Moira Anderson FOUNDATION

Tackling Childhood Sexual Abuse Together

Positive Steps Evaluation

February 2020 - August 2020

AMG Training & Consultancy

Acknowledgements

The evaluation was possible because many people including past and current clients, staff and external stakeholders gave generously of their time before and during the lockdown period of the COVID-19 pandemic.

Thank you to all involved. Your insights, ideas and suggestions have helped shape this report.

Contents

Introduction to the report

The report has been written for both an internal and external audience. Sections of the report may be of interest to different readers and the report can be navigated using the contents page.

The report sets out the evaluation work, the findings, discussion, conclusions and suggestions. It also contains a number of case studies. Some readers may find the case studies evoke an emotional response and as such there is a content warning given in this section. The client's permission was sought and granted for the case studies to be published. The clients who participated in the one-to-one interviews for the case studies also agreed to be involved in presenting the report. Originally, this was planned to be a conference type event. However, with the restrictions placed on indoor meetings it is likely that the presentation of the report will be a virtual event.

The report was commissioned by Positive Steps as they were approaching year five of funding. The criteria for the evaluation are set out in Section 1.

Section 1

1.1 Positive Steps Project

Positive Steps Project is delivered by Moira Anderson Foundation (MAF) for adults who have long-term health conditions and have been affected by Childhood Sexual Abuse (CSA).

Positive Steps provides four strands of support. These included one-to-one support; complementary therapies; Hands on Health self-management course, and a peer support group. The project employs a part-time Coordinator, 4 days a week, a part-time administrator 3 days a week and sessional therapists.

Positive Steps Project is Lottery funded and was in year four of funding when the evaluation was commissioned. The main aims of the evaluation were to establish that the funded outcomes had been met and explore the future direction of the project.

Positive Steps evaluation was commissioned to have a focus on:

- demonstrating the difference, the project has made to beneficiaries
- measuring how far it has achieved the funded outcomes
- evidencing the need for future delivery and development
- establishing the future direction of the project
- identifying the resources and opportunities for future development, including funding opportunities

Positive Steps Outcomes

1. People with long-term illness as a result of CSA have improved health and well-being and a more positive outlook on life
2. People with long-term illness as a result of CSA are more able to manage their health condition and cope better with everyday life
3. People with long-term illness a result of CSA are more engaged within the community and progressing towards their personal outcomes

1.2 Moira Anderson Foundation

Moira Anderson Foundation (MAF) provides emotional and practical support; counselling; therapy, and group work to children and adults affected by CSA. MAF has a number of streams of grant funding for a range of services including core costs from Scottish Government. MAF is a Scottish Charity and Company Limited by Guarantee founded in 2000 and governed by a Board of Trustees. It's based in Airdrie, North Lanarkshire in central Scotland.

1.3 Report Summary

Positive Steps is a lottery funded project. It is delivered by Moira Anderson Foundation (MAF), a charity based in Airdrie Scotland. MAF has 20 years' experience of delivering services for children and adults affected by childhood sexual abuse (CSA).

Positive Steps delivers four strands of support to adults who have a long-term health condition and have been affected by CSA. The strands of support include one-to-one support, complementary therapies, a 12-week self-management programme and a peer support group.

The evaluation methods included desk research, stakeholder interviews and focus groups. It involved MAF staff, external stakeholders and clients.

The findings suggested that Positive Steps has met the funded outcomes and made a positive difference to the lives and life chances of clients. The project was highly regarded by external and internal stakeholders and clients.

There appeared to be unmet need in Glasgow and as such an opportunity for development. There also appeared to be opportunities to use technology to develop services and share self-management tools. There were a number of specific opportunities for joint working with partners including a befriending type service for people in the Glasgow area. Opportunities to review how Positive Steps and any future services are constituted were also identified.

Section 2

2.1 Methodology

Research included a review of years one to three monitoring and reporting documents; in-depth review of 20 randomly selected client case files; one-to-one face to face interviews with four clients and a telephone interview with one client.

Due to COVID-19 lockdown restrictions two focus groups with clients were carried out using video technology. Telephone interviews using a semi structured questionnaire were carried out with external stakeholders and MAF staff.

Two clients wrote testimonies about their experience of Positive Steps and these have been included in the report.

2.2 Findings

2.2.1 Complementary therapies

The evidence for the benefit of complementary therapies was drawn from desk research of the client files, client interviews, stakeholder and staff interviews and focus groups.

Desk research

Desk research included scrutinising the complimentary therapy evaluations for the three years to June 2019. The focus was on client comments and therapist observations in relation to the funded outcomes.

Therapies offered included Reiki, Aromatherapy, Reflexology and Massage.

There was significant evidence that clients had experienced health improvements including pain relief, improved sleep, reduced anxiety and reduced stress. There was also reference to improved wellbeing including increased confidence and increased positivity about the future. There were general references from clients and therapists about using self-help techniques to manage health conditions by using, for example, self-directed relaxation. There was also reference to clients moving on to other activities. Examples included joining a gym; participating in Hands on Health self-management course; taking up cookery classes, and craft classes. Some clients had, it was noted in the therapist comments, needed support to overcome their wariness of therapies before they could experience benefit.

On the subject of wariness of complementary therapies, one of the external stakeholders shared a story of a Health Visitor in a GP practice who had said they didn't see the relevance of therapies. However, having witnessed the positive difference it made to clients she became an active referrer to Positive Steps.

Of the 20 client files randomly selected 18 clients had received complementary therapies. Although the key changes reflected the results described above there was hand written evidence, in the files, from clients describing the changes therapies had made to them.

The files revealed some of the challenges the clients were facing. These included serious, multiple and debilitating mental and physical health challenges; addiction issues, homelessness, and daily living challenges such as not being able to leave the house alone or open the door to the postman as a result of trauma. The files highlighted the enormity of the challenges facing some clients including the effects of trauma.

Some of the comments in the files included recording changes in client behaviour. These included taking up new hobbies or picking up old hobbies; learning new skills, and going out more. There was evidence that clients were more aware of and responding to their needs at the end of therapy. One client noted that she asked for vouchers for therapy for her birthday and Christmas.

A selection of notes written by clients in their file included:

"Amazing experience. Positive energy and warm reassuring environment created by the therapist. The experience has changed my life and journey in a powerfully positive way. Thank you."

Client currently on Hands on Health.

"The massage therapy has been amazing. It really helped me to relax and let people touch me again as I was tense and closed off. I have benefited greatly from the therapy. Thank you."

Client completed complementary therapies and began attending the gym. Although it was noted that they were unsure about Hands on Health the file shows that they went on to complete the course.

"Feeling so much more relaxed and have benefitted greatly and enjoyed the therapy."

Staff and stakeholder views of therapies

The external stakeholders valued the therapies for clients as did the staff team at MAF. Therapies were viewed as a gentle way forward for people who had difficulty with trust or talking therapies. They were described variously as a gateway to counselling; or as a step towards counselling, or instead of counselling if the person had difficulty with talking therapies. Stakeholders and staff had similar observations as the complimentary therapists and clients self-reporting. These included clients being less stressed and less anxious; being more relaxed and more able to engage with other people. An external stakeholder noted that clients asked to be referred having heard from others about the benefits of therapies.

"my client said their backpain cleared up" External stakeholder

"Therapies are great for clients; we've had fantastic feedback over years" MAF staff

Another staff member spoke about the positive effect of therapies on the sense of hope and encouraging a belief that there are good things in the world. They observed clients beginning to learn it's permissible to enjoy things in life.

The connection between trauma and how the body reacts was discussed by one staff member. Another emphasised the psycho-education work that goes on during therapy. Therapies were seen as an integral part of the service offered to clients by MAF from internal and external stakeholders. Client feedback to an external referrer included:

"feel safe, heard, not rushed"

The manner in which therapists worked was noted by all evaluation participants to be compassionate and empathetic.

Client Focus Groups and interviews

Focus groups and one to one client interviews also demonstrated the value of therapies. Clients identified improved mobility, improved sleep, reduced pain, reduced stress and anxiety. There were also comments around developing trust and how difficult it was for some to initially engage in therapies. Clients noted that the therapist's manner, care and listening skills helped overcome barriers.

"I was terrified when I first started; I had a long chat and was amazed at the difference; it alleviated my fears about being touched and helped build confidence"

Contribution of Complementary therapies to outcomes

Overall, there was demonstrable evidence that therapies contributed to the funded outcomes for people who had a long-term condition and had been affected by CSA. There was strong evidence of improved health and well-being and strong evidence of better management of health conditions and day to day life. The ability to relax seemed to enable clients to experience the world in a more positive way. The therapies appeared to contribute to anxiety management and confidence building. They also helped with a range of trauma related health issues including pain and sleep disturbances. The experience of therapeutic touch seemed to contribute to the development of trust for some clients and less fearfulness of people for others.

"I love them, so relaxing"

"The thought of going helped reduce anxiety; the one thing I could do was drive there and that also helped build my confidence"

Reiki was an emotional experience for me; it was a positive experience; I felt listened too, I relaxed and was calmer. It felt amazing".

"Reflexology helped my shoulder problem and I'd tried everything; it focused my attention on myself, relaxing"

The records held demonstrated the gathering of baseline data from clients, recording changes at each session and a more in-depth review at the end of a block of 8 sessions. The data was collated into a spreadsheet for each client who had received complimentary therapy.

2.2.2 Hands on Health

Hands on Health, a 12-week self-management, course was delivered at MAF premises in Airdrie, Airdrie Library and in hubs in the community including, for example, Mungo Foundation in Glasgow, Glasgow Council on Alcohol and Easterhouse (Glasgow) Addictions Group.

The weekly course inputs were supported by a take-away resource manual. Topics covered included:

- stress management;
- assertiveness;
- self-esteem and self-talk;
- anger management;
- goal setting and affirmations;
- time management,
- aromatherapy and reflexology for home use, and
- relaxation and visualisation skills.

One member of the MAF staff team and one of the external stakeholders who participated in the evaluation had completed Hands on Health and had first hand knowledge of the course, content and delivery style.

There was strong evidence from both desk research and interviews with all stakeholders that this was a valued resource for clients.

"it's all about the client, goal setting and looking forward"

Desk Research

Thirteen of the clients from the cohort of twenty client files had participated in Hands on Health.

- 9 clients completed Hands on Health
- 1 client was on the current course
- 1 client had completed Hands on Health twice
- 2 clients didn't complete (I for family reasons; the other unknown)

The files contained a wealth of evidence of the individual client journey on Hands on Health. There was evidence of client choice in what modules of Hands on Health they wanted to complete.

There was an initial assessment where the client identified what they wanted to work on. This was achieved using a balance wheel that identified 8 areas of life. These were:

- Work and volunteering
- Fun and recreation
- Mental and emotional health
- Personal Growth
- Physical Health and Fitness
- Finance
- Health and Wellbeing
- Family and Personal relationships

Clients chose three areas that they wanted to concentrate on and described what difference they would like to see in each of these areas. Thus, the client set themselves three goals before starting on the course.

There was a Hands on Health pre and post course assessment that asked the client to assess six aspects of health; happiness; confidence, and feelings of being supported. This enabled both clients and others to see the client journey.

The files also contained a Catching Confidence Tool. This was used to help clients set three specific goals around confidence. The tool was revisited towards the end of the course and the client plotted any changes.

There was also evidence of client review. The review explored changes around client self-management of their condition; engagement with community services and activities, and supported clients to review their goals. The client also had the opportunity in this review to set new goals and to find out about the peer support group.

The participant evaluation gathered comments about the difference the client noticed in themselves and comments from others who noticed changes in the client, including, where appropriate, other course participants.

One of the files contained a note to say that any of the comments could be used for any purpose in the future. The following is the client's own words.

"My Rheumatologist has advised my inflammatory markers have reduced. She does not feel I need to start medication now and she has directly attributed this to my work with MAF"

"My husband said …there has been a huge difference, you are more self-assured, confident and most importantly what happened does not define you"

"The support from other members of the group has made me feel worthwhile for the first time in years"

"Family supported me to speak more openly about the abuse, which has allowed me to let go of much of my anger and anxiety about it. The organisation has empowered me to stop keeping this a dark secret and this has negated much of its hold over me"

Other comments describe learning to better manage worry, stress, anxiety and panic attacks. Clients said they were more confident, used assertiveness techniques and coped better with day to day living. Client comments included:

"I manage my time better"

"My confidence feels better meeting new people"

"I am more aware of triggers for stress and learned useful tools and techniques for managing my stress in a healthier manner"

There was evidence in the files of using the knowledge, tools and techniques learned on the course to better manage distressing health symptoms. This was a theme that was also discussed in the focus groups.

Focus Group and Stakeholder Findings

The resource manual was referred to in the focus groups and also by MAF Client Support Officers as a valuable tool. Clients said they dipped in and out of the manual to remind themselves of the tools and techniques and to give themselves a top-up.

"Good tools, I work through my folder"

"I still use my folder. It (the course) was mind blowing. So many light bulb moments"

Clients in both focus groups had completed, or were current participants, on Hands on Health. Each had their own unique take on what aspects of the course was most useful to them but there was an overall enthusiastic endorsement of the course content, how and where it was delivered. The delivery venue was important to all stakeholder. It was emphasised that the place of delivery needed to be a safe space. For many this was MAF building but for others it was a space that was familiar to the client.

Clients in the focus groups all had personal goals and their comments about the course reflected their individual journeys.

"Life is a lot calmer…aware of stress and how it affects you. I don't let things anger me. My self-talk has improved"

"I was passive when younger, then I was aggressive and couldn't get a balance, I'm now assertive"

"I'm working my way back through the course manual. Understanding stress and its effects on health and the stress bridge metaphor helped me put the right supports in place."

A theme about sharing learning with others emerged from focus group participants.

"I share the tools with others; it felt amazing to pass it on and help another person"

The focus groups took place during COVID-19 lockdown and in both groups, clients said they believed the tools and techniques of self-management, learned on Hands on Health, had put them in a stronger position to handle lockdown.

"I was in a much better pace to handle this, I had supports in place"

Clients shared changes in their behaviours. These included taking up painting; being confident to speak up at work assertively; controlling worrying thoughts by using a technique and being able to ask for help.

Comments from referring organisations included:

"clients loved Hands on Health - it was really relevant"

"the client learned about self and how to handle dark days"

"the client found confidence to end a harmful relationship and increased confidence led to work"

Clients also talked about the benefit of the group. They described feeling they were not alone and feeling less isolated. Feedback from an external stakeholder noted that:

"The group became close."

Some Hands on Health participants join the peer support group on completion of the course.

2.2.3 Peer Support Group

Evidence for evaluation of the peer support group was gathered from a previous study, focus group participants, MAF staff and one-to-one client interviews.

The Peer Support Group meets weekly on a Wednesday evening. Most of the participants have completed Hands on Health. Membership of the group is open-ended and fluid. There is no requirement to attend every week. Some members of the group drop in from time-to-time but others attend most weeks.

There was a study completed in 2018 to explore why the group worked. The findings of the study were presented to a multi-agency event, attended by representatives of Scottish Government and Inspiring Scotland, an organisation that overseas grant funding. The findings were presented in a TV chat show style by members of the peer support group.

The group is activity based and there is no requirement to discuss any issues, but clients do if they need emotional or practical support. The group provides a forum for friendship, skill sharing and skill development. Activities are varied but can involve art and craft work; visits and outings. The craft skills are such that the group sell their work to raise funds.

There are also sessions led by therapeutic practitioners. These sessions include therapies for home use, yoga and relaxation sessions. The peer support group discuss and agree the programme of activities. The Coordinator organises the sessions.

Clients who attended the peer support group no longer saw themselves as defined as survivors of CSA but as supporters of MAF the organisation that had supported them; supporters of each other and new group members. They supported each other to use the tools and techniques learned on Hands on Health to manage stress, distress, intrusive thoughts and emotional upset.

Some members of the peer support group became members of the Client Advisory Group (CAG). The CAG is consulted on proposed change and potential opportunities. The group was instrumental in shaping a successful application for a Women's Worker, funded by the Volant Trust. The group was also involved in a strategic planning day on outcomes with trustees and staff. One of the CAG members became the client representative on a staff/client working group that further developed the work from the strategy day.

Peer support group members have supported staff and volunteers at events to raise awareness of CSA, the work of MAF and Positive Steps. Members of the peer support group help the Coordinator to deliver information sessions on Hands on Health by sharing their experiences.

Positive Step clients have progressed from peer support to volunteering in MAF and in other agencies.

The clients who attend the peer support group speak highly of the group, how it's organised and how they derive personal benefit from their involvement.

The comments below give a flavour of how the peer support group has benefitted clients and how it has contributed to the funded outcomes.

"being involved, learning to be with people, helping out, has helped me progress to work"

"I've gone from shrinking company to acting as a host. I realise I've something to offer."

"The self-management skills I've shared with others. It's a cascading effect."

"I tend to make better choices now. I feel it's straightened my head. I've learned about myself, self-love, repairing relationships with myself, my children, family and friends. The group lets you top up on the tools you've learned. It's a safety net".

The peer support group appeared to be an effective and low-cost way of enabling clients to have support when needed to manage the effects of trauma. It also appears to act as like an incubator for further personal development, skill development and helping clients achieve their personal outcomes. The Peer support Group appeared to help clients to function well in day to day life but also to take expedient action when they recognised they were facing life challenges, such as an impending court case. Over all the peer support group contributed to the outcomes of improving health and wellbeing, better managing health conditions and supporting clients to progress towards their personal ongoing and changing life goals.

2.2.4 One-to-One Support

Positive Steps Coordinator offered clients one-to-one support. Clients met with the Coordinator before starting Hands on Health and at reviews. The Coordinator also facilitated the peer support group.

Clients spoke highly of the inputs of the Coordinator, her knowledge and skills. They tended to have a high level of trust in the Coordinator. They engaged with her in one-to-one sessions to set and review goals. They also had short one-to-one sessions if required when they attended the peer support group. The interventions tended to be listening, sign posting and drawing on the client's own resilience and skills in problem solving.

The one-to-one support appeared to be an important strand of Positive Steps. Clients appreciated the opportunity to look forward and to explore what they wanted to achieve. For many, this was the first time they had set goals. The combination of the one-to-one support and the tools and techniques learned on Hands on Health course proved to be a winning combination for achieving goals. All clients who participated in the evaluation had achieved personal goals. Many were in awe of their own achievements and the changes they had made to their lives. Some of these are highlighted in the case Studies.

2.3 Case Studies

Content Warning

Some people may find reading the stories and testimonies distressing. No details of abuse are given but the experience of trauma is described by some of the clients in their case studies

The clients experienced many similarities and but also notable differences in their journey. Integration of Positive Steps strands of support with other MAF services can be seen consistently in the case studies. Two of the participants started Hands on Health more than once demonstrating the fluidity of the service to meet the changing needs of clients. Some of the clients participated in all streams of Positive Steps and others selected the support they required at the time of engagement.

The case studies and testimonies demonstrated the difference the project has made to clients' lives. They highlighted improved mental and physical health; improved well-being with examples of better relationships with self and others, and described examples of using tools to direct and maintain a more positive outlook.

Case studies also demonstrated clients being better able to manage symptoms of their health condition and to cope more effectively in day-to-day life. They also demonstrated moving on; engaging in work and learning opportunities; engaging with the community of survivors and engaging with family and the wider community.

Katie - 40 years of Silence

After 40 years of silence and 27 years of struggling to cope Katie phoned Moira Anderson Foundation. It was a call she described as changing her life.

"It gave me the life I should have had all those years ago. It saved my life and has given me new life"

She described experiencing intense anger and rage; anxiety; flash backs about the childhood sexual abuse and other trauma, drinking too much and experiencing suicidal thoughts for 27 years. The trauma was triggered by childbirth. She struggled alone.

After 27 years she had a breakdown and confided in her husband and sister about the abuse. She had private counselling. She was also prescribed medication for anxiety and depression. She remained anxious and in a state of rage with feelings of not being able to cope.

"The anger…the rage…it was inside me, and it was terrible"

Katie first heard about MAF from a GP she hadn't previously consulted. She phoned MAF and had her first appointment within three weeks. Initially she had three sessions of one to one support from a Client Support Officer followed by six sessions of Emotional Freedom Technique (tapping therapy) which she described as helping her deal with the rage. She was referred for and completed a course of

complementary therapies. She attended an open evening to find out about Hands on Health. She felt comfortable meeting clients who had already completed the course and decided to participate in the Hands-on-Health Course. Katie found week one hard but wanted to do the course for her own wellbeing. She continued and completed the course. She said the course made her more assertive.

"It brought me out"

Around a year after her referral to MAF the anger had subsided and she began to feel less fearful. Katie decided to join the peer support group and said - she has never looked back. She valued the support from the group.

"I couldn't have done it on my own"

Katie described being better able to manage her anxiety and anger; she felt better about herself; drank less, ate better and exercised more. She had less intrusive thoughts and was no longer troubled by suicidal thoughts. She used the self-management tools and techniques learned on Hands on Health.

Katie had thought she might be bi-polar but realised that the symptoms she experienced were related to trauma. She continued to attend the peer support group and was an active member of the Client Advisory Group.

"I haven't had a bad day since September 2019" (March 2020)

Post Script (June 2020 COVID-19 Lockdown)

"I thought I'd never have another bad day, but no, after 9 months I need the support and friendship of the peer support group"

Rena – It happen in my family

Rena knew about MAF, she had read stories about MAF in the local paper over many years. She had often walked past the premises. She knew support was available to people affected by childhood sexual abuse but hadn't imaged that one day she would be seeking support.

Her child disclosed and family life, as she knew it, changed overnight.

Rena's sister was the first person she told and her professional background was such that she could support and advise Rena.

Her sister brought her to MAF. Rena was in a state of shock and distress.

"It was like coming into a hug, the safest, warmest place"

She was supported by MAF through the police investigation. She also received 12 sessions of counselling from an NHS service. She described the experience as not being helpful. She perceived it as cold and clinical. Rena tried to cope on her own for a while but had a breakdown and a stroke. She walked with some difficulty with a

stick for three or four minutes at a time; experienced chronic pain, anxiety and sleeplessness.

"I couldn't say a sentence without crying"

Rena was referred to Positive Steps initially for complementary therapies. She had 8 sessions and at the end of the sessions she no longer needed to walk with a stick and could walk for around 30 minutes at a time.

"I felt the therapies had given me a new lease of life"

Rena decided to do Hands on Health but felt she couldn't take in the information, so she took a break from the course but continued to get support. She joined the MAF parent group and felt that was helpful. Rena then decided to try Hands on Health for a second time and at the time of the interview she was on week 7. She felt she had underestimated just how much she had learned the first time round and realised that she was already using some of the techniques to self-manage.

Rena described the service the family had received as holistic. One child received play therapy and the other received sibling support. Rena was referred to One Parent Families Scotland and had support to resolve financial issues and complete a PiP assessment. She listed the personal benefits of Positive Steps as:

"walking without a stick; better sleep and wakening feeling refreshed; better organisation around things for the children, and my financial situation has improved. I can speak without crying. I can walk the dog for 30 minutes. I'm no longer slumped; I'm more active and I've has joined slimming world. I can see the benefits, of me being better, in the children"

Rena uses breathing meditation to help manage day to day life. She can still be triggered by events but feels she has the support and tools to better manage her situation. She is interested in joining the peer support group once she has completed Hands on Health.

Sybil – A 7 year turn round from client to provider

Childbirth triggered the trauma of CSA. Sybil suffered post-natal depression. She couldn't leave the house or answer the phone. Her family were always with her, she couldn't be alone. She was referred to MAF by a community nurse who brought Sybil to MAF for her appointments.

Sybil started her journey through MAF with complementary therapies. She had massage, followed by Thought Field Therapy and then completed Hands on Health. Sybil is a member of the peer support group and attends from time to time but not every week. Sybil can still have panic attacks and occasionally sees a client support officer when necessary. Sybil completed Training for Trainers with MAF so she could deliver Hands on Health in the community.

"I cascade what I've learned into the community"

"I now bring people to MAF for support"

Sybil now works in the community and she supports people to come to MAF. She has completed a counselling techniques course and starts a counselling course in September 2020. Sybil cascades what she learned through Positive Steps to her clients. She has delivered three Hands on Health Courses to groups made up of people who have disclosed childhood sexual abuse and people who are in high risk groups of having been abused. The groups were mainly women from minority groups and refugees. Sybil transcribed the course material into Arabic and delivered in Arabic.

Sybil presented as an assertive, confident, professional women. She had a deep understanding of the culture of the community she works with and had taken her learning from Positive Steps to the community where she had built trust and established relationships. This extended the reach of MAF and Hands on Health into a community that would otherwise have been unlikely to receive this service. Sybil explained that cultural and language barriers would have made service access unlikely.

Sybil described using Hands on Health tools and techniques in her own life. One example was requesting a change to her working hours.

"I was assertive, I asked to start work half an hour later and they said – yes"

She explained that this simple change had made a big difference to her wellbeing and ability to balance work and home life. She described using techniques to remain calm around her family, to listen better, and to set and keep boundaries. She described better relationships with her parents and believed she had a greater understanding of her family.

Louise – from suicidal to embracing life

Louise was referred to MAF by a RAMH link worker. RAMH is a community mental health service based in Paisley, Renfrewshire. She called MAF and, as an avid fan of an emergency service TV show, was reassured by the words *"we've got you now"* in response to her call for support. She made an appointment.

Louise was troubled by her thoughts and had contemplated suicide. She was in a state of distress that was affecting her family and work life. She was deeply affected by the trauma of the abuse she had experienced as a child.

Louise attended with her mother for the initial appointment. She was supported by a Client Support Officer who referred her to complementary therapies in the first instance, followed by Thought Field Therapy. From there Louise progressed to Hands on Health. She described the difference from week one of the course to week twelve as:

"a *feeling of moving forward constructively*."

At the end of Hands on Health she attended two peer support groups. One before a Christmas holiday and one immediately after. She didn't immediately click with the group despite the welcome and attempts at inclusion. When she attended after Christmas, she became aware that she wanted to move on. She didn't want to hang on to issues.

Louise became a weight watcher coach. She tried new experiences. She progressed in her career. She helped others understand the effects of trauma. If she became anxious her husband reminded her of the tools she had and how to use them.

"Life is scary but exciting"

She described MAF as a safety net. A place where she experienced compassion and care, and felt safe.

"I know I can phone and get help if I need it"

Louise described better relationships with her family. She enjoyed being with them and being an active partner in events. She is open about the abuse and doesn't feel the need to stay silent any longer.

"I enjoyed being part of the family at the Christmas gathering. I the past I would have disassociated"

Louise believed that without the support of MAF and Positive Steps she would have lost her job and her marriage would have ended. She might have committed suicide and left her son without his mum.

She describes herself as fully functioning and far from losing her job she is now a team leader in a middle management position in the Health Service.

Alison – it was a journey

Alison referred herself to MAF 5 years ago having found information about the service online. She describes a non-linear journey characterised by progress and setbacks. Alison was initially supported by a Client Support Officer (CSO) who referred her to counselling, from counselling she engaged with Positive Steps initially through complementary therapies.

Complementary therapies helped Alison relax and she began to think differently about herself, her needs and she had what she described as:

"…a change in attitude; I deserved to feel good, my self-worth changed and I chose to do things for myself."

She attended the drop-in group and as she was experiencing what Alison described as a setback, she was referred for Thought Field Therapy.

She then started Hands on Health but felt she wasn't ready to do it at that time, so she took a step back but continued to attend the drop-in. She was also given CSO support during the police investigation.

"Interview with the police set me back, felt low but did self-care, felt stronger and used affirmations"

She re-started Hands on Health and realised that she was already using some of the tools she had learned from the first time she had started the course. She didn't quite finish the course but that was because of work demands.

Alison described using a range of tools to support her in her daily life. She had become more assertive and felt less stressed.

"people know what I want from them; being clear and direct in everyday life is not such a big deal"

She used mindfulness as a maintenance tool. But it didn't work in tough times when her concentration was interrupted. She described using affirmations to get her through tough times as:

"*affirmation first aid".*

Alison summed up her experience of Positive Steps by saying:

"It's empowering; you do Positive Steps for you. Positive Steps is about you; it's looking forward".

2.3.1 Peer Support Group Member

The words below are from a peer support group member who couldn't participate in the zoom focus group.

"The Positive Steps project has helped me immensely especially through the lockdown period. It gave me tools and strategies that I have used during this period. A lot of dark memories have been coming to my mind because of the current situation, having the support from MAF and the skills I have gained have helped me through this period.
I think it's important that these services remain available for future clients, so that people in the future can get the opportunity to reclaim their lives and have a better future".

2.3.2 Positive Steps contribution to a holistic package of support

The words below were sent, by email, to a third sector partner organisation when the client became aware an evaluation was in progress.

I sought the support of the Moira Anderson Foundation at a time in my life where I needed to address the effects of childhood sexual abuse I experienced when I was 12 to 14 years old. I tried to process what happened to me for years and not always through positive outlets, but at times through self-harm.

I had no one to turn and the ones (or should I say 'family') chose to ignore my pleas and even although they knew they decided not to do anything about the fact I was abused by a family member.

Years later, I was told about the Moira Anderson Foundation and the great work they do to help children and adult survivors affected by childhood sexual abuse. The Moira Anderson Foundation provides support including Thought Field Therapy, person centred counselling, complementary therapies which are helpful particularly as I experience stress and lack of sleep due to the long-term effects of the abuse I experienced as a child.

My counsellor, is amazing person and really understood where I was coming from such as the anger, hurt, betrayal, pain and anguish afflicted from the abuse I experienced in childhood. My counsellor helped me see there is hope and a future and that made me realise that I don't have to see myself as a victim forever.

I AM AN ADULT NOW AND IMPORTANTLY I AM A SURVIVOR AND NO ONES VICTIM ANYMORE. WHAT HAPPENED TO ME AS A CHILD IS NOT MY FAULT. IT IS THE PERPETRATOR IN MY FAMILY WHO IS TO BLAME. HOWEVER, I REALISED IT IS MY RESPONSIBILITY AS AN ADULT TO HEAL AND ADDRESS THAT TRAUMA AND TAKE BACK MY LIFE.

I decided to make the decision to pursue my lifelong passion and apply to study a BA Honours Degree in Criminology, with The Open University Scotland. I see my vocation working in the Criminology and Criminal Justice field both as a career and because I want to help people both deeply affected by crime and help individuals involved in criminality by supporting them to turn their lives around more positively and prevent them from re-offending.

The Moira Anderson Foundation is a cornerstone to helping people affected by childhood sexual abuse to address what happened and in that process heal and move on with their lives.

My message is if anyone is affected by childhood sexual abuse then please seek the help and support of The Moira Anderson Foundation. They have expertise in this subject and have a wealth of experience assisting people with trauma and helping to aid the healing process.
Yes, I made the decision to address the abuse I experienced in childhood and THE ONUS IS ON ME TO WANT TO HEAL. However, without the help and support of The Moira Anderson Foundation as well as other great support, I am sure my life could have taken a different turn.

There is a quote I always look to for inspiration. "I AM NOT WHAT HAPPENED TO ME, I AM WHAT I CHOOSE TO BECOME"

Could you send this onto The Moira Anderson Foundation.

Section 3

3.1 Stakeholders – emerging themes

Sixteen external stakeholders from ten organisations participated in the evaluation. The participant group included managers and practitioners. Some of the participants' clients had received services, delivered at MAF premises in Airdrie; others had clients who had services delivered at Glasgow venues.

Four internal stakeholders from MAF participated in the evaluation. They included the Clinical Manager and three Client Support Officers.

There was a strong endorsement of the services and the benefits clients had experienced from all stakeholders. Comments from this group are embedded throughout the report. This section is focussing on the emerging themes not discussed elsewhere.

Specialist service and choices

MAF and Positive Steps was valued as an additional specialist service to clients based in Glasgow where services for people affected by CSA were limited. Almost all stakeholder participants could distinguish the component parts of Positive Steps but they viewed the service as integral to MAF and most often referred to MAF regardless of what service they were discussing. Stakeholders also referred to the choice of services for clients and the flexibility of the client journey. Positive Steps was viewed by internal stakeholders as enhancing client service choices. It was noted that Hands on Health was practical and opened up opportunities for clients to explore their future.

> *"MAF is a vital colleague for us."* Alliance, Glasgow
>
> *"Glasgow has a desperate need for CSA services, there's lots of CSA disclosure in General Practice."* Links Worker

One participant had viewed MAF website before the interview and was anxious to make his point about the benefit of MAF having grant funding rather than providing NHS or local authority contracted services.

> *"MAF keeping its autonomy helps people. It can be flexible and responsive to needs."* External Stakeholder

Premises and localities

The locality of service delivery was discussed by stakeholders who all wanted services to be delivered where the client felt safe. This echoes the client responses. For some this was local hubs, for others community spaces or GP premises. For others the safe space was MAF. However, the issue wasn't the space but whatever space felt safe to clients and client groups. These were spaces differed depending on the clients' experiences. It was noted some felt comfortable going to health centres, others suggested that stakeholder premises served their client group best.

Awareness of CSA and CSA services

Awareness of CSA and CSA services emerged as a theme with some stakeholders suggesting greater awareness raising was required, especially amongst GPs. Again, this was raised in one of the client focus groups. There was discussion around the general lack of knowledge about the effects of trauma amongst professional groups.

Travel and transport

Travel and transport also emerged as a theme and potential barrier to services for some clients. Some stakeholders stated that travelling to Airdrie would be difficult for many clients, even if they had the money for transport, as many of their clients didn't travel beyond their immediate locality. Some stakeholders had brought clients to Airdrie as the client was unable to travel by public transport due to anxiety. Travel and transport solutions included bringing services to clients to a space they felt safe.

Ongoing Support

The Peer Support Group was noted to be an asset for the clients who could, once again, travel to Airdrie but external stakeholders could see the benefit of satellite peer support for their clients who had experienced CSA. It was noted that clients who attended satellite Hands on Health tended to gravitate towards each other and some had formed friendships.

Section 4

4.1 Discussion and Ideas

The themes reflect the findings from desk research, clients and stakeholders.

Safety

Feeling safe was highlighted by clients, staff and external stakeholders as important in establishing a therapeutic relationship. However, although some believed that services were best provided from the premises in Airdrie, delivery experience and feedback suggested that other spaces the clients considered safe disputed the need for services to be Airdrie centric.

Delivery Style

The way in which Positive Steps was delivered was viewed as hand control and choice to the client. The tailored support was valued by clients and external stakeholders.

Clients and stakeholders also valued the specialist support offered, the way of working and staff understanding of CSA and the effects of trauma. This seemed to emphasise the need for CSA services to be delivered by a specialist service.

Timings and tweaking

The timing of groups was raised as an evening peer support group in Airdrie, didn't suit all clients. There was a suggestion that a peer advocacy service or befriending could be developed for outreach clients. There was stakeholder support to further explore this possibility. There were also suggestions around having support groups at other times of the day.

The length of Hands on Health (12 weeks) emerged as something that may require consideration. Although it is clear from the client records that clients do not need to attend all modules there was a common perception that they did. There were also a number of suggestions across all participants groups about how Hands on Health could be adapted. These included a shorter course; stand-alone modules; clients dipping in and out of modules and taking the course on-line.

Life Skills

Across all participant groups there was a call for Hands on Health to be delivered to younger people and in particular at-risk groups. There was a strong conviction that many years of anguish could be avoided if people knew much earlier in their lives the skills taught on Hands on Health. There was a perception that it may stop young people becoming victims of sexual abuse and exploitation. There was also a perception that the life skills would be helpful in all situations. This may be an opportunity for MAF further cascade Hands on Health into communities.

Service delivery location

There was a strong desire for satellite services in Glasgow and offers of help to locate suitable accommodation. There was also a suggestion of hosting a Glasgow drop-in service.

Virtual delivery

Some of the evaluation was carried out during Covid-19 Lockdown. Clients, staff and stakeholders had all become aware of the possibilities of zoom and other platforms. There were many suggestions about taking Positive Steps forward using digital platforms. These included zoom classes, having the tools and techniques available on the website for clients to download; creating a self-help journal which could be digital and hard copy. There was also a suggestion for a self-help app for clients to download to access out of hours support.

CSA Awareness

There were also suggestions for creating greater awareness of CSA and suggestions that this would contribute to de-stigmatisation. Suggestions included using ideas from social media influencers with clients talking about managing trauma. This was seen as potentially enabling more people to reach out for support sooner. More generally there was recognition that CSA needed to be more openly discussed and Positive Steps could have a role in creating greater awareness.

4.2 Conclusion

The evaluation has demonstrated that Positive Steps made a difference to clients across a range of health and wellbeing indicators. Examples included, as reported in the case studies and client reviews:

- Reduced drinking
- Increased mobility
- Decreased pain
- Decreased anxiety

Clients expressed a more positive outlook with hope for the future. Evidence from clients, stakeholders and client files included:

- No longer being defined by childhood sexual abuse
- No longer having suicidal thoughts
- Setting goals and planning for the future
- Taking up new interests of re-visiting past interests

There was evidence of clients better able to manage health conditions and cope better with everyday life. For example, clients were better able to manage pain, anxiety, and destructive thoughts. Clients also described improved relationships, getting along better with people in their families and workplaces. Examples included:

- Using relaxation skills

- Using self-talk and affirmations
- Using assertiveness techniques
- Using anger management techniques

There was also evidence that clients were engaging more within their communities and progressing towards personal outcomes. Examples included:

- Cascading learning into a refugee community
- Participating in family events
- Taking up new interests with other people
- Taking up volunteering and work opportunities

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There was strong evidence of demand and need for services to continue. Demand for services was high with a 38% increase in referrals in the year to March 2020. There was also demand for services to be delivered more widely and in Glasgow in particular.

The need for services is based on the evidence that people affected by childhood sexual abuse can require informed and ongoing, but not continuous, support throughout their lives.

There are few specialist services in Scotland. There are other agencies that deliver services to people affected by CSA but MAF only delivers services to people affected by CSA. As such there was a perception from external stakeholders that the service was unique and informed.

"I can see trauma informed practice at work." Manager, Glasgow Organisation

4.3 Suggestions for the Future

1. Work with stakeholders, trustees and MAF staff team to agree a way forward that enables Positive Steps services to continue to be delivered in MAF but also in Glasgow and beyond. Create a costed development plan.

2. Consider developing a model that would enable growth at low cost, such as a franchise model. This may meet the need for services in a range of locations. A new organisation could be created, such as, for example, MAF Glasgow East. It would have its own identity but would have all support services, policies, training, payroll, etc, delivered by MAF (Airdrie) the parent organisation. A model such as this could enable the new organisation to become a stand-alone charity but with fewer overheads and enable MAF (Airdrie) to generate income. It would also give assurance to potential funders that a successful model of service delivery, from an informed and experienced organisation was likely to deliver a quality, trauma informed service. It would also enable rapid rapport and trust to be developed with referrers who hold MAF in high regard. Any new model would provide all MAF services including the four strands of Positive Steps.

3. Consider some of the ideas to further develop services by using digital applications, where appropriate. There were a number of suggestions including placing self-help materials on the website; developing a self-help app; creating digital journals and presenting Hands on Health and other classes via a video platform.

4. Consider developing in partnership with Glasgow agencies peer support or befriending for clients who have completed Hands on Health. There was interest and offers of support from stakeholders to enhance service provision for their client groups.

5. Consider consulting with long-standing members of the Airdrie peer support group around the idea of them becoming volunteers for a befriending type service for others who have completed Hands on Health but can't attend Airdrie. If that was a feasible option consider setting up a separately constituted service and engaging a befriending coordinator to train, coordinate and support the befrienders.

6. Explore possibilities for joint funding opportunities with the organisations who have expressed an interest in co-working such as Say-Woman in Glasgow.

7. Development of Positive Steps in the ways described above would require increased staffing. It is suggested that a development worker could be an asset to this work, along with additional admin hours and an additional sessional worker budget in the first instance, with a view to reviewing the needs of the service once a development plan is created (suggestion 1).

8. Consider creating Positive Steps as a separately constituted entity. This would enable greater funding opportunities for both MAF core services and Positive Steps. MAF could host the Airdrie delivery of the service and offer admin support but Positive Steps would have its own trustees, budget and strategic plan.

   Alternatives may be to consider continuation of project funding as a MAF service or consider Positive Steps as core to MAF services and seek additional core funding.