

Public Report
Improving Lives Select Commission

Committee Name and Date of Committee Meeting

Improving Lives Select Commission – 21 December 2021

Report Title

Outcomes from the sub-group on Post-CSE Support

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

No

Strategic Director Approving Submission of the Report

Jo Brown, Assistant Chief Executive

Report Author(s)

Martin Elliott, Governance Advisor
01709 254407 or martin.elliott@rotherham.gov.uk

Ward(s) Affected

Borough-Wide

Report Summary

To report on the findings and recommendations of the recent working group post-CSE support.

Recommendations

1. That the report be noted, and the following recommendations be submitted to OSMB and Cabinet for approval: -
 - a) *That post-CSE services are transferred to the Adult Social Care, Housing and Public Health directorate to enable the greater integration and coordination of support pathways that are available to adult victims of trauma as children.*
 - b) *That further work is undertaken with relevant partners and survivors to improve the ways in which survivors' voices are captured to inform future reviews of post-abuse services (for example drawing on the research from Sheffield Hallam University, the development of voice and influence groups or other survivor's forums).*
 - c) *That consideration is given to appropriate governance arrangements to enable elected members to provide a steer on the activity that is taking place within the Borough to stop CSE/CCE and support survivors.*
 - d) *That the Improving Lives Select Commission continue to monitor the provision of post-abuse support to survivors of CSE.*

- e) *In relation to recommendations c) and d), that consideration is given how survivors' voices to inform these processes.*
 - f) *To emphasise the shared responsibility of all elected members, that an annual training event/workshop is delivered. This is to ensure that all elected members are kept up to date with the activity within the Borough to protect young people from being at risk of harm from CSE/CCE and support adult survivors to move forwards in their lives.*
 - g) *That the relevant Strategic Directors explore options for sharing best practice with other local authorities in the Yorkshire and Humber Region.*
 - h) *Drawing on the good practice from Durham County Council, that consideration is given is given to the language used in the provision of post-CSE support to ensure that it is positive and inclusive of the needs of those accessing services.*
- 2 That the response of Cabinet to the recommendations be reported back to Council within two calendar months of its submission.

List of Appendices Included

Improving Lives Select Commission : Outcomes from the task and finish review group on Post-CSE Support

Background Papers

[Minutes of the Improving Lives Select Commission 3 March 2020](#)

[Cabinet Report – June 2020](#)

Consideration by any other Council Committee, Scrutiny or Advisory Panel

None

Council Approval Required

No

Exempt from the Press and Public

No

Outcomes from the sub-group on Post-CSE Support

1. Background

- 1.1 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.
- 1.2 In summer 2016 the Council commissioned support services for young people and adults who had experienced child sexual exploitation (CSE). These additional services would supplement the core support offer to any adult who has ongoing support needs provided by the Council through its Adult Safeguarding provision. The contract arrangements ran from 1 July 2016 to 31 March 2019 with an option to extend for a further two years. The contract was extended until 31 December 2020.
- 1.3 To inform the imminent re-commissioning of services, members of the Improving Lives Select Commission conducted a short benchmarking exercise during August 2019 on the services provided by other local authorities to support survivors of CSE. The results of this exercise were fed into the development of a needs analysis to underpin the anticipated re-commissioning process.
- 1.4 Because of circumstances beyond the Council's control the process was delayed. With the extension to timescales, Members agreed that further work be undertaken to enhance its review. As such it was resolved at the meeting of the Improving Lives Select Commission held on 3 March 2020 that the benchmarking work should be resumed, with the results detailed in standalone report on post-CSE support and the delivery of commissioned support services.
- 1.5 The sub-group met with senior officers, as well as the providers of the commissioned services in Rotherham. This work enabled the sub-group to establish a sound understanding of the services that were being delivered in Rotherham to support survivors of CSE. Members conducted desktop research and held a series of online meetings with officers and Cabinet Members at other local authorities to learn how they supported survivors of CSE.
- 1.6 The sub-group consisted of Cllr Victoria Cusworth, Cllr Maggi Clark and Cllr Jenny Andrews. Cllr Cusworth was chair of Improving Lives Select Commission at the time of the review.

2. Key Issues

2.1 The key issues are detailed in the attached sub-group report.

3. Options considered and recommended proposal

3.1 Members have made a series of recommendations on how the post-abuse support for CSE survivors could be enhanced in Rotherham on the basis of its benchmarking research with other local authorities.

4. Consultation on proposal

4.1 The Strategic Director – Children and Young People’s Services and the Strategic Director – Adult Social Care, Housing and Health have been consulted with regarding the report and its recommendations.

5. Timetable and Accountability for Implementing this Decision

5.1 The report will go to Cabinet for a formal response on the recommendations.

6. Financial and Procurement Advice and Implications

6.1 Consideration should be given to the procurement and financial implications arising from the report’s recommendations as part of the Executive’s response.

7. Legal Advice and Implications

7.1 Consideration should be given to the legal implications arising from the report’s recommendations as part of the Executive’s response.

8. Human Resources Advice and Implications

8.1 Consideration should be given to the human resources implications arising from the report’s recommendations as part of the Executive’s response.

9. Implications for Children and Young People and Vulnerable Adults

9.1 The implications for children and young people and vulnerable adults are set forth in the main body of the report.

10. Equalities and Human Rights Advice and Implications

10.1 Members have had regard to equalities and human rights implications when developing recommendations.

11. Implications for Partners

11.1 The implications for partner organisations are set out in the previous sections of the report.

12. Risks and Mitigation

12.1 Members have had regard to potential risks and mitigation and undertaken scrutiny in order to make suggestions to enhance CSE post-abuse support in Rotherham.

13. Accountable Officer(s)

Emma Hill, Acting Head of Democratic Services and Statutory Scrutiny Officer

*Report Author: Martin Elliott, Governance Advisor
01709 254407 or martin.elliott@rotherham.gov.uk*

This report is published on the Council's [website](#).



Improving Lives Select Commission

Sub-Group Report on

Post-CSE Support

Date:

December

2021

Review Group Members

Lead	Councillor Victoria Cusworth
Group Members	Councillor Jenny Andrews
	Councillor Maggi Clark

1.0 Introduction

1.1 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 Stovewood¹ 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.

1.2 In summer 2016, the Council commissioned support services for young people and adults who had experienced child sexual exploitation (CSE).

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

These additional services would supplement the core support offer to any adult who has ongoing support needs provided by the Council through its Adult Safeguarding provision

1.3 Contracts were awarded to three local voluntary sector organisations, Rotherham Rise, GROW and Rotherham Abuse Counselling Service (Rothacs) following an open tender process. The contract arrangements ran from 1 July 2016 to 31 March 2019, with an option to extend for a further two years. The contract was extended until 31 December 2020. Service provision focussed on practical and emotional support and advocacy for young people up to the age of 25 and adults (provided by Rotherham Rise and GROW). Evidence-based therapeutic interventions were provided by Rotherham Rise and Rothacs.

1.4 In summer 2019, work began on determining future service provision for adults experiencing trauma as children. To inform the imminent re-commissioning of services, members of the Improving Lives Select Commission were requested to conduct a short benchmarking exercise on the services provided by other local authorities to support survivors of CSE. The results of this exercise were fed into the

¹ Operation Stovewood is the single largest law enforcement investigation into non-familial child sexual exploitation and abuse in the UK. Led by the National Crime Agency, our officers are investigating allegations of abuse in Rotherham between 1997 and 2013. The request followed an independent review of the management of child sexual exploitation by agencies by Professor Alexis Jay.

development of a needs analysis to underpin the anticipated re-commissioning process.

- 1.5 Due to factors outside the Council's control and a decision to undertake further public consultation, the timescales for going out to tender were delayed. In June 2020, the Cabinet approved a process for recommissioning services until 31 March 2023, with an option of a two-year extension. Based on the needs-analysis, the service specification would continue to focus on a mixture of practical and emotional support and advocacy and evidenced based therapeutic interventions.

The benchmarking exercise conducted by scrutiny member was aligned to the initial timescales for the re-commissioning of services and was therefore more limited in scope. With the extension to timescales, Members agreed that further work be undertaken. As such it was resolved at the meeting of the Improving Lives Select Commission held on 3 March 2020 that the benchmarking work should be resumed, with the results detailed in a standalone report on post-CSE support and the delivery of commissioned support services.

2.0 Links to Year Ahead Plan Priorities

- 2.1 This review links into the following themes and outcomes as detailed in the Council's Year Ahead Plan (2020/21).

Thriving Neighbourhoods

- Putting communities at the heart of everything we do.

Better Health and Wellbeing

- Vulnerable adults are protected, and adult social care is able to adapt to the changing conditions.
- Children and young people are protected, safeguarded and able to achieve their potential

3.0 Review Approach

- 3.1 The sub-group met with senior officers, the Trauma and Resilience Service (NHS) and providers of the commissioned services in Rotherham. This work enabled the sub-group to establish a good understanding of the services that were being delivered in Rotherham to support adult survivors of CSE who had experienced trauma as children.

Members conducted desktop research and held a series of online meetings with officers and Cabinet Members at other local authorities to learn how they supported survivors of CSE.

In order to manage the benchmarking activity, the sub-group established key lines of enquiry in order to assess and evaluate service provision elsewhere compared with the Rotherham core offer and its commissioned services.

The key lines of enquiry focused on:

- How were support services designed (and how had this model been arrived at).
- How were service user experiences and feedback used to develop support

services?

- How were support services accessed and what pathways were there to access support? Did survivors need to be referred or can they self-refer?
- What type of support/therapy was offered, how was it provided and who provided it (in-house, health and other partners, specialist commissioned providers or other methods)?
- How many service users were accessing services? Was access to services time limited?
- How were support services paid for? What financial contributions were made by delivery partners?
- How were outcomes measured?
- Where did support services “sit” in each local authority? Were support services delivered by Adult Services, Children’s Services, Public Health or elsewhere, and how had this decision been arrived at?

3.2 Meetings were held with:

- Anne-Marie Lubanski - Strategic Director of Adult Care, Housing and Public Health – Rotherham MBC
- Andrew Wells - Head of Service - Safeguarding and Mental Health – Rotherham MBC
- Dr Janine Cherry-Swaine - Consultant Psychotherapist and Service Lead - NHS Trauma and Resilience Service.
- Joanna Jones – Operational Manager – GROW
- Sue Wynne – Chief Executive Officer – Rotherham Rise
- Angela Toulson – Executive Officer and Patricia McGrath - Counsellor - Rothacs
- Councillor Olwyn Gunn – Cabinet Member for Children and Young People’s Services – Durham County Council
- Councillor Mus Khan – Cabinet Member for Cabinet Member - Health and Social Care - Kirklees Metropolitan Borough Council
- Councillor Shirley Reynolds Cabinet Member for Children, Young People, Education and Lifelong Learning, Telford and Wrekin Council
- Michael Crozier - Head of Adult Social Care - Sunderland City Council
- Caroline Page – Adult Care Team Manager – Rochdale Borough Council
- Jill Greenfield - Service Director Communities and Customers and Bish Sharif - Communities and Customers Improvement and Relationship Manager– Kirklees Council
- Yvonne Hailes - Practice Development Officer, Adult Social Care and Heide Gibson - Safeguarding Adults Board Business Manager – Durham County Council.

3.3 Councillors Cusworth, Andrews and Clark would like to note their sincere thanks to all those who participated in the review.

4.0 The Core service offer in Rotherham

4.1 In order to learn about the core offer of support provided for adult survivors of CSE, members met with the Strategic Director of Adult Care, Housing and Public Health and the Head of Service - Safeguarding and Professional Practice.

This meeting provided members with an overview and understanding of how support for adult survivors of CSE was delivered and managed through Adult Safeguarding and Adult Care pathways. It was noted that Adult Safeguarding applied to any adult who had ongoing support needs.

As with all vulnerable adults, agencies worked together with the aim to prevent the risk or experience of abuse or neglect, whilst considering the individual's well-being, wishes and feelings.

4.2 At the meeting information was provided regarding:

- How Safeguarding needs were assessed and channelled appropriately. Initial Adult Safeguarding concern could be signposted and directed to other teams such as the Complex Lives Team. The Council's Adult Care Assurance Team maintained an overview of the Safeguarding processes. Adult Safeguarding processes should last a maximum of three months, and that after this time, cases should either be resolved or referred to other support services
- How all partner agencies, including the Safer Rotherham Partnership and the Safeguarding Adults Board, were well engaged in adult safeguarding processes, and knew how to refer individuals for support.
- That there were multiple pathways and options available for the delivery of support and services. Services were person-centred and designed to deliver the outcomes specific to each service user. Advocates were available to ensure that support was accessed in a timely way. It was noted that each adult survivor of CSE would have different experiences, needs and expectations, and that these would impact on the type of support offered. It was also noted that individual need would change and evolve over time, along with their willingness (or not) to engage with services.
- That not all CSE survivors that were being supported were a part of an Operation Stovewood investigation.
- Adult Care had worked with the Trauma and Resilience Service in the design of support services.
- How the Vulnerable Adults Panel could commission services as well as acting to ensure that delivery partners were working together to best effect to support the specific needs.
- How Community Multiagency Risk Assessment Conferences (MARAC) are used to ensure the correct support is being offered at the correct time.
- How Vulnerable Adults Risk Management meetings (VARM) were also used to assess if different or more intense methods of support were needed and how all partner agencies are represented at these meetings.

5. NHS Trauma and Resilience Service

- 5.1 Members of the group met with Dr Janine Cherry-Swaine - Consultant Psychotherapist and Service Lead - NHS Trauma and Resilience Service (NHS TRS). The ground-breaking service was set up by Rotherham Clinical Commissioning Group (CCG) to commission specific services for survivors of child sexual exploitation. It works collaboratively across both voluntary and statutory services, including those agencies commissioned to provide post abuse support, to develop effective and timely pathways of support for survivors and their families.
- 5.2 This innovative service is leading on the development of trauma informed interventions across the voluntary sector and statutory services to develop pathways of CSE support across the borough. The local landscape to respond to historic child sexual exploitation in the borough has also been significantly shaped by the establishment of this service in 2018.

It was set up to meet the needs of adult survivors of CSE in Rotherham in a cohesive, systematic way.

During the meeting members learnt:

- 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
- TRS works collaboratively across different local networks to develop skills, knowledge and good practice in an integrated trauma informed and trauma aware way.
- Services are provided on the basis of understanding the complexities of each survivor and the trauma experienced by them in the past or re-traumatising through triggers such as court procedures.
- TRS provide services in a way which builds resilience in a safe and secure way. Clients are empowered to process experiences and memories in a way that is tailored to their recovery.
- Clients could be referred via Operation Stovewood or via other routes
- There are opportunities for survivors to express their wishes and needs and so to have control in the decisions made regarding the content of their care. Work was also being undertaken with Sheffield Hallam University to better understand the experiences of survivors in accessing support services. It was noted that a survivor-led Project Advisory Group has been set up and a report was expected in 2022.

- 5.3 Its work has been independently evaluated by Sheffield Hallam University's Centre for Regional Economic Research (CRESR). The evaluation states:

"[The evaluation's findings] demonstrate significant progress and illustrate that the TRS is making a vital contribution to the confidence and ability of services across Rotherham to respond to survivors as individuals through bespoke, trauma informed practice. They are also responding to organisational and vicarious trauma within services. These achievements are the result of a multilevel embodiment of trauma informed practice".

"Services know that within the TRS they have a consistent, accountable resources for advice and guidance that understands local histories and needs. Furthermore,

the network of services created by the TRS builds familiarity and new working relationships (in contrast to the fragmentation prior) which creates accountability and clarity as everyone has a clear role in the delivery of collective care.²

6.0 Commissioned Services in Rotherham

6.1 Members of the sub-group looked to establish how commissioned providers were working to deliver additional support services in Rotherham.

6.2 Rotherham Rise

Members of the group met with Sue Wynne, Chief Executive Officer at Rotherham Rise to discuss and learn more about the commissioned services that they delivered to survivors of CSE.

Rise employed different methods to identify and engage with CSE survivors to encourage them to come forward for support. These included a website, printed literature and wide use of social media as well as working with a broad range of agencies who could signpost to their services. Flexibility was built into the service specification for the commissioned post-CSE provision, and through individual assessments Rise was able to effectively support those who may not fit a typical survivor profile or had other complexities (for example acute mental health needs).

Sub-Group members were keen to learn what how Rise measured success in the way it provided support. They were advised that this relied on identifying individual's (unique) needs and ensure that the right services were in place. Most importantly however, success was about enabling survivors to engage with the service positively, and achieve their personal objectives, to help stabilise their life and support them to move forward with confidence.

Feedback from survivors who accessed services was captured and was used to inform improvements. In addition, an exit survey was completed at the end of each support plan. This feedback was then used as an integral part of performance management and quality control as it identified gaps in provision or where services could be improved or developed.

Members learnt that there was no waiting list for survivors to access support services at Rise and processes were in place to ensure that demand was met.

6.3 GROW

Members of the group met with Joanna Jones – Operational Manager at GROW to discuss the commissioned services that they deliver to survivors of CSE.

Members learnt about the extensive experience that GROW had in delivering support to CSE survivors. A service had been in place prior to the Jay Report and there were well-established and comprehensive referral pathways for clients to access the service.

Prior to the pandemic, GROW had not needed to maintain waiting lists for those accessing support, although a decision was taken to open one temporarily to

² Hamer, R (2020) Travelling through trauma: The Trauma and Resilience Service Year 2 Evaluation, Sheffield Hallam University

maintain services. It was noted that this waiting list had now cleared and GROW worked proactively with referring agencies in order to manage demand.

GROW outlined how it worked with the other providers of commissioned services in Rotherham and the NHS Trauma and Resilience Service to ensure the appropriate level of support was offered to survivors of CSE. Members were advised on how the model of support offered was centred around individual specific needs and would continue for as long as required. The aim underpinning its services was to build client resilience in way which did not create dependency on services. From the initial session, clients were supported to identify what success meant for them, how progress would be assessed through their journey and what exit strategies would be in place once their objectives were achieved.

Members discussed how the voice of survivors was captured and used to inform service delivery. At each step of the support journey, clients were asked for their views about the service and if it was addressing their specific needs in the right way. Surveys and questionnaires were also used to gather feedback. Service users had set up a voice and influence group, using trauma informed approaches. The service users were happy to participate in this group in the knowledge that they were improving services and helping other women.

Members were advised that success for a client could be seen in many ways including being open to accessing services, increased confidence, a reduction in incidents of self-harming, recognition of the trauma that they have been through or by moving into training, education or employment. Members were advised that success was measured for each individual separately as each one was on a different journey.

6.4 Rotherham Abuse Counselling Service (Rothacs)

Members of the group met with Angela Toulson - Executive Officer and Patricia McGrath – Counsellor at Rothacs.

As with other providers of support services, Rothacs outlined that many survivors of CSE did not recognise or identify themselves as victims of CSE. Initial assessments would draw out the issues that had led to the trauma that had been experienced. Any clients who were not eligible for support, were signposted to alternative support services in Rotherham. It was noted that clients who were eligible for support, but who were not able to access services were kept on a waiting list.

Members learnt that Rothacs currently had long waiting lists of clients waiting to access support but were advised that a separate waiting list was maintained in respect of the services commissioned by Rotherham MBC for CSE survivors. It was noted that there were no clients currently on this waiting list.

Rothacs defined and measured the success of their interventions with clients through a set of key performance indicators and analysing case studies of clients' individual journeys. Through this, Members were assured to learn that the voice of the survivor was front and centre in the design and delivery of services

Flexible approaches were offered by Rothacs to enable clients to access counselling support. This included online content that could be accessed at any time by clients as well as face-to-face, telephone and online counselling. Access to online support materials was maintained even when support to clients has ended. Clients are

advised that they can re-engage with counselling support at any time.

Members were pleased to note how much effort the team at Rothacs made to ensure that the experience of accessing services for clients was a welcoming and positive one.

6.5 Conclusions from the meetings with the providers of commissioned services.

6.5.1 The strengths of the services in Rotherham lie in the breadth of provision. Recognising that there is no typical profile of a survivor and survivors are not a homogenous group, there is a choice of practical and emotional support and advocacy or evidence-based therapeutic interventions dependant on the client's needs and wishes. Services are working hard to create a compassionate welcoming and responsive base for clients and have moved to more flexible provision such as online sessions, telephone counselling as well as face-to-face work, as a result of the pandemic. Services look to engage with service users creatively, including using social media.

Waiting lists are managed well (there are currently no delays in accessing commissioned services) and survivors can re-engage with support if they decide to pause support. Each of the commissioned services had performance measures in place to measure the success of the interventions based on case studies, exit surveys and monitoring outcomes and objectives for each survivor. Each agency had developed clear exit strategies for clients based on personal objectives being achieved.

Recognising the complexities attached to measuring success, each agency looked creatively to capture survivors' voices to inform service developments. The voice and influence group set up by GROW was a particularly good example of this.

There is good evidence of multi-agency working and signposting between different agencies, including Adult Social Care and other safeguarding partnerships to deliver their work sensitively and effectively. Links with the Trauma and Resilience Service ensures that therapeutic interventions have clinical oversight and access to current innovative trauma-informed practice.

7.0 Benchmarking activity: other local authorities

Members met with officers and members from five other local authorities. The findings are summarised below. The authorities were selected because they had developed innovative practice in key areas such as prevention or post abuse support.

7.1 Durham County Council

7.1.1 Service provision for survivors of CSE sits within the Adult Social Care directorate although there is no specific post-CSE support service commissioned by the Council. Survivors of CSE are usually well into their adult lives when they make a disclosure of CSE. Having service provision under Adult Social Care ensures clear and unambiguous ownership, prevents duplication, and also helps toward multi-agency partner buy-in. Officers at Durham advised that transitions between children's and adult services in Post-CSE support were carefully managed to ensure seamless transitions.

- 7.1.2 The Council has numerous access points for survivors to be referred to services for support and depending on how the initial disclosure is received the most appropriate pathway into support is determined. Following a referral, a multi-agency meeting consisting of Adult Social Care, Health, Police and GP Services takes place. Officers also noted other services linked into support networks including domestic abuse support services, mental health services, services providing therapeutic social work support to children with trauma, Barnardo's and Edge of Care services.
- 7.1.3 Durham has a multi-agency Child Exploitation Group, chaired by a senior police officer who is able to link into the National Crime Agency to support intelligence gathering. The group reports through the governance structure of the multi-agency safeguarding arrangements and also to the council's overview and scrutiny function on a thematic basis. The Police and Crime Commissioner also has a good oversight and had commissioned services to support survivors.
- 7.1.4 Understanding of adverse trauma is crucial in providing support to survivors and there is a commitment to quality trauma informed training for any trusted adult connected to a child. Durham also participates in regional activities that enable learning and the sharing of good practice. There is a strong focus on training and awareness raising
- 7.1.5 Durham has developed a CSE risk matrix, this was co-produced with partners to ensure joint ownership and consistent and robust application. Support workers are allocated to anyone viewed as at risk or who is hard to reach. The offer of support is not time limited (the matrix is reviewed regularly, and support remains in place until the risk is assessed as low by the multi-agency team).

The risk matrix and an "Outcome Star" are used to measure the success of interventions. The tools measures risk before and after interventions and progress against a range of well-being indicators.

Case audits are undertaken periodically to provide assurances that high standards are maintained and to obtain an increased understanding of the issues related to post-CSE support. It is, yet, unclear as to how much service users have been able to contribute to the design of the support services delivered.

- 7.1.6 Members noted that careful consideration was given to the way language was used across services to counter negative associations and minimise blame and stigma. With regard to CSE, the sub-group welcomed the authority's desire to move towards inclusive language to acknowledge survivors in their own right with unique needs. Members were also impressed at the efforts that had been made around the use of language by services, noting that how this was a really important factor in how services were perceived by service users

7.2 **Kirklees Metropolitan Borough Council**

- 7.2.1 Support services for vulnerable adults sit within the Communities Service which is part of Kirklees Council's Adult Care Directorate.

The services are designed to be delivered at a local level to facilitate easy access for service users. Kirklees commissions a range of core services with an aim to enhance what is already available in the voluntary sector. This approach avoids any duplication of service provision. The wrap around support provided a holistic way,

having evolved in response to the needs of survivors and their feedback and experiences of services.

Kirklees Better Outcomes Partnership (KBOP) is one avenue to accessing help and person-centred support. The services under KBOP umbrella are outcome focussed and allow for a holistic approach to be taken to a survivor's recovery with key worker support, support planning and reviews

The Council provides funding for support services with additional resources being made available from the local CCG and Police. Services are also commissioned from the third sector including provision for outreach and accommodation-based services. The Council also provides funding towards relationship education as the importance of this in addressing the causes of CSE and other abusive and controlling relationships.

The Cabinet Member for Health and Social Care stressed the importance that services reach all parts of the community and their approach had a strong emphasis of equalities and diversity.

- 7.2.2 The Council's approach is trauma informed and recognises that survivors have diverse paths in their journey to recovery. The delivery of support is centred upon what the survivor needs (rather than what services think survivors need) or what specific services can offer.

The offer enables the delivery of support services according to different levels of need. As an example, a survivor may have immediate housing or financial needs and an offer of psychological therapy may not be the right time for that person but may be required at a later point when other more immediate needs have been met.

The Kirklees approach also recognises the stigma that is often attached to sexual offences and how these may impact on survivors. This allows a person to be in control of when and how they may want to disclose their experiences, if at all. Access to support services is not dependent upon a disclosure of child sexual exploitation or abuse or an active police investigation. Referrals for support are received by a care plan or self-referral.

- 7.2.3 Kirklees have an overarching and strategic commission that looks broadly at issues relating to mental health, community safeguarding and perpetrators which link into the support offered for CSE survivors. This approach ensures that a full understanding of the current pathway for a service user according to needs can be made and a successful transition for CSE survivors into a successful and stable adult life is possible.

- 7.2.4 Kirklees have recently begun to map objectives and actions to specific workstreams. These are:

- Development of a new Child Sexual Exploitation Commission which will include a redesign of the current survivor pathway building on the learning and successes already developed by others.
- Preventing future exploitation by piloting a community safeguarding approach.

- Carrying out a research-based piece of work, to gain an understanding of the profile of a perpetrator and the impact of the abuse on their direct families, with specific focus on gender.

With this approach it is envisaged that each objective will have a tangible outcome measure. This is still in development and further research is planned with survivors to establish how these measures will build on lived experiences and expectations. This approach aims to ensure that the accountability framework reflects the survivor's voice.

7.3 **Rochdale Metropolitan Borough Council**

- 7.3.1 Rochdale is committed to supporting adult victims of CSE to address identified needs that have resulted from their childhood abuse. Rochdale has worked to remove many barriers that have previously prevented survivors accessing support services.

Rochdale are keen to work with other authorities to share best practice. The Council is committed to offering a holistic approach to the support that is offered to survivors. Elected members and scrutiny are keen to keep abreast of the support offer and the monitoring of services.

- 7.3.2 Post-CSE support in Rochdale sits within the Adult Social Care directorate and there is a long-term commitment to fund services. Funding for support services is also received from the Housing and Children and Young People's Service Directorates, as well as from the Police. As a consequence, CSE survivors receive services as any other vulnerable adult would. There is no dedicated service or pathway for CSE survivors.

The Adult Social Care offer is enhanced by contributions from Rochdale Clinical Commissioning Group (CCG) for mental health provision. Due to mainstream funding the Council can offer a full-time social worker engaged on CSE only who is supported by two other social workers, as required. The full-time social worker can access support and services via the wider Adult Social Care offer as well as from mental health provision commissioned by the local CCG.

- 7.3.4 Adult Social Care assesses the needs of individuals referred to them from Children and Young People's Services and/or the Police using an agreed referral form. Consultation has also taken place in the past with relevant groups and individuals on what support services should look like. However, as the services delivered are totally bespoke, feedback is used on a case-by-case basis to ensure the individual offer continues to meet individual needs.

Services are delivered by Adult Social Care and a network of other providers and partners including the CCG funded therapeutic services. There is no requirement for a service user to be involved with current or past police investigation in order to access services.

There is also no requirement for a re-referral if a survivor disengages then wishes to re-engage after an initial assessment has been made. Access to services is not time limited.

- 7.3.5 It was also noted that there was also a voluntary organisation in Rochdale, Parents

Against Grooming (PAG) that had been formed in 2012 to give survivors of child sexual abuse a voice. PAG offers counselling referrals, drug and alcohol help, suicide awareness, internet awareness and homelessness awareness services. PAG also offers peer to peer sessions for male and female survivors of abuse and sexual assault that are accessed by survivors from both Rochdale and the wider area.

Officers at Rochdale recognised victims and survivors were not a homogenous group and as such, group dynamics had to be addressed sensitively when delivering services and engaging with survivors.

- 7.3.6 Rochdale recognises the challenges involved in measuring outcomes specifically for CSE victims/survivors. Officers at Rochdale were confident that as all services are delivered in house or with existing partners, that services are well-structured and are supported by guidance that assists their effective delivery. Performance is measured within normal performance monitoring processes.

7.4 **Sunderland Council**

- 7.4.1 The sub-group were advised of the approach taken by Sunderland which treats survivors as adults who have suffered a trauma and need support, rather than focusing on the events that initially led to the trauma. This approach means that support services are flexible and can be tailored to suit individual needs by accessing the most relevant support pathway.

Similarly, to Durham and Rochdale, Sunderland's Post CSE Abuse Support services are delivered from within Adult Social Care.

- 7.4.2 Referrals at Sunderland can be made through social workers, safeguarding teams, Police, and the Multi-Agency Safeguarding Hub. There is also a regional victim's hub managed with the police that can also make referrals. Referrals initially go to Adult Social Care or to Children and Young People's Services depending on age. Service users who have been referred to Children's Services will transition to Adult Services at the appropriate time in a planned and managed way that ensures consistent delivery of services for the individual involved.

- 7.4.3 Services in Sunderland are provided directly by the Council and bespoke services can be commissioned externally if required.

- 7.4.4 Sunderland has no specific measures of success as they recognise that each case is individual and unique. Performance monitoring is managed through normal performance monitoring procedures.

7.5 **Telford and Wrekin Council**

- 7.5.1 In report to Telford and Wrekin Cabinet on 17 November 2016 it was noted that

"Ofsted reported that: "Work with children and young people at risk of sexual exploitation is very strong. The local authority has been a champion for tackling this issue. It provides leadership to partner agencies, with who this work is well co-ordinated..."³

³ Telford and Wrekin Cabinet Report "Ensuring Children are Fully Protected in Telford And Wrekin – Getting to Good" 17 November 2016

The most recent Ofsted report, states that their work in this field is still an area of excellent practice⁴.

As in Rotherham, support services for adult survivors of CSE sits in Children and Young People's Directorate.

- 7.5.2 The Children Abused Through Exploitation (CATE) service at Telford and Wrekin are a small team within Telford and Wrekin Council, Family, Cohesion and Commissioning Services that support young people aged 13 -19 who are at risk of CSE or have been a victim of CSE. The team also provide education and advise on issues surrounding CSE and on further support pathways.
- 7.5.3 Telford and Wrekin have a Survivor Committee "experts by experience" which is separate from the Holly Project but run by 'Holly workers' (people from the Holly Project) It was acknowledged that historically, it had been difficult to build trust with survivors, who believed they had not been listened to by the Council. Engaging survivors through forums such as this ensures survivors have a voice and can help shape the delivery of the services they may need to access. It was felt that this method of working has helped to rebuild trust between survivors and Telford and Wrekin Council. The survivors have been seen as central to shaping services and provision and have significant influence.
- 7.5.4 The Holly Project is the only post-CSE abuse service run by survivors that the sub-group discovered during its work. The service is run in conjunction with the YMCA. It was initially set up for a period of six months but was extended to two years with an optional one-year extension. It offers information and advice, guidance, peer support/mentoring, and signposting. Funding for this service comes from CYPS at the Council and the Police and Crime Commissioner. Telford and Wrekin CCG also provided input on emotional trauma in order to support survivors.
- 7.5.5 A Members Advisory Group has been set up to receive reports and monitor outcomes. It was felt that the Advisory provided assurance to survivors that the issues surrounding CSE and post-abuse support are taken seriously by members.

8.0 Conclusions

- 8.1 The process of speaking to officers and elected members at other local authorities was invaluable in assessing how services delivered in Rotherham to support survivors of CSE compared to those delivered elsewhere.

Members of the group would again like to note their sincere thanks to all who took the time to support the group with their research.

- 8.2 Members agreed that each authority were delivering agile and responsive services to meet the varied and evolving needs of CSE survivors in the context of their local circumstances. However, was difficult to make direct comparisons with services elsewhere because work to support post-abuse recovery differed widely.

Members agreed that there were notable strengths identified in the methods of delivering post-CSE support services across other local authorities that could be

⁴ Telford and Wrekin Council Inspection of children's social care services January 2020, <https://files.ofsted.gov.uk/v1/file/50147381>

considered for implementation in Rotherham to further strengthen the delivery of post-CSE support.

These included:

- Processes to enable the voice of survivors to be heard and input into how support services are delivered (including member forums).
- The delivery and coordination of all post-CSE support services being managed by Adult Care Services.
- The merits of having dedicated Adult Care Social workers who can coordinate the delivery of post-CSE support services.
- Coordinating the delivery of services with those offered in the voluntary sector to avoid duplication and to maximise the reach of services that are delivered with the available funding.
- How services delivered by voluntary groups on practical issues, such as housing and benefits were used to complement the services related to trauma.
- Having the flexibility to commission either directly, or via partners such as a CCG, specific support services to meet individual's needs which sit outside current provision.
- Ensuring that there are different referral points for survivors to access support and these are shared publicly and with partners.
- Processes that facilitated the sharing of best practice regarding post-CSE support at a regional level.

8.3 Taking into account, the evidence received and desktop research, we conclude that there is a comprehensive level of post-abuse support for adult survivors of CSE in Rotherham.

The breadth of the service offer in Rotherham, and its trauma informed approach, was held to be an exemplar of good practice by many of the authorities we spoke to. This includes commissioned services delivered by Rotherham Rise, GROW and Rothacs; the Trauma and Resilience Service and the core offer provided by Adult Social Care.

However, drawing on its research, the sub-group identified areas where processes could be streamlined, enhanced and accountability improved.

9.0 Recommendations

9.1. That post-CSE services are transferred to the Adult Social Care, Housing and Public Health directorate to enable the greater integration and coordination of support pathways that are available to adult victims of trauma as children.

9.2 That further work is undertaken with relevant partners and survivors to improve the ways in which survivors' voices are captured to inform future reviews of post-abuse services (for example drawing on the research from Sheffield Hallam University, the development of voice and influence groups or other survivor's forums).

9.3 That consideration is given to appropriate governance arrangements to enable elected members to provide a steer on the activity that is taking place within the

Borough to stop CSE/CCE and support survivors.

- 9.4 That the Improving Lives Select Commission continue to monitor the provision of post-abuse support to survivors of CSE.
- 9.5 In relation to 9.3 and 9,4, that consideration is given to capturing survivors' voices to inform these processes.
- 9.6 To emphasise the shared responsibility of all elected members, that an annual training event/workshop is delivered. This is to ensure that all elected members are kept up to date with the activity within the Borough to protect young people from being at risk of harm from CSE/CCE and support adult survivors to move forwards in their lives.
- 9.7 That the relevant Strategic Directors explore options for sharing best practice with other local authorities in the Yorkshire and Humber Region
- 9.8 Drawing on good practice from Durham County Council, that consideration is given is given to the language used in the provision of post-CSE support to ensure that it is positive and inclusive of the needs of those accessing services.