

Rotherham CSE Post Abuse Services Update

1 Context

- 1.1 Significant investment in the development and commissioning of CSE support services by RMBC and the Rotherham Clinical Commissioning Group (RCCG) has resulted in a very different support offer for victims and survivors to that offered following the findings in Professor Alexis Jay's report on CSE (1997-2013). As such, a comprehensive range of services now exist.
- 1.2 Following a CSE needs analysis, the longer term post CSE support services provide a range of services to meet the needs of victims and survivors of CSE and also offer choice to individuals. These services include:-
 - practical, emotional support and advocacy;
 - evidence based therapeutic interventions.
- 1.3 An open one stage European Union (EU) compliant competitive tendering process has now taken place. Eight tenders were received from four local voluntary sector organisations. Each tender at the evaluation stage was scored against a balanced scorecard based on both quality and price.
- 1.4 The needs analysis 2015 undertaken by Public Health colleagues describes a breadth of support needs ranging from 'hand holding', practical support through to high level mental health intervention. This range is reflected in the suite of services now on offer. The analysis included voice and influence of individuals and groups taking into account the experiences of those who had previously been failed by the system.
- 1.5 To ensure that all communities within the Borough had a voice in the development of services Salford University were commissioned to work with a number of VCS organisations to capture their thoughts, ideas and experience post Casey and Jay Reports.
- 1.6 The Salford Report along with the Needs Analysis and other voice and influence work has helped to shape the CSE services now in place and being commissioned.

2 The Specification

- 2.1 The service specification reflects the vision, principles and strategic objectives of the Council in relation to CSE and improving the support provided to victims and survivors of CSE in Rotherham. Keeping children and young people and Adults safe is one of the highest priorities of RMBC, the Rotherham Local Safeguarding Children's Board (RLSCB), the Safer Rotherham Partnership and the Police and Crime Commissioner.

- 2.2 The providers will contribute to the strategic intentions in a collaborative and supportive way in relation to **Child Sexual Exploitation: The Way Forward 2015 -2018** which states Child Sexual Exploitation (CSE) is an insidious form of child abuse that has a damaging and long lasting impact on those involved. Effective multi agency partnership working is essential, where partners work to the principle that safeguarding is everyone's responsibility, and are clear on their respective roles and responsibilities. CSE is recognised nationally as one of the most important challenges facing agencies today. The serious long term and lasting impact CSE can have on every aspect of a child or young person's life, including their health, physical and emotional wellbeing, educational attainment, personal safety, relationships, and future life opportunities means that CSE must be addressed.
- 2.3 The Priorities within the Service Specification ensure all partners work together effectively to achieve the shared key strategic priorities in this area for 2015 – 2018.
- 2.4 The definition that is used in the context of the Service Specification is the NWG Network definition which is:-

Child sexual exploitation is a form of sexual abuse in which a person(s) exploits, coerces and/or manipulates a child or young person into engaging in some form of sexual activity, sometimes in return for something the child needs or desires and/or for the gain of the person(s) perpetrating or facilitating the abuse

In all cases those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and or economic or other resources

Violence, coercion and intimidation are common in exploitative relationships, being characterised in the main by the child or young person's limited availability of choice, resulting from their social, economic and/or emotional vulnerability.

Grooming is the process of recruitment

Exploitation is the process of abuse

- 2.5 The three areas of service that are required within the Service Specification are:-
- Service Area 1** - Practical, emotional support and advocacy for Young People (up to the age of 25) who have experienced child sexual exploitation. This includes support to immediate family members.
- Service Area 2** – Practical, emotional support and advocacy for Adults who have experienced child sexual exploitation. This includes support to immediate family members.
- Service Area 3** – Evidence based therapeutic interventions for young people and adults who have experienced child sexual exploitation.
- 2.6 The service specified is available to individuals who have experienced child sexual exploitation whilst a resident of Rotherham or is currently a resident in Rotherham and been the victim of CSE elsewhere

2.7 All of the services commissioned will:

- a) Provide an 'open door' model of flexible and accessible service provision, enabling Service Users to build resilience and develop coping strategies.
- b) Use a range of engagement strategies with the underpinning ethos of making every appropriate effort to engage individuals to encourage them to access the post CSE support service, identify any needs and support them in order to aid recovery and build resilience.
- c) Develop a marketing plan to ensure victims and survivors of CSE and their families understand the support that is available, the approach to be undertaken and how to access the Service.
- d) Have knowledge and information about the services provided in Rotherham by both statutory and voluntary sector organisations is required to ensure victims are referred onto the appropriate service. This will be an important part of building resilience.
- e) Undertake an assessment of need, using an evidenced based model of assessment, identifying all the issues affecting the Service User including where specialist support is required e.g. mental health.
- f) Develop and agree the support plan with the Service User with achievable outcomes at an individual level and an exit strategy. The plan should include incremental measures to monitor progress in achieving the outcomes and their achievement.
- g) Actively support the service user with a range of issues and also provide a co-ordinating brokerage role for accessing other services.
- h) Ensure the service user is able to access the right element of the specialist service, seeking advice as to what is appropriate for the individual. Existing Service Provides of drug and alcohol services and specialist mental health services will prioritise referrals for specialist support from CSE victims.
- i) The frequency of the contact with the service user will depend on the needs and the intensity of the support required. The maximum timescales of involvement with the service user is 12 months unless there are exceptional circumstances.
- j) Break down any barriers such as fear and mistrust that could prevent engagement with such specialist services, such as Independent Sexual Violence Advocates, Sexual Assault Referral Centre, Youth Start, Rotherham and Child and Adolescent Mental Health Service by the brokerage of effective communication and clear pathways.
- k) Be able to identify and overcome barriers to fast track service referrals for support provided by other organisations (e.g. housing related support, benefits etc.)

- l) Identify a named key worker for each Service User as a single contact where they can build trust, whilst ensuring there is capacity to cover for staff absence.
- m) Provide advocacy support at meetings where appropriate, spending time after meetings ensuring that information is understood and what any implications may be.
- n) Identify, understand and respond to vulnerability and risk factors associated with CSE e.g. persistent absence and exclusions, substance misuse, domestic abuse to enable a targeted Service response.
- o) Deliver services in line with RMBC's key priorities. In addition, the Service should deliver relevant outcomes against the priorities of the Joint Health and Wellbeing Strategy 2012 – 2018, the Early Help Strategy and the CSE Strategy.
- p) Respond appropriately to the specific needs of the diverse minority groups in Rotherham including those needs identified in the CSE Needs Analysis (Salford University).
- q) Implement the exit strategy developed for each service user which should include details of referrals made for ongoing support and contact details for any future or further recurrence of issues.
- r) Specifically engage local communities where it is known there is under-reporting of CSE, specifically Asian communities in relation to boys and men. Identifying the barriers to accessing support should enable actions to remove these barriers to be undertaken.

3 The Providers

3.1 GROW

Delivering:

Service Area 1 - Practical, emotional support and advocacy for Young People (up to the age of 25) who have experienced child sexual exploitation. This includes support to immediate family members.

Service Area 2 – Practical, emotional support and advocacy for Adults who have experienced child sexual exploitation. This includes support to immediate family members.

GROW deliver an outreach approach to support adults, children, young people and families. They work in partnership with EVOLVE and other providers receiving referrals for people as both new victims and to those survivors who are now coming forward and disclosing historical abuse. These workers also provide support to the survivor's family to enable their recovery, and their ability to be a protective factor for their child/young person.

3.2 Rotherham RISE (Formerly Rotherham Women's Refuge) – Project Survive

Delivering:

Service Area 1 - Practical, emotional support and advocacy for Young People (up to the age of 25) who have experienced child sexual exploitation. This includes support to immediate family members.

Service Area 2 – Practical, emotional support and advocacy for Adults who have experienced child sexual exploitation. This includes support to immediate family members.

Service Area 3 – Evidence based therapeutic interventions for young people and adults who have experienced child sexual exploitation.

Building on their experience of providing support for women and their children where domestic abuse has been a feature RISE utilise this experience and approach to enable the delivery of specialist support for survivors of Child Sexual exploitation (CSE). They work with young people 12- 18 and aged 18 +, also offering family support and counselling.

3.3 Rotherham Abuse Counselling Service (RACS) – formerly Rotherham Women's Counselling Service and Pit Stop for Men

Delivering:

Service Area 3 – Evidence based therapeutic interventions for young people and adults who have experienced child sexual exploitation.

RACS & Pit Stop for Men provide one-to-one specialist trauma counselling for adults and children over the age of 12 years. They also offer therapeutic group counselling for those who choose this while they await one-to-one counselling, or following the ending of their counselling sessions. This professional counselling service offers the individual the opportunity to reach a greater understanding of how past abuse has affected them and enable survivors to make informed choices whilst minimising the cycle of abuse.

3.4 Swinton Lock

To enable continuity in supporting the individuals and families that Jayne Senior is currently working with, a contract has been directly awarded to Swinton Lock to provide practical, emotional support, advocacy and signposting from the 1st July, 2016 for 12 months.

4 Monitoring and Evaluation arrangements

4.1 Contract Performance and Financial Monitoring Arrangements

- a) Evidence for activity which has taken place against contractual requirements must be submitted to the Local Authority on a monthly basis.

- b) A financial report is also provided on a monthly basis detailing costs incurred and activity still to be delivered in line with the cost work book submitted in the Invitation to Tender.
- c) Progress towards achieving the agreed outcomes with each individual Service User is recorded and reported monthly along with the actual outcomes achieved.
- d) Activity is monitored and reviewed by the Local Authority and any required interventions to address any concerning shortfalls or changes to delivery are discussed at the contract performance monitoring meetings. Providers will be required to submit re-profiled outputs following any shortfall or change to delivery.
- e) The Local Authority undertakes monthly performance monitoring visits to the service Provider to review performance, quality assurance and expenditure. The visit may include an observation of how Service Users interact with the Service Provider and to gather their views on the service.

4.2 Performance Monitoring Visits

- a) The Quality Benchmarking Assessment Framework is a tool which we have designed to help us to work closely with delivery agents.
- b) As Commissioners we need to have a better knowledge and understanding of the services we commission.
- c) We are developing our working relationships to ensure that we are offering support to development of individual services and of the market, responding to the emerging needs of our client groups.
- d) This benchmarking tool will enable self-assessment and support improvement; it will clarify our expectations and ensure that we are a child centred borough.

The Headings of each area for assessment are as follows:

- Assessment and Support Planning
- Security, Health & Safety, Staff & Workforce CPD
- Voice, Influence, Safeguarding and Protection from Abuse
- Service User Journey, Fair Access, Diversity and Inclusion
- Client Involvement and Empowerment
- Service Improvement, Innovation and Contingency Plans

Alongside the scheduled monitoring visits Children and Young People's Services Commissioning Team are undertaking 'spot checks' on all services. The 'spot checks' are themed and will support improvement and development of services in line with emerging needs

of service users.

Monthly data feeds into performance monitoring against the RMBC Corporate Plan.

5 Gaps in Provision

- 5.1 Since currently commissioned services have been in place the only gap in provision identified was a need for 24 hour on call support. This was raised as an issue by Swinton Lock. When further investigation was undertaken to determine whether this was the experience of other providers it proved to apply only to the provision of Swinton Lock. As a result we have asked that out of hours issues be monitored by the service. Other services felt that they are managing expectations of service users within normal working hours and that the issues and risks engendered as a result of undertaking out of hours visits is not supportive of recovery and independent living and is not a cost effective way of offering support and should be addressed by the appropriate emergency services (Police, Crisis Team or hospital. It should be noted that all service users who present as potentially being in crisis out of hours are made aware of emergency services)

6 Uptake of Services

3.1 Counselling Services

Organisation	Total victims & survivors	Gender	Ethnicity	Victims aged						
				under 18	18-24	25-34	35-44	45-54	55-64	65-69
Rotherham Abuse Counselling Service	52 CSE 125 CSA	135 female 26 Male	4 Asian/ Asian British Pakistani 1 Black / Black British - African All others White / British	0	30	45	29	37	30	4
Rotherham Rise	64	59 female 5 male	17 White British 2 Dual Heritage 1 Asian	11	19	15	9	8	1	0

3.2 Practical, Emotional support and Advocacy

Organisation	Total victims & survivors	Gender	Ethnicity	Victims aged							Parents & Siblings
				under 18	18-24	25-34	35-44	45-54	55-64	65-69	
Rotherham Rise	48	45 female 3 male	White British 1 Indian 1 Pakistani	19	6	14	3	2	2	2	nil
GROW	58	all female	1 Asian 2 Black Congo 3 Mixed Race 1 Slovakian All others White / British	12	28	10	6	3	0	0	9 parents / family members
Swinton Lock	87	65 female 4 male	3 Black 1 Asian All others White / British	14	27	34	7	2	0	0	65 family members : child 51 Family Members 48
Base Project	90			9 (5-12) 35 (13-18)	37 (19-35)	9 (35-55)					70 family members

7 Costs

Specific Areas	Indicative maximum 100% funding available 2016/2017 (9 months)	Indicative maximum 100% funding available 2017/2018	Indicative maximum 100% funding available 2018/2019
Service Area 1 – Practical, emotional support and advocacy for young people (up to the age of 25)	Provider 1 £28,237 Provider 2 £28,237	Provider 1 £21,300 Provider 2 £21,300	Provider 1 £19,050 Provider 2 £19,050
Service Area 2 – Practical, emotional support and advocacy for adults.	Provider 1 £28,237 Provider 2 £28,237	Provider 1 £19,200 Provider 2 £19,200	Provider 1 £13,950 Provider 2 £13,950
Service Area 3 – Evidence based therapeutic interventions	Provider 4 £49,500 Provider 1 £49,500	Provider 4 £45,000 Provider 2 £45,000	Provider 4 £33,000 Provider 1 £33,000
Total for Year	£211,948	£171,000	£132,000

8 Additional support

In addition to Statutory Services delivered via Evolve and Vulnerable Adults Services other identified needs have been addressed through the following:

8.1 Clinical Psychotherapist

The CCG has commissioned a Clinical Psychotherapist to work for 2.5 days per week with adult victims and survivors needing acute intervention and 2.5 days with children and young people. The Psychotherapist also offers clinical case supervision to staff delivering post abuse services.

8.2 PACE Parent Liaison Worker

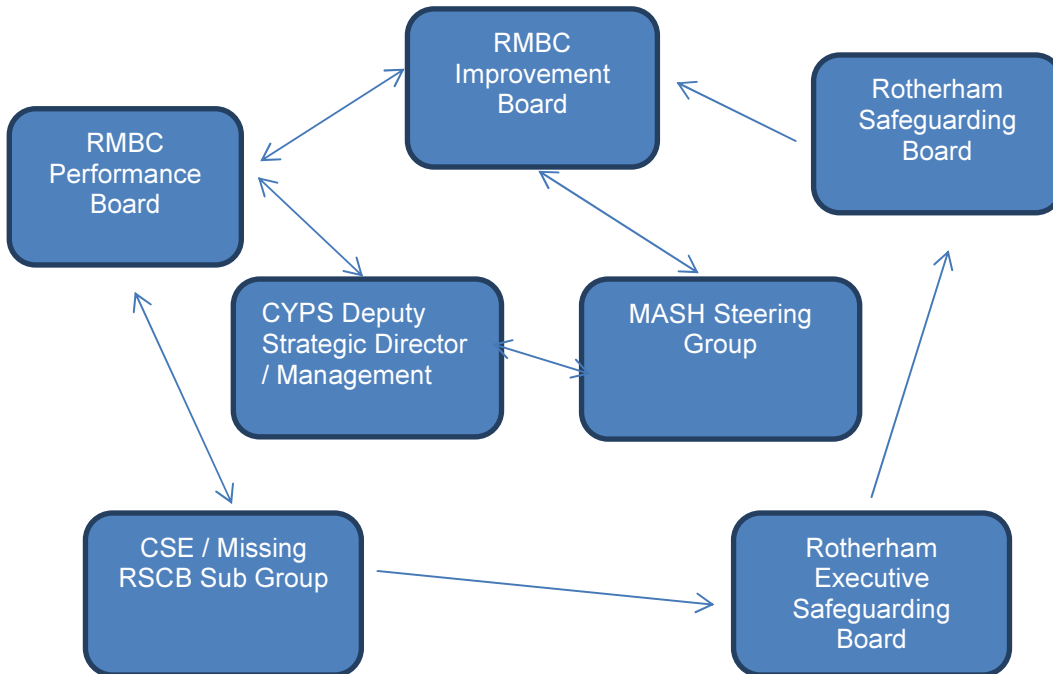
The Parent Liaison Worker has joined the Evolve Team to ensure that parents and carers of current victims of CSE are offered support throughout the process.

9 Voice and Influence

- 9.1 The needs analysis 2015 undertaken by Public Health colleagues describes a breadth of support needs ranging from 'hand holding', practical support through to high level mental health intervention. This range is reflected in the suite of services now on offer. The analysis included voice and influence of individuals and groups taking into account the experiences of those who had previously been failed by the system.
- 9.2 To ensure that all communities within the Borough had a voice in the development of services Salford University were commissioned to work with a number of VCS organisations to capture their thoughts, ideas and experience post Casey and Jay Reports.
- 9.3 The Salford Report along with the Needs Analysis and other voice and influence work has helped to shape the CSE services now in place and being commissioned.
- 9.4 All Commissioned Post Abuse Services are required to include voice and influence elements to their support and this is monitored alongside other outcome monitoring arrangements.
- 9.5 Jersey Safeguarding Board has invited one of the Rotherham CSE Survivors to Speak at a conference they are hosting in January 2017. The Survivor will describe her personal journey and experiences of services past and present.
- 9.6 There are a number of Survivor groups which have been set up independently. These groups are having a voice at local, regional and national level.

10 Governance

Rotherham CSE Governance Structure



11 Conclusion

- 11.1 There is clear evidence that the services provided are now being accessed and utilised. This would indicate a growing confidence in both the Council and Police in parallel with increased confidence in services on offer. Increase in convictions and high profile Police operations alongside successful support of victims and survivors in Rotherham are instrumental in changing the narrative over the past 12 months from one of failings and lack of provision to one of optimism and belief in a way forward.
- 11.2 Victims and survivors of historical abuse who have previously been vocal in their criticism of the Authority and Police are now articulating the shift in culture and voicing approval of the changing face of support for victims and survivors in the borough.