Centre of expertise on child sexual abuse

Effectiveness of services for sexually abused children and young people

Report 2: A survey of service providers

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and
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Acknowledgements

We would like to thank the organisations that took part in this research by completing the online survey and taking the time to tell us about the services they provide for children and young people affected by or at risk of sexual abuse.

About the authors

Diana Parkinson is a freelance evaluator with a long track record of working with organisations that support vulnerable people and a Master's in Professional Practice in Research Methods. An associate of NCVO Charities Evaluation Services, she was commissioned by the CSA Centre to carry out the analysis of the survey that is the subject of this report.

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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.

Contents

Summary

This report forms part of a suite of work undertaken by the Centre of expertise on child sexual abuse (CSA Centre) to expand the evidence base on how best to assess the effectiveness of services responding to child sexual abuse (CSA).

It sets out the findings from an online survey of service providers, which was sent out to more than 300 contacts in the sector and shared through social media. The survey questionnaire was completed by 50 organisations across England and Wales that:

- provided specific support to children/young people at risk of CSA or who had experienced/were experiencing CSA, or
- specifically targeted CSA, including child sexual exploitation (CSE), perhaps alongside wider services.

While these were a self-selected group and cannot be regarded as representative of organisations working in the field of CSA, the information they provided has widened our knowledge of the services that are delivered, the children and young people who are being reached, the aspects of service delivery that providers consider to be most effective, and the challenges they face.

Profile of responding organisations

- Organisations were spread across England and Wales, with the largest numbers located in the North West, the West Midlands, and London and the South East.
- The majority were voluntary/third sector organisations, and many had fewer than 10 staff delivering support to children/young people.
- Most organisations employed qualified staff and felt that qualifications were necessary to ensure the level of skills and knowledge for working in this area.
- Almost one-third also involved volunteers in providing support to children/young people.
- In the majority of organisations, each staff member supported no more than 20 children/young people.
- Three-quarters of organisations said that demand for their services exceeded their capacity, with only a quarter able to meet demand immediately. Eleven organisations said that children/young people had to wait more than three months to be seen.

Target groups

- Most organisations were supporting children/young people who were affected by any form of CSA, including CSE. A small number focused specifically on CSE or on other forms of CSA.
- Nearly two-thirds worked with children/young people who were still experiencing CSA, but very few said that these accounted for more than half of their caseload.
- While the majority worked with children/young people of all genders, four organisations supported only young women and girls, and two worked solely with boys and young men.
- Nearly half worked with children from birth, while more than a third worked only with children/young people aged 11 or older.
- Fewer than half of participating organisations provided information about the ethnicity of their service users. Of the 24 that did, eight reported that more than half of the children/young people they supported were from black, Asian or minority ethnic (BAME) backgrounds.
- Many organisations said they were supporting children/young people who were or had been in care, had a learning difficulty/disability or were LGBT+.

Support for children and young people

- Organisations offered a range of interventions, with the majority providing one-to-one/key worker support, therapeutic support for children, group work and outreach. One-fifth were offering peer mentoring.
- More than one-third of organisations did not place a limit on the number of sessions they offered. Among the remainder, almost half said they provided a maximum of 12 sessions; only two offered more than 30 sessions.
- Most organisations provided support from a range of locations in the community as well as from their own office/centre.
- The duration of support provided to children/young people varied considerably between organisations. While nearly one-third did not place any time restriction on how long they worked with children/young people, more than a third said they usually provided individual support for less than six months.
- Four-fifths of organisations provided some support for parents/family members, ranging from ad hoc updates for parents to formal work.
- The vast majority of organisations engaged with a wide range of both statutory and third sector agencies.

Supporting service delivery

- Organisations described how their interventions aimed to achieve outcomes for children/young people including reduced trauma symptoms, improved safety, better mental health and wellbeing, and healthy relationships.
- More than three-quarters of organisations used electronic case-management systems and/or databases for recording service user information; a few were relying on a spreadsheet or paper-only case recording, and almost one-fifth did not say what information systems they used.
- Four-fifths of organisations described the systems they had in place to monitor effectiveness, including outcomes tools in addition to direct feedback from service users and parents. One-quarter said they followed up service users to look at longer-term outcomes.

Effectiveness and challenges

- Organisations highlighted the importance of providing trauma-informed services that are sensitive to the needs of children/young people, and offering a range of interventions appropriate to their age and situation for as long as was needed.
- They also emphasised the need for their services to be accessible to children/young people in terms of location and timing, delivered by highly skilled staff with close liaison and support from other agencies.
- Half of organisations said that a lack of funding was one of the main challenges they encountered in providing their services.
- Difficulties encountered when working with other agencies – which, it was felt, failed to understand or respond appropriately to the needs of the children/young people they were supporting – were also highlighted. Organisations described a lack of information-sharing and joined-up working as a particular barrier.
- Some organisations felt there was a lack of wider services available to support children and young people, such as appropriate placements for looked-after children.

Conclusion

The majority of organisations responding to the survey were based in the voluntary/third sector and were operating at a relatively small scale. Many appeared to be under considerable pressure and struggling to meet demand, with waiting lists of children/young people needing support. Organisations sought to maintain a flexible, accessible and needs-led approach, at the same time as trying to cope with the ongoing challenges of fundraising and, for some, a perceived lack of appropriate cooperation from statutory agencies.

This research suggests that, in developing services for children and young people affected by CSA, many organisations would welcome an opportunity to develop specific interventions such as therapeutic/creative activities, provide more support to parents and carers, and increase the accessibility of their services through greater use of technology. Above all, it highlights their need for more – and more stable – funding to be made available, so they can reach and support more children and young people affected by CSA.

1. Introduction

This paper forms part of a suite of work undertaken by the Centre of expertise on child sexual abuse (CSA Centre) to expand the evidence base on how best to assess the effectiveness of services responding to child sexual abuse (CSA).

Considerable work has been undertaken by the CSA Centre in this area, beginning with the 'Evaluation Fund' which supported 17 providers to improve their capacity to assess and evidence their services' effectiveness (Sullivan and Sharples, 2018). This was followed by a one-day workshop to share the key elements of monitoring and evaluation good practice, and the publication in June 2019 of a practical guide for services seeking to monitor and evaluate their work (Parkinson and Sullivan, 2019).

Building on the learning from the Evaluation Fund, in 2018 the CSA Centre carried out consultations with the sector and desk research to identify areas for further exploration in relation to understanding services' effectiveness. The following research questions were identified:

- What are the key elements of practice of CSA services which facilitate success?
- Are these elements different for children and young people who are or have been in care and/or have learning difficulties/ disabilities?
- What are the challenges to achieving success?
- How should effectiveness be measured in an evaluation study?
- What are the outcomes considered most important by service users and staff of CSA specialist services?
- Do models of service fall into coherent groups (e.g. based on needs, age bands, type of abuse)?
- Which service models are believed to be showing particular promise, and why?

To explore these questions, the CSA Centre commissioned a knowledge review (McNeish et al, 2019), while also undertaking a survey of service providers to broaden its knowledge of services responding to CSA; that survey is the subject of this report. Additionally, it commissioned work to explore the experiences of service users with learning difficulties or experience of being in care (Franklin et al, 2019), as its initial consultation with the sector had identified that these groups were particularly vulnerable to sexual abuse (CSA Centre, 2017).

The survey of service providers aimed to explore the types of services that are provided to children and young people who have been sexually abused, and the elements that make these services effective. It investigated a range of issues including:

- the way in which service providers delivered their interventions
- the profile of the children/young people they worked with
- their engagement with other agencies
- their ability to monitor and evaluate their work and support the administration of their service delivery
- the effectiveness of their service provision and their priorities for service development.

> The survey explored the services provided to sexually abused children and young people, and the elements that make those services effective

1.1 Method

In mid-2018, the CSA Centre distributed an online survey to more than 300 contacts in the sector who had been identified through previous work to map therapeutic services for sexual abuse across the UK (Allnock et al, 2015). In addition, invitations to take part in the research were sent out through the CSA Centre's social media channels to its own contacts in the sector.

The survey questionnaire is set out in Appendix 1. Responses were received from nearly 100 organisations, but many completed only the initial screening question (designed to exclude organisations that were not CSA specialist services). The final analysis is based on responses from 50 organisations, across England and Wales, which were:

- working with children/young people who were at risk of CSA or had experienced/ were experiencing CSA, or
- carrying out work that specifically targeted CSA, including child sexual exploitation (CSE).

The survey was focused on organisations providing specific support to children and young people affected by CSA. It therefore included organisations in both the voluntary and the statutory sectors, but did not include broader service provision within policing or children's social care.

1.2 Ethical issues

This research adhered to the ethical principles of conducting research, as outlined by the Code of Ethics and Conduct of the British Psychological Society (2009). All participants were in positions of professional capacity and all provided informed consent to participate in the study. All data was collected confidentially and stored securely. As all the participants were used to working with CSA issues and the questions were not of a sensitive nature, the research was considered to be at low risk of creating psychological harm.

1.3 Limitations

As this research was based on a self-selected sample of only 50 organisations, there are limits to the extent to which the findings can provide a representative picture of organisations working in the field of CSA in England and Wales. Although there is no official information available on the number of such organisations in England and Wales, previous research in 2015 identified around 300 non-statutory services – including generalist as well as specialist services – in England and Wales (Allnock et al, 2015). This makes it difficult to estimate the proportion of service providers in the field of CSA that responded to this survey.

Moreover, the findings from this research cannot be generalised to the wider sector, as there may well be organisations that are working in different ways or have different insights to share about their work but did not complete the survey.

Nonetheless, these findings highlight the work done by organisations that are actively involved in delivering support to children and young people affected by CSA. The findings therefore provide a valuable insight into the nature of service provision and the challenges that service providers face in delivering their work.

1.4 Structure of this report

This report provides a summary of the findings from the online survey. The findings are divided into five sections:

- **Profile of service providers** – describing the location and sector of organisations participating in this research, the number of children/young people they support, and the staff involved in providing support.
- **Target groups** supported by these organisations – including the gender, age and ethnicity of the children/young people supported, and the types of abuse they had experienced.
- **Service delivery** – an overview of the range and type of interventions provided, where they are provided and for how long.
- **Supporting service delivery** – the information systems used to support service delivery, and how providers assess their work, particularly in terms of immediate and longer-term outcomes.
- **The effectiveness of service provision** – the aspects of support viewed as most effective, the challenges and barriers encountered by organisations in carrying out their work, and the areas that they feel are most important to develop in the future.

2. Profile of service providers

This section provides an overview of the organisations that completed the online survey. It describes their location and sector, as well as the number and type of staff involved in delivering their work and the number of children/young people supported.

2.1 Location

The 50 organisations that completed the survey were located across England and Wales, with the largest numbers located in the North West, the West Midlands, and London and the South East; these regions collectively accounted for three-fifths (29) of 'single-region' organisations (see Figure 1).

Figure 1. Location of services

Note: n = 50.

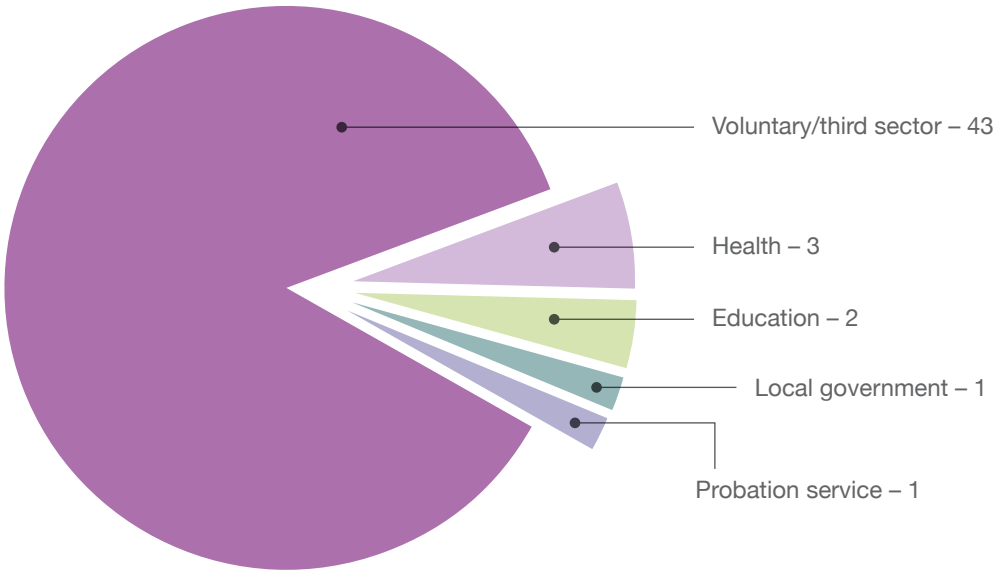
2.2 Sector

Most of the 50 organisations that completed the survey were in the voluntary/third sector, with the rest defining themselves as 'education', 'local government', 'health' and 'probation' (see Figure 2).

2.3 Number of delivery staff

Of the 41 organisations that stated how many staff were involved in delivering their services, nearly two-thirds (27) said they had fewer than 10 delivery staff; most of these had fewer than five staff (see Figure 3). Nearly one-third (13) had between 11 and 50 delivery staff, while one organisation had more than 50.

Figure 2: Type of organisation



Note: n = 50.

Figure 3. Number of delivery staff

Note: n=41.

Figure 4. Types of delivery staff

Note: n=46. Respondents could select multiple answers.

2.4 Types of delivery staff

Information on the *types* of staff involved in delivering services was provided by 46 organisations (see Figure 4). Nearly half of these (22) utilised at least three different types of professional to support children/young people, including counsellors, independent sexual violence advisers (ISVAs), youth workers, support workers, social workers and psychotherapists. Some organisations also involved other staff such as play/art/drama therapists, child therapists, specialist sexual violence counsellors or probation officers.

In addition, almost one-third (14) of organisations answering this question involved volunteers in providing support to children/young people; one service was delivered entirely by volunteers.

2.5 Staff qualifications

Among the 40 organisations providing information about the qualifications held by their delivery staff, more than half (22) reported that *all* their staff had qualifications in counselling, social work, ISVA, youth and community work, teaching and/or nursing (see Figure 5). A further 15 organisations specified that some or most of their staff held these qualifications.

In addition, some organisations employed staff with qualifications in art, drama, dance and play therapy, legal qualifications or qualifications in trauma-informed practice.

Asked whether it was necessary for staff to be qualified in order to support children/young people affected by sexual abuse, more than three-quarters (34) of the 43 organisations answering the question felt that staff *should* be qualified to deliver that support. One explained:

> "The level of need and complexity that victims of sexual abuse present with means that it is imperative that staff are properly trained and experienced to work with them effectively and safely."

On the other hand, some organisations felt that previous experience of supporting vulnerable young people was more important than qualifications.

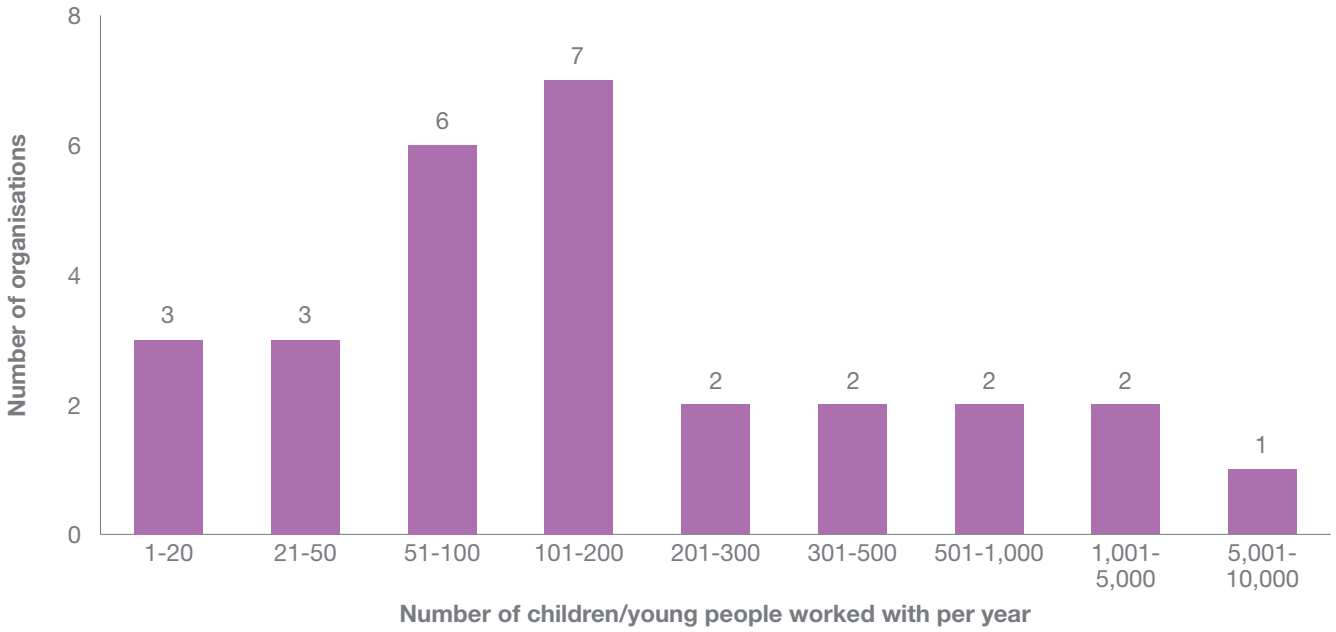
2.6 Number of children/young people supported

Of the 28 organisations identifying how many children/young people they supported per year, almost half (12) were working with 100 or fewer (see Figure 6). Three organisations said they worked with more than 1,000 children/young people annually.

Figure 5. Qualifications held by delivery staff

Note: n=40. Respondents could select multiple answers.

Figure 6. Volume of children/young people supported



Note: n=29.

2.7 Caseloads per staff member

Information about the number of children/young people supported per staff member was provided by 38 organisations (see Figure 7). Almost half (18) said that individual delivery staff each supported 10 children/young people or fewer at one time. Fewer than one-sixth (6) of organisations said their staff supported more than 20 children/young people each.

Maximum caseloads

Organisations were asked whether they set a maximum number of children/young people that their staff could support. Of the 42 organisations that replied, two-thirds (29) said they did set such a maximum. For many, this was to take account of the complexity of the work and the intensity of the support needed:

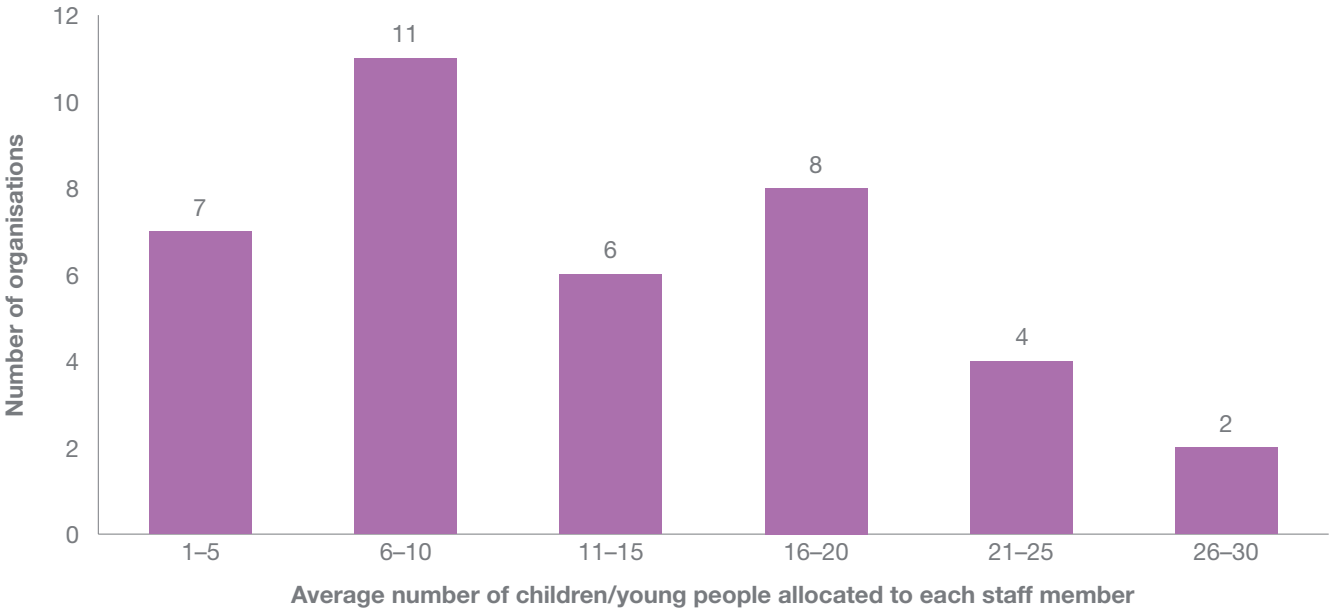
> "It is important for client care and staff self-care that the caseload is not too high. Working with trauma can place a very high stress load on staff and we work hard to ensure that this is observed."

For others, setting a maximum number of cases per staff member ensured that staff could give children/young people the time and space needed, and allowed for travel time when working across a wide geographical area.

One-third (13) of organisations did not set a maximum, as they felt this allowed them to be more flexible and respond to need:

> "We do not limit caseloads as young people have different needs and support packages. Some young people may be disengaging for a time, others may require intensive support for a period."

Figure 7. Volume of children/young people supported per staff member



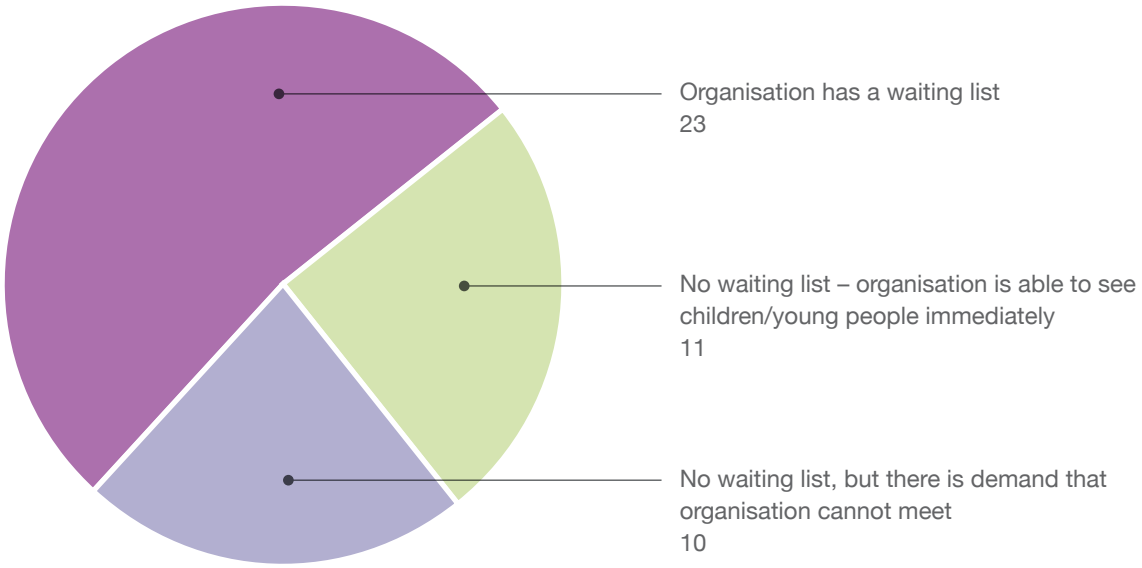
Note: n=38.

2.8 Waiting lists

Among the 44 organisations stating whether they maintained a waiting list of children/young people needing support, only a quarter (11) said they were able to see children/young people immediately (see Figure 8). More than half (23) said they had a waiting list of children/young people needing support; the other 10 explained that, although they did not keep a waiting list, the demand for their services exceeded their capacity.

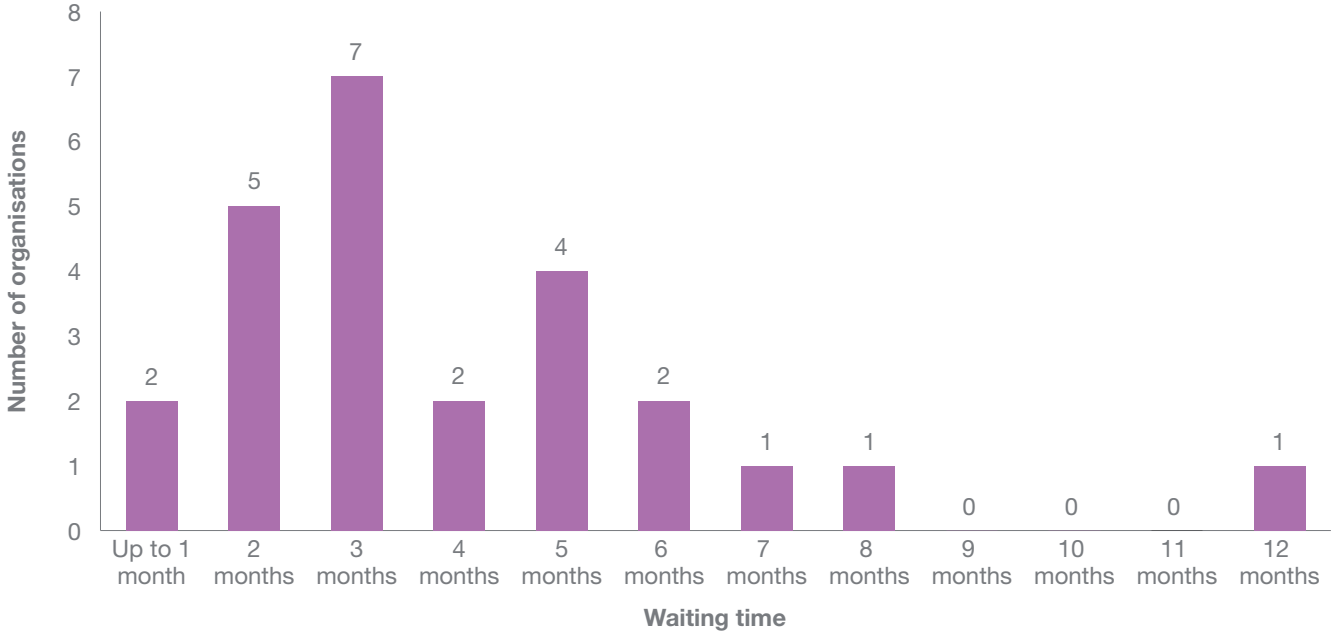
Of the 25 organisations that specified how long children/young people had to wait to be seen, more than half (14) said the waiting time was three months or less (see Figure 9). Three organisations said it was between seven and 12 months.

Figure 8. Organisations' use of waiting lists



Note: n=44.

Figure 9. Waiting times for one-to-one support



Note: n=25.

3. Target groups

This section covers the types of abuse experienced by the children/young people receiving support from the organisations that responded to the survey. It also describes their gender, age, ethnic background and other characteristics.

3.1 Types of abuse

All 50 organisations completing the survey provided information on the types of abuse experienced by the children/young people they supported (see Figure 10).

Most organisations specified that they worked with children/young people who had experienced peer-on-peer abuse, abuse both inside and outside the family, and non-contact abuse (including online abuse). And three-quarters (38) of organisations said they supported children/young people experiencing *any* CSA.

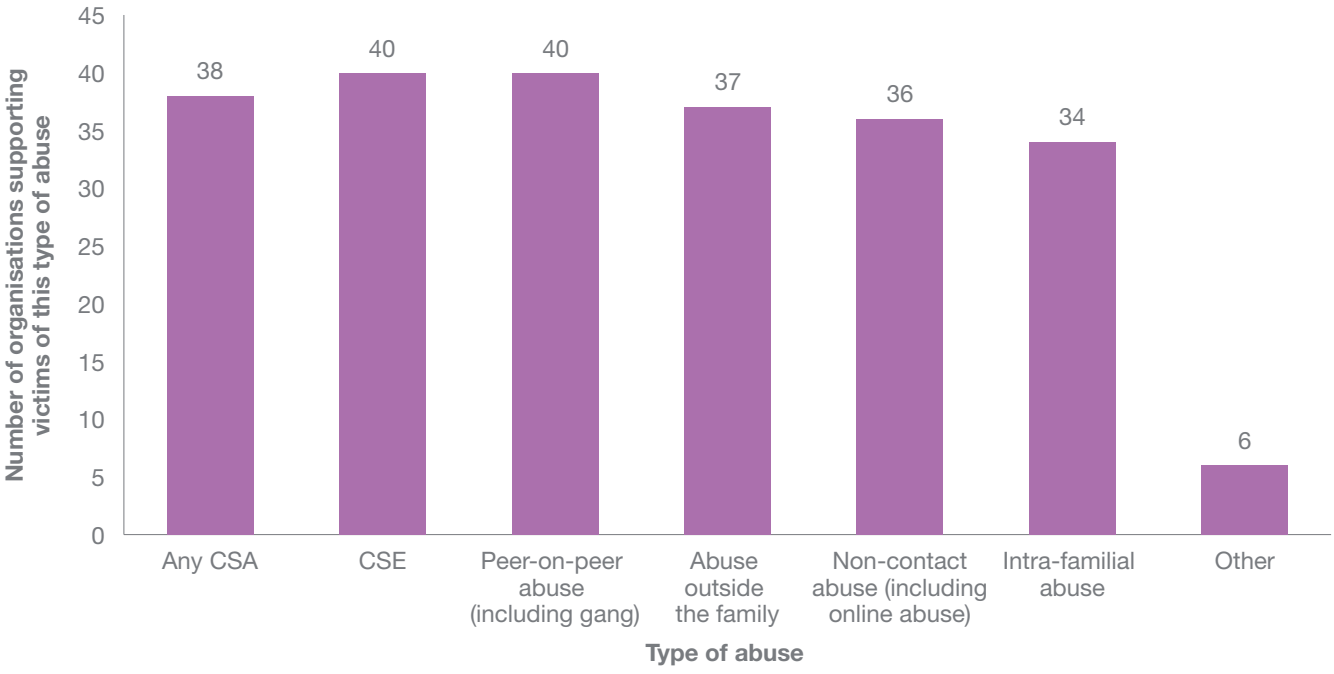
Forty organisations said they provided support for children/young people affected by CSE, and three of them indicated that CSE was their sole focus. Six of the organisations supporting victims of 'any CSA' did not specify whether this included CSE (which is considered separate from CSA by some working in this field), so it may be that CSE support was provided by up to 46 of the 50 organisations completing the survey.

Some organisations also described other types of abuse that the children/young people they worked with had experienced, including:

- ritual abuse
- trafficking and exploitation
- 'corrective rape'/hate sexual crimes inflicted on children/young people who had identified as LGBT+
- abuse by an adult in a position of trust
- sexual harassment.

Among the 40 organisations stating whether they worked with children/young people who were still experiencing CSA, nearly two-thirds (25) said they did – but only four reported that such cases represented more than half of their caseload.

Figure 10. Types of abuse for which support is provided



Note: n=50. Respondents could select multiple answers. Six organisations selected 'Any CSA' and did not select any other categories; those six presumably did provide support for victims of peer-on-peer abuse, abuse outside the family, non-contact abuse and intra-familial abuse (and possibly CSE too), but they are not shown in the chart's statistics for those categories.

3.2 Gender of children/young people supported

Forty organisations provided information on the gender of the children/young people they supported (see Figure 11). While most (34) said they worked with children/young people of all genders, four organisations supported only young women and girls, and two worked solely with boys and young men. One explained that it supported boys up to the age of 13 and young women and girls of any age.

Asked whether the support they offered differed according to the gender of the children/young people they supported, more than one-third (10) of the 28 organisations answering the question said that it did. Some explained that this was because some needs were influenced by gender:

> "The support is different for each child, depending on what they need. Gender may be a factor in this, particularly if the child/young person needs to discuss aspects of gender identity and sexuality."

Others noted that their service was sometimes adapted to respond to the ways in which children/young people of different genders engaged with them:

> "The themes of support are the same; however, we recognise that males and females engage in different forms of support and we adapt the work according to this."

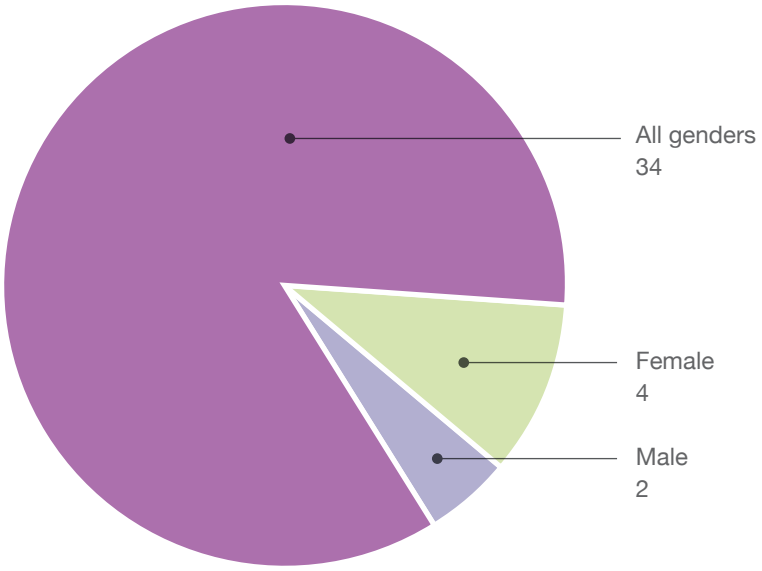
3.3 Age of children/young people supported

Among the 41 organisations providing information on the age of the children/young people they supported, nearly half (18) worked with children/young people from birth upwards, another nine from the age of five, and 12 from the age of 11 (see Figure 12). Two organisations said they were working only with children/young people aged over 13.

Four-fifths (33) of the 41 organisations reported working with young people up to the age of at least 25. None had an upper age limit of below 13 years, and all but two worked with children/young people up to the age of 17 or over.

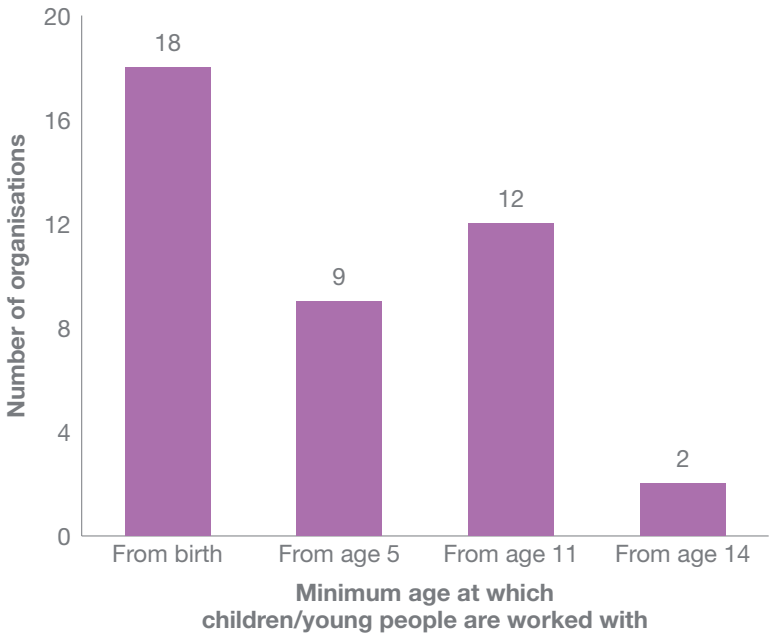
Most organisations (33) described how the support they offered differed according to the age of the children/young people:

Figure 11. Gender of children/young people supported



Note: n=40.

Figure 12. Age of children/young people supported



Note: n=41.

> "We offer play therapy for children up to ten, then a choice for 11 to 13, thereafter talking therapies with art materials used."

> "We ensure that our support is age-appropriate. This could mean a change in language, or activities, to ensure it fits with the wants and needs of the service user."

One described how its service changed once a young person turned 18:

> "For over-18s, the safeguarding response that can be taken is less expansive as the young person can legally make more decisions about how they will like to be supported."

A few organisations stated that the support provided was the same for all age groups, but the delivery of that support differed.

3.4 Other characteristics of children/young people supported

Information about other characteristics of supported children/young people was provided by 24 organisations. While nearly half (11) of these said they worked with children/young people who were predominantly (>75%) from white British backgrounds, one-third (eight) reported that a majority of their service users were from black, Asian or minority ethnic (BAME) backgrounds (see Figure 13).

In addition:

- 20 organisations were supporting children/young people who were or had been in care, and eight said that such children/young people formed a significant part (more than 33%) of their caseloads
- 18 organisations were working with children/young people who were LGBT+ (representing between 1% and 40% of their caseloads)
- 22 organisations were supporting some children/young people with learning difficulties/disabilities (representing between 1% and 60% of their caseloads).

When asked whether they adapted their service when working with children/young people from marginalised groups, 24 of the 27 organisations answering the question said they did. Some described how they allocated staff or provided specific services for particular client groups:

> "Therapists reflect the ethnicity of our clients, so we always match a client to the therapist."

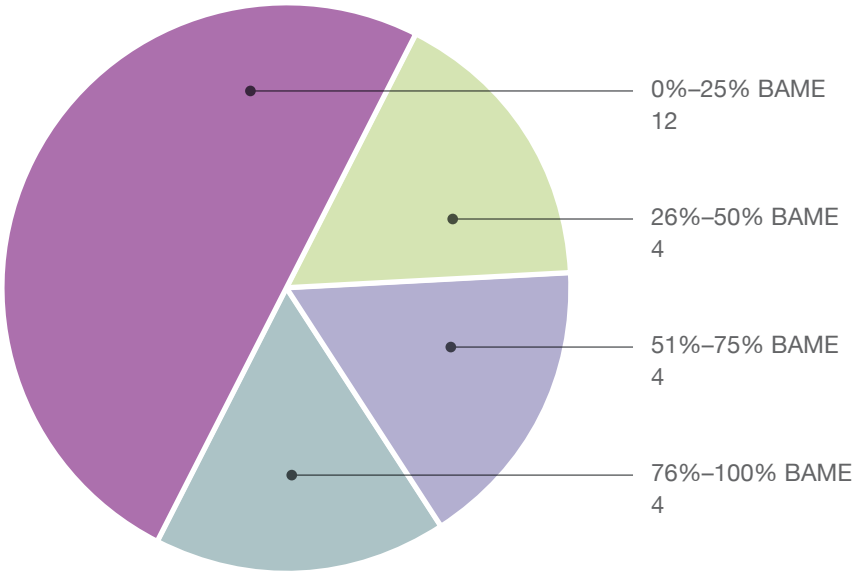
> "We have specific support services for young offenders, young carers and care leavers."

Others talked about having specific resources for different groups:

> "We have resources for young people with special educational needs and also can use age-appropriate resources for their cognitive age and understanding."

> "Workbooks etc show representations of different minority groups. We develop resources mindfully, keen to include representation of people who are outside of the white, straight, cis-gendered idea of 'normal'."

Figure 13. Ethnic background of children/young people supported



Note: n=24. 'BAME' is defined here as any ethnicity other than white British.

4. Service delivery

This section provides an overview of the range and type of interventions provided by the organisations that completed the survey, the duration of their support and where they provide it.

4.1 Range of interventions

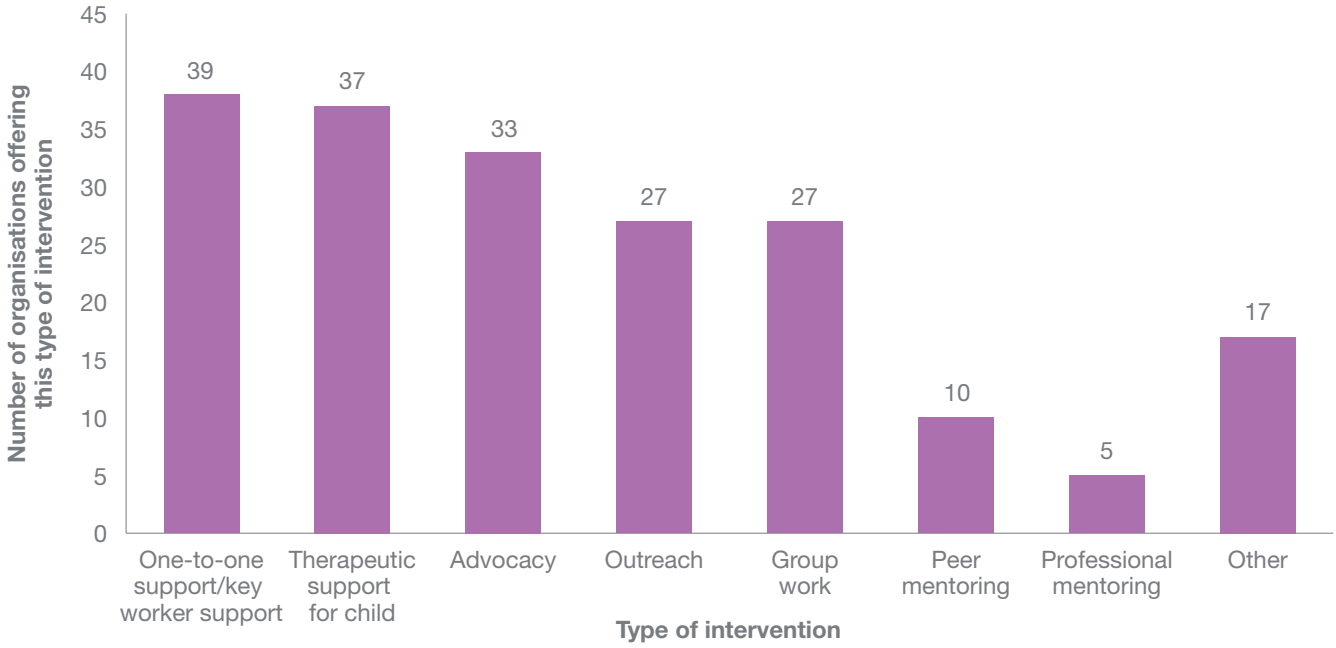
All 50 organisations provided information on the range of their interventions for children/young people affected by sexual abuse (see Figure 14). The majority offered one-to-one/key worker support, therapeutic support for children, advocacy, group work and outreach; additionally, one-fifth (10) offered peer mentoring.

Many organisations were offering other interventions, which included:

- prevention training in schools
- virtual support via IT and a helpline
- support for parents/adults such as therapeutic support, a psychoeducation group for parents and counselling for family members/carers
- a children's independent sexual violence advocate (CISVA) team
- health assessments
- support for siblings who had been affected by the wider impact of abuse on the family.

Two organisations did not offer any one-to-one or therapeutic support for children/young people; one focused on providing health assessments, while the other was a recovery programme providing advocacy, group work and outreach.

Figure 14. Types of intervention offered



Note: n=50. Respondents could select multiple answers.

4.2 Varying interventions according to type of abuse

Organisations were asked whether their support differed according to the type of abuse that children/young people had experienced. Of the 46 organisations answering this question, nearly half (21) said their interventions were solely or primarily tailored to the specific needs of each child/young person:

> "The support we offer is bespoke to each young person but always examines their trauma history and ongoing trauma and attempts to be holistic in that we don't just do work around the presenting issue."

> "Our support is on a case-by-case basis. People who have been affected by the same type of abuse may need very different support to each other."

A further one-third (16) of organisations said that the support provided differed according to the type of abuse experienced. One said that its service needed to respond to the different dynamics of CSE and other forms of CSA. Others explained that they had a specific referral pathway for children/young people affected by CSE, or that children/young people affected by CSE could be fast-tracked to therapy. One organisation described the need for particular sensitivity when working with CSE cases:

> "There is lots of fear, they don't want to get anyone in trouble, they don't want to recognize what's going on. So it's about taking it very slowly, and building the trust very gradually."

Some organisations felt that the age of the children/young people also affected the type of support they were seeking:

> "Older young people are more likely to access counselling and one-to-one support for historical abuse or coping with difficult relationships with family."

> "The young children are sometimes much more direct about what has happened to them and why, so sessions are more practical and direct."

Only eight organisations said the support they provided did not differ according to the type of abuse experienced by the children/young people they were working with:

> "All those coming to the service are offered counselling/play/art/sand tray therapy on a weekly basis which is not time limited."

> "We offer support to all and signpost where appropriate."

4.3 Types of therapy offered

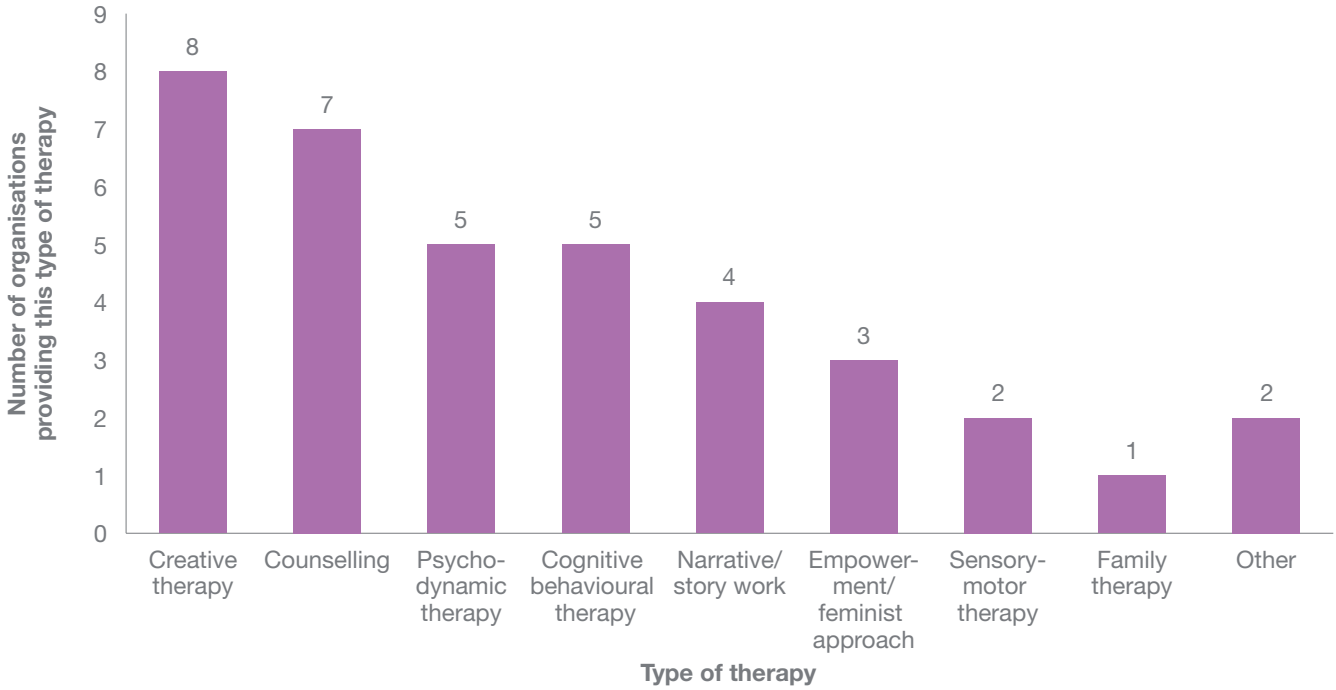
Nine organisations provided detailed information about the types of therapy they provided to the children/young people they supported (see Figure 15). Most offered a range of therapies including creative therapy, counselling, cognitive behavioural therapy (CBT) and psychodynamic therapy. Other therapies provided included equine therapy and sand tray therapy.

4.4 Locations of support provision

Among the 46 organisations detailing the locations where they provided support to children/young people, three-quarters (34) specified multiple locations (see Figure 16). Besides the organisation's office/centre, community venues and the child/young person's home or school, other locations identified included coffee shops, parks and "other public places that are deemed safe, confidential and with which the young person is comfortable".

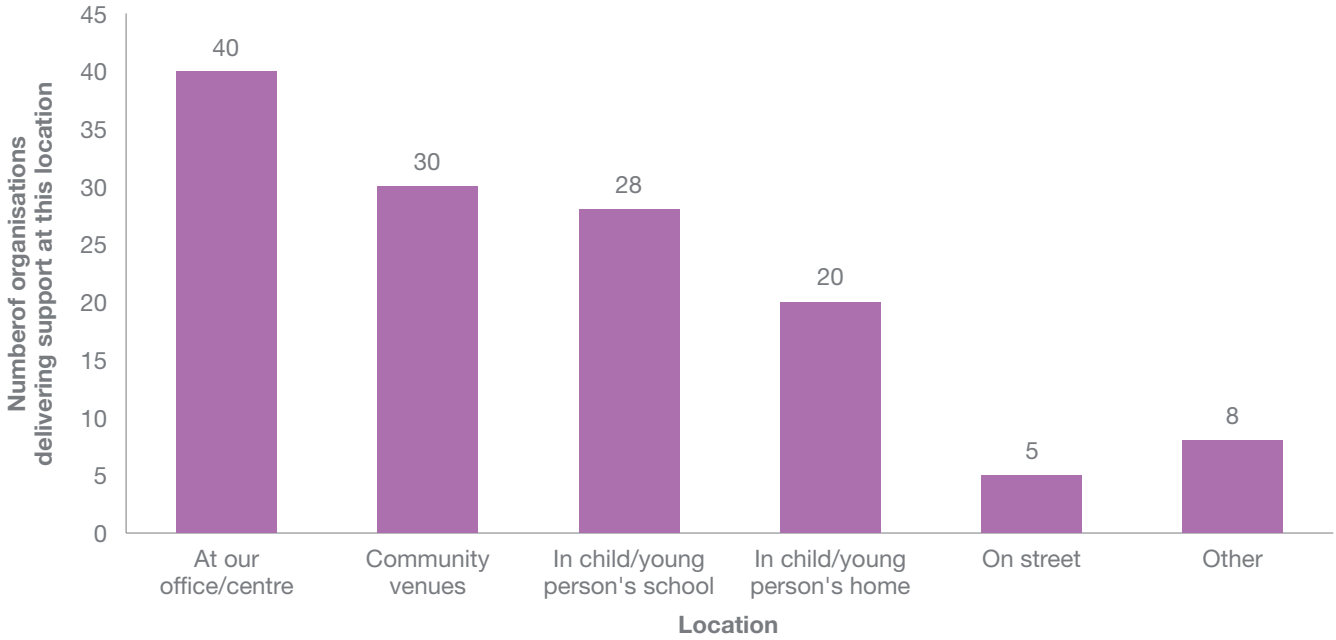
> Some organisations said they had a specific referral pathway for children/ young people affected by sexual exploitation

Figure 15. Types of therapy provided



Note: n=9. Respondents could select multiple answers.

Figure 16. Locations where support for children/young people is delivered



Note: n=46. Respondents could select multiple answers.

4.5 Number of sessions offered to children/young people

Of the 39 organisations providing information about the number of face-to-face sessions they usually offered, more than a quarter (11) did not specify a number but said that it varied according to the child/young person's needs (see Figure 17). One explained:

> "We are flexible with time because we want every client to leave having recovered or well on the way to recovery."

Another organisation said the number depended on the age of the child/young person. Among the other 27 organisations, more than one-third (10) said they usually provided 12 sessions or fewer; only four offered more than 30 sessions.

4.6 Duration of support provided to children/young people

Information on the usual duration of support was provided by 44 organisations (see Figure 18). Two-thirds of them (29) specified a usual duration, with most (20) of these saying that children/young people usually received individual support for less than six months.

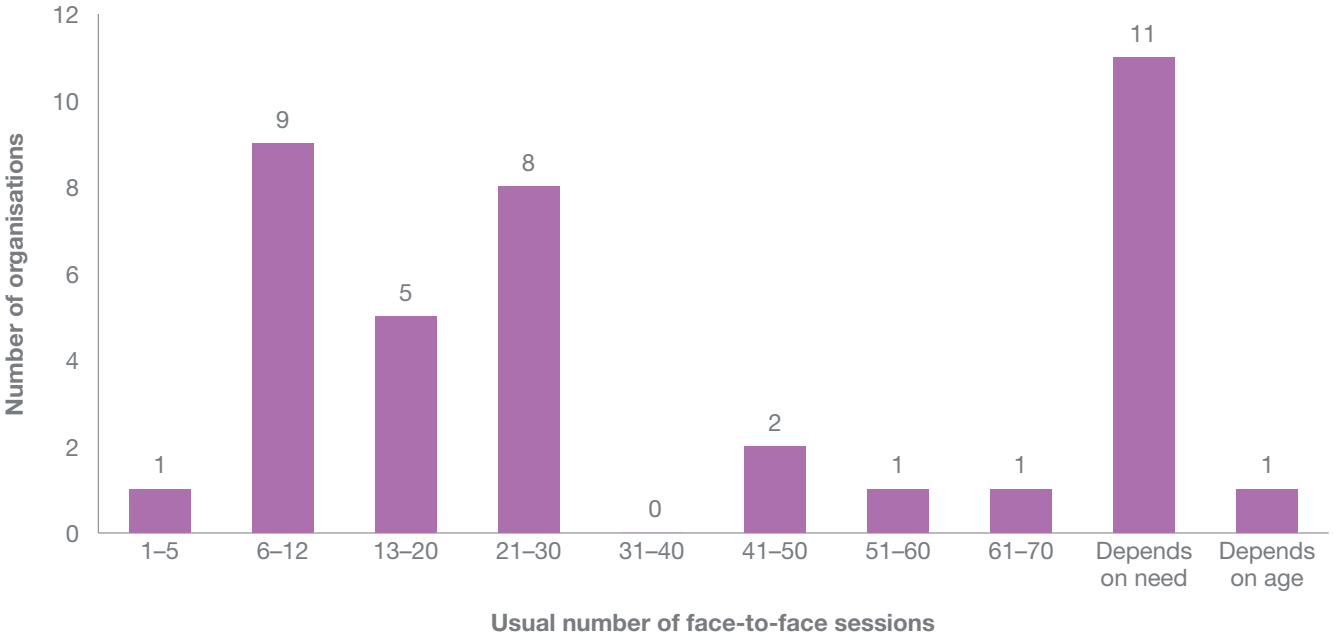
A further 11 organisations did not specify a usual duration (or gave a very wide range of potential durations), explaining that their work with each child/young person was not time-limited – although a small number of these indicated that there were age-based limitations:

> "Where possible support isn't time limited although we are expected to end support as near to the young person's 18th birthday as possible."

And four organisations indicated that the duration of support depended on the type of support being delivered:

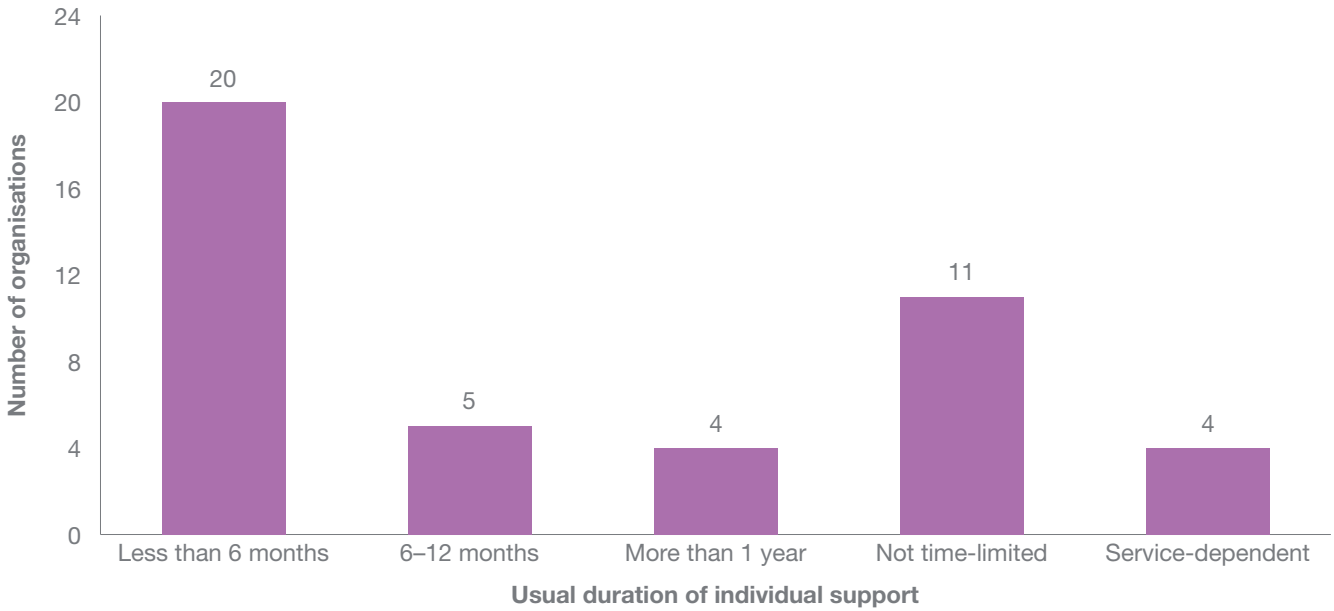
> "Depends what aspect of the services they are engaging with – counselling or substance misuse could be several months; a lot of therapeutic group work four to six weeks."

Figure 17. Number of face-to-face sessions offered



Note: n=39. Where respondents specified a range rather than a specific number of sessions, the midpoint of that range has been used.

Figure 18. Usual duration of individual support



Note: n=44.

Asked what determines the amount of time that support is provided for, most of the 41 responding organisations said that it was the needs and individual circumstances of the child/young person:

> "Our support will go on for as long as the young person needs it and it is still connected to the crime/abuse."

> "We will work with children until we see a reduction in trauma symptoms."

The willingness of a child/young person to engage with an organisation's services was noted as a factor, as was the level of risk they faced:

> "[Length of support is determined by] the needs that they have, the current experiences they are facing, e.g. if they are currently being exploited, or have recently exited a gang, they may require more time in comparison with a young woman who is well-connected to other services of support and receiving preventative support."

Nonetheless, six organisations indicated that funding and resources were the determining factors in how long they were able to support children/young people.

4.7 Support for family members

All 50 organisations completing the survey stated whether they provided support for their service users' parents/family members: 40 provided that support, and 15 of them said they also provided it for parents/family members of children/young people who were not service users if there were concerns that they were being abused. Some specified that their support for parents/family members was part of the therapy provided to children/young people, while others said they provided specific support (such as one-to-one support or counselling) to family members:

> "We have a parenting worker part of our team who will provide one-to-one support with the parents/ carers."

Other services offered for parents/family members included advocacy, information, practical support and signposting; some organisations also ran groups or education sessions for parents/carers and other family members.

> "We run a psycho-educational/support group for non-abusing parents/carers."

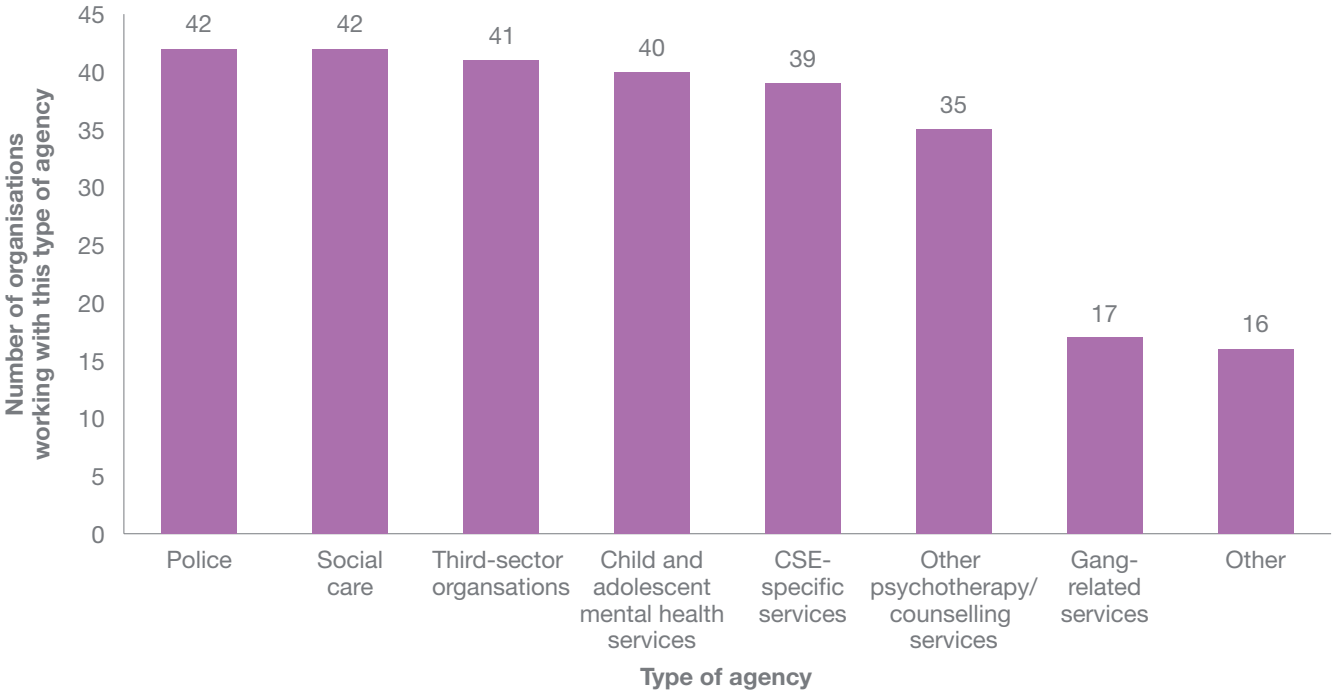
> "We provide sessions for both parents and wider family members. This covers the warning signs of CSE, safety planning and evidence gathering."

4.8 Engagement with other agencies

Of the 44 organisations providing information about other agencies that they engaged with in supporting children/young people, all were engaging with a wide range in both the statutory and third sectors (see Figure 19).

Other agencies being worked with included sexual assault referral centres (SARCs), sexual health centres, early help teams, youth clubs/drop-ins, housing agencies and GPs, as well as agencies working in education, youth justice, drugs/alcohol, benefits and employment.

Figure 19. Engagement with other agencies



Note: n=44. Respondents could select multiple answers.

5. Supporting service delivery

This section presents a brief overview of the systems that organisations were using to support their service delivery and to monitor and evaluate the effectiveness of their work.

5.1 Information systems

Of the 41 organisations that provided information about systems used to keep records of their work, all said that they had such systems in place. For 38 of them, this involved an electronic case-management system and/or a database for service user information, while three organisations were relying solely on a spreadsheet and/or paper-only case recording (see Figure 20).

5.2 Monitoring and evaluation tools

Of the 41 organisations that provided information on monitoring systems, all were doing some form of monitoring. Forty said they obtained feedback from their service users, with 34 asking service users to complete outcomes monitoring tools (see Figure 21). Parents and/or staff were asked to complete outcomes forms by more than three-quarters (32) of the organisations.

Many organisations described how they obtained regular feedback from children/young people:

> "We use a feedback form after interventions with young people to collect their feedback. We also capture any informal feedback they give us during the work by writing down comments about the support and sharing this with the team. We are also doing activity days and talking to young people about the service to gain their feedback."

Some also described specific tools they used, such as the Patient Health Questionnaire, Generalised Anxiety Disorders Measures, the Wellbeing Ladder, CAMHS assessment tools, CORE, My Star/Outcomes Star, the Strengths and Difficulties Questionnaire and the PCL-C Trauma checklist. Others appeared to have developed their own feedback tools and processes:

> "We have feedback surveys from when group work or one-to-one support is completed."

> "We conduct service reviews, individual questionnaires and focus groups annually."

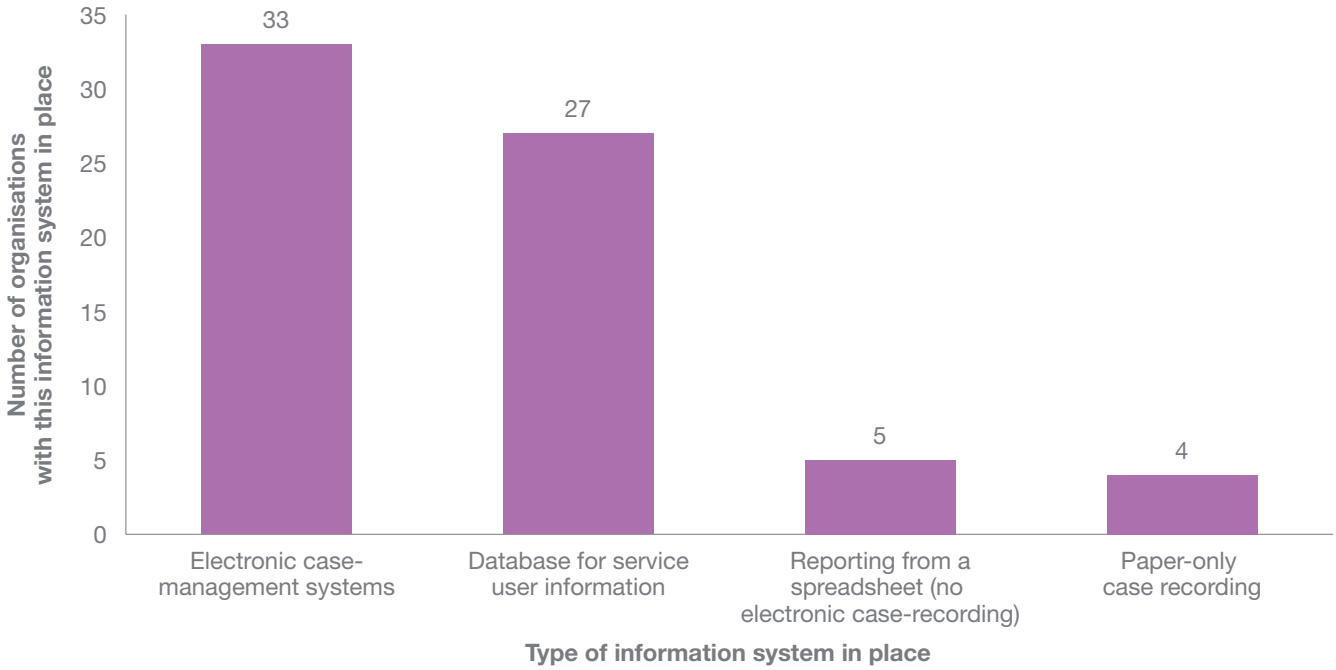
> "We have developed a strengths-based tool entitled 'The Resilience Umbrella'."

One described how it had developed a variety of tools to capture the journey taken by a young person as they received support:

> "We have developed two tools. One is knowledge-based and is used to gather a baseline of their knowledge on certain subjects such as consent, healthy relationships etc. This is repeated at three-monthly review points and also at the end of support. In addition, we developed a behaviour-based one to capture changes in risk and need of young people and the impact knowledge has on behaviour and daily lived experience. We developed a tool looking at the way they spend their time, their relationships, their phone use, their experiences of saying no and consenting to sex, amongst other areas. This is completed once a relationship with a young person is more established and repeated at three-monthly review points and at the end of interventions."

> More than three-quarters of organisations asked their staff and/or the parents of service users to complete outcomes forms

Figure 20. Types of information system used



Note: n=41. Respondents could select multiple answers.

Many organisations appeared to be carrying out monitoring activities regularly. In some cases, they were gathering data at baseline, at intervals during the intervention and at the end of the intervention:

> "Feedback is collected at baseline, midpoint and closure from service users and their primary care givers. We also collect data measuring CSE risk and self-esteem at baseline, midpoint (six weeks) and closure (twelve weeks)."

> "Our monitoring form is completed in the first and last session, and in every five sessions."

Some gathered data even more frequently:

> "In counselling we use CORE in every session."

> "For group work, the young people complete review/evaluation forms at the end of sessions for drop-in locations such as youth clubs."

> "We monitor outcomes every three months using a [national organisation] specific CSE outcome framework."

Others described how they obtained feedback from parents or schools, gathered "empirical evidence" from therapists or sought feedback from other agencies, although this was not always done formally:

> "We informally ask teachers for feedback."

> "We receive informal information from parents and staff which contribute to outcome information."

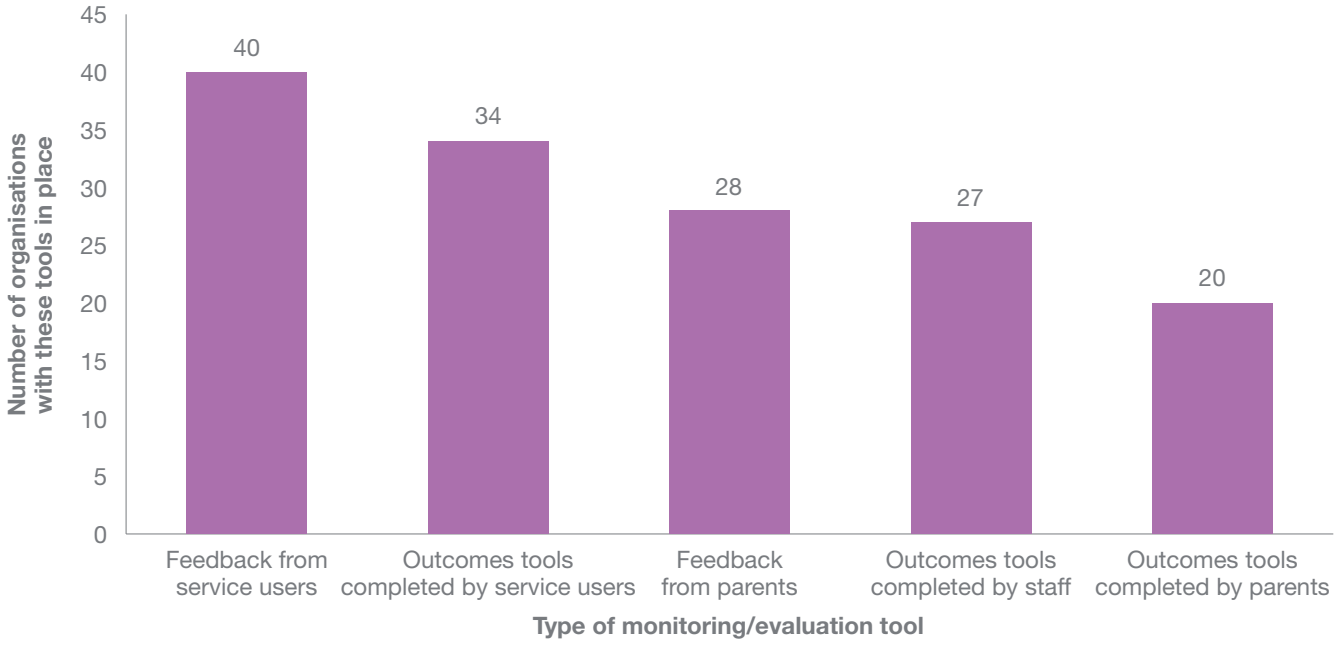
One organisation explained that it was reviewing its monitoring forms, as it felt they needed to be more tailored to the provision of ongoing support:

> "We have found that it is not appropriate to ask young people to complete the same form every three months. We need to do some work around this."

More information on the importance of improving monitoring and evaluation systems, and how to achieve this, is available in the CSA Centre's guide to evaluating services (Parkinson and Sullivan, 2019).

> Some organisations were collecting monitoring data at baseline, at intervals during the intervention and at the end of the intervention

Figure 21. Types of monitoring and evaluation tools used



Note: n=41. Respondents could select multiple answers.

5.3 Tracking longer-term outcomes

Organisations were asked whether they followed up children/young people after they had left the service, in order to look at longer-term outcomes. Of the 41 that responded, nearly one-third (13) said they did so.

Seven of these 13 organisations followed up their service users after a specific period of time (e.g. three, six or 12 months), and four said they did not have a set follow-up time (see Figure 22). The other two organisations did not provide information about the timing of follow-ups; one noted that "Many of the girls we work with join our peer support group post one-to-one work," while the other said it was difficult to follow up former service users "as we struggle to finance the extra hours to contact them".

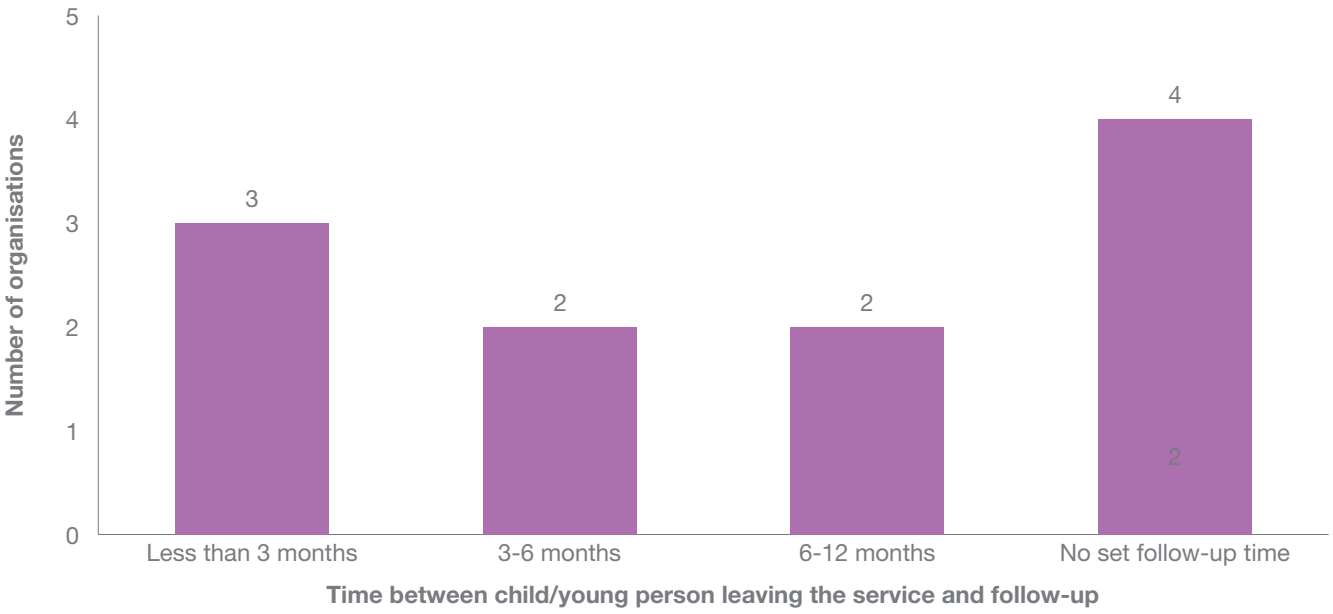
5.4 Identifying outcomes

Organisations were asked to describe the outcomes that their services sought to achieve. Their responses fell into nine key areas:

- safety/reduced risk/safeguarding
- recovery from trauma/resilience
- mental health and wellbeing
- relationships
- support
- positive future
- engagement in education
- access to justice
- parenting.

> Thirteen organisations said they followed up children/young people after they had left the service, in order to look at longer-term outcomes

Figure 22. Timing of follow-ups with children/young people who have left the service



Note: n=11.

Safety/reduced risk/safeguarding

Twelve organisations identified outcomes around increasing the safety of children/young people, such as:

> "Reduction in vulnerability and risk in association with CSE."

> "The ability to recognise exploitative behaviour on the internet or mobile phone."

> "Young people have the tools they need to keep themselves safe."

> "We aim to safeguard the child, wrap services around them that will help them and reduce the risk of exploitation in the future."

Recovery from trauma/resilience

Eleven organisations described outcomes around enabling children/young people to make sense of the trauma they had experienced and to come to terms with this:

> "To be able to speak out about how they are feeling and make sense of the abuse."

> "Client understands the abuse was not their fault."

> "To enable the healing process to begin."

> "A sense of feeling "normal" again, not defined by the abuse they have experienced."

> "To enhance coping skills, recovery and healthy strategies to maintain recovery."

> "More equipped to manage and cope in different situations in life."

Mental health and wellbeing

Nine organisations described outcomes related to mental health and wellbeing:

> "Improved emotional health and wellbeing."

> "Reduced likelihood of long-term mental illness and enhanced coping skills."

Some of these organisations focused on changes in self-esteem and self-worth:

> "Child is achieving and feels good about themselves."

> "For them to be able to recognise their own potential and have ambition for themselves."

Others' outcomes involved enabling children/young people to improve their self-confidence:

> "Greater self-confidence in who they are as a person and a belief in their value."

> "Greater confidence in understanding how to express their needs."

Some also identified specific outcomes around reducing self-harm and suicidal ideation:

> "Reduction in self-harming."

> "Preventing suicide and reducing suicidal thoughts."

Relationships

Enabling children/young people to strengthen their relationships with family and develop a greater understanding of healthy relationships were important outcomes for seven organisations. Some of them identified outcomes around:

> "Awareness raising around consent."

> "Improving their ability to develop appropriate trusting relationships."

> "Increased ability to identify abusive/ exploitative behaviours."

> "To enable young people to build more positive and safe relationships."

Support

For six organisations, it was important to improve children/young people's access to support:

> "Supporting access to other services and activities."

> "To feel listened to, to be supported."

Positive future

Three organisations talked about how they wanted to enable children/young people to move forwards in their lives and have a positive future:

> "For them to be able to recognise their own potential and have ambition for themselves"

> "To create 'role models' from survivors as they have influential voices and the power to make change."

Engagement in education

Two organisations identified outcomes related to improving children/young people's engagement in education, such as:

> "Better attendance at school/college/ work."

> "Improving educational outcomes by addressing school attendance issues."

Access to justice

Improving children/young people's access to justice was a focus for two organisations:

> "Better supported through criminal justice processes."

> "Engagement through the criminal justice process in a supportive and empowering way, so that they are able to feel that they were able to speak their story in court and to move forward from the trial."

Parenting

Finally, two organisations described outcomes around supporting young people to become parents:

> "To enable them to be the best parents they can be in living in secure domestic sexual abuse free relationships accessing education or employment."

> "Empower parents/carers (safe carers) to emotionally support and contain their child(ren) following their experience of sexual abuse."

Appendix 2 provides a longer list of examples of outcomes that organisations sought to achieve.

6. Features of effective service provision

This section describes the aspects of their support that organisations viewed as most effective, and the challenges they were encountering in delivering their services. It also highlights the areas that organisations felt were most important to develop in the future.

6.1 Most effective aspects of support

Organisations highlighted what they felt were the most effective aspects of their interventions. For many, this centred around the quality of the support they provided, and involved descriptions such as "non-judgmental", "consistent", "honest" and "transparent".

For one organisation, effectiveness stemmed from support that was provided by those with lived experience of abuse:

> "Being able to offer that validation and light from our services, from those who have walked a similar path."

Many organisations emphasised the importance of support being led by the needs of the child/young person:

> "Everything we do is led by the young person, what we talk about, how we talk about it. They are totally in control."

> "We work at young person's pace, listen to and empower young person's voice, include them in making decisions about support and care."

Some talked about the support being delivered using a trauma-informed approach, while others emphasised the value of having highly specialist staff:

> "Our team of young persons' practitioners provide support in a safe and non-judgemental environment. They are trained to deal with the impact of rape and childhood sexual abuse on young people, as well as to provide support with a wide range of other issues including child sexual exploitation, ritual abuse, flashbacks, self-harm, eating disorders and drugs and alcohol misuse."

Others highlighted the need for ongoing support for staff in ensuring an effective service:

> "Independent individual monthly supervision provided to each therapist in the team to ensure clinical robustness."

Providing an accessible service was also felt to be important in meeting children/young people's needs:

> "The offer of detached work on the streets allows the workers to find some of our most vulnerable young people."

> "We have a city centre drop-in centre and weekly drop-ins in schools and further education colleges."

For some, this also meant being flexible around the length of the intervention and providing a range of services to respond to different needs:

> "Provision of a flexible, responsive approach that does not dictate the timing of when children and teenagers access therapy but allows them to come to it in their own time and provides consistency for them."

> "We offer a range of non-stigmatising individual and group support services ranging from brief interventions to therapeutic and specialist services e.g. substances, counselling, housing support."

Other organisations described specific interventions that they felt were important, such as advocacy support to ensure that the needs of children/young people were better met.

Several talked about the importance of including parents and carers and, in some cases, providing specialist support for them:

> "Our service offers a whole family approach to tackling CSE, and through working with both the young person and their family, we are able to promote a relational model of safeguarding and ensure parents/carers are empowered to support their young person."

A number of organisations emphasised the importance of working closely with other agencies, but some felt that being independent of statutory agencies contributed to the effectiveness of their work:

> "We believe that being a voluntary service is key to achieving good outcomes as this can facilitate engagement in the service in the first place, the fact that they are speaking to someone independent of statutory services such as the police and children's services."

6.2 Challenges in providing support

Of the 48 organisations that described the challenges they encountered in providing support to children/young people, half (24) said that a lack of funding was one of the main challenges they encountered in providing their services:

> "Lack of funding which means that demand for the service outstrips capacity. We currently have 48 children and young people on the waiting list, waiting on average six months for a service."

> "A lack of funding results in longer waiting times, shorter interventions, and a decreased workforce."

Many organisations described how the pressure to continually raise funds so they could provide their services was a drain on their resources:

> "We would like to be able to dedicate less resources to fundraising and more on frontline services."

> Commissioners should commit multi-year funds to specialist services to allow us to concentrate more on service delivery and development.

Almost one-third (15) highlighted difficulties encountered when working with other agencies which, they felt, failed to understand or respond appropriately to the needs of children/young people:

> "Statutory services including the police applying pressure to the young person, or steering them in a certain direction."

> "Lack of confidentiality within schools e.g. teachers walking in during sessions to get something from the room."

And more than one-quarter (13) described a lack of information-sharing and joined-up working as a particular barrier:

> "Fragmented services, disjointed referral pathways … delays in referral… children being passed from service to service, short-term funding and closures of services."

Relationships with statutory agencies appeared to be problematic for some of these organisations:

> "A lot of time is spent escalating cases where social care are either not assessing the risk accurately or are de-escalating risk before we would say that the risk has reduced."

A lack of wider services available to support children/young people, such as appropriate placements for looked-after children, was identified by eight organisations. Others described how agencies' expectations could impose barriers on their work:

> "Less time negotiating around timescales. Work should be led by a child's individual needs, not a bureaucratic process."

Six organisations reported that parents/carers sometimes failed to provide enough support to faciliate the intervention:

> "Parents/carers who the child relies on to bring them to the service. It is important for the client to attend regularly but family members sometimes find this difficult."

Three organisations described difficulties with ensuring their services were fully accessible (e.g. finding appropriate venues to deliver their services), and two described staffing issues (e.g. recruiting staff with appropriate qualifications and experience).

6.3 Priorities for service development

Asked how they would like to be able to develop their services, 46 organisations responded – with one-third (15) saying the priority was having more time and resources for direct support for children/young people affected by CSA:

> "We would simply like to be able to take on more child therapists to work with all the children referred to the service in order to be able to avoid any waiting list for the under 18s service we provide and especially for very young children (aged three to ten)."

Seven organisations highlighted particular interventions that they would like to offer, such as therapeutic/creative activities or peer support:

> "Confidence-building courses for young people who have been or are at risk of CSE. The results are outstanding."

> "I would love to run more groups for young women. It is encouraging to empower young women with skills and provide a supportive environment in which they can learn and develop."

> "Peer support groups for young people, as the needs of 16 to 19-year olds who have been sexually abused are often overlooked."

Three organisations suggested that services should be made more accessible to children/young people through greater use of IT:

> "Increase ease of access via technology in sessions and services provided."

> "Develop/grow online provision for young people who can't access face-to-face easily."

Six stressed the need to be able to support children/young people for longer, and another highlighted the need to be able to support children/young people through their transition into adulthood:

> "We would like to be able to provide more support to young women who are transitioning into adulthood, as we are very aware that sexual exploitation does not stop on their 18th birthday."

Eight organisations focused on the importance of prevention work, both with children/young people and with parents/carers and professionals, which often appeared to be underfunded:

> "We would like to put in more support at a low level with those at risk, to divert them from exploitative relationships and improve their self-worth."

> "More preventative work that focuses on parents and professionals spotting the signs of abuse and understanding the impact of grooming and sustained abuse."

The need to increase understanding of CSA among professionals and the general public, and to bring about changes in the legal system, was highlighted by six organisations:

> "More campaigning around the inadequacies of the criminal justice process in its care of children and young people who find themselves as witnesses."

> "Campaign to have grooming and manipulation recognised as a significant criminal event alongside discrete events of abuse/assault."

Four organisations felt it was important to give more support to parents and carers, such as through group support or a family therapy service. And three called for more research and evidence of good practice in the field:

> "Research to further impart knowledge about CSA and a trauma-informed approach."

> "Research into understanding why our statistics do not reflect the current demographics of BAME communities or those of children with disabilities."

"Organisations highlighted particular interventions that they would like to offer, such as therapeutic/creative activities or peer support"

7. Conclusions

This research explores the experiences of organisations delivering support services to children and young people affected by CSA. It has provided an insight into the nature of service provision and the challenges that organisations face in delivering their work. The findings present a snapshot of organisations delivering CSA specialist services and those they work with, but the limited scale and scope of the study make it impossible to infer, for example, organisations' level of engagement with local populations known to be particularly vulnerable to CSA or under-identified as victims of CSA.

Most of the organisations that responded to the survey were based in the voluntary/third sector and were operating at a relatively small scale. Support for children/young people was delivered by highly skilled and qualified staff, working intensively with small numbers (fewer than 10) of children/young people and providing support led by the needs of each child/young person.

In addition to using their own offices, organisations were often delivering services in a variety of community-based venues or, when appropriate, in the home. Services included a range of interventions such as group work, outreach services and peer mentoring, in addition to one-to-one and/or therapeutic support for children/young people. Many organisations were also providing a service to the parents/carers of the children/young people they supported.

Organisations described how their interventions aimed to achieve a wide range of outcomes for children/young people, including outcomes around reduced trauma symptoms, improved safety, better mental health and wellbeing, and healthy relationships. The majority of organisations appeared to have monitoring systems in place to collect information on outcomes, particularly through direct feedback from children/young people, and many had a database or electronic case-management system in place. However, more than one-fifth were reliant on a spreadsheet or paper-only case recording, or did not specify whether they had information systems in place. While few organisations reported any difficulties in collecting monitoring data, the survey did not specifically ask them about this; we know from the CSA Centre's previous work (Sullivan and Sharples, 2018; Parkinson and Sullivan, 2019) that developing appropriate monitoring tools to collect outcomes data from children/young people is a particular challenge for organisations in the sector.

Organisations highlighted the importance of providing trauma-informed services that are sensitive to the needs of children/young people, and that offer a range of interventions appropriate to their age and situation for as long as is needed. Also emphasised was the need for services to be accessible to children/young people in terms of location and timing, delivered by highly skilled staff with close liaison and support from other agencies.

However, the picture also emerged of organisations under considerable pressure; many said they were struggling to meet the demand for their services, with waiting lists of children/young people needing support. Organisations were seeking to maintain a flexible, accessible and needs-led approach at the same time as trying to cope with the ongoing challenges of fundraising, a perceived lack of appropriate cooperation from statutory agencies, and a scarcity of other support for children/young people.

The research suggests that, in developing their services for children and young people affected by CSA, many organisations would welcome an opportunity to develop specific interventions such as therapeutic/creative activities, provide more support to parents and carers, and increase the accessibility of their services through greater use of technology. Above all, it highlights their need for more – and more stable – funding to be made available, so they can reach and support more children and young people affected by CSA.

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Appendix 1: Survey questionnaire

1. Eligibility

We are interested in hearing from specialist services across England and Wales responding to child sexual abuse:

- those who are working with children/young people who are at risk of CSA or have experienced or are experiencing CSA
- specifically target CSA, including CSE, though they may offer wider services also
- services may include those within the voluntary and statutory sectors but will not include broader service provision such as policing or children's social care.

☐ **My service is not a specialist service that provides support for children and young people who are experiencing or have experienced sexual abuse or exploitation. Please take me to the end of the survey.**

2. Your location

☐ London
☐ South East
☐ South West
☐ West Midlands
☐ East Midlands
☐ East of England
☐ North West
☐ North East
☐ Yorkshire and the Humber
☐ Wales

3. Which sector is your organisation?

☐ Third sector
☐ Voluntary
☐ Health
☐ Education
☐ Violence Against Women and Girls
☐ Anything else (please specify)

4. The name of your organisation

Learning from services

We aim to enhance knowledge on what works when working with children/young people at risk/with experience of CSA. In this section we explore the aids and barriers to achieving positive outcomes. Your responses will not be attributed to your organisation.

5. Which features of your service do you believe play the most important role in achieving good outcomes for children and young people?

6. What are the outcomes you hope to achieve for children and young people?

7. What hinders effective service for children and young people?

8. Is there anything else you would like to say about encouraging effectiveness?

9. What would you like to do more of and why?

10. What would you like to do less of and why?

11. What does your service offer for children and young people? *(tick all that apply)*

☐ One to one support/key worker support
☐ Therapeutic support for child
☐ Group work
☐ Advocacy
☐ Peer mentoring
☐ Professional mentoring
☐ Outreach
☐ Other (please specify)

12. What types of abuse do you support children and young people for? *(tick all that apply)*

- ☐ Any CSA
- ☐ CSE
- ☐ Intra-familial
- ☐ Abuse outside the family
- ☐ Non-contact abuse (including online abuse)
- ☐ Peer on peer (including gang)
- ☐ Other (please specify)

13. Does the support differ according to the type of abuse they have experienced? Please explain your answer.

14. Do you provide support for parents/ family members of service users?

- ☐ Yes if the child/young person is receiving support
- ☐ Yes if they are concerned that a child/ young person is being abused but we are not working with the child/young person
- ☐ No

If so, what form does this take?

15. What types of therapy do you provide? *(tick all that apply)*

- ☐ Cognitive Behaviour Therapy
- ☐ Sensory-motor therapy
- ☐ Counselling
- ☐ Creative therapy (art, play, drama)
- ☐ Family therapy
- ☐ Group therapy
- ☐ Narrative/story work
- ☐ Psychodynamic therapy
- ☐ Empowerment/feminist approach
- ☐ Anything else, please tell us.

16. In weeks, how long do children and young people usually receive individual support for? Please include the range, if appropriate, and indicate if support is time-limited.

17. What determines the amount of time a young person receives support for?

18. Usually, how many face-to-face sessions take place for individual young people?

19. Where is the support delivered? *(tick all that apply)*

- ☐ In child/young person's home
- ☐ In child/young person's school
- ☐ At our office/centre
- ☐ Community venues
- ☐ On street
- ☐ Other (please specify)

20. Who in your service delivers support to service users? *(tick all that apply)*

- ☐ Social worker
- ☐ Family worker
- ☐ Health practitioner
- ☐ Independent Sexual Violence Advisors
- ☐ Education worker
- ☐ Psychotherapist
- ☐ Counsellor
- ☐ Professional advocate
- ☐ Other support worker/keyworker
- ☐ Youth worker
- ☐ Peer advocate
- ☐ Volunteer
- ☐ Other (please specify)

21. How many delivery staff do you have at present?

22. How many of your staff have the following qualifications?

- Social work qualification
- Nursing qualification
- Teaching qualification
- Youth and community work
- Counselling qualification
- ISVA qualification
- None of the above
- Other (please provide details)

23. Is it necessary for staff to be qualified to deliver support?

☐ Yes ☐ No

Please explain your answer.

24. What services do you work with? *(tick all that apply)*

- ☐ Gang-related services
- ☐ CSE-specific services
- ☐ Social care
- ☐ Police
- ☐ Third sector organisations
- ☐ Child and Adolescent Mental Health Service (CAMHS)
- ☐ Other psychotherapy/counselling
- ☐ None of the above
- ☐ Other (please specify)

25. On average, how many children/young people are allocated to each worker?

26. Do you have a maximum number of children/young people per worker?

☐ Yes ☐ No

Please explain your answer.

27. Do you have a waiting list for children and young people for one to one support? *(tick one)*

- ☐ Yes – we have a waiting list
- ☐ No – we do not have a waiting list, we are able to see young people immediately
- ☐ No – we do not keep a waiting list but there is demand we cannot meet

28. How long is your waiting list?

- ☐ Up to one month
- ☐ Two months
- ☐ Three months
- ☐ Four months
- ☐ Five months
- ☐ Six months
- ☐ Seven months
- ☐ Eight months
- ☐ Nine months
- ☐ 10 months
- ☐ 11 months
- ☐ 12 months
- ☐ Over a year

29. What information systems are in place? *(tick all that apply)*

- ☐ A database for service user information
- ☐ Electronic case-management systems
- ☐ Paper-only case recording
- ☐ Reporting from a spreadsheet, no electronic case-recording
- ☐ None of the above
- ☐ Anything else, please specify

30. What monitoring and evaluation tools are in place? *(tick all that apply)*

- ☐ Service user feedback
- ☐ Feedback from parents
- ☐ Outcomes tools completed by service users
- ☐ Outcomes tools completed by staff
- ☐ Outcomes tools completed by parents
- ☐ None of the above
- ☐ Anything else, please specify

31. Do you follow up with service users after they have finished support to look at outcomes?

☐ Yes ☐ No

32. If yes, when do you do this?

- ☐ Less than three months after they have left
- ☐ Between three and six months after they have left
- ☐ Between six and 12 months after they have left
- ☐ Over 12 months after they have left
- ☐ We don't have a set follow-up time

Comments:

33. Please explain how and when you collect feedback from service users, including any particular tools you have.

34. Please explain how and when you capture outcomes from service users/ parents/staff, including any particular tools you have.

35. Do you work with children and young people who are still experiencing CSA?

- ☐ No
- ☐ Yes, less than 20%
- ☐ Yes, 20–50%
- ☐ Yes, more than 50%

36. Overall, how many children and young people does your service work with a year?

37. What age groups do you work with? *(tick all that apply)*

- ☐ Under 5s
- ☐ 5–10
- ☐ 11–13
- ☐ 14–17
- ☐ 18–25
- ☐ Over 25

38. Please explain if you deliver different support according to the age of service user and how this differs.

39. What genders do you work with? *(tick all that apply)*

- ☐ Male
- ☐ Female
- ☐ All
- ☐ Other (please specify)

40. Is the support different according to gender?

- ☐ Yes
- ☐ No

If yes, please explain how.

41. Based on the last 12 months of service, *roughly* what percentage of the children and young people you worked with were (NB if you do not work with this group then please write '0'). Please estimate if you don't know the actual percentage.

- Black
- Asian
- Mixed ethnicity
- White British
- Other white
- Care leaver/in care
- LGBT+
- Learning difficulty/disability
- Male
- Female
- Any category not stated above (please specify)

42. Do you adapt how you work when working with children/young people from marginalised groups? If yes, please explain.

Appendix 2: Outcomes sought by service providers

Outcome area	Example outcomes
Safety/reduced risk/ safeguarding	"Improved knowledge and skill set on how to stay safer."
	"Reduction in vulnerability and risk in association with CSE."
	"To enable them to feel safe/secure, to recognise indicators of abusive or coercive or grooming behaviours."
	"Awareness of how to stay safe."
	"Recognising those at risk and supporting them to recognise the risks they face and put strategies in place to be safe and achieve positive outcomes."
	"To know where to seek support."
	"The ability to recognise exploitative behaviour on the internet or mobile phone."
	"The ability to describe safety strategies."
	"Young people have the tools they need to keep themselves safe."
	"Increased protective factors."
	"Ensure adequate safeguarding of all vulnerable children and young people."
	"We aim to safeguard the child, wrap services around them that will help them and reduce the risk of exploitation in the future."
Recovery from trauma/ resilience	"To be able to speak out about how they are feeling and make sense of the abuse."
	"Children/young people are able to understand their trauma histories as part of them understanding the abuse and exploitation they have experienced."
	"Enable them to form a narrative of their experiences that is most useful for them and support them to share their 'story' in a transformative context which supports with healing and recovery."
	"Client understands the abuse was not their fault."
	"To enable children to process their trauma and move towards a functioning life."
	"To enable the healing process to begin."
	"Managing post-trauma symptoms, processing traumatic memories and/or feelings and re-integrating them."
	"A sense of feeling "normal" again, not defined by the abuse they have experienced."
	"To be able to live their best lives without being haunted by the spectre of abuse."
	"To enhance coping skills, recovery and healthy strategies to maintain recovery."
	"More equipped to manage and cope in different situations in life."

Outcome area	Example outcomes
Mental health and wellbeing	"Improved emotional health and wellbeing."
	"Reduction in self-harming."
	"Preventing suicide and reducing suicidal thoughts."
	"Reduced likelihood of long-term mental illness and enhanced coping skills."
	"Greater self-confidence in who they are as a person and a belief in their value."
	"Greater confidence in understanding how to express their needs."
	"Children and young people developing strong self-belief."
	"For them to be able to recognise their own potential and have ambition for themselves."
	"Child is achieving and feels good about themselves."
	"For them to be able to recognise their own potential and have ambition for themselves."
Relationships	"Improved relationships with family and with peers."
	"Understanding of healthy relationships."
	"Awareness raising around consent."
	"Improving their ability to develop appropriate trusting relationships."
	"Increased ability to identify abusive/ exploitative behaviours."
	"To enable them to access personal support networks and strengthen their personal relationships."
	"To enable young people to build more positive and safe relationships."
Support	"Supporting access to other services and activities."
	"To feel listened to, to be supported."
Positive future	"For them to be able to recognise their own potential and have ambition for themselves"
	"To create 'role models' from survivors as they have influential voices and the power to make change."
Engagement in education	"Better attendance at school/college/work."
	"Improving educational outcomes by addressing school attendance issues."
Access to justice	"Better supported through criminal justice processes."
	"Engagement through the criminal justice process in a supportive and empowering way, so that they are able to feel that they were able to speak their story in court and to move forward from the trial."
Parenting	"To enable them to be the best parents they can be in living in secure domestic sexual abuse free relationships accessing education or employment."
	"Empower parents/carers (safe carers) to emotionally support and contain their child(ren) following their experience of sexual abuse."

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