LIME CULTURE

Spreading Excellence

Meeting the Needs of Victims of Child Sexual Abuse

Report of Findings

LimeCulture Community Interest Company

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1. Introduction

Background

1. LimeCulture CIC was funded by the Home Office in 2020 to deliver a second Spreading Excellence project during 2020-21 to focus on support services for children and young people who have experienced child sexual abuse (CSA). This aligns with publication of the Home Office Tackling Child Sexual Abuse Strategy (January 2021).

2. The first Spreading Excellence project (2019) was created with the aim of improving the capacity and capability of the sexual violence sector to ensure high-quality and effective services were available for all. It sought to achieve this through the influence and engagement of service users, service providers, commissioners and policy leads working together collaboratively. The resulting guidance was specifically aimed at provider organisations working with commissioners - Understanding Local Commissioning Processes A Practical Guide for Providers of Sexual Violence Support Services

National Working Group

3. Re-established for the current project, a National Working Group (NWG) provided oversight of the workplan and supported delivery by the LimeCulture Project Team. Membership of the NWG was drawn from a range of professionals working with children and young people who experience child sexual abuse. It included policy leads, academics, service providers and commissioners.

Themed Workshops

4. The NWG agreed a series of five virtual workshops on the themes listed below, with the intention of bringing together stakeholders to each workshop including; CSA support services; practitioners or managers (CHISVA, Children & Young People Counselling Services and Social Care Safeguarding Leads), Commissioners of CSA services and Researchers.

5. The workshop themes were:
   - Commissioning CSA Services
   - Providing CSA services
   - Multi-agency support models
   - Meeting the needs of victims of CSA

- Supporting professionals to respond to victims of CSA

6. The aim of each workshop was to identify and explore common themes, recognise challenges and to identify solutions and best practice examples relating to commissioning and/or provision of child sexual abuse services.

7. A small number of expert speakers were asked to present at each workshop and share their experiences of either providing, commissioning or researching CSA services. Participants shared with each other examples of positive practice and areas for improvement.

8. Speakers worked collaboratively to incorporate the experience of children, young people and their families/carers in their presentations and this approach is reflected in this report.

This Report of Findings

9. The Report of Findings is intended to capture and describe the key issues and recommendations identified by workshop participants at the five themed workshops.

10. It is hoped that this Report of Findings provides useful information, informed by the views, knowledge and experience of multiple stakeholders, that can be used by policy leads, commissioners and providers to improve support services for children and young people (and their families/carers) who have experienced CSA.

2. About Child Sexual Abuse (CSA)

Definition

1. Child sexual abuse (CSA)

'Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse.

Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children". Working Together to Safeguard Children (2018)

Types of CSA

2. It is clear that there are a number of different 'types' of abuse that may be defined as child sexual abuse. Some of these abuse types (adapted from the Tackling Child Sexual Abuse Strategy) are explored below:
    - **Child Sexual Exploitation (CSE)** is a type of sexual abuse. When a child or young person is exploited they may be given things, like gifts, drugs, money, status and affection, in exchange for performing sexual activities. Children & young people are often tricked into believing they are in a loving and consensual relationship. This is called grooming. They may trust their abuser and may not understand that they are being abused.
    - **Harmful Sexual Behaviours** (HSB) are expressed by children and young people under the age of 18 years old and are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult.
    - **Intra-Familial Harms**, or abuse, refers to acts that occur within a family environment. Perpetrators may or may not be related to the child. The key consideration is whether the abuser feels like family from the child's point of view.

- **Extra-Familial Harms,** or threats, are threats and/or vulnerability to abuse or exploitation from outside a child's family. These threats might arise at school and other educational establishments, from within peer groups, or from within the wider community and/or online.
- **Online Child Sexual Abuse** is when child sex offenders use the internet to view and share Child Sexual Abuse Material (CSAM), groom children online, and/or live stream the sexual abuse of children.
- **Peer-on-Peer Abuse** occurs when a child is exploited or harmed by a peer of a similar age. This is generally referred to as peer-on-peer abuse and can take many forms including (but is not limited to): abuse within intimate partner relationships; bullying (including cyberbullying); sexual violence and sexual harassment.

3. It is important to recognise that many victims of CSA present to services when they themselves are adults. It is widely acknowledged that victims of CSA may not disclose their abuse for many years and will often not approach services for support until they are 18 or older. It is therefore an important principle that services should be available to support **adult survivors of child sexual abuse**. However, the Home Office funded the Spreading Excellence project to focus on supporting children and young people under the age of 18 who have experienced child sexual abuse.

4. As such, this report focuses on the challenges of professional responses to those still under 18 years of age, and workshop discussions focused on meeting the needs of children and young people who are under the age of 18. However, many services will, on occasion, support young adults or adults with learning difficulties where it is more appropriate for them to access children's services.

5. Workshop participants reported that the distinctions of types of abuse that relate to child sexual abuse can create further challenge and lead to unhelpful fragmentation of services, barriers and thresholds within services. For example, in some cases only those with 'contact' sexual abuse will be referred to access support services when the impact of 'non-contact' abuse may be just as significant. As such, participants raised the importance of the principle that any professional response should be based on an assessment of the needs of the child.

Scale of Child Sexual Abuse (CSA) in England and Wales

Figure 1 Scale of CSA in England Wales (Adapted from the Centre of Expertise on CSA)

6. It is widely acknowledged that more work is required to fully understand the scale of CSA. Work is on-going by the CSA Centre to explore additional models or surveys to support an improved estimate of the prevalence of child sexual abuse.

7. However even the estimates shown in Figure 1 indicate far more children are being sexually abused and harmed than are currently being identified, recorded or appropriately safeguarded by statutory organisations.

8. Government strategy is seeking to improve the safeguarding response

"We will invest in strengthening safeguarding practice across different sectors, including driving consistent standard of skills and knowledge in 'Children's Social Care to respond to child sexual abuse" *Tackling CSA Strategy (2021)*

9. This strategy is supported by the work of the Centre of expertise on child sexual abuse (CSA Centre) funded by the Home Office and who have produced a number of resources to support practice development in responding to disclosures of CSA

10. The safeguarding response (either through police, social care or other statutory bodies) remains the most appropriate pathway into support for children and young people who have experienced CSA.

11. Therefore it is essential this response improves significantly and is aligned with referrals to support services for children, young people their families and carers.

3. The Policy & Research Context

1. This section is intended to provide the context in which CSA services are commissioned and provided. It is not intended to provide an exhaustive list of the strategy frameworks and research around CSA.

Government Strategy in Relation to CSA

2. There are a number of relevant, current documents establishing government strategy in relation to Child Sexual Abuse in England and Wales.

3. The government's statutory guidance Working Together to Safeguard Children (2018) provides the overarching legislative and agency responsibilities for all organisations to safeguard children and young people from all forms of abuse and neglect.

4. In January 2021, the Home Office published it's first CSA specific strategy Tackling Child Sexual Abuse which outlines government ambitions and activities for the future, including support for victims. Wales has it's own action plan Preventing and Responding to Child Sexual Abuse: National Action Plan.

5. Prior to the Tackling CSA strategy (2021), responses to victims of CSA were covered in a number of broad strategies, as outlined below.

6. HM Government Victim Strategy (2018) is a cross-government Victims Strategy which set out a system wide response (covering support services, criminal justice agencies; police, CPS and courts) to improving the support offered to victims of crime, including CSA.

7. Violence Against Women and Girls (VAWG) Strategy (2016-2020) set out a framework of prevention, service provision, partnership working and pursuing perpetrators and the 2016-2019 refresh which included a position paper on male victims specific support needs. The Home Office has issued a recent 'Call for Evidence' to inform the new VAWG 2021-24. This new Strategy is expected to build on previous VAWG strategies.

8. NHSE Strategic Direction for Sexual Assault and Abuse Services (2019) is a strategic document that outlines how services for victims and survivors of sexual assault and abuse, in all settings of the health and care system, need to evolve between now and 2023. It sets out six core priorities that NHS England will focus on to reduce inequalities.

9. The Crown Prosecution Service (CPS) published their strategy on rape and serious sexual offences in 2020 called RASSO 2025. This aims to narrow the disparity between RASSO reports and criminal justice outcome, and increase public confidence in the Criminal Justice System. This strategy includes a joint action plan for the police and CPS.

10. Tackling Child Sexual Exploitation was a strategy issued by government (2015) that directed Local Authorities, Police, children's and health services to work together to identify and address CSE in their area recognising this was a specifically hidden form of abuse.

Commissioning Frameworks

11. The strategies listed above include or direct a range of commissioning frameworks and specifications developed for CSA support services.

12. Ministry of Justice Victims Services Commissioning Framework (2013) was intended as an introduction for those who will be commissioning victims' services at both national and local level. It set out a framework for Cope and Recover which are outcomes support services for victims should aim to achieve, and against which they are monitored.

13. Specific to CSE, the Local Government Association (LGA) produced Guidance on Local Councils Response to CSE (2015) including the need for local strategies, procedures and processes.

14. The National Institute for Clinical Excellence (NICE) has issued guidelines related to supporting victims of abuse, rather than specifically CSA:
    - Multi Agency Response to Child Abuse and Neglect (2017) provides recommendations based on evidence on how to recognise and respond to child abuse and neglect. The recommendations include therapeutic intervention for both the child and young person and their non-abusing parent/carer.
    - Harmful Sexual Behaviour Among Children and Young People (2016) aims to ensure these problem behaviours don't escalate and possibly lead to them being charged with a sexual offence. It also aims to ensure no-one is unnecessarily referred to specialist services.

15. Role of Independent Sexual Violence Adviser (ISVA) : Essential Elements : (2018) published by the Home Office, sets out the role and responsibilities of an ISVA including those specifically working with children and young people, commonly termed CH-ISVA.

16. Home Office Commissioning Framework For all commissioners of support services for victims and survivors of child sexual abuse in England (2019) was targeted at all commissioning bodies in England with responsibility for support services for victims and survivors of CSA, including child and adult victims and survivors of non-recent abuse. The framework acknowledges that local authorities, NHS England, Clinical Commissioning Groups (CCGs) and Police and Crime Commissioners (PCCs) all play a fundamental role in commissioning appropriate services, with each accountable for different elements of a system response.

17. NHS public health functions agreement 2019-20 Service Specification No. 30 - Sexual Assault Referral Centres (SARC) and NHSE Commissioning Framework for Adult and Paediatric SARC (2015) set out how SARCs are commissioned, what they must provide, and how they will be monitored.

18. In May 2019, the Forensic Science Regulator for England and Wales set out the Accreditation and Requirements for the Forensic Medical Examination carried out routinely at SARCs. It includes the timescale for implementation of these requirements.

19. The CPS Guidance on Pre-Trial Therapy is intended to replace and combine earlier guidance 'Provision of Therapy for Child Witnesses Prior to a Criminal Trial'. The consultation ended in October 2020 but the final guidance has not yet been made available.

Research

20. The Independent Inquiry into Childhood Sexual Abuse (IICSA) was established in 2015 to look into how institutions in England and Wales handled their duty of care to protect children from sexual abuse and is contributing to a research based on effective support. Publications can be found here.

21. Internationally, Barnahus Quality Standards are composed of underlying principles, specific activities and institutional arrangements that enable child-centred and effective, collaborative action for CSA. While Barnahus in Europe is inspired by the Children's Advocacy Centres in the US, the Icelandic Barnahus innovated on the US approach. The Home Office is currently consulting on guidance for commissioners on similar principles having operated a pilot service called The Lighthouse for the past three years.

22. MESARCH funded by the Health Research Agency is due to report in 2022. This research is concerned with how SARCs support children and young people (CYP). MESARCH-CYP is working with young survivors of abuse to deliver using a range of visual, creative and participatory methods to engage young people and to understand how their lives have been affected by abuse and the support they are offered beyond that.

23. The International Centre: Researching child sexual exploitation, violence and trafficking at the University of Bedfordshire includes YRAP. This is a group of young adults interested in improving things for young people affected by sexual violence. The YRAP support the International Centre by helping to make sure young people are involved properly at every stage of the research process.

24. In particular the Centre for expertise on Child Sexual Abuse brings about change by:

- collating and analysing existing research, policy, practice and the real experiences of those affected, and filling the gaps we identify with new research, insights and analysis.
- using that evidence and insight to develop new approaches and apply learning in practice. They have a range of resources including
  - Key Messages from Research the scale and nature of CSA , effectiveness of support , perpetration and the response to CSA
  - Knowledge in Practice including improvement materials and a video on forensic medical examinations , research on sibling sexual abuse
  - Blog Posts from CSA Centre staff members and partners

4. Commissioning CSA Support Services

1. Aligned with the government strategies and frameworks outlined in the previous section, it is clear that a range of statutory bodies are responsible for commissioning of support services for victims of CSA, their families and carers.

2. Regional NHS England & NHS Improvement Health and Justice commissioners are responsible for paediatric Sexual Assault Referral Centre (SARC) provision. Follow up support services, such as counselling/therapy services and ISVA/CHISVA services, are often co-commissioned with the Office of Police and Crime Commissioner (OPCC) who fund their contributions through the PCC Victim Services Grant, which is allocated to PCCs (based on population) with 7% ring fenced for CSA support.

3. The Ministry of Justice has allocated funds directly to service providers through the Rape and Sexual Abuse Support Fund. In the most recent funding round, approximately 35% was allocated for services providing CSA support. For the last two years, regional pilots of devolved funding in Cambridgeshire, Essex, Hampshire, London (MOPAC) and Nottinghamshire are increasing the understanding of local commissioning of sexual violence services, including the value of partnership commissioning.

4. Local CCGs are responsible for funding primary and secondary care mental health services through NHS budgets. This may include therapeutic and wellbeing services for children and young people. However, there is no ring-fenced provision and data sets for statutory mental health services do not allow monitoring of the numbers of individuals accessing services who have experienced abuse or assault. Therefore, it is not possible to know how many children/young people are accessing CAMHS as a result of CSA.

5. Some Local Authorities have historically funded voluntary sector services including CSA services through short-term grant allocations. However, in recent years, Local Authorities have prioritised tackling Child Sexual Exploitation (CSE) and this has resulted in the commissioning of local CSE service. The extent to which such services form part of the pathway to paediatric SARCs and other follow on support services, such as ISVA services, is varied.

6. Local Authorities are also responsible for the commissioning of sexual health services though contracts usually exclude those under 13 and so in practice these are often provided within the paediatric SARC provision.

Challenge One: Organisations with commissioning responsibility operate in a complex landscape and need clarity about their responsibilities to commission CSA services.

7. The Home Office Commissioning Framework effectively sets out the principles of commissioning CSA services but there remains confusion as to the organisational responsibility for commissioning and funding all elements of a comprehensive response to CSA.

8. There are a number of relevant strategies and frameworks across central government. Workshop participants suggested that this has led to fragmented funding streams with some funding allocated directly to providers while other funding streams are allocated to a range of local commissioning organisations.

9. It was noted that those organisations with a responsibility for allocating funding, at national and/or local level, are not always sighted on what other organisations are also allocating funding for similar purposes. This can create significant challenges amongst local commissioners, and may result in duplication of services or gaps in local provision.

Recommendation One: Develop local CSA strategies

10. Workshop participants suggested that local Commissioners, working alongside service providers, should develop a local CSA strategy. This should outline what support services are to be commissioned locally, what the intended outcomes are and how these will be monitored.

11. Local CSA strategies should seek to ensure that the commissioning and provision of CSA support services are aligned with national and local objectives.

12. These strategies should be underpinned by effective needs assessment, which identifies how services will ensure appropriate and equitable access for those from minority groups, hard to reach communities and those with protected characteristics.

Recommendation Two: Identify the responsibilities of local commissioners for each element of the CSA support pathway

13. Workshop participants suggested significant benefit would be derived from organisations with commissioning responsibility having clearly defined roles in relation to CSA services. Clarity, about which organisations are responsible for commissioning which services, or which elements of service, would allow for better provision of services and reduce the risk of duplication and/or gaps in provision.

14. Participants suggested that it is important that commissioners are well informed about local provision and the CSA support pathway and commissioning decisions can then be made according to local need and gaps.

15. We heard how it sometimes falls to the service providers to join up pathways, or attempt to fill gaps in local provision that have resulted from historical commissioning decisions.

Recommendation Three: Local commissioners should work in partnership to ensure an effective pathway of support is available

16. Workshop participants suggested that local commissioners need to work in partnership with other local commissioners to ensure the provision of local CSA support services.

17. Working in local area partnerships will enable commissioners to:
    - Establish governance processes across the system including escalation processes
    - Develop an approach to funding allocations across political terms (collaborative commissioning with partners can facilitate longer term commissioning beyond political terms)
    - Continuously develop and enable provision of a more systemic approach to commissioning including the alignment of funding terms and therefore provision of services
    - Reduce the reliance on providers identifying (or attempting to fill) the gaps in pathways
    - Enable a shared understanding of the demand and performance of support services while reducing conflicting reporting demands on services
    - Ensure lived experience is continuously considered in the local commissioning of services without creating undue burden on those providing feedback about their experiences.

GOOD PRACTICE

Governance Model - Sexual Violence Commissioning Partnership Lincolnshire

- Ensuring a shared understanding of the demand for sexual violence support services in Lincolnshire sits within the Health and Wellbeing Board.
- Members jointly monitor the response to sexual violence in Lincolnshire including pathways of support and provision of services
- Provides oversight of performance reports, policies, audits, and service users surveys and recommend any areas of action.
- Supports the development and implementation of a local sexual assault and abuse plan to inform the national sexual assault and abuse strategy (SAAS)
- Develop a joint plan of future commissioning intentions for Lincolnshire
- Ensure service user voices are considered in the countywide approach to tackling sexual violence and service provision

Recommendation Four: Commissioners should form professional networks to support the exchange of knowledge, practices and ideas

18. Workshop participants reported that local commissioners frequently felt isolated from professional peers undertaking similar roles. This makes it more challenging to be aware of new and/or emerging developments or best practice in other areas.

19. Feedback from the Symposium for Commissioners (held as part of the first Spreading Excellence project in February 2019) overwhelmingly suggested that commissioners would benefit from on-going opportunities to share ideas, discuss challenges and network with commissioning colleagues from other parts of the country to improve service provision.

Challenge Two: The funding available for CSA services is not sufficient to commission and sustain effective support services

20. Workshop participants said that funding streams for CSA services have historically been underfunded. Despite an uplift in some central funding, commissioners and providers alike report that the amounts of funding are often insufficient to commission services across the pathway.

21. In some cases, as a result of insufficient funding, existing adult services are commissioned to extend their service offer to include children and young people, even though these services are not necessarily optimally configured, or have appropriate models of working to support children and young people in place.

"There is simply not enough funding to deliver the level of service that we feel is required to support a child and their family/carer"

Recommendation Five: Funding allocations should be ring-fenced for CSA support based on local needs assessment and joint commissioning strategies.

22. There is need to place the CSA support sector on a more 'sustainable footing' has been acknowledged by the Government in the Tackling CSA Strategy (20221) where it is stated that the government is developing a Victims Funding Strategy.

"The Victims Funding Strategy will be underpinned by a new delivery model to ensure there is a joined-up approach to funding at both a national and local level to maximise the impact of the support we provide. ……. We will also work across Government to review the landscape of third sector sexual violence support services across England and Wales to identify gaps in provision for child sexual abuse and focus funding accordingly". Tackling Child Sexual Abuse Strategy 2021

23. Workshop participants where keen for cross government strategies work to support and enable local joint commissioning partnerships, including pooled funding.

24. It was identified that national allocations do not always take into account the specific challenges of distributed and/or diverse populations, which makes provision of suitable services more costly. Funding allocations should take account local needs assessments and enable commissioning (including joint) strategies.

25. Many specialised services for children are comparatively small in size and require funding to support core costs, workshop participants reported that this reduces the attractiveness of service proposals to commissioners.

26. Funding should be available to be used to develop the sector where specialist services are not available rather than rely on adult services expanding a service offer.

Recommendation Six: Commissioners should put in place contracts for longer time periods.

27. Workshop participants noted the challenges of short term funding on the capacity of provider services both to develop bids and deliver services. For example, it can take six to twelve months to bid for, and secure a two-year contract. This has significant detrimental effects on service delivery and risks:
    - Short term employment contract that make the recruitment, retention and development of skilled staff more difficult, and can lead to recycling of what staff there are around the 'system'
    - Short term contracts that reduce the provider's capacity for innovation as leadership focus on securing contracts and mobilisation of services
    - The potential of losing contracts after short timeframes can reduce the willingness of the provider to invest in development (either staff/personnel or buildings and equipment)
    - System development burden for leadership and staff as new reporting systems and requirements are established

28. Most importantly, uncertainty around re-commissioning of services can affect the continuity of support for children and young people, which impacts adversely on the victims and families.

29. Participants proposed that wherever possible, commissioners should seek to issue longer contracts to address the challenges arising from short-term arrangements and service provision.

30. Where commissioners are working as part of a local system, they should seek to align their commissioning timetables, as without alignment the problem of repeat tendering, mobilisation, and decommissioning will remain for provider organisations.

31. Clarity about the funding allocations over longer periods will support provider capacity to continue to deliver effective services supporting the recruitment, retention and

development of skilled staff and can mean provider organisations can consolidate good services, and innovate.

32. It was suggested that where there are fewer changes to service delivery, this will give commissioners and providers a genuine opportunity to really understand services, and look critically at quality and outcomes.

33. Most significantly of all, longer contractual periods will improve certainty around the continuity of support for children and young people.

GOOD PRACTICE

SARC Commissioning – NHS England and OPCC

Market feedback from provider organisations consistently requested longer contract lengths in order to assist in the sustained development of services as well as the recruitment and retention of staff.

Changes to Standing Financial Instructions and the role of NHSEI's Commercial Executive Group have facilitated this, with greater decision-making now being possible at regional level.

Despite the potential financial and political challenge of commissioning beyond a PCC term, collaboration between NHS and OPCCs have enabled the potential benefits for victim experience and CJS outcomes to be realised

Recommendation Seven: Ensure age appropriate support services are commissioned for children and young people

34. Workshop participants acknowledged that there is significant variation in the commissioned support services for children and young people who have experienced CSA. For example, some areas have a clear pathway of support for children and young people (and their families/carers), while in other areas there is a dearth of support services. This is particularly relevant to specialist therapy services.

35. Concerns were voiced about 'all age' support services that are commissioned without due consideration of the differing needs of children and young people (and their families/carers).

36. There was consensus that in order to deliver appropriate services for children and young people, the 'gold standard' should be to commission distinct services for children and young people (and their families/carers)[1].

37. Participants noted the need for different approaches when working to support different age groups of children and young people. For example, working with very young children requires significantly different approaches and models. There would be benefit in commissioners recognising this challenge within service specifications beyond a change of words from "Adults" to "Children and Young People".

"The problem with services for all age groups is that they don't always recognise the different support that different age groups need. Working with a 34-year-old is very different to working with 14-year-old, and that is very different to working with a 4-year-old. So one size does not fit all"

Recommendation Eight: Funding needs to be available to enable early, consistent longer-term interventions of support

38. Workshop participants raised concern about the frequency of waiting lists in CSA support services for children, young people and their families/carers. Although it was noted that waiting lists are managed differently by providers, with some regularly 'checking in' with those on the waiting lists, it was generally agreed that the earlier children can access services and have support plans put in place, the better the outcome for the child or young person. Furthermore, having access to no support can be detrimental to children and their families, with worsening mental health for example.

39. Participants suggested that the increase of waiting lists may contribute to more short-term interventions being delivered, as they allow for more children and young people to access the service for shorter periods of time. This relates to concerns that short-term interventions for children and young people are not always effective and could, in some cases, be more traumatising to the children, who often take longer to build a trusting relationship, if they are then left with no further option of support.

[1] It is important to note that some providers are perfectly well placed to deliver services for children and young people, as well as adults.

40. It was also identified that fixed term sessions of support may not support the needs of child whose recovery might be cyclical in nature and require different support interventions at different times. Further, the length of time that a court process might take to conclude could mean a need to ensure that much longer term support is available to continue to help manage the resilience of young people and their families for these lengthy investigations and court processes.

41. Generally, the importance of the availability of longer-term support interventions for children and young people who have experienced CSA and the ability to be flexible to provide support for as long as the child needs it was agreed as essential for lasting recovery rather than symptom management.

Challenge Three: Commissioning arrangements can mean that providers are in competition or lack capacity to work collaboratively

42. Workshop participants reported that the commissioning of discrete services or services that form part of the pathway of support, can mean that provider organisations are in competition during future commissioning processes. This can have an impact on their ability or willingness to co-operate and work in partnership with other providers.

Recommendation Nine: Commissioners should build capacity by supporting providers to collaborate and work in partnership.

43. Workshop participants acknowledged that there is a role for commissioners to enable collaborative and/or partnership working amongst providers.

44. Many discussions identified the value that commissioners can bring when they encourage collaborations or partnership approaches to the delivery of contracts. This can also be beneficial for smaller organisations who can deliver a small part of a larger contract (for example, by delivering the service in a specific geographic areas or to specific groups) by working alongside another organisations.

45. A number of suggestions were made that where commissioners support regular provider forums this can help to build capacity and :
    - Supports smaller specialist community support organisations to work innovatively to develop more equitable services
    - Provides the opportunity to foster professional relationships and build trust
    - Provides the opportunity to review data across and between the support pathways

- Identifies barriers for victims/survivors and for services/professionals, in particular those with specific protected characteristics that may make them vulnerable or make it harder for them to access services
- Provides a fertile space for conversations and building best practice
- Enables action planning and supports service developments
- Shares the voice of Lived Experience to inform service provision and development

Challenge Four: The quantity of information that commissioners require can be significant, and may not relate to the effectiveness of a service or the accessibility of service pathways.

46. Workshop participants highlighted the complex reporting requirements that are commonly placed on providers by commissioners.

47. As elements of services for CSA are frequently commissioned by different or multiple organisations this can and does lead to a proliferation of reporting requirements including significant and multiple reporting requirements on a single provider. The volume is compounded when providers must meet both local and national performance frameworks. Providers reported significant frustrations when local and national reporting frameworks are different.

48. Commissioners have a duty to ensure value for money and monitor services to ensure they are being delivered in the right way, but all agreed that 'unnecessarily complex' reporting requirements, which frequently provide a practical and administrative challenge for providers are frustrating and unproductive.

"As a provider we are asked to provide huge amounts of information and data about our service. I don't know what the commissioner does with it, or why they ask for it…. it certainly doesn't tell them what service we provide or how well we are doing it."

49. Furthermore, it was noted that despite the volume of quantitative reporting, commissioners are often unable to provide a clear indication of levels of need and demand on existing services, or the effectiveness of pathways of support beyond discrete services.

Recommendation Ten: Ensure the level of information required for monitoring and reporting purposes is appropriate for the service delivered.

50. Workshop participants suggested that commissioners should endeavour to ensure that reporting requirements are clearly understood by the provider. There should be clarity about what information is required for monitoring and for what purpose with a focus on accessibility, referral pathways and effectiveness. Where possible, commissioners should ensure the reporting is proportionate for the size and type of the service.

Recommendation Eleven: Ensure information is used to monitor the effectiveness of local referral pathways and accessibility of services

51. Commissioners and providers have a responsibility to assure the accessibility of services across the CSA pathway is monitored for all children, young people (their family/carers) including for those with protected characteristics to identify barriers as part of their role in assuring the effectiveness of local referral pathways.

52. Specifically, participants suggested Children's Safeguarding Partnerships should hold a role in assuring that all children and young people are given the opportunity for support following a safeguarding referral or police report. Support should be offered of whether they have met the thresholds for child protection, safeguarding or the criminal justice system. Further details on the challenges of accessing support are shown in Challenge Eleven: Ensuring all children have access to appropriate support services including while Criminal Justice System (CJS) engagement.

Recommendation Twelve: Ensure the information used to monitor the service demonstrates effectiveness

53. Workshop participants raised concerns that services are typically commissioned against outputs (numbers) rather than outcomes and that this distorts the view of provision and benefits of services.

54. It was suggested that commissioners could enhance their understanding of qualitative performance through case studies, feedback, narrative annual reports, and hearing directly from those with Lived Experience to provide additional context about the service.

55. Many participants were keen to explore potential suitable outcome measures for services with a victim focus that would allow comparison of the effectiveness of different interventions. Outcome data, either positive or negative, could be used by commissioners and providers to develop/justify innovative services.

56. It is important that effectiveness measures are linked to demographics (including protected characteristics) There remains limited research/guidance on the effectiveness of interventions across different groups of children and young people.

57. We heard suggestions that there should be local discussions about what good services look like from the point of view of those who are using the service, and that this

information should be used by commissioners and providers to identify appropriate reporting and monitoring.

Challenge Five: Commissioners should ensure on-going consultation with those with lived experience

58. Participants discussed the benefit of commissioners having meaningful engagement with those with lived experience. This is essential to ensure that services truly meet the needs of the children and young people using the services.

59. It was suggested that part of the role of services often includes advocating on behalf of their clients to other victim, statutory or criminal justice organisations. This can include representing them to those commissioning services. Wherever possible, commissioners should support opportunities for children, young people and their families to describe their experience of services provided to meet their needs directly.

60. Whilst participants acknowledged the practical difficultly in achieving this, they were clear commissioners need to hear the voices of children, young people and their families/carers who are accessing services in order to make the best commissioning decisions.

GOOD PRACTICE

Imara, Nottingham - Contributors Group

- Invitation to join is available to all those who have accessed Imara's Children Services (ISVA and Therapeutic Support)
- The group meet regularly to discuss service development and training
- Provide feedback to service SMT and Trustees
- Individuals have presented to local, regional commissioners and supported training internal/externally

Recommendation Thirteen: Ensure opportunities for commissioners to learn from lived experience through research, service feedback and contributions to commissioning processes

61. Workshop participants suggested that there may be a number of helpful ways to ensure commissioning decisions are informed by those with lived experience. Suggestions included allowing opportunities for providers to provide case studies as part of reporting, collection and monitoring of children and young people's feedback on services, establishing panels to support the development of local services with user input, and carrying out consultations/surveys as part of the development of needs assessments or the tendering process.

5. Multi-agency Support

1. In many cases involving CSA, there will be multiple professionals who will have a part to play in supporting a child or young person (and their family/carers). For example, there may be involvement from:
   - Local Authority Children's Social Care, Children's Safeguarding
   - Police
   - Schools (or education providers)
   - GP and other medical staff (such as sexual health services, for example)
   - Paediatric SARCs for under 16/18 year olds - specialist provision is commissioned to attend to the medical care including medical examination and holistic support needs of children and young people who have experienced child sexual abuse. Access is normally via referrals from police or social care, most usually in response to a safeguarding referral.
   - Therapeutic Services – providing range of therapeutic services which could include CBT, play and/or creative therapies to children young people and their families/carers. These should be delivered in accordance with Pre-Trial Therapy Guidance as required.
   - CH-ISVA Services - providing practical and emotional support to children and young people and their families who have experienced rape, sexual abuse or sexual exploitation. They support children and young people to access other support services and frequently liaise between the police, courts and other agencies.
   - CPS and other legal staff, such as Barristers, Solicitors
   - Court / Witness Care staff

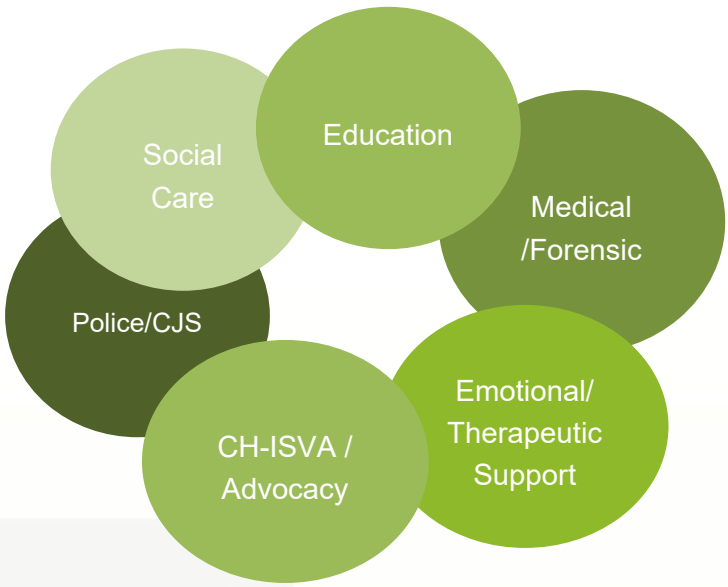

Figure 2 Multiagency support elements in CSA Services

2. It is important to recognise that different professionals (and their agencies) will have different but important roles and responsibilities in relation to supporting the child or young person (and their family and carers).

3. Participants were clear that no single professional (or their agency) have 'ownership' of a child or young person because there is not a single professional whose role is more important than another when it comes to supporting a child or young person. As such, there is no priority order in which professionals must fall when it comes to providing support.

Challenge Six: Understanding which professionals (agencies) are working with the child (and their family/carer) and their role in supporting that child (and their family/carer).

4. Workshop participants described the challenge of developing a shared understanding of the range of support that is being provided to the child or young person and their family/carers by other professionals. It was noted that it can be difficult to understand the roles and responsibilities of other professionals (agencies) and how they fit into the support of the child and the value they bring.

5. There can sometimes be challenges in identifying whether there is overlap and commonalities between different professionals (agencies) and/or where there are gaps in the pathway or services for children, young people their families/carers.

6. It is critical that there is professional respect between agencies, and a recognition of the different roles, responsibilities and value that different professionals will have and bring to the child, young person and their families/carers.

Recommendation Fourteen: Develop and maintain a shared understanding of the support being provided, including any overlap and commonality, and/or any gaps.

7. Workshop participants acknowledged the value of 'multiagency working' to support a child/ young person and their families/carers following CSA. Crucially, this should be underpinned by a *"universal understanding of who is working with the child and what is the outcome we are looking for."*

8. It was suggested that working practices should be adopted that allow the full range of professionals involved in supporting the child, young person and their families/carers to

be aware and understand the role of all professionals/agencies involved, and what support they are providing.

"I didn't really understand the role of the CH-ISVA service as I thought were only involved when a case was going to court, so it never crossed my mind to check that a referral had been made. Now I can absolutely see their value so I check whether the CH-ISVAs are involved, as early as possible"

9. The co-location (in a service or building) of professionals and agencies is often regarded as a 'gold standard' in enabling professionals to develop and maintain an shared understand of a child, young person and their family/carers needs.

10. Co-location can help by providing practical opportunity for professionals to better coordinate their respective support and/or professional responses to the child. The benefit of co-location is that professionals are able to liaise more easily with other professionals, and there may be increased opportunities for shared case management.

11. However, participants acknowledged that co-location is not enough in itself to support multiagency working, which can require significant time and investment at strategic and operational levels to develop an effective case management and shared values, roles and responsibilities, language, culture, and importantly outcomes

12. We also looked at the important contribution that training has to support professionals develop a shared understanding of support across professional/agencies. Shared training, delivered collectively to different professionals, was raised as a helpful method to raise awareness of distinct roles and responsibilities. Workshop participants also noted the value of 'cross-professional' training, where by one professional provides training for other group of professionals, and so on.

"Our [multi-agency service] has really benefited from cross professional training. We have scheduled slots where different professionals lead the slot and showcase their role, explaining their responsibilities, and how they work to achieve the best for the child"

Recommendation Fifteen: Ongoing discussions between professionals should continue to take place to ensure the child is supported effectively

13. It is clear that on-going discussions between professionals (and their agencies) to ensure that a child, young person and their family/carer is being supported effectively are important. No relevant agency should be excluded from meetings, or 'invited too late' for example.

"Each professional who is working to support the child should have an equal voice at the table. This is a really important principle as that's how everyone gets the full picture to make the best decisions"

14. Interestingly, participants acknowledged that in some cases professionals may try 'too hard' to work collaboratively together, which can make difficult conversations or professional challenge more difficult. Whatever the local arrangements, it is important to ensure that formal channels, such as escalation processes, are not removed.

Challenge Seven: Overcoming competition to support cooperation

15. Participants recognised that local Strategic or Operational meetings are often limited in scope to the delivery of specific contracts, rather than considering the whole pathways of support for children, young people and their families/carer. This can limit the opportunities for cooperation and supporting multiagency working.

16. It is clear that competition between agencies can have a detrimental effect on professionals' ability to work effectively in partnership to support a child/young person (and their family/carer).

Recommendation Sixteen: Develop strategic partnerships, operational working relationships and practitioner forums

17. Participants suggested that establishing local strategic level 'Boards' where commissioners, providers and wider agency representatives, can regularly come together to focus on CSA support pathways would support more effective collaboration. It was noted that to be most effective, such boards must have a clear mandate and defined decision-making responsibility.

18. Partnership Agreements, agreed by organisation's strategic leads, can add significant value, and support professionals work together more effectively. These can cover issues such as:

- Describing the agreed ways of working and procedures across agencies
- Making a visible commitment to continue to develop the partnership
- Raising awareness of CSA and champion professionals in their agency
- Bringing an on-going commitment to enable improvements in the criminal justice pathway
- Provides a framework and a commitment to share information and provide expertise to other agencies.

19. In addition to strategic-level boards it was suggested that meetings at an operational-level meetings provide an important opportunity to share operational challenges and encourage problem solving opportunities across agencies.

20. Participants also noted the value of 'Practitioner Forums', which provide important opportunities for front-line professionals to liaise with colleagues from across professional boundaries and ensure a shared understanding is maintained between practitioners.

21. Forums should provide the opportunity to feedback the experience of those accessing services including Children. Young People and their families/carers

GOOD PRACTICE

Joint Operational Groups (JOG) – Wales SARC Network

- Bi-monthly meeting SARC / ISVA Manager, Forensic Medical Examiner (FME), Detective Inspectors Protecting People and CID , CPS RASSO Lead , Police Training Department, potentially Witness Case Lead.
- SARC / ISVA Manage raise any issues with the FMEs or Police or Criminal justice processes.
- Review of the RASSO cases that have come through the region.
- Look at best practice, areas for learning & opportunities to work collaboratively to continue to improve the best level of service for victims/survivors.
- Review barrister reports following trial and take any learning or share best practice.
- Review feedback from victims
- Procedural development are shared & discussed at the meeting to ensure buy in and agreement of all parties involved.

Challenge Eight: Understanding referral pathways, addressing threshold issues and risk management.

22. Providers face significant challenges in relation to managing referrals into their organisations this includes managing waiting lists. Participants noted how difficult it is to provide an effective service when the referral pathway is not clear or well understood by stakeholders. For example, this can lead to multiple referrals for an individual child or young person, late, or no referral at all.

23. Thresholds and access criteria can have the effect of creating barriers for those trying to access services, and potentially leaves other services holding the risk. This can mean that children and young people may not be provided with a service unless they meet specific criteria of service.

24. It was noted that some services are commissioned specifically to meet the needs of a specific cohort, and in these cases access criteria may well be appropriate. However, participants noted frustrations where access criteria are introduced in order restrict access, for example, to manage waiting lists or reduce the number of people the service can support. In particular, it was reported that it is fairly common for NHS CAMHS to require thresholds or access criteria to reduce the demand on the services.

Recommendation Seventeen: Ensure clear managed referral pathways are in place

25. Workshop participants acknowledged the benefit of multiagency working to ensure clear pathways are in place to support children and young people (and their family/carers). They acknowledged that there are numbers of different mechanisms available that can be used to support referral routes through multiagency provision.

26. Joining up clear referral pathways improves the timeliness of referrals and also reduces the risk of duplicate and inappropriate referrals. Provider partnerships provide the opportunity to agree and share referral pathway. Providers also highlighted the value of individual ‘navigators’ to coordinate referrals across a pathway, or professionals within services who are available to discuss and direct referrals appropriately.

27. Here we would note Recommendation 11 Commissioners and Children's Safeguarding Partnerships should hold a role in assuring the effectiveness of referral pathways from statutory organisations.

Recommendation Eighteen: Timely assessment to identify the needs of the 'whole' child or young person (and their family/carer)

28. Workshop participants raised concerned about the number of times an individual child might have to tell their story or repeat sensitive information to multiple professionals working in different agencies. As such, it was suggested that a single assessment should be developed that that identifies the support needs of the child or young person as well as their family/carer. This should be supported by effective information sharing agreements across agencies.

29. Assessments should be provided in a timely manner and form basis for the support that is put in place across agencies, addressing service threshold issues and supporting effective risk management.

Recommendation Nineteen: Multiagency support should be coordinated

30. It is clear that a child will often have support needs that extend beyond a single service provider. In such cases, it will be important that support is available to meet the needs of the child, and their family, and this may result in multiple professionals working with the child and/or their family simultaneously. Participants acknowledged that this can become confusing and in some cases overwhelming for the child/young person (and their family/carer). It was noted how some services have a tendency to become 'territorial' over clients, and do not always work well with other services.

31. There is a recognisable benefit of a single professional who is responsible for coordinating the assessment and jointing up the support around the child, young person (their family/carers). Key functions should include:
    - Liaison before the initial assessment
    - Initial contact with the child or young person (and their family/carer) to share and gather information, signpost to early help and resources
    - Make links with the referrer, child or young person, parent/carer and others involved such as CAMHS or social worker

- Liaison with other services beyond CSA support including GP/Primary Care, School /Colleges ,Housing and Benefits, Immigration and Residence and wider community support organisations
- May provide or coordinate 'holding support' before therapy starts and care afterward
- Liaison with police/CPS to support criminal justice processes, crime reporting, unblocking delays
- Liaison with social care officers to bring expertise for staff and support safeguarding and risk management, avoid duplicate safeguarding referrals and escalate existing and new concerns to Children's Safeguarding.

32. It is clear that there is a need for coordinated services that are underpinned by professional respect and willingness to share information and make referrals to appropriate services to meet the needs of the child.

33. The importance of consistency and continuity of provision of support to meet the needs of children and young people (and their families/carers) was emphasised by participants. This is particularly relevant for young people transitioning into adulthood, whereby some services may cease to be available for example due to age restrictions.

34. Practitioners and commissioners spoke of the significant challenge of sharing information between services. Despite it being fairly well understood that information sharing is key to safeguarding, many raised concerns about how well this is done operationally.

Recommendation Twenty: Effective information sharing agreements are required to underpin working

35. Information sharing agreements are key to supporting agencies to share information with partners. Such agreements allow agencies to maintain appropriate boundaries while also encouraging professionals to have access to the information that they need to provide services and support recovery.

36. Participants noted that for professionals working in multidisciplinary teams, appropriate information sharing allows them to bring together 'their own piece of the puzzle' and improves the overall shared understanding of a child or young person.

GOOD PRACTICE

Centre of expertise on CSA – Improving Agency Records

The Centre of expertise on CSA have produced a guide to improving agency records in organisations responding to child sexual abuse including a data improvement tool so that organisations and local safeguarding partnerships can quickly and easily review the data they currently collect.

https://www.csacentre.org.uk/our-research/the-scale-and-nature-of-csa/improving-agency-records/

6. Providing CSA Support Services

1. As described in the previous section there are a range of services commissioned to meet the needs of children and young people (and their families/carers) who have experienced CSA, each providing an element of support.

2. It is important to note, however, that the availability of these support services is not uniform with local commissioning boundaries often defining the level and duration of support

Challenge Ten: There should be a consistent approach to service provision for victims of CSA (and their families/carers) that is child-focused, needs based and coordinated at the local level.

3. It is clear that there is inequitable provision of service between providers and across geographic areas. Participants identified example areas where the availability of support services is scarce and subject to extremely long waiting lists.

4. Discussions highlighted the lack of a consistent approach to delivery of therapy services for children and young people (and their families/carers). In particular the issue of availability of appropriate play and creative based therapeutic support for younger children.

5. Participants noted that funding of services often lacks the provision for the support of families or carers which is essential for the effective support of under-13s

"It is impossible to effect positive outcomes by working with the child alone. In order to secure lasting change and recovery there is also a need to support the system around them. This is often overlooked and in order to meet the needs of the child, we will also have to look at what their family need too"

6. It was noted that even established services can face significant challenge in achieving equitable access across all protected characteristics, including those from BAMER backgrounds, boys and young men or those with a disability. Workshop participants also noted that little research exists on the comparative effectiveness of services across these different groups as effectiveness measures are not standardized.

Recommendation Twenty-one: Quality Standards for CSA services should be developed to set the benchmark of effective provision and assure consistency

7. It was suggested that quality standards have a helpful role in ensuring consistency of service provision for children and young people (and their families/carers) and reduce the risk of geographical variation in service availability or provision.

8. Quality standards can also be used to assist commissioners to assure themselves that appropriate services for all children and young people, with systemic support for families and carers in place.

9. Participants suggested that quality standards could be used to inform service specifications, performance management and outcome monitoring activities, and drive improvements in quality over time.

Recommendation Twenty-two: CSA services should be based around the needs of the individual child or young person (and their family/carer)

10. The importance of ensuring services are 'child centered' and support is delivered to meet the needs of the child, young person (and their family/carer) is paramount. It was acknowledged that all children, young people their families/ carers respond differently to experiences of CSA, and as such, effective services must be sufficiently flexible to meet the individual needs of that child/young person (and their family/carers).

11. Discussions noted the need for providers to ensure services are accessible and culturally competent to meet the individual needs of children, young people (and their families). This includes the need to monitor the accessibility and effectiveness of services across protected characteristics.

12. Participants raised the importance of working flexibly and creatively when working with children. There is need to 'adapt' the service provision, or 'alter' an intervention to meet the needs of the child, rather than adopt a prescriptive approach to service delivery. For example, at times children and young people can become physically and emotionally exhausted and it will be important to have creative approaches to support the processing of trauma experiences safely.

13. All were clear about the importance of a 'trauma informed approach' when working to support children and young people who have experienced CSA. This understanding is essential for all professionals supporting survivors of sexual abuse but for those working

with children and young people, professionals should have specific knowledge and awareness about how trauma affects the children and young people they are supporting.

14. An important part of addressing the impact of trauma is that the assessment of support need, including therapeutic services, should be given at the earliest opportunity. This will allow support plans to be put in place and referrals to be made to ensure the child is able to access the right service, at the right time.

15. The on-going development and delivery of services should be informed by feedback from those accessing services including children, young people and their families/carers.

Challenge Eleven: Ensuring all children have access to appropriate support services including needs around the Criminal Justice System (CJS).

16. CH-ISVAs have an important and significant role to identify the support children, young people and their families/carers, including through the criminal justice process. The role of the CH-ISVA will vary from case to case, depending on the support needs of the child and they will provide impartial information and advice to the child about the services available to them.

17. The timely provision of therapeutic support provides children, young people and their families/carers the best opportunity for recovery as well an supporting them to give their best evidence in any related criminal proceedings. CPS guidance is clear that where an assessment identifies a need for therapeutic support and the child/young person is engaging with the criminal justice system , Therapy can be made available in line with guidance on Pre-Trial Therapy[2] (https://www.cps.gov.uk/publication/draft-guidance-pre-trial-therapy).

18. Participant expressed concerns than in many cases, children and young people were not referred to either ISVA or therapeutic support by statutory agencies. This means that children and young people (and their families/carers) are missing out on vital support.

19. It was reported that there still appears to be some reticence amongst professionals to refer children and young people for therapeutic support where they are still engaged with CJS. This is despite efforts to raise awareness of CPS guidance on pre-trial therapy and emphasising the importance of victim wellbeing in achieving Best Evidence.

[2] Updated guidance is due to be published by CPS imminently.

In some areas there is no access to commissioned pre-trial therapy services for children and young people.

20. Specifically participants noted the challenges associated with involvement in the Criminal Justice System and the need to ensure that appropriate support is available to support the child/young person (and their family/carer) throughout the often-lengthy process and beyond, if required.

Recommendation Twenty-three: All Children and young people should have the opportunity access to ISVA and/or therapeutic support with specific recognition of the need for support around the Criminal Justice Process.

21. Workshop participants agreed that children and young people (their families/carers) should have an assessment of their needs in order to access appropriate support as early as possible especially where they are engaged with the Criminal Justice Systems which presents some unique challenges

22. Therefore it is vital that support services for children should be promoted to all stakeholders to ensure appropriate and timely referrals are made

23. Support may need to be lengthy to cover the Criminal Justice Process and the outcomes of that process.

24. Access to appropriate support could be monitored in-line with Recommendation 11

Challenge Twelve: Training and qualifications of professionals to work with children and young people varies and is not specified in guidance

25. It was acknowledged that the needs of children and young people will often be significantly different to that of adults, as will the range of professional, services and agencies who may also be involved in the support of the child (for safeguarding purposes, for example). As such, professional training will be key to ensure safe and appropriate support of children, young people and their families/carers.

26. Participants were clear that it is critically important that children and young people who experience CSA are able to access support from appropriately trained, highly skilled and competent practitioners. However, participants described a disparity between the available qualifications for professionals working with children and young people. For example, in relation to therapists, while some are highly qualified and experienced, others may only have completed an online course.

27. Concerns were expressed about professionals experienced in working with adults who expand their provision to work with children and young people without specific additional training. Examples were also discussed within the workshops about therapists experienced in working within a particular modality or therapeutic approach with adults, simply expanding this to children without consideration of the effectiveness or appropriateness.

Recommendation Twenty-four: Providers should have robust approach to ensuring that professionals have appropriate skills and knowledge

28. Awareness and understanding of skills and training should be improved to help providers ensure they employ the right people with the right professional skills who are safe to practise and continue to be fit to practice over time.

29. This is particularly relevant for therapy or therapists, where there is no statutory regulation, although voluntary registers do exist, some of which are accredited by the Professional Standards Authority (https://www.professionalstandards.org.uk/home). Voluntary registers are not regulated by law in the same way as statutory registers and many of the counsellor and psychotherapy registers held by the professional bodies are accredited in this voluntary way.

Recommendation Twenty-five: Different skills will be required to meet the needs of children of different ages

30. Workshop participants noted the needs of children and young people will vary significantly depending on their age and developmental stage and therefore, the skills of the professional will also need to vary. For example a younger, non-verbal child will have significantly different support needs to that of an adolescent child.

31. It was suggested that providers need to be clear about the local skills and qualifications they need in their workforce to effectively support the children and young people they are providing services for. This will mean having a skill mix so that the individual needs of children and young people can be met, taking into account, age and circumstances of their experience and family / carer support.

Recommendation Twenty-six: Providers should offer local training and continued professional development opportunities for working with children and young people

32. Participants stressed the importance that professionals are appropriately trained to work with children and young people and that continued professional development opportunities continue to be available to the workforce.

GOOD PRACTICE

The Green House, Bristol

- Individual Creative Psychotherapy to Children and Young People up to age 18.
- These are weekly sessions clients can have up to 24 sessions, with regular reviews every 6 sessions. Parents and carers usually attend the reviews of the therapy in order to involve them in the intervention.
- Parent/ Carer Support alongside the therapy, for parents who are also traumatised by the abuse.
- The Green House ensures liaison with system around the child or young person, and have found this is also really important in providing holistic support
- The Green House also provide Pre-trial therapy, so a child or young person awaiting a court case does not have to wait until this is over to receive therapy.

7. Acknowledgements

1. The LimeCulture Project Team would like to thank the Home Office for funding this important project. We would also like to thank the members of the National Working Group (listed below) and the participants who attended the workshop series.

2. The discussions and contributions of commissioners, service providers and policy leads from more than 50 organisations have contributed to this report of findings and the challenges and recommendations within.

3. We are particularly grateful to the workshop speakers who worked collaboratively to incorporate the experience of children, young people and their families/carers within their presentations. This added an important emphasis to workshop discussions and the findings.

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• Alison Dacre	Victim Support
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• Cath Wakeman	Imara, Nottingham
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