



# TURN THE PAGE: MANUALISED TREATMENT PROGRAMME

## FINAL EVALUATION REPORT

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# Impact and Evidence series

This report is part of the NSPCC's Impact and Evidence series, which presents the findings of the Society's research into its services and interventions. Many of the reports are produced by the NSPCC's Evaluation department, but some are written by other organisations commissioned by the Society to carry out research on its behalf. The aim of the series is to contribute to the evidence base of what works in preventing cruelty to children and in reducing the harm it causes when abuse does happen.

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# EXECUTIVE SUMMARY

## Background

Harmful sexual behaviour (HSB) is defined as one or more children engaging in sexual discussions or acts that are inappropriate for their age or stage of development. These can range from using sexually explicit words and phrases to full penetrative sex with other children or adults. (Rich, 2011)

- The NSPCC prevalence study found that two-thirds of contact sexual abuse experienced by 0–17-year-olds was committed by peers (Radford et al, 2011). As well as representing a current concern in terms of actual and potential victims, if not addressed, there is a risk that for some young people this behaviour may continue into adulthood.
- Young people involved in HSB are diverse in terms of the reasons for their behaviour and the type of HSB they engage in. Many have experienced difficult family circumstances (Vizard et al, 2007) or previous abuse or trauma (Hackett et al, 2013). This in turn can lead to problems with attachment, peer relationships and deficits in self-regulation and inhibitory control (Creeden, 2013).
- The treatment of young people with HSB needs to attempt to change a young person's behaviour as well as addressing the reasons they engage in HSB, their family relationships and context (Hackett, 2004). Currently, there is little research evidence on what treatment approaches are effective, and the level, content and quality of



service provision varies (Home Office and DH, 2006; Hackett, 2004; NICE, 2015).

- As part of the Turn the Page service, the NSPCC has been using the *Change for Good* manual (McCrorry, 2011) to work with young males aged 12–18 years with HSB. The manual has been in use across 12 sites since 2011. It is a strengths-based intervention that addresses the young person's HSB in the context of the social and emotional challenges they are facing.
- The programme is delivered over 30 sessions: 26 structured one-to-one sessions and four additional non-manualised flexible sessions used to address individual need.

## Methodology

- The evaluation focused on the real world application of the manual in a social care context, and has both quantitative and qualitative components. The quantitative evaluation uses a range of standardised measures matched to the main treatment components of the manual administered pre and post programme to measure change. A programme integrity checklist was used after each session to look at how the manual was used in practice.
- The qualitative evaluation used a case study approach to understanding the barriers and facilitators to young people engaging with and making progress on the programme.

## Limitations of the methodology

- The quantitative evaluation was limited by the small sample size (64 young people). This was due to a combination of young people not consenting to the evaluation, attrition from the programme, the same measures not being administered at both T1 and T2, and excluding young people from the analysis if they responded to the measures in a socially desirable way. This was done to make the results more reliable.
- The lack of a comparison group means it is not possible to be confident in attributing any change to the programme itself.

## Key findings

- Practitioners worked hard to engage young people in the programme, but their engagement was sometimes influenced by other factors going on in young peoples' lives. Just over a quarter (28 per cent) of young people dropped out of the programme, but there was no pattern as to when or why this happened, and seemed to be due to each young person's individual circumstances.
- The response to individual sessions was varied, with some young people engaging well and others struggling with particular exercises. Practitioners adapted the material to individual learning styles and need, and felt that having this flexibility was essential to help young people through the programme.
- Sessions were also adapted if young people raised additional problems they needed help with or their ability to focus on the material in the manual was affected by previous experiences, such as abuse or neglect, that needed addressing.

- These issues impacted on the integrity of the programme. In reality, practitioners used much more than the four flexible sessions to meet the needs of young people and this could either lead to the programme being much longer than 30 sessions or material being left out.
- The level of change made by young people on the programme varied, from some making positive change in several areas to others making no change at all. Overall, the proportion of young people with a clinical level of need on any standardised measure fell from 27 per cent at the start of the programme to 18 per cent by the end of the programme. This was statistically significant.
- The most change was made in the area of psychological functioning – self-esteem, emotional loneliness and young people’s sense of mastery over their own life. All these changes were statistically significant. There was less change on young people’s sense of relatedness with others and this was not statistically significant. This may reflect the lack of work with young people’s support networks, such as family, peers or other professionals.
- There was little change in young people’s level of openness over the programme – both in relation to socially desirable responding (trying to portray yourself positively or give the responses you think are socially acceptable) or sexual openness (openness in discussing sexual drives and interests). If these young people are also not open in their discussions with practitioners, it suggests that there is a group of young people for whom it may be difficult for the programme to have much impact.

- Almost half (48 per cent) of the young people started the programme with low levels of sexual knowledge. By the end of the programme, this had reduced to just over a fifth (22 per cent). It is disappointing that just over a fifth of young people still had low sexual knowledge by the end of the programme, as knowledge may be an easier area to make change in than attitudes. Practitioners had experienced some difficulties with the programme material that focused on sexual knowledge, and had sometimes used alternative materials to cover the topic, which may explain this result.
- There were some improvements on the abuse-focused measures (for example, victim empathy and attitudes towards the offence) for young people whose HSB was directed at younger children. There was little progress on the abuse-focused measures for peer HSB cases, suggesting that the manual needs to focus on these areas in more depth. Abuse-focused attitudes will always be more challenging areas to change.
- There were improvements in anger levels, although the sample size was not large enough to determine if these were statistically significant.
- The relationship between young people and practitioners was an important factor in enabling young people to discuss their HSB and resolve issues that had been worrying them. Being given practical strategies to use to manage their behaviour also helped them.
- There was not a clear focus to work carried out with parents/carers. Where support had been provided, this was often well received, but there were examples of parents/carers who had not been given support and needed guidance on how to

support young people through the programme and manage their behaviour.

- Some young people struggled to apply the learning from the programme once the sessions finished. Support from parents/carers and referrers is critical in helping to reinforce the messages from the programme and help young people manage any difficulties they face. However, parents/carers were not always in a position to do this or referrers had closed cases. Some teams managed this by setting up mentoring arrangements or putting in follow-up appointments.
- A range of suggestions were made by young people, parents/carers, referrers and practitioners about how the manual could be improved, including making the material more interactive or having it online, and giving young people more opportunity to practice their skills. The home work projects should be reviewed as these were completed in less than half the sessions.

## Conclusion

- The complex circumstances faced by young people on the programme meant it was quite difficult to keep to programme integrity. Ideally, these issues may be picked up by the young person's support network, but in the absence of this, there may be a need to do pre-programme work to address these issues until the young person is ready to start on the manual. This raised a question about the viability of using a manualised programme in a community setting.
- There were some positive changes for the young people between the start and end of the programme – particularly in the area of psychological functioning. However, there was also a group of young people who were not

open over the course of the programme and for whom it may be difficult to bring about change. The programme needs more focus on sexual knowledge, attitudes for peer-related HSB cases and encouraging young people to be open about their behaviour.

- The programme cannot be seen as an isolated intervention and needs to take place alongside work with parents/carers and referrers in order to help young people reinforce the learning from the programme. Without this, there is a risk that the progress made by young people will not be sustainable. There is also a need to build in post programme support for the young person.
- The NSPCC will use these findings to redesign the service provided for 12–18-year-olds with HSB. The approach to evaluating such services will also be reviewed.

# MAIN REPORT

## Chapter 1: Introduction

### 1.1 What is harmful sexual behaviour?

Sexual behaviour between children is considered harmful if it involves coercion or threats of violence, or one of the children is much older than the other (NSPCC, 2013a). This encompasses a range of different types of behaviour:

Harmful sexual behaviour (HSB) is defined as one or more children engaging in sexual discussions or acts that are inappropriate for their age or stage of development. These can range from using sexually explicit words and phrases to full penetrative sex with other children or adults.

(Rich, 2011)

The number of young people aged under 18 sentenced for sexual offences is small, with Ministry of Justice (Ministry of Justice, 2013) figures for England and Wales indicating that 491 young people were sentenced in 2011. However, the number of reported offences appears to be higher. An NSPCC freedom of information request to all police forces in England and Wales found that between 2009/2010 and 2011/2012, over 5,000 sexual offence cases reported to the police involved perpetrators under 18 (NSPCC, 2013b). In addition, cases are often not reported to the police or recognised as HSB (NSPCC, 2013a). The NSPCC's prevalence survey,

which interviewed people about their experiences of abuse as children, found that two-thirds of contact sexual abuse experienced by 0–17-year-olds was committed by peers (Radford et al, 2011). Other research found that 30–50 per cent of sexual abuse was perpetrated by adolescents and mostly boys (Vizard et al, 2007).

## 1.2 Young people with HSB

Young people who become involved in HSB are diverse in terms of their background, motivation for engaging in HSB, the type of HSB they are involved in, the age at which the HSB begins and the profile of victims targeted (Righthand, 2001). Many of the young people involved in HSB have experienced difficulties in their family circumstances, leading to discontinuity of care and insecure attachment (Vizard et al, 2007). In addition, research has found that two-thirds of young people involved in HSB had experienced at least one type of abuse or trauma (Hackett et al, 2013).

Exposure to trauma and other persistent stress can affect young people's development. This in turn can lead to a range of problems with attachment, academic progress, peer relationships, developmental delays and deficits in self-regulation and inhibitory control (Creeden, 2013).

A range of studies have outlined some of the issues young people with HSB experience, including conduct disorder, mental health issues and post-traumatic stress disorder (Home Office and DH, 2006; Beckett, 1996; Epps and Fisher, 2004). They also tend to have low levels of social and interpersonal skills, low self-esteem, high levels of social anxiety and a lack of sexual knowledge



(Hackett, 2004; Beckett, 1996; O’Callaghan and Print, 1994; Worling, 2004). This can result in problems with establishing relationships, which in turn can lead to inappropriate or abusive sexual behaviour.

If not addressed, HSB can, for some young people, continue into adulthood. Studies in the US have shown that up to 30 per cent of children with HSB go on to commit sexual offences as adults. For children who receive treatment, this figure drops to between 5 and 14 per cent (Rich, 2011). While only a minority of young people will go on to become adult sex offenders, others will go on to become violent or general offenders (Beckett, 1996).

### 1.3 Different profiles of HSB

Previous research has found some differences in the profile of young people who commit HSB against younger children compared with those involved in HSB against peers or both peers and younger children. Young people involved in HSB against younger children are often younger in age than those involved in peer HSB. They can experience lower levels of self-esteem, be more socially isolated and have low levels of social competency (Chaffin et al, 2002).

A study of young people who had raped a peer found that they had higher levels of delinquency and prior criminality, and were less likely to have been victimised themselves (Beckett and Gerhold, 2003). Young people involved in both peer and younger child HSB had higher levels of risk, were less likely to complete treatment programmes and had higher levels of sexual preoccupation (Hackett, 2014).

## 1.4 Treatment of young people with HSB

There may be a range of reasons why a young person engages in HSB, so treatment must be holistic in nature, attempting to change a young person's behaviour as well as addressing the reasons they engage in HSB and their family relationships and context (Hackett, 2004). Currently, there is little research evidence on what treatment approaches are effective for young people with HSB, and the level, content and quality of service provision are variable across the country (Home Office and DH, 2006; Hackett, 2004). Many approaches to working with young people have been based on adult sexual offending models. However, these programmes often have high levels of confrontation about the offence and do not take into account young people's learning styles or their previous experiences of abuse (Worling, 2004).

## 1.5 Background to the Turn the Page service

Turn the Page is an assessment and treatment service for young people with HSB. Aimed at young males aged 12–18, the programme is delivered using the *Change for Good* manual, which was developed by Eamon McCrory with input from NSPCC practitioners (McCrory, 2011). The manual is underpinned by a cognitive behavioural approach and draws on attachment theory, mentalisation theory, and psychodynamic and systems theories. The intervention is strengths-based and addresses the young person's HSB in the broader context of the social and emotional challenges they are facing. The intervention has two main aims:

- To increase the likelihood of young people showing sexual and non-sexual behaviours that are socially acceptable, and refraining from HSB;

- To enhance psychosocial functioning, optimism about the future and a sense of wellbeing.

Figure 1 summarises the theory of change for the programme.

The manual is designed to be delivered over 30 sessions: 26 structured one-to-one sessions and four additional non-manualised flexible sessions used to address individual needs. The sessions are grouped into four modules:

**Module 1 – Engagement:** developing the therapeutic relationship between the young person and clinician, and developing the motivation for change (four sessions).

**Module 2 – Relationships:** working on understanding the perspectives of and relationships with others (nine sessions).

**Module 3 – Self-regulation:** working on the young person’s thoughts, feelings and beliefs and the ability to regulate emotions (eight sessions).

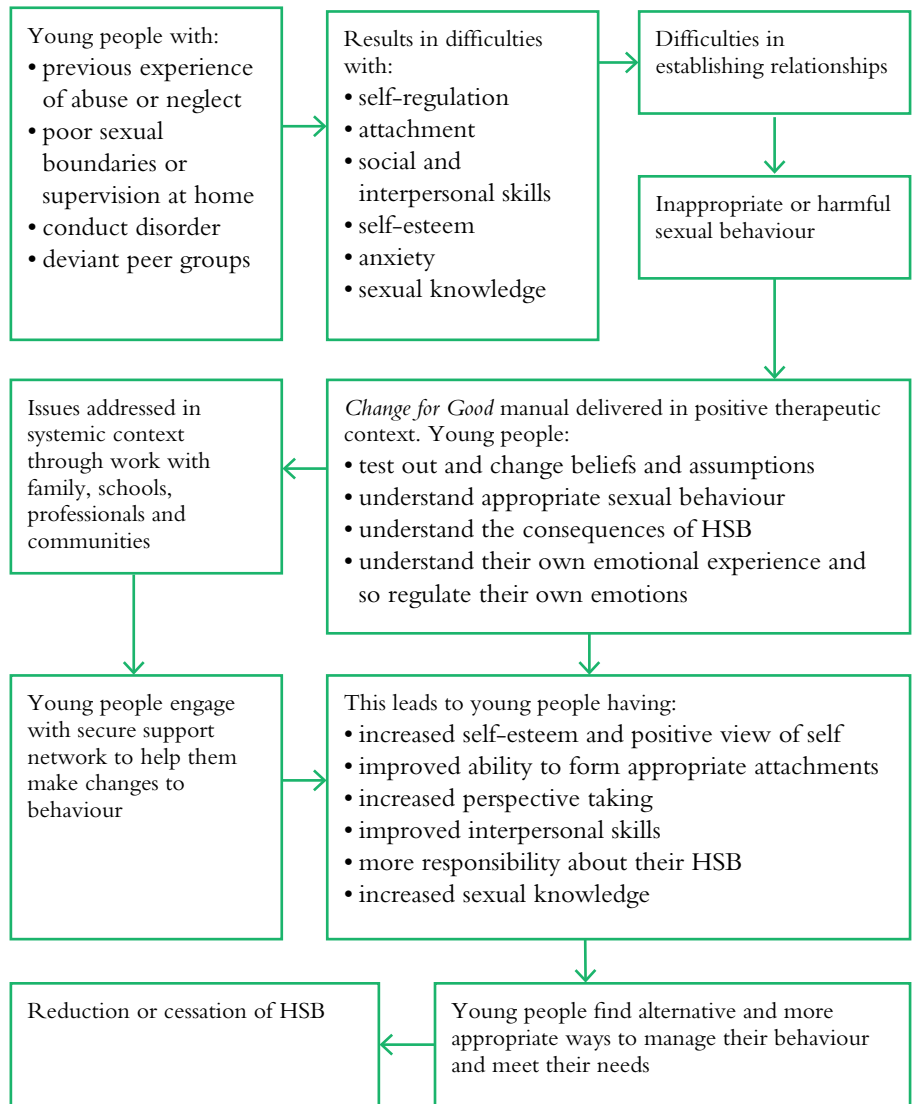
**Module 4 – Roadmap for the future:** building resilience through relapse prevention (five sessions).

There is also some flexibility around the number and ordering of sessions based on practitioner judgement about the needs of individual young people. In addition to the full programme, NSPCC children’s services practitioners (CSPs) sometimes deliver a shorter, truncated version of the programme (defined as less than 20 sessions). This is done if the young person will not engage with a full programme, or the practitioner feels that some of the material has already been covered in the assessment or by previous work. In truncated programmes, the

elements of the four modules will be covered, but not each individual session within them.

The programme is being delivered by NSPCC practitioners at 12 sites across the UK and has been in place since 2011. Referrals to the programme are made by children's services departments and youth offending service (YOS) teams. Before starting the programme, young people go through an AIM2 assessment, an evidence-based assessment that uses the Assessment, Intervention, Moving-on model (see [www.aimproject.org.uk](http://www.aimproject.org.uk)), which indicates what level of supervision a young person requires, along with their developmental and intervention needs. This is carried out either by the NSPCC, the referring agency or sometimes it is done as a joint assessment, to ensure that they are suitable for the programme. The case should remain open with the referrer while the young person attends the programme, so that any safeguarding issues can be dealt with. The programme sessions are usually an hour long and can either be delivered on a one-to-one basis or with two practitioners co-working. All practitioners delivering the programme received training on using the manual. In addition, they had access to a consultant with expertise in working with young people with HSB, for advice on more complex cases. Practitioners delivering the programme and the managers supervising this work had a range of different levels of previous experience in working with HSB cases. This may have an influence on the outcomes achieved with each case, but it was not possible to explore this in the evaluation.

Figure 1: Theory of change



# Chapter 2: Methodology

## 2.1 Focus of the evaluation

Rather than being a clinical efficacy trial of the manual, the evaluation focuses on the real world application of the manual in a social care context. The evaluation uses both quantitative and qualitative methods, and seeks to assess:

- change in outcomes for young people between the start and end of the programme.
- with which young people and in which circumstances change takes place.
- how the delivery of the manual can be improved.

The quantitative evaluation uses a range of standardised measures administered at the start of the programme but after the assessment has been completed (T1), and immediately post-programme (T2), to assess change across the main treatment components of the manual. The original evaluation design planned to look at reconviction rates three and five years post programme as a measure of longer term change. Unfortunately the smaller than anticipated sample size for the study means this is no longer feasible.

Feedback questionnaires were used with young people and their parents/carers when they completed the programme, as well as a questionnaire for practitioners to outline the reasons why young people dropped out of the programme early. Relapse prevention interviews were also conducted with young people and their parents/carers at the end of the programme. A programme integrity checklist was completed by practitioners after each session of

manual delivery. A survey was also undertaken with referrers of young people who had completed the programme.

The qualitative evaluation focused on understanding how the manual was being used in a social care context, along with the barriers and facilitators to young people engaging with and making progress on the programme. The detailed results of the qualitative evaluation have already been published (Belton et al, 2014) and are available on the NSPCC Impact and Evidence Hub (see [www.nspcc.org.uk/services-and-resources/impact-evidence-evaluation-child-protection](http://www.nspcc.org.uk/services-and-resources/impact-evidence-evaluation-child-protection)).

This report pulls together the main findings and themes across all the sources of evidence. The detailed findings from all the quantitative data can be found in the technical report.

The sections below outline the methodology for each part of the evaluation in more detail.

## 2.2 Standardised measures used

Measures were selected to assess change across the main treatment areas covered in the programme (see Appendix one in the technical report for details of each measure used and the treatment domains it covers). Dr Richard Beckett, consultant clinical and forensic psychologist, was involved in the selection of the standardised measures used to evaluate the manual. Dr Beckett has drawn on assessment measures used and developed by the Adolescent Sexual Abusers Project (ASAP), a multi-site international project designed to improve learning about young people with HSB.

This resulted in a range of different standardised measures, some of which were tailored to the nature of the HSB, and a core set of measures used with all young people. The core measures aim to assess:

- psychological function (using the self-esteem, emotional loneliness and resiliency questionnaires);
- openness (using the personal reaction inventory and sex matters questionnaire);
- sexual knowledge (using the sex matters questionnaire).

The abuse-focused measures are:

- peer- (or older victims-) related HSB (using the victim distortion, Novaco anger scale, hypermasculinity and endorsement of violence questionnaires);
- younger child-related HSB (using the victim distortion, and children and sex questionnaires).

The strengths and difficulties questionnaire was used with parents and carers to get another perspective on the young person's behaviour.

For truncated programmes, only three standardised measures were administered with young people due to the shorter time period in which to administer the measures. For peer HSB cases, the victim distortion, Novaco anger scale and endorsement of violence questionnaires were completed. For younger child HSB cases, the victim distortion, self-esteem and emotional loneliness questionnaires were completed. For cases involving both peer and younger child HSB, both sets of measures were completed.



### 2.2.1 Administration of the standardised measures

Practitioners administered the standardised measures with young people and their parents or carers. The measures with young people were administered over several sessions to allow young people to complete them at their own pace. The measures were only used for the purpose of evaluating the manual, and practitioners did not get feedback on the results for the individual young people they worked with. This was done to ensure that the results did not influence the way practitioners used the manual.

### 2.3 Programme integrity checklists

Practitioners completed a short programme integrity checklist after each session they delivered from the manual. The checklists look at how practitioners were adhering to the manual, the reasons for any changes made, the usefulness of the material and how well young people were engaging with the session. They were also used to calculate how long it took to complete each module of the manual. The checklists were collected from June 2011 to December 2014. Over this time period, 1,551 checklists had been submitted. The checklists covered work with 96 young people all at different stages of the manual. Not all practitioners completed the checklists, so the data covered 70 per cent of young people who started the programme. The checklists covered a range of different types of case and were completed by practitioners across all teams, so still gave an indicator of how the manual was used in practice.

## 2.4 Feedback questionnaires

Practitioners were asked to give feedback questionnaires to young people and their parent/carer as they completed the programme. The questionnaires asked what they thought of the service and if they made any progress during the course of the programme. The questionnaires were not used by all teams as some already had their own local feedback questionnaires and so did not want to use an additional one. Only 13 young people and eight parents/carers completed the questionnaires. Thirteen practitioners completed the questionnaire giving details about the reasons young people did not complete the programme. Eighteen questionnaires were returned from the referrers of young people who completed the programme.

## 2.5 Relapse prevention interviews

Practitioners were also asked to complete a relapse prevention interview with both the young person and their parent/carer as they completed the programme. This is a structured questionnaire used to identify awareness of risky situations and their ability to manage such situations. Given the number of standardised measures completed at the end of the programme, practitioners either forgot to complete the relapse prevention interview or did not feel that they had time to complete it. Only 18 relapse prevention interviews were completed with young people and nine with parents/carers.

## 2.6 Qualitative interviews

A case study approach was taken for the qualitative evaluation and, where possible, in-depth interviews were conducted with the young person who had completed the programme, their parent/carer, the referrer and the NSPCC practitioner who delivered the programme. It was not always possible to get all four perspectives on each case, but diversity was built into the sample by including cases where the young person or parent/carer did not consent to an interview. In these cases, the views were based on the perspective of the referrer and NSPCC practitioner. These tended to reflect the cases where the experience was more mixed or negative, so adding diversity to the sample. The final sample comprised 13 cases and 40 interviewees, and was diverse in terms of:

- the age of the young person;
- the nature of the HSB (against a peer, younger child, both a peer and younger child or internet only offences);
- whether a full or truncated programme had been delivered;
- whether the referral had come from children's services or youth offending services;
- whether the young person was living with their family, in foster care or residential care; and
- the NSPCC service centre where the programme was delivered.

## 2.7 Method of analysis

The measures data was entered into SPSS (a software package used for statistical analysis) and combined with demographic data held about the young person. Young peoples' scores for each measure were categorised into whether they were within the normal range compared with the population on which the measure had been standardised, above range or below range. The analysis then looked at change between these categories over the course of the programme. For measures with a sample size of twenty or over, the Marginal Homogeneity test was used to see if the change was statistically significant.

The programme integrity checklists were analysed in SPSS to give frequencies for each of the fields. A thematic analysis was also undertaken on the open questions in the checklist.

The feedback questionnaires were entered into SNAP (a software package used for questionnaire design and analysis) and frequencies produced of the quantitative questions. Thematic analysis was undertaken on open questions.

The transcripts from the interviews were analysed in NVivo (a qualitative data analysis software package) using the framework approach. This allowed both a thematic analysis of the issues emerging from the interviews as well as an in-depth analysis of the issues specific to a particular case and differences in perspective on a case.

## 2.8 Ethical approval

The evaluation was approved by the NSPCC research ethics committee, which follows Government Social Research guidelines. As part of this approval process, the use of the measures was piloted in four teams before they were introduced to all teams running the service. The guidance to practitioners on administering the measures was revised following the pilot.

# Chapter 3: Young people included in the evaluation and implications for the findings

This chapter outlines the stages through which young people dropped out of either the programme or the evaluation, and outlines what this means for the data available to the evaluation and the findings that can be drawn from it.

## 3.1 Consent to complete standardised measures

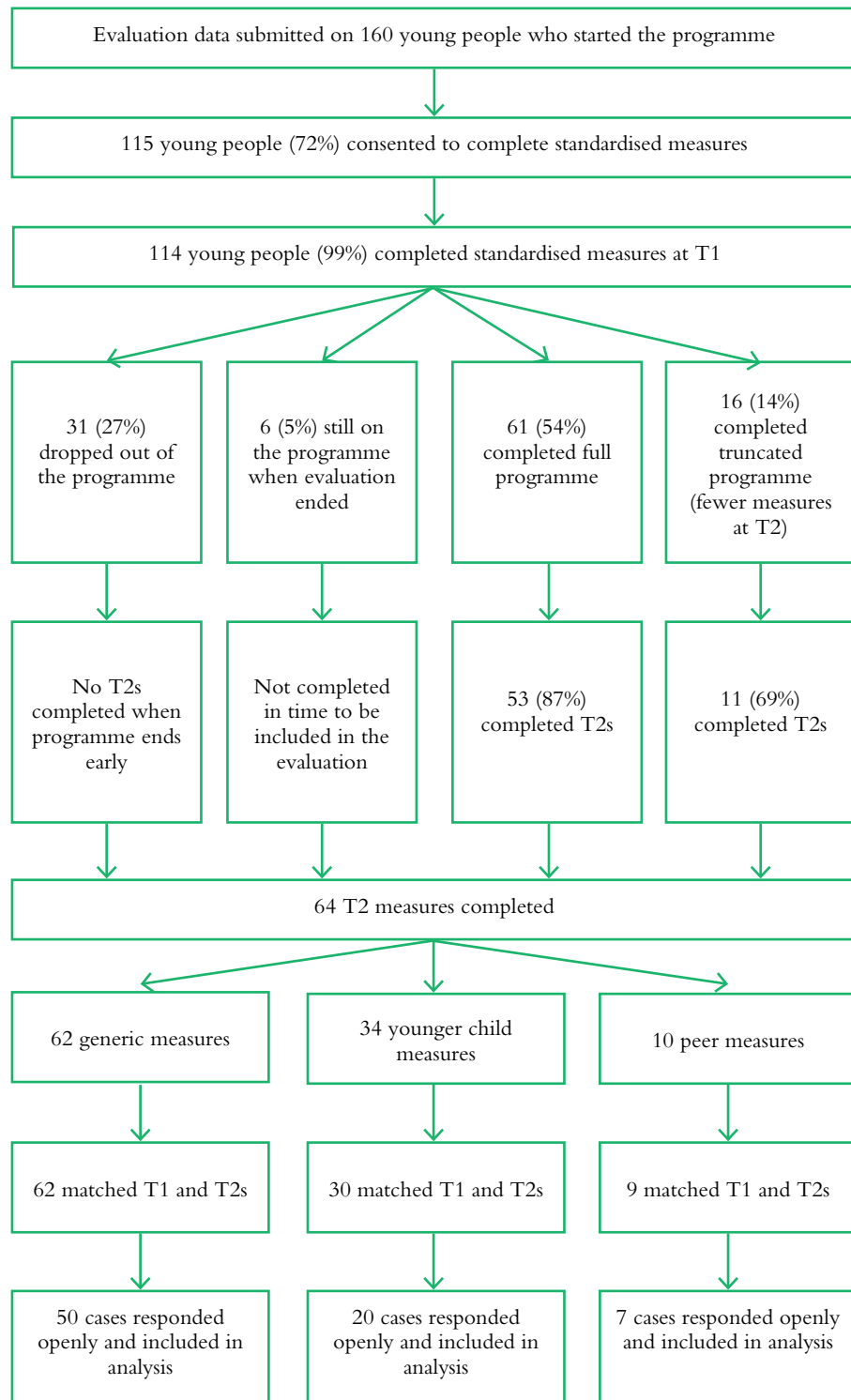
At the start of the programme, all young people and their parents or carers were asked for consent to take part in the evaluation. Young people aged 16 or over were able to give consent in their own right, but for those aged under 16, consent was first sought from the parent/carer before the young person was approached. Practitioners did not ask young people to take part in the quantitative evaluation if they felt that they did not have the literacy and comprehension level needed to complete the standardised measures.

Figure 2 shows the attrition from both the programme and the quantitative evaluation, and the stages at which this occurred. Overall, 72 per cent (115) of young people consented to complete standardised measures. This means we know nothing about change for just over a quarter (28 per cent) of young people attending the programme.

The demographic and offence profile of young people consenting to take part in the evaluation was compared with those who did not give consent. The two groups were very similar; the only difference was that young people who had moved home as a result of the HSB were less likely to consent to take part in the evaluation. This may suggest it was the young people involved in more serious HSB cases that did not consent.

There were no other differences in the profile of consenters and non-consenters.

Figure 2: Flowchart of programme attrition and impact on evaluation data<sup>1</sup>



<sup>1</sup> Percentages refer to the proportion of cases in the previous row



## 3.2 Programme completion

Evaluation data was collected from June 2011 to April 2016. By the end of the evaluation data collection period, just over two-thirds (68 per cent) of young people had completed the programme. Just over a quarter (27 per cent) dropped out of the programme, and so nothing is known about whether these young people made any changes. The demographic and offence profiles of young people who had consented to the evaluation and completed the programme were compared with those who consented to the evaluation but did not complete the programme. There were no differences in the profile of completers and non-completers.

Comparisons were also made with the profile of the standardised measures completed at T1 for both completers and non-completers to see if the young people who did not complete the programme were a higher risk group. On some measures, the young people who completed the programme seemed to have a higher level of problems, for other measures those who did not complete had a higher level of problems and for some measures there appeared to be no differences in scores. However, none of the observed differences were statistically significant and so are not likely to bias the findings in any way.

## 3.3 Availability of data for analysis

Even when young people had completed the programme, the T2 standardised measures were not always completed (see Figure 2). This happened for a range of reasons, including the young person not consenting to repeat standardised measures, the practitioner feeling it was not appropriate to re-administer measures due to the personal circumstances of the young person or the

practitioner forgetting to re-administer measures. Even when the measures were completed, they were not always available for analysis as some were lost before they could be entered into the system and if young people missed too many questions out the measure could not be scored.

As the measures were tailored to the nature of the HSB, this could lead to confusion about which measures should be administered and different abuse-focused measures being administered at T1 and T2. This resulted in further data loss as only matched T1 and T2 measures could be used to measure change.

Finally, any cases that were deemed to be responding in a socially desirable way (trying to portray themselves in a positive light or give socially acceptable answers) were removed from the analysis. This was done after comparing the results with those young people responding unreliably both included and excluded in the analysis, and it was found that including these cases did make a difference to the results and so may have potentially biased the findings. Sometimes, the removal of these cases has made the results look worse as these young people were artificially making themselves look better than they were. On other measures it has made the results look slightly better, if the young people were becoming more honest in their responses by the end of the programme. By removing these responses, the results should give a more reliable measure of change.

### 3.4 Profile of young people completing T2 measures

Most of the young people who completed the programme were from a White background (93 per cent), with just four young people coming from a minority ethnic background. This is comparable with other studies that looked at the ethnicity of young people with HSB (Hackett et al, 2013). Nine young people (16 per cent) had a learning difficulty or disability. Ages ranged from 12 to 19 years, with the average age being 15.

Almost two-thirds (65 per cent) of referrals came from children's services, with others coming from the youth offending service (30 per cent) and schools (5 per cent). Just over a fifth (22 per cent) of young people were attending the programme as part of a court order. Almost a third (32 per cent) of young people were either looked after or on a care order, and almost half (48 per cent) had moved home as a result of the HSB the referral related to.

Two-thirds of referrals (68 per cent) were for HSB against a younger child, a fifth were for HSB against peers, and 12 per cent were for HSB against both peers and younger children. Most young people had one victim, but the number of victims ranged from one to six. The average victim age was eight years old, but ranged from two years old to adults.

For just over a third (35 per cent) of cases, there had been a previous history of HSB. For 29 per cent of cases, the current referral showed an escalation in HSB.

### 3.5 Limitations of the evaluation

The study is limited by the small sample size at T2, particularly for some of the abuse-focused measures where the sample size was not large enough to test changes for statistical significance. This also meant it was not possible to look at which young people the programme was effective with, as the sample size would have been too low to justify any sub-group analysis.

The lack of a comparison group in the evaluation design means it is not possible to be confident in attributing any changes on the measures to the programme itself, as we do not know what would happen to the scores if no intervention had taken place or if a different intervention had been used.

The feedback questionnaires are limited by a very low completion rate and possible bias in who completed them as not all teams used the tools.

The young people and parents/carers who agreed to be interviewed were generally those whose experience of the programme was positive. Although the sampling has taken account of this by interviewing referrers and practitioners of cases where the young person or parent/carer did not consent to be interviewed, it does mean the perspectives of young people who did not complete the programme or found it a negative experience are not included.

# Chapter 4: Use of the manual

This chapter reports on the ways in which young people engaged with the material in the programme, the extent to which the practitioners were able to keep to programme integrity and the reasons for changes to the planned sessions in the manual.

## 4.1 Engagement in the programme

Feedback from the programme integrity checklists showed that the majority of young people engaged well or very well in the sessions (93 per cent). The qualitative interviews found that young people's level of engagement in the programme was affected by their level of motivation for attending the programme. For those with an intrinsic motivation to attend, who recognised they had a problem and wanted help with their lives, engagement to attend could be high. For others whose source of motivation was more external, for example pressure to attend from parents/carers or needing to attend as part of a Youth Offending Service order, engagement might initially be low. Sometimes, this improved over the course of the programme, but for some this resulted in a superficial level of engagement where young people attended sessions and went through the exercises, but did not fully open up to staff or apply the material to their own situation, as described by one practitioner:

“He was quite a strong-willed young man. So he had quite fixed views on what he should be doing and what he shouldn't be doing. I think realistically that only probably

changed when the end was in sight, when he could literally count down and he had those six sessions to go. The difficulty with [young person] is he would do the tasks, but he would leave things at the door. So he wouldn't see the relevance of applying the programme to his life outside, and he only really started to engage meaningfully when the finish line was in sight.”

[NSPCC practitioner – Case 8]

Engagement could also decrease during the programme. This could happen for a number of reasons: for example, developments in other areas of young people's lives, like changes to foster placements, the young person losing interest in the programme or feeling that it was going on for too long. In these circumstances, practitioners tried to maintain engagement and keep young people on the programme by either increasing the length or frequency of sessions so that the programme was completed faster, or truncating the programme so that a shorter version was delivered.

However, in some cases young people dropped out of the programme despite practitioners' efforts, with just over a quarter of young people (28 per cent) not completing the programme. Drop out occurred across all stages of the programme, rather than at a particular time point. It also did not seem to be related to the level of support the young person was receiving from their parent/carer to attend. This suggests that the reasons for drop out were quite individualised and more related to the personal circumstances of each young person.

## 4.2 Session content

Nine out of 13 young people who responded to the survey reported finding the sessions interesting. The response to specific exercises was quite varied. For example, some young people found the role-plays and vignettes useful in removing the discussion from their own situation and helping them to think about things from another perspective, for example:

“Anything you learn you can kind of put to some use. Like when we did the role-play stuff...it was about putting yourself in better situations...I think they're called vignettes – but it kind of explains to you a story and then there are like three points, and the first, the decision-making points of where you could have just said 'No' but instead you carried on...and because you kept carrying on it led to this point. Then your choice to say 'No' became harder and harder. That was one trick I learned, I thought that was quite good.”

[Young person – Case 12]

This was also useful if the young person was denying that any HSB had taken place. Others found taking part in role-play quite uncomfortable or found the vignettes difficult to engage with if they did not relate to their own situation. These young people preferred more concrete activities like quizzes.

This shows the value of practitioners checking how the young person feels about a session and what they remember from it at the end and again at the start of each subsequent session in order to inform future sessions.

Practitioners dealt with these varying responses to the programme material by focusing the session more on individual need and using examples from the young person's experience to keep young people engaged:

"It's got to be something that he's really interested in, if not he tends to go off in his own little world. So I think [CSP] tried to include a bit of football or what she could do with 'How you are in relationship in a football team'. Every child's an individual so if you can build up a relationship with that child and get to know their specific needs, problems or whatever...I think [CSP] did base it more around that child as opposed to it being general. I do think he was less against going to see [CSP] when it was based more around him. I think he found it more interesting and more relevant to him."

[Parent – Case 3]

Having the flexibility to respond to individual young people and tailor the sessions to meet their need was viewed as essential in getting young people through the programme and responding to their individual learning style.



### 4.3 Covering additional work outside the manual

Another reason for practitioners altering the planned sessions was to respond to additional issues that young people were facing. Many of the young people on the programme had a range of other complex needs and circumstances in addition to the HSB. Young people sometimes brought additional issues into the session, such as problems at home or school, that practitioners spent time responding to. Some of the young people had previous experience of abuse or neglect and practitioners felt that this needed addressing before young people could progress with the programme. It was felt that the manual did not give sufficient attention to these issues and so practitioners did additional work outside of the manualised content to cover this and paused the work from the manual to deal with additional problems. In some cases, even when the practitioner had helped the young person with the issue they were facing, they were still not able to engage with the programme, as shown by this case:

“There was always an issue at the beginning. He was always annoyed with his carer about something, or something had happened at school, so that took a good chunk of the time at the beginning of the session – and I think set the tone as well. Sometimes it was hard to pull him out of that mood and what had gone on. Again, I don’t think it’s even that much to do with the manual or particular sessions, I think it’s got to do with where [young

person] was at the time, how out of control he felt.”

[NSPCC practitioner – Case 10]

In reality, practitioners often used much more than the four additional flexible sessions of the manual to cover these issues. This makes it difficult to evaluate whether the work from the manual helped young people or the additional work covered outside of the manual. It is not known what impact stopping and starting the manualised work might have had on the impact of the programme.

#### 4.4 Impact on programme integrity

The combination of adapting the programme to meet the individual needs of young people and covering additional material meant that it was hard for practitioners to adhere strictly to programme integrity. Usually the material was covered, but it was spread across several sessions as there was not time to cover it in one session. However, material was sometimes left out if it was felt to be less relevant for the young person or there was not time to fit it all into a session.

This led to large variations in the length of the intervention, which ranged from six to 81 sessions, with young people attending an average of 28 sessions. Practitioners felt that the programme was too long for some young people and that this could affect their engagement in the programme. It could also be frustrating to cover all the material in the manual when some of it did not seem relevant to the young person’s circumstances. Sometimes, it felt that there was duplication with the material covered in the AIM2 assessment or with previous interventions the young people may have undertaken. This

suggests a need to review the content of the programme for cases where the NSPCC have undertaken the AIM assessment and this could reduce programme length.

There was an element of replicating messages throughout the programme, particularly in the final module. This could be frustrating for young people who had remembered the material from earlier sessions and so practitioners sometimes left the material out.

## 4.5 Suggested changes to the manual

### 4.5.1 Changes to the content of the sessions

The programme integrity checklists gave high ratings for the usefulness of the material in the manual in helping practitioners to achieve the session objectives. However, a number of changes were also suggested by practitioners in both the content of the manual and the methods used to deliver the material.

Practitioners felt that the material in the manual that covered sex education needed updating and strengthening to make it more generalisable and accessible to a range of ages and development levels, and that it also needed positioning much earlier on in the manual. Although the manual did touch on young people's previous experience of abuse and neglect, practitioners felt that additional, more in-depth material was needed to focus on and work through these issues with some young people. This would allow for any underlying trauma issues to be identified earlier and addressed prior to starting treatment. Modifications were also suggested to the facial expressions in the character library so that they were clearer and portrayed a wider range of emotions.

It was suggested that new material should be added for young people who have been involved in technology-assisted HSB, as although parts of the manual were still relevant, there are additional issues that are now emerging that need addressing with these young people around use of social media.

There was also a suggestion that the programme could give young people more opportunity to practice the skills they had learnt during the programme, and so provide better evidence to referrers that the young person was ready to move on and that their level of supervision could be reduced.

Practitioners felt that the delivery of the manual was very pen and paper based and that with the ongoing and rapid development of technology and social media, the exercises could be made more interactive. Having more material online could also make the programme feel more relevant and accessible to young people. This could also have implications for the future of the home projects aspect of the intervention.

#### 4.5.2 Strengthening relapse prevention

The final module of the programme focuses on young people having clear goals for remaining problem-free in future and a toolkit of strategies to help them get there. It does not include putting together a formal relapse prevention plan.

Some practitioners felt that a personalised relapse prevention plan was needed with the young person and in some cases developed one. Others trusted that the work covered in the programme gave the young person the tools to stay problem free in the future and did not put together a formal plan.

The relapse prevention interviews identified that not all young people or their parents/carers were able to identify potentially risky situations that they should avoid. They could also not all identify the signs of behaviour that would cause them concern or had strategies they could recall that they could use to respond to these concerns. This suggests that the relapse prevention element of the programme needs strengthening with both young people and their parents/carers.

### 4.5.3 Challenges completing home projects

One element of the manual that had low engagement was the weekly home projects completed by young people in between each session, designed to reinforce the learning from the programme. Less than half the young people completed the home projects and practitioners felt that they were not a realistic part of the programme in this format. Sometimes, practitioners did not set the home project if they had not covered enough of the material during the session for the project to make sense. They also stopped setting them in cases where the young person repeatedly did not complete the exercises.

Where time allowed, practitioners completed the exercises during the sessions instead, but this was not always done and meant that one of the methods for reinforcing the programme messages was not used.

Young people reported that they did not always understand the home project set and practitioners were sometimes concerned that the young person did not have a private space to complete the project or support in place at home if they did not understand the project or became upset about it. This links to earlier comments about the

involvement of parents/carers in the programme, as they were not always clear that a home project had been set or what their role should be in supporting the young person with it:

“I didn’t really know what was in the homework so I couldn’t help him with it if he’d needed help, but I don’t know if it was something that he needed my help for or was it something personal that really he should have done on his own. I really left it up to them [CSP] and trusted what they were doing. Our job was to remind him to do it. He’s not one for coming and asking about it and I didn’t know what the task was so I didn’t want to go into detail with him.”

[Carer – Case 10]

Some young people objected to having to complete work outside sessions. Others forgot to complete the tasks, but some did find the exercises helpful as a way of reminding them about the work in between sessions.

# Chapter 5: Change during the programme

This chapter overviews the changes young people made between the start and end of the programme as shown by the standardised measures and with reference to the referrer survey and feedback from the young people, practitioners and parents/carers.

## 5.1 Problems experienced by young people at the start of the programme

On many of the standardised measures used, only around a fifth to a third of cases who completed the programme started the programme with scores in the problematic range (see Appendix 3 in the technical report). This does not give much scope for change and suggests that some of these cases were not the more serious cases that HSB services sometimes deal with. There was more need in the area of sexual knowledge, where almost half the cases (48 per cent) had low sexual knowledge at the start of the programme and in young peoples' comfort with others (50 per cent had problem scores). There were also some high scoring areas on some of the abuse-focused measures – particularly victim distortion for peer HSB cases (86 per cent in the problem range), cognitive distortions for younger child HSB cases (43 per cent in the problem range), levels of arousal to anger (50 per cent in the problem range) and the provocation inventory describing situations that make young people angry (43 per cent in the problem range).

## 5.2 Change made by young people during the programme

The level of change young people made between the start and end of the programme varied across those completing the programme. Some young people made positive changes in several areas, some made a little progress and some made no progress at all.

This variation is reflected in the referrer survey (see Appendix 6 in the technical report), sent out at the end of the programme. Half the referrers either felt it was too early to assess the impact of the programme or did not know if the programme had made any impact, while 31 per cent felt the programme made no impact at all and 19 per cent felt it had made at least some impact. Young people gave much higher ratings for the way the programme helped them, in both the survey and the interviews. This may be because only those who felt helped took part in the evaluation or may reflect them having more awareness of the emotional changes they had made and referrers only having a view on more behavioural changes. However, it may also reflect referrers having a more realistic view than young people.

Looking across all the standardised measures completed by young people, on average 27 per cent had scores falling in the problem range at T1 and this had fallen to 18 per cent by T2. This was a statistically significant reduction in problems between the start and end of the programme ( $p=0.000$ ).



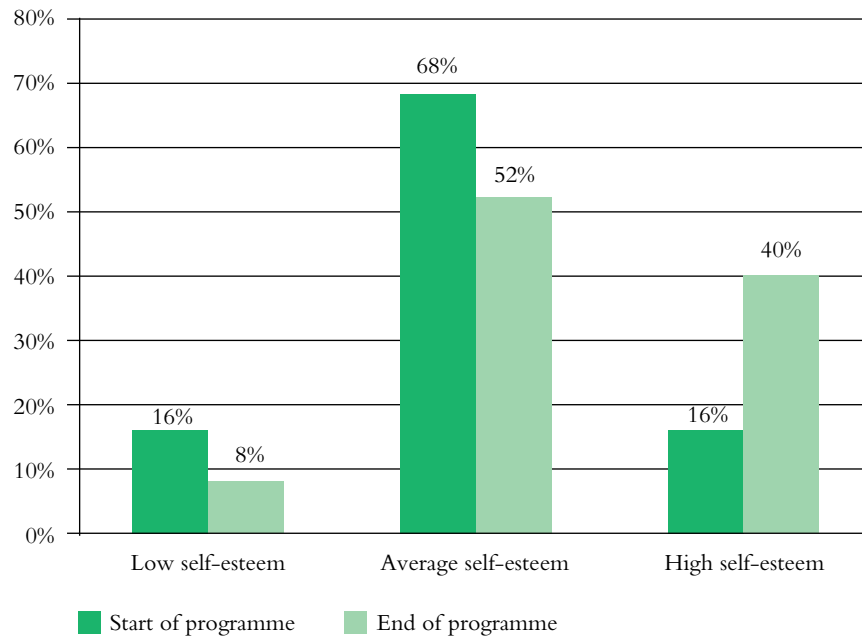
The following sections outline the areas in which the young people made change. The detailed breakdown of change by measure is given in Appendix 4 in the technical report.

### 5.3 Change in psychological functioning

Young people made most improvements in the area of psychological functioning. A fairly low proportion of young people started the programme with problems with self-esteem (16 per cent) or emotional loneliness (20 per cent). This may be a result of measures being administered at the start of the programme, when young people had already been through a six week AIM2 assessment. This assessment would have involved young people having detailed discussions about their current and previous experiences, family and HSB, and may have already started to help them make sense of their lives and feel better about themselves, thus influencing their levels of self-esteem and emotional loneliness. These discussions may have also included some element of intervention.

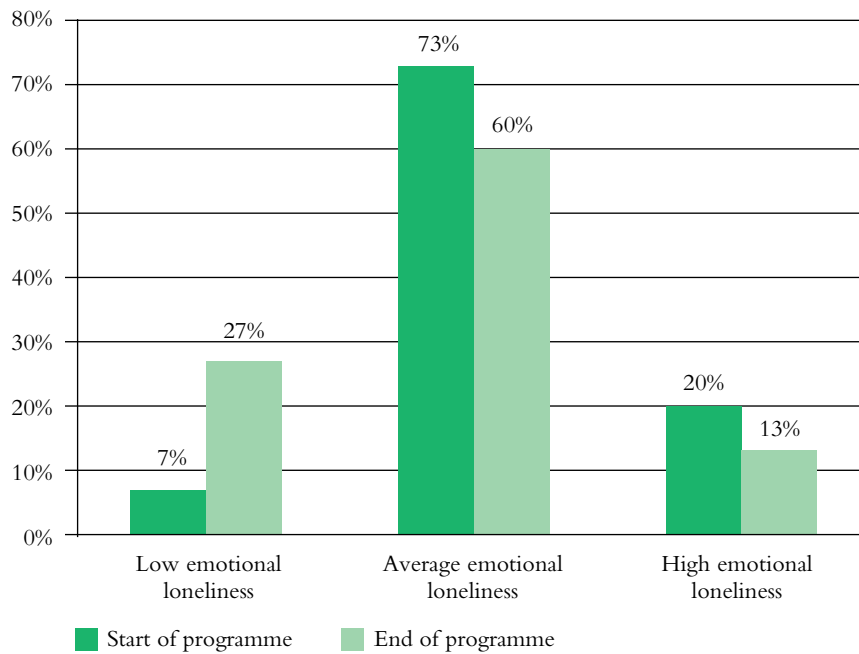
Half the young people with low self-esteem at the start of the programme had moved out of this category by the end of the programme (see Figure 3). There had also been improvements for young people who started the programme with levels of self-esteem within the average range, but had moved to having above average levels of self-esteem by the end of the programme, bringing the number of young people with high self-esteem from 16 per cent at the start of the programme to 40 per cent by the end of the programme. This improvement was statistically significant ( $p=0.000$ ).

Figure 3: Change in self-esteem between the start and end of the programme (n=50)



Levels of emotional loneliness improved between the start and end of the programme, with a fifth (20 per cent) of young people having high levels of emotional loneliness at the start of the programme but decreasing to 13 per cent by the end of the programme (see Figure 4). There were also improvements for young people falling within the average range at T1 who had improved and moved into the low emotional loneliness category by T2. This improvement was statistically significant ( $p=0.007$ ).

Figure 4: Change in emotional loneliness pre and post programme (n=47)



This corresponds with evidence from the surveys and interviews, which found that young people were more confident and less withdrawn after attending the programme, felt better about themselves and were getting on better with family members.

Table 1 presents the level of change on the resiliency questionnaire for young people who started the programme with problems on this measure. Tables A4-3 to A4-9 in Appendix 4 in the technical report give a more detailed overview of change on this scale.

Young people made statistically significant improvements in all areas on the sense of mastery scale, but the changes were smaller and not statistically significant on the sense of relatedness scale.

Table 1: Change in resiliency scores pre and post programme

	Below average at T1	Below average at T2	Statistically significant
<b>Sense of mastery</b>			
Self-efficacy	25%	17%	Yes (p=0.008)
Adaptivity	36%	14%	Yes (p=0.004)
Optimism	24%	14%	Yes (p=0.003)
<b>Sense of relatedness</b>			
Sense of trust	39%	39%	No (p=0.317)
Perceived access to support	24%	21%	No (p=0.197)
Comfort with others	50%	37%	No (p=0.102)
Tolerance of difference	21%	16%	No (p=0.285)

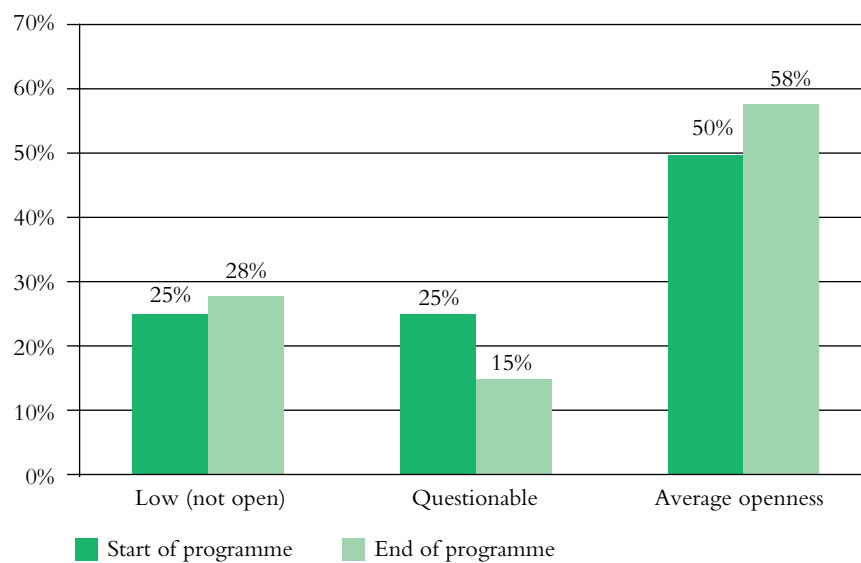
This may be a reflection of the sense of mastery sub-scale tapping into changes that are more about the young person making changes on their own, and the sense of relatedness sub-scale reflecting the young person's relations with others. Young people reported having strategies to help manage their behaviour and feeling more confident about staying problem-free in the future. This links to changes in the young people's sense of efficacy in developing problem solving skills and strategies, and their optimism about life and confidence. As the programme did not focus on working with other people in the young person's network, this may have contributed to the limited change on the sense of relatedness scale.

## 5.4 Change in openness

There was little change in young people's level of openness over the programme. This was found on both the personal reaction inventory, which measured socially desirable reporting, and the sexual openness scale of the sex matters questionnaire, which looked at openness in discussing sexual drives and interests. Neither of these results were statistically significant (personal reaction inventory

[ $p=0.549$ ] and sexual openness [ $p=0.593$ ]). On both scales, there was a group of young people who were not responding openly at the start of the programme and did not improve by the end of the programme. Figure 5 shows this for the sexual openness scale. There were also some young people who became less open by the end of the programme.

Figure 5: Change in sexual openness between the start and end of the programme (n=40)



Given the age of the young people on the programme, the nature of the programme itself and the topics discussed, it may not be surprising that some young people were not answering the questionnaires openly, particularly at the start of the programme. Young people may also have been concerned about how the questionnaires were going to be used and who would see their responses. However, it was hoped that young people would become more open over the course of the programme and so it is of concern that some of the young people seemed to become less open.

If these young people are also not being open in the sessions with practitioners, it may be difficult for the programme to have much impact with them. This fits with feedback about young people's level of engagement with the programme and that some young people only engaged on a superficial level:

“There was no change. He engaged well at times but none of his subsequent behaviour showed this. He just played the game. The programme also challenged some of his attitudes and he said all the right things, for example, about younger girls he'd say ‘God no, I'd not do that’, but that was exactly what he was doing. He was very manipulative. His actions showed there was no change.”

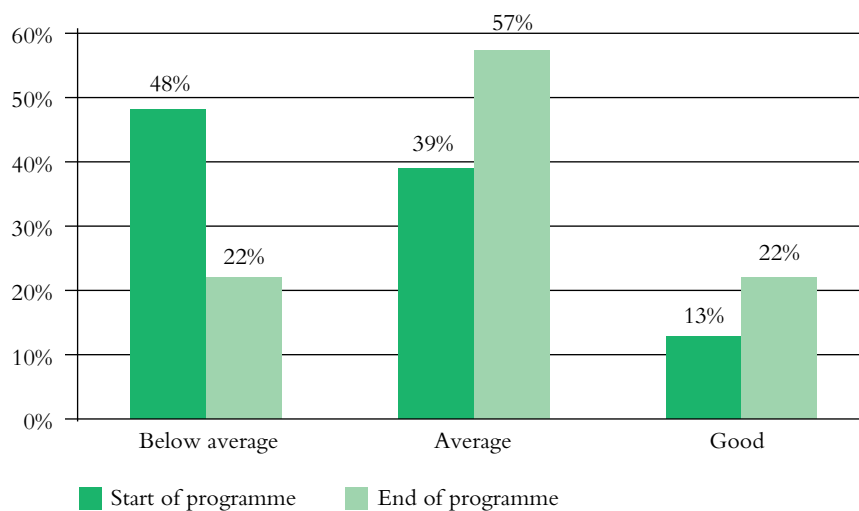
[YOS worker – Case 7]

Young people may become more aware of socially desirable behaviour during the programme, so making them appear less open over the course of the programme. Discussing their sexual behaviour with practitioners may make young people feel more defensive, particularly if some of the boundaries practitioners set around sexual behaviour at home are in conflict with the messages they receive from their parents/carers, which may influence levels of sexual openness.

## 5.5 Change in sexual knowledge

At the start of the programme, almost half of the young people had below average levels of sexual knowledge (48 per cent). By the end of the programme, this had reduced to just over a fifth (22 per cent) (see Figure 6). This improvement was close to reaching statistical significance ( $p=0.059$ ).

Figure 6: Change in levels of sexual knowledge between the start and end of the programme (n=23)



It is positive that more than half the young people with low levels of sexual knowledge made improvements over the programme. Young people and referrers reported young people having a better understanding of the types of sexual behaviour that were acceptable and not acceptable by the end of the programme, as with this young person:

“The work helped me out a lot. I know rights and wrongs now. It helped explain things so it’s a lot easier now. I know not to touch people unless they want to, that’s

why I came here. It changed my life now 'cos I could have carried on like that.”

[Young person – Case 4]

However, some of this work was focused on consent issues and young peoples’ understanding of what type of behaviour is acceptable. These are not the type of issues covered in the factual-based sexual knowledge questionnaire, which may account for a limited amount of change in this area picked up by the evaluation.

Despite these improvements, it is disappointing that just over a fifth of young people still had below average levels of sexual knowledge by the end of the programme. While it can be difficult to make changes in attitudes around sexual behaviour, it could be expected that knowledge is an easier area to make changes in.

Feedback from practitioners completing the programme integrity checklists was that the sexual knowledge material in the manual was pitched at too high a level for the needs of many of the young people they worked with, and so instead practitioners were using a range of different material, such as DVDs or sex education workbooks, to cover this topic. The material was positioned towards the end of the manual, yet practitioners felt it needed to be covered earlier on for other elements of the programme to make sense to young people. For young people struggling with the length of the programme, it could also mean that the material in the final module was rushed. These variations in how sexual knowledge was covered may account for the mixed results. Given the feedback that the content of the material in the manual was pitched at too high a level, it may also be that the questionnaire



used to measure sexual knowledge was also pitched at the wrong level to detect change for some young people.

## 5.6 Change on abuse-focused measures for younger child HSB

There were some improvements on the measures used for cases involved in younger child HSB, but the changes found were not statistically significant ( $p=0.157$  for victim distortion questionnaire and  $p=0.346$  for children and sex questionnaire). Levels of victim distortion were not that high at the start of the programme, with only four out of 20 young people (20 per cent) having above average levels of victim distortion. Of these, two had levels of victim distortion that were within the average range by the end of the programme.

Feedback from young people and referrers suggested that young people had become more aware of other perspectives and had more knowledge about the impact of HSB on victims. However, some found it hard to relate to the material in the programme about victims, particularly if the young person was still in denial about their HSB. The manual outlines that young people's own experience of abuse may make it hard for them to internalise responsibility and give consideration to others (McCrorry, 2011).

Levels of cognitive distortions as measured by the children and sex questionnaire were higher, with 43 per cent having above range cognitive distortions at T1 (10 young people). By the end of the programme, four out of the 10 young people had reduced levels of cognitive distortions. Cognitive distortions can be quite difficult to change, and so this reduction is encouraging.

## 5.7 Change on abuse-focused measures for peer HSB

There had not been much progress on the measures for peer-related HSB (see Tables A4-16 to A4-30 in Appendix 4 in the technical report). This was particularly so for the victim distortion questionnaire for peer HSB cases, where six out of seven young people had above range levels of victim distortion at the start of the programme and five out of the six still had above range scores by the end of the programme.

Many of the issues measured by these questionnaires, such as attitudes towards women or violence, can be quite difficult to change. They can also be culturally bound and linked to a view that males need to behave in a 'macho' or aggressive way, as well as being influenced by peer dynamics. Without being able to give these young people replacement behaviours, or engaging with their peer dynamics, this can also be difficult to change. The manual does not target such issues in depth and these results suggest more focus should be given on these areas for young people where this is a problem.

## 5.8 Change on the Novaco anger scale

The area in which the peer HSB cases did make more progress was on the Novaco anger scale. At the start of the programme, young people were scoring most highly on their arousal to anger (50 per cent scored in the problem range) and the provocation index of situations that made them angry (43 per cent scored in the problem range). There were improvements across all sub-scales on the Novaco anger scale. This is positive as anger can be a motivating/influencing factor for sexual assaults.

Anger may be an easier area to bring about change in rather than attitudinal issues around abuse, as it is an emotion that lends itself to behavioural management strategies. Young people talked about being given techniques during the sessions to help manage their anger, which they were able to apply in difficult situations, as with this young person:

“...instead of putting yourself straight into it, thinking about what you’re doing before you do it. It started getting us more and more used to thinking about how not to get yourself wound up to a position where it got you to explode into an angry rage with somebody.”

[Young person – Case 1]

Anger issues can also be the result of previous trauma, abuse or neglect. The work carried out with practitioners during the sessions to discuss previous experiences and make sense of them may also have contributed to a reduction in feelings of anger, as experienced by this young person:

“I learnt quite a lot about my family history and stuff that had happened to us that I just couldn’t remember and all that, which was actually very helpful but also, I...just learnt a bit of self-worth...and control and stuff.”

[Young person – Case 10]

## Summary

Young people made the most improvement in the area of psychological functioning, particularly self-esteem, emotional loneliness and their sense of mastery over their own life. There were also some improvements in levels of anger. There was slightly less change on the sense of relatedness to others scale, and progress was mixed in levels of sexual knowledge. There was not much change in levels of openness over the programme.

Results were also mixed on the abuse-focused measures. There was some improvement on the measures looking at younger child-related HSB, but very little progress on peer-related HSB cases.

# Chapter 6: Factors influencing change

This chapter looks at the factors that influence whether young people are able to make and sustain change both during and after the programme.

## 6.1 Relationship with practitioners

One of the important factors in engaging young people in the programme was the relationship they developed with the practitioner. Young people, parents/carers and referrers all spoke highly of the relationship between practitioners and young people. These often developed so that young people felt they could trust the practitioner and talk to them in detail about things they were unsure about or had been bottling up, as outlined by this young person:

“They always listened, whereas you get some people at school and some people at home, they’re just there, they pretend to listen, but the CSPs really did listen. They actually just said, ‘Well why do you think this? How did this make you feel?’ and actually got you to think how you feel a lot more.”

[Young person – Case 11]

This was particularly important when young people reported that they did not have anyone else they could speak to about such things:

“I think it’s talking through stuff and understanding...that’s one of the things he

got out of it. When I spoke to him about it, making sense of it and being able to talk about the things that were bothering him in a really confidential way, you know, non-judgemental, I think he really valued that. The trouble with all of these other agencies like the one that I sit in is that actually we haven't got that time to dedicate to someone, really, and it's really important ...there was lots of stuff going on for him so I think it was really vital."

[Referring social worker – Case 5]

It also enabled practitioners to work with young people to help them understand the causes and consequences of their HSB.

## 6.2 Giving young people practical strategies to help manage behaviour

Young people reported that the sessions helped give them a better understanding of the triggers to their HSB and hence the thoughts and feelings they needed to be aware of as potential indicators of their behaviour becoming risky. The programme also gave them practical strategies, such as distraction techniques, to help manage their behaviour when they were experiencing difficulties. Young people found it helpful to have practical tools they could try outside the sessions.

The work also helped them to stop and think things through before acting and to consider the consequences of their behaviour, as explained by this young person:

“Before I didn’t think things through, particularly when someone was saying, ‘Oh let’s go and do this.’ I used to think, ‘Oh yeah, yeah that’ll be fun.’ I didn’t think about what could happen or what could go wrong, whereas now, I do think a bit more of the consequences and just think, ‘Well if this happens I’ve got a chance of this happening,’ etc. It has helped because it’s also made it easier to talk to my mum about issues.”

[Young person – Case 11]

### 6.3 Work with parents/carers

The manual acknowledges that the programme needs to take place alongside work with the young person’s parent/carer. However, the NSPCC has not taken a consistent approach to working with the parents/carers of young people on the programme. In some cases, practitioners have worked with parents/carers as they could see a need for them to have some input and that this would ultimately assist with the goal of helping the young person to make changes to their behaviour. Where parents/carers had received support, they could be very positive about it:

“I couldn’t fault [CSP], she was absolutely fantastic. She was at the end of the phone because she knew about [young person’s] behavioural problems and I’d ring her if there’d been an incident here at home and she’d perhaps be trying to incorporate that into one of the sessions. So she was just

a phone call away really, she was like a lifeline to me sometimes.”

[Parent – Case 3]

However, in other cases very little work had been done with parents/carers. Sometimes, the parent/carer was already quite supportive of the young person, but there were examples of parent/carers who would have benefited from some input, either because they were in denial about the young person’s HSB or needed guidance about how best to support the young person and manage their behaviour. Without this input, the work with young people may have limited input once they are in their home environment and not getting consistent messages or support to build on the work done in sessions. It may also be difficult for young people to sustain any progress post programme without guidance and support from parents/carers who are informed about the work and their role in supporting young people:

“It’s so fundamental to shift parents’ thinking and have parents on board because children don’t display this behaviour out of nowhere, there’s often a background story to all this and that’s just not even reflected in there. Because I think the manual would assume that you would be doing that separately.”

[NSPCC practitioner – Case 11]



There were also some missed opportunities for parents/carers to support young people, as some of them reported that they were not clear about the nature of the work carried out with young people on the programme or how they could engage with it. These parents/carers would have provided more support to young people if they had been given more guidance on what their role should be during the programme, as this case highlights:

“I would have liked to have known what was going on because all I got was, ‘I’m fine’. He’s not very forthcoming in what was going on. I didn’t get any information from him at all. It was a bit hard because it was between him and them [CSPs] and they had to gain his trust and private things, so I could understand why they didn’t do it [share information with parent], it was just that I’m supposed to help him as well and I didn’t know how to help him because I didn’t know what was going on. I felt a bit helpless.”

[Parent – Case 5]

Parents/carers reported mixed results for changes in young people’s behaviour, as measured by the strengths and difficulties questionnaire (see Appendix 5 in the technical report). At the start of the programme, parents/carers rated the peer relationship problems, hyperactivity, conduct problems and the total SDQ score as the ones with the most areas of concern. Around half the parents/carers felt that there were improvements by the end of the programme for the peer relationship problems

and total SDQ score. There was less improvement on the conduct problems or hyperactivity sub-scales. Overall, progress was quite mixed, with improvements on all sub-scales, but also some cases that appeared to get worse by the end of the programme. This may be because parent/carers had a more realistic view of the young person's progress than young people themselves. The qualitative interviews did reveal that some parents did not recognise any changes in the young person, when the practitioner and young person themselves felt that improvements had been made:

“Sometimes [CSP] would say [young person] did a good session and there was a lot of emotion coming out, but to us on the outside we did not see that. We think he got nothing out of it and he never engaged with the home work and did really brief answers, but maybe the CSP saw something else. It was difficult to get him to recognise what his feelings are.”

[Foster carer – Case 9]

It may also reflect the lack of joint work on the relationship between the young person and their parent/carer, which may mean that parents/carers did not notice any change in the young person's behaviour at home.

## 6.4 The need for post programme support

Both the qualitative interviews and the findings from the relapse prevention interviews found that some young people struggled to apply the messages from the programme once the weekly sessions with practitioners ended, as described by this practitioner:

“We used strategies...to help him manage more in the here and now a little bit.[...]... he did become more and more settled and manageable, which unfortunately... he hasn't been able to continue that quite quickly after he'd finished here. So I think that sense of sometimes really very much being in the here and now was helpful for him.”

[NSPCC practitioner – Case 1]

Ideally, the support given by practitioners would be continued by the young person's support network (parents/carers and referrers) once the programme ended. To do this, the support network needed to be involved in the programme and have an awareness of how to help the young person manage their behaviour post programme:

“I do think there was definitely a shift in their [mum and young person's] relationship, and I think there's a lot of factors in this: there's the programme, there's time, and there's the other services that were involved. So the work with the social services, if there was anything that we were concerned about at home, like

the parental support and guidance, we'd go to them for that. So as much as it is the programme [that] did help, I really do think it was the rounded effect, the holistic approach with everyone being involved."

[NSPCC practitioner – Case 6]

In reality, referrers were not always regularly in touch with young people or had closed the cases once they had referred them on to the NSPCC. Where referrers had remained involved, they did not always feel that they had enough knowledge about the programme to continue the work with the young person:

"I would have liked far more feedback in terms of what each session covered almost within a day or so of having had the session, so that I could have maybe complemented any work completed in my own sessions – for example, work around self-esteem – if I'd been given more guidance after each session on what was covered."

[YOS worker – Case 6]

Parents/carers were not always supportive of the young person or knowledgeable enough about the work done in the programme to help keep reinforcing the messages with young people:

"...I think the family critically will brush it all under the carpet and obviously...unless there's that constant reminder at home in

terms of keeping himself and other people safe...I'm not quite sure whether he'll remember himself but...his home life...[is] going to have a lot of bearing on how the young person progresses."

[YOS worker – Case 6]

More input with parents/carers and referrers about their role in helping the young people to maintain progress post programme is needed.

Some teams had put measures in place to ensure that the young person had support after the programme ended. This included setting up mentoring arrangements for young people or setting up regular follow-up appointments with practitioners to check progress and provide additional input if required.

# Chapter 7: Conclusions and recommendations

## 7.1 Challenges in adhering to a manualised programme

The young people attending the programme often had complex personal circumstances and were facing a range of difficulties in addition to the HSB. This could make it difficult for practitioners to stick to the manualised session if young people raised additional issues they needed support with. Sometimes, young people had other problems that practitioners felt needed dealing with, for example previous experience of abuse or neglect, before they could engage with or apply the work in the manual. If young people had better support outside the sessions, for example from school or referrers, this may have made it easier for practitioners to keep to the manualised programme. However, in reality not all young people had access to this support, suggesting that there needs to be capacity within the programme to address these additional issues or some pre-programme work or checklist to ensure that young people only start the manualised programme when they are ready to take it on board.

As each young person came to the programme with a different set of experiences, level of motivation and learning style, practitioners found it was important to have the flexibility to be able to adapt the programme to individual need. This also helped to keep the young person engaged in the programme. Dealing with additional issues outside of the programme could add to overall programme length. Some young people coped with the length of the programme, but others struggled and this could

result either in a shorter truncated version of the programme or the young person dropping out of the programme. This raises a question about the viability of complying with a manualised programme in a community setting.

More integration between the AIM2 assessment and the work carried out at the start of the programme could help to reduce the overall programme length. It may also be worth considering a modular approach to some elements of the programme so that practitioners can focus on treatment areas of most relevance to the young person when they may struggle with the whole programme.

## 7.2 Mixed change between the start and end of the programme

There was a reduction in the proportion of young people with problem level scores across the measures between the start and end of the programme, and there were some young people for whom the manual seemed to work well. The most positive changes were in the area of psychological functioning – particularly self-esteem, emotional loneliness and the young person’s sense of mastery over their life. There was less improvement in the young person’s sense of relatedness to others.

There were also improvements in young people’s level of sexual knowledge; although just over a fifth of young people still had below average levels of sexual knowledge by the end of the programme. This is disappointing given that it might be considered easier to improve knowledge than change attitudes, but this finding may be explained by difficulties with some of the material covering sexual knowledge in the manual.

There was no real change in young people's level of openness over the programme. If these young people are also not open in the sessions with practitioners, it suggests that there may be a group of young people for whom it is quite difficult to bring about any change. Compared with a residential treatment programme for young people with HSB, NSPCC cases were more open about their sexual drives and interests at the start of the programme. However, the NSPCC community treatment young people who were not open at the start of the programme were less likely to have moved out of this category by the end of the programme (Edwards et al, 2012).

Progress on the abuse-focused measures was quite mixed, but these will always be challenging attitudes to change. Around half the cases showed improvements on the measures for younger child HSB cases. However, there was little progress for the peer HSB measures, with the exception of the anger scale, where there were more improvements.

The mixed findings in terms of change on some of the measures may not be that surprising given how each individual will have a different set of circumstances and so respond differently to the programme. The manual itself acknowledges that it is not likely that a young person will make change across all the areas covered by the manual (McCrory, 2011).

The evaluation results suggest that the manual needs to include more of a focus on sexual knowledge, encouraging young people to be open about their behaviour and bringing about change with peer HSB cases. Some of the young people involved in HSB against peers were denying their HSB or had been involved in both peer and younger child



HSB, and previous research has shown this group can be higher risk, have higher levels of sexual preoccupation and are more likely to drop out of programme (Hackett, 2014). This suggests it will always be more difficult to bring about change with the peer HSB cases. Intervening at an earlier stage, when the young person was younger or involved in more inappropriate rather than harmful sexual behaviour may have made it easier to bring about change. The manual may need an additional module for peer HSB cases, focusing on victim empathy and attitudes towards women and violence, along with more focus on peer dynamics and networks to help young people adopt different attitudes to these issues.

The lack of comparison group means that it is not possible to say if any change that did take place was down to the programme or could have taken place as a result of other factors. The limited sample size prevents further analysis of the characteristics of young people for whom the manual seemed to work well and those for whom it did not bring about change.

### 7.3 Work with parent/carers is needed alongside the work with young people

The findings show a clear need for work to take place with parents/carers alongside the work with young people. This was highlighted by the limited change young people made on the sense of relatedness to others sub-scale of the resiliency questionnaire and by parents/carers' responses about their children on the strengths and difficulties questionnaire. The programme acknowledges that work should take place with parents/carers while the young person is working on the programme, but there was no consistent approach as to how this

was done within the NSPCC. To have the best chance of young people being able to apply the learning from the programme, the manual should not be seen as an isolated intervention, but take place in the context of other issues young people are facing in their lives and include work with their support network of both parents/carers and referrers. Parents/carers and referrers need more information about the work undertaken in the programme and guidance on how they can support the young person to be able to help reinforce the learning and progress the young person has made. This supports the recommendations made in the HSB operational framework (Hackett et al, 2016) and the draft NICE guidelines on HSB (NICE, 2015).

#### 7.4 Consideration should be given to post programme support

The relapse prevention element of the manual needs strengthening, as some young people and parents/carers were not able to identify potentially risky situations at the end of the programme or have strategies in place for managing them. There were also examples of young people who seemed to make progress during the programme, but then struggled to apply the learning soon after the programme ended when they no longer had contact with practitioners. This links to the need to work more closely with the young person's support network so that they are aware of how to help the young person if they are facing difficulties and the type of strategies covered in the programme that they could be reminded of. Without this in place, there is a risk that any progress the young person makes during the programme will not be sustainable – even in the short term.

There will always be some cases where the support network for the young person is not strong or the young person does not feel able to speak to them about concerns they have. For these cases it may be necessary to think about putting in place other types of post programme support to ensure the impact of the programme is not lost. For example, some teams had set up mentoring arrangements for young people or set up follow-up appointments to check the young person's progress and reinforce the learning from the programme. It also highlights the importance of referrers keeping the case open during the programme, so there is the potential for providing more handover or post intervention support to them in such circumstances.

## 7.5 Next steps with the programme

The NSPCC will continue to run an HSB programme for young males aged 12–18 years. The findings from the evaluation will be used to revise the approach to working with this group of young people. There will also be more emphasis on work with parents/carers in future work.

Overall, there was positive feedback about the usefulness of the manual and how young people engage with it. However, there were also suggestions about how the delivery of the Turn the Page service using the manual could be made more accessible and relevant by making the sessions more interactive and having more material online. Additional material was also needed for young people involved in technology-assisted HSB.

## 7.6 Evaluation design implications

This was a challenging evaluation design for practitioners to implement, with a large number of standardised measures to administer and decisions to take about which set of abuse-focused standardised measures to use. In reality, it was too complex for teams to implement consistently without a large amount of ongoing support and checking, resulting in lost data as the same set of measures were not always administered at T1 and T2. This is also shown by the fact that the end of programme feedback questionnaires were rarely used, as practitioners felt it was too much to do. Future evaluation designs should be simpler, using fewer measures and questionnaires, and the same standardised measures for every case.

The evaluation ran for just over four years across most teams and yet the final number of T2 measures available remained low due to both programme and evaluation attrition. There were also problems with how honestly young people responded to the standardised measures, which led to the exclusion of some results. Future evaluations in this area should consider if the resource required to implement the evaluation is worth the overall return in terms of the strength of the findings gained and whether using a qualitative case-based evaluation approach would be more suitable.

If quantitative evaluation designs are used in this area in the future, it will be critical to get practitioners and managers on board with this and ensure compliance with the evaluation. This could be achieved by: having more shared ownership for the evaluation through the use of evaluation champions from each team and an evaluation advisory group; better alignment of evaluation and service delivery; and greater accountability for evaluation through ensuring discussions and reviews about the service include progress with the evaluation.

# Bibliography

- Beckett, R. (1996) Risk prediction, decision making and evaluation of adolescent sexual abusers.  
In: Erooga, M. and Masson, H. (eds) *Children and young people who sexually abuse others: current developments and practice responses*. 2nd ed. London: Routledge.
- Beckett, R. and Gerhold, C. (2003) 'Treatment Needs of Adolescents Who Rape and Sexually Assault Peers and Adult Women' Paper presented to the 13<sup>th</sup> annual NOTA conference: 'Working towards working together. Sharing what we know', Herriot-Watt University, 24-26 September 2003. In: Hackett, S. (2014) *Children and Young People with Harmful Sexual Behaviours: Research Review*. Dartington: Research in Practice.
- Belton, E. Cotmore. R. and Barnard. M. (2014) *Turn the Page – learning from a manualised approach to treating harmful sexual behaviour*. London: NSPCC.
- Chaffin, M., Letourneau, E. and Silovsky, J. (2002) 'Adults Adolescents and Children who Sexually Abuse Children: A developmental perspective'  
In: Hackett, S. (2014) *Children and Young People with Harmful Sexual Behaviours: Research Review*. Dartington: Research in Practice.
- Creeden, K. (2013) *Taking a Developmental Approach to Treating Juvenile Sexual Behaviour Problems*. 8 (3-4) p12-16 ed. International Journal of Behavioural Consultation and Therapy In: Hackett, S. (2014) *Children and Young People with Harmful Sexual Behaviours: Research Review*. Dartington: Research in Practice.

- Edwards, R., Whittaker, M. K., Beckett, R., Bishopp, D., and Bates, A. (2012) Adolescents who have sexually harmed: An evaluation of a specialist treatment programme. *Journal of Sexual Aggression*, Vol 18, Issue 1, p91–111.
- Epps, K. and Fisher, D. (2004) A review of the research literature on young people who sexually abuse. In: O'Reilly, G, Marshall, W.L., Carr, A., and Beckett, R.C. (2004) *The Handbook of Clinical Intervention with Young People Who sexually Abuse*. Hove: Psychology Press.
- Hackett, S. (2004) *What works for children and young people with harmful sexual behaviours?* Ilford: Barnardo's.
- Hackett, S., Philips. J., Masson. H. and Balfe. M. (2013) Individual, Family and Abuse Characteristics of 700 British Child and Adolescent Sexual Abusers. *Child Abuse Review*, 22 (4), p232–245.
- Hackett, S. (2014) *Children and Young People with Harmful Sexual Behaviours: Research Review*. Dartington: Research in Practice.
- Hackett, S., Holmes, D. and Branigan, P. (2016) *Operational framework for children and young people displaying harmful sexual behaviours*. London: NSPCC.
- Home Office and Department of Health (DH) (2006) *The Needs and Effective Treatment of Young People Who sexually Abuse: Current Evidence*. London: Department of Health.

- McCrorry, E. (2011) *A Treatment Manual for Adolescents Displaying Harmful Sexual Behaviour: Change for Good*. London: Jessica Kingsley Publishers.
- Ministry of Justice (2013) *An Overview of Sexual Offending in England and Wales*. London: Ministry of Justice, Home Office and Office for National Statistics. In: Hackett, S. (2014) *Children and Young People with Harmful Sexual Behaviours: Research Review*. Dartington: Research in Practice.
- NICE (2015) *Harmful sexual behaviour among children and young people – NICE guideline, draft for consultation*. London: NICE.
- NSPCC (2013a) *Harmful Sexual Behaviour*. Research briefing. London: NSPCC.
- NSPCC (2013b) *Thousands of young people committing child sex abuse*. Press Release.
- O’Callaghan, D. and Print, B. (1994) Adolescent sexual abusers: research, assessment and treatment. In: Morrison, T., Erooga, M. and Beckett, R.C. (1994) *Sexual offending against children: assessment and treatment of male abusers*. London: Routledge.
- Radford, L., Corral, S., Bradley, C., Fisher, H., Bassett, C., Howat, N. and Collishaw, S. (2011) *Child abuse and neglect in the UK today*. London: NSPCC.
- Rich, P. (2011) *Understanding, assessing and rehabilitating juvenile sexual offenders*. New Jersey: Wiley.



- Righthand, S. a. W. C. (2001) *Juveniles who have Sexually Offended – A review of the professional literature*. Washington: Office of Juvenile Justice and Delinquency Prevention. In: Hackett, S. (2014) *Children and Young People with Harmful Sexual Behaviours: Research Review*. Dartington: Research in Practice.
- Vizard, E. Hickey, N., French, L., and McCroy, E. (2007) Children and adolescents who present with sexually harmful behaviour: a UK descriptive study. *Journal of Forensic Psychology*, 18 (1) p59–73. ed In: Hackett, S. (2014) *Children and Young People with Harmful Sexual Behaviours: Research Review*. Dartington: Research in Practice.
- Worling, J. (2004) Essentials of a Good Intervention Programme for Sexually Abusive Juveniles – offence related treatment tasks. In: O'Reilly, G., Marshall, W.L., Carr, A., and Beckett, R.C. (2014) *The Handbook of Clinical Intervention with Young People Who Sexually Abuse*. Psychology Press.

