

Needs Analysis

Support Services for Adult Survivors of Child Sexual Exploitation

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1 Introduction

The purpose of this report is to feedback the findings from the consultation undertaken regarding the needs of those affected by historical child sexual exploitation (CSE).

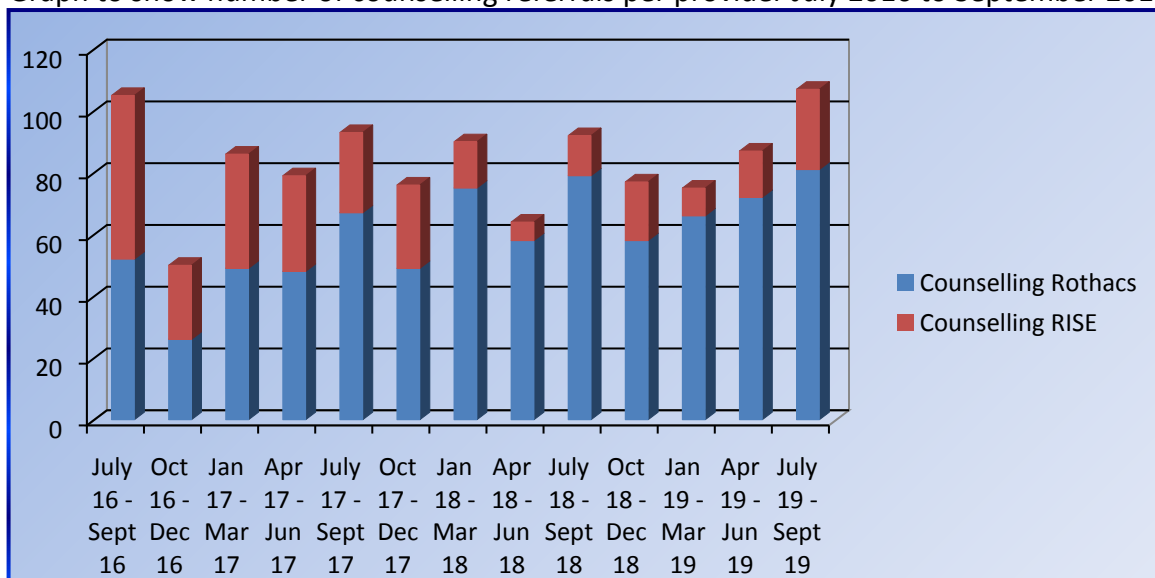
2 Background

Following the publication of the Jay Report (2014) and the Casey Report (2015) significant changes were made across a number of partners. RMBC commissioned a range of support and counselling services. In 2016 RMBC entered into contracts with three local voluntary sector organisations for support services for adults who have experienced child sexual exploitation (CSE). The contracts ran from 1 July 2016 to 31 March 2019 with an option to extend for a further two years – it was extended for 1 year. The funding was profiled to reduce year on year in line with a pattern of help seeking stated in the 2015 Needs Analysis. Funding for the 2019/20 contract extension was maintained at the same level as the 2018/19 contract values.

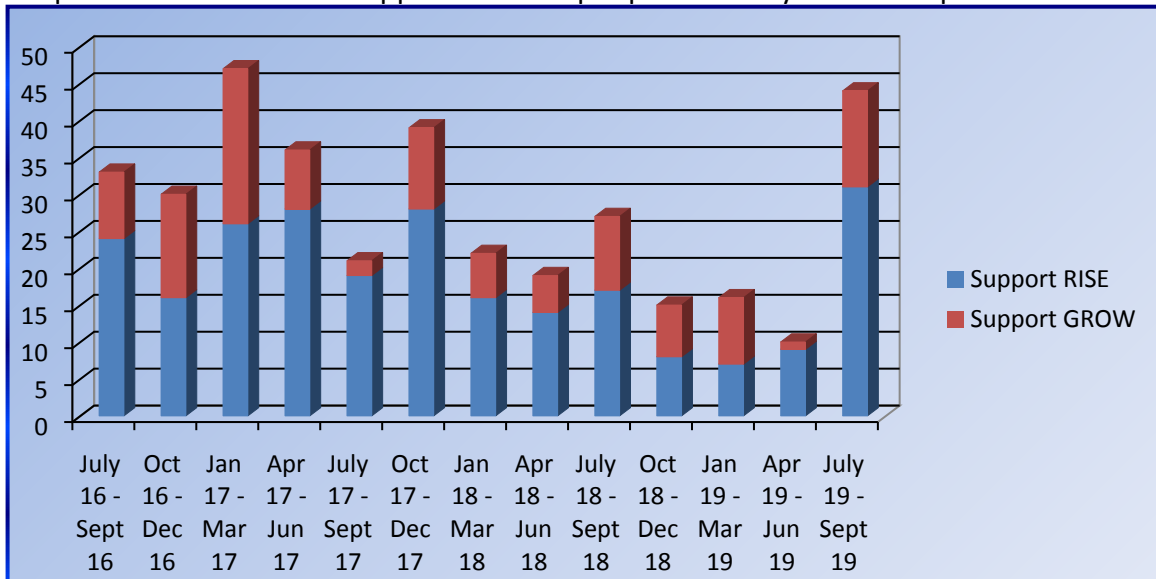
The table below shows the service area, the commissioned providers and funding levels from July 2016 to March 2020.

Post CSE Support Service Area	Provider	July 2016-March 2017	2017/18	2018/19	2019/20
Practical, emotional support and advocacy for young people (up to the age of 25)	Rotherham Rise	£28,237	£21,300	£19,050	£19,050
	GROW	£28,237	£21,300	£19,050	£19,050
Practical, emotional support and advocacy for adults	Rotherham Rise	£28,237	£19,200	£13,950	£13,950
	GROW	£28,237	£19,200	£13,950	£13,950
Evidence based therapeutic interventions	Rotherham Rise	£49,500	£45,000	£33,000	£33,000
	Rothacs	£49,500	£45,000	£33,000	£33,000
Totals		£211,948	£171,000	£132,000	£132,000

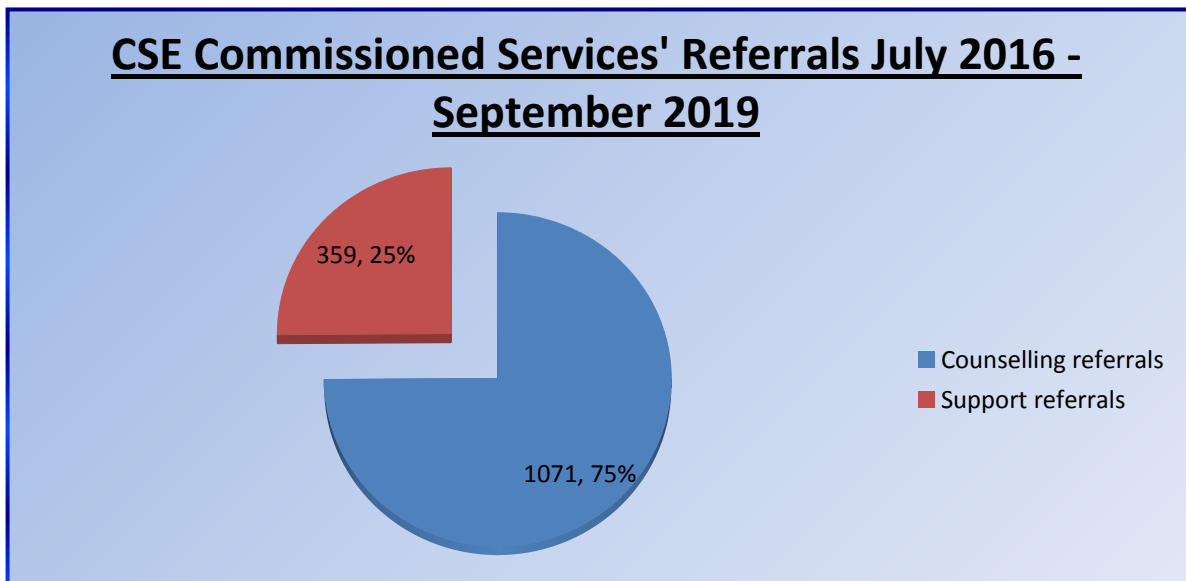
Graph to show number of counselling referrals per provider July 2016 to September 2019



Graph to show number of support referrals per provider July 2016 to September 2019



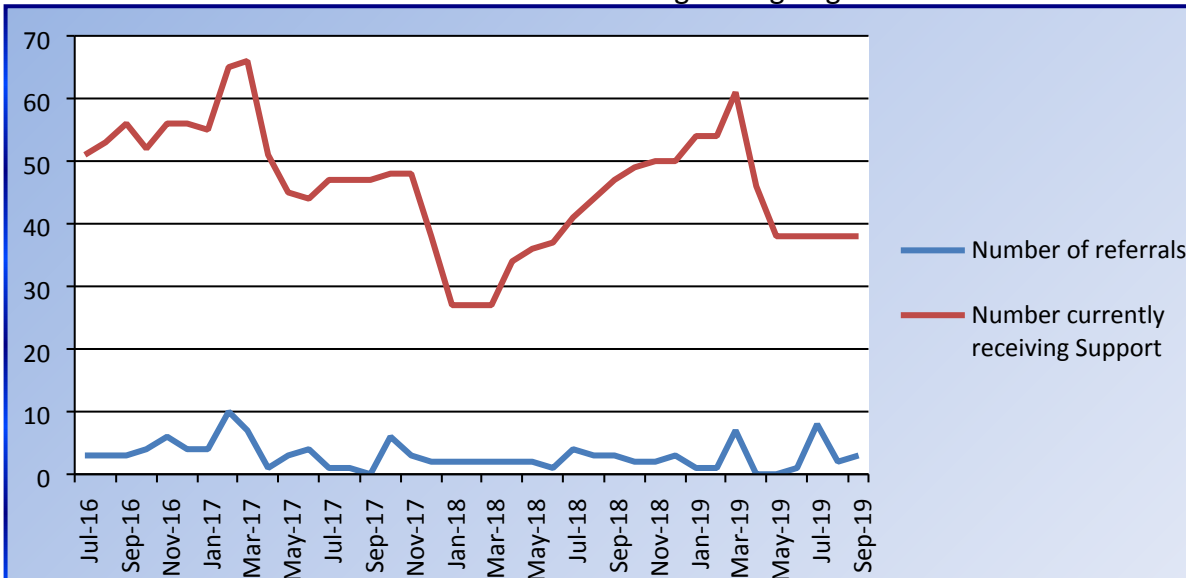
The graphs and pie chart above reflect that referrals for emotional and practical support are broadly in line with the anticipated need set out in the 2015 Needs Analysis, however the demand for therapeutic interventions / counselling have been significantly more than was estimated. A total of 1071 referrals for counselling have been made since July 2016 which equates to 75% of the total demand for support from the three commissioned voluntary sector providers.



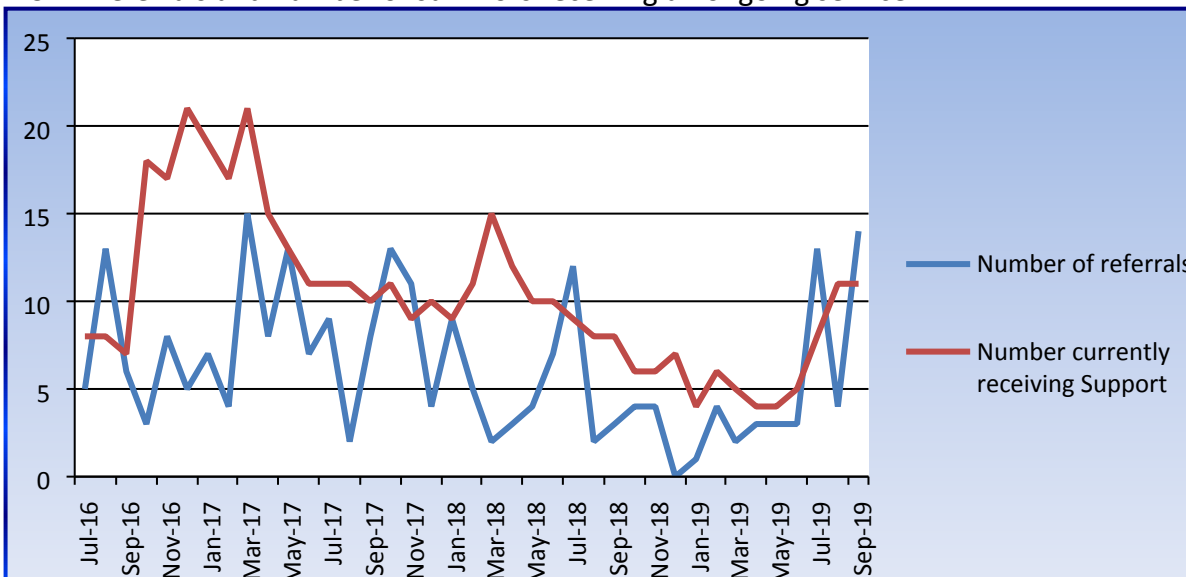
3 Referrals

Referrals for post abuse support are received from individual victims and survivors, the National Crime Agency, GPs, ISVAs, Social Care, Community Mental Health and other statutory and voluntary organisations. The graphs below illustrate the number of referrals received and the number of survivors receiving an ongoing service between July 2016 and September 2019.

GROW – Referrals and number of survivors receiving an ongoing service



RISE – Referrals and number of survivors receiving an ongoing service



Analysis of referral sources for victims and survivors accessing Rotherham Rise support services between April and June 2019 demonstrates that 23.81% were self-referrals, 29% were referred from Domestic Abuse support services, 14.29% were referred by the ISVA service and the remainder were evenly distributed between multi-agency partners such as Adult Mental Health Services and Early

Help. More recent analysis of referrals between July and September 2019 shows that 25.71% were referred via the Trauma and Resilience Pathway.

4 Waiting List

Learning from the commissioned contracts suggests that a structured pathway where survivors' individual needs are assessed and appropriate resources are allocated will result in survivors receiving an appropriate service in a timelier manner. It is also worth noting that without an assessment prior to referring to a service it is difficult to determine if cases meet the eligibility for a service.

Initially a waiting list developed for survivors who required emotional and practical support, demand peaked in late 2017 / early 2018 however currently only a small waiting list exists. The length of service for survivors accessing support with GROW is much greater than the time limited offer of RISE and therefore GROW tend to maintain a high number of service users on service with little scope to accept new referrals. Rotherham RISE demonstrate a greater through put of service delivery.

The demand for counselling, specifically at Rothacs appeared to exceed capacity which gave rise to concern regarding the ability of the service to offer a timely intervention. However, a subsequent demand and capacity exercise carried out by the Trauma and Resilience Service in conjunction with Rothacs has scrutinised their waiting list and has determined that there currently is no waiting list for CSE counselling.

5 Methodology

This analysis explores the offer of support to CSE survivors in the context of the wider support offer delivered by Health, Voluntary and Community Sector (VCS), Police, National Crime Agency (NCA) and RMBC.

The objectives of this analysis are that it will enable:

- A broad range of stakeholder opinions to be heard and understood
- Examination of the impact of existing services.
- Identification of opportunities to improve pathways through support.
- Identification of opportunities to work together, jointly resourcing support services.
- Projection of future need
- Understanding of the dynamic needs of those affected by historical CSE.

Realisation of these objectives has been enabled through a series of surveys, interviews and consultations undertaken on a 1:1 basis by services delivering support to those affected by historical CSE.

This analysis is not limited to the voice of services commissioned by RMBC but includes services commissioned by Health, Police, National Crime Agency (NCA) and VCS delivery agents who have accessed alternative funding.

A pre-consultation report was undertaken by ACEPPE, *'a listening and enabling project, commissioned by Rotherham Borough Council (RMBC). They are a body of professionals and 'experts by experience' skilled in*

listening to the views of people who are the experts of their own experience to help the council develop its future services' on behalf of RMBC. The objectives of the consultation were to:

- Build trust and confidence with victims, survivors and family members affected by CSE so that they can share their views about what's importance to them as the starting point for designing outcome-based services.
- Be proactive in seeking the views of minority and vulnerable groups in Rotherham and consider the accessibility of support.
- Identify protective factors that might lesson demand for services and minimise escalation of need as well as risk factors.
- Draw together evidence on best practice on what works in helping victims and survivors begin to recover, build resilience and improve mental health and well-being.
- Consider available data on prevalence to identify trends that can help quantify the likely demand for support over the next 5 years.
- Work with Children's Commissioning Team and other commissioning organisations.

The independent consultation attempted to engage with RMBC's commissioned providers as well as Swinton Lock and Apna Haq who also continue to work with survivors. Apna Haq and Swinton Lock had significant engagement whilst engagement with the commissioned providers was limited and therefore , to ensure that a wide range of voices were captured, existing commissioned providers were asked to complete questionnaires and focus groups with service users.

This pre-consultation report provided by ACEPPE has corroborated some of the understanding taken from the feedback from RMBC Commissioned services. However much of the pre- consultation report is concerned with the period prior to any services being in place and does not account for the impact of any work undertaken between 2015-2019 which places limitations on its value to the overall analysis.

The Year 1 Evaluation of the NHS Rotherham CCG commissioned Stovewood Trauma and Resilience Service (TRS) in Rotherham (Sheffield Hallam University, 2019) describes the support offered to the survivors of CSE under the remit of the NCA's Operation Stovewood. This service is concerned particularly but not exclusively with those contemplating or participating in the emotionally demanding investigative and court process. The evaluation has a focus on providing evidence to illustrate the ways in which the TRS has worked across multiple sectors in Rotherham to improve the offer of service provision to benefit those affected by CSE. The service also supports upskilling professionals in trauma informed practice. The research underpinning this year 1 evaluation has foundations in the experiences and understandings of professionals in statutory and voluntary services, those who are tasked with supporting those affected by CSE in achieving identified health and wellbeing targets throughout the court process and beyond.

Examination of the previous Needs Analysis (2015) And the Needs Analysis Report Following Sexual Exploitation of Children in Rotherham (University of Salford, 2015) has enabled the tracking of how need has been met, limitations of existing services, lessons learned and understanding that in 2015 RMBC did not have any benchmark to work against.

To complete this 2019 Needs Analysis benchmarking with other authorities was undertaken by a group of council members led by the Chair of Improving Lives Select Commission. The Local Authorities interviewed; Telford, Oxford, Bradford and Rochdale were selected for the parallels with Rotherham. All were asked the same series of questions and responses were recorded. This enabled a snapshot of other Local Authority response to the CSE issues in their area to be captured.

An online public survey was undertaken to ensure that wider participation in the consultation process was enabled. Learning from the public survey responses are referred to throughout this Needs Analysis.

The Needs Analysis also refers to the findings of a service review undertaken in 2017/18 when service capacity and demand issues were first identified and to the findings of a multi-agency sub group of the LSCB who were tasked with looking at the commissioning arrangements for CSE services.

6 Changing Landscape

When the initial Rotherham Child Sexual Exploitation Needs Analysis (2015) was published a lot of the projection was based on Public Health data comparators between national averages and Rotherham specific and whilst some of the profiles made correct assumptions regarding attendant issues there are anomalies and inaccuracies which may have led to the response not wholly meeting the needs of those affected specifically by CSE. Arguably there are so many concomitant health and social care issues related to CSE that we may never capture an accurate picture of exactly which services those affected by CSE are accessing, not least because not all victims/survivors identify themselves as such. Services commissioned in 2015 were based on recommendations from the Jay Report and Casey report , however at this time understanding of the extent of NCA operations across the Borough was limited, the impact they would have or the type of support needs which would be generated by the investigation/court process activity.

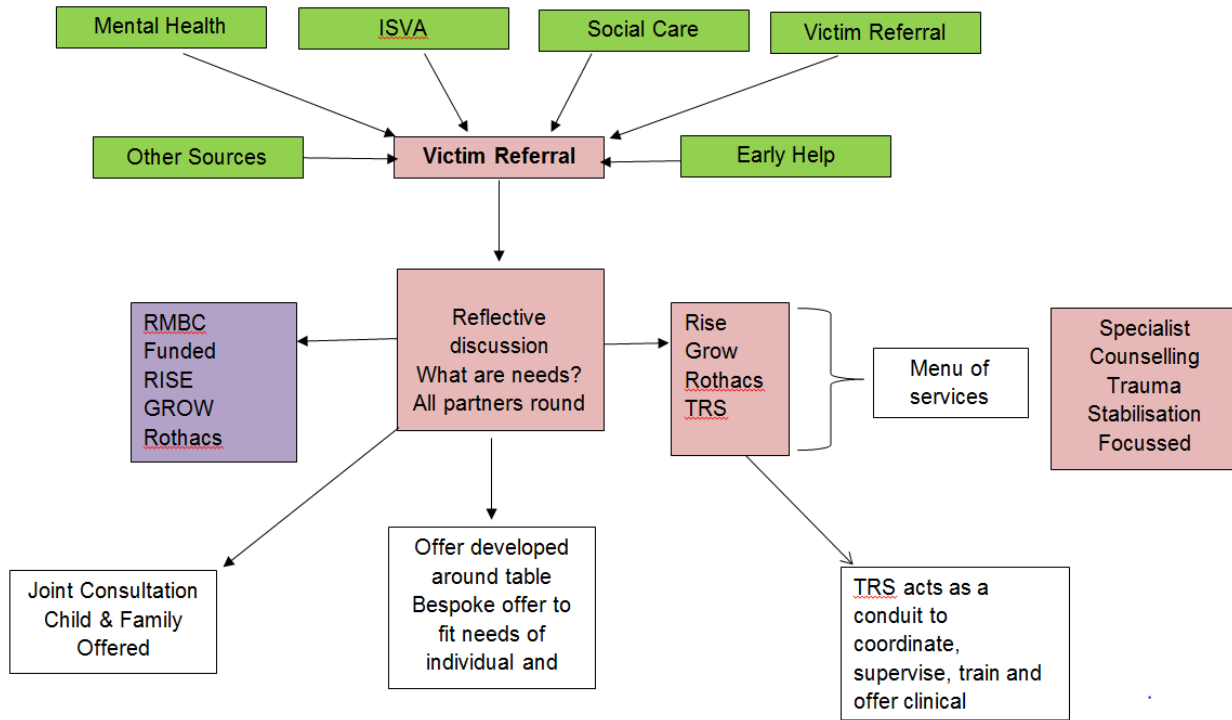
The National Crime Agency's Operation Stovewood has identified over 1500 potential survivors. This is the largest national investigation of its kind. Operation Stovewood seeks to legally (where prosecution is the chosen route of those accessing services), practically and emotionally support survivors.

In 2015 the collective understanding of a trauma informed approach was limited. Pathways through services were unclear with some individuals coming to depend heavily on services with the result of overburdened services and long waiting lists particularly for therapeutic interventions. However since then understanding has developed significantly as explained in the Evaluation of the Trauma and Resilience Service:-

"We've had an exercise through the partnership of revising our proposed infrastructure for commissioned services and the TRS have been party to quite a number of conversations there...the principle behind it is in short that effectively people were able to go to different providers and it could be a situation where they are receiving confidential services from different service providers and that's neither efficient not necessarily effective. So we're trying to move from a position where you're accessing services through different means to effectively a gateway through which we give effectively a single point of access to services, which is much more efficient, more effective, allows us to get more bang for our buck in terms of what we have in terms of capacity"

Year 1 Evaluation of the Trauma and Resilience Service in Rotherham by Sheffield Hallam University: Overview Report: Rebecca Hamer, Professor David Best, Lauren Hall (2019) **Appendix 1**

The diagram below illustrates the relationship / interaction between the Trauma and Resilience Service, RMBC's commissioned providers and other statutory and non-statutory agencies in Rotherham.



This partnership approach aims to:

- Reduce the potential for gaps and fragmentation between local services in Rotherham
- Offer choice around locally available resources and interventions without delay
- Reduce Waiting times, enhance integration, and improve the experience of survivors

There is now a better understanding of the impact of CSE on universal services and specialist services such as mental health services, substance misuse and alcohol services, domestic abuse services also both adult and children’s social care. This understanding is corroborated by the Independent Inquiry into Child Sexual Abuse (IICSA) and their rapid evident assessment of the impacts of child sexual abuse. The research looked at outcomes and impact of child sexual abuse for victims and survivors across seven areas of their lives. These are illustrated in the table below.

Physical health	Emotional wellbeing, mental health and internalising behaviours	Externalising behaviours	Interpersonal relationships	Socio-economic	Religious and spiritual belief	Vulnerability to revictimisation
<ul style="list-style-type: none"> • Physical injuries • High BMI • Problems related to childbirth • Unexplained medical problems 	<ul style="list-style-type: none"> • Emotional distress • Trauma/ PTSD • Anxiety • Depression 	<ul style="list-style-type: none"> • Substance misuse • ‘Risky’ and inappropriate sexual behaviours • Offending 	<ul style="list-style-type: none"> • Reduced relationship satisfaction and stability • Issues with intimacy and parent-child relationships 	<ul style="list-style-type: none"> • Lower educational attainment • Higher unemployment • Financial instability • Homelessness 	<ul style="list-style-type: none"> • Disillusionment with religion • Faith as a coping mechanism 	<ul style="list-style-type: none"> • Sexual revictimisation in childhood and adulthood • Other types of victimisation

The report goes on to state that the outcomes in these interact with, cause, and compound or in some case help to mitigate outcomes in other areas. Outcomes can occur, or recur at any time within the survivor’s lifetime. The report also concludes that the harm also impacts on family members and wider society in both financial and less tangible ways. Resilience and recovery are possible and protective factors such as effective support services and a positive and sensitive response from family, friends and professionals can increase the likelihood of more positive outcomes.

There is better understanding of the need for a partnership approach to meeting the support needs of those affected and the necessity of a pathway through services which is flexible and able to respond to crisis escalation and step down as necessary.

Understanding of the generic and dynamic needs of those who are at different stages in their life and in coming to terms with their trauma and abuse is better.

In May 2019, the All-Party Parliamentary Group (APPG) published their report into the Impact of Childhood Sexual Abuse. The APPG carried out a six-month inquiry, gathering the views of nearly 400 survivors from across the country.

Their findings were 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.

Survivors said that they wanted to be empowered to make decisions for themselves, but to do this they needed readily available information. Too often professionals did not understand abuse, or how to respond to disclosure, and survivors described experiences of needing to request specific referrals from professionals.

7 Benchmarking

To complete this 2019 Needs Analysis benchmarking with other authorities was undertaken by a group of council 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 enabled a snapshot of other Local Authority response 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 as they felt that a satisfactory conclusion of how RMBC benchmarks against other Authorities would benefit from wider consultation.

The following questions were asked of each of the authorities:

- How is the service designed and how has this model been arrived at?
- Where does it 'sit' – Adults/CYPS/Public Health/ elsewhere?
- How views of service users are sought/consultation undertaken?
- Pathways into support (referral/ self-referral)
- Who provides the services?
- How much does the service cost and how is this funded?

- Partner Contribution
- Numbers using the service – and if the offer was time limited?
- How are outcomes measured?

In summary the main learning/questions raised were as follows:

The 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 which has informed Rotherham's approach however Telford and Wrekin have commissioned an independent review which will inevitably impact on / influence their response to CSE.

Rochdale operates an in-house service and acknowledged that they were only reaching survivors who are going through the court process. Both Telford and Wrekin and Oxfordshire have commissioned the voluntary sector to deliver services.

Joint Commissioning – there was limited evidence of joint commissioning with health services in the other authorities although Telford and Wrekin and Oxfordshire both cited links with trauma and resilience (T&R) support and the benefits of this approach. The trauma and resilience service is now well established in Rotherham, raising the question of merit in exploring if there are economies of scale in pooling budgets and entering into joint commissioning arrangements with CCG. The responsibility for commissioning services or direct service provision for non-recent victims / survivors lies mainly with Adults Services within the other local authorities with some emerging links with Health. This raised the question of whether the current arrangements in Rotherham made the best use of pathways/referrals into other adult services which warrants further exploration?

Time limited support -There was no clear conclusion on 'open ended services' however Telford and Wrekin appeared to have adopted a more time limited 'support to move on' approach.

Three authorities had **single agency provision** – however, some recognised that this model was potentially problematic as single agency couldn't reflect range of services/support or didn't offer a choice if service user didn't want to access the agency. Members were assured that the commissioning approach in Rotherham is not based on single agency provision.

Service-user involvement - each local authority adopted a different approach in its service user engagement. It is therefore difficult to reach a conclusion about the effective of approaches and how this compares to Rotherham.

Measuring Outcomes – no clear consensus emerged from the benchmarking as to how to measure outcomes against a service framework.

Rotherham compared favourably in provision, resources and range of 'offer'.

8 Consultation with commissioned services

CYPS Commissioning undertook a review of commissioned services between October and December 2017 in response to increased demand for CSE services that resulted in growing waiting lists. The review included consultation with service providers and survivors and identified a number of gaps and wider issues that were raised. These were:

- 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.

Below are some quotes from conversations with service users that illustrate the impact of the commissioned 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”

“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”

The key findings of the review were that:

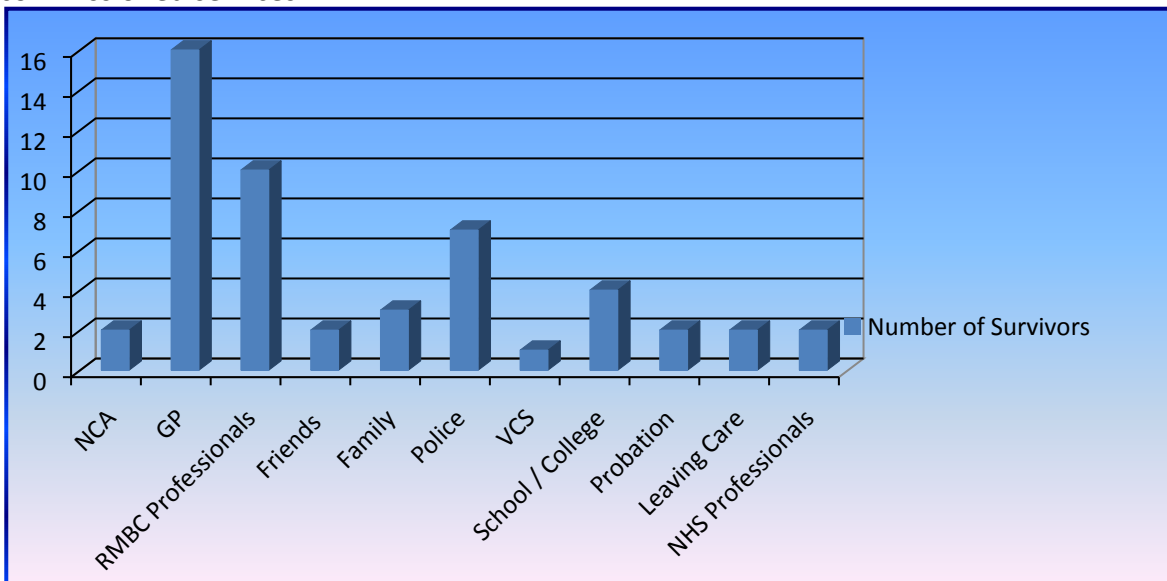
- Referrals for emotional and practical support were broadly in line the original anticipated need. However there were significantly more referrals for therapeutic intervention than the original estimate in the first 15 months of the contract. There were 413 referrals for counselling between July 2016 and September 2017. The 2015 needs analysis only anticipated a total of 240 referrals between July 2016 and March 2019.
- There is currently 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.
- Service Users have expressed positive views on the support they had received. The 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 developed in both service areas but not for all providers. For practical and emotional support there were 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 organisations have aligned roles and remits to offer support to victims and survivors. '*...commissioning for services for adult*

survivors of CSE remains within Children’s Commissioning Directorate and not with Adult Services. The implication of this is that the skills and experience of Children’s Commissioning will be based within Children’s Services, informed by Children’s Policy and be insufficiently interconnected and integrated within Adult services’ ACEPPE, Pre-Consultation report 2018

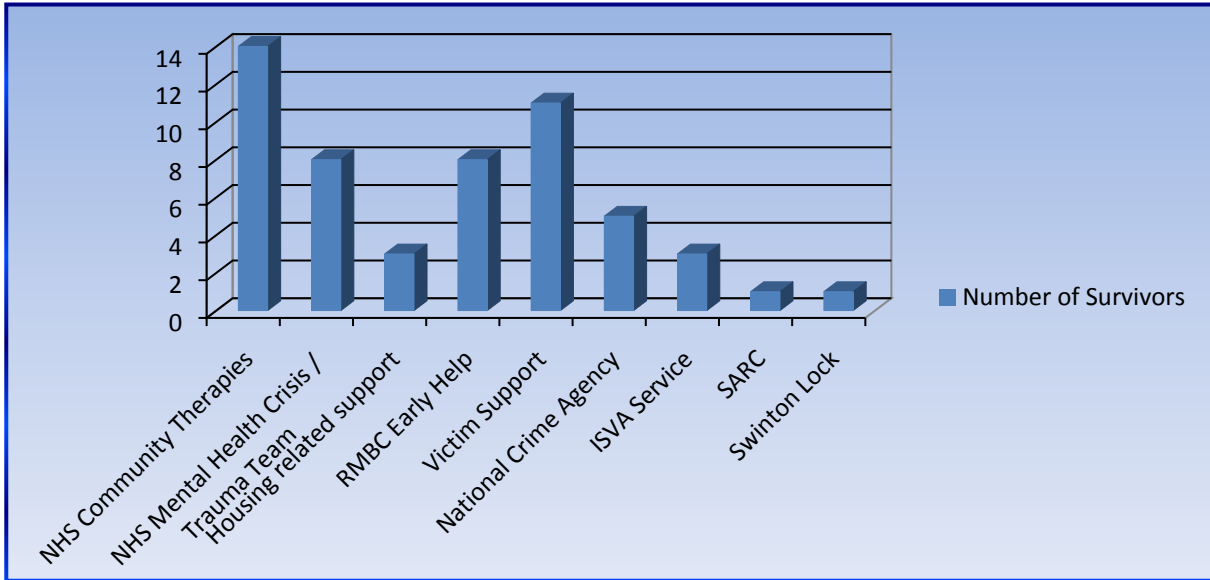
- The landscape of service provision in Rotherham is developing and clarity around the pathways between services commissioned by a variety of organisations is vital to ensure victims and survivors can access the right help at the right time.
- The 2015 Need Analysis (although based on the best information 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.

As part of the development of this updated Needs Analysis a further consultation with service users of the commissioned services was undertaken to understand better what helps people begin to recover and what survivor’s experience of services has been like when trying to get help and support. The commissioned services facilitated the completion of a survey, there were a total of 33 completed surveys and the key findings are set out below.

The graph below sets out the responses given when asked how survivors found out about the commissioned services.

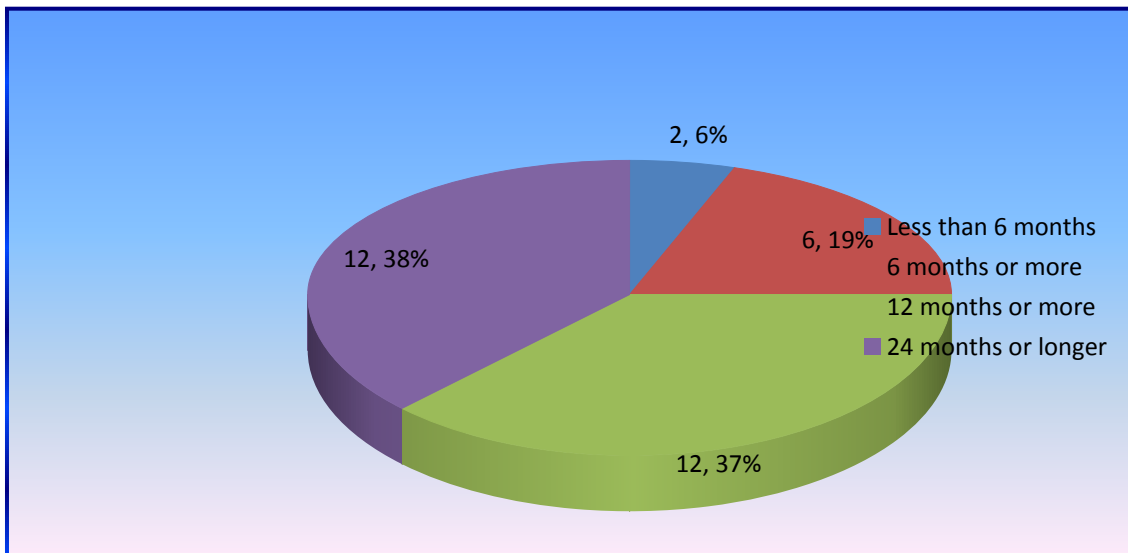


The graph below sets out the responses given by survivors when asked if they have sought help from other organisations.



When asked to scale how easy it was to find help where 0 was impossible to find help and support and 10 was very easy the average response was 7. Varying examples were provided and are available on request. Learning from the Public Survey was that awareness of what services are in place and how to access them was limited which would indicate a need for better marketing and communication within any service specification developed in future.

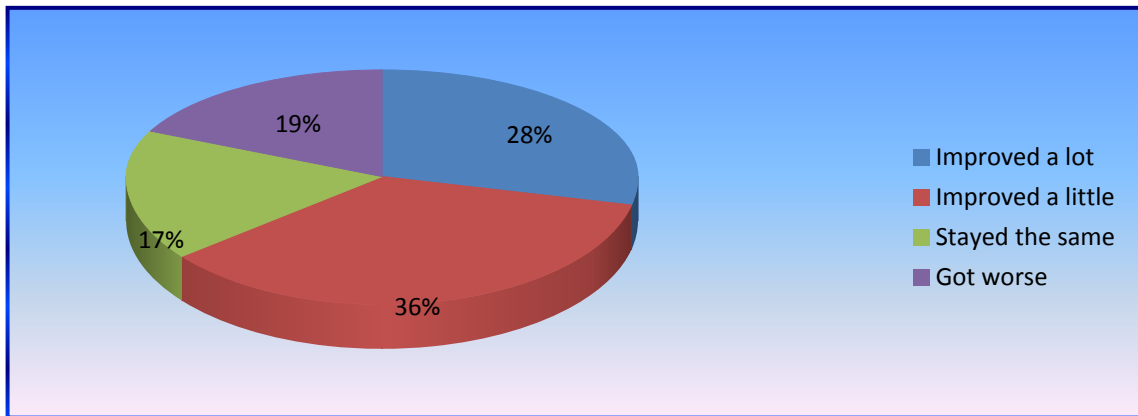
The pie chart below shows the responses given when asked how long you received help for. 37% received a service for 12 months or longer, 38% 24 months or longer and only 6% received a service for less than 6 months. This length of service delivery was not anticipated as part of 2015 needs analysis.



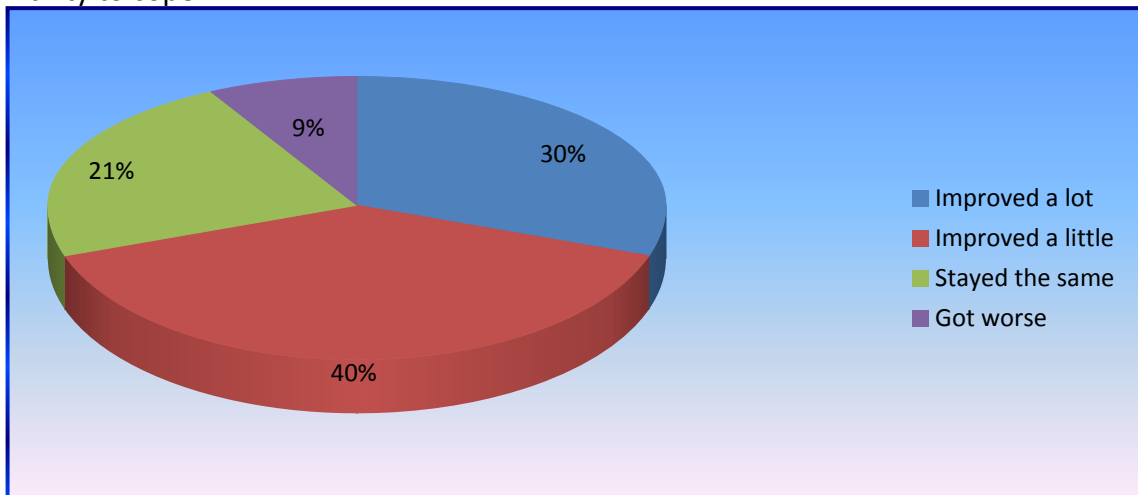
10 Health and Wellbeing

Survivors were also asked after getting support did anything change for them in relation to their health, their ability to cope, their self-esteem and self-confidence, their ability to make decisions and being

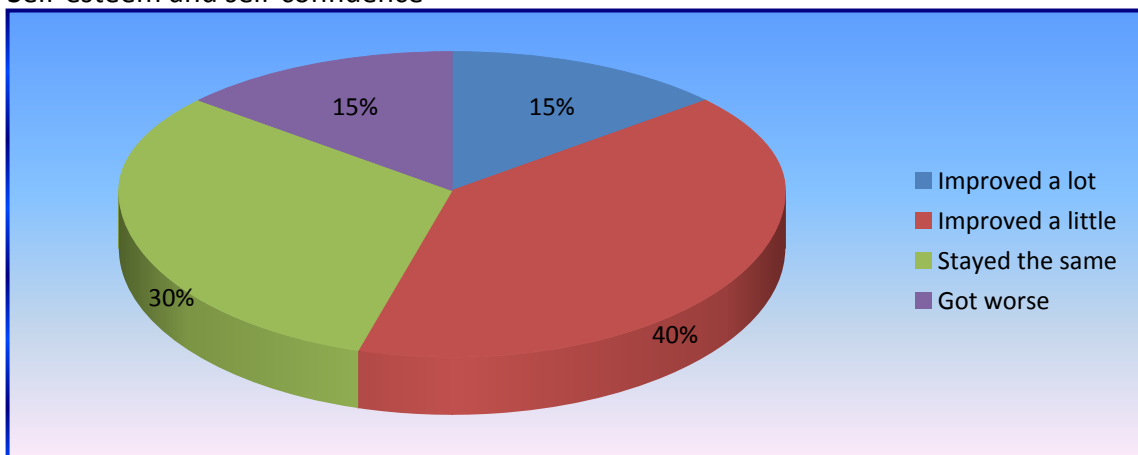
able to control their own life and feeling safe. The pie charts below show the results. The responses mirror those from the Public Survey.



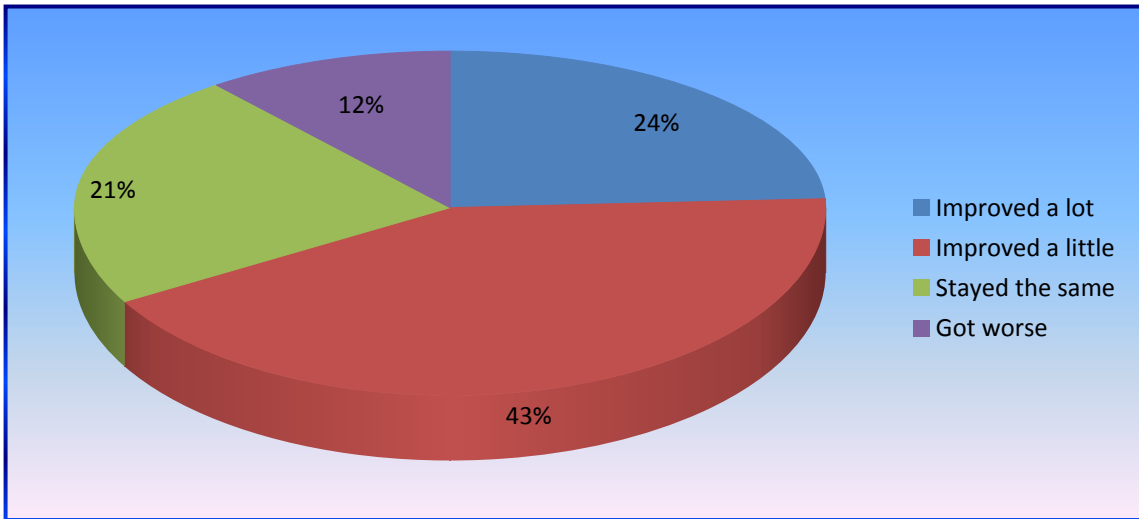
Ability to cope



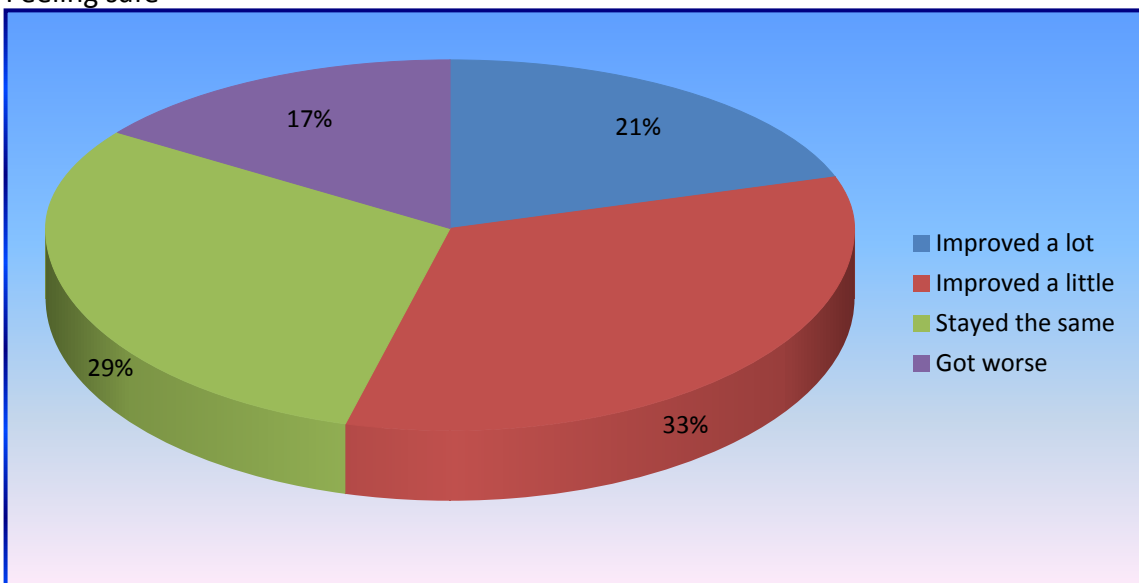
Self-esteem and self-confidence



Being able to make decisions and take control of your life



Feeling safe



Survivors were also asked if they had decided to report / seek justice, 55% of responders answered yes, 30% answered no and the remaining 15% did not answer the question.

9 Conclusion

Learning from the time of the initial Needs Analysis (2015) to present has been a critical part of the analysis.

We will continue to learn from the experience of people affected by CSE and will use their experience whether positive or negative as a tool to improve our Post CSE offer. We can see from the Public Survey responses that we are still not reaching every individual who needs support, and this must be addressed through the refreshed service specification.

Understanding what is being commissioned in other authorities and where the services are best placed to meet need, to ensure a trauma informed approach and a cohesive but flexible pathway has been difficult to ascertain. In most other authorities the commissioner is within adult services. The Trauma Resilience Service (TRS) is currently shaping the modified and improved offer to those affected by

historical abuse and the recent review of their service which has formed part of this analysis indicates high levels of success in terms of outcomes and satisfaction from beneficiaries and other professionals.

The TRS' first year of development and implementation has been focussed on uniting agencies in their knowledge and working practices in order to ensure survivors are not let down but are now given the best quality and most appropriate support and this has built upon the work already done by the CCG and RMBC in the years following the Jay report. Analysis of a combination of qualitative and quantitative evidence gathered for the Year 1 Evaluation of the TRS is indicative of an encouraging shift in opinion of how improved this approach is when compared to what has gone before. It gives a feeling that Rotherham has finally listened to and understood lessons learned from the past.