

# Evaluation of Sexual Abuse and Assault Support Services in Norfolk and Waveney

March 2021

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## Who we are and what we do

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather people's views of health and social care services in the county and make sure they are heard by the people in charge.

The people who fund and provide services have to listen to you, through us. So, whether you share a good or bad experience with us, your views can help make changes to how services are designed and delivered in Norfolk.

Our work covers all areas of health and social care. This includes GP surgeries, hospitals, dentists, care homes, pharmacies, opticians and more.

We also give out information about the health and care services available in Norfolk and direct people to someone who can help.

At Healthwatch Norfolk we have five main objectives:

1. Gather your views and experiences (good and bad)
2. Pay particular attention to underrepresented groups
3. Show how we contribute to making services better
4. Contribute to better signposting of services
5. Work with national organisations to help create better services

We make sure we have lots of ways to collect feedback from people who use Norfolk's health and social care services. This means that everyone has the same chance to be heard.

Our details:

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## Summary

In Autumn 2019 Healthwatch Norfolk were commissioned by the Domestic Abuse and Sexual Violence Network and funded by the National Lottery Awards for All programme to undertake a qualitative evaluation of sexual abuse or assault support services available in Norfolk. This report forms a part of the above-named project but acts as a standalone piece of work, mapping the support services available throughout Norfolk.

Healthwatch Norfolk surveyed local service providers to gain an understanding of the services they provide, their response to service user feedback and the changes made during the Covid-19 pandemic.

All services were based within Norfolk but not all services were delivered in Norfolk and Waveney and some were district specific. Three quarters of organisations surveyed were charities, mostly reliant on fundraising and donations.

The eligibility criteria for support varied greatly across the services with half of respondents able to offer support to a family member or parent/carer.

In most cases, support was free to the user, however the amount of support available varied depending on which service was accessed.

Unsurprisingly, most services have changed the way they work with service users in response to COVID-19, utilising different digital platforms where possible.

All services that responded operate over five days a week or more, with some services able to offer 24-hour support. Over half of respondents reported a wait time of 4 weeks or less.

The findings of this report will be shared widely with the service providers and key stakeholders to raise awareness, encourage learning and provide suggestions to improve the experiences of service users and their families as they continue to deliver services while facing unique challenges presented by COVID-19.



## 1. Why we looked at this

Healthwatch Norfolk has been commissioned by the Domestic Abuse and Sexual Violence Network, Norfolk and Waveney CCG and the National Lottery Awards for All programme to undertake an evaluation of sexual assault and abuse counselling and support services in Norfolk and Waveney that are available to young people aged 25 years or younger.

The initial stage of the evaluation process was to survey local service providers both voluntary and statutory to gain an understanding of the services they provide, how they adapt their services in response to service user feedback and the changes that have been made to ensure services continue to be delivered during the Covid-19 pandemic. This report forms part of a wider evaluation project but can be considered as a standalone report on the provision of services in Norfolk and Waveney.

The service providers approached were identified by the steering group for the project and are a comprehensive picture of the services available locally in Norfolk and Waveney for those who have been sexually assaulted or abused.



## 2. How we did this

A steering group was established to have oversight of the evaluation process and to provide advice and relevant links. The steering group membership consisted of representation from the following:

- NHS Norfolk and Waveney Clinical Commissioning Group
- Healthwatch Norfolk
- Office of Police and Crime Commissioner
- Education
- Sexual Assault and Referral Centre
- Voluntary sector provider services
- People with lived experience

We recognise the very sensitive nature of the project, which is why we have ensured that we consult widely on any material or survey that will be sent out to the public. The knowledge and experience of the steering group members has been particularly valued.

A survey was developed in consultation with the members of the steering group, which was sent out by email to the list of providers. The email had a link to a web-based smart survey and a word document version was attached to the email.

The survey was sent in July to the following organisations:

- |   |   |
|---|---|
| • Action for Children   | • Norfolk and Norwich University Hospital         |
| • Benjamin Foundation   | • Norfolk County Council - Public Health          |
| • Break Charity   | • Norfolk and Waveney Mind (Young People in Mind) |
| • CAMHS (Norfolk and Suffolk Foundation Trust)                | • Norfolk and Suffolk Victim Care                 |
| • Cambridgeshire Community Services - Healthy Child Programme | • Norfolk In Care Council                         |
| • Daisy Programme   | • Norwich Connect                                 |
| • Family Action   | • Norfolk and Suffolk Foundation Trust            |
| • Family Voice  | • Open Trust                                      |
| • Fresh Start New Beginnings                                  | • Ormiston Families                               |
| • iCaSH (sexual health services)                              | • Pandora   |
| • James Paget University Hospital                             | • Point One                                       |
| • Leeway  | • Respect Yourself                                |
| • Magdalen  | • Restitute                                       |
| • Mancroft Advice Project (MAP)                               | • St Martins                                      |
| • Matrix Project  | • Sue Lambert Trust                               |
| • Matthew Project   | • The Truth Project                               |
| • MOSAC   | • Young Minds                                     |
| • Norfolk Community Health and Care NHS Trust                 | • Youth Advisory Service                          |



The survey was also sent to the Sexual Assault and Referral Centre (SARC); however the evaluation is focussed on the support and services that are available after engagement with the Sexual Assault and Referral Centre rather than the services of the SARC itself.

Follow-up emails were sent to prompt those who had not responded, this was followed up with a telephone call where appropriate. We asked those organisations that were not providing relevant services to send a “nil return” by email so that we could report on this.

Responses received by email (on the word version of the survey) were entered onto the smart survey by Healthwatch Norfolk staff so that all the data was held in one place. The survey closed at the end of October and the responses from the smart survey were downloaded for analysis.

The data from this survey allows us to understand the services that are available and how the services operate, which is effectively a mapping exercise. The information obtained will help to understand the range of support on offer and whether there are any gaps, whether they are geographical or levels of support. It will also help to inform the feedback we should be trying to obtain from service users.

A survey of GPs and Designated Safeguarding Officers in schools will help us to understand the levels of knowledge about the range of services on offer and how people are signposted / supported to access these services. All surveys for this project have been developed in consultation with the steering group.

As the project progresses, we will be undertaking a survey of those who have used or tried to access services. We will then be able to consider whether there is a match between what the services say they are offering and how service users perceive the services. This will provide valuable evidence of whether any changes should be made to service delivery or whether there are any issues that require further analysis.

The impact of the Covid-19 pandemic has meant that aspects of the evaluation have needed to be delayed, including the survey for service users.



### 3. What we found out

Responses were received from a total of 24 organisations out of the 36 organisations that were initially contacted (65%). Of those that did not respond:

- Two were no longer operating - Open Youth Trust and the Matrix Project (now the Doorways Project run by the Magdalene Group)
- Three were NHS providers - James Paget University Hospital and Norfolk and Suffolk Foundation Trust, Child Adolescent Mental Health Services (NSFT)
- Three were national providers with no local service provision - MOSAC, Young Minds and Youth Advisory Service
- Two were voluntary sector providers - Norwich Connect (Spurgeons) and St. Martins Trust
- On reviewing the other 2 services that did not respond we felt that the service they provide would not include support or counselling for sexual assault or abuse - Respect Yourself and Norfolk In-Care Council

Of those 24 organisations that did respond, 10 responded to say that they did not provide any services that would be considered relevant for the purposes of the review.

As the project has progressed, we have become aware of additional services that were then contacted to complete the provider survey and their responses have been included.

Responses to the service provider survey were received from the following organisations:

- |  |   |
|--|---|
| • Break Family Centre (part of Break Charity)      | • Pandora Project   |
| • Daisy Programme                                  | • Restitute   |
| • Fresh Start - New Beginnings                     | • Sue Lambert Trust   |
| • iCaSH  | • The Magdalene Group - Rose Project- children and young people |
| • iCaSH Norwich                                    | • The Magdalene Group -Doorway Women's Service - 18+            |
| • Leeway   | • The Matthew Project   |
| • Norfolk and Suffolk Victim Care - Victim Support | • Survivors in Transition                                       |
| • Norfolk and Waveney Mind                         | • The Survivors Trust   |
| • Norfolk and Waveney Mind, Young People in Mind   |   |
| • Ormiston Families - Point 1 Service              |   |

Some organisations responded twice, reflecting different elements of service provision, such as The Magdalene Group, Norfolk and Waveney MIND and I-Cash (Cambridge Community Services).





### Geographic Distribution and Services Provided

Geographic coverage of service is variable. All the services were based within Norfolk but not all were delivered in Norfolk and Waveney, indeed some services were district specific.

**The Survivors Trust** is a national membership organisation for over 124 specialist rape, sexual violence and childhood sexual abuse voluntary sector organisations.

It is the largest network of sexual violence support services within the UK, with Member Agencies located throughout England, Wales, Scotland and Ireland. Their member agencies work with women, men, children and young people.

By working closely with member agencies a collective voice is created for the Sexual Violence and Abuse Voluntary Sector and the Survivors they support.

**The Sue Lambert Trust** is a specialist provider for anyone over the age of 11 years who have been subjected to sexual violence and abuse support, provides services in Norfolk, but not in Waveney.

**Fresh Start - new beginnings** is a therapeutic service for children and young people under the age of 18 years who have been sexually abused. The service is provided in Norfolk and Suffolk.

**Survivors in Transition** provides support to men and women aged eighteen years and over who have experienced sexual abuse or sexual assault when they were under the age of eighteen. They also provide support to men who have been raped or sexually assaulted as adults. They have also recently launched “TOPE line” for children and young people aged 13+ who are experiencing or have experienced abuse.

**Restitute**, which does not support the individual but provides support for the family or carers of those who have been subjected to sexual violence and abuse support provides a service in Norfolk and Suffolk.

**The Rose Project** (part of the Magdalene Group) provides support to young people who have been affected by child sexual exploitation in Norfolk.

**Doorways Women’s Service** (part of the Magdalene Group) provides support to women aged 18 years and over who have experienced of sexual violence, exploitation, coercion and multiple disadvantage in Norfolk.

**Norfolk and Suffolk Victim Care**, which provides support to those who are affected by crime (it can be historical and does not have to have been reported) is available to anyone in Norfolk and Suffolk.

There are three different providers of domestic abuse services; **Leeway**, **Pandora Project** and the **Daisy Programme**. Only Leeway provides services across Norfolk and Suffolk. The other two provide services at a district level - Pandora Project in West Norfolk and the Daisy Programme in Breckland.



**Ormiston Families Point 1 Service** supports children and young people with mild to moderate mental health difficulties in Norfolk and Waveney and is part of the CAHMS offer for those under the age of 18 years.

**Norfolk and Waveney MIND** provides a range of services and groups to support people over the age of 25 with their mental health and wellbeing in Norfolk and Waveney. They also have a service for young people from 14-25 years old, for those who live in Great Yarmouth and Waveney.

**iCaSH** offers support around sexual and reproductive health. The service is open to those in Norfolk and Suffolk. Service users can see a doctor or nurse for sexual health care following disclosure of sexual assault/abuse for immediate assessment and treatment.

**Break Family Centre** (part of Break charity) offers support to children and young people requiring therapeutic support. No rigid referral criteria, and will aim to support where at all possible. They provide services in Norfolk.

**The Matthew Project** focuses on reducing drug and/or alcohol misuse with young people under 18, providing support for both young people and adults in recovery, and improving individuals' mental wellbeing.

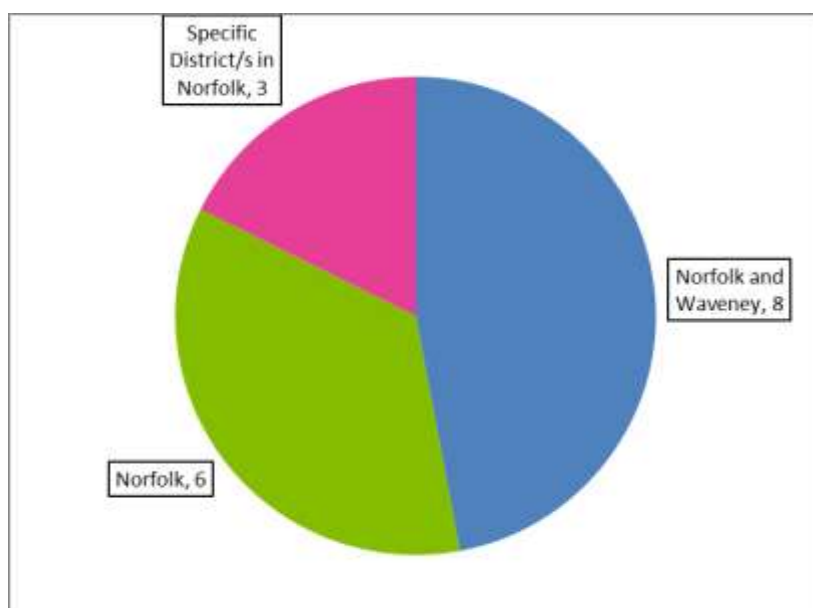


Figure 1: A graph showing where the services are delivered

### Organisational Status

76% (13) of the services were charities, two were NHS providers and a further two classed themselves as “other” - a Community Interest Company and a partnership project consisting of a charity and statutory partnership.

### Commissioning

The commissioning and funding for these organisations was generally a mix of being commissioned / funded from the Clinical Commissioning Groups, Norfolk County Council and the Office of Police and Crime Commissioner. Two

organisations were not commissioned and received no statutory funding. The majority of charitable organisations were reliant on fundraising and donations.

### Referrals

We asked how individuals were referred to the service. 13 (81%) of respondents accepted referrals from both other professionals and self-referrals. 2 (13%) did not accept self-referrals and one service was self-referral only, although 60% of people were signposted from mental health services to this service. One respondent did not give information about their referral process.

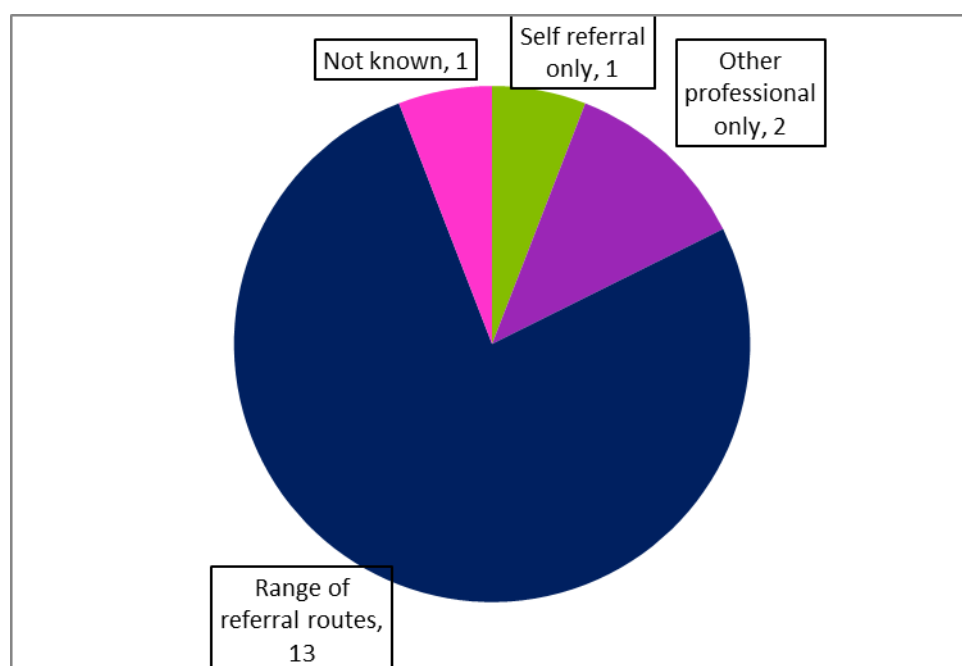


Figure 2: A graph showing who can make a referral

Organisations rely on a variety of means to inform people about their services including the use of websites, social media, leaflets etc. There is also a reliance on the knowledge of other professionals who will act as a source of referrals.

### Eligibility Criteria

The criteria for accepting referrals vary according to the service. The range of responses to the question “what are your criteria for accepting / declining a referral?” is as shown below:

- *We will accept anyone who has experienced trauma through sexual and domestic violence and abuse. During an initial assessment we will determine if long term counselling and/or Support Work will benefit the client. Rarely but on the occasion we will decline our service if we feel that another intervention might be better suited.*



- Those who are 18+ that have experienced abuse under the age of 18 years. Men who have experienced rape or sexual assault in adulthood. New 13+ service, TOPE, which is a service for those who have not reported abuse
- We are funded to support:  
Young People from 14-25 years old  
any Adults 25- no upper limit  
Carers supporting a family/Friend etc. living with mental ill health

We are not commissioned to support

For ages 25+:

- An individual is alcohol and/or drug dependent
- An individual is living with learning disabilities

For ages 14 - 25:

- The young person regularly uses life threatening behaviours
- The young person has a developmental delay/disorder, learning difficulty, ADD/ADHD, Autistic Spectrum Disorder (including Asperger's)

- We support children and young people with mild to moderate mental health difficulties
- We support 14-25 year olds  
We cannot support if
  - The young person regularly uses life threatening behaviours
  - The young person has a developmental delay/disorder, learning difficulty, ADD/ADHD, Autistic Spectrum Disorder (including Asperger's)
- They need to be a 3rd party victim of crime. ie - they are supporting someone who has survived sexual violence or other serious violent crime - often domestic violence
- All children who are referred to FSNB will have disclosed CSA/CSE to a professional
- We only support women and children who have been affected by domestic abuse. We don't accept the referral if they have severe mental health needs.
- If they require contraception or genitourinary medicine care
- Has to be a contraception/ sexual health issue
- Children and young people requiring therapeutic support-realistic time-frame and funded. No rigid referral criteria, and will aim to support where at all possible



- *Children/young people must be assessed to be at medium/high risk of CSE and under the age of 18 to be referred.*
- *Doorway works with women who have experience of sexual violence, exploitation, coercion and multiple disadvantage. 18+*
- *Each case assessed on a case by case basis*
- *Telephone advice and support - no specific criteria. All other services it is dependent on the service: refuge, IDVA, outreach and groups. CYP service (Great Yarmouth, Norwich) - must have come through an FSP - must have witnessed at least one incident of DA toward a parent/carer and be in the correct geographic area.*
- *It depends on the client. We always do an initial assessment. If we feel there would be a more appropriate service then we will help them to make a referral*
- *Those who have experienced domestic abuse. Medium and standard risk clients (DASH risk assessment).*

This would suggest that those who are in need of support could find themselves trying to navigate a number of organisations to see if they fit the criteria. However, it must be understood that very few of the services are specifically targeted at supporting those who have been sexually assaulted or abused; the majority offer support for this as part of a wider issue.

Organisations were asked which age ranges they offer support to, the results are shown in table 1. Fewer organisations supported those within the age range 1-11 years.

Table 1

*This table shows the age range of those supported and the number of organisations that support the age range*

Age Ranges Supported	Number of organisations
1-11	7
12-17	13
18-25	13
25+	12
Other:	6
<i>We support a main carer who is often caring for wider family too</i>	
<i>We work with parents and carers to support the young people. Also with 18-25 years specifically Care Leavers as we have a grant-funded workstream</i>	
<i>18 years and under</i>	



5 - 18 years
16+

Participating organisations were also asked who they offer support to, the results are shown in table 2. The majority of responding organisations offered support to the individual affected by assault or abuse. Half of the respondents also offered support to family members or carers.

Table 2 *This table shows who support is offered to and by how many organisations*

Support offered	Response Percent	Number of organisations
Individual	94%	16
Sibling	57%	8
Parent	43%	9
Carer	57%	8

### Types of Support Offered

Organisations were asked about the type of support they offered, i.e. face to face, telephone and virtual. 16 of 17 (94%) respondents offered face to face and telephone support. 88% were able to offer virtual support via 'Zoom', 'online webchat and email', 'video call sessions' or other 'digital platforms'. 12 (75%) offered outreach services. All organisations told us that they signposted people to other services.

There was a mixture of other support available detailed in the figure below showing the variety across different organisations. Peer support was a theme throughout via social groups, clubs and group sessions.



*'We also provide stabilisation work through our support workers to ensure immediate practical concerns are addressed. There is also practitioner led group therapy and self directed group work for men, women and mixed genders'*

*'Personal Development courses, Social Groups, Community Horticultural site, Low cost Counselling'*

*'Greater emphasis on digital at this time'*

*'1:1 intensive support, face to face, phone, email, text, video call sessions, Street Outreach, Inreach, Drop in, Prison Visiting, Independent Sexual Violence Adviser support.'*

*'Group sessions...Walk and Talk'*

*'Counselling (for those who have had long term trauma), freedom programme and confidence courses provided. Peer support is a key part of the support - including a WhatsApp group. Book clubs, art clubs - lots of social and recovery support.'*

*'TOPE offers text, phone, whatsapp, online chat with qualified counsellor, but no face to face contact. Our wider service provides peer support, specialist trauma therapy, group working or one to one sessions'*

The amount of support offered to those affected and their families and/or carers varied greatly depending on the organisation. 38% of respondents said their organisations could offer limited support from as little as 1 to up to 12 sessions. Another organisation said they were able to offer support in 'weekly sessions for up to a year'. One of the organisations stated 'Support is reviewed on a six-weekly basis, but there is no time frame for support. Services users can return if they find that later they are struggling again. Our specialist trauma therapy is 13 sessions over 6- 9 months.' The remainder of organisations were not fixed in the number of sessions or the amount of time that they would work with service users.







Twelve (75%) of the 16 organisations offer an outreach service. Those that do not provide an outreach service are Survivors in Transition, Ormiston Point-1, Norfolk and Waveney MIND Young People in Mind, ICaSH and the Rose Project.

Those projects that support people who have been affected by domestic abuse, Leeway, The Daisy Programme and Pandora Project only offer support for sexual abuse and assault that has occurred as part of domestic abuse. Although the Daisy Programme has recently secured additional funding to provide support to any person 16+ who has experienced sexual abuse in Breckland. The support will be time limited to 18 sessions.

The iCaSH service identified that Clinical Psychology is available for HIV patients because of separate HIV funding, but not for anyone else. They state *“We are desperately in need of Clinical Psychology or Psychosexual Counselling for our patients - the only option is to signpost them to Wellbeing (not very specific) or to a private counsellor..... our Psychology/Psychosexual Counselling services were discontinued at the end of 2016 due to cuts to Public Health funding. We used to be able to offer 4-6 sessions of counselling.”*

Restitute CIC stated *“We support the families, carers and loved ones of survivors of sexual violence. As such we provide indirect support to survivors that has far-reaching and long-lasting results, keeping families together”* stressing the impact that sexual abuse has on the needs of wider family.



### Cost of Support

The majority of support available to service users is free to the user, (87.5%) with only two services had some element of their delivery that was not free to the user, Break charity and the Matthew Project.

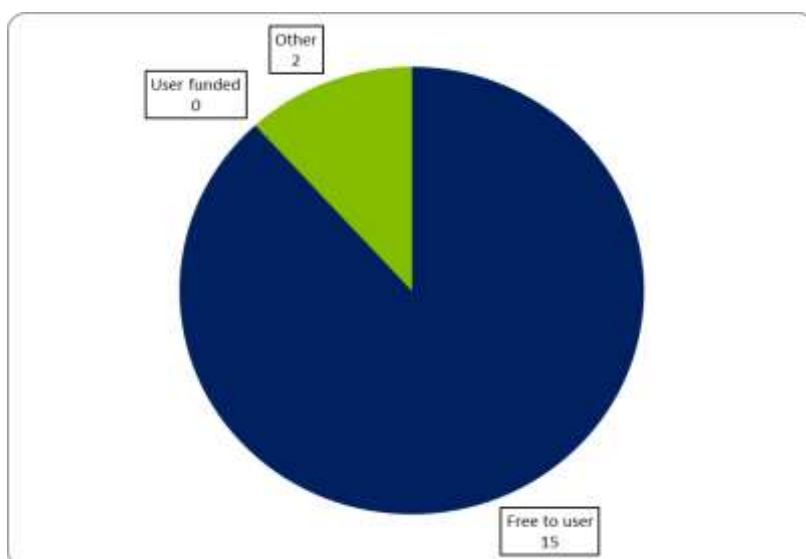


Figure 3: A graph showing the number of organisations offering free or paid for services.

The Matthew Project has introduced a new, means-tested payment system for some service delivery. MIND also stated that their low cost counselling has a cost involved and that this is judged on a case by case basis.

One of the providers stated *“Our work is expensive but we do not charge clients”* perhaps identifying the difficulty of funding services without charging service users.

### Staffing Structure

There is a wide range of staffing roles, both paid and voluntary, used to support service users, which include the following:

- Psychologists
- Counsellors
- Counsellors - trainee
- GP / nurse
- Therapists
- Mental health case workers / practitioners
- Social workers
- DA specialists - IDVA
- Young people's practitioners
- Peer support
- Outreach workers
- Case managers
- Case workers - lived experience
- Trained volunteers
- Specialist trauma therapists

Some organisations refer to trained volunteers or case workers but do not state the training provided, although one service stated that their young people's practitioners are qualified to a minimum of level 3 in a relevant qualification. The iCaSH services, which provide sexual health services, offer access to GPs and nurses.





### Regulatory Frameworks

Half of responses (50%) told us that their organisations delivered services under a regulatory framework such as the British Association of Counselling and Psychotherapy (see Figure 4). Organisations had a mixture of registered and non-registered staff, where this was the case staff were registered as individual members of their governing bodies.

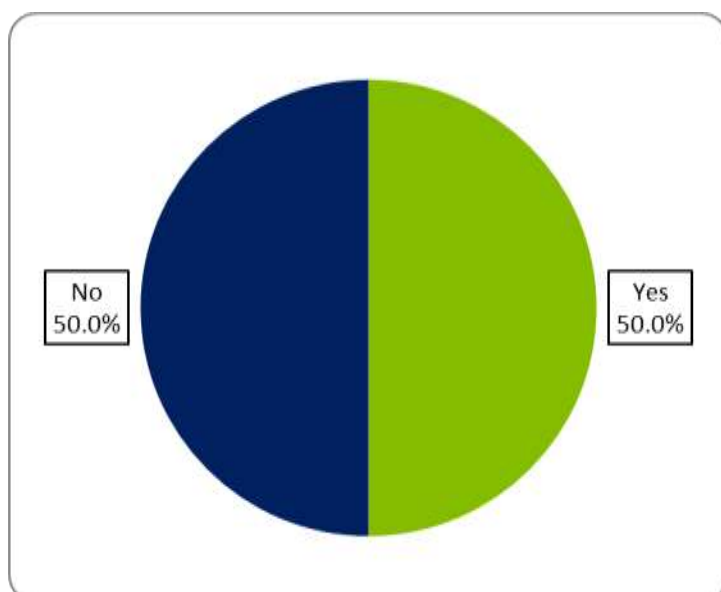


Figure 4: This graph shows the percentage of organisations that are registered or have staff registered under a regulatory framework.

*'The majority of staff are BACP or UKCP registered. We also have non registered Emotional Wellbeing Practitioners (previously known as Senior Practitioners) who offer psychosocial intervention.'*

*'Our counsellors are registered. Our support workers mainly have lived and learned experience (ie former teachers, social workers etc)'*

*'Individual therapists and social workers are members of their governing bodies (e.g. BACP, SWE)'*

*'We employ 2 therapists who are registered under BACP and Dramatherapy. We are currently deciding whether we will be BACP members as an organisation.'*

*'Our organisation is registered under BACP, UKPC and relevant trauma bodies'*

### Developing Digital Support

For organisations that did not currently provide a virtual service, 3 organisations said that they were interested in developing one in the future. 11 respondents said that this was not applicable to their organisations. It is assumed that these organisations already have a virtual offer. 2 organisations chose not to answer this question. See Figure 5.

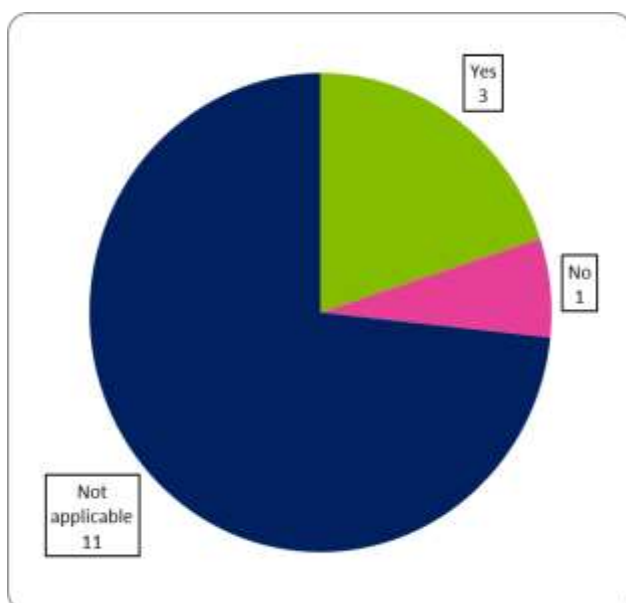
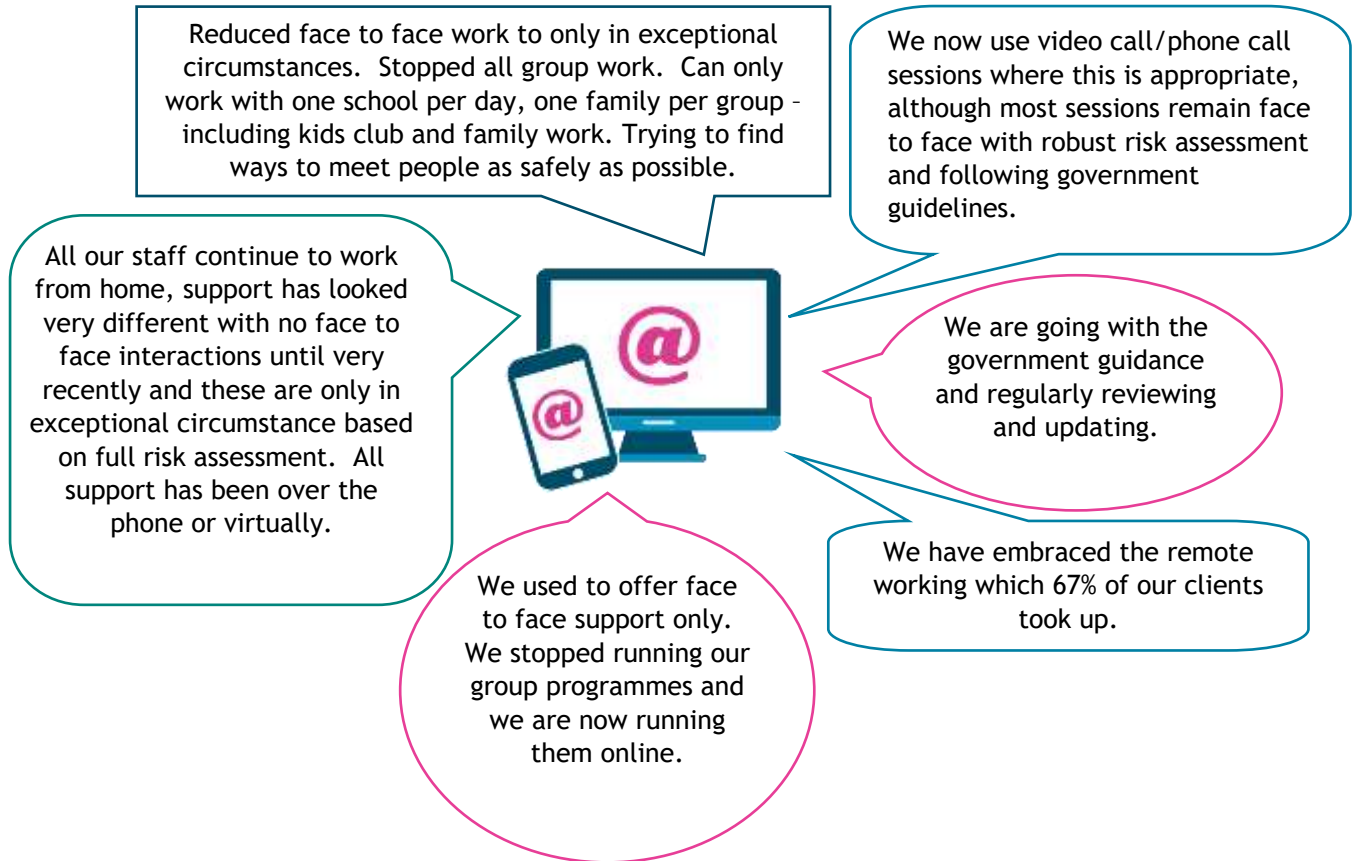


Figure 5: This graph shows the number of organisations that are interested in developing their digital offer

### Response to COVID-19

It was important to ascertain how organisations had changed in response to COVID-19, unsurprisingly 87.5% of responders said that their services had changed in some way.





We also asked organisations how they supported people who did not have access to the internet. All respondents said they were able to continue to support service users through telephone or face to face support where possible.

*'we provided check in calls to keep a view on their well being. Since 6th July we have invited those who could not access remote counselling to face to face (COVID Safe Environment) on a very limited capacity.'*

*'Presently just through telephone. In Norfolk internet is not always reliable so telephone is often the option.'*

*'by phone and where we can and where we feel it is necessary and safe we have sought grants to help people get access to the internet.'*

The Daisy Programme had received a grant from the OPCCN to provide Wi-Fi and tablets for those who did not have an internet connection.

### Operating Hours and Wait Times

All services that completed the survey described their services as offering support between 5 and 7 days a week. 14 organisations (87.5%) offered support 09:00-17:00 with the remaining 2, offering 24 hour support. The Magdalene Group was keen to



stress that they have the ability to be flexible about the times they can provide support for service users in both the Rose and Doorways Projects.

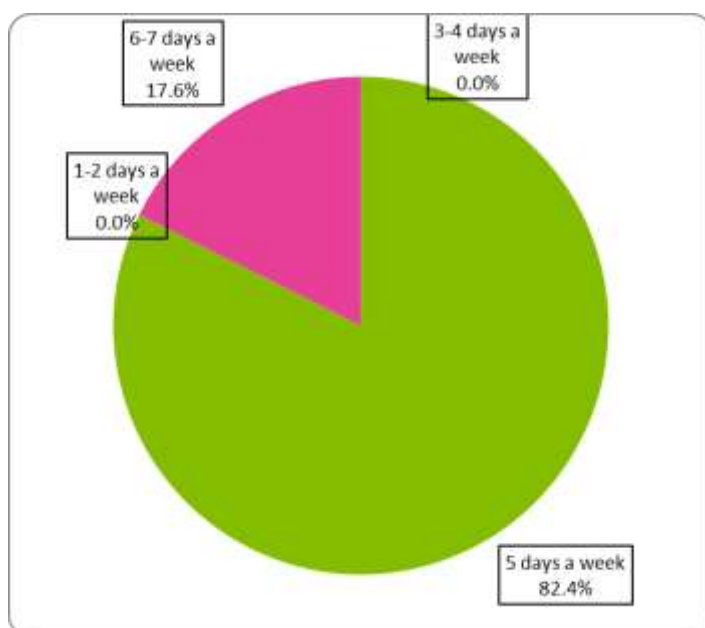


Figure 6: This graph shows the the number of days service is provided and the percentage of organisations offering this number of days.

Nine of the 16 organisations (56%) had a wait time of four weeks or less, with 6 of these having a waiting time of less than a week. Three services had a wait time of 3 - 6 months. Two services (12.5%) had a waiting time of over a year, the Sue Lambert Trust and Ormiston's Point -1 service.

Survivors in Transition, which has a wait time of 3-6 months were keen to stress that they have a dynamic management process for their referrals and will talk to those referred to explain that there is a waiting list but to ask them how urgent their need is.

Table 2

A table showing the average wait time from referral to receiving a service.

Average Wait Time	Response Total
<1 week	6
1-4 weeks	3
1-2 months	3
3-6 months	3
7-12 months	0
>12 months	2

All 16 organisations (100%) stated that they will signpost or make referrals to other organisations.

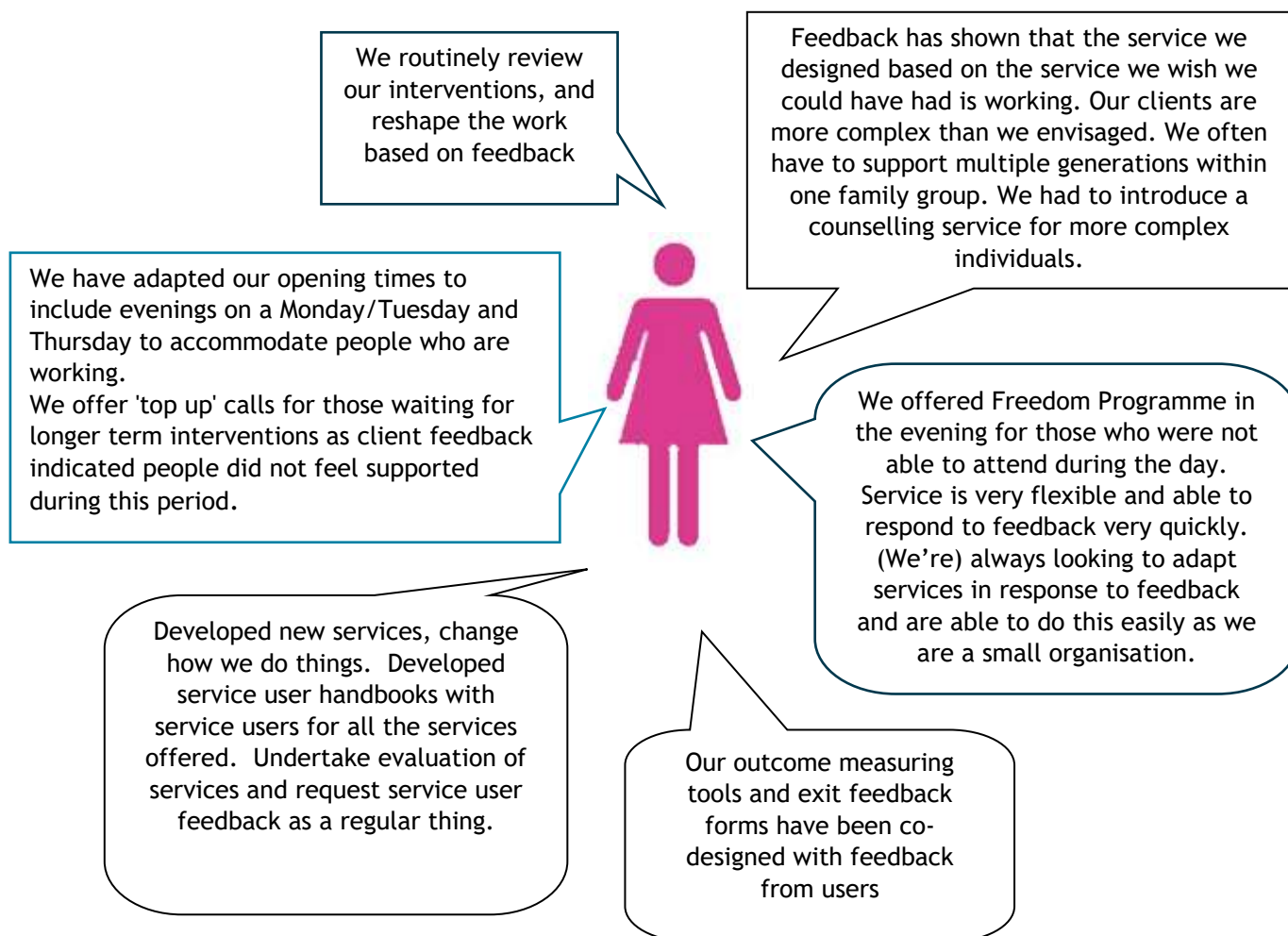


Regarding the Harbour Centre (Sexual Assault Referral Centre), Point-1 commented *“We have seen an increase in services such as the Harbour Centre referring young people to Point 1 following sexual assault. This has flagged a question to us if there is enough counselling available through this service”*. This could be a misunderstanding of the criteria for support that the Harbour Centre can offer:

*“To receive ISVA (Independent Sexual Violence Adviser) support you must be a victim of rape, attempted rape or a serious sexual assault which must include penetration, doesn’t matter where or when it happened or if you choose to report to the Police or not”*.

### Service User Feedback

All respondents told us that their organisations collected service user feedback and have made changes to their service delivery as a result of the feedback and all gave examples of how services were adapted in response to feedback. Norfolk and Waveney MIND state that they are proactive in responding to the needs of the community as well as their service users.



The Rose Project identified some particular learning as a result of feedback from the young women they support:

*In the past, the intervention delivered by our Rose Project (Reaching Out on Sexual Exploitation) was modelled around targeted support in which a specific topic (e.g. grooming, consent, abuse, healthy relationships) was systematically covered each session. However, many young people have expressed that they do not wish to engage with 'CSE' work as this makes them feel like they are being "blamed" for the exploitation that has happened to them; instead, they would like professionals to "stop bringing it up" and let them move on. As a result of this we are undergoing a significant review and reduction of the resources we use (especially the use of videos) to avoid inadvertently re-traumatising them. The feedback has also opened up discussions internally about how we refer to those we work with and whether or not this language unwittingly feeds into how young people understand and experience support around exploitation, e.g. does 'young person' give children a sense of agency that hinders their comprehension of their personal experiences of exploitation. Our CSE Practitioners are implementing a more therapeutic and relational approach that allows the young person to lead the sessions according to what they feel their needs, concerns or interests are at that time. Young people have also feedback that they appreciate being in control of deciding where they would like these sessions to take place as it reinforces that the support is for them and on their terms.*

Survivors in Transition found that there was a significant increase in engagement when they responded to service users who told them that they did not like the term 'group work', so they changed it to 'working together'.

The Sue Lambert Trust has indicated that they are currently in the process of commissioning a piece of research with their clients, presumably to gain more insight into the service user feedback.

#### Additional Comments

The Daisy Programme probably summed up the concern felt by all of the charitable organisations: "Long term, sustainable funding is the greatest challenge for the organisation".





## 4. What this means

There is service provision for children, young people and adults who have been sexually abused or assaulted and for those who support them. These specialist services are provided by the Sue Lambert Trust, Fresh Start - new beginnings, The Survivors Trust and Restitute. However, the Sue Lambert Trust does not provide support in Waveney and has lengthy waiting lists. There is some overlap of service provision for children and young people, however waiting lists appear to reflect the level of need. Commissioning of services is undertaken by the CCG, Office of the Police and Crime Commissioner, Public Health and Norfolk County Council but some of this funding is short term and project specific.

There are other providers who either provide non-specialist support such as Norfolk and Suffolk Victim Care or MIND, and those that provide particular targeted services such as for domestic abuse or sexual exploitation.

For those individuals who are seeking support, it could be a difficult landscape to navigate as the referral criteria can be complicated and the provision of services can be restricted by geography. To find out the relevant information would take quite a bit of searching although 81% of the organisations have a range of referral routes with only two services requiring referral from a professional. An internet search for “help for sexual abuse Norfolk” does not bring up ‘Fresh Start - New Beginnings’ and the relevant Norfolk County Council website only identifies the Harbour Centre and the Sue Lambert Trust.

Norfolk and Waveney are dependent on the voluntary and community sector to provide these services, but the funding for these organisations is a mix of statutory funding through commissioning, grant funding, donations and fund raising activity. The current pandemic has had a huge impact on the voluntary and community sector’s ability to fundraise due to the closure of charity shops and the cancellation of events. This can make confidence in the future of these services uncertain. Some particular pieces of project work are carried out with short term funding, which could mean that by the time awareness of a project is raised the project could have ceased to be provided.

Services are flexible, with 75% providing outreach as part of their offer. All the organisations seek feedback from service users and adapt their services in response to this. The strength of voluntary and community sector organisations is that they are able to be adaptable to need, however the funding they receive sometimes creates very specific referral criteria, which restricts who can access the service.

There is a broad range of paid and unpaid staff roles in the organisations and key services are dependent on volunteers for their service delivery. Those who provide counselling or therapists deliver these under a regulatory framework or their individual counsellors / therapists are registered with a governing body such as BACP, but 53% of services are not delivered under a regulatory framework.





Unsurprisingly, over 87% of services have had to adapt their service delivery as a result of Covid-19 with the majority of face to face interactions being restricted. Organisations have adapted to the changes needed by offering support over the internet and by telephone, but many report that some of their service users have wanted to continue with face to face contact, which they have tried to provide in line with guidance.



## 5. Recommendations

- i. *Information regarding agencies available to provide support should be available for young people, families and professionals. Information should be relevant to the geographical area and kept up to date.*
- ii. *N&W CCG and NCC should ensure that commissioned services are publicised on relevant websites accessed by young people, families and professionals. (e.g. Fresh Start New Beginnings, a CCG commissioned service is not listed on the NCC website).*
- iii. *Review on an ongoing basis information regarding support for sexual abuse and assault on local websites, i.e. Just One Norfolk and Norfolk Safeguarding Children Partnership websites.*
- iv. *Commissioned services should work to raise their profiles in the public domain and explore SEO (Search Engine Optimisation) to ensure they are discoverable online.*
- v. *Commissioned services should work more closely together; publishing their services, scope and remit in a clear and accessible way.*
- vi. *Organisations should collaborate where possible to identify areas of need, join up funding and commissioning of services.*
- vii. *Service commissioners should explore ways in which services could be commissioned for longer periods of time, taking into consideration the time to meet the additional demand and revise the service in response to feedback.*
- viii. *Healthwatch Norfolk should undertake further work to gather an understanding from professionals (Schools, colleges and GPs) of what support is available and the services they provide (to be completed as part of wider SAILS project).*



## 6. References

- 1 ONS report Child sexual abuse in England and Wales: year ending March 2019, January 2020
- 2 NEU and UKfeminista Report It's Just Everywhere
- 3 NEU and UKfeminista Report It's Just Everywhere
- 4 Project deSHAME: Young people's experiences of online sexual harassment
- 5 Project deSHAME: Young people's experiences of online sexual harassment
- 6 NSPCC Helplines Report



## 7. Appendix

### Service Provider Survey

## 8. Improving Sexual Assault and Abuse Support Services: Service Provider Survey

### About this survey

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather views of health and social care services to ensure they are heard by the people in charge.

Healthwatch Norfolk is carrying out a project to evaluate the current sexual assault and abuse counselling and support services available to people in the Norfolk and Waveney area. A big part of this will involve gathering peoples' experiences of using services such as your organisation. We also want to make sure we have a full understanding of the role your organisation has and so we would really appreciate it if you could complete our survey.

We recognise that, in response to COVID-19 the services you usually provide might have changed, however we ask that you complete this survey based on your service prior to 23 March 2020. We will contact you again later in the year to see how your services have changed.

The findings will be used to inform commissioners about what can be done to improve access and awareness of the services among the general public.

The survey should take around 10-15 minutes to complete. All responses will be put into a final report. This will be publicly available on our website. You can read our full privacy policy [here](#).

Feedback will be shared on our website and may also be used in other Healthwatch Norfolk communications.

*\* These sections are mandatory and must be completed*

1. Please confirm that you have read and understood the above statement by signing the box below \*:

2. A link to the final report will be included in our quarterly newsletter. To sign up to receive this newsletter please leave your email address below:



## 2. About Your Organisation

*All the boxes will expand as you type in them*

### 3. Organisation Name \*

### 4. Organisation Location

### 5. Organisation Status \*

Status	Please tick / state which
Charity	
Local Authority	
NHS Provider	
Police	
Other, please specify:	

### 6. How are you commissioned?

### 7. What geographical area do you cover? \*

## 3. Referrals and Support Offered

### 8. How are individuals referred into your service?

### 9. If you have a self-referral process, how do you make potential service users aware of your organisation?

### 10. What are your criteria for accepting/declining a referral?

### 11. What age ranges do you offer support to? (please select all that apply)

\*

Age	Please tick those that apply
1-11 years	
12-17 years	
18-25 years	
25+ years	
Other (please specify):	

### 12. Who do you offer support to? (please select all that apply) \*

Services offered to	Please tick those that apply
Individual	
Sibling	



Parent	
Carer	

13. What services are you able to provide? I.e. face to face, telephone, digital

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14. How many sessions/how much support are you able to offer?

--

15. Is the service free? \*

	Please tick which option applies
Free to user	
User funded	
Other, please specify:	

16. Please could you describe the staff groups and how your team supports service users? (psychologists, peer support, therapists)

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17. Are your services delivered under a regulatory framework, e.g. the BACP (British Association of Counselling and Psychotherapy)?

	Please tick which option applies
Yes	
No	
Not sure	
Comments:	

18. If you currently do not provide a remote/digital service is this something you are interested in developing?

	Please tick which option applies
Yes	
No	
N/A	

19. Have your services changed in response to COVID-19? \*

	Please tick which option applies
Yes	
No	
Comments	

20. How do you support people who do not have access to the internet?

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## 4. Service Provision



21. How many days a week do you offer support services? \*

Frequency	Please tick which option applies
1-2 days a week	
3-4 days a week	
5 days a week	
6-7 days a week	

22. What are your service hours?

Open times	Please tick which option applies
AM	
PM	
9-5	
24hour	

23. Pre COVID-19 what were the average waiting times?

Average waiting time	Please tick which option applies
< 1 week	
1-4 weeks	
1-2 months	
3-6 months	
7-12 months	
>12 months	

24. Do you offer outreach services?

	Please tick which option applies
Yes	
No	

25. Do you signpost or refer people to other organisations?

	Please tick which option applies
Yes	
No	

26. Do you gather service user feedback?

	Please tick which option applies
Yes	
No	

If yes, what changes have you made based on their feedback:

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27. If you have any other comments that you would like to share then please add them here.

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