



SUPPORTING A PROFESSIONAL
RESPONSE TO SEXUAL VIOLENCE

Executive Summary

Needs Assessment for Sexual Violence and Abuse Survivors in Nottinghamshire

LimeCulture Community Interest Company

October 2019

Commissioned by the Police and Crime Commissioner for Nottinghamshire and
NHS England/Improvement - Midlands

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Acknowledgements

LimeCulture Community Interest Company would like to thank the commissioners and the frontline professionals from the wide range of agencies and services across Nottinghamshire who willingly gave their time to provide us with information to inform this needs assessment. Their insight, views and expertise have shaped this report of findings.

We would also like to thank analysts from the Nottingham City County, Nottinghamshire County Council and Nottinghamshire Office of Police and Crime Commissioner, who supported us to extract and analyse data for the purpose of this report. We would also like to thank the services who were able to provide data to assist this needs assessment.

Above all, we would like to thank the victims/survivors who were willing to tell us about their experiences of accessing support following their experiences of sexual violence and abuse. As part of this work, our team spoke to more than 50 individual victims/survivors of sexual violence and abuse, including children and their parents/carers. Each one of them has had traumatic experiences that have shaped their lives and individual circumstances. The Project Team would like to thank every single one of them for sharing with us their views and suggestions.

In addition, over 50 individual victims/survivors of sexual violence and abuse responded to our online survey and provided us with further important information about what they want and need in terms of support. The willingness of each of them to share details about their support needs has enabled us to ensure that the voice of victims/survivors is central to this important piece of work.

Executive Summary

In late July 2019, the Police and Crime Commissioner for Nottinghamshire (PCC) and NHS England & NHS Improvement Midlands commissioned LimeCulture Community Interest Company (CIC) to undertake a Mental, Physical and Sexual Health, Social and Economic Needs Assessment for Sexual Violence and Abuse Survivors in Nottinghamshire.

The purpose of the needs assessment is to inform the commissioning of services by identifying the needs of sexual violence and abuse survivors, the support services required and the likely demand in Nottingham and Nottinghamshire.

The objectives of the needs assessment (as set out in the specification document) are to:

- a) Identify the prevalence, need and demand relating to sexual violence and abuse,
- b) Identify the presenting needs of survivors who are accessing specialist and generic voluntary and public sector support services, specifically capturing data about multiple and complex needs where this is available,
- c) Work with a wide range of community groups and public and voluntary sector providers to gather views from survivors of different types of sexual violence and abuse about their needs,
- d) Facilitate a focus group/focus groups with a range of professionals from NHS services and specialist voluntary sector sexual violence services to determine health needs and how they are best met,
- e) Facilitate (a) discussion/s with practitioners and stakeholders from public and voluntary sector services about survivors' health, wellbeing, social and economic needs and how best to meet them,
- f) Consider and identify needs across all elements of survivors' pathway, including but not limited to:
 - crisis support,
 - health and well being needs specifically including sexual health and mental health needs including counselling and therapeutic services,
 - economic and social needs,
 - the criminal justice process.
- g) Identify the services available for victims and survivors of sexual violence and abuse, including how they are funded,
- h) Identify the gaps in support,
- i) Analyse and report on findings,
- j) Make recommendations for future services.

This needs assessment was conducted by LimeCulture Community Interest Company utilising a mixed methodology that allowed their Project Team to seek clarification through investigation by reviewing key documentation and interviewing key personnel in order to meet the key aims of the needs assessment.

The delivery of the needs assessment consisted of a 3-phase process. Each phase is considered in detail below.

Phase 1: Documentary & Data Review

Key documentation review - key operational and management documentation relating to the commissioned services was provided to the Project Team by the Commissioners, which included service specifications and financial information. There was a thorough analysis and explanation of the information, evidence and intelligence that was provided to the Project Team. This was sense checked and tested with local stakeholders to ensure that the information that it provides is helpful to Commissioners. This component of the project framed the analytical process and provided contextual information about the circumstances that local support services have been operating within. The Project Team reviewed previous reports that have been completed for commissioners over the last few years. This included previous health needs assessments and reviews relevant to the local landscape either linked to or directly involving the needs of victims/survivors of sexual violence and abuse.

Data, including prevalence estimates from national statistics, police reported crime and local authority assessment and care planning data, as well as service level access data, was requested by the Project Team and analysed for information or themes that are relevant to the needs of victims/survivors of sexual violence.

Phase 2: Stakeholder Interviews & Focus Groups

Stakeholder interviews and focus groups brought a further level of intelligence to the needs assessment. Targeted discussions with the range of local Commissioners, commissioned sexual violence support service providers, front line operational staff from the police, councils, NHS services and local voluntary sector services providing specialist support to victims/survivors of sexual violence and other local services was extremely beneficial to this process.

Stakeholder Interviews were conducted in order to seek to understand and explore the following and the findings on what effective responses look like to frame the recommendations.

- How and what services are currently delivered across Nottinghamshire;
- Specific needs of victims/survivors of sexual violence and how these are being met;
- Gaps in provision and where needs could be better targeted;
- What effective responses look like and how they can be achieved;
- Whether there are any operational barriers to accessing support.

A semi-structured question framework was developed and employed as a method to collect qualitative data from stakeholder interviews and focus groups. Interviews were conducted by the Project Team as either individual interviews or as small group interviews depending on subject matter. Information and data was analysed and key themes identified from interviews and focus groups.

The LimeCulture Project Team conducted more than 30 stakeholder interviews and focus groups during August and September 2019 including:

- Service managers and staff (including clinical managers) from commissioned therapeutic sexual violence support services supporting adult and child victims/survivors,
- Service managers and staff from ISVA and CHISVA services,
- Manager and clinical staff from adult SARC,
- Clinical lead and clinical staff from Paediatric SARC,
- Clinical managers and psychologists from IAPT services and Nottinghamshire Healthcare NHS Foundation Trust,
- Managers and staff from commissioned third sector services (including housing, substance misuse and domestic abuse support organisations),
- Managers and workers (including clinical staff) from (non-commissioned) survivors support organisations,
- Survivor advocates from the Nottinghamshire CSA Survivors Group,
- Police officers working in adult sexual offence investigation teams, child abuse investigation teams and Operation Equinox,
- Managers and staff from grassroots third sector organisations supporting vulnerable groups, such as refugees, sex workers, FGM and BMER groups,
- NHS England and NHS Improvement Midlands Mental Health & Sexual Health Project Managers (Sexual Assault and Abuse Services),
- CCG, Local Authority (including Public Health) and PCC commissioners

Phase 3: Seeking the views of victims/survivors of sexual violence and abuse in Nottinghamshire

Victims/survivors were an important stakeholder group who were prioritised as part of this needs assessment. It is notoriously challenging to gather the views and experiences of victim/survivors of sexual violence, particularly in relation to how they perceived support services. This is due to a range of reasons but it is broadly accepted that once victims/survivors move on from support services, they tend not to remain engaged with those services. On 26 August 2019, LimeCulture launched an online survey for victim/survivors of sexual violence in Nottinghamshire. This online survey allowed service users to share their experiences, views and suggestions anonymously with the Project Team. This survey was shared via social media, and with local service providers to encourage their service-users to access the survey to allow them to make their views known to the Project Team. The survey was available until 23 September 2019 and responses from 53 individuals were received by the Project Team. Both qualitative and quantitative data was provided which was used to inform the findings of this report. Full quantitative data has been included in the Appendices of this report.

The Project Team also spoke directly to more than 50 victims/survivors of sexual violence through a number of focus groups facilitated by local support services. These groups included a range of:

- Survivors of adult sexual violence and child sexual abuse as part of the OPCC's SARC Reference Group,
- Survivors from Nottinghamshire CSA Survivors Group,
- Survivors accessing ISVA, CHISVA and sexual violence therapeutic support services in Nottinghamshire facilitated by ISAS, SHE-UK, NSVSS and Imara,
- Survivors using specialist third sector services including substance misuse, housing and domestic abuse services.

It is important to note that all of the stakeholders who were interviewed as part of this process were informed by the Project Team that while the information they provided may be contained in the report, they would not be personally identifiable from any of the information that they shared with us. As such, the authors of this report have not disclosed the source of any of the information, views or experiences expressed to us as part of the needs assessment. However, the Project Team endeavoured to triangulate evidence provided throughout the period of the review by cross-checking information from a range of sources wherever possible.

Key Findings

The key findings of this needs assessment have been ascertained by the Project Team through careful analysis of prevalence data relating to sexual violence, reported sexual offence data as well as data and information provided by a range of sexual violence support services. The Project Team has consulted widely to obtain views and experiences from a wide range of stakeholders (professionals and victims/survivors of sexual violence and abuse).

It is suggested that the key recommendations contained within the report are used by Commissioners to inform their decision-making around how service provision for victims/survivors in Nottinghamshire is configured, designed, and funded moving forward.

Governance

The Project Team is aware that there has been a concerted effort by the range of local commissioning authorities to work together to improve the response to sexual violence across Nottinghamshire. However, the current governance structure should be reviewed to ensure that commissioning authorities are able to jointly monitor the implementation of the NHS Sexual Abuse and Assault Strategy, ensure equitable pathways to high quality support services are available across all of Nottinghamshire, and assure the effectiveness of commissioned specialist sexual violence support services through the monitoring of all relevant data.

Data

Victim/survivors present to a wide range of public and third sector services that do not collect data on sexual violence and abuse. This has hampered the effectiveness of the data collection for this needs assessment. There is a need for data to be routinely and consistency collected by public sector and commissioned third sector services. To be effective and safe, this data collection should be supported by a strategic programme of training in sexual violence as well as routine enquiry.

Strategic commissioning

Historic arrangements have led to a number of different services being available for victims/survivors of sexual violence across Nottinghamshire which is inequitable and may result in varying quality of provision.

The Project Team believes specialist sexual violence services are required and should be jointly commissioned by the range of commissioners with responsibility (Local Authorities, NHS England, PCC and CCGs) to ensure that there is a consistent approach to service provision and quality across the city and county, for adults and child victims of sexual violence and abuse. As part of a partnership approach, different commissioning authorities may take the lead on behalf of the other commissioners for specific services or elements of service.

Operational

Due to the range and complexity of needs that victims/survivors might have, it is clear that the commissioned sexual violence support services cannot – and do not - provide the whole package of support required by victims/survivors of sexual violence, and there is a need for victims/survivors to access other services to address any wider needs they may have which may include services addressing and responding to domestic abuse, physical, sexual and/or mental health needs, education/employment, housing, financial support and immigration support. As well as any special needs relating to personal characteristics which might include language, disability, religion.

It is, therefore, important that there are arrangements put in place, with clear referral pathways, clarity on access criteria for such services, information sharing agreements formalised through service level agreements, between services to enable victims/survivors to have timely access to the services they need.

Future services

The creation of a 'coordination hub' has been suggested as an opportunity to ensure that victims/survivors are able to access information and have their individual needs assessed, with onward referral to alternative or additional services to then meet these needs. The Project Team explored this idea further with a range of stakeholders, including victims/survivors and professionals from a range of services. Stakeholders described the benefit of a single 'coordination hub' that could provide the following:

- Helpline/Information (for victims/survivors and professionals)
- Referrals from professionals in other services e.g., drug and alcohol, housing, sexual health etc
- Self-referral from victims/survivors
- Assessment of risk and/or needs including mental health assessment
- Development of individuals support plans

- Coordination of referrals to (or delivery of) specialist sexual violence support services
- Coordination of referrals to other services to meet victim/survivors needs.

It should be noted that the activity provided by a 'coordination hub', as suggested by stakeholders, is similar to that of the role of ISVA/CHISVA. In addition, activities provided by the hub are to a certain extent already delivered by some specialist SV services as part of their counselling contracts.

Mental health support

While this needs assessment identified that victims/survivors may each have differing range of needs, it clearly identified the impact of sexual violence on mental health and well-being. It is crucial that services to support victims/survivors of sexual violence with their mental health needs are available. This needs assessment identified problems for victims/survivors in accessing mental health services

The Project Team is of the view that more needs to be done to address the complex mental health needs of victims/survivors of sexual violence, who may not be getting the right level or type of support based on their needs.

This needs assessment recommends that mental health assessments should be available to all victims/survivors to determine their level of need and allow access to the right service including secondary mental health care and medication at the right time.

It is clear that this apparent gap in provision of mental health services accessible to victims/survivors of sexual violence has resulted in the commissioning of counselling/therapeutic services from a range of specialist sexual violence support services, in an attempt to meet the gap. However, no therapeutic modalities or interventions have been specified for these services, they are not the same across City and County, they assess survivors differently, and the length of sessions provided varies. In addition, existing services are reporting waiting lists of up to a year in some services, which survivors report is too long to wait for support.

The Project Team therefore recommends that commissioners should better understand the capacity of these specialist SV therapeutic services and review the assessment process, provision of and clinical effectiveness of the existing services..

In addition, a review of the therapeutic interventions on offer within specialist sexual violence support services should be conducted to ensure that therapies are evidence-

based and effective to this client group based on their mental health needs. The Project Team acknowledges difficulties in this due to the lack of NICE guidance specifically for victims/survivors of sexual violence. However, the relevant guidance (for example, PTSD and Depression and Anxiety guidance) should be adhered to by services offering counselling and therapeutic support (see Appendix F).

Future service specifications should ensure that outcome measures are clearly identified and monitored alongside the therapeutic approach that is provided. This will begin to allow the identification of modalities or therapeutic approaches that do or do not meet the needs of victims/survivors of sexual violence.

Sexual Assault Referral Centre (Topaz Centre)

The SARC has been commissioned as an acute service. The Project Team was concerned by the number of stakeholders (including police) who made references to the service only being available to victims within the 'forensic window'. There appeared to be wide-spread confusion about what this term actually means. As a result, the Project Team is concerned that some victims/survivors who could benefit from the SARC, may not be referred. This should be reviewed. In addition, given that the SARC is the first point of support for a number of victims/survivors, the SARC should be closely aligned with any such coordination hub.

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ISVA/CHISVA Services

The feedback from stakeholders about the role of the ISVA/CHISVA services was excellent. However, the Project Team is concerned that there is some confusion about the role of the ISVA amongst stakeholders including the police. Some stakeholders were not always aware that the ISVAs could support victims/survivors who have chosen not to report to the police, for example. Additionally, the Project Team was informed, both in the survey and focus groups, that not all victims/survivors who could have accessed the support of the ISVA service have been referred to the ISVA service.

The Project Team is aware nationally that referrals to ISVA and CHISVA services continue to increase, particularly as their service becomes better known and understood by professionals in mainstream and third sector and by victims/survivors who may wish to self refer. The Project Team is concerned about the potential increase in demand for the ISVA and CHISVA services and what impact this will have on them to deliver their essential support services.

Based on the data around prevalence and police reports the current number of commissioned ISVAs and CHISVAs services may quickly become insufficient to provide safe support. As such, the Project Team suggest that further work is done to look at the likely demand for the ISVA and CHISVA services in Nottinghamshire moving forward. This should include work to ensure that ISVA provision is accessible to sex workers.

Training

This needs assessment also highlighted the need for awareness training amongst professionals in mainstream and third sector organisations about the impact of sexual violence and abuse, and include support around recognising signs and symptoms of abuse. This needs assessment identified that some professionals do not always have the confidence to discuss sexual violence with their clients and are not always aware of the specialist sexual violence support services available across Nottinghamshire. Building on the work already started in the County, routine enquiry into sexual violence and abuse should be introduced across these services. This must be underpinned by a strategic training programme which builds professionals' understanding of sexual violence, challenges myths and assumptions, enables professionals to respond to disclosure appropriately and ensure they understand how to refer to commissioned services.

Recommendations

As part of this needs assessment, the LimeCulture Project Team has made the following recommendations:

Governance

Recommendation 1 - Current governance arrangements should be reviewed to ensure commissioning authorities are able to jointly monitor the implementation of the NHS Sexual Abuse and Assault Strategy, pathways of support (including referrals) across all of Nottinghamshire and the effectiveness of commissioned specialist sexual violence support services through the monitoring of all relevant data.

Strategic Commissioning

Recommendation 2 - Specialist sexual violence support services should be jointly commissioned by the range of commissioners with SAAS responsibilities (Local Authorities, NHS England, PCC and CCGs) to ensure that there is a consistent approach to service provision and quality across the city and county for adults and child victims

of sexual violence and abuse, with different commissioning authorities taking the lead (on behalf of the other commissioners) for specific services or elements of service.

Recommendation 3 – As part of recommendation 2, CCGs should provide funding for mental health services and therapeutic support services for victims/survivors of sexual violence (including those delivered by the specialist sexual violence support services in the third sector).

Recommendation 4 - Nottingham and Nottinghamshire Modern Slavery Partnership should be asked to inform commissioners with responsibility for sexual violence and abuse if there is any intelligence around increased prevalence/activity that could inform future commissioning.

Future services

Recommendation 5 - Commissioners should consider adopting a ‘coordination hub’ to assess need, triage and manage referrals for victims/survivors of sexual violence.

Recommendation 6 - The provider of the new co-ordination hub (if commissioned) should develop a pathway (or colocation in the coordination hub) to DWP benefits advice to ensure that the financial needs of victims/survivors are being met. It should also ensure that it has a formal pathway to housing support, with information sharing agreements in place.

Recommendation 7 - Commissioners should ensure that victims/survivors have access to mental health assessments within specialist SV services to avoid survivors having to access support through GPs, accurately identify the level of need in relation to mental health and be able to be referred into NHS mental health services when appropriate.

Recommendation 8 - As part of the joint commissioning arrangements commissioners should review the provision, demand and clinical effectiveness of therapeutic support (counselling) provided to victims/survivors of sexual violence to inform future services. This should include a review of the IAPT pilot and the personal health budgets for IICSA related survivors.

Recommendation 9 – Commissioners should agree and commission a model of therapy delivery that provides a structured programme of support, with routine clinical outcome monitoring, and which allows victim/survivors of sexual violence with mental health needs to access the right services at the right time, including medication. This

should include survivors with personality disorder and complex post-traumatic stress disorder. The new model must fully meet the new pre-trial therapy guidance.

Recommendation 10 - Commissioners should review the commissioning arrangements for specialist sexual violence support services for child victims of sexual violence, and take urgent action to address the gaps in provision for therapeutic support and potential gap in a commissioned CSE service in some areas..

Data collection, routine enquiry and training

Recommendation 11 - Commissioners should ensure that data is routinely and consistently collected by public and third sector services about the number of service users accessing their services who have disclosed sexual violence. This should be implemented alongside awareness training for professionals.

Recommendation 12 - A strategic sexual violence awareness training programme should be developed and delivered to staff in public and third sector organisations which builds professionals' understanding of sexual violence, challenges myths and assumptions, enables professionals to respond to disclosure appropriately and ensure they understand how to refer to commissioned services.

Recommendation 13 - Routine enquiry into sexual violence and abuse should be introduced across public sector and third sector services. This must be underpinned by adequate training.

Operational

Recommendation 14 – Commissioners and commissioned providers should continue to publicise information about specialist sexual violence support services to public and third sector organisations across Nottinghamshire. This should include access criteria and referral information.

Recommendation 15 – Commissioned sexual violence providers should explore better use of information sharing agreements to support victim/survivor engagement with public and third sector services that reduces the need for the repeating of sensitive information.

Recommendation 16 – Commissioners and providers should monitor the effectiveness of specialist sexual violence support services in meeting the needs of all of Nottinghamshire's populations who have experienced sexual violence and abuse,

including female, male, transgender, older people, BMER, LGBT survivors, disability. . This should include ensuring providers take action to address any gaps.

Recommendation 17 - Commissioners should ensure that support is available to all victims/survivors of sexual violence who are offenders, recognising the need to meet security requirements for support delivered within the prison estate.

Recommendation 18 – Nottinghamshire Police should review the referral process from the police to the ISVA/CHISA services to ensure that referrals are made in all appropriate cases.

Recommendation 19 - Commissioned SV and DVA providers should review the interface between IDVA services and ISVA services to ensure the victims/survivors of sexual violence in a domestic setting are appropriately supported. The Project Team recommend that this should be risk-focused, e.g., IDVAs lead on reducing the risk of domestic abuse and then hand over to ISVAs to provide practical and emotional support around the sexual violence aspects.

Recommendation 20 – Commissioned providers should consider the findings of this needs assessment in relation to BMER survivors, and ensure they build relationships with BMER organizations to support survivors better.

Recommendation 21 – The ISVA provider should ensure that the ISVA service is accessible to clients who may be involved in sex work.

Recommendation 22 - The relationship between Sexual Violence Liaison Officer - SVLOs (in Nottingham University and Nottingham Trent University) and ISVA service should be developed with clear referral pathways, information sharing agreements and agreed operational practices.

Recommendation 23- The SARC provider should ensure that there is clarity amongst the range of services (including specialist sexual violence support services, mainstream and third sector service) about the services provided by the Topaz Centre.

Recommendation 24 - Providers of sexual violence support services should develop better relationships with drug and alcohol services to facilitate access to support. Co-delivery approaches should be explored to support victims/survivors of sexual violence who have drug and/or alcohol dependency.

Recommendation 25 – All commissioned sexual violence support service providers should raise awareness of support services with grassroots organisations supporting those with immigration needs.

Recommendation 25 - Commissioners should maintain a watching brief on the outcomes from the national end-to-end review of rape and serious sexual offending.

Annex A. About LimeCulture Community Interest Company

1. LimeCulture Community Interest Company (CIC) is a national sexual violence organisation based in the UK. We work with frontline professionals, and their organisations, to improve the response to victims of sexual violence, through our range of training and development initiatives, research, and specialised consultancy services.
2. We believe that all victims, regardless of where they live, their age, belief, gender or sexual orientation, should have access to high-quality, safe and effective support services. To this end, we are committed to working with professionals and services to ensure they have the tools, knowledge, skills, competence and confidence to respond effectively, professionally and safely to safeguard the welfare of children and adults affected by sexual violence.
3. Established in 2011, LimeCulture quickly evolved into the UK's leading sexual violence training and development organisation. Through our breadth of professional knowledge and experience of working across the sexual violence sector, we are able to support our customers to deliver excellent services to victims of rape and sexual assault.
4. The Project Team for this needs assessment included:
 - Stephanie Reardon, Joint CEO
 - Becky Dewdney York, Programme Manager
 - Charlotte Bond, Accreditation Manager
 - Gemma Kirby, Training and Development ManagerInformation and advise was provided by Kim Doyle, Joint CEO and Bernie Ryan, Director of Training and Development).

