The challenge of outcomes measurement in CSE services

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The Alexi Project

The Alexi Project was a large-scale longitudinal evaluation of the impact of a 'Hub and Spoke' model of service delivery on improving local responses for children at risk or victims of child sexual exploitation (CSE). Data from 16 hub services and 53 spoke workers provided a complex and rich picture of the state of specialist service provision across England. One of the key findings was that CSE services struggled to evidence 'top-level' outcomes, because of a range of challenges around impact measurement. This briefing considers these in more detail and in the context of the experience of voluntary and community sector organisations more generally.

Evaluating a new model of tackling CSE across England

Project

The Alexi

1. Introduction

Specialist services working with children at risk or victims of child sexual exploitation have been operating across the UK for over 20 years, delivered primarily by voluntary and community sector organisations (VCSOs). Some are large national charities (e.g. Barnardo's, The Children's Society, NSPCC), while others are small charities operating in just one locality. The practice ladscape for these services has been shaped by a range of activity at national level. Two significant currents of change in the last five years have been substantial cuts to government spending and the categorisation of child sexual abuse and exploitation as a national threat in the 2015 Strategic Policing Requirement. Despite constrained public finances, national and local agencies have been expected to invest in and improve their response to CSE. With this attention has come greater awareness and scrutiny of the role and impact of specialist CSE services delivered by VCSOs. This paper reviews some of the influences on, and challenges for, CSE services in identifying and measuring outcomes, with the aim of stimulating further conversation and helping services better align their work with what they are held accountable for.

2. What are the key influences on CSE services and their outcome measurement?

Successive governments have shaped and re-formed the role of VCSOs in relation to government and public services, but the sector has been increasingly engaged in demonstrating its effectiveness since a cross-cutting review of its role emphasised the importance of accountability to funders, commissioners and to tax-payers (HM Treasury, 2002). Evidence suggests that, in the last decade, VCSOs have devoted a greater proportion of their resources to impact measurement related activities, and yet impact measurement remains a contested idea in research, policy and practice (Harlock, 2013).

The Alexi Project Briefings: The challenge of outcomes measurement in CSE services



Policy and Practice Briefing



Performance management in the public sector has been a relatively stable feature of policy for the last 30 years, despite its diverse manifestations across different governments (e.g. new public management, compulsory competitive tendering, national targets, key performance indicators, 'What Works' and the 'choice' agenda) (Social Finance, 2015). More recently, a series of specific policy drivers have all exerted pressure on public services and VSCOs to provide evidence of their effectiveness.1

- **Outcome based commissioning.** Services receiving funding from local/national government or charitable funders are increasingly expected to report on the outcomes they achieve for service users (Harlock, 2013).² Arguably, reduced government budgets have created a more competitive funding environment in which providers are under more pressure to demonstrate value for money.
- **Localism and innovation**. The 'general power of competence' in the Localism Act (2011) allows a local authority (LA) greater freedom to achieve impact on behalf of their residents. Drives toward de-centralisation often emphasise innovation and local scrutiny of service providers.
- **Social impact.** The Public Services Social Value Act (2012) requires public bodies to consider social and environmental value, as well as financial value when commissioning, signalling the possibility of holistic approaches to measuring impact in its broadest sense.
- **Evidence-informed practice**. Outcomes measurement is related to a wider emphasis on the importance of evidence of impact in public services. In a recent manifestation, a series of 'What Works' centres have been launched that are modelled on the National Institute for Health and Care Excellence and 'aim to improve the way government and other organisations create, share and use high quality evidence for decision-making'.3
- Sector led improvement. Sector-led improvement has been framed as a tool to reduce bureaucracy and state intervention and empower sectors (such as children's services) to use evidence to drive improvement. This agenda prioritises LAs' responsibility for their own performance and accountability to the local communities they serve (Holmes and Brookes, 2014). More directly, measuring impact can help organisations understand the effects of their services, and to plan and adapt accordingly (NCVO, 2013).
- Service-user involvement. The last decade has seen increasing emphasis on the 'co-production' of positive outcomes between the state and the citizen (Shirley and Melville, 2010), as well as evidence of some focus on 'user-voice' and the personalisation of services.

These drivers do not operate in uniform ways, and intersect to create new conditions as well as contradictory pressures.

- In the context of austerity, small charities suggest that cuts to LA budgets may limit the capacity of charities and LAs to capitalise on the possibilities of localism (FSI, 2012).
- Despite a broad government definition of social impact, local commissioning can and often is still focused on outputs, targets, unit costs and short-term efficiencies (NEF, 2014).
- It has been argued that an emphasis on localism marks a break with policy that has traditionally emphasised shared judgements about what works (Martin, 2011).
- Traditional 'top-down' impact measurement that meet the requirements of funders/commissioners/government are still prioritised over the needs of service users, beneficiaries and charities themselves (Horlock, 2013).

In addition, there are more specific policy developments that are playing out in local areas. Their impact remains to be seen; but CSE services now have a wider group of stakeholders showing interest in their practice/outcomes.⁴

- Since October 2014, most support services for victims have been commissioned at a local level by Police and Crime Commissioners (PCCs), making them significant stakeholders for CSE services.
- A strong policy lead on CSE from the Home Office has translated into local strategic leadership from the Police, who are increasingly present in or leading multi-agency forums on CSE (Harris et al., 2015).
- Increased activity around CSE has brought more agencies to the table locally. This has resulted in an acceleration of multi-agency structures, and consequent attention on the lack of robust risk assessment tools that are suitable for use in these forums (HO, 2014; Brown et al., 2016).

CSE services face a range of challenges in terms of outcomes measurement, many of which are shared by VCSOs in general. They range from the technical to the political and ethical.

3.1 Multi-purpose outcome measurement: intervention, improvement or accountability?

Research suggests that service improvement is the most important benefit of impact measurement perceived by VCSOs (Ogain et al., 2012). Nevertheless, the most significant motivation for organisations appears to be perceived pressure from funders and/or to meet funders' requirements (Lyon et al., 2011; Chapman et al., 2010). This highlights a significant tension in collecting outcomes data. Aggregated 'big' data is relied upon for making judgements about the quality and nature of services, but outcomes measurement can also be used therapeutically within interventions to capture individual progress with the service user. One framework cannot always achieve both aims, and Harris (2014) argues that pre-determined outcome sets and accompanying descriptors are too prescriptive to accurately capture the change that has occurred for individuals. More subjective measures (like the 'outcomes star') create a personalised baseline with high individual validity, and may be more likely to take account of individual strengths and skills. Nevertheless, they make it difficult to aggregate outcomes data for the service, and do not use the standardised language that government and many funders request (Cabinet Office, 2014).⁵

3.2 Validity of measures

When identifying appropriate outcome measures there is a risk that services create perverse incentives such as 'cherry picking' or 'parking' service users on the basis of how easy it will be to work with them. Impact reporting is a 'socially entrepreneurial process', through which organisations can act strategically to inflate or distort their results in the context of a competitive funding environment (Lyon and Arvidson, 2011:3). There are additional concerns about outcome validity for services that work with victims of crime. For example, one review of such services highlighted the need for contextual information to interpret psychometric scales and the potential issue of victim-reported outcomes being affected by memory issues/low response rates. Services for victims emphasise the importance of measuring interim outcomes and 'distance travelled' to ensure that the impact of trauma is recognised in what might appear to be relatively slow or non-linear progress. An over-arching concern is that measures with limited validity can be over-interpreted, leading to potentially negative consequences, such as services being cut or extended based on a potentially incomplete picture of impact (Callanan et al., 2012).

3.3 Aggregated data

Pressure to produce highly aggregated data about outcomes mean that the experience and the voice of those using services is often overlooked and the connection between data and lived experience is then lost (Harris, 2014). It can be a challenge for services to find standardised and shared outcomes languages that are still coherent with service aims and ways of working. Even then, variation in approach and intervention amongst 'like' services, mean that at organisational level the data are insufficiently robust to be useful. Within CSE services it will often be front-line practitioners making judgements on scoring outcomes. Where services do use tools to collect young people's perspectives on key outcomes, these may not be recorded or integrated into reported outcomes data because they may contrast with professional judgement on nature/level of risk and perceptions of progress.

3.4 Low staff confidence

Confusion around the purpose of outcomes measurement can have a direct impact on staff experience of, and relationship to the process. If outcome frameworks do not illuminate the link between practitioner work and ou comes achieved, there is a malfunction in an otherwise powerful feedback loop for service improvement. When services can't use data in a meaningful way, professionals are more likely to perceive outcomes measurement as a 'managerialist performance framework' which can translate into low ownership over impact measurement and a missed opportunity for reflection and development (Arvidson, 2009; Harris, 2014). Professionals are not always clear about the nature of interventions i.e. what is being achieved and how. Poor articulation of service models can therefore also contribute to staff feeling alienated from the process and products of outcomes measurement.

3.5 Attribution and contribution

Good outcome measures should be both achievable during the length of the intervention, or attributable because of the intervention according to the Cabinet Office (2014); but positive change for individuals is often achieved through the interplay of different factors within a system. Unfortunately, the normal complexity of social life is rarely acknowledged by standard approaches to outcomes measurement. Likewise, services do not always have the skills or resources to model their activities in ways that link inputs and activities to outputs and outcomes, or that isolate their specific contribution over and against other agencies/individuals. Both standardised and tailored measures often struggle to link intervention to outcome. (Harris, 2014). This may be why 84% of VCSOs surveyed reported collecting output data as their most common evaluation practice (Ogain et al. 2012).6

3.6 Lack of resource

Reviews have found that smaller service providers have limited resources, skills and infrastructure for impact measurement (Callanan et al., 2012; Wilkes and Mullins, 2012), and that existing tools/support are accessed by organisations that are willing and able to pay for them (Horlock, 2013).

3.7 Burdensome

Lumley et al. (2011) suggest there is increasing need for joined-up approaches to evidence and reporting requirements between funders and VCSOs. CSE services run by VCSOs will often have multiple funding streams including charitable donations, funding from trusts and grant-making bodies, as well as contracts awarded from local government. Reporting on different outcome measures to these funders is particularly burdensome for small charities.

3.8 Funding cycles

Funding cycles with their short time scales can act to increase the reporting focus on targets, outputs and early deliverables amongst VCSOs providing public services (Ellis, 2009). This can lead to organisations prioritising monitoring as a performance measurement activity and disincentivise longitudinal research and long-term outcomes capture, including re-referral (Breckell et al., 2010; Leat, 2006).

3.9 Outcome measurement in the child's best interest

The timing of data collection has to be handled sensitively to minimise burden or distress to children who have suffered sexual abuse. Outcomes should always be reported anonymously, but services also need to be aware of the potential of causing additional stress if they try to capture baseline data about abuse, and if they try to follow-up service users who wish to leave traumatic experiences behind them (Callanan et al., 2012). Children have the right to be consulted on approaches to outcomes measurement, as with all other elements of a service that affect them, but there are also a range of ethical considerations for services who wish to engage in co-design and consultation.

3.10 Gender-blindness7

CSE affects both males and females, but has gender dynamics that should be considered in relation to outcomes measurement (e.g. a sexual double standard that can result in female victims being blamed for their abuse and male victims not being identified). One commentary suggests that gender-informed evaluation should:

- Engage key stakeholders in planning, implementation and evaluation;
- Establish contextual understanding of how gender inequality and discrimination operate in the programme areas;
- Define assumptions and challenges in the pathway of change;
- Identify which indicators to measure; and
- Articulate intermediate outcomes related to people's understanding and attitudes.

3.11 Individualised outcomes

Alongside gender inequality, there are a number of other broader social problems that contribute to the on-going sexual exploitation of children (e.g. poverty, homophobia, racial inequality). There is therefore a risk that a focus on individuals 'achieving' outcomes such as 'safety' or 'awareness' obscures these deeper structural inequalities that are not the responsibility of the victim. Carmel and Harlock (2008) have argued that performance targets and goals for VCSOs delivering public services often reflect the agendas of their government funders, and prioritise particular activities and ways of working based on private or commercial sector practice. It is important, therefore that outcomes measurement does not solely promote efficiency and cost-effectiveness at the expense of other objectives that better account for the causes of abuse.

4. The dynamics of CSE: known unknowns, risk and outcomes.

The specific dynamics of CSE present a series of challenges for outcomes measurement, beyond those listed above: including ambiguity about harm, use of proxy outcomes and confusion between risk and harm.

4.1 Ambiguity about harm

Children and young people affected by CSE often don't recognise that what is happening to them is exploitation, are fearful of disclosing, and can be deeply mistrustful of services (Harris et al., 2017). In these cases, services focus on building trusting relationships, and responding to the young person's felt needs before they are in a position to begin to address sexual risk. They would rarely collect baseline data that relies on discussions with the child themselves about abuse e.g. the child's understanding of abusive/healthy relationships. Instead it is normal for new information to come to light as there is more awareness of the signs of CSE and what is happening in a child's life, and for abuse to be disclosed months into support being provided.

"In these situations a gradual but persistent process through interpersonal work eventually brings a young person to recognition of their own situation. It is only after this has been achieved that they can be supported to extricate themselves from the exploitation. Interventions are thus long-term, lasting two years or over." (Harris, 2014: 23).

This presents a number of challenges for capturing outcomes. Without clarity around the forms of harm and risk faced by a child, practitioners are often 'working in the dark' with high levels of ambiguity about exactly what is happening in the child's world.

4.2 Proxy outcomes

In response to these challenges, some organisations have drawn on practice feedback and research evidence

to develop outcome frameworks that attempt to capture the impact of their service on young people's well-being and safety in relation to CSE.

Unlike other fields such as medicine, there is no robust empirical link between outputs (e.g. meeting with a young person three times) and core outcomes (e.g. greater protection from abuse) for CSE services, and other social interventions. As such, organisations rely on 'proxy' outcomes, sometimes known as 'surrogate' or 'interim' outcomes, which are useful when there is an empirical link between such indicators and the 'true' outcome of a service, even if the nature of the association is not 100% known. It is because of this relatively weak evidence base that outcomes are, and will continue to be so important to commissioners – who can't rely on output measures as an indication of success (Social Finance, 2015).8

An example of this approach (and the most comprehensive attempt to collect baseline and subsequent outcome measures within CSE services to date) was a two-year evaluation of Barnardo's CSE services across England (Scott and Skidmore, 2006). Ten services collected quantitative data across several domains, only one of which directly sought to measure the level of sexual exploitation. Others were items that research had suggested were potential indicators of sexual exploitation. They included: 'lifestyle risks for sexual exploitation' (e.g. going missing, conflict with parents/carers, money/clothes without explanation); accommodation need; rights and risk awareness; engagement with services and education.

4.3 Contexts of harm

CSE and other forms of abuse affecting adolescence are usually associated with contexts outside the child's home environment including their peer group, school, and neighbourhood as well as specific locations like parks, public transport, and shopping centres. However, assessments, interventions and outcomes measures focus almost exclusively on individual victims rather than the effectiveness of attempts to make these contexts safer for children and young people (Firmin et al., 2016).

4.4 Outcomes measurement and risk assessment

The same indicators used to measure outcomes for CSE services have also been used as indicators of risk - with both deriving from the same relatively limited evidence base developed by Barnardo's some years ago. The 'Sexual Exploitation Risk Assessment Framework', was developed by Barnardo's, Wales, following on from the work of Scott and Skidmore (2006), and has been influential in shaping the way CSE services and multi-agency partners categorise risk, manage referrals and scope their local need (Clutton and Coles, 2007).

CSE services exist to support children to be protected, and withdraw, from exploitative contexts and relationships, and to help them recover. In light of known barriers to disclosure and poor professional identification of risk, CSE services are often working with cases where the level and type of abuse children suffer is not yet known. As already described, part of the logic of most CSE service intervention is that through building trust, children can talk about what is happening to them. As such there is an important distinction to be made between known and suspected exploitation. In front-line practice, risk indicators are often scored, and used to make judgements about suspected exploitation in the absence of evidence. However, many risk assessment tools are not clear enough about this distinction (Brown et al., 2016) and in some cases, assign a label of 'high risk' to clear cases of known exploitation. Furthermore risk is not static, so attempts to capture 'risk levels' (including baseline measures) do not reflect this dynamism. Even when making progress towards exit and recovery the circumstances in young people's lives are fluid and fluctuating.

There is a need , therefore, for greater clarity about what is known (measurable indicators such as missing incidences), what is constructed from these (assertions about risk levels) and what is unknown (harm). This is relevant insofar as it helps to illuminate the challenges for CSE services in measuring their impact on the core task of protecting children from abuse. More research is needed to establish the relationship between the various indicators of risk, interim outcomes and the core outcome of child protection and safeguarding, to avoid risk and harm being conflated.⁹

5. Areas for future work to address

As the field of CSE develops, outcomes measurement needs to keep step, taking into account a range of issues practice is now confronting.

More diversity in the types of exploitation, and backgrounds of victims. With significant numbers of young people experiencing non-contact offences through online exploitation, some indications of service impact (e.g. reduced missing) will not be as directly relevant to newer cohorts of victims (Palmer, 2015).

Listening more effectively to children and young people. In light of the disempowering impact of abuse, there is a question as what role children and young people should play in determining the help they need. Predetermined and generalised sets of outcomes are unlikely to capture the range of needs of individual children, and as a result these outcome sets do not tell us enough about the lives of service users, or take enough account of their perspectives.

Growing awareness of trauma. Although it is well established that sexual abuse and violence has a traumatising impact, there has been little clinical support embedded in voluntary services working with CSE, and a range of challenges in making mental health support accessible to these children and young people. For many children, becoming aware that they are being exploited results in a decline in their mental health. If this is so, services should not be expected to record outcomes that demonstrate stable or linear progress.

The use of logic models and intermediate outcomes. There is wide agreement in CSE research that trusting relationships are usually a pre-condition for successful engagement in services, disclosure and recovery from exploitation. Services could make better use of logic models or theory of change approaches, that link their activities (e.g. regular communication and action taken to support child) to intermediate outcomes like 'trust-building'. These intermediate outcomes could then be linked to subsequent outcomes like 'Greater awareness of healthy/exploitative relationships' or 'Reduced contact with perpetrator' for example.

Contextual outcomes. As already noted, outcomes tend to focus only on victims, and rarely consider the wide range of environments that impact on a child's safety. More meaningful outcomes frameworks might consider the impact of preventative socio-educative work on peer group cultures, actions to make neighbourhoods or schools physically safer or the impact of training workers in the night-time economy on the safety of localities at night.

6. Conclusion

VCSO CSE services find themselves at a historical moment with unprecedented public attention on child sexual abuse and exploitation and more and more stakeholders to engage with locally and nationally. This attention provides an opportunity for reflection on both the challenges associated with measuring outcomes in this field, as well the possibilities for improvement. Overcoming these challenges will require funders, evaluators, commissioners and practitioners to work together to align their work wherever possible. Future conversations should consider the core purpose of outcomes measurement for these services, whether current approaches can be sufficiently improved, and if not what alternatives could be used. These conversations should be led by stakeholders who understand the complexity of addressing CSE in order to avoid poor judgements being made about service effectiveness or value for money. This is a key recommendation of the Alexi Project evaluation of the Hub and Spoke model, and will support the sustainability of specialist services for future children who need protection and support.

Footnotes

- 3 https://www.gov.uk/guidance/what-works-network
- 4 This includes research and evaluation, with some longer-standing services having been extensively involved in multiple projects.

5 The Outcomes Star developed by Triangle - A baseline score is taken for the individual and change is measured on a scale of one to ten. The tool uses a model based upon the 'cycle of change' which is widely used in the recovery field. This shows progress through five key stages from being stuck to accepting help, believing, learning to reach eventual self-reliance. The tool has been widely used in a therapeutic context to support intervention. Providing the service user with a visual representation of the progress they have made, it can provide reinforcement and support the development of confidence and self-efficacy. 6 The next most common reported were measuring outcomes and using case studies, customer satisfaction forms and bespoke questionnaires.

 $\label{eq:product} 7 \ http://www.thinknpc.org/blog/integrating-gender-into-evaluation/?subscribe=success\#blog_subscription-2.$

¹ In the UK third sector context, social impact has been broadly referred to as the wider external benefits to society, the economy, and/or environment that VCSOs can create via their activities, rather than focusing purely on direct outcomes for individual or private beneficiaries or stakeholders (Arvidson et al., 2013. in Harlock, 2013).

² See for example MoJ (2013: 21) "An outcome based approach to commissioning victims' services aims to improve the experience of victims and demonstrate the real benefits services provide to victims of crime".

⁸ Choosing interim outcomes requires finding a balance between measures that are closest to the project's objectives but may not be practical to measure, and those that are pragmatic but removed a little from core objectives (Social Finance, 2015).

⁹ i.e. when a young person who has disclosed a rape but won't make a statement to the police is reported to be 'at risk' of CSE.

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