Centre of expertise on child sexual abuse

Piloting the CSA Practice Leads Programme in adult substance misuse services

Evaluation report

September 2020

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Acknowledgements

I would like to thank all the people who took part in this evaluation by giving their time and sharing their experiences and views. I would particularly like to thank Anna Glinski, the programme facilitator from the CSA Centre, and Nicola Wendel, Ellie Reed and Micky Browne from Change Grow Live for their critical support to conduct this evaluation.

About the author

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About the Centre of expertise on child sexual abuse

The Centre of expertise on child sexual abuse (CSA Centre) wants children to be able to live free from the threat and harm of sexual abuse. Our aim is to reduce the impact of child sexual abuse through improved prevention and better response.

We are a multi-disciplinary team, funded by the Home Office and hosted by Barnardo's, working closely with key partners from academic institutions, local authorities, health, education, police and the voluntary sector. However, we are independent and will challenge any barriers, assumptions, taboos and ways of working that prevent us from increasing our understanding and improving our approach to child sexual abuse.

To tackle child sexual abuse we must understand its causes, scope, scale and impact. We know a lot about child sexual abuse and have made progress in dealing with it, but there are still many gaps in our knowledge and understanding which limit how effectively the issue is tackled.

Terminology

The CSA Centre acknowledges that some people who have experienced CSA identify as victims of their abuse, while others identify as survivors. For brevity, and because the pilot programme's focus was on CGL's adult service users and the long-term impact on them of sexual abuse during childhood, the term 'survivor' is used in this report.

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Executive summary

This report presents the findings from an evaluation of a pilot programme to develop 'Practice Leads' in child sexual abuse within a third-sector organisation supporting adults with drug and/or alcohol dependency support needs – who, research suggests, are more likely to have been sexually abused as children.

The CSA Practice Leads Programme in adult substance misuse services

An earlier version of the CSA Practice Leads Programme was designed by the Centre of expertise on child sexual abuse (the CSA Centre) for use with social workers in local authority children's services. The revised version of the programme that is evaluated in this report was developed in conjunction with Change Grow Live (CGL), a large, national charity which primarily supports adults with drug and/or alcohol dependency support needs. CGL was keen to be part of this programme in order to further improve services for people beyond its core offer; it saw this as an opportunity to learn what was needed to do things better.

The pilot programme aimed to:

- improve awareness and understanding among CGL staff of child sexual abuse (CSA), and the established links between CSA and substance misuse, mental health problems, and other difficulties in adulthood
- encourage CGL staff to routinely ask service users whether they have been sexually abused as children, and equip staff to respond appropriately when abuse is disclosed
- capture emerging learning in order to contribute to ongoing improvement in CGL's organisational approach to CSA, and raise awareness across the organisation of the value of an increased focus on and awareness of such abuse
- provide learning for the CSA Centre around applying such a programme to a large, national and multi-faceted third-sector organisation.

The programme had two main strands: a series of in-depth training sessions for a small number of CGL staff, which were delivered by a facilitator from the CSA Centre; and support for these staff to become CSA Practice Leads within CGL, so that they could apply the learning from the training to their own practice and cascade the key messages to their colleagues, teams and managers.

The evaluation of the pilot programme

An evaluation was carried out by an external evaluator commissioned by the CSA Centre at the end of the pilot programme to explore its approach, assess progress towards achieving its aims, and draw out learning around its future development and replicability. The key evaluation questions were:

- How appropriate and effective were the training design, methods, delivery and content?
- What difference has the programme made to the understanding, skills and practice of the Practice Leads and their teams? And what have been the main enablers and challenges to applying the learning in practice and sharing it with colleagues?
- Are there any early indications of changes in CGL's approach, strategies and service delivery around this issue?
- What learning has emerged for tackling any challenges encountered, especially if replicating this model and/or rolling the programme out more widely?

The evaluation used a mixed methods approach involving:

- two focus groups with the Practice Leads at the end of the programme
- one-to-one interviews with the programme facilitator and CGL's three CSA National Leads
- one-to-one interviews with three service users who had been involved in the programme
- analysis of four surveys conducted by CGL before and after the programme, of pre- and post-training questionnaires completed by the Practice Leads, and of written feedback from 10 Practice Leads.

Key findings

The evaluation found that the programme was highly appropriate for an organisation like CGL, working primarily with adults with drugs or alcohol support needs and/or mental health issues.

Close collaboration at the outset and on an ongoing basis between senior personnel at CGL and the CSA Centre's facilitator proved vital in developing and implementing the programme, and ensuring that it met the organisation's needs.

The evaluation found considerable evidence of the programme's impact on participants' knowledge and confidence in talking with service users about CSA, as well as changes in their attitudes and skills. These appeared to have resulted in substantial changes to practice, particularly among the CSA Practice Leads themselves but also among the staff around them, who by the end of the programme were beginning to ask service users routinely about CSA. The CSA Practice Leads also reported receiving an increased number of disclosures of CSA, including from people who had used the service for years and not previously disclosed.

These findings indicate that this new approach to asking service users routinely about their experience of CSA is both appropriate and useful, and highlight the potential value of this programme to organisations working in similar fields.

The evaluation demonstrated that it is important for the CSA Centre to understand the structure and settings of each organisation it collaborates with. National organisations, in particular, respond to diverse needs in different parts of the country, and face multiple commissioning arrangements and responsibilities.

The evaluation also revealed some of the challenges associated with piloting such an ambitious programme within a large, diverse organisation, and highlighted the importance of developing a broad strategic and policy framework in order to drive and embed long-term, widespread attitudinal and practice change.

Training design, method, delivery and content

The evaluation provided useful learning for the CSA Centre in terms of continuous improvement of the programme in different sectors.

The programme benefited from previous research undertaken by the CSA Centre, and from the programme facilitator's extensive knowledge and expertise. The topics covered and delivery methods used were suited to the issue and to the programme participants, who came from a range of settings, had diverse qualifications and job titles and were highly experienced and skilled. The mix of research information and learning from practice maintained the right balance, and the voices of service users proved pivotal in persuading Practice Leads of the need to prioritise and initiate asking people directly about CSA.

The reflective and iterative nature of the programme, with the training spread over 10 months, meant that topics could be expanded and deepened in response to issues raised by the participants, and gave them the reinforcement and practice opportunities they needed to break through their own barriers to asking service users about CSA.

Effect on the understanding, skills and practice of CSA Practice Leads and their teams

Despite their existing professional expertise, the CSA Practice Leads reported learning a substantial amount about the scale and nature of CSA, and its relationship with substance misuse, mental health difficulties, physical ill-health, personal neglect and other issues.

The Practice Leads felt more aware of the extent of their service users' experience of CSA, as well as the diverse ways in which this had affected service users' lives. In this context, they acknowledged that they had previously accepted some prevailing myths around CSA, not least that people will disclose when ready. They valued having those misconceptions overturned. Even where Practice Leads had believed they were routinely asking service users about CSA, taking part in the programme helped them realise that they were in fact talking around the subject rather than asking about it directly. As a result of the training, Practice Leads felt empowered to make routine enquires about CSA and more confident to respond to disclosures appropriately and support service users following disclosure.

The evaluation findings also suggest that Practice Leads' new understanding had penetrated deeply enough to become embedded in their individual practice, and that the training model is therefore effective in effecting attitudinal and practice change.

Furthermore, the Practice Leads had been able to share their learning with many colleagues, some of whom were also beginning to ask service users routinely about CSA.

By the end of the programme, the Practice Leads described receiving increased numbers of disclosures of CSA, including from people who had used the service for years but had never previously disclosed. For example, seven Practice Leads reported they had each received an average of 22 disclosures since adopting the new approach.

The Practice Leads also reported positive responses from service users who disclosed, as well as anecdotal observations of these service users' improved health and engagement with services.

Effect on CGL's approach, strategies and service delivery around CSA

For CGL, the pilot programme has developed a group of CSA Practice Leads who are committed to applying their learning to their own work and to sharing this with colleagues. It has also shown the benefits of routinely asking service users about their experience of CSA. The programme therefore has the potential to have a significant, positive effect on CGL's service delivery and effectiveness.

At the same time, the pilot and its evaluation have highlighted important learning around the implementation of this kind of programme, particularly in terms of empowering Practice Leads to access available support so they can promote the new approach within their organisation, and anticipating the organisational impact of receiving increased numbers of disclosures.

Practice Leads were hopeful that the new approach will eventually help reduce recurrent relapses into substance misuse and the 'revolving door' nature of many service users' relationship with services, and so sustain their long-term recovery.

Replicating the model and rolling the programme out more widely

The pilot has created a model that the CSA Centre can adopt and adapt for other organisations in the future, and the insights gained have implications far beyond CGL. For example, it is quite possible that practitioners in other organisations feel confident that they are already routinely asking adult service users about their experience of CSA when they are not, in reality, doing so. This indicates the importance of the CSA Practice Leads Programme in improving support for adult survivors of CSA.

The evaluation highlighted the value of the close partnership and good communication between the CSA Centre's programme facilitator and CGL, which ensured that the programme was tailored to CGL's needs. Equally, it revealed the importance of the ongoing commitment of a core team at CGL to designing, supporting and implementing the programme within the organisation.

The wider challenges associated with disseminating and rolling out a programme like this – ensuring that all relevant staff understand why and how they should be asking service users about CSA, and how to support service users following disclosure – are likely to be encountered by other organisations that engage with this programme. CGL's experience of piloting the programme demonstrates the value of developing a dissemination strategy at the outset, in order to ensure awareness of the programme's aims and activities. This might include leadership and communication strategies, to support teams to embed routine enquiry into CSA as a standard approach.

Considerations for future development

A number of key considerations for the programme's future development have emerged from this evaluation:

- The clearest message is that the CSA Centre should continue to develop the programme and explore how to deliver it more widely. There is undoubtedly a need for a training programme that enables organisations working with adults who are likely to have experienced CSA to take a proactive and supportive approach to addressing the impact of CSA on their service users. Organisations that might benefit from this programme include substance misuse services, mental health services and those working with prisoners or ex-prisoners, people who have experienced homelessness and care leavers.
- The programme is likely to need adaptation to each organisation where it is delivered. As the pilot has shown, this is likely to require considerable commitment and input from the organisation, as demonstrated by CGL, throughout the programme delivery in order to ensure that it reflects practitioners' and service users' needs.
- Designing different versions of the training programme may be necessary to suit different organisations, contexts and budgets – for example, making the content more or less advanced according to participants' awareness, roles and service type. Many organisations might opt for a shorter basic course for all staff or management in addition to the longer CSA Practice Leads training. However, any revisions to the programme will need to be piloted and evaluated.
- The training sessions are only one part of the picture. Achieving shifts in culture, knowledge and practice across a whole organisation, and embedding routine enquiry about CSA, require consideration of strategic planning (ideally in advance of the training delivery) and effective engagement of key personnel at all levels of the organisation to develop sufficient buy-in and strategies for implementation of the new approach.

Overall, the pilot CSA Practice Leads Programme in adult substance misuse services has shown the value of developing a proactive approach to addressing the impact of CSA among adult service users. It has revealed that many more service users are likely to have experienced CSA than may have been previously understood, and has shown the importance of recognising the extent of service users' support needs. This evaluation has revealed the relevance of the CSA Practice Leads Programme to such organisations, and highlights the value of extending the programme to organisations working in similar fields.

> The pilot programme has shown that many more adult service users are likely to have experienced CSA than may have been thought

1. Introduction

One of the key aims of the Centre of expertise on child sexual abuse (CSA Centre) is to develop understanding and practice so it can support confident and effective multi-agency responses to child sexual abuse (CSA), based on evidence, across England and Wales. To that end, in 2018 the CSA Centre developed the CSA Practice Leads Programme, an intensive programme of training and development aimed at supporting organisations to build their understanding and confidence in identifying and responding to CSA.

Initially designed for local authority social workers, the programme was subsequently refined for professionals supporting adults with substance misuse issues who may have been sexually abused as children. This version of the programme, developed in conjunction with the national charity Change Grow Live (CGL), was piloted with CGL staff between March and December 2019 and evaluated by an external consultant commissioned by the CSA Centre.

1.1 Change Grow Live

Change Grow Live (CGL) is a health and social care charity, working across England, Wales and Scotland. Its objective is to "deliver integrated health and social care services that improve people's health and wellbeing and support and encourage them to achieve positive and life-affirming goals" (CGL, 2019).

CGL is commissioned by health authorities, local authorities and others to deliver a range of services direct to the public. It employs approximately 3,800 staff and 1,700 volunteers, most of whom work directly with service users. CGL staff interviewed for this evaluation estimated that the charity holds a caseload of approximately 66,000 service users at any one time.

Supporting young people and adults who have mental health issues and problematic relationships with alcohol and drugs is a major focus of CGL's work. CGL provides medical, psychological and social work interventions to sustain lifestyle and behavioural changes, alongside helping people understand the health risks and reduce or stop substance use in a safe way.

The organisation's multi-disciplinary teams can include social workers, doctors, nurses, psychologists, psychiatrists, recovery coordinators, recovery champions, peer mentors and volunteers, the last of which are often recruited from its service users. Service delivery structures, models and programmes vary by region and area, as well as by the priorities of local commissioners.

1.2 Child sexual abuse, substance misuse and mental health

There are strong links between being sexually abused as a child and experiencing numerous physical, mental and emotional health difficulties as an adult. Research has found that people who experience CSA are demographically diverse and experience different outcomes. Many experience pervasive and enduring negative outcomes which extend over their lifetimes; these outcomes can include poor mental and physical health, difficulties in relationships, lower educational and socio-economic status, and increased vulnerability to other forms of abuse later in life, including domestic violence and coercive control (Scott et al, 2015a).

An evidence assessment for the Independent Inquiry into Childhood Sexual Abuse (Fisher et al, 2017) summarised the current research and noted the wide range of adverse outcomes which can endure across an individual's lifetime. These include high rates of mental health difficulties – including depression, generalised anxiety, post-traumatic stress disorder (PTSD), self-harm, and suicide ideation and attempts. The report quoted research showing that a history of CSA more than doubles the likelihood of depression among young adults, and went on to say:

> "Research suggests that CSA is associated with an increased risk of externalising behaviours, including substance misuse, inappropriate or 'risky' sexual behaviours, anti-social behaviour and offending." (Fisher et al, 2017:67)

CSA has also been framed within the discourse on 'trauma' and 'adverse childhood experiences' (ACE), which in themselves can contribute to poor outcomes in adulthood (Allen and Donkin, 2015). The first report from the Responding Effectively to Violence and Abuse (REVA) Project noted the strong links between CSA and a range of mental health difficulties, including psychosis, PTSD, eating disorders and suicide attempts (Scott et al, 2015a). Nonetheless, and despite shaping individuals' support needs, CSA was found to be often under-acknowledged by services. The report recommended that "services must address both mental health and violence and abuse if they are to respond effectively to service users' needs" (Scott et al, 2015a:1).

Externalising behaviours, such as misusing drugs and alcohol, can be used to self-medicate and dull emotions. Nelson and Hampson (2008) quoted adult survivors of CSA saying that they used drugs to help "to get away in my head", and that substance misuse reflected their lack of regard for themselves and their "absolute desperation".

The IICSA review outlined a significant association between CSA and problematic use of alcohol and illegal drugs, which are often used as coping mechanisms; in turn, this substance misuse can damage the person's physical health, relationships, education and employment, and aggravate vulnerability for re-victimisation first created by the CSA (Fisher et al, 2017:73–74).

A recent report by a CSA support charity (One in Four, 2019) found that "self-medicating with drugs and alcohol can be seen as a life-saving strategy by [people who have experienced CSA] to regulate emotions, either by numbing the pain or promoting euphoria and a feeling of aliveness". In addition, it said that "addiction services rarely make the link between substance use and the underlying trauma of childhood sexual abuse". People who had experienced CSA reported mental health issues including anxiety, depression, complex PTSD, depression, eating disorders and self-harm; the report also noted that alcohol or drugs can be used as a substitute for relationships where CSA has created a fear of intimacy.

1.2.1 Survivors' perspectives on being asked about CSA

It is well documented that disclosing experiences of sexual abuse is difficult, both at the time and later in life (see, for example, Kelly and Karsna, 2018; Lovett et al, 2018; Martin et al, 2014; Parke and Karsna, 2019). Reasons cited include a sense of shame, feeling responsible for what happened, influence from the abuser and unhelpful responses from professionals when attempting to disclose. Users of mental health services have reported that they want professionals to ask them as a matter of routine about their experience of abuse, and point out that they need to be asked more than once as they may not feel able to respond at first (Scott et al, 2015b). Nelson and Hampson (2008) found that many people who had experienced CSA were frustrated that, even where they had used a frontline service for many years, no one had ever asked them whether they had been sexually abused as children:

> "Nobody ever asked me what I wanted." (Nelson and Hampson, 2008:44)

> "I'm a survivor. I want acknowledgement, receptivity and understanding. I just want someone to sit over there and listen to me … I need my story to be witnessed, and that's the validation I'm looking for." (Nelson and Hampson, 2008:30)

> There is a significant association between CSA and use of alcohol and illegal drugs, which are often used as coping mechanisms

1.3 The CSA Practice Leads Programme in adult substance misuse services

1.3.1 Programme development and aims

The CSA Centre developed the CSA Practice Leads Programme to improve awareness, knowledge and practice around CSA among professionals in a range of disciplines and contexts, and to enable those professionals to become 'CSA Practice Leads' who will share and cascade their learning within their own teams and services. The programme's key objectives are to increase Practice Leads' confidence to:

- routinely enquire about CSA with service users
- respond appropriately to disclosures
- support service users who have experienced CSA and signpost them to additional services if desired.

It is based on an earlier programme designed and delivered in East Sussex by Anna Glinski, who was at the time an advanced social work practitioner. Anna now leads on knowledge and practice development at the CSA Centre, where the programme was subsequently developed and considerably expanded; the result was piloted with social workers across three local authorities between October 2018 and January 2020, and has been evaluated separately (Parkinson, 2020).

The opportunity to develop another version of the programme arose when CGL began discussions with the CSA Centre around the need for a more proactive approach to CSA. The CSA Practice Leads Programme in adult substance misuse services was therefore developed in conjunction with CGL and is the subject of this report. It aimed to explore whether the CSA Practice Leads Programme could:

- improve awareness and understanding among CGL staff of CSA and its established links with substance misuse, mental health issues and other difficulties in adulthood
- encourage staff to routinely ask service users whether they have been sexually abused as children, and equip staff to respond appropriately when abuse is disclosed
- capture emerging learning in order to contribute to ongoing improvement in CGL's organisational approach to CSA, and raise awareness across the organisation of the value of an increased focus on and awareness of such abuse
- provide learning for the CSA Centre in applying such a programme to a large, national and multi-faceted third-sector organisation.

Like the CSA Practice Leads Programme in social work, this programme was facilitated by Anna Glinski. Delivered between March and December 2019, it comprised two main strands: in-depth training for a small number of CGL staff, and support for these staff to apply their learning to their own practice and cascade that learning to their colleagues, teams and managers.

1.3.2 Theory of Change

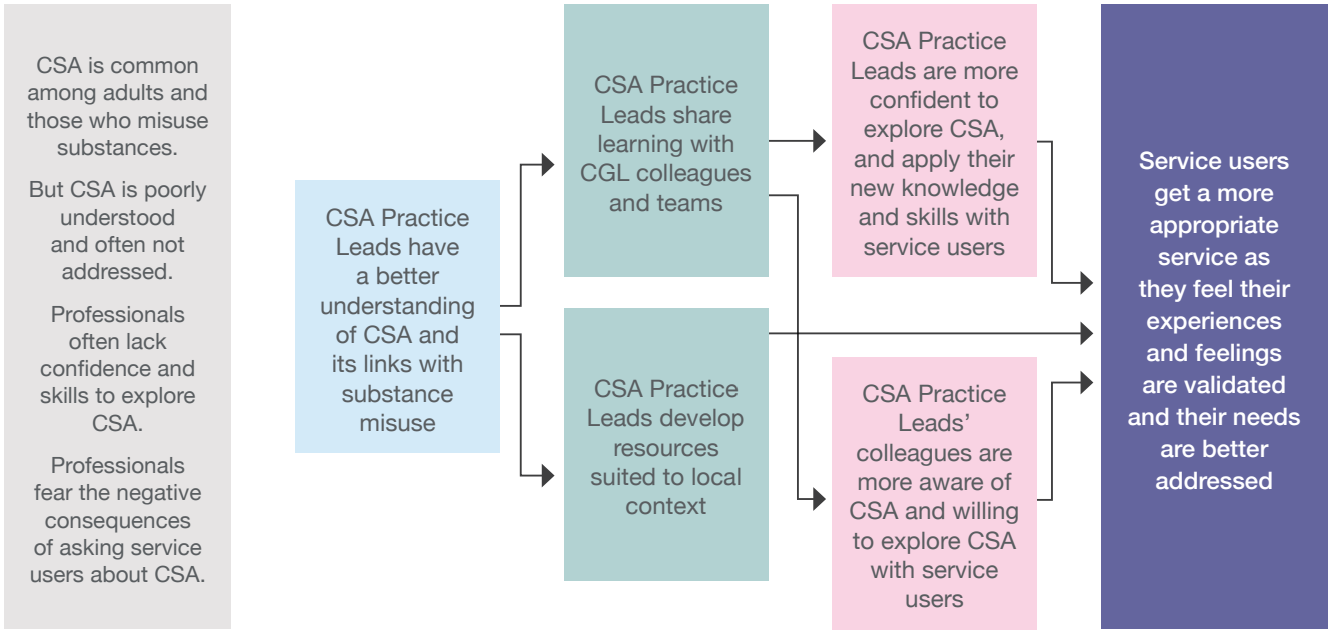
A Theory of Change model was developed from information provided by CGL and the CSA Centre on the programme's aims, objectives and operations (see Figure 1). The model shows how, as a result of taking part in the training, CSA Practice Leads would improve their understanding of the prevalence, nature and impact of CSA and its links with substance misuse; share their learning with colleagues and teams; and develop resources to support changes in practice. They would thus become more confident in exploring CSA with service users and in supporting others to do so, ultimately resulting in service users receiving a more appropriate response as their feelings were validated and needs were better addressed.

> The programme provided in-depth training for a small number of CGL staff, and support for them to apply and cascade their learning

Figure 1. Theory of Change for the CSA Practice Leads Programme in adult substance misuse services

The CSA Centre collaborates with CGL to develop and deliver training on CSA to selected CGL staff

To improve awareness and understanding among CGL staff of CSA and its established links with substance misuse, mental health issues and other difficulties in adulthood	To encourage staff to routinely ask service users whether they have been sexually abused as children, and equip staff to respond appropriately when abuse is disclosed	To capture emerging learning in order to contribute to ongoing improvement in CGL's organisational approach to CSA, and raise awareness across the organisation of the value of an increased focus on and awareness of such abuse	To provide learning for the CSA Centre in applying such a programme to a large, national and multi-faceted third-sector organisation



Key assumptions

- The 'right' participants are recruited and attend
- The 'right' amount of training, information and resources are delivered by the CSA Centre
- CSA Practice Leads get the right 'dose' – e.g. attend enough training
- CSA Practice Leads have the capacity and scope to cascade the training
- CSA Practice Leads' line managers support the approach
- CSA Practice Leads' colleagues and teams are sufficiently motivated and able to acquire and apply the new knowledge and skills
- CGL's systems enable and enhance the application of the learning and sharing of knowledge and skills across the organisation

Context	Outputs	Aims	Immediate Outcomes
Intermediate Outcomes	Longer-term Outcomes	Impact	Assumptions

1.4 Evaluating the pilot programme

The evaluation of the pilot CSA Practice Leads Programme in adult substance misuse services was conducted by an external evaluator commissioned by the CSA Centre between December 2019 and February 2020, using data gathered before, during and after delivery of the programme. The evaluation aimed to explore the programme's approach, assess progress towards achieving its aims, help draw out the learning from the programme and consider the replicability of this approach within other organisations.

1.4.1 Key evaluation questions

- How appropriate and effective were the training design, methods, delivery and content?
- What difference has the programme made to the understanding, skills and practice of the CSA Practice Leads and their teams? And what have been the main enablers and challenges to applying the learning in practice and sharing it with colleagues?
- Are there any early indications of changes in CGL's approach, strategies and service delivery around this issue?
- What learning has emerged for tackling any challenges encountered, to facilitate replication of this model and wider rollout of the programme?

1.4.2 Presentation of the evaluation findings

This report presents the findings from the evaluation of the pilot programme. Following a short chapter about the evaluation method, the findings are organised into four chapters:

- Participation in the pilot programme.
- Design, content and delivery of the pilot programme.
- Programme outcomes.
- Key enablers, challenges and learning in implementing the programme.

A final chapter presents conclusions and considerations arising from the evaluation.

In reporting the data, percentages have been rounded up to the nearest whole number. Missing data (i.e. where respondents did not answer a survey question) are generally excluded from the percentages given. The number of survey respondents, interviews and focus group members is indicated by 'n'.

Direct quotations have been anonymised to protect participants' identities but are attributed in very general terms to assist understanding, e.g. 'Practice Lead', 'CGL CSA National Lead' and 'Service user'. The two focus groups are numbered to help illustrate the distribution of voices and opinions. Quotations are provided verbatim, apart from the exclusion of filler words such as "umm" and "you know".

2. Evaluation methodology

2.1 Data collection

The evaluation employed a mixed methods approach (Creswell and Plano Clark, 2007). It used questionnaires, interviews and focus groups to collect both quantitative and qualitative data from those involved with the programme, in order to reflect their different experiences and views and strengthen the reliability of the findings. Although this may have resulted in some overlap and repetition across the data gathered from participants, the use of multiple methods helped to triangulate the data and improve the robustness of the findings and the conclusions drawn.

Tables 1 and 2 set out the data used in the evaluation, showing the quantitative and qualitative sources separately. Many of the surveys and questionnaires listed in Table 1 contained open questions and therefore provided additional qualitative data for the evaluation.

All interviews and focus groups were audio-recorded with participants' consent, and subsequently transcribed verbatim.

Table 1. Quantitative data

Method	Number of respondents pre-training	Number of respondents post-training
Online survey of all CGL first-line staff and managers, conducted by CGL in February 2019	529	n/a
Online survey of CSA Practice Leads, conducted by CGL in December 2019[1]	n/a	22
Pre- and post-training online surveys of members of the CSA Practice Leads' teams, conducted by CGL in May and December 2019	200	77
Pre- and post-training online questionnaires to assess CSA Practice Leads' awareness and practice around CSA, conducted by the CSA Centre in May and December 2019	23	17
Feedback form for CSA Practice Leads to report on the sharing they had undertaken with their teams and the number of disclosures they had received by January 2020, collected by CGL	n/a	10

Table 2. Qualitative data

Method	Number of participants
Two focus groups with CSA Practice Leads attending the programme, in Manchester and London, run by the evaluator in December 2019	22
One-to-one, in-depth telephone interviews with CGL CSA National Leads, conducted by the evaluator in December 2019	3
One-to-one, in-depth telephone interview with the programme facilitator, conducted by the evaluator in December 2019	1
One-to-one, in-depth telephone interviews with service users who had worked with the Practice Leads to co-design new resources, conducted by the evaluator in December 2019	3

1 This repeated questions from the February 2019 survey, so that Practice Leads' responses pre- and post-training could be compared.

2.2 Analysis

Qualitative data from the interviews, the focus groups and the open questions in the surveys and questionnaires were thematically analysed using the Framework approach (Ritchie and Spencer, 1994) to structure and organise topics and ideas that came up repeatedly. CGL analysed the responses to the baseline staff survey conducted in February 2019. The evaluator used this data and analysed subsequent surveys, questionnaires and other quantitative feedback using Excel to examine attendance rates and any self-reported changes in the CSA Practice Leads' levels of knowledge, confidence, skills and practice. The themes emerging in the framework analysis are given in Appendix 1.

2.3 Ethical issues

The CSA Centre's research and evaluation projects are assessed to establish whether they require approval by its Research Ethics Committee (REC). Projects requiring the REC's approval include those that will involve:

- vulnerable people, including all children and young people, those at risk of or experiencing CSA, and individuals who have sexually abused children
- people who lack capacity to make decisions, or who come to lack capacity during the research process, as defined under the Mental Capacity Act 2005
- risk to the safety of the researcher, specifically where there is the potential for psychological or physical harm
- participatory research with members of the public, such as young people employed in the capacity of peer researchers
- social media research and participants recruited or identified through the internet, such as following up participants who have previously received services as victim-survivors or where individuals have sexually abused young people
- linking or sharing of personal data beyond the initial consent given, specifically where there is a risk of information being disclosed that would require researchers to breach participants' confidentiality.

This evaluation did not fall into any of the above categories and was therefore not considered by the REC. Nonetheless, several ethical issues were addressed in the design and implementation of the evaluation:

- We were careful to explain the purpose of the evaluation to participants and how any information they provided would be used.
- We made it clear that taking part in interviews or focus groups was completely voluntary; participants were informed that they could choose whether or not to take part, or to answer particular questions, and could withdraw at any point.
- All data was stored anonymously, retained securely and will be destroyed once this report has been published.
- All participants were advised to avoid using names or otherwise inadvertently disclosing the identity of service users (for example, during focus groups or in emails).
- In all cases, but particularly when interviewing service users, we were conscious of the profound sensitivity of this topic and the risk of harm through causing upset, or breaching anonymity or confidentiality. A range of measures were undertaken to minimise risk in this regard, including arranging post-interview support.

> In all cases, but particularly when interviewing service users, we were conscious of the profound sensitivity of this topic

2.4 Limitations

There are a number of factors which may have affected the results of this evaluation:

Despite efforts to remain as neutral as possible (for example, in question design), this evaluation carried a high risk of bias due to its internal nature. The CSA Centre conducted the overall evaluation, albeit by commissioning an external evaluator, and the programme facilitator and CGL administered the surveys and questionnaires. As a result, respondents may not have been open, instead providing answers they felt were more acceptable. Moreover, the surveys were not anonymous.

Sixteen staff members selected for the programme did not attend it at all. Some provided reasons, including insufficient time, bereavement and a change of role (see section 3.5). Their views about the programme, which in hindsight might have been interesting and instructive in future recruitment and design, were not collected.

Some data collection activities received a low number of responses. For example, the post-training feedback form – designed to supplement and add some quantitative data to the information gathered in the two focus groups – was completed by 10 of the 24 Practice Leads. And the post-training online survey of members of the CSA Practice Leads' teams received only 77 responses, although the pre-training survey had received 200.

It was too early to capture evidence of the programme's long-term impact, as the evaluation fieldwork was carried out towards the end of the programme delivery and in the following two months. It is therefore important that follow-up activities are carried out to assess its impact more thoroughly, including gathering the views of service users.

Recognising the limitations of an evaluation is always important, as it highlights factors that may have affected the findings and interpretations. In addition, it provides learning for evaluating programmes of this nature in the future, particularly around the importance of designing the evaluation, agreeing evaluation objectives and methodology with relevant stakeholders at the start of the programme, and extending the timing of the evaluation after a programme ends in order to capture longer-term outcomes and learning.

> "It was too early to capture evidence of the programme's long-term impact, so it is important that follow-up activities are carried out"

3. Participation in the pilot programme

This chapter focuses on participation in the CSA Practice Leads Programme in adult substance misuse services, at both the organisational level – exploring CGL's reasons for being involved and existing levels of knowledge and practice around CSA among its staff – and the individual level.

3.1 The significance of the CSA Practice Leads Programme to CGL

Piloting the CSA Practice Leads Programme within CGL – a national, multi-faceted, third-sector organisation with a large caseload of people who have problematic substance use and mental health difficulties – provided an opportunity for both the CSA Centre and CGL to learn how to equip staff to effect change around addressing CSA among adult service users.

Following initial contact with CGL through networking activities, Anna Glinski – who leads on knowledge and practice development at the CSA Centre and had originally developed the CSA Practice Leads Programme for social workers – took part in a series of meetings and discussions with three of CGL's National Leads (the National Child Sexual Exploitation Lead, the National Social Work Lead and the National Safeguarding Lead) to shape the programme to CGL's context.

Having recently undergone an organisational restructure, CGL had launched a new strategy and set of values which underpinned a culture of change and new ways of working, based on a 'whole person approach'. Recognising a need for a more proactive approach to responding to the impact of CSA on its service users, the CGL national leads saw the opportunity to pilot the CSA Centre's Practice Leads Programme as a way of exploring how best to design and deliver a programme that could enhance that response, and work towards a meaningful shift in knowledge, attitude, skills and organisational culture.

In the long term, CGL envisaged that equipping staff to ask service users about their experience of CSA would help service users to feel validated in their experience, and would improve their insight into the impact of trauma in their own lives and relationship with substance misuse, thereby creating a more responsive and needs-led service.

Since CGL provides more than 150 services across the UK, each offering a wide range of interventions to fit their local contexts, it was also clear that piloting the CSA Practice Leads Programme would generate rich learning for both CGL and the CSA Centre in terms of driving change across a very large, diverse organisation.

3.2 Existing awareness and practice around CSA among CGL staff

To design a training programme that would develop and build on participants' knowledge, skills and practice, it was important to explore:

- existing levels of awareness among CGL staff of CSA's relevance to their service users
- willingness among CGL staff to routinely ask service users whether they had been sexually abused as children
- the consistency of knowledge and practice across the organisation.

A baseline survey of all staff, pre-training questionnaires for participants in the programme and a team survey among their colleagues were designed to gather this information.

3.2.1 Baseline surveys

The CSA National Leads within CGL and the programme facilitator developed an online survey which was sent to all CGL 'operational' staff – approximately 3,000 people – in early 2019. At the end of the survey, staff were asked whether they were interested in attending the CSA Practice Leads Programme.

The baseline survey attracted 529 responses, a response rate of approximately 18%. The majority (n = 410, 78%) were from CGL staff who worked directly with service users ('first-line' staff), while almost a quarter (n = 119, 22%) were from staff in leadership and other non-service-user facing roles. As the survey was voluntary, it is possible that those who responded had more interest and awareness of CSA than non-respondents, perhaps because they were more conscious of the topic's relevance to their work; as a result, the levels of awareness reported in the survey may be higher than those within CGL as a whole.

More than half of the 410 first-line staff responding to the survey said that they considered enquiring about CSA to be part of their role (n = 217, 53%), and many felt confident about supporting service users who disclosed a history of CSA (n = 320, 78%). However, fewer than half said that they routinely asked service users about a potential history of CSA (n = 185, 45%), and nearly a third feared that doing so would be harmful (n = 131, 32%).

The demand for more knowledge about CSA was high, with more than three-quarters of all respondents (n = 406, 77%) expressing an interest in taking part in the programme. Section 3.3 below describes how participants in the programme were recruited from this pool of interested staff.

Given that the CSA Practice Leads would be expected to disseminate learning and support a change in practice within their teams, a further survey was conducted in May 2019 to ascertain the baseline levels of awareness of and practice around CSA among members of programme participants' teams. This survey attracted 200 responses and again found relatively high awareness of CSA among team members: nearly half of respondents reported that they routinely enquired about CSA (n = 88, 44%), and three-quarters showed an awareness of CSA's impact on adults (n = 152, 76%).

3.2.2 Reflections from programme participants

Analysis of these surveys, and of discussions at the focus groups conducted with the CSA Practice Leads at the end of the training in December 2019, revealed that, overall, participants were highly aware prior to the training of the relevance of CSA to their service users, and felt that focusing on this was important given the extent of CSA that they were coming across in their work.

> "I've been [working] in drugs and alcohol for 19 years now … [CSA] was always pushed to the back. The same as PTSD … It was like, 'It's just the drugs and alcohol,' not looking at what's behind it. So it's been years and years of frustration, and when they came up with this scheme, I was like, 'Thank God, somebody's actually going to listen to it.'" (Practice Lead, focus group)

> "[It's a] really crucial issue. I think so many of our clients have experienced child sexual abuse … It's something that we don't focus on really … And I've been in this kind of work for many, many, many years and I've always known that a massive proportion of the client groups that I've worked with have experienced this … [I] jumped on it, really, when I saw it." (Practice Lead, focus group)

> The demand for more knowledge about CSA was high, with more than 400 staff expressing interest in taking part in the programme

However, participants also revealed that they did not feel confident or sufficiently skilled to ask service users about CSA or respond to disclosures, and often hesitated about doing so:

> "I don't ask service users directly if they experienced childhood sexual abuse. Many clients offer this voluntarily when we discuss reasons for drug use." (Practice Lead, pre-training survey)

> "It is not always appropriate to broach the subject of childhood trauma with a [service user] unless you have the time, the right environment and the right support to offer the individual." (Practice Lead, pre-training survey)

They also felt that enquiring about CSA could open up a "can of worms" and cause service users distress; that staff would not be able to provide sufficient support; and that people might harm themselves as a result of disclosing. Alongside this ran the belief that service users would disclose CSA voluntarily when the time was right.

The CSA Practice Leads Programme therefore provided an opportunity to challenge existing beliefs and to begin to influence practice around working with service users who had experienced CSA.

3.3 Recruitment

The online baseline survey sent to all CGL operational staff in early 2019 had shown a real appetite for the pilot programme, with 406 staff interested in taking part. The programme facilitator and CGL's CSA National Leads sifted the responses to identify the most appropriate candidates, as the number of places was limited to 20 places in each of the groups in the North and South (hence 40 overall) in order to ensure there was enough time to explore and discuss the new information and reflect on how to apply it to practice. In order to ensure that the participants were best suited to being CSA Practice Leads, selection criteria were applied. These included:

- experience of working with adults, mainly in substance misuse
- a minimum of six months spent working at CGL
- a minimum of two years' experience in the field
- location (generally one person per service, with the exception of two large services which each had two to three Practice Leads).

Additionally, participants were selected so that there would be a range of roles (e.g. doctors, nurses, psychologists and social workers) represented on the programme, and a three-to-one split between first-line and managerial staff. Participants in the programme included safeguarding leads, recovery coordinators, quality and governance leads, nurses, social workers, team leaders and project managers. They were drawn from 18 teams. One worked in Scotland, while all the others were based in English services. They were mainly white and female, despite efforts to maximise diversity.

To ensure wider understanding of, and buy-in to, the programme across CGL, the 40 selected participants were asked to provide their line managers' signed agreement to their becoming a Practice Lead and to their attendance on the training days.

3.4 Attendance

Of the 40 staff selected to become CSA Practice Leads, a total of 23 attended the first day across both locations. After that, total attendance ranged between 16 and 24 each day (see Table 3); one person attended only once, on Day 3. Reasons provided by some of those who did not attend Day 1 included lack of capacity, time constraints, bereavement, adoption leave, a change in role and other personal circumstances. On subsequent training days, sessions were missed because of urgent work demands or illness. A break between Days 3 and 4, which was designed to give them time to apply their learning, was reported by Practice Leads to have contributed to the low attendance on Day 4.

In the focus groups, Practice Leads felt that more continuity in attendance would have facilitated learning and helped with group formation and identity:

> "I think it affected consistency … because there were people going, 'Oh, I'm going to go and do this thing.' And then I never saw them again, so I think to maintain a whole group does help. No disrespect to who's left, but … it feels a little bit incomplete." (Practice Lead, focus group)

They suggested that attendance might have been improved if some kind of accreditation for completing the programme had been provided. Holding an introductory event for line managers and providing them with regular information and course updates were also suggested, on the basis that this would help maintain line managers' engagement and support for the Practice Leads' attendance and efforts.

Table 3. Attendance at the training days

Training day	Timing	Number of participants		
		North	South	Total
Day 1	April	14	9	23
Day 2	May	13	9	22
Day 3	June/July	15	9	24
Day 4	September/ October	11	5	16
Day 5	November/ December	15	7	22

3.5 Reflections

The baseline survey showed a high demand for CSA training, making it easy to select the 40 people required for the programme. However, a large number of those selected were subsequently unable to attend the training days, suggesting that other methods are needed to secure participation and maintain attendance. These might include taking a more targeted and personalised approach to ensure that those who initially apply and are selected understand the expectations and the time commitment; over-selecting to maintain a reserve list; and ensuring that line managers understand the need and purpose of the programme.

Those who did attend the programme were highly experienced practitioners who appreciated the relevance of the training to their work. Engaging staff who perceive CSA as less relevant to their work may present more of a challenge and require a different approach.

Gaps between training days need to be long enough to enable learning to be applied and shared, but not so long as to lose momentum.

Maintaining attendance is important in itself, but also in providing continuity that supports participants in learning from each other and developing mutual support.

Investigating the scope to award a form of meaningful accreditation for the programme might also be helpful in maximising attendance.

In addition, the design of future programmes should involve the identification of a lead person or persons to fulfil the role undertaken by CGL's three CSA National Leads, i.e. to be responsible for coordinating recruitment, liaising with participants between training days, supporting the delivery of the programme, and ensuring that participants' support needs are met. At the same time, the CSA Centre should also consider what role it can play in ensuring that participants receive the support they need to engage in the programme and take up their role as CSA Practice Leads.

4. Delivering the programme

This chapter details findings from the evaluation that relate to the delivery of the CSA Practice Leads Programme in adult substance misuse services, as shown in Figure 2.

4.1 Programme design

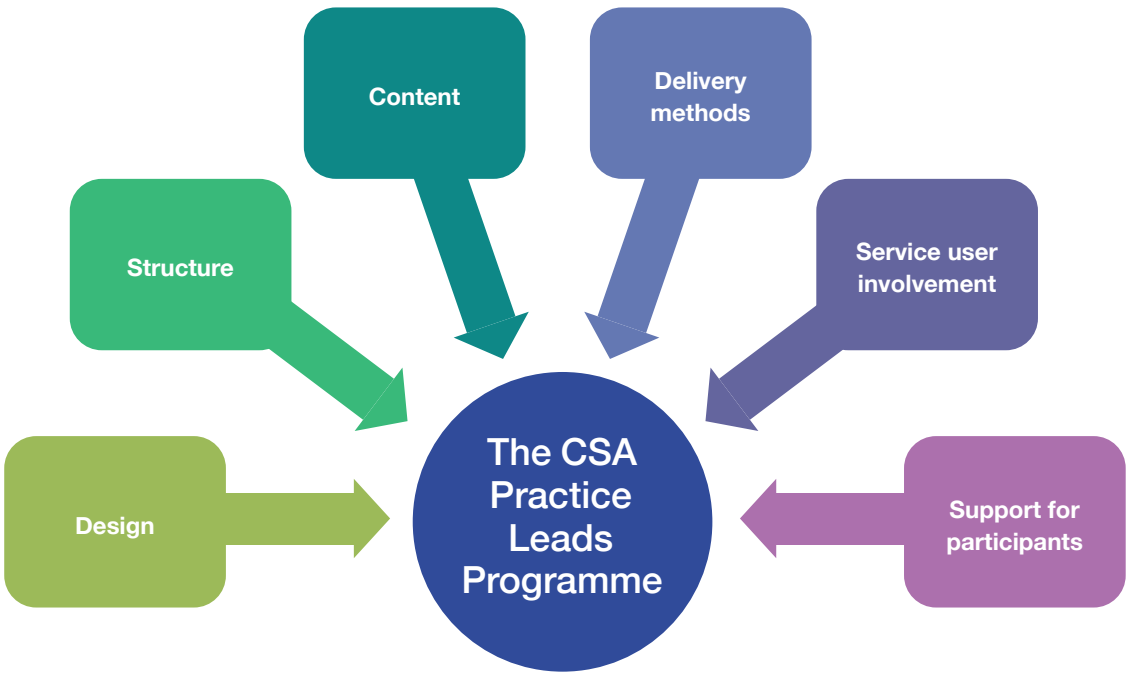
The origins of the CSA Practice Leads Programme lie in an earlier programme which Anna Glinski, the programme facilitator, had designed and delivered when working in a local authority as an advanced social work practitioner. In 2018 she refined this for the CSA Centre as a 10-month programme to train and support social workers in local authority children's services as CSA Practice Leads.

The programme delivered at CGL benefited from these two previous iterations, and from Anna's extensive experience in the field – much of it spent working with families affected by CSA, including adults who were sexually abused in childhood – and her meetings and discussions with CGL's three CSA National Leads (see section 3.1).

With a focus on working with adult survivors of CSA, the programme aimed to increase CGL staff skills and confidence in supporting service users who had experienced CSA; particular attention was paid to enquiring routinely about CSA, responding to disclosures and, where appropriate, signposting service users who had expressed a desire to access other services when they were ready. The programme comprised two main strands:

- In-depth training for selected CGL staff over five one-day sessions, delivered in both Manchester and London, between March and December 2019.
- Support for these staff to apply their learning to their own practice and cascade that learning to their colleagues, teams and managers.

Figure 2. Evaluating the programme's delivery



As the programme developed, Anna and the CSA National Leads promoted the programme across CGL by organising meetings and presentations to key stakeholders including the Chief Executive Officer, the Senior Clinical Lead, clinical leadership meetings (consultant psychiatrists and GPs), regional leadership meetings and service user committees. The CSA National Leads subsequently attended each day of the training to ensure they had a thorough understanding of the programme content and to support the programme implementation, as well as maintaining close communication with the programme facilitator. This close collaboration between the CSA Centre and CGL was said to have greatly facilitated the programme.

> "We very quickly established a really good working rapport in terms of energy and excitement and enthusiasm for it. Very collaborative." (CGL CSA National Lead, interview)

> "It's been really collaborative. Sometimes we've met really regularly and we've had very long, intense meetings, because we knew we had a lot to action and get done and discuss and reflect on. So, yes, there's just been a real flow of work and communication. It's been amazing. Easy really … There's definitely been challenges, but no conflict." (CGL CSA National Lead, interview)

4.2 Programme structure

The programme was originally designed as a four-day programme running from April to October; a fifth day was subsequently added to cover additional material. In their post-training feedback, the CSA Practice Leads felt the schedule and extended timeframe worked well for them and provided the right amount of time to cover topics in sufficient depth, appreciate the contexts, and explore and discuss practice applications.

The post-training feedback forms and focus groups also revealed that, for those who completed the programme, spreading the training over many months had provided opportunities to apply the learning to their own practice, revise and supplement their knowledge over time, share it with colleagues, consult with service user groups, keep CSA on the agenda in their teams and their own work, and carry out the various 'homework' tasks on top of their normal jobs. They said that, even if practicable, a contracted course over consecutive days would have been less effective for their role, as other work priorities would have soon taken precedence and they would not have had time to reflect on the learning and address challenges in implementing it locally. That said, it is also possible that spreading the programme over many months may have made it more difficult for some to sustain their attendance, and it could therefore be useful for the CSA Centre to pilot and evaluate alternative approaches to offering the training programme (e.g. a five-day immersive programme) in order to understand their impact on engagement and attrition rates.

Suggestions were made for some minor alterations in the programme structure – for example, to spend less time reviewing topics from previous sessions.

> Practice Leads felt that the training schedule provided the right amount of time to cover topics in depth and explore practice applications

4.3 Programme content

The training covered relevant topics derived from the facilitator's considerable expertise and learning from earlier pilots, with input from CGL CSA National Leads and specific topics added in response to requests from participants.

Table 4 illustrates the range of content, which incorporated current data on the scale and nature of CSA, disclosure, values and belief systems, and the relationship between CSA and substance misuse. The voice of survivors featured throughout and was shared through videos, podcasts and research findings, along with feedback on resources and examples of resources produced by service users alone or in co-production. These stressed that survivors wanted to be asked about their experience of CSA, and that many preferred to be asked directly rather than being expected by practitioners to raise the issue voluntarily. One session focused specifically on routinely asking service users about their experience of CSA; this gave participants an opportunity to discuss considerations around how they approached asking service users whether they had been sexually abused as children, and to practice doing so through a role-play exercise.

In the post-training feedback forms, questionnaires and focus groups, the CSA Practice Leads considered the content of the programme to have been highly relevant, new and valuable. Although many had already felt reasonably knowledgeable, they had found that receiving the most up-to-date and comprehensive research data from the CSA Centre deepened and broadened their understanding, particularly by demonstrating the links across otherwise disparate issues. Of the 17 respondents to the post-training questionnaire, 15 described the content as 'outstanding' and the other two considered it 'good'. The statistics showing the strong link between CSA and substance misuse had surprised most participants, who said they had previously had no idea of the pervasiveness or breadth of impact.

Table 4. Outline of programme content

Training day	Outline content
Day 1	Outline of training rationale and aims Scale and nature of CSA, including myths What's known about perpetrators Survivors' views Impact of CSA Self-care guidelines Obstacles in practice
Day 2	Perpetrators' motivations and trends The relationship between CSA and substance misuse Barriers and enablers to disclosure Approaches to asking about CSA, supporting disclosure Views from survivors on their support needs Myths about disclosure and the impact on services Responding effectively to disclosure
Day 3	Physiological impact of CSA on the brain and body Substance misuse and CSA Trauma, PTSD, Adverse Childhood Experiences (ACEs) 'Trauma-Informed Care' Supporting survivors, including advice from survivors Developing local and national resources
Day 4	Revision: scale and nature of CSA, substance misuse and CSA; disclosure Information sharing CGL's policies and procedures
Day 5	Institutional abuse

> "Statistics were very important to me because I've seen this as a big problem for a long time and I think to see it in numbers … To keep collecting those numbers and statistics is a really important part of the journey ... And it's also a way to help educate others as well, so when people say, 'Oh why are we looking at this?' then we can say, 'Well, in addictions you're looking at a much higher percentage than in the general population and ... it can take people several times being asked before they disclose.' And I just think that it helped a lot …to just have some of the stats." (Practice Lead, focus group)

Practice Leads also highlighted the importance of hearing survivors' narratives; the complex psychological, physical and behavioural impact of CSA, including trauma, guilt, shame and self-neglect; and the need to explicitly ask people about CSA. Many spoke about having "lightbulb moments", such as understanding the link between CSA and a service user's fear of dentists.

> "A video of a survivor … really opened my mind to just the complexities … So, it's really going to help, when you're working with a service user, that it's not black and white … but you understand that they've still got those feelings there and it's really complex, and it's not one size fits all." (Practice Lead, focus group)

> "I hadn't heard [the voice of survivors] before and that's a really great way to explain to staff that this is why this needs to happen, because it's not us saying, 'This needs to happen,' it's the survivors. And something about 'What happened to you?' rather than 'What's wrong with you?' [I] love that way of reframing it." (Practice Lead, focus group)

While the feedback provided by the Practice Leads was extremely positive about the programme content, some suggestions were made for changes in the order of delivery and for additional content. These included moving the session on institutional abuse to earlier in the programme as participants felt that this would have helped them better understand the implications and have a framework for working with service users who had experienced both institutional and intra-familial abuse.

Additionally, Practice Leads stated that they would have appreciated more information, advice and discussion around approaching CSA with diverse cultural, religious and linguistic groups. Many of them worked with diverse minority populations and had found it difficult to translate 'CSA' into other languages or link it to people's existing conceptual frameworks. However, although one study based on a single minority ethnic group had been shared in the training, overall there is a lack of research in this area.

Finally, there was interest in learning more about people who perpetrate CSA, not least because some Practice Leads worked with this group. Participants commented that the points which were included had been illuminating and had changed their attitudes.

4.3.1 Action planning

As part of the programme, Practice Leads were expected to cascade their learning to colleagues and managers in their teams, in order to help the dissemination of the new approach across CGL services. Planning and reviewing how the Practice Leads were undertaking this formed a significant portion of each training day, and gave them an opportunity to feed back about their attempts to share the learning. Further discussion of this aspect of the programme can be found in section 6.2.

4.3.2 Developing new resources

Practice Leads were also encouraged to develop resource packs and information materials to fit their client base and contexts, including asset mapping to identify the level and extent of support available in their locality. These draft resources – designed to help draw the attention of other staff and service users in their settings to CSA – were shared with the other Practice Leads on the training days. They included posters, leaflets, grounding techniques, relaxation techniques, tactile resources to assist soothing, guidance for parents and self-care tips.

Many of the Practice Leads put a lot of energy into developing their information materials, sometimes working in collaboration with current and previous service users. Examples of the materials produced are included in Appendix 2. Again, further discussion of this aspect of the programme can be found in section 6.2.

> Many Practice Leads spoke of 'lightbulb moments', such as understanding the link between CSA and a service user's fear of dentists

4.4 Delivery methods

4.4.1 Training

A range of teaching methods were employed to help maintain interest and momentum, including PowerPoint slides, videos and links to other resources and specialist agencies. Handouts of presentations were subsequently emailed to participants, often with additional resources in response to questions and topics raised during the day. Most sessions included revision of topics from previous sessions.

Case studies, experiential exercises and reflective time were designed to deepen the CSA Practice Leads' understanding and to support their application of what they were learning. These group discussions and practical exercises were used throughout the programme to help develop their confidence and skills.

Feedback through questionnaires and focus groups showed that Practice Leads appreciated the range of teaching methods and content, including the mix of formal teaching with opportunities to discuss and explore how to apply the learning in their own settings. Although they were diverse in their roles and experience, they (along with the facilitator and CGL's CSA National Leads) observed how wholeheartedly everyone had participated in discussions and interactive activities, and how open and honest they were. They believed this reflected a degree of trust and openness with the group and the process.

In their post-training feedback, Practice Leads felt that the mix of teaching methods had provided the right balance for diverse learning styles, and the pace had been appropriate to deal with the volume of information.

> "I think overall there was quite a good selection of learning ways … Often group discussions, there was some role-play … then it was reflecting on two examples and things like that. For me personally, I did feel it was a really good selection." (Practice Lead, focus group)

The feedback also recognised that the programme delivery had been highly iterative and responsive to the needs of, and issues raised by, participants. The facilitator had incorporated new topics into subsequent sessions and/or located and distributed additional resources between sessions. For example, additional information had been provided on the physical, emotional and cognitive impact of trauma and on making referrals to the police, and an extra day added to cover institutional abuse. During the programme, Practice Leads had also wanted to know how the new knowledge around CSA and disclosures fitted with CGL's policies and procedures; as a result, the organisation's CSA National Leads had delivered a session on this on the penultimate day.

Practice Leads said they would have liked copies of the slides used or the main content headlines to have been given to them on the day of each training session, so that they could refer to this material immediately afterwards (on the journey home, for example) to help refresh their knowledge. Often, Practice Leads had been asked to share their learning with others as soon as they had got back to their settings, and would have preferred to have had resources to draw from immediately. Compiling individual workbooks was one idea mooted.

> "There wasn't a lot of hand-outs that we took away, and I know the slides and things were shared at a later date … but I would have liked maybe … my own workbook in terms of being able to reflect back to." (Practice Lead, focus group)

It was recognised that the programme delivery had been iterative and responsive to the needs of, and issues raised by, participants

4.4.2 Facilitation

The amount of positive feedback about the facilitation of the programme deserves mention, as this appeared to play a major part in participants' experience of and satisfaction with the programme. It was clear that the Practice Leads and CGL's CSA National Leads particularly appreciated the facilitator's expertise, skills and approach. All 17 respondents to the post-training questionnaire felt that the knowledge she had developed from years of experience and practice was reflected in the teaching and in her responses to their questions. This wealth of experience was also felt to have fed into her delivery which, despite her passion, was described as very calm and relaxed.

> "[The facilitator] really knows her stuff … I just feel that I can really listen to her. And I know that that's the most up-to-date, relevant information that you can get. And it makes it real, she puts scenarios in and she puts examples in … and she can evidence where they're from, which makes it real. Brings it alive." (Practice Lead, focus group)

> "She just has a wealth of knowledge … That is so priceless, I think, because you just don't have that when you do an off-the-shelf training session. You don't have that practice experience … that really enriches the learning experience for people and how engaged they are." (CGL CSA National Lead, interview)

4.5 Involvement of service users

A number of current and previous users of CGL's services were actively involved in the programme, either collaborating with the CSA Practice Leads to develop resources (see section 4.3.2) or contributing to CGL meetings or internal staff training days. As part of the evaluation, interviews were conducted with three of these service users.

These interviewees endorsed the involvement of service users in disseminating information. They felt that this enabled service users to help others by relating:

- their own narratives
- the insights they had gained into CSA, trauma and addiction
- the services they had found beneficial.

They had enjoyed the process and were delighted to have had an opportunity to give something back to the organisation and share what they had learnt with others in situations like their own. In addition, they had valued being asked to advise Practice Leads on how best to pitch the information and what language to use in leaflets and posters.

> "The value of having people who will have used or are currently using the service just makes things …user-friendly really … Their experience of trauma … and their experience of addiction, what to say and what not to say … Certainly, as far as the language goes – staff were very open to whatever the language should be ... A user story is really good, because people can identify. It's not their own experience, but they can identify the fact that somebody has had an experience and lived through it and recovered." (Service user, interview)

> "I'm using a bad experience in my life as a positive thing to hopefully help others who are going through the same, carrying the same burden around with them. I feel really strongly about it." (Service user, interview)

4.6 Support for participants

The CSA Practice Leads were offered individual support from CGL clinical leads; however, the extent to which this was utilised during the programme was unclear. Similarly, while the programme facilitator reported that some Practice Leads had discussed the programme and its impact with peers and line managers, she said that none had taken up the invitation to contact her directly for additional support.

In their focus groups, Practice Leads from both the Manchester and London training groups expressed a desire to meet the other group and link up in alternative ways, to get a feel of what they were doing, discuss emerging issues and share ideas.

They also indicated after the programme that they would like some long-term input or refresher sessions (even if not from the facilitator), along with an online forum to share ideas and resources, keep up to date and maintain their momentum. At the time of the evaluation fieldwork, CGL and the programme facilitator were discussing how this could be pursued.

It was suggested by the Practice Leads that future programmes might benefit from having a discrete, if part-time, staff member who would keep in touch with participants between training sessions. This individual could help identify, relay and trouble-shoot any challenges emerging, filter issues and support to and from the facilitator and senior personnel in the organisation, and maximise attendance at training sessions.

4.7 Reflections

The feedback from the CSA Practice Leads highlighted the perceived importance of the programme, while also suggesting useful programme modifications such as:

- covering institutional abuse earlier in the programme
- exploring how to best to raise the subject of CSA with service users from diverse backgrounds
- including available information on the reasons why people commit CSA
- using role-plays, practice sessions and discussions to support learning
- ensuring that Practice Leads receive copies of the slides and course materials on the day of the training
- encouraging Practice Leads to compile individual workbooks in which they collate essential information for their own learning and to underpin sharing
- providing individual support to Practice Leads as needed
- facilitating mutual group support both during and after the programme – for example, through an online forum – so that Practice Leads can continue to learn, keep up to date, and share ideas and resources
- promoting co-production with organisations commissioning the CSA training, to enable staff and service users to co-design methods of disseminating the key messages and appropriate resources around CSA.

The feedback provided also points to the importance of the quality of programme facilitation. To be effective, anyone providing training on this issue needs to have sound and authoritative practice and research knowledge, as well as a deep interest in the topic.

The Practice Leads felt they benefited from the depth and breadth of information, and said that attending the training over an extended period, with gaps in between to apply what they had learnt, helped them to deepen and reinforce their knowledge. They thought that this penetration would be less easy to achieve on a course delivered over a shorter period, or on one or two days, even if that would be more economical. At the same time, it may be useful for the CSA Centre to pilot and evaluate alternative approaches to offering the training programme, to see how such approaches affect engagement and attrition rates. All Practice Leads considered that providing refresher and continuous development courses would help them secure and apply their learning.

> Practice Leads indicated that they would like some long-term refresher sessions, and an online forum to share ideas and resources

5. Programme outcomes

This chapter examines the outcomes reported by CSA Practice Leads around changes in their understanding, skills and confidence, as well as in their ability to apply and share their learning. It also describes how service users may benefit from the changes brought about through the programme. However, as the data collection for this evaluation was undertaken shortly after the training finished, it is too early to expect much evidence of these outcomes to be seen, especially in terms of outcomes for service users.

The programme model set out four incremental sets of outcomes, as shown in Figure 3. The evaluation therefore sought to explore changes in Practice Leads' knowledge, confidence and skills around CSA, and the extent to which they cascaded their learning to their colleagues, managers and others. It also considered whether practice within CGL had been affected, such as through Practice Leads and their colleagues initiating more routine enquiries about CSA with service users, following best practice in doing so, and providing appropriate support. Last but far from least, the evaluation was interested in what difference, if any, the programme had generated for service users, although these may become apparent only over a longer timescale.

5.1 CSA Practice Leads' understanding, confidence and skills

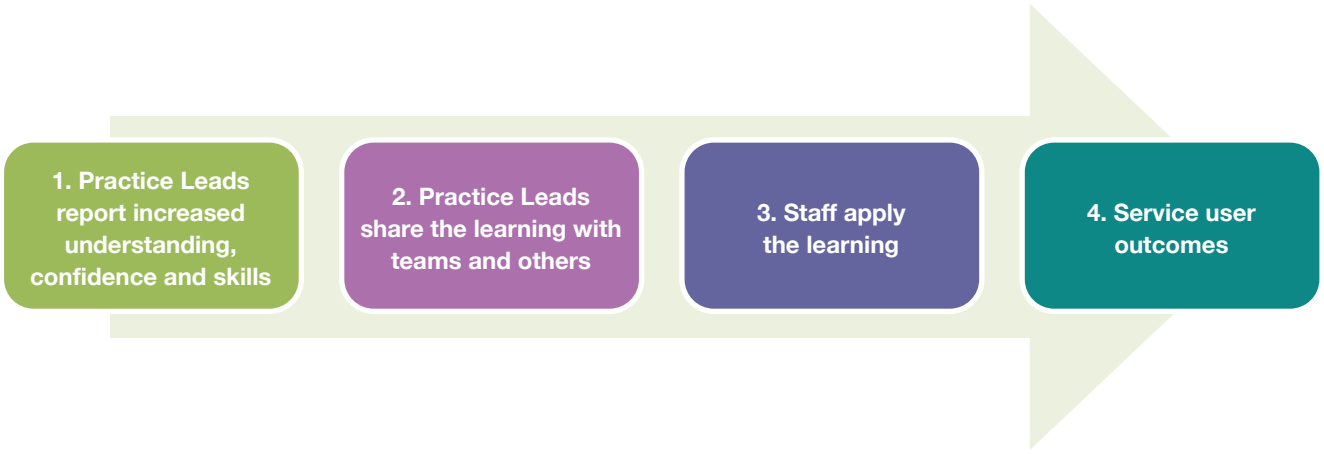
CSA Practice Leads reported that the programme had dramatically increased the depth and breadth of their awareness, knowledge and understanding of CSA.

> "I came here … knowing quite a bit, but I've never been [to one of the Practice Leads training sessions] and not learnt something … I've been able to look at things from a different perspective." (Practice Lead, focus group)

In addition, it had contextualised CSA within safeguarding, therapeutic, children's and other perspectives, both from the direct teaching and the different angles shared by the other participants. This had enriched their insight and further served to prioritise CSA.

> "Their knowledge just got way more than I could've anticipated, in terms of the way they've taken on the learning and then starting to apply the evidence." (CGL CSA National Lead, interview)

Figure 3. Four stages of outcomes



The increase in Practice Leads' knowledge was also shown by the scores given in the pre- and post-training questionnaires they completed. Among the 17 Practice Leads who completed both questionnaires (albeit not answering all the questions in some cases):

- 16 felt they had increased their knowledge around the scale, nature and impact of CSA (and the other participant said their knowledge of these subjects was already high)
- 13 felt they had increased their knowledge around the links between CSA and substance misuse (while another three said their knowledge was already high)
- 12 felt they had increased their knowledge around the disclosure process and their ability to manage disclosures (while another four said their knowledge was already high)
- 12 felt they had increased their knowledge around how sexual abuse takes place in families (while three people said their knowledge was already high).

In their post-training focus groups, Practice Leads could identify how their understanding of the links between CSA and substance misuse applied to their service users.

> "I thought [the programme] was really interesting … The link with substance misuse, like, 'How have we forgotten this for so long?', 'How has it not cropped up on someone's agenda?' really. And yeah, the trauma stuff has been really useful, and thinking about the behaviours that we often see with our service users … and how that links to whatever traumas in the past." (Practice Lead, focus group)

> "I think from the assessments that I've done and for rehab, and clients saying, 'Yes, I was sexually abused as a child' – making that connection between that and substance misuse … I just see it all the time, but it's never really talked about in connection, and then my developing understanding about trauma and how the three really connect and how can we work more efficiently around that." (Practice Lead, focus group)

Another shift in perception emerged around attitudes to people who had experienced CSA. Some Practice Leads described having previously, if unintentionally, placed the responsibility on service users to come forward with disclosures. Many said they felt more confident to ask service users about their experience of CSA and to support service users post-disclosure:

> "Feeling confident in working with service users and staff around asking the question." (Practice Lead, post-training feedback form)

> "More confident in promoting 'normalising' [the asking of the] CSA question and support with wider staff team and dispelling myths." (Practice Lead, post-training feedback form)

> "Confidence to routinely ask about CSA, confidence to manage disclosures – ability to support client, confidence in my own ability." (Practice Lead, post-training feedback form)

> "To be confident in asking the question. Confident to support staff to ask. Confident to support service users and their families." (Practice Lead, post-training feedback form)

> Many Practice Leads felt more confident to ask service users about their experience of CSA, and to support them post-disclosure

Nonetheless, it had taken Practice Leads some time to reach this point. The programme facilitator described how, while taking part in a role-play exercise where they practiced asking service users about CSA, Practice Leads had realised that, although they believed they were asking about CSA directly, none was actually doing so. She explained how the role-play had shown that participants were more "uncomfortable than they had realised" and lacked confidence in how best to ask or what wording to use; when this had been pointed out, they had said they were afraid that asking directly might prove too upsetting or traumatic for service users, or that the worker might bias their reply or respond inappropriately. This insight into the disjuncture between participants' perceptions of what they did and the reality was a learning point for CGL and the programme facilitator.

By the end of the programme, all 17 Practice Leads who completed the post-training questionnaire said they now felt much more confident to ask about CSA and to support other staff to do so. Practice Leads were also much less likely to say they would wait for service users to volunteer information about CSA when they were ready; they felt much more confident to initiate conversations about CSA, and to handle disclosures and anything else that service users raised. They felt their improved confidence came from being encouraged and reassured – not least by the input from survivors of CSA – that enquiring about CSA was the right thing to do.

In addition, Practice Leads appreciated understanding more about perpetration and having many of their previous misconceptions demolished.

> "Having a bit more empathy with perpetrators … who are demonised in society. I'm able to take a step back from that now and consider that a lot more humanely." (Practice Lead, focus group)

5.2 Sharing the learning

An essential feature of the programme entailed CSA Practice Leads sharing the learning with their teams and settings, in parallel with efforts by the programme facilitator and the CSA National Leads at CGL to gain strategic interest and buy-in across the organisation.

In the post-training focus groups held in December 2019, most participants described how they were already sharing insights from the programme with their colleagues. Some had started doing so from the outset of the programme, while others had preferred to wait until they had all the course information in hand.

> "We've shared it out to Safeguarding… so all the Safeguarding Leads have discussed it. That's happened twice … [I] discussed it in [the] service manager's meeting and with my line manager, and we're going to be delivering elements of it in the Safeguarding training for doctors and nurses." (Practice Lead, focus group)

> "I've been able to go to team meetings with staff and say, 'Do you know what, I've been doing this pilot and this is what we've been talking about, and we want you to have a go. And how do you feel about asking the question?' and explore other things like that. So it's been quite widely spoken about in a lot of teams across the [area], whereas it wouldn't have prior to that. And it's coming on this pilot [that] has allowed me to go and talk to a lot of staff to get that out there." (Practice Lead, focus group)

> Immediately after the training ended, most participants said they were already sharing insights from the programme with their colleagues

In addition, 10 of the Practice Leads completed post-training feedback forms to detail the sharing they had undertaken with their teams and the number of disclosures they had received. While they represent only about half of those who took part in the programme, their responses help to quantify the data provided in the focus groups. Nine of these 10 Practice Leads said they had cascaded the insights gained with their teams; the other said they preferred to wait until the programme was finished, and therefore planned to start dissemination in early 2020.

Between them, these nine Practice Leads reported that they had shared information with 189 people; individually, the number ranged from 10 to 75 people. Besides the colleagues in their immediate teams, these Practice Leads had disseminated information to managers, colleagues in other teams, volunteers and external agencies, including commissioners, GPs and local nurses. They reported using a variety of channels for dissemination, such as team meetings and away days, staff supervision and advice around individual cases, training sessions, spontaneous discussions, safeguarding and other meetings, and managers' meetings.

Practice Leads had also shared their learning with CGL's peer mentors and volunteers, who are typically drawn from former service users. The latter were reported to have fully endorsed the programme's approach and in turn were enthusiastically sharing it with service users when they could, as well as helping to develop information and course materials.

5.3 Adopting the new approach

5.3.1 CSA Practice Leads routinely enquiring about CSA

The primary aim of the programme was to make enquiring about CSA routine, and it sought to achieve this by reducing practitioners' fears and inhibitions around making such enquiries.

All 22 individuals who went on to become CSA Practice Leads had completed the baseline survey of CGL staff in February 2019; roughly half of them (n = 12, 55%) had reported that they, and any staff they managed, 'routinely' enquired about CSA. In the online survey completed by the Practice Leads after the training, this number rose to 15 (68%). Meanwhile, the proportion who perceived CSA as part of their role remained constant at 20 (91%) before and after the training. However, analysis of this and the other surveys highlighted variability in how practitioners interpreted terms such as 'enquire' and 'routinely', and the evaluation findings indicate that the responses to the baseline survey did not accurately reflect respondents' practice before the training.

In contrast, the overwhelming response in the focus groups and the post-training feedback forms was that Practice Leads were now enquiring about CSA. Even those who said they had already been doing so reported that they were now asking about it more directly and more consistently, and were encouraging other staff to do so.

> "Asking that question and encouraging staff to ask the question, the direct question … It felt as though something was right about doing the training, the timing, delivering it back. It means that we've captured more conversations, so we've opened up that dialogue, which is quite empowering." (Practice Lead, focus group)

Practice Leads also described how they had helped the staff they supported to consider asking service users about CSA.

> "And then I'd talk to them about how you explain what trauma is to the service user … 'Go back, here's some resources, talk to them about what trauma, how that looks, how they might be using substances in order to cope,' and start helping [staff] join the dots." (Practice Lead, focus group)

Overall, the Practice Leads reported initiating many conversations with service users about CSA.

> "I ask clients in most of my appointments, which can be 20 or more a week. So, I would have had a conversation at least 100 times." (Practice Lead, post-training feedback form)

> "Lots, too many to identify – I speak about it whenever there is an opportunity." (Practice Lead, post-training feedback form)

In the focus groups, Practice Leads reported that asking service users about CSA was as pertinent to individuals who had used a service for years as it was to new service users. An example was given of someone who had used a service intermittently for over 15 years but had only been asked about, and disclosed, their experience of CSA as a result of this programme. The Practice Leads believed that enquiring about CSA might prove highly relevant to many of their 'revolving door' service users who came back time and again.

The focus groups also revealed that the programme had made the Practice Leads aware of their previous inhibitions and sources of awkwardness regarding the subject. Since the training they had become more confident in using specific terms like 'childhood sexual abuse' and realised that service users did not have the same concerns around wording or language as they had had.

> "Well, they didn't have a problem with it. They really didn't have a problem with it at all."
> "Those affected by it ... don't."
> (Two Practice Leads, focus group)

Hearing service users say that they wanted professionals to enquire about CSA had helped shift many preconceptions, as had the programme's focus on debunking myths – not least allaying fears that asking someone would cause them to harm themselves. Practice Leads explained in the focus groups that endorsement of the new approach by CGL peer mentors and volunteers, who have lived experience of using services, had given them the confidence to ask the question directly or encourage their staff to do so.

With an increased awareness that boys and young men are also sexually abused, Practice Leads described how they had become more open with male service users, asking them about CSA and in turn receiving disclosures.

> "I think before this I've been much more comfortable asking a female … Since it, I've had … a handful of disclosures from young males, which I wouldn't have necessarily thought and asked that question … I was frightened of making them feel awkward, and actually that's my own issue, isn't it? It's not theirs." (Practice Lead, focus group)

Sometimes a chain reaction was observed, especially in a group setting: after one person disclosed, other service users felt more able to disclose.

"Hearing service users say they wanted professionals to enquire about CSA had helped shift many preconceptions"

5.3.2 Other staff routinely enquiring about CSA

Practice Leads who managed other staff described how some of these colleagues were showing a greater awareness of CSA among service users and adopting the new approach.

> "Staff members are – not loads, but a few – are asking me about what can they do and what resources do we have … whereas I think I can only remember once before that somebody asked me. So I don't know whether it's just meaning that suddenly I've become like an expert and off we go … or whether there are more disclosures or not. But there is some conversations being had." (Practice Lead, focus group)

> "I have been recently encouraging staff about this topic of conversation. A few do but not all yet." (Practice Lead, post-training questionnaire)

Practice Leads said they were using supervision sessions to discuss work practice with those they supervised:

> "Although a lot of staff are now routinely enquiring about CSA … there are staff who are not asking the question. This has been identified through case supervision." (Practice Lead, post-training questionnaire)

5.3.3 Revealing the extent of service users' experiences of CSA

As a result of staff proactively asking service users about their experience of CSA, Practice Leads described receiving multiple disclosures, both in their own face-to-face work and indirectly through staff they managed.

> "I think 100% of the people I've asked have said yes." (Practice Lead, focus group)

> "[I've] gone out and asked … and every time they've said yes, they have been, and then the whole story would come out." (Practice Lead, focus group)

> "Loads, dozens … in the last few months … Yeah, easily … and I was asking it quite frequently anyway, I just decided to ask it more." (Practice Lead, focus group)

An indication of the potential number of disclosures obtained can be found in the post-training feedback forms completed by 10 Practice Leads in December 2019. Seven of them reported receiving a total of at least 71 disclosures themselves and said that their staff had received a further 82; this equates to an average of 22 disclosures per Practice Lead.

Practice Leads were surprised at the extent to which their service users had experienced CSA. Focus group members ascribed this to staff following the messages from the programme: prioritising CSA, asking direct questions, doing so as a matter of course during assessments and asking existing as well as new service users. They said their new practice was a result of appreciating their unconscious preconceptions and understanding that it was their role to take the lead, instead of laying the responsibility on survivors of CSA to raise the issue.

> [Evaluator: "What was the key to getting disclosures?"]
> "Asking the question."
> "Yeah, having the confidence to ask it, a direct [question], rather than … skirting around the issue, yeah."
> "Sometimes you can ask and it's alright. Because you can get the obvious ones, really … But then there's the ones that you wouldn't have an idea … It's just asking."
> (Three Practice Leads, focus group)

For the effect of this new approach on disclosure numbers to become clear, staff will need to record data such as whether service users were asked about CSA and what the outcomes were. This was discussed by the CGL CSA National Leads, their data teams and the CSA Centre at the end of the programme. It was felt that further exploration was required around the type and amount of data to collect, where best to record it, and how to support staff around consistent recording in order to assist individual support planning and ongoing organisational learning.

5.3.4 Providing a more attuned service

In the focus groups, Practice Leads also reported being more receptive to people telling their own narrative and reacting more calmly and more openly – for example, by clearly validating the account and being empathetic – when a disclosure was made. One described how, even when they found an account of abuse traumatic, they kept in mind that the service user would be feeling many times worse and, moreover, had been carrying this for decades.

> "And I found it really helpful, when you have a disclosure, being confident that you know what to say. Very simple, like a line almost: 'Thank you for telling me that, thanks for trusting me with that information … You're not alone.' Just very basic responses that give you confidence … And not everyone wants a full referral or to go into it in detail, they just want someone to listen and to believe them." (Practice Lead, focus group)

Practice Leads said they had observed that many service users did not want a significant service response immediately after their disclosure, but often came back to the same staff member to continue talking about their story or fill in the gaps.

Practice Leads appreciated being able to provide service users with links to survivors' organisations, or resources produced by those organisations which they could read at their own pace before discussing the issues these brought up with staff later. Practice Leads felt that relevant service users were now getting a "more attuned" and holistic service, which was more aware and accepting of CSA and its contribution to their drug and alcohol issues.

> "Well, I think you're getting a better understanding of what they've experienced and how you can support them … Sometimes we do a whole one-to-one and not talk about drugs and alcohol, because it's actually not that relevant. It's about trying to unpick the underlying stuff … And you can't do that if you don't know what the underlying stuff is." (Practice Lead, focus group)

5.4 Outcomes for service users as a result of disclosing CSA

Given the range, seriousness and complexity of CSA's potential impact on people who experience it, and the length of time that their experience of CSA had been hidden, it is likely that any change in related outcomes for CGL's service users may take time to materialise. Some of the programme's potential impact on service users, such as improved physical health, may only become apparent over a longer timescale. Moreover, some outcomes may be too subtle to detect or quantify, including those that are effectively a non-action (such as not starting to use a new substance, or not developing a new mental health problem).

At the time of writing this report, therefore, it was too early to attempt to assess the programme's long-term impact. Nonetheless, some anecdotal evidence of outcomes for service users who had disclosed CSA did emerge through the interviews with three service users who had been involved in the programme, and in the focus groups with the CSA Practice Leads.

5.4.1 Feeling validated and relieved

On an emotional level, the service users interviewed spoke of their enormous relief at being asked about their experiences of CSA and being given an opportunity to open up about something they had kept secret, often for decades.

> "Being clear that it's OK to talk about these things, but also to acknowledge that maybe these things you've kept locked up in secret for a long time, and it might be a good idea to unlock that box and explore it a bit." (Service user, interview)

They described how having their experiences heard and believed had helped them feel validated and reduced their sense of shame. They also reported feeling relieved when they were helped to understand that they were not to blame for the abuse they had experienced, and to understand the likely links between this and their problematic use of alcohol or drugs. One person felt their disclosure was a "turning point" and wanted to use their negative experience in a positive way to help others.

> "It's opened new avenues … I'm using the bad experience, I'm fighting it back in a positive way. The only way I can is to help someone else … It's either that or you wallow in self-pity and just wish it'd go away, don't you? It's something that's happened in my life and something that wasn't my fault and I can't change, but I can make it easier and put it to good use, if you like, you know? That's the way I see it." (Service user, interview)

5.4.2 Improved engagement with services

Practice Leads had observed some service users becoming more engaged in the service they were providing, and attributed this to the new approach to CSA.

> "They've been coming every week since that disclosure … And I've got another [service user] that disclosed to me another trauma … [They've] been coming every week now … and doing some positive work around domestic abuse." (Practice Lead, focus group)

> "[It's] brought the client to engage more … now they've disclosed that information to me. And they're prepared … to up that engagement. So some have come to groups and started to engage and connect with others in the centre." (Practice Lead, focus group)

In some cases, positive physical health outcomes had been noted; examples included better personal care, improved hygiene and being able to get dental treatment for the first time, primarily because the Practice Lead had come to understand the cause of dentist-related phobia.

> "She looks great. She sounds better, and… another lady who disclosed to me… she looks great." (Practice Lead, focus group)

As a result, Practice Leads highlighted the overall value of the programme to CGL's approach to working with service users:

> "It has provided an opportunity for CSA to be highlighted and to encourage the importance of giving service users a chance to talk about this and receive support – whereas before I don't think that this was at the forefront of [staff] minds." (Practice Lead, post-training feedback form)

5.5 Reflections

The evaluation found considerable evidence of the programme's impact on participants' knowledge and confidence in talking with service users about CSA, as well as changes in their attitudes and skills.

These changes appeared to have resulted in substantial changes to practice, particularly among the CSA Practice Leads themselves but also among staff around them, who were now beginning to ask service users routinely about CSA.

The significant life changes for service users anticipated from this programme may sometimes be quite subtle in form, may take time to materialise and are likely to vary between individuals. However, there were already indications of the programme's effect on service users who had been able to disclose their abuse for the first time, with reported improvements in physical health and engagement with services.

The programme, therefore, has the potential to have a significant effect on CGL's service delivery and effectiveness.

Given the number of disclosures received since CGL staff started adopting the new approach of proactively asking service users about their experience of CSA, it is likely that the overall number of disclosures made across CGL services will eventually be very high. It would be valuable for CGL to consider the impact this may have on its services, and to develop systems to collect ongoing evidence of the programme's implementation and outcomes.

> There were already indications of a positive effect on service users who had been able to disclose their abuse for the first time

6. Supporting the programme's implementation

In addition to the learning derived by CGL around enhancing staff practice, the pilot provided learning for the CSA Centre around how to support the implementation of the CSA Practice Leads Programme within a large, national and multi-faceted third-sector organisation. This chapter explores the overarching issues that emerged.

6.1 Applying the learning in practice

6.1.1 Advising on the right time to ask about CSA

In the focus groups and written feedback, Practice Leads identified a number of issues that influenced their decisions on when to ask a service user about their experience of CSA. For example, they noted how some contexts and locations were inappropriate for enquiring about CSA, such as talking to a service user in a shared hospital ward or when the service user's young children were present.

Practice Leads working in services which operated a triage system reflected that it was better for the enquiry to be made at a later date by the staff member who would be working with the service user over the longer term. Others stressed the importance of using their professional judgement to decide on the best location and time to enquire about CSA, and said that the service user's key worker (if one was allocated) was probably in the best position to explore CSA.

6.1.2 Helping organisations to anticipate the impact on staff

In the focus groups, Practice Leads highlighted the emotional impact on staff of receiving disclosures. They identified the need to take 'time out' following a disclosure, as well as the risk of vicarious trauma and triggering memories for staff who may have had their own histories of CSA and need extra support to deal with their trauma.

> "[A service user] disclosed … and he just, well, offloaded quite [a] graphic scene of what had happened when he was younger … I'm OK with it, that's not triggering anything for me, [but I have] concerns about staff who might be vulnerable to those sorts of disclosures." (Practice Lead, focus group)

They also described how disclosures could bring substantial additional work on top of existing caseloads and other duties. Staff would need to make time to listen to and discuss issues emerging with the service user, provide direct support or therapeutic interventions if desired, source and share information, and signpost and make referrals to other services. As a result, Practice Leads said, staff needed to manage the potential volume of disclosures by ensuring that they had sufficient time to respond to each disclosure and take care of their own wellbeing:

> "[Now] I'm gauging when to ask it, which is not all the time because I have to manage what comes back out and how I process it, and whether I've got time to support the person after the appointment." (Practice Lead, focus group)

Practice Leads highlighted the need for policies, systems and guidelines for staff around managing disclosures, as well as caseloads that allowed adequate time for staff to respond to and possibly recover from disclosures. Staff needed to be aware of existing welfare and support options, they said, and new peer support groups could be set up for staff who had experienced CSA themselves. A further issue raised was the importance of anticipating that many new disclosures would be received over a short period as the new approach was rolled out, and planning for the impact this may have.

6.1.3 Supporting Practice Leads to signpost and refer to other agencies

During the programme, Practice Leads were encouraged to find out about local and national services, often in the third sector, to help provide ongoing support to service users who disclosed experiences of CSA. They found information from survivors' organisations to be illuminating and used it when they could – for example, by sharing materials with service users.

In some locations, Practice Leads could refer service users to an external organisation for support or counselling, or commission training for staff. In many other locations, however, Practice Leads reported that it was difficult to locate relevant local organisations: some had reduced or stopped their service delivery in recent years owing to financial cuts, and those that existed often had restrictive access criteria or long waiting lists.

> "We were all told to go away and look at services, and … it was just overwhelming because there wasn't really anything out there that's much use." (Practice Lead, focus group)

6.1.4 Recognising the need for changes to the recording of enquiries and disclosures

Discussions in the post-training focus groups highlighted the need for organisational systems and processes to be adapted so they could capture data related to new disclosures and to any outcomes following disclosure. This was likely to require a careful balance to be struck between gathering information from service users while they were still in contact with the service and providing enough of a time-lag after service input for outcomes to occur, all the while accommodating service users' often hectic lifestyles and ill-health. In addition to quantitative data, Practice Leads felt that narrative accounts would provide deeper and more nuanced qualitative insights and contexts.

6.2 Supporting wider dissemination

By the end of the training, most CSA Practice Leads had made extensive efforts to cascade the new information and approach with their colleagues and managers, and in internal and external forums (see section 5.2). Their experiences provided valuable learning for future delivery of the CSA Practice Leads Programme. The key factors emerging are shown in Figure 4 and are explored in more detail in this section; many overlap.

Figure 4. Factors reported by Practice Leads to affect programme cascading

6.2.1 Supporting Practice Leads in their new role

In the focus groups and their written feedback, Practice Leads revealed that they had adopted a variety of methods to cascade their learning. While this approach enabled them to design their dissemination activities to take account of their role and local context, it also meant that they were largely doing so from scratch and on top of their normal busy workloads.

> "I think, I thought it was going to be … 'Here's the training, here's the learning, you're going to be super-duper, and then this is what happens.'"
> "'Here's your package, off you go.'" (Two Practice Leads, focus group)

They expressed concern about the lack of oversight from the CSA Centre regarding the accuracy, quality and consistency of their individual presentations or information materials – and suggested that a basic, standard slide show and resource pack to work from would have saved them time and helped ensure fidelity to the programme.

> "That's my concern around consistency: have I delivered the right message or not? Because we weren't asked to share what we delivered, just asked if we'd done it … I might have delivered something about ice cream, but no one really knows. But at the same time, I think it needs to not be too rigid, there needs to be creativity to be able to pitch it." (Practice Lead, focus group)

They reflected that having templates and summary information provided by the CSA Centre would have given them greater confidence in their efforts to disseminate their learning, and would have reduced their fears that they might convey inaccurate information.

In addition, many Practice Leads reported that they had needed to find time to develop resources outside their formal working hours.

> "We have been asked to do additional stuff … I had to do [most of it] outside of work … But I wouldn't have had time to do it in work. So I think that's just something to think about in future, that some people aren't always able to do work outside of work." (Practice Lead, focus group)

An additional issue was that CGL had undergone a recent restructuring and had other pilots under way at the same time as the CSA Practice Leads Programme. This made it more difficult to engage other staff in the programme:

> "I know that at one point, X [Practice Lead] … just felt like she was banging her head against the brick wall for ages … It was a real challenge for her. But roll forward six weeks and it's completely different. She's got managers completely on board." (CGL CSA National Lead, interview)

Practice Leads also felt that their efforts to take forward the new approach within the organisation would have been easier if, when the programme was set up, a strategy had been put in place to underpin their role – for example, by communicating the senior management team's endorsement of the programme aims across the organisation.

6.2.2 Enabling the CSA Practice Leads to disseminate their learning

Although the programme's implementation was supported by the close collaboration between the programme facilitator, CGL's CSA National Leads and other CGL personnel, the Practice Leads reported that there were some gaps in leadership understanding of the programme or their role. Practice Leads came from a variety of service types, and some found their existing role, status and seniority affected their ability to influence change within their settings. For example, some Practice Leads attended managers' meetings and external local safeguarding meetings as a matter of course; this enabled them to raise the issue of CSA and share the key messages from the training in those forums. Others had to make a request to attend senior staff meetings and did not attend external or multi-agency meetings, such as the local safeguarding board.

> Some Practice Leads found their existing role, status and seniority affected their ability to influence change within their settings

Practice Leads who managed other staff found they were reliant on those staff to implement the new approach. However, they found it difficult to ascertain how well the approach was being followed, as staff members' willingness to follow it depended on a range of variables including their confidence, experience and time available.

> "Certain staff … feel confident and routinely enquire. However, other staff feel less confident to enquire, and also state that they would like training around this to build on their knowledge and skills." (Practice Lead, post-training questionnaire)

While planning and reviewing how the Practice Leads were cascading their learning formed a significant portion of each training day, the training did not provide the Practice Leads with opportunities to practise disseminating their learning. As a result, in the post-training feedback forms some Practice Leads said they lacked confidence, training skills or experience, and preferred to share information in short snippets "on the back of meetings" or to talk to staff in very small groups or one-to-one, such as in case supervision.

> "I don't feel comfortable doing a training day … I think that needs to come from the organisation ... Ideally a mandatory day like with … safeguarding … We can … top it up with disseminating and coaching, on the ground." (Practice Lead, focus group)

A personalised dissemination strategy, developed at the outset of the programme to take account of each participant's role, responsibility and service type, could have helped to clarify the Practice Leads' role in disseminating the learning, by making them champions for change in this area.

6.3 Reflections

An overarching theme emerging from these findings is the need for the CSA Centre to support organisations in planning how to secure sufficient organisational endorsement and promotion at the outset of the programme, and how to integrate the new approach with other strategies, systems and workstreams.

The CSA Practice Leads showed great determination to disseminate the insights they had gained around CSA as widely as possible, and demonstrated substantial skills in networking, co-production and presenting at meetings and training courses. However, they stressed the need for a basic set of standard materials to work from when delivering training, and more quality control in this area. In the future, it may also be useful to build in opportunities for participants to practise disseminating their learning as part of the programme.

If the CSA Practice Leads Programme is to be run again in other organisations, additional considerations highlighted by this pilot might include:

- how to select participants and secure their engagement throughout the programme
- whether different versions of the training might be appropriate for staff with more or less experience, or to match diverse roles
- whether follow-up, refresher or advanced levels would be appropriate
- whether CSA training should be compulsory or remain optional, and for whom
- how the CSA Centre can support organisations in disseminating the learning from the programme.

> In future, it may be useful to build in opportunities for participants to practise disseminating their learning as part of the programme

7. Conclusions and considerations for the future

This final chapter draws together the key findings from the evaluation and highlights the way in which the learning that has emerged from the pilot programme can help to inform the future development of the CSA Practice Leads Programme.

7.1 Conclusions

The CSA Practice Leads Programme in adult substance misuse services provided an important and valuable opportunity to test the value of providing specialist input around CSA to practitioners supporting adults with drugs or alcohol support needs and/or mental health issues, and the processes necessary to provide such an input. It also gave the CSA Centre an opportunity to explore the process of delivering the CSA Practice Leads Programme outside a local authority context.

Overall, the pilot has shown the value of developing a proactive approach to addressing the impact of CSA on adult users of substance misuse and mental health services. It has revealed the importance of recognising how service users' behaviour and needs have been shaped by their life experiences, as well as the extent to which service users are likely to have experienced CSA. This evaluation has demonstrated the relevance of the CSA Practice Leads Programme to such organisations, and the value of extending the programme to organisations working in similar fields.

7.1.1 Appropriateness and effectiveness of the training

This evaluation found that the programme was highly appropriate for an organisation like CGL, working primarily with adults who have drug and/or alcohol dependency support needs. Indeed, given the clear associations established between CSA, substance misuse and mental health issues, the relevance of this programme for an organisation like CGL could not be stronger. Furthermore, the new approach developed through the programme may provide a way to address the 'revolving door' phenomenon, where service users are trapped in a recurrent sequence of addiction, recovery and relapse.

Close collaboration between CGL and the CSA Centre proved vital in developing the programme and ensuring that it met the organisation's needs. The reflective and iterative nature of the training, and its being spread out over 10 months, meant that the programme could be responsive to participants' needs, with topics expanded and deepened in response to issues they raised.

The programme facilitator's extensive knowledge and expertise were also instrumental in ensuring that the topics covered and delivery methods used were suited to the issue and to this group of practitioners, although some additional resources and opportunities to practise disseminating the learning would further strengthen the programme. In addition, the voices of service users enabled Practice Leads to clearly understand the links between an individual's experience of CSA and their relationship with drugs and alcohol, as well as other physical and mental health difficulties. More than anything, Practice Leads learned that service users wanted professionals to initiate the disclosure process.

Delivering the programme generated insights into perceptions of making 'routine enquiries' about CSA. Previous research has shown that practitioners are often deeply reluctant to ask service users directly about CSA; even when participants in the programme believed they were routinely doing so, they tended to skirt around the subject and shy away from asking about CSA directly.

Combined with the feedback from the Practice Leads who managed other staff, this suggests that practitioners need substantial reinforcement and practice opportunities in order to break through their own barriers to asking service users about CSA. Participants in this programme gained from the reinforcement they derived through attending the training over many months, and the trust established within the groups, as well as the time they were given to practise how to phrase CSA enquiries.

7.1.2 Effect on the understanding, skills and practice of Practice Leads

The CSA Practice Leads at CGL clearly learnt substantial amounts about the scale and nature of CSA and its long-term effect on service users' lives. Practice Leads reported that they had previously accepted some prevailing myths around CSA, not least that people will disclose when ready, and appreciated having those misconceptions overturned; they also recognised that, while they had thought they were talking to service users about CSA, they had not in fact been doing so.

The training empowered the Practice Leads to make routine enquires about CSA, and helped them feel more confident to respond to disclosures appropriately and support service users. Input from survivors during the training and CGL's service users' endorsement of the programme's key messages reassured them that asking people directly was the right approach – as did the positive feedback that they had received from their own service users and the changes they had observed by the end of the programme.

That said, they considered it important to establish some contextual parameters before asking about CSA, such as creating a confidential space and establishing trust. It may take some time to develop the precise balance between these considerations and ensuring that people are asked about CSA as routinely as possible.

As well as feeling more knowledgeable, inspired, motivated and skilled to enquire about CSA, by their own accounts the Practice Leads were also responding better to disclosures. The evidence suggests that their new understanding had penetrated deeply enough to become embedded in their individual practice, and that this model of extended and in-depth training (with time in between to reflect and apply to practice, combined with some element of sharing) is effective in achieving attitudinal and practice change – particularly among the Practice Leads themselves but also among the staff around them, who were beginning to ask service users routinely about CSA.

By the end of the programme, the Practice Leads provided anecdotal evidence of an increase in disclosures of CSA, including from people who had used the service for years and not previously disclosed. They also reported positive responses from service users who disclosed, as well as anecdotal observations of these service users' improved health and engagement with services. These findings suggest that the new approach to asking service users routinely about their experience of CSA is both appropriate and useful, and highlights the potential value of this programme to organisations working in similar fields.

> Practice Leads thought it important to establish some contextual parameters before asking about CSA, such as creating a confidential space

7.1.3 Supporting programme implementation

The pilot and its evaluation have provided useful learning in relation to developing and delivering such an ambitious programme within a large, diverse organisation, and have highlighted the need for a broad strategic and policy framework in order to drive and embed long-term, widespread attitudinal and practice change.

For CGL, the pilot has developed a group of CSA Practice Leads who are committed to applying their learning to their own work and sharing their learning with colleagues.

The evaluation has also highlighted important learning around the implementation of the programme, particularly in terms of ensuring that Practice Leads are sufficiently supported to promote the new approach within their organisation, and in anticipating the organisational impact of receiving increased numbers of disclosures.

Although assessing the programme's impact on strategic change was not within the scope of the evaluation, feedback from the participants suggested that the CSA Practice Leads Programme would benefit from being part of a wider organisational strategy. The CSA Centre needs to play an active role in supporting organisations to achieve this, as part of the process of setting up and designing the programme to their individual context. However, the findings also show the importance of the ongoing commitment of a core team at CGL to designing, supporting and sustaining the programme and maintaining good communication with the programme facilitator from the CSA Centre.

It appears likely, on the basis of available national research on CSA, that the extent of CSA uncovered by the Practice Leads so far may only be a fraction of the hidden cases across CGL; the organisation's client group is at high risk of having experienced CSA, given the known risk factors, but the number of additional enquiries around CSA remained low up to the time of this evaluation because relatively few staff had yet been trained. Nonetheless, the number of fresh disclosures already received points to service and staffing implications of adopting the new approach to routine CSA enquiries, at least in the short to medium term. The Practice Leads' experiences demonstrate that increased disclosures can have an impact on staff time and emotions; although some service users may not require additional input, staff may well need more time per service user, more support services to access, and more support and clinical supervision for themselves, as well as ongoing action learning.

Practice Leads were hopeful that the new approach would eventually help reduce recurrent relapses into substance misuse and the 'revolving door' nature of many service users' relationship with services, and so sustain recovery. However, this may take some time; in the meantime, some service users may require more service input than previously.

> The programme evaluation has highlighted the need to anticipate the organisational impact of receiving increased numbers of disclosures

7.1.4 Rolling out the programme

The insights gained through this programme have potential relevance far beyond CGL. For example, it is quite possible that practitioners across the country feel similarly confident that they are already routinely asking people about CSA when they are not. This highlights the importance of the CSA Practice Leads Programme in improving support for adult survivors of CSA. However, a key learning point from this programme is that close attention needs to be paid to the manner in which service users are asked about their experience of CSA, the timing of such enquiries, the conditions required, and practitioners' ability to respond effectively to disclosures.

CGL's experience of piloting the Practice Leads programme also offers useful learning in terms of programme implementation within different organisational contexts. Findings suggest that each third-sector organisation may have unique implementation needs and potential challenges to consider. Roles and organisational structures in the third sector differ substantially from those in local authority adult's or children's services, so it is possible that the CSA Practice Leads Programme will need to be adapted to each organisation in which it is delivered. In other words, at this stage there is unlikely to be a 'one size fits all' model of implementing the core training content.

7.2 Considerations for the future

Many detailed recommendations are given within the individual chapters of this report. This section looks at the more overarching considerations, aimed at assisting the CSA Centre in developing the CSA Practice Leads Programme and its rollout to other organisations.

7.2.1 Programme design

- Close collaboration between the CSA Centre and the relevant organisation, and a reflective approach, are essential in designing a programme that meets practitioners' and service users' needs.
- The design of future programmes should involve the identification of a lead person or persons to fulfil the role undertaken by CGL's three CSA National Leads, i.e. to be responsible for coordinating recruitment, liaising with participants between training days, supporting the delivery of the programme, and ensuring that participants' support needs are met.
- Investigating the scope to award a form of meaningful accreditation for the programme might also be helpful, in standardising the course to provide a designated level of knowledge and competence as well as in maximising attendance.

7.2.2 Participation

- Recruitment to the programme must ensure that the selected participants have sufficient capacity and skills to take on the role of a CSA Practice Lead, and have a clear understanding of what taking part in the programme entails.
- Minimising potential isolation is also important: participants benefit from regular contact for mutual support, as well as managerial support.
- Over-recruitment may be advisable to ensure that the places on the programme are used. However, selection needs to take account of participants' capacity to attend the full training programme.
- Gaps between training days need to be long enough to enable learning to be applied and shared, but not so long as to lose momentum.

7.2.3 Programme delivery

- Some additions to the programme content should be considered, such as including more information about exploring CSA with people from diverse religious, cultural and language groups, and developing a course unit focusing on those who commit CSA.
- Ensuring that Practice Leads receive copies of the slides and course materials on the day of the training would also be helpful.
- In addition, using role-plays, practice sessions and discussions may help to further support participants' learning. This could be supplemented by the use of individual workbooks in which participants collate essential information for their own learning.
- Many training participants and their colleagues may themselves have experienced CSA. While this is reflected in the content and delivery of the training, it has implications for the support that needs to be available for participants and, subsequently, for their colleagues.
- Organisations interested in pursuing this programme therefore need to consider their capacity to implement the programme, and their ability to provide therapeutic support to staff and manage the impact of receiving disclosures of CSA from service users.
- The programme presents great scope for co-production with survivors of CSA. Service users' input to the CGL programme so far and their contribution to this evaluation indicate that they have the enthusiasm and skills to, for example, help develop and promote the new approach both within and outside the organisation, co-produce information and training materials, and advise on language and how best to gather views from other service users.
- Attending the training over an extended period, with gaps in between to apply what they had learnt, helped participants in the pilot programme to deepen and reinforce their knowledge. However, it may also be useful to pilot and evaluate alternative approaches to offering the training programme, to see how such approaches affect engagement and attrition rates.

7.2.4 Programme outcomes

- Standard evaluation methods and tools should be developed to measure programme outcomes, and to obtain feedback from service users to assess how well the new approach has met their needs. The Responding Effectively to Violence and Abuse (REVA) Project reports may provide a useful framework and matrix for measuring outcomes.
- The learning from this evaluation also points to a need to review the Theory of Change for the programme, involving close collaboration with stakeholders.

> Some additional training topics should be considered, such as exploring CSA with people from diverse religious, cultural and language groups

7.2.5 Supporting programme implementation

- Consideration should be given to building more time into the training sessions for discussing and planning dissemination activities. These could include giving Practice Leads time to practise sharing their learning and responding to questions, within the safety of the training room. The Practice Leads also stressed the need for a standard set of basic materials in bite-sized chunks and information resources to adapt to their own dissemination contexts, as well as more quality control in this area.
- Organisations should be made aware of and encouraged to plan for the additional time that Practice Leads will require to pursue their role, including time to follow up disclosures, and provide the necessary support for any emerging or additional needs. They will also need to anticipate the extra supervision and management support that Practice Leads will need to help them deal with disclosures and/or address any trauma this work causes them.
- The CSA Centre should also consider what role it can play in ensuring that participants receive the support they need to engage in the programme and take up their role as CSA Practice Leads.
- Supporting staff to ask service users about their experience of CSA as a routine practice should also allow for some professional judgement, flexibility and nuance as regards when best to enquire about CSA.
- In order to start a shift in culture and promote best practice throughout an organisation, the CSA Centre should encourage organisations to consider, in advance of the programme's delivery, where the training will sit within a wider organisational strategy. Effective engagement of key personnel at all levels of the organisation is essential to get sufficient buy-in and develop workable methods for embedding routine enquiry. Encouraging disclosures may have implications for staffing and caseloads, at least in the short term.

7.2.6 Rolling out the programme

- Designing different versions of the training programme may be necessary to suit different organisations, contexts and budgets – for example, making the content more or less advanced according to participants' awareness, roles and service type. Many organisations might opt for a shorter basic course for all staff or management in addition to the longer CSA Practice Leads training. However, any revisions to the programme will need to be piloted and evaluated.
- Nonetheless, the model may still need adaptation to each organisation where it is delivered; it is not simply an off-the-shelf training course, over the short term at least. Training should take account of the fact that staff require similar detail (albeit in different amounts), including detail of the underpinning research on the prevalence and long-term impact of CSA, in order to address deep-seated misconceptions. However maintaining the programme's high standard and a minimum set of core information is important, regardless of the size of training course, and any new courses would need to be piloted and evaluated.
- Adapting the programme to each organisation is likely to require considerable commitment and input from the organisation, as demonstrated by CGL, throughout the programme delivery in order to ensure that it reflects practitioners' and service users' needs.
- Reaching a large number of organisations across the country may require a training team, or a train-the-trainer model, accompanied by suitable recruitment and quality control measures.
- The evident importance of the high-quality facilitation of the programme suggests that anyone providing this training in the future needs to have strong practice and research knowledge as well as a deep interest in the topic.
- Developing this pilot more intensively (for example, in one section of an organisation) may generate more detailed and specific learning points about practice delivery and staff support needs, as well as effective methods to measure and record change.

7.2.7 Considerations for the health, social care and children's sectors

- This pilot programme has shown that the sector would benefit from taking a more proactive approach to addressing the extent to which its adult service users may have experienced CSA, and to recognising that they are likely to need and want to be asked about this. Organisations that might benefit from this programme include substance misuse services, mental health services and those working with prisoners or ex-prisoners, people who have experienced homelessness and care leavers.
- It has also highlighted the potential extent of unmet support needs among service users, especially those with mental health difficulties and/or problematic relationships with drugs or alcohol.
- The pilot has demonstrated the value of enabling a focus on CSA, especially intra-familial and institutional abuse, which requires re-prioritisation by statutory and other bodies and in professional training after many years of being sidelined.
- An improved focus on this long-neglected issue may in turn require increased treatment options for people suffering post-traumatic stress disorder and other consequences of being sexually abused as children.

> "Other organisations that might benefit from this programme include those working with ex-prisoners or care leavers"

References

Allen, M. and Donkin, A. (2015) *The Impact of Adverse Experiences in the Home on the Health of Children and Young People, and Inequalities in Prevalence and Effects.* London: UCL Institute of Health Equity.

Change Grow Live (2019) *Annual Report and Accounts for the Year Ended 31st March 2019.* Brighton: CGL.

Creswell, J. and Plano Clark, V. (2007) *Designing and Conducting Mixed Methods Research.* Thousand Oaks, California: SAGE Publications.

Department for Education (2018) *Working Together to Safeguard Children: A Guide to Inter-agency Working to Safeguard and Promote the Welfare of Children.* London: DfE.

Fisher, C., Goldsmith, A., Hurcombe, R. and Soares, C. (2017) *The Impacts of Child Sexual Abuse: A Rapid Evidence Assessment.* London: Independent Inquiry into Child Sexual Abuse.

Kelly, L. and Karsna, K. (2018) *Measuring the Scale and Changing Nature of Child Sexual Abuse and Child Sexual Exploitation; A Scoping Report (revised edition).* Barkingside: Centre of expertise on child sexual abuse.

Lovett, J., Coy, M. and Kelly, L. (2018) *Deflection, Denial and Disbelief: Social and Political Discourses about Child Sexual Abuse and Their Influence on Institutional Responses. A Rapid Evidence Assessment.* London: Independent Inquiry into Child Sexual Abuse.

Martin, L., Brady, G., Kwhali, J., Brown, S., Crowe, S. and Matouskova, G. (2014) *Social Workers' Knowledge and Confidence When Working with Cases of Child Sexual Abuse: What Are the Issues and Challenges?* London: NSPCC.

One in Four (2019) *Numbing the Pain: Survivors' Voices of Childhood Sexual Abuse and Addiction.* London: One in Four.

Nelson, S. and Hampson, S. (2008) *Yes You Can! Working with Survivors of Childhood Sexual Abuse (second edition).* Edinburgh: Scottish Government.

Parke, S. and Karsna, K. (2019) *Measuring the Scale and Changing Nature of Child Sexual Abuse; Analysis of 2017/18 Official and Agency Data.* Barkingside: Centre of expertise on child sexual abuse.

Parkinson, D. (2020) *Piloting the CSA Practice Leads Programme in Social Work: Evaluation Report.* Barkingside: Centre of expertise on child sexual abuse.

Ritchie, J. and Spencer, L. (1994). Qualitative data analysis for applied policy research. In Bryman, A. and Burgess, R. (eds.) *Analyzing Qualitative Data.* London: Routledge.

Scott, S., Williams, J., McNaughton Nicolls, C., McManus, S., Brown, A., Harvey, S., Kelly, L. and Lovett, J. (2015a) *Violence, Abuse and Mental Health in England: Population Patterns (Responding Effectively to Violence and Abuse Project, Briefing 1).* London: NatCen Social Research.

Scott, S., Williams, J., McNaughton Nicolls, C., McManus, S., Brown, A., Harvey, S., Kelly, L. and Lovett, J. (2015b) *A Briefing for Mental Health Professionals: Why Asking about Abuse Matters to Service Users (Responding Effectively to Violence and Abuse Project, Briefing 3).* London: NatCen Social Research.

Appendix 1
Evaluation themes

The following lists set out the main themes used to analyse the qualitative data. These were developed iteratively by the evaluator, firstly to reflect the key questions agreed with the CSA Centre and CGL for this evaluation and secondly in response to issues raised in the interviews and focus groups and in the narrative data provided in surveys.

Inception and development of the programme

- Facilitator's background and experience
- Respective roles of CGL and the CSA Centre in developing and implementing the programme
- Availability of other initiatives on the subject, and how this programme fits/contrasts with it
- How the need for the programme was identified, in general and in CGL
- How the programme in CGL came about
- Aims and objectives of the training
- Developing and designing the training
- Key considerations in the content of the training
- Enablers emerging
- Challenges emerging
- Suggestions for improvement

Design, content and delivery

- Getting this training off the ground in CGL
- Training design, methods, delivery and content
- Any adaptations made to the design of the programme as delivered to local authority social workers, and why they were made
- Recruitment criteria – how to get the 'right' participants/Practice Leads
- Recruitment and selection process in practice
- Practitioners' motivations to train as Practice Leads
- Attendance and reasons for non-attendance
- Appropriateness and quality of content and delivery methods and style
- Any aspects of the training considered more effective or useful, and why
- Any content missing/unnecessary
- Key enablers emerging
- Key challenges emerging
- Suggestions for improvement, adaptation, continuation and wider rollout

Integration and embedding the training

- How the training related to other CGL work around Trauma-Informed Care
- Approach taken to embed the training principles and practice
- Work with senior CGL personnel
- Practice Leads support needs in applying their learning
- Cascading the learning, how this was done, what was shared, with whom, extent
- How Practice Leads shared their learning – formal/informal
- Reception given to the learning by staff with whom Practice Leads shared it
- Reception of senior staff/line managers, buy-in and support to sharing of learning
- Service user involvement, and how to maximize it
- Key enablers emerging
- Key challenges emerging
- Suggestions to make the training more effective in CGL or elsewhere

Outcomes

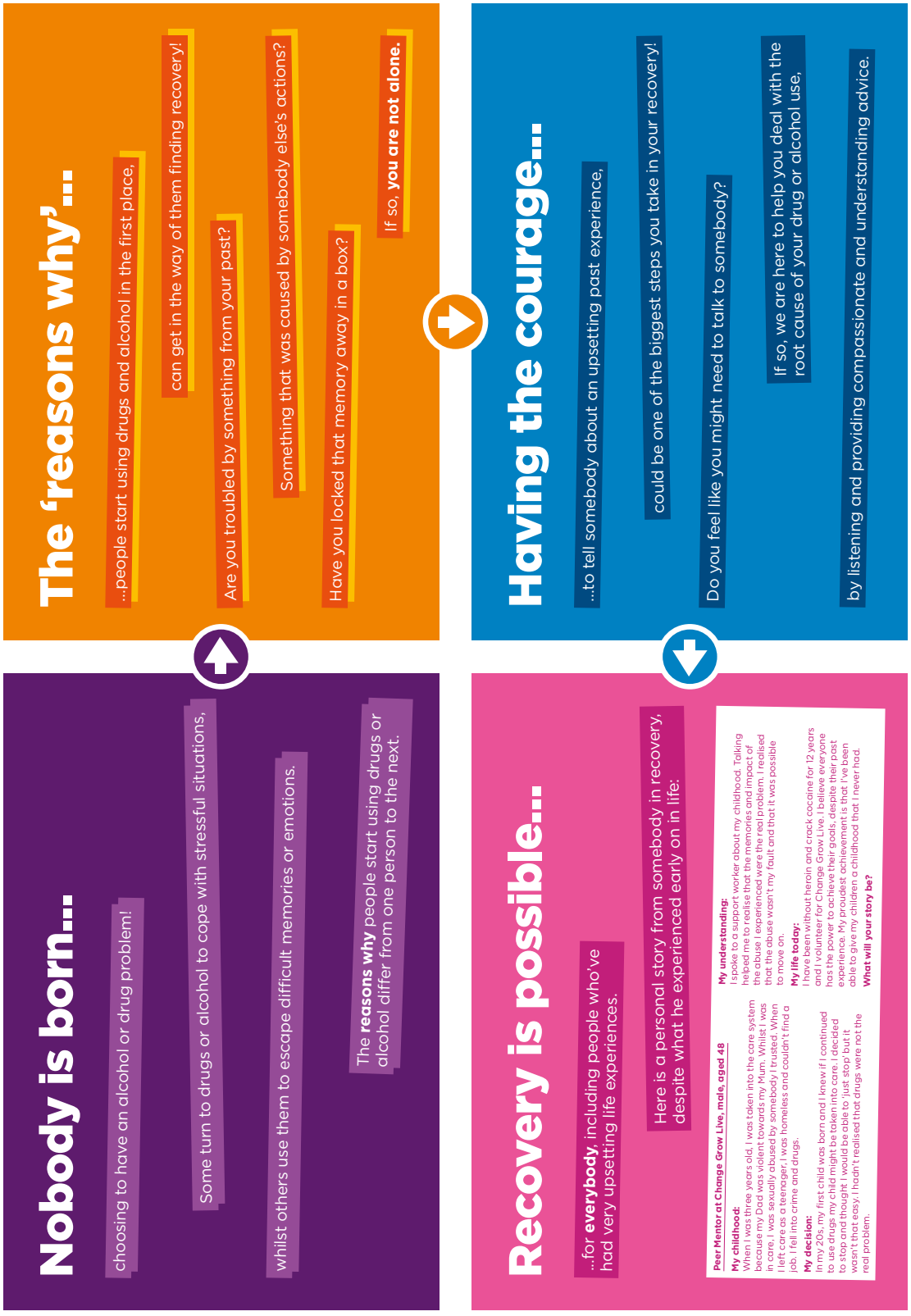
- What did Practice Leads learn
- Whether and how Practice Leads applied the learning
- Perceptions versus reality of asking service users about CSA
- Any changes in confidence in asking about CSA
- Any changes in colleagues' willingness/confidence to ask about CSA
- Issues noted by staff around asking service users about CSA
- Service users' views on being asked about CSA
- Service users' views on what makes it easier/more difficult to disclose CSA
- Practice Leads' views on timing of asking about CSA
- Practice Leads' views on who is best placed to ask someone about CSA
- What support is needed for people who have experienced CSA
- Any disclosures emerging
- If so, what made the difference
- Any changes to service delivery following disclosure
- Scope to refer service users for other services, e.g. therapy
- Any changes/outcomes reported by/for service users
- Any outcomes for CGL as an organisation
- Any outcomes for the CSA Centre
- Any other outcomes
- Further plans by CGL to gather details on outcomes over time
- Enablers emerging
- Challenges emerging
- Suggestions for improvement

Longer-term

- Future planning for CGL
- Which other staff and/or organisations need this training
- Any adaptations needed if running the programme with other organisations
- Suggestions and key considerations for how the CSA Centre could take this forward and make it more effective

Appendix 2

Examples of posters and materials co-produced with service users



Know the facts, not the myths, and remember:

It does not have to be rape to be sexual abuse, and it does not have to happen more than once. Sexual abuse can happen verbally, online, through technology, and without penetration – all of these can cause physical and psychological pain.

Remind yourself:

- It was never your fault
- Whatever your reactions are it is normal
- Many people don't tell anybody for many years
- Most perpetrators of rape or abuse are known to their victims
- You are not alone and there is support available

Affected by something in this leaflet?

If you have experienced sexual abuse please remember that it is not your fault and there is support for you.

To gain more information or support please speak with your worker or you can also contact the National Association for People Abused in Childhood (NAPAC):

Helpline open weekdays: 0808 801 0331
Email: support@napac.org.uk

www.napac.org.uk

Change Grow Live

For more information visit
www.changegrowlive.org
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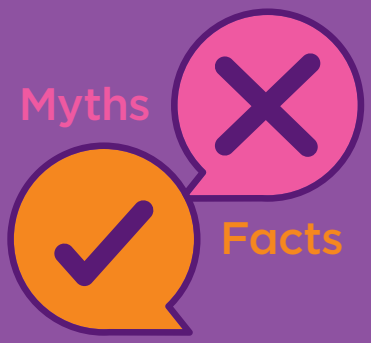

Child sexual abuse: what we know

A myth is a belief that is widely held or a FALSE idea within society.

A fact is a thing that is known or proved to be TRUE.

There are many reasons as to why myths exist especially surrounding childhood sexual violence and abuse. Myths act as a way of allowing others to avoid accepting risk and distance themselves from threat. Sadly for those affected by sexual abuse myths are the reason so many people affected by this choose not to disclose or report what happened to them.

This leaflet aims to bust some myths surrounding sexual abuse by offering truth and fact.

Myth
It was my fault. I could have stopped it.

Fact
It wasn't your fault. Abuse is never the child's fault. Abuse is always a choice made by the abuser. Abusers manipulate their victims into believing things to be true that aren't. Victims grow up still believing these lies.

Myth
I didn't say "no" so I must have been saying "yes" to being abused.

Fact
Just because you didn't say "no" it doesn't mean you were saying "yes". A child cannot consent to sexual activity.

Myth
Sometimes I enjoyed how it made me feel, therefore it couldn't have been abuse.

Fact
The human body can have a biological response to sexual stimulation, whether this is consensual or non-consensual. Just because someone became sexually aroused during the abuse, it doesn't mean they enjoyed it or wanted to be abused.

Myth
If you love your abuser then you love the abuse.

Fact
Victims can love their abuser and hate the abuse at the same time. Abusers use this to make survivors believe the abuse was their fault and to confuse them as to whether or not it was actually abuse. Bonding with the abuser can be a survival technique for victims.

Myth
If you were high or drunk when it happened it was your own fault.

Fact
Being affected by drugs and/or alcohol doesn't mean you deserve to be sexually abused – sexual abuse is always the perpetrator's fault.

Myth
People who have been sexually abused don't recover.

Fact
People can and do recover – sexual abuse is not destiny.

Myth
It was my fault, I didn't tell anyone.

Fact
Not telling does not make you responsible for the abuse that happened to you. Sometimes telling just does not feel like an option.

Myth
Childhood sexual abuse rarely occurs.

Fact
Research shows sexual abuse affects at least 1 in 6 children.

Myth
If a victim of sexual abuse does not fight back, they must have wanted it to happen.

Fact
We have no control over how our brain reacts to danger. Our body reacts in a way that it believes will keep us safe. 'Freezing', 'befriending' or 'flopping' are common reactions which means we are unable to shout, scream or run away.

Myth
Men are abusers and women are victims.

Fact
Both men and women can be either victims or perpetrators of sexual abuse.

Myth
If you're abused by someone who is the same sex as you it means you're gay/lesbian.

Fact
Sexual orientation is neither the cause nor the result of sexual abuse.

Myth
If you've been sexually abused, you'll go on to sexually abuse others.

Fact
Experiencing child sexual abuse does not mean you will go on to sexually abuse others.

Centre of expertise on child sexual abuse

The photograph on the cover was taken using actors and does not depict an actual situation.

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