

Building on Strong Foundations:  
**Next steps for CARI**

**CARI Strategic Plan 2011-2014**

Shining a light for children in Ireland



**CARI**

Shining a Light for Children

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[www.cari.ie](http://www.cari.ie)



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# CONTENTS

Overview and Introduction .....	3
About CARI .....	3
Vision and Mission Inform CARI Services .....	5
CARI – A History .....	10
Opportunities and Challenges in A changed environment .....	11
About this plan .....	16
Strategic Plan Summary .....	17
Goal 1: Develop CARI Organisation to Better Deliver Existing Services.....	18
Goal 2: Raise CARI Profile Nationally.....	20
Goal 3: Funding to Grow and Operate with Security .....	21
Goal 4: Maintain and Improve the Existing Services .....	22
Goal 5: Place CARI at the Centre of a National Service Structure for Child Sexual Abuse .....	24
Goal 6: Expand and Broaden the Services CARI Provides .....	25
Appendix A: Client Interview Notes .....	26
Appendix B: Background and Context.....	32
Child Sexual Abuse – An Irish Context .....	32
Current Statistics for Child Sexual Abuse .....	34





## OVERVIEW AND INTRODUCTION

### ABOUT CARI

CARI is the only national voluntary organisation providing specialised therapy and support to children, families and groups affected by child sexual abuse. CARI is a registered charity founded in 1989. CARI operates two full time centres – one in Limerick and one in Dublin. CARI also provides a two day service in Cork and over the years has provided outreach therapy sessions in Kerry, Meath, Wicklow and Galway. In addition it provides a national Helpline, Court Accompaniment and other services to its client group.

### PREVALANCE OF CHILD SEXUAL ABUSE

Research (SAVI, 2002) indicates 1 in 5 people in Ireland experience child sexual abuse and according to the 2006 Census that would equate to 847,970 people. The awareness of this type of abuse has increased since the late 1980s when it was largely secret and taboo. The Ryan Report in 2009 and the Murphy Report in 2010, following on the 2005 Ferns Enquiry and the subsequent Ferns 4 Working Committee Report have led to an unprecedented rise in the attention given to this issue. It has also led to increased government commitments to a wide range of legislative and service provision. Sadly delivery has been slow; services remain few and are concentrated around the capital.

The SAVI Report showed that 47% of women and 60% of men who suffered sexual abuse in their childhood never told anyone until they spoke to the SAVI researchers – so we must remember that where we have approximately 1 million children under the age of 18 years and there are an average of 2,300 new reports to the HSE annually we are still working with a subject that is seriously under reported.

### ABUSE ACROSS AGE AND GENDER

The most likely form of abuse to occur is a non-penetrative form of contact abuse, with 12% of males and 12.8% of females experiencing this as children; this form of abuse is also the most likely to occur in adulthood. The SAVI report also found that girls and women were at higher risk of serious sexual assault (penetrative and non-penetrative contact) than boys or men. The issue of vulnerability to revictimisation across a lifetime is noteworthy, as 27.7% of those women who suffered childhood sexual abuse also experienced sexual assaults as adults. Thus a large proportion of children who have suffered sexual abuse may, if they are unable to access appropriate help become vulnerable to further sexual attacks in their adult lives too.





### IMPACT OF CHILD SEXUAL ABUSE

Sexual abuse distorts the child's sense of self, their relationship with others, their view of the world and reality, and their development. This can manifest itself in a range of ways such as the child becoming depressed, isolating him/her self, misusing substances, refusing school, self harming, developing eating disorders, becoming promiscuous or having relationship difficulties. It also impacts on the family, who may experience a wide range of feelings such as shock, anger, disbelief, fear and guilt, and these are difficult emotions for others who have not had the experience, to understand therefore it is vital these families have access to a service where their reactions are acknowledged and normalised.

### INADEQUACY OF SERVICES FOR CHILDREN – SHAMEFULLY LAGGING BEHIND THOSE AVAILABLE FOR ADULTS

Sexual abuse of children is a serious crime with the HSE receiving approximately 2,300 new reports EVERY year. While the public awareness of this issue has risen through the continuous flow of investigations and reports (Ferns, 2005; Murphy, 2009; Ryan 2009; Roscommon Incest Case, 2010) the ability of the state to provide sufficient, consistent specialised services across the country to assist these children has not. CARI argues the need for a nationwide service involving the voluntary sector, the core recommendation arising from the Ferns 4 report.

In 2008 the HSE set up a Working Committee (Ferns 4) to examine the assessment and therapy needs of children who have been sexually abused and their families and to make recommendations concerning service requirements. This committee, which contained experts in assessment and therapy of child sexual abuse from within HSE and also the voluntary sector (CARI was the sole NGO invited), found that "In the absence of any national plan or strategy, services for the assessment and therapy of children and families who have experienced sexual abuse have developed in a piecemeal fashion around the country, largely under the auspices of the old health board system. As a consequence, services tend to be patchy in terms of cover with variation of intervention practice, as they are not linked into an overall national service framework.

This Working Group has identified at least 15 individual services across 21 counties, working within Local Health Offices or within hospitals whose services relate to particular catchments linked to the old health board structure. In addition, in the voluntary sector, CARI (Children At Risk in Ireland) is the only non-Governmental organisation providing specialised services to children and families. It has successfully undergone a rigorous independent evaluation on behalf of the Minister for Children and Youth Affairs and has a Service Level Agreement with the HSE. It provides services at a number of locations throughout the country." (Section 4.1)

### CARI THE GROWING YEARS (2006-2010 STRATEGIC PLAN)

In the years between 2006 and 2010 CARI have provided an average of 2350 hours of therapy per year for approximately 100 families each year, which compares favourably with the average figure of 415 cases per year between 2006 and 2008 (HSE Review of Adequacy, 2008) that were accepted nationally for investigation by the whole of the HSE. CARI has also assisted many thousands of other families in that period through the Helpline, which averaged 1370 calls per year. These figures indicate that CARI is making a very positive contribution to the care of children and families affected by sexual abuse and that there is a significant and growing need for our services. The work of the Helpline has been consistently with Mothers of children who have suffered abuse as they have made up the majority of our callers for the entire history of the Helpline. Our therapeutic service has been assisting approximately 100 families a year since 2006 with approximately 70 children and 120 adults a year going through the doors of our therapeutic centres and coming out the other side with a sense of healing and growth. Through a combination of the CARI patient, supportive and child friendly way of working, and each clients immense strength, and resilience this traumatic event in their lives is put into a new context so that it no longer defines them or their relationships into the future.

“ [CARI] WAS THE MOST VALUABLE ASSET WE HAD IN DEALING WITH OUR SITUATION. ”



## VISION AND MISSION INFORM CARI SERVICES

Through the strategic planning process we reviewed and reaffirmed our vision, mission charter and philosophy. In addition, we validated that our vision and philosophy remain relevant and inform and guide all our actions and developments. It is therefore appropriate that we re-state them for this plan.

### CARI VISION AND MISSION

CARI aims to provide a professional, child centred therapy and counselling service to children, families and groups who have been affected by child sexual abuse, to support and assist their recovery process.

Alongside this we aim to provide the most up to date education and information service for children, adults and professionals on the dynamics of child sexual abuse, and moreover to raise public and political awareness of these issues.

We as a non-governmental organisation, will at all times operate on a not-for-profit basis ensuring that our services are accessible, regardless of a child's means or situation.

### CARI PHILOSOPHY

CARI believes that children have the right to a service that respects their freedom of expression and their right to child centered services. We respect the strength and resilience of children and design our services to build on this strength, enabling children to grow into adulthood defined not by their abusive experiences but by their individuality and creativity.

### CARI CHARTER

CARI's primary aim is to provide therapy for children and young people who have been affected by child sexual abuse. CARI also provides information, support and counselling to parents, carers and siblings as appropriate

CARI's secondary aims are:

- A. To increase public and professional awareness of the prevalence of, and dynamics of, child sexual abuse.

- B. To prevent child sexual abuse by providing information, support and training to adults, thus equipping them to better protect children.
- C. To contribute to change in the responses made, and resources available, to children and families affected by sexual abuse.
- D. To undertake research about child sexual abuse. · To achieve our aims CARI must obtain adequate funding. Fundraising methods will never be allowed to exploit our clients or staff, or to compromise their situation or reputation. · Our Code of Ethics reflects our philosophies regarding our work and our clients and will guide all our work. We will respect and value our staff and volunteers. · We recognise that the nature of our work may lead to stress for staff and volunteers. We aim to ensure that appropriate support is offered to all who work for CARI · Our primary aim will never be compromised by any of our other aims or objectives.







### CARI SERVICES

CARI is unique among childcare organisations in that it specialises in the provision of professional therapy and counselling to children and support to families affected by child sexual abuse. CARI supports children and their families and assists in their recovery process, regardless of their means. The organisation also provides information and raises awareness of child sexual abuse, an important element in detection and prevention. Services available include;

### THERAPY SERVICES

CARI provides child centred therapy for children and adolescents who have been affected by sexual abuse. We also provide therapy to children, up to (and including) twelve years old, who present with sexualised behavior.

Child protection concerns must have been reported to the HSE before therapy can commence. However we can see parents for ongoing support sessions while their child is awaiting and undergoing the HSE commissioned child sexual abuse assessment.

CARI currently employs eight therapists and we have provided an average of 2,350 hours of therapy a year for the past 5 years. There are approximately 100 families per year (120 adults and 70 children) that have been helped since 2006. At the time of writing this review there is a waiting list of almost 40 families across Dublin, Limerick and Cork.

CARI provides,

- Child and adolescent psychotherapy/counselling.
- Advice Appointments for parents and carers in need of crisis counselling with regard to a young person in their care who has been affected by sexual abuse.

- Ongoing support for parents and carers of children and adolescents affected by sexual abuse.

- Therapeutic support to children, up to 12 years of age, who have engaged in inappropriate sexual behavior.

- Support for intellectually disabled persons over the age of 18 whose developmental age may still make our service appropriate.

“ [THERAPY] GAVE ME THE TOOLS  
AND ABILITY TO DEAL WITH  
WHAT WAS HAPPENING ”

### NATIONAL HELPLINE

The LoCall and confidential National Helpline is the first point of contact for the majority of the public and professionals who have questions about child protection and issues around child sexual abuse.

Through the Helpline CARI can arrange appointments for parents/carers or other individuals who would like to address their concerns face to face or feel in need of a crisis appointment from one of our therapists.

The Helpline Team is made up of 1 Helpline Team Leader and 4 Helpline Operators and they have consistently catered for an average of 1,300 calls per year over the past five years.

“ I DID NOT FEEL JUDGED AND  
THE HELPLINE OPERATORS WERE  
A GREAT SUPPORT TO ME ”

### COURT ACCOMPANIMENT SUPPORT SERVICES (CASS)

CASS is the name given to the advocacy and support service established by CARI in response to the particular needs of child victims of sexual abuse who are called as witnesses in criminal court. CASS supports the children and their parents, carers or guardians who have to go to court.

The court process can be a frightening, alienating and traumatic experience for the child. CARI noted an increase in calls to our Helpline from parents with specific concerns about attending court and giving evidence. Therefore, the CASS service was initially set up to provide support to children who are called upon to testify as to their own sexual abuse or to that which they witnessed. However, the service is now available to all children who may be requested to attend court as witnesses, regardless of the crime.



Our Court Accompaniment and Support Service, which has one member of staff was set up in 2006 with a grant from the Commission for the Support of Victims of Crime following representations from a range of child protection agencies that the needs of children, who attended court as witnesses within sexual abuse cases, were not being adequately catered for. Over the past 3 years CASS has provided assistance to 14 children and 40 family members.

### TRAINING AND CONSULTANCY

CARI provides training courses for professionals run by our clinical staff, focusing on the areas of sexual abuse, child protection and child therapy. Several courses are scheduled each year. Additional courses can be tailored for organisations as requested.

CARI also provides preventative education programmes for young people, parents and other interested groups. Our Education and Training mandate has been exercised in a limited fashion over the past three years as a result of the impact of the cutbacks imposed during 2008 and 2009. We have deliberately withdrawn our therapeutic staff from this work in order to focus solely on the delivery of our core service to children. We now offer a much more scaled back service whereby our Helpline staff will provide educational talks with teachers, parents and other voluntary agencies around the issue of child sexual abuse. These talks have proven very popular and in 2010 we reached over 600 people.

Since 2009 we have attempted to offer training to other professionals by partnering with outside professionals and promoting their training through our database. This has proven to be a very positive and worthwhile way in which to fulfill our mandate without drawing much needed resources from the therapeutic work. Such partnering has had a number of benefits in that CARI continues to be seen as a provider of quality training, our profile continues to be raised among the professionals who are referring to us and we build up stronger relationships with other trainers across a range of topics. Some of the issues covered in our trainings in the past three years have included "To Be Met as a Person" (looking at the role of attachment in the

therapeutic relationship) and "Understanding & Managing Sexualised Behaviour in Children & Adolescents in Foster Care and Residential Settings".

### ADVOCACY

CARI's advocacy work is informed directly by our core therapy service. CARI uses its Annual Conference and Annual Report Launch as major opportunities to focus on issues arising in therapy and affecting our clients. In addition CARI has made submissions to government on many topics and issues press releases on topics of concern to our clients and which are priorities for us. Current resources limit our capacity in this area but CARI has joined relevant networks which focus on lobbying as an effective means of delivering on this element of our charter and mission. At present these include the Childrens Rights Alliance (CRA), Saving Childhood Group and National Organisation for the Treatment of Abusers (NOTA).

“THE PEOPLE WERE JUST WONDERFUL;  
IT WAS A VERY POSITIVE  
EXPERIENCE GENERALLY”



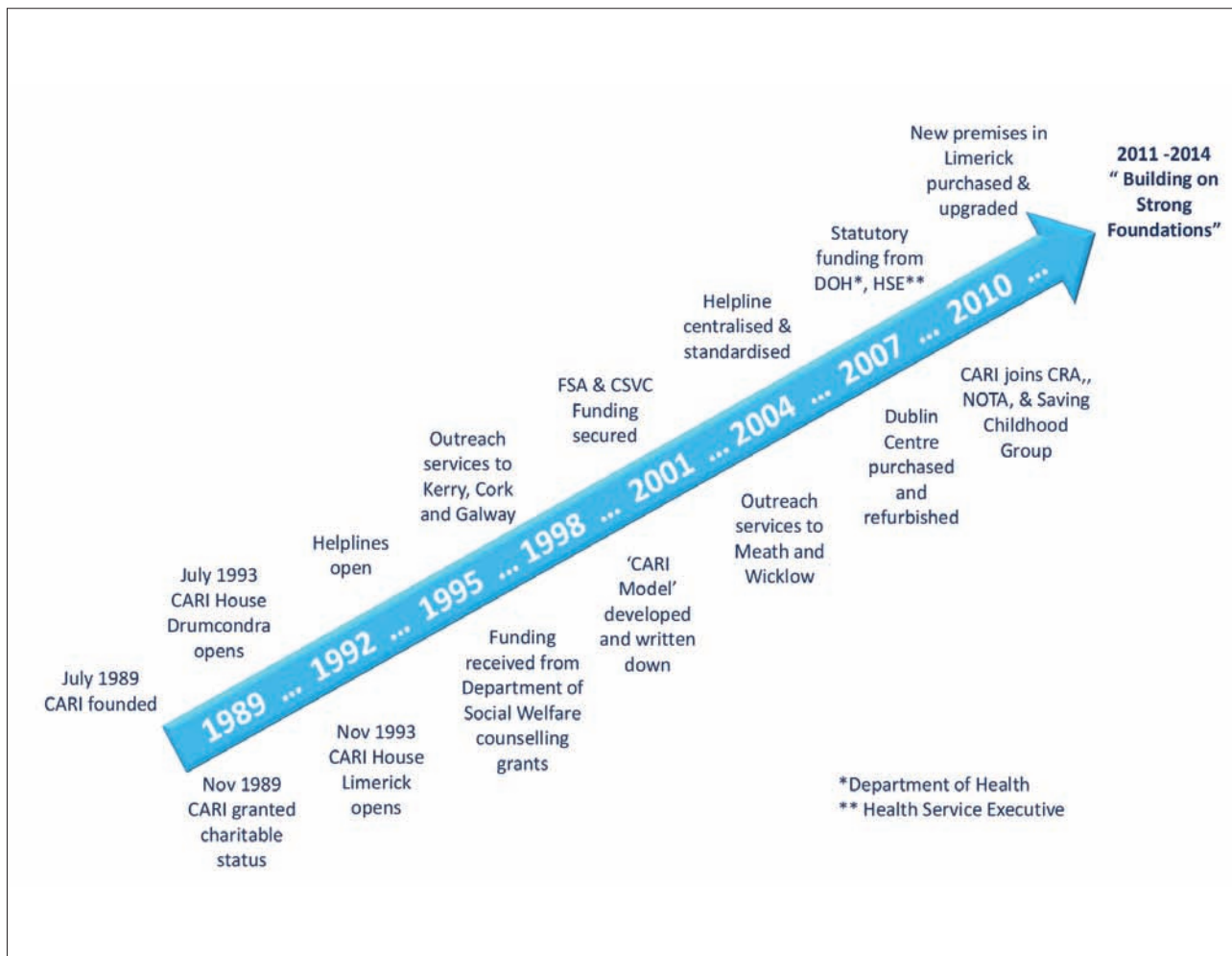


## CARI - A HISTORY



CARI was founded in 1989 by a group of medical, business and lay people concerned at the absence of services for children who were beginning to disclose their experiences of child sexual abuse. The very first services for women had just been set up and Ireland was only beginning to come to acknowledge the level

of sexual crime in the country. The original founders hoped that CARI could provide a comprehensive service for children and their families facing the consequences of experiencing sexual abuse. In the intervening years CARI has developed five major strands of service.



“ THE WHOLE FAMILY WOULD HAVE FALLEN APART IF WE HADN'T HAD THE HELP ”



## OPPORTUNITIES AND CHALLENGES IN A CHANGED ENVIRONMENT

CARI is operating in a rapidly changing Ireland. Our plans for the future take account of those changes and address their implications for the support of children affected by child sexual abuse and for our future role. We have detailed below just some of the challenges and opportunities we believe we are facing.

### UNMET NEED

Since CARI has a vision and mission statement that calls on us to work with children who have been “affected by sexual abuse” we are drawing our therapeutic clients from all of those cases that are reported to the HSE (average of 2,300 new reports each year) whether they are confirmed or inconclusive following assessment. Thus, despite our best efforts over the years and our pride in annually offering approximately 2,350 therapeutic hours to over 500 families in the past five years, we are acutely aware that we are only working at the tip of the iceberg. The statistics from the most recent HSE Review of Adequacy in 2008 show that in that year from 2,379 initial reports of sexual abuse only 520 were notified to the Child Care Manager following some degree of initial assessment. This puts the 100 families a year that CARI works with therapeutically into perspective as they represent approximately one fifth of the total number of serious cases reported to the HSE. With SAVI (2002) stating that 1 in 5 of the Irish population experience sexual abuse and our latest census (2006) showing 560,570 males and 533,790 females under 18 years of age – it is very clear that sexual abuse is still seriously under reported and if that were ever to change therapeutic services would be swamped. CARI would be available to extend its services, in cooperation with the HSE if appropriate funding could be sourced.

The SAVI Report stated that of those who did tell someone about their childhood abuse 76% of disclosures were to family or friends. CARI’s Helpline aims to help those families and friends who have just discovered their child has experienced abuse. With over 1,300 calls a year, where mothers consistently make up the majority, we know we are reaching the

right population. This service allows those parents to begin to come to terms with and understand what it is they are facing now that their child has courageously come forward with such a devastating piece of information. The Helpline is also the source of much practical information and support for the parents (and often professionals) when they need to find out who to contact, what their rights are and who is best placed to help them in their particular circumstances.

“ I DID NOT FEEL JUDGED AND THE HELPLINE OPERATORS WERE A GREAT SUPPORT TO ME ”

### The key challenge for CARI is:-

- Ensuring that the National Helpline is promoted and effectively resourced so that we reach the potentially large number of ‘silent families’ who need CARI support

### FERNs 4 COMMITTEE

The Ferns 4 Committee made a range of recommendations including the following, which CARI fully endorse and are continuously agitating to have implemented as soon as possible by the HSE

- All children who require access to therapeutic services should be linked to a free therapeutic service as soon as possible after assessment.
- Children and families should be able to avail of a range of interventions such as individual therapy, family therapy, parent support work or group therapy.
- Consideration to be given to reviewing the role of existing specialist units in relation to assessment and therapy to include all forms of abuse. (This is currently underway by independent consultants, Mott McDonald and they are expected to report in the summer of 2011.)
- Consistency of service delivery is required, delivered through a national framework.
- Services must be culturally competent and sensitive to diverse cultural, religious, racial and ethnic requirements and needs.

“ I HAVE PHONED A NUMBER OF TIMES OVER THE PAST FEW MONTHS AND WANTED TO THANK ALL THE STAFF FOR THEIR SUPPORT AND ADVICE ...I FELT ENCOURAGED ... [MY] RELATIONSHIP WITH MY DAUGHTER HAS GROWN STRONGER ”





- Services must be planned and co-ordinated across agencies. There needs to be regional access, compatible with the emerging new HSE structures, to specialist services that have the capacity to address secondary issues such as attachment and relationships.

#### **The key challenge for CARI is:-**

- How to become part of the national children's counselling service without losing the independence we have because of our non-governmental status.

#### **COLLABORATION IN THE COMMUNITY AND VOLUNTARY SECTOR**

Government policy has emphasised collaboration and efficiencies in the community and voluntary sector. CARI is open to this policy and is actively exploring avenues for collaboration.

#### **The key challenges for CARI are:-**

- To collaborate with the most appropriate partners to ensure better service provision with the limited resources available to each partner
- How to make best use of the alliances to provide wide reaching national services for children who require support to heal.

#### **INVOLVING OUR VOLUNTEERS**

One of the benefits of the recession is the increase in the number of skilled volunteers. CARI has not traditionally used volunteers to deliver service to our clients due to the sensitive nature of the support we provide but we will explore greater volunteer involvement in fundraising and appropriate areas of service delivery.

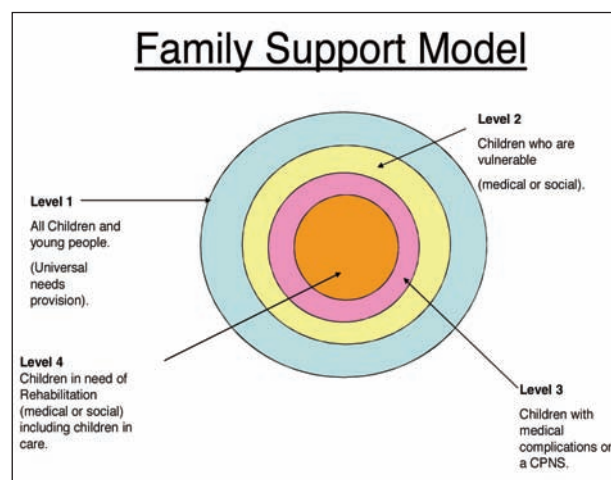
#### **The challenge for CARI is -**

- The need to consider using volunteers including the provision of therapeutic services – if fully qualified therapists are available to volunteer and train in our way of working.

#### **CORE FUNDING**

The HSE is itself in yet another phase of change and financial restraints. However its stated model of working with children remains the context for all current and future developments. In its Transformation Programme (2007-2010) the HSE emphasises putting the needs of the child at the centre of Child Services, an aim that fits

well with CARI's child centred mission and way of working. The Hardiker Model (1991 –British Journal of Social Workers) developed in the UK has been adopted and amended by the HSE as a conceptual framework for their Family Support Model.



The HSE has prioritised Universal Needs Provision, Level 1 and Level 2 as preventative elements. While CARI's core psychotherapy service is at the highest expert and specialist level, Level 4 on the Family Support Model, our Helpline, Advocacy, Training and preventive education work have a much wider application and lie in Levels 1 and 2 therefore it was no accident that these attracted support first.

#### **The key challenge for CARI is:-**

- To attract further funding at a time of reduced Government spending.

#### **DROP OFF IN FUNDRAISING INCOME**

With lower incomes in an economy deep in recession, we are under greater pressure to become more professional and innovative in our fundraising. We have seen a 20% drop in fundraising income since 2008 this is beginning to impact our ability to reach the numbers of clients we would like to reach and waiting lists are growing as a result. Historically our events have simultaneously raised our profile and raised our income levels.

#### **The challenge for CARI is -**

- To develop a set of key fundraising initiatives to generate an increased level of income so that we can maintain, grow and develop our services.





## ABOUT THIS PLAN

This strategy will build on a wide ranging consultation with clients, staff, patrons and partners and will set out the ambitions for the future based on what is achievable now and how CARI as a leading national organisation dedicated to providing child centred therapy and counselling services to those who have been affected by child sexual abuse can continue to strengthen and build on success.

The HSE, a major stake holder, is itself in yet another phase of change. CARI's support from the Family Support Agency (FSA) for our Helpline and Therapy service and from the Commission for the Support of Victims of Crime (CSVC) for CASS remains vital and we will seek to maintain and develop those in the era of retrenchment. However, the HSE's stated model of working with children remains the context for all current and future developments. In its Transformation Programme (2007-2010) the HSE emphasises putting the child needs at the Centre of Child Services, an aim that fits well with CARI's child centred mission and way of working.

### **This strategic plan is based on:**

- The challenges facing CARI and the changes most likely to occur over the coming years;
- CARI's role and specifically what CARI can contribute as a service provider;
- Priorities for the next 4 years and the approaches to take.

The views of CARI's stake holders informed the process. A group of previous clients were invited to contribute their views on the service CARI provides both in terms of the importance to them and the importance within the sector (see appendix A for interview notes). The Board of Directors contributed their views of CARI and the necessary priorities for the next 4 years. Core groups of staff in both Dublin and Limerick participated in workshops covering the challenges faced by CARI today and their vision for the future. In addition, our contacts in the HSE (local and national), Child Assessment Unit, the CSVC and FSA were consulted. Specifically the interviews and workshops feeding the strategic plan addressed the following questions:

### **Service Provision (CARI Objectives and Vision)**

- How can CARI meet a diverse range of needs?
- What are the service priorities for the future – 4 years and further?
- Is the vision and mission still fitting for CARI; is it sufficiently broad to meet the needs of clients and potential clients?
- Is CARI meeting national needs in the area of child sexual abuse?
- Where do we, CARI, fit in the context of a national service structure for child sexual abuse?
- How can we further integrate ourselves/partner/collaborate with the services provided directly by the state so that we are complimentary and easy to access?

### **Organisation and Process**

- How can CARI further develop (organisationally) to remain resilient in an ever changing climate?
- What are the priorities for the future – 4 years and further?
- Are we making best use of our resources – people, technology, assets?

### **Profile**

- How can we raise the profile of CARI nationally?

### **Funding and Fundraising**

- How can we secure the financial future, in an environment where core funding is insecure and fundraising is uncertain?

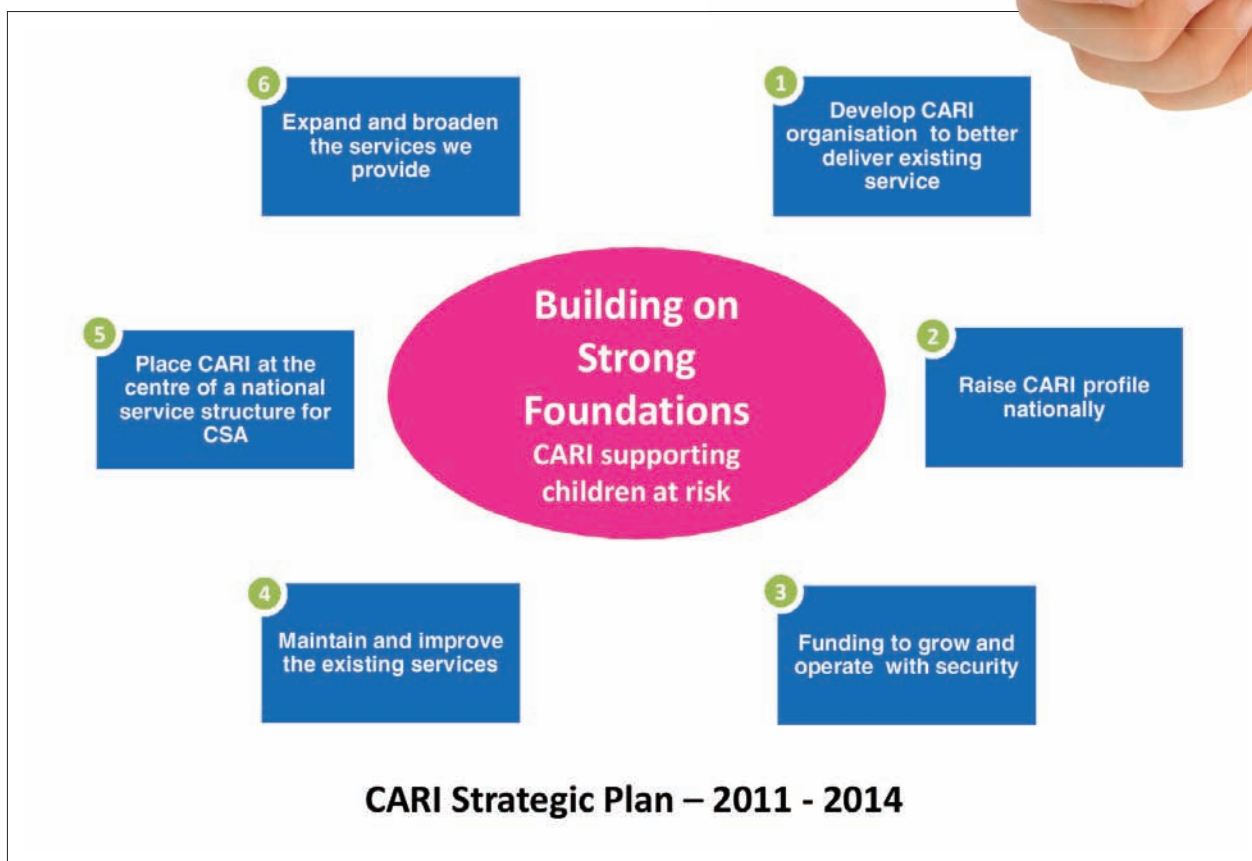


## STRATEGIC PLAN SUMMARY



### OUR STRATEGIC PRIORITIES ARE AS FOLLOWS

1. Maintain the strong foundations of CARI to provide security for our clients and staff.
2. Reduce waiting lists and increase therapy hours.
3. Ensure that CARI remains a rewarding place to work for all of our staff



# GOAL 1: DEVELOP CARI ORGANISATION TO BETTER DELIVER EXISTING SERVICES

## WHY DO WE WANT TO DO THIS?

To deliver on this plan CARI will need to invest in developing its own capacity. In the current financial climate we cannot be sure of growing our resources and services, but by operating to the highest standards of effectiveness and efficiency we can ensure that our internal structures and policies fully support the services we provide to our key Stakeholders. We want to maintain a strong healthy organisation to support our staff and the clients in this difficult work, balancing the demands of funding security, growing our services and staff reward.

## HOW WILL WE APPROACH THIS TASK?

We intend to

- a) Strengthen our people, systems and administrative supports to enable us to implement this plan.
- b) Seek more secure funding for ourselves from government and other sources to ensure the robust development of CARI. (see actions in Goal 3: Funding)
- c) Strengthen leadership, governance and day-to-day management in our two core centres (Dublin and Limerick) to improve the effectiveness of the operation.
- d) Provide career paths for our people so we can retain our best people into the future
- e) Communicate to all staff on a regular basis regarding CARI's role and their responsibilities in supporting that role

- Develop opportunities for people to take on new/additional responsibilities
- Review our volunteering policy
- Ensure that we continuously upskill our staff and ensure that all staff are supported in on-going professional development
- Upgrade all IT systems to serve fundraising, clerical work, administration and data security
- Develop a CARI induction programme for all staff and volunteers and board members
- Ensure that operating procedures (clinical and non-clinical) and policies are up to date and relevant to our organisation, for example
  - o Finance Procedures
  - o Fundraising Policy/Procedure
  - o HR Procedures
  - o Health and Safety Procedures
  - o Governance Procedures
- Explore achieving ISO accreditation (or similar) over the period of the strategic plan
- Ensure that House meetings across our centres take priority (min 6 per annum)
- Ensure that regular visits between centres take place (min 12 per annum)
- Establish Key Performance Indicators (KPIs) for our services and operation e.g. fundraising which we will report at our Board Meetings
- Plan for Budgets will be completed 3 months ahead of the new year
- Establish annual Risk and Strategy reviews between the Management Team and the Board of Directors (initially facilitated by an objective external resource, in Year 1)
- Establish an annual event that all staff attend to share knowledge and ideas.

## WHAT ACTIONS WILL WE TAKE?

- Review the structures of CARI
- Review the skill sets in CARI and ensure annual reviews occur for all staff







## GOAL 2: RAISE CARI PROFILE NATIONALLY

### WHY DO WE WANT TO DO THIS?

Raising our profile will ensure that children and families who need our services are aware that we exist and know how to reach us. We also want to ensure that potential donors recognise that we have a strong profile and see us as a worthwhile organisation to fund.

### HOW WILL WE APPROACH THIS TASK?

We intend to

- a) Be explicit about the services we provide so that the public understand what it is we do and why we are unique
- b) Ensure that our 'brand' is well understood and supports our vision
- c) Professionalise all external communication materials so that we consistently deliver the same message about the services we provide and the vision we follow

### WHAT ACTIONS WILL WE TAKE?

- Add a 'tagline' to our logo in addition to 'shining a light for children' to show what we do.
- Invest in a revamp of our website so that it fully reflects and supports the work of the organisation
- Train our staff so that everyone knows how to talk about CARI in the same manner
- Engage external advice to professionalise our external communications
- Continue to use our Annual Report and Annual Conference to raise issues and our profile
- Increase the use of social media to raise our profile.



## GOAL 3: FUNDING TO GROW AND OPERATE WITH SECURITY

### WHY DO WE WANT TO DO THIS?

To secure the future of the organisation so that CARI as a leading non-governmental service provider can continue to provide therapy services to children and families affected by child sexual abuse.

### HOW WILL WE APPROACH THIS TASK?

- a) Ensure we have a balanced mix of income streams from events, direct marketing, sponsors, community fundraising, major gifts, grants, trusts and foundations.
- b) Explore new statutory funding opportunities (e.g. Ferns 4) to directly fund the core services we deliver.
- c) Raise our profile (See Goal 2: Raise our Profile) so that people are aware of CARI and the services we deliver.
- d) Strengthen our fundraising structures to improve the effectiveness of our fundraising efforts.

### WHAT ACTIONS WILL WE TAKE?

- Improve fundraising skills across the organisation through training and knowledge sharing
- Integrate our fundraising structures and plans
- Establish major gifts programme
- Recruit a panel of CARI Ambassadors (high profile) to support fundraising
- Budget to create a surplus annually to maintain an appropriate reserve
- Develop one major annual national fundraising event adequately resourced and promoted
- Regularly explore new and innovative events and approaches
- Regular analysis of fundraising costs versus income generated





## GOAL 4: MAINTAIN AND IMPROVE THE EXISTING SERVICES

### WHY DO WE WANT TO DO THIS?

To fulfill our mission of providing “Professional, child centred therapy for children and families affected by sexual abuse” and to ensure that we provide the best possible service.

### HOW WILL WE APPROACH THIS TASK?

- a) Maintain our position as a specialised provider of services for children and families who are affected by child sexual abuse
- b) Increase networking and collaboration with other leading organisations in the community and voluntary sector
- c) Regularly evaluate internally and externally through seeking feedback from clients and other professionals as well as our Board of Directors.
- d) Remaining in touch / up to date with all current literature and training required

### WHAT ACTIONS WILL WE TAKE?

- Develop a monthly management report with key performance Indicators so that we can regularly report (internally and externally) on our performance
- Engage in appropriate research activities to promote and evaluate our services
- CARI Therapy Services
  - o Regularise use of pre-post assessment tools in therapy
  - o Explore alternative ways to deal with waiting list
  - o Explore group work as a possibility of increasing output with limited resources
  - o Maximise clinical output across limited staff resources

- o Establish an annual client feedback survey (facilitated by an external objective resource)
- o Collaborate with other organisations to share knowledge
- o Review the need for therapy services in all centres and resource appropriately
- o Collaborate with other organisations with tested statistical packages to avail of their expertise and to better capture our own statistics
- National Helpline
  - o Ensure 2 phones are manned at all times 9.30am to 5.30pm
  - o Maintain existing high levels of support and supervision for Helpline staff
  - o Complete writing up of all Helpline operations and procedures
  - o Explore the possibility of providing the helpline on a free-call basis
- Court Accompaniment Support Services (CASS)
  - o Promote CASS service further through connection with key Stakeholders
  - o Develop/refine CASS procedures and publish on website to provide information to the public
- Training and Consultancy
  - o Continue with current consultancy/advice programme
  - o Explore the development of a joint training programme with Child Sexual Abuse Units in Crumlin and Temple Street Childrens Hospitals or their equivalent in the new National Paediatric Hospital
- Advocacy
  - o Continue to take opportunities to speak on the subject of Child Sexual Abuse in Ireland
  - o Continue with our Annual Conference and Annual Report Launch
  - o Collaborate on advocacy with other NGOs





## GOAL 5: PLACE CARI AT THE CENTRE OF A NATIONAL SERVICE STRUCTURE FOR CHILD SEXUAL ABUSE

### WHY DO WE WANT TO DO THIS?

Clearly defining where CARI sits in a national structure for Child Sexual Abuse will ensure that we are aligned with and ready to deliver on the plans currently in development as a result of the Ferns 4 Committee. We want to make sure that we can take any opportunity to offer our proven service to children and families nationwide and to be better integrated with statutory services therefore creating the best possible environment for children and families to heal.

### HOW WILL WE APPROACH THIS TASK?

- a) Continue our involvement with the Ferns 4 Committee so that our views on a national service structure for child sexual abuse are represented
- b) Ensure our active involvement on the HSE's National Forum and other fora to maintain a solid representation of our position on service provision
- c) Explore opportunities to participate in relevant fora under the agis of the Department of Health and Children and the Child Protection Agency
- d) Maintain a level of independence from statutory agencies to keep our independent voice for children

### WHAT ACTIONS WILL WE TAKE?

- Continue membership of Ferns 4 Working Committee – attend meetings, contribute to analysis and structural development
- Membership of HSE National Forum of Voluntary Agencies, chaired by Mr. Gordon Jeyes
- CARI CEO to remain active in CRA, Saving Childhood Group, NOTA
- Annually review and update all policies to ensure highest possible standards internally as well as alignment with any national standards/approaches developed
- Regular meetings (monthly) with other key players in partner agencies (statutory and non statutory)





## GOAL 6: EXPAND AND BROADEN THE SERVICES CARI PROVIDES

### WHY DO WE WANT TO DO THIS?

We believe that there are gaps in child therapy services in parts of the country, we would like to explore the possibility of delivering an expanded service to fill those gaps. In addition we would like to explore broadening our service portfolio to complement the time and context limited services provided in some HSE regions.

### HOW WILL WE APPROACH THIS TASK?

- a) Assess the national requirement for CARI's therapy and CASS services
- b) Evaluate CARI capacity to provide a broader suite of services
- c) Actively collaborate with other agencies and NGOs to explore opportunities for broader reach

### WHAT ACTIONS WILL WE TAKE?

- Work with HSE to evaluate national requirements for our services
- Develop resource planning model so that we know our capacity and resource requirements
- Attempt to increase therapy hours in Limerick to use house to full capacity
- Complete an analysis of the need to provide a wider trauma therapy service
- Engage with the Limerick Regeneration Project to seek to enhance the number of children from those areas accessing our service
- Complete fitting out of our Limerick Training Room to enhance our capacity to provide training and education to others



## APPENDIX A: CLIENT INTERVIEW NOTES

### INTRODUCTION AND BACKGROUND

Interviews with some of CARI's previous clients were conducted during February 2011. CARI staff pre arranged call-appointments with cooperating clients. Calls were conducted with a member of CARI present. The following introduction was given and the same set of questions was asked in each of the 7 interviews completed.

*"We are doing some planning for the future for CARI and would like customer feedback to help us to shape the plans. We would like to understand what you thought was most valuable about the service. We would also like to understand your experiences in finding out about the service and scheduling appointments or waiting to avail of the service. I am an independent consultant assisting in developing CARI's plans. We can assure you that anything you say will remain confidential, as we are trying to get a view of the big picture. None of your comments or feedback will be attributed to you or anyone connected to you".*

### Questions Asked

- 1) How would you describe your experience in working with CARI?
- 2) Was it easy to access the service?
- 3) How did you find out about the service?
- 4) Were you waiting a long time to be seen?
- 5) Did you have to travel a long distance to see a therapist?
- 6) Did you use the helpline?
- 7) What is the most valuable aspect of the service that CARI provides in your opinion?

### SUMMARY - CLIENT INTERVIEW NOTES

#### HOW WOULD YOU DESCRIBE YOUR EXPERIENCE IN WORKING WITH CARI?

- "Very positive experience working with CARI"
- "CARI was a last resort but my daughter has come on leaps and bounds"
- "The service was great for my daughter – just right for her age and stage."
- "The whole family would have fallen apart if we hadn't had the help."
- "[CARI] was the most valuable asset we had in dealing with our situation."
- "Top notch, no complaints, a really professional service."
- "Counselling is just fantastic – so open, we felt at ease."

#### WAS IT EASY TO ACCESS THE SERVICE?

- Most found it easy to access the service.

#### HOW DID YOU FIND OUT ABOUT THE SERVICE?

Clients found out about the service in a variety of ways

- Internet search
- HSE Referral
- Rape Crisis Centre referral
- Knew about CARI through a friend
- Knew about CARI from the media
- Familiar with CARI from fundraising activity

#### WERE YOU WAITING A LONG TIME TO BE SEEN?

- None of the clients interviewed waited a long time to be seen by a therapist.
- Clients typically attended therapy for between 1 and 2 years with some returning after a break for a period of time.

#### DID YOU HAVE TO TRAVEL A LONG DISTANCE TO SEE A THERAPIST?

- There were disparate views on the location of the centres.
  - o Some East Coast based clients felt that Drumcondra was a long way to travel while others felt the location was good.
  - o In Limerick/Cork most clients thought the location of the centres was convenient





## APPENDIX A: CLIENT INTERVIEW NOTES



### DID YOU USE THE HELPLINE?

Helpline was used to contact CARI for some clients.

### WHAT IS THE MOST VALUABLE ASPECT OF THE SERVICE THAT CARI PROVIDES IN YOUR OPINION?

- "The most valuable aspect of the service was that I as a mother was able to talk to someone too"
- "I really liked the private aspect of the service"
- "Very helpful for me [mother], support-wise as even if my daughter didn't want to come I could still attend."
- "They [therapists] do a brilliant job no matter who they are with."
- "The open door was great – we knew we could always come back."
- "It was good that both my husband and I could attend - my husband didn't continue, but I did."
- "[CARI] pulls the family together again."
- "Really focused on my daughters needs."
- Parents were made fully aware of how the service worked before the child participated. "We were able to prepare ourselves and her."
- "For myself personally [mother] the most valuable thing was working with my therapist – it was amazing. It gave me the tools and ability to deal with what was happening and my own issues from years gone by."

### OTHER COMMENTS CARI CENTRES

- "The atmosphere of the house was really homely – great for kids."
- "The set up [in the house] was really comforting. The house was beautiful; the ambiance was perfect for what she [my daughter] was going through."
- "It's [CARI house] very private and I liked that part of it"
- "The environment was cosy, nice and bright and homely."
- "Ennis road centre is really nice, warm and welcoming."

### THERAPY SERVICES AND THERAPISTS

- "They were lovely people and put us at ease."
- "[CARI] needs more counsellors – there's a lot of people who need help."
- "Could there be group sessions for parents – 'parents supporting parents'"

- "Our daughter is doing well now, thanks to CARI."

### ACCESS TO THERAPY

- "Great to have the option to come back if I ever needed to."
- "Could CARI provide transport for clients – a bus maybe?"
- "I did go to the HSE but they never came back to me – there was no follow up, they knew I was with CARI."

### FUNDING CARI

- "CARI could do with more money."
- "There should be nationwide fundraising."

### PROMOTION OF CARI

- "[CARI] needs more promotion – I tell people about it."
- "A lot of people don't know about CARI ..."
- "CARI should be out shouting [about the service] from the rooftops."
- "There should be somewhere that points out the age groups for the service."
- "GPs don't know about the service – what about leaflets?"





## APPENDIX B: BACKGROUND AND CONTEXT

### CHILD SEXUAL ABUSE – AN IRISH CONTEXT

The Sexual Abuse and Violence in Ireland (SAVI) Report (McGee, Garavan, de Barra, Byrne and Conroy, 2002) shows that 30.4% of women and 23.5% of men reported some degree of unwanted sexual contact during childhood (defined as under 17 years). The most likely abuse to occur is a non-penetrative form of contact abuse, with 12% of males and 12.8% of females experiencing this as children. It is noteworthy that this form of abuse is also the most likely to occur in adulthood. The SAVI report also found that girls and women were at higher risk of serious sexual assault (penetrative and non-penetrative contact) than boys or men. This risk stays constant for females as they mature but decreases for males, as they get older. In line with Berliner (2002) the issue of vulnerability to re-victimisation across a lifetime is noteworthy, as 27.7% of those women who suffered childhood sexual abuse also experienced sexual assaults as adults, by a different offender. The figure for men was 19.5%. Thus a large proportion of children who have suffered sexual abuse may, if they are unable to access appropriate help become vulnerable to further sexual attacks in their adult lives too.

Sexual abuse of children is a hideous crime which is an ongoing scourge on the lives of Irish children with the HSE receiving approximately 2,300 new reports EVERY year. While the public awareness of this issue has risen through the continuous flow of investigations and reports (Ferns, 2005; Murphy, 2009; Ryan 2009; Roscommon Incest Case, 2010) the ability of the state to provide sufficient, consistent specialised services across the country to assist these children has not.

In 2008 the HSE set up a Committee (FERNS 4) to examine the assessment and therapy needs of children who have been sexually abused and their families and to make recommendations concerning service requirements. This committee, which contained experts in assessment and therapy of child sexual abuse from within HSE and also the voluntary sector (CARI was the sole NGO invited), found that

*“In the absence of any national plan or strategy,*

*services for the assessment and therapy of children and families who have experienced sexual abuse have developed in a piecemeal fashion around the country, largely under the auspices of the old health board system. As a consequence, services tend to be patchy in terms of cover with variation of intervention practice, as they are not linked into an overall national service framework.”*

This Working Group has identified at least 15 individual services across 21 counties, working within Local Health Offices or within hospitals whose services relate to particular catchments linked to the old health board structure. In addition, in the voluntary sector, CARI (Children At Risk in Ireland) is the only non-Governmental organisation providing specialised services to children and families. It has successfully undergone a rigorous independent evaluation on behalf of the Minister for Children and Youth Affairs and has a Service Level Agreement with the HSE. It provides services at a number of locations throughout the country.” (Section 4.1)

It is within this context that CARI continues to provide a consistent, holistic therapeutic intervention for the children around the Dublin, Limerick and Cork areas – in contrast to the disparate individual units within the HSE. CARI strives to provide a safe, consistent and coherent model of intervention for it’s clients across all of our centres and the parallel work with the parents of the child clients has always proven to be crucial for the overall success of the therapy.

*“The whole family would have fallen apart if we hadn’t had the help.”*

The Ferns 4 Committee made a range of recommendations including the following, which CARI fully endorse and are continuously agitating to have implemented as soon as possible by the HSE

- All children who require access to therapeutic services should be linked to a free therapeutic service as soon as possible after assessment. It should be recognised that children may need to access therapeutic inputs at different stages.





- Children and families should be able to avail of a range of interventions such as individual therapy, family therapy, parent support work or group therapy.
- Consideration to be given to reviewing the role of existing specialist units in relation to assessment and therapy to include all forms of abuse.
- Consistency of service delivery is required, delivered through a national framework. However, it is recognised that a ‘one size fits all’ approach is not appropriate and that there will be some regional variation. This is particularly so where services already exist.
- Services must be culturally competent and sensitive to diverse cultural, religious, racial and ethnic requirements and needs.
- Services must be planned and co-ordinated across agencies. There needs to be regional access, compatible with the emerging new HSE structures, to specialist services that have the capacity to address secondary issues such as attachment and relationships.

**CURRENT STATISTICS FOR CHILD SEXUAL ABUSE**

The SAVI Report (2002) showed that 47% of women and 60% of men who suffered sexual abuse in their childhood never told anyone until they spoke to the SAVI researchers – so we must always remember we are still working with a subject that is seriously under reported.

CARI operates across a large number of the HSE’s 32 Local Health Office areas and we have a physical presence in three of the four Regions (HSE North East, and HSE South and HSE West) while our Dublin office does actually cater for clients from HSE Dublin Mid-Leinster also. The most recent statistics from these regions show that in 2008 there were 2,379 new cases of sexual abuse reported. Of these 1657 cases were sent for an initial assessment (458 in Dublin Nth East; 624 in Dublin Mid-Leinster; 327 in South and 248 in West) and only 12% (289) of the reported total were confirmed.

**Note on HSE statistics – Review of Adequacy 2008**

	2008	%
New Reports of Child Sexual Abuse	2379	100
No. of Initial Assessments of Child Sexual Abuse	1657	70
No. Notified to Child Care Manager	520	22
No. Accepted by Child Care Manager	343	14
No. of Confirmed Sexual Abuse	289	12
No. of Confirmed Non-Abuse	66	3

This table shows very clearly the steps that a new case of child sexual abuse must go through in order to be designated as “confirmed” and the horror of these statistics is that the HSE (as concluded within the Ferns 4 Report) has never standardised the rules/conditions under which each case moves from one step to the next. Therefore across the 32 Local Health Organisations there are a variety of standards and thresholds which must be reached to move from “Report” to “Initial” to “Notified” to “Accepted” to “Confirmed”. Thus, it is CARI’s contention that without a standardisation of such steps and the thresholds across the country there will always be “cases” (which are ultimately, children) who will not be receiving an adequate response to their concerns.



## **CARI's National Helpline Lo-call 1890 924 567 UK and Northern Ireland 00353 18308523**

Lines are open from Monday to Friday 9:30am to 5:30pm  
Email: [helpline@cari.ie](mailto:helpline@cari.ie)

### **NATIONAL OFFICE**

110 Lower Drumcondra Road, Dublin 9  
Telephone: + 353-1-8308529 • Fax: +353-1-8306309 • Email: [info@cari.ie](mailto:info@cari.ie) (general queries)  
If you are interested in finding out more about how you can help CARI contact [fundraising@cari.ie](mailto:fundraising@cari.ie)  
Therapy Department - Phone: 01 8308529  
Fundraising Department - Phone: 01 8308529  
Email: Either [carole@cari.ie](mailto:carole@cari.ie) or [patricia@cari.ie](mailto:patricia@cari.ie)

### **LIMERICK CENTRE**

Ennis Road (Across from Ennis Road Motors), Limerick  
Directions: Following the signs for Shannon from Limerick city, just after the traffic lights at Ivan's there is an Opel Garage called Ennis Road Motors and the new CARI House is directly across from it.  
Therapy Department Phone: 061 582224  
Email: [majellaryan@cari.ie](mailto:majellaryan@cari.ie)  
Fundraising Department - Phone: 061 582200 • E-mail: [annebyrnes@cari.ie](mailto:annebyrnes@cari.ie)

### **CORK CENTRE**

Dominican Centre, Popes Quay, Co.Cork  
Monday, Tuesday 9.30 - 5.30pm  
For appointments contact the Limerick office on + 353-61-582224

