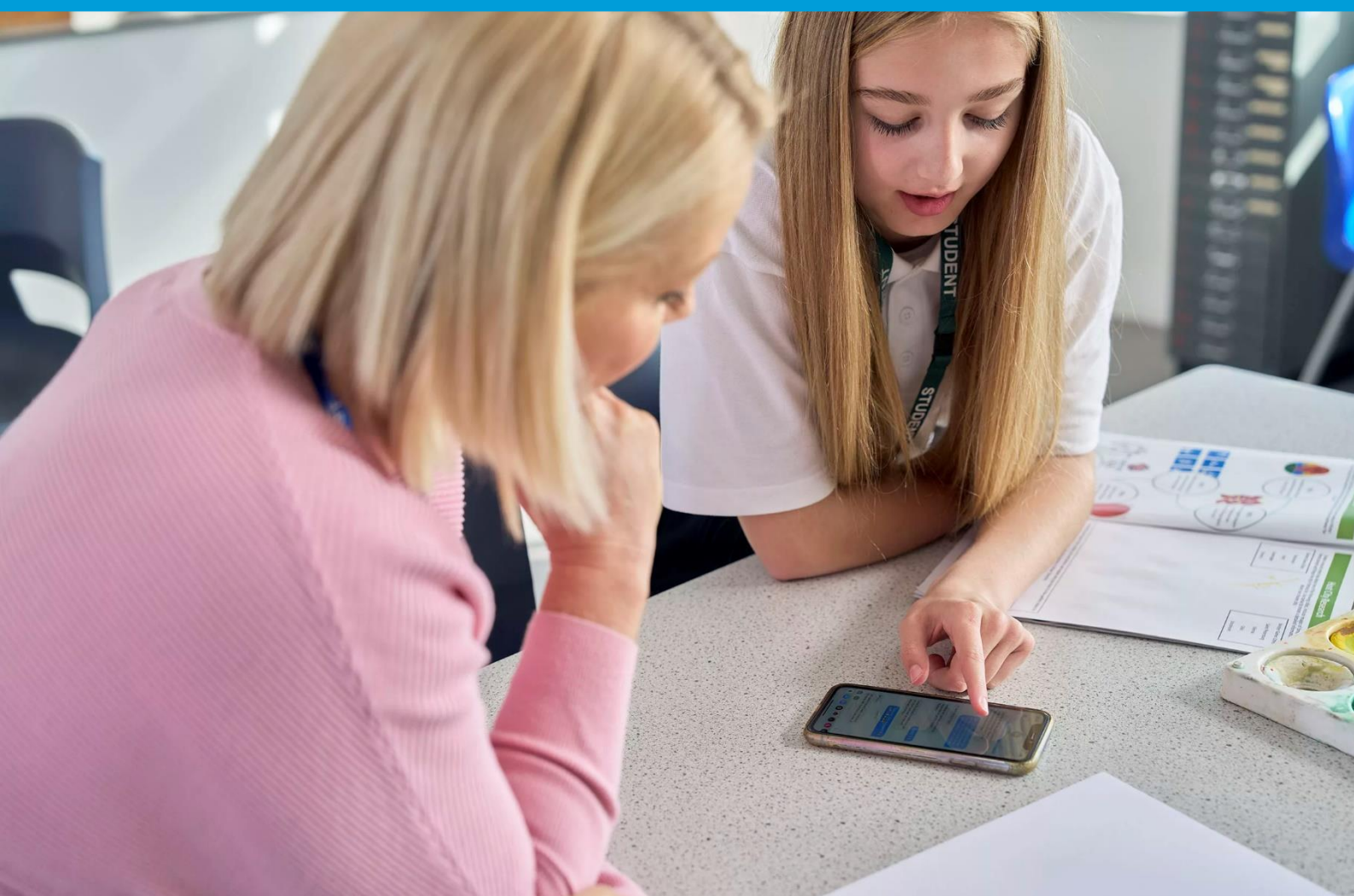


Centre of expertise on child sexual abuse (CSA Centre) Evaluation December 2024 Final Report

Claire Bethel, Emma Harewood



CSA Centre website image



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1. Executive Summary and recommendations

The CSA Centre has produced many high-quality resources during the period covered by the evaluation. With strong and highly skilled staff, its resources are seen by stakeholders as highly accessible, authoritative and comprehensive. The CSA Centre was found to make a strong and independent contribution to national debate and to deliver highly effective training and support to practitioners working in the field of child sexual abuse. They are increasingly seen as the main source of expertise on child sexual abuse.

Background:

The Way Ahead Team Ltd was commissioned by the Centre of expertise on child sexual abuse (referred to as the CSA Centre throughout this report) to carry out an evaluation of their activity covering the period April 2023 – October 2024. The aim of the CSA Centre is for children to be able to live free from the threat and harm of sexual abuse. Funded mainly by the Home Office and hosted by Barnardo's, it was launched in 2017. The CSA Centre collates and analyses existing research, policy, practice, and the experiences of survivors, and fills the gaps with new research, insights and analysis. They believe that to properly tackle child sexual abuse, they must first understand its causes, scope, scale and impact.

A workplan agreed with the Home Office provides the basis to hold the CSA Centre to account for delivery. The current workplan covers a two-year period, in line with current funding arrangements.

Scope:

The evaluation focused on four of the 15 key outcomes set out in the CSA Centre's Theory of Change (ToC) which was updated in 2022/23 which are:

Key outcome 1: Increased use of CSA Centre research and resources across children's social care, local authorities, policing and the wider criminal justice system, health, education, youth justice, multi-agency settings and the third sector.

Key outcome 2: Improved knowledge, skills and confidence among professionals in identifying and responding to child sexual abuse.

Key outcome 3: Improved organisational practice and strategic planning at local and national levels in relation to child sexual abuse.

Key outcome 4: Better understanding of the gaps and barriers that prevent an effective multi-agency identification and response to child sexual abuse.

The specification suggests questions for each of these outcomes to guide the evaluation. The evaluation is intended to build on the last evaluation which was published in April 2020.

Methodology:

We took a mixed methods approach to the evaluation which included reviewing a range of material and data. This included data generated by the CSA Centre including:

- the CSA Centre's activity tracker which records all the activity for each quarter broken down by team member, activity type (events and meetings; training, policy input, research input, publications and other);
- training bookings and feedback (collected through an internal training booking spreadsheet);
- website analytics for reports published in evaluation period;
- observing meetings, and
- a staff survey of all staff that focused on impact of the CSA Centre.

We also analysed a range of external evidence comprising:

- interviews and focus groups based on agreed key lines of enquiry, with interviewees recruited from a list of already engaged stakeholders provided by CSA Centre;
- an external survey sent out to those engaged with the CSA Centre and the wider professional network, with selection for this methodology based on stakeholder preference or available capacity. This external survey asked about awareness of the CSA Centre and its resources, how these have been used in practice and what changes have been made as a result.

An evaluation plan, key lines of enquiry and the timescale were agreed by the External Reference Group set up for this purpose. Much of the quantitative evidence was derived from data routinely collected by the CSA Centre. Our qualitative findings were derived from analysis of interviews and focus groups, reading the CSA Centre's resources, observation of meetings and webinars, attendance at a roadshow, the activities tracker, quarterly log of activities for 2023/24 and the Home Office return for 2022/23.

Findings:

We carried out 23 interviews, 13 focus groups with 37 participants and analysis of key documents. We received and analysed 44 responses to the external survey and 16 responses to the staff survey. Our findings are presented under each of the four main outcomes referred to above:

Outcome 1: Increased use of CSA Centre research and resources:

Key lines of enquiry:

- What evidence is there of CSA Centre resources being applied to practice, what difference are they making, and are there areas for improvement? Are there useful case examples?

- How do child protection professionals learn about and access CSA Centre resources? What routes to the CSA Centre’s research and resources do professionals value and prefer?
- How well does the CSA Centre capture evidence of its resources’ application in practice, and how can it improve its methods of capturing longer-term impact? Are there opportunities to extend and/or develop the CSA Centre’s digital reach?

Key findings:

- An extensive and high-quality range of evidence-informed resources has been produced by the CSA Centre during the evaluation period including five new reports/resources and six new Key Messages from Research;
- The CSA Centre has increased the training provided as well as offering monthly webinars and roadshows to promote and embed the resources – 43% reported finding out about new resources this way;
- There has been increased social media activity during the evaluation period;
- Most practitioners report finding out about the CSA Centre via a colleague (57%) or conferences (29%); 5351 people receive the newsletter.

The CSA Centre has a comprehensive and impressive range of evidence-informed resources freely available through its website. Promoting and sharing new and existing resources has been given a high priority during the evaluation period. There is a wider range of resources available, including six new practice resources and six new Key Messages from Research (three new ones and three updates) which have been published during the evaluation period. Five more resources are currently in press and will be published before March 2025 (within the evaluation period). The CSA Centre also launched their [Data Insights Hub](#) in October 2024 and their [Service Directory](#) in November 2024. Other key resources were published during the evaluation period. Specific resources have been produced for local commissioners.

Having a broader range of high-quality materials available has enabled staff at the Centre to introduce practitioners to the different tools and resources during training and events, thereby promoting the work of the Centre more widely. This also helps to meet their strategic aims of improving understanding of the scale and nature of child sexual abuse; improving the identification of, and the response to victims and survivors of child sexual abuse and enabling more effective disruption and prosecution of child sexual abuse. The Policy and Communications Team ensure that the CSA Centre’s resources are presented clearly using infographics to make the maximum impact on practice. They have introduced a new style of infographics and resources and relaunched the website, aimed at engaging and increasing accessibility for professional audiences, which has been very well-received according to several interviewees. These were considered highly accessible and comprehensible, using language and graphics that professionals understand.

There has been an increase in social media activity, focusing on promoting and sharing new and existing resources. Free webinars have been held regularly which are promoted on the website and in newsletters aimed at anyone working with those affected by child sexual abuse. The webinars are well-attended (generally up to 150-200 participants) and were felt by many external interviewees to be a good way of raising awareness and promoting use of the CSA Centre's resources. The CSA Centre have held three in-person roadshows in different parts of the country (with one further online roadshow in the planning stage) to inform practitioners about their work and share their resources. These were attended by around 500 people from a variety of agencies, providing a valuable opportunity to learn more about child sexual abuse as well as the ability to network with other local support services. Evaluation by the CSA Centre shows very positive feedback from attendees.

Many of the frontline practitioners and external stakeholders who we interviewed (including those in local authorities, the NHS, police forces and VCS organisations) described the ways in which they learn about the CSA Centre's resources, through online searches, webinars, conferences, meetings, newsletters and training. Four of the seven frontline practitioners interviewed first heard of the CSA Centre through a colleague and two at conferences. 43% (78/180) of all responses from interviews, focus groups or surveys highlighted the CSA Centre's training and webinars as a way of engaging with the CSA Centre. Many interviewees cascade the CSA Centre's resources widely within their own and partner organisations, linking them to their own websites and their safeguarding procedure documents. Events targeted at specific professional groups, such as GPs, developed collaboratively between the CSA Centre and the relevant agencies, were seen as a good way of disseminating information about child sexual abuse to those practitioners.

Social media and resource-specific presentations in local areas, podcasts as well as continuing visibility at conferences and in mainstream media have helped to raise the profile of the work of the CSA Centre. It is hoped that the accessibility of local data (including through the [Data Insights Hub](#) launched in October 2024), comparisons to the national context and an awareness of local identification rates should lead to opportunities for local conversations about training and commissioning needs.

The CSA Centre's newsletter is sent to 5,351 professionals with considerable geographical variation in distribution. The CSA Centre are actively promoting the newsletter which is an effective way of keeping practitioners up to date with its work and with key developments.

Outcome 2: Improved knowledge, skills and confidence among professionals

Key lines of enquiry:

- To what extent has the CSA Centre's training and consultation work influenced practice in these areas? What evidence is there of this?
- What has worked/not worked in achieving changes to practice? Are there useful case examples?

Key findings:

- The CSA Centre provided training to an estimated 7,500 practitioners between April 2023 and September 2024;
- There has been a change in focus during evaluation period from providing research and data to producing clear practice advice for frontline staff/resources to support commissioners;
- There is evidence that training raised confidence and knowledge of practitioners;
- Practice Leads Programme has been highly effective in creating a legacy of local networks and embedding resources in local procedures;
- The CSA Centre are leading the field in their approach to the use of Theory of Change in sexual violence;
- There was clear evidence of changes in practice with many examples given.

Many interviewees across many professional groups described how their own knowledge, skills and confidence had improved as a result of their engagement with the CSA Centre. Nearly one third of interviewees noted advice from Practice Improvement Advisers as key, with their expertise appreciated by all interviewees who had worked with them.

The CSA Centre provided training to an estimated 7,500 practitioners between April 2023 and September 2024. This included locally commissioned training, delivery of free (grant-funded) webinars and training in pilot project areas, and conference/learning event presentations. Free lunchtime webinars take place at least once a month focusing on different CSA Centre resources. In addition, the CSA Centre have delivered bespoke training sessions, requested by Safeguarding Children Partnerships in Wales and London, social care organisations and health organisations. Associate trainers from a range of professional backgrounds increase the capacity of the training that the CSA Centre can deliver.

The CSA Centre have built upon their previous approach of providing research and data to focus on giving clear practice advice for frontline staff and resources to support commissioners as well as work to influence policy makers. Strong appreciation was shown for the materials now available such as the [Signs and indicators template](#). Those who had commissioned training for their organisation from the CSA Centre had found it highly effective in raising the confidence and knowledge of practitioners, enabling them to confront complex and sensitive issues in their practice. The one-day training provided for trainee social workers is an effective way of reaching up to 500 trainees a year as well as their practice tutors. The cost of their training was, however, cited as an impediment to being able to roll it out even further. This was not because it was seen as costly compared to other providers, but some stakeholders told us that they had very limited resources available for training and had very large numbers of practitioners for whom the training would be useful, or they would have preferred to book an individual training place rather than a whole service booking.

Interviewees spoke highly of the work done at local level through activities such as Strengthening Services which comprises four separate areas of work¹ and the Voluntary and Community Services (VCS) Practice Leads programme to disseminate information and upskill practitioners, leading to increased confidence and better support being offered to children, families and adult survivors. Many examples were given of projects that were effective at improving knowledge, amongst other outcomes, including a project on three sites to implement the [child sexual abuse response pathway](#) which was felt by participants to have led to a greater confidence in using child sexual abuse as the lead category for a child protection plan.

Ten senior stakeholders and frontline interviewees spoke of particular resources being embedded into local guidelines and procedures, including the London Safeguarding Children Procedures, and of a far more rigorous and systematic application of resources such as the [Signs and indicators template](#) across their organisations as a direct result of their engagement with the CSA Centre. The role of the CSA Centre in raising the profile of all forms of child sexual abuse was seen as essential against the backdrop of the current political emphasis on child sexual exploitation and child criminal exploitation. Many described the increased confidence which they and their staff felt as a result of their engagement with the CSA Centre in, for example, having conversations with children and young people which they might previously have found challenging.

The CSA Centre are leading the field in their approach to the use of Theory of Change in sexual violence by working with national and local agencies or projects to define outcomes clearly and collaboratively at the outset. These include the Welsh Government, the London Safeguarding Children Partnership, the Lucy Faithfull Foundation and the Cheshire and Merseyside Social Working Teaching Partnership, where they have developed Theories of Change to inform the development of their strategies on child sexual abuse. Developing theories of change in this way, working alongside those who will be responsible for delivery, pays dividends in terms of promoting early engagement and motivation.

Respondents to the external survey (aimed at anyone engaged with the CSA Centre and the wider professional network) reported the impact of the CSA Centre on their knowledge and spoke of how this could lead to a change in practice in ways such as speaking to service users; using the Signs and indicators template, and consideration of the wider family and sibling's needs after sexual abuse.

Outcome 3: Improved organisational and strategic planning

Key lines of enquiry:

- To what extent is there evidence that the CSA Centre are contributing to system-wide improvements in the identification and response to child sexual abuse, and how might this be strengthened?

¹ The theory of change for this programme lists these as Mapping service provision, Supporting services, influencing policy-makers, funders and commissioners, and Building understanding.

How does this vary between local and national levels, and across different sectors and agencies?

Key findings:

- The CSA Centre is seen as the 'go to' source of evidence-informed best practice advice in relation to child sexual abuse;
- The CSA Centre's advice is regularly sought by central/local government; the CSA Centre is represented on many committees and inspectorates which enables it to influence policy;
- The Practice Leads Programme has been rolled out to the VCS to broaden reach/ address VCS needs;
- The support provided through PIAs and consultancy work by the CSA Centre makes a significant impact;
- The capacity of the CSA Centre and its budget are major determinants of how much it is able to achieve – expanding its capacity would enable the CSA Centre to go further in scaling up the work that it undertakes.

The CSA Centre has become increasingly well recognised for its expertise in all matters concerning child sexual abuse and is seen as the 'go to' source of evidence-informed best practice advice and the national centre of expertise in the field. Its advice is sought on a regular basis, sometimes informally, by colleagues in central and local government organisations – they have advised and influenced a wide range of professional bodies and international organisations during this evaluation period. Members of staff have made a significant contribution to complex current issues such as the planned introduction of mandatory reporting and implementation of the Victims and Prisoners Act.

The CSA Centre are represented on many committees and working groups. Senior stakeholders and government representatives gave examples of ways in which they have influenced government policy on child sexual abuse and on organisations including the inspectorates to improve the way in which they deal with child sexual abuse in their inspections and reports. Interviewees reflected on the positive impact made by their participation in these working groups, their ability to challenge and influence government policy and to make connections between the CSA Centre and local policy and practice leads. This activity is recorded in the quarterly monitoring report. Through this activity, they are able to challenge effectively where necessary, to build consensus and to make a positive impact on the outcome of these groups. Much of this work takes place out of the public eye but is recognised as being carried out in a collaborative and constructive way. The CSA Centre are currently planning to work with the family courts and other agencies on child sexual abuse within the field of private law to improve the way in which they respond to child sexual abuse.

The Practice Leads Programme is being rolled out to the voluntary and community sector, helping to improve organisational practice and strategic planning in participating organisations, enabling them to work more closely with other agencies as a result of their

increased confidence in dealing with child sexual abuse. This programme supports ‘lead’ practitioners across the sector to develop their understanding, skills and confidence in dealing with all aspects of child sexual abuse. Participants are supported to develop a service improvement plans, some of which are then shared across the sector with a view to building sustainability in the voluntary sector. There was strong evidence from participants that the programme is leading to improved knowledge, skills, confidence and practice of participants and their employing organisations as well as the ability to forge new relationships across the sector. The CSA Centre also supports organisations to develop best practice through the consultancy work undertaken by the Practice Improvement Advisers, and to identify and support local champions.

There were many examples of organisations having improved their policies and procedures as well as their own training programmes as a result of input from the CSA Centre. These include supporting the National Police Chiefs’ Council (NPCC) to include advice on the value of medical examinations in their updated Achieving Best Evidence (ABE) guidance.

When we considered the extent to which the CSA Centre’s training and consultation work has influenced practice, we considered not only the impact on frontline staff but also the impact on commissioners and policy makers. There was limited evidence of the CSA Centre’s resources being used to influence joint collaborative strategic planning, though the evidence they provide is used effectively to shed light and provide evidence on the issues identified.

We identified some concerns that, despite many senior leaders reading the CSA Centre’s resources, there was limited evidence of the data in the resources being used to influence joint collaborative strategic planning (as specified in the first of the key lines of enquiry we were investigating) and /or commissioning of child sexual abuse support services. The CSA Centre have started to target commissioners through resources published in the last year including [Support Matters](#) with an associated briefing for commissioners, the [Data Insights Hub](#) and the [Service Directory](#) which may help to improve their impact on commissioning. In addition, the CSA Centre will be publishing a further resource for funders and commissioners in January 2025.

We reviewed the level of uptake of CSA Centre support and newsletters in each region in England and Wales and identified a wide variance across England and Wales, with the highest levels of engagement in the East of England, London, Wales and West Midlands.

The CSA Centre’s work with the Welsh Government to develop a new comprehensive National Action Plan for child sexual abuse to be published in 2025, working with a core group of professionals based on a comprehensive theory of change, has been enabled by the Practice Improvement Adviser (PIA) for Wales. We heard how this targeted support is highly valued and credible. The work of the PIA combined with three practice leads programmes is creating strong connections across Wales and embedding the use of CSA Centre resources in practice.

The capacity of the CSA Centre is an important determinant of its ability to deliver on its aims and objectives. Whilst there is a stable workforce, the limited capacity of the CSA Centre places teams under pressure to achieve the ambitious objectives set out in their theory of change. The staff survey showed a considerable degree of confidence that the CSA Centre has raised the profile of child sexual abuse and improved the understanding of its scale and nature amongst practitioners. Many successes were cited by staff such as the opportunities to work with a wide range of practitioners and agencies. Recognition by the government and reflection in policy documents of the importance of all forms of child sexual abuse rather than a focus on child sexual exploitation were seen as evidence of its success. The limitations on the CSA Centre which prevent it making even more impact that were cited by staff included the uncertainty over funding, competing government priorities and limited engagement and participation with those affected by child sexual abuse to ensure that their voice is heard.

Outcome 4: Better understanding of the gaps and barriers

Key lines of enquiry:

- To what extent does the CSA Centre raise awareness of challenges faced in multi-agency settings?
- How well does the CSA Centre increase knowledge and understanding to address these challenges?
- In what ways might the CSA Centre strengthen its work in this area?

Key findings:

- The CSA Centre rapidly respond to emerging challenges/evidence and are leading key influential reviews such as the Child Safeguarding Practice Review Panel;
- Innovative work includes embedding practice resources in five areas to influence practice change;
- The CSA Centre is informing commissioning, for example, through publishing a summary of Support Matters for commissioners;
- 55% of interviewees identified the role of the CSA Centre as developing resources and research;
- 25% of interviews saw the CSA Centre as having a role in influencing policy

The CSA Centre has acted at pace to address current and emerging challenges such as those arising from the growing threats of technology assisted child sexual abuse and its impact on children and families, harmful sexual behaviour and sibling abuse. The role of disruption and research evidence on those who cause harm has risen up the agenda since the CSA Centre was established and is reflected in the resources available on their website. The knowledge

review recently published into [Child sexual abuse of African, Asian and Caribbean heritage children](#) was commissioned to fill a gap in the evidence. The research team has worked with ONS to improve the data collected for the Crime Survey for England and Wales. There was a strong commitment to identifying and responding to gaps and barriers in knowledge and training with several recent resources focusing on gaps identified by stakeholders.

The CSA Centre's report to the [Child Safeguarding Practice Review Panel](#)² into child sexual abuse within the family environment as lead reviewers is a significant piece of work intended to help to understand the gaps and barriers and disseminate learning from recent practice reviews. The recommendations of this review are intended, inter alia, to raise awareness of the challenges faced in multi-agency settings, to lead to systemic changes in policy and practice and to improve outcomes for children and families affected by child sexual abuse.

The CSA Centre are working on embedding practice resources in safeguarding partnerships in five local areas to encourage take-up of their key resources. Evaluation is being built into this work from the start of the programme to inform commissioners of the impact and value of these services and to inform future commissioning. The CSA Centre are developing knowledge and skills in all agencies involved in delivering the child sexual abuse response pathway and encouraging them to adopt a multi-agency strategic approach to identification and response to child sexual abuse.

When we asked interviewees what issues they would like the CSA Centre to address in more detail in future resources, they suggested prevention aimed at those who cause harm; the needs of migrant women in relation to child sexual abuse; female sexual abuse; support for non-abusing parents, and resources targeted at specific professional groups such as GPs. The CSA Centre acknowledged that some resources which were produced some years ago are in need of updating.

Following the publication of [Support Matters](#) (described by the CSA Centre as the most comprehensive study to date of the landscape or service provision in response to child sexual abuse in England and Wales), two summaries were published on [services for children and parents](#) affected by sexual abuse and [adult victims/survivors](#) and a [specific briefing for commissioners](#) which aim to provide a simple gap analysis for policymakers, funders and commissioners to facilitate discussions about future commissioning.

The potential for the CSA Centre to use their expertise to speak out on challenging issues was recognised. Some interviewees recognised that the CSA Centre was in a difficult position given that it is primarily funded by central government, making it difficult to publicly voice criticism which might be construed as political even where this may be merited. However, others felt that the CSA Centre are uniquely placed to use their respected position to influence policy, practice and the public. It was clear from interviews that the CSA Centre

² See https://assets.publishing.service.gov.uk/media/67446a8a81f809b32c8568d3/CSPPR_-_I_wanted_them_all_to_notice.pdf

have a strong relationship with the Home Office as their sponsor department and with several other government departments with whom they engage closely (the Department for Education, the Department for Health and Social Care, and the Ministry of Justice in particular) and that this enables them to influence policy effectively from behind the scenes. Campaigning is not part of their role though they do provide evidence that organisations who campaign on behalf of those affected by child sexual abuse can use and this was seen as very impactful. 55% (11/20) of interviewees identified the role of the CSA Centre as developing resources and research, with 25% (5/20) seeing a role in influencing policy and only 15% (3/20) seeing a role in public awareness and prevention.

Conclusion:

The period covered by the evaluation has been a busy and productive period for the CSA Centre during which time they have focused on increasing and disseminating a wide range of high-quality resources and working in various ways to support practitioners to use them to improve practice. The CSA Centre has built a strong and skilled workforce who work in a highly collaborative way. They have a robust infrastructure in place which enables them to respond in an agile way to any issues that emerge in relation to child sexual abuse. They are seen as a major player nationally in advising on all issues related to child sexual abuse and in addressing the complex interface between child sexual abuse, child sexual exploitation and child criminal exploitation.

Although they are well-known amongst specialist organisations working in this field, and regarded as the 'go to' source of evidence and practice guidance in relation to child sexual abuse, there are many practitioners working in services who are not aware of them and are not using their resources despite best efforts to raise their profile. This is work in progress, not helped by the very high turnover of staff in some of the professional groups such as police and social care, which makes it impossible to reach all frontline staff. Given the resources available to the CSA Centre which limits their capacity, it would not be feasible for them to reach every frontline practitioner directly.

We have analysed the data produced by the CSA Centre for evaluation and monitoring purposes and reflected on the new style and approach of the resources produced during the period covered by the evaluation. The training booking spreadsheet and quarterly reports were invaluable tools in analysing the outputs of the CSA Centre, including those that may be more difficult to quantify or analyse in terms of their impact. Data from the quarterly reports is fed directly into the Steering Group and Advisory Group reports that contribute to their internal learning processes and the annual return to the Home Office which serves as the framework for the CSA Centre's formal monitoring submissions to funders.

Challenges include:

- uncertainty over their future funding, since their core grant needs to be agreed by the Home Office on an annual basis;

- their limited capacity which makes it difficult to do all the work that they would like to, or are capable of doing due to budgetary constraints;
- extending their reach to all practitioners who would benefit from using their resources; embedding their resources into all relevant agencies, and
- raising all forms of child sexual abuse up the agenda at both local and national level in a rapidly changing political landscape.

It was clear from several interviews that the relationships established between individuals at the CSA Centre (particularly the PIAs who carry out much of the outward-facing engagement) and senior stakeholders are seen as key to its success. Several interviewees spoke of particularly complex cases where they had been able to speak directly to a contact at the CSA Centre and seek their advice which had improved the outcome of the case as well as the confidence of those dealing with it. The CSA Centre have developed considerable expertise in the process of engaging stakeholders to agree a theory of change for each project which ensures that there are clearly agreed outcomes from the start and a consensus as to how these can best be achieved.

Financial constraints on the Home Office led to a reduction in the CSA Centre's budget which curtailed its capacity and staffing level soon after they were set up. However, they have been able to diversify their sources of funding in the last couple of years leading to a welcome increase in their income, albeit still below the level of the initial grant received when it was established, and to deliver additional activities. This provides the CSA Centre with the potential for growth as the skills of their workforce and infrastructure develop, enabling them to be more agile in responding to gaps identified and to increase their capacity. We were, however, left in no doubt that more could be achieved with a larger and more stable budget which would enable the CSA Centre to increase its reach and do even more to embed its work at local level.

This evaluation has identified several areas for future focus of the work of the CSA Centre including additional resources on prevention, family courts, recovery and support models, female sexual abuse and more support for non-abusing parents. Interviewees also wished for support to develop more networks in the voluntary and community sector to enable practitioners and commissioners to understand the needs of diverse groups and share resources. Others identified a role for the CSA Centre in providing support for those responsible for forthcoming changes including the implementation of the duty to collaborate which some recognised as likely to present considerable challenges for commissioners.

The work that the CSA Centre have done with senior stakeholders and practitioners at local and national level in the last three years was seen by many of those interviewed and surveyed to have led to significant progress in delivering the four main outcomes addressed in this evaluation. The feedback received was overwhelmingly positive in terms of the breadth, quality and accessibility of the resources they provide, their strong and independent contribution to national debate and the delivery of the training and support they provide. Many wished to see the work of the CSA Centre expanded and its reach extended to all

practitioners working in the field of child sexual abuse so that more children and young people affected by child sexual abuse receive the support and protection they need.

Recommendations:

The following recommendations are derived from our findings. We acknowledge that several of these (Recommendations 6, 8, 9) could only be achieved if additional resources were available and, in some cases, a change in the CSA Centre's remit would be needed. Attempting to take on too much additional work in the absence of additional resources would run the risk of the CSA Centre's impact being diluted which could jeopardise some of their existing work. The CSA Centre will therefore need to prioritise these recommendations as it develops its workplan for the next funding period in discussion with its sponsor department. The recommendations that we consider to be of particular importance are shown below in bold. The ability to implement these recommendations will depend partly on the budget settlement for the next funding period and whether it is able to source additional funding.

Recommendation 1: Given that there are still many professionals who have not heard of the CSA Centre's work, we recommend that further roadshows are held in other areas where visibility and engagement have previously been low since this would provide further opportunities to raise awareness of the CSA Centre and of its resources and achieve its strategic objectives.

Recommendation 2: All practitioners who work with the CSA Centre should be invited to subscribe to the CSA Centre newsletter and senior managers and leaders should be encouraged to disseminate this and other CSA Centre resources within their organisation. A campaign to promote the newsletter could be targeted at those practitioners and senior leaders based in the regions with lowest reach since this would be a cost-effective way of raising awareness. CSA Centre staff should be encouraged to proactively promote the CSA Centre's social media presence to practitioners and stakeholders at training events, conferences and in media coverage of its work.

Recommendation 3: It is recommended that greater use of resources and bite-sized audio/visual summaries of the CSA Centre resources and short training videos aimed at specific audiences (for example, criminal justice or health practitioners) would help to increase access to, and take-up of their evidence-based resources. Holding some webinars in the evening would be helpful for professionals such as GPs who find it difficult to attend during the daytime.

Recommendation 4: In line with one of the key outcomes in their Theory of Change, and building on their work with NPCC and RCPCH, the CSA Centre should work with the appropriate government departments and organisations responsible for curriculum development to support professional bodies and higher education institutions to include learning about child sexual abuse in all pre- and post-graduate professional career

qualifications for education, social work, health, and any regulated activity with children and young people.

Recommendation 5: The CSA Centre should consolidate its valuable role as a strong 'advisory partner' and source of evidence for any organisation or coalition of organisations that are leading relevant national campaigns, such as the prevention of harmful sexual behaviour, national roll-out of models of co-located multi-agency services, family court practice in relation to child sexual abuse, technology assisted child sexual abuse and the changes to be made to RSHE guidance.

Recommendation 6: The CSA Centre should consider the need for additional resources (particularly practice guidance) and support in the following areas which were highlighted in this evaluation when developing their future strategy: prevention of child sexual abuse, sexual abuse perpetrated by females, migrant women whose children have experienced sexual abuse, family courts, therapy and support services, and child-friendly justice. Additionally, existing resources including research should be updated as capacity to do so becomes available to reflect more recent evidence and developments in the field of child sexual abuse.

Recommendation 7: We recommend that consideration is given by the CSA Centre, subject to resources being available, to enable the participation of children and young people up to the age of 25 years old who have lived experience of child sexual abuse. This will ensure that their voice is heard and reflected in the CSA Centre's resources (both those who have experienced harm and young people who cause harm) in line with Article 12 of the UN Convention on the Rights of the Child. They should also identify further opportunities to work with non-abusing parent/caregivers. Whilst specialist input and dedicated resources would be required as well as staff with the necessary skills to carry out this work, this could be achieved by working in collaboration with partner organisations with expertise in this field.

Recommendation 8: The CSA Centre should extend their focus from the development of resources on the identification of and early response to child sexual abuse, to develop additional evidence-based resources for preventing child sexual abuse and on the long-term emotional recovery of children and young people. They should consider the benefits of promoting best practice international models for co-located multi-agency services that focus on child-friendly justice and holistic recovery models, such as the Child House model, in line with 2021 Home Office guidance and international standard ISO/IWA 49 Guidelines for Barnahus, a child friendly multidisciplinary and interagency response model for abused children (expected 2025).

Recommendation 9: Building on the work that it is doing on the National Child Safeguarding Practice Review Panel inquiry and the learning emerging from it, the CSA Centre is ideally placed to influence whole system change through raising public awareness, working collaboratively with partner organisations to prevent and improve the identification of and the response to child sexual abuse. This would require a change in its

remit which should be considered by the Home Office, and an increase in its resources but could make a real impact on the way in which child sexual abuse is perceived and understood throughout society.

Recommendation 10: The CSA Centre should do more to share the outcomes and impact of their work with the public and professionals to show the range of their achievements – this could be achieved by publishing an impact report which clearly shows the breadth of their work and the way in which they are making a difference. This could usefully include impacts linked to the theory of change outcomes such as the extent to which the training it carries out is improving knowledge, skills and confidence amongst professionals.

Recommendation 11: The CSA Centre should continue its support for local and national agencies to implement its existing resources through extending well-received programmes such as the Practice Leads programme (including the specialist VCS programme), Implementing the child sexual abuse response pathway, the Embedding Practice programme and the PIAs' consultancy work. Scaling up these programmes and the consultancy work as resources become available will help to deliver the strategic aims of the CSA Centre, raise awareness and confidence of practitioners and create champions who can then drive change in their own organisations and networks.

Recommendation 12: Sustainability and security of funding remains a major issue for the CSA Centre – we recommend that the Home Office should work with the CSA Centre as it enters the new funding period to see if ways can be found of avoiding the uncertainty inherent in the current system. The CSA Centre should also continue to seek other sources of funding from other government departments and philanthropic sources to complement its Home Office allocation and help it to extend its reach even further which can only be achieved if the staffing complement is increased.

Acknowledgements:

We would like to thank all those who agreed to be interviewed for this evaluation for giving up their time so willingly. Without their contribution, we would not have been able to carry out this evaluation.

This report was produced by Way Ahead Team Ltd working with Harewood Consultancy Limited.

2. Background

2.1 Introduction

The Centre of expertise on child sexual abuse (CSA Centre) want children to be able to live free from the threat and harm of sexual abuse. Their aim is to reduce the impact of child sexual abuse through improved prevention and better response. They are a multi-disciplinary team, working closely with key partners from academic institutions, government, local authorities, health, education, police and the voluntary sector. Their focus is on supporting professionals to improve identification and response to child sexual abuse through evidence-informed resources, training, and guidance.

Funded mainly by the Home Office and hosted by Barnardo's, it was launched in 2017. The CSA Centre collates and analyses existing research, policy, practice, and the experiences of survivors, and fills the gaps with new research, insights and analysis. They believe that to properly tackle child sexual abuse, they must first understand its causes, scope, scale and impact. A workplan agreed with the Home Office provides the basis to hold the CSA Centre to account for delivery. The current workplan covers a two-year period, in line with current funding arrangements.

2.2 CSA Centre purpose and work to date

The aims of the CSA Centre are 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.

They 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.

2.3 Summary of CSA Centre's work

The CSA Centre offers a wide range of resources and services which includes:

- Training: a wide range of training is available, both online or in-person. Several new courses have been added during the current evaluation period and these are advertised through the website, the monthly newsletter and through social media;

- A wide range of evidence-informed resources are available through its website; the website was updated in late 2023. Their outputs include research reports, blogs and videos;
- Events including webinars and roadshows;
- Guidance to individuals, organisations, systems and policy makers;
- Practice improvement – the Practice Leads Programme has expanded in the current evaluation period to have a separate programme for the voluntary sector.

2.4 CSA Centre workplan for 2023-25

A two-year workplan has been drawn up and agreed with the Home Office who hold the CSA Centre to account for delivery. Monitoring is undertaken through an annual written return and an annual meeting with the Senior Management Team to review progress. Their priorities over the current two years are to build on their previous work focus on evidence-informed practice development and to address the three following core aims set out in their Theory of Change:

- To increase the priority given to child sexual abuse by improving understanding throughout organisations of the scale and nature of child sexual abuse;
- To improve identification of and response to all children and young people affected by child sexual abuse;
- To enable more effective disruption and prevention of child sexual abuse through better understanding of sexually abusive behaviour/perpetration.

The workplan is designed to support delivery of several core government policy objectives, particularly in relation to delivery of the Tackling Child Sexual Abuse Strategy and the Wales CSA Action Plan, implementation of the recommendations from IICSA, other national reviews published in the past year and supporting the ambitions of any upcoming legislation. A number of outputs are required, set out under the following headings:

- Identifying and addressing gaps in frontline practice to tackle child sexual abuse;
- Leading system-wide improvement through close collaboration and co-ordination with other key partners, improvement bodies and programmes;
- Producing Scale and Nature of child sexual abuse reports and working with key stakeholders to dissemination and learn from findings;
- Supporting delivery of relevant actions captured under the Government TCSA Strategy and providing expert input into development of ongoing child sexual abuse policy across government.

2.5 Learning from previous evaluation

The CSA Centre has established a rigorous process of monitoring and self-evaluation. This is based on its Theory of Change (ToC) model which was updated in 2022/23 (see Appendix 1).

The data produced for monitoring and self-evaluation purposes have been made available to inform this evaluation. The previous external evaluation report³ was published in April 2020.

2.6 What was specified for this evaluation

The Way Ahead Team Ltd was contracted to carry out an evaluation of CSA Centre activity across the period April 2023 – October 2024 and anticipated progress through to March 2025. In our evaluation, we have been asked to focus on four of the 15 key outcomes set out in the CSA Centre’s overarching Theory of Change. Several questions were suggested under each outcome to help guide the evaluation.

The four outcomes and suggested questions are shown below:

Key outcome 1: Increased use of CSA Centre research and resources across children’s social care, local authorities, policing and the wider criminal justice system, health, education, youth justice, multi-agency settings and the third sector.

Suggested questions:

- What evidence is there of CSA Centre resources being applied to practice, what difference are they making, and are there areas for improvement? Are there useful case examples?
- How do child protection professionals learn about and access CSA Centre resources? What routes to the CSA Centre’s research and resources do professionals value and prefer?
- How well does the CSA Centre capture evidence of its resources’ application in practice, and how can it improve its methods of capturing longer-term impact? Are there opportunities to extend and/or develop the CSA Centre’s digital reach?

Key outcome 2: Improved knowledge, skills and confidence among professionals in identifying and responding to child sexual abuse.

Suggested questions:

- To what extent has the CSA Centre’s training and consultation work influenced practice in these areas? What evidence is there of this?
- What has worked/not worked in achieving changes to practice? Are there useful case examples?

Key outcome 3: Improved organisational practice and strategic planning at local and national levels in relation to child sexual abuse.

Suggested questions:

To what extent is there evidence that the CSA Centre are contributing to system-wide improvements in the identification and response to child sexual abuse, and how might this be strengthened?

³ Research in Practice, University of Bedfordshire, The Centre of Expertise on child sexual abuse: Final Evaluation Report (April 2020), see <https://www.csacentre.org.uk/app/uploads/2023/09/The-CSA-Centre-Final-Evaluation-report.pdf>

- How does this vary between local and national levels, and across different sectors and agencies?

Key outcome 4: Better understanding of the gaps and barriers that prevent an effective multi-agency identification and response to child sexual abuse.

Suggested questions

- To what extent does the CSA Centre raise awareness of challenges faced in multi-agency settings?
- How well does the CSA Centre increase knowledge and understanding to address these challenges?
- In what ways might the CSA Centre strengthen its work in this area?

2.7 Additional requests

We were also asked to look at three Key Performance Indicators (KPIs) which the Home Office workplan stipulated should be included in the evaluation which are as follows:

- Feedback from attendees at training programmes (split by type of training programme) and with reference to Theory of Change outcome chains), with 75% rating this good or better;
- Feedback from attendees at other Centre of expertise on child sexual abuse events, with 75% rating this as good or better (split by event and with reference to Theory of Change outcome chains);
- Number and name of strategic organisations engaged with at a local, regional and national level, including a summary of the outcome sought.

Whilst feedback on these three KPIs is being collected in a slightly different way by the CSA Centre, it is reflected in our quantitative analysis (see methodology). The Home Office workplan also stipulates that the evaluation should include information to inform a Value for Money assessment (e.g. benefits, savings, efficiencies etc.), shared (i) within the quarterly budget narratives submitted to the Authority and (ii) routinely as agreed with the independent evaluator once appointed. However, this was not specified as part of this evaluation.

Finally, we were asked by the Evaluation Reference Group (ERG) to also identify how the CSA Centre considers equality, diversity and inclusion in all its resources and training. Relevant questions were incorporated into our key lines of enquiry and the findings reflected in this report (see section 7).

3. Context

There have been several key developments at a national level in relation to child sexual abuse since the previous evaluation was published in April 2020, just as the Covid-19 pandemic was starting to make an impact. There has been ongoing concern about the impact and scale of CSA as well as the need to improve the professional response to it. The work of the CSA Centre needs to be seen in the context of these developments, which are summarised in this section, as well as the impact of austerity measures affecting local services which has inevitably impacted on service provision, resulting in the closure or merger of several charities in the sector.

The [Joint Targeted Area Inspection Review](#) into Child Sexual Abuse in the Family Environment⁴ was published just before the last evaluation was completed. This drew attention to the need to make child sexual abuse more of a priority. Soon after the last evaluation was published, attention was drawn to the prevalence of abuse in education settings through the [‘Everyone’s Invited’ campaign](#)⁵ which aimed to expose and eradicate abuse and sexual violence amongst young people (the ‘rape culture’ which was said to be prevalent in education settings). This led to a rapid inspection by Ofsted into sexual abuse in schools and colleges to look at the prevalence of sexual harassment and online sexual abuse⁶. This found that sexual harassment and online sexual abuse were so commonplace that they were frequently not reported. This was followed by publication of statutory government guidance in England⁷ and Wales⁸ and a continuing, and increasingly politicised focus on the way in which RSHE is taught in schools. The previous administration published a consultation on the proposed changes to the statutory guidance on teaching RSHE. This elicited a joint position statement of concern from a wide coalition of organisations (including the CSA Centre) on the new RSHE guidance⁹. The current Labour Government is currently considering how to take this forward.

The previous Conservative Government published the first comprehensive strategy on tackling child sexual abuse in January 2021¹⁰, setting out their plans to tackle all forms of child sexual abuse. The Independent Inquiry into Child Sexual Abuse published its final report in October 2022¹¹ concluding, inter alia, that inadequate measures were in place to protect children from the risk of sexual abuse and that victims were not believed when they tried to disclose the abuse.

⁴ See <https://www.gov.uk/government/publications/the-multi-agency-response-to-child-sexual-abuse-in-the-family-environment/multi-agency-response-to-child-sexual-abuse-in-the-family-environment-joint-targeted-area-inspections-jtais>

⁵ See <https://www.everyonesinvited.uk/>

⁶ See <https://www.gov.uk/government/publications/review-of-sexual-abuse-in-schools-and-colleges/review-of-sexual-abuse-in-schools-and-colleges>

⁷ Keeping children safe in education, Department for Education, September 2022.

⁸ Keeping learners safe, Welsh Government, March 2022.

⁹ See <https://rshe.uk/#text51>

¹⁰ Tackling Child Sexual Abuse Strategy, HM Government, see <https://www.gov.uk/government/publications/tackling-child-sexual-abuse-strategy>

¹¹ The report of the Independent Inquiry into Child Sexual Abuse, October 2022, see https://webarchive.nationalarchives.gov.uk/ukgwa/20221215051709/https://www.iicsa.org.uk/key-documents/31216/view/report-independent-inquiry-into-child-sexual-abuse-october-2022_0.pdf

The focus on technology-assisted CSA has grown almost exponentially¹²: the Online Safety Act was finally passed in October 2023, setting out a range of new laws intended to protect children and adults online¹³. There has also been a major focus on the way in which violence against women and girls (VAWG) is dealt with by statutory authorities, with it being recognised in the Strategic Policing Requirement for the first time in February 2023 as a national threat to public safety on a par with terrorism and serious organised crime¹⁴. This is partly due to the ongoing threat posed by county lines and child criminal exploitation which have been a major focus of attention for several agencies including those dealing with criminal justice.

Contextual safeguarding has continued to develop in response to these threats, recognising the need to look at the wider influences on a child or young person's life and the broader contexts in which they might experience violence and abuse. The role of extra-familial harm is recognised in 'Working together to safeguard children'¹⁵ though it can be argued that, perhaps as a result of ongoing reports into the way in which child sexual exploitation was dealt with by the authorities in areas such as Rochdale¹⁶, the degree of resources allocated to this area is disproportionate compared to familial abuse.

Several reports have been issued about the way in which the police respond to VAWG, some of which have implications for all age groups (for example, the Angiolini Inquiry report which followed the abduction, rape and murder of a member of the public by a police officer)¹⁷ and reports published by the National Police Chiefs Council by DCC Maggie Blyth¹⁸. This has led to the development of the new Operation Soteria¹⁹ model for the investigation and prosecution of rape and serious sexual offences. A National Policing Statement published in July 2024 by the NPCC recognised that violence against women and girls has reached epidemic scales in terms of its scale, complexity and impact on victims²⁰. The report identified child sexual

¹² For example, the NSPCC identify an 82% increase in sexual communication with a child offences between 2017/18 when this offence came into force and 2022/23. See <https://www.nspcc.org.uk/about-us/news-opinion/2022/online-grooming-crimes-rise/> It is estimated that 80,000 people across the UK present a sexual threat to children online. See <https://homeofficemedia.blog.gov.uk/2019/06/25/fact-sheet-on-online-child-sexual-exploitation-and-abuse/>

¹³ Online Safety Act 2023, see <https://www.legislation.gov.uk/ukpga/2023/50/contents>

¹⁴ See <https://www.gov.uk/government/publications/strategic-policing-requirement-2023/strategic-policing-requirement-accessible>

¹⁵ See Working Together to Safeguard Children, HM Government, December 2023 https://assets.publishing.service.gov.uk/media/669e7501ab418ab055592a7b/Working_together_to_safeguard_children_2023.pdf

¹⁶ See <https://www.greatermanchester-ca.gov.uk/news/review-published-into-operation-span-and-non-recent-child-sexual-exploitation-in-rochdale/>

¹⁷ Report of the Angiolini Inquiry, Part I, February 2024, see <https://www.angiolini.independent-inquiry.uk/the-angiolini-inquiry-terms-of-references/>

¹⁸ For example, see Policing violence against women and girls – the National Framework for Delivery: 2024 – 2027: <https://www.npcc.police.uk/SysSiteAssets/media/downloads/our-work/vawg/vawg-framework-for-delivery.pdf>

¹⁹ Operation Soteria - Transforming the Investigation of Rape. <https://www.npcc.police.uk/our-work/violence-against-women-and-girls/operation-soteria/>

²⁰ Violence against women and girls, National Policing Statement 2024, July 2024, College of Policing, National Police Chiefs Council, see <https://cdn.prgloo.com/media/034ed60aa6564c1fbdcfb03fd8e6a210.pdf>

abuse and exploitation, and technology assisted child sexual abuse as two of the five critical threats to women and girls.

There has also, in recent years, been more of a focus on the role of those who cause harm with an emphasis on enabling effective disruption and prosecution of CSA. Interventions to tackle young people with harmful sexual behaviour, including in an online context, has been increasingly recognised as a significant issue for agencies, particularly education settings.

Several of the resources produced by the CSA Centre relate to the issues alluded to above, showing that they need to be reactive and able to respond to developments as they arise. There has been an increase in the evidence available to policy makers and commissioners on child sexual abuse during the last four years, including several key resources produced by the CSA Centre. The comprehensive study of child sexual abuse support services in England and Wales which they published in January 2024²¹ showed that there continues to be a scarcity of services relative to demand and need as well as huge geographical variation in provision. The report shows how where children live makes a difference to the support provided and to the numbers identified in local authority assessments. In addition to the scarcity of resources, the Keeping Secrets research from the Bluestar Project²² identified barriers to accessing therapy and support services due to a lack of understanding of pre-trial therapy guidance and practitioner fears of impacting the justice outcomes for children. The CPS publication Pre-Trial Therapy Guidance²³ clarified that therapy should not be delayed for any reason connected with a criminal investigation or prosecution.

²¹ Support matters: the landscape of child sexual abuse support services in England and Wales, CSA Centre, January 2024.

²² Bluestar project – improving access to best practice pre-trial therapy and support services.
<https://www.bluestarproject.co.uk/>

²³ CPS Pre-Trial Therapy Guidelines - 26 May 2022 <https://www.cps.gov.uk/legal-guidance/pre-trial-therapy>

4. Evaluation Design and Methodology

4.1 Methodology

We took a mixed methods approach to the evaluation, with a request from the CSA Centre to focus more on qualitative data. Our findings derived from a range of available quantitative and qualitative evidence that we considered, both data generated by the CSA Centre and external sources of information. All our enquiries and analysis have been closely linked to the four key outcomes in the conceptual Theory of Change model which we were asked to investigate as well as the KPIs suggested by the Home Office (see Background and Context above). Arrangement by the four key outcome areas and thematic coding of qualitative data from interviews, enabled triangulation with primary (external and staff surveys) and secondary (roadshow) survey data. In addition, website analytics of digital resources was triangulated with responses from interview, focus groups and survey questions.

The sources of evidence which we considered (both those produced or requested by the CSA Centre and external sources of evidence) are set out in Appendix 2.

Surveys were created using Microsoft Forms, with built in analysis of responses using frequency graphs and Likert scale questions. Survey questions were based on the four themed areas and similar key lines of enquiry were used to those in the interview questions to allow triangulation of responses. Interview questions were also grouped by four themed areas and key lines of enquiry, with thematic coding used to identify and quantify frequently occurring responses. Direct quotes from interview transcripts were used, with permission, to highlight examples of frequently occurring themes. Appendix 5 sets out each of the evidence sources which we relied on for this evaluation showing sample sizes, timeframes and some of the limitations that we found and gives examples of the key lines of enquiry used for each of the groups interviewed.

An evaluation plan was developed and amended with the External Reference Group at a meeting held on 26th April, with additional support offered to better assess the reach of the CSA Centre and a request to identify references to the needs of children from minority ethnic groups in recent resources. This and a summary timeline are shown in Appendix 2.

Key Lines of Enquiry for the interviews and focus groups were drawn up and agreed with the CSA Centre. A different set of questions was drawn up for frontline practitioners; senior stakeholders; experts by experience; government stakeholders; in-house CSA Centre teams (PIAs, Communications Team and the Research Team) and CSA Centre non-executives.

A second meeting of the ERG was held on 26th June to review and agree the interim report and a final meeting held on 18th November.

4.2 Quantitative

Much of the quantitative evidence has been derived from data routinely collected by the CSA Centre including:

- CSA Centre Activity Trackers (see paragraph 4.1 and Appendix 5);
- Training bookings spreadsheet (see paragraph 4.1 and Appendix 5);
- Returns to Home Office;
- Website analytics including document views and digital downloads;
- Data on webinar attendance;
- Training feedback summary.

We also carried out:

- A staff survey (16 responses) with a 73% response rate;
- A survey sent out to those engaged with the CSA Centre and the wider professional network (44 responses) asking about awareness of the CSA Centre and its resources, how these have been used in practice and what changes have been made as a result;
- A survey relating to Safety Planning in Education;
- Comparison of reach of CSA Centre (training and newsletter analytics) with local commissioning as identified in Support Matters: The landscape of child sexual abuse support services in England and Wales²⁴;
- An analysis of all interviews (see below).

Interviews were recorded and transcribed, then summarised on a spreadsheet. Each interview included some questions for which thematic options were recorded using a drop-down menu which was then collated and analysed (see 4.3 below).

4.3 Qualitative

Our qualitative findings are derived from desk research of the resources produced by the CSA Centre, the interviews and focus groups we conducted, attendance at a roadshow and launch events, observation of meetings held with the Home Office to evaluate the workplan for 2022/23 and participation in online events.

A large number of people were invited to interviews drawn from a list provided mainly by the CSA Centre with the addition of some of the evaluators' personal contacts. Those who responded were interviewed individually or allocated to a focus group for a particular theme, professional group, geographical area or government department. A full list of the 23 interviews and 13 focus groups (with 37 participants) held are shown at Appendix 3 (which exceeded the number we had specified as a minimum). Key lines of enquiry were drawn up in agreement with the CSA Centre for each group of interviewees/focus groups (ie: frontline staff, internal CSA staff, senior stakeholders, government officials with separate questions for interviewees involved with specific projects). Each individual interview and focus group were

²⁴ Support Matters: The landscape of child sexual abuse support services in England and Wales.
<https://www.csacentre.org.uk/research-resources/research-evidence/supporting-victims-survivors/support-matters/>

recorded, transcribed using transcription software and analysed to identify themes (with some drop-down menus used, see paragraph 4.2 above). We coded interview and focus group findings for each question/topic area using a combination of thematic and narrative analysis, starting with some predicted themes and responding to emerging themes throughout the process. Narrative responses and direct quotes allowed the identification of impact through case examples and personal stories.

To consider the way in which the Experts by Experience are involved in the work of the CSA Centre, we invited them to participate in a focus group discussion. A meeting with those who responded took place to ask for their views on the work that they have done with the CSA Centre. We met with members of the support network established to share and develop expertise in response to the sexual abuse of children of African, Asian and Caribbean Heritage at the launch event.

As well as the resources and training outputs identified, the CSA Centre fulfils a sector leadership role which is difficult to measure and articulate precisely but is crucial in meeting its objectives (including the contribution it makes to system-wide improvements in the identification and response to child sexual abuse). It achieves this in a variety of ways including discussions with government departments and professional organisations, media activity, membership of working groups on key policy issues and through its engagement with stakeholders. The tracker is intended to help to capture some of the activity that feeds into this with each team summarising any significant activities that have been carried out individually or by teams. Our analysis of the tracker has contributed greatly to our understanding of the CSA Centre's leadership role.

More information about the sources of evidence used is set out in Appendix 6. Both the quantitative and the qualitative findings from the interviews and focus groups have been considered and informed the conclusions drawn and the recommendations made, presented for each of the four objectives in the Theory of Change.

4.4 What is new in this evaluation

This evaluation is intended to update and to build on rather than replicate the previous evaluations. It takes a more qualitative approach intended to identify the extent to which the CSA Centre's outputs have been embedded into practice, since this has been the overriding priority now that the CSA Centre is a more mature organisation.

4.5 Governance

An External Reference Group was set up to enable oversight and scrutiny of the evaluation, to ensure its independence and sign off the quality of the work and the outputs. The Group scrutinised the outputs and the quality of the work including approaches to ethical concerns. Terms of reference were agreed and are shown at Appendix 3; the first of the three planned meetings was held on 26th April 2024 chaired by a Home Office official, Tom Burke. A second meeting took place on 26th June and a third and final meeting on 18th November.

Membership includes representatives of the CSA Centre, the Home Office and the Advisory Board.

5. Findings

Evaluation activities have included carrying out and analysing 23 interviews, 13 focus groups (with 37 participants), analysis of CSA Centre activity trackers and Home Office reporting, participating in one of three roadshows arranged to disseminate the work of the CSA Centre, and attending a launch event and four webinars. The findings also take account of the resources produced by the CSA Centre which are on their website and several papers including Theories of Change produced for particular projects. We carried out surveys of practitioners who engage with the CSA Centre and the wider professional networks and analysed the 44 responses received as well as the single response received in response to a survey on Safety Planning in Education. (See Appendix 6 for a summary of external survey responses.) We also carried out a survey of all members of staff and received 16 responses from 22 staff, a response rate of 73% (see Appendix 8 for a summary of staff survey responses). A summary of the CSA Centre activity and outputs (Training, Resources and Influencing) from April 2023 to September 2024 can be found in Appendix 5. The findings are presented according to the four key outcomes in the Theory of Change which we were asked to focus on.

5.1 Increased use of CSA Centre research and resources (key outcome 1)

Key lines of enquiry:

- What evidence is there of CSA Centre resources being applied to practice, what difference are they making, and are there areas for improvement? Are there useful case examples?
- How do child protection professionals learn about and access CSA Centre resources? What routes to the CSA Centre's research and resources do professionals value and prefer?
- How well does the CSA Centre capture evidence of its resources' application in practice, and how can it improve its methods of capturing longer-term impact? Are there opportunities to extend and/or develop the CSA Centre's digital reach?

Increasing the uptake of the CSA Centre's research and resources has been a major focus of work for the CSA Centre during the period covered by the evaluation. The CSA Centre now has a comprehensive and impressive range of high-quality evidence-informed resources freely available through its website. The range of products has grown since the previous evaluation which has enabled staff at the Centre to direct practitioners to the different tools and resources during training and events, thereby promoting the website and the CSA Centre to potential users. Six new key resources have been published during this period:

- [Managing risk and trauma after online sexual offending](#) (May 2023);
- [Sibling sexual abuse and behaviour](#) (September 2023);
- [Child sexual abuse response pathway](#) (September 2023);

- [Support Matters: The Landscape of child sexual abuse support services in England and Wales](#), and an associated report targeted at commissioners and services themselves²⁵ (January 2024), and
- [Child sexual abuse in 2022/23: Trends in official data](#) (February 2024);
- [Using supervision and team meetings: a guide to help professionals kickstart discussions about improving responses to child sexual abuse](#) (October 2024).

In addition, six new Key Messages from Research have been published: three new ones covering [harmful sexual behaviour in online contexts](#), [child sexual abuse by adults in online contexts](#), [the impacts of child sexual abuse](#), and three updates on 2018 versions covering [intra-familial sexual abuse](#), [child sexual abuse in institutional contexts](#) and [children and young people who display sexually harmful behaviour](#). In addition, a review of the research related to [Child sexual abuse of African, Asian and Caribbean heritage children: a knowledge review](#)²⁶ has been published.

We noted a range of other key resources which were published since the period covered by the previous evaluation but before the start of the current evaluation period (April 2023). These include [Communicating with parents and carers](#) (November 2022), [Communicating with children](#) (November 2022) and [Safety planning in education](#) (September 2022). Other publications have included the [Data Insights Hub](#) (October 2024) and the [Service Directory - Find a Support Service](#) (November 2024).

Further resources are due to be published in the current funding period including:

- What you need to know about child sexual abuse;
- Child sexual abuse in 2023/24: Trends in official data;
- Support Matters 2;
- Update of Communicating with children;
- Funding and commissioning child sexual abuse services.

Three roadshows were held during 2024 (with more planned) to raise the profile of the CSA Centre and its resources in those areas (see Case Study Two). Free webinars on several of the key resources have also been organised as well as a launch event for the [Knowledge review for child sexual abuse of African, Asian and Caribbean heritage children](#). As well as providing useful information, the webinars encourage participants to use the CSA Centre's resources and, in some cases, to commission training for their organisation. The webinars frequently have around 80 to 200 participants. The website, updated at the end of 2023, had been visited by all interviewees and was noted as being easy to navigate to find resources. Much of the evidence for this area was derived from interviews and focus groups but we also looked at the outcomes of surveys, including the feedback from the roadshows and the survey we carried out of those engaging with the CSA Centre. In addition, we noted attendance at regional events, such as the London Safeguarding Children Partnership CSA Summit, to raise

²⁵ See [Briefing for policy makers, funders and commissioners](#), (January 2024);

²⁶ See <https://www.csacentre.org.uk/app/uploads/2024/07/Child-sexual-abuse-of-African-Asian-and-Caribbean-heritage-children-Appendix-table.pdf> (August 2024)

awareness and engage practitioners in the development of new resources, such as the new [Data Insights Hub](#) launched in October 2024.

Key evidence for this area:

Our interviewees described many ways in which they learn about the CSA Centre’s resources, including the website, through online searches, webinars, conferences or meetings, newsletters, training and, more recently, the roadshows. Four of the seven frontline practitioners interviewed first heard of the CSA Centre through a colleague and two at conferences. During interviews and surveys, the CSA Centre training and webinars were highlighted in 43% (78/180) of responses as a typical way to engage with the CSA Centre resources, with their Key Messages from Research (KMfR) identified in 22% (40) of responses and practice guides in 13% (23) of responses. Many share the resources, once they know about them, with their partner agencies (for example, a Designated Safeguarding Lead (DSL) told us how she had shared the resources on harmful sexual behaviour with schools she was supporting).

Table 1: Analysis of responses from interviews and survey question ‘Which services do you use?’ (N=30 interviews/focus groups and 44 surveys with 180 responses in total)

Which services did you use?	Survey responses	Interviews and focus groups
Training	30	15
Webinars	24	9
Practice resources	19	4
Research and key messages papers/practice resources	22	18
Videos or other media	7	3
Network of practice		2
CSA Practice Leads meetings		4
Development workshops	14	
Consultation/advice from a CSA Centre team		9

Senior stakeholders (N=24) were asked how widely known they felt the CSA Centre is amongst practitioners with the following results:

Table 2: Analysis of senior stakeholder interview question ‘How widely known is the CSA Centre?’ (N=24)

How widely known is the CSA Centre amongst practitioners?	Interview/focus group responses
Very well-known in their agency	7
First place to look for information and evidence on child sexual abuse	4
Resources are frequently mentioned in meetings/events	3
Unusual to come across practitioners who are not familiar with the CSA Centre	1
Feel that the resources could or should be better known	5

The way in which professionals prefer to learn about the resources varied according to the role of the practitioners and how they had come across the CSA Centre. Several agencies like being able to cascade information sent directly to them to their staff through weekly bulletins and being able to decide how to disseminate this themselves. Events targeted at specific audiences such as GPs were well received and developed collaboratively, with the CSA Centre staff being very receptive to feedback; once delivered, one of these was shared on the NHS Futures website for wider dissemination. The CSA Centre were also able to support the Royal College of GPs in producing an evidence-informed safeguarding toolkit. This approach was welcomed by interviewees who felt that tailoring training and resources to specific audiences is a better approach than a more generic approach. One practitioner told us,

'I personally have attended many of the workshops online that the CSA Centre have put on; to learn about what resources they have got. In my role of connecting with professionals, survivors and other institutions, it's about spreading the word about what resources and what help is available. I do this work to try and stop people working in silos and understand that actually you don't need to keep reinventing the wheel, it's already been done.'

'I think the way that the CSA Centre are doing their training at the moment where they have a webinar on a specific topic, they then shine a light on the bigger picture and then go, right, here is our resource which will address the issues - I think that's landing very well.' [Former VSCP and now member of the #ActOnIICSA campaigning steering group.]

Analysis of the quarterly monitoring reports in the period April 2023 to September 2024 (See Appendix 4) identified an increased priority given to the promoting and sharing of new and existing resources. A range of methods were utilised including a significant increase in activity on social media with regular posts and resource-specific presentations in local areas, with sessions focusing on [Signs and Indicators](#) (6), [Safety Planning in Education](#) (5) and [Managing Risk and Trauma Online](#) (4), some as part of the embedding project. In addition, a series of podcasts and free webinars were launched and there was continued visibility at conferences and in professional and mainstream media articles.

The new infographics, updated style of resources and the new website have all been created to engage the professional and public audience. Recent resources have moved away from the more formal approach of research papers into a more accessible style for busy professional audiences (see Appendix 4 – Resources). The resources were considered highly accessible and comprehensible by interviewees with many organisations having linked them to their own website and to be appropriately pitched, using language that professionals understand. One told us:

‘Things like the infographics are really helpful when I’m engaging with police officers to say, look, you don’t have to flick a page here, it’s all on one page. You can look at it and it gets you the key points...we use quite a lot of the resources around scale and nature work, for example, where we’re able to kind of lift their infographics and drop them into our slideshows to just really easily explain to officers what the learning is behind that...The resources will have detail where you know, geeks like me can dive into it, or I can send people in terms of saying here is an evidence base that you can incorporate into business plans and things like that. And for more operational staff and when I’m delivering inputs, I can signpost them to the infographics.’ [Member of police staff]

A member of the Policy and Communications team said: *‘There was a significant shift when the three key resources were published: Signs and Indicators, Communicating with children, Supporting parents and carers. These three resources met the needs of frontline practitioners, moving the CSA Centre from research into practice advice. Statistics show that there is more access to newsletters, socials and downloads of resources.’*

In addition, this is the first time that an accompanying resource has been developed targeting local commissioners to enable the detailed Support Matters report to be reframed from a commissioner’s perspective²⁷. Overview reports focusing specifically on services to children, young people and parents, and on adult survivors were funded as part of the MOJ Rape and Sexual Assault Fund (RASAF) grant. These 20-page accompanying resources will provide commissioners with the necessary information and the ability to benchmark their local provision and identify commissioning gaps.

At a local level, some of our interviews demonstrated the application of the resources on the website to influence practice by providing clear and accessible information. All interviewees spoke highly of the materials available and thought that these were being widely used by frontline staff across their organisations – several examples of people using the Safety Planning in Education resources were given by DSLs. Some of the senior managers we interviewed ensure that new materials and links to the newsletters are widely disseminated within their workforce (although, as described below, there is still some way to go to optimise newsletter coverage) and include the website details in key documents and intranet resources about CSA including local safeguarding procedures. Some felt it unlikely that all non-specialist frontline staff such as police officers would know about the CSA Centre itself but that this did not matter if the key materials were accessible as and when required. However, a frontline member of staff who had been to one of the roadshows told us that

²⁷ Op cit 23.

now that she knew of the work of the CSA Centre, she was sharing the resources with all the schools she worked with thereby raising their awareness. The free webinars were thought to be particularly useful as a way of raising awareness of the resources produced by the CSA Centre.

Recommendation 1: Given that there are still many professionals who have not heard of the CSA Centre's work, we recommend that further roadshows are held in other areas where visibility and engagement have previously been low since this would provide further opportunities to raise awareness of the CSA Centre and of its resources and achieve its strategic objectives.

This year has also seen the introduction of a series of generally well-attended free lunchtime webinars (at least one each month) focusing on individual resources such as the child sexual abuse response pathway, supporting parents/carers when their child has been sexually abused and spotting the signs and indicators of child sexual abuse. Dissemination around new research, such as '[Child Sexual Abuse of African, Asian and Caribbean children: A knowledge review](#)²⁸', has also been prioritised, with good attendance at the launch event. Interviewees showed strong appreciation of the webinars with one organisation participating in the Strengthening Services Programme telling us that they had made attendance at these webinars mandatory for certain staff as they were seen as a good source of high-quality information. Another voluntary sector interviewee told us that she found the webinars and infographics very helpful, knowing that they were factually correct, trustworthy and avoided the need to reinvent the wheel by conducting her own research (for example, on scale and prevalence).

The webinars appeared to be an easier and more accessible way for people to engage. As one interviewee told us:

'I think their challenge is getting people through the door to things like the roadshows....I think their message was very clear, very strong, but it is getting that initial engagement, if it's face-to-face and I think that's where the webinars are going to be beneficial because I've found in my experience DSLs and head teachers are more likely to attend if it's online and it's only an hour or whatever because of time restraints.'

The CSA Centre team are also called upon to attend local events focusing on child sexual abuse, such as the London Safeguarding Children Partnership CSA Summit (July 2024). Attendees were able to contribute to a CSA Centre hosted data workshop and a response pathway workshop, as well as being updated on the latest resources in the keynote speech and marketplace event.

²⁸ CSA Centre, July 2024.

In 2024/25 the CSA Centre launched an interactive online [Data Insights Hub](#)²⁹ (October 2024) and a [Service Directory](#)³⁰ (November 2024). The Data Hub is designed to enable professionals, commissioners and researchers to find, understand and use official data on child sexual abuse. The dashboard draws on official data from: local authority safeguarding data, police recorded crime data and Support Matters research. This Data Insights Hub is in response to recent reviews that highlight poor use of data, to enable better access to local data and to support commissioners as they evidence the need for local child sexual abuse services. Commissioners can view their local data on the number of support services, reported cases of child sexual abuse and number of assessments for child sexual abuse. Comparisons are provided with nearest statistical neighbouring local authorities and police forces, as well as a local 'iceberg' showing comparison to estimated number of cases of child sexual abuse each year. The accessibility of local data, comparisons to the national context and an awareness of local identification rates should lead to opportunities for local conversations about training and commissioning needs. The Service Directory is intended to enable users to find nearby support services working with victims and survivors of child sexual abuse, and their families, by postcode or to explore national support services offering help. It contains over 350 support services and will be updated regularly.

Several interviewees were surprised to be told that the CSA Centre has a monthly newsletter. This included practitioners who have been working with the CSA Centre directly for some time, including some working with them on projects. Even though they were aware of the website and monitored it for new resources, they were unaware of the newsletter and felt that this would be a useful way of learning about new developments and cascading this to their colleagues and staff. We were also told about some logistical issues with promoting and booking local PLP training sessions and a lack of calendar invitations.

Recommendation 2: All practitioners who work with the CSA Centre should be invited to subscribe to the CSA Centre newsletter and encouraged to disseminate it within their organisation. A campaign to promote the newsletter could be targeted at those practitioners and senior leaders based in the regions with lowest reach since this would be a cost-effective way of raising awareness. CSA Centre staff should be encouraged to proactively promote the CSA Centre's social media presence to practitioners and stakeholders at training events, conferences and in media coverage of its work.

Data from the main survey identified that 25% (11) of the 44 respondents had known about the CSA Centre for less than a year and 48% (21) for more than one year; with webinars, KMfR, the newsletter and training being the preferred ways to engage with the CSA Centre. The most popular resources were: [Supporting parents and carers](#), [Child sexual abuse response pathway](#), [Trends in data](#) and [Support Matters](#); with [Supporting parents and carers](#) being the resource that people reported reading and revisiting most often. The most widely read and revisited KMfR were [Harmful Sexual Behaviour in online contexts](#) (HSB) and [Impact](#)

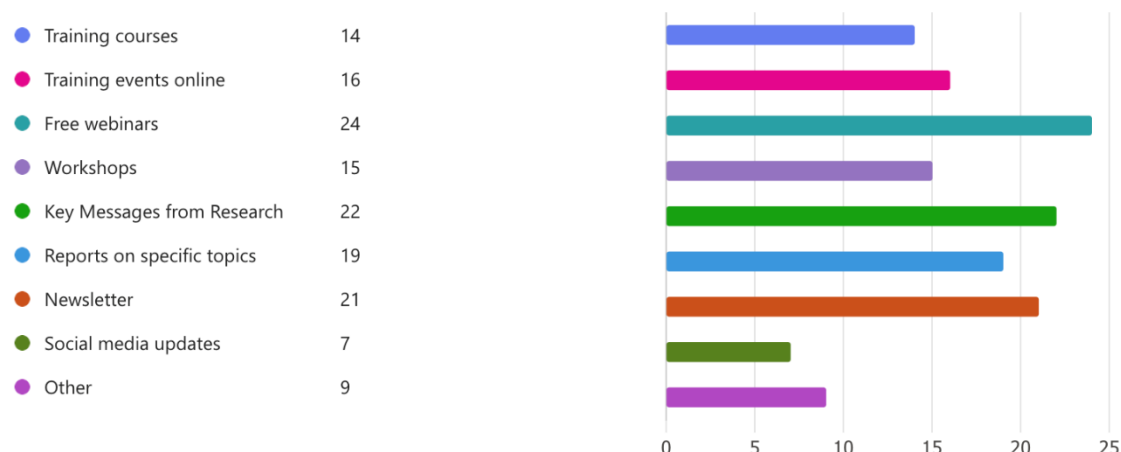
²⁹ See The Data Insights Hub, <https://www.csacentre.org.uk/data-insights-hub/>

³⁰ See Find a support service, <https://www.csacentre.org.uk/find-a-support-service/>

of [Child Sexual Abuse](#); with 40% (18) reading HSB and 27% (12) revisiting this guidance, and 47% (21) reading Impact of Child Sexual Abuse and 32% (14) revisiting.

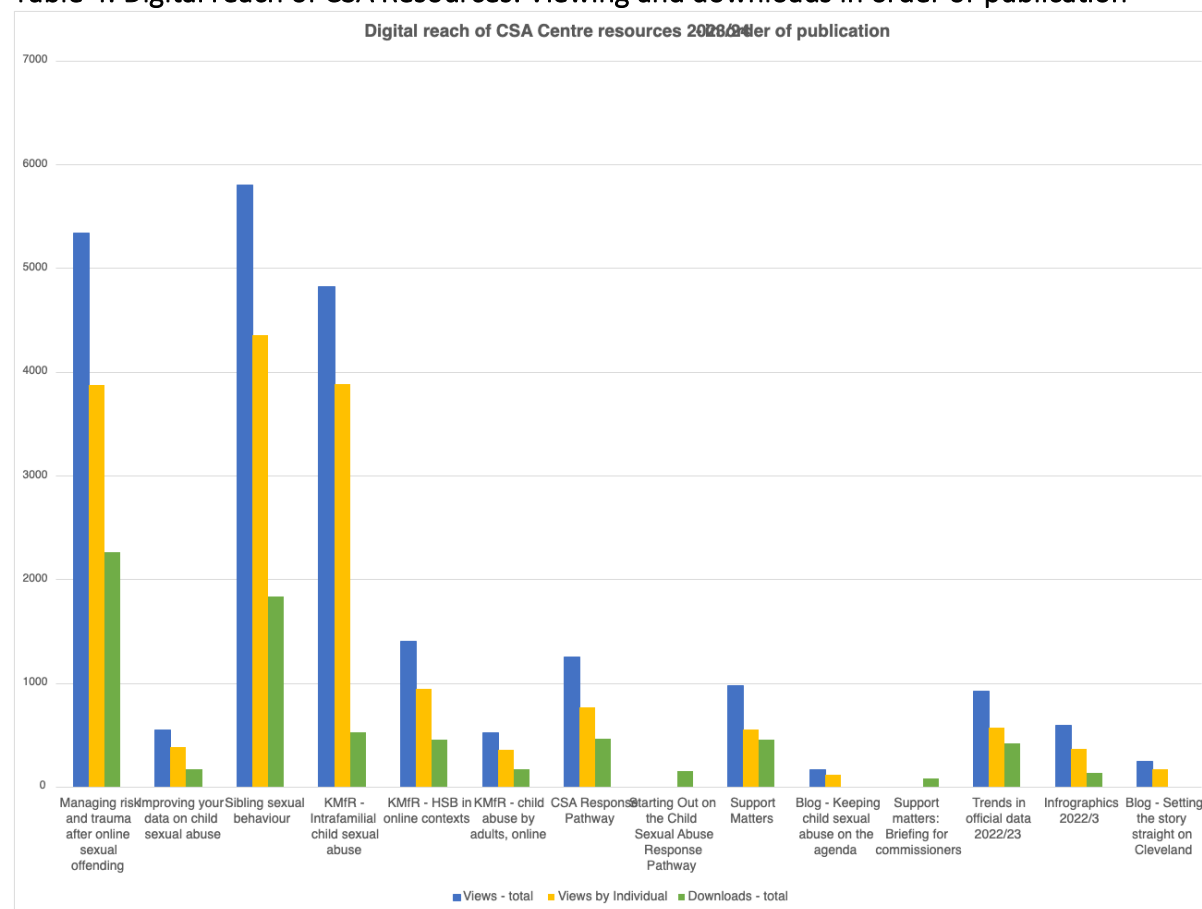
Table 3: Preferred ways to learn from the CSA Centre – Survey respondents (N=44)

5. How do you prefer to learn from the CSA Centre's research and resources? Tick all that apply



We reviewed the uptake of the six new Resources and six new Key Messages from Research (KMfR) through website analytics, which are shown in Table 6 below. Our analysis showed the most frequently visited resources are [Managing risk and trauma after online sexual offending](#), [Sibling sexual behaviour](#) and, for KMfR, [Intrafamilial child sexual abuse](#); as well as more recently published KMfR: [Harmful Sexual Behaviour in online contexts](#), [Child sexual abuse response pathway](#), [Support Matters](#) and [Trends in official data 2022/23](#). More details are set out in the Case study one: Communication approach and Outcomes below.

Table 4: Digital reach of CSA Resources: Viewing and downloads in order of publication



Case study one: Communication approach and outcomes

Background:

One of the questions examined was whether there has been an increased use of CSA Centre research and resources across different settings during the period of the evaluation. It was clear from our enquiries including the survey that we carried out, interviews and digital reach data that, despite the efforts made through better communication to extend their reach and raise their profile, there are still many practitioners working with children and young people who have experienced child sexual abuse who have not heard of the CSA Centre.

Aims and objectives:

Many of the key outcomes set out in the theory of change depend on the effectiveness of the CSA Centre's communications and awareness raising. The CSA Centre have done a great deal to broaden their reach during the period of the evaluation. There is a dedicated policy and communications team comprising three members of staff with a clear social media plan and approach. Their aims are to optimise the quality of all the CSA Centre's communications; create a programme of engaging and conversational social media content; prepare resources for publication, with language and imagery that is accessible and consistent; and respond to

emerging policy issues and media requests with an evidence base response. The newsletter and social media focus on sharing new publications, providing or updating knowledge, promoting training offers and sharing the ongoing events and influencing work. The CSA Centre was commissioned in 2023 to create an updated image bank and has been promoting the use of positive imagery in publications about child sexual abuse, approaching the choice of imagery with the same level of consideration as language. As a representative of the CSA Centre's Policy and Communications team said on social media:

'I spend a lot of time at CSA Centre talking to media and other comms colleagues in the sector about language. Challenging acronyms. Demanding child-centred language. Naming the abuse. Debunking definitions of paedophilia. But pictures are a whole other thing ... what about the images we see?

- *Empty playgrounds*
- *Scrunched up disregarded teddies*
- *Scared children at the top of the stairs*
- *Children in hoodies huddled over phones*
- *Creepy men hiding in the laptop glare*

But these pictures are making people turn away. Let's show the behaviour we want. Let's get more children help and support.' [Comms team member on LinkedIn]

Activities to increase reach have included dissemination of all new and existing resources (see 5.1 above), extensive use of social media, production of a monthly newsletter, securing media coverage (print and broadcast), blogs, videos and publicising the free webinars. Since 2022, there has been a clear plan for social media content with the CSA Centre choosing not to take a campaigning approach but to seek to offer evidence-based information in response to issues raised online. This was described as *'adding light, not heat'*. However, there have been some examples of the CSA Centre communications team starting to use their influence to speak out against the use of negative photographs/images in reports and media content about child sexual abuse.³¹

The CSA Centre Policy and Communications Team also described moving away from formal publications and towards a more accessible, empowering and recognisable approach, such as:

- Selecting engaging titles such as 'Support Matters';
- Limiting academic references and trusting people can get in touch for more information;
- Creating safety for practitioners by including reflection boxes. The Policy and Communications Team described 'the aim being to help people reflect on their own practice and realise that they are not the only ones feeling worried', and
- Using social media to connect to practitioners worries and draw people back to the resources.

³¹ https://www.linkedin.com/posts/kirstyhenderson_70-of-guilty-sex-crime-verdicts-in-england-activity-7241716547356958720-K_-O?utm_source=share&utm_medium=member_ios

The team have worked hard to improve the consistency and quality of the all the resources produced, working alongside all other staff members to simplify and clarify the messaging so that all resources are accessible. We noted that nearly all resources are available in both English and Welsh.

Outcomes:

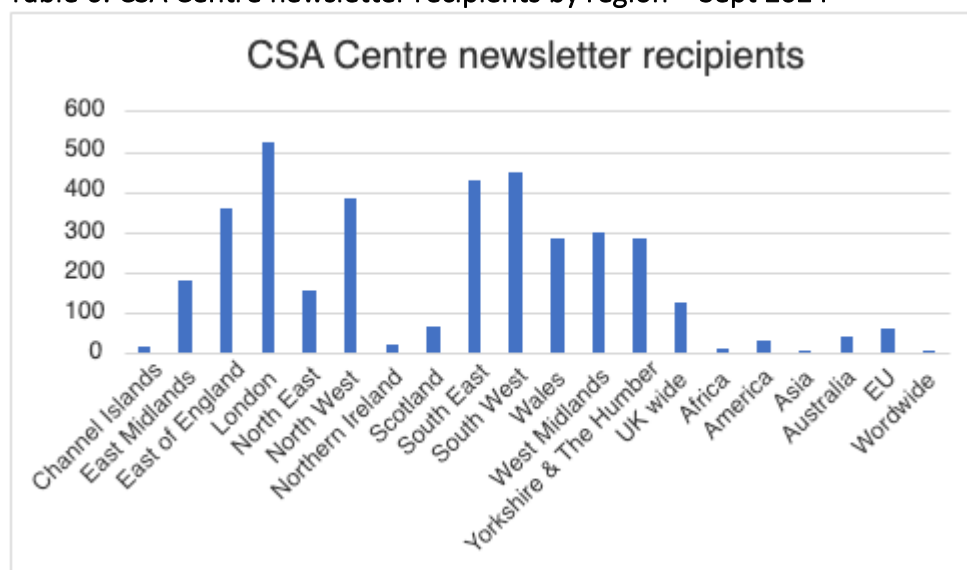
There are currently 5351 professionals on the newsletter database, with 94% England and Wales based, 2% rest of the UK, and 4% international colleagues. The regions in England and Wales with the highest number of recipients are London, Southwest, Southeast and Northwest, each making up over 10% of newsletter recipients (See Tables 7 and 8 below). We saw that the CSA Centre are actively promoting the newsletter to extend reach, with 81 additional sign-ups after the roadshows, but there remain some regions will low uptake.

Table 5: CSA Centre newsletter recipients

Region	Number of newsletter recipients	Percentage of recipients
Channel Islands	17	0.5%
East Midlands	179	4.8%
East of England	360	9.6%
London	525	14.0%
Northeast	158	4.2%
Northwest	383	10.2%
Northern Ireland	24	0.6%
Scotland	65	1.7%
Southeast	430	11.5%
Southwest	450	12.0%
Wales	287	7.7%
West Midlands	302	8.1%
Yorkshire & The Humber	284	7.6%
UK wide organisations	126	3.4%
Total UK	3590	95.8%
Africa	11	0.3%
America	32	0.9%
Asia	6	0.2%
Australia	40	1.1%
EU	61	1.6%
Worldwide	8	0.2%
Total International	158	4.2%
TOTAL	3748	

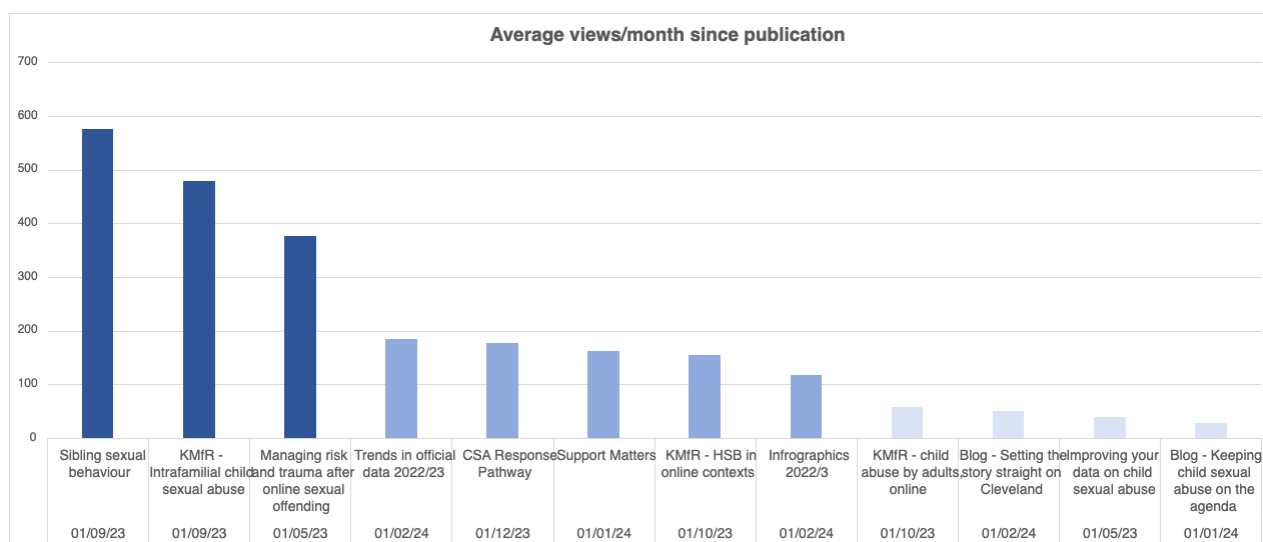
*of 5521 newsletter recipients, 3748 stated their location

Table 6: CSA Centre newsletter recipients by region – Sept 2024



The website analytics (See Table 9 below) show the number of downloads of the new resources published during 2023/24 of individual resources as well as the total number of visits to the website.

Table 7: Digital reach of CSA Centre: average views per month



The most frequently visited new resources, based on average views per month since publication, are:

- [Sibling sexual behaviour](#) (5801 views, on average 576 views/month)
- KMfR - [Intrafamilial child sexual abuse](#) (4823 views, on average 479 views/month)
- [Managing risk and trauma after online sexual offending](#) (5339 views, on average 377 views/month)

Other popular resources include;

- KMfR – [Harmful Sexual Behaviour in online contexts](#) (1405 views, on average 155 views/month)
- [Child sexual abuse response pathway](#) (1250 views, on average 177 views/month)
- [Support Matters](#) (979 views, on average 162 views/month)
- [Trends in official data 2022/23](#) (925 views, on average 185 views/month)

It should be noted, however, that KMfR downloads are typically lower than other resources because the entire document can be viewed on the page without needing to download the PDF.

The greatest view-to-download ratio of new resources was found with [Support Matters](#) and [Trends in official data 2022/23](#), suggesting that these are the resources that practitioners, researchers and policy makers plan to read and revisit most. Over 80% of visits to Support Matters resulted in a download of the resource. Resources that have been updated such as KMfR – Harmful sexual behaviour in online contexts and Trends in official data 2022/23, also saw an increase in new traffic to the page. Overall, resources were viewed by 16,000 individuals and 7,200 copies of various resources were downloaded, of which 114 were in Welsh. However, three of the most popular resources are the three first practice resources, published between November 2021 and March 2022: [Signs and indicators](#), [Communicating with children](#) and [Supporting parents and carers](#). These were downloaded almost 25,000 times to October 2023.

The focus on communications has been successful according to many of our interviewees who recognised the accessibility of the material, the clarity of the presentation, the simplicity of the infographics and value of being able to directly use the CSA Centre materials locally. A member of police staff said:

‘We use quite a lot of the resources around scale and nature work, for example, where we're able to kind of lift their infographics and drop them into our slideshows... I think it's also helpful that a lot of the resources that they've created have been kind of aimed at different agencies, but aligned to the same issue so that you know it doesn't matter what agency you're from, you can go and pick a resource which will inherently help with a particular aspect of dealing with child sexual abuse and exploitation’.

Case study two: Roadshows held in 2024

Background:

Three in-person roadshows were organised during 2024 in Leicestershire, Gloucestershire and Teesside. An online event is planned for Greater Manchester in March 2025 and a further event in Bradford is under consideration. This followed a mapping exercise which was intended to establish the CSA Centre's reach through England and Wales and to identify areas where it was found to have limited visibility and reach, and where there was a possible need or desire for a greater focus on child sexual abuse. The CSA Centre's staff used their local knowledge and contacts, and a review of local data (for example, the number of children on child protection plans for child sexual abuse and previous or current Local Child Safeguarding Practice Reviews) to come up with a list of possible areas. The roadshows were multi-agency and included the voluntary sector as a key multi-agency stakeholder; they were arranged in partnership with local safeguarding partnerships who paid for the cost of the venues and refreshments where applicable. The CSA Centre helped the local areas with the planning of the events and provided up to ten staff on the day to run the presentations, workshops and to promote the CSA Centre's resources. Careful consideration was given to the evaluation of the events from the inception.

Aims and objectives:

A theory of change was developed to identify the main strategic aims and objectives of the roadshow. The overall objective was to improve awareness and identification of child sexual abuse and the response to it in areas that have had little engagement with the CSA Centre. The following strategic aims were identified:

- To improve awareness of wider landscape of child sexual abuse;
- To improve identification of child sexual abuse;
- To improve response to child sexual abuse;
- To raise the profile of what the CSA Centre can offer;
- To facilitate networking and awareness of local support services.

Outcomes:

A total of approximately 500 people attended the three in-person roadshows held this year. The content, which was tailored to the needs of the individual area, included a keynote address by someone with lived experience of child sexual abuse, a talk on the scale and nature of child sexual abuse and how to respond, and an explanation of the [Child Sexual Abuse Response Pathway](#). A diverse range of professional across statutory and VCS agencies attended, including relatively new (to the CSA Centre) practice audiences such as Housing and the Fire and Rescue Service. One of the highlights for participants was the ability to network with and learn about other local services throughout the day (at the stalls and during table discussions), some of which they were unaware of.

Delegates were offered the choice of two or three learning sessions covering a number of topics linked to the CSA Centre's main resources³². There was also an exhibition which provided the opportunity for delegates to learn about the work of different agencies and VCSE organisations in their area and to meet those involved in delivery. The presentations and learning sessions were delivered by members of the CSA Centre Practice Improvement Team, who were also on hand throughout the day to speak to delegates and answer questions. The connections forged through the roadshows has led to professionals engaging with the CSA Centre's staff on the day and subsequently to discuss opportunities such as training and work on embedding resources. The feedback shows the benefits of having formed new relationships with other local agencies at the roadshow which will hopefully lead to new alliances.

Of the approximately 500 people who attended the roadshows, n=284 (57%) provided feedback via an online evaluation survey.³³ Between 66 – 77% of survey respondents had no prior knowledge of the CSA Centre, but after attending the roadshow, 98% - 100% of this cohort were very likely or likely to use their practice resources in future (see Table 10 below).

Table 8: CSA Centre Roadshow feedback (N=284)

Region	No prior knowledge of the CSA Centre (%)	Very likely to use our resources going forward (%)	Will use learning in practice 'a lot' (%)	Learning will lead respondent to do anything different in role (%)	No previous training on child sexual abuse (%)
Leicestershire	66	80 (98 including 'likely')	80 (100 including 'a little')	81	45*
Gloucestershire	61	86 (100 including 'likely')	90 (100 including 'a little')	88	55
Teesside	77	85 (98 including 'likely')	87 (98 including 'a little')	89	64

*but 6% were not sure

There was widespread support for the [Child Sexual Abuse Response Pathway](#) as a much needed and useful tool for practitioners. The following quotations epitomise some of the reflections from the evaluation feedback:

The pathway is the kind of resource that safeguarding professionals have needed in this area. Thank you. [Designated Safeguarding Lead]

It's been a fantastic, really interesting and inspiring day. [Child sexual abuse] is a subject that hasn't had the time or acknowledgement that it needs. Lots of food

³² In Leicester, the learning sessions included the following resources: signs and indicators of CSA; communicating with children; safety planning in education; managing risk and trauma after online sexual offending; communicating with children; sibling sexual behaviour and carers, and supporting non-abusing parents and carers, as well as a session on the professional role in limiting the impacts of CSA.

³³ Taken from paper on impact produced for Home Office, June 2024.

for thought and definitely the start of an ever-growing conversation. [Team Leader, local authority]

Really good day, very informative and good to hear from someone with lived experience. Would welcome opportunities for further training in CSA. [Learning and Development Adviser, local authority]

Thank you for an amazing informative day. It ran in a way that, despite the difficult subject, was really enjoyable. [Named Midwife, safeguarding.]

The research team have held follow-up reflection sessions with a sample of roadshow participants in each region to explore the impact of learning on practice over the longer term.

The roadshows provide a good example of the CSA Centre's commitment to evaluation of their activities and the intention to find some longer-term impacts of their engagement. The evaluation framework was drawn up at the planning stage and included:

- **Capturing the importance of the first contact** - A survey to roadshow leads in each LA/region to capture hopes, expectations and early impact.
- **Survey for Roadshow participants** - This will focus on initial impressions/reaction to the roadshow in terms of perceived impact in relation to knowledge, confidence and applying learning to practice etc. This will pose specific questions for different keynotes/workshops. This survey will also include an option to 'consent to be re-contacted' a few months after the roadshow to explore signs of longer-term impact.
- **Reflection sessions with local organisers** – These sessions would re-visit themes/questions explored in the 'first-contact' survey to explore the extent to which expectations were met and evidence of change/impact from a strategic perspective. Ideally, these would be held around two months after the roadshow.

Though resource-intensive in terms of the staff time required, this was undoubtedly an excellent way of reaching practitioners working in the field of child sexual abuse but with little prior knowledge of, or direct engagement with the CSA Centre. The feedback shows that respondents have suggested that they might use the practice resources (one area has embedded them in their safeguarding partnership website) and their learning in their professional roles, particularly in relation to training and strategic decision-making, and that it led to an increase in knowledge and confidence in relation to identifying and responding to CSA, across a range of sectors.

One of the other benefits identified has been the connections made locally with other services and professionals, which was warmly welcomed by participants. The benefits of establishing new contacts as a result of this in-person interaction, including practitioners from other agencies, were therefore significant. A further advantage of attending in-person events was the ability to speak to experts from the CSA Centre directly which is not feasible during online events.

The roadshows proved to be a highly effective way of raising awareness of child sexual abuse and reaching practitioners, particularly those who are inexperienced who may not have the opportunity to meet others working in the field, particularly staff in other agencies, on a regular basis. Dealing with such a sensitive issue as child sexual abuse can be difficult for staff – the benefits of having the opportunity to discuss this face-to-face with experts and with others working in the field cannot be overstated. Those attending undoubtedly appreciated the events and found that they had increased their awareness of the issues covered and made contact with other local services.

5.2 Improved knowledge, skills and confidence among professionals (key outcome 2)

Key lines of enquiry:

- To what extent has the CSA Centre’s training and consultation work influenced practice in these areas? What evidence is there of this?
- What has worked/not worked in achieving changes to practice? Are there useful case examples?

A number of our key lines of enquiry in the interviews and focus groups as well as the evidence from the quarterly monitoring reports from April 2023 to December 2023 relate to this question (there is inevitably some overlap between the first and the second objective in the Theory of Change). We were seeking to establish the extent to which the CSA Centre’s training and consultation work has influenced practice and what has been successful in changing practice. To achieve this, we have analysed all interview, focus group and survey responses, the CSA Centre activity trackers up to June 2024 and the CSA Centre feedback from training.

Key evidence for this area:

Many interviewees from a range of backgrounds described how their own knowledge, skills and confidence had improved because of their interaction with the CSA Centre. This has been achieved through receiving training, attending webinars, accessing their resources via the website, advice from Practice Improvement Advisers (PIA) (their consultation work), participating in programmes such as the piloting of the child sexual abuse response pathway and the Practice Leads Programme (see case studies three and five). Nearly a third of interviewees noted advice from Practice Improvement Advisers (PIA) as key, with one roadshow attendee saying *‘I have found the skills and knowledge of the advisers to be exemplary and a testament to having recruited the very best in their field.’*

Analysis was derived from interviews (see below) and monitoring data collected by the CSA Centre using an online activity tracker completed by staff and a training bookings spreadsheet that records locally commissioned training. The CSA Centre provided training to

an estimated 7,500 practitioners between April 2023 and September 2024. This included locally commissioned training (funded by local authorities, safeguarding partnerships and other agencies), delivery of free webinars and training in pilot project areas (grant-funded), and conference/learning event presentations.

The total number of professionals trained is an approximate figure due to the self-completion format of the activity tracker and continued work to ensure all training activity is captured via the two data collection tools. The most reliable training data from April to Sept 2024/25 included nine sessions of free training (1200 professionals); 28 sessions of externally commissioned training (1000 professionals) and seven conferences and events (2559 professionals).

Bespoke training sessions were requested by Safeguarding Children Partnerships in Wales and London, social care organisations including Cafcass³⁴ (Wales and England), Frontline³⁵ and health organisations including the Royal College of Paediatrics and Child Health (RCPCH), general practitioners (GPs) and Child and Adolescent Mental Health Services (CAMHS). The webinars focused on increasing identification and improving the response to sexual abuse, with the most webinars on the topics of identifying and responding to CSA, such as the Sign and Indicators Tool. The trackers identified an increasing amount of training delivered over the course of the evaluation period (see Appendix 4 – Training).

The team of associate trainers reflect a range of agencies (social care, police and health) and geographical bases. This diversity in the team has been described as enabling practitioners to feel trust and a connection with their trainer. This is mirrored in wider staff team, with a CSA Staff member describing the team as being *‘from Carlisle to Cornwall, via Cardiff’*.

The CSA Centre has shifted during the last couple of years from the provision of research and data to giving clear practical advice for frontline staff and resources to support commissioners – the availability of these resources has been a significant step up in recent years. One member of staff told us:

‘We have gone from an organisation that is able to articulate the scale of the problem to an organisation that is much more able to articulate a solution, and really practical solutions...I think the biggest achievement really is that I don’t think that five to six years ago we could really articulate what good looks like in relation to a response to sexual abuse. And I think that we can now.’ (CSA staff member)

Therefore, much of the work that has been done is intended to support practitioners in their delivery of services – the response pathway, for example, is intended to highlight good practice when there are concerns that a child is being or has been sexually abused, and aims to clarify the responsibilities of professionals at key points. The resource on signs and indicators was appreciated by several interviewees, who regarded it as an invaluable source of easily available evidence-informed information for staff. A third of frontline interviewees

³⁴ <https://www.cafcass.gov.uk/>

³⁵ <https://thefrontline.org.uk/become-a-social-worker/approach-social-work/>

gave examples of particular resources that were being embedded into local guidelines and procedures and used in training. For example, the London Safeguarding Children Partnership has embedded the child sexual abuse response pathway into their London Safeguarding Children Procedures.

It was recognised that child sexual abuse is still seen as a hidden subject with some commenting that the higher profile of child sexual exploitation and child criminal exploitation in recent years had resulted in a lack of recognition of the prevalence and impact of intrafamilial child sexual abuse. The role of the CSA Centre in addressing this by raising the profile of all forms of child sexual abuse was therefore seen as essential. Interviewees described how they now felt more confident in having conversations with children and young people which they would previously have found challenging. Particular resources, including the resource on African, Asian and Caribbean Heritage, which was mentioned by a focus group interviewee, were cited as helping to increase knowledge about previously neglected issues.

Interviewees who have commissioned training from the CSA Centre spoke highly of it and felt that it had raised the level of knowledge of practitioners as well as their confidence to confront complex and sensitive issues. The CSA Centre's regular one-day contribution to trainee social workers' training (as part of the Frontline programme) enables it to reach up to 500 trainee social workers a year as well as the practice tutors involved in the training. Feedback from this training is highly positive. One interviewee explained how the training which had been delivered to frontline police officers was particularly useful in increasing the confidence of non-specialist officers who knew little about the issues and were nervous about asking questions during the course of their work which might be inappropriate.

This was echoed by staff at the CSA Centre who described how practitioners report '*feeling worried they might get it wrong in sexual abuse*' and in response the CSA Centre are growing more confident to give clear position statements. A member of staff from the CSA Centre, said:

'This confidence should help people feel safe in an area of work that is full of worry...recent resources have a reflection box, with the aim being to help people reflect on their own practice and realise that they are not the only one feeling worried.'

An example of this is seen in the Sibling sexual abuse report, where there is a reflection box to consider accessibility and how this type of abuse may affect children differently depending on their ethnicity and culture. The team then pick up these same themes and worries in social media content to draw more people into reading the full reports.

Several interviewees referred to the benefits they had derived from meeting others working in their field through participation in some of the CSA Centre's activities. Examples include the Practice Leads Network and the roadshows (see case study two). This was particularly true for those working in specialised fields include those dealing with global majority

population groups who may have few opportunities to meet or engage with colleagues in similar fields or other geographical areas.

The benefits of in-person as opposed to online events such as some of the CSA Centre's training, Practice Leads Programme sessions, conferences and the three roadshows held so far were recognised. These provide an opportunity for practitioners to hear firsthand from experts about many aspects of child sexual abuse, to network with staff from the CSA Centre face-to-face and with others working in the field. Face-to-face contact was therefore seen as advantageous by some, particularly given the sensitivities of the issues under discussion where trainees may need some support which is harder to provide remotely.

One concern expressed by at least four interviewees was the affordability of the training from the CSA Centre, within their budget constraints, which meant that they would be unable to commission training on a larger scale across their organisations given the size of their training budgets. The free webinars were seen as a helpful way for frontline staff to gain knowledge and senior managers were keen to encourage their staff to sign up for these though there was recognition that training was needed, for example:

'I think we're all just crying out for anyone who can assist us with training.' [Senior police officer]

Additionally, there were requests to enable booking of single training spaces at training events with a view to cascade training within local organisations.

Many interviewees felt that the training was pitched at the appropriate level for the audience. Two interviewees suggested that a series of short training videos, that could be watched at any time, would be more useful than training delivered in office hours which is difficult for audiences such as the police. The need for some webinars to be delivered in the evening was also mentioned.

Recommendation 3: It is recommended that greater use of resources and bite-sized audio/visual summaries of the CSA Centre resources and short training videos aimed at specific audiences (for example, criminal justice or health practitioners) would help to increase access to, and take-up of their evidence-based resources. Holding some webinars in the evening would be helpful for professionals such as GPs who find it difficult to attend during the daytime.

Although interviewees were highly positive about the content of the training, it is difficult to provide robust empirical evidence that the training and other work has led directly to a change in practice, although directly attributable changes were identified by five senior stakeholders. For example, some interviewees told us that there has been an increase in the number of cases classified as child sexual abuse by Children's Social Care locally due to the work that they have done with the CSA Centre (this included one example of training in the NHS and one organisation piloting the child sexual abuse response pathway; see Case study three). It was recognised that using this as a proxy measure is a limited way of measuring

success, however, and that the CSA Centre hope that their work will lead to an improvement in quality of the response to children and young people who have been abused.

We were given several examples of significant changes in approach across organisations following training and a far more rigorous and systematic application of resources such as the [Signs and indicators template](#) which many organisations are embedding in their own templates (for example, in patient records in an NHS organisation so that there is a prompt for practitioners to use when required making it far more accessible). The Communicating with children resource was also mentioned by interviewees as making a real difference in terms of skilling up staff who lack confidence in talking to children and young people about child sexual abuse.

One voluntary sector organisation told us that the work that they have done with the CSA Centre as part of the new Strengthening services programme has improved the way in which they deal with child sexual abuse (in particular, supporting the families of people who have committed sexual offences, mainly online). After four initial bespoke training sessions, they worked with the CSA Centre through one of the PIAs to develop the skills of those working with families leading to an increase in confidence of their outreach workers and volunteers in supporting families. The support has helped the outreach workers to provide better, more tailored support, ensuring that they use appropriate language when supporting families, *'giving them confidence that it is OK to just talk about it'* and enabling them to intervene earlier with families than they might otherwise have done. The reflective practice sessions between the PIA and the lead in the organisation have been particularly helpful, reducing the stress on her through being able to voice her concerns and to develop the expertise needed to develop this area within the organisation. Similar intensive work is in hand, led by one of the PIAs, with four other voluntary sector organisations, some of which has to be conducted out of hours. If successful, this approach could be extended to other voluntary sector organisations but not necessarily resourced by the CSA Centre.

The Learning Reports we looked at which evaluated three different programmes³⁶ were also highly positive. For example, the evaluation of the CSA Practice Leads Programme in adult substance misuse services in a voluntary sector organisation, Change Grow Live (CGL), found the practice leads programme approach to be highly appropriate for an organisation like CGL, with evidence of the programme's impact on participants' knowledge and confidence in talking with service users about child sexual abuse. The report made suggestions as to how these findings could be incorporated into future programmes. Although these were completed before the period covered by our evaluation, they were published after the previous evaluation and are mentioned since they have clearly helped to inform some of the current work programmes. These are not carried out routinely for all projects but the CSA Centre are intending to carry out a similar evaluation of the pilot VCS PLP.

³⁶ Op cit, One-day multi-agency training on intra-familial abuse, January 2022; Training on intra-familial child sexual abuse for social work students – two approaches, January 2022; Piloting Child Sexual Abuse Practice Leads Programme in adult substance misuse services (September 2020).

The CSA Centre are leading the field in their approach to Theory of Change in sexual violence, developing 'exceptional' ToC models and defining outcomes for workstreams including the Strengthening Services programme and the Support Matters resources/data hub. They have supported the development of local Theories of Change as part of the Practice Leads programme, Voluntary and Community Sector practice leads programme and the Embedding Practice programmes as well as developing a Theory of Change to inform the Welsh Government's new child sexual abuse strategy (see Case study four). These Theories of Change, which are comprehensive and detailed, have been developed collaboratively with those participating in the programme, thereby helping to form a team and to articulate the aims and objectives of the project clearly from the start. The process of involving stakeholders in developing the theories of change was seen as an important factor in encouraging those who will be responsible for delivery to jointly agree the outcomes for the project. This pays dividends in terms of promoting early engagement and motivation.

Even where practitioners were working in areas such as safeguarding, some found that using the CSA Centre's resources helped to enhance their confidence; for example:

'I think for myself in terms of the need for safety planning and working with services, I was already aware of that practice and followed it, but I think it's given me more confidence in doing the right thing. And I think when I'm giving advice to colleagues in schools, I think it's more reassuring to them when you can refer to policy and say this is the recommendation and look at these resources.' **[Frontline worker who attended the roadshow]**

The role of the PIAs was seen by many as important with their expertise appreciated by those in the field who they liaise with who value their independence and the fact that they have all worked in the field in which they are advising. Much of the front-facing work is done by the PIAs team including many of the webinars and the presentations at the roadshow. This allows for continuity of support to a region. For example, a PIA working in the Northwest of England delivered a webinar, helped to co-create a local document and then co-hosted a webinar for GPs. This opened up helpful conversations in primary care that support after sexual abuse goes beyond treating the medical/sexual health conditions and includes the holistic needs of the child and family (GP in North West). Where the CSA Centre have been able to appoint a PIA for specific areas such as police, education, the voluntary sector and Wales, this has created the capacity for building relationships and providing one-to-one support on local projects and casework. We noted that the CSA Centre did not have the funding to replace the health PIA but had someone with a health background in the team who they were able to appoint to this role.

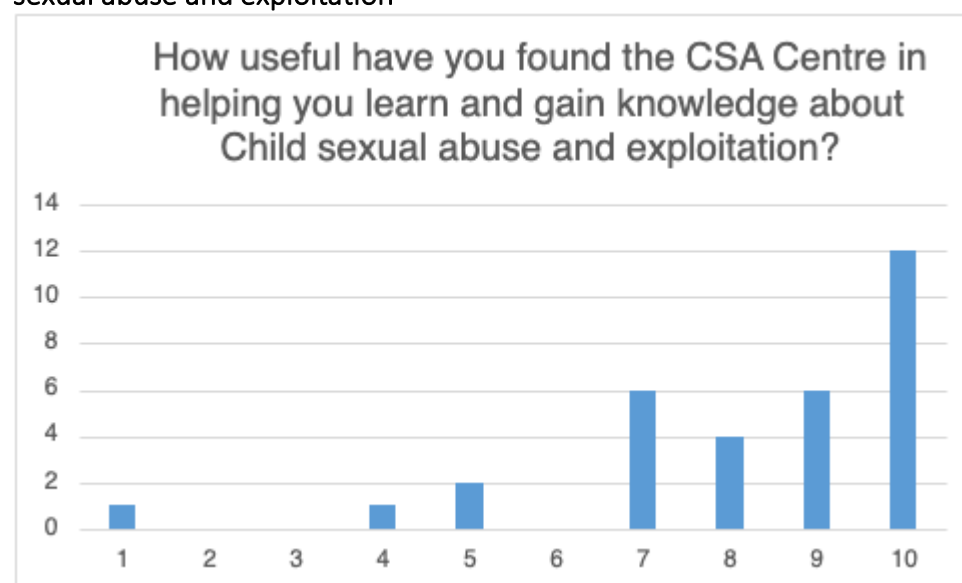
We asked senior stakeholders in interviews and focus groups about what they considered to be the most effective way to improve knowledge about child sexual abuse. Their responses are shown below:

Table 9: Analysis of responses from senior stakeholder interviews and focus groups (N=24 interviews/focus groups with 27 responses in total)

Response theme	Interviews/focus group responses
Training	9
Research/key messages	6
Scale and nature data	4
Media/social media	2
Working with colleagues	4
Conferences	0
Learning through casework/practice	1
Working alongside more experienced colleagues	4
Learning from cases including through serious case reviews	1
Hearing directly from services users/victim-survivors	0

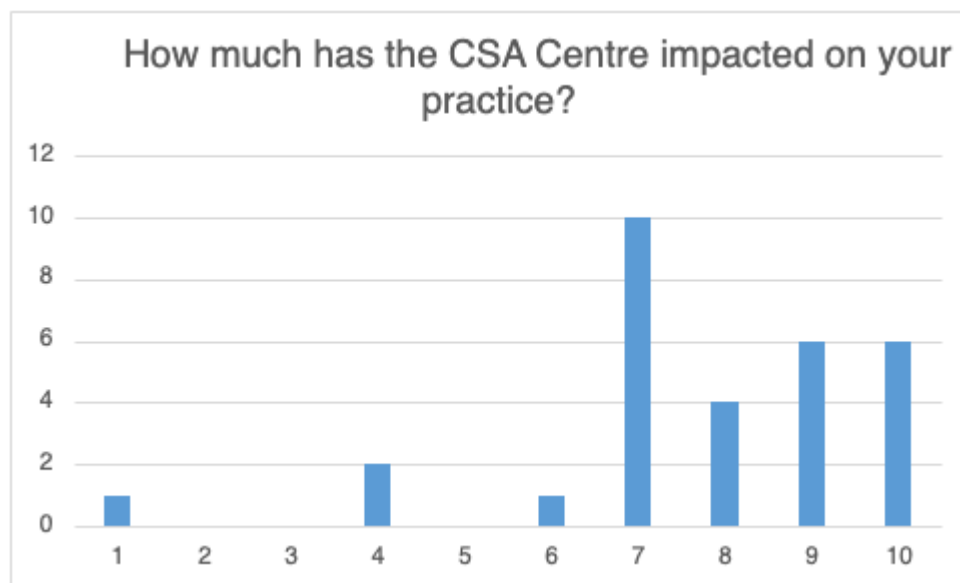
We asked survey respondents how useful they found the CSA Centre in helping them gain knowledge and 22/32 respondents reported the knowledge gained was useful to extremely useful (8 or more out of 10, where 10 is extremely useful).

Table 10: extent to which the CSA Centre has helped to learn and gain knowledge about child sexual abuse and exploitation



We went on to ask if this knowledge has impacted on their practice, and 26/30 respondents said the CSA Centre had moderately to significantly impacted their practice (7 or more out of 10, where 10 is significant impact).

Table 11: The extent to which the CSA Centre had impacted on practice



The 44 external survey respondents reported on the extent to which the CSA Centre impacted on their knowledge, including:

- accessible resources to gain new knowledge;
- accessible research evidence;
- supporting information to develop local policies;
- resources to share as part of local continuous professional development;
- transferable practical tools and response plans;
- direct support from the CSA centre in local working groups.

They went on to evidence that this can lead to a change in practice including:

- how they talk to service users;
- using the Signs and Indicators Tool;
- consideration of the wider family and sibling's needs after sexual abuse;
- no longer closing down hypothesis of sexual abuse based on a criminal justice decision;
- increased confidence in a GP team;
- using the Signs and Indicators Template to support escalations to multi-agency partners where responses to CSA have not been proportionate, safe or child-centred.

(See Appendix 7 for full survey findings)

Case study three: Implementing the Child Sexual Abuse response pathway in Lincolnshire.

Background:

The CSA Centre's Child Sexual Abuse Response Pathway³⁷ (herein Response Pathway) is an interactive online resource designed for professionals working with children to help them understand the steps they can take to protect and support young people and their families. It was developed to address the lack of identification of and response to child sexual abuse by professionals working with children and to help them to have a clear understanding of the specific actions and steps they can take when they are concerned a child may be or has been sexually abused. The Response Pathway combines research evidence with input from practice leaders and in-depth consultation with victims and survivors. The Response Pathway links to many other of the CSA Centre's resources.

Three areas worked with the CSA Centre on the introduction and rollout of the CSA Response Pathway: Barking & Dagenham, Lincolnshire and Bristol. Through the pilot, feedback was gathered about what helps and hinders implementation of the Response Pathway in an organisation and this helped to inform the Response Pathway itself and the associated guidance as the response pathway was developed. The participating local authorities were selected in summer 2021 after they submitted expressions of interest and have worked with the CSA Centre throughout. The Response Pathway was published in November 2022 and a guide summarising the learning for local partnerships in December 2023³⁸. The Response Pathway is work in progress, with enhancements being added as additional evidence emerges and feedback collected. It is freely available through the website and publicised in many of the CSA Centre's communications activities including lunchtime seminars.

We held a focus group with two people in Lincolnshire (the Business Manager of the Safeguarding Children's Partnership and a manager in Lincolnshire Children's Services with responsibility for child protection), one of the areas piloting the Response Pathway and their feedback is reflected below. The opportunity to participate in the pilot was warmly welcomed by Lincolnshire who felt that it would assist in their practice improvement planning that had arisen from their LSCP Audit activity and national recommendations and learning from SCRG, IICSA and Everyone's Invited. Lincolnshire were particularly keen to increase practitioners' confidence in talking to children and families about child sexual abuse, improve multi-agency training so that partners could work effectively together and improve the quality of support given to children and parents overall.

Aims and objectives:

The aim of the pilots was clearly set out in a theory of change facilitated by the CSA Centre, developed at multi-agency sessions with stakeholders across the partnership in each of the

³⁷ <https://www.csacentre.org.uk/child-sexual-abuse-response-pathway/>

³⁸ <https://www.csacentre.org.uk/app/uploads/2023/12/Starting-out-on-the-Child-Sexual-Abuse-Response-Pathway.pdf>

areas; this helped to secure buy-in, articulate the objectives which were slightly different in each area and to describe the context for the project. The overall objective identified in Lincolnshire is to apply the Response Pathway so that all children and young people who are or have been sexually abused get the support and protection that places their needs at the centre. The five subsidiary aims are:

- To improve the response to families of children who are sexually abused
- To improve the way professionals identify child sexual abuse
- To improve the way in which children who may be or are being sexually abused are supported and protected by professionals
- To build on and improve existing multi-agency working
- To embed the voices of victims and survivors in informing the service response.

Outcomes:

The work was carried out in a highly collaborative and participatory way which was recognised as being mutually beneficial since the pilot helped to refine the Response Pathway as well as drawing out the strengths of the partnership.

Some of the key outcomes identified for Lincolnshire by those leading the project since publication of the Response Pathway were:

- incorporation of the Response Pathway into local procedures on their intranet;
- the introduction of the Response Pathway has been supported by the development of an e-learning course and is now being used routinely across the Partnership;
- over 1000 practitioners in Children's Services including all the social work teams, VCS organisations, DSLs and youth justice services have been given presentations by the project leaders about how to use the Response Pathway with case examples being used to show how the Response Pathway can be used (more such presentations are planned);
- an improvement in the quality of referrals;
- the use of a shared language;
- a better quality of correspondence between schools and social workers;
- greater uptake of individual elements of the pathway including, for example, the signs and indicators tool;
- recognition that the collaboration between the three areas during the pilot has helped to share the learning and pool innovative ideas on implementation, and
- the Response Pathway has been widely welcomed by a range of agencies including Early Help.

Although it is difficult to quantify the extent to which a resource such as the Response Pathway is impacting on practice, there has been a significant increase in the number of children on child protection plans with child sexual abuse as the lead category. This is attributed by those leading the project, at least in part, to the work that has been done through the pilot. Lincolnshire have undertaken surveys which suggest professionals have

increased confidence following the training. This has resulted in more confident identification and naming of child sexual abuse as the lead category of abuse in multi-agency child protection conferences. Lincolnshire have also identified a reduction in repeat victimisation and an apparent reduction in the time that children are taking to disclose abuse. To illustrate this, one of the project leaders told us:

‘Social workers will say, actually, I’ve gone off and I’ve had a look and I planned my direct work with the children differently because I was able to use some of the resources in the pathway...In this case, Mum’s been really protective. The family don’t need a social worker but Mum needs some support in terms of safety planning and thinking about support to her children. There’s been a lot of feedback about the resources being useful from our Early Help team.’ [Senior Manager, Children’s Services]

In individual cases, the child protection chair’s manager believes that the Response Pathway and associated resources have led to greater confidence in using child sexual abuse as the lead category for the child protection plan. Previously, where allegations of child sexual abuse were under investigation or had not been proven, professionals would often settle on the category of neglect, focusing on lack of protection as opposed to naming sexual abuse.

The pilot has been highly successful in meeting its aims of improving the identification and response to child sexual abuse. The aim is to give practitioners a series of tools that encapsulate all that they need to know in responding to child sexual abuse. As Ian Dean, Director of CSA Centre said at the London launch of the Response Pathway, *‘It doesn’t just tell them what to do, it tells them how to do it.’*

5.3 Improved organisational and strategic planning (key outcome 3)

Key lines of enquiry:

- To what extent is there evidence that the CSA Centre are contributing to system-wide improvements in the identification and response to child sexual abuse, and how might this be strengthened?
- How does this vary between local and national levels, and across different sectors and agencies?

The CSA Centre has become increasingly well-recognised for its expertise in all matters concerning child sexual abuse and this was reflected in discussions, interviews and at a meeting observed with senior stakeholders, including the Home Office. It was described by one senior stakeholder as a *‘credible place of advice’* that has earned its unique selling point as the national centre of expertise in the field. Advice is sought regularly from the CSA Centre, including on an informal basis, by colleagues across government and at local authority level. The CSA Centre report that they seek to present themselves as a trusted friend providing evidence-based advice and guidance, so enabling open and honest conversations with policy

leads across government agencies. They are not a campaigning organisation but seek to come alongside others bringing evidence-based information, data and research.

The CSA Centre contributes to policy discussions at a national level (for example, on issues such as the introduction of mandatory reporting of child sexual abuse and the implementation of the IICSA recommendations) and much of this activity is recorded in the quarterly monitoring returns. Several interviewees have attended meetings where the CSA Centre are represented and commented that they are effective at raising awareness of issues such as the scale and nature of CSA and show a detailed grasp of the issues under discussion. See Appendix 5 – Enabling and Influencing.

Key evidence for this area:

The centrality of the CSA Centre in the area of child sexual abuse is reflected in the number of committees and working groups that it is represented on and the role it plays on those committees. These are recorded in the quarterly monitoring report which show a snapshot of the meetings attended.

One example given in interview was a national working group looking at indirect victims of online child sexual abuse to which we were told the CSA Centre representative has made a significant contribution. Another interviewee explained how CSA Centre representatives at national meetings were able to ‘go against the grain of the wider conversation’ and to challenge in a way that would be difficult for other attendees. There was a consensus that CSA Centre representation on national groups has a positive impact on the outcome, providing an opportunity to share policy ideas and helping to arrive at a consensus. That much of this work takes place behind the scenes makes it no less important – the CSA Centre are able to use their close working relationship with central government to contribute to decision-making at a national level, providing civil servants with much-needed evidence to inform discussions.

As a centre of expertise, based on several of our interviews, the CSA Centre are now established as the main source of evidence-based best practice advice. It was described as the ‘go to’ place for advice on child sexual abuse in central government; one interviewee told us how they connect the CSA Centre with local policy and practice leads. Its advice is sought from all agencies including health, social care, justice and the voluntary and community sector. They are also seen as having a major influencing role; one government interviewee reflected that the way in which they work is to influence via key meetings in a collaborative and constructive way. During this evaluation period the CSA Centre has advised many professional bodies including the RCPCH, Chief Social Worker and the Office of National Statistics, as well as international contacts in the International Society for the Prevention of Child Abuse & Neglect (ISPCAN) and the Australian Police. The CSA Centre are currently working alongside one of the Department for Education Families First for children (FFC)

pathfinder programme and family networks pilot (FNP)³⁹ in Warwickshire, providing advice and resources for local leaders in children's social care and the safeguarding partnership.

The CSA Centre has been active in influencing government policy across child sexual abuse and related criminal justice systems including advising on Independent Sexual Violence Advisers (ISVA) guidance, the (now) Victims and Prisoners Act, the Wales cross-party CSA action plan, national Violence Against Women and Girls (VAWG) response, the National Panel Review (child sexual abuse within the family environment) and IICSA response. This year has also seen a shift in focus to influence and advise the family courts, local county level policies and inspectorates such as HMICFRS, Ofsted, HMIP. The CSA Centre Policy and Communications team support the development of clear recommendations and presentation of data that are easily understood and will impact on practice.

We observed that the CSA Centre's work is regularly referenced in government publications. Several examples of this were included in a paper on impact to the Home Office⁴⁰, eg:

- The Department for Education's *Working Together to Safeguard Children 2023* referencing four CSA Centre publications;
- The Government's *Response to the final report of the Independent Inquiry into Child Sexual Abuse* (2023) highlighting ten separate CSA Centre publications and initiatives.

Following the success of the Practice Leads Programme (PLP), working with social workers across five regions to influence practice change at a whole system level, the PLP has been rolled out to the Voluntary and Community Sector (VCS) (see Case study five below). This programme helps organisations to improve their organisational practice and strategic planning in relation to child sexual abuse. Several interviewees described how, with the CSA Centre's support through training, consultancy and some of the programmes such as the Practice Leads Programme, they have improved their organisational policies and procedures on issues such as safeguarding and supporting volunteers, created local professional networks and raised awareness of CSA Centre resources.

To expand the spread of knowledge and practice improvement, the CSA Centre supports other organisations to develop best practice training and resources and to raise up champions in local regions. For example, in the evaluation period to date, they have supported the National Police Chiefs Council to include advice on the value of medical examinations in their updated ABE guidance, advised the College of Policing on course content for their VAWG training and supported the Welsh Designated Safeguarding Leads network (see Case study four). In addition, the CSA Centre are supporting the next generation of researchers in the field through its annual national PhD workshop at the London Metropolitan University. Participants in the VCS Practice Leads Programme described how they were improving their organisation's training materials following participation in the programme.

³⁹See <https://www.gov.uk/government/publications/families-first-for-children-ffc-pathfinder-programme/families-first-for-children-ffc-pathfinder-programme-and-family-networks-pilot-fnp>

⁴⁰ This data was provided in an internal impact paper produced for the Home Office (not for publication).

One of the questions we were seeking to answer is the extent to which the CSA Centre contributes to system-wide improvements in the identification and response to child sexual abuse. One interviewee with a voluntary sector background explained how they have been able to work more closely with colleagues in other agencies and to take more of a multi-agency approach because of their increased confidence in dealing with child sexual abuse. She said that other agencies now ask them to take a lead role in discussions with families on child sexual abuse because they are seen as having the expertise needed. Another interviewee told us how they are working with the PIA at the CSA Centre who leads on police matters to adapt the signs and indicators tool for the police force; it is hoped that this will help to improve practice across the police forces concerned.

We identified some concerns that, despite many senior leaders reading the CSA Centre's resources, there was limited evidence of the data in the resources being used to influence joint collaborative strategic planning and /or commissioning of child sexual abuse support services. Support Matters identified significant gaps in commissioning of support services. However, it did not refer to the only multi-agency support service for children and families after sexual abuse that meets the international UK Child House guidance published by the Home Office in September 2021⁴¹. We heard that the CSA Centre seek to make this evidence base available to other campaigning organisations and policy leads to shed light on these significant gaps in provision and best practice. A senior leader in CSA Centre said:

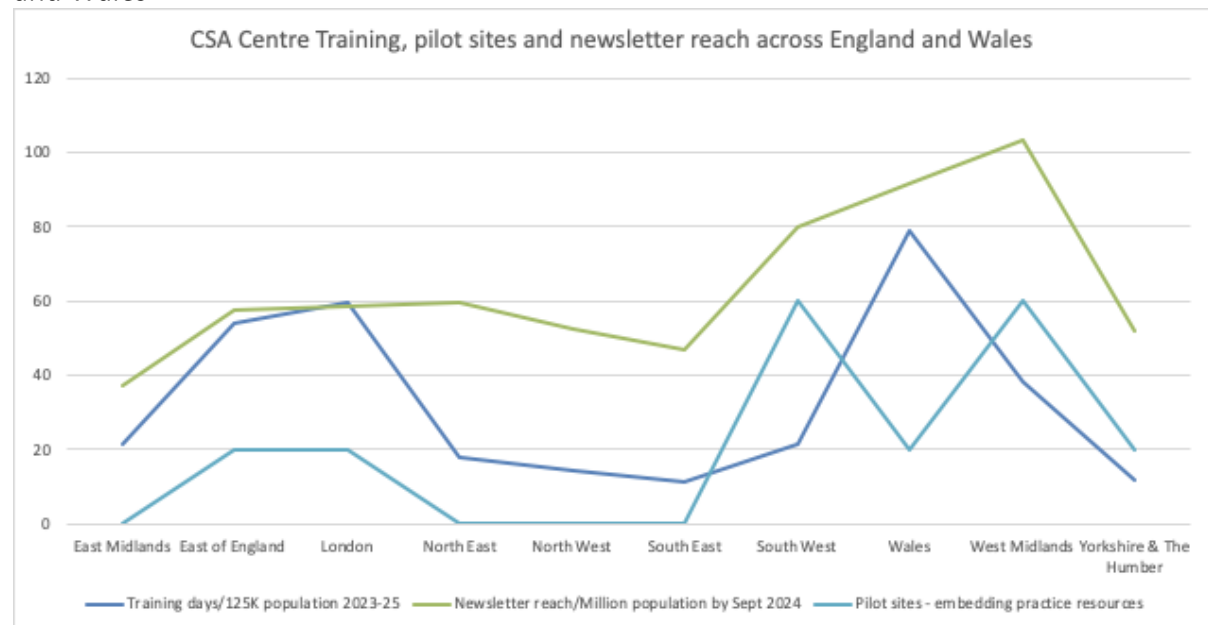
'Support Matters, for example, has a very clear and very strong message about insufficient provision of services for victims and survivors of sexual abuse and that actually the current position isn't good enough.'

The CSA Centre have started to target commissioners through resources published in the last year including Support Matters with an associated briefing for commissioners, the Data Insights Hub and the Service Directory which may help to improve their impact on commissioning, with a further report on commissioning expected in January 2025. Continued work by the CSA Centre to influence the national child sexual abuse strategy, national and local policy, funding decisions and awareness amongst commissioners, is in our view most likely to affect the level of commissioning of recovery services for children and adults after child sexual abuse.

We reviewed the level of uptake of CSA Centre training, support and newsletters in each region in England and Wales and identified a wide variance (see Table 12 below). The East of England, London, Wales and West Midlands having the highest levels of engagement with the CSA Centre. The Northwest, Northeast, Southeast and Yorkshire and Humber had the lowest levels of engagement with CSA Centre training. The West Midlands has the highest newsletter reach.

⁴¹ Child House: local partnerships guidance, Home Office, September 2021, see https://assets.publishing.service.gov.uk/media/612e0586e90e070540bae259/Child_House_Local_Partnerships_Guidance_-_September_2021.pdf

Table 12: CSA Centre Training, pilot sites and newsletter reach in each region across England and Wales



We recognise that the capacity of the organisation is an important determinant of its ability to deliver on its overall aim. Funding of the CSA Centre was reduced by almost 50% prior to this evaluation period, which impacted on senior staffing and their ability to deliver in-person events. Since then, there has been an active diversification of funding sources from government, grant funds and training income generation to minimise dependency on a single funding source. There is a stable workforce with 81% people in post for more than 18 months. The staff survey (see below) identified the impact of the limited funding and capacity on the ability of the CSA Centre to make strategic plans and put the teams under pressure.

One of our primary sources of evidence was a staff survey which was intended to evaluate the extent to which staff consider that the CSA Centre has achieved its aims, with responses from 14 team members and two senior staff. The staff were confident that the CSA Centre has raised the profile of child sexual abuse (with 81% of responses a 'great extent') and improved the understanding of scale and nature amongst practitioners (with 87% of responses a 'great extent'). Two thirds of respondents felt that the CSA Centre has identified the gaps in sector knowledge and half of respondents felt they had consulted stakeholders to understand their needs. For full details of the Staff Survey results, see Appendix 8.

The staff team described successes including: effective training events for practice resources, being commissioned to undertake the National Review Panel of Intra-familial CSA as lead reviewers, their high-quality research and resources (especially Signs and Indicators, Support Matters, Child sexual abuse response pathway) and being able to embed the Child sexual

abuse response pathway in the London Safeguarding Children Procedures. They valued the multitude of opportunities they now have to work with practitioners through partnership/ advisory activity, conferences, training requests, webinar sessions and consultation requests.

In the context of the IICSA recommendations being published during this evaluation period, a significant success highlighted was persuading the government to focus more on all types of child sexual abuse (including intrafamilial), not just child sexual exploitation, evidenced by the Home Office child sexual abuse strategy. A staff member said, *'Given the small numbers making up the CSA Centre, the work that has been achieved is nothing less than extraordinary. Its strength and what it does best is its combination of research, practice and policy which makes it real, gritty and powerful'*.

Factors that were identified that hindered the impact of the CSA Centre included: the limited year-by-year funding impacting on long-term strategic projects, and the competing priorities for the government (cost of living, poverty, Covid-19, racial tensions) resulting in increasing challenges:

A staff member said 'getting people [in government] to confront the commonality of child sexual abuse and actively advocate for measures to tackle it'.

Others noted the limited direct work with victims/survivors, parents/families/carers and those who have offended. Operationally the team were keen for more opportunities to be involved in networking and influencing at a strategic level, more streamlined internal systems and awareness that limited capacity can make the team feeling stretched. The staff team felt future priorities for the CSA Centre include: prevention (although they acknowledged that other organisations are active in this area), awareness raising of the CSA Centre, training for all social workers and early career teachers, listening to the voice of adult survivors of CSA and actively promoting their consultation offer.

'What makes the CSA Centre as exceptional as it is? Exceptional leadership and management, clear vision and goals, inclusivity, flexibility that allows staff to play to their personal strength, individual accountability of staff and trust that everyone is doing their best, culture of respect and support.' [Staff survey response.]

Recommendation 4: In line with one of the key outcomes in their Theory of Change, and building on their work with NPCC and RCPCH, the CSA Centre should work with organisations responsible for curriculum development to support professional bodies and higher education institutions to include learning about child sexual abuse in all pre- and post-graduate professional career qualifications for education, social work, health, and any regulated activity with children and young people.

Recommendation 5: The CSA Centre should consolidate its valuable role as a strong 'advisory partner' and source of evidence for any organisation or coalition of organisations that are leading relevant national campaigns such as the prevention of harmful sexual behaviour, national roll-out of models of co-located multi-agency services, family court practice in

relation to child sexual abuse, technology assisted child sexual abuse and the changes to be made to RSHE guidance.

Case study four: Welsh national action plan for child sexual abuse

Background:

The Welsh Government published a National Action Plan on Preventing and Responding to Child Sexual Abuse in 2019⁴² with input from the CSA Centre and are currently in the process of developing the second National Child Sexual Abuse (CSA) Delivery Plan, expected in 2025. The CSA Centre has contributed extensively to the development of this delivery plan and is a key member of the core child sexual abuse planning group established to support Welsh Government to develop the national delivery plan. The CSA Centre facilitated the development of a theory of change to underpin the National CSA Delivery Plan, has provided evidence and offers critical challenge and review to the four strands of the developing delivery plan. Before and during this period of evaluation, the CSA Centre also ran multi-agency Practice Leads Programmes in Conwy, Cardiff and, most recently, for social workers in Neath and Port Talbot attended by practitioners from different agencies in Wales, which has led to strong connections and the establishment of ongoing forums in Conwy and Neath and Port Talbot after the programme ended.

Aims and objectives:

The CSA Centre recognised that Wales required specific support because of the devolved nature of key areas of government such as health, social care and education, and therefore created the role of a Wales Practice Improvement Advisor (PIA) when the CSA Centre was first established. This practice improvement role was critical in the development and implementation of the first National CSA Action Plan and is currently supporting the Welsh Government on the development, monitoring and evaluation of the new National CSA Delivery Plan for 2025. The CSA Centre has worked with the Welsh Government to draw up a comprehensive theory of change setting out the strategic aims and will continue to offer support and advice as a critical friend through the consultation period, before the action plan is published in 2025. The CSA Centre are actively supporting each regional safeguarding board on matters relating to child sexual abuse; working with key national programmes of work such as Traumatic Stress Wales and the National Sexual Assault Service Programme; raising awareness of training and practice resources; supporting the development of ongoing forums and projects following the Practice Leads Programmes.

‘My role as practice improvement advisor in Wales is to make sure that Wales is represented in the work of the CSA Centre and to ensure that the work of the CSA Centre are widely disseminated across Wales.’ [PIA for Wales]

Outcomes

⁴² National Action Plan: Preventing and Responding to Child Sexual Abuse

The CSA Centre has supported the establishment of the Child Sexual Abuse Core Planning Group, led by the Welsh Government. The PIA said: *'I've deliberately not made it something that I drive; I don't do it from a position of leadership, rather my role is to support the organisations providing services to lead this work'*. This core group of professionals includes representatives from government, national provider organisations and the local authority; and is chaired by the Head of Safeguarding and Advocacy at Welsh Government. Experts from across the CSA Centre worked with this core group and facilitated Theory of Change workshops attended by nearly 50 key stakeholders from across Wales and are now writing the draft delivery plan with four key strands:

- to prevent child sexual abuse in Wales,
- to protect children and young people,
- to ensure their needs are met in line with the Trauma-Informed Wales Framework
- to ensure adults who have experienced child sexual abuse and young people who engage in harmful sexual behaviour are supported.

In 2022, the CSA Centre presented national and regional child sexual abuse data to the six regional safeguarding boards, asking specific questions to help them consider their response to child sexual abuse. The regional safeguarding boards have continued to review localised data quarterly, along with a focused discussion on local priorities. The PIA has developed a strong working relationship with each regional safeguarding board business manager and responds to local requests for data and contributes to development work, such as the Neath and Port Talbot data collection tool and HSB pathway. This support and discussions are used to influence the Welsh Child Sexual Abuse Strategy and to prioritise child sexual abuse within government. We heard that the fourth strand of the delivery plan has been influenced by the CSA Centre to ensure that the action plan meets the needs of all people affected by child sexual abuse and is in line with findings from IICSA and HSB research.

The CSA Centre have contributed extensively by facilitating the development of a theory of change, which will be used to create the outcomes framework for the monitoring and evaluation plan. *'We will have a really comprehensive outcome focused delivery plan for child sexual abuse in Wales... and alongside that there will be a monitoring and evaluation strategy.'* [PIA for Wales]

A member of the Welsh National Independent Safeguarding Board described how the CSA Centre resources have been used extensively in Wales, especially in Neath and Port Talbot, Conway and Newport, but that the knowledge has not spread across all Wales. CSA Centre tools such as the Signs & Indicators template are now widely used and the practice leads continue to value ongoing advice and support with complex cases from the PIA and research team at the CSA Centre. Conway was commended for establishing a multiagency forum that continues to meet quarterly since the end of the PLP, as well as consultation meetings. We also heard that the Neath and Port Talbot PLP has led to extensive changes including a new child sexual abuse data set, joint work with Barnardo's and the development of the HSB pathway.

There is currently no training strategy for child sexual abuse in Wales, and limited funding to access CSA centre training; however, the CSA Centre promotes access to their wide range of resources and free webinars. With the high level of staff turnover in some city areas, there was acknowledgement of the difficulties keeping all practitioners up to date in CSA Centre training. In the Wales focus group, there was a call for further training for newly qualified social workers and magistrates as part of their core training.

The CSA Centre provide targeted support to Wales through the PIA role, as well as access to wider CSA Centre teams. We heard that the PIA role is well established within the professional and policy networks in Wales and is highly valued and credible. The CSA Centre anticipate remaining involved in the national strategy, delivery plan and onward monitoring and evaluation.

5.4 Better understanding of the gaps and barriers (key outcome 4)

Key lines of enquiry:

- To what extent does the CSA Centre raise awareness of challenges faced in multi-agency settings?
- How well does the CSA Centre increase knowledge and understanding to address these challenges?
- In what ways might the CSA Centre strengthen its work in this area?

Child sexual abuse is a rapidly-changing area, frequently in the public eye, with the focus and priorities constantly shifting between different aspects and priorities such as child sexual abuse, child sexual exploitation and child criminal exploitation. Current challenges, such as those posed by austerity, the inevitable changes resulting from a change of administration and the planned introduction of mandatory reporting of child sexual abuse, were evident from our discussions with stakeholders. The CSA Centre has done much to increase knowledge and understanding to address emerging challenges such as those posed by Technology Assisted Child Sexual Abuse (TACSA), harmful sexual behaviour, female sexual abuse and the issue of sibling abuse that have risen up the agenda. The role of disruption and research evidence on those who cause harm has also risen up the agenda since the CSA Centre was established and is reflected in the resources on their website.

Key evidence for this area:

The CSA Centre are committed to identifying and responding to gaps and barriers in knowledge and training. Several of their programmes have been established to fill the gaps identified. For example, the work they are doing with the voluntary and community sector, including the VCS Practice Leads Programme, was set up because staff at the CSA Centre realised that those working in the VCS were delivering many of the services for those affected by child sexual abuse but frequently with little training. Several of their recent resources (for

example, on online harm, safety planning in education and sibling sexual abuse) have also been written to fill gaps and raise awareness of the challenges faced.

The CSA Centre was commissioned by the Child Safeguarding Practice Review Panel, following a competitive procurement process, to be the lead reviewers on a national review into child sexual abuse within the family environment. The national review was set up following concerns about several safeguarding cases which involved child sexual abuse. Work on this review started in November 2023 and completed in November 2024⁴³. This is a significant piece of work involving extensive stakeholder engagement and is informed by interviews with those who have experienced harm as well as interviews with those who have caused harm. The recommendations of this review are intended, inter alia, to raise awareness of the challenges faced in multi-agency settings, to lead to systemic changes in policy and practice and to improve outcomes for children and families affected by child sexual abuse. A focus group with two of those involved in the work of the National Panel described how the CSA Centre have approached this highly complex work very effectively, including issues such as obtaining ethics approval and producing high quality recommendations informed by the evidence:

'...It's a centre of expertise. But I mean it really does live up to that name. They really, really do know what they're talking about with this subject. You feel like you're working with people who are completely versed in this area of and really understand it...It's been a really good standard of kind of handling research methodologies and that thinking about that sort of thing and the ethics approval processes and stuff were all very well thought through and handled as well.' [Government representative]

The Embedding Practice Programme is working with agencies in five local areas (Kingston and Richmond, West Yorkshire, Devon, Plymouth and Stoke) to embed practice resources across safeguarding partnerships in different agencies including police, voluntary sector and agencies. The aim is to support change to practice using some of the CSA Centre's resources. This practical support from the PIAs working alongside agencies has enabled the resources to come to life in each area and should see guidance translated into practice improvement. The programme is also providing support to these local areas to build in impact evaluation from the outset, as they work with the CSA Centre to launch resources and training that bring changes in their local system. These evaluations will inform commissioners of the impact and value of local services, providing evidence of value for money which can be used to inform future commissioning and support sustainability.

We were given examples of the CSA Centre responding rapidly to emerging issues, identifying what is needed and being able to address this efficiently, producing a high quality, evidence-informed resource within a few months. There were also several references to the CSA Centre supporting government policy teams to respond quickly to ministers' questions with the evidence base and practice examples. The research team have supported ONS in improving the questions in the Crime Survey for England and Wales on child sexual abuse which has helped to improve the quality of the data. One interviewee said that she hoped the

⁴³ See <https://www.gov.uk/government/organisations/child-safeguarding-practice-review-panel>

CSA Centre would address the issue of women who abuse in more detail (though this is addressed in some of the training material and the Practice Leads programme) since she felt that this is an issue which requires further attention. New resources which have been developed include the resource on African, Asian and Caribbean children who have experienced sexual abuse – this was spoken of by one of the focus groups as being particularly welcome as it is an area in which evidence and practice guidance are lacking. However, the need for practice resources to address the needs of migrant women were identified as an area that would be useful since they were a group who were considered to be particularly marginalised when their children were identified as having experience sexual abuse.

It was also pointed out by another interviewee, and acknowledged by a CSA Centre member of staff, that some of the resources are in need of updating. We noted that these do not include, for example, recent initiatives such as Operation Soteria, Bluestar and the implications of the Victims and Prisoners Act 2024, though the CSA Centre are currently working on a resource on the new legislation to be published in December 2024.

Other interviewees commented on the need for more resources to be produced on the prevention of child sexual abuse, including prevention aimed at those who cause harm since much current evidence is focused on victims and survivors. One interviewee suggested that more information aimed at specific professional groups such as GPs would be helpful to give them a broader understanding of child sexual abuse. More than one interviewee hoped that the CSA Centre would continue to remind practitioners that familial sexual abuse remains a significant problem whilst child sexual exploitation and child criminal exploitation have risen up the political agenda (some felt, to the detriment of support for those affected by child sexual abuse). The needs of migrant women in relation to child sexual abuse was also identified as an area where more information and support were needed; there was also a call for more of a focus on child-friendly justice, both interviewing of children and the investigations. The CSA Centre will be publishing further guidance early next year to support commissioners as part of a broader programme funded by the Ministry of Justice which included the online data hub, Support Matters and the online directory of services. This may address the need identified for more information to be provided on commissioning child-friendly justice.

Recommendation 6: The CSA Centre should consider the need for additional resources (particularly practice guidance) and support in the following areas which were highlighted in this evaluation when developing their future strategy: prevention of child sexual abuse, sexual abuse perpetrated by females, migrant women whose children have experienced sexual abuse, family courts, therapy and support services, and child-friendly justice. Additionally, existing resources including research should be updated as capacity to do so becomes available to reflect more recent evidence and developments in the field of child sexual abuse.

One [briefing for commissioners](#) and two follow-up overviews were developed after Support Matters for [Children and Parent's](#) and [Adult Services](#); these seek to provide for the first time

a simple gap analysis for Police and Crime Commissioners facing the difficult task of being responsible for commissioning support services for a range of crime types. Themes that emerged from interviews include an important role for the CSA Centre in enabling national and local discussions around cross-agency responses to the IICSA recommendations, enabling impact evaluations of local services to identify best practice/value for money and promoting the benefits of collaborative commissioning.

We identified a missed opportunity in relation to Support Matters, which described the data around the availability of existing support services but did not outline best practice for commissioners or the importance of the Duty to Collaborate across agencies and service providers. However, separate briefings have been produced for policymakers, funders and commissioners. This will be key in the next couple of years as the new Victims and Prisoners Act, which received Royal Assent on 24th May 2024, introduces a statutory duty on PCCs, local authorities and health bodies to collaborate when commissioning support services for victims of sexual violence and service providers to work together to deliver multi-professional services. The commissioning guidance referred to above may help to address this need.

The ability of the CSA Centre to speak out on challenging issues was recognised and their increased media presence was welcomed by some interviewees – the launch of Support Matters, for example, was covered on the BBC News. Their presence on social media was also felt to have increased their visibility in recent years and to have enhanced their reputation. However, some interviewees felt that the CSA Centre was in a difficult position given that it is funded by central government, making it difficult to voice criticism which might be construed as political even if this is merited. This causes some frustration for staff who may be asked to support particular campaigns but joining any such campaign would put them in a difficult position. One interviewee in particular who had worked with the CSA Centre on a particular piece of guidance felt that there was a reluctance to challenge government policy and that this led to their resources being ‘toned down’, somewhat simplistic and insufficiently critical. Several interviewees commented on their view that the CSA Centre could be more vocal, outward-facing and have a higher media presence (‘like the NSPCC’), and use their influence and resources to campaign for more resources to be available for those affected by CSA; for example:

‘I think I would have liked to see them taking more of a lead in taking that further and maybe lobbying isn’t the right word, but just pushing for change at a national level based upon the findings of what they’ve presented.’ [Academic in focus group.]

‘Now is the time to be outward facing - using the reports and data they have they could really get their name out in the public. e.g. storylines in mainstream media.’ [Wales focus group]

The work that the CSA Centre does is informed by the voice of (adult) experts by experience and this was clear from interviews and from observation of events. The roadshows, for example, included the voice of an adult with lived experience of child sexual abuse as a keynote speaker. The work that the CSA Centre are doing on behalf of the National Child Safeguarding Practice Review Panel inquiry into child sexual abuse within the family

environment has involved engagement with a number of people including those who cause harm. Their panel of experts by experience are also integral to the quality assurance process, ensuring that the CSA Centre's resources reflect the perspective of those with lived experience. They do not currently work with children and young people who are affected by child sexual abuse or their parent/caregivers. Whilst adults with lived experience can contribute much to inform policy and practice on child sexual abuse, there is a role that young people and parent/caregivers who are the main beneficiaries of the work of the CSA Centre could play in ensuring that their current lived experience is reflected in its work.

Recommendation 7: We recommend that consideration is given by the CSA Centre subject to resources being available to engaging in participation with children and young people up to the age of 25 years old who have lived experience of child sexual abuse to ensure that their voice is heard and reflected in the CSA Centre's resources (both those who have experienced harm and young people who cause harm) in line with Article 12 of the UN Convention on the Rights of the Child. They should also identify further opportunities to work with non-abusing parent/caregivers. Whilst specialist input and dedicated resources would be required as well as staff with the necessary skills to carry out this work, this could be achieved by working in collaboration with partner organisations with expertise in this field.

We asked for evidence of the CSA Centre enabling system change to move towards more multi-agency ways of working. We heard that the CSA Centre are effectively developing knowledge and skills in all agencies involved in the Child sexual abuse response pathway (social care, police health and VCS); there were several examples described at interview of the CSA Centre supporting local child safeguarding partnerships to take a multi-agency strategic focus on child sexual abuse. However, CSA Centre Experts by experience noted the lack of challenge by the CSA Centre for the development of multi-agency principles such as information sharing across social workers, police and the voluntary sector or the value of one consistent person to support a child after their first disclosure, that we see in the international Barnahus/Child House model as advocated in the Child House Partnerships guidance produced by the Home Office⁴⁴ and in the new Barnahus standard from the International Organisation of Standardisation (ISO) expected in 2025⁴⁵. There was no evidence of the CSA Centre championing the commissioning of co-located multi-agency support services that focus on child-friendly justice and holistic therapeutic and advocacy-based recovery models, in line with international best practice. Whilst they promote partnership work across agencies, the absence of a co-located multi-agency service still requires children to retell what has happened to them, often without the support of one consistent person on their recovery journey.

Recommendation 8: The CSA Centre should extend their focus from the development of resources on the identification of, and early response to child sexual abuse to develop

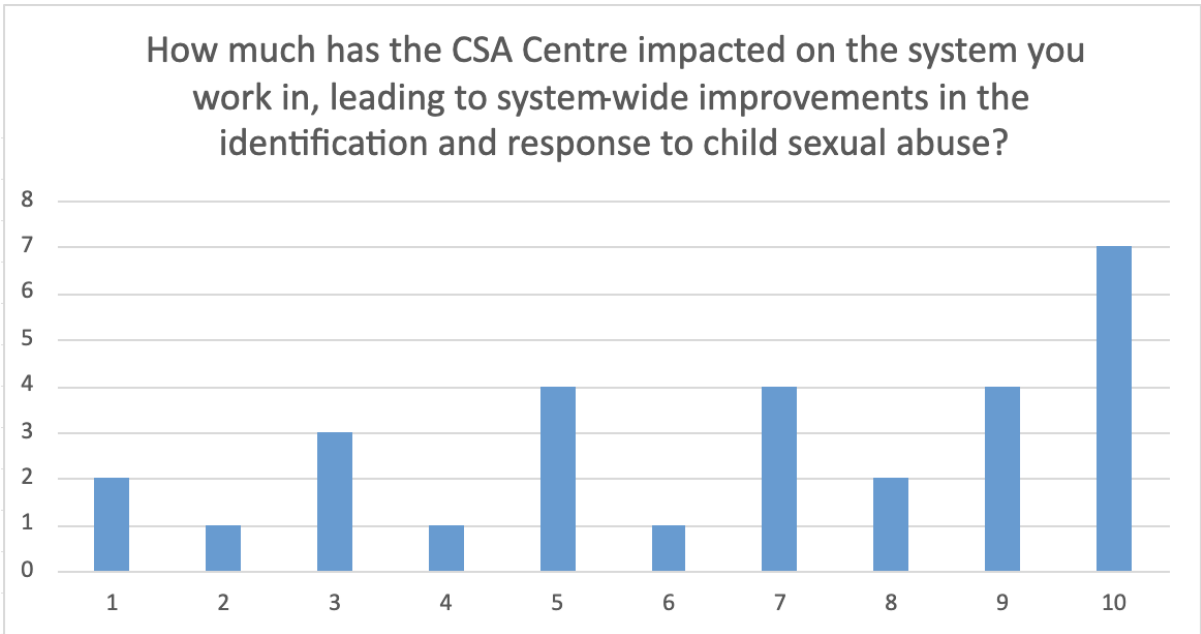
⁴⁴ Child House: Local Partnerships Guidance, Home Office (September 2021), see https://assets.publishing.service.gov.uk/media/612e0586e90e070540bae259/Child_House_Local_Partnerships_Guidance_-_September_2021.pdf

⁴⁵ ISO/IWA 49 Guidelines for Barnahus, a child friendly multidisciplinary and interagency response model for abused children. <https://www.sis.se/en/standards/iso-iwa-49/>

additional evidence-based resources on preventing child sexual abuse and on the long-term emotional recovery of children and young people. They should consider the benefits of promoting best practice international models for co-located multi-agency services that focus on child-friendly justice and holistic recovery models, such as the Child House model, in line with 2021 Home Office guidance and ISO/IWA 49 Guideline for Barnahus, a child friendly multidisciplinary and interagency response model for abused children (expected 2025).

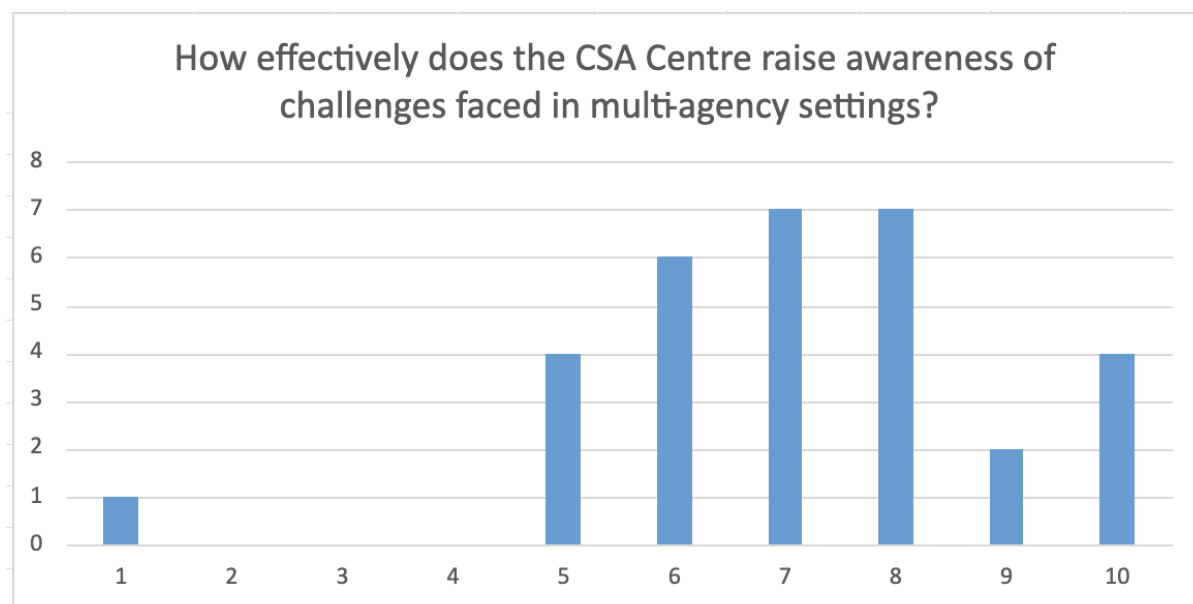
In the external survey, there was a mixed picture when we asked whether the CSA Centre was impacting on system change, with 13 of the 29 respondents scoring 8 or more out of 10, where 10 is significant impact. However, 16 respondents felt there was no or moderate impact on their system.

Table 13: impact of the CSA Centre on the systems worked in



When we explored the impact of the CSA Centre on raising awareness of the challenges faced in multi-agency settings, most respondents (24/31) felt they were moderately effective.

Table 14: effectiveness of the CSA Centre in raising awareness of challenges faced in multiagency settings



However, it may not be widely understood that much of the CSA Centre’s influencing is of necessity conducted away from the public eye. Whilst this may be more effective and helps to build a strong relationship with policymakers (including weekly meetings), which is regarded as essential by both the Home Office and the CSA Centre, it does mean that people are unaware of what impact they are making on policy decisions and areas such as resource allocation. They were also not established to be a campaigning organisation and CSA Centre staff noted *‘there are lots of other routes that we can make our voice heard. It doesn’t have to be through the activist response to a problem’*. However, supporting other organisations who campaign on behalf of those affected by child sexual abuse by providing evidence is key to their role and mentioned by several interviewees. One interviewee suggested that one way of strengthening their contribution would be to enable them to access and analyse secure data which is currently outside their legal remit.

We heard from four sources in government and senior stakeholders that the CSA Centre could do more with greater capacity but that it is already achieving significant change with the small team in post and their current budget. Government departments were very supportive of the investment made in the CSA Centre and felt that since their inception, they had delivered above and beyond the agreed workplan, including identifying new opportunities for influence as part of their wider role to help drive system change. They saw the main challenge as being how to embed this, to ensure that this substantial body of work is seen and used by as many people as possible to strengthen practice and improve confidence. One government representative told us:

‘In terms of that wider systems change piece, there’s certainly more for us to think about and reflect on ... about how we collectively progress those changes....[We invest in] the CSA Centre

to be this sort of engine room, gathering new available evidence, including understanding the needs and experiences of practitioners, working with experts by experience to bring that all together into pithy evidence summaries and practice resources; but in terms of then making sure that that is getting out to everyone, is being embedded within local practice and within policy, consistently feels like the CSA Centre as it is, isn't necessarily resourced or stood up to be able to do that.' [Government focus group]

What was clear from conversations about the role of the CSA Centre and their impact on system change was that 55% of interviewees identified their role as developing resources and research, with 25% seeing a role in influencing policy and only 15% seeing a role in public awareness and prevention. Interviewees from the government and senior stakeholders felt that the CSA Centre could best enable further system change by broadening its media coverage, deliver more training and improve the accessibility and diversity of its materials, with a third noting that funding and capacity would be a limiting factor in their reach. However, few people identified the central role the CSA Centre could play in influencing policy and public awareness, suggesting an assumption that changing frontline practice will lead to whole system change.

Recommendation 9: Building on the work that it is doing on the National Child Safeguarding Practice Review Panel inquiry and the learning emerging from it, the CSA Centre is ideally placed to influence whole system change through raising public awareness, working collaboratively with partner organisations to prevent and improve the identification of and the response to child sexual abuse. This would require a change in its remit which should be considered by the Home Office, and an increase in its resources but could make a real impact on the way in which child sexual abuse is perceived and understood throughout society.

We noted that much of the work of the CSA Centre is around improving the identification of child sexual abuse and the early response to those affected in line with its strategic objectives. There is less of a focus on longer term championing recovery models or the commissioning of co-located multi-agency services in line with international best practice.

It was clear that many interviewees were aware of some aspects of the work of the CSA Centre but not of the whole range of their work. Publishing an impact report and making this available through their newsletter or a separate annual report might help to raise awareness of the breadth of the work that they are doing and of its importance in achieving change for those affected by child sexual abuse.

Recommendation 10: The CSA Centre should do more to share the outcomes and impact of their work with the public and professionals to show the range of their achievements – this could be achieved by publishing an impact report which clearly shows the breadth of their work and the way in which they are making a difference.

There is considerable evidence summarised here which highlights that the CSA Centre has been flexible in addressing gaps and barriers through some highly successful programmes which have been well-received by participants (for example, see case study five below). These are resource-intensive and can only be scaled up with additional investment but it is hoped that these programmes will leave a lasting legacy in the areas in which they are delivered.

Recommendation 11: The CSA Centre should continue its support for local and national agencies to implement its existing resources through extending well-received programmes such as the Practice Leads programme (including the specialist VCS programme), Implementing the child sexual abuse response pathway, the Embedding Practice programme and the PIAs' consultancy work. Scaling up these programmes and the consultancy work as resources become available will help to deliver the strategic aims of the CSA Centre, raise awareness and confidence of practitioners and create champions who can then drive change in their own organisations and networks.

Case study five: VCS Practice Leads Programme

Background:

The VCS Practice Leads Programme is one strand of the Strengthening Services for Victims and Survivors Programme (which includes three other main strands of activity) and builds on previous work carried out with VCS organisations. It is separate from the main Practice Leads Programme which supports those working in statutory services, and was set up in recognition of the needs of practitioners dealing with child sexual abuse in the voluntary sector and the significant contribution the sector makes in supporting those affected by child sexual abuse. It is intended to fill a gap identified in the CSA Centre's research with services supporting victims and survivors of child sexual abuse which found that 'specialist services within the voluntary sector need to be able to operate within a nurturing environment, where training and resources to support their work are readily available, and where they are valued for the unique and highly skilled work they do'⁴⁶. We were told that the aim is to 'create a bit of an army' amongst the voluntary sector who were recognised in Support Matters as making such an important contribution to supporting victims/survivors of child sexual abuse. The pilot is running from April 2024 to February 2025 and was therefore not complete at the time our report was drafted.

The intention is to allow sufficient flexibility in the programme to enable those running the programme to be responsive to the needs identified by participants:

'One of the things that has been really important for me is to be able to respond to what people are telling us they need, rather than assuming we have all of the answers.' [PIA for the voluntary sector]

⁴⁶ Taken from the CSA Practice Leads Programme for not-for-profit organisations, October 2023.

The project is working with a range of organisations selected following a rigorous selection process intended to ensure that there would be strong commitment to the programme from both the actual participants and their line managers, a range of different types of organisations covered by the pilot and diversity in terms of geography and demographic coverage. Some of those included in the pilot specialise in CSA, others cover a broader range of issues and age groups. Governance of the project is overseen by a CSA Centre member of staff.

Aims and objectives:

The Child Sexual Abuse Practice Leads Programme for specialist services aims to support 'lead' practitioners across the voluntary sector to further develop and deepen their understanding, skills and confidence across all aspects of child sexual abuse. In addition to providing high quality training to improve individual participants' practice, the programme encourages participants to share their learning within their organisations. There are three main aims:

- To increase the knowledge, skills and confidence of individual practitioners to support them to lead practice in the area of sexual abuse within their organisations;
- To build a network of Practice Leads who can collaborate across organisations to share practice and resources nationally;
- To contribute to systemic and sustainable developments in practice which can be shared nationally in the best interests of children and adults who have experienced child sexual abuse.

The 12-session programme is being delivered over 11 months (both online and in person).

Outcomes:

Our interviews and a focus group with four participants in the programme found strong support from those who are participating and evidence that this is leading to improvements in their knowledge and skills, confidence and practice. Their motivation in applying for the programme was to learn more about how to deal with clients who had experienced CSA and to collaborate with other VCS organisations in this field.

The practitioners we spoke to felt that the objectives of the programme had been met: even those who were already experienced in this area felt that their confidence had improved. In addition, they also felt that one of the major advantages had been the ability to meet others working in the same field and to learn from them; for example:

'I think that the one thing that's really nice is...the passion that's in the room and people's motivation to be there and the safety..., as it seems like a very safe environment to actually have some of the conversations that you might not be able to with others....I think that those conversations can happen which, in other places, I don't think they would because people would be too concerned to have them.' [Voluntary sector practitioner]

Participants in the programme have formed a WhatsApp group, using this to share resources between the monthly sessions and to seek advice from colleagues on a range of issues. They all appreciated the fact that the programme was directed specifically at the voluntary and community sector. There was evidence that participants were disseminating the learning within their own organisations and to volunteers through training; some were planning to incorporate the CSA Centre's materials, such as the Signs and Indicators template and the practice guide for those working with families affected by CSA, into their own organisations' processes and to encourage organisations that they work with (schools, for example) to do the same. This was described as *a 'drip drip drip effect which is really taking the taboo away from CSA.'* Another practitioner described the programme as 'life-changing'. One practitioner said that she would recommend the programme to her colleagues should the opportunity arise.

The issues which participants were intending to cover in their service improvement projects, an integral part of the programme, were varied (for example, working with non-abusing parents, using volunteers and linking in with local policing). Some participants were finding it difficult to find the time to work on this and to commit the time to join every session when they were under so much pressure in their day job but were hoping to complete the project before the programme ended when the findings would be shared with the other participants.

The CSA Centre staff are, as intended, flexible in their approach to running the programme; for example, recognising the difficulty people have in communicating with children who have experienced CSA, they have made sure this is covered. Participants also felt that the programme had helped them to look at whether their services were sufficiently culturally sensitive and to discuss some of the sensitive issues relating to the way in which CSA impacts on different communities. The PIA running the programme said:

'For the practitioners on the programme, it is clear that their confidence has grown massively in terms of the knowledge, questions and challenges that people are bringing into each session' [PIA for the voluntary sector]

There will be a separate evaluation of the programme following completion. However, there was consensus within the focus group that the programme was proving to be a valuable and rewarding investment of their time and that it was meeting the objectives set out above.

6. Funding and value for money

We noted that the funding of the CSA Centre was reduced from the original budget allocated when it was established due to fiscal constraints across government. This inevitably has reduced its capacity to deliver and curtailed its staffing level. However, it has been possible to find some alternative sources of funding from other parts of government for specific projects (the Department for Education and Ministry of Justice) and independent philanthropic funders which has enabled it to expand its activities.

Although it was not within our remit to assess the value for money provided by the CSA Centre, we were asked to consider how this could be measured. Measuring value for money would be difficult given that the work of the CSA Centre is so wide-ranging. Attributing changes in the identification and response to child sexual abuse to the work of the CSA Centre is difficult when this is influenced by so many different factors. In addition, many of the changes set out in their theory of change are long-term impacts. However, it may be possible to use proxy measures, such as the overall increases in the proportion of child protection registrations due to child sexual abuse, as this has historically been extremely low.

Although this impact is only one indicator of identification of child sexual abuse and a very narrow aspect of the impact set out in their Theory of Change, it could go some way to assessing whether they are making a difference overall at national level. It might be feasible to find ways of assessing value-for-money in relation to some of the other outcomes in the theory of change such as the number of multi-agency strategic plans for child sexual abuse, an enhanced focus on child sexual abuse within pre- and post-qualification training and increased use of CSA Centre research and resources.

The insecurity of its funding, whilst being a common problem for all bodies funded by the government, inevitably affects the ability of the CSA Centre to make long-term plans and to expand its staffing and capacity. Given the importance of the work that they are doing, scaling up their work to extend their reach and support local and national agencies in embedding good practice on child sexual abuse could make a real difference in achieving their vision of a world where children can live free from the threat and harm of sexual abuse.

Recommendation 10: Sustainability and security of funding remains a major issue for the CSA Centre – we recommend that the Home Office should work with the CSA Centre as it enters the new funding period to see if ways can be found of avoiding the uncertainty inherent in the current system. The CSA Centre should also continue to seek other sources of funding from other government departments and philanthropic sources to complement its Home Office allocation and help it to extend its reach even further which can only be achieved if the staffing complement is increased.

7. Equality, Diversity and Inclusion

We were asked by the ERG to identify ways in which the CSA Centre considers equality, diversity and inclusion (EDI) in all its resources and training. The Key Lines of Enquiry used for interviews included questions on this issue. However, the majority of interviewees were unaware of the actions being taken by the CSA Centre to address this issue though all who responded agreed that it was important, not only for the CSA Centre, but in their own practice or organisation. This section summarises some of the work in hand in this area.

The CSA Centre continues to consider EDI in its resources and training, building on its previous work⁴⁷. In July 2024, the CSA Centre published a review of the research related to [Child sexual abuse of African, Asian and Caribbean heritage children: a knowledge review](#)⁴⁸. A new research and practice network ('REACT') to consider the needs of these children and young people has been set up at the suggestion of academics, experts by experience and practitioners.

Case vignettes included by the CSA Centre in training and written resources include a diverse range of gender, ethnicity, disability, faith and sexuality; reflection points that prompt practitioners to consider their own assumptions and stereotypes, as well as direct prompts to consider if their decision-making would be different if the child were of a different gender, ethnicity or had a learning difficulty. There are two training courses relating to disabled children available.

The CSA Centre has an internal group that has met for some time looking at equality, diversity and inclusion. This has included whole-team sessions about many relevant topics. External speakers have been invited to address these and their team meetings. PIA meetings also have regular sessions on different aspects of EDI, providing the opportunity for challenge and further learning. Questions on EDI are also included in interviews of prospective employees and at every one-to-one supervision meeting with members of the PIA team.

The majority of projects are preceded by an Equality Impact Assessment where appropriate to ensure that the work planned takes account of protected characteristics. We noted their intention to carry out further work on the impact of child sexual abuse on disabled children and young people and are seeking resources for two new projects in this area. The CSA Centre are therefore actively addressing issues related to EDI and there is evidence of this being embedded in all of their resources although they intend to do further work subject to finding the necessary resources.

⁴⁷ For example, see Improving responses to the sexual abuse of Black, Asian and minority ethnic children published in 2021: <https://www.csacentre.org.uk/app/uploads/2023/09/Responding-to-CSA-of-Black-Asian-minority-ethnic-children.pdf>

⁴⁸ See <https://www.csacentre.org.uk/app/uploads/2024/07/Child-sexual-abuse-of-African-Asian-and-Caribbean-heritage-children-Appendix-table.pdf> (August 2024)

8. Conclusion

The period covered by the evaluation has been a busy and productive period for the CSA Centre during which time they have focused on increasing and disseminating a wide range of high-quality resources and working in various ways to support practitioners to use them to improve practice. The CSA Centre has built a strong and skilled workforce who work in a highly collaborative way. They have a robust infrastructure in place which enables them to respond in an agile way to any issues that emerge in relation to child sexual abuse. They are seen as a major player nationally in advising on all issues related to child sexual abuse and in addressing the complex interface between child sexual abuse, child sexual exploitation and child criminal exploitation.

Although they are well-known amongst specialist organisations working in this field, and regarded as the 'go to' source of evidence and practice guidance in relation to child sexual abuse, there are many practitioners working in services who are not aware of them and are not using their resources despite best efforts to raise their profile. This is work in progress, not helped by the very high turnover of staff in some of the professional groups such as police and social care, which makes it impossible to reach all frontline staff. Given the resources available to the CSA Centre which limits their capacity, it would not be feasible for them to reach every frontline practitioner directly.

We have analysed the data produced by the CSA Centre for evaluation and monitoring purposes and reflected on the new style and approach of the resources produced during the period covered by the evaluation. The training booking spreadsheet and quarterly reports were invaluable tools in analysing the outputs of the CSA Centre, including those that may be more difficult to quantify or analyse in terms of their impact. Data from the quarterly reports is fed directly into the Steering Group and Advisory Group reports that contribute to their internal learning processes and the annual return to the Home Office which serves as the framework for the CSA Centre's formal monitoring submissions to funders.

Challenges include:

- uncertainty over their future funding, since their core grant needs to be agreed by the Home Office on an annual basis;
- their limited capacity which makes it difficult to do all the work that they would like to, or are capable of doing due to budgetary constraints;
- extending their reach to all practitioners who would benefit from using their resources; embedding their resources into all relevant agencies, and
- raising all forms of child sexual abuse up the agenda at both local and national level in a rapidly changing political landscape.

It was clear from several interviews that the relationships established between individuals at the CSA Centre (particularly the PIAs who carry out much of the outward-facing engagement) and senior stakeholders are seen as key to its success. Several interviewees spoke of particularly complex cases where they had been able to speak directly to a contact at the CSA

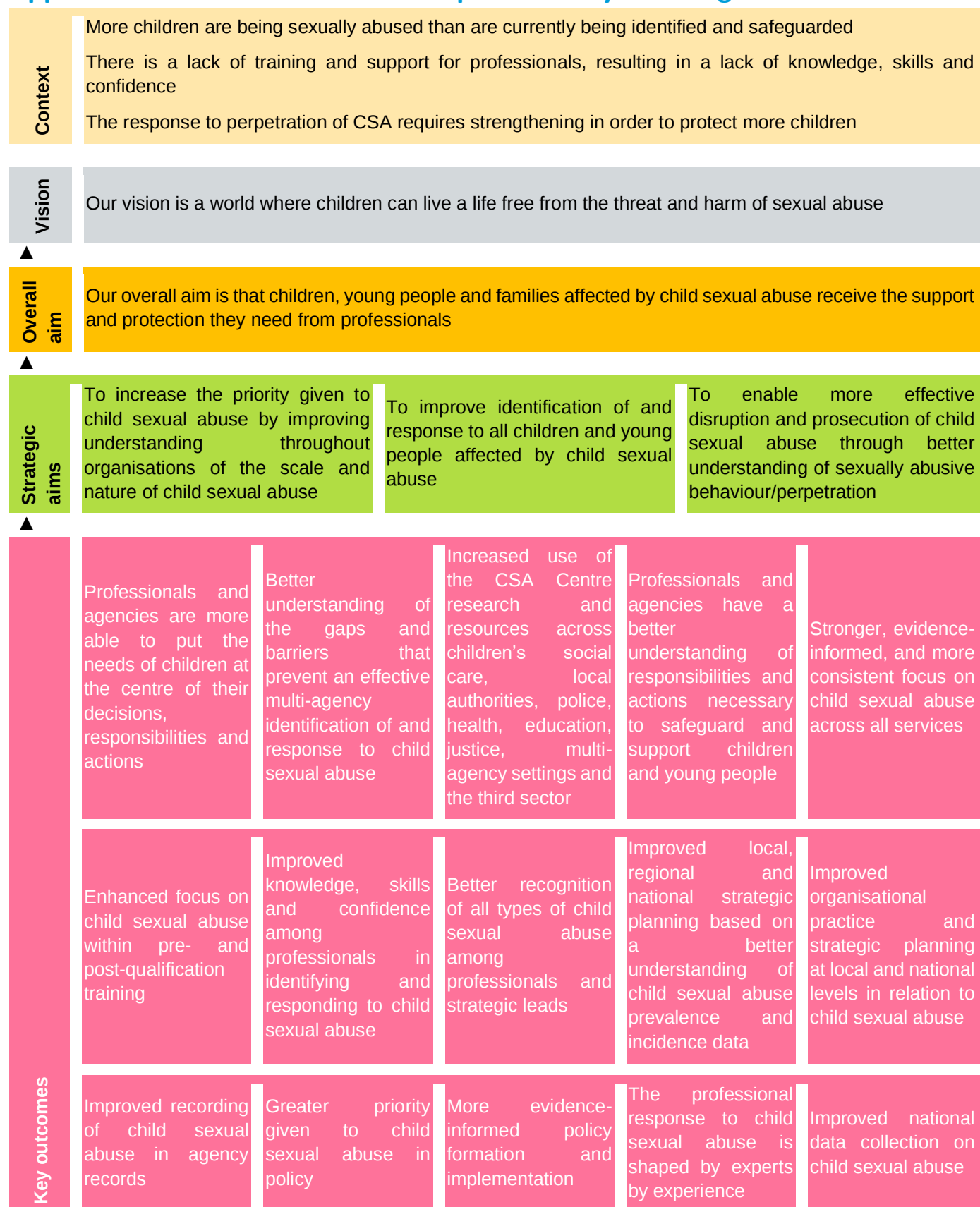
Centre and seek their advice which had improved the outcome of the case as well as the confidence of those dealing with it. The CSA Centre have developed considerable expertise in the process of engaging stakeholders to agree a theory of change for each project which ensures that there are clearly agreed outcomes from the start and a consensus as to how these can best be achieved.

Financial constraints on the Home Office led to a reduction in the CSA Centre's budget which curtailed its capacity and staffing level soon after they were set up. However, they have been able to diversify their sources of funding in the last couple of years leading to a welcome increase in their income, albeit still below the level of the initial grant received when it was established, and to deliver additional activities. This provides the CSA Centre with the potential for growth as the skills of their workforce and infrastructure develop, enabling them to be more agile in responding to gaps identified and to increase their capacity. We were, however, left in no doubt that more could be achieved with a larger and more stable budget which would enable the CSA Centre to increase its reach and do even more to embed its work at local level.

This evaluation has identified several areas for future focus of the work of the CSA Centre including additional resources on prevention, family courts, recovery and support models, female sexual abuse and more support for non-abusing parents. Interviewees also wished for support to develop more networks in the voluntary and community sector to enable practitioners and commissioners to understand the needs of diverse groups and share resources. Others identified a role for the CSA Centre in providing support for those responsible for forthcoming changes including the implementation of the duty to collaborate which some recognised as likely to present considerable challenges for commissioners.

The work that the CSA Centre have done with senior stakeholders and practitioners at local and national level in the last three years was seen by many of those interviewed and surveyed to have led to significant progress in delivering the four main outcomes addressed in this evaluation. The feedback received was overwhelmingly positive in terms of the breadth, quality and accessibility of the resources they provide, their strong and independent contribution to national debate and the delivery of the training and support they provide. Many wished to see the work of the CSA Centre expanded and its reach extended to all practitioners working in the field of child sexual abuse so that more children and young people affected by child sexual abuse receive the support and protection they need.

Appendix 1: The CSA Centre's conceptual Theory of Change model



Activities	FUNCTION 1: Identifying and addressing gaps in frontline practice to tackle child sexual abuse Identify key gaps in practice, drawing on all available evidence spanning the tackling child sexual abuse landscape to then work with partners across the sector to identify where improvements to practice could be made Work with key bodies to develop, test, publish and disseminate evidence-based and user-friendly, easily accessible and freely available, practice resources and training to address key gaps in practice, including implementing the Child Sexual Abuse Response Pathway Improve the child sexual abuse-specific content of pre- and post-qualification training for key professions Work strategically with key national and regional organisations and bodies to ensure that child sexual abuse is adequately reflected in professional standards, qualifications and training curricula pre- and post-qualification Work closely with key inspectorates to help ensure wider safeguarding and child sexual abuse-related inspections have a clear focus on known delivery challenges	FUNCTION 3: Producing <i>Scale and Nature of Child Sexual Abuse</i> reports and working with key stakeholders to disseminate and learn from findings Produce regular reports which provide detailed analysis of the latest statistical evidence from surveys and official agency records to set out what is known about the scale and nature of child sexual abuse in England and Wales Identify key emerging issues from the <i>Scale and Nature</i> reports across practice and policy, and to identify any actions and make recommendations to address these issues Disseminate the <i>Scale and Nature</i> reports through existing media channels, and share the reports and emerging findings in a more targeted way with key organisations and bodies directly Develop a ‘critical friend’ role to support assessments of the scale and nature of child sexual abuse which may be produced by other partners, organisations and bodies in England and Wales
	FUNCTION 2: Leading system-wide improvement through close collaboration and coordination with other key partners, improvement bodies and programmes Identify and amplify key messages on the whole-system response needed to tackle child sexual abuse, including supporting wider implementation of the Child Sexual Abuse Response Pathway Share high-quality, evidence- based learning and practice resources to ensure they reach and are used by the widest possible audience Work in close collaboration with other key strategic and sector performance bodies to share learning on what is needed to generate system-wide improvements, and support them to incorporate this learning into their work Carry out research and evaluation to develop better understanding of effective practice, including learning from our own work	FUNCTION 4: Supporting delivery of key activities captured in the UK Government’s Tackling Child Sexual Abuse Strategy, and providing expert input into the development of ongoing child sexual abuse policy across government Act as a key delivery partner for named aspects of the Tackling Child Sexual Abuse Strategy 2021, working closely with the Tackling Child Sexual Abuse Unit of the Home Office and other Government departments, delivery partners and stakeholders Provide expert independent input to the development of child sexual abuse-related policy across government

ADDITIONAL WORK NOT FUNDED BY HOME OFFICE CORE FUNDING

Continue to deliver our *Strengthening services for victims, survivors and families* programme, including by publishing a 'state of the sector' report and developing an online directory of services

Continue to deliver additional training for a range of agencies on a paid-for basis, including the Practice Leads Programme

Continue to facilitate opportunities for experts by experience to shape the response to child sexual abuse

Identify and respond to new opportunities for engagement, e.g. the Child Safeguarding Practice Review Panel

Appendix 2: Methodology

The sources of evidence considered for this evaluation are set out below:

- Desk review of materials provided and those available on the website including the previous evaluation report (April 2020), three Learning reports⁴⁹, the Home Office workplan for 2023/25;
- Review of CSA Centre Activity Trackers for 2023/24 and Q1-Q2 2024/25 (this is an internal data collection tool which records activity carried out in each quarter broken down by team member, activity type (events and meetings, training, policy input, research input, publications and other as well as evidence of impact);
- Review of training bookings spreadsheet – 2023/24 and Q1-Q2 2024/25 (this is an internal spreadsheet used to coordinate all training bookings (this provides the date of training, the name of the course, the number of attendees and the organisation or service commissioning the training, CSA Centre Associate trainers, income and billing process);
- Interviews with four members of staff and the Chair of the CSA Centre Advisory Board;
- Three focus groups with staff (Policy and Communications team, Practice Improvement Advisers and the Research team), one with associate trainers and one with a group of the CSA Centre's Experts by Experience – 17 participants altogether;
- Observation of meeting (with Home Office);
- Participation in one of three roadshows in May 2024;
- Attendance at launch of Child sexual abuse of African, Asian and Caribbean heritage children in July 2024;
- Review of previous staff survey findings;
- A survey of CSA Centre staff on the impact of the work of the CSA Centre (16 responses) with a 73% response rate;
- Review of digital download data for resources published in the evaluation period;
- Review of newsletter reach;
- Review of social media approach;
- Review of webinars.

The range of external evidence analysed included:

- 18 Interviews with key stakeholders – these were conducted by Claire Bethel and Emma Harewood. These included representatives of the VCS (4), police representatives (4), government (2), local authorities (2), NHS (3);
- 8 focus groups (with 20 participants) including CSA centre staff, Ministry of Justice, voluntary sector services, Home Office, multi-agency partners in Wales;

⁴⁹ One-day multi-agency training on intra-familial abuse, January 2022; Training on intra-familial child sexual abuse for social work students – two approaches, January 2022; Piloting Child Sexual Abuse Practice Leads Programme in adult substance misuse services (September 2020).

- An external survey sent out to those engaged with the CSA Centre and the wider professional network (44 responses) asking about awareness of the CSA Centre and its resources, how these have been used in practice and what changes have been made as a result. The survey was sent directly to 29 stakeholders identified by the CSA Centre and shared widely by the members of the ERG amongst their professional networks. The survey was not shared on the CSA Centre's social media channels
- A survey on Safety Planning in Education to which only one response was received;
- Attendance at a London regional child sexual abuse event in July 2024.

Evaluation plan agreed with the ERG:

Interviews and focus groups	Seek detailed feedback from range of users, stakeholders, partners, funders, staff and experts by experience about the key outcomes questions for evaluation with a focus on the extent to which the work is being embedded into local practice and targeted to senior professionals. (16 interviews planned and 26 delivered. 10 focus groups planned and 13 delivered)	Key Lines of Enquiry link closely to the research questions from the ToC. Aim to assess the use of CSAC resources and their impact on improving knowledge, skills and confidence amongst practitioners in identifying/responding to CSA; and whether this is making a difference at organisational and system level. To help understand any gaps & barriers that prevent an effective multi-agency response to CSA, including adaption of approach to meet needs of children from minority ethnic groups. KLOEs will be tweaked for different audiences.
Survey with standardised questions	To seek views of those who use CSA Centre resources on the effectiveness, impact & presentation of outputs. Known contacts from mailing lists, course attendees, those that cannot attend focus groups and the trainees who have agreed to be re-contacted (Aim for 40 responses and 44 received)	Find out how useful, accessible and impactful CSA Centre users have found the outputs - establish who is using them (location, sector, professional group etc); to what extent they have influenced practice or enhanced knowledge; seek examples of what has been useful/not useful.
Pop-up survey	Elicit views on an individual research report to establish its impact on practice and invite to complete Standard Survey (as above). Use Safety Planning in Education (SPinEd) to test this approach to ensure the evaluation captures the current pilot of embedding resources.	Questions include what agency and region the practitioner is from and explore how SPinEd might have impacted their work. As well as a request to link straight to the follow-up survey.

Staff survey	To evaluate the extent to which staff consider that the CSA Centre has achieved its aims.	Repeat relevant questions from previous staff survey and send to all members of staff and associate trainers. Questions explore whether the profile of the CSA Centre has been raised across the sector; whether it has improved understanding of the scale and nature of CSA etc.
Case examples	Case examples of CSA Centre activity which reflect changes in practice at regional and local level.	Draw out recurring themes at the end of all data gathering which demonstrate embedding of change in practice as a result of CSA Centre engagement.
Events feedback	Evaluate attendees' responses completed during or after the event for each training course and learning webinar. Identify if the training met their objectives, what was good about it, whether it was relevant, impact on knowledge and practice, any improvements. Use existing CSA Centre feedback reports and HO reports.	CSA Centre to provide written feedback collected in Survey Monkey.
Audit of CSA Centre's digital reach and engagement	To review the CSA Centre's digital reach and programme of resources/outputs using activity tracker. Review website informatics for reach and usage.	Summary of outputs during the period covered by the evaluation and usage. Incorporated into internal, quarterly reports. See also data return to the Home Office.
Audit of Sector reach	To analyse how CSA Centre reach compares with level of commissioned CSA services	Use 'Support Matters' report and compare to reach of mailing lists and training bookings (by postcode)

Planned evaluation timetable:

	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Interviews - national stakeholders, strategic partners, academics, engaged professionals, training attendees		up to 16								
Focus groups - Experts by Experience, CSA centre teams, VCS orgs, training attendees		up to 10								
Standard Questionnaire - CSAC mailing list, ERG national contacts, stakeholders preference		40								
Pop-up survey - for readers of SPinEd			x30 - at time SPinEd events							
Staff Survey - with a focus on embedding										
CSA Centre events feedback			Up to 200							
Audit of CSAC digital reach and sector impact										
Analysis of data and report writing/feedback		*							*	

Appendix 3: List of interviewees

Interviewee	Role and organisation
Phil Ashford	NPCC National Lead, Operation Hydrant, South Yorkshire Police
Adama Bah	Chair, Women's Health Advisory Network
Paula Bickerdike	West Yorkshire Police
Marcia Brabbs	Senior ISVA, Survivors UK
Shauna Breen	Practice Improvement Adviser, CSA Centre
Sheena Carr	Head of Violence and Abuse Policy, DHSC
Charlotte Davis	Safeguarding and compliance lead for education at Leicestershire County Council
Ian Dean	Director, CSA Centre
Elizabeth Dunn	Safeguarding Learning Project Development Officer, Safeguarding Children Partnerships of Leicester and Leicestershire & Rutland
Gareth Edwards	Director, Vulnerability Knowledge and Practice Programme (VKPP)
Nici Evans	Practice Improvement Adviser, Wales, CSA Centre
Jayne Fox	Named Nurse Safeguarding Children Cambridgeshire and Peterborough NHS Foundation Trust
Susan Gunson	Regional Designated Nurse Safeguarding Children & Adults - NHS England - Northwest
Dan Harris	Corpus Christi Catholic High School
Julie Henry	Frontline
Sarah Jenner	Practice Improvement, Kent Safeguarding Partnership
Iain Keating	Det Chief Supt, Metropolitan Police
Bryony Kendall	GP for safeguarding adults and children, Cheshire & Merseyside
Sophie Laws	Deputy Director, Research and Evaluation, CSA Centre
Clementine Manning	Sussex Prisoners Families
Louise Smith	Chair of CSA Centre Advisory Board; Local Government Association
Isabelle Trowler	Chief Social Worker for Children and Families, England
Chris Tuck	Director of Survivors of Abuse and IICSA VSCP

Focus group	Focus group
CSA Centre – Associate trainers: Emma Barwell Daljeet Dagon	Associate trainer Associate trainer
CSA Centre - Policy and Communications Team: Peter East Kirsty Henderson	Policy & Communications Assistant Communications and External Affairs Manager

Lisa McCrindle	Assistant Director, Policy, Communications and Strategic Influence
CSA Centre - Practice Improvement Advisers: Paul Burnside Anna Glinski Emma Hodgson Lorraine Myles Natasha Sabin	Practice Improvement Adviser Deputy Director, Knowledge and Practice Development Practice Improvement Adviser Practice Improvement Adviser Practice Improvement Adviser
CSA Centre - Research Team: Kairika Karsna Stephanie Kewley Diana Parkinson Jasmin Tregidga Jeremy Pinel Milly Steele	Principal Research and Evaluation Officer Principal Research and Evaluation Officer Principal Research and Evaluation Officer Principal Research and Evaluation Officer Publications Officer Research and Evaluation Officer
CSA Centre - Experts by Experience: Lewis Gell Mike Peirce	Experts by Experience Experts by Experience
Home Office: Laura Blakeborough Amy Watson Nicola Stockton Justine Cox	Head of Analytical team for CSA Victims and Survivors Lead Head of Supporting Practice Team, Tackling Child Sexual Abuse Unit Supporting Practice Team
Ministry of Justice – Victim and Vulnerability Policy team: Jess Donnellan Ami Lad	Head of Sexual Violence Service Design & Delivery Victim Support Commissioning Lead
Researchers and academics (sexual violence sector): Rachel Armitage Nadia Wager Bartosz Zaniewski	Professor of Criminology, University of Huddersfield Professor of Psychology, Teesside University Lecturer in social work, Plymouth University
VCS Support services – in sexual violence sector: Claire Beare Frances Frost	CEO, Survivors UK Director of Advocacy and Communications, Lucy Faithfull Foundation
Multi-agency partners in Wales: Caroline Crosswood Mark Devereux Jan Pickles	Senior Learning and Development Manager, CAFCASS Cymru Children’s Social Worker, Conway, North Wales

	Member of Advisory Board, CSA Centre (former Chair), former member of National Independent Safeguarding Board
National Review of child sexual abuse within the family environment: Luke Beckett Alison Steele	Department for Education Paediatrician, Great Ormond Street Hospital
National training organisations - in sexual violence sector: Philip Walker Fay Maxted	National Development Manager, The Survivors' Trust Chief Executive Officer, The Survivors' Trust
VCS practice leads programme participants (Lincolnshire): Deborah Johnson Stacey Waller	Quality and Standards, Children's Services, Lincolnshire Business Manager, Lincolnshire Safeguarding Children Partnership

Appendix 4: Terms of reference of Evaluation Reference Group (ERG)



Centre of expertise on child sexual abuse

Centre Evaluation Reference Group (CERG) Terms of Reference

January 2024

1. Purpose of the Reference Group

The purpose of the Reference Group shall be for members to scrutinise the independence of the evaluation, and to sign off the quality of the work and the outputs.

In the initial stages at least one member of the Reference Group shall be responsible for advising on, and actively partaking in, the tendering process. This will involve making recommendations on the process itself and taking a key role in the selection and appointment of external supplier(s).

Throughout the term of the contract the Reference Group as a whole shall scrutinise the Evaluation work, commenting and advising on:

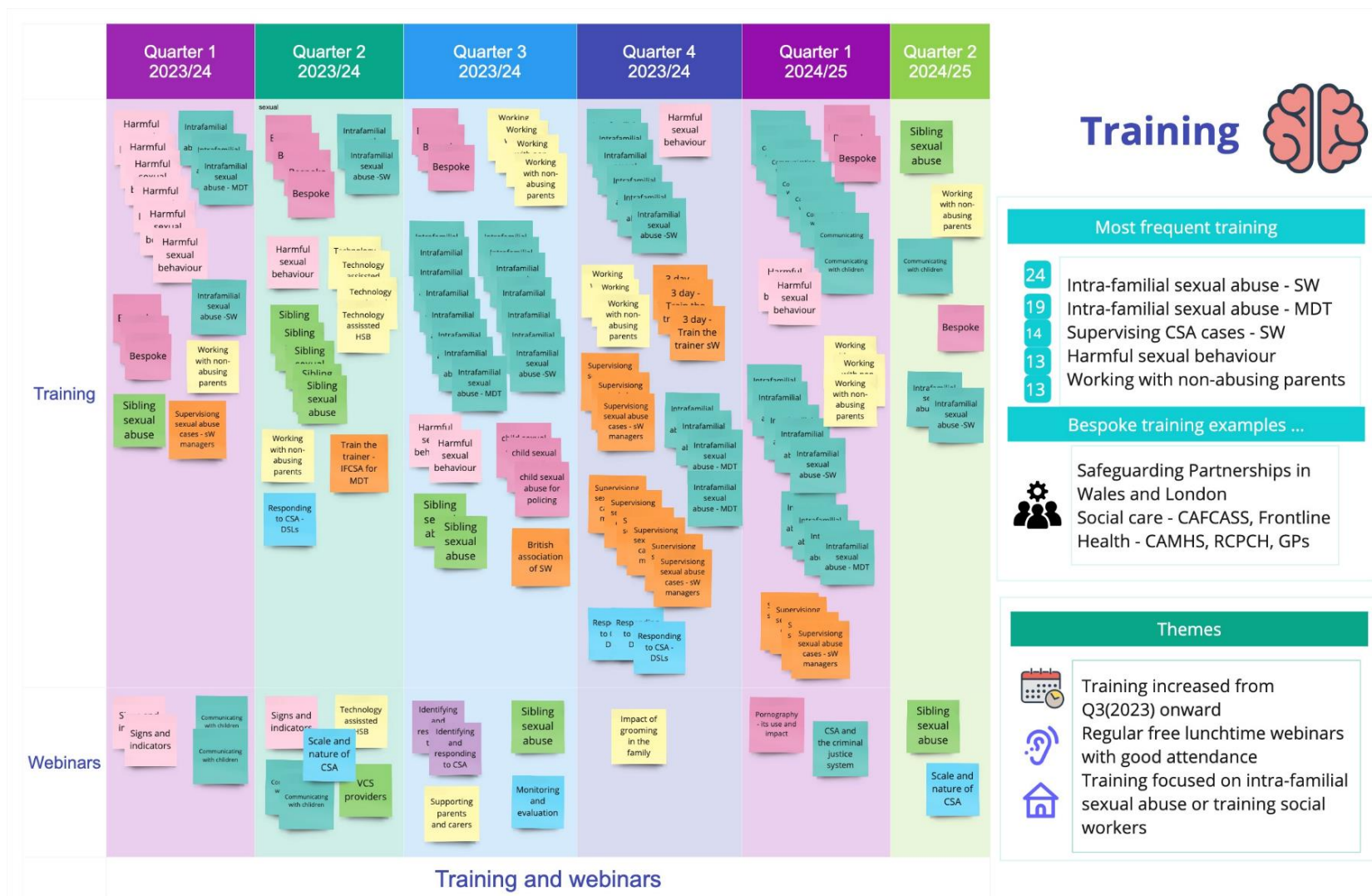
- The **independence** of the work, and whether any aspects have been (or could be perceived to have been) unduly influenced by the Centre, Barnardo's, the Home Office or by other key stakeholders;
- The **quality** of the work, including approaches to ethical concerns, the manner in which the work is conducted and final reporting standards

2. Membership

The group will be chaired by the Home Office. Membership shall consist of representatives from the CSA Centre's Advisory Board, as nominated by the CSA Centre, and Steering Group, as nominated by the Home Office.

Membership shall last for the term of the Evaluation Contract (until December 2024).

Appendix 5: Thematic analysis of CSA Centre Training Booking Spreadsheet and Activity Trackers



	Quarter 1 2023/24	Quarter 2 2023/24	Quarter 3 2023/24	Quarter 4 2023/24	Quarter 1 2024/25	2024/25 plans
Influencing Policy	Wales Cross-party group IICSA Changemakers MOJ and HO - Scale and Nature data to shape commissioning	Wales Cross-party group - CSA action plan Welsh Office of Children's Commissioner CPS VAWG group member MOJ - new ISVA/IDVA guidance	Influencing inspectorates - HMCRPS Influencing inspectorates - Ofsted Influencing inspectorates - HMIP Victims and Prisoners Bill Chair the NWG Education Forum Chair South London CSA Transformation Programme	Influencing local policy - Leicestershire Influencing local policy - Tees Valley Influencing local policy - Gloucestershire Influencing local policy - Cheshire East Response to CSA in the Family Court - meeting judges	Influencing local policy - Leicestershire NHS SAAS - Workshop on system improvement	
Best practice advice	ONS Safeguarding arrangements IRISS Journal article RCPC - physical signs of child sexual abuse	National victim survey for CSA survivors ISPCAN advisor for conference planning Chief SW for England - online abuse & pornography ONS Survey - child abuse Information sharing with Australian police	Support to VCS providers - Surrey Support to VCS providers - Barnsley North Wales RASAC Police - gathering feedback from survivors at a national level			
Practice leads network	Practice Leads net: Barnsley Practice Leads net: Barnsley Practice Leads net: Barnsley Practice Leads Programme (monthly) - Barnardos C1 (18)	Practice Leads programme - planning call with NW London Practice Leads Programme (monthly) - Devon (12) Practice Leads Programme (monthly) - Barnardos C2 (18) Practice Leads Programme (monthly) - Coventry (12)	Practice Leads network Barnsley Practice Leads Programme (monthly) - Devon (12)	Practice Leads programme - planning call with SW London Practice Leads Programme (monthly) - Barnardos C1 (18) Practice Leads Programme (monthly) - Barnardos C2 (18) Practice Leads Programme (monthly) - Barnardos C3 (21)	Practice Leads Programme (monthly) - Devon (12) Practice Leads Programme (monthly) - Barnardos C1 (18) Practice Leads Programme (monthly) - Barnardos C2 (18) Practice Leads Programme (monthly) - Barnardos C3 (21)	
Support to other organisations CSA training	NPCC - medical examinations advice in ABE guidance Barnardos - website related to CSA	PhD workshop at London Met University British Standards Institute - guide to SG children		College of Policing - VAWG training content HEI training modules	Welsh Designated SG lead network	
Enabling and Influencing - locally and nationally						

Enabling and influencing



Influencing policy

Influence policy across criminal justice system (ISVA guidance, Victims Bill, IICSA)
Shift in focus to the family courts and inspectorates
Shape local/regional response to CSA and cross-party gov. response in Wales

Best practice advice

Advice to professional bodies - RCPCH, Chief SW, ONS
International expertise - ISPCAN and Australian police
Starting a programme of support to specialist VCS providers

Shaping practice and training

- Six practice leads programmes and onward networks
Supporting other organisations to include CSA in their training - NPCC, College Policing, Designated SG leads, HEI's, Barnardos website



Resources

Sharing knowledge of existing resources

- 6 Signs and Indicators
- 5 Safety Planning in Education
- 5 Scale and Nature of child sexual abuse
- 4 Managing risk and trauma - online abuse

New resources

Key Messages from research - intra-familial and online abuse (CYP/adults)
 Child sexual abuse response pathway
 Child sexual abuse: Trends in data
 Support Matters & documents targeted at commissioners
 COMING SOON - KMfR Overview of all key messages and Guide to Supporting MDT learning from research



Increasing access to resources

- 2 Two podcasts and two blogs
- 10 Monthly webinars
- New website, infographics and resource layout to increase access and readability
- Articles and conferences



Resources - sharing knowledge and increasing access

	Quarter 1 2023/24	Quarter 2 2023/24	Quarter 3 2023/24	Quarter 4 2023/24	Quarter 1 2024/25	2024/25 plans
Sharing knowledge and resources	SPinEd - at NOTA conference SPinEd - at Midlothian Council CAMHS in Cambridgeshire and Peterborough NHS SAAS Clinical Network Scale and Nature of CSA - Home Office	SPinEd - at Cardiff Education SG leads Managing risk and trauma after online sexual offending - Lincolnshire Embedding - SPinEd - Together for Childhood (Plymouth)	SPinEd - at Coventry DSL meeting Sign and Indicators - CAMHS Coventry Sign and Indicators - CAMHS Warwickshire Embedding - Sign and Indicators - West Yorkshire Police Embedding - Sign and Indicators - Devon CSC Embedding - Managing risk and trauma after online sexual offending - Heath & Port Talbot Embedding - Managing risk and trauma after online sexual offending - Stoke Embedding - Managing risk and trauma after online sexual offending - Plymouth Sign and Indicators - CAMHS Cambridge and Peterborough			
Practice advice			Developing a Whole School Approach - with four schools			Responding to SA in children from African, Asian and Caribbean heritage
New Resources			KMfR - Intra-familial child sexual abuse (1795 views) KMfR - HSB in online contexts (xx views) KMfR - Child sexual abuse by adults in online contexts (xx views) Child sexual abuse response pathway (xx views) Child sexual abuse in 2022/23: Trends in data (xx views) Support Matters - landscape of services (xx views)			KMfR - Overview of all CSA Centre Key Messages Guide for practitioners to use learning from KMfR
Increasing access to centre resources		Podcast - Harmful sexual behaviour	Podcast - Harmful sexual behaviour Community Care Live conference - marketplace Tackling child abuse conference - Speaker New website launched New infographics	The Observer - article CYP Now newsletter - article CSA pathway - on London SG Procedures website Blog - Setting the story straight on Cleveland Blog - Keeping child sexual abuse on the agenda	Monthly webinars - CSA pathway	Monthly webinars - CSA pathway Blog - Online abuse and pornography London child sexual abuse event - Speaker

Appendix 6: Evidence sources

Source of evidence (primary or secondary source)	Description	Sample	Time frames	Limitations and reliability
CSA Centre Activity Trackers (secondary)	This is an internal data collection tool which was developed by the CSA Centre. Staff were issued with a briefing in September 2023 which was the start of it being piloted before being rolled out across every team. The aim is to highlight the importance of a) monitoring activity (eg: organising an event or meeting and running training), and b) capturing evidence of 'impact' or 'embedding' over the longer term. It asks staff to record activity carried out in each quarter broken down by team member, activity type (events and meetings, training, policy input, research input, publications and other as well as evidence of impact). We have used the Activity Tracker to populate the Miro boards shown in Appendix 4.	N/A	Trackers for 2023/24 and Q1-Q2 2024/25	The tracker is a self-completion survey and only comprehensive if it is completed in line with the briefing paper. Each month, individual members of staff are sent their entries for review. The tracker is unlikely to capture every piece of work and is therefore likely to underestimate the work done but it is a useful way of recording achievements. The tracker is also used as the source for other returns including the quarterly monitoring return to the Home Office. This is a relatively new system (introduced in September 2023) and the CSA Centre is confident that the gaps are being reduced at each quarter.
Review of training booking spreadsheet (secondary)	This is an internal administrative tool for collecting data which we used to review the number of attendees attending training courses. It shows, inter alia, the number of attendees for each training course planned, the name of the	N/A	2023/2024 and Q1-Q2 2024/2025	The training bookings spreadsheet is helpful in identifying the paid for courses delivered/booked, ad hoc training or conferences and the practice leads programme sessions (see Appendix 4) and

	organisation, type of service, geographical region, associate trainers, and how it will be delivered (online or face to face).			can also be used to show geographical coverage. It is not intended as an analytical tool.
Staff survey (primary)	This collected data about the extent to which staff felt the CSA Centre has achieved its objectives, including whether it has raised its profile across the sector, improved understanding of the scale & nature of CSA, identified gaps in sector knowledge; it asked staff to describe the biggest success to date for the CSA Centre and about their views on future priorities.	All CSA Centre employees were invited to complete the survey. Response rate 16 out of 22 which is 73%:	July to August 2024	All staff were invited to participate but the response rate was 73% (N=16). 88% of responses were from team members and 12% from senior management. The question followed the format of previous staff surveys, the last one of which was carried out in January 2020 for the previous evaluation. The survey showed that there was a stable workforce with 81% of staff having been in post for more than 18 months.
External survey of those who engage with the CSA Centre (primary)	This was a short survey intended to find out about awareness of the CSA Centre and its resources, how these have been used in practice, what changes this has led to, impact on system change, what else the CSA Centre could do and how they could influence central government. This was sent out directly to stakeholders who preferred a survey over an interview; as well as being circulated by the ERG group	44 responses received	June to August 2024	The response rate was fairly low despite having been sent out widely. It is not possible to say whether this reached an audience which is not yet engaged with the CSA Centre. 11 of the 44 responses had not heard of the CSA Centre. Of the 44 responses received, 11% (N=5) worked in education, 25% (N=11) in social care, 34% (N=15) in VCS, 16% (N=7) in health, and 14% (N=5) in other services including criminal justice services.
Case studies (primary and secondary)	Five case studies were produced towards the end of the evaluation period giving an in-depth look at particular projects or aspects of the CSA Centre's work. These were selected in discussion with the CSA Centre with a view to demonstrating the breadth of the work that the CSA Centre undertakes. The case studies describe the background, aims and objectives, and the	Five case studies (two interviews with representatives of the CSA Centre leading on two of the	September to October 2024	Case studies included both projects and work on communications and were not intended to be comparable. One of the case studies (child sexual abuse response pathway) is a project being run over three sites and we were only able to interview staff on one site (the second site did not respond). The VCS Practice Leads Programme is still in progress and is not due for completion

	outcomes of the piece of work or approach being taken. The majority of these involved analysis of documents including the Theories of Change for particular projects and (in some cases) interviews/focus groups with those involved in the projects concerned. The case studies comprise: • Communication approach and outcomes • Roadshows held in 2024 • Implementing the child sexual abuse response pathway in Lincolnshire • Welsh National Action Plan for child sexual abuse • VCS Practice Leads Programme	projects and two focus groups). One of the evaluators attended the first of the three roadshows held.		until December 2024 but it has made sufficient progress to be considered suitable as a case study.
Safety planning in education survey (primary)	This survey was intended to find out about awareness of the resource, Safety Planning in Education, and what impact this had had on practitioners' work with schools. This was distributed using a QR code after a webinar to launch the resource.	One response received.	July 2024	Only one response was received (from an education practitioner) which was therefore not representative.
Attendance at, and observation of events and meetings (primary)	Evaluators attended one roadshow in Leicester, a regional child sexual abuse event in London, five webinars, an annual review meeting with the Home Office and the launch of a new resource on the child sexual abuse of African, Asian and Caribbean heritage children,	Roadshow (May 2024). Regional child sexual abuse event in London (June 2024) Webinars throughout the	N/A	These provided a snapshot of some of the regular activity of the work of the CSA Centre and were representative of their ongoing activities though the roadshows were a new initiative.

		evaluation period. Launch of new resource on AAC children (September 2024) Annual review meeting in March 2024.		
Digital download data analysis (secondary)	Review of digital download data for all publication in 2023/24, including KMfR, practice resources and research papers, infographics and blogs – data provided May 2024.	2023/24 publications only	September 2024	The download data was limited to publications released in 2023/24 and therefore did not consider ongoing views and downloads of resources published prior to April 2023. Some resources are not designed to be downloaded as they are fully available on the screen at time of viewing – therefore it is not possible to make direct comparison on download rates.
Policy interviews (primary)	Stakeholder interviews/focus groups were carried out with officials in several government departments to find out about the way in which they work together and how the CSA Centre undertake their influencing work (DfE, DHSC, MoJ and Home Office). One focus group was carried out with a government representative (and practitioner colleague) involved in a specific piece of work. Key lines of enquiry for these interviews, agreed with the CSA Centre, included the type of	DfE (interviews with one official to discuss a specific piece of work and with a senior professional leader)	May to October 2024	The names of those invited to interview were suggested by the CSA Centre though government departments suggested who might be most appropriate. These interviews helped to identify the way in which the CSA Centre work with officials across several government departments and were a rich source of qualitative data.

	involvement with the CSA Centre, the extent to which the CSA Centre are thought to be meeting its objective of disseminating research and resources, how the CSA Centre contributes to system-wide improvements in identifying and responding to child sexual abuse. Officials were asked whether there was anything they feel the CSA Centre has not tackled that it should have done and whether it raises awareness of the challenges faced in identifying and responding to child sexual abuse.	MoJ (focus group with two officials) Home Office (focus group with four officials) DHSC (interview with one official)		
Interviews with senior stakeholders and frontline staff (primary)	Senior stakeholders and frontline workers were invited to participate in an interview or focus group using key lines of enquiry agreed with the CSA Centre. These were slightly different for the two groups. Both groups were asked about their involvement with the CSA Centre, which services they have used or are interested in. Frontline workers were asked inter alia about how the materials produced by the CSA Centre have improved their knowledge and led to a change in their practice. Senior stakeholders were asked inter alia to what extent they feel the CSA Centre is meeting its objectives of disseminating research and resources about child sexual abuse; how widely known the CSA Centre resources are amongst practitioners, how the CSA Centre might be able to extend their reach, in what ways the	Number of senior stakeholders: 24 (11 individual interviews and 13 in focus groups) Number of frontline workers: 6 (all individual interviews)	May to October 2024	The distinction between senior stakeholders and frontline staff was not always clearcut – the key lines of enquiry used were similar for both groups. The names of senior stakeholders were provided by the CSA Centre and by the evaluation team using their own contacts. However, there were many non-responders – those who did respond and were willing and available for interview were more likely to be positive about the CSA Centre and to have worked closely with them; the sample of frontline staff was small and therefore not representative of all frontline staff. The numbers of responses shown relate to the numbers of times this was identified in interviews; this is likely to be an underestimate since focus groups’ responses were coded for the whole group (and if more than one member of

	training and consultation work has influenced practice and to what extent it raises awareness of the challenges faced in identifying and responding to child sexual abuse.			the group had said yes, this would only appear as one).
Staff interviews and interviews with non-executive of the CSA Centre (primary) and associate trainers	Staff interviews were carried out with several individual members of staff, focus groups were held with the CSA Centre's teams and two senior managers were interviewed separately towards the end of the evaluation. One non-executive member of the Board was interviewed. Key lines of enquiry were drawn up in advance but not shared with the CSA Centre. Teams and associate trainers were asked about their roles and activities, how their team helps to achieve the aim of the CSA Centre, to what extent they feel they help to embed the work of the CSA Centre; what they consider to be the strength of the role and what they consider to be the challenges of their role.	Communications team (3) Research team (6) Practice Improvement Team (5), plus 2 were interviewed separately about specific pieces of work. Senior managers (2) Non-executive (1) Associate trainers (2)	April to July 2024	It did not prove feasible to interview more than one Board member (non-response).
Interviews with experts by experience	All the CSA Centre's experts by experience were invited to interview; their consent was obtained for the interview. Key lines of enquiry were agreed with the CSA Centre and focused on how they came across the CSA Centre and the work they have done; why they decided to work with the CSA Centre; whether changes were needed in	Experts by experience (2)	June 2024	It was not possible to interview more than two experts by experience.

	the support and services provided by professionals working with families affected by child sexual abuse and what support had been provided for them to enable them to participate in this work.			
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Appendix 7: CSA Centre evaluation - External Survey responses

44 responses to the external survey were received showing the following.

Key findings:

- There was good engagement with staff working in the VCS, with 30% (13/44) of survey respondents working in VCS and the remainder of responses from staff working in social care (11), health (8), education (5), other (6) and criminal justice (1)
- There was a good geographical spread of responses across England and Wales
- Many of the respondents 38% (17/44) had known about the CSA Centre for two years or more, with only 14% (6) not knowing about the CSA Centre at the point of completing the survey.

Resources:

- Survey respondents preferred to engage with the CSA Centre via webinars 16%(24), newsletters 14%(21), KMfR 15%(22) and reports on specific topics 13%(19)
- Noticeably only 5% (7) of respondents reported following CSA centre social media posts
- The following resources were read and revisited most frequently by survey respondents: Supporting parents and carers by (12), Trends in data (11), CSA response pathway (9), Signs and Indicators (9) and Support Matters (6); with Supporting parents and carers the resource that people reported reading and revisiting most often.
- Most popular KMfR to be read and revisited were HSB (12) and Impact of CSA (14), with 14 respondents in total describing a KMfR leading to a change in their practice.
- Respondents found the CSA centre helps them gain knowledge (NPS 43), which for some leads to an impact on their practice (NPS 23). However, few people could identify any impact by the CSA Centre on the system in which they work (NPS-6) and very few felt the CSA Centre raised awareness of challenges faced in multi-agency settings (NPS -20).

Examples of impact of CSA Centre resources on respondents' knowledge and practice:

- Areas of improved knowledge:
 - Updating local policies
 - Accessible resources
 - Helpful to researchers
 - Promoting CSA centre resources as part of local CPD
 - Transferred into local practical tools and response plans
 - Direct support from CSA centre in local working groups
- Change in practice:
 - Changed how we talk to service users
 - Signs and indicators tool used in practice
 - Has supported me to encourage families to consider siblings after abuse
 - No longer closing down hypothesis of sexual abuse based on a criminal justice decision
 - Increased confidence in a GP team

- “Using the Signs and Indicators Template to support escalations to multi-agency partners where responses to CSA have not been proportionate, safe or child centred.”

Examples of impact of CSA Centre resources on system change:

- “There is a positive impact within those LA where the practice improvement courses have been held. I am seeing improved identification and more curious social workers now.”
- One LA reported that training in CSA is now mandatory, including online sexual abuse and sibling abuse
- The response pathway has been used as a template for producing a pathway for our area
- Support for local CSA Strategies e.g. Devon, Wales
- But no examples of change in commissioning, policy or cultural change

What else could the CSA Centre do to support local areas to improve identification and response to child sexual abuse through local funding/commissioning?

- More work to address needs of men and boys
- Localisation of training to whole multi-agency teams – e.g. working in partnership with local services to deliver some of the messages
- Be more high profile in PSW conferences, BASW and SWE conferences
- Support local sexual abuse conferences with a focus on legal aspects, use case studies and identify examples of best practice and areas for development
- Increase public profile
- Work more closely with CAFCASS and Family Courts
- Training for adult practitioners
- Offer train the trainer programmes so local areas can continue to embed learning
- Brief reports for busy frontline practitioners

What else could the CSA Centre do to influence central government to improve policy and to encourage prioritisation of the identification and response to child sexual abuse?

- Use work being done in Cymru to influence Westminster
- Take a step back and examine CSA causation and contribute to learning at this level
- Try to contextualize internationally and be aware that there are people in other countries watching your work
- Campaigning: Lobby MPs; write to minister responsible, write to newspapers, slots on TV, adverts, use social media, X, try to get government to take a public health attitude to sexual abuse, TV campaigns around online risks/perpetrators in your family/street type approach and what sexual exploitation is ...
- Work alongside campaigning charities
- Evidence and framing CSA as a public health emergency

Appendix 8: CSA Centre evaluation - Staff Survey responses

The following results were received to the staff survey response (16 responses were received out of 22 members of staff):

Key findings:

- Stable workforce with 81% (13) in post more than 18 months
- Responses were received from 14 team members and 2 senior managers
- Confidence that CSA Centre has raised profile of child sexual abuse (81% of responses were 'great extent') and improved understanding of scale and nature (87% of responses were 'great extent').
- Two thirds (62% of responses were 'great extent') feel the CSA Centre has identified the gaps in sector knowledge and half (50% of responses were 'great extent') feel they have consulted stakeholders to understand their needs.

We asked what were the biggest successes to date for the CSA Centre:

- Training event for practice resources have been effective
- Being commissioned to undertake National Review Panel of Intrafamilial Child Sexual Abuse
- Quality of research leading to an ability to influence government depts
- Key resources: Signs and Indicators, Support Matters, CSA Response pathway
- Embedding the CSA Response pathway in London SG procedures
- Quality of practice resources – practitioners tell us they are “reflective of their practice experience, accessible and evidence based”
- Many opportunities to work with practitioners through partnership/advisory activity, conferences, training requests, webinar sessions and consultation requests.
- Persuading government to focus more on all types of CSA (including intrafamilial), not just CSE, evidenced by the CSA Strategy.

“Given the small numbers making up the CSA Centre, the work that has been achieved is nothing less than extraordinary. Its strength and what it does best is its combination of research, practice and policy which makes it real, gritty and powerful.”

We asked what has hindered the CSA Centre's work:

- Clearer strategic planning about where to use scarce capacity
- Limited funded and year-by-year funding can hinder long-term strategic projects
- Limited capacity can make the team feeling stretched
- Limited direct work with victims/survivors, parents/families/carers and those who have offended
- Internal systems can be lengthy
- Lack of opportunity for the teams to be involved in networking and influencing at a strategic level – could this be shared?
- Competing priorities for the government – cost of living, poverty, Covid-19, racial tensions

“Getting people [in government] to confront the commonality of child sexual abuse and actively advocate for measures to tackle it, has been increasingly challenging.”

We asked if there were goals that the CSA Centre had not been able to achieve as planned:

- Prevention - although acknowledged that other organisations are active in this area
- Concern that there are still many practitioners that do not know about the CSA centre – e.g. at roadshows and conferences
- Mandatory training for CSA for social workers
- Training about CSA in early careers programmes e.g. Early career teacher
- Work with adult survivors of CSA
- Capacity to actively promote consultation work

We asked what should be the priorities for the CSA Centre in the future:

- Embed what we have already developed, including Response Pathway and Apps for busy frontline police
- Focus on prevention – e.g. adults who harm, online abuse
- Identify gaps in research knowledge
- Embed learning about child sexual abuse in all initial professional career qualifications for education, social work, health, and any regulated activity with children and young people.
- “Continue to raise the profile of all forms of child sexual abuse - being agile to the changing risks to CYP”
- To be a strong 'advisory partner' to any organisation that might lead a national campaign
- Influence the family courts practice in relation to CSA
- Improving support for parent/caregivers
- Develop a more representative national picture of child sexual abuse e.g. national prevalence survey
- To keep children as a priority in the policy agenda, especially in the context of VAWG

‘What makes the CSA Centre as exceptional as it is? Exceptional leadership and management, clear vision and goals, inclusivity, flexibility that allows staff to play to their personal strength, individual accountability of staff and trust that everyone is doing their best, culture of respect and support.’

‘At its best, there is culture of cooperation and respect between the teams that supports us to achieve our work priorities. There are numerous examples of how this has been successful. This includes the training programmes, numerous research publications, practice led activity, and the growing influence of the CSA Centre (as evidenced by references in statutory and non-statutory guidance and influence of policy development at various levels).’

List of Abbreviations:

ABE	Achieving Best Evidence interviews
CSA	Child sexual abuse
DSL	Designated Safeguarding Lead
HMICRFS	His Majesty's Inspector of Constabulary, Fire and Rescue Services
HMIP	His Majesty's Inspector of Prisons
IICSA	Independent Inquiry into Child Sexual Abuse
KMfR	Key Messages from Research
KPI	Key Performance Indicator
LSCP	Local Safeguarding Children Partnership
ONS	Office of National Statistics
PIA	Practice Improvement Advisers
PLP	Practice Leads Programme
RCPCH	Royal College of Paediatrics and Child Health
RSHE	Relationships, Sex and Health Education
SCRG	Serious Case Review Group
TACSA	Technology Assisted Child Sexual Abuse
ToC	Theory of Change
VAWG	Violence Against Women and Girls
VCS	Voluntary and Community Services