What Works?

Patient and Stakeholder Engagement for Sexual Assault Referral Centres

May 2017
Written by South, Central and West Commissioning Support Unit on behalf of NHS England.
Contents
Sections of this report:

**Foreword**
Linda Lewis and John Trevains

**Chapter 1**
Purpose of the report

**Chapter 2**
Executive summary

**Chapter 3**
Benchmark for engagement

**Chapter 4**
Case study examples

**Chapter 5**
Reaching out

**Chapter 6**
Safeguarding considerations

**Appendix**
**Foreword**

**Linda Lewis – Survivors Trust**

**Without doubt the evaluation of services for victims-survivors of rape, sexual violence and abuse is crucial.** And without evaluation there is no clear understanding of the impact a service has had on the people using it; and whether the impact was felt to be supportive or lacking in some way.

This report - *What Works; patient and stakeholder engagement for Sexual Assault Referral Centres* - is your compass. It provides you with a sense of direction, whilst navigating your way around how to effectively engage with survivors and victims, during the evaluation and engagement process. Here at **The Survivors Trust**, we have worked in partnership with NHS commissioners and fully support their endeavours in achieving good quality standards of care.

It is not easy trying to ascertain what victims-survivors of a life-changing experience want, or expect, when they enter a sexual assault referral centre (SARC). For some, they most likely never knew what a SARC was until after their incomprehensible experience occurred, which probably rendered them feeling confused, embarrassed and violated.

So how do you go about capturing the thoughts or feelings about SARC services from the people who received their support? You will have heard the phrase “put yourself in their shoes”. To do that, we need to get out of our own shoes first to really try and understand what the individual is thinking, feeling or needing. If you adopt this concept with victims-survivors, it will allow you to see matters from their perspective.

At The Survivors Trust, we have been involved with listening to victims-survivors for many years and time and again we hear statements such as:

- “I want to be listened to”
- “I want to feel in control of my services”

Allowing service users to put forward their ideas and suggestions for service development will benefit them because it:

- Respects choice
- Enhances dignity
- Promotes positive wellbeing
- Empowers and gives back control

Service user feedback is integral to service development as it enables SARCs to offer more targeted support and produce more positive outcomes for those using these services. It will be their recipe for success.

**Linda Lewis**

Training and Development Manager

The Survivors Trust
My role at NHS England South Central is to lead on monitoring, overseeing and promoting good quality patient experience and safeguarding. While some people might see these two areas as something separate, they come together very acutely within the context of a sexual assault referral centre (SARC).

Via my safeguarding work, I am especially mindful that SARCs provide a vital service to people in a very unfortunate and exceptionally distressing situation. We also hear that people who access these services are often also vulnerable and excluded in society.

One of the main reasons for commissioning this report was to shine a light and put some additional focus on people’s current experience of SARCs.

We wanted to identify good practice within SARCs and find out what they are doing well, so we can share this information to encourage best practice. We also want to learn from innovative engagement work happening more widely in the public, third and voluntary sectors; learning from those who are working with vulnerable and excluded groups in society and who also provide sensitive services.

What are people doing well? What are some of the common challenges we face and how can we overcome them? Is there a joint solution to these challenges?

With the aim of improving the quality of safeguarding vulnerable people, this report is an opportunity to bring patient experience and safeguarding together. It helps us seek out intelligence on how safeguarding duties are being fulfilled within the SARC; how this fits with improving patient experience for the individual and identifies opportunities to remedy areas of concern.

John Trevains
Assistant Director Nursing,
Patient Experience and Safeguarding
NHS England, South
(South Central and South West)
Engagement and involvement

We know that by listening to the diverse range of people who use NHS services, we can ensure their needs and what matters to them are taken into account when we deliver services.

Effective engagement and involvement ensures that public and patient voices are at the centre of how healthcare services are developed, from planning to delivery.

For victims-survivors of sexual assaults, it is essential that they are not just listened to, but believed and respected by professionals and others involved in their care.

NHS health and justice commissioners have a responsibility for ensuring they embed patient and public engagement as an integral part of their work, including for SARCs.

This also includes ensuring safeguarding referrals are being supported and information shared with relevant agencies to meet the best interests and needs of the patient.

What are sexual assault referral centres?

A sexual assault referral centre (SARC) is a special facility where recent victims of rape or sexual assault can receive immediate help and support.

This includes access to a forensic medical examination, which is carried out by an experienced and qualified doctor, and the opportunity to speak to the Police about what has happened to them - if the survivor-victim wishes to do so.

Highly trained crisis workers are also on hand to offer support them and stay with them throughout the process.

Some also offer counselling for victims of current and historic abuse.

SARCs can be accessed 24 hours a day, 365 days of the year.

---

‘One of the great strengths of this country is that we have an NHS that - at its best - is ‘of the people, by the people and for the people’.

‘We need to engage with communities and citizens in new ways, involving them directly in decisions about the future of health and care services.’

*NHS England - The Five Year Forward View, 2014*
Aims
Recognising there are challenges and barriers to gathering the views of, and feedback from, people who may need to use SARC services, the health and justice commissioners and Assistant Director Nursing, Patient Experience and Safeguarding at NHS England South Central commissioned South, Central and West (SCW) to:

- Identify what SARCs in the south of England were currently doing in terms of patient and stakeholder engagement
- Identify ways to improve how feedback is collected and acted upon
- Consider how to best engage - not just those who use their services, but those who could benefit from the support they offer
- Explore how to reach out to voluntary, community and statutory organisations who could either refer victims, or act as advocates for the service
- Consider how to involve victim-survivors, stakeholders and those who could use the service in wider decisions about issues, such as communications or changes to the service
- Suggest ways to involve victim-survivors and partners in their work
- Identify ways for victims-survivors to be informed about what will happen because of their feedback.

Methodology
1. Research was carried out using a mix of telephone and face-to-face interviews.
2. A focus group of not for profit and health professionals reviewed proposed engagement methodologies.
3. A benchmarking group identified the approaches and good practice that SARCs could take when looking at engagement and involvement.
4. The benchmarking group comprised colleagues from:
   - NHS England’s Nursing Directorate
   - NHS England Communications and Engagement Team, South (Central)
   - The Survivors Trust
   - Barnardo’s.
   Their role was to provide advice, guidance and act as a critical friend.
5. A workshop was carried out with Victim Care Network, which includes victim support organisations in Devon and Cornwall, to understand how they would like to engage with SARCs and which methods of engagement would work best for those who need SARC services.
6. Research and interviews were undertaken with not for profit organisations and SARCs nationally, to understand how they engage with services users with a similar profile to those who would benefit from using the services of the SARCs.
7. Current engagement methodologies of 11 SARCs in the south of England were identified and their views sought on what else might work.
Outputs
8. Development of engagement toolkits for the 11 SARC’s in NHS England South area which includes stakeholder mapping and engagement and involvement tools suitable for their catchment area.

Understanding who uses SARC services
To help us understand how to overcome the challenges of engaging vulnerable victims-survivors, this report looks at the profile of those who have used SARC services.

We know that those who currently use the service reflect the cohort of people who tend to be more vulnerable to assault – younger women between 16 to 30 who may also have mental health and / or learning disabilities.

Working with SARC’s and wider stakeholders, we have also identified other groups who maybe more vulnerable to sexual assault and would benefit from using the services of the SARC, but because of stigma, cultural issues, a lack of awareness and other barriers - may not be using the service.

Who is this report for?
We hope this report will be shared widely with SARC’s nationally.
We also believe that it could prove useful for wider stakeholders and support organisations involved in patient engagement, involvement and safeguarding in the public and not for profit sectors.
This will include safeguarding boards, multi-agency professionals and the police.
Chapter 2
Executive summary

“I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”

Writer, Maya Angelou

Why do we need to engage and involve people in services?
Health services and outcomes are better when people who use and care about them have meaningful opportunities to become involved. Making this happen, in ways that take into account an individual’s needs, promotes equality and addresses health inequalities, which are at the heart of NHS England’s values.

Victims-survivors
Victims of rape, sexual violence and abuse who have used SARCs have first-hand experience of what it is like to experience care at a sensitive and traumatic time. They may also have experience of receiving longer term support through a counsellor and / or an independent sexual violence advisor (ISVA).

There is a need to reach out to people who have been sexually assaulted but who haven’t used SARC services. SARCs could work with local stakeholders and community groups to understand how to make services and communications more relevant to those not using their services.

Their voices and experiences should be central in shaping how SARCs are commissioned, provided, reviewed and improved. Their feedback can also help SARCs to develop more relevant ways to raise awareness of the support they offer.

Of course, this does not downplay the hugely difficult task of gaining feedback from SARC service users. They have gone through a traumatic experience, some are dealing with physical injuries and most are psychologically distressed.

Understandably, asking people to offer feedback by filling in lengthy questionnaires when they have been brought in for a forensic examination is not appropriate, but providing other opportunities, at an appropriate time and in an appropriate way, could well illicit more rounded responses.

It should also be remembered that for some victims-survivors there will never be a good time to ask.

In her report, Rape: The Victim Experience Review (2009), Victim’s Champion Sarah Payne says; ‘The needs of victims of rape will not fit in one box. Each victim, whether they are a child, man or woman will be different, and agencies must recognise and respond to that.’
The report
Working with The Survivors Trust, Barnardo’s, NHS England’s Nursing Directorate and NHS England Communications and Engagement Team, South Central with input from SARCs in the south central and south west of England and third sector organisations - we have developed this report and benchmark.

It provides a practical guide for SARCs to look at how they engage victims-survivors and stakeholders. It will help SARCs think about how to ask for feedback in ways which are relevant and appropriate to those who use, or would benefit from using, their services.

The report recognises that SARCs, rightly, focus their resources and expertise on delivering care and support for those who have been abused and assaulted. It can perhaps be overlooked that the SARC has an important function as a place to collect forensic evidence following an assault.

When making recommendations for engagement and involvement, the focus has been on what is practicable and achievable, within what are often limited resources and budgets.

Recommendations
A number of recurring comments and recommendations have been highlighted to us when interviewing expert public and voluntary organisations that work with and for people who may be vulnerable, one-off service users, or in areas where societal attitudes and stigma features as a barrier to engagement, as part of our research for this report.

They are not specifically related to one type of engagement or involvement activity, but are principles to consider when reviewing how you engage and involve victim-survivors and stakeholders who work with those more vulnerable to assault.

• **Review what you are already doing** with service users and stakeholders. What works and what doesn’t with your current approach? Is the information you have or engagement sessions you hold accessible to diverse communities and individuals with specific communication requirements? Map any gaps where you currently aren’t reaching key groups of people, communities and stakeholders locally.

• **Take advantage of pre-existing activity** arranged by stakeholders or individual groups. This is generally more successful, because they have closer links to the target audience, and their events / meetings are generally fairly well attended, as they have a ready-made audience.

• **Develop an engagement and involvement plan** – this will help you ensure activity is linked to areas you want to focus on and you can map who you need to talk to. It also enables you to identify resources and budget required.

• **Choose engagement methods** based on resource, availability and ensuring it is relevant for the diverse target audience you want to reach.

• **Ensure different feedback opportunities** they might not want to give feedback then and there, or may prefer to feedback via a third party. Make sure people can feedback in alternative ways and at different stages.

• **Invest in relationship building.** It takes time to build engagement and involvement and requires commitment from staff, and resources, to support participation, as well as developing relationships with communities and stakeholders.

• **Look for ways to involve survivors in your work.** Provide training and support so survivors can help with staff recruitment and training and share experiences and views with SARC Boards and at events. This can be empowering and provide survivors with useful skills.

• **Ensure support is available for victims and survivors when asking for feedback.** Addressing sensitive issues can cause emotional upset. Have steps in place to deal with the consequences of that with, for example, access to a counsellor, support worker or trusted adult.

• **Think about reimbursement for participation.** People shouldn’t be out of pocket when sharing their views / get involved. Think about covering travel, childcare and providing food/vouchers.

• **You Said. We did.** Consideration must be given to how feedback is given to those sharing their views. Explain what will happen next and any changes that will be made as a result of feedback received. Where they have offered feedback which can’t be taken forward. Explain why.

• **Share learning** though local, regional or national networks, meetings and events.
Chapter 3  
Benchmark for engagement and involvement for SARCs

Victims-survivors often say they want well-informed services that truly understand the impact of sexual violence.

This benchmark identifies approaches and good practice that SARCs can consider when looking at how they engage those who use their services, those who could benefit from using their services and partners, organisations and groups who work with them.

It outlines methodologies for engagement and involvement and covers:

1. Ask for feedback
2. Think about the impact of sharing experiences
3. Ensure support is available during feedback
4. Think about when it’s an appropriate time to ask
5. Don’t duplicate feedback requests
6. Respect confidentiality and boundaries
7. Consider the legal implications
8. Developing an involvement and engagement plan
9. Consider the needs of different communities
10. Think about how you use language
11. Involve survivors
12. Ways of asking feedback
13. You said, we did

1. Ask for feedback
As well as asking for individual feedback on experiences of care, SARCs could look at establishing greater links with victim and survivor groups and individuals who have been sexually assaulted to ensure victim and survivor input into:

- Changes to services
- The design of new facilities
- Impact of changing location
- Re-commissioning of services
- Sitting on SARC overview boards
- Providing training for staff / volunteers
- Reviewing and shaping SARCs’ communication activity, including digital content and communication channels.

Any engagement activity must have a clear purpose which should be shared with those taking part – i.e. this is helping to shape the service/ make it better for others/ make our information clear and understandable to everyone.
2. Think about the impact of sharing experiences
Victims-survivors may be suffering from symptoms of rape related post-traumatic stress disorder (PSTD) or complex PTSD.

Communication methods need to take this into account. Use plain English, plain language, with clear explanations and repeat where needed.

3. Ensure support is available during feedback
Independent sexual violence advisors (ISVAs) and counsellors are well placed to both ask for feedback and provide support if issues arise for victims while they are sharing feedback.

People with learning disabilities or children / young people should have a support worker / advocate / parent present.

At events, groups or meetings, a counsellor with experience of supporting those who have been sexually abused should always be available for support. Also, consider providing information about re-accessing specialist counselling / support following the feedback session, as trauma responses may be triggered in the weeks following.

4. Think about when it’s an appropriate time to ask
For feedback about experiences of care, there are highly sensitive stages, when it’s likely to be inappropriate to ask for feedback, for example, immediately after a forensic examination. Many of the crisis workers we spoke to said they always made a judgment call as to whether and when someone might be receptive to giving feedback whilst at the SARC, as part of the process of ensuring a client understands the support that is available and what is happening next.

A health and wellbeing phone call is offered between 48 and 72 hours after a victim leaves the SARC. Again, a judgement call is needed as to whether the person is feeling comfortable enough and willing to offer feedback.

The survivor charities we spoke to felt that asking for feedback at these early stages was probably too intrusive and felt that it was better to wait until the six-week follow-up by the SARC. It should be acknowledged, however, that some victim-survivors will want to forget the whole experience as much as they can and will not want any further contact with the SARC. Therefore a more limited number of potential responses should be anticipated.

There are many victims who, understandably want to draw a line after receiving support they may want to remove themselves from any follow up engagement with the SARC.

If someone is receiving longer term support from an ISVA, there is an opportunity to ask for feedback at key stages. It should, however, be made clear that the victim-survivor can opt in to this feedback process and opt out at any time.

The ISVA could record a victim-survivor’s comments, with the help of a support worker or translator if required, which individuals can review and finalise at the end of their journey. However if something comes up in their remarks that needs dealing with immediately (for example concerns about how the police are dealing with their case) the ISVA or counsellor can flag it with the third party for action / a response when they are notified, rather than waiting till the end of the process.

5. Don’t duplicate feedback requests
Before asking for feedback, think about what other feedback survivors might already have been asked for. This could be by other organisations, such as the police, a specialist rape or sexual abuse support services, or victim support services, which may have been involved in support around their assault.
In some areas there is a combined feedback questionnaire. Where this is not done, agreement should be made between agencies and organisations involved in a victim’s care and support, around how and when information is requested.

6. Respect confidentiality and boundaries

Victim-survivors are rightly concerned about confidentiality.

They may not want information about them shared with other services or professionals. However, where there are vulnerable adults, or children and young people under 18, it needs to be clear that under safeguarding regulations, information may be passed onto the appropriate safeguarding authorities such as social services or the police.

It’s crucial to have open and transparent communications, and to offer informed choices about any involvement.

When being contacted for individual feedback, each person should be told:
- who will have access to their feedback
- how the information will be used
- how the SARC will let them know about any changes or outcomes as result of their feedback
- why suggestions put forward might not be able to be implemented.

In some cases, people are invited to give feedback in a group session. If this isn’t a comfortable for them, victims-survivors should be given an alternative way to participate (such as over the phone, in writing, or with a crisis worker or counsellor).

SARC should use NHS Information Governance (IG) compliance rules and regulations and the Data Protection Act, ensuring that a person’s information is only passed to another organisation if the client gives express permission (unless safeguarding issues apply).

7. Consider the legal implications

If criminal offences are pending, think about managing evidence, including first disclosure, which could involve staff members, who are asking for feedback, in giving evidence in a criminal trial.

When thinking about focus groups, it may not be appropriate to include those who are part of an ongoing criminal justice process, as meetings with other victim-survivors may be contaminating evidence (check with the investigating officer / Crown Prosecution Service if in doubt).

8. Develop an involvement and engagement plan

Think about what you want to achieve and who you want to involve. You might want to hear from those you find it difficult to reach - for example, men, or those from a particular minority who don’t currently use your service.

You might also want feedback from a particular group, such as younger people, or those from lesbian, gay and transgender communities, to ensure your service, and how you promote it, is relevant to their needs.

This will help you think about how you can ask for feedback, and involve victims and survivors in shaping services. Speak to key partners within the NHS, police and wider organisations you work with, along with victim assault support organisations and see if they have expertise and resources to help you develop your plan.

You may wish to engage with other specialist rape and sexual abuse services, or organisations that support a particular client group to run activities to reach communities that historically do not use SARC services.

This could be people with learning disabilities, people in care homes, people from the Gypsy Traveller and Roma communities, homeless people or, say, from the Somali or Polish community.
Stakeholder open days, in particular, present an opportunity to extend the range of questions to include comments on the location, look and feel of the SARC, and other practical considerations that improve the service and the communications channels SARCs could use to reach out to potential victims.

Think about methods you will use and the expertise, resources and budget you need to engage victims and survivors. This could include supporting community and voluntary groups to organise drop in sessions and focus groups, gaining feedback through crisis workers and ISVAs, using mobile phones and online surveys, postcards and boxes at SARC services and postal surveys.

Ensure you build in opportunities to let those you involve know what will change and how you will use their feedback. Think about making those actions public on your website, as well as providing written and direct face to face feedback.

Regularly evaluate your plan, use findings to review and inform your services and feedback to commissioners, your Board, other SARCs and agencies you work closely with.

Use learning to inform future engagement activity.

Some SARCs have developed partnerships with universities and colleges. This has included having a presence at Fresher’s Fairs and training security guards, halls of residence managers, welfare staff and student union officers on how to support people who have been assaulted and help them report assaults.

And other SARCs have developed partnerships with groups that support sex workers and sexual assault support groups.

There could also be opportunities to develop partnerships with sexual health clinics, social services, care homes, learning disability organisations, drug and alcohol and homeless organisations and prisons.

9. Take into account the needs of different communities
We need to consider the different communities we support and develop opportunities for them to feedback in ways that work best for them.

This can include women, those from BAME communities, with learning disabilities, mental health issues, those with sensory and physical disabilities, children and younger people, older people, men, lesbian, gay and transgender, street workers, those who misuse drugs and alcohol and those in prison or residential care.

Community and voluntary sector specialists can advise on where any meetings should be held, language to be used, and for BAME communities’ cultural and religious issues to be considered, together with best methods of engagement.

They may also be able to provide safe meeting spaces and be a trusted source for victims-survivors to share experiences with, rather than the SARC asking for feedback directly.

Understanding your local communities.
Have an understanding of which population groups live in the area you provide services in. Local councils, health authorities and the police often have breakdowns of key communities in an area. For example, there are more newly arrived, Eastern Europeans, Kurdish, Spanish, Portuguese, Chinese, and Africans communities, as well as longer established Greek, Turkish, Indian, Bangladeshi, Pakistani, Gypsy, Traveller, Roma, Jewish, Irish and African-Caribbean communities.

Be aware of religious, as well as cultural, issues which can impact on how people can feel about providing feedback. Speak to key community or sexual assault support groups, your local council equalities team or your local Healthwatch for advice.

Consider working with trained volunteers or workers from other sexual assault support
organisations from similar backgrounds to ask for feedback.

It may be appropriate where there are close knit local communities to work with community workers or volunteers from outside these communities, so victims-survivors don’t have concerns about being identified or having information shared about them, within their communities.

10. Think about how you use language
How language is used is important for everyone, but particularly so if working with people who may have lower literacy levels, learning disabilities or where English isn’t their first language. Always use Plain English.

Think about how you might gain feedback from people whose first language isn’t English or who may not read and write well. And understand that it might be difficult or embarrassing for someone to admit this, particularly if they are already feeling vulnerable.

When using interpreters, consider using support services outside of the local community. This can alleviate victims-survivors concerns that information may not remain confidential.

Asking for feedback in someone’s own language, whether face-to-face or over the phone, maybe easier for them rather than completing a questionnaire in English.

11. Involving victims-survivors
While it’s important to ensure we gain feedback on people’s experience of care, it’s also important to think about how we involve them more widely in all aspects of a service. To do this, we will need to provide victims and survivors with the right training and support to fulfil these roles.

We also need to ensure there is always access support available to anyone who gives their feedback and is affected by the issues it resurfaces.

A Developing communications and awareness campaigns
It’s key that people who have been assaulted and want to self-refer can easily find out:

- What support a SARC offers, how to access services and support (and understand where the SARC might need to refer onto other support services, for example for adult survivors of abuse as a child)
- Easy to understand information through a variety of channels, such as websites, posters, leaflets and wallet cards in the places they visit or use. As well as through advertising campaigns and face to face advice through support organisations and services they might use.
- If you are developing awareness campaigns, redeveloping your website content or developing literature, involve those who have used your services and those who might benefit from your services. They can help you ensure your communications have the right look and feel and that any content is relevant to them and speaks their language.

B Attending and speaking at meetings or events
Some victims-survivors find it empowering to speak at meetings and events and share their experiences. Think about how you can help them access training and support to do this.

C Staff and volunteer recruitment
Think about how victims and survivors could be involved in the shortlisting and interviewing of SARC staff and volunteers.

D Staff and volunteer training
Include victim-survivors in the induction process for new staff and invite them to help shape and participate in key staff development events.

E Service development
Victims-survivors can tell you first-hand about the impact and importance of a SARC’s location; how the service feels when you are using it and what additional support services would have helped them.

Also, work with community and stakeholder groups to get feedback from them and the people who use their services about their thoughts, wants and wishes.
SARC users on the Board and committees

It is key for the commissioning process that those funding the service hear the voices of those who have used the SARC's and victim-survivors can talk about the impact of any changes to a service.

Ensuring the people you support are represented in a clear way to ensure that victims-survivors are involved in your work at a strategic level. Be clear about the level of commitment involved - such as regular attendance at meetings.

12. Ways of asking for feedback

A  Face to face feedback

When asking people to meet up to provide feedback, think about individual needs; for example, providing women or men-only spaces, the need for support workers / parents to attend, hearing loops, large print literature and wheelchair accessible venues, transport and overcoming language barriers.

Think about the building, location and timing – will people feel safe getting to the location? Have your event or group during daylight hours, rather than when it is dark. Think about how you can cover expenses such as travel/childcare.

Think about opportunities for those who may be in prison or in residential care. Investigate whether it would be possible to host sessions at these locations either on a drop-in basis, or have focus groups to gather feedback on how to make services more relevant and accessible.

B  Sharing experiences informally

It may be easier for some people to provide feedback by sharing their story informally.

This could include writing it down, recording it, or sharing it with a trusted support worker, counsellor or ISVA. They can record it with prompts to ensure key areas are covered, rather than completing a questionnaire or form.

Doing this brings to life issues that really matter to people, in their own words.

Providing a different version of the questionnaire for those who would prefer to complete it online could be made available with the ability to ask for a call back from a counsellor to assist them to fill it in and support them with any issues that may arise.

C  Focus Groups

Focus groups are a powerful way for people to come together to explore issues, share experiences and provide a range of feedback. Focus groups need clear objectives, to be held in venues and at times and locations that best meet the needs of those attending. It is vital to have experienced and independent facilitators to gather feedback.

Clear mechanisms need to be in place to ensure that participants are kept informed of how their opinions and experiences will be used and that they can opt to be sent more information about any changes that may result from their collective input.

D  Drop-in events

Developing links and having a presence at drop-in events held by other voluntary, community or health organisations are a useful way of not only creating awareness of SARC services but may also elicit feedback from those who may have used services in the recent past.

This could work well, say with people with learning disabilities, students or sex workers who already meet at a centre or are based at a central location. For SARC services offered in prison or young offender institutes, signposting to support through other services or outreach clinics or groups, may help inmates to feel less vulnerable when seeking help.

For both focus groups and drop in events, reimbursement should be given to cover expenses such as travel or childcare and incentives to attend considered.
**Feedback mechanism at each SARC**

Having a feedback mechanism at each SARC, for anyone visiting the centre whether they are victims-survivors, their families and friends, support workers or stakeholders is a useful tool.

A simple postcard is a good method, with one or two questions on one side and a space for open comments. Leave enough space so that if a response is wanted, the individual can leave their contact details.

The postcards and any ‘post box’ for replies, along with pens, should be clearly highlighted and left in visitor rooms as well as the main reception area. These should be obviously secure, with a padlock. This provides victim-survivors with the opportunity to provide feedback directly about concerns or issues, which they might not want to share with a member of staff.

**SARC open days**

Some SARCs hold regular monthly or occasional open days, inviting voluntary groups, health and other frontline professionals to look at their facilities, find out how the services work and ways to work together to refer victims to the service. There’s also an opportunity to meet the support teams that work alongside particular SARC services and gain an understanding of their roles and responsibilities.

This is a fantastic opportunity for GPs, police, social services, community adolescent mental health services, children’s and adolescent mental health services, prisons, victims support organisations and other frontline services to gain a deeper understanding and build relationships.

Open day invitations could also be extended to organisations including universities, colleges, schools’ representatives and care homes that can become part of a wider engagement circle and conduit for awareness-raising within the communities that they represent / reach. Community workers and groups can also be invited.

**Questionnaires**

When using questionnaires, it’s important to make sure that they are not too complicated or long to complete. The language used must be accessible and people should be able to complete the survey in ways that work best for them – for example online, using a paper version or with the help of a support worker.

**Using mobile technology**

Today, digital technologies are becoming increasingly ingrained in many people’s lives, particularly younger people. Mobile and web applications that respondents can use to take a survey have the ability to encompass a range of different question types (text choice, star rating, ranking, slide bars) but also the ability to add media files (such as British Sign Language) and the ability to add multiple languages and provide links for extra support.

A link to the survey can be texted by the crisis worker or ISVAs or they could offer the survey on a tablet at face-to-face meetings. If using these methods, thought should be given to including details of a crisis worker or ISVA who can be contacted if completing the survey brings up issues for the individual or safeguarding.

**Emojis**

Emojis can be used at a service, online or via a support worker to gain feedback on how someone feels about a service or change to a service. They can also be used to help direct people to support that might be available.

For example, MIND has created Emoodji an app for students which helps links students to the right support depending on their mood.
13. You said - We did
Show that you are always listening and are committed to acting on your feedback whenever possible. You can have a noticeboard in the SARC reception or waiting rooms showing changes you have made, post information on your website and provide feedback directly to those who have shared their views or who signed up to keep in touch with your service through a newsletter or individual feedback. Also, share information with staff, volunteers, partners, stakeholders and commissioners.

14. Remuneration
NHS England provides advice on how to cover expenses created by participating in service improvement and feedback, such as childcare, respite care and travel in its publication Working with our Patient and Public Voice Partners, Reimbursing out of pocket expenses and involvement payments.
Chapter 4
Case study examples

To learn more about how other organisations gain meaningful feedback and embed opportunities for participation and involvement, we approached a range of public and third sector organisations.

To help us identify which groups to involve, we used the following criteria:

• Organisations that support survivor-victims of sexual abuse and sexual assault
• Organisations working with other vulnerable groups, often deemed to be more at risk from sexual abuse or assault
• Those working with people who are sporadic or one-time service users
• Where there is societal stigma surrounding the subject area/condition.

By using case studies, we hope to illustrate some of the ways better feedback and participation has been developed, and demonstrates key learning from different approaches.
Case study A:
Engaging through surveys

Corum Voices wellbeing survey
Corum Voices is a London-based charity providing information, advice and support to children and young people. It was commissioned by five local authorities to deliver a questionnaire to capture the wellbeing of 4 – 18 year olds who are ‘looked-after’ children.

Designed to complement a national programme measuring wellbeing in young people, being conducted by Bristol University, Corum Voices held a series of focus groups to develop three questionnaires which could be completed by 4 – 7 year olds, 8 – 11s and 12 – 18 year olds.

Focus group feedback said that asking young people open questions to gauge their emotional state and their mental wellbeing, such as ‘How do you feel?’, were too difficult and confusing with the risk of people defaulting to ‘I’m fine’.

Testers felt that by using a restrictive timeframe, ‘How do you feel today?’ with agreed descriptors to rate their response which, although only providing a snapshot of ‘today’, would illicit more responses.

The survey designed for 4 – 7 year olds consisted of yes/no answers and would be filled in with a trusted adult. The levels of complexity increased with each age bracket, bringing in wider issues of how well young people felt advocated for, as well as more free text answers allowing for further information.

The surveys were provided in a range of formats, including Easy Read, although the majority were completed online and achieved a 33 per cent response rate. When one authority repeated the survey, the response rate increased to 45 per cent.

A summary of the survey feedback was distributed to all the respondents who stated that they wanted to hear about the next steps of the programme.

Key learning

- Test your questionnaire with focus groups – local Youth Councils, Healthwatch, Barnardo’s and survivor-victim support organisations are a great resource
- Offer your surveys in an age appropriate manner, face-to-face with a trusted adult if appropriate to that age
- Keep it short and to the point
- Offer different ways to complete the survey
- Focus your questions – questions that have broad timeframes can be confusing.
- Help people by offering a way that best describes and rates your service
- Give space for them to provide their own comments
- Give reassurance that all responses are anonymous and allow people to skip questions they don’t want to answer
- Offer support, such as counselling for those that may feel ‘triggered’ by their traumatic experience
- Ask if they want to hear the outcome. Reassure that their answers will remain anonymous and if they want a response, honour it
- Give a summary of why you are asking these questions and how their answers will be used.
Case study B: Engaging with people with learning disabilities

Research suggests that each year at least 1,400 adults with a learning disability are likely to be reported as victims of sexual abuse\(^2\), a figure believed by many charities to be the tip of the iceberg.

Providing information, asking for feedback and involving this key group of people is much neglected and an area where staff felt bespoke training and literature was needed.

National charities and some international governmental organisations have a range of information and campaigns to support young people with learning disabilities, their parents and carers with information on wider sexual relationship issues.

However there is very little bespoke literature dealing with consent, understanding abuse or dealing with the aftermath of sexual assault.

Respond's Independent Sexual Violence Advisors

Respond is a charity that works with people with learning disabilities, their families and their supporters, to deal with the trauma of abuse through a range of therapies and support. This includes an ISVA service that offers long term support for both adults and young people.

They have created accessible literature and feedback questions with the assistance of the Respond Action Group, a panel of six people with learning disabilities, who also advise on publicity and designed the easy read section of their website.

The Respond Action Group ensures that the voice of people with learning disabilities is part of the organisation which also provides outreach visits to residential homes, self-advocacy groups and conferences. They also support people with learning disabilities around issues of abuse, bullying, trauma and consent.

To ensure that feedback is gained from this client group, Respond ISVAs have a questionnaire that can be filled in with the help of a trusted adult or the ISVA.

Key learning

- Provide relevant information in an accessible format
- Develop questionnaires with a group made up of people with learning disabilities and learning disability organisations
- Bespoke design and content for literature and websites could be commissioned on a wider footprint (across SARCs) to ensure cost effectiveness and then be tailored with local information.

\(^2\)Brown, Stein and Turk; The Sexual Abuse of Adults with a Learning Disability
Case study C:  
User involvement in service strategy and design

When carried out sensitively, the benefits of consultation and participation can yield vital information and insights that can help professionals in the planning and delivering of truly accessible and appropriate services.

By involving service users, or organisations that represent wider groups that they belong to, user experiences can help inform staff practice, by providing insights that practitioners can be completely unaware of, such as body language and jargon.

Involving users in the recruitment of frontline staff can further embed organisational thinking and practice towards the needs of service users.

Barnardo’s HYPE service

Barnardo’s Helping Young People (children and families) to Engage (HYPE) service works with the Community Children’s Health Partnership (CCHP) in Bristol and South Gloucestershire.

HYPE supports children and families to have a say, recognising them as experts in their own lives so they should be able to influence how their health services are delivered.

HYPE has worked with health workers and managers, children and young people in developing to overarching participation strategy setting out how engagement and participation would be achieved and championing effective communications.

Key examples of their participation work have seen improvements to the environment through art work projects and better access by increasing the choice of venues where services could be offered.

Inputs and insights from young people have also been used to develop self-referral pathways, as part of the Increasing Access to Psychological Therapies programme, and ensuring feedback about individual goals and how well therapy is going.

Young people were also supported to provide short staff training films on improving their interactions with young people. These films helped identify barriers staff were unwittingly putting up when interacting with young service users, which staff found powerful and useful in making minor alterations to the normal ways things were done.

Young people were also given training so that they can be part of recruitment panels and to assess job candidates for key frontline roles.

Feedback from young people taking part in the HYPE project felt that they had benefited ‘therapeutically’. The project has produced a short film, Positive Participation.

The HYPE team’s commitment to ensure that engagement with children and young people is embedded across the services and all activities has been rated ‘excellent’ by the Care Quality Commission.

Key learning

- Involving service users puts victim-survivors at the heart of what you do
- It takes time and staff effort to deliver
- Training and support needs to be given to participants
- Remuneration should be considered to aid participation
- Think about using communications channels that children and young people identify with, such as mobile phones, online and video. There are many expert organisations that can help with developing these resources.
- Remember to feedback to those involved how their contribution helped.
Establishing, building and maintaining good relationships with strategic bodies and other partners is an essential element of effective partnership work and meaningful participation in strategic activity.

Approaching local user groups and organisations to target specific groups that are known to be at higher risk, yet not participating in the service, SARC’s can assess the suitability of their service, awareness and any other barriers that potential services users can identify.

With some key groups, where, trust may be one of the barriers to using services, making explicit alignments with agencies that work with and alongside them, can help to build that trust.

**Saint Mary’s Centre (SARC), Manchester and Ugly Mugs**

It is widely recognised that sex workers are particularly vulnerable to ‘dodgy punters’, who will often target them to commit acts of violence including sexual assaults.

In July 2012, the National Ugly Mugs scheme (known as NUM and developed by the UK Network of Sex Work Projects) was launched in Manchester to improve the safety of sex workers in the city. The scheme encourages sex workers to share and coordinate intelligence with police. It aims to make sex workers safer by alerting them by text or email about people who are a danger to them.

Working with the **Saint Mary’s Centre** in Manchester, NUM ran a series of specialist training on the specific needs of sex workers who use SARC services.

So that sex workers feel reassured they will be offered an empathetic service, and the SARC prominently displays the Ugly Mugs logo in its reception and waiting areas.

**Key learning**

- Ask for training and support to ensure your service is sensitive to the needs of sex workers
- Consider how you can ask for feedback through your local sex worker support organisation, to help shape your services, as part of wider activities they may carry out such as drop-in sessions.
Case study E:
Mobile technology – tapping into feedback

Despite the wide net of organisations approached, we had yet to find anyone using mobile technology to ask for direct feedback.

Given the majority of victim-survivors who use SARCs are aged between 16 – 30 and heavy users of mobile phones and social media applications, using this technology is a key element of engagement.

Given too, that such technology can be used to support not only a range of languages, but also additional supporting information and video content, it does seem to be an area ready for consideration as an extremely direct way of gaining feedback.

Below is an example of one of the latest apps, produced in a collaborative and innovative way by the ‘It happens Here’ campaign, run by Oxford University students and Code4Rights; an organisation which seeks to increase women’s participation in technology, by providing opportunities to create apps that can help create a more equal society for all.

First response mobile app for students at Oxford University
First Response is mobile app developed in collaboration between the It Happens Here campaign group and Code4Rights. It Happens Here is dedicated to raising awareness about sexual violence and works with the University of Oxford and the Oxford community to ensure that Oxford is a safe place for all.

The app is the first of its kind in the area and is intended to equip students with the immediate information they need to address any incident of sexual violence. It provides victim-survivors of sexual violence and their friends with information about support resources, ways to respond, key contact details, and answers to frequently asked questions.

The app sets out advice and key contact information under four headings:

- Going to a referral centre
- Calling the police
- Getting medical attention
- Getting support.

A section on frequently asked questions is targeted at both student victim-survivors and supporters, and provides definitions on sexual violence and consent as well as the university’s definition of harassment. Throughout the app there are links to where and how to get help. It should be noted that this is an advice app, and as such does not include the facility to report an incident. The content for the app was co-created and co-designed by participants at brainstorming sessions at a It Does Happen Here’s conference, alongside women who learnt coding and technical design through Code4Rights workshops.

Key learning
- Consider how you can use mobile technology and social media – given the majority of victim-survivors who use SARCs are ages 16 – 30.
- Think about working with Code4Rights or charity partners to develop technology apps and video content.
Case study F: Tap into existing networks

Taking advantage of pre-existing activities arranged by stakeholders or networks has the advantage of being able to tap into already existing links. By joining networks you can ask for their expertise to help you to reach key audiences that they are connected to or ask advice on the best methods to do so.

Devon and Cornwall Victim Care Network

In 2015 the Victim Care Network (VCN) was launched in Devon and Cornwall to provide victims of crime access to a wide range of support, advice and services. The network is a collaboration between the Police and Crime Commissioner, Devon and Cornwall Police and around 80 local service providers, it provides support to victims and referrals to local organisations that offer advice and support on a range of issues that can affect lives for example, mental and physical well-being.

By attending a VCN networking day, researchers for this report were able to give a short presentation and gain feedback from a wide range of organisations on their experiences, methods and tools that they use for gaining feedback and creating the right environment for participation and involvement of victim-survivors. Feedback from the VCN has been invaluable in helping us explore good practice and ideas, as well as the pitfalls, which we have reflected in this report (please see Appendix for detailed breakdown of feedback given).

Key learning

- Approaching already existing networks or joining activities run by your target organisations, can help you prevent duplication of approaches
- It can help build links with organisations and individuals far quicker if your introduction has been via a trusted partner
- If you open channels, maintain them! Ask if you can add their organisation to your newsletter distribution list to keep them up-to-date on news and developments
- Reciprocate - ask for updates from them, that way you will familiarise yourself with the work they do and spot opportunities for further outreach work in the future.
Chapter 5
Reaching out to those who could benefit from SARC services

The profile of the vast majority of people who use SARC services are white, heterosexual younger women and girls, between the ages of 14 – 30. This is in line with statistics that show females aged between 16 – 19 are at the highest risk of being a victim of a sexual offence.

Even taking into account that young females are the most at risk group, there is a contrast between those who are currently using SARC services and those who need support. This is particularly true amongst seldom heard groups or communities, including younger females from BAME communities, men of all ages and those from BAME backgrounds.

In this chapter, we look at who might be more vulnerable to sexual abuse and ways in which they and those who support them might be engaged.

To gather this information we used desk research; spoke to not for profit organisations that support vulnerable communities; and SARCs about their experiences of engaging seldom heard communities.

Engaging and partnering with local support and statutory organisations
Developing relationships with frontline services, helplines, police, social services and health services, GPs, schools and colleges, youth organisations, sexual assault support organisations, as well as community and voluntary organisations, is key for SARCs in terms of engagement.

These groups can help SARCs engage seldom heard communities and understand how to shape their services to take their needs into account.
The challenges
SARCs tell us that in particular they find it difficult to engage with:

- Children and adults in residential and nursing care
- People from BAME backgrounds
- Families of children who have been assaulted
- Homeless populations
- Lesbian, gay, bisexual and transgender adults
- People with physical disabilities
- People with learning disabilities
- Prison populations
- Refugees and asylum seekers
- Those who have been trafficked
- Women and men abused through prostitution
- Women and men who misuse drugs and alcohol
- Students
- Young people.

Adults in residential and nursing care
BBC Radio 4’s File on 4 revealed in September 2016 that more than 2,000 allegations of sexual offences, linked to adult nursing and residential care homes were made to UK police forces from 2013 to 2015.

This happens in an environment where vulnerable residents should expect to feel and be safe and is often committed by other residents or care home staff.

Although some SARCs report good links with care homes for adults, others have struggled to develop relationships.

Key tips
Training and awareness sessions for staff and care home providers, could lead to more referrals.

SARCs could also invite care home providers / staff and adult social care to an Open Day at the SARC to talk about the support they can offer and show them around the service.

BAME communities
BAME communities are not a homogeneous group and encompass various nationalities, ethnicities, cultures and religious beliefs, which will vary from area to area.

Cultural barriers can include communication issues as English may be a second language, fear of family and friends finding out, issues such as forced marriage, uncertain civil status and so called ‘honour’ based violence and immigration status all of which can prevent people from seeking help. A distrust of the authorities and police can also inhibit people from reporting sexual assaults and seeking help.

Key tips
Each police force has Independent Advisory Groups (IAGs) set up to act as ‘critical friends’ with representatives from ‘seldom-heard’ groups. SARCs could look at how they can get involved with these groups to develop relationships and share information.

Carry out mapping of key communities, which groups represent them and arrange for these groups to visit your SARC and / or go and meet them. It can also be useful to engage with religious leaders.

When asking for feedback from those who have used services, rather than using questionnaires it may be better for an adviser or counsellor to record feedback, particularly when English is not a first language.

SARCs can look at working with sexual assault support workers from voluntary sector organisations who speak community languages and asking them to facilitate asking for feedback.
Families of children who have been assaulted
When asking for feedback where children are involved, SARCs need to think about how they engage with families/social services and where appropriate the child/children themselves, asking for feedback in ways which is appropriate to the age of the child involved.

Key tips
Organisations such as Barnardo’s and The Children’s Society can help SARCs look at how they can work with parents and children to ask for feedback.

Work with local children’s social services to agree a referral pathway. Offer to hold an open day or come along and talk to social workers about how the service supports children who have been assaulted and allay concerns.

Street homeless
Those who are street homeless are likely to have mental health issues and can also be involved in drugs and alcohol. SARCs report that if they use their services, it is often just on a short-term basis. People who are street homeless can be more vulnerable to sexual assaults.

Key tips
Working with organisations like St Mungo’s, The Salvation Army or Crisis along with local homeless organisations, will help SARCs reach rough sleepers and homeless people.

Information such as posters, wallet cards or other literature could be provided at hostels and drop in centres to help highlight opportunities for people to self-refer.

SARCs can ask support workers to share information about services and ask people for feedback on how to make their services relevant, informally, during drop in sessions.

Lesbian, gay, bisexual and transgender (LGBT)
A study by The Welsh Government found that ‘LGBT people who experience domestic abuse, stalking and harassment and sexual violence may face specific barriers to accessing services’.

This can be a lack of awareness about what support is available, or unwelcoming environments and marketing to information and services focused on heterosexual rather than LGBT situations and concerns.

Key tips
Awareness campaigns, materials and web content, that include images and content aimed at the LGBT communities would make services more relevant.

SARCs can also ask LGBT organisations for support to develop relevant communications and services.

SARCs can promote their services through local helplines and have content about their services available on support organisation websites and at their offices.
Men

Research figures estimate that in the UK almost 3.4 per cent of the male population have experienced non-consensual sexual incidents as adults and 11 per cent have suffered sexual abuse as children.

Male survivor support charity Mankind found that SARC's and other sexual assault services had little mention of men in their promotional literature or websites and often that male counsellors or crisis workers were not available to offer support.

Rape and sexual assault as an adult male remains a taboo area with many misconceptions about why it occurs and who perpetrates such acts. Many do not come forward to report an assault or ask for help. Those that do, often find services are more tailored to the needs of women than of men (for example, staff will all be female or rooms may be decorated in a way which will appeal to females rather than males). Men who have been abused as children often don’t come forward for many years and need support for counselling around historic abuse.

People who misuse drugs and alcohol

Those who misuse drugs, alcohol or both can be more vulnerable to sexual assault, particularly if they may be without a permanent home / involved with prostitution and / or who have mental health issues / learning difficulties.

They are less likely to engage with SARC’s after initial support is received.

Key tips

People who misuse drugs or alcohol are likely to respond better to providing feedback through an alcohol / drugs support worker who may be involved in their care on an informal basis, rather than being asked to complete a questionnaire.

People with learning or physical disabilities

When thinking about asking for feedback we need to consider someone’s disability and how this might impact on their ability to share their views.

This includes thinking about providing a variety of opportunities that take into account someone’s sensory disability, whether they can write and how they would prefer to communicate.

Key tips

Work with national and local male survivor groups to develop content on websites, and promotional materials.

Partner with local male survivor groups to hold focus groups or drop in sessions to ask for feedback on how services can be developed to meet their needs.

Key tips

People might prefer to feedback through a support worker, carer or family member, or they may prefer the opportunity to do this directly themselves. They might prefer to record feedback, rather than complete a questionnaire.

For wider engagement and involvement opportunities, ensure that venues used are wheelchair accessible and have equipment such as hearing loops or technology is available so that everyone can participate.

SARC’s can work with local learning disability organisations and support workers for the individual who have used the service, to find out how best to ask for feedback.

Prison populations

The Howard League Commission paper suggests sexual abuse in prisons is a hidden problem that is largely unreported. In 2014, they estimated that every year 1-5 per cent of inmates - as many as 4,000 people - could be raped or abused.

Some SARC’s have reported that prisons have been open to working with them. Others that they have struggled to make services available for prisoners, particularly in terms of counselling and longer term support.
Women and men abused through prostitution
It’s estimated that 80,000 women work in ‘on-street’ prostitution in the UK (End Violence Against Women).

Many misuse drugs and alcohol and may have mental health issues and / or learning disabilities, meaning that they are more vulnerable to exploitation and sexual abuse.

Those working as prostitutes in flats, parlours and saunas may also have been trafficked and therefore feel unable to report their abuse or seek help. In many areas where SARCs are based, there are charities and voluntary organisations which support street workers and others engaged in prostitution.

Students
A survey by The Telegraph carried out in 2015 showed that a third of female students in Britain have endured a sexual assault or unwanted advances at university.

Students away from home at universities, where a ‘lad’s culture’ can be prevalent, can be vulnerable to sexual assaults. Rachel Krys, the co-director of End Violence Against Women said “Our universities need to listen more to the women who are coming forward and telling these stories. They need to investigate properly when there is an allegation of abuse, and act quickly to protect all women from these perpetrators.”

SARCs have told us this group are not likely to want a longer-term involvement with the SARC, so may not want to engage directly in providing feedback.

SARCs have reported that they have found it difficult to engage with universities and colleges, but with a recent report from the Universities UK Taskforce; Changing the Culture, doors are now opening.

The Report found under-reporting highlighted as a problem both by wider stakeholders and in evidence received from individual universities.

At the University of Oxford, a student-led campaign resulted in the development of a smartphone application First Response for students. This sets out options for sexual assault victims-survivors, including attending a SARC or calling the police.

Partner with universities and colleges to provide training to help students who have been assaulted, promote the support the SARC offers through Fresher’s Fairs and student communications and gain feedback on shaping services.
Young men and women

Young men and women can be vulnerable to sex assault particularly those involved in the night-time economy, such as nightclubs, bars and entertainment and sports fixtures, where drugs and alcohol are involved. Health workers and street pastors who provide frontline support would be useful stakeholders to develop relationships with.

Young women, 16-19 years old, are statistically the group who are most likely to be sexually assaulted.

Within this age group particularly there can be issues around a lack of understanding of what consent involves and when/how they can say no.

There are also issues related to gang culture can lead to pressure, particularly for children and young women to become sexually active.

There are also children and young people in care, who can be more vulnerable to abuse.

Key tips

Work with rape crisis centres, youth centres, street pastors, social services and schools to promote support that can be offered.

Talk to Barnardo’s and other support organisations for young people to identify how to ask for feedback and ensure content in communications materials is relevant.

Rape Crisis South London launched #BreakTheSilence, an innovative series of films for young women aimed at explaining the role of the police, the court system and ISVA support available from Rape Crisis.
Chapter 6
Safeguarding considerations and engagement

“It is vital that victims-survivors, who have often been made powerless by their assailant, have:

- As much control and choice as possible
- Their preferred outcomes addressed
- Meetings and discussions about them are guided by their needs and circumstances.

This will help to ensure that their experience of care is informed by their needs and what they want to happen.

While service users should be engaged with their care and patient confidentiality is important, if there are safeguarding concerns because of someone’s age or circumstances, disability, or lack the capacity to make decisions - safeguarding comes first.

Safeguarding referrals are made in accordance with local child and vulnerable adult safeguarding policies.

To do this, a SARC will work with the police and other partner organisations to standardise and improve information sharing, in order to meet the best needs and interests of those who use its services.

Therefore, there needs to be:

- Effective sharing of information between agencies involved in someone’s care
- The right training for staff to be in place
- Staff who are supported to ensure safeguarding is considered
- Standardised information.

This will ensure that victims are safeguarded and provided with the best possible care.

Staff training
Ensuring that all staff, both clinical and non-clinical, have received the right safeguarding training, understand policies, protocols and procedures, are vital to ensuring that victim-survivors are properly protected and supported by the SARCs and surrounding multi agency teams. Whilst interviewing SARC services across south west and south central England, it was clear that safeguarding was of paramount concern with every case they dealt with.

Manuals providing all safeguarding policies and procedures - with a clear step by step guides and key contacts – should be available to all staff. These should be regularly reviewed to keep them up-to-date.

“A SARC Manager

“Safeguarding is always top of the agenda - every case is looked at to see if there are potential safeguarding issues that are outstanding or need further investigation.”

Staff training
Ensuring that all staff, both clinical and non-clinical, have received the right safeguarding training, understand policies, protocols and procedures, are vital to ensuring that victim-survivors are properly protected and supported by the SARCs and surrounding multi agency teams. Whilst interviewing SARC services across south west and south central England, it was clear that safeguarding was of paramount concern with every case they dealt with.

Manuals providing all safeguarding policies and procedures - with a clear step by step guides and key contacts – should be available to all staff. These should be regularly reviewed to keep them up-to-date.

“A SARC Manager

“Safeguarding is always top of the agenda - every case is looked at to see if there are potential safeguarding issues that are outstanding or need further investigation.”

Staff training
Ensuring that all staff, both clinical and non-clinical, have received the right safeguarding training, understand policies, protocols and procedures, are vital to ensuring that victim-survivors are properly protected and supported by the SARCs and surrounding multi agency teams. Whilst interviewing SARC services across south west and south central England, it was clear that safeguarding was of paramount concern with every case they dealt with.

Manuals providing all safeguarding policies and procedures - with a clear step by step guides and key contacts – should be available to all staff. These should be regularly reviewed to keep them up-to-date.

“A SARC Manager

“Safeguarding is always top of the agenda - every case is looked at to see if there are potential safeguarding issues that are outstanding or need further investigation.”

Staff training
Ensuring that all staff, both clinical and non-clinical, have received the right safeguarding training, understand policies, protocols and procedures, are vital to ensuring that victim-survivors are properly protected and supported by the SARCs and surrounding multi agency teams. Whilst interviewing SARC services across south west and south central England, it was clear that safeguarding was of paramount concern with every case they dealt with.

Manuals providing all safeguarding policies and procedures - with a clear step by step guides and key contacts – should be available to all staff. These should be regularly reviewed to keep them up-to-date.
With SARC{s that we interviewed in the south central and south west of England, all staff are expected to sign up and adhere to the safeguarding policy and protocols in place for safeguarding cases, for example attendance at meetings for child protection.

The following training had been provided either by the NHS trust that the SARC came under, the local authority, third sector specialist organisations and/or the provider.

Each SARC had in place:
• mandatory safeguarding children and adults training for all staff, clinical and non-clinical staff
• mandatory annual refresher training which is supported by an on-going programme to meet identified additional training needs
• levels 1 to 3 safeguarding training for adult, children and vulnerable adults, depending on their grade and role
• safeguarding policy and protocols which all staff sign up to
• Mental Capacity Act and Deprivation of Liberty (DoLs) training, procedures and protocols
• child sexual exploitation (CSE) policies, protocols and procedures
• multi agency working training.

Support to staff
Clear management leadership is also in place to support staff, with safeguarding discussed at team and monthly management meetings.

Additionally, staff conduct peer case reviews, to ensure any potential safeguarding issues are not minimised or missed and have access to external advice through local multi agency safeguarding units.

Standardisation of information
NHS England commissioners asked us whether there was standardisation of information provided in safeguarding cases.

We found that depending on which SARC we spoke to and how they were configured, safeguarding referrals and information were sent to NHS adult and children’s safeguarding unit for onward cascade, or to Multi Agency Safeguarding Hubs (MASHs) or Multi Agency Referral Units (MARUs).

In each instance, the format and required level of information is set locally by those safeguarding units or hubs across frontline agencies and organisations dealing with potential safeguarding issues.

Multi agency working and referrals
SARCs reported that MASH and MARUs were particularly effective in ensuring that the appropriate safeguarding information was
cascaded to those who needed to know. Sharing such information is strictly governed across all SARCs through information sharing protocols with, for example, the police, social services, sexual health clinics and key third sector service providers.

Some SARC{s described their relationship with the MARU in their area as invaluable.

“We have a MARU manager who it is really easy to say to ‘is this a safeguarding issue, what do you reckon?’ Also you can ring the MARU and ask for advice, and they will tell you whether it is a safeguarding issue or not.”

A SARC Manager
1. Background facts and stats
Rape and sexual assault are horrific and damaging crimes that can ruin the lives of victims-survivors and their families, and have an adverse impact on wider society. For victims-survivors, these offences can have significant and ongoing consequences for their health and wellbeing.

Nearly half a million adults are sexually assaulted in England and Wales each year.

The number of rapes and sexual assaults which are reported continue to be low, with an estimated 9 in 10 rapes going unreported and 38 per cent of serious sexual assault victims telling no-one about their experiences.

However, recent media coverage about historic abuse cases, has led to more people reporting their abuse (current and historic) to the police and looking for counselling and support.

This in turn has led to an increased demand for the type of support which a SARC can offer (immediate forensic examinations, plus access to advisers and counsellors and other longer term support).

Without access to counselling and support through a SARC or other sexual assault support service - many go without the vital support they need that can help them rebuild their lives.

Support services
Despite the prevalence of these serious crimes and the devastating health and social consequences for victim-survivors, until 2009 there were few specialised services and most rape cases were dealt with in police stations with little provision for specialist counselling or follow up support.

Since then, SARCs, rape crisis support services and other support services have been developing around the country (mainly based in major cities and towns).

Appendix

• 31 per cent of young women aged 18 – 24 report having experienced sexual abuse in childhood (NSPCC, 2011)
• Nearly 40 per cent of all rapes recorded by the police are committed against children under 16 (Rape Monitoring Group, 2013)
• One in five women aged 16 – 59 has experienced some form of sexual violence (Rape Crisis, 2013)
• Rape Crisis member organisations across England and Wales responded to 171,000 helpline calls in the 12 months to 31st March 2016, an average over 3,000 a week (Rape Crisis)
• At the end of March 2016 there were over 4,000 service users waiting for a service (Rape Crisis)
• There has been a 71 per cent increase in the number of child abuse cases reported to the police in the three years leading up to 2015 (National Police Chiefs’ Council).

4Rape Crisis
5An Overview of Sexual Offending in England and Wales; Ministry of Justice (MoJ), Office for National Statistics (ONS) and Home Office in January 2013
2. Sexual Assault Referral Centres (SARCs)
SARCs contribute to achieving a range of local and national priorities and policies to improve health and wellbeing, tackle violence, abuse and discrimination and reduce inequalities.

They play a vital role in supporting some of the most vulnerable members of our communities at one of the most traumatic times in their lives.

SARCs are specialist facilities providing health, support and counselling services for those who have been raped or sexually assaulted, now and in the past.

Each SARC has a specialist forensic examination suite where evidence can be gathered. This evidence can be used if the victim decides to report an assault to the police, and a case subsequently goes to court.

SARCs vary in the services they provide. Some provide support for young people over the age of 13 and for adults. Some also offer support to children under 13.

Some provide counselling services, some art therapy for child victims and some the services of ISVAs who support the victim of a sexual assault through the police and court process. Others act as a referral point for these services.

There are also a number of SARCs that provide a service either directly, or through referrals, for those who have been the victim of historic abuse during their childhood or in their past.

3. With thanks to:

SARC Engagement Benchmark Group:
- Barnardo’s
- The Survivors Trust
- Public Engagement, Nursing Directorate, NHS England
- Communications and Engagement team, NHS England South (Central).

Patient and Public Involvement Team, University Hospital Bristol

Devon and Cornwall Victim Care Network

Office of the Police Commissioners for Devon and Cornwall

For helping us develop case studies:
- Corum Voices
- Respond
- Barnardo’s HYPE service
- St Mary’s SARC, Manchester and The National Ugly Mugs scheme
- Oxford University and Code4Rights – The First Response App
- Devon and Cornwall Victim Care Network.

SARCS offer:
- Referrals through the police and self-referrals
- Crisis support in response to recent sexual assaults
- Medical interventions and forensic facilities
- Fast track referral to sexual health services
- Support on addressing the safeguarding needs of children and young people (and other vulnerable groups)

Some SARCs may also offer:
- Short term counselling and Independent Sexual Violence Adviser services
- Storage of forensic evidence
- Counselling for survivors of historic abuse
- Specific services for children and young people, including specialised mental health.
South Central and South West England SARCs:

- The Bridge, Bristol
- The Oak Centre, Exeter
- Sexual Abuse Assessment Service for Children and Young People
- The Oak Centre, Exeter,
- New Swindon Sanctuary, Swindon
- Hope House, Gloucester
- Twelves Company, Plymouth
- The Willow Centre, Truro
- Portsmouth SARC
- Bournemouth SARC
- Milton Keynes SARC
- Slough SARC.

**NHS England South:**

John Trevains, Assistant Director of Nursing, Patient Experience, Safeguarding and Mental Health Homicide Investigations, NHS England South Central

Marilyn Read, Health and Justice Commissioner (L&D, Police and SARCs) (South Central)

Lisa Brown, Health & Justice Commissioner (South West)

Becks Marsh, Senior Health and Justice Associate (South West).

**4. Research sources**

**NHS England:**

- NHS England Values
- Working with our Patient and Public Voice Partners Reimbursing out of pocket expenses and involvement payments.
- NHS Health and justice
- National PPI policy
- NHS England Involvement Hub.

**Research into sexual assault and rape:**

- Rape: The Victim Experience Review 2009
- Baroness Stern’s Review of the treatment of rape victims in England and Wales
- MIND’s Emoodji app
- Radio 4 File on Four (Sept 2016) – The Last Taboo
- Barriers faced by Lesbian, Gay, Bisexual and Transgender People in Accessing Domestic Abuse, Stalking and Harassment, and Sexual Violence Services – Study by the Welsh Government
- Howard League Sex in Prisons
- Mankind research
- The Poppy Project – Sex in the City
- Universities UK Taskforce: Changing the Culture
- Clink Patient Engagement Toolkit.

**Statistics used in this report are from:**

- Cross Government Action Plan on Sexual Violence and Abuse
- End Violence Against Women
- The Home Office
- Ministry of Justice
- Office for National Statistics
- NSPCC
- National Police Chiefs’ Council
- Rape Crisis
- Rape Monitoring Group.
5. Devon and Cornwall Victim Care Network: Workshop Feedback October 2016

The Devon and Cornwall Victim Care Network is a group of over 80 voluntary sector organisations who work with victims of crime including victims who have been sexually assaulted. As part of the research for this report we held a workshop with members of the Network.

Our objective was to gain feedback from them on how we should be engaging and involving people who used their services and how we should be working with them. We also asked about them about reimbursement of costs/incentivising participation for both service users and their own organisations.

How should we be involving their service users? Consider:

- Face to face / through advocates
- Maintaining single point of contact for gathering feedback
- Accept some people won’t want to provide feedback
- Avoid re-victimisation – manage emotional impact of revisiting experiences
- Think about those with English as a second language
- Give people time to assess response to gain more honest feedback
- Provide opportunities for anonymous feedback
- Victims-survivors should be allowed to help design engagement and involvements they are the experts
- Good chance they won’t want to give it – don’t want to revisit experience
- Make it succinct - easy groups, accessible – emoticons, not too long, gather qualitative and quantitative
- Say why feedback is wanted, what will be done with it, feedback on feedback
- Give people choice about how they feedback.

How should we be asking Network members for feedback?

- Questionnaire
- At forums
- Interviews
- Online – quick, easy, more likely to get a response
- Attend Police LRG
- Depends on engagement activity – including the time, location, expertise and / knowledge required.

Reimbursement for stakeholders?

- Provide training opportunities
- Payment for organising focus groups
- Payment for facilitating questionnaire feedback
- Pay organisation for staff time.
### Reimbursement – what costs should we be covering how should we do it?

- Depends on length of activity - pay expenses, i.e. travel, childcare
- Concerns about giving money – could be used for drugs / alcohol
- Reimbursement may attract certain service types - reimburse after attendance not before
- Vouchers
- If asking for feedback as part of ongoing support, then no. If additional, use vouchers
- Provide out of pocket expenses
- Reimbursement can be patronising – but okay to pay for support worker support at events
- Provide information on outcomes from feedback – what will change
- For focus groups – provide money / voucher
- Pay for petrol
- Yes to reimbursement
- Enticements not pay
- Reward for annual ongoing engagement rather than single use
- Food
- Fund carer responsibility cover
- Rename – volunteer expenses
- Vouchers might not be appropriate – think about other ways to reimburse
- Hearing how feedback is used
- Feedback through agencies victims know and trust
- Reimbursement needs to be appropriate to client group – older, young, men, women - all walks of life

### How should we be engaging and involving their service users

- Use communications aids i.e. Emojis
- Survey monkey – anonymous allows victims to be honest and frank
- Through online support from ISVAs – allows feedback to be gathered gently and without pressure
- For people with learning disability/ young people – verbal, written, pictorial, online
- Learning difficulties – different language / face to face
- Have independent third party to collate feedback – avoid bias
- Gain feedback through focus groups using existing peer support groups
- Comments book – victims-survivors with learning disabilities can ask advocates to write down for them
- Via email
- Interviews by third party (independent)
- Service user volunteers telling their story
- Online survey (emojis)
- Session by session feedback (multiple choice)
- Outcomes wheel to see improvement / detriment throughout support – track progress
- Use a ‘dear diary’ technique – e.g. on iPad or video booth
- Tech friendly
- Phone feedback via support worker
- Home visits – more comfortable surrounding for victims
- Tick box survey – 5 plus one open question
- ‘Smiley’ survey over the phone
• Need to have support workers at focus groups for people with learning disabilities / younger people
• Use Plain English and accessible language
• Make sure it’s not too time consuming
• At the end of the process – gently and carefully – give people a choice of how they can be involved in future
• Range of formats depending on individual needs – use tablets for people with learning disabilities – picture formats. Think about disability and what formats will be appropriate
• Not evaluation for evaluation’s sake – must be meaningful
• Age appropriate focus groups – localised, specific to issues, victim led
• Active feedback tool – live document through process
• Virtual support groups – for young people
• Digital feedback – mobile format
• NHS to provide SARC focus groups through GPs
• By phone – but remember many people won’t pick up to unknown numbers
• Template forms tend not to be returned
• Text message – automated system
• Danger of asking for multiple feedback
• One size doesn’t fit all
• Out of area feedback – by another part of NHS or another SARC
• Careful use of language – How can we help? How do you want to be asked (give choice)?
• Use email
• Develop advisory panel for ongoing engagement / feedback on bigger issues

• Ask victims-survivors how they want to feedback
• Via video/film
• Use technology – don’t use tick boxes – let people use their own words, quality not quantity – make it quick and easy
• Provide all victims with clear information about the complaints procedure
• Use social media – private Facebook groups
• Suggestion boxes in reception areas
• Focus groups for key issues
• Feedback review 6-12 months later – describe what has changed and thank participants for their contributions
• Have your say on SARC websites
• Healthwatch Gateway Request
• Survey – paper, online, phone, face to face – offer help to complete any forms.

Feedback
• Progress measures / service user feedback provided on actions to be taken.
Equality and Health Inequalities statement

• Promoting equality and addressing health inequalities are at the heart of NHS England’s values. Throughout the development of the policies and processes cited in this document, we have:

• Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and

• Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact 0300 311 22 33 or email england.contactus@nhs.net stating that this document is owned by the NHS England South Central nursing team.