

Appendix 1 – Post CSE Commissioned Services – Service Review

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1.0 Introduction

- 1.1 This purpose of this Service Review is to consider current pressures on post-CSE support services commissioned jointly by Rotherham MBC and NHS Rotherham CCG in 2016. The Review compares how services have supported victims and survivors against estimates forecast in 2015.
- 1.2 The Review also considers the impact of the services in terms of improving outcomes for victims and survivors. This has been informed by outcome monitoring data, case studies, feedback and direct conversations with service users.
- 1.3 The RMBC commissioned services are part of a wider support system for CSE victims and survivors that is commissioned by a number of different organisations. This wider system of is also explored in the Service Review including support post-trial.

2.0 Context

- 2.1 In summer 2016 Rotherham MBC and Rotherham Clinical Commissioning Group (CCG) jointly commissioned support services for young people and adults who have experienced child sexual exploitation (CSE).
- 2.2 The outcomes for commissioned post CSE support services are that all victims, survivors and their families will:-
- Start to recover from their trauma of child sexual exploitation;
 - Build resilience and develop coping strategies for everyday life;
 - Improve their self-esteem and self-confidence;
 - Improve their mental health and wellbeing;
 - Be supported in fulfilling their maximum potential; and
 - Reduce the risk of harm.
- 2.3 Following an open one stage European Union (EU) compliant competitive tendering process, contracts were entered into with three providers from 1 July 2016 to 31 March 2019 with an option to extend for a further two years. Three local voluntary sector organisations were successful. The table below outlines the service areas, the contracted providers and the funding profile.

Post CSE Support Service Area	Provider	2016/17 (July 2016-March2017)	2017/18	2018/19
Practical, emotional support and advocacy for young people (up to the	Rotherham Rise	£28,237	£21,300	£19,050
	GROW	£28,237	£21,300	£19,050

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age of 25)				
Practical, emotional support and advocacy for adults	Rotherham Rise	£28,237	£19,200	£13,950
	GROW	£28,237	£19,200	£13,950
Evidence based therapeutic interventions	Rotherham Rise	£49,500	£45,000	£33,000
	Rotherham Abuse Counselling Service (RACS)	£49,500	£45,000	£33,000
Totals		£211,948	£171,000	£132,000

- 2.4 Contracts and service delivery for the Long-Term Post CSE Support were initially planned to commence in April 2016. However this was delayed until the 1st July 2016 due to additional work required to inform the needs analysis and service specification. The funding for year one was therefore pro rata as set out in the table above.
- 2.5 These commissioned services are part of a wider support system for CSE victims and survivors. Swinton Lock, with the help of Big Lottery funding, continue to support victims and survivors of CSE and their families, however RMBC no longer fund this service following the cessation of a one year contract that was awarded in July 2016. The National Crime Agency also funds dedicated Independent Sexual Violence Advocates (ISVAs) who support victims through the investigations and court proceedings as part of Operation Stovewood and work closely with commissioned services in Rotherham. This is explored in more detail in section 11.

3.0 Anticipated Service Need

- 3.1 The commissioning process for post-CSE support services was informed by the Needs Analysis undertaken by the CSE Joint Intelligence Working Group (appendix 1) in December 2015.
- 3.2 The Needs Analysis set out scenarios which assumed various patterns of help seeking behaviour to predict the number of victims and survivors that were likely to be seeking support over the 5 year period.

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Modelled numbers needing support 2015-2020								
Assumptions: legacy of 1600 requiring support of which 30% have accessed/do not seek/do not need further support; the remaining 30%, 20%, 10%, 5% and 5% seek help over the next 5 years								
Year	Legacy	100 new cases 15/16	100 new cases 16/17	75 new cases 17/18	75 new cases 18/19	50 new cases 19/20	Total	Cases needing therapeutic support assuming 30% of total
2015/16	480	30					510	155
2016/17	320	20	30				370	111
2017/18	160	10	20	23			213	64
2018/19	80	5	10	15	23		133	40
2019/20	80	5	5	8	8	15	121	38

- 3.3 In recognition that some victims and survivors will seek support through statutory or other voluntary sector support services, it was estimated that two thirds of victims and survivors would seek help through the commissioned support services. The table below shows the anticipated need for these commissioned post-CSE support services that was over the contract term.

Anticipated Need for Post CSE Support Services 2016-2019				
Service Area	2016/2017	2017/2018	2018/2019	Total
Practical and Emotional Support (young people and adults)	251	135	110	496
Evidence Based Therapeutic Interventions	110	75	55	240

- 3.3 The profiled reduction in funding described in section 2.3 (19% in the year two and 23% in year three) was based on these numbers needing support.

4.0 Actual Service uptake

- 4.1 Contract monitoring from Service Providers suggests that the need analysis (although based on the best information available at the time) underestimated the need and the pattern of support required.

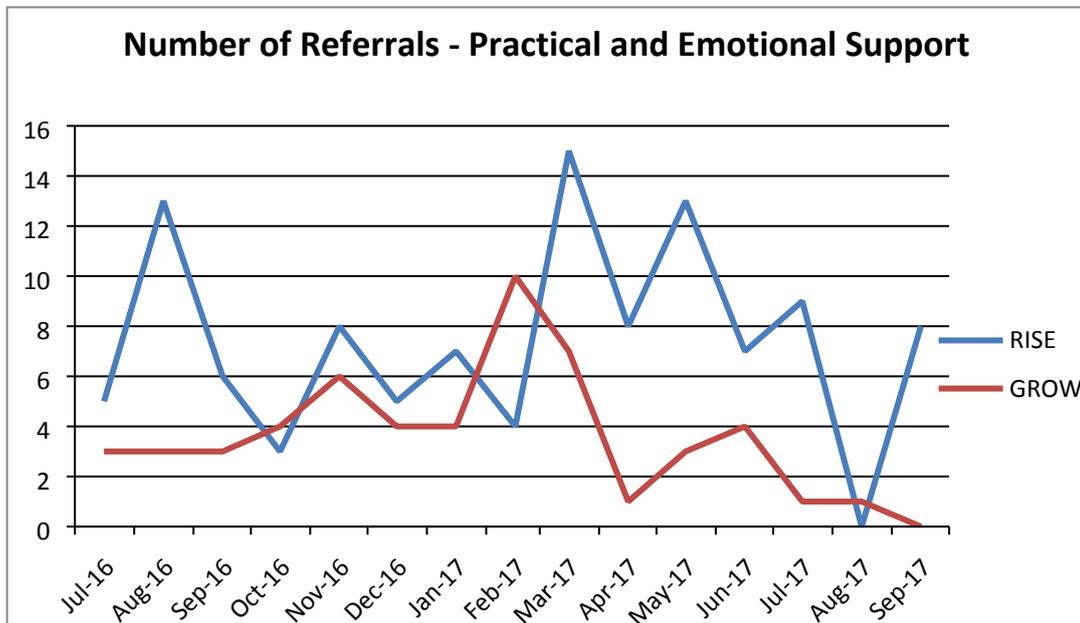
Referrals

- 4.2 The two graphs below illustrate the number of referrals for practical and emotional support and therapeutic intervention from July 2016 to September 2017. For both service areas there is a clear spike in referrals for in February and March 2017 (although this is not the case for practical and emotional

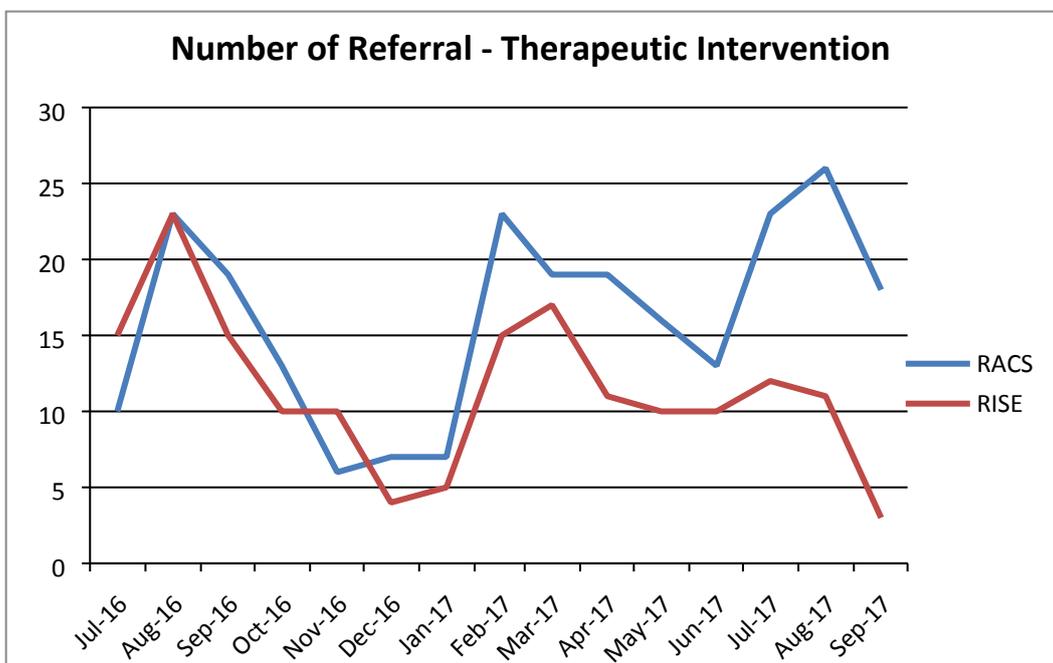
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support provided by GROW in this period). Counselling services also reported an increase in referrals during July and August 2017.

Graph 1: Number of Referrals per month - Practical & Emotional Support



Graph 2: Number of Referrals per month – Therapeutic Intervention



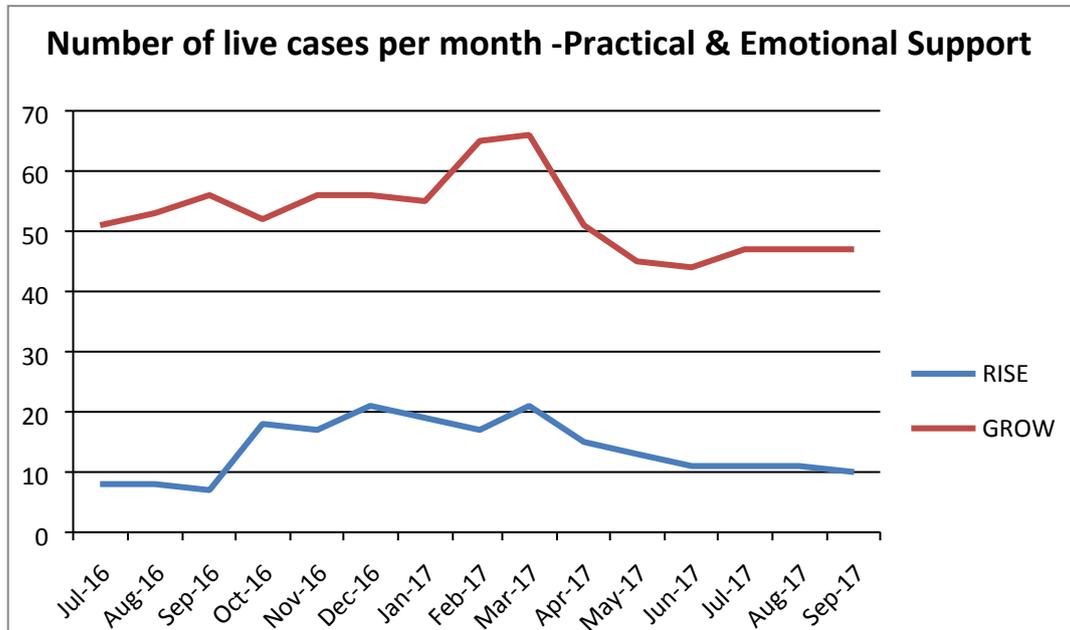
Live Cases

4.3 Contract monitoring data captures the number of live cases per month. Graph 3 and graph 4 below illustrate the number of live cases for practical and emotional support and therapeutic intervention services from July 2016 to

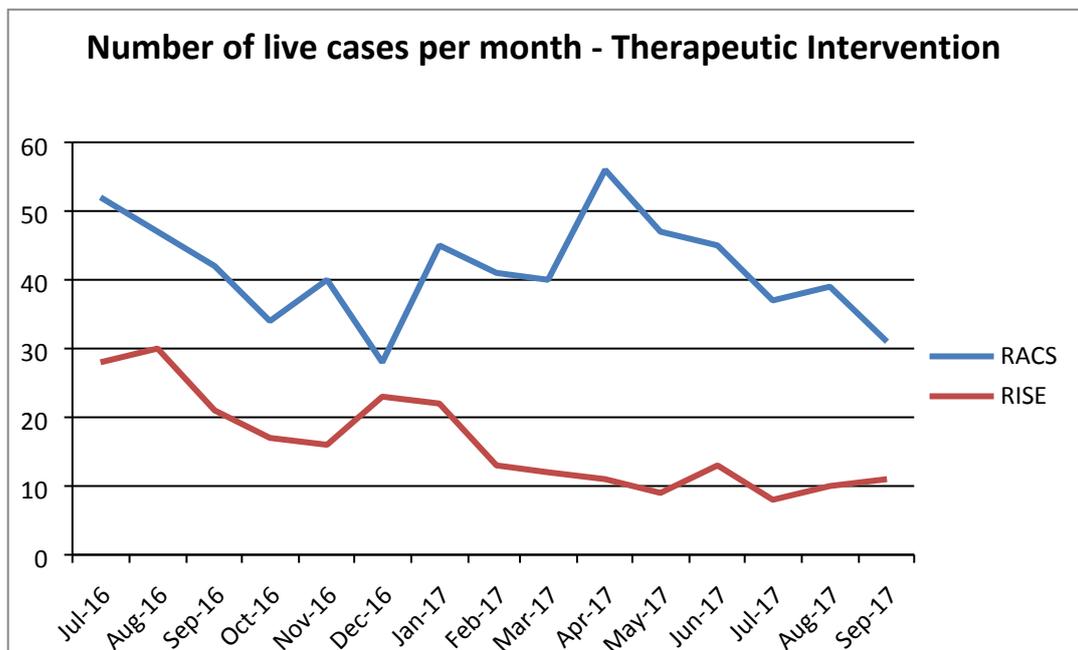
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September 2017. The reduction in funding from April 2017 is reflected in the reduction of live cases from this period - particularly with regard to GROW where the number of live cases fell from 66 in March 2017 to 47 in September 2017.

Graph 3: Number of Live Cases per month - Practical & Emotional Support



Graph 4: Number of Live cases per month - Therapeutic Intervention

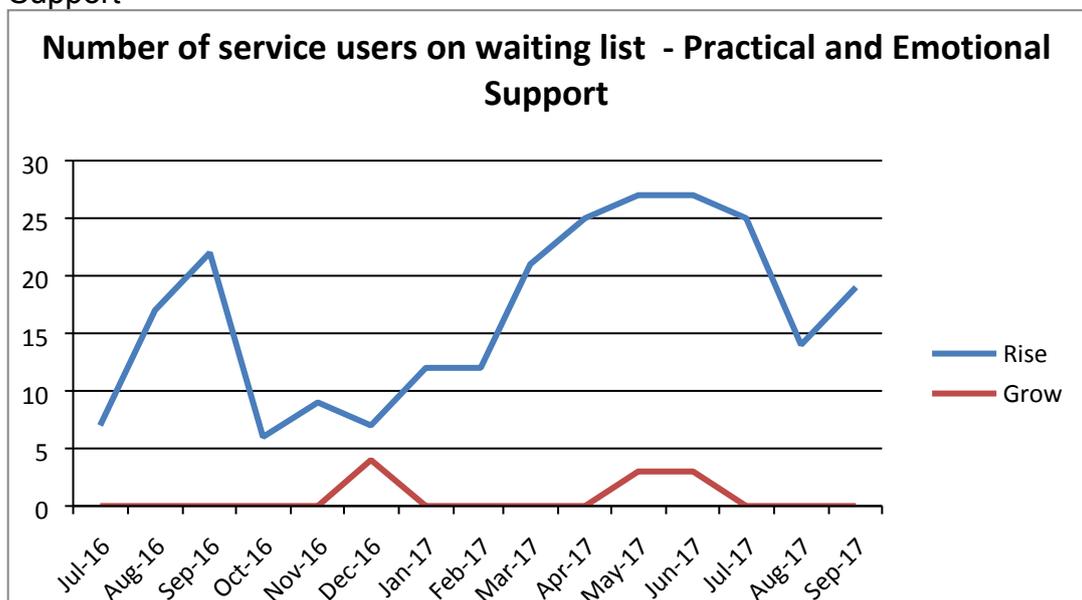


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Waiting Lists

- 4.5 Waiting lists have developed in both service areas but not for all providers. The two graphs below show the number of service users waiting for each service area.
- 4.6 For practical and emotional support there have been more people waiting for a service from Rotherham Rise compared to those waiting for a service from GROW. Contract monitoring data was not available for Quarter 2 2017/18 (July to September) for GROW and a nil return has been used for the purposes of this graph. To date, the maximum number of people waiting for a service from GROW has been 4.

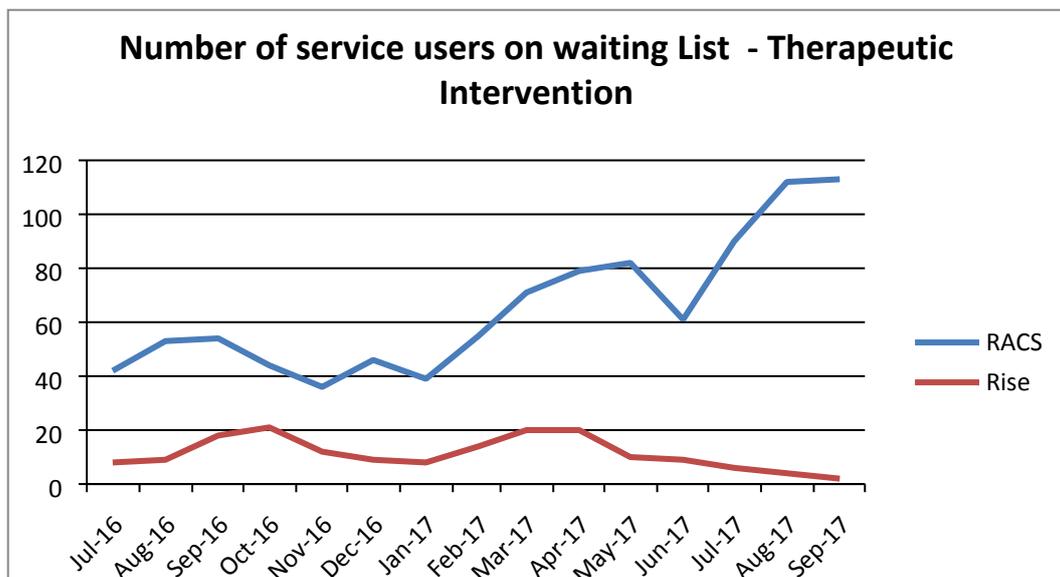
Graph 5: Number of service users on waiting List – Practical and Emotional Support



- 4.7 For therapeutic interventions there have been significantly less people waiting for a service from Rotherham Rise compared to those waiting for a service from RACS. The number waiting for a service at RACS grew significantly from July to September 2017. At the end of September 2017 there were 113 people waiting for a service from RACS and 2 people waiting for a service from Rotherham Rise. RACS have forecast that there will be 219 people waiting by the end of December 2017.

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Graph 6: Number of service users on waiting list



- 4.8 Contract monitoring data does not provide a breakdown of how long people have waited. However, providers have offered the following information regarding current length of wait:

Practical and Emotional Support (young people and adults)	Rise	4-5 months
	Grow	6 – 8 weeks
Evidence Based Therapeutic Interventions	Rise	less than 4 week
	RACS	Maximum waiting time has been 5 months

- 4.9 Broadly speaking, long waiting times mean that people are not getting the ‘right care’ at the ‘right time’. Consequently they may disengage and find it more difficult to access support once support does become available.
- 4.10 It is interesting to note that RMBC Early Help service has reported that they are holding cases due to waiting times for these commissioned services.
- 4.11 Services do keep in contact with service users whilst they are on a waiting list and offer telephone support, advice and information about other services available so that interim support measures can be taken up if required.

5.0 Comparison of anticipated and actual service delivery

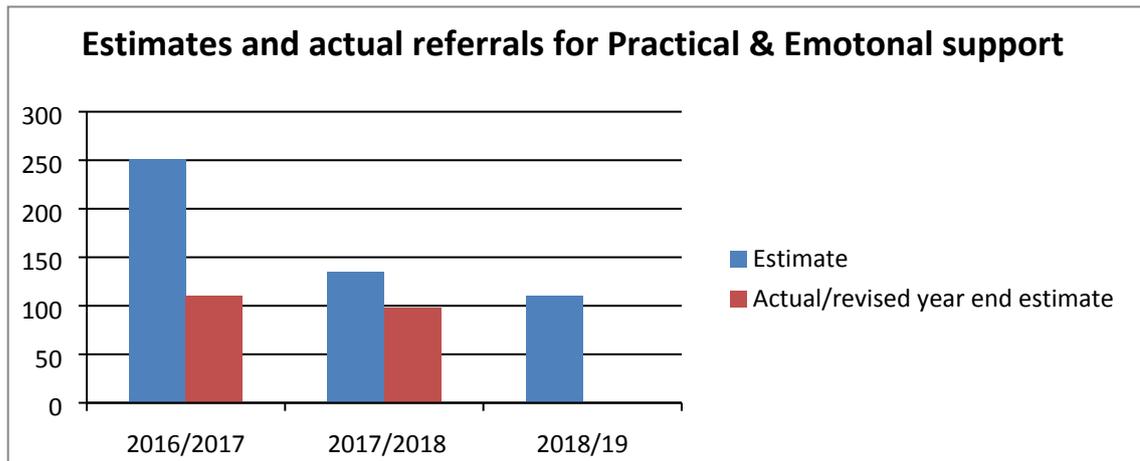
- 5.1 This section provides a comparison of service delivery against the modelling within the 2015 Needs Analysis.
- 5.2 It was anticipated that 496 victims and survivors would require practical and emotional support over the 3 year contract period. From 01 July 2016 to 31 March 2017 there were 110 referrals received against a projection of 251 (for

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the period 01 April 2016 to 31 March 2017). From 1 April 2017 to 31 September 2017 there have been 57 referrals for support.

- 5.3 The graph below provides a comparison of the original estimates against referrals for practical and emotional support. The estimate for 2017/18 is the number of referrals for the first 6 months of 2017/18 multiplied by two. The graph illustrates that referrals for emotional and practical support are broadly in line the original anticipated need.

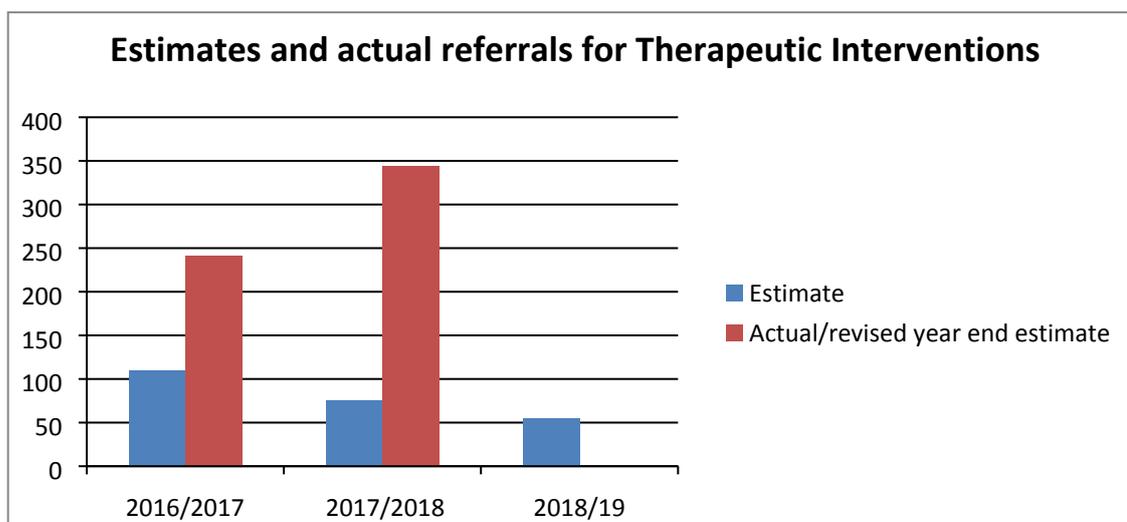
Graph 7: Estimates and actual referrals for Practical & Emotional Support



- 5.4 It was anticipated that 240 victims and survivors would require a therapeutic intervention over the contracted 3 year period. From 01 July 2016 to 31 September 2017 there have been 413 referrals for a therapeutic intervention. This represents 72% more referrals for therapeutic intervention than the original estimate in the first 15 months of the contract.
- 5.5 Graph 8 provides a comparison of the original estimates against referrals for therapeutic interventions. The estimate for 2017/18 is the number of referrals for the first 6 months of 2017/18 multiplied by two.

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Graph 8: Estimates and actual referrals for Therapeutic Interventions



- 5.6 The length of time that victims and survivors are waiting for support or therapeutic intervention is likely to increase as funding is profiled to reduce in 2018/19 and providers reduce their service offer accordingly.

Closed Cases

- 5.7 The length of time needed to engage with, and improved outcomes for victims and survivors were not considered in the 2016 Needs Analysis. The Service Specification anticipated that “the maximum timescales of involvement with the service user is 12 months unless there are exceptional circumstances”. And that service providers “will develop an exit strategy from day one of the support and ensure it is appropriate to the Service User”.
- 5.8 Given the timescales for police investigations and prosecution can last up to 2 years this expectation of 12 months support might not be appropriate. Post-trial support is also crucial and has been highlighted as a key time when other services may pull back. It also needs to be recognised that for some people trauma will be a lifelong issue and support will be on-going.
- 5.9 The number of closed cases is provided for both service areas in the table below.

Number of cases closed 01 July 2017 to 31 September 2017		
Service Area	Planned	Unplanned
Practical and Emotional Support (young people and adults)	67	59
Evidence Based Therapeutic Interventions	126	222

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6.0 Service Users Engagement and Views

- 6.1 To understand whether services are meeting needs and improving outcomes the commissioning team met with Service Users at GROW and RACS to ask for their views on how the services had supported them and what else they could do to support. Rotherham Rise was invited to facilitate a meeting with Service Users but felt that this was difficult from an ‘ethical’ perspective in context of counselling. Rotherham Rise submitted feedback from service users on similar questions as an alternative.
- 6.2 Engagement took place with five Service Users in total at GROW on 16 November 2017 and RACS on 28 November 2017 and 06 December 2017. Rotherham Rise also provided several feedback forms from service users who have accessed services.
- 6.3 In summary Service Users have expressed extremely positive views on the support they had received. There were comments that the number of sessions available were sometimes sufficient because it took time to build trust and feel able to talk.
- 6.4 Below are some quotes from conversations with Service Users that illustrate the impact of the Services.

“Tell you the truth – it kept me alive”

“The way they came across, it didn’t take me that long to trust them”

“At the time I was very depressed and suicidal and I kept telling myself over and over just go one more week”

“One of the best services I have ever used”

“It’s good to have the opportunity to put my feelings and wishes across”

“I trust them 101%”

“They are literally life-savers”

“You feel like you’re the only one and this feeling of isolation is immense. It is so amazing to know others understand you and relate to you”

“I was a complete gibbering wreck but they helped build me up and I was able to share with others.”

“You can’t fix 30 years of abuse in one year”

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“I love it here – it’s like my second home – even if I feel rubbish I still come.”

“This experience of counselling has changed my life in a positive way and helped me learn some valuable coping mechanisms for when things go wrong”

“I have had an excellent counsellor, I have come to trust her and value her thank you so very much”

“it’s been really positive; it’s made me look at things in a different light. I feel that I now have a future with my children and for myself”

6.5 Service Users identified the following areas for development:

- More whole family work
- Activity classes once a month
- Trips out to play with the kids
- More celebration events such as the one they held recently for Halloween.
- Baby scales so that mums can weigh their babies or a regular health visitor drop in.
- Bigger room for the baby group
- Out of Hours support
- Long term support – there are no quick fixes
- Opportunity to have more extra sessions if needed

7.0 Outcomes and Impact

7.1 This section explores the wider evidence available to describe the impact of the Post CSE commissioned services. Full details can be found in appendix 2

RACS

7.2 RACS monitor the impact of therapy delivered by using an outcomes assessment tool, the Patient Health Questionnaire (PHQ) for depression and the Generalised Anxiety Disorder Assessment (GAD) for anxiety. A summary of the positive impact / changes experienced by service users for Quarter 1 and Quarter 2 of 2017-18 can be seen in appendix 3. Significant positive changes include improvements to trauma symptoms, for example; flashbacks, nightmares, intrusive thoughts and panic attacks and to social engagement where victims / survivors are experiencing fewer issues at work, moving into work or volunteering, taking up hobbies.

7.3 A number of short case studies have been submitted and are included in appendix 3. The case study below is illustrative:

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Client J has experienced CSA from the age of 5 to 8, neglect (she was left at home for long periods of time as a child) and emotional abuse and was bullied throughout school. The effects were depression, lack of self confidence and self-esteem. She had blocked out the CSA until her own baby was born and then suffered from post- natal depression.

The client received long term one-to-one counselling where she was able to explore her relationship with her own mother and what an ideal mum should be.

This resulted in the client being able to tell her mum about the case for the first time and the mum was able to provide the name of the perpetrator, counselling gave her the confidence to eventually report the perpetrator to the police and the case has gone to the CPS. The client has begun to believe in herself, recognise that it was not her fault. She has realised she had become a people pleaser and is now more assertive and able to say no to people. She would like to now return to education and training as a paramedic.

Rotherham Rise

- 7.4 Rotherham Rise has submitted a short case study and feedback comments from some of the service users who have been helped.

'J was referred to our service through her GP. She was a victim of historic child sexual exploitation. She was groomed at the age of 14 by a family friend. J had not spoken to anyone about this for 20 years. Her GP put in a referral to Rotherham Rise and J was seen by a 1-1 outreach worker.

J had very low self-esteem and couldn't understand how she didn't recognise the abuse. J was also in a domestic violence relationship and had been in several in the past. She had weekly hour sessions where she was supported to recognise the dynamics of CSE and how she was manipulated and lead to believe she was in a 'relationship'. J was also supported to report recent incidents to the police around domestic violence and managed to get a non-molestation order to protect her.

J attended group sessions around domestic violence and her confidence increased. She began to see her friends more and got better social and community relationships. Her aim was to work as a carer and she began to make applications and focused on gaining employment. She was successful in getting a part-time job with an agency as a carer. She was supported to notify the Council and Housing to ensure her housing benefit was changed so she wouldn't get into debt on the property.

J had a successful exit from the service as she was able to make her own decisions and with support, she became confident at putting them into practice.

Other Feedback:

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“I was made to feel normal”

“Feeling open enough to talk”

“No judgement was huge for me”

“Friendly safe environment, great staff, fantastic support worker”

“Being able to talk openly with someone not emotionally involved but who understood”

“Feeling comfortable and being able to discuss issues that affect me and receiving information and advice about services”

GROW

- 7.5 GROW have submitted a number of case studies and these are included in appendix 3. The following extract is taken from one of the case studies to demonstrate impact:

I was introduced to GROW in October/November 2015 when I was part of Colver 1 and struggling to cope with the abuse I have suffered. The support I have received from GROW has been very positive, I don't know how I would have coped without them. GROW have helped me to problem solve and they think around the whole family, not just me. It has been extremely difficult coming through the Clover trial, it had dragged up a lot of stuff for me that had been buried for such a long time. I feel comfortable at GROW and trust them. I have not had a lot of trust in the local authority/ Social Care who I feel some resent towards. GROW take the pressure off every day to day struggles, they listen, support and action things. They don't pressure me to do things I'm not comfortable or ready for.

GROW help me to get out into the community so I don't feel so isolated due to my anxiety, I attend the baby group and really look forward to going, I feel at ease there and not worried. I do feel in some ways stronger and empowered by the experience of the trial and the support I have received, but I feel I am now at a stage where the experience of the abuse which has been pulled out and brought to the surface is causing me emotional distress, and I now feel I have to address this and try and deal with it. It has taken time to get where I feel ready to focus on what I have experienced. If GROW's support is taken away I will feel really upset and angry that I have been let down again and not sure what I will do. I don't feel I could get the same support from anywhere else as it has taken a lot to get to this point with GROW's support and build that trust, I can't start again it's too much.

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After working with different agencies I feel GROW is the best. If this service is taken away I will suffer again. I've been let down by authority as they failed to protect me as a child and taking GROW away will make me feel let down again. I cannot work with any other project as talking about my past is too distressing, which will mean you take GROW and I'm left to suffer alone.

GROW has helped my confidence and I've met new friends. I hope GROW stays and continues to help and support the survivors through difficult times like they have me, I also think it would be nice for more funding for GROW so us survivors along with GROW can take our children out on day trips to help us regain positivity with our children.

8.0 Service Providers Responses

- 8.1 Engagement with individual Service Providers has taken place to understand their perspective of the pressures on the services and how they are managing these challenges.

RACS

- 8.2 RACS report an increase in need for counselling services across all counselling services, not only CSE specific counselling. There are 4 FTE Counsellors, a clinical lead and a lead counsellor which equates to 107 weekly sessions and roughly 30 assessments per month across all service areas. ROTHACS have used students in their final year of training (with carefully matching) and use bank/agency counsellors to support service capacity. There is no prioritisation of those on the waiting list, although a triage approach has been considered. For more stable cases sessions are extended to fortnightly instead of weekly with the approval from the clinical lead.

Rotherham Rise

- 8.3 Rotherham Rise are reporting a 4/5 month waiting list for 1:1 practical and emotional support and have initially looked to address this by implementing a new structural framework of support. This framework that offers time-limited; outcome focussed support that reduces the length of time victims and survivors are on service and is designed to promote independence not dependency. It is anticipated that demand for support will increase as a result of the increasing profile of Rotherham Rise and the recent opening of the men's centre. Rotherham Rise is not currently reporting a waiting list for Counselling based on current referral numbers. However, they are not in a position to accept additional referrals to help address the numbers on the waiting list at RACS based on the current / future funding levels.

GROW

- 8.4 GROW has reduced staff hours by 30% from 1st July 2017 to match the reduced funding profile. New referrals received from July 2017 onwards have

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been offered a reduced service (support visits every 3 weeks compared to weekly). This reduction in the frequency of sessions offered has extended capacity but has come at a cost of threatening to impact on the quality of the service. A position report has been produced by GROW and is attached as appendix 4.

Wider Issues

8.5 A part of these discussions with service providers and service users a number of gaps and wider issues were raised that should be noted here:

- Lack of family support for families with young children who may experience attachment issues whilst dealing their past.
- Lack of appropriate parenting course for parents who have had children removed.
- Acknowledgement of the support to wider family member and the impact of trauma on these relationships.
- Precarious nature of funding climate for third sector organisations and impact on service continuity and stability.
- Length of time needed to build trusting relationships.
- For some people support will be required for a very long period of time – trauma can be a lifelong issue.
- The wider support services that they might have referred onto in the past, to help re-establish people within the community, are reducing or no longer available.

9.0 Commissioning Resources

9.1 The Post-CSE commissioned support services were jointly commissioned by RMBC and NHS Rotherham CCG in summer 2016. Funding for these services has been provided by the Children and Young People’s Service at RMBC. The 2015 Needs Analysis provided a model of the age range of historic victims likely to seek help and support and a significant proportion were expected to be aged less than 18 years. This information is provided in the table below. To date the commissioned services have been accessed predominantly by adults. For example 92% of referrals from July - September 2017 for both service areas were from adults.

2015 Need Analysis			
Modelled age range of historic victims			
	Under 18	18-24 yrs	25 yrs and over
2015/16	20%	45%	35%
2019/20:	47%	30%	23%

9.2 NHS Rotherham CCG has commissioned clinical supervision and consultation for local authority and voluntary sector staff who offer services to those affected

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by CSE. This service is delivered by RDaSH CAMHS from 1st December 2016 – 31st March 2018 for £50,000 per year with funding from the Local Transformation Plan. NHS Rotherham CCG has provided a draft story board that describes the response from health partners after the Jay report. This can be found at appendix 5.

- 9.3 The National Crime Agency (NCA) has made a commitment to the ongoing support for all victims and survivors of CSE in Rotherham over the Operation Stovewood period (1997 – 2013). The NCA currently funds the dedicated Independent Sexual Violence Advocates (ISVAs) who support victims through the investigations and court proceedings as part of Operation Stovewood.
- 9.4 The South Yorkshire Police and Crime Commissioner's Office commission victim support services as per the Victims Code of Practice. However at present there is no commissioned therapy or counselling services to support victims of crime cope with the impact of crime and recover from the harm experienced. As part of the wider research to identify what other support might be available it was identified that the West Yorkshire Police and Crime Commissioners office fund a dedicated service for historic CSE victims and survivors. Details can be found through this link: <https://basisyorkshire.org.uk/historic-cse/>
- 9.5 RMBC Adult Care and Housing provide services for vulnerable adults such Domestic Violence services and some of the victims / survivors have been able to access these. However, further work is needed to understand the interface with other service for example around domestic violence.
- 9.6 In January 2017 a bid was submitted to the Department for Education and the Home Office which included £600,000 over 4 years for commissioned services who were 'pivotal in the success of recent historic abuse court cases and their cost effective support for victims'. Discussions with Government are on-going to secure the funding with regard to the wrap around support required for victims and survivors involved in Stovewood. This includes a proposal for £600,000 over 4 years for advocacy, practical support and counselling.
- 9.7 It has more recently been confirmed that the health element of the Fusion funding bid is being released. NHS England has committed £250,000 for 2018/19 and a further £250,000 for 2019/20 to provide a trauma consultation and emotional well-being service to the Stovewood cohort. The primary aim of the service is to find way to support Stovewood cohort through the experience of being a witness. This will include:
- An experience, qualified multidisciplinary team of mental health professionals.
 - A well-being plan that will include interventions for children of survivors in relation to their role as parents.
 - Contribute to the development of trauma sensitive care and services.
 - Direct consultation with survivors and consultation through advocates to reduce the impact of multiple professionals being involved.

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9.8 The landscape of service provision in Rotherham is developing and clarity around the pathways between services commissioned by a variety of organisations is vital to ensure victims and survivors can access the right help at the right time.

10.0 Post-Trial Support

10.1 There is a growing body of anecdotal evidence that suggests there are gaps in the levels of support post – trial. This was reflected in the conversations with Service Users that have informed this review. The level of feeling expressed was often intense - being let down, angry and like being abused again. The quote below from a counsellor illustrates this point succinctly:

“my client initially felt ecstatic when her perpetrator was convicted. She felt it was confirmation that she was finally believed and that justice was done. However following that [...] came a slump as the effects of her abuse were still there. She had put such a lot into the outcome and falsely believed that a conviction would mean closure. Some clients can feel re traumatised and feel tricked by some of the complicated ways the perpetrators defence phrases questions. “

10.2 The remit of different services described above is worth considering in this context. Police and Crown Prosecution Service involvement would end after trial.

10.3 If found guilty, ISVAs will meet the client a week or two after the verdict to look at claiming compensation, finalise a support plan and exit strategy. If the individual has counselling in place they will keep contact for a month and then withdraw. Anecdotally it is reported that often people who have refused counselling in the past now choose to take up the offer post –verdict.

10.4 If found not guilty, ISVAs meet the client as soon as possible due to safeguarding issues (e.g. self-harm) and make appropriate referrals to crisis, GP sanctuary. They will also broach taking up counselling again and develop a support plan.

10.5 It is not clear how many people go through the court process without an ISVA. Anecdotally it has been reported that there is only one option to refer for an ISVA when making a report to the police and that not all police officers are fully aware of the ISVA role and remit.

10.6 RACS have developed “Moving On Groups” to support people who have been through the counselling service. The groups are largely self-organising and aim to develop confidence, friendship and practical support. The women’s Moving on Group has visited Northern College (which led to one individual taking up a course). The group also go on trips together and try different things to move people out of their comfort zone in a safe and supportive way.

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10.7 Rotherham Rise criteria for accessing the service and the services offered do not differentiate between victims / survivors who are pre, during or post-trial, the menu of support would be the same but tailored to individual need.

10.8 Service Users complete a post-trial agreement if they are part of a court process. This sets out an agreement to show that specific discussions cannot be had about the court case in case it impacts on it. Service Users are offered up to 8 sessions during this time, then an additional 8 post trial if required so that if there is anything they need support with after, they can openly discuss this post-trial. Example below:

Client A was referred to Rotherham Rise but had a trial pending. The date for the trial was in 8 months. She was working with the ISVA service but also accessed 1-1 Outreach support. When this ended, she had 1-1 counselling. She was told, she could also access support once the trial is over if she needed to. So she would re-refer back to the service.

10.9 GROW has offered 14 victims/witnesses support through the final stages of the Clover 1 trial and post trial. 3 months post trial 6 victims/witnesses from Clover 1 continued with support from GROW, 1 of these victims was also part of Clover 2 and Thunder. 3 of these victims/survivors are also currently receiving support from GROW through Stovewood. Below is an outline of the support provided and the impact it has had.

3 of the victims/survivors originally came to GROW through the partnership team around Operation Clover in November 2015 whilst viewing their video interviews prior to Court. 1 of the Women who was a witness for her daughter was referred around the same time through the Clover partnership care meeting, also as a result of the care meetings 2 victims were identified who required support, but were not ready at that time to continue with trial proceedings. GROW offered emotional support throughout this process and supported numerous women to court for verdict and sentencing. This was a very difficult time throughout for all victims/witnesses and had raked up years of suppressed emotions and memories which was then having a significant impact on their current mental health, stability and relationships.

The pain that these Women have felt from being sexually abused is deep and profound, it is overwhelming and experienced physically and emotionally, having received conflicting perceptions on their abuse when they were younger by perpetrators, family and authority, has also impacted deeply causing the feelings of guilt and shame harder to process and deal with, finding trust and communicating this is was extremely difficult for these women and has taken time. Their sense of self has been damaged and their ability to separate themselves from abuse has been influential to their healing, intensive support around these issues and re processing of their abuse has been provided and for some is still ongoing. GROW have worked with them at

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their own pace and addressed the complexity and damage of their abuse that's enabled recognition around all aspects of this, including mental health issues, drug and alcohol misuse, child protection concerns, unhealthy/abusive relationships. Through this approach GROW were able to support these women to access and engage with relevant services i.e. mental health/therapy, drug and alcohol services, social care, solicitors, police and housing. Time spent with these women to establish rapport and trust in a safe and therapeutic environment has had positive impact and significant benefits for these Women and their families.

The long term work that has been provided with a professional and structured approach whilst retaining a friendly and approachable method of working has enabled these women to feel empowered and to transition themselves from a CSE victim to a survivor. It has enabled an awareness of the survivors own strength to recognise and create feelings of empowerment as individuals, providing new foundations to build upon for a positive future.

GROW have also provided a Mum and baby group that has been accessed by a few of these women with their young children. GROW do not receive funding for this, but it has proven to be extremely beneficial for service users and their families. GROW have been able to offer support through a more therapeutic parenting approach, with focus around attachment and parent infant relationship. GROW have used therapeutic activities using play, art/crafts and storytelling to increase development and provide positive experience and attachment between parent and child/children. We have provided separate work on a 1-1 that explores past trauma and childhood experience that's enabled recognition of emotions and painful feelings impacting on their parenting, this has allowed the parent to connect with the child's feelings and recognize and respond to their needs and emotions. This has been exceptionally beneficial to both parent and child when CIN plans, CP plans and legal proceedings have been in place and resulted in Social Care closing. Also service users who have experienced past sexual abuse/CSE have expressed their sense of shame and blame in regards to their abuse and have found it a long process of changing their perceptions which have been influenced by their abusers, the impact of their own attachment difficulties and also the perception they feel from society itself. Due to this and anxiety issues, many find it difficult to access universal services and especially children's centres as they feel judged and that they do or have not fitted in to "normal society". This is why having the support and opportunity to access our groups and service builds on their confidence and creates experience for them and their children to integrate into their community and reduce isolation to improve development for their children and their selves.

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11.0 Wider Support Services

- 11.1 In addition to the RMBC commissioned services, there are arrange of support services provided by the local voluntary, faith and community sector as well as national organisations.
- 11.2 Swinton Lock and Apna Haq were previously funded by RMBC and now have accessed funding from other sources such as the Big Lottery. Victims / survivors also have access to Independent Sexual Violence Advocacy (ISVA) which is funded by the National Crime Agency (NCA) as part of Operation Stovewood. ISVA's advocate on behalf of someone who has been a victim of sexual violence and help them to access support and services from a range of statutory and non-statutory services such as: health services, housing support, benefits advice and counselling. Services, such as these, that are not commissioned by RMBC will have terms and conditions and be subject to quality assurance requirements as set by their own funding/commissioning organisation.
- 11.2 National organisations that can offer additional support are Samaritans, Victim Support and the Havens.
- 11.3 From June 2015 to March 2016 funding from the Home Office was provided to a local consortium of 9 voluntary sector organisations called The Base to delivery range of support and advice to CSE survivors and victim. Further work is needed to understand whether any of these services have been sustained longer term.

12.0 Service Providers Proposals

- 12.1 Service Providers have examined current costs and proposed alternative funding levels to increase their capacity and to reduce waiting times. These proposals are included below:

RACS

- 12.2 RACS have considered the resources required to address waiting lists over a year and have proposed the following level of additional resource.

RACS additional funding proposal	Cost	Equivalent Number of Full Time Therapists
105 clients attending 11 sessions	£116,655	4
105 clients completing therapy (20 sessions)	£212,100	7

Note: the average number of sessions for one client is 11 but to complete therapy is 20 sessions.

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GROW

- 12.3 GROW have proposed additional funding to employ a senior full time project worker and 2 full time project workers. Delivery hours would increase from 45.5 hours per week support to 111 hours per week by. This increase reflects a full cost recovery model that wasn't factored in during competitive tendering. It does not include funding for workforce or service development.

GROW additional funding proposal	
Nov 2017 – Mar 2018 (5 months)	£31,308.64
April 2018 – Mar 2019	£53,528.06

Rotherham Rise

- 12.4 Rotherham Rise have proposed an increase of £31,500 to employ an additional FTE support worker or £49,000 to employ a full time and a part time support worker. This figure is for salaries and on-costs only. With this additional resource Rotherham Rise would have capacity to offer immediate support to the victims / survivors on their waiting list and to better manage referrals and waiting time going forward.

13.0 Projections

- 13.1 The original 2015 Needs analysis covered the period 01 April 2015 to 31 March 2020. Given the pattern of help seeking so far, it would be beneficial to re-visit and revise the assumptions of the needs analysis and extend the timeframe to help inform future commissioning intentions.
- 13.2 However we can say with some certainty that as investigations progress and engagement activity with victims and survivors increases, it is likely that demand for and pressures on commissioned and non-commissioned services will also increase.

14.0 Key Findings

- 14.1 The key findings from this Service Review are:

- Referrals for emotional and practical support are broadly in line the original anticipated need. However there have been significantly more referrals for therapeutic intervention than the original estimate in the first 15 months of the contract.
- There is little flexibility to adjust funding between contracts to meet demand pressures. Any future service design will need to be able to adapt more flexibility to changing need.

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- Service Users have expressed extremely positive views on the support they had received. The positive impact of the services is also demonstrated through case studies and outcome monitoring data.
- There was a decrease in the number of live cases from April 2017 onwards as providers scale back capacity in line with the funding profile. Further work needs to be done to understand the significant difference in volume between providers.
- Waiting lists have developed in both service areas but not for all providers. For practical and emotional support there are more people waiting for a service from Rotherham Rise than from GROW. For therapeutic intervention there are significantly more people waiting for a service from RACS than from Rotherham Rise.
- The length of time that victims and survivors are waiting for support or therapeutic intervention varies considerably between providers. Long waiting times mean that people are not getting the 'right care' at the 'right time' and may lead to negative consequences.
- The length of time that victims and survivors are waiting for support or therapeutic intervention is likely to increase as funding is profiled to reduce in 2018/19 and providers reduce their service offer accordingly.
- As investigations progress and engagement activity with victims and survivors increases, it is very likely that demand for and pressures on commissioned and non-commissioned services will increase.
- Given that the timescales for police investigations and prosecution can last up to 2 years the expectation of 12 months support (as set out in the service specification) might not be appropriate. On the other hand it is recognised that trauma can be a lifelong issue. Future service design will need to consider an appropriate timescale for interventions.
- Post-trial support has been highlighted as crucial and is within the scope of the current service specification, however, there is limited capacity to provide post-trial support at present because of the pressures from increased referrals and waiting lists.
- To date the commissioned services have been accessed predominantly by adults. The funding for post-CSE commissioned services has been provided by RMBC Children and Young People's Service although other statutory

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organisations have aligned roles and remits to offer support to victims and survivors.

- The landscape of service provision in Rotherham is developing and clarity around the pathways between services commissioned by a variety of organisations is vital to ensure victims and survivors can access the right help at the right time.
- The 2015 Need Analysis (although based on the best information available at the time) underestimated the need and the pattern of support required. Given the pattern of help seeking so far, it would be beneficial to re-visit and revise the assumptions of the needs analysis.

15.0 Appendices

Appendix 1: December 2015 Joint Intelligence Group CSE Needs Analysis



Appendix 1
December 2015 Joint

Appendix 2: Service Review of Post CSE Commissioned Services- Service User Engagement



Appendix 2 Service
Review Service User i

Appendix 3: Outcomes and Impact



Appendix 3
Outcomes and Impact

Appendix 4: GROW Position Report September 2017



Appendix 4 GROW
Position Report Septe

Appendix 5: Draft Rotherham CCG Storyboard



Appendix 5 Draft
Rotherham CCG STO