Strengths, Needs and Adverse Childhood Experiences in young women at high risk

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1. Executive Summary

In order to address the specific needs of the young vulnerable female population who make up the client base of their young women's project 'Time for Change', Up-2-Us designed a monitoring tool for use with their service users. This Strength and Resilience Monitor (SRM) tool was intended to help identify the unique needs of the young women they support, described as 'high risk' in regards to offending, substance use and harm to self. It was additionally intended to provide the means to discuss concerns identified on an ongoing basis and record changes over time. The tool was designed using a strengths-based methodology aimed at identifying and promoting the positive aspects of their lives.

The Centre for Youth & Criminal Justice (CYCJ) worked with Up-2-Us throughout 2015/16 to carry out an examination of the use of the tool across local authorities, prison and voluntary organisations throughout Scotland. The purpose of this work was to explore the usefulness of the monitoring tool and identify potential improvements. Three organisations including the Up-2-Us 'Time for Change' project used the tool with a total sample of 25 young women aged 15-22 years, while asking their primary key worker and an identified secondary keyworker to complete the tool using the knowledge they have of the young woman. The primary keyworker additionally completed a copy of the Child and Youth Resilience Measure (CYRM) practitioner version, designed by the Resilience Research Centre (CRR) which measures resilience. Despite the low sample numbers the researchers were able to tentatively make the argument that the SRM was reliable when completed by either primary or allocated secondary keyworker, that it was measuring resilience when compared with completed CYRM scores and in the main key workers felt it was appropriate and helpful for use with the young women. Further comments regarding the utility and design of the SRM were fed back to Up-2-Us.

Although the tool was not designed with an intended focus on measuring adverse childhood experiences there is, however, a broad overlap between the childhood risks and needs identified by section 1 of the SRM tool and categories through which adverse childhood experiences are examined and measured. Every young woman in this sample reported experiencing at least one of a potential eight adverse childhood experiences which were captured by the tool, while two thirds reported six or more. These numbers are higher than an unpublished 2015 examination of young people placed in a secure care centre in Scotland, 'Profile of Young People at Kibble - Initial Findings', which found that 50% of girls in their sample recorded more than six adverse experiences.

The data collected from the SRM tool highlights ongoing aspects of this sample of the young women's lives that need further attention, such as: 61% of young women reporting they drink alcohol to a harmful extent, 52% reporting they are not in education, training or work and 45% reporting they struggle with reading, writing or numbers. Future life goals identified by the young women included: improving their living situation and living more healthily, while their keyworkers identified a need for other skills such as budgeting and managing appointments and responsibilities. Areas of identified strengths, such as asking for help when needed, that they can take advice from keyworkers, being assertive and being motivated to stay out of secure care or prison, were also captured by the tool.

With both the young women and their primary keyworkers completing the tool separately it is possible to capture where the opinions and views of the keyworker and young women diverge; these deviations were found particularly around the areas of the young women's accommodation, and their family, peer and partner relationships. These relationships were frequently rated by the young women themselves to be positive, healthy and safe yet measured by their keyworker to be less so. These differences of opinion captured by the tool could enable further discussions, greater understanding and knowledge, and improved relationships between the young woman and keyworker in the future and to ensure that the work they carry out together is focused on areas of identified concern and/or need.

Although there may be a recognised gap both in the availability of gender specific materials and in strengths based interventions (two aspects of the tool that initially resulted in positive responses from multiple organisations), as so few organisations went on to use the tool with young women they support, it seems greater thought is needed to integrate this into existing systems and ways of working.

2. Introduction

There has been an increased focus on the needs and risks of young women in Scotland across both the youth and adult justice systems, not least as a result of the report of the Commission on Women Offenders (Scottish Government, 2012) designed to examine how women are dealt with in the criminal justice system and subsequent Scottish Government response to it (Macaskill, 2012) . The report stressed the need for a gender-specific response to women offenders, in light of a justice system that has been primarily designed around the needs of male offenders. In response to this shift CYCJ, with support and funding from the Scottish Government, have developed resources specific to vulnerable girls, for example 'Improving Practice for Girls: To cut a long story short'[1]. CYCJ has also drawn attention to the particular needs of Girls and Young Women in the frequently updated Guide to Youth Justice in Scotland: policy, practice and legislation.[2]

To continue to address the needs of this population, Up-2-Us, a third sector organisation that works in a flexible, holistic, person-centred way to support vulnerable young people and families across West Central Scotland, designed a monitoring tool for use with service users in their young women's project 'Time for Change'. This tool was intended to help identify the unique needs of the young women they support, described as 'high risk' in regards to offending, substance use and harm to self; additionally having vulnerability in regards to their relationships with others, poor wellbeing, homelessness, experience of trauma, neglect and abuse and being care experienced. In addition the tool was intended to provide the means to discuss concerns identified on an ongoing basis and record changes over time. Crucially the tool was conceived and created using a strengths-based design aimed to promote the positive aspects of the young women's lives.

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[1] http://www.cycj.org.uk/resource/improving-practice-for-girls/
[2] http://www.cycj.org.uk/wp-content/uploads/2017/06/Section-7.pdf

2.1 Research aims

CYCJ worked with Up-2-Us to carry out an examination of the use of the tool across local authorities, prison and voluntary organisations throughout Scotland. The purpose was to explore the usefulness of the monitoring tool, and identify improvements. The data gained also enables an examination of the particular needs, vulnerabilities and strengths of a small sample of young women seen through the lens of their history of ACEs. The tool was not designed with a focus on ACEs; however there is a broad overlap between the risks and needs identified by the tool and many of the categories through which ACEs are examined and measured.

2.2 Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are stressful or traumatic events in a young person's life that can have an impact on their future health and wellbeing.

The term Adverse Childhood Experiences was originally developed in the US where links to poor physical health and leading causes of death were associated to multiple ACEs (Felitti et al., 1998) and further identified through examining disadvantaged communities and populations with a lack of proactive health improvement access (Anda, 2010). ACEs have since been the subject of study in numerous other countries and their impact on wellbeing more broadly examined. ACEs can be broadly understood to mean: "intra-familial events or conditions causing chronic stress responses in the child's immediate environment" (Kelly-Irving et al., 2013). Categories are generally subdivided into overt abuse, neglect (both physical and emotional) and household adversity.

A recent UK study on a representative sample of the population found increasing numbers of recorded ACEs was strongly related to adverse behavioural, health and social outcomes. The retrospective study showed that higher numbers of ACEs increased the likelihood of behaviours such as smoking, heavy drinking, and morbid obesity, as well as reduced educational and employment outcomes, periods of hospitalisation, imprisonment, and involvement in violence (Bellis, Lowey, Leckenby, Hughes, & Harrison, 2014).

Indeed, young people who have an offending history have been shown to have experienced far more ACEs than the general public, with high numbers of ACEs not only increasing the chances of involvement in the juvenile justice system, but also an increased risk of reoffending (Baglivio, Epps, Swartz, Huq & Hardt, 2014). A 2015 unpublished examination of young people placed in a secure care centre in Scotland ('Profile of Young People at Kibble - Initial Findings') found 50% of girls recorded more than six adverse experiences compared to 34% of boys experiencing the same. Only 4% of young people in the sample (all boys) were recorded to have experienced no adverse childhood experiences.

Identifying which childhood experiences should be deemed potentially adverse has been an ongoing area of debate, with different studies including or excluding different specific measures. In this report the model selected for use was presented by the Scottish Public Health Network in the 2016 report 'Polishing the Diamonds' (Couper & Mackie, 2016) because: it is relatively recent; it is a Scotland based examination of ACEs; and it is the most broad of the models found within the literature. The categories included in this model are shown in Table 1. Not included in this model, however, is the experience of bereavement

although it should be recognised that the loss of a parent or significant individual in a child's life can have a long term impact.

Table 1: Categories of Adverse Childhood Experience

Abuse	Neglect	Household Adversity
Physical Abuse	Emotional Neglect	Domestic violence
Emotional Abuse	Physical Neglect	Household Substance Misuse
Sexual Abuse		Household Mental Ill Health
		Criminality
		Separation
		Living in care

2.3 The importance of resilience

Resilience has been defined as a 'positive adaptive response in the face of significant adversity' (Luthar, Cicchetti, & Becker, 2015 p543). As a process it is thought to transform 'toxic stress' into 'tolerable stress' (Center on the Developing Child, 2015). Children who end up doing well despite adversity have usually had at least one stable committed relationship with a supportive parent, caregiver or other adult. This positive relationship appears to buffer them from developmental disruption and builds skills such as the ability to plan, monitor and regulate behaviour and adapt to changing circumstances (ibid).

Despite limited evidence showing the effectiveness of a strengths or asset-based methodology over traditional deficit based models (Lietz, 2009) there have been studies examining strengths or solution-focused models that find improved wellbeing through the development and enhancement of hope (Smock et al., 2008) and optimism (Seagram, 1997), and it is currently a growing area of focus in improving communities (Foot & Hopkins, 2010).

2.4 The design of a strength and resilience monitor

Any effective intervention with young people should be clearly embedded within a meaningful and accurate assessment of their needs, most commonly captured within risk assessments. However, concerns have emerged that existing risk assessment tools tend to be normed mainly on male populations and therefore do not reflect the vulnerability that underlies much of young women's offending (Risk Management Authority, 2007).

In order to address this substantial gap, the charity Up-2-Us designed the Strengths & Resilience Monitor (SRM), drawing upon the available research literature and their substantial experience in working with high-risk and vulnerable young women in the community, secure and criminal justice settings. The SRM was developed to identify needs, assess and monitor attitudes and behaviours in vulnerable females aged 15-22. The tool was designed to take into account both risk and protective factors, but to do this through a strengths-based lens. The SRM is structured in two parts: a one off monitor to profile historic risk, and the second part is a 'here and now' self-report monitor designed to be carried out on a quarterly basis. This latter section serves to capture changes across a number of

dimensions identified as being relevant to desistance, and to resilience, to help identify what, where, when and why an individual begins to make positive lifestyle changes. This is about tracking how risks are being eclipsed, and capturing holistic and specific progress in lifestyle choices and priorities.

3. Methods

The source of data for this report was from the SRM tool itself. The SRM tool was completed by 25 young women aged between 15 and 22 years old. They had been identified as high risk and vulnerable with ongoing or previous offending histories. The tool was also completed by their main and secondary key workers. The main support worker additionally completed the Child and Youth Resilience Measure (CYRM) practitioner version, which was designed by the Resilience Research Centre (CRR) and evaluated as a reliable and valid self-report instrument for young people (Liebenberg, Ungar, & Van De Vijver, 2012). The data collection was carried out throughout 2015 and 2016 in an attempt to both increase the sample size and to follow young women completing the tools on an ongoing basis, every three months.

The majority of young women in the sample (n=20, 80%) were being supported in the community by Up-2-Us or by Includem (n=2, 8%), the remainder were within Cornton Vale Prison (n=3, 12%).

Each support or key worker who took part in the fieldwork was approached and invited to provide feedback on the utility of the tool and to identify its strengths or weaknesses. From this sample four workers consented to take part in a phone interview, each of them from Up-2-Us, who had made use of the tool longer than the designated fieldwork period.

3.1 Identifying partners and participants

Local authorities and other organisations who support high-risk and vulnerable young women were invited by open call to attend an introduction day to learn about the study in October 2014. At the start of the study keyworkers in each of the participating organisations approached the young women verbally, initially, and then with an information sheet and consent form. All eligible young women who consented were recruited to the study. No additional incentives were provided. The keyworker obtained informed consent from the young woman for her information to be shared. Workers also provide informed consent to be interviewed.

3.2 Ethics

This investigation was granted ethical approval by the University of Strathclyde Ethics Committee and additionally by the independent Ethics Committee of Kibble Education and Care Centre, although in the end Kibble Secure Centre did not provide any data to the study.

Young women were identified as suitable by their key worker and approached by them; if the young woman expressed an interest they were provided with the information sheet and consent form and asked to complete it. To preserve anonymity the researchers took the completed consent of the worker as evidence of the involvement of both of them. Service user ID numbers were used by keyworkers and researchers and the original consent forms

were retained by the organisation. Young women were given the opportunity to withdraw their information from the study if they changed their mind. The SRM itself was completed on an ongoing basis by both the keyworker and client during the time they would usually be together working on issues.

4. Findings

4.1 Effectiveness and utility of the tool

Seven keyworkers completed both the Child and Youth Resilience Measure (CYRM) and every question in the SRM tool. High scores on the SRM were reflected by a high score on the CYRM measure suggesting they are measuring similar factors. The sample numbers did not allow for robust statistical findings regarding the validity and reliability of the tool, however indications suggested there was a correlation between the SRM tool and the CYRM.

In 17 cases two keyworkers, both the identified main keyworker and another who knows the young woman well separately, completed the tool, thus enabling examination of any differences recorded between workers. Between the primary key worker and secondary worker there was no significant difference in the total scores resulting from the fully completed tools, although there were some variations in the way certain strengths and vulnerabilities were scored. This suggests that there is an element of reliability within the tool.

The main benefit of the SRM tool identified by workers was that it was able to formally record issues, which might already be known to an individual worker, but ensured that the service itself had a record of these strengths and needs. It was also identified that the tool could help identify new facets of information, particularly with regard to historical information not previously disclosed to the worker. Additionally, workers reported that the tool enabled the young women to 'see' issues they might not have recognised, both by having it on paper and additionally by stimulating discussion where the young woman felt more in control of the subject.

Between the primary worker and the young women they support there are unsurprising differences of opinion regarding 'how well' each young woman is doing across aspects of her life. The SRM tool captured these deviations and was reported to act as a prompt for further discussion and potential focus on particular areas of need and recognition of various areas of strength hitherto unrecognised.

Some of the language in the tool was felt to be confusing for some of the young women and workers had to explain the meaning of a few words or terms, particularly in cases where there were problems with literacy. Although the physical length of the tool was an issue for some in that it takes time to complete, it was acknowledged that this was required for in depth exploration of issues and workers were happy to break the completion up into two or more sections to work on over time. It was suggested that visually the tool could be more appealing, perhaps with use of more colours and a larger print.

In the main, however, respondents were positive about the tool, although it should be recognised that all respondents who consented to be interviewed (n=4) came from Up-2-Us

and perhaps have a greater understanding of the importance of the tool, greater experience with using it and had already formed close relationships with the young women they support.

These tentative findings regarding reliability, validity and utility, were shared with Up-2-Us to aid in further revisions of the tool. Up-2-Us went on to utilise such feedback to adapt the tool and inform practice.

4.2 Past experiences

Section 1 of the SRM tool asks young women to identify their past experiences by responding 'no, some or yes' to each of 42 statements indicating to what extent they describe her experiences growing up. In four cases this section was not completed, resulting in responses from 21 young women in the sample, although not every question was completed by participants.

Ninety one percent of the 21 young women (n=19) had a social worker while growing up, with 76% reported having been in care of some sort; 62% of the young women (n=13) had spent some time in a children's unit; 10% (n=2) had been adopted as a child while 48% (n= 10) had been fostered; some of the young women had experienced multiple placement types. It was not recorded how many, if any, of the young women had been 'looked-after' within the family home, in kinship care or other forms of care.

Seventy five percent (n=15) of the young women reported that while they were growing up they had experienced a family member go to prison, while 38% (n=8) had themselves been placed for some time in a secure unit and 58% (n=11) had been both remanded into custody and sentenced to prison.

Carers and accommodation

The responses from the young women regarding their early experiences with family and friends highlight a high level of instability, particularly with regards to where they lived, with 70% having moved accommodation often. This instability included various moves in their lives and witnessing unhealthy behaviour related to violence in the home (71%), resulting in a lack of close stable relationships with those who were supposed to care for them (76%). Fifty seven percent of the young women reported having been homeless at one time.

Table 2: Carers and accommodation

Question:	Yes or some	No	Total
My parents or carers did not work	45% (9)	55% (11)	20
I often saw my parents or carers, those who looked after me, fight or hurt each other	71% (15)	29% (6)	21
I did not have close relationships with caregivers, those who looked after me or family growing up	76% (16)	24% (5)	21
I have been homeless	57% (12)	43% (9)	21
I have moved accommodation often	70% (14)	30% (6)	20
I did not have many opportunities growing up	71% (15)	29% (6)	21
I grew up in a disadvantaged area	76% (16)	24% (5)	21

Losses and bereavements

Nineteen of 20 young women (95%) reported that they had already lost a family member or close friend due to bereavement, while 76% (n=16) reported having lost the family unit due to parental divorce or separation.

School experiences

The questions focussing on the experience these young women had with education found that 86% had not attended regularly, nearly two-thirds were suspended from school, more than half were excluded and three-quarters left school before age 16, perhaps reflecting the lack of encouragement reportedly received by the majority of them (57%). It is concerning that nearly half of the young women report they have ongoing struggles with reading, writing or numbers.

Table 3: School experiences

Question:	Yes or some	No	Total
I left school before I was 16 years old	75% (15)	25% (5)	20
I struggle with reading, writing or numbers	45% (9)	55% (11)	20
I have a diagnosed learning difficulty	33% (7)	67% (14)	21
I did not attend school regularly	86% (18)	14% (3)	21
I have been suspended from school	62% (13)	38% (8)	21
I have been excluded from school	57% (12)	43% (9)	21
I was not encouraged to go to school or gain qualifications by family members	57% (12)	43% (9)	21

Mental health needs

Although less than half of the young women had been formally diagnosed with a mental health problem, 35% reported having been hospitalised for their own protection and 86% of the young women report struggling to cope emotionally as they were growing up.

Table 4: Mental health needs

Question:	Yes or some	No	Total
I often struggled to cope with things emotionally	86% (18)	14% (3)	21
I have been diagnosed with a mental health problem	40% (8)	60% (12)	20
I have been diagnosed with a personality disorder	10% (2)	90% (18)	20
I have been kept in hospital for my own protection	35% (7)	65% (13)	20

Links to offending behaviour

All of the young women in this sample reported that they began taking drugs or alcohol before the age of 16 and that their friendships revolved around drinking, drugs or anti-social behaviour. Similarly more than three-quarters of them describe witnessing crime or anti-social behaviour and seeing alcohol and drug misuse by others as they were growing up. With regard to their own offending more than three-quarters reported they had committed serious or violent crimes, around half had been remanded and a similar number sentenced to prison. Nearly two-thirds recall attending Children's Hearings although their responses to other questions intimate this number should be higher.

Table 5: Links to offending behaviour

Question:	Yes or some	No	Total
I had Children's Panels about me	62% (13)	38% (8)	21
I have been remanded	52% (11)	48% (10)	21
I have been on sentence in prison	52% (11)	48% (10)	21
I have committed serious or violent crime	76% (16)	24% (5)	21
I began to drink alcohol or take drugs before I was 16 years old	100% (21)	-	21
My friendships have often revolved around street activity – drinking, drugs and anti-social behaviour	100% (21)	-	21
I often witnessed anti-social behaviour or crime in my area	76% (16)	24% (5)	21
I was aware of people drinking alcohol or using drugs to a negative extent where I lived	76% (16)	24% (5)	21

Experiencing safety

The majority of the young women in the sample indicated they did not feel safe or taken care of while they were growing up and struggled to trust people. Half of the sample of young women reported feeling victimised during this time by people in their community, half were physically hurt by those who were supposed to be caring for them, while four-fifths recognised that within the area they themselves had a negative reputation. Seventy percent (n=14) of the young women were not protected from sexual harm or abuse when they were younger.

Table 6: Experiencing safety

Question:	Yes or some	No	Total
I did not always feel safe where I lived	67% (14)	33% (7)	21
I did not always feel taken care of, growing up	71% (15)	29% (6)	21
I was often physically hurt by caregivers, those who looked after me, or family growing up	50% (10)	50% (10)	20
I was not protected from sexual harm or abuse growing up	70% (14)	30% (6)	20
I did not trust people easily growing up	62% (13)	38% (8)	21
I felt victimised by people in my community	50% (10)	50% (10)	20
I had a negative reputation in my area	81% (17)	19% (4)	21

4.3 Adverse Childhood Experiences

As this particular sample has already been identified as vulnerable and in need of further support, we would anticipate a higher prevalence of ACEs within this group. Although the SRM tool was not specifically designed to measure ACEs, eight of a potential 11 standard measures were captured by it. The childhood experiences unable to be identified from questions included in the monitoring tool were: 'poor mental health in the household', 'substance misuse in the household' and 'emotional abuse'.

Where the childhood experiences recorded within the SRM match identified measures of ACEs, at least half of the young women in this sample responded in the affirmative for each.

The household adversity categories were the most commonly experienced in the sample, with more than three quarters having experienced parental separation and the same number having spent at least some time in care (kinship care, a children's house or secure care). Additionally within the category measuring household adversity, 71% of the young women in the sample identified having experienced domestic violence and 75% reported there was criminality within the home.

Within the category focused on childhood neglect, 67% of the young women reported emotional neglect while 71% reported physical neglect.

Although physical abuse was reported by the least number of young women in the sample with half of the young women reporting this in their past, 70% of the young women reported experiencing sexual abuse as a child.

Chart 1: Percentage of sample reporting each Adverse Childhood Experience
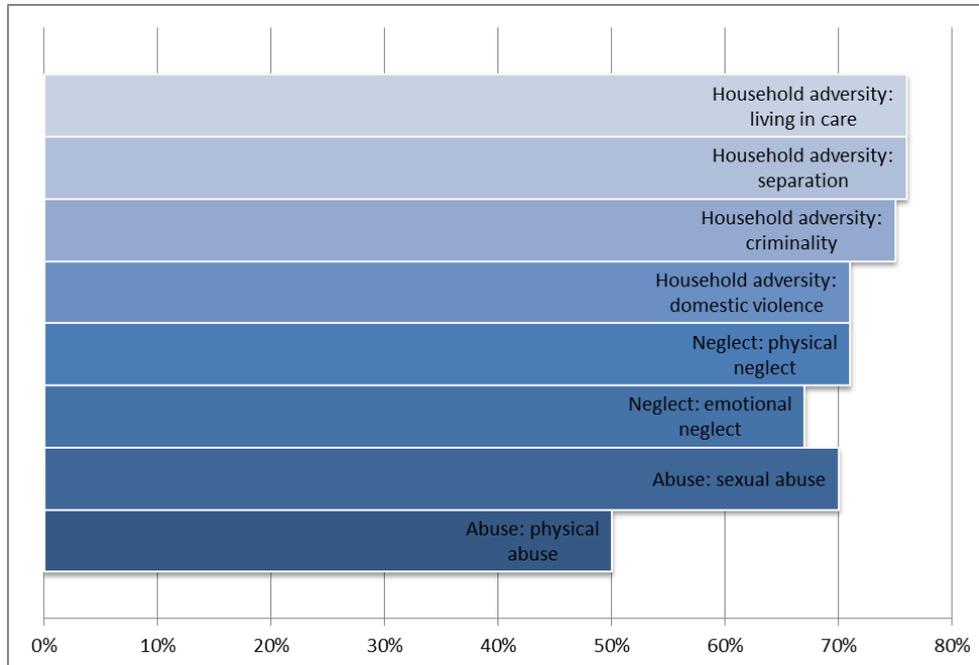
However, identifying individual ACEs only acknowledges one aspect of the story. It has been shown repeatedly in ACEs research that impact is affected by combinations of multiple measures and that there is inter-relation between them. The multiplicity of ACEs experienced in this sample is explored further below.

Multiple ACEs

Research into ACEs has identified that their impact is affected by multiplicity and when the eight available measures are examined across this sample, each of the young women in the sample reported experiencing at least one ACE. However, over four-fifths (81%) of the young women self-reported four ACEs or more and more than two-thirds (70%) reported six or more, a greater proportion than had been recorded amongst females placed in Kibble Secure Centre in 2015.

Table 7: Multiple ACEs

No. of self-reported ACEs	No. of young women
Eight	10% (n=2)
Seven	36% (n=7)
Six	24% (n=5)
Five	10% (n=2)
Four	5% (n=1)
Two	10% (n=2)
One	5% (n=1)
Total	**100% (n=20)**

4.4 Strengths and needs

Section 2 of the SRM tool records ongoing concerns in the lives of the young women. As this stage is designed to be repeated every three months it is in a position to capture change, both positive improvements and also areas of concern or crisis. The primary intention of the SRM tool is to help identify and thereafter measure changes in the strengths and resilience of young women to aid in their ability to respond positively to adversity. This is measured by asking the respondent(s) to indicate to what extent they agree with various statements, encompassing various topics, as explored further below:

Strengths identified by the keyworker and young women

This section examines those areas of strength identified by 23 young women and their keyworkers as a snapshot, on the initial completion of the tool.

Relationships
Relationships, both rebuilding positive secure ones and reducing the impact of unhealthy ones is an important issue within this sample. The differing level of agreement with these statements from the young women and their keyworker reflect the sometimes very different views held regarding these relationships and how positive they were felt to be for the young women. Particularly notable is the positive view held by the majority of young women about their partners with 91% asserting they were a positive influence in contrast to 59% of keyworkers, although keyworkers were also more likely to hold more negative views of almost all of the relationships in the young woman's life, the level of trust young women have in others and in their ability to respond well to peer pressure. There were more similar views in relation to family members, with around half of both the young women and their keyworkers identifying that their family members were a good influence on them.

Table 8: Relationship strengths rated by the main worker and young women

Identified Strengths	Primary worker: Somewhat / totally agree	Young women: Somewhat / totally agree
She has positive relationships with her family	57% (13 / 23)	74% (17 / 23)
Her relationships with family are stable	52% (12 / 23)	59% (13 / 23)
Her family members are a good influence	52% (12 / 23)	50% (11 / 22)
She has a strong attachment with at least one family member or caregiver	59% (13 / 22)	69% (16 / 23)
She respects others	87% (20 / 23)	100% (23 / 23)
She is respected by others	69% (16 / 23)	87% (20 / 23)
She can trust other people	65% (15 / 22)	78% (18 / 23)
She is safe in her relationships, such as with a partner	59% (13 / 22)	96% (22 / 23)
People around her, such as a partner, are positive influences	59% (13 / 22)	91% (21 / 23)
She has loving relationships	65% (15 / 23)	78% (18 / 23)
She has a variety of friends	50% (11 / 22)	91% (21 / 23)

She avoids getting into risky situations with friends	43% (10 / 23)	73% (16 / 22)
She can say no to peer pressure	61% (14 / 23)	78% (18 / 23)
She has a loyal and longstanding friend[s]	54% (12 / 22)	82% (18 / 22)

Offending

The young women themselves tended to believe they were more able to recognise triggers of negative behaviours than their keyworkers thought and additionally that they actively avoid these triggers. However a statement that was directly designed to measure risky behaviours was responded to with strong agreement from both the young women and their keyworkers, indeed more of the young women agreed with the statement: 'her behaviours put her at risk of offending', than their keyworker did. Both the majority of young women and keyworkers acknowledged she would feel remorseful as a result of hurting or upsetting others.

Table 9: Offending awareness recorded by the main worker and young women

Identified Strengths	Primary worker: Somewhat / totally agree	Young women: Somewhat / totally agree
Her behaviours put her at risk of offending	78% (18 / 23)	83% (19 / 23)
She recognises what triggers negative or offending behaviours	65% (15 / 23)	91% (21 / 23)
She actively avoids those triggers	50% (11 / 22)	73% (16 / 22)
She thinks through the consequences of her actions before doing something	59% (13 / 23)	61% (14 / 23)
She takes responsibility for her actions	74% (17 / 23)	83% (19 / 23)
She is remorseful when she hurts or upsets others	91% (21 / 23)	96% (22 / 23)

Emotions and behaviours

With regard to the young women's own emotions or those of others, the young women tended to rate their own self-worth, assertiveness, confidence and happiness as higher than their key workers did. They also rated their ability to cope safely when they feel low as higher than their keyworkers. However, both the majority of the young women and keyworkers felt they would ask for help if they needed it and would take the advice of keyworkers.

Table 10: Emotions and behaviours recorded by the main worker and young woman

Identified Strengths	Primary worker: Somewhat / totally agree	Young women: Somewhat / totally agree
She is assertive	69% (16 / 23)	100% (23 / 23)
She is happy most of the time	69% (16 / 23)	83% (19 / 23)
She is confident in herself and her abilities	69% (16 / 23)	87% (20 / 23)
She understands other people's emotions	83% (19 / 23)	91% (21 / 23)
She can connect with others in a way that is meaningful to her	74% (17 / 23)	83% (19 / 23)
She has positive self-worth	50% (11 / 22)	78% (18 / 23)
She will ask for help when she needs it	90% (20 / 22)	87% (20 / 23)
She does not dwell on disappointment	74% (17 / 23)	78% (18 / 23)
She behaves appropriately in different social situations	83% (19 / 23)	87% (20 / 23)
She has a safe coping mechanism for when she feels low	59% (13 / 23)	69% (16 / 23)
She will speak openly about her issues or problems	78% (18 / 23)	87% (20 / 23)
She will listen to advice from workers	91% (21 / 23)	83% (19 / 23)

Health and wellbeing

The majority of the young women described themselves as having a healthy lifestyle and the vast majority were protective of their sexual health, however only 39% agreed with the statement 'does not drink alcohol to a harmful extent'. This number is less than the keyworkers and suggests that not all of the keyworkers know the extent to which the young women are abusing alcohol. Self-harm and drug use was felt by less than half of the sample and their keyworkers to be an issue for them.

Table 11: Health and wellbeing recorded by the main worker and young woman

Identified Strengths	Primary worker: Somewhat / totally agree	Young women: Somewhat / totally agree
She does not intentionally hurt herself	74% (17 / 23)	61% (14 / 23)
She generally has a healthy lifestyle	65% (15 / 23)	78% (18 / 23)
She is protective of her sexual health	82% (18 / 22)	91% (21 / 23)
She does not drink alcohol to a harmful extent	57% (13 / 23)	39% (9 / 23)
She does not have a problem with drug abuse or addiction	65% (15 / 23)	69% (16 / 23)

Optimism and future

The majority of the young women appeared to be optimistic about their future with all of them motivated to stay out of secure care or prison, 96% having goals for their future and 96% describing themselves as open to new experiences and trying new things. In contrast their keyworkers were more hesitant with more than a quarter feeling the young woman did not have goals for their future, 41% responding that she is not motivated to attaining qualifications, training or work, and 41% stating she does not look for opportunities to better herself.

Table 12: Optimism and the future recorded by the main worker and young woman

Identified Strengths	Primary worker: Somewhat / totally agree	Young women: Somewhat / totally agree
She has goals for the future	74% (17 / 23)	96% (22 / 23)
She is positive about her future	83% (19 / 23)	87% (20 / 23)
She is motivated to stay out of secure accommodation or prison	91% (21 / 23)	100% (23 / 23)
She owns her responsibilities e.g. to go to court, planned meetings, community service	61% (14 / 23)	83% (19 / 23)
She is not notably chaotic	78% (18 / 23)	91% (21 / 23)
She can budget successfully for herself	61% (14 / 23)	65% (15 / 23)
She is making positive choices about her life	69% (16 / 23)	87% (20 / 23)
She keeps to the plans she makes	87% (20 / 23)	86% (19 / 22)
She looks for opportunities to better herself	59% (13 / 23)	74% (17 / 23)
She is motivated towards attaining qualifications, training or work	59% (13 / 23)	78% (18 / 23)
She attends education, training or work	43% (10 / 23)	48% (11 / 23)
She has a prosocial hobby	30% (7 / 23)	52% (12 / 23)
She is open to new experiences and trying new things	83% (19 / 23)	96% (22 / 23)

Accommodation

In general the young women had a more rosy view of their accommodation than did their keyworkers with the majority describing it as stable (74% compared to 41%) and safe (87% compared to 69%). The location of the accommodation was also rated as higher by the young women with 87% feeling pride in where she lives, 74% stating it's where she wants to be and 81% describing it as not disadvantaged.

Table 13: Accommodation recorded by the main worker and young woman

Identified Strengths	Primary worker: Somewhat / totally agree	Young women: Somewhat / totally agree
She has stable accommodation	41% (9 / 22)	74% (17 / 23)
She is living where she wants to be	48% (11 / 23)	74% (17 / 23)
She takes pride in where she lives	57% (13 / 23)	87% (20 / 23)
She is protective about who she lets into her space/accommodation	65% (15 / 23)	90% (19 / 21)
She is safe from harm where she lives	69% (16 / 23)	87% (20 / 23)
She avoids places she has negative associations with	61% (14 / 23)	82% (18 / 22)
She is not at risk from others in her community	57% (13 / 23)	78% (18 / 23)
She is positively included in her community	52% (12 / 23)	62% (13 / 21)
She contributes to her community	30% (7 / 23)	55% (12 / 22)
She does not live in a disadvantaged area	45% (10 / 22)	81% (17 / 21)

Additional strengths identified by keyworker

A number of questions are asked at the end of the SRM to provide space for workers and young women to explore specific issues not included in the listed statements. The primary keyworker of the majority of the young woman was able to identify multiple strengths within the sample of young women, in six cases this section was left incomplete and so the description below relates to information on 19 of the young women.

The types of strengths identified included characteristics such as assertiveness which was recognised by keyworkers for 69% of the young women; being open about problems (78%); being able to ask for help when required (90%); and able to take advice from keyworkers (91%).

Additional descriptors used by keyworkers to describe the young women were: having a bubbly personality, having a good sense of humour, intelligence, being articulate, being thoughtful, being friendly or likable and being honest.

Also identified were positive behaviours, such as having respect for others (87%); being open to new experiences and new things (83%); sticking to plans she makes (87%); being protective of her sexual health (82%); having goals for her future (74%); and being motivated to stay out of secure care or prison (91%).

Emotional strengths recognised for many of the young women were in taking responsibility for her actions (71%); being remorseful when she hurts or upsets others (91%); and understanding the emotions of others (83%).

Other descriptions for individual young women were: being hard-working; being motivated; having good communication skills; showing good timekeeping; being able to identify triggers for herself; expressing a willingness to improve her life; and being positive about her future.

On-going needs identified by keyworkers

Many keyworkers felt there was a need for the young woman to build greater confidence (31%), self-esteem (50%) and the ability to trust others (35%). Self-care skills including practical learning such as budgeting (39%) and managing appointments and responsibilities (39%), as well as ways to look after themselves (35%) were identified as areas of weakness for some of the young women. For those young women who have drug dependence (35%) or who misuse alcohol (43%), placing themselves and their tenancies at risk, these are areas identified as requiring ongoing support.

Self-identified goals for change

Fourteen of the young women articulated areas of their lives they would like to improve, in some cases they identified more than one. Changing where they live or improving their current home was identified by 44%. Living a healthier lifestyle by reducing their drinking or drug use was identified by 38% of young women, whilst getting a job was identified by 25% of young women as an area of their life they wanted to change.

Additional goals identified specifically for the coming year were: for 44% of young women getting a job; gaining qualifications for 38%; driving lessons or access to a car was identified by 25% of young women. Staying out of prison or avoiding offending behaviour more generally was an aim for the coming year for 38% of the young women. Other goals for the year included being able to control their own money, giving birth to a healthy baby, getting to know a parent more and working on their relationship with their partner.

It is important to acknowledge that these goals are not something the young women can always do alone; an aspect of the design of the SRM tool is in identifying ways in which their keyworkers can help with these goals.

Areas identified by the young women where they could be supported by their keyworkers were: accommodation issues in the case of 44%; emotional support with, for example anger or depression for 38%; and keeping appointments for 25%. For 13%, additional help in getting a job was identified. Further areas where some young women felt they needed support included: help with budgeting; in staying away from alcohol or drugs; and improving their literacy and numeracy skills.

5. Conclusions

In carrying out this examination into the use of the strengths and resilience monitoring tool it was clear that the majority of the young women in the sample had experienced a great number of ACEs while growing up. The impact on the individual of multiple ACEs has been examined in various studies and found to be strongly related to negative behavioural, health and social outcomes in adults. This is particularly apparent in groups of individuals already identified as vulnerable. It is therefore perhaps unsurprising that this sample of high-risk and vulnerable young women should have experienced such a relatively high number of ACEs, with two-thirds experiencing six or more.

As adversity can be ameliorated by at least one stable committed relationship with a supportive parent, caregiver or other adult (Center on the Developing Child, 2015), relationships and their impact are therefore an area of particular interest. What emerged clearly from the comparison of the responses was, recognising the positivity or otherwise of some relationships can be an area of dissent between many of the young women in the sample and their keyworker. Even when looked at in aggregate there are some clear deviations where the young women have a more positive view of certain aspects of their life than their primary worker does. These most often related to the young women's more positive views of family, peer and romantic relationships.

Another area of differing views is with pro-active behaviours such as self-worth, confidence and 'owning her own responsibilities' where the young women rated themselves higher than their workers did. The only areas in which the young women rated themselves less positively than their workers was in relation to drinking alcohol to a harmful extent, suggesting that while they may not have been so forthcoming in previous discussions with their workers they were more transparent and honest while using the tool. This might be something to learn going forward when considering how best to listen to young women; to give them space to account for their actions in a non-judgemental and openly reflective way; and reconsider how we conceptualise intervention.

Importantly a tool like the one described in this study can open up difficult areas of dialogue in a safe place, particularly when there is already a relationship between the keyworker and young woman. This examination of the tool however did not enable greater exploration of the possibilities where that relationship was not already in place, and in other contexts such as prison or residential accommodation.

Although the numbers in the sample are too small to make generalisable assertions about the usefulness of the tool, there was evidence to suggest it could be used consistently, with the scoring of responses to the tool between primary and secondary keyworkers similar enough to suggest there is an element of reliability. The correlation in scores between the SRM and a standardised resilience measure, the CYRM, suggests that it is indeed measuring resilience. The key workers interviewed after using the tool found it helpful in formalising information about the young women, changes in their circumstances and in some cases, discovering previously unknown information important to the young women.

What can be asserted broadly is that this type of tool may be useful in working with young women who have experienced adversity within their childhoods and find themselves struggling with high-risk and/or offending behaviour. The concept of a gender specific resilience and strengths based tool received a positive reaction, however, few organisations subsequently have gone on to use the tool with the young women they support. This suggests there is a recognised gap, but additionally suggests that greater thought is needed to integrate such a tool into existing systems and ways of working in other organisations.

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