“A Light in the Dark”

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

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

Parent of young person referred to The Green House

Janine Edwards, the Foundation for Social Improvement (FSI)  
March 2018
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Awarded 4 October 2018

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

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

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

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

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

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

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

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

Outcomes
The evaluation analysed outcomes for a range of stakeholders, including children, young people and their families accessing the service, therapists delivering the service, The Green House and referrers to the service.
**Children and young people** demonstrated the following outcomes post-therapy:

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

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

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

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

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

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

**Recommendations to optimise value**

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

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

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

**Recommendations for future evaluations**

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

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

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

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

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

**Conclusion**

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

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

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

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

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

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

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

SROI is much more than just a number. It is a story about change, on which to base decisions, that includes case studies and qualitative, quantitative and financial information.
Due to ethical requirements the evaluation primarily analysed existing case data collected and collated by The Green House. We did not complete primary research with children and young people, or their families and carers, as part of this evaluation.

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

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

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

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

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

Specific measures and questionnaires can be found at Appendix 2.
The Green House Children’s Therapy Service

Understanding the need and context

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

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

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

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

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

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

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

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

Therapeutic support provides a safe place for children and young people to process their experiences and begin to move forward with their lives. Children and young people who have experienced sexual abuse may require some form of therapeutic support to begin to process and make sense of what has happened to them (Carpenter et al., 2016). Early intervention in childhood can help reduce
physical and mental health problems and prevent social dysfunction being passed from one generation to the next (Allen, 2011).

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

**The Green House Therapeutic Service**

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

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

In addition to therapy, a Family Support Practitioner offers practical and emotional support sessions for parents and carers. For many families their child’s disclosure of sexual abuse is deeply distressing. This crucial guidance equips them to better understand their child’s trauma and ways to parent and support them. In addition, the team have seen a rise in disclosures of transgenerational abuse in recent years. By offering holistic support to both children and parents, The Green House hopes to address the cycle of harm within these families.
Diagram 1: Service Pathway

A child/young person is referred to the service

The Family Support Practitioner liaises with the referrer and family. The child/young person waits for therapy

The parent/carer is offered emotional support while the child/young person waits for therapy

Once the child/young person reaches the top of the waiting list the service administration offers an assessment appointment with the parent/carer

If the therapist decides The Green House can offer appropriate support for the child/young person, they are invited to an initial therapy appointment which is also a chance for the client to find out if the Green House is right for them

A block of six therapy sessions are offered initially which take place on a weekly basis, at the same time, in the same location, with the same therapist.

Review session with parent/carer or young person takes place to find out how work is going. If the review indicates continued therapy is appropriate, six further sessions will be offered, another review will follow.

If indicated, 2 further blocks of six sessions could be offered (up to 24 sessions in total) and ending with a final review.

The therapist working with the child/young person completes the case file for the client, sends an ending letter to the child/young person to confirm their work has come to an end. The case is then closed.

Therapy Service Theory of Change

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

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

Megan
Aged 16. Was raped by a peer at the age of 14. Currently self-harming and experiencing acute anxiety. Major fall out with friends following the disclosure means she is particularly isolated and vulnerable to future sexual exploitation.

Outcomes
Feels better able to manage everyday life. Improved health and wellbeing. Stopped self-harming. Signed up for a local college course.
To analyse the many changes going on for children and young people, individual changes were first identified at different points in the client journey (from referral, to during therapy, to post-therapy and beyond). An ultimate, final outcome was determined as ‘improving the mental health and wellbeing of children and young people who have been sexually abused, enabling them to lead positive lives and fulfil their potential’. Changes were also considered for parents and carers of the child/young person accessing the service using the same points in the client journey.

Diagram 3: Theory of Change

**Children & young people referred to service**

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

**Pre-therapy**

- Developing trusting and positive relationship with therapist
- Experiencing emotions relating to trauma and being more able to express and process these in a safe environment.
- Improvement in peer relationships
- Improved confidence.

**During therapy**

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

**Post-therapy**

- Has coping strategies in place to more effectively manage emotions and behaviour, in future settings.
- Less likely to experience anxiety, stress or PTSD linked to childhood sexual abuse.
- Has an improved ability to form and maintain relationships with others

**Long-term**

- Increased confidence in process through involvement in family support.
- Increased agency, enabling child or young person to come in more confidently.

**Parents and carers**

- Family is more able to talk about the abuse.
- Child is more likely to complete therapy.

**Improved family relationships around the child or young person (protective factor)**

- Sustained, improved family relationships

**Ultimate goal: to improve the mental health and wellbeing of children and young people who have been sexually abused, enabling them to lead positive lives and...**

Final outcomes were analysed separately for therapists, The Green House and referrers into the service:
Therapists experience increased personal and professional satisfaction;

The Green House is better able to identify and implement service improvements, and has improved partnership working.

Referrers have improved referral pathways for their service users.

Diagram 4: Therapist chain of change

Establish trusted and positive relationship with client.
Provide a safe place for client to experience emotions, and process/express these.
Observe positive improvement in client’s health and wellbeing, and in the relationships around the child.

Feel able to make a difference.
Further develop specialist skills and expertise in working with children and young people affected by sexual abuse, and their families and carers.

Increased personal and professional satisfaction

Diagram 5: The Green House chain of change

Assessment process provides information about the needs and context of children and young people who have experienced sexual abuse, and their families.

Increased information about the needs of children and young people who have experienced sexual abuse, and their families.

Identification and implementation of service improvements.
Improved partnership working.

Diagram 6: Referrer chain of change

Shared resources and joint working e.g. through Survivor’s Pathway

Greater awareness of the Green House services
More effective and efficient referral processes/systems

Improved referral pathways for their service users.
Evaluation and SROI Findings

Activities and outputs

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

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

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

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

Analysis of Referrals 2016/17

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

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

The main sources of referrals during 2016-17 included local authority Children & Young People’s Services, Sexual Assault Referral Service, parents and social workers. Further breakdown can be found at Chart 3, overleaf. Although The Green House is Bristol-based, 50% of referrals were from outside of Bristol as shown in Chart 4. There was a notable increase in referrals from South Gloucestershire over the course of the year: rising from 9% of referrals between April - September to 29% of referrals between October-March.

Chart 1: Referrals by Gender

Chart 2: Referrals by age

Diagram 7: The Green House in numbers 2016/17

101 Referrals Received

46 Individuals Started Therapy

27 Individuals Completed Therapy

40 Individuals Waiting to Access Therapy (Average)

761 Hours of Therapy Delivered

93 Sessions of Parent/Carer Emotional Support

6 Referrals to The Green House Adult Service
Chart 3: Referral source

Chart 4: Geographic breakdown
Joe’s story

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

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

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

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

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

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

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

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

Outcomes for children and young people

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

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

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

Ruth Archer, Children and Young People’s Clinical Lead

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

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

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

Ruth Archer, Children and Young People’s Clinical Lead

"I think it helped because you feel understood and respected.“
Client, aged 13

"Somewhere to get things off your chest and people who care.”
Client, aged 13

"I would describe it as a creative and fun way of help which actually works.”
Client, aged 15

"It was helpful because I feel like I can share all my emotions and thoughts without being judged.”
Client, aged 12
Lydia’s story

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

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

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

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

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

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

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

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

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

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

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

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

Improved mental health and wellbeing

Comparing the pre-assessment and post-assessment CORE 10 scores, 78.2% of clients experienced a positive improvement in their mental health and wellbeing (n=23) as evidenced by a stabilised or improved CORE 10 score. The mean change in score was 5.9 and the median change was 6.0. Breaking the CORE 10 scores down further, the changes were most marked in the areas of symptoms (78.2% reporting an improvement) and functioning (56.5% reporting an improvement).

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

"As I look back on how I was before I started, I was very anxious and nervous. Now I am a lot more open and confident."
Client, aged 14

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

Able to understand and manage more effectively their emotions and behaviour

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

- “I want to feel less angry”
- “I want to accept it rather than ignore it”
- “To talk about my feelings more”
- “Not being constantly affected by triggers”
90% of those specifying at least one goal related to managing emotions and behaviour demonstrated an improvement from beginning to end scores.

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

Ruth Archer, Children and Young People’s Clinical Lead

**Aware of rights and risks**

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

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

Client, aged 16

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

Ruth Archer, Children and Young People’s Clinical Lead

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

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

**Better able to make positive choices**

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

The process of therapy can also help children realise that they have choices in the first place. E.g. some of our clients are extremely compliant. Therapy can help them realise their needs and feelings are valid and therefore they can choose to assert themselves and say no to things people might make them do.
This outcome has been identified by therapists and is evidenced through our analysis of case studies – for example in Michael’s story (page 18):

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

**Improved engagement in education and training**

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

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

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

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

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

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

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

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

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

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

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

By the end of his time at The Green House Michael felt more comfortable in his own skin, more confident and more able to express his feelings. His carer had noticed how Michael was less overwhelmed by the shame of his abuse, more willing to try new things and less detached from his peers. His improved self-esteem showed both at home and school. Michael’s brother was also referred to The Green House so that he too could benefit from the team’s specialist support.
Negative outcomes
At the conclusion of therapy, a small number of clients demonstrated negative outcomes. On further analysis of the End of Therapy Questionnaire, these could be interpreted as a reflection of the child’s fear and anxiety as a trusted relationship drew to a close.

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

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

Ruth Archer, Children and Young People’s Clinical Lead

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

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

"It helped me to say and express my feelings more but my sleeping and PTSD are still the same."
Client, aged 12

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

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

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

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

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

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

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

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

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

Towards the ending of counselling Jessica started a new relationship with a loving and respectful partner. Though she initially found this difficult as he was so different from her usual boyfriends, by being observant of her feelings she was able to identify old triggers and work through them. She had also cut down her use of alcohol significantly and was managing much better at college. She described having counselling as the best decision she had ever made.
Value of outcomes for children and young people
The outcome of achieving improved mental health and wellbeing for children and young people has been valued as follows:

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

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

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

Intermediary Outcomes: Pre-Therapy
At the referral and assessment stage, the following outcomes were identified for parents and carers:

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

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

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

Parent/carer

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

Parent/carer

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

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

Parent/carer

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

Parent/carer

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

Parent/carer

Post-therapy, parents/carers experience improved family relationships, which also serves as a protective factor around the child/young person.
Whilst not systematically captured in parent/carer evaluations, the final outcome of improved family relationships was indicated through qualitative responses (n=10) to the End of Therapy Questionnaire demonstrating improvements in communication in the family, improvement in coping skills and ability to talk about and resolve issues within the family unit (reported by 8 families).

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

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

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

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

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

Outcomes for other stakeholders

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

"I found it helpful because we talked about things and how we could change that.”
Client, aged 11

"When times were hard the service was amazing I could ring up and have things explained to me. I would like to say the team was amazing throughout.”
Parent/carer
"It takes a particular kind of understanding to be able to work with adults and/or children who have experienced rape or sexual assault, their trauma is often layered over time. It requires an expertise and people who are willing and able to hear and talk about sexual abuse in a compassionate and non-judgemental way, able to engage the individual in the meaning of what has happened with them and finding ways to live with it. This differs from other things you might deal with in other types of counselling."

Louise Davey, The Bridge Sexual Assault Referral Centre

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

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

Ruth Archer, Children and Young People’s Clinical Lead

The Green House

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

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

Michelle Windle, Director of The Green House

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

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

Louise Davey, The Bridge Sexual Assault Referral Centre

Referrers

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

"The Green House is a key service we refer to. I know I can pick up the phone or email them and they will get back to me, and that child will be well supported. In the case I really remember, the counsellor fed into the professional network whilst maintaining client confidentiality. She played a really important role in reframing the child’s understanding of the sexual abuse they had experienced and was an important part of the multi-agency network. The support they offered the parents was invaluable, enabling and supporting the parent to manage the complexities of what they were experiencing. In my view we are lucky to have such great provision in Bristol”
"The Green House are very therapeutic, flexible, person-centred. The idea of play therapy, art therapy is great and gives me confidence as I know they can adapt to suit needs of child. They are very focussed on the needs of the young person and their family. The families I have referred, and I as the referrer, have had great communication from the team so I feel confident and reassured that the family will get what they need and I can take a step back."

Lucy Pell, Safelink

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

Louise Davey, The Bridge Sexual Assault Referral Centre
Conclusions and Recommendations

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

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

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

Recommendations to optimise value

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

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

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

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

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

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

Anecdotally, The Green House therapists report as much as a quarter of parents and carers have disclosed their own sexual abuse as children. Had they accessed support to build their own resilience and boundaries,
it is possible that the cycle of harm could have been prevented. It is vital that the statutory child protection framework recognises the unique contribution that specialist services such as The Green House make in allowing children and young people to build their resilience and boundaries to safeguard themselves better.

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

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

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

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

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

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

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

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

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

Conclusion
This impact evaluation and Social Return on Investment analysis offers significant learning for The Green House and other organisations delivering similar services in other parts of the country. The report will be shared via the Centre for Expertise on Childhood Sexual Abuse (who funded this research), through local consortia and partnerships such as the Bristol Sexual Violence Support Services Consortium and via national organisations such as The Survivor’s Trust, the Foundation for Social Improvement and Social Value UK.
Appendix 1: Adherence to SROI Methodology and Principles

SROI Terminology
Throughout this report, SROI definitions are used:

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

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

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

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

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

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

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

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

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

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

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

Attribution: An assessment of how much of the outcome was caused by the contribution of other organisations or other people.
Involving Stakeholders (SROI Principle 1)

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

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

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

Table 2: Stakeholder Engagement Plan

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

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

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

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

Excluded Stakeholders

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

**Understanding Change (SROI Principle 2)**

Inputs

Inputs into the service are summarised in Table 3.

Table 3: Service Inputs

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Inputs</th>
<th>Financial value of inputs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children/Young People referred to service</td>
<td>Time</td>
<td>In line with standard SROI practices, time input was not valued in monetary terms.</td>
</tr>
<tr>
<td>Parents/carers of children/young people referred to service.</td>
<td>Time, Cost of travel</td>
<td>In line with standard SROI practices, time input was not valued in monetary terms. Cost of travel has been calculated at £5,168.88 based on distance of home postcode to The Green House (assumes return journey x 24)</td>
</tr>
<tr>
<td>Therapists</td>
<td>Time, Expertise</td>
<td>The time of therapists has been included within The Green House inputs. Costs of professional development to maintain expertise have already been included within The Green House inputs.</td>
</tr>
<tr>
<td>The Green House</td>
<td>Annual cost of service incl overheads</td>
<td>The total cost of providing the service including direct service costs and share of overheads is £91,369.00</td>
</tr>
</tbody>
</table>
The time of referrers has not been valued within the assessment as it is time spent in pursuit of their organisation’s aims and objectives and not directly involved in the delivery of the service.

Table 4 identifies the ultimate, final outcome and outcome indicator for each stakeholder group.

### Table 4: Outcomes and outcome indicators

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

### Referrers

<table>
<thead>
<tr>
<th>Referrers</th>
<th>Improved referral pathways for service users</th>
<th>8 referrers referring to The Green House</th>
</tr>
</thead>
</table>

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

### Negative and unintended outcomes

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

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

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

### Valuing What Matters (SROI Principle 3)

#### Financial Proxies

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

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Outcomes</th>
<th>Financial Proxy</th>
<th>Value</th>
<th>Source</th>
</tr>
</thead>
</table>

Table 5: Outcomes, financial proxies and values
<table>
<thead>
<tr>
<th>Children/Young People referred to service</th>
<th>Reduced anxiety and depression</th>
<th>Wellbeing valuation of relief from anxiety and depression for young people (under 25, outside London)</th>
<th>£11,819.00</th>
<th>HACT Value Bank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased feeling of control in life</td>
<td>Wellbeing valuation of feeling in control of life (under 25, outside London)</td>
<td>£15,878.00</td>
<td>HACT Value Bank</td>
<td></td>
</tr>
<tr>
<td>Improved confidence</td>
<td>Wellbeing valuation of improvement in confidence for young people (under 25, outside London)</td>
<td>£9,455.00</td>
<td>HACT Value Bank</td>
<td></td>
</tr>
<tr>
<td>Parents/carers of children/young people referred to service</td>
<td>Improved family relationships around the Child/Young Person</td>
<td>Value of being a member of a social group using Wellbeing Valuation techniques</td>
<td>£1,850.00</td>
<td>Fujiwara, 2013, Layard et al. 2008, Welsch 2007</td>
</tr>
</tbody>
</table>

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

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

**Focusing on What is Material (SROI Principle 4)**

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

This potentially infinite amount of data is prioritised and managed by focusing on the stakeholders and outcomes that are material to this analysis and its scope. In this analysis, what was relevant and significant to be included was judged by considering elements of the Accountability Material test, including where changes are expected or known in similar projects, and where there is a direct financial impact of the change. Further explanation of excluded outcomes is provided in Table 4.
Avoiding Overclaiming (SROI Principle 5)

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

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

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

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

Table 6: Deadweight, Attribution and Displacement

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Outcomes</th>
<th>Deadweight</th>
<th>Attribution</th>
<th>Displacement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children/Young People referred to service</td>
<td>Improved mental health and wellbeing</td>
<td>This has been assessed at 0%.</td>
<td>This has been assessed at 50%. A therapeutic relationship is two-way and therefore requires the active participation of the child/young person to succeed. The assessment was informed by staff workshops and consultation, stakeholder interviews and existing research and evaluations.</td>
<td>Not assessed as relevant to this stakeholder as the achievement of this outcome does not require the displacement of another outcome – and in fact may help to facilitate it. 0% used in calculation.</td>
</tr>
<tr>
<td>Parents/carers of children/young people referred to service</td>
<td>Improved family relationships around the Child/Young Person</td>
<td>This has been assessed at 0%. Based on findings from Children’s Commissioner (2015) Making Noise: children’s voices for</td>
<td>This has been assessed at 33%. The parent/carer relationship is complex as it involves both the child and therapist. It</td>
<td>Not assessed as relevant to this stakeholder as the achievement of this outcome does not require the displacement of another outcome –</td>
</tr>
</tbody>
</table>
positive change after sexual abuse. Future analysis could consider outcomes for children whose parents engage vs those that do not.

requires the participation and involvement of all three parties to be successful. The assessment was informed by staff workshops and consultation, stakeholder interviews and existing research and evaluations.

and in fact may help to facilitate it. 0% used in calculation.

The assessment was informed by staff workshops and consultation, stakeholder interviews and existing research and evaluations.

Being Transparent (SROI Principle 6)
The Green House commissioned the FSI to carry out this analysis on a paid-for consultancy basis. This analysis has been undertaken following the standard approach to SROI as documented by the UK Government, Cabinet Office sponsored guide to SROI and supplementary guidance (Social Value UK, 2012). The analysis was undertaken by Janine Edwards of the FSI who has no links with The Green House outside this piece of work.

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

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

Table 7: Sensitivity Analysis

<table>
<thead>
<tr>
<th>Variable</th>
<th>Base case assumption</th>
<th>New assumption</th>
<th>New SROI calculation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value of outcome for CYP</td>
<td>£11,189.00</td>
<td>£43,453.00 – using Wellbeing Valuation improvement in mental Health and Wellbeing</td>
<td>£8.43</td>
</tr>
<tr>
<td>Value of outcome for parent / carer</td>
<td>£1,850.00</td>
<td>£0 – if there was no value to the parent / carer.</td>
<td>£4.56</td>
</tr>
</tbody>
</table>
### Table: Attribution and Displacement of Outcomes

<table>
<thead>
<tr>
<th>Outcome Type</th>
<th>Percentage</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deadweight for CYP outcome</td>
<td>0%</td>
<td>+10% - we may have underestimated the amount of deadweight.</td>
<td>£4.21</td>
</tr>
<tr>
<td>Attribution for CYP outcome</td>
<td>50%</td>
<td>+10% % - we may have underestimated the contribution made by other agencies and professionals in the child’s life</td>
<td>£3.75</td>
</tr>
<tr>
<td>Displacement for CYP outcome</td>
<td>0%</td>
<td>+ 10%: The therapeutic activity may have displaced the outcome for a different cohort of children and young people</td>
<td>£4.21</td>
</tr>
<tr>
<td>Deadweight for parent/carer outcome</td>
<td>0%</td>
<td>+10% - we may have underestimated the amount of deadweight.</td>
<td>£4.65</td>
</tr>
<tr>
<td>Attribution for parent / carer outcome</td>
<td>33%</td>
<td>- 16.5% - we may have underestimated the contribution made by other agencies and professionals</td>
<td>£4.69</td>
</tr>
<tr>
<td>Displacement for parent/carer outcome</td>
<td>0%</td>
<td>+ 10%: The therapeutic activity may have displaced the outcome for a different cohort of children and young people and therefore their parent/carers.</td>
<td>£4.65</td>
</tr>
</tbody>
</table>

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

**Verifying the Result (SROI Principle 7)**

Although an SROI analysis provides the opportunity for a more complete understanding of the value being created by an activity, it inevitably involves subjectivity. The result of the SROI analysis has been tested with The Green House management team in order to verify the theory of change, the assessments made to value, deadweight, attribution and displacement, and the result. Further verification was sought through the assurance process offered by Social Value UK and assurance was confirmed in October 2018.
# Appendix 2: Measures

## Children & Young People’s Service Assessment

<table>
<thead>
<tr>
<th>Date of assessment</th>
<th>Name of assessor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of carer 1</th>
<th>Name of carer 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of client</th>
<th>Client date of birth</th>
<th>Client age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Early assessment?</th>
<th>Client ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Referral

- **Self-referral (Parent)**
- **Social Services**
- **CAMHS**
- **Education Worker**
- **ISVA**
- **Other**

**Details:**

### Current living arrangements

- **Residential**
- **Kinship Care**
- **Foster care**

- **With Parent/s**

**Details:**

**Other children living at home:**

### Child Protection

- **Child/young person is currently on the CP register for:**
  - [ ] Physical Abuse
  - [ ] Emotional Abuse
  - [ ] Neglect
  - [ ] Sexual Abuse

- **Child/young person is currently **not** on the register**

- **Child/young person has previously been on the CP register**

**Details:**
### Sexual Abuse

<table>
<thead>
<tr>
<th>Abuser</th>
<th>Adult Male</th>
<th>Child under 11 Male</th>
<th>Child over 11 Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Female</td>
<td>Child under 11 Female</td>
<td>Child over 11 Female</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Family member</th>
<th>Person known to family</th>
<th>Stranger</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paedophile ring</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>0 - 2 years</th>
<th>3 – 5 years</th>
<th>6 – 8 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 - 11 years</td>
<td>12 - 15 years</td>
<td>16 - 18 years</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type</th>
<th>Childhood Rape</th>
<th>Childhood Sexual Abuse</th>
<th>Child Sexual Exploitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exposure</td>
<td>Witnessing Sexual Abuse</td>
<td>FGM</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Single incident</th>
<th>Multiple incident</th>
<th>Systematic</th>
</tr>
</thead>
</table>

**Comments:**

### Disclosure to

<table>
<thead>
<tr>
<th>Parent</th>
<th>Carer</th>
<th>Other family</th>
</tr>
</thead>
</table>

**Other:**

### Date of disclosure:

### Criminal investigation

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Complete</th>
<th>Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Contact with CAIT indicated</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Counselling agreed with CAIT</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Has summary of allegations been received?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Comments:**
**Court case**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete</td>
<td></td>
<td></td>
<td>Anticipated (with CPS)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Unknown</td>
</tr>
</tbody>
</table>

Comments:

**Agency involvement**

**Social services**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within the last year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Earlier</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

**CAMHS**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within the last year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Earlier</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

**Other agencies**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within the last year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Earlier</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

**Family**

Family of origin, key relationships, mental health history:

Exposed to domestic violence?

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

*Presenting issues & health*
Access or comfort needs for therapy:

Statement of special needs?

Is there a SAF or TAC?

School attendance:

Main concerns & impact of sexual abuse:

Infancy/early years:

Other traumatic experiences:

Previous/ongoing counselling or therapy:

What does the child/young person enjoy? What is going well in their life?

**Thoughts about therapy**

Parent/carer’s hopes for therapy & why therapy now?

Parent/carer support systems:

Child/young person’s feelings about therapy:

**Family Support Work**

Has the parent/carer had family support work?

Number of sessions:

Would the parent/carer like family support work?

What might the aims be?

Would the parent/carer like a referral to the adult service?

**Other information**

**Next steps**
<table>
<thead>
<tr>
<th>Assessor’s checklist</th>
<th>Assessor’s name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency contact form complete</td>
<td>✓</td>
</tr>
<tr>
<td>Equalities monitoring form complete</td>
<td></td>
</tr>
<tr>
<td>Service explained</td>
<td></td>
</tr>
<tr>
<td>Parent/carer contract explained (including confidentiality, commitment)</td>
<td></td>
</tr>
<tr>
<td>Parent/carer contract signed</td>
<td></td>
</tr>
<tr>
<td>Consent for using therapeutic materials explained</td>
<td></td>
</tr>
<tr>
<td>Waiting list explained</td>
<td></td>
</tr>
<tr>
<td>Family support work discussed</td>
<td></td>
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<tr>
<td>Next steps discussed</td>
<td></td>
</tr>
</tbody>
</table>

**Assessor’s comments**

<table>
<thead>
<tr>
<th>Is child/young person currently suitable for therapy?</th>
<th>Is there any safeguarding required?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ No</td>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Other – see details</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is there any multi-agency liaison required?</th>
<th>Possible restorative justice case?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ No</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

Details:

**Information from young person's assessment**
<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at all</th>
<th>Only occasionally</th>
<th>Sometimes</th>
<th>Often</th>
<th>Most or all the time</th>
<th>More than once, not every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I have felt terribly alone and isolated</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>2. I have felt tense, anxious or nervous</td>
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<td></td>
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<td></td>
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<tr>
<td>3. I have felt I have someone to turn to for support when needed</td>
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<tr>
<td>4. I have felt O.K. about myself</td>
<td></td>
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<tr>
<td>5. I have felt totally lacking in energy and enthusiasm</td>
<td></td>
<td></td>
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<tr>
<td>6. I have been physically violent to others</td>
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<tr>
<td>7. I have felt able to cope when things go wrong</td>
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<tr>
<td>8. I have been troubled by aches, pains or other physical problems</td>
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<tr>
<td>9. I have thought of hurting myself</td>
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<tr>
<td>10. Talking to people has felt too much for me</td>
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<tr>
<td>11. Tension and anxiety have prevented me doing important things</td>
<td></td>
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<tr>
<td>12. I have been happy with the things I have done.</td>
<td></td>
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<tr>
<td>13. I have been disturbed by unwanted thoughts and feelings</td>
<td></td>
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<tr>
<td>14. I have felt like crying</td>
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</tr>
<tr>
<td>Item Number</td>
<td>Description</td>
<td>Rating Options</td>
<td></td>
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<tr>
<td>15</td>
<td>I have felt panic or terror</td>
<td>□ □ □ □ □ □ □</td>
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<tr>
<td>16</td>
<td>I made plans to end my life</td>
<td>□ □ □ □ □ □ □</td>
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<tr>
<td>17</td>
<td>I have felt overwhelmed by my problems</td>
<td>□ □ □ □ □ □ □</td>
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<td>18</td>
<td>I have had difficulty getting to sleep or staying asleep</td>
<td>□ □ □ □ □ □ □</td>
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<td>19</td>
<td>I have felt warmth or affection for someone</td>
<td>□ □ □ □ □ □ □</td>
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<tr>
<td>20</td>
<td>My problems have been impossible to put to one side</td>
<td>□ □ □ □ □ □ □</td>
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<tr>
<td>21</td>
<td>I have been able to do most things I needed to</td>
<td>□ □ □ □ □ □ □</td>
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<tr>
<td>22</td>
<td>I have threatened or intimidated another person</td>
<td>□ □ □ □ □ □ □</td>
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<td>23</td>
<td>I have felt despairing or hopeless</td>
<td>□ □ □ □ □ □ □</td>
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<tr>
<td>24</td>
<td>I have thought it would be better if I were dead</td>
<td>□ □ □ □ □ □ □</td>
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<tr>
<td>25</td>
<td>I have felt criticised by other people</td>
<td>□ □ □ □ □ □ □</td>
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<td>26</td>
<td>I have thought I have no friends</td>
<td>□ □ □ □ □ □ □</td>
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<tr>
<td>27</td>
<td>I have felt unhappy</td>
<td>□ □ □ □ □ □ □</td>
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<tr>
<td>28</td>
<td>Unwanted images or memories have been distressing me</td>
<td>□ □ □ □ □ □ □</td>
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<tr>
<td>29</td>
<td>I have been irritable when with other people</td>
<td>□ □ □ □ □ □ □</td>
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<tr>
<td>30</td>
<td>I have thought I am to blame for my problems and difficulties</td>
<td>□ □ □ □ □ □ □</td>
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<tr>
<td>31</td>
<td>I have felt optimistic about my future</td>
<td>□ □ □ □ □ □ □</td>
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<tr>
<td>32</td>
<td>I have achieved the things I wanted to</td>
<td>□ □ □ □ □ □ □</td>
<td></td>
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<tr>
<td>33</td>
<td>I have felt humiliated or shamed by other people</td>
<td>□ □ □ □ □ □ □</td>
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<tr>
<td>34</td>
<td>I have hurt myself physically or taken dangerous risks with my health</td>
<td>□ □ □ □ □ □ □</td>
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</tbody>
</table>

**THANK YOU FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE**

**Total Scores**

**Mean Scores**

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

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

OVER THE LAST WEEK...

1. I’ve felt edgy or nervous
   - Not at all
   - Occasionally
   - Sometimes
   - Often
   - Most of all the time

2. I haven’t felt like talking to anyone
   - Not at all
   - Occasionally
   - Sometimes
   - Often
   - Most of all the time

3. I’ve felt able to cope when things go wrong
   - Not at all
   - Occasionally
   - Sometimes
   - Often
   - Most of all the time

4. I’ve thought of hurting myself
   - Not at all
   - Occasionally
   - Sometimes
   - Often
   - Most of all the time

5. There’s been someone I felt able to ask for help
   - Not at all
   - Occasionally
   - Sometimes
   - Often
   - Most of all the time

6. My thoughts and feelings distressed me
   - Not at all
   - Occasionally
   - Sometimes
   - Often
   - Most of all the time

7. My problems have felt too much for me
   - Not at all
   - Occasionally
   - Sometimes
   - Often
   - Most of all the time

8. It’s been hard to go to sleep or stay asleep
   - Not at all
   - Occasionally
   - Sometimes
   - Often
   - Most of all the time

9. I’ve felt unhappy
   - Not at all
   - Occasionally
   - Sometimes
   - Often
   - Most of all the time

10. I’ve done all the things I wanted to
    - Not at all
    - Occasionally
    - Sometimes
    - Often
    - Most of all the time

Thank you for answering these questions.

Copyright CORE System Trust
Supported by www.coreims.co.uk
These questions are about how you have been feeling OVER THE LAST WEEK. Please read each question carefully. Think how often you have felt like that in the last week and then mark the box you think fits best.

Over the last week...

1. I’ve felt panicky, anxious or nervous

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

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

- [ ] 0 I’ve always felt I could talk to someone
- [ ] 1 I’ve often felt I could talk to someone
- [ ] 2 I’ve sometimes felt like I haven’t wanted to talk to anyone
- [ ] 3 I’ve often felt like I haven’t wanted to talk to anyone most or all of the time
- [ ] 4 I haven’t felt like talking to anyone most or all of the time
3. I've felt able to get by when things go wrong

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

4. I've thought of hurting myself

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

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

- 4 There's not been anyone I've felt able to ask for help from
- 3 There's hardly ever been anyone I've felt able to ask for help from
- 2 There's sometimes been someone I've felt able to ask for help from
- 1 There's often been someone I've felt able to ask for help from
- 0 There's been someone I've felt able to ask for help from most or all of the time
6. My thoughts and feelings have been upsetting me

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

7. My problems have felt too big for me

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

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

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

9. I’ve felt unhappy
10. Because of my worries I’ve not done all the things I’ve wanted to do

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

Thank you for answering these questions
Goal-based Outcomes Record Sheets

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

(List up to three goals)

<table>
<thead>
<tr>
<th>Goal Number</th>
<th>Goal Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<tr>
<td>2</td>
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<tr>
<td>3</td>
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</table>

If you have any other goals, please list them here.
End of Therapy Questionnaire – For Child/Young Person

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

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not helpful at all</td>
<td>quite helpful</td>
<td>very helpful</td>
<td></td>
<td></td>
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</table>

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

---

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

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<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>A little</td>
<td>Yes, a lot</td>
<td></td>
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</table>

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

---

3. How do you feel about your future?

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel worried</td>
<td>I feel ok</td>
<td>I feel happy / positive</td>
<td></td>
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</table>

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

---

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

<table>
<thead>
<tr>
<th></th>
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<th>1</th>
<th>2</th>
<th>3</th>
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<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>some of the time</td>
<td>Yes, during every stage of the process</td>
<td></td>
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</table>

Are there ways your therapist could have supported you better?

---

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

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

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

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

Many thanks for taking the time to fill in this form! Your feedback is really valuable to us.
End of Therapy Questionnaire – For Parents/Carer

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

   0  1  2  3  4  5  6  7  8  9  10

   Not helpful at all  quite helpful  very helpful

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

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

   0  1  2  3  4  5  6  7  8  9  10

   Not at all  A little  Yes, a lot

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

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

   0  1  2  3  4  5  6  7  8  9  10

   Not at all  some of the time  Yes, during every stage of the process

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

7. Were the facilities available to you comfortable?

   0  1  2  3  4  5  6  7  8  9  10

   Not at all  quite comfortable  very comfortable

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

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

   Yes / No? (please circle)

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

    0  1  2  3  4  5  6  7  8  9  10

    Not at all  Partly  Yes, fully
11. Was it easy to get to the place where your child/young person had their weekly appointments?

0 1 2 3 4 5 6 7 8 9 10

Not at all  It was okay  Yes, it worked out really well

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

0 1 2 3 4 5 6 7 8 9 10

Not at all  Some of the time  Yes, during every stage of the process

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

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

0 1 2 3 4 5 6 7 8 9 10

Not at all  Maybe  Yes, absolutely

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

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

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

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

YES  NO

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

<table>
<thead>
<tr>
<th>Outcome: Changes relating to wellbeing</th>
<th>1= the least; 5 = the most</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client feeling optimistic</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>Client expressing confidence</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>Client’s level of energy</td>
<td>1  2  3  4  5</td>
</tr>
</tbody>
</table>

*Tick where appropriate, leave blank if this measure has not been observed for this session/time period*

Client expressing a sense of having a place in the world

Client feeling more interested in other people or things than previously

Client seems engaged with the process | Yes No

Client seems ambivalent about the process | Yes No

Therapist notices changes to the way the client engages with the process

Outcome: Improved relationships

Therapist notices evidence of client developing constructive friendships

Client seems less isolated

Therapist notes improvements client’s relationships to his/her family members

Therapist notes improvements in overall family functioning

Outcome: Victims become more empowered

Notice changes to communication, or client coming out of their shell

Client becomes more engaged with activities, e.g. joining clubs or groups (in school or outside of school)

Improved performance/results at school

Outcome: Greater self-esteem: *If change noticed, tick box. If no change, leave blank*

Client feeling less shame

Client expressing feelings of self-worth, or being on an equal place with others

Client expressing their positive qualities

Client expressing achievements or actions they feel proud of

Client expressing self-respect

Client expressing that they feel confident in their own abilities

Client expresses a sense that it is possible for things to be fair
Focus group with staff

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

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

Stakeholder interviews

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

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

Follow up consultation with Lead Therapist and Director

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

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


Kendler, KS, Bulik, CM, Silberg, J, Hettema, JM, Myers, J; Prescott, CA; (2000) ‘Childhood sexual abuse and adult psychiatric and substance use disorders in women’ *Arch Gen Psychiatry*, vol 57 pp 953-959.


