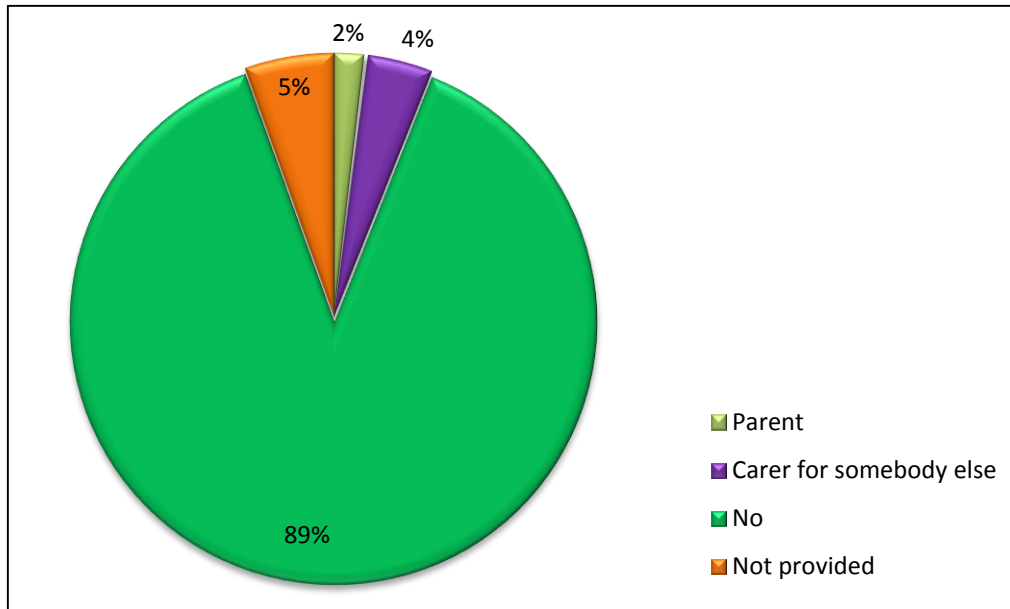
A further 1% of the total responses from young people indicated they were either excluded or not attending school. No data was kept as part of this project on young people’s attendance or attainment, so it is not possible to say the extent to which the 80% of young people seen by the Project were either regularly attending education or their levels of attainment. It should however be noted from the outcome data presented later in this report that a number of young people reported improvements in both their involvement in education, employment or training young people, as well as their schoolwork as a result of the Project’s interventions. (See Tables 16a and 16b).

Parental or carer status

With a well-established range of risk factors for young people who are either young carers of family members or who are parents themselves, the Project also wanted to understand the numbers in these groups who were also experiencing safeguarding issues. Of the 732 young people where data is available, the majority (89%) said they were neither a carer nor a parent. However, 4% said they were

young carers and 2% said they were parents. Two of the young people in contact with the project had both caring and parenting responsibilities. Five per cent of the young people did not provide information.

Table 7: Parental and Caring Responsibilities of Young People



Where were young people living?

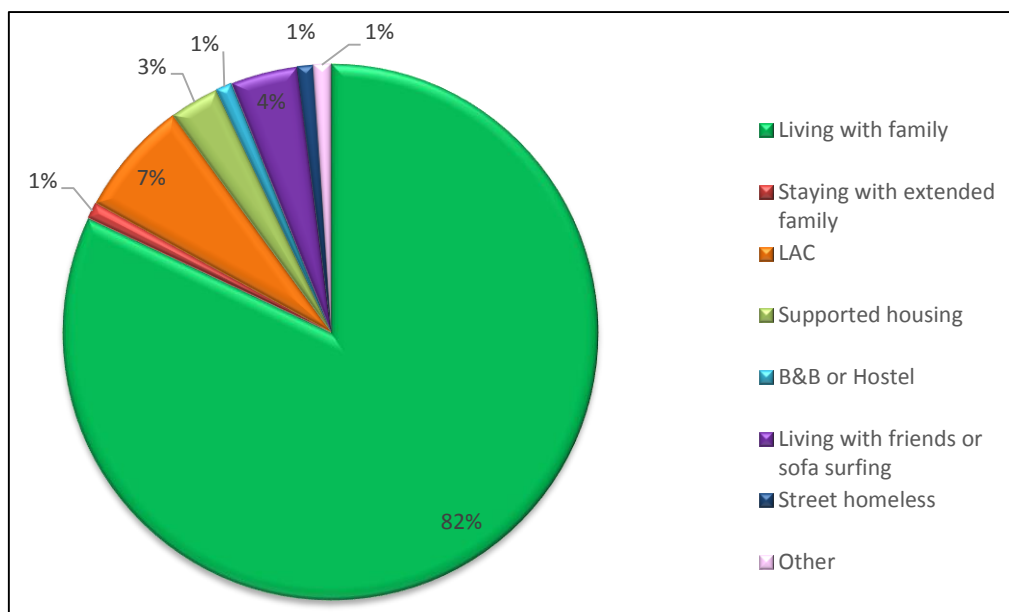
On their first contact with the Right 2B Safe Project, and of the 612 young people where information is available, the majority (82%) were living in their family home. A further 1% of the young people were living with extended family members.

The next largest group of the Project's service users (7%) were those Living in Care. The living arrangements of this group of 44 individual young people were varied: thirty three of the young people were living in foster care; seven young people were living in registered children's homes, while three were accommodated in their family home.

The remaining 10% of young people were in living in a variety of situations. Four per cent of the group were living with friends or sofa surfing; 3% were in supported housing; 1% were living in either a hostel or Bed & Breakfast and a further 1% were described as living in 'other' situations. The final 1% of this group of 612 were street homeless.

The fact that the majority of the young people were still in their family home means no-one can be complacent about the potential safeguarding risks run by all young people – whether these are direct risks within the home or the risks young people are exposed to through their online activities.

Table 8: Living situation of young people first presenting at the project.



Case Study

Amber is a 16 year old British African young woman who is dyslexic. When she was 5 years old, her father left the family home; she believes her parents' divorce was caused by her mother having sex with other men. She now realises her mother used to work as a sex worker in the home. Amber says her mother was violent and when she was 10 her mother was admitted to a psychiatric ward for two weeks, leading Amber being placed in a foster home. Her mother's continued violence eventually led to Amber living permanently in a foster home. Lately the mother's mental health has improved and they are on better terms.

Amber was referred to the Right 2B Safe Project by the local 'Children in Need'. She had a difficult relationship with her foster carer. Her presenting issues were anger and a need to understand her past and present. She wanted to stop crying at night. There was also concern about her risk to sexual exploitation, since Amber's ambition to become a model had led to her posting many images of herself on the internet.

In response to the emotional and physical abuse of her childhood, Amber became a bully at school, which she since regrets. She found it hard to engage with the help on offer initially: she was anxious and found it difficult to trust and was angry during the first sessions. Eventually, she started to relax and explored her grief and sadness, as well as remorse for reporting her mother to Social Services. Amber started to realise she was not responsible for what had happened to her mother. She became less anxious and angry; developed more positive relationships and became more conscious of her online safety. She also engaged with the Fairbridge Project and went back to college. At the end of her counselling, her CORE score was significantly lower.

4 Young People's experience of using other services

Young people using the Right 2B Safe Project were asked to describe any past or current contact with other services. They were able to check as many of the services that were relevant to them. Many of the young people presenting at the Right 2B Safe Project had either past or current contact with a wide range of local services. This included both universal services, as in the case of GPs, as well as targeted and specialist services such as Social Services and CAMHS.

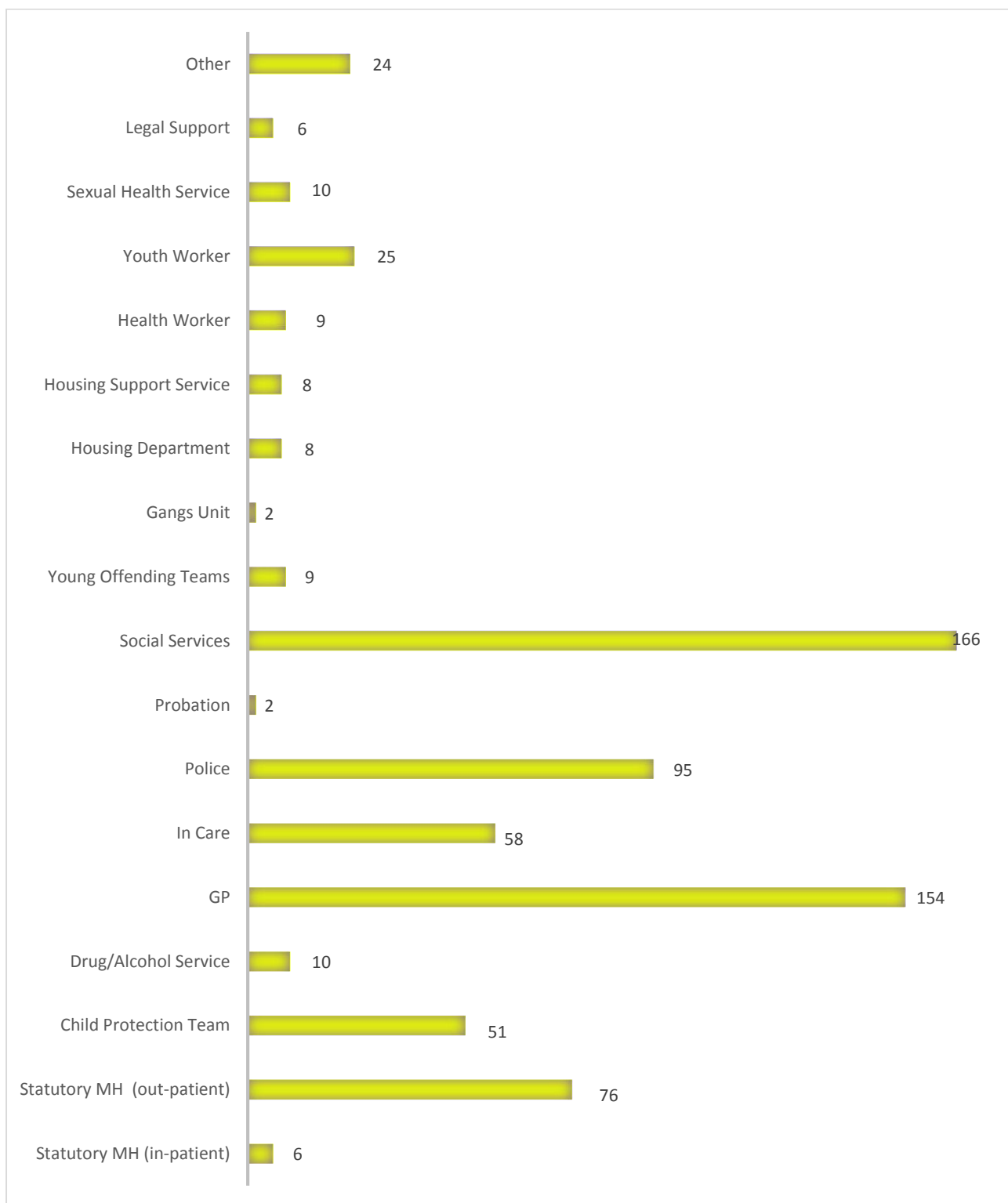
Past experience

In relation to past experience, Social Services was the most frequently mentioned service – mentioned on 166 occasions and forming 23% of all the services noted by young people (see Table 9a). This was closely followed by contact with GPs at 21%. The Police were the third most frequently mentioned service; checked 95 times and representing 13% of the total number of services mentioned. Outpatient statutory mental health services, the Care system and Child Protection represented 11%, 9% and 8% respectively of the services contacted in the past. A wide range of other services were also mentioned, but their numbers were relatively small. This included for example, youth, housing and health services, including inpatient mental health services, as well as gangs' units, probation and young offending teams.

Current experience

Young people were also asked about any current service contacts. The pattern of contact was very similar to that of past contacts. There was a reversal of the two most frequently mentioned services, with GPs, rather than Social Services being the service reported most often by young people. GPs were mentioned on 215 occasions; forming 25% of the total volume of service contacts. Social Services followed closely behind and was mentioned on 192 occasions or 22% of all the services mentioned. The Police were listed as third again; forming 11% of the total. This was followed closely by statutory mental health services (outpatient) at 9% and youth workers at 8% of the total. Child Protection, the care system and housing support shared a similar level of contact: between 5.5% and 5% each. The housing department comprised 3% of the total of services young people were in touch with. Similarly a range of health providers, including sexual health and drug and alcohol services formed a combined total of 3% of the contacts. Finally, gangs' units, YOT and probation were mentioned a total of 20 times (2% of total contacts) and legal support services on 9 occasions (1%). Three young people said they were inpatient mental health service users.

Table 9a: Young people's past contact with other services (multi response)



Case Study

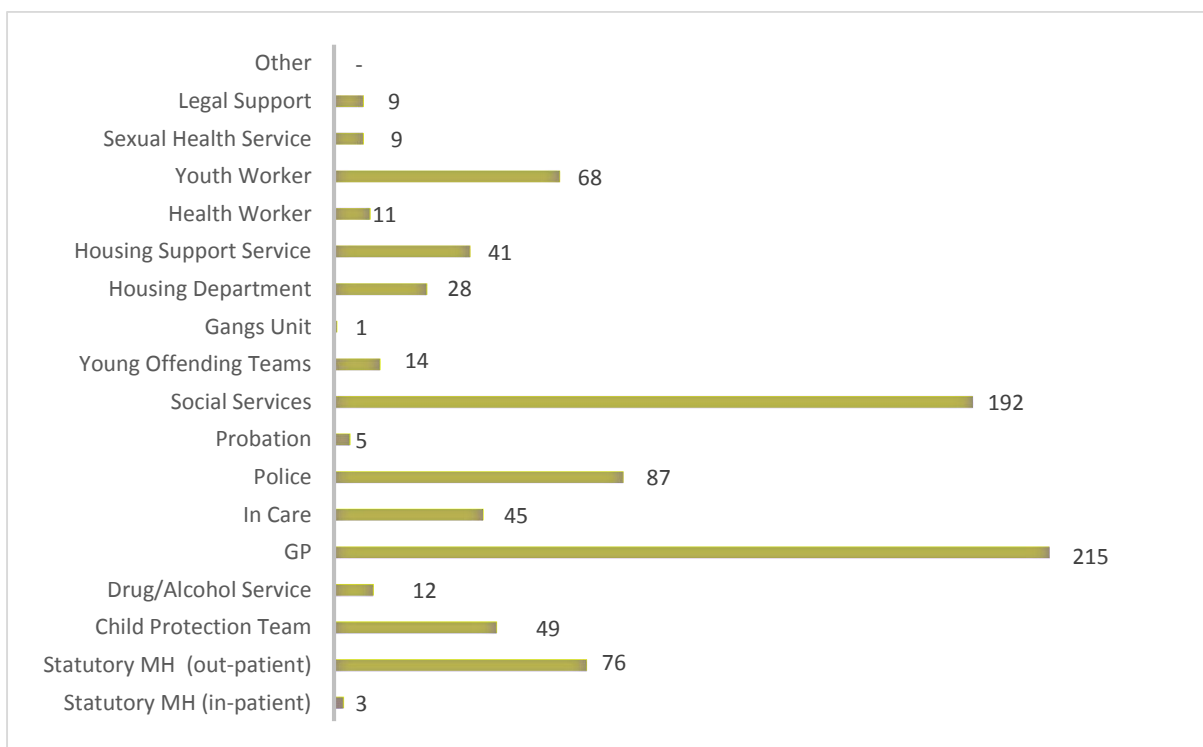
Lizzie was 15 when she first came to the Right 2B Safe Project. Her mum had referred her due to concerns about Lizzie’s self-harming, low mood and school non-attendance. During support, further risks were revealed about Lizzie’s sexual health and alcohol and drug use, including an overdose.

Lizzie had had involvement with Social Services from a very young age. Her mum’s drug use led to Social Services deciding she would live with other relatives. Lizzie had moved back to living with her mum, but the relationship was strained and her dad had ceased contact with her some time ago.

Lizzie was offered a range of one to one and group support, which she engaged with and as a result started to make some positive steps towards a healthier and safer life. The support focused on her sexual health, as she had had a number of relationships with males in prison. She was also helped to access help around her alcohol and drug use.

As a result of her contact with the Right 2B Safe Project, Lizzie started to re-engage in school, although her attendance remained erratic. She began exploring other education and training options and also started to develop other coping mechanisms for managing her feelings. She grew in self-confidence and began learning ways to keep herself safe and develop healthier relationships.

Table 9b: Young people’s current contact with other services (multi response)



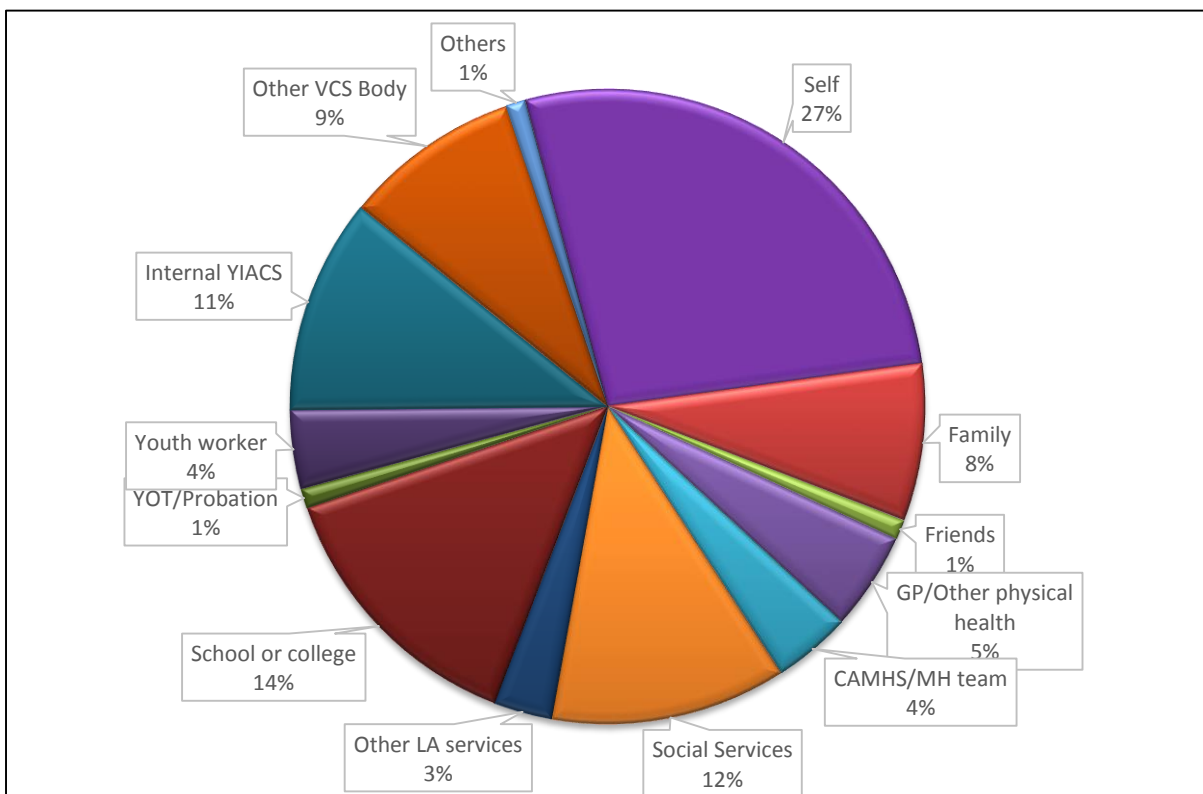
5. What were young people’s safeguarding needs?

How were young people referred into the service?

All the frontline agencies involved in the Right 2B Safe project operate as self-referral services with supported referrals from external agencies also accepted. While self-referral continued to be the single preferred entry route into the project at 27% (Table 10), schools were the next highest referral source at 14%. This was closely followed by Social Services at 12%. A number of the referrals (11%) were referred from within the YIACS service, including young people identified by YIACS staff in for example drop in services. Where concerns were raised about a young person’s safety in these settings a direct referral was made to the Project’s staff. This group of young people may originally have self-referred or been referred via any other source.

Other voluntary sector services comprised 10% of the referral sources – this was a mix of local youth sector organisations, while ‘Family and Friends’ made up 9% of the referral sources. The remaining referrals came from a mix of other external agencies including GPs, CAMHS, other local authority services, youth workers and probation’

Table 10: Referral Source

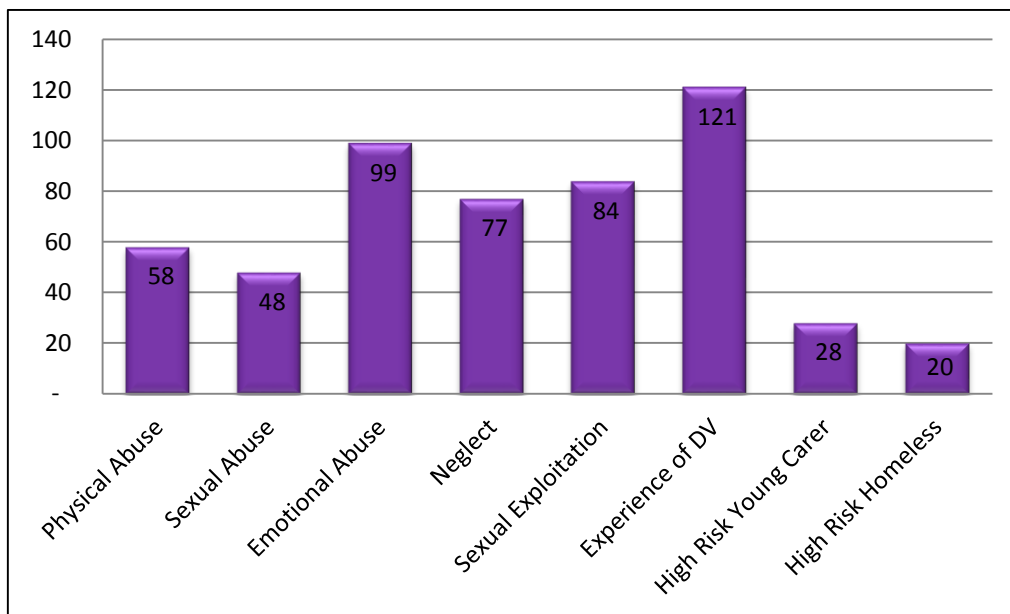


Identifying actual or potential safeguarding needs with young people

Right 2B Safe frontline staff implemented a range of risk and other assessment tools and processes. This included the introduction of new tools into the services such as SERAF and MARAC, as well as well-established internal counselling, risk and other assessment processes. The assessment processes implemented across the local agencies supported the identification of a wide range of abuse and neglect factors (Table 11). In some cases the factors identified were clearly evidenced, while in other cases there were causes for concern, but limited evidence at an initial assessment stage. In some cases, young people had a number of abuse and neglect factors in their lives; pointing to both the multiplicity and complexity of the risks and problems faced by those reached by the Project.

Emotional abuse was the most frequently recorded factor, closely followed by sexual exploitation and neglect. There were also a significant reports of young people experiencing domestic violence, as well as young people who had experienced physical and/or sexual abuse. The project specifically identified young people who were assessed as at high risk due to either their caring responsibilities or due to homelessness.

Table 11: Range of safeguarding factors identified (Multi response)



Case Study

Jade aged 17 was referred to Right 2B Safe as a regular user of heroin and cannabis. Having been sexually, physically and emotionally abused as a child, she had also lived within a family of extensive domestic abuse. With a pattern of controlling and abusive relationships, Jade had also performed sex acts for money to fund her own and partners' drug habits.

Following a risk assessment, an holistic package of support was agreed to address her drug and alcohol use, her historical abusive experiences, her parents' abusive relationship and her own cycle of abusive relationships. She was offered one to one casework, as well as counselling, DASH support and sexual health services.

As a result, Jade began to engage positively with her foster care placement and attended all appointments. Her cannabis use decreased and her heroin use stopped (she agreed to regular drug tests with DASH). As a result, she is now applying for college places, has changed her friendship network and stopped being exploited in exchange for money for drugs.

What types of issues raised the risks thresholds

A wide range of issues triggered staff concerns about the risks faced by young people. These factors are best illustrated in the following word cloud. The size and prominence of the word reflects the number of times this was a concern assessed by staff working with young people across all the sites. These concerns may have been triggered by information provided by the young person – although the information given was not necessarily the young person's most pressing presenting issue - or the risks may relate to information provided by someone referring the young person.



6 What help were young people offered?

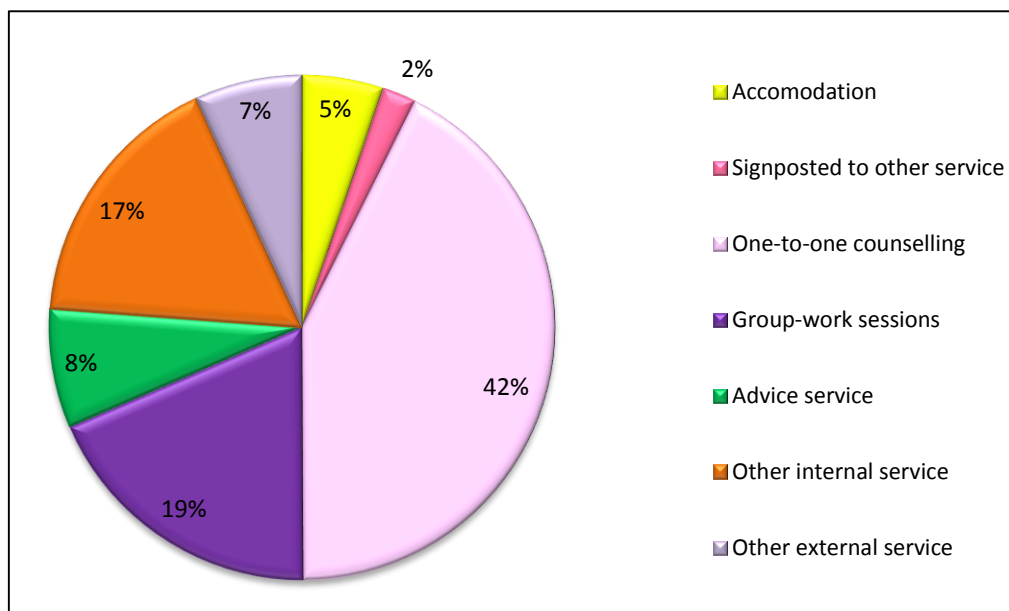
The range of interventions available

Although each local site developed a locally tailored set of responses to young people’s needs, all providers had as part of their core offer the provision of one to one help for those affected by or at risk of abuse, neglect and harm.

Just under half (42%) of the young people assessed as eligible for the Right 2B Safe project were referred into counselling within the agency (Table 12). Right 2B Safe funding supported two sites to expand their offer of counselling to young people, while the third site chose to focus most of its offer on a package of individual casework. Young people in this site were still able to access counselling, but it was resourced via other sources of funding. The counselling offered across the sites was delivered by qualified and supervised staff operating within codes of ethics and practice, such as those set by the British Association of Counselling and Psychotherapy.

A further 19% of young people were referred for some type of groupwork activity as part of the Right 2B Safe service offer, while 17% accessed another internal service within the agency. This includes a range of one to one casework and other support. A further 8% of the young people were offered advice and 5% were placed in accommodation. Six per cent of young people were actively supported and referred on to another external agency and 2% were signposted to other services.

Table 12: Range of interventions offered to young people



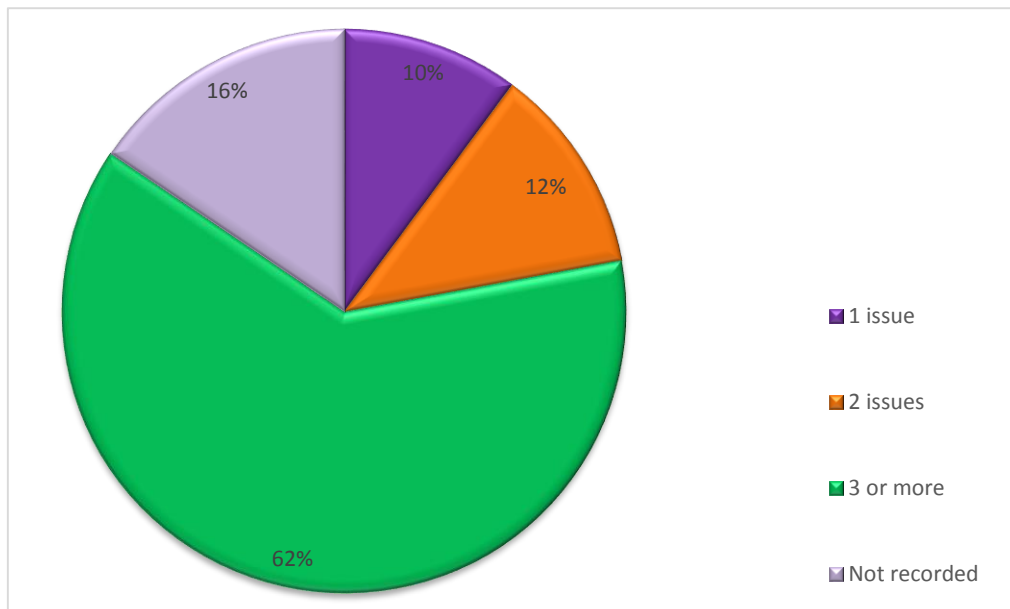
How many issues confronted young people?

Young people came to each of the Project’s local sites with a wide variety of issues. In year one, an analysis of their presenting problems demonstrated, not just the complexity of the issues they were coping with, but also the multiplicity of difficulties in their lives. The complexity of the problems can be seen in Tables 14 (i) – (vii) set out below.

During year one as can be seen in Table 13, the evidence suggests 62% of young people were experiencing three or more of problems at the point of referral, 12% were facing two issues and 10% were facing a single difficulty. However, it should also be noted that the presenting issues do not necessarily represent a picture of the total number of difficulties faced by young people. It is very common for young people not to outline all their concerns at a first contact, but to reveal more about the difficulties they face as they build trust and confidence in a service.

The strength of the Youth Information, Advice and Counselling Service (YIACS) model is its capacity to offer young people help across the range of problems⁵. This range of help is generally not available in other services for young people.

Table 13: Number of issues presented by young people in Year One



⁵

http://www.youthaccess.org.uk/uploads/documents/YIACS_an_integrated_health_and_wellbeing_model.pdf

What issues did the service work with?

The very wide range of difficulties and problems presented to the Project have been categorised by Youth Access under the following main headings:

- Mental health
- Bullying, Violence and Exploitation
- Young Person's Health
- Family Health Concerns
- Young Person's General Wellbeing
- Social Welfare

The following Tables 14 (i) to Table 14 (vii) provide an overview of the various issues the local Project sites worked with. The majority of the problems presented by young people have been categorised under headings specific to the Right 2B Safe Project. However, the problem descriptions in the 'Mental Health' category are largely based on those set out in the Current View Tool⁶ – with the addition of 'suicidal thoughts' and 'suicidal attempts'. The Current View tool is a practitioner-based assessment of presenting problems and is now being implemented within NHS England's Children and Young People's Improving Access to Psychological Therapies (CYPIAPT) programme. The tool was also used to support data collection for the the Department of Health's CAMHS Payment System Project.

In using the same descriptions as the Current View tool, there is some potential for drawing some loose comparisons between the presenting issues of the young people using the Right 2B Safe Project and those using for example NHS CAMHS. It should be noted however that staff recording the information for the Right 2B Safe Project were not explicitly using the Current View tool or its categories.

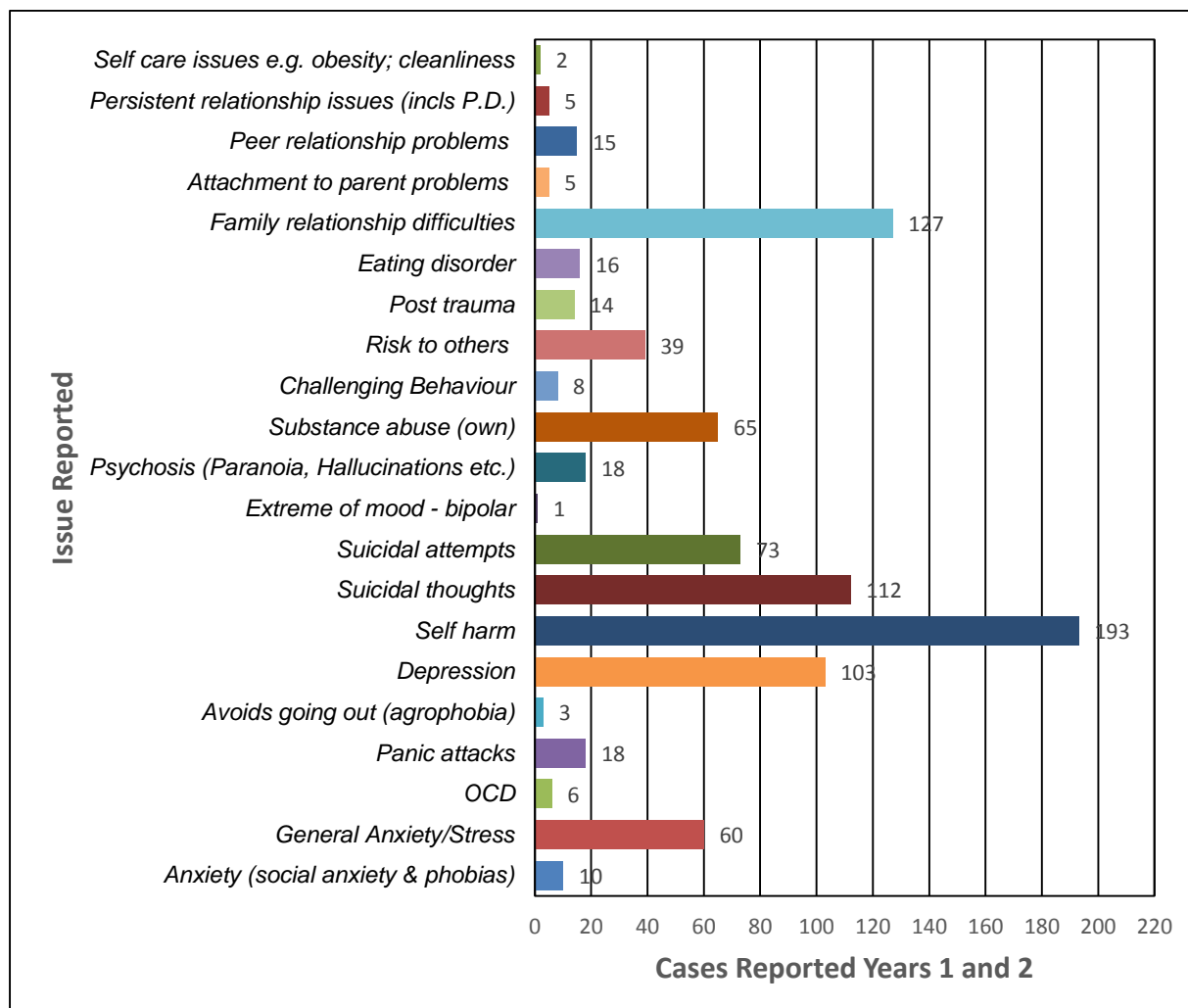
Mental Health

The largest category of issues young people presented related to their mental health (Table 14 (i)). Their frequency points to the very strong relationship between abuse, neglect, safeguarding risks and the risk of poor mental health. Under the mental health category, a significant majority of young people (193) reported self-harm. Self-harm was not only the most frequently reported issue in the mental health category, it was also the most reported issue presented by young people overall.

⁶ <http://pbrcamhs.org/training/current-view-tool-training/>

The experience of the Right 2B Safe Project adds to other reports suggesting that levels of self-harm amongst young people, particularly young women, have substantially increased over the past decade⁷.

Table 14 (i) Mental Health Presenting Issues (Multi response)



The second most reported concern was ‘Family difficulties’ – these ranged in complexity from long term estrangement and feelings of abandonment to general arguments. A significant number of young people also reported suicidal thoughts (reported by 112 young people), while 73 young people reported actual suicide attempts. A significant number of young people (103) also reported depression. Other frequently reported issues were substance abuse on 65 occasions and general anxiety (60 cases).

Whilst most young people were a greater risk to themselves, 39 young people presented as a ‘Risk to others’. Most of this group (17) were a risk to others due to their engagement in a range of criminal activities. There were a further ten who posed a violent risk to their peers, while the rest posed risks to others due to violence to a parent/carers or other adults; their involvement in gang activity or their

⁷ Children’s and adolescents mental health and CAMHS (2014), Third Report of Session 2014-15, House of Commons Health Committee

bullying and harassment of peers and others. One young person posed a risk due to thoughts of seriously harming another.

Case Study

Emma is a 17 year old white young woman living with her father who struggles with his own depression and financial problems. Until she was 14, she had lived with her mother and stepfather.

Emma came to the Right 2B Safe Project following a GP referral. There had been some past contact with Social Services and CAMHS. Emma was depressed and had a history of childhood neglect, emotional and physical abuse and bullying, as well as self-harm and suicidal ideation. It later became clear, she was in an abusive relationship and had a history of solvent and cannabis use.

Emma described herself as a 'difficult' and 'weird' child with problems at school from an early age. She was lonely and bullied; only recently at college had she started to develop closer friendships. During her childhood, she always wore old clothes and was not allowed a proper haircut. Her stepfather was violent and emotionally abusive and she was never allowed to leave her bedroom. She was not trusted inside the house and had to stay outside until 6pm, when her mother and stepfather came back from work. She also lacked food and stole from the fridge. In primary school, her case was highlighted to social services by a school counsellor, which helped make some improvement to her nutritional needs.

Emma engaged well with counselling and attended thirty one sessions. She regained some self-esteem and broke away from her abusive boyfriend. Emma started to have optimism for her future and secured a place on an arboriculture course.

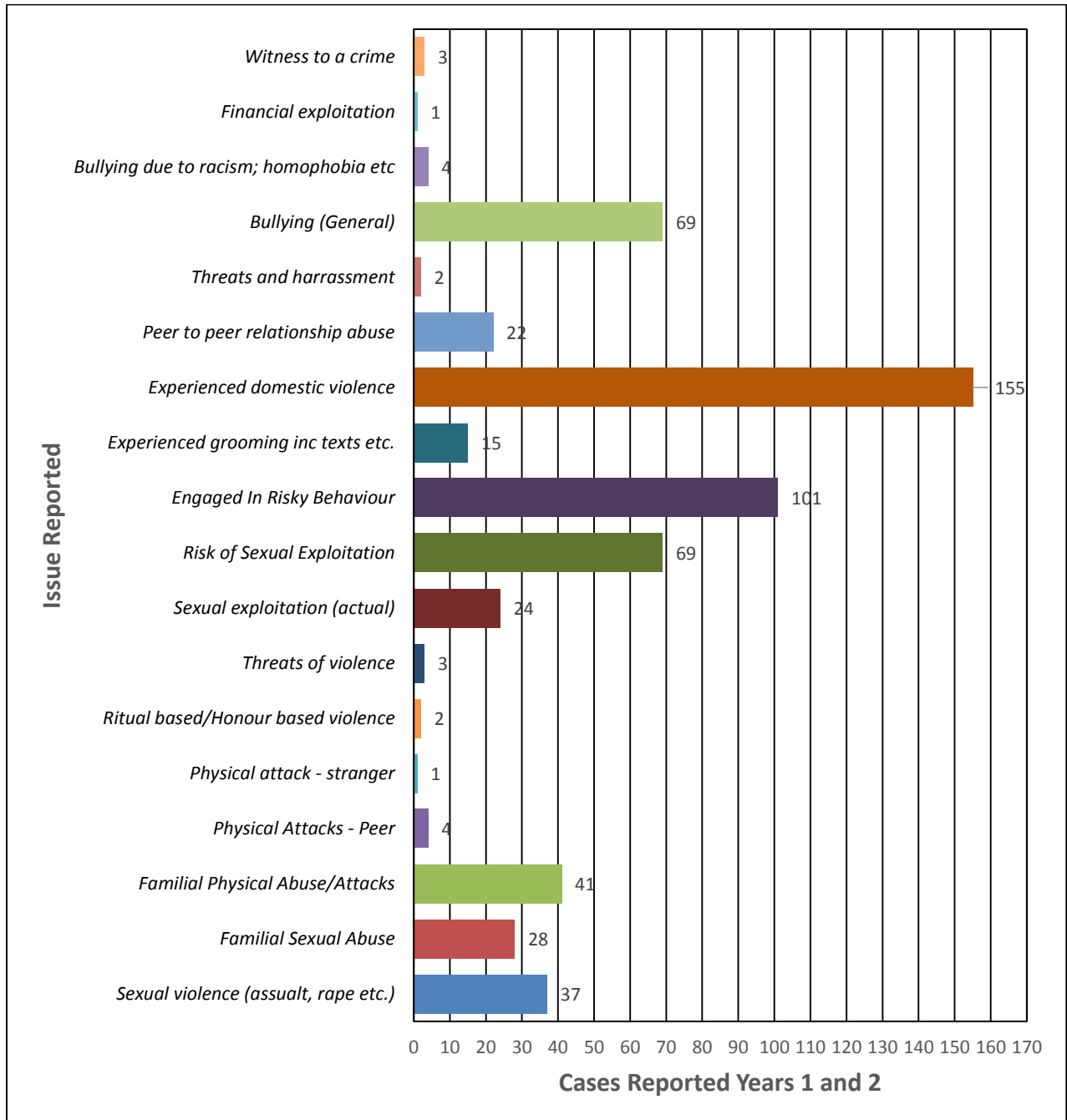
Bullying, Violence and Exploitation

The next most frequently reported presenting issues were a group of difficulties falling within the category of bullying, violence and exploitation. The most significant issue was young people who had experienced domestic violence – reported by 155 young people reported.

A substantial number of young people came with a range of 'risky behaviours'. In the context of the Right 2B Safe Project, this included young people who were involved in, for example, hanging around with much older males; on the fringes of gangs or whose use of the internet raised cause for concern.

Equal numbers of young people reported bullying and risk of sexual exploitation – 69 cases of each, with 24 young people where there was actual experience of sexual exploitation. A number of young people presented with difficulties related to physical and sexual abuse (41 and 28 cases respectively), while sexual assaults, including rape was reported 37 times. Again these reports reflect only those presented at the first point of contact, many of these same issues emerged at subsequent contact, particularly abuse and sexual assaults.

Table 14 (ii): Bullying, Violence and Exploitation (Multi response)



Case Study

Jacob a young male of mixed Caribbean and White heritage was 13 when he self-referred to the Right 2B Safe Project. Living at home with his mum and step dad, he came to the project following family disputes and was confused, worried and fearful about lapses in his memory.

Jacob felt he was being emotionally abused by his step dad. He described odd experiences at home with things going missing or getting broken. His step dad and mum blamed him, but Jacob said he had no recollection of the things he was accused of. Jacob's step dad is verbally abusive and shouts and swears at him, leaving Jacob confused and anxious. Jacob was starting to feel he was going 'crazy', as he was having to use his own money to replace items, which he says only his step father had access to.

Jacob was offered a range of help and support – most immediately one to one sessions, including counselling and also engaged in a 12 week groupwork programme. Jacob became a regular and consistent attender at sessions and grew in confidence. He developed coping strategies for managing his anxiety, isolation, fear and anger. As a result of his engagement in the Right 2B Safe Project, Jacob is now engaging in the local organisation's service user group, which will help him to further develop his skills and confidence.

Health and Wellbeing

Tables 14 (iii) – (v) illustrate the initial reporting of health and wellbeing concerns. The health issues relate both to the young person, as well as any concerns they had for family/carers. Concerns about learning disabilities featured most prominently in the area of personal health issues (35), with sexual health concerns closely following (30 reports). There were also 18 cases of young women presenting with either pregnancy or parenting concerns.

In relation to family or carer health issues the mental health of a parent was the most common concern (24 cases). Seventeen young people presented with concerns about a parent's drug or alcohol abuse, while 9 young people were concerned about the imprisonment/criminal record of a parent.

Table 14 (iii): Young Person's Health (Multi response)

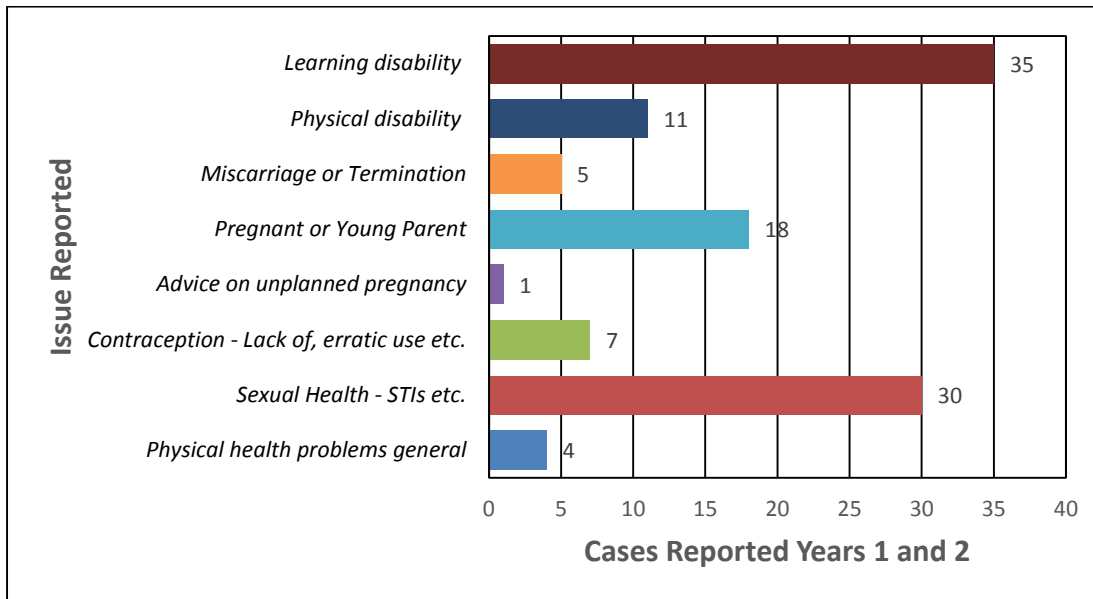
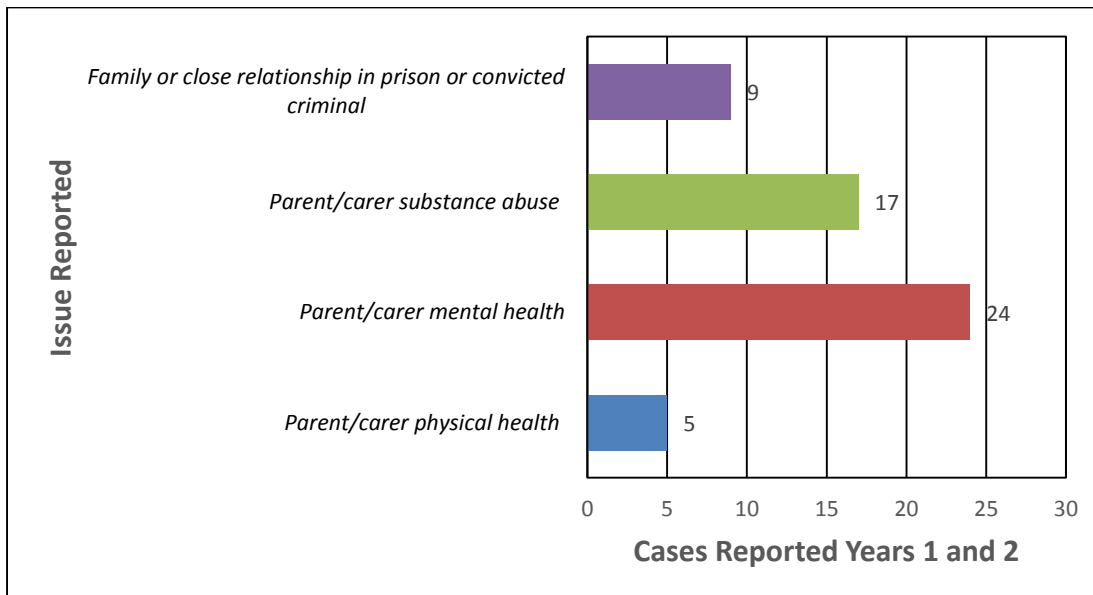


Table 14 (iv): Family/Carer Health Concerns (Multi response)



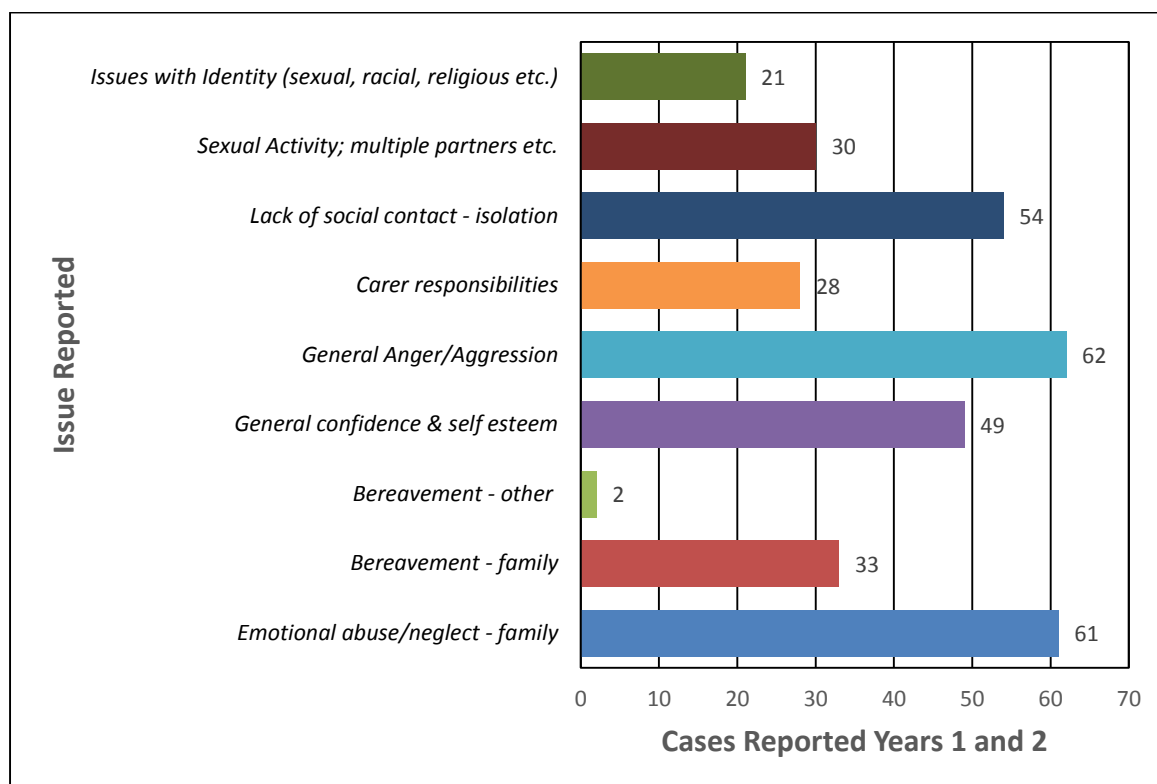
The last table in this section illustrates the wider wellbeing concerns of young people (Table 14(v)). The most significant presenting difficulty related to the young person's angry and aggressive behaviour (62 cases). There were a similar number of reports of emotional abuse and/or neglect by parents (61 cases). A significant number of young people described difficulties related to feelings of

isolation from peers and family. Fifty four young people reported this issue. Isolation was a factor, which Project staff saw as contributing to a risk of harm by others.

A lack of general confidence and low self-esteem featured in 49 cases, while the impact of bereavement (33 cases of family members and 2 of other close friends) was also seen as contributing as a risk to young people’s safety. Other cases included young people’s sexual activity (30 cases), particularly where multiple partners posed not just a health risk, but also the potential for wider harm and risk to a young person’s safety and wellbeing.

Carer responsibilities and questions about either their own sexual, racial or other identity featured in 28 and 21 cases respectively.

Table 14 (v): Young Person’s General Wellbeing (Multi response)

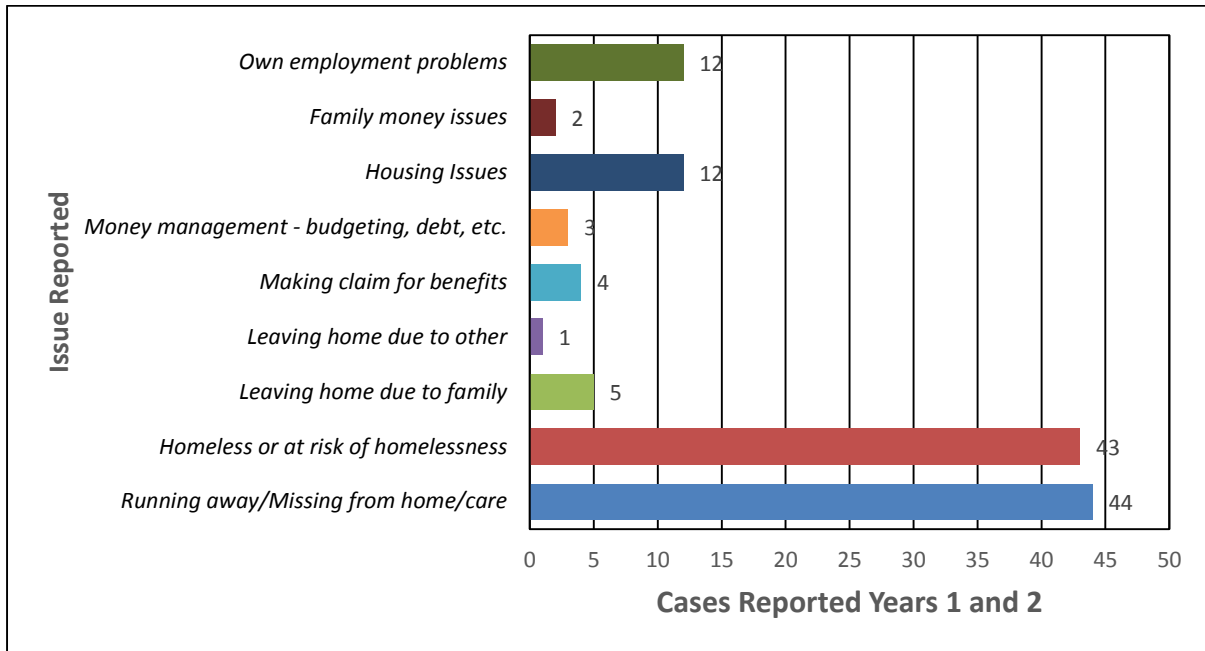


Social Welfare

The final category of presenting issues relates to housing and money problems or difficulties young people had in relation to other public bodies. Under housing and money problems (Table 14 (vi)), the most significant issues related to either the young person running away or going missing from home or where they were homeless or at risk of homelessness (44 and 43 cases respectively).

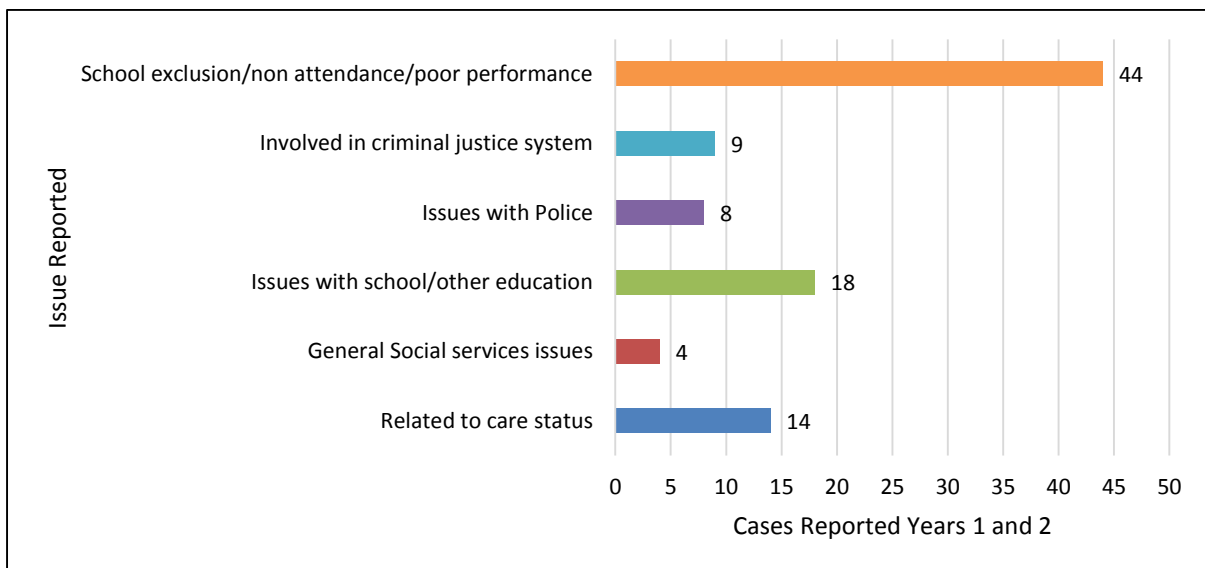
Other difficulties were connected to the young person’s employment (12 cases) or other housing related problems (12 cases of each). The rest of the reported difficulties concerned leaving home or money matters.

Table 14 (vi): Housing and Money Problems (Multi response)



The last category of presenting issues concerned young people’s difficulties in communicating or negotiating with other public bodies. There were 44 cases where young people reported exclusions or non - or poor attendance at schools/colleges and a further 18 cases of other difficulties connected to education providers. Fourteen young people presented with difficulties related to their care status, while the remaining issues concerned either the criminal justice system, police or social services generally.

Table 14 (vii): Difficulties with Public Bodies (Multi response)



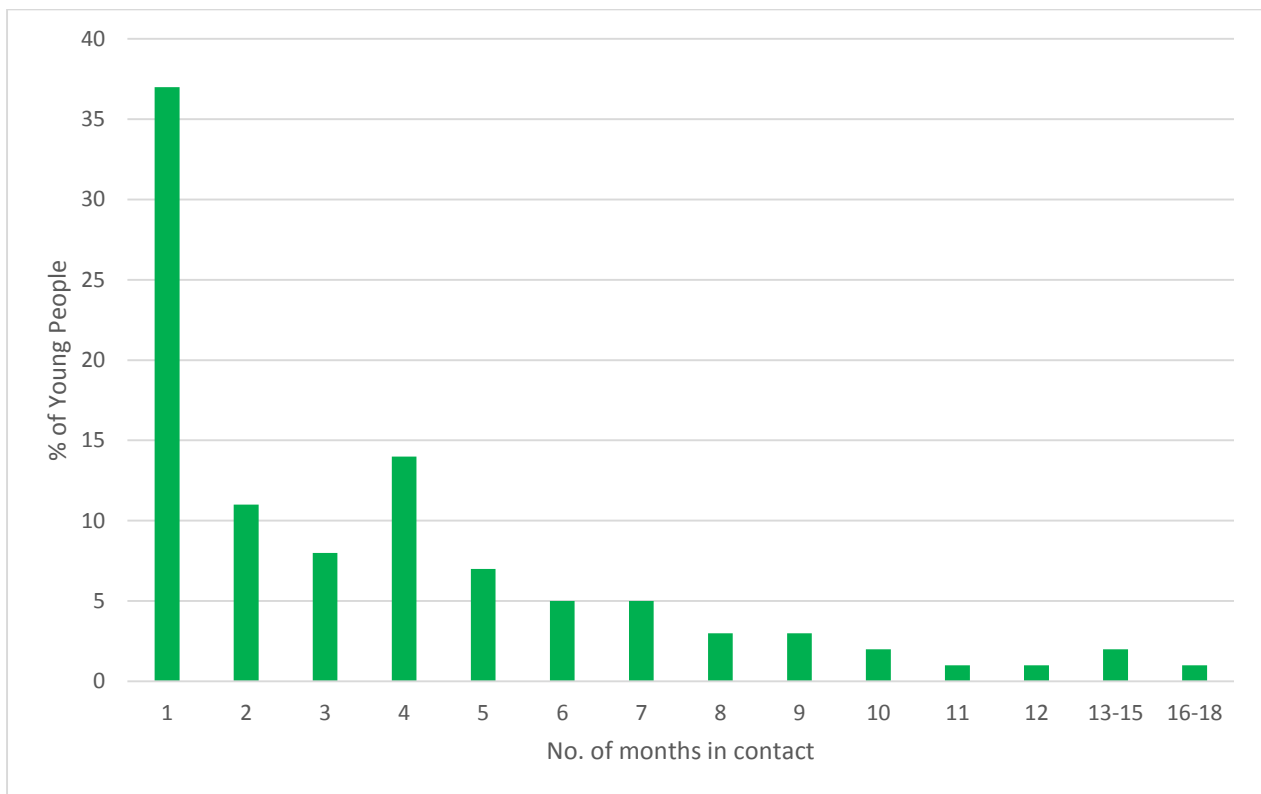
How long did young people stay in contact with the service?

Over half (56%) of the young people who engaged with the help offered in the Right 2B Safe Project were in contact with the service for between one and three months. This includes young people who experienced one off contacts, as well as those young people seen over a short period of time for an intensive level of help and support and also those young people seen on a regular, weekly basis in for example one to one counselling.

A further 26% of the young people seen by project staff remained in contact for between four to six months; 11% for up to nine months and 4% for up to 12 months. A small number of young people remained in touch with the Project for more than 12 months. This included 2% of young people who remained in contact for between 13 and 15 months and 1% who were in touch for up to 18 months.

A number of young people who were referred to the Project due to concerns from, for example, Social Services, the Police and/or Schools did not engage with the project. In some areas, such as in the Hampshire network, staff implemented an assertive outreach approach to try and establish contact with young people and encourage their engagement in the Project’s services. While this would often result in the effective engagement of the young person, on some occasions, despite considerable time and effort, the young person did not want to engage.

Table 15: Length of time young people remained in contact



7 What were the outcomes for young people?

Due to the range of interventions offered within the Right 2B Safe Project a number of different outcome tools were employed. This included an outcome measure (Appendix One) based on Youth Access' Advice Outcomes tool with the addition of some items specific to the Right 2B Safe's Project's intended outcomes. (The Advice Outcomes tool was originally tested and evaluated in a national project involving over 500 young people.⁸)

In two of the sites offering counselling, the services implemented CORE tools⁹. These nationally validated measures have been approved for inclusion in NHS England's Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme. In the third site offering counselling, the agency employed its own outcome measure, tested and evaluated by Leeds University¹⁰.

The collation of the results from all the different tools is beyond the resources of the project. Instead this report presents a snapshot of some of the outcome data generated through the work of the different sites based on the data generated via the Right 2B Safe's own tool.

Implementation of the Right 2B Safe Tool

The Right 2B Safe outcome tool is a pragmatic, self-assessment tool, which invites a young person to reflect on their past experience across twenty three items and to assess where they are in relation to each at a given point in time. The items cover their feelings, their circumstances, their health and other behaviours. The areas identified relate to those most associated as evidence of change in relation to young people's safety and wellbeing. The items include behaviours such as running away, where there is a clear link to a young person's safety, to 'softer outcomes' such as feeling more confident and better about the future; areas likely to indicate an improvement in a young person's sense of wellbeing and ability to cope.

The Right 2B Safe tool was implemented in a variety of ways and contexts across the sites. This included using the tool once only towards the end of an intervention, as well as more frequent and regular use throughout the course of contact with a young person. The latter includes a routine quarterly collection or implementing the measure two thirds of the way through a groupwork programme, rather than at the end of programme, where there is a higher risk of young people dropping out.

With the variations in its implementation, the results presented here need to be understood as covering a range of time points across an intervention. The results are always those based on the last scores provided by young people, although the help available to them may not itself have reached an ending.

⁸ http://www.youthaccess.org.uk/uploads/documents/Youth_advice_outcomes_pilot_-ET_final_evaluation_report.pdf

⁹ <http://www.coreims.co.uk/>

¹⁰ <http://www.themarketplaceleeds.org.uk/professionals-parents-carers/research-and-reports/>

Results of the Right 2B Safe Outcome Tool

Tables 16a -16e provide an over view of the outcome data across all the items and how young people rated any change. The measures were completed by 227 young people in total and the results of each individual outcome can be seen in Appendix 2

In Tables 16a -16e, the percentage breakdown is based only on those young people who rated the specific area as: 'Got a lot better'; 'Got a bit better'; 'Not changed'; 'Got a bit worse' or 'Got a lot worse'. The tables **exclude** those young people who said: 'Don't know or not applicable'.

Improved Outcomes

Table 16a provides an overview of all the areas where young people said there had been a significant improvement i.e. 'Got a lot better'. The greatest area of improvement for young people was knowing where to go for help, where nearly half (48%) said this had significantly improved. This was followed by self-harm and suicidal thoughts (both 39%), which young people also reported as significantly improved.

Other areas, where there were significant improvements, were the numbers of times young people ran away and their school work: 33% and 30% respectively. Improvements in feeling safe, schoolwork and understanding their rights were also reported (29% each). The most prominent other areas to be experienced as 'getting a lot better' were self-confidence and young people's involvement in education, training or work, reductions in fighting, feeling better about the future and housing situations.

Table 16b illustrates those areas where young people said they had 'Got a bit better'. The most frequent improvement here was self-confidence (50%) and a decrease in their angry feelings (48%). Other notable areas were a decrease in feelings of sadness (47%), feeling better about the future and a decrease in feeling stressed - both 42% and 41% of the responding group reporting some improvement in understanding their rights.

The limitations of the project means it is difficult to undertake further analysis across all the outcomes. However, looking specifically at self-harm, which was reported in 193 cases of presenting issues, 95 young people i.e. just under half completed the outcome measure. Of those completing the measure, 50 young people said they had significantly improved and 33 said they had made some improvement in their self-harming behaviour. Taken together, this means at least 87% of the young people who first presented with self-harm said there had been an improvement in their self-harming behaviour.

Table 16a: The proportion of young people reporting significant improvement across all areas of behaviour/risk (n=963)

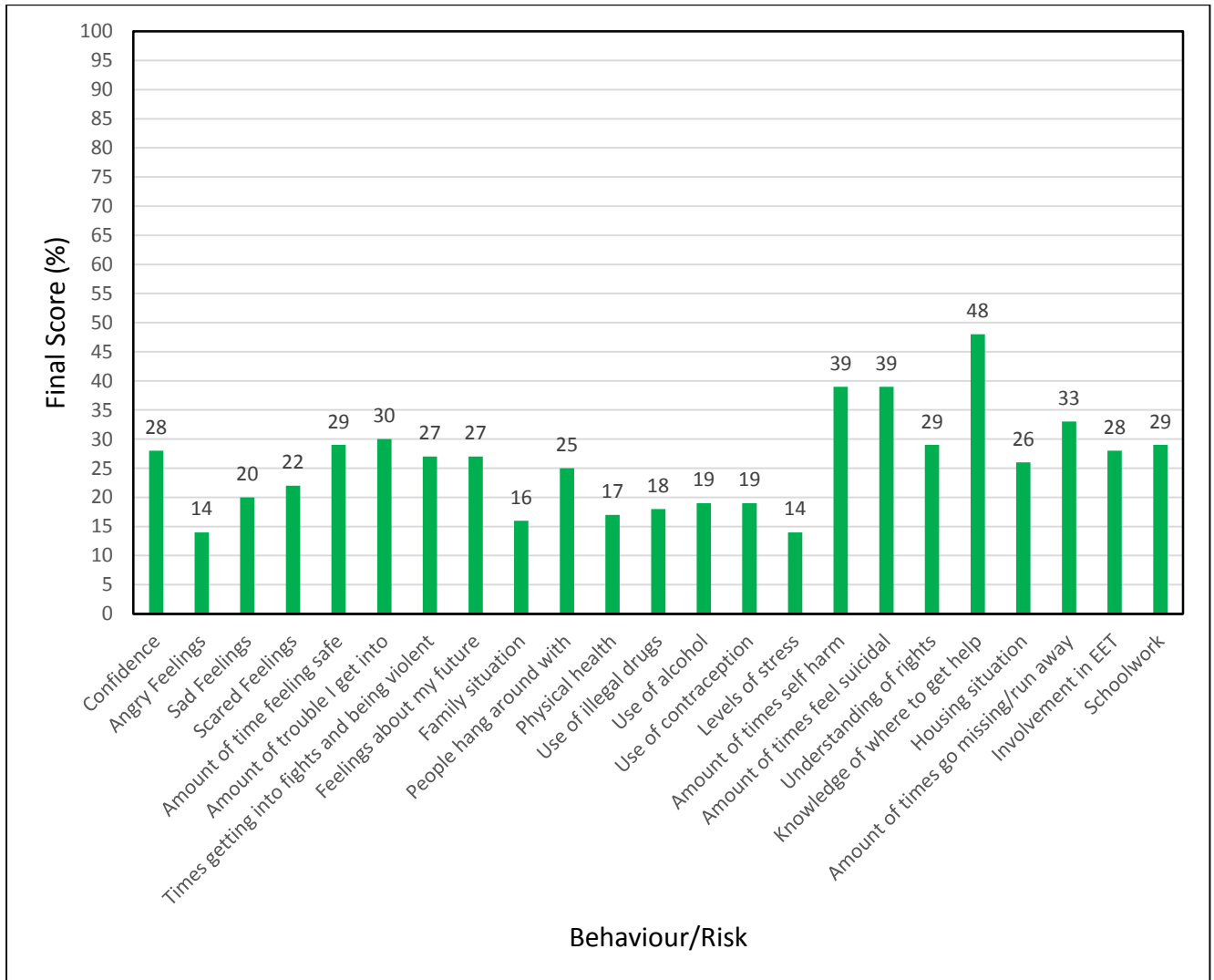


Table 16b: The proportion of young people reporting some improvement across all areas of behaviour/risk (n=1247)

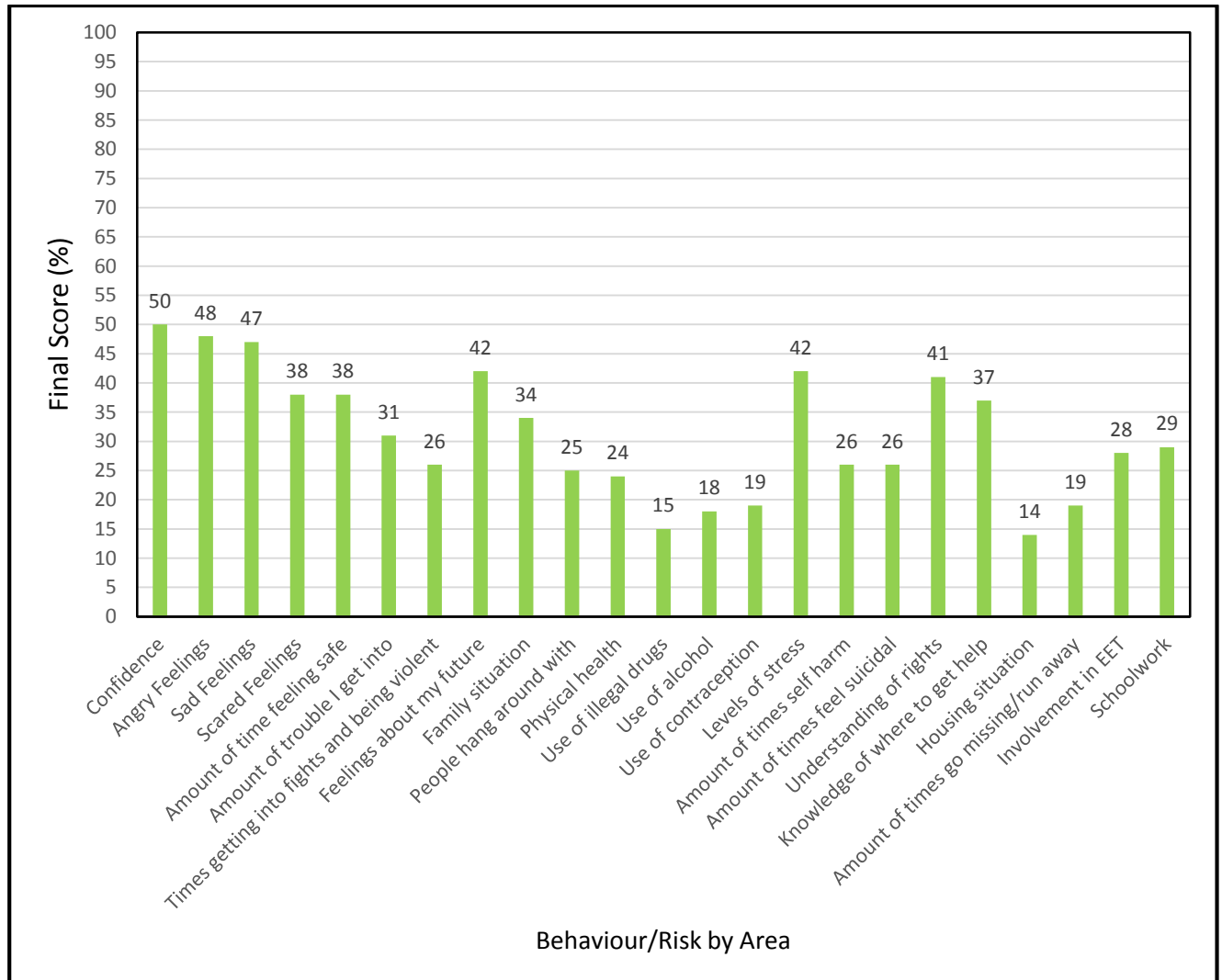
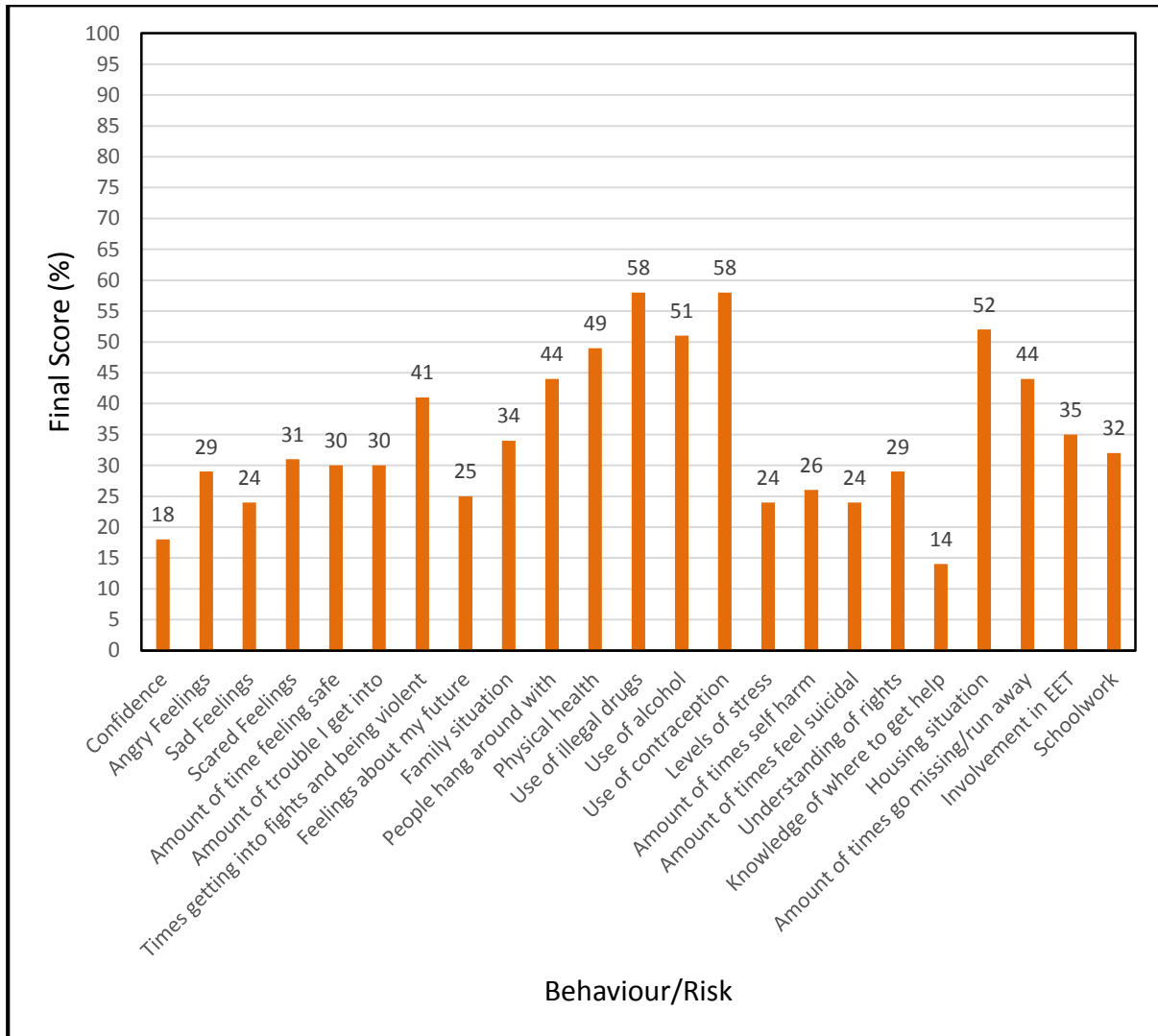


Table 16c indicates those areas where young people reported 'No change'. This may indicate either a negative or positive position, i.e. it is likely to include areas that did not represent a concern to the young person thus no change was reported, as well as areas where there was a concern and no change had occurred.

No change was most likely to be reported in the areas of contraceptive and illegal drug use (58%) alongside housing situations (52%) and use of alcohol (51%). This may mean these were not a significant issue for young people, as well as including young people for whom this was an issue, but where no change was reported.

Table 16c: The proportion of young people reporting no change across all areas of behaviour/risk (n=1220)



As tables 16d and 16e show, a small percentage of young people did report a worsening across some areas. All results are based on the final score, and because the tool was implemented at different points along the course of working with a young people in the different sites, the ratings may be based on data captured before the end of an intervention, or instances of unplanned endings by a young person with a service. It is equally true, however, that some young people in the process of getting help and allowing themselves to feel the extent of their distress or concerns may experience a worsening of their feelings.

Taking the data from the two tables together, the areas where young people were most likely to report a worsening were family problems and levels of stress, with alcohol and illegal drug use also reported. The actual numbers of young people are relatively small: a total of 23 said their family situation had got a bit worse and 8 said it had got a lot worse. Thirty young people said their stress levels had worsened a little and 10 said it had worsened a lot. In relation to alcohol use, 10 young people

reported some worsening and 3 said it was a lot worse. Some worsening of illegal drug use was reported by 4 young people with a further 4 saying it was a lot worse.

Table 16d: The proportion of young people reporting some worsening across all areas of behaviour/risk (n=221)

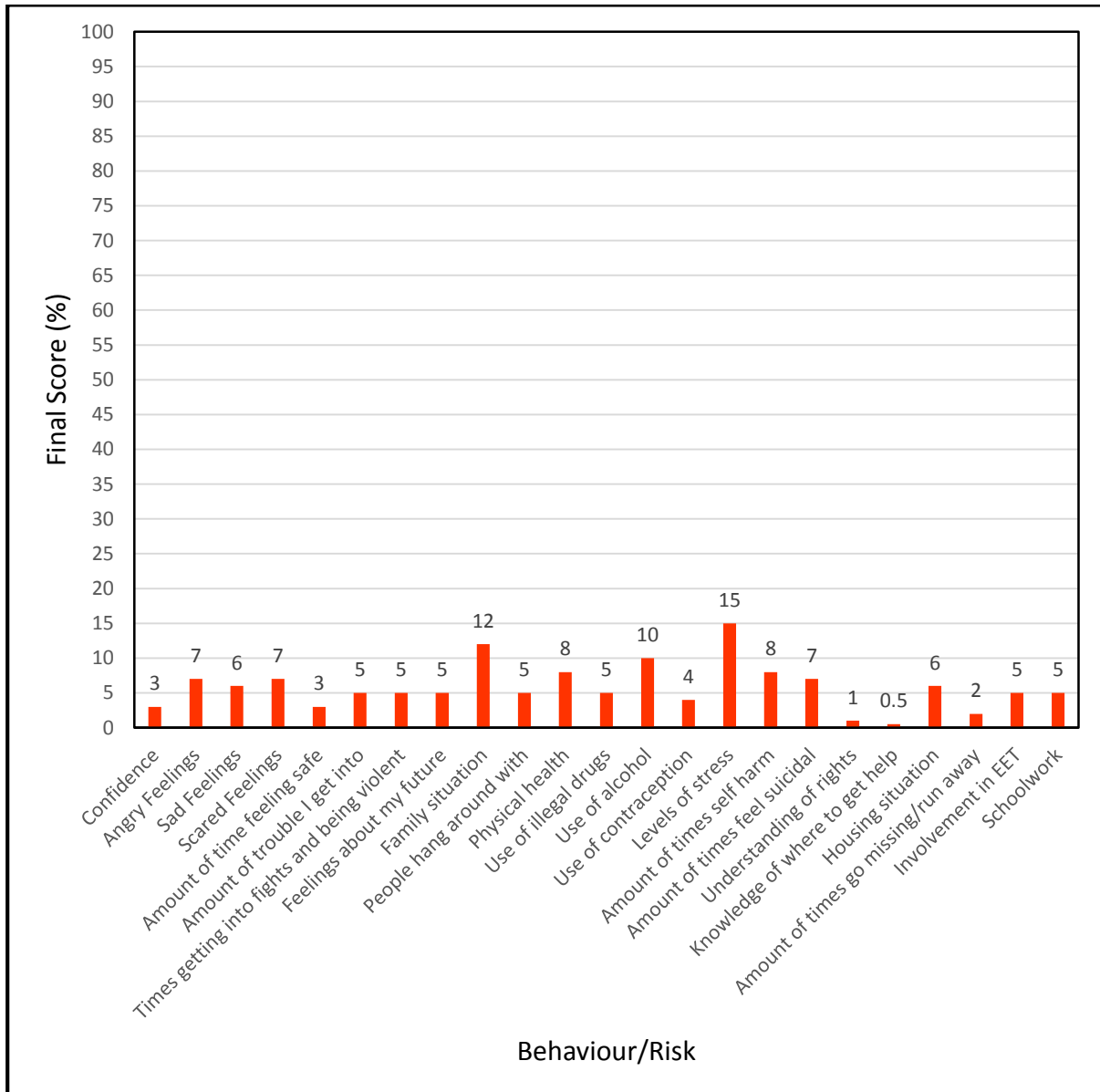
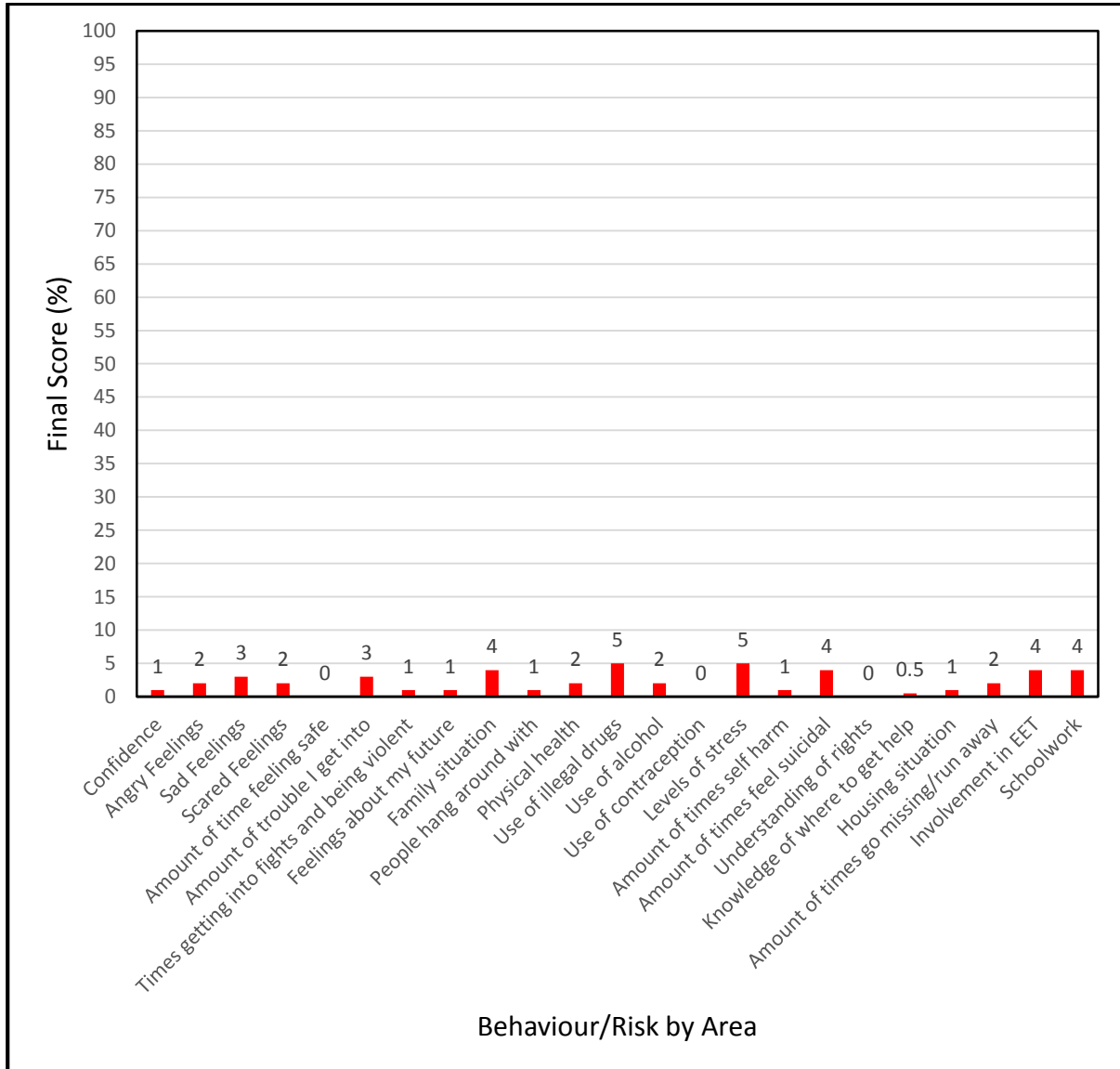


Table 16e: The proportion of young people reporting considerable worsening across all areas of behaviour/risk (n=78)



Outcomes most frequently reported by young people

Further analysis of the outcome data revealed some outcomes were more likely to be reported on by young people than others; whether there was a + , - or no change. Table 17 has ranked each of the Right 2B Safe Project outcomes in terms of the frequency with which young people reported on them. The ranking of each area is likely to indicate the most and least important outcomes for young people engaged in the Right 2B Safe Project. Items most likely to be rated by young people were confidence, feelings about their future; their knowledge of where to get help; their angry feelings and levels of stress. This suggests these five areas may be the outcomes of greatest importance to young people seen by the Project’s staff

Table 17: The Right 2B Safe project outcomes ranked according to the number of times young people indicated whether they had experienced any or no change

Behaviour/Risk by area	Ranking by importance/relevance
Confidence	1
Feelings about my future	2
Knowledge of where to get help	3
Angry feelings	4
Levels of stress	4
Sad feelings	5
Physical health	6
Family situation	7
Amount of time feeling safe	8
People hang around with	9
Involvement in EET	10
Understanding of rights	11
Scared feelings	12
Schoolwork	13
Amount of trouble I get into	14
Housing situation	15
Amount of times feel suicidal	16
Amount of times self- harm	17
Times getting into fights and being violent	18
Use of alcohol	19
Use of contraception	20
Amount of times go missing/run away	20
Use of illegal drugs	21



Participant ID

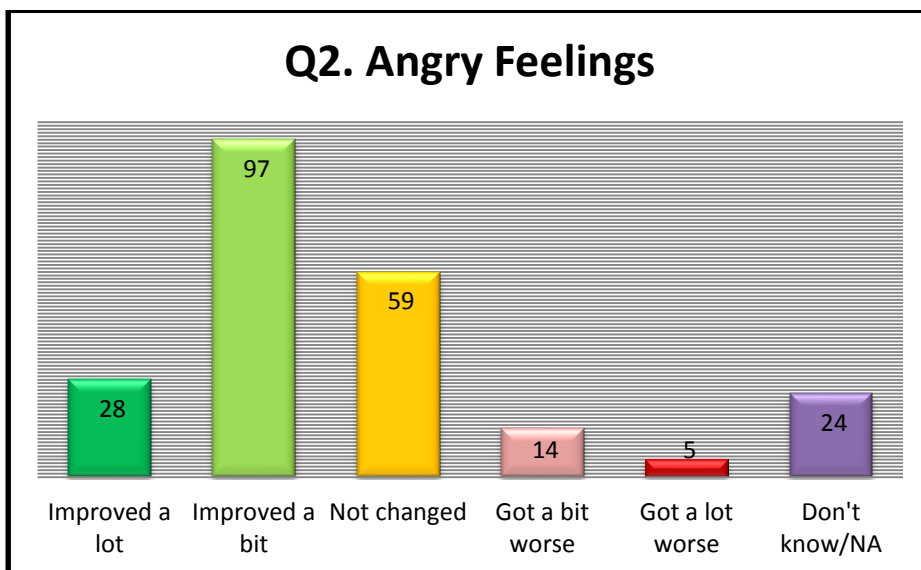
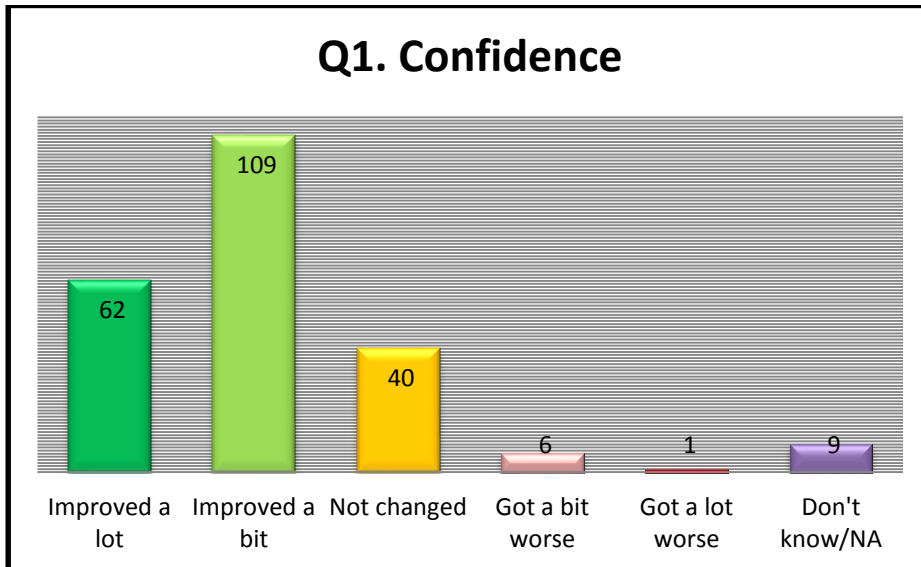
Date

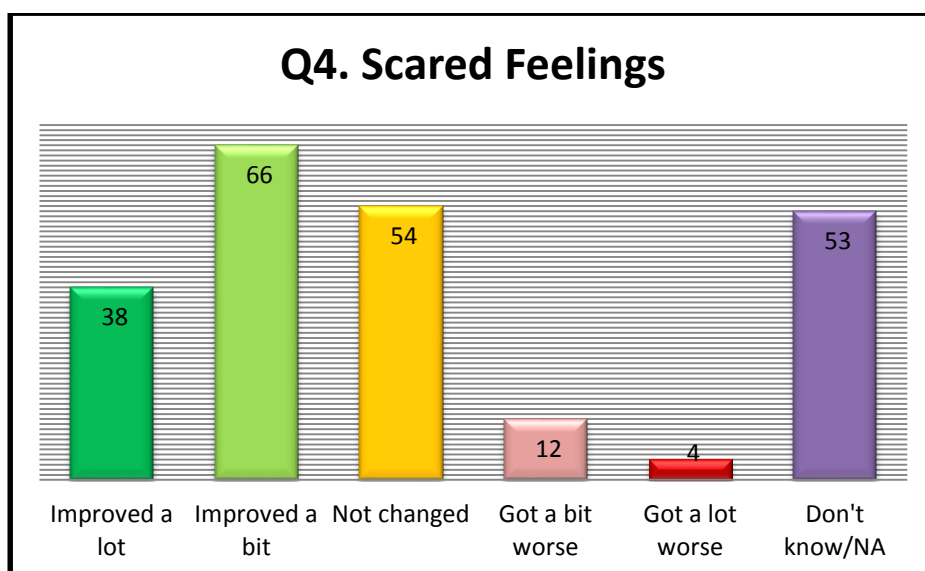
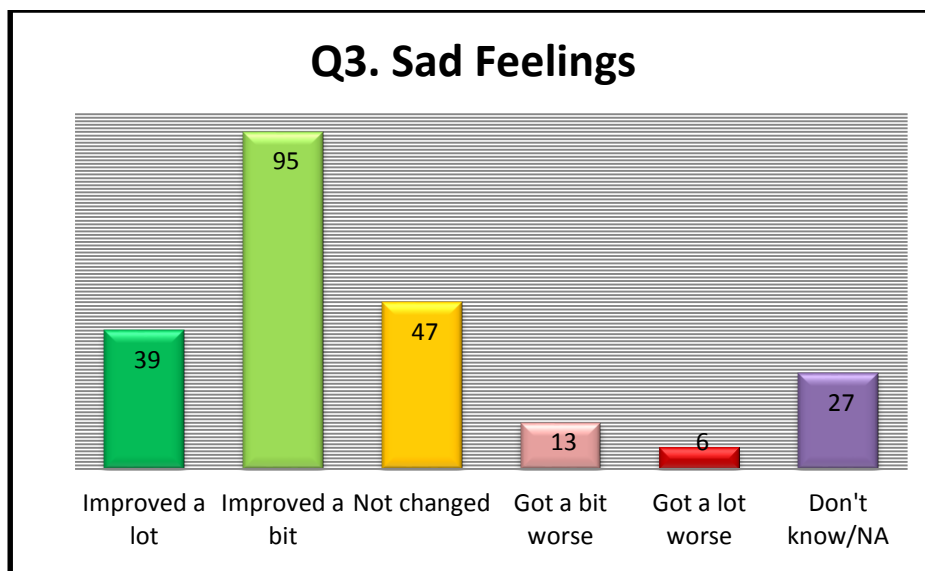
Appendix One: Outcome measure

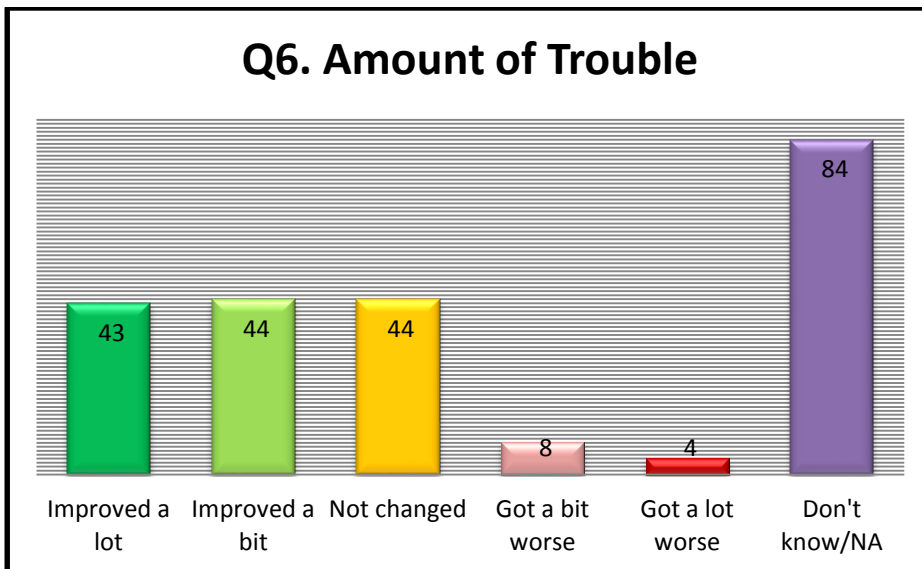
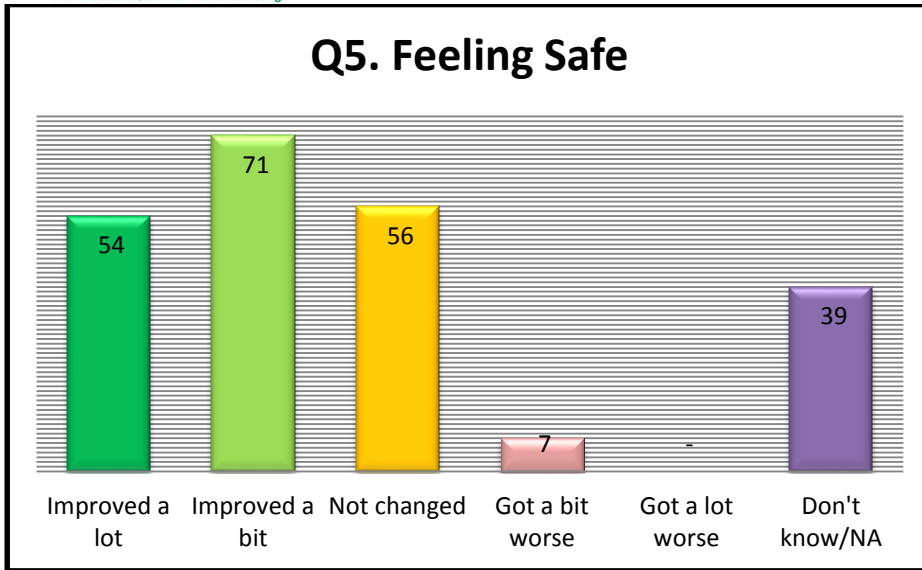
As a result of getting help on this project:		Got a lot better	Got a bit better	Not changed	Got a bit worse	Got a lot worse	Don't know/ Not applicable
1	My confidence has						
2	My angry feelings have						
3	My sad feelings have						
4	My scared feelings have						
5	The amount of time I feel safe has						
6	The amount of trouble I get into has						
7	The amount of times I get into fights and being violent has						
8	My feelings about my future have						
9	My family situation has						
10	The people I hang around with has						
11	My physical health has						
12	My use of illegal drugs has						
13	My use of alcohol has						
14	My use of contraception has						
15	My levels of stress have						
16	The amount of times I self-harm has						
17	The amount of times I feel suicidal has						
18	My understanding of my rights has						
19	My knowledge of where to get help has						
20	My housing situation has						
21	The amount I go missing/run away has						
22	My involvement in education/training/employment has						
23	My schoolwork has						

Appendix Two:

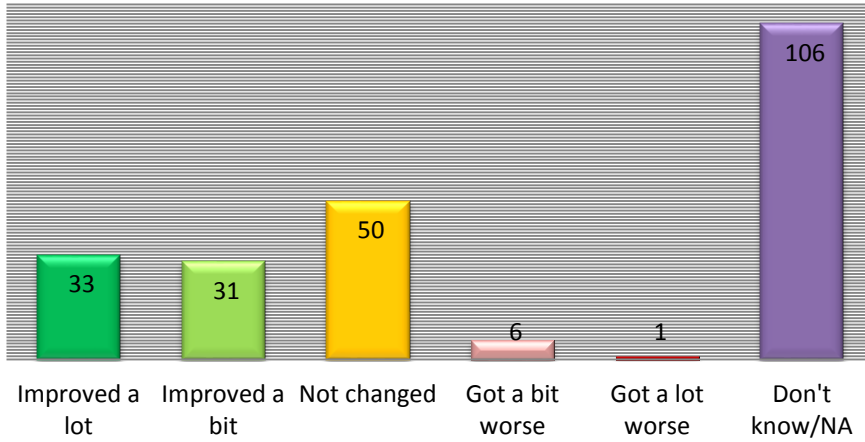
The following shows the results of the changes rated by young people at the last point across each outcome.



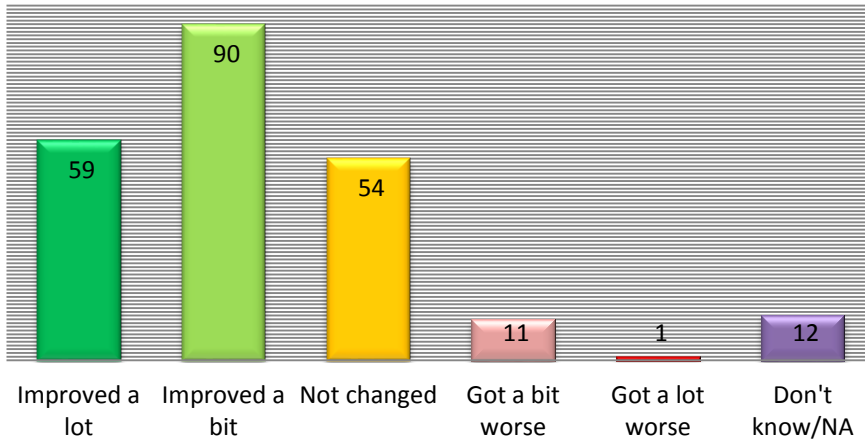


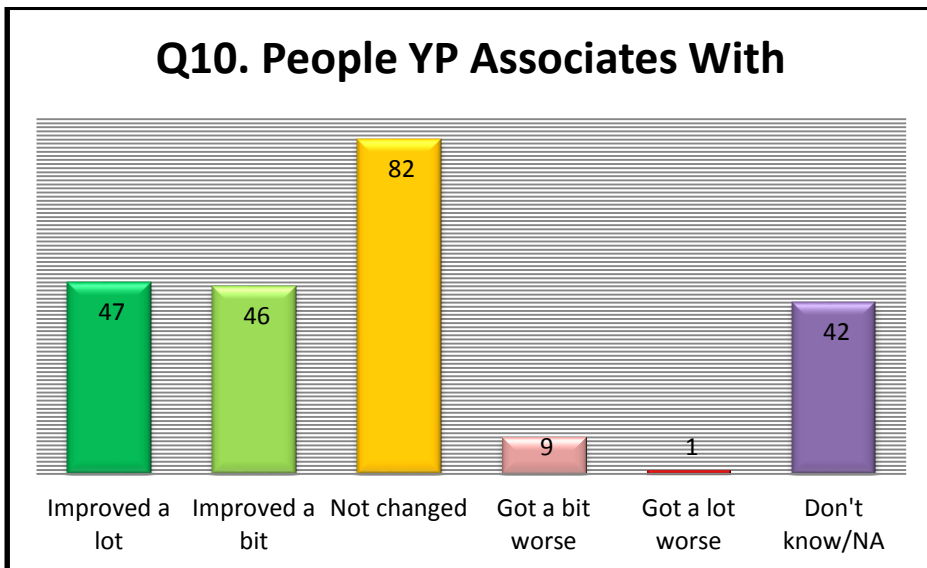
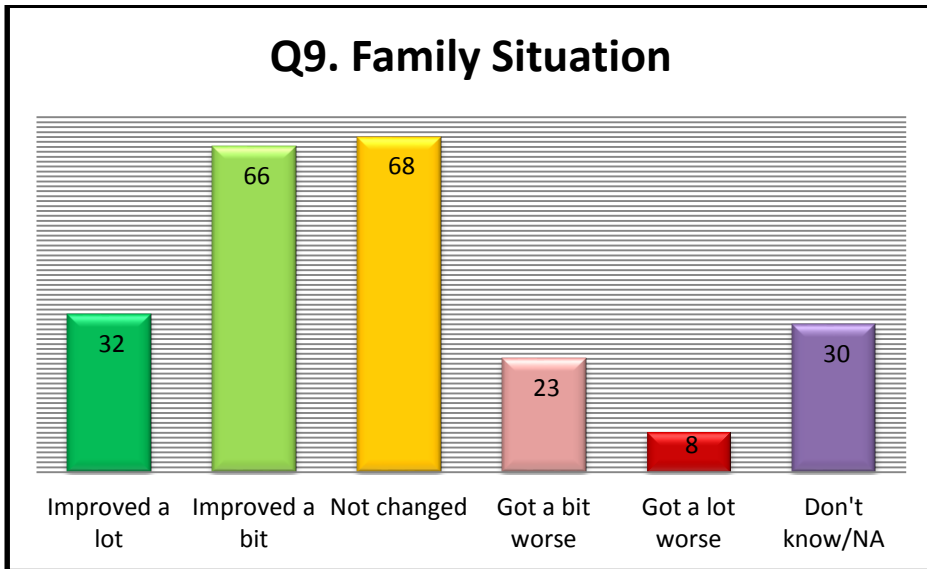


Q7. Fights and Being Violent

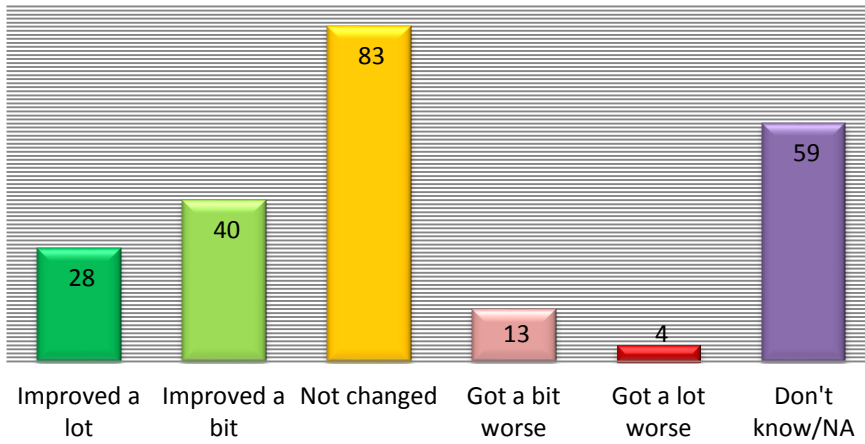


Q8. Feelings About Future

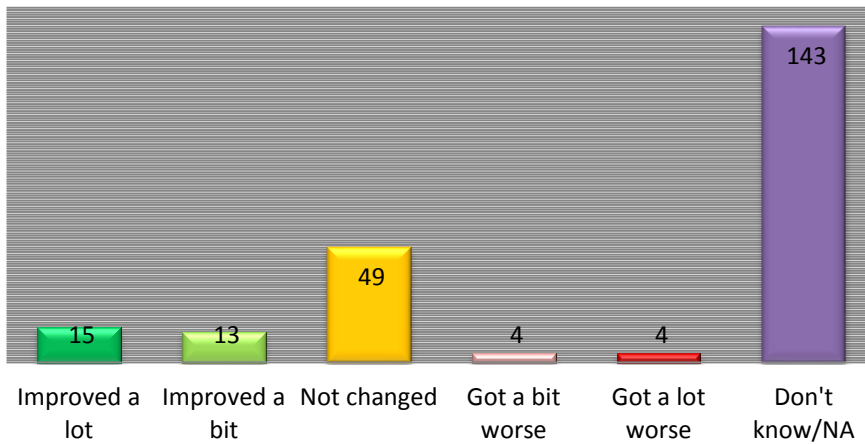




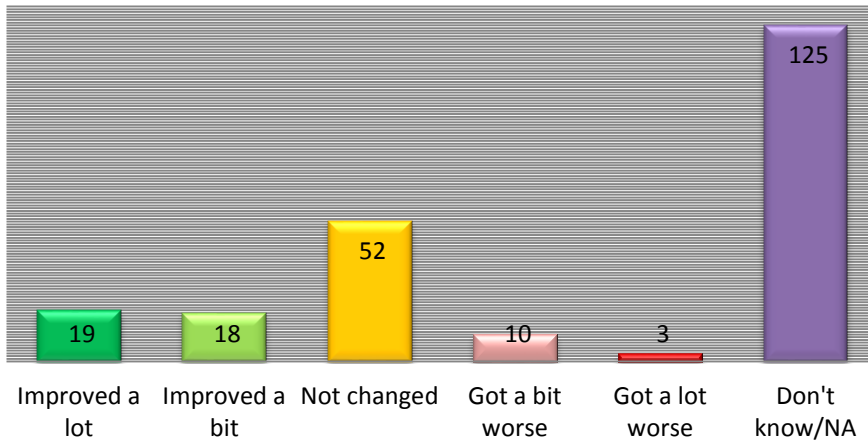
Q11. Physical Health



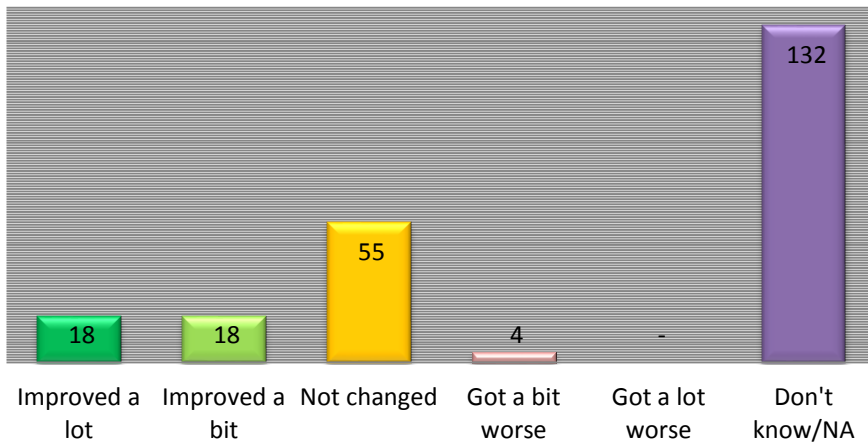
Q12. Use of Illegal Drugs



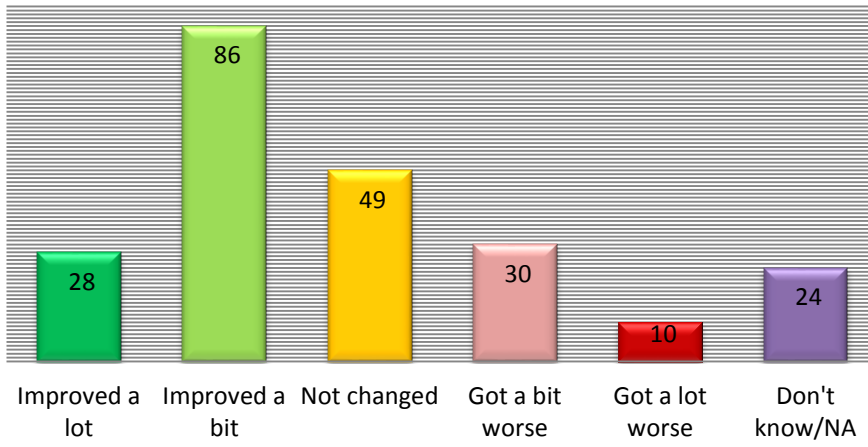
Q13. Use of Alcohol



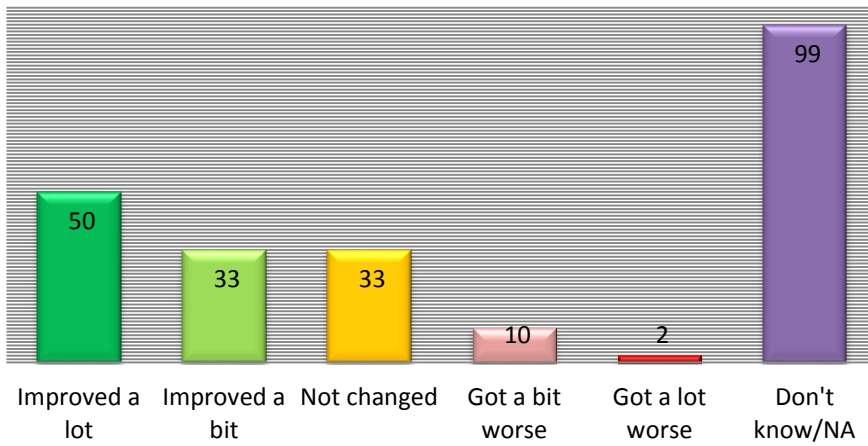
Q14. Use of Contraception



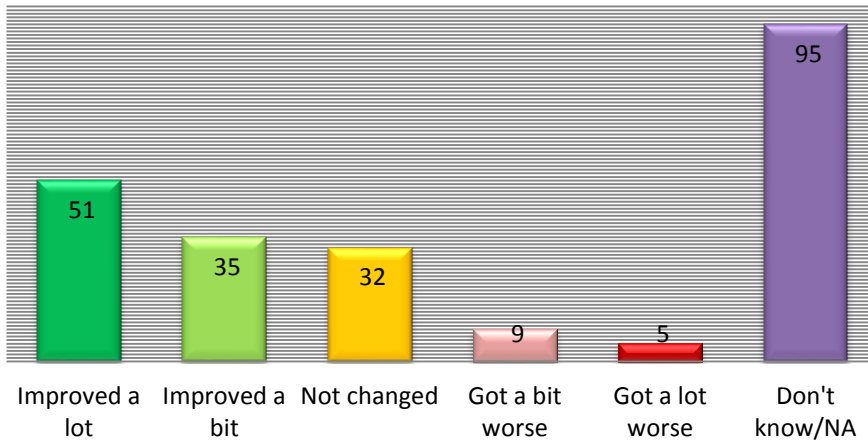
Q15. Levels of Stress



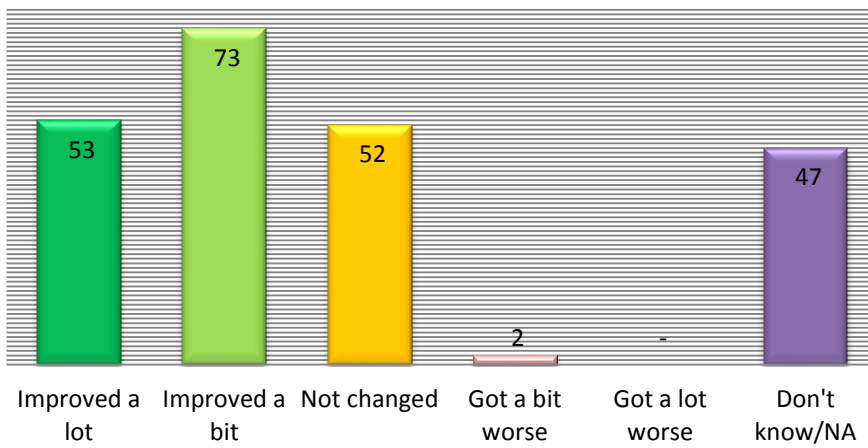
Q16. Self-Harm Occurrences



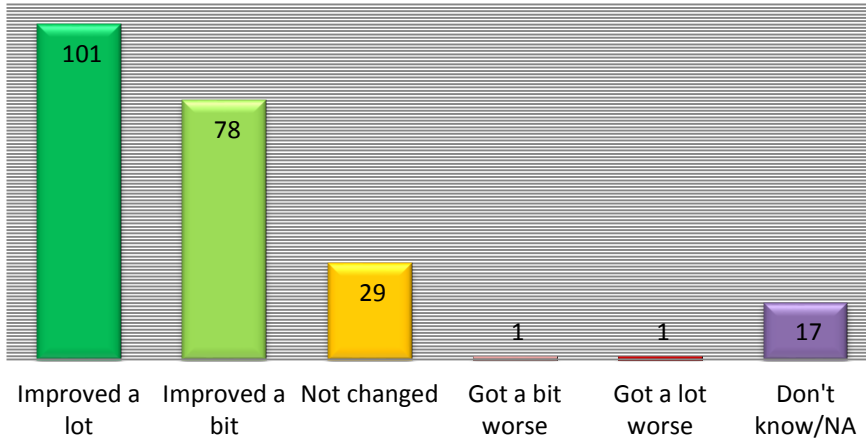
Q17. Suicidal Feelings



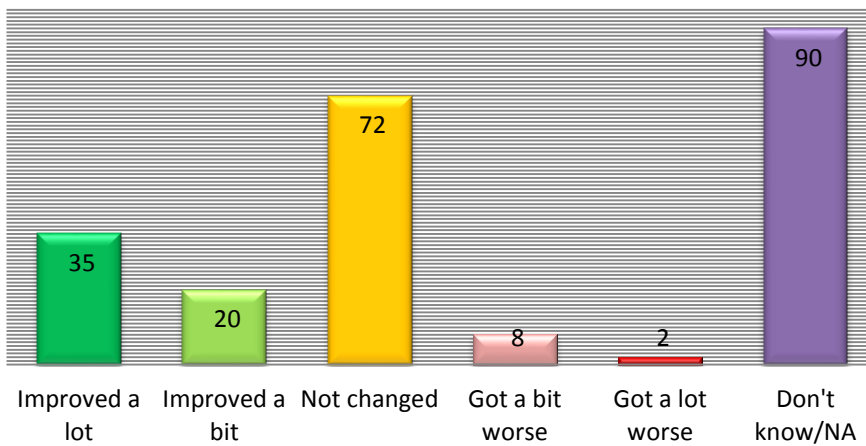
Q18. Understanding of Rights



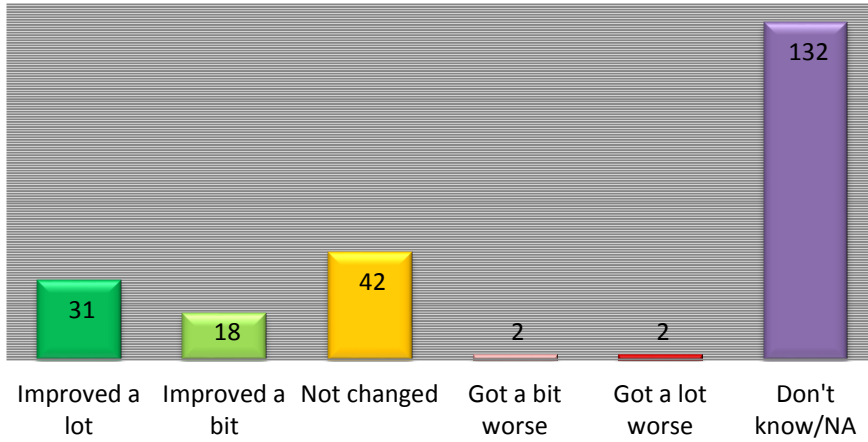
Q19. Knowledge of Available Help



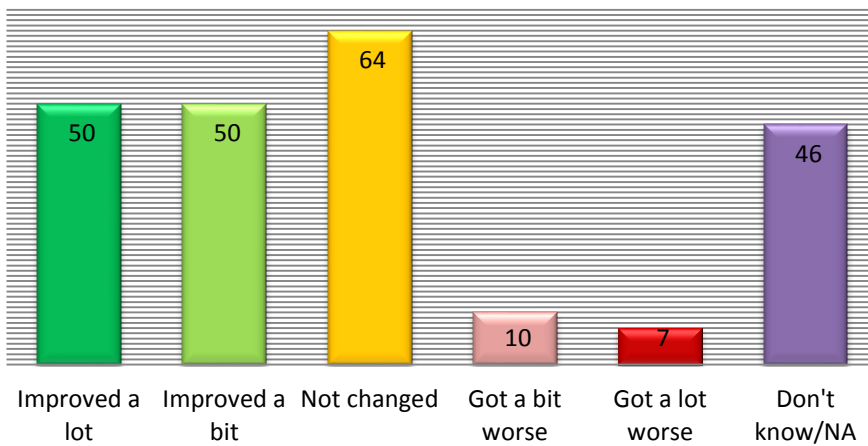
Q20. Housing Situation



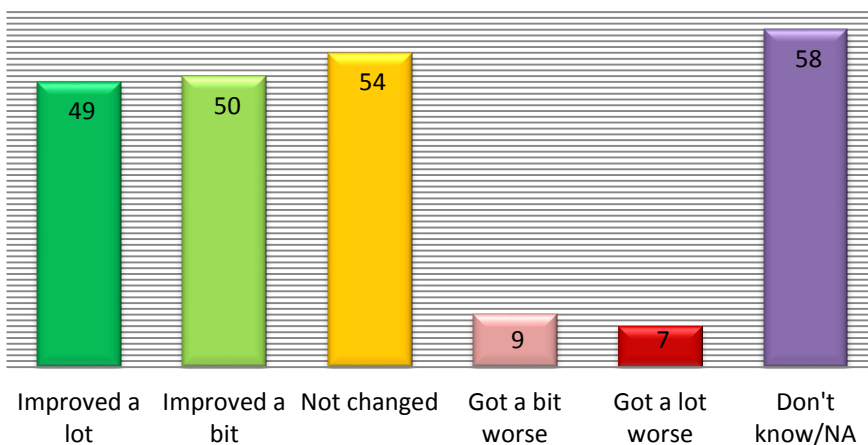
Q21. Times YP Goes Missing



Q22. Involvement in Ed/Trg/Emp



Q23. Schoolwork





About Youth Access

Youth Access is the national association for young people's information, advice, counselling and support services (YIACS). Through its members, Youth Access is the largest provider of advice and counselling services to young people across the country.

Youth Access promotes and develops the quality and standard of YIACS and aims to shape and influence policy and practice through evidence-based approaches. Our main activities include the provision of information, advice, training, research, consultancy and representation.

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