

Centre of
expertise
on child
sexual abuse

Support matters for parents

An overview of services supporting parents
and carers of sexually abused children in
England and Wales

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and
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Acknowledgements

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About the Centre of expertise on child sexual abuse

The CSA Centre's overall aim is to reduce the impact of child sexual abuse through improved prevention and better response, so that children can live free from the threat and harm of sexual abuse.

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. We aim to:

- ▶ increase the priority given to child sexual abuse, by improving understanding of its scale and nature
- ▶ improve identification of and response to all children and young people who have experienced sexual abuse
- ▶ enable more effective disruption and prevention of child sexual abuse, through better understanding of sexually abusive behaviour/perpetration.

We seek to bring about these changes by:

- ▶ producing and sharing information about the scale and nature of, and response to, child sexual abuse
- ▶ addressing gaps in knowledge through sharing research and evidence
- ▶ providing training and support for professionals and researchers working in the field
- ▶ engaging with and influencing policy.

For more information on our work, please visit our website:

www.csacentre.org.uk

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Executive summary

Between 2022 and 2024, the Centre of expertise on child sexual abuse (CSA Centre) carried out two major research studies to understand the scale and nature of specialist support available to people affected by child sexual abuse.

While the main findings from these studies have been published in two previous research reports from the CSA Centre (*Support Matters: The Landscape of Child Sexual Abuse Support Services in England and Wales* and *Support Matters 2025: Update on Child Sexual Abuse Support Services in England and Wales*), this new report focuses specifically on what both studies revealed about the support available for the non-abusing parents¹ of children who have been sexually abused – and the challenges facing the services providing that support.

Receiving support from their non-abusing parents is associated with children's longer-term recovery following sexual abuse, so helping parents to provide that support is important. However, non-abusing parents and carers should also be recognised as victims of the abuse in their own right, as they too experience significant trauma. It is therefore important that we understand the level and nature of support provision available for non-abusing parents, and how the services providing this support can best be sustained.

Key findings

Why do services offer support for parents?

Services told us that providing support to parents is vital in empowering and validating them, and in giving them tools and strategies to support their child in their recovery/healing.

Support also helps parents understand that they are not to blame for what has happened to their child.

With services observing how some parents act as gatekeepers for their children in accessing support, supporting parents was considered an essential first step in protecting and providing support to the child.



Services told us that support is important in helping parents understand that they are not to blame for what has happened to their child



1. For the sake of simplicity, in this report the term 'parent' means any adult in a parental or principal care-giving role to a child; this may be, for example, the child's biological parent, stepparent, adoptive parent, foster carer or other relative in that role.

Which services are supporting parents?

In late 2024, 177 services were providing support for the non-abusing parents of sexually abused children – nearly half of the 363 services that we identified as providing any type of support around child sexual abuse.²

Some services were providing support to specific groups of parents (e.g. mothers, fathers, or parents from ethnic minority backgrounds), or to parents affected by specific forms of child sexual abuse – most commonly child sexual exploitation.

Only a quarter of services supporting parents had child sexual abuse as their sole or primary focus. Another third were located in the sexual violence sector, and nearly half had a wider remit.

Most support for parents was provided alongside support for their children, leaving it unclear how much support is available for parents in their own right. Only four services focused their support entirely on parents.

Services in the not-for-profit sector made up the vast majority of all services supporting parents. Most services were small in scale, operating either in a single local authority area or across fewer than 10 local authorities within one region.

What support is available for parents?

In late 2024 we found that services were providing a range of types of support for parents:

- Three-quarters offered one-to-one therapy, counselling or emotional support.
- Two-fifths provided advocacy, casework or support from an independent sexual violence adviser (ISVA) or a child and young person's sexual violence advocate (ChISVA).
- More than a third provided group-based interventions.
- Nearly a quarter provided a helpline/chat service.

Services also described offering informal support or access to resources; this was often described as a secondary focus alongside support for the child.

Some services were expanding or developing new interventions for parents, or had modified their provision to support a wider range of parents.



Most support for parents was provided alongside support for their children; it was not clear how much is available for parents in their own right



2. In addition, we found eight services supporting the parents of children who had displayed harmful sexual behaviour.

Is there enough support available for parents?

Our 2024 research revealed that support for parents was scarce across England and Wales. We compared the number of support services with the estimated number of child victims of sexual abuse – and found that, in every region of England, there were at least 6,500 child victims for every service supporting parents.

There was considerable geographical variation in provision, with London, the West Midlands and the North West of England being particularly poorly served in terms of support for parents.

How quickly can parents access support?

Almost half of respondents to our 2024 survey said they were operating a waiting list or were not accepting new referrals for parents. Most services with a waiting list said parents were having to wait up to six months to access support, but three reported waiting times of over a year.

Many were providing some type of interim support to parents on their waiting list, including offering self-help information and resources and keeping in touch through regular wellbeing check-ins.

What challenges are services facing in maintaining their support for parents?

Many services supporting parents told us they were striving to sustain their provision with limited resources and in the face of increasing demand for support.

In late 2024, two-thirds of survey respondents said they faced uncertainty about their future funding, with almost three-quarters identifying funding/commissioning as one of the greatest challenges they were experiencing.

Although one in seven respondents said their income from grants and commissioning had increased over the previous two years, a quarter said it had decreased.

Five reported that funding losses and insecurities were forcing them to close their whole service, or their specific interventions for parents.

Others told us that they would have to put staff on notice of redundancy or make staff redundant if funding was not confirmed, which would also affect their ability to retain staff.

Two-thirds said staff workloads had increased, with some linking this to delays in the criminal justice system or to service users presenting with more complex needs.

Faced with pressures on funding and increasing workloads, two-thirds of respondents said that meeting demand for support was the greatest challenge they were experiencing.

Evidencing the impact of services' support and working towards quality standards were also identified as major challenges, by a quarter and a sixth of respondents respectively.



Our 2024 research revealed that, in every region of England, there were at least 6,500 child victims for every service supporting parents



What would improve services' ability to support parents?

Services described the challenging context in which they were attempting to provide support for parents. They highlighted:

- a general lack of understanding of parents' role and needs
- a lack of support services that parents could be referred on to – this was identified as a particular issue for parents who had experienced trauma themselves; parents with learning difficulties/disabilities, facing mental health challenges, or experiencing poverty; and parents in situations where one of their children had been sexually abused by a sibling
- the complexity of supporting parents who were going through the Family Courts.

Implications for policymakers, funders and commissioners of support services

Support for the non-abusing parents of sexually abused children is vital but remains inconsistent, limited, and often provided only in the context of child-focused services. Few services provide dedicated support for parents, and availability varies widely by region. Parents are a diverse group, and some face additional barriers (such as disability, poverty, trauma, or Family Court involvement) to accessing support; this highlights the need for tailored, flexible interventions.

Funding shortages present a major obstacle: we found services under growing strain, leading to reductions in support or the closure of parental support programmes. Without sustained, long-term investment, existing provision risks becoming unsustainable, leaving many families without help at a critical time.

For policy and commissioning, the priorities are clear: recognise parents as individuals with their own emotional and practical support needs; map and evaluate parental support services to identify what works and where gaps exist; give services the resources to develop tailored support reflecting the diversity of parents' circumstances; and ensure sustained, increased funding to meet demand and maintain quality across all regions of England and Wales.

Recognising and addressing parents' needs is essential for both their own and their children's wellbeing. Immediate, coordinated investment and planning are therefore vital to close the growing gap between need and available support so that parents can receive the support they need as individuals, and their children can heal and thrive.



Parents are a diverse group, and some face additional barriers to accessing help; this highlights the need for tailored, flexible interventions



1. Introduction

In 2022 and 2023, the Centre of expertise on child sexual abuse (CSA Centre) carried out a major research study to better understand the provision and availability of support services for people affected by child sexual abuse. We wanted to find out about services in England and Wales providing therapeutic or wellbeing-focused support to sexually abused children, their family members, and/or adults who had been sexually abused in childhood. We carried out desk research and spoke to support services in order to answer the following questions:

- What support services exist in England and Wales for victims/survivors and their families?
- What are those services' strengths, and what challenges do services face?
- Where are the gaps in service provision across England and Wales, and how does this compare with the need for support?

The findings from this research were published in our report **Support Matters: The Landscape of Child Sexual Abuse Support Services in England and Wales** (Parkinson and Steele, 2024).

We conducted similar research in late 2024 to find out what had changed, particularly in relation to services' ability to meet the demand for their support. Our report **Support Matters 2025: Update on Child Sexual Abuse Support Services in England and Wales** (Parkinson and Steele, 2025) presented the findings.

This new report focuses specifically on specialist services and support for parents and carers of sexually abused children, analysing the data we collected in both 2022/2023 and 2024. Here we specifically mean 'non-abusing' or 'safe' parents and carers, i.e. those who are not suspected of being involved in (or posing a risk of) sexually abusing their child.

The importance of support for parents and carers

We know that support from non-abusing parents is consistently associated with children's longer-term recovery following sexual abuse. The caregiving environment profoundly shapes the trajectory of healing, with stable and supportive parental care linked to improved psychological outcomes and resilience (Fassler et al, 2005; Kilroy et al, 2014). Engagement of parents in therapeutic processes further strengthens children's recovery: Carpenter et al (2016) reported that joint parent-child interventions fostered a stronger therapeutic alliance, enabling parents to reinforce their children's coping strategies and create a safer, more regulated home environment.

Parents and carers should also be recognised as victims of child sexual abuse, as they too experience significant trauma

However, non-abusing parents and carers should also be recognised as victims of child sexual abuse in their own right, as they too experience significant trauma. Kilroy et al (2014) described the “systemic trauma” experienced by parents, with multi-layered impacts on parents’ emotional wellbeing, family dynamics and practical challenges within family systems. Hernandez et al (2009) noted that non-offending parents frequently experience post-traumatic distress and family dysfunction, underscoring the need for trauma-focused interventions that address parents’ victimisation alongside that of their child. Scott (2023) further highlighted the mental health challenges faced by parents when child sexual abuse has taken place within the family environment, and the importance of specialised support to meet those parents’ diverse and evolving needs.

It is therefore important to investigate and understand the support that is available for non-abusing parents, and how the services providing this support can best be sustained.

Our research methodology

Our initial research was undertaken between July 2022 and April 2023; we employed a mixed-methods approach, bringing together both quantitative and qualitative elements. This involved:

- desk research – internet searches using existing lists and directories, as well as searches on key terms – to map service provision across England and Wales
- online structured interviews with services, to better understand service provision and explore their experiences of delivering support for victims/survivors and their families.

The following year, we sought to update our picture of service provision. By refining our inclusion criteria and updating our list of services with any closures or new services we had learnt of, we identified 363 services supporting victims/survivors of child sexual abuse and their families in England and Wales in late 2024 – with 177³ of these services providing support for parents and carers of sexually abused children. (A further eight services were supporting parents and carers of children and young people who had displayed harmful sexual behaviour; brief details of these eight services are provided in Appendix 1.) Then, in October and November 2024, we invited services to complete an online survey which focused on the key themes that had emerged in our previous study – particularly in terms of how quickly people could access support, and any changes in the type and amount of support provided.

This report presents an analysis of our data on the 177 services supporting parents and carers towards the end of 2024. Also included are insights gathered from the 84 of those services that completed our online survey, and from our 2022/2023 interviews with 109 services supporting parents and carers.

3. We reported on 178 services supporting parents in our 2025 report, but we have since recategorised one of the services that we had categorised as specialising in support for parents as supporting ‘other adults’ affected by child sexual abuse. Therefore, this report is focused on 177 services supporting parents of sexually abused children.

Definitions and terminology

When we refer to a **'service'**, we mean an intervention or group of interventions provided to support people affected by child sexual abuse. For example, the various helplines provided by the NSPCC have been categorised as individual services, rather than the NSPCC as a whole being categorised as a service. A total of 150 organisations were running the 177 services that our 2024 research identified as supporting parents and carers.

Services that completed our 2024 online survey are referred to as **respondents**, to make it clear we are referring to a smaller sample of services; services that were interviewed for our previous study are referred to as **interviewees**.

By **'support'**, we mean some kind of specialist provision which focuses on the needs of victims/survivors and/or parents arising from the sexual abuse of children. We do *not* consider a service to be providing support around child sexual abuse if its response to someone affected by such abuse is simply to refer them to another service for specific support with this.

For the sake of simplicity, we use the term **'parents'** in this report to refer to any adult in a parental or principal care-giving role to a child; they may be, for example, the child's biological parent, step-parent, adoptive parent, foster carer or other relative in that role.

Quotations

The research findings are illustrated with quotations from services' survey responses, which are identified as follows:

- ▶ 'NFP' indicates a service in the not-for-profit sector.
- ▶ 'Statutory' indicates a service in the statutory sector.
- ▶ 'Private' indicates a service in the private sector.
- ▶ 'CSA focus' indicates a service whose primary purpose is to support people affected by child sexual abuse.
- ▶ 'SV remit' indicates a service with a sexual violence remit which includes supporting people affected by child sexual abuse.
- ▶ 'Wider remit' indicates a service supporting people affected by child sexual abuse within a wider remit of service provision.
- ▶ 'SM1' indicates an interview response from our 2022/2023 research study.
- ▶ 'SM2' indicates a survey response from our 2024 research study.

Quoted services are identified by ID numbers, in order to preserve participant anonymity while allowing the reader to distinguish between different sources.



A total of 150 organisations were running the 177 services that our 2024 study identified as supporting parents and carers



2. Why do services provide support for parents?

Some of the services we interviewed in 2022/2023 told us how important the support they offered was in empowering and validating parents, and in giving them tools and strategies to support their child's recovery/healing:

“The consultation for the parent is not about telling them what's happened in the sessions, it's about equipping them to be more confident and more skilful in how they're supporting their child. I think that's one of our strengths, that we'll empower and support the parents so that they are able to do more to support their child and really affect significant changes in day-to-day life. The support necessary for their child to access education again [...] Being able to both directly support the child and indirectly through supporting the parent makes it a much more robust approach, much more effective in the long run.” [ID100, NFP, wider remit, SM1]

““I think it's really important that we're able to give parents and carers the tools to understand some of the behaviours, to understand about using appropriate language, to look at whether they tell other family members what's happened, and communicating with colleges, schools, employers, all of that. So I just think that having that firm foundation and base to support parents and carers is the first step really if we're looking for children to have that support around them so that they can go forward and start their own journey.” [ID723, NFP, CSA focus, SM1]

Another emphasised the importance of helping parents understand that they were not to blame for what had happened to their child:

“We are very much non-judgmental as a service, and it is important to really enable parents and carers to understand that [...] Parents and carers of those people who are exploited are judged on a daily basis for very many reasons. And one of them being, 'How could you have let this happen to your child?'

And it's important to enable those parents to understand that it is not them who enabled or allowed this to happen.” [ID680, NFP, wider remit, SM1]

A respondent to our 2024 survey highlighted the importance of parents receiving support when the abuse is first identified:

“Parents need support immediately and often feel no one is helping them or listening.” [ID359, NFP, SV remit, SM2]

Interviewees recognised that some parents act as gatekeepers for their children in accessing support, and highlighted the work needed in some cases to overcome parents' resistance:

“You're relying on that parent to be OK with people knowing about what has happened and the parent 'allowing' the child to access the service. There have been times when I have spoken to the parent and I was upset that the adult wants to close ranks and won't let anyone into this and doesn't want to admit that the child is suffering in any way.” [ID516, statutory, wider remit, SM1]

One explained that supporting parents was sometimes an essential first step in protecting and providing support to the child:

“We always try and focus on the child's needs, but quite often we'll have quite highly traumatised parents as well, and we might think right now what we need to do first is work with this parent. We need to get this parent stabilised. We need to help them understand what's going on today.” [ID157, NFP, wider remit, SM1]

3. Which services are supporting parents?

At the end of 2024, support for parents of sexually abused children was available from 177 services, nearly half (49%) of the 363 services we mapped. Of these 177 services, 16 exclusively or mainly supported mothers and four supported fathers. Ten services' support for parents was exclusively focused on those from minority ethnic backgrounds, and one service supported only disabled parents.

One in eight of the 177 services (13%, n=23) were principally providing support around specific forms of child sexual abuse: 17 services' support was focused on child sexual exploitation, three on institutional child sexual abuse, and another three on child sexual abuse (including exploitation) in online contexts.

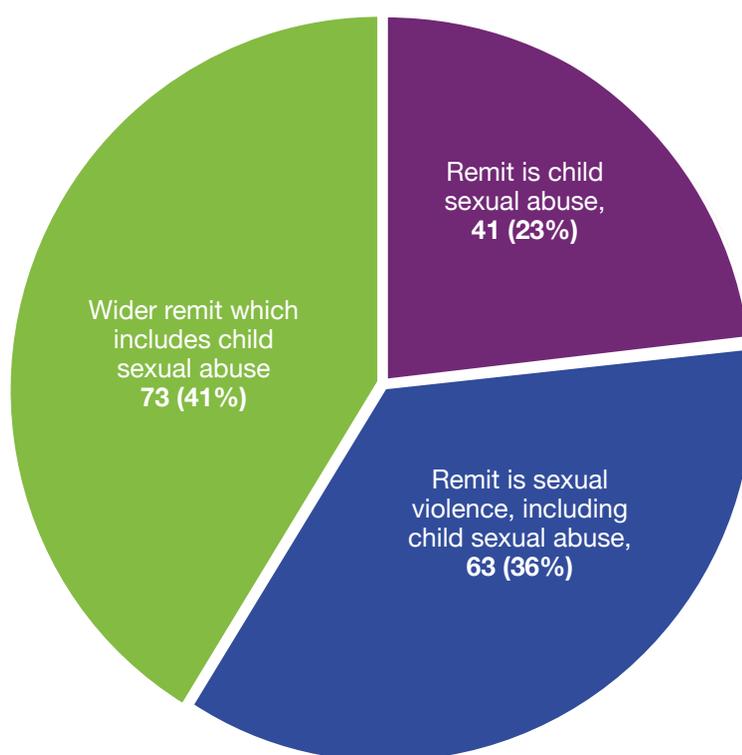
Figure 1 shows that just under a quarter of services supporting parents had child sexual abuse as their sole or primary focus. A third of services were located in the sexual violence sector, while nearly half had a wider remit which included child sexual abuse.

As Figure 2 shows, the vast majority (89%, n=158) supported parents alongside providing support for children, and more than two-thirds (70%, n=124) supported both parents and adult victims/survivors; three-fifths (62%, n=109) supported children, their parents *and* adult victims/survivors. Only four services focused their support entirely on parents (see box on page 14).

Most services offering support to parents were in the not-for-profit sector (86%, n=153), with one in eight (12%, n=21) in the statutory sector. Two were statutory/not-for-profit partnerships, and one was a private-sector service.

As Figure 3 shows, three-fifths (61%) of services supporting parents were small-scale, operating either in a single local authority area or across fewer than 10 local authorities within one region. Almost a quarter (23%) were operating at larger scale – across 10 or more local authorities within a single region, across multiple regions, or across either the whole of England or all of Wales. And one in six (16%) operated across both England and Wales.

Figure 1. Services' remit



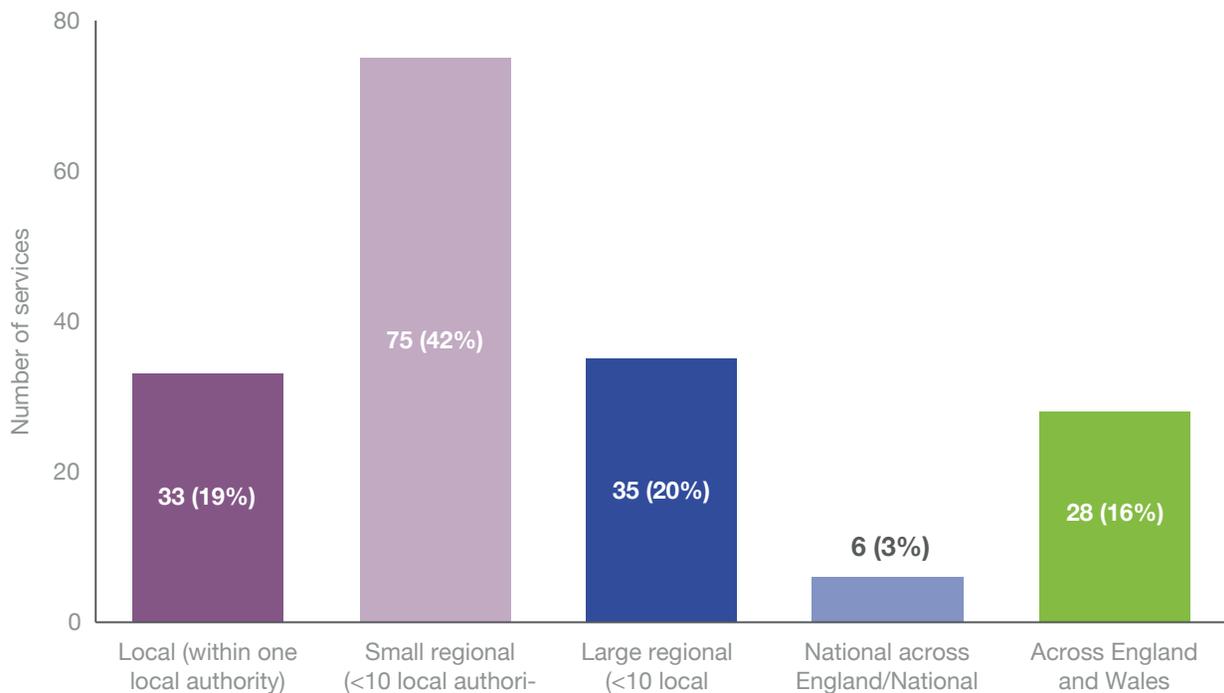
n= 177.

Figure 2. Who were services supporting?



n= 177.

Figure 3. Minimum ages for support reported by services supporting children



n=177.

Services focused on supporting parents

- ▶ ACTS FAST (www.actfast.org.uk) supports non-abusing parents of children under 18 who have been sexually abused, and non-abusing parents whose partners have been arrested for online child sexual abuse offences. It is currently funded to do this work across the South West, which includes anyone living in Cornwall, Devon, Dorset, Wiltshire, Somerset and Gloucestershire.
- ▶ The Ivison Trust (www.ivisontrust.org.uk) provides online support to parents across England and Wales who are affected by child criminal and sexual exploitation. It also offers in-person support to parents living in 14 local authorities across Yorkshire & the Humber and the North West of England.
- ▶ Restitute (www.restitute.org) operates across England, supporting people (e.g. parents, carers, children, close friends and partners) who care for victims/survivors of sexual or violent crime.
- ▶ We Stand (www.westand.org.uk) offers online support to parents of sexually abused children across England and Wales, and in-person support to parents in seven local authorities in South East Wales and nine local authorities in South East London.



Seven out of eight services supporting parents were in the not-for-profit sector, with almost all of the remainder in the statutory sector



4. What support is available for parents?

In our 2024 online survey, information provided by 84 services supporting parents revealed that three-quarters offered one-to-one therapy, counselling or emotional support, while more than two-fifths provided advocacy, casework or support from an independent sexual violence adviser (ISVA) or a child and young person's sexual violence advocate (ChISVA); slightly fewer offered group-based interventions, and just under a quarter provided a helpline/chat service for parents (see Figure 4).

Nearly two-thirds of services provided more than one type of support for parents, as Figure 5 shows.

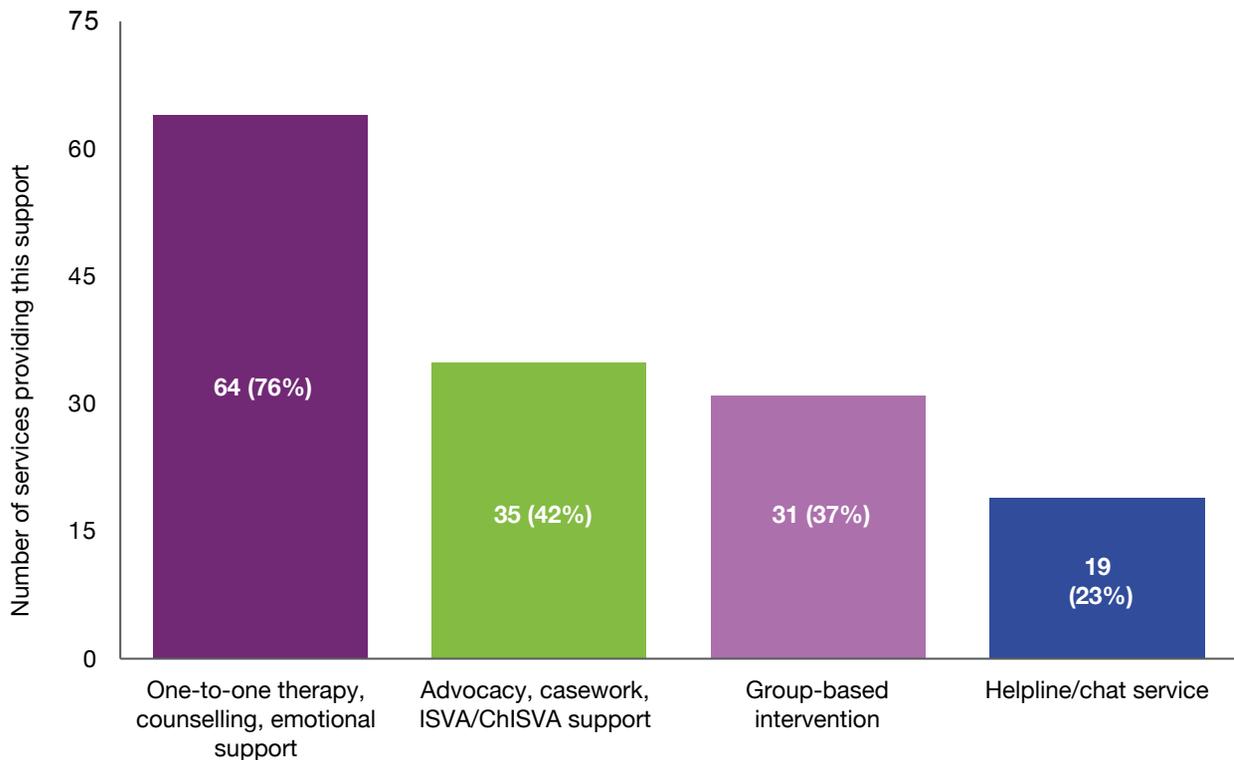
Our 2022/2023 interviewees and 2024 survey respondents provided more detail about this range of support.



One-to-one therapeutic support included work around trauma processing, coping strategies and grounding techniques



Figure 4. Types of support offered to parents



n=84. This was a multiple-response question; many services provided more than one type of support.

One-to-one therapeutic support involved a range of models and approaches including:

- ▶ Trauma processing work to explore and understand the impact of trauma on a parent’s life, helping them heal from the psychological and physical effects of trauma and develop resilience.
- ▶ Dyadic joint sessions which involve a therapist working with a parent and child together to improve their relationship and promote healing.
- ▶ Eye movement desensitisation and reprocessing (EMDR) – a psychotherapeutic technique which helps people heal from traumatic and other distressing experiences.
- ▶ Psycho-educational support, which involves providing people skills to manage their anxiety and develop coping strategies and grounding techniques.

“A lot of it was about the daughter’s need to be able to take her distress to her mum and her mum not being able to hear that. In order for the girl to confide to mum, mum needed to feel both regulated enough and equipped enough to respond in the way her daughter needed.” [ID157, NFP, wider remit, SM1]

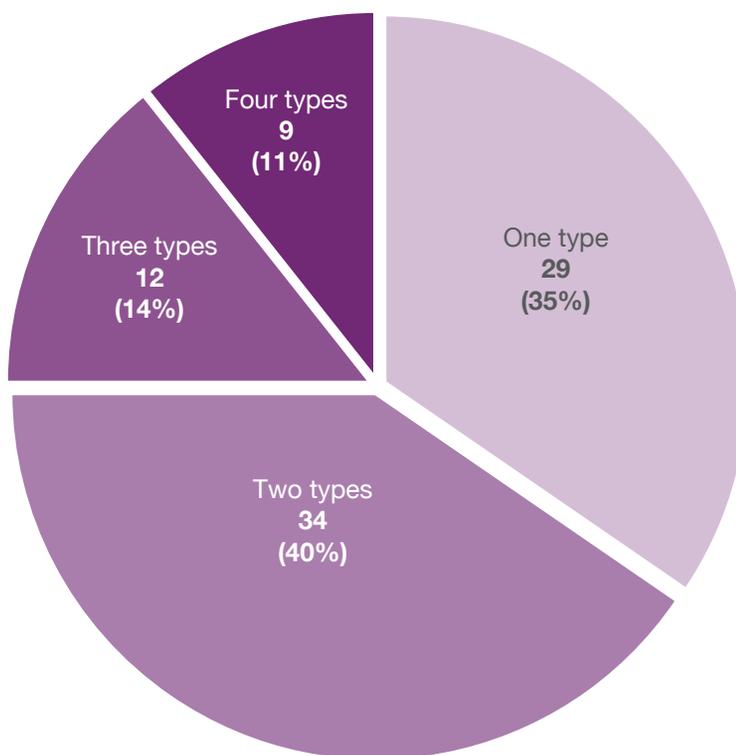
Advocacy, casework and ISVA/ChISVA

interventions supported parents to navigate the criminal justice system. Services emphasised the importance of providing information so that parents could understand criminal justice processes, and enabling parents to keep supporting their child through this:

“[It’s so important that] parents and carers understand what’s happening, so we offer advice and guidance to them as well.” [ID423, NFP, wider remit, SM1]

“We support victims ‘from report to court’ and particularly with children there’s an element of supporting the parents as well. It’s not a therapeutic support, but a holding space.” [ID167, NFP, wider remit, SM1]

Figure 5. Number of different types of support offered to parents by each service



n= 84

Group-based interventions were often psycho-educational in nature and covered topics such as the signs and symptoms of trauma, feelings of guilt and self-blame, parenting a child impacted by trauma, and self-care:

“It’s a ten-week group that runs daytimes and evenings alternatively. It is a therapeutic space where parents/carers can have a space to think about how they have been impacted by child sexual abuse and how they can offer support to their child/children.” [ID668, statutory, CSA focus, SM1]

Interviewees highlighted the power of bringing together parents with similar experiences to connect with each other, build a network of support, and reduce isolation:

“[It’s] an opportunity for peer support. You’ll have a parent who, maybe it’s two years down the line, and then another parent who is just a few months in, and they’ll say, ‘Look, we were there, don’t worry, we know you’ll get through this.’ They offer that empathy and hope to each other.” [ID100, NFP, wider remit, SM1]

Some group-based interventions were specifically for mothers (with one group specifically including transgender women); others were open to both mothers and fathers, often being highly flexible to take account of parents’ individual needs. One interviewee explained:

“We provide individual sessions for fathers as we have found they are unable or not ready to access the groups.” [ID668, statutory, CSA focus, SM1]

Another told us that their group-based intervention included a large number of foster and adoptive parents, owing to the particular challenges these individuals had experienced:

“We have a huge amount of adoptive parents/foster parents that attend this because they are out of their depths with the children that they have taken on and the support from social care is ridiculous.” [ID378, NFP, wider remit, SM1]

Helpline/chat support tended to provide emotional support for parents as well as signposting them to other support:

“We run a support line [...] it is anonymous and confidential.” [ID254, NFP, wider remit, SM2]

“Emotional support by telephone, email and post, and details of other support throughout the UK.” [ID441, NFP, wider remit, SM2]

Services described offering various forms of **informal support** including emotional support, guidance and advice, and access to resources; this support was often described as a secondary focus alongside support for the child:

“We have a whole family approach [...] It will involve supporting the insight and understanding of parents and carers and thinking about their responses to things, but we wouldn’t just solely support parents on their own.” [ID621, NFP, CSA focus, SM1]

“Family support is not necessarily specifically around the experience of abuse or exploitation, it’s general family support.” [ID630, NFP, CSA focus, SM1]

Another said they were providing training for adoptive parents, foster carers and kinship carers:

“[We provide] Nurturing Attachments training for adoptive parents/foster and kinship carers.” [ID173, statutory, wider remit, SM1]

Some highlighted the support they provided to **parents with specific needs**:

“[Our] services have specific approaches to working with young people and parents with learning disabilities.” [ID659, NFP, CSA focus, SM1]

“We do often have interpreters in for parents so that we can help the parents understand the work we’re doing and why we’re doing it.” [ID668, statutory, CSA focus, SM1]

Developments in service provision

In 2024, some of our survey respondents told us they were **expanding** or **developing new interventions** for parents:

“The new service we’ve started is a group for parents whose children have been sexually abused.” [ID205, NFP, CSA focus, SM2]

“Family member counselling as a service is a new initiative – although we have always done some of this work.” [ID258, NFP, SV remit, SM2]

Another had modified its existing provision to support a wider range of parents:

“Previously we would only work with parents and carers of children and young people being supported with therapy. We have now opened this service up so parents and carers with a child who has been sexually abused can be referred directly into the service, regardless of whether their child is in the service.” [ID467, NFP, CSA focus, SM2]

In our earlier research, one interviewee said their service had observed a gap in support for parents whose children had displayed sexualised behaviour, and had established a consultation service for these parents which was being widely used:

“It came out of our research where parents were saying that ‘Your service has been great. We just wish that we could have had you sooner.’ But they couldn’t have got it sooner because they didn’t meet our threshold. So that was why we then developed the consultation clinics to make sure that parents and carers get support at an earlier point in the child’s journey.” [ID28, NFP, CSA focus, SM1]

Another interviewee told us about the efforts they were making to reach parents from Gypsy and Traveller communities:

“Traveller communities are very difficult to reach and difficult to engage with. We are trying to find better ways to engage with parents from those communities.” [ID680, NFP, wider remit, SM1]



Services described the power of bringing together parents with similar experiences to connect with each other and build support networks

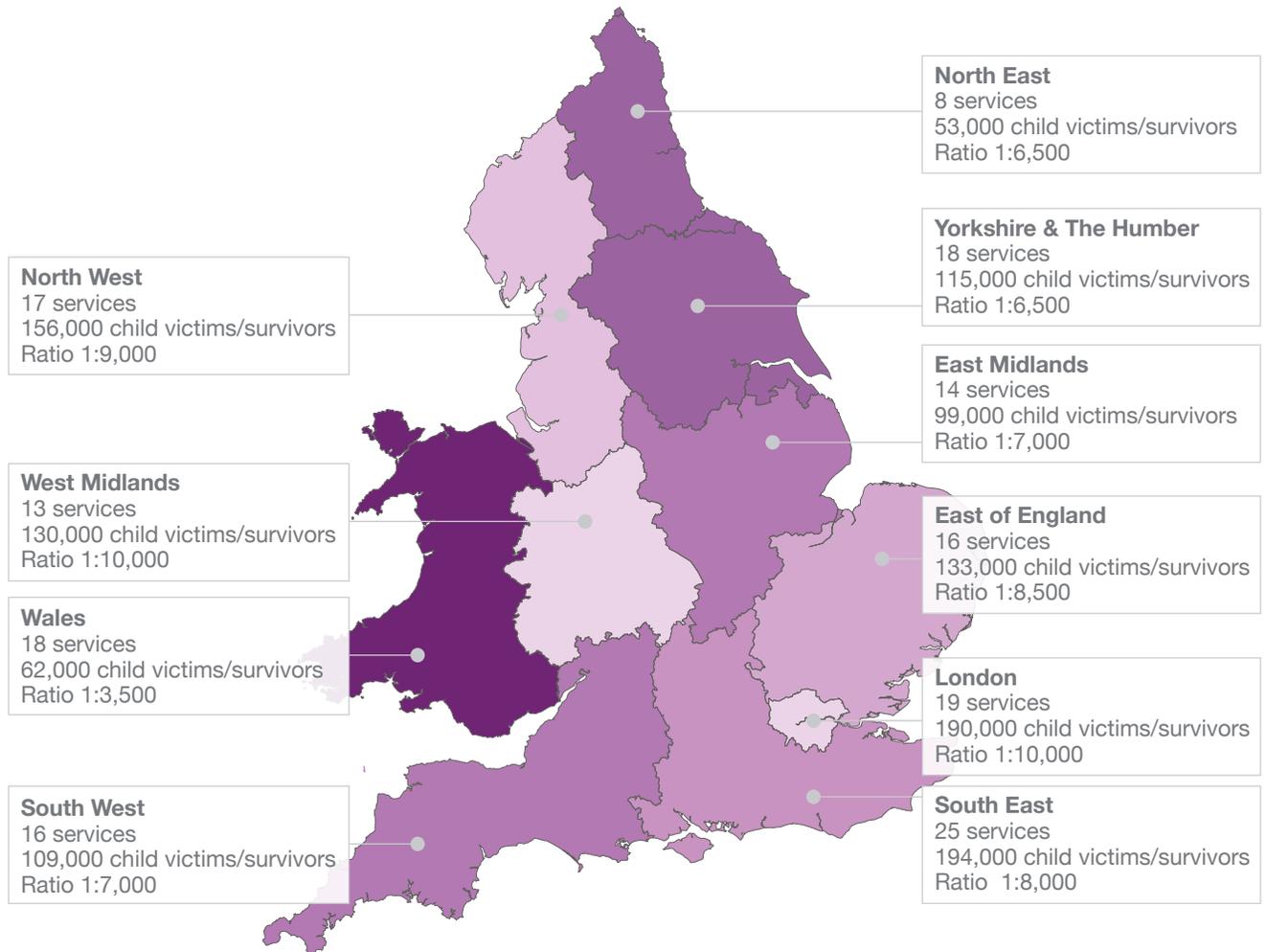


5. Is there enough support available for parents?

By comparing the number of services with the estimated number of child victims of child sexual abuse in each region, both our research studies found that support for parents was scarce across England and Wales.

In 2024 we estimated that, in every English region, there were at least 6,500 child victims for each service supporting parents. As Figure 6 shows, parents in London, the West Midlands and the North West of England were particularly poorly served.

Figure 6. Distribution of services supporting parents of sexually abused children relative to the estimated number of child victims in each region



n=145 local, regional and multi-regional services supporting parents; services working across England (n=4) or across England and Wales (n=28) are not shown. Darker shading represents a higher number of services relative to the estimated number of child victims in the region, calculated as 10% of the Census 2021 population figures for under-18s per region (Office for National Statistics, 2024). Population figures are rounded to the nearest thousand; ratios are rounded to the nearest 500. Multi-regional services are listed in all of the regions where they were operating.

6. How quickly can parents access support?

Of the 84 services that responded to our 2024 online survey, 81 gave us information about how long parents were having to wait to receive support. Almost half of them (n=38, 47%) said they had a waiting list for parents; another two explained that they could only support parents when they had the resources to do so, and would not put parents on a waiting list at other times:

“Our main priority is to commit our resources to young survivors. Where we have the capacity, we will also support parents/carers.” [ID151, NFP, wider remit, SM2]

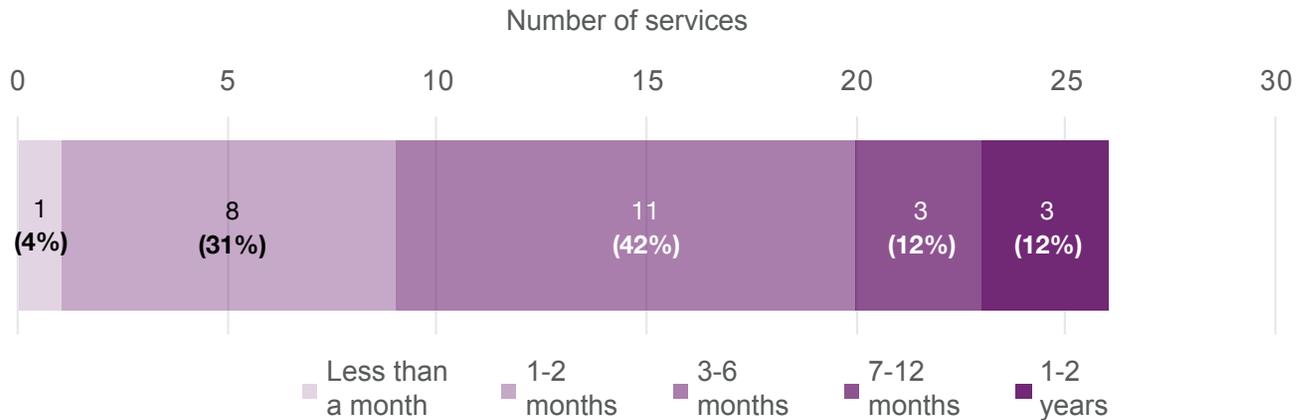
“We only take referrals when we have the resource to provide help.” [ID637, NFP, SV remit, SM2]

Among services with a waiting list for parents, over three-quarters said parents were having to wait for no more than six months, but three said their waiting time was between one and two years (see Figure 7).

Details of the number of parents on waiting lists were provided by 24 services: three-quarters told us they had fewer than 25 parents waiting to access support, and the other six all reported between 26 and 50 parents.

Having to wait to access support was considered to be impacting parents’ mental health, overall wellbeing, and ability to support their child

Figure 7. How long were parents being held on waiting lists in 2024?



n=26 services answering this question.

In both our 2022/2023 interviews and our 2024 survey, services highlighted how having to wait to access support could impact parents' mental health and overall wellbeing:

"Parents are struggling because they have a child who's following them around constantly, who won't go to sleep at night unless they're sleeping in their parents' bed. It places a lot of strain, not just on the young person day-to-day, but on the parents and caregivers as well." [ID100, NFP, wider remit, SM1]

"Kids [...] have been through horrendous things and parents [are] holding together horrendous things." [ID297, statutory, CSA focus, SM1]

Some highlighted that waiting for support could impair a parent's ability to support their child:

"We see a loss of confidence in their caring abilities." [ID363, NFP, CSA focus, SM2]

"Support not being available at the right time, missed opportunities, ongoing parenting that may be trauma-inducing rather than therapeutic." [ID654, NFP, CSA focus, SM2]

Others noted that having to wait for support could sometimes lead both parents and children to disengage from services:

"We've got kids that are wanting a service and a lot of the ones who are waiting a long time – by the time we get to open them, the kids aren't talking about it any more. They are 'over it'. I think there's lots of lower risk cases that I suspect there will be problems later on, but understandably, the parents want to move on when they have to wait for the service." [ID61, NFP, CSA focus, SM1]

Some services were providing **interim support** for parents on their waiting lists. This included:

- ▶ self-help information packs and resources

"[We have a] parent pack which is shared with parents." [ID61, NFP, CSA focus, SM1]

"We also offer [parents] some advice and strategies around self-help resources that they can access while they're on the waiting list. So just gives them some tips and ideas, or different reading, different websites, different resources that they could look at and help them try and manage things while they're on the waiting list." [ID100, NFP, wider remit, SM1]

- ▶ wellbeing check-ins

"Many carers who are on the waiting list have not received any advice/guidance on how they can support their child. We provide holding support via calls to parents every six to eight weeks." [ID158, NFP, wider remit, SM2]

- ▶ a support group

"For quite a lot of the families, they're on our waiting list for their child, but in the meantime, they'll come to a parent group and that gives them a better understanding of their child's behaviours and emotions. It gives them that trauma lens to understand. We also do a lot of practical strategies and things you can try at home in terms of emotion management, relaxation strategies, distraction, emotion regulation." [ID100, NFP, wider remit, SM1]

- ▶ access to an advocacy/ISVA service, to their helpline or to online courses/events.

7. What challenges are services facing in maintaining their support for parents?

In our 2024 survey, we asked services to identify three of the greatest challenges currently facing them. We provided a list of options, as well as inviting them to describe the challenges they were facing in their own words.

Funding insecurity

Two-thirds (67%, n=57) of respondents indicated that they were uncertain about their future funding, and almost three-quarters (70%, n=59) identified funding/commissioning as one of the greatest challenges they were experiencing.

Although one in seven respondents (14%, n=12) said their overall income from grants and commissioning had increased over the previous two years, a quarter (25%, n=21) said it had decreased.⁴

“There are less funding streams out there and therefore more demand on what funding streams exist.” [ID637, NFP, wider remit, SM2]

Many reported increased competition for funding, which was making fundraising more challenging::

“Increased competition for fewer and decreasing sources of income, while costs rise and need and demand continues to far outstrip our capacity to meet it.” [ID437, NFP, SV remit, SM2]

Although we do not know how much of this related to funding for supporting parents, some respondents described the negative impacts of changes in funders’ criteria:

“Lots of funders are closing or changing criteria (National Lottery, Henry Smith, The Steel Charitable Trust etc)” [ID439, NFP, SV remit, SM2]

“The landscape for funding for sexual violence generally is changing.

There is a move towards a ‘one stop shop’ approach to providing ISVA and therapeutic services and as a specialist counselling service we are unable to provide this.” [ID225, NFP, wider remit, SM2]

Others reported that their funding concerns had increased owing to the 2024 change in Government and uncertainty over the areas it would prioritise for funding:

“New Government means we do not know if they will maintain current funding, reduce or increase.” [ID368, NFP, SV remit, SM2]

“We are yet to receive confirmation from statutory commissioners such as OPCC [Office of the Police and Crime Commissioner], MoJ [Ministry of Justice] and Welsh Government to confirm funding beyond March 2025. These three funders currently provide over fifty percent of our overall income. If not secured, this will have a direct impact on service provision.” [ID344, NFP, SV remit, SM2]

4. A further seven respondents (18%) said their overall income had changed but did not go onto say whether it had increased or decreased. Only 12 (30%) said their income had increased.

Smaller services were said to experience distinct challenges in accessing funding:

“As a small charity we cannot afford to deliver services that do not have the full cost to deliver covered. We do not have the level of fundraised income to subsidise the shortfall.” [ID151, NFP, wider remit, SM2]

Five respondents said funding losses and insecurities were forcing them to close their whole service, or their specific interventions for parents:

“[Our organisation] feels that the current budget is not sustainable, and we risk closure imminently.” [ID59, NFP, CSA focus, SM2]

“I think we will be asked to cut our individual counselling offering by fifty percent. One grant is coming to an end so those services will cease to be offered. Our main funder is only guaranteeing funding up to 31 March 2026.” [ID99, NFP, CSA focus, SM2]

“If we do not secure funding within the next six months, we may have to close our waiting list as the organisation may need to close down in the future.” [ID139, NFP, SV remit, SM2]

Others told us that they would have to put staff on notice of redundancy or make staff redundant if funding was not confirmed, which would also affect their ability to retain staff:

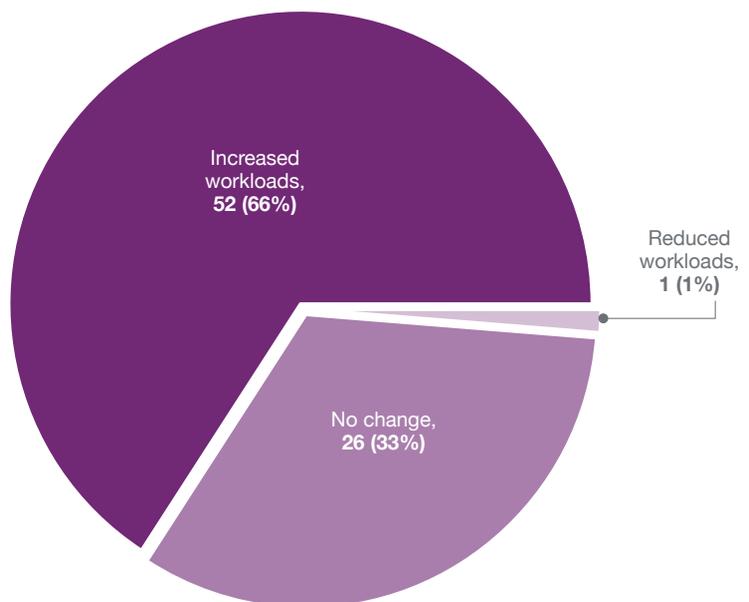
“Staff will need to be informed of possible redundancies by December 2024, to enable a three-month consultation period. This will impact staff retention and motivation.” [ID185, NFP, wider remit, SM2]

“If we fail to pick up increased funding to cover modest salary increases, we will fail to retain staff, and this will impact our service provision negatively. Our current levels of referrals require four ISVAs to service clients safely. If funding falls or is not renewed with a cost-of-living uplift, we will need to reduce counselling, which impacts the outcomes we can achieve with clients.” [ID245, NFP, wider remit, SM2]

Increased staff workloads

Almost all (n=79) of the 84 survey respondents answered a question about changes in staff workloads; as Figure 8 shows, two-thirds of them said staff workloads had increased. Only one felt that staff workloads had reduced in the previous two years; they linked this to their service receiving fewer referrals as it had closed its doors to new referrals between 2021 and 2023.

Figure 8. Changes in staff workloads reported by services in 2004



n=79 services answering this question

Two respondents reporting increased staff workloads linked this directly to the need for more support for parents:

“Meeting increased demand for our psychoeducation parent group.” [ID304, statutory/NFP partnership, CSA focus, SM2]

“Referrals from social services have increased for support of the non-abusing parent.” [ID724, NFP, wider remit, SM2]

Some directly linked it to delays in the criminal justice system, highlighting the particular impact this had on ISVA/ChISVA workloads:

Delays for children and young people progressing through the criminal justice process results in extended stays.” [ID304, statutory/NFP partnership, CSA focus, SM2]

“Victims are waiting longer to get to court.” [ID373, NFP, SV remit, SM2]

Others linked greater staff workloads to service users’ more complex needs, as had one of our interviewees in 2022/2023:

“[We saw an] increase in sibling abuse referrals and online harm referrals [...] We were getting referrals for children who had been harmed online. They’d been safeguarded, but we had a group of parents who were saying, ‘That’s fine, but our child is still self-harming,’ ‘Our child is still struggling,’ or ‘Our child is displaying sexualised behaviour.’” [ID28, NFP, CSA focus, SM1]

Services explained that some parents require prolonged support:

“Supporting parents often takes more time as they struggle to cope with their child/family change/etc. especially where it has been sibling or parental abuse.” [ID575, NFP, SV remit, SM2]

“Parents often come to us struggling to find services. For example. CAMHS [have an] 18-week waiting list. We just got a response for support a year after a young person was abused. [We] have had to make noise.” [ID238, NFP, CSA focus, SM1]

Struggling to meet the demand for support

With pressures on funding and increasing workloads, two-thirds (65%, n=55) of services in our 2024 survey said that meeting demand for support was one of the greatest challenges they were experiencing. Some described how a loss of funding had forced them to reduce the amount and range of support provided to parents:

“[We’ve reduced the number of sessions users can access and we’ve got stricter criteria for accessing our services] due to more clients referring, less funding and waiting times increasing.” [ID139, NFP, SV remit, SM2]

“We have had to decrease our sessions due to restrictions on funding.” [ID653, NFP, wider remit, SM2]

Another told us that allocating time and resources to managing waiting lists also affected their ability to meet the demand for support:

“Our Family Support Work team who work with parents and carers also complete initial meetings with all those who come through our service and may be required to alter the proportion of initial meetings and one-to-one parent/carer support sessions they complete in a week in order to manage either wait list.” [ID467, NFP, CSA focus, SM2]

Monitoring quality of service delivery and evidencing impact

Finally, more than a quarter (27%, n=23) of survey respondents identified evidencing the impact of their service as one of the greatest challenges they were experiencing, and one in six (17% n=14) reported working towards quality standards as one of their greatest challenges. For example, one told us that allocating resources to working towards quality standards was a challenge:

“We want to work towards quality standards, but this also has a cost attached and is time consuming.” [ID219, NFP, SV remit, SM2]

8. What would improve services' ability to support parents?

In both our 2022/2023 interviews and 2024 online survey, services described the challenging context in which they were attempting to provide support for parents. Their responses highlight areas where urgent improvement is needed.

Greater understanding of parents' role and needs

Some interviewees emphasised the general lack of understanding of child sexual abuse's impact on parents, and the effects of this on the services themselves:

"There's a lack of understanding of the impact of child sexual abuse on the whole family, as parents and wider family are not seen as real victims. This can cause us real challenges, and this is probably our number one challenge from both a funding and policy point of view." [ID249, NFP, CSA focus, SM1]

"It doesn't feel like [funders] acknowledge the complexity of the work that we need to provide [...] There's no funding for the parents within the contract, even though you might work with a four-year-old, when you clearly have to spend time with the parents." [ID198, NFP, CSA focus, SM1]

There appeared to be a lack of appropriate resources to help services support parents:

"Sometimes parents contact us and there is absolutely nothing for us to offer to parents to provide any kind of resource, there's nothing published. I really do feel for parents, for family members, when they have concerns, something that really speaks to them would be so valuable [...] They are very often searching around." [ID320, statutory/NFP partnership, CSA focus, SM1]

Improved access to broader support for parents

Services told us about the lack of support services that they could refer parents onto, especially for parents who had experienced trauma themselves:

"We will have parents who cannot access the support they need for the trauma that they've experienced because you have to be at a certain point of illness, as an adult, to manage adult mental health services. You have to be both ill enough to meet their thresholds and robust enough to survive the system [...] Many of our parents have had years and years of trauma themselves [...] There's not the provision for them." [ID157, NFP, wider remit, SM1]

Services told us about the lack of services that they could refer parents on to, especially parents who had experienced trauma

Some services had struggled to find enough support for parents with learning difficulties/disabilities, facing mental health challenges, or experiencing poverty:

“Parents who come to us are at a real point of crisis. They have been turned away from social services, health services. They often are feeling a failure and that they have let their child down.” [ID238, NFP, CSA focus, SM1]

Another highlighted the lack of support for parents in situations where one of their children had displayed harmful sexual behaviour towards a sibling:

“There doesn’t seem to be enough support out there for parents to be able to deal with that and what impact that means for them as parents. Sometimes it feels like we do a very small part of what needs to be done.” [ID615, NFP, CSA focus, SM1]

More informed decision-making by the Family Courts

Services also highlighted the challenges of supporting parents whose children had been sexually abused by the other parent, in the context of the Family Courts:

“We are experiencing bizarre decisions by the Family Courts and have no way of challenging them. An example is giving custody to the abusing parent, and they use this to financially abuse the abused partner.” [ID351, NFP, SV remit, SM2]

“Speculative requests for all information in Family Court proceedings and challenging these decisions in court.” [ID304, statutory/NFP partnership, CSA focus, SM2]

“There was said to be a lack of support for parents in situations where one child had displayed harmful sexual behaviour towards a sibling”

9. Implications for policymakers, funders and commissioners of support services

In their foreword to the report setting out the full findings from our first research study (Parkinson and Steele, 2024:5–6), a group of adult survivors and a non-abusing parent observed that they “know of so many victims and survivors who are struggling to find the help that they need”. They went on to say:

“The lack of support for families and parents is a huge concern. How can a parent know how to support their child if they don’t have access to support themselves? To support a child after they’ve suffered sexual abuse takes a lot of understanding and patience at a time when the parent is dealing with a huge amount of trauma themselves. Support is also needed for siblings within the household who will witness the effects of the sexual abuse, such as aggressive outbursts, post-traumatic stress disorder, eating disorders, substance abuse and mental health issues. Support for parents and families is vital in the healing of the victim. This is not a problem that is just going to go away.”

The findings presented in this new report show that, although support for parents of children who have been sexually abused is clearly vital, it is not being provided at the scale or breadth needed. Moreover, provision for parents is inconsistent and limited. Almost all services that support parents do so as part of child-focused provision, with only a very small number offering dedicated support *solely* for parents. This raises questions about how much support is genuinely available for parents in their own right. Gaps in provision are particularly stark in some regions, meaning that the availability of support depends heavily on where families live.

Furthermore, parents are not a uniform group. Those with particular vulnerabilities – disabled parents, those living in poverty, parents with their own histories of trauma, those responding to harmful sexual behaviour between siblings, or those entangled in the Family Courts, for example – often face greater barriers in accessing suitable help. This underlines the need for a more diverse and flexible range of interventions that reflect the varied situations of parents.

A major barrier to progress is funding. Services report extreme pressure on resources, with some reducing their offer or closing interventions for parents altogether. At the same time, they are facing rising demand and supporting children and parents with complex needs, putting significant strain on their staff. Without secure, long-term investment, even existing provision will become increasingly unsustainable, leaving many families without help at a critical time.

Although support for parents of children who have been sexually abused is vital, it is not being provided at the scale or breadth needed

The implications for policy and commissioning are clear:

- Parents must be recognised not only as supporters of children but as individuals with their own needs for emotional and practical help.
- The availability of local provision for parents must be mapped and evaluated, so that commissioners can clearly see where the gaps lie – but services also need resources to evaluate their work.
- Services must be given the resources to offer tailored support, reflecting the diversity of parents’ circumstances.
- There must be sustained and increased funding so that services can meet demand, retain skilled staff, and provide consistent, high-quality support across all regions.

Recognising and meeting parents’ needs is not only critical for their own wellbeing: it is fundamental to improving outcomes for children who have been sexually abused. Without immediate and coordinated action, the gap between parental need and available provision will only widen. Addressing this gap through targeted investment and strategic planning is essential so that parents can receive the support they need as individuals, and their children can heal and thrive.



Without immediate and coordinated action, the gap between parental need and available provision will only widen



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Appendix 1: Services for parents and carers of children who have displayed harmful sexual behaviour

While our research was principally interested in services supporting victims/survivors of child sexual abuse and their families, it also identified services that did not offer this support but *did* support the parents and carers of children who have displayed harmful sexual behaviour. Our 2024 study found eight such services:

- ▶ Seven were focused solely on children who have displayed harmful sexual behaviour and their families, while one had a wider remit.
- ▶ Three were located in the statutory sector, three in the private sector, and one in the not-for-profit sector. Another was delivered by a not-for-profit/statutory partnership.
- ▶ Four services were each operating within a single region; two of these limited their operations to a single local authority area. One operated across the whole of England and three across England and Wales.
- ▶ Two services focused on supporting boys and young men, as well as their parents; the other six supported children of both sexes who had displayed harmful sexual behaviour.

Types of support provided to parents

All eight of the services offered therapeutic interventions to children who had displayed harmful sexual behaviour *and* their parents. In our 2022/2023 interviews with three of these services, one described how they provided advice and guidance for parents on how to support their child:

“We work with family members, particularly parents. We do counselling. We will work with them looking at how best they can support their young person and what might get in the way because of some of their own issues [...] We talk to them about attachment and often their attachment issues and how that affects their parenting, but we don’t undertake a long piece of therapy with them. So it’s support, emotional support and guidance, or advice.” [ID175, private, CSA focus, SM1]

Another described holding space for parents to discuss how their child’s behaviour might have impacted them:

“We do part of the assessment with the parent – this is asking them how it’s impacting on them [...] It’s also a place where [we can] reassure parents and help them.” [ID21, statutory, CSA focus, SM1]

Therapeutic interventions were the commonest form of support for the parents of children who have displayed harmful sexual behaviour

The third highlighted the issue of unresolved trauma in parents of children who had displayed harmful sexual behaviour, emphasising the support they needed to address their own challenges in order to better support their children:

“Often our parents have their own trauma histories and often the mums who we work with also have their own sexual trauma histories, often something that they haven’t talked about or named or made sense of perhaps in that way. And it might be that they’re finding it very difficult to hold in mind the potential risk that their child poses. And we want to explore what the barriers might be to that and whether they have their own unaddressed trauma that potentially is very triggering. So that’s a really important part of our work.” [ID115, statutory, CSA focus, SM1]

In addition, three of the eight services identified in our 2024 study offered **group-based interventions**, specifically:

- ▶ a trauma-focused cognitive behavioural programme for children and their parents, which was delivered over 18 sessions
- ▶ an online group for the parents of children accessing the service
- ▶ psychoeducational group-based support for the parents of boys and young men accessing a residential service.

“They have their confidential group for parents to support one another and talk about, not about their child or the sexualised behaviour, but how that behaviour is impacting on them and the family as a whole and what they can do.” [ID21, statutory, CSA focus, SM1]

One of the eight services offered a **helpline/chat service** to parents affected by harmful sexual behaviour, through a pre-referral helpline for professionals and parents who could contact the service with any safeguarding concerns:

“They can call our safeguarding leads and just say, ‘I’m really worried. This child is presenting with 123,’ and then they could talk through their concerns.” [ID21, statutory, CSA focus, SM1]

The two services for boys and young men offered them **residential care**, during which their parents could access group-based and/or therapeutic support.



Group-based interventions included a trauma-focused cognitive behavioural programme for children and their parents





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

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