

Committee Name and Date of Committee Meeting

Cabinet – 15 June 2020

Report Title

Support Services for Adult Survivors of Child Sexual Exploitation: Commissioning and Procurement Approach

Is this a Key Decision and has it been included on the Forward Plan?

Yes

Strategic Director Approving Submission of the Report

Sally Hodges, Interim Strategic Director of Children and Young People's Services

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Ward(s) Affected

Borough-Wide

Report Summary

The current contracts to support adults who are survivors of child sexual exploitation will come to an end in December 2020. It is proposed that services are re-commissioned for at least three more years (until April 2023) to provide ongoing support to Rotherham residents who are vulnerable due to their historic experiences. To support the re-commissioning process a detailed needs analysis, including public consultation, has been prepared.

This report provides background information on current commissioning arrangements and presents the key findings from the needs analysis. Further to the needs analysis it provides details of proposed procurement arrangements including the key features of the service specification.

Recommendations

1. That the key findings from the needs analysis for support services for adult survivors of child sexual exploitation be noted.

2. That approval be given for services to be re-commissioned until 31 March 2023, with an option to extend until 31 March 2025, and that a formal tender is advertised.
3. That approval be given to the key features of the service specification, as set out in paragraphs 2.14 and 2.15 of this report and Option 3, to realign the funding split to increase the proportion of evidence-based interventions that are delivered as part of the overall service offer.

List of Appendices Included

- Appendix 1 Equality Analysis: Support Services for Adult Survivors of Child Sexual Exploitation
- Appendix 2 Needs Analysis: Support Services for Adult Survivors of Child Sexual Exploitation

Background Papers

No

Consideration by any other Council Committee, Scrutiny or Advisory Panel

Improving Lives Select Commission – 03 March 2020

Council Approval Required

No

Exempt from the Press and Public

No

Support Services for Adult Survivors of Child Sexual Exploitation: Commissioning and Procurement Approach

1. Background

- 1.1 In summer 2016 the Council commissioned support services for young people and adults who have experienced child sexual exploitation (CSE).
- 1.2 The purpose of commissioning these services was to support victims, survivors and their families to achieve the following outcomes:
 - 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.
- 1.3 Following an open tender procedure in line with Public Contract Regulations 2015, contracts were awarded to three local voluntary sector organisations. The contract arrangements commenced from 1 July 2016 to 31 March 2019 with an option to extend for a further two years. The contract was extended for 1 year initially and then for a further 9 months until 31 December 2020. The successful providers are Rotherham Rise, GROW and Rotherham Abuse Counselling Service (Rothacs).
- 1.4 Service provision is split into three main categories, these are practical and emotional support and advocacy for young people up to the age of 25 and practical and emotional support and advocacy for adults; these two services are provided by Rotherham Rise and GROW. Evidence-based therapeutic interventions are provided by Rotherham Rise and Rothacs. Between July 2016 and September 2019 the services jointly supported 1,430 victims/survivors.
- 1.5 The outcomes from existing service provision have been broadly positive. A survey of current service users in July 2019 revealed that 64% felt that their health had improved a lot or a little, 70% felt that their ability to cope had improved a lot or a little, and 67% felt that their ability to make decisions and take control of their lives had improved a lot or a little. However, only 55% felt that their self esteem and confidence had improved whilst 30% said that it was the same, and 54% said that they felt more safe with 29% saying that this had stayed the same.
- 1.6 In addition to the RMBC commissioned services, there are a range of support services provided by the local voluntary, faith and community sector as well as national organisations. Swinton Lock and Apna Haq were previously funded by the Council 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.

ISVAs 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.

- 1.7 The local landscape to respond to historic child sexual exploitation in the borough has also been significantly shaped by the establishment of the Trauma and Resilience Service in July 2018.
- 1.8 The NHS Stovewood Trauma and Resilience Service (TRS) provides support to the survivors of child sexual exploitation (CSE) under the remit of the NCA's Operation Stovewood. The TRS is a complementary service whose role has been to provide trauma informed education, supervision, consultation and pathway integration throughout Rotherham's landscape of CSE support provision.
- 1.9 The TRS has been successful in developing education, awareness and cohesion across the system, for example the delivery of training to General Practice and other health and social care providers, including voluntary and community sector providers. TRS now has an established role as a neutral hub available for consultation and support. The providers of support commissioned by the Council are fully aligned with the TRS and benefit from the level of cohesion and coordination it provides.
- 1.10 The service is commissioned by Rotherham Clinical Commissioning Group and provided by RDaSH. The Department and Health and Justice have agreed to fund the service for a further three years from April 2020.
- 1.11 In summary, the context for the current commissioning process is significantly different from that in 2016. The progress made through the Operation Stovewood investigation, led by the National Crime Agency, together with the Trauma and Resilience Service, has led to a better understanding of how to meet the need of victims and survivors. The Council-commissioned services will sit alongside other services, including statutory and non-statutory provision, to meet the needs of victims and survivors in the most appropriate way at the most appropriate time. This will include the offer of ISVAs, mental health practitioners and GPs as well as the voluntary and community sector. There is now a shared understanding of the impact of trauma and how to respond. The Trauma and Resilience Hub supports consistency of practice across different services, underpinned by a clinical evidence base. The goal is to create a seamless experience of support for victims and survivors, regardless of entry and exit points into services.
- 1.12 The arrangements in Rotherham and the recommendations in this report align with the findings of the All Party Parliamentary Group report on Adult Survivors of Childhood Sexual Abuse, published in May 2017, which states that:

Across the health and social care sector, there is an increasing understanding of the impact of early life trauma. Adverse Childhood Experiences (ACEs), as this approach is known, recognises that when children are exposed to adverse and stressful experiences, it can impact on their ability to think, interact with others and on their learning. There is not yet a nationwide strategy for the ACEs' approach, but its growth is of particular significance to adult survivors.

Survivors told the inquiry they want to be met with a trauma-informed response by professionals they encounter. Trauma-informed is a model of care that recognises the trauma caused by abuse and its impact across all aspects of a person's life. This method supports a person to recover from the trauma.

2. Key Issues

- 2.1 The current service provision was designed using a needs analysis undertaken by the CSE Joint Intelligence Working Group in December 2015. 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. Contracts were awarded to three separate providers to support service user choice, provide a combination of evidence-based interventions and practical and emotional support, and to provide flexibility in managing capacity and demand.
- 2.2 To inform a re-commissioning process, a needs analysis has been prepared. The needs analysis draws together a range of qualitative and quantitative information from the following sources:
- Contract monitoring information for the lifetime of the contracts
 - A service review undertaken in 2017 in response to concerns about waiting lists
 - An independently commissioned pre-consultation report, provided by ACEPPE
 - Direct work with service users who are working with GROW, Rotherham RISE and Rothacs
 - A benchmarking exercise with other local authorities who have similar service provision, led by a sub-group of the Improving Lives Select Commission
 - A web-based public survey
- 2.3 The needs analysis, which draws from contract monitoring information and a service review, undertaken in 2017, identified that whilst initial demand was higher than expected, it has reduced over time. The funding profile has reduced in line with this reduction in demand. There is also clear evidence that there is higher demand for evidence-based interventions than for practical and emotional support. The ability to flexibly manage capacity and demand has been enhanced by the hub role that is now played by the Trauma and Resilience Service, and it is recommended that this arrangement is specified for all future contracts.

- 2.4 The advantage of having more than one provider, whose work is linked to the 'neutral hub' provided by the Trauma and Resilience Service is that there is an opportunity to manage demand and capacity, and match service user need with the right service. The new service specification will make the requirement to work in this way explicit.
- 2.5 In September 2018, the Council commissioned an external organisation with professional experience in co-production with 'experts by experience' to undertake a consultation for future services for adult survivors of CSE. A Centre of Excellence in Patient and Public Engagement (ACEPPE) undertook a pre-consultation report which represented phase one of this work. Much of the pre-consultation work was focused on engaging with victims and survivors through the delivery of group work that explored the circumstances that led to abuse, and how victims experienced services at the time. This experience was extremely negative as has been well documented in the Jay Report and the Casey report.
- 2.6 The ACEPPE pre-consultation report made a clear recommendation that co-production should be embedded within service design and delivery and this finding will be reflected within the revised service specification.
- 2.7 Service user feedback was also captured through a survey. The responses indicate that this kind of provision is only able to achieve long-term and marginal gains. The length of service is longer than expected with some service users remaining engaged for more than two years. It is proposed that the new service specification structures service delivery into a core offer, no longer than 12 months followed by a step-down service. This will ensure that service users do not develop dependence on services and are supported to access less specialist support to meet their needs on an ongoing basis. The step-down service will be structured to embed and build on the sense of improvement achieved following the more intensive support phase. This structure of service delivery aligns with findings from the benchmarking exercise. It is proposed that, in Rotherham, should a service user need to step back up into a more intensive service there is a (re-)referral pathway to support this.
- 2.8 Across a range of issues, the majority of service users felt that things had improved for them either a little or a lot, however, a significant minority felt that things had stayed the same, and some (approximately three people) felt that things had got worse. Based on these findings it will be important to ensure that contract monitoring data is considered with other similar services linked to the Trauma and Resilience Service to allow benchmarking and ensure sharing of good practice is built into contract management and quality assurance processes.

- 2.9 The needs analysis is enhanced by some benchmarking with other authorities, a piece of work that was led by a sub-group of Elected Members, led by the Chair of Improving Lives Select Commission. The Local Authorities interviewed; Telford and Wrekin, Oxfordshire and Rochdale were selected for the parallels with Rotherham. All were asked the same series of questions and responses were recorded. This provides a snapshot of other Local Authority's responses to the CSE issues in their area to be captured. The council members involved have expressed an intention to carry out further work to examine practice in other authorities to ensure that the benchmarking information is robust. It is intended that this will inform ongoing scrutiny of delivery arrangements once the new contracts are operational.
- 2.10 The benchmarking exercise found that funding levels appear to be lower in the benchmarked authorities and demand for services is also lower than in Rotherham. Notably Rotherham is the only Local Authority where an independent inquiry has taken place although this is something that was being considered in other areas. Two of the authorities commissioned services from the voluntary sector, and one authority operated an in-house service.
- 2.11 There was limited evidence of joint commissioning with health services in other areas although there was an awareness of Rotherham's Trauma and Resilience Service and interest in developing a similar approach.
- 2.12 In other areas there was evidence that the service offer was time-limited with a focus on a step-down or moving-on service and this learning has been reflected in the refreshed service specification.
- 2.13 The public consultation ran for one month and attracted a low number of responses (four). However the feedback was constructive and has been reflected in the needs analysis and will inform the refreshed service specification with a focus on promoting the service. The public survey and service user feedback both indicate that awareness of what services are in place and how to access them was limited and there is a need for better marketing and communication within any service specification developed in future.
- 2.14 Based on the needs analysis, the service specification will continue to focus on a mixture of practical and emotional support and advocacy and evidenced based therapeutic interventions. In addition to this, the key features of the refreshed service specification will set out the following requirements:
- Co-production is embedded within service design and delivery
 - All referrals are moderated and assessed by the 'neutral hub' provided by Trauma and Resilience Service
 - Providers demonstrate their ability to meet the requirements of the Trauma and Resilience Service as set out in paragraph 2.15
 - Providers agree to work together to manage demand and capacity with the support of the hub
 - Service design is for a time-limited offer with clear step-down arrangements
 - Service outcomes and performance monitoring is benchmarked within the Trauma and Resilience Reference Group to support quality assurance and service improvement

- Providers work alongside the Trauma and Resilience Reference Group to design and deliver effective marketing of the offer
- The Service will evidence working in a boundaried way, protecting evidence and working with vulnerable witnesses through the criminal justice system such as those supported through the National Crime Agency's Operation Stovewood.

2.15 The Trauma and Resilience Service request that providers who work as part of the hub are:

- able to evidence awareness and an understanding of how CSE impacts upon the individual, their family and their community through a recognised training such as or equivalent to: one day whole organisation training package 'Trauma Matters', which includes life cycle development and the impact of complex sexual trauma, the relevance of Adverse Childhood Experiences to CSE, Complex Post Traumatic Stress Disorder with reflective discussion groups etc.
- able to evidence training and practice in relation to a sexual trauma specific trauma stabilisation intervention package such as the RDASH model. Evidence of a governance structure that supports this intervention such as regular supervision from a specialist in the field, regular practice reviews.

3. **Options considered and recommended proposal**

3.1 Cabinet are asked to note the key findings from the needs analysis for support services for adult survivors of child sexual exploitation. Based on the needs analysis the current options have been considered:

3.2 **Option 1:** A re-commissioning process does not take place and services cease when the current contract ends in December 2020. This is not the recommended option.

3.3 The Jay Report identified that high numbers of Rotherham residents were affected by child sexual exploitation between 1997 and 2013. The National Crime Agency continues to investigate historical child sexual exploitation as part of Operation Stovewood and the Trauma and Resilience Service will be in place for at least 3 more years. It is important that there are services to support all victims / survivors of child sexual exploitation regardless of whether they are part of active investigations. It is important that any services commissioned by the Council align with the services provided by its partners.

3.4 **Option 2:** A re-commissioning process takes place via open tender to award a contract until April 2023, with an option to extend until April 2025, and that the service specification is modified to reflect the key findings of the needs analysis and the requirement to align with the Trauma and Resilience Service. Option 2 would retain the current funding split between practical and emotional support and advocacy and evidence-based interventions. This is not the recommended option.

- 3.5 Over the last five years it has become clear that there is greater demand for evidence-based interventions that for generic practical and emotional support and advocacy; there is a need align the funding split to reflect this.
- 3.6 **Option 3:** A re-commissioning process takes place via open tender to award a contract until April 2023, with an option to extend until April 2025, and that the service specification is modified to reflect the key findings of the needs analysis and the requirement to align with the Trauma and Resilience Service. Option 3 would align the funding split with the demand for practical and emotional support and advocacy and evidence-based interventions by weighting funding towards evidence-based interventions. This is the recommended option.
- 3.7 Over the last five years it has become clear that there is greater demand for evidence-based interventions that for generic practical and emotional support and advocacy; there is a need to align the funding split to reflect this. There is still a requirement for both elements of the service, and a service model that allows the contract value to be shared across more than one provider, with coordination provided by the Trauma and Resilience Service, protecting service user choice and ensuring that there is an appropriate mix of service providers to meet demand.

4. Consultation on proposal

- 4.1 The needs analysis has been prepared following a range of consultation exercises with different audiences. The table below summarises the consultation activity and the timescales in which it was completed:

ACEPPE led direct work with 36 survivors	Jan – March 2019
Direct work with 33 existing service users	March – June 2019
Benchmarking exercise with other local authorities, led by a sub-group of the Improving Lives Select Commission	July – August 2019
Public web-based survey (4 respondents)	March – April 2020

5. Timetable and Accountability for Implementing this Decision

- 5.1 It is proposed that the tender is published July 2020 with the tender evaluation concluded by September 2020.
- 5.2 It is proposed that the decision to enter into contract with the successful provider(s) is delegated to the Strategic Director for Children and Young Peoples Services, allowing contracts to be awarded in October 2020 and service delivery to commence on 1st January 2021 following a mobilisation period should this be required.

6. Financial and Procurement Advice and Implications

6.1 The services described in the tender are classified as Social and Other Specific Services (“SOSS”) as defined in the Public Contracts Regulations 2015 (“the Regulations”) and will be conducted inline with these Regulations and the Council’s own Financial and Procurement Procedure Rules.

6.2 The four contracts that are due for tender have an aggregate contract price of £156,104 per annum, with the current individual contracts listed below:

The current CYPS budget has funding earmarked to fund the cost of these contracts. Funding levels will be kept under review to ensure that it is commensurate with levels of demand.

7. Legal Advice and Implications

7.1 The proposals in this report do not in themselves contain significant legal issues. It is assumed commissioners will work with Procurement and Legal officers in this procurement exercise.

8. Human Resources Advice and Implications

8.1 There are no HR implications.

9. Implications for Children and Young People and Vulnerable Adults

9.1 The provision of these services is designed to meet the needs of vulnerable young people and adults. The service outcome requirements are that service users will be supported to start to recover from their trauma of CSE, build resilience and develop coping strategies, and improve their self-esteem and confidence in relation to their specific problems and needs.

10. Equalities and Human Rights Advice and Implications

10.1 The service will offer access to all communities and groups including those with protected characteristics. The specification has been developed after thorough consultation and with consideration of the profile of all socio-economic groups and communities. There is evidence of access to services from a range of cultures and ethnicities from data collected.

11. Implications for Ward Priorities

11.1 The service offers borough-wide provision with no specific implications for individual wards.

12. Implications for Partners

- 12.1 During the completion of the needs analysis, it was confirmed that the funding source for the Trauma and Resilience Service was secure for an additional three years until March 2023. The Trauma and Resilience Service provide support to victims / survivors of CSE who are involved with Operation Stovewood. The model of support and the allocation of referrals to wider CSE services is already managed via the Trauma and Resilience Service (as represented in the needs analysis). On this basis, it is recommended that the new service specification, and the contract timescales are fully aligned with the provision of services through the Trauma and Resilience pathway.
- 12.2 The contract evaluation team will have multi-agency representation and the tender evaluation report will be considered by the Trauma and Resilience Expert Reference Group which has representation from health, police and voluntary sector partners.

13. Risks and Mitigation

- 13.1. The timescales for the re-commissioning of the CSE Support services are challenging and this is amplified by the impact of the COVID 19 restrictions. The procurement process is already e-enabled between the Council and prospective tenderers and virtual meetings will be established to undertake moderation through the evaluation process.

14. Accountable Officers

Jo Smith, Head of Service Commissioning, CYPS

Jenny Lingrell, Joint Assistant Director, Commissioning, Performance & Inclusion, CYPS

Approvals obtained on behalf of Statutory Officers:-

	Named Officer	Date
Chief Executive	Sharon Kemp	01/06/20
Strategic Director of Finance & Customer Services (S.151 Officer)	Judith Badger	27/05/20
Head of Legal Services (Monitoring Officer)	Bal Nahal	27/05/20

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