



SAFE Evaluation Report

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Project Background

Although it involved interconnecting elements and aspirations, the core objective of this project was to bolster the capacity of Kibble's Specialist Intervention Services, providing frontline services aimed at addressing the emotional wellbeing of young people aged 5-25 years who had become victims of crime, or witnesses to it.

The SAFE project was designed to work in two ways. Firstly, it would develop community-based and trauma-informed early-intervention systemic services and advocacy to children, young people and their families who have experienced crime. Secondly, it would deliver specialist psychological and clinical services to professionals and organisations who already supported young victims/witnesses to crime. This would take the form of expertise, assessment, formulation and intervention strategies.

As one of Scotland's leading child and youth care charities, Kibble already has over 160 years of experience in supporting children and young people who've experienced multiple adversities, tackling the social, emotional and educational needs which typically ensue. Central to this service provision is the Specialist Intervention Services department, providing early intervention activities and helping to address trauma-related challenges.

Tiers

The project was designed to operate across three distinct tiers, as summarised below and referred to throughout this document.

Tier 1

Provision of specialist systemic and psychological advice and support for organisations and professionals who do not have expertise in trauma, mental health and intervention but who support young victims and witnesses – education, social work, police – promoting system change and collaboration between a wide range of organisations supporting young victims/witnesses of crime.

It was anticipated that 200 young people would be supported throughout the three years of the project, while two professionals would be given learning, development and support for each young person, enabling 400 professionals to be better able to support young victims.

Tier 2

Delivery of direct systemic and family therapy to children, young people and wider families impacted by crime, helping them understand the impact of crime/victimisation and how models such as attachment-based parenting and trauma narrative therapy can help them and their children. Tier 2 was designed to address multi-generational trauma

experienced by parents/carers, and work with families to help them understand the impact of domestic violence, drug and alcohol abuse, emotional abuse, and neglect.

While there was an expectation that a dozen children and young victims would be supported each year, Tier 2 work would support wider families, helping a total of 90 people. Services would be bolstered in year two by employing a second Systemic Practitioner.

Tier 3

Providing advocacy support to young victims helping them through the Criminal Justice process, explaining the procedures, how they work and ensuring they understand their individual rights, enabling them to engage more safely and meaningfully with court processes and feel empowered to complete court actions.

A total of 44 young people would receive advocacy support, some of whom may also be supported through Tier 1 and Tier 2 services and therefore may not be additional beneficiaries.

Impacts

Three main impacts were identified as priorities for the project, as summarised below.

Prevention

Providing earlier interventions, offering the right therapeutic support and empowering young victims/witnesses to understand their rights by better understanding their needs, improving their long-term outcomes and preventing negative pathways. There would also be a reduction in the number of times a victim/witness had to recount their experience.

Protection

Protecting young victims and witnesses by helping to build emotional resilience within the child and family, helping children to protect themselves by reducing the risk of re-victimisation or behaviours which may put themselves or others at risk and encouraging safe and alternate approaches to working with perpetrators.

Support

Delivering both practical and specialist emotional support to ensure the complex needs of children and their families after crime are understood, providing a range of interrelated support options to support families to overcome previous negative experiences of the criminal justice system, and improving outcomes for young victims/witnesses of crime.

Intended Outcomes

At the SAFE project's inception, Kibble identified several desirable strategic outcomes. These are reviewed below, and the rest of this report considers how well these outcomes were met, as well as the challenges, outcomes and results which ensued.

Outcome 1 – Victims have improved health and wellbeing

Identifying that children and young people are disproportionately more likely to be victims of crime, and amongst some of the most vulnerable users of the Criminal Justice Service, Kibble proposed putting support in place to help young people who wanted to report crime. Building long-term relationships with young victims/witnesses of crime and their families is crucial given the interconnectedness of many problems associated with child abuse and neglect (including poverty, inter-generational substance misuse/mental health issues, low attainment and criminality).

Being a young victim of crime can severely affect mental health and wellbeing, leading to depressive and anxiety disorders, drug use, suicidal ideation/attempts, risky behaviour, self-harm and eating disorders. It can also affect physical health, with links identified with obesity, hypertension, ulcers, headaches, cardiovascular disease, and diabetes. It can affect academic success, with evidence showing it can cause educational underperformance.

By working with young victims/witnesses at an early stage, Kibble anticipated being better placed to provide the therapeutic support needed for young victims to lead happier and healthier lives. Trauma informed therapeutic approaches are evidenced to have an advantageous effect on mental health and substance misuse, additionally addressing issues of guilt and shame.

Outcome 2 – Victims feel safer

Crimes against children are not always taken seriously by the authorities, so criminals can carry on abusing them and other children. This has a wider impact on children and the communities they live in, from increased health service needs, education issues and some young victims developing risk taking and offender behaviours themselves. Children and young people are experiencing significant levels of crime and victimisation, usually without the support and intervention of statutory services.

Children and young people must get the support they need to report crimes, testify in court and to try to come to terms with their ordeals. By supporting victims to hold perpetrators accountable, Kibble aimed to support them to feel safer in their everyday lives. Focusing attention and resources on a systemic family-based approach where family members are part of their healing journey. Where the family may have been the source of the harm, Family Therapy can support parents and carers to help them break generational cycles and work towards making better choices as often these caregivers

have also been young victims themselves. In turn this could make young victims feel safer.

Creative solutions offering a wide range of therapeutic supports tailored to the unique need of each family can help victims to talk through their worries and concerns. This enables them to identify ways they can feel safe again, identify adults they can talk to who they feel are safe, and take direct actions when they feel unsafe. This will help them to feel more in control and better able to deal with negative emotions around their safety.

Outcome 3 – Victims have an improved experience of the criminal justice system/process

Children and young people must be supported by specialists who understand the unique ways they experience and are impacted by crime, possessing the skills to communicate with and support them through their experience of the criminal justice system and process. By employing a young victims advocacy worker, Kibble could co-ordinate the various agencies involved to ensure good communication and support of the child throughout.

Advocacy will also support young victims through pre-trial visits – showing children around the court and trying out special measures, explaining the court process and who's who in court, helping children understand their role as a witness, ensuring security measures are in place to protect young victims coming face to face with perpetrators and supporting young people to understand verdict and sentencing arrangements. Therapeutic support can help address anxieties and worries and support the development of coping strategies, also helping parents and supporters understand the process so they can better support the child too.

Kibble has unique expertise and knowledge of support processes which can help support young victims/witnesses of crime to have an improved experience of the criminal justice system and enable them to be better able to deal with the impact of crime. Connecting different statutory services and helping young victim navigate the system maximises the chances of supporting harder to reach young victims and resolving problems that might otherwise not be referred to statutory agencies.

Outcome 4 – Victims are able to rebuild their lives

Being a victim/witness of crime term can significantly damage life outcomes, including educational achievement, family networks and physical and emotional health. This impact often has long term repercussions affecting family relationships, friendships, confidence and self-esteem, behaviours, health and life chances.

The project proposed delivering personalised, tailored approaches agreed alongside the child and their family. A multi-intervention model would better support the needs of the child to achieve coping and recovery outcomes. Sustainable positive change is more likely when wider family members are involved in the development and implementation of support plans. Equally, connecting victims with other support agencies who are able

to support them rebuild their lives (colleges, substance misuse support agencies, housing associations) ensures their needs are met long after the criminal case has been concluded.

Ensuring early outreach support and signposting for young victims can help prevent repeat victimisation and help young people develop coping skills to stop risk escalating. Similarly, working with young victims to develop support plans that reduce risks, increase support and improve their ability to keep safe maximises the prospect of those children and young people overcoming their experiences.

Methodology

The methodological approach to deliver this evaluation makes best use of project documentation to identify project achievements against the plan and explore best practise and constraints. Evaluation activities included:

- Review of project application and budget.
- Desk research.
- Meetings with project staff.
- Analysis of monitoring data provided by Kibble.
- Analysis of quarterly reports.
- Review of multiple surveys completed by external professionals, young people and their families.
- Review of advocacy interview data.
- Review of feedback information from young people and their families.
- Collation of report.

Social Overview

The number of children on the Child Protection Register in Scotland on 31st of July 2023 was 2,091 according to Scottish Government Children's social work statistics published in March 2024. This was a four per cent rise on 2022's corresponding figure but 21 per cent lower than in 2013.

The NSPCC estimates that for every child identified as needing protection, another eight are suffering. In a UK-wide survey conducted by the NSPCC in 2011, 25 per cent of 18-24 year-olds reported experiencing severe maltreatment as a child. The 2021 Census reported 1,066,704 children living in Scotland; if 25 per cent experience severe maltreatment, this generates an estimate of 266,676 who will experience child abuse during their childhood. Abuse can also take place wholly online; during lockdown, young people spent more time online, and this has increased children's risk of online abuse with potentially less supervision and less intervention.

Witnessing domestic violence as a child is also a form of emotional abuse, and there has been a worrying increase in the number of reports of domestic violence since the pandemic. In the second quarter of 2024, Police Scotland reported a ten per cent increase in reports of domestic abuse, representing an increase of 3.8 per cent on the five-year mean, and including a 66 per cent increase in crimes where the victim was male. The total figure for incidents of domestic abuse in 2023-24 stood at 63,867.

The coronavirus pandemic placed many families under heightened pressure. The NSPCC's research publication "Isolated and Struggling: social isolation and the risk of child maltreatment, in lockdown and beyond" found the pandemic had increased stressors to parents and caregivers, increased vulnerability among children and young people, and reduced normal protective services.

The social costs of child abuse include the cumulative costs of healthcare, productivity losses, criminal justice costs and government expenditure on childcare and protection. The WHO estimates that child abuse/neglect are responsible for almost 25 per cent of all mental disorders in Europe. It also estimates that the social costs of child abuse are comparable to those of all non-communicable diseases (including cancer, obesity, diabetes, and heart and respiratory diseases). Studies in the US and Australia estimated the total cost of child abuse over the lifetimes of all children who suffer abuse. Taking the lowest estimates in those studies and assuming similar costs and rates of abuse per

head supports a calculation that every year, new cases of child abuse, over the lifetimes of those children, cost Scotland over £1bn.

The current waiting lists for CAHMS support can be long and over 25 per cent of referrals can be rejected. At the end of September 2024, 4,231 children and young people were waiting to start treatment. There has been an 18.9 per cent decrease in the number of children and young people starting treatment at CAMHS in Scotland over the last year, and CAMHS continues to miss the Scottish Government target for 90 per cent of children and young people to start treatment within 18 weeks of referral.

Kibble research from 2015 suggests 68 per cent of the young people they support have experienced emotional abuse, 36 per cent physical abuse and 73 per cent physical neglect. The majority display traits indicative of mental health concerns including conduct disorder, attachment disorder, self-harm, trauma, depression and/or anxiety. Kibble's experience of supporting these young people has enabled them to determine the key interventions which will be effective in supporting young victims.

Project Delivery

To demonstrate the effectiveness of the project, we have presented key achievements in chronological order, starting from midway through the first year of delivery – once the project was fully operational and being effectively communicated to partner organisations:

Year 1

By the end of Year 1, Kibble had turned an idea into a fully operational Tier 1 service being sought by a range of referrers and professionals, families and young people. Referrals were being accepted for Tier 2 and Tier 3, including individual needs assessments. Professionals and carers were receiving advice and support to enable them to provide more effective support for young people and families after crime, while children and families were receiving individual and systemic therapy to help them cope with the effects of crime. Children and young people were also receiving advocacy to help them navigate the criminal justice system and communicate their views. Referrals began to flow in from numerous sources including local authority social work and education departments, CAMHS and community nursing, Women's Aid and Young Carers.

Kibble identified ideal premises for the service with adequate indoor and outdoor space, but these premises required purchasing and construction work. To expedite the service's operation, it initially operated from Kibble's Hub at Hillington in Glasgow, incorporating young people's ideas about the décor, facilities, and ambience of the space. They suggested the addition of couches, fidget toys, board games, calming colours, beanbags, pillows and teddies. These were all incorporated. Another key theme involved the cycle of violence and abuse, and the need for early intervention to stop these patterns replaying. This includes a possible need for working with perpetrators who have been victims of childhood trauma to address the underlying issues that may have influenced their behaviour.

The project also successfully plugged gaps in other services. For instance, the Scottish Children's Reporter Administration (SCRA) victim information service reported a gap in service provision for professional psychological and therapeutic intervention for young victims. Kibble therefore sought to extend services to meet the needs of families who have been directly affected by crime by offering family consultation and therapy. SAFE proposed a pilot whereby families signposted by SCRA could refer directly to the service.

In the first six months of the project's delivery phase, numerous identified outputs were successfully met. These are listed below, demonstrating the effectiveness of preparatory work and the ability to quickly develop critical infrastructure and allocate key personnel:

- Identify suitable staff for the service.
- Advertise and recruit for new employment positions before inducting new staff.
- Establish rigorous risk management procedures for involvement with young victims and families.
- Establish referral processes and criteria.
- Build relationships with key stakeholder organisations.
- Develop a communications and marketing plan.
- Market Tier 1 services.
- Finalise monitoring and evaluation plans.
- Create child protection, child and adult safeguarding and information sharing policies and complete a risk register.
- Commence advertising and recruitment of a systemic practitioner.
- Ongoing co-production activities with people with lived experience – especially people who are now beneficiaries of the project.
- Ongoing staff training, monitoring and clinical supervision through evaluation and monitoring.

At the end of Year 1, a total of 26 people responded to a Tier 1 evaluation questionnaire. Everyone said that the recommendations made at/following the consultation were helpful or extremely helpful, their overall experience of the SAFE consultation was good or excellent, and they would use the service again and/or recommend the SAFE service to professional colleagues. Sample feedback has been published below for reference:

“I felt the consultation really focused on the underlying needs to help understand the behaviour presenting. The questions that were asked added a lot of depth to the multi-agency discussion. Often in meetings this depth is missing as there is a lot of reporting back and updating to do and only a 50-minute time slot to cover it (meetings in school usually last one period). In such complex cases bringing all professionals together to add this level of depth is so helpful in creating a shared understanding and way forward. The learning I will take from the consultation is to consider what the YP is seeking from her behaviour (but not necessarily getting).”

“I worked for a C&F team within Argyll & Bute prior to being on placement in Inverclyde, so it is incredibly useful for me to know that this is a resource which is available to young people and their families

should it ever be required for young people I work with in the future. It was helpful to have a discussion with each professional in attendance and listen to their views on the current circumstances and what they feel would be beneficial moving forward. Overall, I felt it was very productive and useful for me in the future to have knowledge of this resource and be involved in the discussions that were taking place.”

“In the future I would not hesitate to contact SAFE if I come across any other children who have had similar experiences like these two children to receive the support and advocacy that they deserve.”

“I felt that there was a huge benefit on discussing the young person and their family situation. In my workplace this is not possible, and I felt that I gained insights into the young person's world by verbalising my thoughts and through the questions that the workers asked.”

“I thought it was really well run. The questions were very thought-provoking, and it really drilled down into the key needs of the young person. It was a very empathic meeting, and the young person remained central at all times. Although I am not a key person supporting this young person, if I was, I would imagine that the process of this meeting would be very restorative as the reflective element made you feel heard.”

Year 2

By the second quarter of Year 2, detailed information was being obtained about the nature of crimes which children and young people had experienced prior to being referred to the service. These were almost entirely drawn from five main areas – childhood abuse (35), domestic abuse (43), drug or alcohol-related incidents (22), physical assault (34) and sexual assault including rape (29). There were no referrals for road crime, and only one each for hate crimes, human trafficking, stalking and theft/robbery. There were also low responses for areas which might have been expected to contribute higher numbers – online crime (2), criminal exploitation (3) and community offences (7). These trends were maintained throughout the remainder of Year 2, though there was a rise in community offences towards the end of the year which elevated this into a significant source of referrals.

There was also greater reporting of the nature of trauma underpinning specific consultations. The most common traumas reported were emotional regulation difficulties and an adverse impact on relationships. Four other trauma types (low mood/self-harm/suicidality, risky behaviours, intrusive thoughts and avoidance) were around half as common as the two main traumas.

It was also possible to parse more detailed analysis of the work and services being provided to young people and their families, as well as where that was taking place (modality). The delivery of 1:1 therapy and family therapy stood out as dominant categories, both were delivered with a full blend of face-to-face, video, office and home-based consultations.

The service has delivered outreach sessions in local communities such as schools and social work departments and, where appropriate, have also visited family homes. It was hoped the service could be flexible to offer more of this however this takes a lot of time and resources so to accommodate the rising demand for therapy young people and families were encouraged to attend appointments face to face at the SAFE office. If families live further away online sessions were offered.

When reviewing the age and gender of people being referred for a Tier 1 Shared Understanding Consultation at the start of Year 2, it was evident that early teens were by far the most common age group – 14 years of age for girls and 13 for boys.

This was the year when Tiers 2 and 3 work commenced, with Tier 2's focus on whole families boosting the number of participants. Several other activities also began, including but not limited to the following:

- Refining and improving aspects of service delivery to maximize efficiency, including CPD for staff in Attachment Narrative Therapy, the use of volunteers and more efficient and streamlined processes.
- Further development of the SCRA pilot. A protocol was developed that noted those young people and families who were impacted by harm and were displaying trauma symptoms could be signposted to the service. This was in place to triage potential referrals and prevent overwhelming the limited resources the service has available.
- Development of a pilot project with Renfrewshire children's homes after receiving several referrals from the same local residential houses, providing staff teams with systemic support to help them understand the children and group dynamic as well providing a reflective space for staff to improve care provision.
- Establishing external agency partnerships with Police Scotland's victims and witnesses officer, who has agreed to signpost to the SAFE service and raise awareness through their community hubs.
- Further developing evaluation systems so that there are objective and validated measures of change for families and young people in place, including an improved evaluation plan.

In terms of the latter point, Year 2 saw increasing evaluation measures, including the collation of psychometrics for each young person to demonstrate their progress within therapy. This information is gathered at the beginning and end of therapy, with a mid-point review. Alternative therapies were also identified and adopted; three members of the team went on Eye Movement Desensitization Reprocessing (EMDR) training, which

could potentially reduce the number of sessions required to address the trauma and its symptoms. It could be especially effective for those who have experienced a single incident and have good support networks and resources around them, though statistics from Q1 Year 3 showed single-occasion victims were the least commonly referred. For instance, there were five times as many complex trauma cases as single-incident cases, and more than six times as many witness to multiple crime consultations compared to witness to a single crime.

By the end of Year 2, the total number of enquiries received by SAFE stood at 212 enquiries. While it had always been intended to offer therapy to 20 per cent of referrals, to date, it has been offered to 68 per cent.

Remarkably, by the second quarter of Year 2, the project had already overtaken its aims in terms of Tier 2 service delivery volumes for that year. This stands as a testament to both the pent-up demand for these services and the efficiency and effectiveness of the staff delivering them. Awareness was bolstered by activities such as presentations to the CEO of Victim Support Scotland, while a meeting with the Aberlour Allies Project Event (working with unaccompanied young people) saw the latter adding the service to their referral pathways.

By the end of Year 2, some Tier 2 participants were being discharged from the service, for the first time establishing the natural churn a scheme like this should experience. In total across the year, 453 sessions have been delivered. From these, 54 young people and families engaged in direct therapy, ten of whom completed it with nine opting out midway through. This averages eight sessions per young person, ranging between one and 30 sessions.

The commencement of Tier 3 advocacy midway through Year 2 enabled a dozen young people to engage, most of whom were then supported through the court system. The benefits and consequences of this support are summed up in a comment from a parent:

“Amazing...we couldn’t have managed court as well as we did without the help from my daughter’s advocate. There were a lot of emotions that my daughter didn’t know how to deal with and how they would actually make her feel. We had a few appointments at home with her advocate, and they created a bond that helped my daughter know she was strong enough to face the person against her.”

The departure of the full-time Safe Advocacy Worker meant all advocacy cases were discharged by 26 January 2024, though by the end of September 2024, ten cases were either new or ongoing from Q1 2024. It’s important to remember that some of the young people receiving advocacy support may also be supported through Tier 1 and Tier 2 services.

Year 3

By the start of Year 3, referrals were beginning to come in from local authorities as far afield as Angus and the Scottish Borders, as well as the expected Central Belt region. However, by this point, Tier 2 services were running at capacity, and a waiting list was building up, with 16 young people considered at Tier 1 and recommended for Tier 2 services.

Midway through Year 3, there was increasing incorporation and practicing of EMDR within the service, where appropriate, with ongoing supervision from an EMDR consultant. Some clients have really benefitted from this approach in bringing awareness to core beliefs and transforming toxic/negative beliefs into healthier ones. A young person who experienced peer violence who has been engaging with this has modality had eight sessions with a psychologist and their trauma symptoms have reduced significantly, as measured and recorded by a psychometric score. Another young person bereaved by crime travelled over 200 miles to participate in this therapy, which SAFE provided funding for as they felt other treatments had so far been unsuccessful.

In year 3, SAFE delivered 430 sessions. This is a significant rise in the number of sessions from previous years as hosting student placements expanded resources allowing more young victims to be able to access therapy.

Overall, over the lifetime of the project 883 sessions were delivered with young people and families. This does not include sessions that young people did not attend. It also does not include telephone contact around sessions with carers and other agencies or attendance at multidisciplinary meetings including Team Around the Child (TAC) meetings with education and social work.

Ideally, SAFE would have liked to be able to provide therapies within local communities and travel to nearer where victims live, but this is difficult with the resources currently available. If online work is not possible, SAFE will provide funding for travel if needed, so that victims can access the service in person.

A systemic residential project began in 2024 and an evaluation from the first phase showed 12 young victims had been supported. The aim was to support care staff around victims to encourage critical thinking, improve resilience among staff and promote mutual support. Feedback suggests this is a much-needed service for those working directly with the most vulnerable young victims to enhance the care they are receiving. The next phase of the residential project has begun, with two other residential houses being offered a reflective space on a fortnightly basis. The local authority has been complimentary of the support they have received, as accessing professional resources

for their staff can be difficult. They hope to integrate this approach into their model going forward.

Year 3 also saw detailed reporting on the VCAF vision, which has five stated priorities. These – and the achievements made by SAFE towards them – are summarised below.

Advocacy Support – Tier 3

The presence of an advocate for young people helps to ensure that their opinions are heard and respected throughout processes which might otherwise take place above their capacity to understand, or without their engagement. The SAFE project helps young victims of crime by providing advocacy support, as well as imparting wider lifestyle skills which individuals may otherwise struggle with.

Delivery

Over the last 28 months, the Tier 3 advocacy support scheme has helped young victims of crime by demystifying the court process and providing tailored support up to and beyond court dates. Advocates perform a variety of support roles, including articulating young people's needs or feelings while explaining their rights and choices. The scheme includes an introductory advocacy contract which explains the basic parameters of the service, with in-built flexibility to support delays or fluctuations in the legal process.

Advocates work closely with other agencies, not just in terms of establishing best practice, but also to signpost and support users with complementary tools such as virtual courtroom tours and applications for special courtroom measures – the latter only available on request, which many young people would be unaware of without signage from their SAFE advocate. To date, the project has received glowing praise from young people and their parents/guardians, helping to raise the confidence of young crime victims or witnesses and minimising their concerns about the legal processes involved in obtaining justice through the courts.

Advocates perform a variety of support roles, including articulating needs or feelings on behalf of young people, explaining their rights and choices, or simply helping people to make the decisions they want about their life. Over the last 28 months, the advocacy team at SAFE has refined and enhanced its offerings through a combination of field research, training/CPD and self-review. While most of this pertains to court advocacy, support is additionally available for young people who may need help in other areas of their lives. These might include independent living skills, applying for work/volunteering roles, or ensuring their rights are upheld in children's panels and other meetings.

Issues of confidentiality and transparency are paramount in ensuring the advocacy service helps young people in the following ways:

- Communicating the wishes and feelings of a child or young person
- Listening to the young person and helping them to think about what they might want to do next
- Attending decision making meetings

- Explaining legal and court processes and/or attending court, preparing the young person for court by organising prior visits, and so forth
- Upholding their legal and human rights, ensuring they're treated fairly
- Helping young people to progress with their own lives, building the skills to maintain independent living
- Signposting to relevant services and asking questions on the child or young person's behalf.

New referrals are given an advocacy contract which explains the basic parameters of the service and advises when the nominated advocate will be available, establishing clear boundaries and managing expectations from the outset. There is flexibility within this system to extend working relationships if court dates change or other unforeseen circumstances arise. Meanwhile, individual advocacy sessions are logged in written records alongside the individual's contact information and key dates.

Court support

Many young people have never set foot inside a courtroom before, making the prospect feel uniquely daunting. Signposting services like Victim Support Scotland's virtual tours of Scottish courts can be invaluable in preparing people for their day in court, giving them greater confidence to attend proceedings and present themselves more confidently. This is especially pertinent in cases where witnesses may find it difficult to give evidence because of their circumstances or the nature of their evidence.

Further support for young people is provided through a bespoke court process support produced by the SAFE team, explaining how the courts operate and how to apply for special measures. The latter are automatically available to under-18s, including the provision of a screen in the courtroom, a TV link to an external location and a supporter who can remain present while the young person gives evidence. On a discretionary basis, it may also be possible to give evidence prior to going to court, while a closed court might be offered.

Successes

The advocacy part of the SAFE project has been a positive addition and has received enthusiastic feedback from young people, their parents and carers. A selection of comments are summarised below; in particular, it is worth noting the reduction in anxiety and fear levels reported by respondents:

- The advocate "put my daughter at ease and made her aware of court proceedings and how to process her feelings and was there at court for sentencing".
- "Amazing... we couldn't have managed court as well as we did without the help from my daughter's advocate. There was a lot of emotions that my daughter didn't know how to deal with. We had a few appointments at home with her advocate and they created a bond that helped my daughter to know she was strong enough to face the person against her."

- “She made my girl more relaxed attending court and lifted any fears they had by just being there and talking to them and answering their questions”.
- “It was a big relief having someone to talk to for my granddaughter as it lifted any fears she had about going into court”.

Challenges

While the advocacy service outlined above has been highly successful according to service users, the biggest challenge faced by the service concerns the prospect of it being withdrawn in future due to a lack of funding or support. It is clear from the analysis the service that many young people would have struggled far more without the tailored and ongoing support of advocacy staff, and the creation of bespoke supporting documentation inspired by other advocacy projects and training schemes.

It is particularly concerning that extensive delays in the legal process could mean any enforced closure of the SAFE project would result in young people having support withdrawn midway through their legal journeys. The lack of a natural deselection and a scheduled end to the advocacy process would potentially be hugely disruptive and damaging at vulnerable points in their paths to justice.

It is significant that although special measures are available in court for under-18s, these must be requested around four weeks prior to the court case – something many young people are unaware of. It requires Victim Information and Advice (VIA) to make an application, which is a service the SAFE project has been assisting with.

It is important to recognise that advocacy doesn’t end on the court date, since aftercare is also important in helping young people to feel empowered. Without this support, their experience of the legal process may ultimately be far more negative and off-putting.

Fund Priorities

Priority 1 – Victims will have access to practical and emotional support, regardless of whereabouts in Scotland they live; the nature or severity of the crime; whether it has been reported; or what stage of the justice journey they are at.

SAFE has received referrals from 21 out of 32 local authorities within Scotland, offering face to face and online therapy to meet the needs of the young people and their families. Where travel is an issue, they work with local authorities to consider funding; where appropriate, SAFE will consider funding public transport for young people to access the service if this is a barrier. Services are offered to all young people who have been affected by any crime and harm, whether it is recent or in the past.

Priority 2 – Victims will have access to joined-up services that are inclusive and accessible to all, are trauma-informed, provide streamlined support and reduce the need for victims to recount their experiences to several different organisations.

SAFE now offers wraparound practical and emotional support through advocacy and therapeutic intervention to young victims; to help reduce symptoms of trauma so they can move forward with their lives. Strong partnerships have been built with other organisations who also work with young victims, learning from their experiences as well as contributing within Kibble's consultation process (where they have supported 438 professionals).

Priority 3 – Families bereaved by crime committed in Scotland or abroad will have access to specialist practical and emotional support.

A working partnership with VSS Scottish Families Bereaved by Crime has encompassed supporting staff within the consultation shared understanding process, offering therapy and advocacy to young people who have been referred while filling gaps in advocacy support for young people.

Priority 4 – Victims/survivors of gender-based violence will have access to consistent and specialist criminal justice advocacy support.

Over the course of the project to date, 90 of the young people who have been referred have reported experiencing domestic abuse, 52 have experienced rape and sexual assault, and four have been impacted by stalking. Some of the young people that are being supported have been unaware that they have experienced gender-based violence within family and partner relationships. This has resulted in conversations around increasing young people's knowledge and understanding around this area, highlighting wider services available to them and where necessary helping them navigate the criminal justice process.

Priority 5 – Adult victims of human trafficking and/or slavery, servitude and forced or compulsory labour will have access to support and assistance.

SAFE is accessible to young people and families who have experienced all aspects of crime. Direct therapy has been provided to one young person who has experience of human trafficking. Asylum seeking young people have also been referred, having experienced devastating losses and atrocities in their country of origin and on their journey to the UK.

External Engagement

The project has successfully engaged and collaborated with key stakeholders, including (but not limited to) the following:

- Local authority teams
- Social work departments
- Housing bodies
- Health/mental health services
- Victim Support Scotland and other Third Sector organisations

- Education providers
- Police Scotland
- The Criminal Justice sector
- The Care Inspectorate
- Central Government.

Working with these agencies in support of victims and their families has simplified the landscape for young victims and through offering Tier 1 services directly to organisations to help them better support young victims has improved the wellbeing of young victims across Scotland. Kibble already had strong links with a range of care providers who supported referrals to Tier 1 services, establishing clear referral services to deliver trauma-informed joined-up service delivery. Other organisations providing care and support to young people and families have included community outreach projects, domestic violence projects, victim support, substance and alcohol services and local authority and third sector residential care providers.

Young People Supported

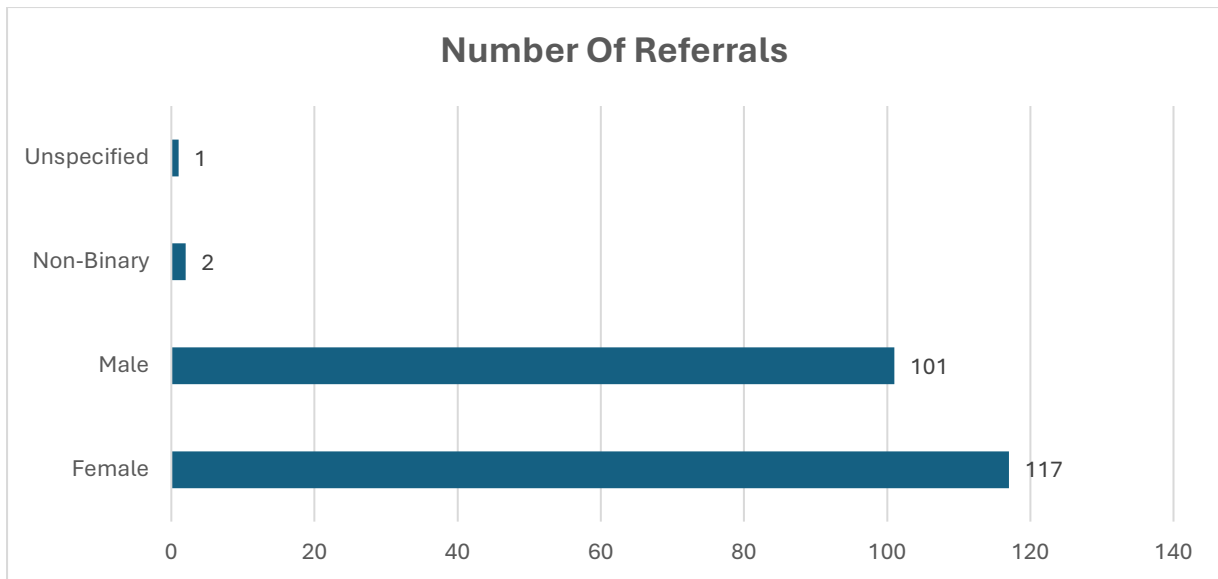
The total number of enquiries received by Safe to 31 December 2024 is **311** enquiries.

To date (February 2025) 222 young victims of crime have been referred to the SAFE Project as shown in the table below broken down per year.

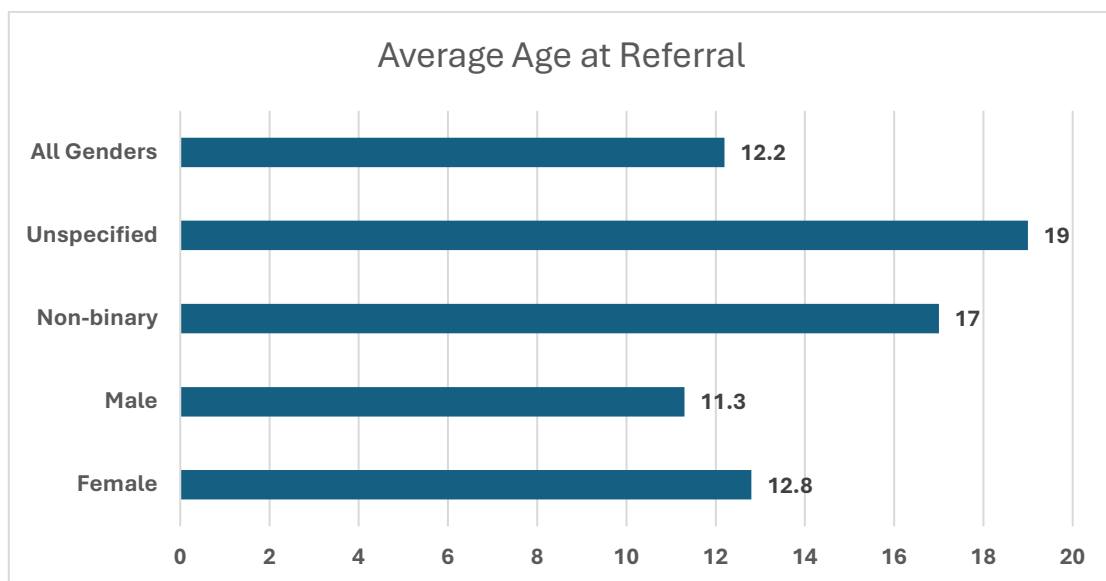
Referrals Received	Number Received in Year
Year 1	41
Year 2	105
Year 3 (to date, February 2025)	76
Total to date	222

Referral rates are lower in Year 3 due to supporting some young people from Year 2 still and apprehension regarding taking on new young people due to funding uncertainty.

The highest number of referrals were for females at 52% of all referrals. The chart below shows the full split by gender.



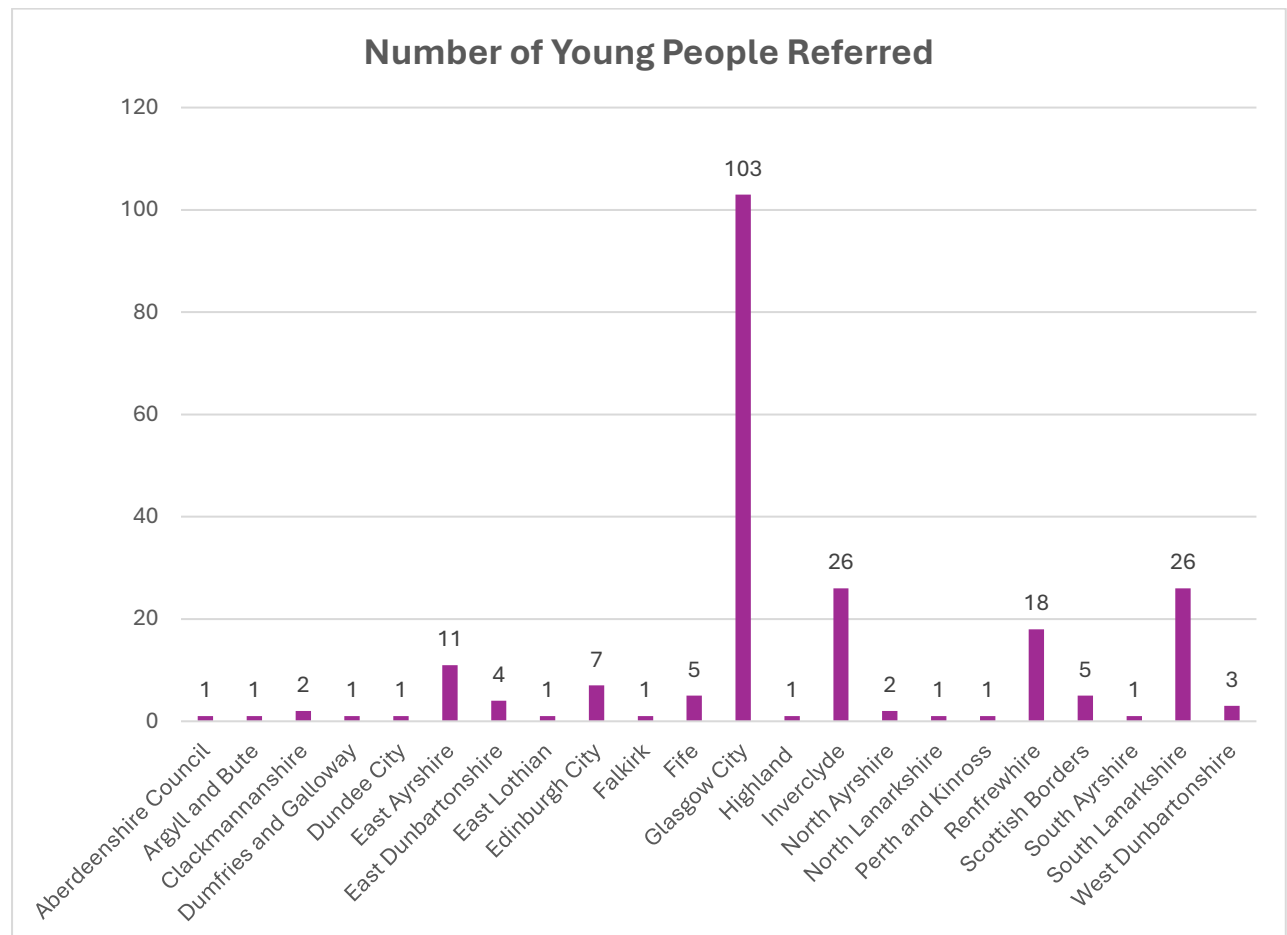
The average age of a young person when they were referred to date is 12 years and 8 months. Males are on average referred 18 months earlier than females to the project and have the youngest average for all genders.



The youngest female referred was aged 4 years and 26 females under the age of 10 were referred to the project. The youngest male referred was also 4 years of age, however, the total number aged 10 or under was 32 males which is a higher proportion than females that were referred. The youngest non-binary person referred was 14 and the eldest was 20 (only 2 referred) and the unspecified person was referred at the age of 19.

To date, Kibble has had young people who are victims of crime referred to the project living across 21 out of 32 local authority areas in Scotland. This is more extensive than had originally been envisaged when the project was developed. The chart below shows

the number of participants per Local Authority area. This highlights that Glasgow has the highest number of beneficiaries at 103 which is 46% of the total number supported. Inverclyde and South Lanarkshire has the second highest referred at 26 young people each equating to 12% of beneficiaries each.



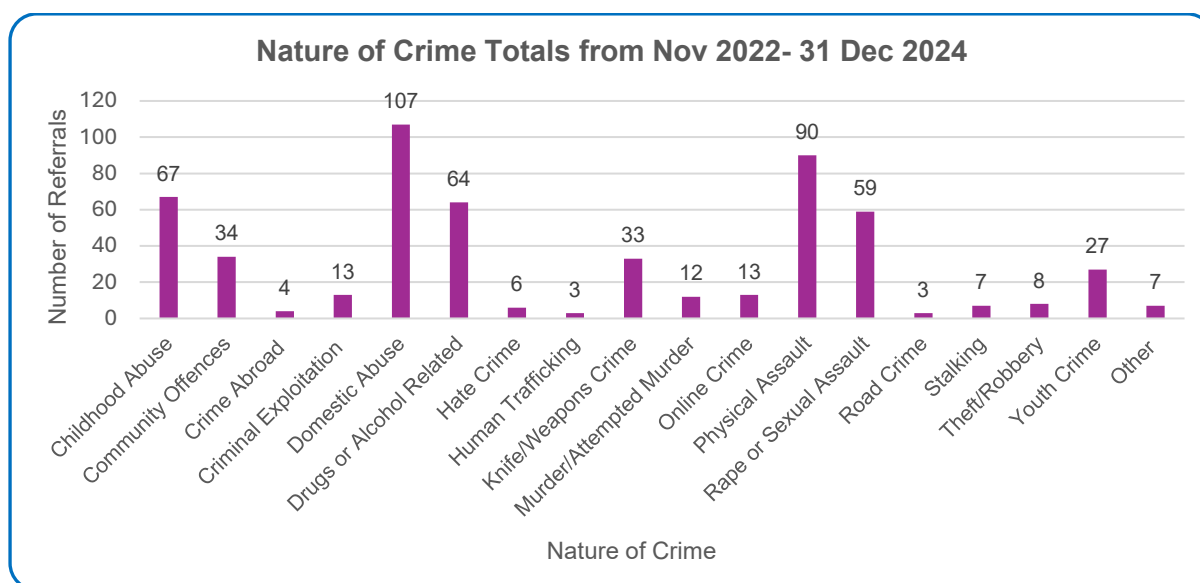
Geographical Accessibility

It was highlighted by families that areas experiencing the most poverty were possibly in need of most support, and this may be illustrated by the high number of young people referred from Inverclyde, even though it has one of the lowest populations of all the local authorities in Scotland.

Feedback illustrated that there is a need for this service everywhere in Scotland, which must therefore be promoted equally so every region has equal opportunities to access it. Concerns were expressed early on that travel could be a barrier to access. Kibble therefore decided to offer Tier 1 services online for professionals while Tiers 2 and 3 would be offered face to face including the options of home visits, online, or visiting the Hub. This would ensure the service was accessible to all. After the project had launched, the majority of sessions took place face to face at the hub or offered online.

Nature of Crimes

The table below highlights the crimes committed against 217 young victims referred to the SAFE project from November 2022 to 31 December 2024. 49% of young people has been victims of domestic abuse (either directly or as a witness), 41% had been physically assaulted, 31% had been a victim of childhood abuse and 27% had been a victim of a sexual assault or rape. In total 557 types of crimes have been identified by the 217 young people referred which equates on average to a young person being a victim of an average of 2.5 crimes each.



Other crimes reported included parent being incarcerated, kidnapping and emotional/psychological abuse.

15% of the young people had been victims of crime more than 4 times, and the highest number of crimes committed against one young person was 11 crimes. The young people who faced the most crimes against them are highlighted below to show the complexity and extremity of adverse experiences that some young people are presenting with:

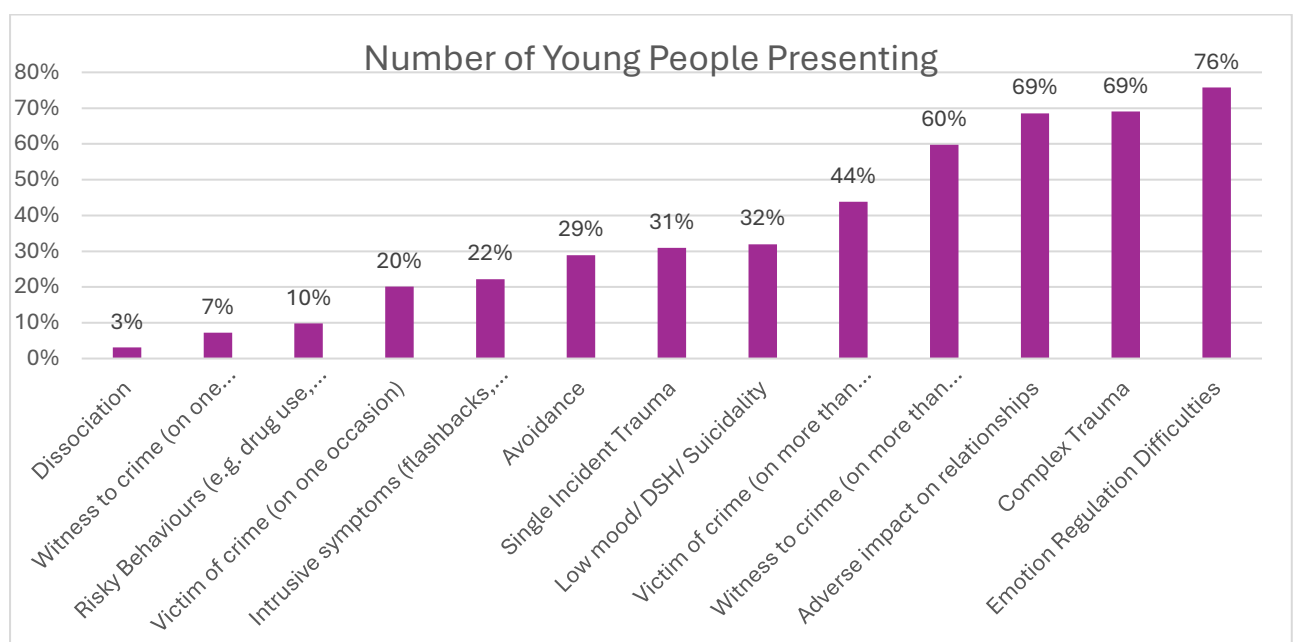
- 11 crimes – Community offences, criminal exploitation, domestic abuse, drugs or alcohol related, hate crime, knife/weapons crime, physical assault, rape or sexual assault, road crime, theft/robbery and youth crime
- 9 crimes – Child abuse, community offences, criminal exploitation, domestic abuse, drugs or alcohol related, physical assault, rape or sexual assault, theft/robbery and youth crime.
- 8 crimes – Community offences, criminal exploitation, domestic abuse, drugs or alcohol related, knife/weapons crime, murder/attempted murder, physical assault and theft/robbery.

33% of young people who had been victims of or who had witnessed domestic abuse were also victims of childhood abuse. 45% who had witnessed domestic abuse were also victims or drugs or alcohol related crimes.

Effect on Young People

The young people supported present with wide ranging and often complex trauma. 69% of young people present with complex multiple experiences of trauma and 31% present with a single trauma. The chart below highlights the different types of traumas that young people are presenting with and the impact this is having on their mental and emotional wellbeing which in turn can impact on their ability to enjoy a safe and secure life.

76% of young people are experiencing emotional regulation difficulties, 69% state that being a victim of crime is having an adverse impact on their relationships, 32% are struggling with low mood, depression, self-harm, and/or suicidality. 10% of young people are partaking in risky behaviours which can increase their chances of being further victims of crime.



In addition, 51% of the young people had reported non-school attendance, 40% were partaking in antisocial behaviours and 16% were absconding.

Further analysis of 180 young victims revealed:

- 27% were themselves displaying violent behaviour
- 8% had a history of general offending
- 19% had history of substance abuse
- 23% admitted to self-harm
- 12% admitted to suicide ideation

These stark figures highlight the risks both to young people and their communities if they are not provided with the support and therapeutic interventions, they require to deal with the consequences of the trauma that has arisen as a result of being a victim of crime.

Priorities

Throughout the lifetime of the project, two main priorities were identified:

Priority 1

Victims and witnesses would have access to practical and emotional support, regardless of where in Scotland they live, the nature or severity of the crime, whether it was reported or what stage of the justice journey they were at.

This objective would be met by providing holistic support focusing on early intervention and trauma-informed therapeutic support/advocacy tailored to each individual, as well as providing advice to organisations already delivering support to victims and complementing these existing services. The goal is to help both the child and the family to develop emotional resilience and understanding so they can collectively deal with the impact of the crime.

Priority 2

Victims would have access to joined up services that are inclusive and accessible to all, are trauma-informed, provide streamlined support, and reduce the need for victims to recount their experiences to several different organisations.

Kibble has long identified the existence of services in silos, with separate targets that only one service can meet (for instance mental health being the sole domain of CAMHS). The service was designed to bring other services together and enable the system to work efficiently with a shared understanding of the child. Streamlined processes would avoid lengthy and often futile referral processes to statutory services, reducing the number of new faces a young victim may need to meet.

Achievements and Impact

The project team have worked hard to meet the targets as set in the application for funding and have far exceeded expectations, particularly in relation to the delivery of therapeutic interventions. The actual is based on delivery until 28th February 2025 so there is still another 1 months delivery till the end of the project, as such it is likely that the tier 1 target for young people will be achieved and that the advocacy one will be close to being achieved.

Target Whole Project	Target	Actual	Difference to Date
Tier 1 - Young people	200	196	-4
Tier 1 - Professionals	400	515	115
Tier 2 - Therapeutic intervention young people	28	179	151
Tier 2 - Therapeutic intervention - whole family	90	235	145
Tier 3 - Advocacy - young people	44	44	0

It is worth noting that some of the young people being directly supported are also counted within the whole family intervention outcome.

The outcomes highlight significant overachievement in relation to Tier 2 therapeutic support. The number of young people being supported is over 4.5 times the target and the number of family members is twice the target amount. This has highlighted the significant demand for this type of support for victims of crime. The project team have had to limit marketing the project due to the significant numbers being referred to them. It is likely that advocacy would have overachieved against target had it not been to a vacancy in this post during the project delivery.

Throughout this project, Kibble has sought to learn from experiences and events, identifying unexpected outcomes and adapting different approaches to service design based on feedback and the challenges outlined in section 3 above. Again, these have summarised these chronologically, starting with the first year of the project's operation.

Impact on Young People

In assessing the extent to which SAFE services have positively benefited young people's wellbeing, it is instructive to consider two scales used to determine this – SDQ and CRIES. These are summarised in turn below, with outcomes evaluated thereafter.

1. SDQ

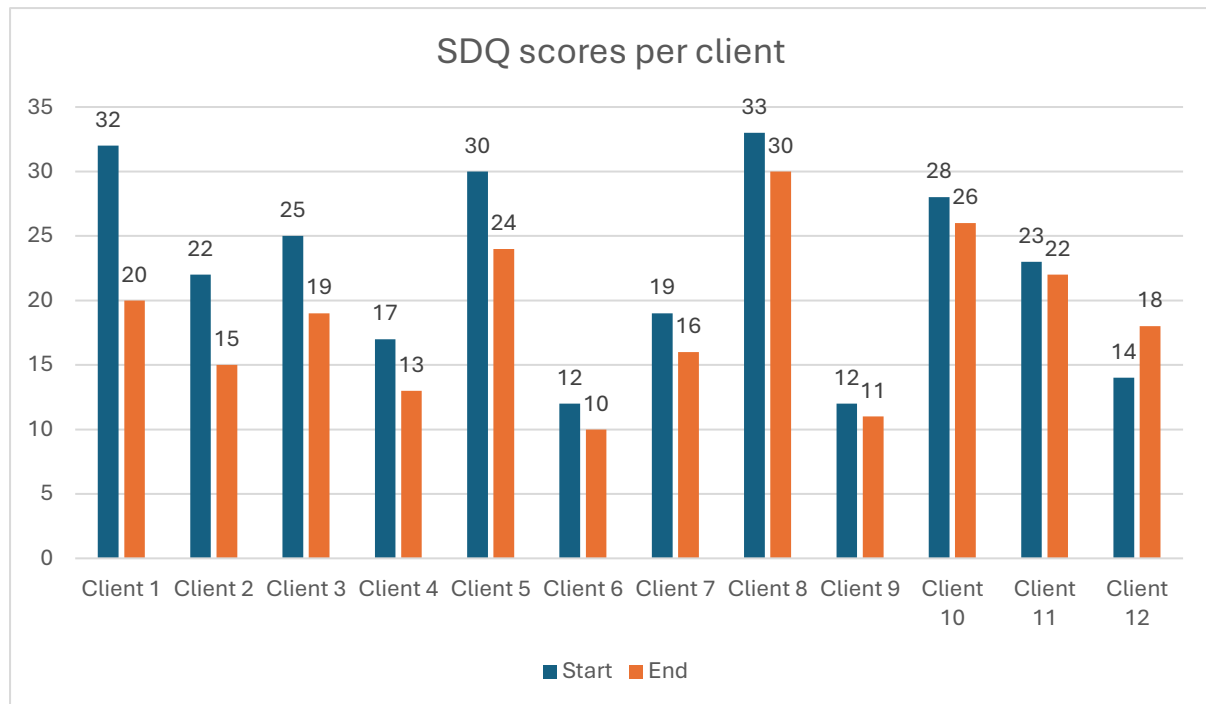
The strengths and difficulties questionnaire (SDQ) is a short behavioural screening questionnaire aimed at children aged 3 to 16. It is used to assess mental health and can be completed either by children, parents or teachers.

The SDQ evaluates 25 attributes, both positive and negative in nature. Five items are rated from 1-4 on each of five separate scales:

- Emotional symptoms
- Conduct problems
- Hyperactivity/inattention
- Peer relationship problems
- Prosocial behaviour

The totals are then added up to generate a total difficulties score.

Children and young people were assessed at the start and end, while some also received a mid-stage rating. The graph below concentrates on the start and end scores, tracking the changes over time.



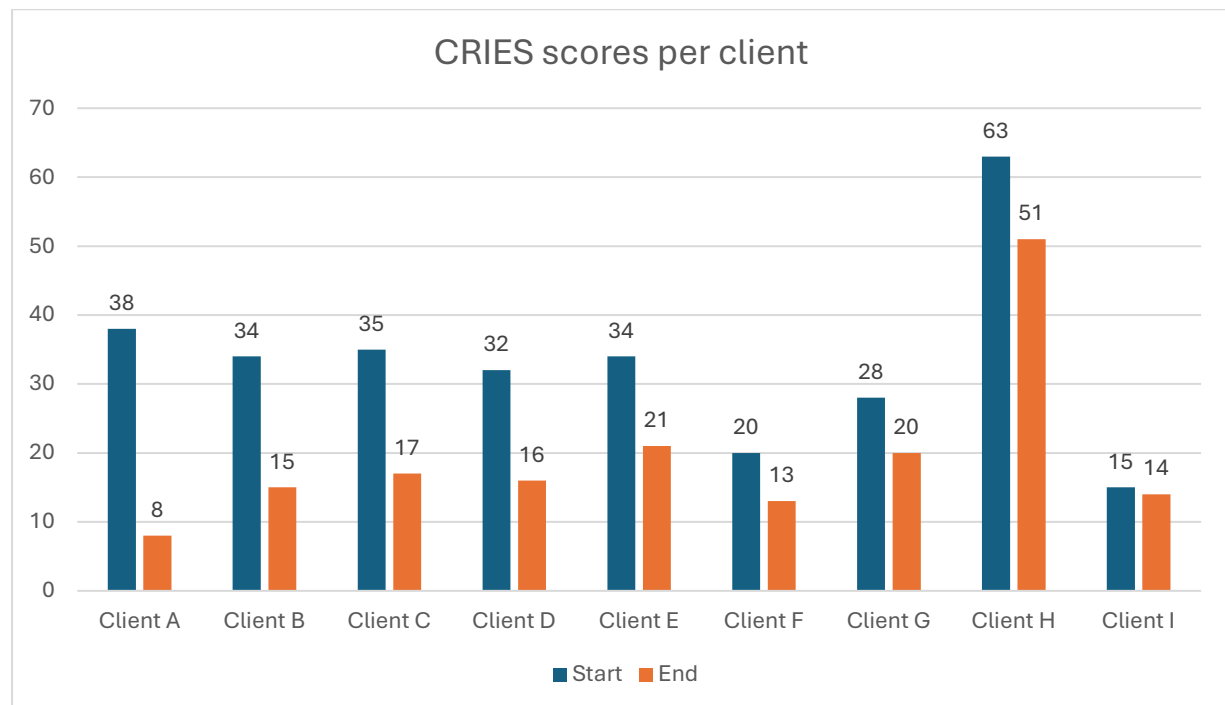
Out of 12 clients, 11 saw a score reduction of between 4.35 and 37.5 per cent. The average score reduction was just under 15 per cent. Client 12 saw a modest increase in their SDQ score, but this may be explained by a variety of factors including greater awareness of trauma, evolving personal circumstances and/or the commencement of stress-inducing activities like court proceedings.

2. CRIES

The Children's Revised Impact of Event Scale (CRIES) is a measure designed to screen children at risk of Post-Traumatic Stress Disorder (PTSD), which was developed by the Children and War Foundation. There are two screening versions – CRIES-8, which contains eight items, and CRIES-13, with an additional five items. The latter was chosen by Kibble for this analysis.

CRIES can be used with children and young people between the ages of 8 and 18, measuring the impact of a stressful life event on each participant over a specific time period. While SAFE undertook mid-study readings in many cases, the table below focuses on the scores at the start and end of SAFE's work with each child.

The score is calculated based on scoring provided by the respondent to a series of questions. Each answer can receive a score of 0 (not at all), 1 (rarely), 3 (sometimes) and 5 (often). These are then combined into three subscales – Intrusion, Avoidance and Arousal – which return a total score from 0 to 65. Higher scores indicate a higher prevalence of PTSD symptoms.



Compared to the SDQ scores, results here were even more significant, with every respondent reporting a reduced score by the end. The minimum drop in CRIES scores recorded was 6.67 per cent – an outlier considering the next lowest decrease was 19 per cent. At the other end of the scale, Client A saw a 79 per cent reduction in overall score from the beginning to the end of the scheme. The average reduction was over 40 per cent.

Further information on the CRIES scale and methodology can be found by visiting the Children and War Foundation website at <http://www.childrenandwar.org/>.

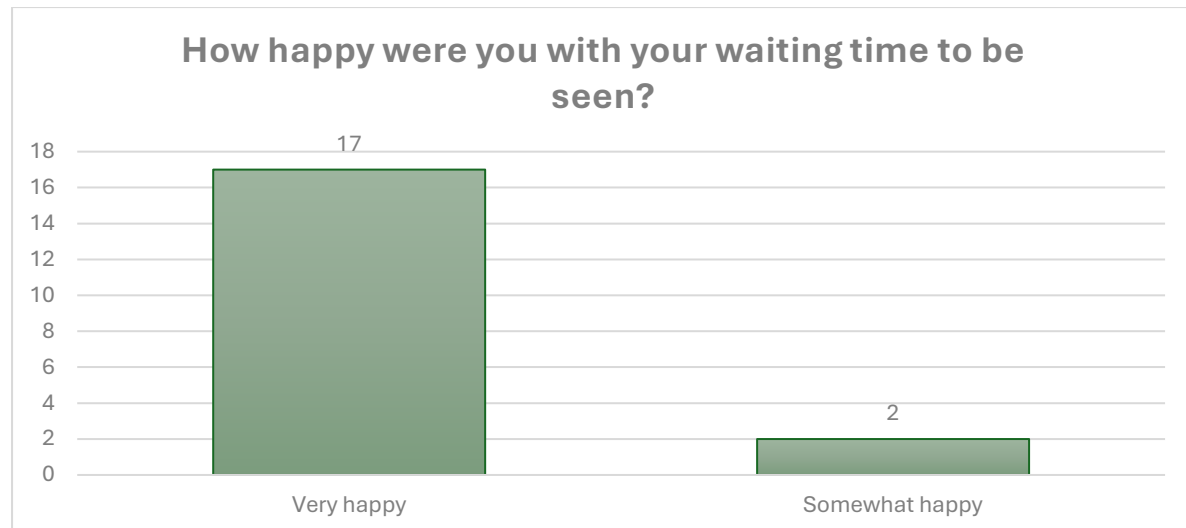
Young People and Family Consultation

The success of the SAFE project can perhaps best be evaluated using direct and unbiased feedback from young people and their families. Their findings are analysed below.

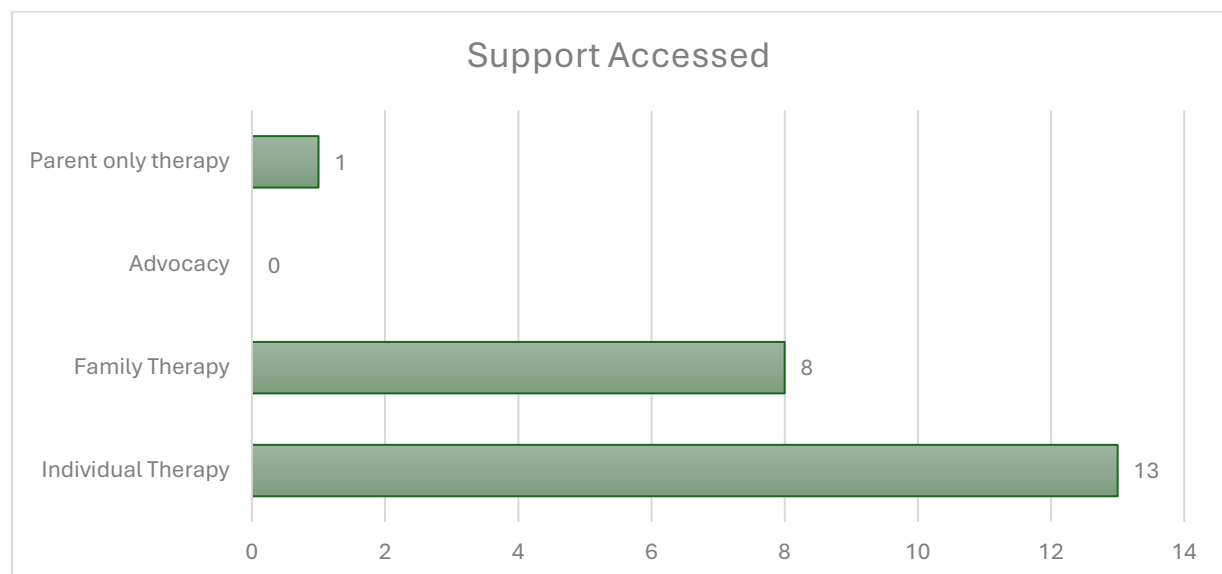
Young People Feedback Survey

Young people themselves were invited to complete a survey distributed by the SAFE team, analysing factors from referral times to the benefits they had identified from participation. In total, 19 young people and/or their families completed the survey.

Respondents were asked if they were happy with the waiting time to access the SAFE project. In total, 89 per cent of respondents were very happy with the time it took for them to be seen by the SAFE team. The remaining 11 per cent were somewhat happy, as shown in the table below:

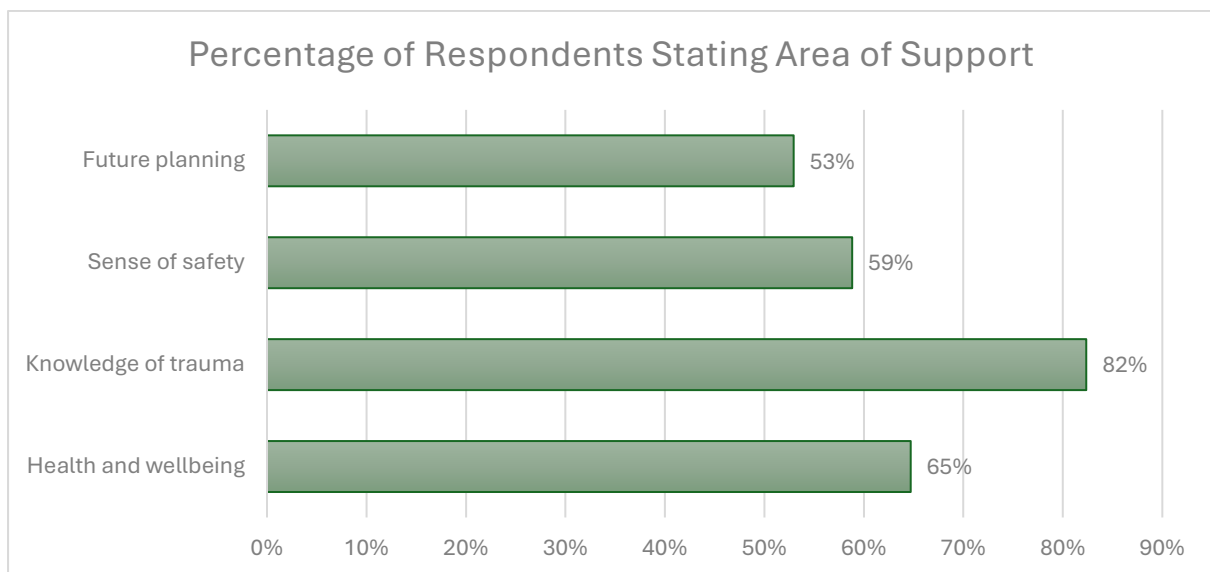


Next, respondents were asked to detail the support they had received, with some people receiving multiple therapies. In total, 13 respondents had accessed individual therapeutic support, and eight respondents had accessed family therapy. Three respondents had accessed both individual and family therapy, while one respondent had accessed parent only therapy, but nobody had accessed advocacy support:

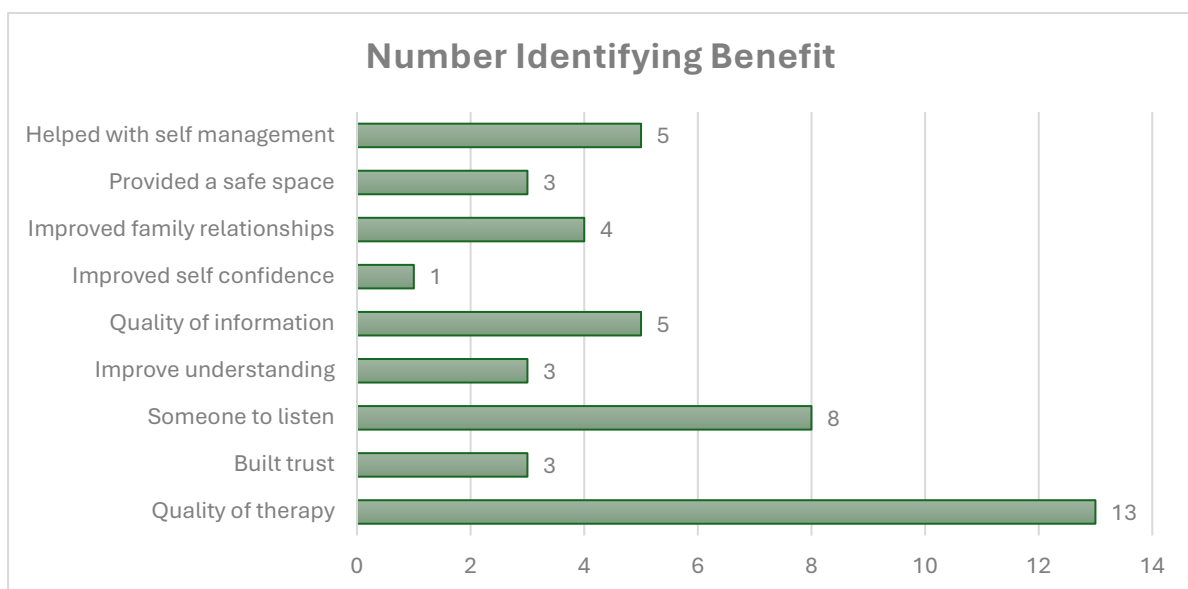


Mirroring the findings of the waiting time question, 89 per cent of respondents had found the service to be very helpful and 11 per cent found the service to be somewhat helpful.

Next, respondents were asked to highlight what area(s) the project had helped them with. The most cited area was helping with knowledge of trauma (82 per cent) followed by health and wellbeing (65 per cent).



Respondents were asked to identify in their own words the key benefits they had experienced through accessing the SAFE service. The comments they provided have been analysed and collated in the table below. The most commonly cited benefit was the quality of the therapy (13 respondents) followed by someone to listen to (eight respondents) and in joint third place help with self-management and quality of information (five respondents each).



Specific comments included:

“The therapist is amazing and helped us in so many ways. Thanks, you gave me my son back.”

“Having someone listen to our life experience and provide insight to broaden our understanding of why life is so complex, what drives it and how we can look at things differently to help manage very difficult phases. Sometimes just even acknowledging that we are doing the best we can in a very unique and challenging situation.”

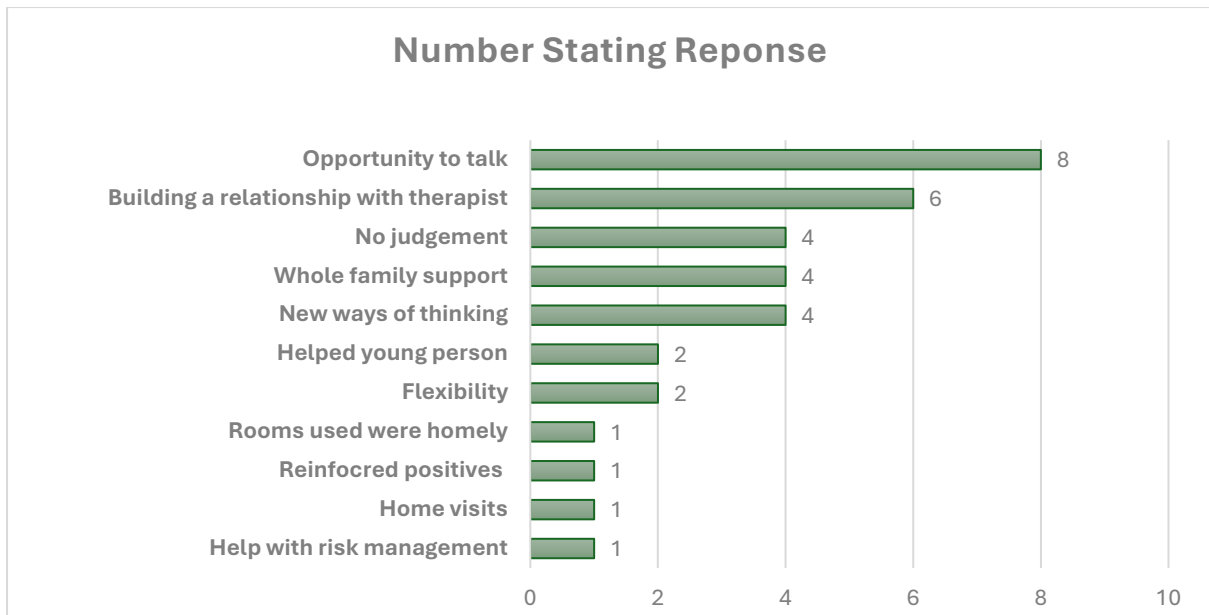
“Building a relationship with the therapist. Knowing that there was no judgement. That they were open to understand our very complex situation and to come alongside us to help manage life and provide some insights to broaden our understanding on why some of the meltdowns may happen together with some strategies to minimise risk and support all family members.”

“Opening up to others about my trauma and not being judged by peers telling me to get on with it.”

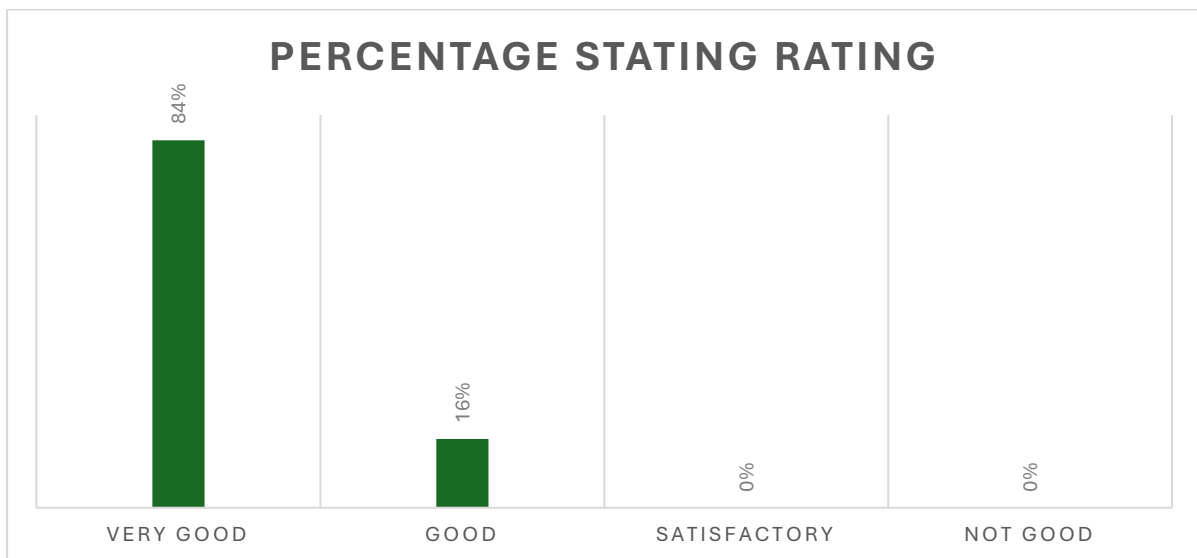
Respondents were asked if working with SAFE had increased their confidence to work towards their goals, with 88 per cent stated it had definitely helped and a further six per cent stating it had somewhat helped.



Respondents were asked in their own words what they liked about the SAFE service. The results are collated in the chart below:



When asked to rate their overall experience accessing the SAFE service, 84 per cent rated it as very good, with a further 16 per cent rating it as good. These were the only two ratings chosen by any respondent, as shown in the table below.



When asked what improvements could be made to the service, several suggestions were received:

- 81 per cent said no improvements were needed as it more than met their needs.
- 19 per cent stated more therapy (either by frequency or by duration of support).
- Six per cent suggested out of hours crisis support should be available.
- Six per cent suggested therapy on Teams was a challenge for them.

Young People Observations

From opinions and thoughts shared by service users and young people, it quickly became evident that the intended strategy of small teams offering support and therapy was the preferred approach of service users. This team would be comprised of

psychologists, therapists, and an advocacy worker, all with a wealth of clinical expertise. By collaborating and communicating effectively, young people would be responded to in a timely manner without having to tell their story multiple times, reducing the risk of the child becoming retraumatised.

The sheer volume of enquiries quickly negated prior concerns about sourcing referrals. Indeed, avoiding the service becoming overwhelmed was soon identified as a greater risk due to the huge demand for these services. With current waiting list times for existing mental health services too long, it became apparent that consideration must be given to managing referrals if they become too numerous – without developing the same problems that existing services face.

From consultations, it was identified that the main gaps in services were around supporting young people and families who have experienced trauma, leading to a greater focus on developing a trauma-focused service. It also quickly became apparent that non-attendance would be a recurring issue, both in terms of the Young People's Board and Tier 2 sessions. Overall referrals and attendances dropped during the second quarter of Year 2, which was partly attributed to the school holidays during July and August.

The recruitment and budgetary issues highlighted above under Challenges led in Year 2 to a revised approach of exploring more volunteering opportunities to try to create learning opportunities for others, and to build resources within the team.

Another aspect which emerged during the start of Year 3 was the fact that some referrals might be better dealt with by other services within Kibble. For instance, two referrals received by SAFE were deemed more suitable for Kibble's Interventions for Vulnerable Youth (IVY) Project, so these cases were referred onwards within the organisation. This internal referral process demonstrates the benefits of one organisation handling SAFE as well as other related, yet distinct services aimed at children and young people.

Comments From Young People

The learning process has extended to the young people who have been participating, and their feedback has helped to shape future work, schemes and approaches. These are some of the comments received from young people who have participated over the last two years:

"Talking about my assault and injury and understanding trauma made me think more."

"I enjoyed learning about trauma and how it affects you."

"I feel safer to express feelings and I can recognise them more in my body."

“I feel better. I am doing things now I never imagined I would be able to do six months ago.”

“Before therapy I would’ve reacted to situations differently. I was more emotional and careless. Now I feel like a better person.”

“They have helped me identify when things are not okay. They help me gain self-respect. Help me to understand my own thoughts and feelings.”

“It has helped me a lot with my girlfriend. It has helped me find ways to communicate better as I understand myself better.”

“The outdoor space was lovely. It helped us feel free to express ourselves, play and was different to any other service I have been to.”

“I couldn’t appreciate you enough you’ve helped me through so much and I’ll continue to use your support and information to keep me going and just little steps go further than pushing myself too much.”

“I thought therapy was going to be scary, but I felt so comfortable. The rooms are lovely and been able to talk openly about what has happened.”

Individual Impact – A Case Study

It is also important to consider the individual legacy a project like this can have. In Year 2, a five-year-old boy was referred to SAFE by his social worker as he had witnessed serious domestic violence perpetrated by his dad against his mum which resulted in his dad being charged by the police. Systemic Family Therapy was offered, starting with individual sessions and leading to joint sessions which included play-based activities. This took over a nine-month period and the child’s trauma symptoms were greatly reduced as measured in a clinical questionnaire. It also transpired that the mum had a history of complex trauma and had been victimised many times throughout her life. She had never spoken about these experiences with a professional until she met with SAFE. She subsequently began to seek further mental health support, attended psychiatry appointments where she was given a diagnosis, started personal counselling and agreed to work with a family support worker.

Other User Feedback

In addition to the above, Kibble also commissioned a series of feedback reports among participants of various SAFE activities. Excerpts from these consultations are reprised below under three sub-headings.

1. Body Map Feedback

The overall sentiment gathered from these three pieces of feedback reflected positivity in terms of improving the participant's mood and social connection. There was a sense of greater openness and connection towards loved ones as well as increased self-confidence, on top of highlighting areas of mental health concern such as anxiety.

2. Lived Experience Consultant

LECs were asked a series of ten questions regarding their experience with SAFE, how it had impacted them and what they might take away from the experience. Key outcomes included a stronger sense of self, improved mental health and better connections in relationships. A few comments are reprised below as examples:

"I have begun to understand what I want/don't want. I realise that I have a voice and can speak up."

"I feel safer to express feelings and I can recognise them more in my body."

"I know how to not take things out on others."

"I think more about me as a person and how I get along with others and how to improve this."

3. Direct Feedback

Kibble also received various pieces of direct feedback over and above commissioned reports, and many of these comments reflect improved outcomes, as highlighted below. Each provides an example of improved mental health outcomes, while others also demonstrate a stronger sense of self or better connections in relationships.

"Just wanted to give you some feedback on a very successful session. My child was so chuffed with himself and spoke maturely about his feelings when we left. He said he never once felt sick or faint and said he felt safe while there. Thank you from a very happy mummy."

'Sessions are really fun and I want to keep coming – I feel happier but still worry sometimes. I like jumping on the trampoline and playing games with Mummy.'

'I couldn't appreciate you enough. You've helped me through so much and I'll continue to use your support and information to keep me going and just little steps than pushing myself too much.'

“The outdoor space was lovely. It helped us feel free to express ourselves, play and was different to any other services I have been to.”

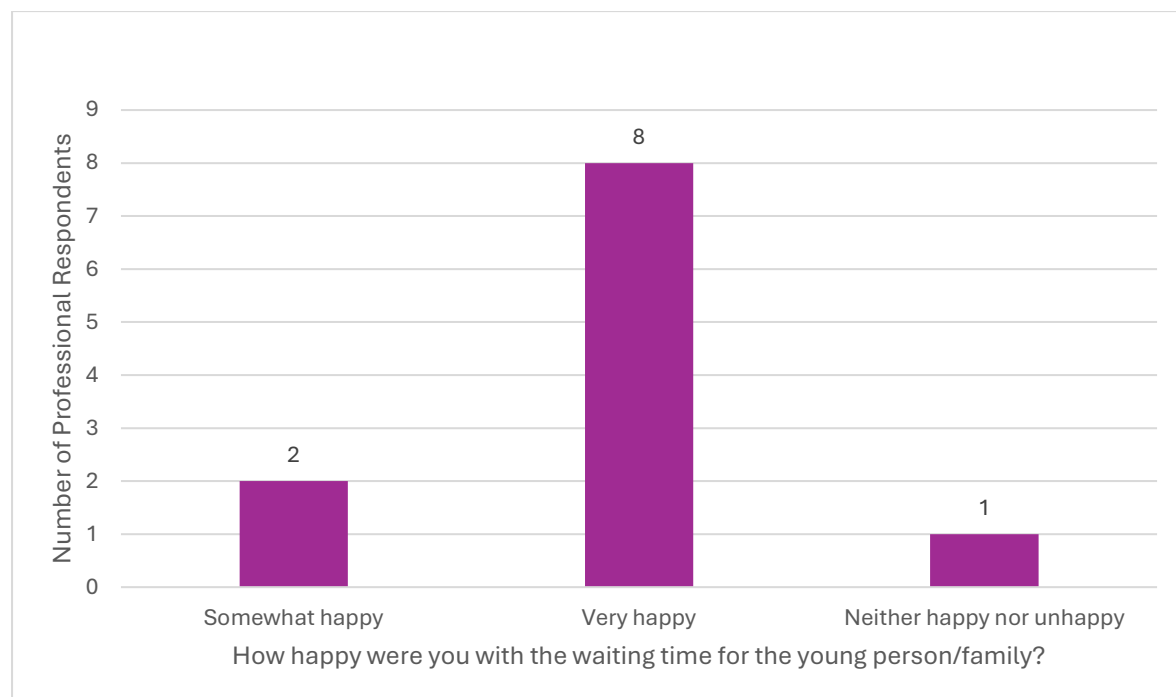
Professional Consultation

A wide range of different consultation activities were undertaken with external professionals involved in the project, to ascertain the benefit to them as a professional and for the young people they support.

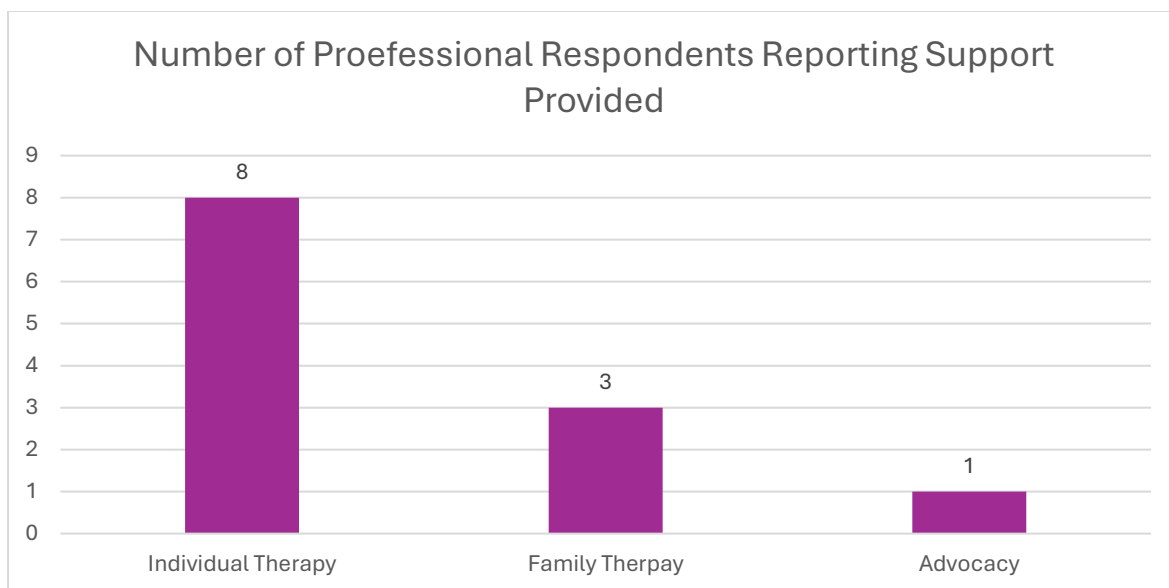
Professional Feedback Survey

Eleven external professionals who had been involved in the referral and support of young people and their families accessing SAFE completed a survey regarding their involvement and views of the project.

Firstly, respondents were asked if they were happy with the waiting time to access the SAFE project. The results show that 73 per cent were very happy with the waiting time, 18 per cent were somewhat happy and 9 per cent were neither happy nor unhappy. Nobody described themselves as unhappy in any way, even though this was an available answer.



Respondents were then asked to detail the types of support they accessed on behalf of their young person/family during the project (they could choose more than one). The results show that individual therapy was the most frequently accessed:



Crucially, 100 per cent of respondents stated that they found SAFE to be very helpful in supporting the needs their young person/family had.

Next, respondents were asked to detail the benefits the project has had on the young person referred. Key comments are highlighted below:

“The young person has shown a greater sense of maturity and understanding of her actions. As well as this, she has expressed that she is ready to learn about things that have happened in her past and perhaps gain an understanding of how this has affected her prior and even now. While working with the young person previously, I was not confident in how we were going to get her into a more positive and progressive pathway. SAFE was there for us when we felt we had tried all other options and when I had reached the maximum support I could provide within my own abilities/service offers.”

“This came at the right time for this young person and hugely complemented other supports in place. It gave the young woman an additional support adult and allowed her to extend her trust. It was the most suitable support for significant unresolved trauma. Many positive changes can be observed in the young person, she is more confident, developing a greater sense of self and pursuing her own interests and education away from the family unit.”

“The young person is more able to express her feelings, beginning to discuss and show acceptance to trauma.”

“Mum was able to listen to her son’s story of what he remembered about the trauma they had experienced over many years. Mum thought she had protected her son from seeing or hearing what was happening, but this turned out not to be the case. The therapy has helped to repair their relationship and now they are able to process and talk about their past trauma together.”

“The young person has started to understand what trauma is. She remains a long way from understanding herself fully, however, has been able to open up and discuss her emotions better.”

“The service exceeded all expectations for the family and provided a safe place for them to listen to each other which allowed them to move forward in a positive way and plan for the future.”

“I appreciated that in the referral process there was a meeting and the professionals at SAFE took on advice and guidance on what would suit [the] young person. For example, the young person I referred enjoys drama and they organised drama therapy with a drama therapist for him.”

Even when the young person has not engaged directly or effectively, the impact on the young person and their family is still evidenced:

“The work I feel was more beneficial to the Mum. She said she learned a lot from work undertaken. She learned different parenting strategies, which helped to settle tensions at home. For the young person, she was less engaging, but she did contribute and had the safe space to speak about her worries which has helped.”

“The therapist has been working with Mum (young person has not engaged), but this has been really helpful for Mum to get some 1-1 therapeutic support. This is not something she has engaged with ever/in a long time. She says she feels really comfortable with the therapist and is able to talk about her concerns about parenting/validate normal teenage behaviour. She seems to be getting a lot from this. I think the fact it is in her home where she feels safe, makes a real difference.”

Respondents were also asked what improvements could be made to the service to improve the quality of support; the responses predominately focused on the lack of local delivery being the main area for improvement. The comments received are detailed below:

“It was geographically a bit of a challenge for the young person to get to face to face appointments when not accompanied by her support worker.”

“Have more accessible centres and access to online sessions.”

“Having bases in local areas.”

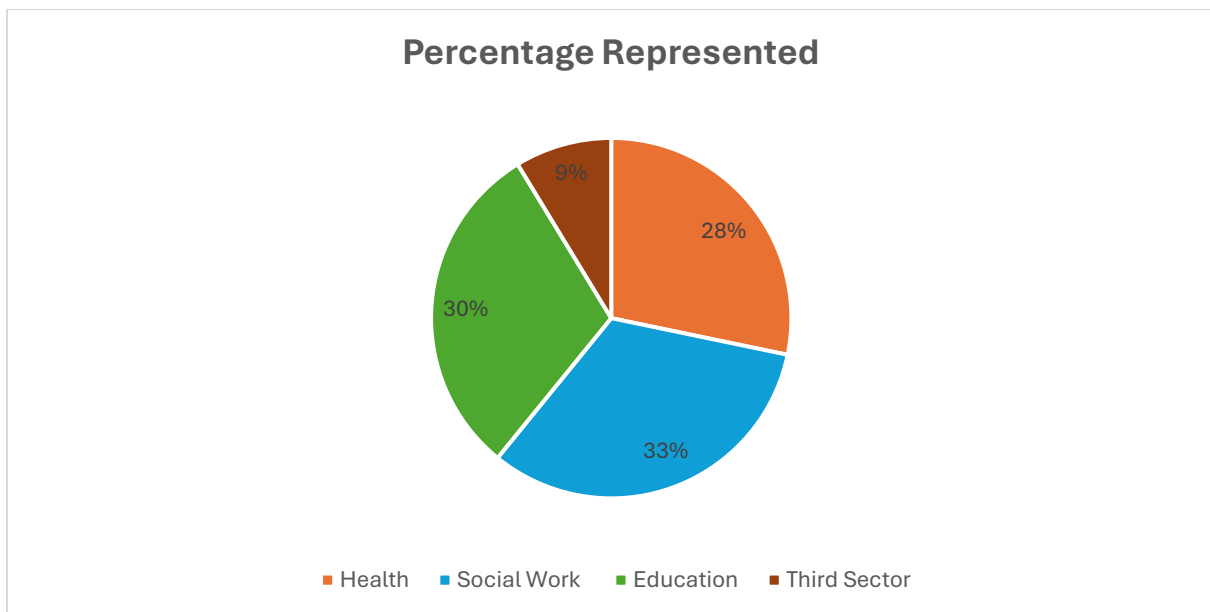
“The wait time for the initial meeting was difficult as we were at a point where we were approaching the summer holidays and needed this support sooner rather than later. However, I understand that this cannot always be helped, and following this initial meeting, the team has made effective changes in a small-time frame.”

Tier One Summary Document

A central aspect of the SAFE service is the production of a summary document by senior SAFE personnel (typically a clinical psychologist and family psychotherapist), which is sent to professionals. This summary document reviews the engagement from young people and/or family members with the SAFE team, detailing who was present at a consultation and offering considerations for ongoing practice.

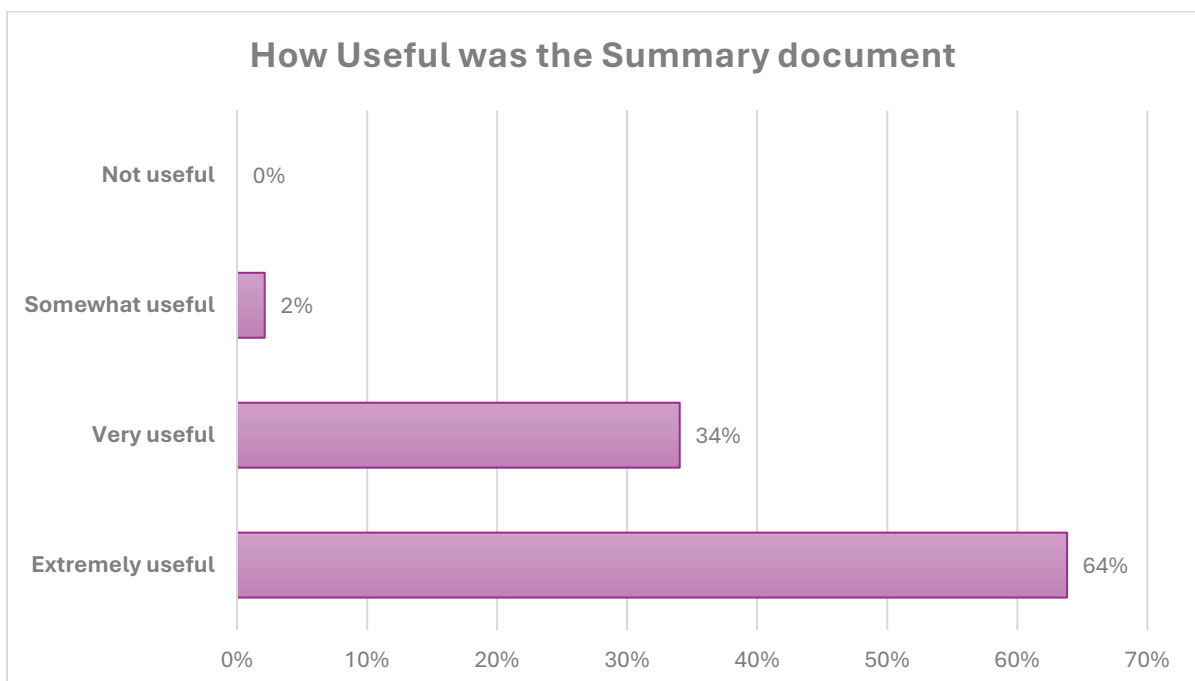
A typical document might be four pages in length, starting with a summary of attendees at the meeting before leading into concerns, ideas and suggestions. Any issues identified among the child and/or their family are summarised before recommendations and potential future considerations. Each report is heavily customised to ensure it provides a detailed, accurate and constructive record of interactions with service users, as well as supporting care planning and determining whether the offer of an intervention by SAFE is appropriate at that time.

At the end of their Tier One support, 47 professionals completed a survey about their experiences with the summary documents prepared on behalf of individuals they were dealing with. The breakdown of service agencies represented is detailed below.

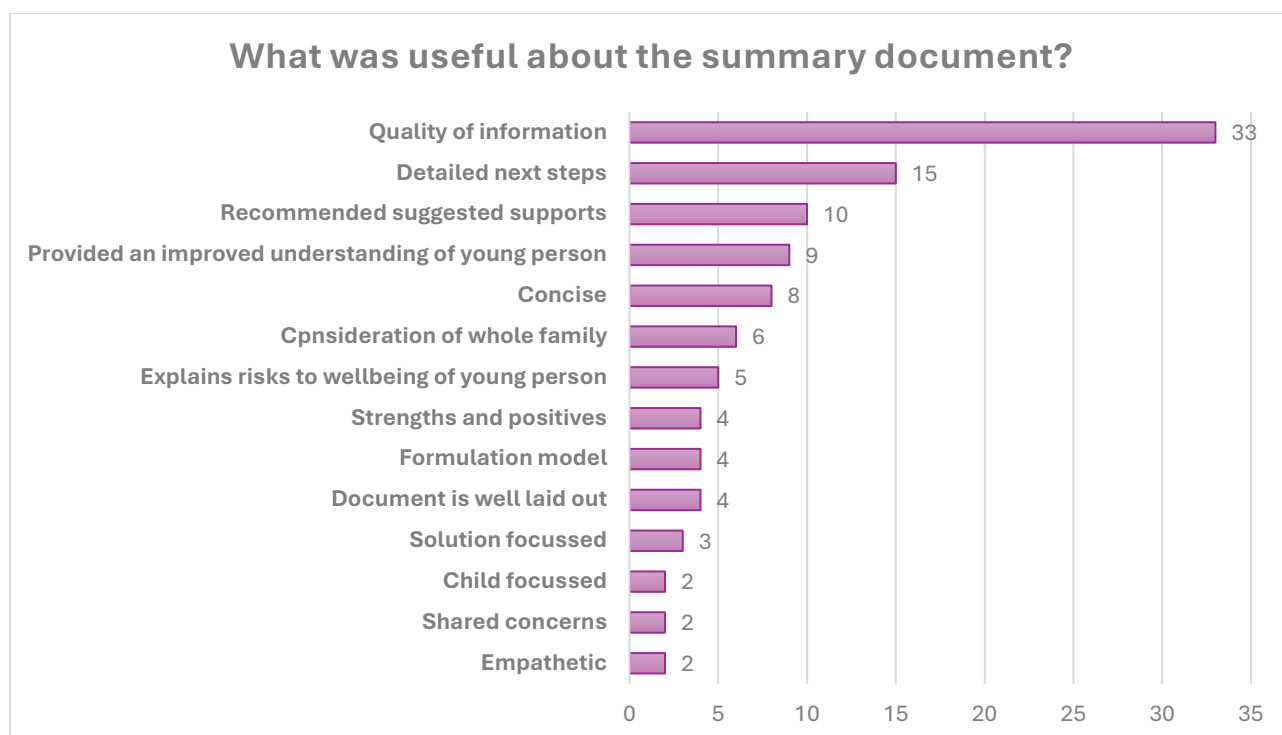


Social work had the highest representation of service agencies responding at 33 per cent, closely followed by education at 30 per cent, health at 28 per cent and nine per cent of respondents from the third sector.

When asked to rate the value of the summary document, 64 per cent of respondents stated it was extremely useful and 34 per cent felt it was very useful. Only two per cent thought it was somewhat useful, and nobody reported feeling it wasn't of use.



Next, respondents were asked in their own words to detail what was useful about the summary document. The responses have been analysed and collated and are shown in the table below.



Respondents were asked whether there was anything not useful about the summary document. In total, 94 per cent stated it was all useful, four per cent stated that the summary represents adults around the child's views and not the child themselves, and two per cent suggested an action plan would be useful.

Specific comments regarding the quality of the summary report included the following:

"The Key Considerations paragraphs are extremely helpful. Not only do they offer strategies that school can implement but they provide an endorsement that the approaches we are taking to support the young person are appropriate."

"I feel the detail and length of document were appropriate and reflective of the initial meeting and number of concerns that were discussed surrounding the young person's referral."

"The simple language, empathetic and curious tone, and inclusion of strengths/positives is very helpful."

"The report was solution orientated, extensive and accurate. It provided an overall interpretation of the young person's experiences and offered useful and conceivable reasons for his behaviours. In addition, the document offered supports that could be implemented with immediate effect across the school to support him."

“Consideration of the needs of all family members and help to understand how the young person becomes the focus for the family's pain.”

“Helpful to have a formulation for what might be going on for the Young Person to refer to and validation that we are supporting him and the family in the best way possible.”

When asked how the summary document could be improved, several examples were given. Unless stated otherwise, suggestions were only made by one respondent:

- Include a time plan (two respondents).
- The report should be shorter (two respondents).
- Provide more information about the therapeutic element which will be provided (two respondents).
- That the child's perspective is given equal weight to the adults.
- Clear actions.
- Create a brief child friendly summary to be shared with young person.
- implementation for practice; the summary document emphasised things school could try, but could there be different sections for parents and social service to work on?

Shared Understanding Meetings – Before

The last comment from a young participant reflects how the SAFE project was initially perceived. Those perceptions also extend to professionals who engaged in Tier 1 support. To gauge their own expectations and opinions on the scheme, professionals were asked what they had hoped or expected to gain from attending the Shared Understanding Meeting.

A selection of comments is reprised below, outlining the expectations professionals had prior to attending their designated meeting:

“Up until now, I had never attended a consultation so I was not aware of what the discussion amongst professionals would look like. Ourselves as a Social Work department and Education are at a 'stalemate' with this young person, so the overall desire from this consultation was that collectively, we would be able to identify what the next steps would/should be.”

“I expected for the young people that I referred through the school nursing service to be supported with their anxieties and emotional health and wellbeing in relation to an impending court case that they are both witnesses in.”

“Discussion around whether the SAFE team were able to provide support to the child and family at a higher level than I could provide.”

“An in-depth discussion of the current case, presenting concerns, strengths and future plans to consider.”

“I hoped to be able to discuss concerns in relation to the young person, the supports which I have offered, and possible alternative supports available through SAFE as I feel although my work is coming to an end with her, there is still work regarding her trauma/difficulties within family which may be important to prevent further difficulties.”

“I hoped to come to some sort of plan or achievable goal for the initial starting period of this young person's journey to recovery and positive progression.”

“The opportunity to discuss a family who are traumatised by their past experiences and to work collaboratively with a team who have extensive experience and understanding of the impact trauma can have on a person or family. I am hoping the family we have discussed will receive the support from the SAFE team to enable them to move forward with their lives.”

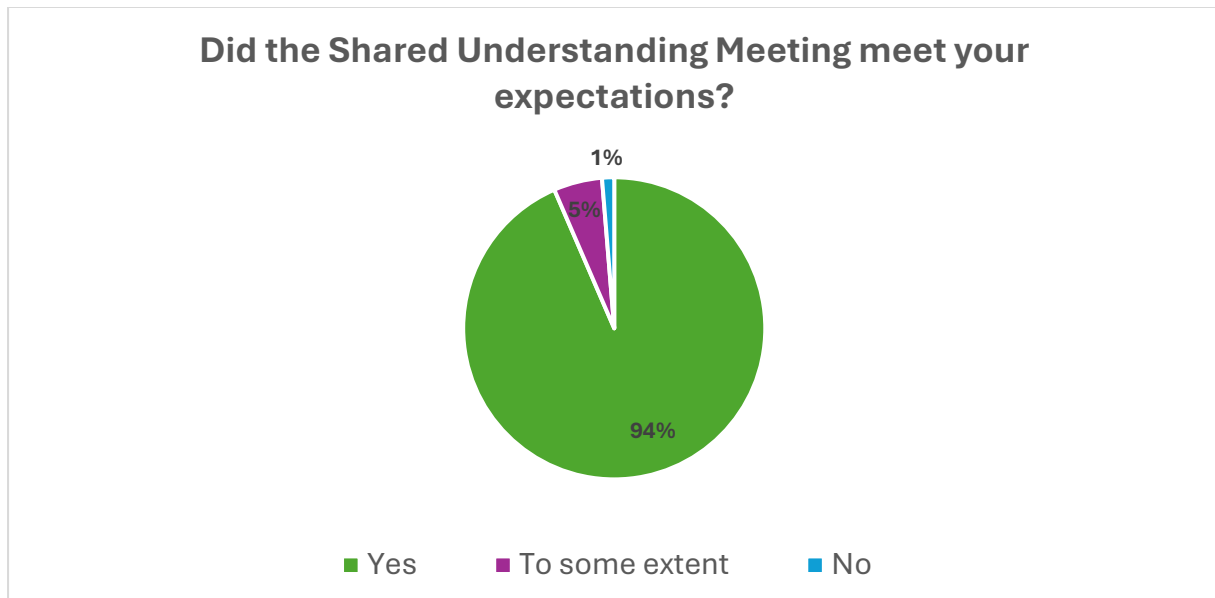
“I wanted to be able to provide appropriate information regarding the pupil so that the SAFE team understood their needs clearly and would be able to create a robust and supportive plan for them and their parent.”

“An opportunity for the [young person] to engage in a non-clinical environment with professionals who are able to understand, engage with and encourage alternative means to express emotions, manage feelings and break down barriers.”

Recurring comments included expectations of access to additional support, a better understanding of the SAFE referral process, and an opportunity to progress a referral while ensuring all relevant information was shared. A few respondents cited the provision of information about which support services would be available, while others highlighted the perceived opportunity to collectively share information with/between other agencies to support the child and their family.

Shared Understanding Meetings – After

To determine how successfully these expectations were met, 77 professionals completed a survey after the Shared Understanding Meeting had taken place. When asked whether the Shared Understanding Meeting met with their expectations, 94 per cent said it did and a further five per cent said it somewhat met their expectations.

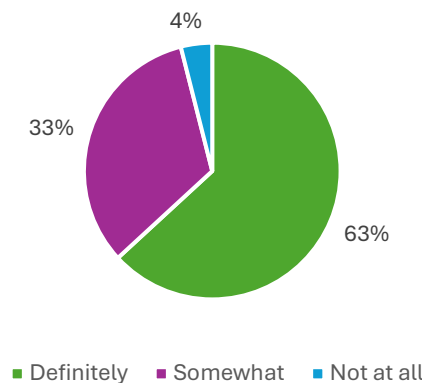


One professional noted:

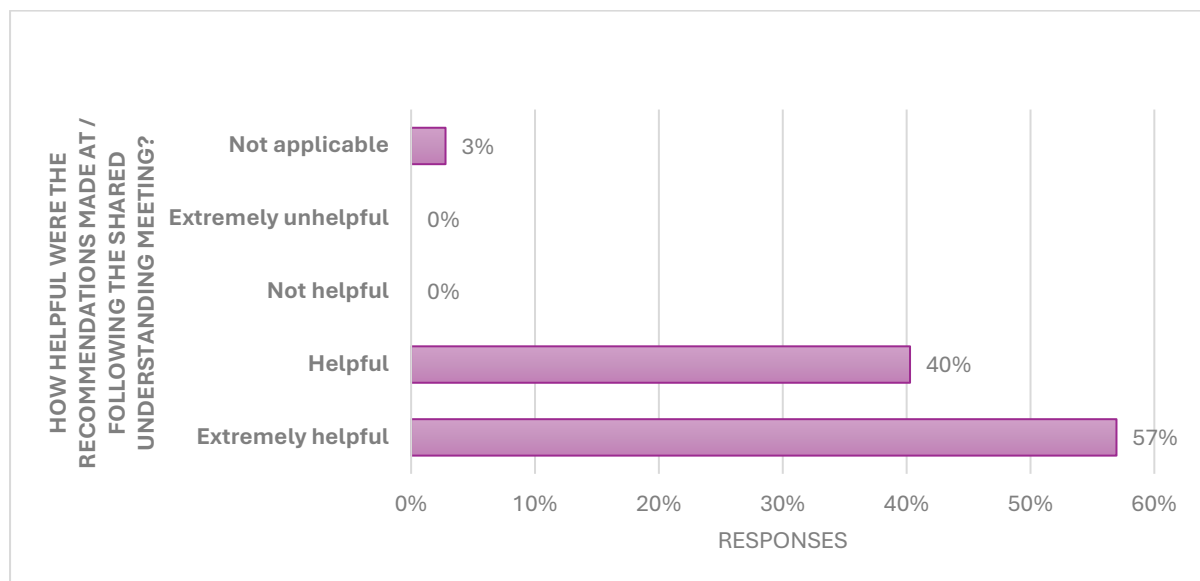
"It exceeded my expectations. I was really impressed by how productive and meaningful the meeting was."

The professionals were asked whether the Meeting helped them to understand the impact of trauma on both the young person and their family. In total, 63 per cent said it definitely improved their understanding, with a further 33 per cent stating it had somewhat improved their understanding. It is also important to consider that some professionals involved in the Meetings are likely to have had prior knowledge of trauma before engaging in the process.

Did the Shared Understanding Meeting improve your understanding of the impact of trauma on the young person and their family?



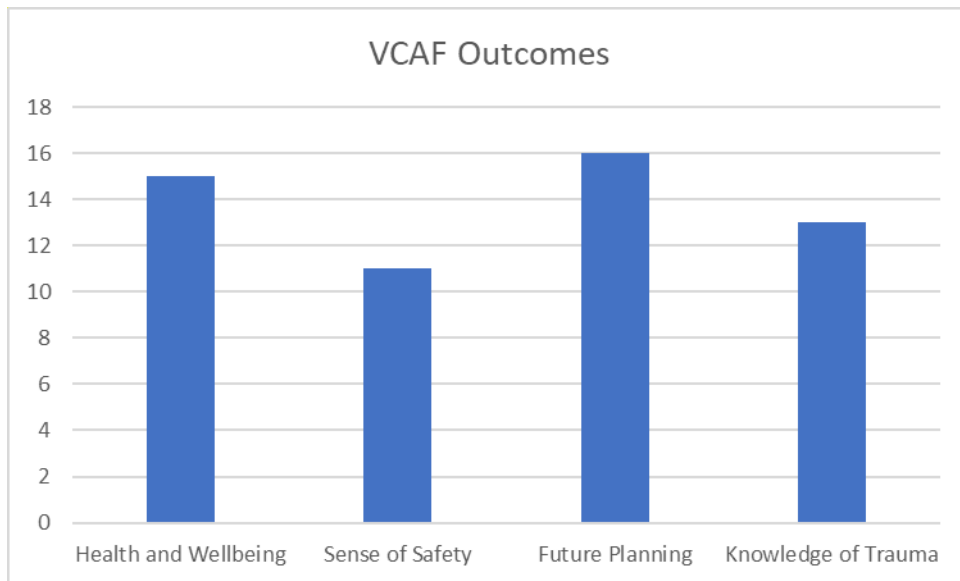
The survey respondents were then asked how helpful the recommendations made had been, with 57 per cent saying they were extremely helpful and 40 per cent saying they were helpful. Nobody thought they were unhelpful.



Professionals overwhelmingly rated their overall experience of the SAFE Shared Understanding Meeting positively, with 86 per cent of respondents rating it as excellent and 14 per cent rating it as good.

Residential Care Staff Survey

A survey was sent out to staff regarding feedback on the meetings they had attended. In total, 16 people responded, and every single person described the meetings as having been very helpful. Several other outcomes were also evaluated in terms of whether staff had increased their knowledge or confidence in these areas, and the results are tabulated below:



The percentages of respondents reporting positive outcomes were as follows:

1. Health and Wellbeing; 15 out of 16, 94%
2. Sense of Safety; 11 out of 16, 69%
3. Future Planning; 16 out of 16, 100%
4. Knowledge of Trauma; 13 out of 16, 81%

Expectations

When exploring what participants expected to take from attending the meetings, several key sentiments recurred. People hoped to gain a better understanding of the young people they work with, receive advice/feedback from someone from an outside organisation on their practice, consider the impact of trauma on the young people and can collaboratively discuss consistent best practice. Several open-ended comments are reprised below:

- “I was hoping to gain further understanding and guidance when supporting our young people with trauma and more undiagnosed conditions. I was also hoping to gain further understanding on how better to support our young people in times of crisis.”
- “I anticipated that during the meetings we would get advice and support from an outside professional who would help us explore together the work currently being done with our young people and look at alternative ways on how we could support the young people on an individual level, focusing on their past/current trauma, how this is displayed in their behaviours and how as a staff team we can have a consistent therapeutic approach in our practice.”

Reflections

When asked whether the process met their expectations, nine people explicitly said “yes”. Five people said the process exceeded their expectations, with the remaining eleven saying it met them; nobody identified anything that was missing other than one person suggesting “it would have been beneficial if we could have [had] a few more

sessions.” There was praise for the relaxed approach and frequency of meetings, as well as the insights afforded into young people’s experiences and behaviours, and alternative strategies to incorporate in practice.

Feedback comments were consistently positive:

- “I believe that I gained a better understanding in relation to trauma informed practice. The reflective time and space enabled staff members to discuss concerns around specific incidents and we were able to identify strategies to support our children and young people.”
- “I initially wasn’t sure what I expected from the meetings. However, I feel I got clarity on a lot of things, both professionally and personally. I feel some of the information the Clinical Psychologist shared was things we were already doing and to just have someone clarify and advise you were doing the right thing or all you could was beneficial for me. I also feel that the Clinical Psychologist was able to give us some new ideas on how to work with certain young people and this has been invaluable to their care plans.”
- “As a new worker, I was unsure what to expect, but on completion of my first session I became aware that I would learn a lot from the meetings.”

Others noted they benefitted from the informal manner of meetings, the information/advice/reassurance given by the facilitators, and the overall learning process.

Learning Outcomes

1. Individual benefits

When respondents were asked what they had learned from the experience, a number of open-ended comments were received which reflect the overwhelmingly positive reaction. Staff said that they learned to engage in more self-compassion and learnt about the importance of listening to their teams, while some people said they experienced increased confidence; one staff member reported learning about the importance of relationships. Two staff members said they recognised that they need to learn more about the backgrounds of the young people they support, while one person said they learned to ask for support if they need it.

Several open-ended comments are included below for illustrative purposes:

- “The work that I do is on the right track and [I need] to stop doubting myself. This has allowed me to be more confident in my work. It also taught me to speak up and ask for support if required from outside agencies. I also learned to be more open to other people’s opinions.”
- “I learned to be more kind to myself and value my own practice and feelings when working with young people through their trauma and difficult times.”
- “I learned to not put too much pressure on myself when we are not achieving some of the outcomes we hoped for with our young people.”

- “I acknowledge that I must protect more time to read and refresh myself in terms of reading young people’s chronology and backgrounds. I also identified that I must improve my self-management in terms of being able to enjoy quality time with the young people and not so much on clerical tasks. I have acknowledged that the young people’s relationships with me in time would be affected if I didn’t balance my office time/senior roles and responsibilities.”
- “I learned that I enjoy discussing things in depth with my staff team, I find this helpful in building my confidence in my ability within my job role.”
- “I learned that I am very adaptable to situations and can identify when I need to change my approach.”
- “I learned that I didn’t know enough about the young people’s backgrounds.”

2. Learning about their practice

There was a great deal of reflection on what individuals had learned about their practice. Some staff said they were able to learn things which informed their practice, while others reported learning about the need for self-compassion. There were recurring sentiments about practices being validated, and some staff took away more specific learning about their practice:

- “Given that I manage a residential house, I endeavour to place the importance of relationships at the core of our care. I also want to ensure that the staff team provide our young people with unconditional love and care which will meet their needs, rights, and choices. The Clinical Psychologist’s input focused on this ethos and also provided us with suggestions in how best to support our young people on a daily basis.”
- “I was provided validation that I was on the right path to meeting the needs of the young people. Although I am always being reflective during team meetings and supervisions, it helped me reflect on a deeper level which in turn provides better practice and approaches with the young people I work with. The sessions have definitely made me more confident in the work I do.”
- “I learned to accept that sometimes the limited time we have with the young people will only allow us and them to go so far in their care plan. Although we continue to try and support them the best we can, ultimately a lot of the decisions are up to them, and we can only guide them and not make them do it.”
- “I think I learned that my practice and the staff team is generally very good. However, some areas I feel need to be developed and I think the process taught me and others that we could be working in a way that’s less reactive and a bit more imaginative.”

3. Impact on teams

In summary, staff consistently reported that the sessions brought them together as a team, helping them to communicate more outside the sessions. There was acknowledgement that the sessions gave them a safe space to talk and informed future best practice:

- “I think it has brought us closer, as we have been able to give ourselves a bit of time to speak about stuff that frustrates us in a safe space while being respectful and learning positive ways to deal with our own mental health as well as the young people’s [mental health].”
- “This has brought us all closer together as it allowed us to voice how we were feeling in a safe place, while at the same time being supported with current issues and allowing us to have a plan in place.”
- “I think this boosted staff morale and gave recognition for the work we provide for our young people. As a team I feel we are able to have open and safe discussions on our views on the support we give to young people and have more conversations and ideas on how we can support not only our young people but our staff team through difficult times.”
- “It gave us confidence in what we do. Staff felt they had more tools to better support the young people in challenges they may face.”
- “It provided a safe space to be honest with each other and really reflect on getting it right for our young people. I feel it gave us a good understanding of how strong minded we all are in our opinions and how this can be challenging in terms of consistent practice.”

4. Impact on care

While staff have clearly benefitted from the meetings, they also perceive benefits for the young people they care for. Staff described how the sessions gave them practical tools and strategies, with some people acknowledging an improved ability to build individualised relationships with young people and increase the emphasis on nurture in their practice:

- “This impacted the care for our young people in a positive way as sometimes you can get caught up on a current issue. By coming together, it can allow you to rethink past traumas and bring everyone back to why we do what we do. It also gave me more tools to support our young people and possible ways of working. It was great to do individualised work and also have the shared understanding documents to provide us with techniques and support for our BMPs, etc.”
- “The meetings reminded me how important it is to be mindful on young people’s behaviours they are displaying. It reminded me of the importance of exploring young people’s backgrounds to the best of our ability, to fully ensure that I can have as much knowledge as possible. This helps us have an understanding on the experiences the young people have been through to fully understand why behaviours are displayed. From then, we can display therapeutic approaches individual to the young person to ensure their individual needs are met to the best of our ability.”
- “I feel that my confidence in my decision making improved as we had that protected time to discuss and share ideas. This has enabled me to build better relationships with the kids but also to not be afraid to make decisions – especially with boundary setting.”

Best aspects of the meetings

As well as seeking constructive criticism, people were asked which aspect of the meetings they liked best. Many staff seemed to appreciate the sense of safety they experienced in the meetings, including the permission to talk freely and openly in a safe space and receive validation of their practice and experiences. There was recurring praise for the informality of the meetings, too:

- “I liked the validation [of] the work that I do and that some of the things I have tried [are] seen as good practice and validating staff feelings. The Clinical Psychologist was so calming and full of knowledge. Having more information on how to best support our young people and move this forward was a great tool.”
- “I enjoyed the safe space and being able as a team to discuss all our views and see other people’s perspectives on our young people which helped me grow and learn from others. The Clinical Psychologist made the meetings very relaxed which made this very easy to reflect openly and honestly without any judgement or worry. I also enjoyed finding alternative approaches for individuals and being able to incorporate this in the care plans to provide a consistent approach.”
- “I like that I was able to witness listening to all the extras the staff do for the young people and things that are going on in the background with the young people that aren’t on your key team. This reminded me how in-tune some of the staff are with our young people. It was lovely to feel uplifted with example of good practice. There were more difficult conversations that made me reflect on what we really need to improve.”
- “I enjoyed hearing how all my colleagues view individual young people and sharing memories they have. Reading the follow-up reports was very interesting and considering all of the ways we could be supporting our young people was very helpful.”

Recommendations to improve the experience

The most common response to this question was ‘nothing’ – ten people gave this answer, and there were no criticisms expressed by anyone. One respondent said they felt more staff should attend in future, while four people said they would welcome more sessions. One person suggested it might help to have longer meetings, as well as meetings where only residential workers were present without seniors or managers. There was a suggestion of having more staff members attending every consultation, while one respondent acknowledged that they could have done more as a team to prepare for the consultations.

Conclusion

From the open-ended feedback received in the survey, staff received insights into their working methods which will stand them in good stead in future, from greater self-awareness to a better appreciation of time constraints. Several people reported a greater sense of self-value and self-confidence, identifying their own adaptability and communication skills. A number of respondents reported closer bonds within their

team, bringing staff together and giving them an opportunity to reflect on their performance and working models. This fed through into greater awareness of young people's needs, stronger client relationships and an elevated awareness of what young people's behaviours are telling staff members.

In terms of reviewing and analysing the meetings themselves, there was strong praise for the ability to speak freely and compare perspectives. There was an underlying sense that these collaborative meetings don't happen frequently enough (to the detriment of all concerned), even though the meetings provided a consistently positive stimulus in terms of best practice. It is also significant that when asked to recommend things which would improve the overall experience, ten people simply said 'nothing', while four stated they would welcome more meetings in future. There was universal praise even when criticism was invited, which speaks volumes about the popularity of this process among participating staff members. Due to the success of this pilot project, it is hoped that reflective spaces could be offered to other organisations who are working with young victims in future.

An interview with a Lived Experience Consultant who had participated in Tier 3 advocacy support provided additional insight into the impact the service had on the lives of young victims of crime. They reported that the service had helped them to be able to deal with the police and that the service provided them with someone to talk to and that the advocacy worker had been able to simplify the process which helped them understand it better.

Their support had mostly been delivered through telephone sessions as they lived far away from the service. They stated:

"The Advocacy worker is always available and I never waited a long time for her to call me back. Calls and the information she was giving me made me feel more confident and that I wasn't on my own."

When asked about the impact of the service the young person reported that:

"I feel more informed, and it has helped with the police and stuff. I didn't really know how to find things out or how the system worked, and the worker did this for me. I know it has helped but I find it difficult putting it into words. I feel reassured as if someone is listening to me."

The young person was still involved with the service and had also asked to access therapy once they were ready so they are now working with a therapist too. They appreciated that the support was flexible, and they could access it for as long as they needed it.

Asked if there was anything that could be improved with the service the young person stated:

"I think it is good as it is. Face to face would have been better and if I could do that in my local area but a phone call is better than nothing"

Project Challenges

Given the sensitivity of the project's objectives, it was natural that challenges would arise, though Kibble were pleasantly surprised to discover that some of the issues originally identified did not significantly impede service delivery or execution of Kibble's work. Key challenges are broken down below.

Recruitment

In the early months of the project, it became apparent that recruitment would be arguably the most significant challenge, and the single most important reason for not delivering 100 per cent of intended outcomes at this early stage. This was despite the recruitment of key personnel including a Senior Systemic Practitioner (a qualified Family Psychotherapist), an Advocacy worker, two part-time Clinical Psychologists and an Administrator. However, it took several attempts to recruit a second Systemic Practitioner, who was only able to start work in July 2023. Similarly, a speech and language candidate were offered a position but was eventually unable to accept.

As a result of these recruitment challenges, the target of providing Tier 1 services to 40 young people within Year 1 was missed – only 27 consultations were delivered, though this would have been 29 were it not for two referrers cancelling at the last minute, which meant two consultation opportunities were lost. However, evidence of the project's robust design was reflected in Tier 2 targets being exceeded by the end of Year 1.

In the third quarter of Year 2, the advocacy worker and part time systemic therapist submitted their resignations. Staffing was acknowledged as an ongoing challenge for many in the sector, with attempts made to reimagine the advocacy role as the demand for it was less than initially anticipated when designing the service. The provision of future funding could support the creation of a Youth Advocacy and Wellbeing Practitioner instead. In the meantime, Q2 of Year 3 saw a part-time advocacy worker recruited to work one day per week.

At the end of Year 2, the student Drama Therapist placement ended having worked one day a week for six months. Three, two-day, student creative psychotherapy placements from Queen Margaret University were organised by the end of September 2024, with each therapist being allocated an initial four cases. It is enriching to the service to have fresh perspectives and creative approaches. Many young people struggle with verbal communication as a direct impact of crime and trauma, so it is invaluable to be able to offer therapeutic modalities that invite and encourage children and young people to express emotions beyond verbal communication. This increase in available therapists has enabled the safe service to keep the Tier 2 waiting list to a minimum.

Budgets

After several failed attempts to recruit a speech and language therapist, a Systemic Practitioner role was advertised, but during the recruitment process, it emerged that the budget could not accommodate this. Due to the cost-of-living crisis salaries increased

across the sector to support recruitment and retainment which put project budgets agreed in advance under pressure. The person in line for the Systemic Practitioner job was located on the Isle of Mull. As a national service, this would have been an exciting opportunity to have a member of the team active in the north of Scotland, where services are sparse.

There was an initial intention to cap the number of sessions allocated per case, but this was rejected when the complexity of many cases began to emerge. Most referrals have been for young people who have been exposed to complex trauma and have been impacted by crime/harm on more than one occasion and have experienced many adverse childhood experiences. These cases are more complex, often need longer intervention and change can be slow. However, that poses challenges for a small team with limited resources and funds. Needs and treatment plans should be considered individually rather than a one size fits all approach, but this may need be reviewed in the later stages of the project as longer-term therapy may be unavailable if future funding remains uncertain.

Expanding on this point, concern about the uncertainty of funding beyond March 2025 grew within the team throughout Year 3, putting pressure on retention. The service is very much in its infancy and has significant potential to grow, with new ideas being generated daily by staff and service users. It is hoped funding will be sustained, but uncertainty led to key personnel (and invaluable experience) being lost. Due to the sensitivities surrounding therapy, consideration around how to have a healthy ending with young people and families, and whether new cases should be started if the necessary treatment can't be provided within the desired timescale had to be considered carefully by the project team.

By the end of Q2 Year 3, the team were disappointed that they couldn't promote services further, with families unaware of the service unless professionals signposted it and made a referral. With a larger team, families could access SAFE directly, with more awareness of the professional support on offer. This would be an area to explore in the event of receiving future funding. Limited marketing has resulted in significant referrals so it has to be expected that any marketing would significantly increase the case load.

Three months later, both psychologists had made the decision to move on, with the administrator following them in March 2025 due to retirement. Not only will this require a transition period as new staff are onboarded, but it is also emblematic of the job insecurity in organisations when staff don't know if long-term funding for the organisation (and by extension their role) is going to be available. There is also the resource drain involved in recruiting new staff, which has now become a top priority for Q4 Year 3.

Waiting Times

Considering the pressures outlined above, managing waiting lists was a challenge for the team. Waiting times are currently up to three months for Tier 1 Shared Understanding Meetings, with a further three-month wait until a therapist is available. This is not the experience for all, as it depends on the modality required and therapist availability. It is hoped that short-term demand may be ameliorated by sessional therapists and volunteers, as well as placement opportunities to try to reduce waiting times.

Families were keen to remain on the list and understood that there would be a waiting time. Some families reported they were not ready for therapy when they were offered it. Reasons for this include court case commitments, the young person refusing to engage and some families do not view their problems and need for support in the same way as the professionals who referred them did. If it was determined that it would not be appropriate to begin therapy at that time. It was decided that these families could remain on the waiting list with an agreement to review, rather than being discharged from the service since they would need to go through the whole referral process again. Flexibility is key when working with this client group as their whole experience is often centred around waiting for court processes, often engendering a perceived lack of control within their lives – both during and after the crime or harm.

Engagement

At an early stage, it was determined that a Young People's Board should be established, but this proved to be a more difficult process than anticipated. An advocacy worker-built relationships with youth groups such as Universal Connections and Fire and Peace, recruiting four young people, but board meetings proved problematic due to young people often cancelling at the last minute or being involved with other activities. As a result, it was determined that online meetings may take place four to six times a year to discuss the services SAFE provides and consider possible improvements, hopefully empowering young people by participating and making their voices heard.

The first Board meeting took place in the second quarter of Year 2, but ongoing problems with attendance meant a decision was made in the third quarter to reconceive the Board by collating individual discussions rather than trying to coordinate meetings. It was agreed that the project would consult with young people regarding ideas for service development, incorporating their voices to mould future service delivery and support others who work directly with young victims. These young people have been given the title of Lived Experience Consultants (LEC). Their voices have been brought into a workshop presented at the Children In Scotland annual conference 2024 and the plan is to spread this learning wider to present at conferences where participants will be encouraged to reflect on their practice with young people who have experienced crime. LECs can express what young victims need professionals to understand, with ideas about how they could improve their practice when supporting young people who have had similar experiences.

There were also unexpected challenges engaging with external agencies. For example, it was intended that a pilot project with Renfrewshire children's homes would begin in September of Year 2, but due to changes in management and annual leave, this process was delayed until November. When it did commence, 15 systemic sessions were delivered between two teams of Child and Youth Care Workers. A house manager commented that SAFE input was an excellent asset to their service, wanting to integrate it into Renfrewshire Residential Project's model for the future, as the staff had really benefited from it.

Conclusions

There are many conclusions which can be drawn from analysing the first three years of the SAFE project. Foremost among these is the sheer level of demand for these services, which exceeds the expectations originally identified by Kibble. The tripartite focus on prevention, protection and support which underpinned SAFE have all demonstrably been met, with potentially life-changing impacts not just on the participants, but on their families and wider communities as well.

Below, we consider some of the key lessons to emerge from the SAFE project's first three years of operation.

Funding uncertainties

Perhaps the greatest challenge faced by SAFE was the financial insecurity surrounding the project's long-term funding. This uncertainty was not resolved until late in Year 3. Key staff members moving on to seek job security elsewhere led in turn to occasionally patchy service provision and disruption for service users, as the people they had previously built relationships with were replaced by new staff with less understanding of their circumstances. In some cases, it was not possible to directly replace departed staff members despite everyone's best efforts. While recruitment across this sector is a widespread challenge, losing staff members due to job insecurity has been frustrating.

Although funding has now been confirmed for another two years, there would have been considerably less job insecurity and resultant staff churn had this occurred earlier in the process. The lack of guaranteed funding beyond 2027 will also continue to act as a challenge on the SAFE project, potentially meaning Year 5 is as turbulent in terms of staff departures as Year 3. Recruiting staff is a drain on already finite Kibble resources, while the existing budget wasn't sufficient to enable the recruitment of a Systemic Practitioner role – itself a fallback position after several failed attempts to recruit a speech and language therapist.

Complexity of referrals

It is significant that as the SAFE project progressed, the nature of victims' needs became more multifaceted. This led to a reduction in the number of new referrals Kibble was able to accept each quarter, since the project quickly shifted from an original intention to cap the number of allocated sessions per case towards a model of

providing whatever treatment is needed. There is a strong argument that with greater funding, Kibble could achieve both desired outcomes – increase the number of young people it helps while ensuring every person receives the personalised support they need, for however long it's required.

At the outset, Kibble had planned to offer therapy to 20 per cent of referrals, yet towards the end of Year 3, this figure had risen to 68 per cent. There were five times as many complex trauma cases as single-incident cases, and more than six times as many witness to multiple crime consultations as witness to a single crime consultation. This is an area where Kibble is uniquely well-equipped, with over 160 years of experience supporting the victims of multiple adversities.

Challenges victims are presenting with

Almost without exception, young people had suffered one of five crimes – childhood abuse, domestic abuse, drug or alcohol-related incidents, physical assault or sexual assault including rape. A lack of referrals in other areas like hate crimes, stalking, criminal exploitation and robbery was maintained throughout the first three years. Conversely, 15 per cent of young people had been victims of crime more than four times.

Three quarters of young people presenting to SAFE had difficulties regulating their emotions, and seventy per cent had complex trauma which led to adverse impacts on relationships as a result. A third of people reported low mood, self-harm or suicidal thoughts. Tier 3 participants typically had limited understanding of the judicial system and low levels of resilience in facing the myriad challenges of court proceedings.

Geography

Geographical coverage has been an ongoing challenge, with a disproportionate focus on the central belt due to staffing issues and the sheer number of referrals received from the City of Glasgow. The choice of Glasgow as a home city was well advised considering 46 per cent of total referrals across Scotland originated here, though this would undoubtedly decrease as a total proportion if other regional centres were established.

An unsuccessful attempt to recruit a specialist on the Isle of Mull reflected the project's unavoidable focus on activities within central Scotland. While SAFE has now received referrals from 22 of Scotland's 32 unitary authorities, there is no question that the service needs to be funded for broader regional rollout. Awareness of SAFE outside the central belt appears to be limited, partly due to financial constraints in terms of advertising and promoting the service.

Impact on Beneficiaries

Even a brief read through some of the comments provided by service users is profound. Words like “amazing” and “better” recurred in numerous individual feedback submissions, with 94 per cent of people saying SAFE had increased their confidence to

work towards their goals and 100 per cent rating their overall experience as good or very good. When respondents were asked to identify the benefits of the SAFE project, the quality of therapy and reassurance of someone listening to them were consistently the top two results.

Having focused on service provision throughout Year 1, in Year 2, Kibble began to undertake greater evaluation of its own work. This revealed some dramatic impacts among individual participants, not least in the SDQ and CRIES evaluations outlined on page 24. Out of 21 clients, 20 saw reduced scores by the end of their assessment period – some scores were down by as much as 79 per cent.

Tier 3's focus on improving access to (and understanding of) the criminal justice system will also have far-reaching ramifications in terms of future trust, engagement and support for the judiciary, police and social services. The data show that a third of domestic abuse victims were also victims of childhood abuse, while almost half were victims of drug or alcohol-related crimes and 40 per cent were participating in antisocial behaviour. Breaking these cycles could potentially benefit generations as yet unborn, as well as having positive outcomes for local communities blighted by antisocial behaviour, drugs and alcohol abuse.

Impact Seen by Professionals

While the young victims who were referred to SAFE have their own strongly held opinions about the service's efficacy, so too do the professionals brought into teams to provide streamlined support. It is a hallmark of SAFE's success that everyone from central government and the Care Inspectorate to housing and social work teams have become involved, streamlining communications and ensuring joined-up trauma-informed service delivery.

Tier 1 support gave professionals in related industries like social work and education valuable insights and involvement. Feedback from professionals was as consistently positive as it was from the service users themselves, with phrases like "exceeded all expectations" typical of sentiments towards the project. In a survey of 47 professionals about the Tier 1 summary document, there was universal agreement that it was useful, while 99 per cent of participants in Shared Understanding Meetings felt these round-table discussions met or exceeded their expectations.

Achievement of Targets

Most of the targets established at the outset of SAFE have been met or exceeded, while a few are likely to be met before the end of the project. Although Tier 1 targets have not been met to date, it is more laudable considering these challenges that by the 31st of December 2024, Kibble had served 102 more young people with Tier 2 interventions than was originally anticipated. The number of whole families receiving therapeutic intervention by this date was also more than double the whole project's target, with several months of the initial three-year period still to go.

Tier 2 rollouts have also been bolstered by the imaginative incorporation of creative therapies students into Kibble's staffing roster, who have enabled young people to communicate and express themselves in whichever non-verbal ways they are most comfortable with.

Finally, it should not be forgotten that SAFE has helped to plug gaps in other services, where provision may be lacking, or where targets are routinely being missed due to sheer levels of demand. Should SAFE not exist by 2027, these other services might have no capacity to absorb the influx of young people they would undoubtedly receive.

Legacy

Perhaps the ultimate litmus test for any project like this is its ability to continue delivering outcomes when the funding concludes. While it would clearly be preferential to maintain the SAFE programme over a longer period, Kibble anticipates that the support delivered to beneficiaries of the project to date will itself have a long-term impact on change – potentially impacting generations to come as learned behaviours change.

Connecting young victims and their families with other support services may help sustain their outcomes after this project ends, while Kibble also has other funded initiatives which some beneficiaries may be eligible for, ensuring longer term support. Peer networking opportunities through the project may also help to sustain outcomes.

There will be other long-term cost savings and benefits. By offering earlier intervention, Kibble will reduce government spending in the long term on young victims, while the support provided through Tier 1 will build the capacity of other organisations to support young victims/witnesses and their families. Project data which demonstrates positive engagement and outcomes for beneficiaries provides a compelling evidence base for applying for further funding after the grant finishes, once the services it has delivered are collated and evaluated.

It is also notable that by the end of Q3 Year 3, the Lived Experience Consultants were participating in a cross-party Youth Summit hosted by the Scottish Government to discuss peer violence. Three LECs and three families were involved, sharing their experiences and explaining what needs to change to support victims of peer violence.

Advice and Learning from Shared Understanding Meetings

The advice and learning identified during the Shared Understanding Meetings underlined the need for a multi-agency response to supporting young victims of crime and their families. It helped support professionals to understand the complex issues affecting some young people and the role trauma plays within the reactions and behaviours of a young victim – as well as their wider family. The Meetings fostered a shared approach to supporting the young person with professionals and family members able to be involved.

One professional reported the following regarding their learning:

“Insight into the systemic issues underlying what is happening for this young person, the beliefs/hypotheses/reasoning of my colleagues which we have not otherwise managed to name, a pathway for supporting this young person going forward.”

Many professionals noted the importance of open communication between professionals:

“It was good when all professionals could sit together and discuss the young person with no judgements being made or no criticism for commenting on specific matters.”

“Seeking advice is important for supporting our assessments and recommendations at children's hearings. Our initial view was reinforced which was really helpful.”

A better understanding of the impact of trauma was identified by various professionals:

“Trauma is deep rooted to various life experiences. Understanding the lived experience could help understand trauma and the young person's challenges.”

“The extent to which the trauma experienced by the whole family impacts individually and collectively on actions and responses...an enhanced awareness of this will help improve my trauma informed responses.”

One professional identified the fact that SAFE staff brought a fresh perspective:

“It was beneficial to link in with other professionals unknown to the young person to discuss ongoing and past concerns and ultimately how we can better understand the young person to support them more effectively.”

Another professional identified that their Shared Understanding Meeting helped to alleviate professionals promoting their agenda:

“It is great to feel like the client in a way. We could talk as a team trying to understand the case rather than feeling the need to promote an agenda or an approach in an attempt to maintain a professional identity.”

One respondent took away a better understanding of avoidance:

“It was interesting to reflect with the team on reasons why the young person may find it difficult to engage in support, how avoidance can be harmful and that this is a difficult cycle to break. I felt the team really understood the issues the young person was facing and how to support them.”

The whole family approach helped professionals to understand the impact this was having on the young person and the importance of nurture in supporting young victims of crime. One professional noted the importance of the Shared Understanding Meeting in helping them to understand the behaviours being presented by a young victim and the impact on the wider family:

“I gained an understanding of some of the underlying reasons of the causes of the young person and his mum's behaviours and the on-going difficulties in their relationship. It was helpful to realise the rationale behind the young person's increasingly defiant behaviours is a way of him exerting some control over his environment, that he's testing boundaries as he's not releasing stress in constructive ways. It was particularly helpful to discuss mum's mental health difficulties and how this was impacting on her parenting and her relationship with her son. I have an increased understanding of mum's tendency to be in fight or flight mode and her limitations in respect of emotional language and the need to provide mum with lots of validation.”

Student Supervisor Review

Alongside the student survey, two student supervisors also completed a survey to provide their own feedback and comments. One supervisor had been involved with an art therapy course while the other was on a music therapy course. Both people stated that the placement helped students in multiple areas, including self-awareness,

increased confidence, greater knowledge of trauma and experience of working within wider systems such as social work and education. It was noted that one student “developed considerably in confidence, their ability for autonomous practice, ability to work within a team and to reflect on the work through different lenses” because of their experience.

Favourable open-ended comments were also received from the supervisors, as summarised below:

- “Our student seemed very well supported by their supervisor. It was great that they had a psychotherapist supporting them as this is often not the case in placements. Referrals and other systems all seemed to flow smoothly allowing the student to focus on developing their clinical practice.”
- “Excellent support, guidance and knowledge sharing. Excellent emotional support throughout and development of student’s methods of self-care.”

Both gave the placement experience the highest possible rating of Excellent, and neither had any recommendations in terms of improving future placement experiences. One person suggested investigating whether students would benefit from greater support in future to think about monitoring and evaluation processes.

Recommendations

Considering the conclusions above, the first – and most critical – recommendation is that the SAFE project should receive a firm assurance of long-term financial support, enabling it to continue beyond the final two years of its current funding cycle. The provision of long-term financial security at the earliest possible opportunity would guarantee Kibble can continue its life-changing work and reduce the long-term burden on other related public and third sector organisations. A lack of financial security has had profound impacts on staff retention and continuity of service, as Year 3 regrettably demonstrated.

Increased funding would also enable more widespread promotion of services across the whole of Scotland, including areas with little or no resource of this nature currently.

Greater financial support would also help to tackle some associated challenges:

- An increased travel budget would enable more therapy to take place in local communities, rather than at a central location which might itself become overly subscribed.
- An advertising budget would encourage more referrals, particularly in regions geographically distant from Glasgow, reducing the strain on other local services at a time of unprecedented public sector budgetary pressures.
- Additional therapies could be offered, tailored to suit individual circumstances.

It is impossible to put a monetary value on changes which will potentially benefit future generations as well as current ones (breaking cycles of abuse or dependency and instilling emotional and learning skills which can be passed down to the next generation). The psychological and emotional benefits alone more than justify the funding required to maintain SAFE.

Expanding on this point, the second key recommendation involves a broader rollout of services across Scotland. Concerns have been expressed that the existing service is too central belt-centric, and that travel for vulnerable young people can be challenging to facilitate. EMDR itself has proved highly successful since its rollout in Year 2, and it could be incorporated into a wider national provision of on-the-ground services.

If SAFE is to fulfil its true potential, and capitalise on the many successes listed above, it must be easily accessible by the largest possible number of young people. This would require bases being established in different areas of Scotland, to meet demand and offer support closer to victims' homes, with a particular focus on establishing delivery bases in locations in eastern and northern Scotland. Regional hub locations might include Inverness, Aberdeen and Stirling, as well as the likes of Edinburgh, Greenock, Ayr and Dumfries. It would also be beneficial to promote remotely accessible aspects of the service (such as video calls) more heavily in sparsely populated regions like the Highlands, Scottish Borders and Argyll.

Staffing has been an ongoing challenge, due largely to the two issues highlighted above. There is obvious scope for greater use of low-cost yet high-value support; for instance, the allocation of modest supervision costs would enable more students to be involved in service delivery. This would help both the project and victims, as well as giving students invaluable exposure to real-world cases. Expanding further on the geographic theme, making SAFE into a fully national project would also help Kibble to attract the best and brightest professionals from other parts of Scotland, reducing the necessarily West of Scotland nature of current recruitment and selection. In the same way service users may live anywhere in Scotland, so might the professionals who are best placed to contribute to SAFE's long-term success and the provision of service excellence.

It is also recommended that the project team consider developing a booklet, on the back of the advice and support they currently provide on the court process explaining how the courts operate and what young people can expect during court proceedings. It may be worth considering producing this in a comic form so younger children can see and understand the process better.

A final recommendation involves undertaking more detailed evaluations of the SAFE service, both in real time and by commissioning a further report towards over the next 2 years. This could help to determine a cost-benefit analysis which would justify ongoing funding and service expansion quarter by quarter, while the latter would present more opportunities to design longer term outcomes and inform future service delivery, taking on board lessons already learned.

By 2027, even clearer conclusions will be contained within the data, and there will be more evidence of how the beneficiaries of the SAFE service have gained from their participation. Further evaluations could also help to determine optimal locations for additional regional service hubs, the increased opportunities for staff recruitment in these areas, and ways to engage people for whom geographic isolation may be both a contributing factor to their circumstances and a barrier to accessing support.

Appendix 1 – Kibble SAFE referrals by quarter

The table below summarises referrals to the SAFE project, quarter by quarter across each of the three tiers of service provision.

	Tier 1	Tier 2	Tier 3
Y1 Q3	10	3	1
Y1 Q4	17	12	2
Y1 totals	27	15	3
Y2 Q1	24	6	8
Y2 Q2	24	19	4
Y2 Q3	29	10	3
Y2 Q4	18	12	0
Y2 totals	95	47	15
Y3 Q1	18	5	3
Y3 Q2	20	9	7
Y3 Q3	19	26	4
Y3 totals	57	40	14

Total enquiries received by 30 December 2024: **311**

Total referrals received by 30 December 2024: **217**

NOTE: Figures in blue include 18 creative therapies student cases

Appendix 2 – Comments at the end of monitoring report documents

These comments were received from Kibble staff in response to an open-ended invitation to share their thoughts at the end of each quarterly monitoring report document. Their tone and content is instructive in terms of assessing the success of the scheme to date, and a handful of comments have been selected to reflect the overall tone and nature of staff sentiment across the first three years of the SAFE scheme's operation.

Year 1 Q4: "We have been so pleased with the interest in, demand for and feedback to the service. There has been a lot of hard work to get the service to operational delivery but wholly worth it as we see professionals, families and young people all receiving a service. Thank you once again for funding SAFE"

Year 2 Q1: "As our service grows and we deliver more Tier 2 and 3 services we are getting to see the real difference our support can make. Thank you once again for funding the SAFE The meetings with our case manager have been helpful and we are keen to be supported to access evaluation resources and further research opportunities."

Year 2 Q2: "It was nice to attend the in-person event VCAF event and to speak to other organisations within the fund who are working with similar groups. It was great to hear about their experiences, successes, and barriers to delivering the work. It further highlighted the need for a service like SAFE as many of these services are doing fantastic and meaningful work with young victims but are struggling to access professional psychological services and trauma therapy. More opportunities like this would be helpful to develop partnerships for other projects."

Year 2 Q4: "We moved into new premises in January and are now located in Kibble's new Community Services building. We have two therapy rooms, an office and access to a large outdoor garden space which we look forward to using with young people and families when the weather is good."

Year 3 Q1: "The new premises continue to work well for us and after a transition period we have received positive feedback from young people and families."