FORMATIVE EVALUATION OF THE ADAPTED VERSION OF LETTING THE FUTURE IN

METHODOLOGICAL TOOLS

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School for Policy Studies, University of Bristol

December 2018
Impact and Evidence series

This report is part of the NSPCC’s Impact and Evidence series, which presents the findings of the Society’s research into its services and interventions. Many of the reports are produced by the NSPCC’s Evaluation department, but some are written by other organisations commissioned by the Society to carry out research on its behalf. The aim of the series is to contribute to the evidence base of what works in preventing cruelty to children and in reducing the harm it causes when abuse does happen.
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Background

‘Letting the Future In’ for children with learning disabilities (LTFI-LD) was developed by the NSPCC for therapeutic intervention with children and young people affected by sexual abuse. The NSPCC commissioned the University of Bristol to undertake a formative evaluation of the pilot of LTFI-LD as it was being delivered by four NSPCC teams, to inform the ongoing development of the intervention and future roll-out to a greater number of teams.

The aims of the formative evaluation were:

1. To determine whether:
   a. Children and young people experienced the intervention as helpful
   b. Staff considered the approach effective and user-friendly
   c. Safe carers reported improved understanding and ability to respond to their sexually abused child
2. To identify barriers and facilitators to the effectiveness of this approach
3. To develop an evaluation design, including the identification of potential process and outcome measures, to inform future testing.

To achieve these aims, the following research activities were undertaken between April 2015 and 2017:

- **A scoping review** of the empirical literature to provide a context for the project and to inform the feasibility and design of any future testing of the intervention using validated and appropriate outcome measures.

- **A formative process evaluation** involving qualitative case studies of the implementation of LTFI-LD in two NSPCC teams, and of six children who received the intervention and the views of their carers.

- A set of paper-based **evaluation tools** to be used with all LTFI-LD cases (with consent).

The full methodology and results of each of these activities is described in *Therapeutic intervention for children with learning disabilities affected by sexual abuse: Formative evaluation of a developing service* (T. Jessiman & J.S.W. Carpenter, NSPCC, 2018). This document provides details of the methodological tools, including topic guides used in qualitative interviews with NSPCC staff and service users, and feedback forms for service users, used in the formative evaluation.
EVALUATION TOOLS

Letting the Future In – adapted Referral Mapping Tool

To be completed by the child’s CSP on referral

Date form completed: _________________________

<table>
<thead>
<tr>
<th>Background information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Service Centre:</td>
</tr>
<tr>
<td>Child’s P number:</td>
</tr>
<tr>
<td>Child’s C number:</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child/Young person’s impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual Disability (please tick)</td>
</tr>
<tr>
<td>Mild ☐ Moderate ☐ Severe ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Disability (if yes, please give details:)</td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Is the child a wheelchair user?</td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Sensory Impairment (if yes, please give details:)</td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Autistic Spectrum Disorder</td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Any other impairment (please give details):</td>
</tr>
</tbody>
</table>

### Child/Young person’s mental health needs

<table>
<thead>
<tr>
<th></th>
<th>Details:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the child/YP assessed as having a mental illness (if yes, please give details)</td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td><em>(Besides LTFI-LD)</em> Is the child/YP currently in receipt of mental health services: e.g. CAMHS/Specialist Therapeutic Service/Other. (if yes, please give details)</td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

### Please indicate below what is known about the presence of behaviours that challenge

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Often</th>
<th>Sometimes</th>
<th>Never</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>defiance and flouting boundaries</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Verbal aggression</td>
<td></td>
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<tr>
<td>Physical aggression</td>
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<tr>
<td>Destroys things</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficult behaviours in school</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulties forming or maintaining relationships</td>
<td></td>
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<tr>
<td>Sabotages intended positive experiences</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Runs away/absconds</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Actual or threatened self-harm</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Sexualised behaviour (age-inappropriate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression/low mood</td>
<td></td>
<td></td>
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<tr>
<td>Anxiety</td>
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</tr>
<tr>
<td>Alcohol misuse</td>
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</tr>
<tr>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

Adapted from Selwyn, J, Meakings, S. and Wijedasa, D. (2014) Beyond the Adoption Order: Challenges, interventions and adoption disruption. London, BAAF
### What is the child’s preferred mode of communication

<table>
<thead>
<tr>
<th>Preferred Mode of Communication</th>
<th>Please give more details below:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech</td>
<td></td>
</tr>
<tr>
<td>Signing (please specify – BSL/ Makaton/Own signing routine)</td>
<td></td>
</tr>
<tr>
<td>Talking mats or other visual (please specify)</td>
<td></td>
</tr>
<tr>
<td>Augmented communication tool</td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
</tr>
</tbody>
</table>

### Is the child a Looked After Child (please tick)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

### Child/YP’s current place of residence

<table>
<thead>
<tr>
<th>Current Place of Residence</th>
<th>At home with birth parent</th>
<th>Foster care (non-relative)</th>
<th>Foster care (kinship)</th>
<th>Specialist foster care</th>
<th>Children’s residential home</th>
<th>Specialist residential placement/out of area placement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital*</td>
<td></td>
<td>Residential school</td>
<td>Secure care*</td>
<td>Juvenile justice centre*</td>
<td>Other (please specify below):</td>
<td></td>
</tr>
</tbody>
</table>

*If the child is resident in one of these, please contact the research team before approaching the family about the evaluation

### Educational Setting

<table>
<thead>
<tr>
<th>Educational Setting</th>
<th>Mainstream School</th>
<th>FE College</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit within Mainstream School</td>
<td>Home Educated</td>
<td></td>
</tr>
<tr>
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<td>Not in Education or training</td>
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</tr>
<tr>
<td>Residential School</td>
<td>Other (please specify below)</td>
<td></td>
</tr>
<tr>
<td>Professionals currently involved with Child/YP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children’s Disability SWoker</td>
<td>Speech Therapist</td>
<td></td>
</tr>
<tr>
<td>LAC Social Worker</td>
<td>Physiotherapist</td>
<td></td>
</tr>
<tr>
<td>Placement Social Worker</td>
<td>Occupational Therapist</td>
<td></td>
</tr>
<tr>
<td>Other Social Worker (please specify below:)</td>
<td>Independent Advocate</td>
<td></td>
</tr>
<tr>
<td>Community Paediatrician</td>
<td>Independent Visitor</td>
<td></td>
</tr>
<tr>
<td>Community Nurse</td>
<td>Personal Advisor (leaving care)</td>
<td></td>
</tr>
<tr>
<td>Psychologist</td>
<td>Hospital Specialist</td>
<td></td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>Guardian ad litem</td>
<td></td>
</tr>
<tr>
<td>Respite carer</td>
<td>Health Visitor</td>
<td></td>
</tr>
<tr>
<td>Floating support worker</td>
<td>Dentist</td>
<td></td>
</tr>
<tr>
<td>Teacher</td>
<td>Other education professional</td>
<td></td>
</tr>
<tr>
<td>Domiciliary worker</td>
<td>Other professionals (please specify below)</td>
<td></td>
</tr>
</tbody>
</table>
### Background information

<table>
<thead>
<tr>
<th>Name of Service Centre:</th>
<th>Date case closed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s P number:</td>
<td>No. of sessions child received:</td>
</tr>
<tr>
<td>Child’s C number:</td>
<td>No. of sessions carer(s) received:</td>
</tr>
</tbody>
</table>

Have you referred the child to another service or professional? If yes, please give details:

<table>
<thead>
<tr>
<th>Reason for closing:</th>
</tr>
</thead>
</table>

### Child/Young person’s impairment (on case closing)

(This information was provided on referral – please provide again as we would like to know if anything has changed)

<table>
<thead>
<tr>
<th>Intellectual Disability (please tick)</th>
<th>Please give details:</th>
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<td>Mild [ ] Moderate [ ] Severe [ ]</td>
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| Any other impairment (please give details:): |

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<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Is the child a Looked After Child

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

### Child/YP’s current place of residence

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<tr>
<th>Place of Residence</th>
<th>Details</th>
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<tbody>
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### Educational Setting

<table>
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<tr>
<th>Educational Setting</th>
<th>Details</th>
</tr>
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<tbody>
<tr>
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<td>Not in Education or training</td>
</tr>
<tr>
<td>Residential School</td>
<td>Other (please specify below)</td>
</tr>
</tbody>
</table>
### Nature of sexual abuse

Note to CSPs: Please complete this section as accurately as you are able. If you do not know an answer please write D/K (don’t know).

<table>
<thead>
<tr>
<th>a) Types (tick all that apply)</th>
<th>Non-contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online sexual abuse</td>
<td></td>
</tr>
<tr>
<td>Inappropriate touching</td>
<td></td>
</tr>
<tr>
<td>Penetration or attempted penetration</td>
<td></td>
</tr>
<tr>
<td>Sexual abuse accompanied by gratuitous violence</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b) Number of known incidents (tick)</th>
<th>Single</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-4</td>
<td></td>
</tr>
<tr>
<td>5+</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c) Duration between onset and discovery</th>
<th>___ Years ___ Months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d) Age of child at onset</th>
<th>___ Years ___ Months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Sexual Abuse Perpetrator(s)

<table>
<thead>
<tr>
<th>e) Total number of perpetrators of sexual abuse</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>f) Relationship of (each) perpetrator with child (tick)</th>
<th>Intrafamilial?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>g) Age of perpetrator(s) (tick)</th>
<th>Adult (i.e. over 18)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YP aged 14-17</td>
</tr>
<tr>
<td></td>
<td>YP aged 11-13</td>
</tr>
<tr>
<td></td>
<td>Children 10 and under</td>
</tr>
<tr>
<td></td>
<td>Not known</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>h) Gender of perpetrator(s) (Give number of each gender)</th>
<th>___ Male ___ Female</th>
</tr>
</thead>
</table>

1 In committing acts of sexual abuse, some abusers use levels of physical violence in excess of the amount of force required to commit the abuse. Here we refer to such violence as ‘gratuitous’.
Professionals currently involved with Child/YP

Below are a list of professionals who may have had some involvement in the child’s life. Please tell us if they have been involved during the period of the LTFL intervention; if they are still involved now; and any contact you may have had with them.

<table>
<thead>
<tr>
<th>Child/YP has had contact during intervention</th>
<th>Child/YP is still receiving support</th>
<th>NSPCC CSP (or manager) has had contact with this professional (please tell us how often in the next column)</th>
<th>How many times:</th>
<th>Reason for NSPCC contact with this professional:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s Disability SW</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LAC SW</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Placement SW</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other SW (please specify below:)</td>
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<tr>
<td>Community Paediatrician</td>
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<tr>
<td>Community Nurse</td>
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<tr>
<td>Psychologist</td>
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<td>Psychiatrist</td>
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<tr>
<td>Respite carer</td>
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<tr>
<td>Floating support worker</td>
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<tr>
<td>Domiciliary worker</td>
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<tr>
<td>Speech Therapist</td>
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<tr>
<td>Physiotherapist</td>
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<tr>
<td>Occupational Therapist</td>
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<tr>
<td>Independent Advocate</td>
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<tr>
<td>Independent Visitor</td>
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<tr>
<td>Personal Advisor (leaving care)</td>
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<tr>
<td>Hospital Specialist</td>
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<tr>
<td>Guardian Ad Litum</td>
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<tr>
<td>Health Visitor</td>
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<tr>
<td>Dentist</td>
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<td>Teacher</td>
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<td>Police officer</td>
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<tr>
<td>Other professionals (please specify below)</td>
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</tbody>
</table>
Letting the Future In – adapted Child/Young Person Feedback Questionnaire V1

<table>
<thead>
<tr>
<th>Child/Young Person’s P No.</th>
<th>___________________________</th>
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<tbody>
<tr>
<td>Today’s date</td>
<td>___________________________</td>
</tr>
<tr>
<td>Service Centre Name</td>
<td>___________________________</td>
</tr>
</tbody>
</table>

To be completed by worker

Some researchers at the University of Bristol are trying to find out more about the NSPCC’s ‘Letting the Future In’ service.

We know you have been going to sessions at ‘Letting the Future In’ with the NSPCC.

We would like you to tell us how you feel about these sessions.

These are some questions about ‘Letting the Future In’ service.

Would you answer these questions please? You do not have to answer all the questions if you do not want to.

Your answers will help us understand what children and young people think about ‘Letting the Future In’.

**Your NSPCC worker will not see your answers.**

This form will be sent directly to the researchers from Bristol University who are finding out more about ‘Letting the Future In’.
Section 1
Can you tell us about your NSPCC worker by answering the questions below?

For each one, please circle the number that matches best how you think or feel.

There are no right or wrong answers.

1. I liked spending time with my worker.

<table>
<thead>
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<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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</thead>
<tbody>
<tr>
<td>No</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>A little</td>
<td>Mostly</td>
<td>Yes</td>
<td></td>
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</tbody>
</table>

2. My NSPCC worker helped me make changes in my life.

<table>
<thead>
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<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<tbody>
<tr>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A little</td>
<td>Mostly</td>
<td>Yes</td>
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</tbody>
</table>

3. My NSPCC worker helped to make me feel better.

<table>
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<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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</thead>
<tbody>
<tr>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>A little</td>
<td>Mostly</td>
<td>Yes</td>
<td></td>
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</tbody>
</table>

There are more questions on the next page →
**Section 2**

We would like to find out if there have been any changes in how you feel or how you behave since going to ‘Letting the Future In’?

Please tell us if any of the following have changed since you began attending LTFI sessions with the NSPCC.

1. **My general mood (how happy or sad I feel lots of the time)**

<table>
<thead>
<tr>
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<th>4</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>This has got better</td>
<td>There has been no change</td>
<td>This has got worse</td>
<td>This has never been a problem for me</td>
</tr>
</tbody>
</table>

2. **Problems with nightmares or sleeping badly**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
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<th>3</th>
<th>4</th>
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<tbody>
<tr>
<td></td>
<td>This has got better</td>
<td>There has been no change</td>
<td>This has got worse</td>
<td>This has never been a problem for me</td>
</tr>
</tbody>
</table>

3. **My self-confidence (how I feel about myself)**

<table>
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<tr>
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<th>1</th>
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<th>3</th>
<th>4</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>This has got better</td>
<td>There has been no change</td>
<td>This has got worse</td>
<td>This has never been a problem for me</td>
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</tbody>
</table>

4. **How I get on with my family**

<table>
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<tbody>
<tr>
<td></td>
<td>This has got better</td>
<td>There has been no change</td>
<td>This has got worse</td>
<td>This has never been a problem for me</td>
</tr>
</tbody>
</table>

There are more questions on the next page ➔
5. How I communicate with other people

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<th>4</th>
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<tr>
<td></td>
<td>This has got better</td>
<td>There has been no change</td>
<td>This has got worse</td>
<td>This has never been a problem for me</td>
</tr>
</tbody>
</table>

6. Feeling ashamed or guilty (thinking I did something wrong)

<table>
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<tr>
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<th>1</th>
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<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>This has got better</td>
<td>There has been no change</td>
<td>This has got worse</td>
<td>This has never been a problem for me</td>
</tr>
</tbody>
</table>

7. Feeling angry

<table>
<thead>
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<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>This has got better</td>
<td>There has been no change</td>
<td>This has got worse</td>
<td>This has never been a problem for me</td>
</tr>
</tbody>
</table>

8. Being able to keep myself safe

<table>
<thead>
<tr>
<th></th>
<th>1</th>
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<th>3</th>
<th>4</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>This has got better</td>
<td>There has been no change</td>
<td>This has got worse</td>
<td>This has never been a problem for me</td>
</tr>
</tbody>
</table>

9. Feeling worried or stressed

<table>
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<th>1</th>
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<th>4</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>This has got better</td>
<td>There has been no change</td>
<td>This has got worse</td>
<td>This has never been a problem for me</td>
</tr>
</tbody>
</table>
Section 3

Finally, please tell us about any other changes in your life that you think happened because you received support from the NSPCC.

These can be good or bad – remember the NSPCC will not see your answers.

You can write or draw in the space below.
Letting the Future In – adapted Child/Young Person Feedback Questionnaire V2

Child/Young Person’s P No. ____________________________

Today’s date _________________________________________

Service Centre Name __________________________________

To be completed by worker

Some researchers at the University of Bristol are trying to find out more about the NSPCC’s ‘Letting the Future In’ service.

We know you have been going to sessions at ‘Letting the Future In’ with the NSPCC.

We would like you to tell us how you feel about these sessions.

These are some questions about the ‘Letting the Future In’ service.

Would you answer these questions please? You do not have to answer all the questions if you do not want to.

Your answers will help us understand what children and young people think about ‘Letting the Future In’.

**Your NSPCC worker will not see your answers.**

This form will be sent directly to the researchers from Bristol University who are finding out more about ‘Letting the Future In’. 
Section 1

Can you tell us about your NSPCC worker by answering the questions below? For each one, please circle the number that matches best how you think or feel.

There are no right or wrong answers.

1. I liked spending time with my worker.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>A little</td>
<td>Mostly</td>
<td>Yes</td>
</tr>
</tbody>
</table>

2. My NSPCC worker helped me make changes in my life.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
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<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>A little</td>
<td>Mostly</td>
<td>Yes</td>
</tr>
</tbody>
</table>

3. My NSPCC worker helped to make me feel better.

<table>
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<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>A little</td>
<td>Mostly</td>
<td>Yes</td>
</tr>
</tbody>
</table>

There are more questions on the next page →
Section 2

We would like to find out if there have been any changes in how you feel or how you behave since going to ‘Letting the Future In’?

Please tell us if any of the following have changed since you began attending sessions with the NSPCC.

1. My general mood (how happy 😊 or sad 😞 I feel lots of the time)

   1. This has got better
   2. There has been no change
   3. This has got worse
   4. This has never been a problem for me

2. Problems with nightmares or sleeping badly

   1. This has got better
   2. There has been no change
   3. This has got worse
   4. This has never been a problem for me

3. My self-confidence (how I feel about myself)

   1. This has got better
   2. There has been no change
   3. This has got worse
   4. This has never been a problem for me
4. How I get on with my family

1. This has got better
2. There has been no change
3. This has got worse
4. This has never been a problem for me

5. How I communicate with others

1. This has got better
2. There has been no change
3. This has got worse
4. This has never been a problem for me

6. Feeling ashamed or guilty (thinking I have done something wrong)

1. This has got better
2. There has been no change
3. This has got worse
4. This has never been a problem for me

There are more questions on the next page →
7. Feeling angry

1. This has got better
2. There has been no change
3. This has got worse
4. This has never been a problem for me

8. Being able to keep myself safe

1. This has got better
2. There has been no change
3. This has got worse
4. This has never been a problem for me

9. Feeling worried or stressed

1. This has got better
2. There has been no change
3. This has got worse
4. This has never been a problem for me

There are more questions on the next page →
Section 3

Finally, please tell us about any other changes in your life that you think happened because you received support from the NSPCC.

These can be good or bad – remember the NSPCC will not see your answers.

You can write or draw in the space below.
Letting the Future In – adapted Child/Young Person Feedback Questionnaire V3

Child/Young Person’s P No. ___________________________

Today’s date _________________________________________

Service Centre Name __________________________________

To be completed by worker

Some researchers at the University of Bristol are trying to find out more about the NSPCC’s ‘Letting the Future In’ service.

We know you have been going to sessions at ‘Letting the Future In’ with the NSPCC.

We would like you to tell us how you feel about these sessions.

Would you answer this question please? You do not have to answer if you do not want to.

**Your NSPCC worker will not see your answer.**

This form will be sent directly to the researchers from Bristol University who are finding out more about ‘Letting the Future In’.

Please tell us how you feel about Letting the Future In.
Circle the answer that best matches how you feel:

1. I didn’t like LTFI
2. I liked it a little bit
3. I really liked it
4. I really, really liked it a lot!
Please tell us anything else you want to about the time you spent at NSPCC. It can be good or bad – remember the NSPCC will not see your answers.

You can write or draw in the space below.

😊

Thank you for doing this
Letting the Future In – adapted Carer Feedback Questionnaire

You are being asked to complete this questionnaire as the parent/carer of a child who has been receiving the NSPCC’s ‘Letting the Future In’ (LTFI) service. We would like to know about your experience of the work done with you and your child.

**Your NSPCC worker and NSPCC managers will not see your answers.**

Your completed questionnaire will be sent directly to the researchers from Bristol University who are carrying out an evaluation of LTFI. The research team does not have your name or other identifying details.

**Question 1**

Please tell us how the work with the NSPCC helped you in the following areas. Answer only the questions that apply to work that you did during your involvement with LTFI.

(We will ask about the impact on your child later in the questionnaire)
For each question you answer, please tick the box that you feel best represents how the carers’ sessions helped you, as follows:

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Increased my knowledge and understanding about child sexual abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Helped to deal with my negative feelings about my child’s abuse</td>
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<td></td>
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</tr>
<tr>
<td>c. Helped me cope with feelings of isolation following my child’s abuse</td>
<td></td>
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<tr>
<td>d. Helped me cope with feelings of stress/anxiety following my child’s abuse</td>
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<tr>
<td>e. Helped with my feelings of sadness/depression</td>
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<tr>
<td>f. Helped to deal with my feelings about the perpetrator of the abuse</td>
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<tr>
<td>g. Helped me to re-establish a good relationship with my child</td>
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<tr>
<td>h. Helped me understand my child’s needs better</td>
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<tr>
<td>i. Increased my knowledge about how to protect my child from further abuse</td>
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<tr>
<td>j. Helped me to support my child’s use of the LTFI sessions</td>
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</tbody>
</table>

Please continue overleaf →
**Question 2**

What helped your situation especially?

For each question you answer, please tick the box that you feel best represents how helpful the following were:

<table>
<thead>
<tr>
<th></th>
<th>Very helpful</th>
<th>Somewhat helpful</th>
<th>Not helpful at all</th>
<th>Not applicable to me</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. My individual sessions with the NSPCC worker</td>
<td></td>
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<tr>
<td>b. Information given to me by the NSPCC service centre</td>
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<tr>
<td>c. My relationship with the NSPCC worker</td>
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<tr>
<td>d. Joint sessions with my child and the NSPCC worker</td>
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<tr>
<td>e. Support from other professionals outside the NSPCC</td>
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<tr>
<td>f. NSPCC contact with other professionals in my child’s life</td>
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<tr>
<td>g. Seeing my child make progress</td>
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</table>

Was anything else helpful? If so, please tell us in the space below:

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Please continue overleaf ➔
**Question 3**

Please tell us about the relationship you had with your NSPCC worker. For each question you answer, please tick the box that you feel best represents your relationship with your worker during the carers’ sessions:

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. My NSPCC worker and I agreed on the goals of the work</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. My NSPCC worker and I agreed on what we did in our sessions together</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. My NSPCC worker and I trusted each other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. I had confidence in my NSPCC worker to help</td>
<td></td>
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</tbody>
</table>

Please continue overleaf →
**Question 4**

This question is about the impact of LTFI on your child.

Below we have listed a wide range of changes in a child’s behaviour or mood that may or may not have occurred. We recognise that not all of them will be applicable to your child.

Please tell us if any of the following have changed since your child began LTFI:

<table>
<thead>
<tr>
<th>My child’s…</th>
<th>This has improved</th>
<th>There has been no change</th>
<th>This has got worse</th>
<th>This has never been a problem for my child</th>
</tr>
</thead>
<tbody>
<tr>
<td>general mood</td>
<td></td>
<td></td>
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<tr>
<td>sleep patterns</td>
<td></td>
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<tr>
<td>confidence</td>
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<tr>
<td>eating patterns</td>
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<tr>
<td>avoidance of people or places</td>
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<tr>
<td>communication skills</td>
<td></td>
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<tr>
<td>physical health</td>
<td></td>
<td></td>
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<tr>
<td>feelings of shame or guilt</td>
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<tr>
<td>personal hygiene</td>
<td></td>
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<tr>
<td>capacity to protect him/herself from sexual abuse</td>
<td></td>
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<tr>
<td>anxiety and stress level</td>
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<tr>
<td>knowledge and understanding about appropriate sexual behaviour</td>
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<tr>
<td>self-esteem</td>
<td></td>
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<tr>
<td>capacity to make friends</td>
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<td>nightmares/disturbed sleep</td>
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<tr>
<th>My child’s…</th>
<th>This has improved</th>
<th>There has been no change</th>
<th>This has got worse</th>
<th>This has never been a problem for my child</th>
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<tr>
<td>relationship with me</td>
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<td>relationship with siblings</td>
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<td>relationship with other</td>
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<td>carers/professionals</td>
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<td>bed wetting/soiling</td>
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<td>defiance and flouting</td>
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<td>boundaries</td>
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<td>destroying things</td>
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<td>difficult behaviour in</td>
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<td>difficulties forming or</td>
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<td>maintaining relationships</td>
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<td>sabotaging intended</td>
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<td>positive experiences</td>
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<td>running away/absconding</td>
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<td>actual or threatened</td>
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<td>self-harm</td>
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<td>sexualised behaviour</td>
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<td>(age-inappropriate)</td>
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<td>criminal behaviour</td>
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<tr>
<td>drug misuse</td>
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</tbody>
</table>

Please tell us about any **other impact(s) or changes (good or bad)** you have seen in your child that you attribute to LTFI.

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Please continue overleaf →
Question 5

Finally, please add any other comments you have about the help you/your child received at the NSPCC:

Your comments:

Thank you for completing this questionnaire
Letting the Future In – adapted Feedback Questionnaire for Professionals working with the child

Child’s P No. ________________________________
(NSPCC to complete)

Carer’s P No. ________________________________
(NSPCC to complete)

Service Centre Name ________________________________

Date of completion ________________________________

You are being asked to complete this questionnaire because of your professional role with a child who has been receiving the NSPCC’s ‘Letting the Future In’ (LTFI) service.

The service is being evaluated by a team at Bristol University and we would like to know your thoughts about the service.

The child, and their carer(s), know that you are receiving this form and have consented to this information being shared with us.

**Neither NSPCC nor the child/carer will see your answers.**

Your completed questionnaire will be sent directly to the researchers from Bristol University.

The research team does not have your name or other identifying details.

If you have any queries, please contact the lead researcher for the project, Tricia Jessiman, on 0117 954 6773 or email Tricia.Jessiman@bristol.ac.uk

Thank you.
Question 1

a) Please tell us about your role.

<table>
<thead>
<tr>
<th>I am a...(please tick all that apply)</th>
<th>(✓)</th>
<th>(✓)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s Disability Social Worker</td>
<td>Respite carer</td>
<td></td>
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<tr>
<td>LAC Social Worker</td>
<td>Floating support worker</td>
<td></td>
</tr>
<tr>
<td>Placement Social Worker</td>
<td>Domiciliary worker</td>
<td></td>
</tr>
<tr>
<td>Other Social Worker (please specify below:)</td>
<td>Hospital Specialist (please specify below)</td>
<td></td>
</tr>
<tr>
<td>Community Paediatrician</td>
<td>Physiotherapist</td>
<td></td>
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<tr>
<td>Community Nurse</td>
<td>Occupational Therapist</td>
<td></td>
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<tr>
<td>Psychologist</td>
<td>Independent Advocate</td>
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<tr>
<td>Psychiatrist</td>
<td>Independent Visitor</td>
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<tr>
<td>Speech Therapist</td>
<td>Personal Advisor (leaving care)</td>
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<tr>
<td>Dentist</td>
<td>Health Visitor</td>
<td></td>
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<tr>
<td>Other professional (please specify below:)</td>
<td>Paediatrician</td>
<td></td>
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</tbody>
</table>

b) Please tell us how long you have been working with the child:

__________ years ___________ months

c) Over the past 6 months, how frequently have you had contact with the child?

Daily [ ]
Weekly [ ]
Monthly [ ]
Less than once a month [ ]
Question 2

Please tell us about the contact you have had with NSPCC staff working with the child.

a) How did you become aware that the child was receiving support through LTFI?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

b) How often did you have contact with NSPCC professionals working with the child during the period the child was receiving support from LTFI?

Daily ☐
Weekly ☐
Monthly ☐
Less than once a month ☐
Never ☐

c) (if applicable) what form did this contact take?

Please tick all that apply:

<table>
<thead>
<tr>
<th>Contact Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
</tr>
<tr>
<td>Letter/written report from NSPCC to me</td>
</tr>
<tr>
<td>I provided written information about the child to the NSPCC</td>
</tr>
<tr>
<td>Spoke with NSPCC staff when dropping child/collecting them from sessions</td>
</tr>
<tr>
<td>Attended a therapeutic session with the child</td>
</tr>
<tr>
<td>Face-to face appointment at the NSPCC service centre</td>
</tr>
<tr>
<td>NSPCC staff came to my place of work to see me</td>
</tr>
<tr>
<td>NSPCC staff observed me and the child together</td>
</tr>
<tr>
<td>Other (please explain below)</td>
</tr>
</tbody>
</table>

Please continue overleaf →
**Question 4**

Please tell us if involvement with the NSPCC has helped you in any of the following areas. For each statement below, please tick the box that you feel best represents your experience:

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Increased my knowledge and understanding about child sexual abuse <strong>in general</strong></td>
<td></td>
<td></td>
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<tr>
<td>b. Increased my knowledge and understanding about how child sexual abuse has affected <strong>this child</strong></td>
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<tr>
<td>c. Helped me understand the child’s needs better</td>
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<td>d. Helped me to (re)establish a good relationship with <strong>this child</strong></td>
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<tr>
<td>e) Increased my knowledge about how to protect the child from further abuse</td>
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<tr>
<td>f) Helped me to support the child’s use of the LTFI sessions</td>
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</tbody>
</table>

Did involvement with the NSPCC help in any other way? Please tell us below.

________________________________________________________
________________________________________________________
________________________________________________________

Did the child’s involvement with the NSPCC have any **negative implications for your role in the child’s life**?

________________________________________________________
________________________________________________________
________________________________________________________

Please continue overleaf ➔
**Question 5**

This question is about the impact of LTFI on the child.

**Below we have listed a wide range of changes in a child’s behaviour or mood that may or may not have occurred. We recognise that not all of them will be applicable to this child.**

Based on your professional knowledge of the child, please tell us if any of the following have changed since they began LTFI:

<table>
<thead>
<tr>
<th>The child’s…</th>
<th>This has improved</th>
<th>There has been no change</th>
<th>This has got worse</th>
<th>Don’t know</th>
<th>This has never been a problem for this child</th>
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<tbody>
<tr>
<td>general mood</td>
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<td>sleep patterns</td>
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<td>confidence</td>
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<td>eating patterns</td>
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<td>avoidance of people or places</td>
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<td>communication skills</td>
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<td>physical health</td>
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<td>feelings of shame or guilt</td>
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<td>personal hygiene</td>
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<tr>
<td>capacity to protect him/herself from sexual abuse</td>
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<td>anxiety and stress level</td>
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<td>knowledge and understanding about appropriate sexual behaviour</td>
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<td>self-esteem</td>
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<td>capacity to make friends</td>
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<tr>
<td>nightmares/ disturbed sleep</td>
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Please continue overleaf →
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<td>relationship with carers</td>
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<td>difficult behaviour in school</td>
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<td>difficulties forming or maintaining relationships</td>
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<td>sabotaging intended positive experiences</td>
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<td>running away/absconding</td>
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<td>actual or threatened self-harm</td>
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<td>drug misuse</td>
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Please tell us about any other impact(s) or changes you have seen in the child that you attribute to LTFI:

________________________________________________________

________________________________________________________

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________________________________________________________
QUALITATIVE INTERVIEW TOPIC GUIDES

1. Team case study topic guide: Children’s Services Practitioner (CSP)

1. Background
   a. Professional qualifications and training
      i. Therapeutic work, including with children
      ii. Learning disability
   b. Experience and background working with:
      i. children affected by sexual abuse
      ii. children with learning disability
   c. Current role and responsibilities
      i. Full/part time
      ii. Allocations to other commissions/other roles
      iii. Time spend on LTFI-LD
   d. Previous experience of LTFI – allocated to commission, perceptions of it
   e. Allocation to LTFI-LD
      i. Choice/preference or otherwise
      ii. Training/preparation for the commission
      iii. When first case allocated
      iv. No. of cases in total

2. Working with children affected by LD
   a. Describe the nature of LD affecting the children you have worked with to date
      i. Severity of LD (mild, moderate, severe etc), developmental level if known
      ii. Communication
      iii. Physical health including mobility, personal care, other health problems
      iv. Mental health
      v. Other
b. And can you tell us about their lives?
   i. Who they live with
   ii. Day-to-day routines (education, health care, social activities)
   iii. Health and social care professionals involved in their lives
   iv. Nature and circumstances of sexual abuse
   v. Other

c. Are these the children/young people you expected to be working with under LTFI-LD?
   i. Specifically, type and severity of LD

d. Given your experience to date, what have been the main challenges in delivering LTFI-LD?
   i. Training/experience to meet needs of child
   ii. Practical issues (timing, location of centre, accessibility)
   iii. Availability of tools/resources
   iv. Working with carers/other professionals in the child’s life
   v. Support/supervision
   vi. Other

e. How have you addressed these challenges?

f. What has gone well to date?

g. What are the key differences between LTFI and LTFI-LD:
   i. on the structure of the intervention (duration, who is involved etc)?
   ii. impact on practitioner (workload, ways of working, other impacts)?
   iii. for children and families in receipt of the intervention?

3. LTFI-LD guide

a. When did they first see/read it?
   i. Initial thoughts/concerns
   ii. Usefulness of the guide for therapeutic work with children affected by SA
   iii. And specifically, children with LD

b. Structure of the intervention – likes/dislikes – assessment
   i. Assessment – use of revised regenerative model
   ii. Has anything changed compared to how they previously did assessments?
   iii. Issues with assessing child, safe carer, and/or family and systemic issues
   iv. Strengths/weaknesses of the assessment model
c. Intervention with the child – are the intervention components described in the guide useful?
   i. Socio-educative work about sexual abuse
   ii. Sexually inappropriate behaviour (SIB)
   iii. Power relationships
   iv. Self-esteem and identity
   v. Helping children and young people become aware of their emotions and manage their feelings about the impact of sexual abuse
   vi. Integrating traumatic experiences – body/mind connections
   vii. Safety awareness work

d. Which of these have you addressed more frequently?

e. Any areas you would add?

f. Which of the following approaches have you used within LTFI-LD to date?
   i. Play therapy
   ii. Cognitive approaches
   iii. Use of creative arts

g. What influences your choice of approach?
   i. Child’s age, presenting problems, communication, cognitive ability, own training/experience, other
   ii. Do you have a preferred approach? Why?
   iii. Use any other approaches that are not covered in guide? Why?

h. Intervention with the carer
   i. Engagement with carer(s)
   ii. Who are they (mum/dad, foster, other)
   iii. Number of safe carers engaged with for each child

i. Are the intervention components described in the guide useful?
   i. Processing personal impact of CSA
   ii. Socio-educative work
   iii. Recognising and meeting child’s needs
   iv. Preparation for joint sessions

j. Which of these have you addressed most frequently?

k. Any areas you would add?

l. Have you held joint sessions with the carer(s) and child?
   i. What factors influence the decision whether or not to have joint sessions?
   ii. How many are there?
   iii. When do they take place (and does this vary and why)?
   iv. Usefulness or otherwise
4. Other professionals in the child’s life
   a. Thinking about your cases to date, what other professionals have been involved with the child?
      i. Prompts: health care, social care, education, LSCB
   b. How have you communicated/engaged with them?
      i. On referral assessment/therapeutic assessment
      ii. Throughout the work
   c. How is this coordinated?
   d. How frequently are you in contact with them?
   e. What does this mean for your workload?
   f. What effect has this had on your work with the child/carer?
   g. Is this reflected in supervision of the case?
   h. What is working well in multi-agency work?
   i. Concerns/barriers

5. Outcomes and impact
   a. Based on your experience, how are children responding to LTFI-LD?
   b. How successful or otherwise would you say LTFI is at supporting children with LD to:
      i. develop a good therapeutic relationship?
      ii. express their thoughts and feelings in general, and about their abuse?
      iii. manage and regulate their thoughts, feelings and behaviours?
      iv. restore feelings of security?
      v. re-establish or strengthen supportive relationships?
      vi. reverse known effects of sexual abuse?
   c. In the cases you have been involved in so far, what would you say have been the main outcomes for children with LD?
      i. Prompts: sexualised behaviours, challenging behaviours, physical health changed, anxiety/depression, relationships with others, self-esteem, self-harm and risk-taking, capacity to keep safe, care needs
      ii. How are these evidenced? (e.g. not using TSCC/TSCYC)
   d. Outcomes/impact for their carers
      i. Prompts: family life, own stress/depression, social life, relationships with child, and others
   e. Were these the outcomes you anticipated?
   f. Do they differ from non-disabled children?
      i. How and why
g. What factors in your opinion influence the outcomes of LTFI for children with LD?

h. Prompts: age, gender, nature of disability, family support, nature of abuse, other

6. Concluding questions

a. Given everything you have said, what are the key strengths and limitations of LTFI-LD?
   i. Structure of the work
   ii. The guide and resources
   iii. Involvement of all agencies in the child’s life
   iv. Other

b. How would you amend LTFI-LD?
c. Any other comments about it?

Thanks and close
2. Team case study topic guide: Team Manager (TM)

1. Own background
   a. Professional qualifications and training
      i. Therapeutic work, including with children
      ii. Learning disability
      iii. Management/supervision
   b. Experience and background working with:
      i. children affected by sexual abuse
      ii. Children with learning disability
   c. Current role and responsibilities
      i. Full/part time
      ii. Allocations to other commissions/other roles
      iii. Time spend on LTFI LD
   d. LTFI LD team manager role
      i. What does the TM role involve
      ii. Aspects of TM role unique to LTFI-LD

2. Team Background
   a. No. of staff allocated to LTFI LD
      i. Professional backgrounds and experience (specifically, in therapeutic work with CSA and LD)
      ii. Why they were allocated
      iii. Any current staffing issues (capacity, unplanned leave etc)
   b. Any changes to the team since LTFI-LD began
      i. Why, and impact
      ii. Any changes planned

3. Training and support for CSPs
   a. What training did you receive as part of the LTFI-LD commission
      i. And the CSPs?
      ii. How useful was this/improvements/gaps
      iii. Ongoing training and support and usefulness of this
   b. What supervision arrangements are in place for CSPs
      i. Are there any particular challenges in supervising this work?
      ii. What sorts of issues do CSPs raise
      iii. Capacity to respond to these
   c. How have the CSPs responded to implementing LTFI LD
      i. Likes/dislikes
      ii. Main challenges
4. Referrals

a. To date, how many referrals have you had for LTFI-LD?
   i. How many suitable/accepted?
   ii. Is this what you expected?
   iii. Do you expect them to increase/decrease?

b. Where are the referrals coming from?
   i. Prompt: all referral agencies, and most frequent referrer
   ii. Gaps in referring agencies – why, and any plans to address
   iii. Promotion of service locally

c. Are the referrals appropriate?
   i. Meet referral criteria for LTFI-LD
   ii. Team can work with them
   iii. Child/family willing to engage
   iv. Reasons for inappropriate referrals

d. Describe the nature of learning disabilities affecting children referred to LTFI-LD to date
   i. Severity of LD (mild, moderate, severe etc), developmental level if known
   ii. Communication needs
   iii. Physical health including mobility, personal care, other health problems
   iv. Mental health
   v. Other

e. Can you also tell us about…?
   i. Age
   ii. Who they live with
   iii. Health and social care professionals involved in their lives
   iv. Nature and circumstances of sexual abuse
   v. Ethnicity
   vi. Other

f. Are these the children/young people you expected to be working with under LTFI-LD?
   i. Specifically, nature of LD affecting the child
   ii. Capacity of team to work with these referrals
   iii. Any gaps in referrals

5. Multi-agency working

a. Thinking about your cases to date, what other professionals have been involved with the child?
   i. Prompts: health care, social care, education, LSCB
   ii. Involvement in initial referral stage
iii. Involvement throughout the intervention  
iv. Post-intervention  
b. How have you communicated/engaged with them?  
i. On referral assessment/therapeutic assessment  
ii. Throughout the work  
c. Who communicates with them?  
i. Manager  
ii. CSP  
iii. Other, e.g. admin  
d. How is this coordinated?  
e. How frequently are you in contact with them?  
f. What does this mean for your workload?  
g. Is this reflected in supervision of the case?  
h. Would you describe LTFI-LD as multi-agency working?  
i. More or less than other commissions  
ii. What has worked well  
iii. Barriers to effective multi-agency working  
iv. How these might be overcome  
v. Benefits from multi-agency working  

6. Implementation  
a. How do the CSPs find using the LTFI-LD guide?  
i. Response to the structure of the intervention, in particular  
duration, work with carer(s) and professionals involved with  
the child  
b. Do you think LTFI-LD is being implemented in adherence with  
the guide by your team?  
i. What is/is not?  
ii. Why?  
c. What are the main barriers to the successful implementation  
of LTFI?  
i. How these might be overcome  
d. And the team’s successes to date  
i. What has worked well and why  
ii. Lessons for other teams  

7. Outcomes and impact  
a. Do you have any feedback on how LTFI-LD is/is not  
benefitting children?  
i. From children themselves  
ii. Carers
iii. Professionals involved in the child’s life
iv. Other

b. What is in place to measure outcomes for children who receive LTFI-LD?
   i. From above stakeholders
   ii. Other measures
   iii. Barriers/facilitators to collecting this data

c. In the cases you have been involved in so far, what would you say have been the main outcomes for children with LD?
   i. Prompts: sexualised behaviours, challenging behaviours, physical health changed, anxiety/depression, relationships with others, self-esteem, self-harm and risk-taking, capacity to keep safe, care needs

d. Outcomes/impact for their carers
   i. Prompts: family life, own stress/depression, social life, relationships with child, and others

e. Were these the outcomes you anticipated?
f. Do they differ from non-disabled children?
   i. How and why?

g. What factors in your opinion influence the outcomes of LTFI for children with LD?

h. Prompts: age, gender, nature of disability, family support, nature of abuse, other

8. Concluding questions

a. Given everything you have said, what are the key strengths and limitations of LTFI-LD?
   i. Structure of the work
   ii. The guide and resources
   iii. The team of CSPs
   iv. Involvement of all agencies in the child’s life
   v. Other

b. How would you amend the LTFI-LD guide?

c. Would you make any changes to how it is being implemented?
   i. Skills and training of CSPs
   ii. Structure (e.g. duration of the work)
   iii. Access to resources
   iv. other

d. Any other comments?

Thanks and close
3. Family case study topic guides – Children’s Services Practitioner (CSP) for the child

1. CSP background
   (if not already known from team case study interviews)
   a. Professional qualifications and training
      i. Therapeutic work, including with children
      ii. Learning disability
   b. Experience and background working with:
      i. children affected by sexual abuse
      ii. children with learning disability
   c. Current role and responsibilities
      i. Full/part time
      ii. Allocations to other commissions/other roles
      iii. Time spend on LTFI-LD
   d. No. of LTFI-LD cases to date

2. Child background
   a. Can you tell me about the child?
      i. Age, gender, ethnicity
      ii. Who they live with
      iii. Nature of LD affecting the child
         1. Severity of LD (mild, moderate, severe etc), developmental level if known
         2. Cognitive functioning and emotional intelligence
         3. Communication methods
         4. Physical health including mobility, personal care, other health problems
         5. Mental health and self-identity
         6. Other
      iv. Day-to-day routines (education, health care, social activities)
      v. Health and social care professionals involved in their lives
      vi. Nature and circumstances of sexual abuse that led to the referral, including age at onset, relationship of perpetrator/s to child, type of abuse (contact/non-contact)
      vii. When did the child disclose and to whom (or if no disclosure, how abuse was suspected)?
viii. Events post-disclosure (investigation, consequences for perpetrator)
ix. Other

3. Referral and referral assessment

a. Who referred the child to the NSPCC?
b. When, and how long post-abuse?
c. Who was involved with the child/family at that time?
   i. Professionals involved because of abuse, e.g. police, children’s service, CAMHS
   ii. Professionals involved in the child/family life anyway, e.g. health and social care professionals, education, other
d. Did you have contact with these professionals at the time the referral was first made?
   i. E.g. contact for referral information, to advise NSPCC were taking on the case etc
e. And who is the child’s safe carer (for the purpose of intervention)?
   i. Relationship with child
   ii. Any issues identifying them
   iii. Any issues assessing them as suitable for intervention
f. Were there any issues/difficulties around accepting the case?
   i. If yes, what and how resolved?
g. Was there a particular reason you were allocated this case?

4. Initial contact with the child/carer

a. When did you first meet the child and safe carer?
   i. Both at the same time, or safe carer first?
   ii. Where this took place
   iii. If appropriate, when they then met the child?
b. What were these first visits like?
   i. Response of safe carer – aspirations/concerns about the service
   ii. Response of child – aspirations/concerns about the service
   iii. CSP initial thoughts about the case
c. Safe carer assessment
   i. Thoughts about abuse, strengths/vulnerabilities, capacity to meet the needs of the child
   ii. How was this carried out
   iii. Any concerns about safe carer
   iv. If yes, how these were resolved
d. Were there any family/systemic issues
   i. Criminal prosecution, perpetrator issues, siblings, child
      protection concerns, wider family, other

5. Therapeutic assessment of the child
   a. Where did the sessions take place?
   b. How frequently, and duration of intervention?
   c. Any practical issues around attending sessions, including timing,
      fit with the child/carer’s life, transport etc and how these were
      dealt with?
   d. Thinking about the first few sessions with the child:
      i. Who was there (e.g. did carer accompany child)?
      ii. Child’s engagement with you
      iii. What activities did you do and why?
      iv. Child’s response
      v. Did you have to modify your approach to accommodate the
         child’s needs?
         1. E.g. communication, physical/mental health needs,
            cognition, other
      vi. Issues/challenges with this and how overcome
   e. How many sessions did the child undergo for the
      therapeutic assessment?
   f. What tools/activities did you use for assessment?
   g. What did you identify as the child’s main symptoms/needs?
   h. Did you set intervention goals?
      i. What were these?
      ii. Were these agreed with the child/shared with others?
   i. Did you cover the areas suggested by the revised regenerative
      model? (And if yes, detail for the child)
      i. Impact of SA, sexualised inappropriate behaviour,
         developmental needs, what child wants to change, strengths/
         coping strategies, relationships with others
      ii. Were any of these areas difficult to assess (if so why)?
      iii. If any not covered – why?
   j. Overall, how would you describe the initial assessment process?
      i. Challenges/what went well
      ii. Clear idea of what intervention would look like/
          intervention plan?
      iii. Does it differ to therapeutic assessment in LTFI?
6. Intervention

a. Now thinking about the intervention phase, can you tell me which therapeutic approach you used?
   i. Play, cognitive approaches, creative arts
   ii. Why did you use these?
   iii. Child’s response
   iv. In what way was this influenced by child’s LD (and other needs)
   v. Did you seek any advice on how best to work with the child?
      1. From whom, usefulness, how it influenced approach
   vi. Any challenges? How were these overcome?

b. And now thinking about the main intervention components, can you tell me about the work you did around:
   i. socio-educative work?
   ii. sexually inappropriate behaviour?
   iii. power relationships?
   iv. identity and self-esteem?
   v. awareness and management of feelings about sexual abuse?
   vi. integrating traumatic experiences?
   vii. safety awareness work?

c. Which of these would you say was the most important for the child? Why?

d. How would you describe the therapeutic relationship you had with them?
   i. What helped/hindered

e. Can you think of a particular session with the child that you would describe as ‘critical’, for example, where you and/or the child had a memorable discussion or made an important discovery?
   i. Can you tell me about this?
   ii. What has made this session memorable?
   iii. What impact did the session have on you? On your practice/approach with the child?

7. Involvement of safe carer and other professionals

a. What contact did you have with the safe carer throughout the intervention with the child?
   i. Contact before/after sessions
   ii. Reviews
   iii. Other contact

b. How would you describe your relationship with the safe carer?
c. Were they ‘on board’ and supporting the work?
d. Did they undertake their own safe carer sessions?
   i. If no, why not?
   ii. If yes, when, with whom?
   iii. If known, carer’s needs and how these were addressed
e. If another CSP worked with the carer, how did you both communicate about the case?
f. Impact of all this on your intervention with the child
g. And what contact did you have with other professionals involved in the child’s life?
   i. Who (prompt for health, social care, education, other)
   ii. Nature of contact, and frequency
   iii. Purpose of contact
h. Were they supportive of the work?
   i. If yes, in what way (if not, why not)?
i. Impact of this on intervention with the child
j. How was this contact managed/coordinated?
k. Would you describe it as a multi-agency piece of work?
l. Impact of this on the intervention, your workload, monitoring/reporting etc
m. What were the main challenges in your contact with these professionals?
   i. How these were dealt with
n. What worked well?
o. How does contact with other professionals differ to LTFI?

8. Joint sessions
a. Did you have any joint sessions with the child and carer (and possible other professionals)?
b. How many and when?
c. What were these like?
d. What did you use these sessions for?
e. How were the child/carer/others prepared?
f. What were the sessions like?
g. How useful were they for child/carer/other professional/CSP?
h. If you did not have any, why not?
9. Ending
a. How many sessions in total did the child receive?
b. Did the case close at the right time?
c. Who initiated the ending and why?
   i. If CSP, how did they know the case was ready to close?
d. What was the child’s response to the case closing?
   i. And carer, and if appropriate, other professionals
   ii. What work was done to prepare the child/carer/others for closing the case?

10. Impact
a. (Note: go back to answers about child’s main symptoms/needs) – were these addressed?
   i. Prompt: what CSP identified and intervention goals – impact of SA, sexualised inappropriate behaviour, developmental needs, what child wants to change, strengths/coping strategies, relationships with others, challenging behaviours, physical health changed, anxiety/depression, self-esteem, self-harm and risk-taking, capacity to keep safe, care needs
b. Did you achieve the goals you set out to with the child?
   i. If yes, how they knew
   ii. If no, what outstanding needs remain and why they could not be resolved
c. What would you say has been the most important impact on the child?
   i. Was this what you expected?
d. Have you had feedback from anyone else on the impact on the child?
   i. Carer, other professionals
   ii. What was this feedback?
e. What factors helped the child’s recovery?
f. And what hindered it?
g. In general, are you satisfied with the impact on the child?
h. And in general, is the impact for children in LTFI-LD different to LTFI?
   i. If yes how, and thoughts about this
11. LTFI-LD model

a. Thinking specifically about the LTFI-LD guide in this case, what are its key strengths and limitations?
   i. Structure of the work
   ii. The guide and resources
   iii. Other CSPs involved in the case
   iv. Involvement of all agencies in the child’s life
   v. Other

b. How would you amend the LTFI-LD guide?

c. Would you make any changes to how it is being implemented?
   i. Access to supervision and training
   ii. Structure (e.g. duration of the work)
   iii. Access to resources
   iv. other

d. Is there anything else you think it would be useful for me to know about this case?

Thanks and close
4. Family case study topic guides – Children’s Services Practitioner (CSP) for the safe carer

1. CSP background
   (if not already known from team case study interviews)
   a. Professional qualifications and training
      i. Therapeutic work, including with children
      ii. Learning disability
   b. Experience and background working with:
      i. children affected by sexual abuse
      ii. children with learning disability
   c. Current role and responsibilities
      i. Full/part time
      ii. Allocations to other commissions/other roles
      iii. Time spend on LTFI-LD
   d. No. of LTFI-LD cases to date

2. Background – safe carer
   a. What is the safe carer’s relationship to the child?
   b. Can you tell me a bit about them?
      i. Employment, other family, who they live with
      ii. Involvement in child’s day-to-day care
      iii. If applicable, impact of this on carer’s life, and on family life
      iv. Other things it would be useful to know about the carer

3. First meeting and assessment
   a. When and where did you first meet the carer?
   b. What was this initial meeting like?
      i. Carer’s response, aspirations/concerns about the service
   c. At what point was this in the child’s intervention?
   d. Who did the safe carer assessment?
   e. Can you tell me about that assessment?
      i. Carer’s thoughts about abuse, strengths/vulnerabilities, capacity
to meet the needs of the child
      ii. Any concerns about safe carer
      iii. If yes, how these were resolved
4. Intervention with the carer
   a. How many sessions did they do?
      i. At what point in the child’s intervention?
      ii. Was this the right amount?
   b. How engaged were they in the work?
   c. How would you describe the therapeutic relationship with the carer?
      i. What helped/hindered this?
   d. What were the carer’s main needs?
      i. How did you determine these?
   e. Thinking about the main intervention components, can you tell me what work you did around:
      i. Helping them express and process the personal impact of discovering that their child was sexually abused, taking into account their child’s learning disability
      ii. socio-educative work to help them learn about sexual abuse
      iii. recognising their child’s needs and how they can meet them
      iv. any other areas?
   f. How did the carer respond?
   g. Can you recall a critical or important session with the carer?
      i. What happened
      ii. Why it was important
      iii. Impact on the carer, and the CSP
      iv. Would they have done anything differently
   h. Did you help the carer prepare for joint sessions
      i. If so how
      ii. If involved in joint sessions, how these went and impact
      iii. If no joint session, why

5. Involvement of other professionals
   a. If another CSP worked with the child, how did you both communicate about the case?
   b. And what contact did you/child’s CSP have with other professionals involved in the child’s life
      i. Who (prompt for health, social care, education, other)
      ii. Nature of contact, and frequency
      iii. Purpose of contact
   c. Impact of all this on your intervention with the carer
d. Were other professionals supportive of the work
   i. If yes, in what way (if not, why not)
e. Impact of this on intervention with the carer
f. How was this contact managed/coordinated?
g. Would you describe it as a multi-agency piece of work?
h. Impact of this on the intervention, your workload, monitoring/reporting etc
i. What were the main challenges in your contact with these professionals?
   i. How these were dealt with
j. What worked well?
k. How does contact with other professionals differ to LTIF?

6. Impact
a. Thinking about the care’s main needs that you outlined earlier
   i. Were you able to address all of these?
   ii. What helped/hindered?
   iii. Would you have done anything differently?
b. What would you describe as the main impact of your work on
   i. The carer
   ii. The child
   iii. Their relationship, and with others
c. Are you satisfied with the impact of the intervention?

7. LTIF-LD model
a. Thinking specifically about the LTIF-LD guide in this case, what are its key strengths and limitations
   i. Structure of the work with the carer
   ii. The guide and resources
   iii. Other CSPs involved in the case
   iv. Involvement of all agencies in the child and carer’s life
   v. Other
b. How would you amend the LTIF-LD guide?
c. Would you make any changes to how it is being implemented?
   i. Access to supervision and training
   ii. Structure (e.g. duration of the work)
   iii. Access to resources
   iv. other
d. Is there anything else you think it would be useful for me to know about this case?

Thanks and close
5. Family case study topic guides – safe carer

1. Carer background
   a. Relationship with the child (If not parent, how long they have known child)?
   b. Do any other children live here/other caring responsibilities?

2. The child
   a. Can you tell me about the child? – open question, with prompts:
      i. How would you describe the child?
      ii. What is the child’s favourite activity? What do they like to do?
      iii. What is their day-to-day routine? (education, health care, social activities)
      iv. Is there anything you find challenging about living with the child?
      v. Are there professionals involved in the child’s life (health and social care, education, also those involved post CSA)?
      vi. Other

3. Referral to LTFI-LD
   a. Can you tell me how you became aware that the child had been affected by sexual abuse?
   b. Did the child understand that there had been sexual abuse?
   c. Can you describe impact on the child (if known)?
      i. Prompt: changes in behaviour, communication, mood, physical health, care needs
   d. And the impact on you?
      i. Own response to CSA
      ii. Capacity to meet the needs of the child
      iii. Family life
      iv. Other
   e. How they found out about the LTFI-LD, who made the referral?
   f. Carer’s aspirations and concerns about the referral
   g. Child’s response to the referral

4. Initial contact with NSPCC
   a. Who did they meet first?
   b. First impressions
   c. What was discussed?
   d. When did the child meet the CSP?
e. What was this meeting like?

5. Attending sessions (child)
   a. Where they were held
   b. Getting there, timings – did it fit with your/child’s life etc?
   c. Likes/dislikes about practicalities of attending

6. Child’s response to sessions
   a. Did the child like going to sessions?
   b. Did they ever talk about their worker? What was their relationship like?
   c. Did you have confidence in the worker?
   d. Did they need any support/advice?
      i. From you
      ii. From other professionals
   e. Did your child talk to you about what happened during sessions?
   f. Did the CSP keep you informed about progress?
      i. Reviews, frequency
   g. Do you recall any critical or important sessions for your child?

7. Carer sessions
   a. Did you attend sessions?
      i. How many, when?
      ii. If not, why?
      iii. Who with (same CSP as child or different)?
      iv. Did anyone else involved with the child attend (other carer, professionals, siblings etc)?
   b. Did you understand why you were being offered sessions?
   c. Concerns/aspirations about attending
   d. What did you talk about during sessions?
      i. Own response to CSA
      ii. Child’s response
      iii. Socio-educative work
      iv. Support to meet the needs of the child
      v. Other
   e. Was this what you expected?
   f. What was your relationship like with your worker?
   g. Did you cover everything you wanted to?
   h. Can you tell me about a particularly important session?
      i. Why was it important?
      ii. Impact on you/the child/other
8. Other professionals
a. Were any other professionals involved in the child’s life in contact with the NSPCC?
   i. Who (prompt: health, social care, education, other)?
   ii. Nature of contact, and frequency
   iii. Purpose of contact
   iv. Were any NOT in contact who you think should have been (who and why)?
b. Were other professionals supportive of the work?
   i. If yes, in what way (if not, why not)?
c. Impact of this on intervention with the child
d. And on intervention with carer
e. Impact on contact/relationship with these professionals
   i. Benefits
   ii. disadvantages
f. Would you change anything about the involvement of other professionals with the NSPCC?

9. Impact
a. What would you say has been the impact of LTFI-LD on…:
   i. the child (prompt: changes in behaviour, mood, care needs, staying safe, other)?
   ii. you?
   iii. the capacity to meet the needs of the child?
   iv. day-to-day life?
   v. the relationship with other services/professionals?
   vi. any negative impact?
b. Is this what you anticipated?
c. Do you attribute this to the NSPCC?
   i. If yes, what made the difference?
   ii. Other things in the child’s life that made a difference
d. What was the main impact of your sessions with the NSPCC?
e. Sustainability of impacts/concerns about the future
f. Contact with other services post-NSPCC
g. Would they change anything about the service?
h. Any other thoughts about the service

Thanks and close
6. Family case study topic guides – child/young person

Note: The guide lists the topics we would like to cover, not how we will conduct the interview. We also anticipate that not all of the questions below may be appropriate for every child. We anticipate having to modify the approach to the interview based on the child’s cognitive ability and communication style. We will make use of resources, such as the image vocabulary developed by Triangle and the NSPCC, adjective cards and expression images (examples attached). We will discuss the best way forward with the CSP who worked with the child, the safe carer, and the child him/herself in advance of the interview.

1. Background
   a. Can we start by finding out about you?
      i. How old are you?
      ii. Who do you live with?
      iii. What’s your favourite thing to do? Who do you like spending time with?
      iv. How did you spend your day yesterday? What was good/bad about it?

2. Relationship with the CSP
   a. Can you remember the first time you met the CSP?
   b. Do you know why you were going to see them?
      i. Prompt: how were they feeling/behaving at the time that prompted the referral?
      ii. What did they want help with?
      iii. Had anyone else tried to help them with this before (other services, how this went)?
   c. What was your relationship like with the CSP?
      i. Favourite thing about them
      ii. Did you like/trust them?
      iii. Could you talk about everything you wanted to (and why/why not)?
      iv. Would they change anything about the CSP?
      v. Worries/concerns

3. Intervention

a. What was your favourite thing to do in your sessions with the CSP? Why was that?

b. What sorts of other things did you do in sessions with the CSP?
   i. Play
   ii. Talking
   iii. Creative activities
   iv. Other

c. Were there any activities you did not like?

d. Were there things you wanted to do, but could not? Why?

e. Can you remember what you talked about in sessions? – prompts if appropriate:
   i. How you were feeling?
   ii. Any problems or worries?
   iii. Your relationships with your family and friends?
   iv. Other?

f. What was the most important/useful thing you did and why?

g. Did you ever talk about things that made you uncomfortable?

h. Is there anything that could have been done to make this easier/better for you?

i. What was your favourite session, and why?
j. What was the most useful session, and why?

4. Impact

a. Going back to the things you mentioned earlier about:
   i. how you were feeling
   ii. any problems or worries
   iii. your relationships with your family and friends
   iv. other

b. Did these things change? How do you feel about them now?

c. Did the CSP help you with them?

d. Do you think it was the right thing for you (to attend NSPCC)?

e. Would you change anything?

f. If another young person was thinking about going to the NSPCC, what would you say to them?

Thanks and close