

the lighthouse



The
Lighthouse
Annual Report
2018 – 2019

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Introduction

This annual report for The Lighthouse describes the first year of service and sets out who has used the Lighthouse services, their experience of the support and what the team has learnt over the first year of operation. The report is aimed at Lighthouse staff, local stakeholders, commissioners and national colleagues who wish to learn from our experience.

The data analysed includes Excelicare records of children and young people aged 0–25 years old referred to the Lighthouse following disclosure or suspicion of child sexual abuse. The data relates to all 363 referrals and 214 initial assessments and onward support of children and young people living in the North Central London area who accessed the service between October 2018 and September 2019.



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Abbreviations

ADHD	Attention deficit hyperactivity disorder
CAMHS	Child and adolescent mental health services
COSA service	Circles of Support and Accountability
CPS	Crown Prosecution Service
CSA	Child sexual abuse
CYP	Children and young people
ISVA	Independent Sexual Violence Advocate
LTFI	Letting the future in
NCATS	National Clinical Assessment and Treatment Service
NCL	North Central London
SARC	Sexual assault referral centre
SCLO	Social care liaison officer
STI	Sexually transmitted infection
PL0	Police liaison officer
P&R	Protect and respect
VRI	Video recorded interview
ABE	Achieving best evidence interview
WTE	Whole time equivalent (full time worker)

1 Key findings

From the service users

- Children, young people and parents/carers felt that their views and worries were taken very seriously and that they were listened to
- They found the environment welcoming and comfortable
- 100% of parents attended the parent psychoeducation course and one parent said "I'm not alone in this situation the session with C (adult survivor) was amazing. We were all mesmerized by her stories. She gave us hope."

From the data

- There was a threefold increase in referrals compared with the CSA (child sexual abuse) hub – 363 referrals in the year
- Approximately 1 in 2 children and young people in NCL are now offered health and care support after reporting sexual offences, compared with 1 in 4 at the time of the London CSA pathway review in 2015
- 81% of children and young people referred were girls and 19% boys
- 12% of children and young people referred had a disability
- 85% of children and young people seen reported one or more vulnerability
- 53% of children and young people seen had a mental health condition
- The most common types of abuse that children and young people were referred following were intra familial (40%), peer on peer (21%) and extra familial (17%)
- Two thirds of the time there was a single alleged perpetrator
- 100 strategy meetings attended
- 41 consultations offered to local social workers and professional networks
- 59% of referrals progressed to an initial assessment – 25% of those remaining had an appointment scheduled in the next quarter, and those that did not were due to child or family declining or they did not meet our criteria
- Over half the children and young people accessed a combination of paediatrics and advocacy and at least one form of therapeutic support – with many accessing child and parent support individually

Our learning

- Value of learning from local and national stakeholder visits
- Importance of maintaining an outward focus
- Developing partnerships needs to be at all levels and takes time and honesty

- A multi-agency integrated care record takes at least 18 months to design, develop and refine – phase two will be undertaken in year 2
- Developed and refined roles including Social Care Liaison Officer (SCLO), Police Liaison Officer (PLO), primary case worker and advocate
- Importance of agreed guidelines and ways of working
- Need to review and refine capacity and skill mix
- Investment in staff wellbeing

2 Report methodology and data analysis

This report analyses service user feedback, staff feedback and Excelicare records of children and young people aged 0–25 years old referred to the Lighthouse following disclosure or suspicion of child sexual abuse. The data relates to all 363 referrals and the 214 initial assessments with onward support. The children and young people referred to the Lighthouse were living in the North Central London area and accessed the service between October 2018 and September 2019.

The report also includes feedback from staff, referrers and service users. This learning has shaped the development of the Lighthouse service over the first year from October 2018 to Sept 2019.



3 The child or young person’s journey

Every child or young person referred to the Lighthouse is offered a holistic initial assessment with the chance to meet the whole multi-disciplinary team. The appointments are child centred and at the initial appointment the child or young person is encouraged to direct the pace of the assessment. The team can include a consultant paediatrician, advocate, emotional health and wellbeing practitioner, clinical nurse specialist in sexual health and play specialist.

Sometimes prior to the child attending for an initial assessment the social care liaison officer and some of the team will offer a consultation to the referrer and the local network. This can be valuable in gathering background information so that we are more prepared when the child and family attend. This can reduce the amount of questions we need to ask the child and family, allowing more time in the assessment for the child and family to share their concerns and feelings.

The initial assessment includes a medical and mental health assessment, as well as safeguarding the child and sometimes a medical examination, sexual health screening and treatment.

The team then recommends a package of support and interventions bespoke to each child and family:

- Consideration of any immediate child protection concerns
- Advocacy
- An assessment followed by counselling or psychological support for the child or young person
- Psychoeducational support for the wider family on an individual or in a group setting
- Medical follow up including, sexual health treatment, contraception and immunisations
- Where needed, referral on to other services such as domestic violence services or specialist CAMHS

A typical journey for a child can be seen in more detail in the case study in Appendix 1. In summary the timeline of a typical journey can be seen below:

Figure 1

Timeline in months	1	2	3	4	5	6	7	8	9	10	...	Trial date
ABE interview – psychology led	ABE											
Initial assessment		IA										
Advocacy	Advocacy support with school, police investigation and court trial											
CAMHS			CAMHS support siblings									
CAMHS					Parent psycho-education course							
NSPCC – Letting the Future In			LTFI assesement		LTFI programme							
Onward referral										Refer parent adult MH		

4 The child or young person's experience of the Lighthouse

Children, their families, and referring professionals are regularly asked for their feedback on the services at the Lighthouse. The feedback in this section is a sample of what we heard during our first year of opening.

Children, young people and families

All parents/carers felt that their views and worries were taken very seriously. Almost all the children and young people felt the help they received at the Lighthouse was good. Parents and 13-18 year-olds agreed that they had been given enough explanation about the help available.

We asked children and young people what they liked about coming to the Lighthouse and they said:

- I only have to tell the story once
- They explained stuff well and I understand it more now
- Going up and down on the bed
- I like the way I can talk and be advised and listened to. I can also talk about what I'd like to talk about
- The toys and the rooms
- How they listen to me
- Even though my situation may have made my mother sad, now I can tell her anything and you brought us closer together
- The people here have listened to me and heard my story
- I felt like I was at home and everyone was nice

What parents told us:

- A welcoming friendly environment with a family feel rather than a stuffy office
- In the Lighthouse they made me feel comfortable and made me feel open about my opinions
- The service is very professional without feeling detached from me. The professionals are very competent and warm as there are sensitive discussions taking place and this is a must during these times.
- I felt the service was very accommodating and made my child feel comfortable and supported.
- I found the play specialist really helpful. She has been teaching my daughter some wonderful tips.
- Myself and my child feel really relaxed.
- I am so pleased to know the Lighthouse exists.

Parents' education course

The parents' course was established following agreement from the Crown Prosecution Service (CPS) and offers a safe space for parents to meet others going through similar situations. 10 parents attended the first course run in May 2019, based on the Circle of Hope model from the US and delivered by an advocate and a CAMHS practitioner. The course had 100% attendance by parents and very powerful feedback.

A parent of a 14 year old said:

"The fact that I met other people just like me before it happened, I thought this was something that could never happen to me (my family); but then it can happen to anyone. Also, the fact that I was telling people why I was in the group and no one was shocked. It was such a revelation. It was spot on for timing in my life – it was a good stage for me. But yes – it was intense and hard at times but very good. One week when a speaker (adult survivor) came to talk to us and she was so honest and helped us understand from a child's perspective what she could have needed and from a parents perspective it was so helpful thank you."

Another mother said:

"The group was quite literally a lifesaver for me ... P.s. I thought the tea, coffee, fruit and biscuits was such a lovely touch – something that you did not have to do at all, but it made me feel very welcome and cared for."

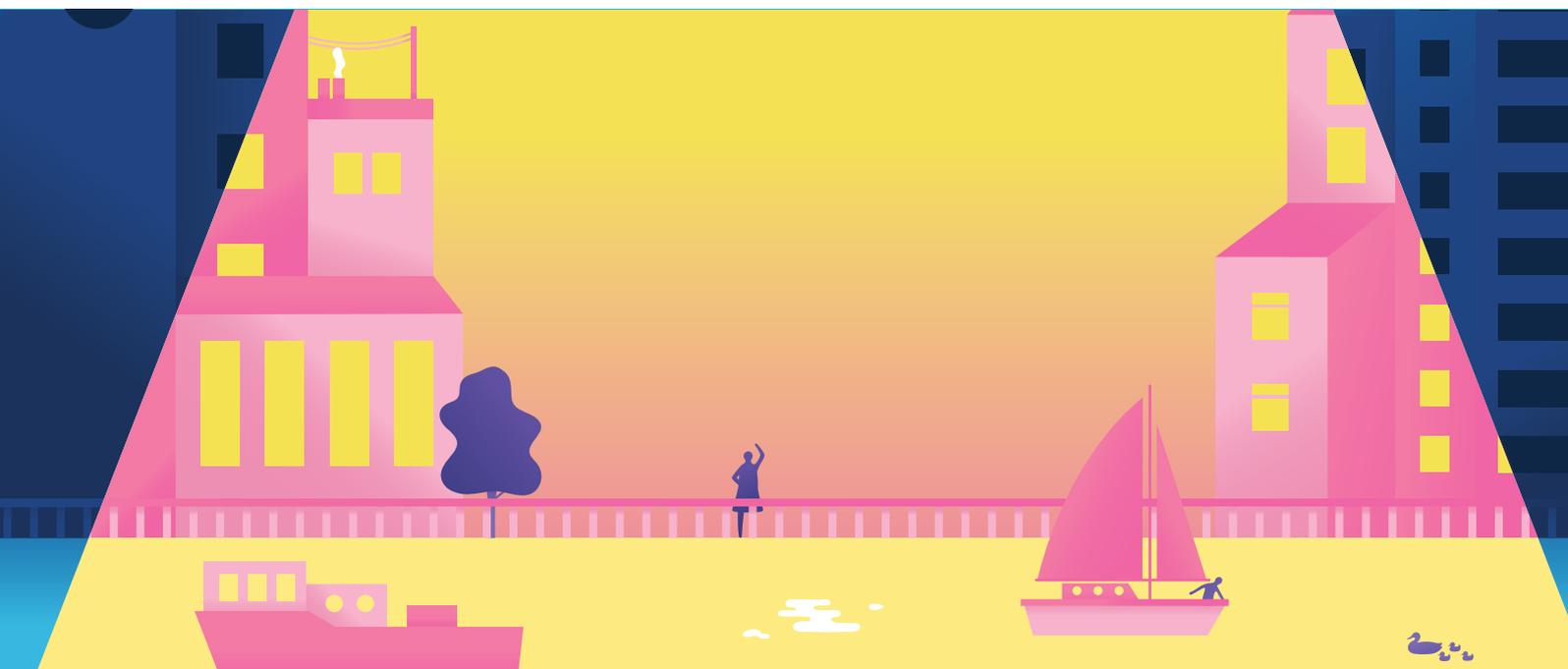
One parent found the group was such a vital lifeline and said it has helped her enormously to feel less shame and isolation and be around other people who really understood the emotions she is experiencing.

Another mother said her key take home from the group was:

"I'm not alone in this situation".

After meeting an amazing adult survivor, she said:

"The session with C was amazing. We were all mesmerized by her stories. She gave us hope."



Feedback from Achieving Best Evidence Interviews (ABEs)

Young people that attended for an ABE provided feedback on their experience and reported feeling listened to and understood. They said the clinical psychologists that led the interviews were kind and gentle, and they felt they were able to explain everything in detail.

- I felt comfortable talking to the interviewer since she was very kind
- Interviewer listened well and made all of her questions clear
- It was helpful to let the person that interviewed me listen to things that I did during the week. Also the person that interviewed me was calm
- I liked the fact that I could explain what happened in detail and let it all out
- I loved who I talked to she understood and I felt comfortable and she was really gentle
- They gave me time to explain and think how to answer

Police that brought children and young people to the Lighthouse for a psychology led ABE noticed the rapport-building and care. They commented on the quality of the interview techniques and how the genuine care enabled children to talk more freely.

- Professional and caring approach. It was clear from the beginning that the child was nervous, however this rapidly changed as a result of the care and service provided.
- Fantastic interview techniques. Obtained lots of detail.
- Interview techniques were executed in a way the child could give answers to the best of their ability.
- Fantastic rapport-building. Child became more comfortable throughout the day
- I thought the VRI [Video Recorded Interview] itself went well considering that during the assessment the victim was talkative and then clammed up at the beginning of the VRI itself. The psychologist had to work hard to get the child to speak which she did manage. All the main points including points to prove were covered albeit in a slightly disjointed way.
- I believe that the psychologist assisted the victim very well, she responded to the victim in caring and calm manner explaining how much detail was required per topic that came up. She tried different ways with the victim in order to obtain the relevant information and assisted the victim when they did not appear to or stated that they did not understand what was being asked of them.
- I thought the collaboration between the services at The Lighthouse was good. The professionals meeting held prior to the VRI was perfect for everyone to discuss both sides. i.e. what the police require for a criminal case combined with the welfare of the child.

The clinical psychologists spent 6-9 months completing their training and supervised practice phase. They will continue to refine their skills particularly focusing on the balance between considering the child's welfare and how the child was coping in the interview versus time taken to gather the evidence and complete the interview.

One investigating officer said:

“I think if the interviewer stuck to the point raised then moved on when complete, it would shorten the time that the child was in interview and would be more beneficial to that child ... If the interview need to be stopped and continued another day, maybe that is best.”

Other officers that used the Lighthouse 'Talking room' and led the interview themselves, noticed the difference the environment and support at the Lighthouse makes.

- It was obvious and clear that all members had a genuine care for the child
- The experience of attending The Lighthouse was very good. The service and assistance given to the investigating officer is fantastic. The level of support and care to the victim and family at The Lighthouse on the day is very good. Any questions asked by the family and the victim are answered very well and the victim was made to feel at ease with the team
- The facilities at The Lighthouse for interviewing are fantastic compared to other police VRI suites. It was identified however that the white walls in the room bounce light which is not great for zooming in on drawings. Consideration should be made about victim position with microphones
- I would recommend the Lighthouse to other colleagues and would happily use the facilities again. The support and assistance that is given by staff there is really helpful for an investigating officer



5 Characteristics of the children and young people attending the Lighthouse

5.1 Age and gender

The majority of children and young people referred to the Lighthouse were girls (81%), with fewer boys (19%) and only one young person identifying themselves as transgender. Half of the school age children (5-12 years) referred were boys but this reduced to approx. 1 in 8 young people (13-17 years).

The most common ages at referral were 5-12 years and 13-15 years (34% each), with 19% of the young people aged 16-17 years and 11% under 5 years. Just four referrals were received aged 18 years or over and these did not meet the referral criteria as they did not have a learning disability.

Figure 2 Gender of children and young people (n=363)

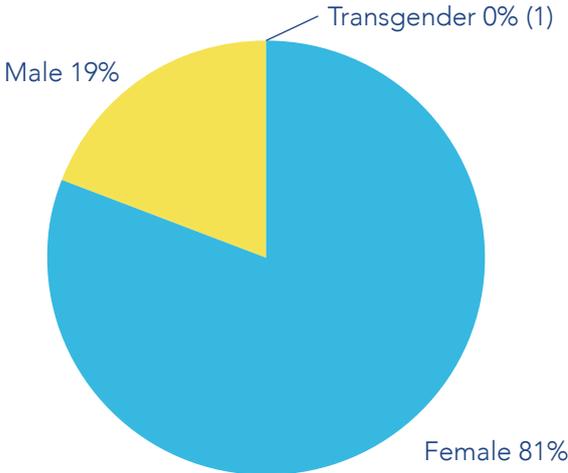


Figure 3. Age and gender of service users

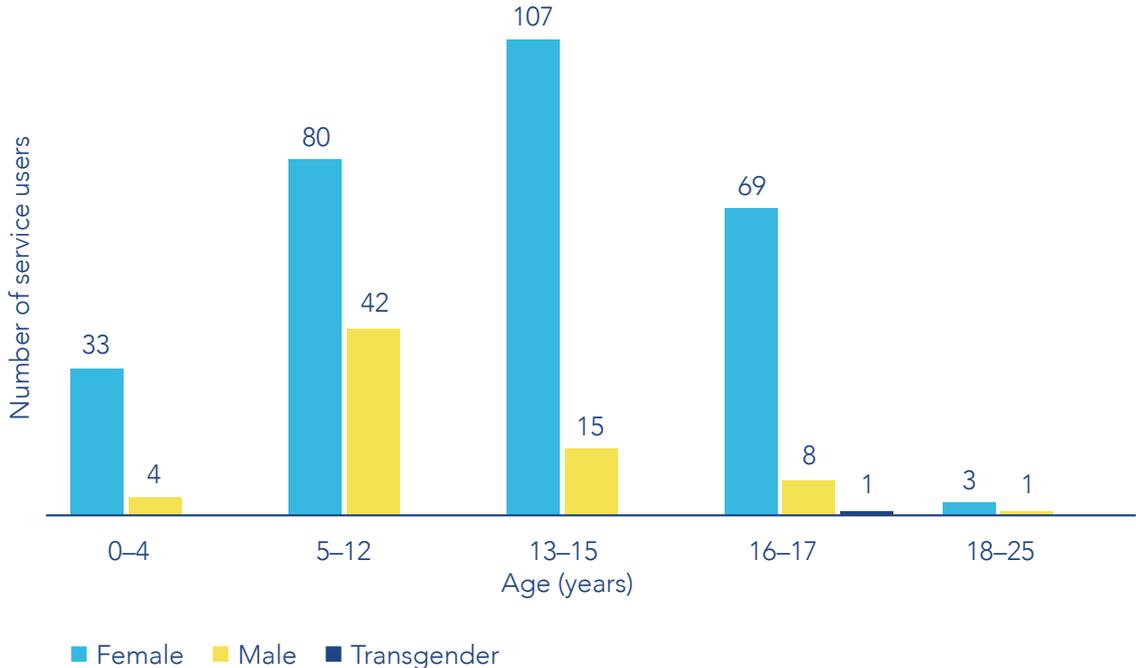
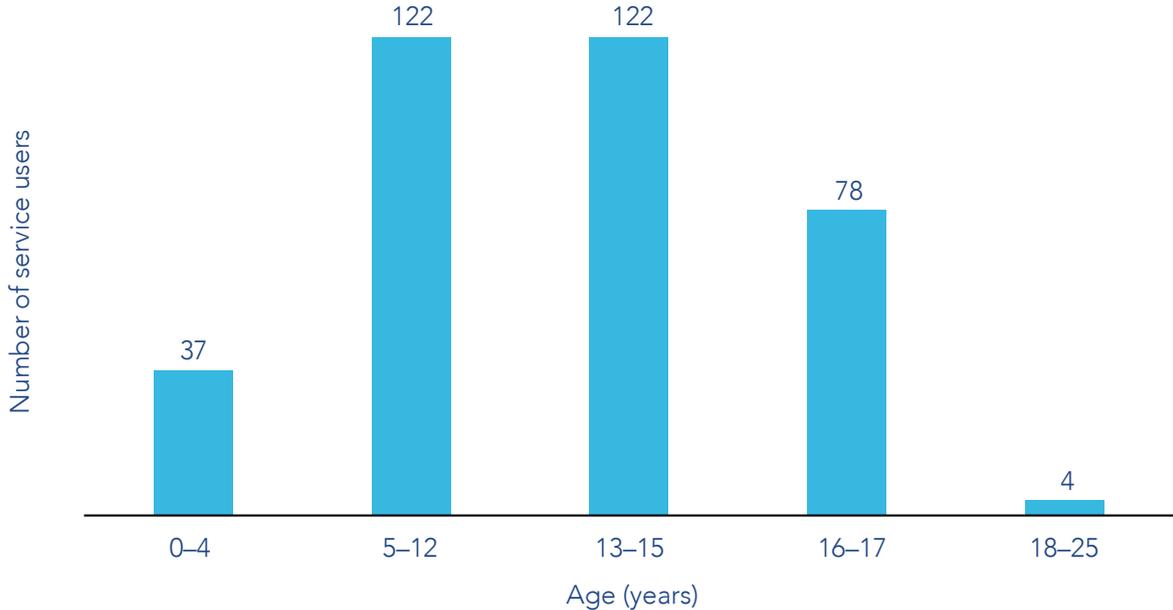


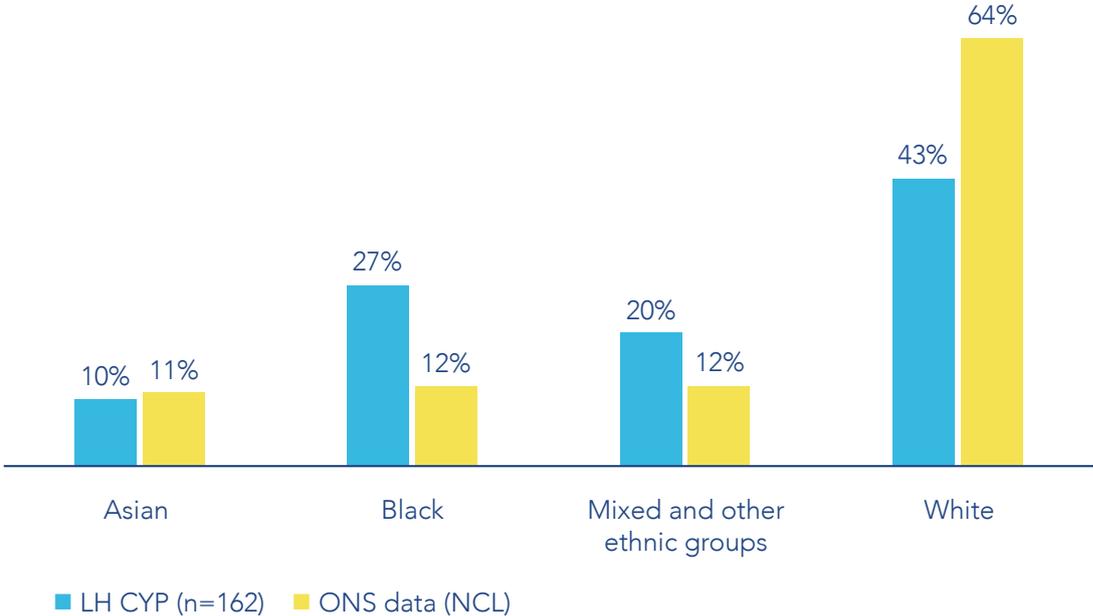
Figure 4 Total referrals – by age



5.2 Ethnicity

The ethnicity of the child or young person was available in 151 of the 363 referrals. Where ethnicity was available it can be seen that there is diversity in the children and young people referred with 43% reporting their ethnicity as white, 27% black, 20% mixed/other ethnicity and 10% asian. Compared with the local population in North Central London, the Lighthouse is referred a significantly higher percentage of black children and young people and slightly fewer white children and young people than in the local population of 0-18 year olds (Office National Statistics ONS data).

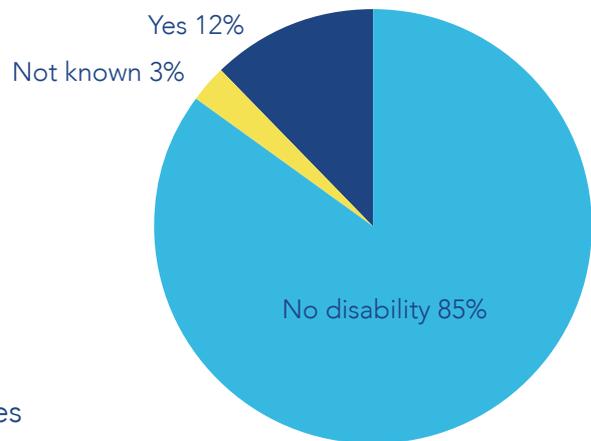
Figure 5 Lighthouse ethnicity compared with North Central London demographics



5.3 Disabilities

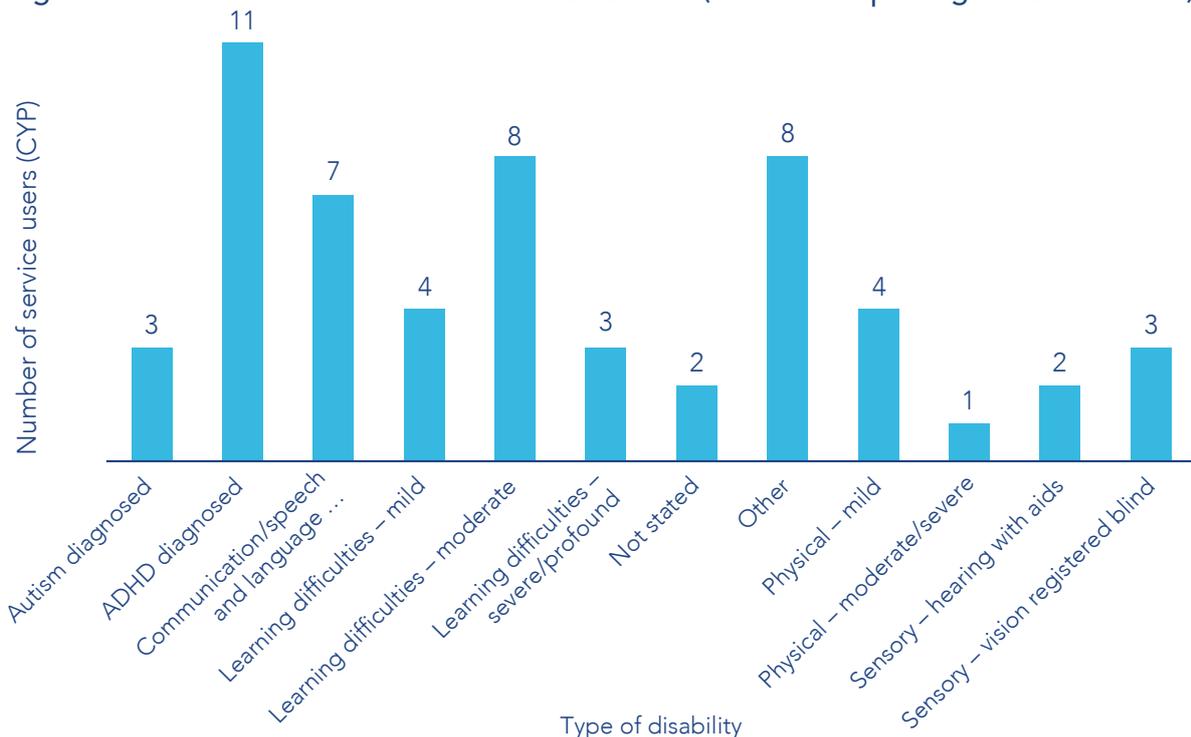
Of the 363 children and young people referred, a physical or learning disability was recorded in 46 (12%) of the children. 204 records had no value recorded for disability, and these have been counted as having 'No Disability'. This 12% is high in comparison with the percentage of school aged children with social, emotional and mental health needs (subject of EHCP), with a range 2.5-3% reported in the joint area needs assessments

Figure 6 Disability status (n=363)



45 children and young people reported one or more disability with a total of 56 disabilities reported. The most common being learning disability seen in 36 children and young people, with 10 reporting a physical disability and 10 other/not stated. There are a high number of children with ADHD, communication difficulties and moderate learning disability, which impacts not only on the support they need to engage in an Achieving Best Evidence (ABE) interview but also how the therapeutic support is provided. The Lighthouse team offer a joined up service with Respond, a national charity that enables people with learning disability who have experienced abuse to recover and become more resilient. In the last year we have offered 12 joint assessments with Respond, two young people have been referred by their local social care team for therapeutic support from Respond and one to access the COSA service (Circles of Support and Accountability).

Figure 7 Service users with one or more disabilities (CYP = 45 reporting disabilities = 56)



5.4 Vulnerabilities

Of the 214 children and young people seen for an initial assessment, a vulnerability was noted at initial assessment in 181 (85%) of the children. 32 records had no value recorded for vulnerability, and these have been counted as having 'No vulnerability'. However we are aware that further vulnerabilities may become apparent during ongoing work with children and families.

The 181 children and young people noted 448 counts of vulnerability, with many children and young people reporting two or more vulnerabilities at the time of assessment. The most common was anxiety and depression seen in 73 children and young people, with 51 reporting school education problems and 42 child sexual exploitation. Other common vulnerabilities were self-harm reported by 35 children and young people, 48 with a history of experiencing domestic violence and 29 at risk of suicide. This demonstrates in part why this highly vulnerable and complex cohort of children and young people supported at the Lighthouse need more intensive support that first anticipated in the commissioning phase of this pilot.

Figure 8 Vulnerabilities (n=214)

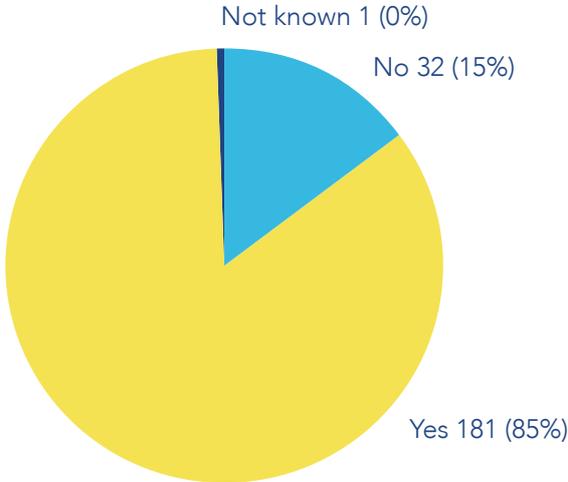
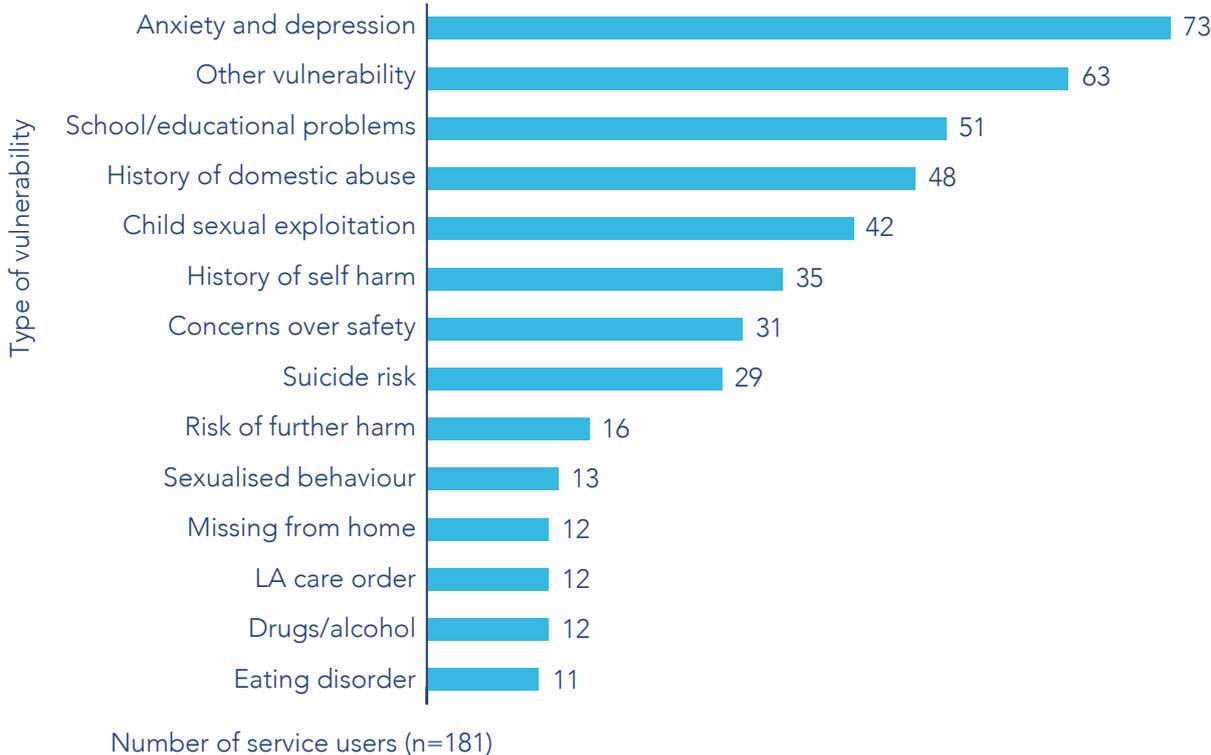


Figure 9 Vulnerabilities (n=448)

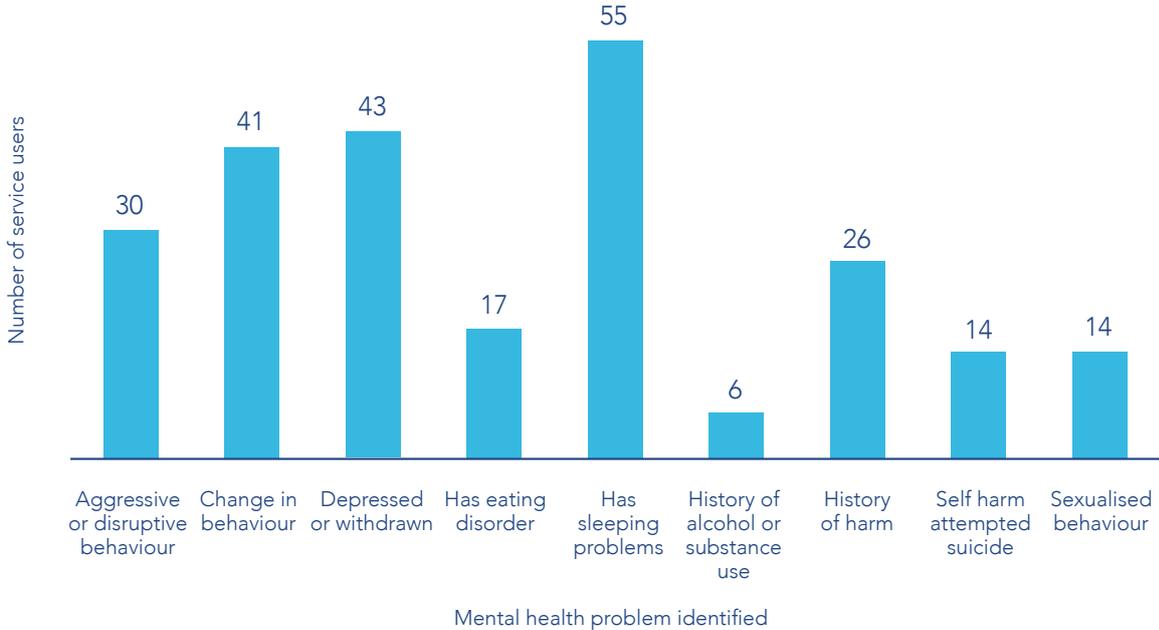


5.5 Mental health

113 (53%) of the 214 children and young people seen noted 246 counts of mental health conditions, with many children and young people reporting two or more mental health conditions at the time of assessment. The most common being sleep problems seen in 55 children and young people, with 43 reporting depression or feeling withdrawn and 41 parents reporting a change in their child’s behaviour. Other common mental health conditions were aggressive or disruptive behaviour reported in 30 children and young people and 26 with self-harm.

14 of the 214 children seen at the Lighthouse were displaying sexually harmful behaviours in addition to the abuse they themselves had experienced. The Lighthouse team have started to work with the NSPCC National Clinical Assessment and Treatment Service (NCATS) for children and young people who have abused other children, completing two joint assessments and referring on one child for longer term support by the NCATS team.

Figure 10 Mental health conditions (CYP=113 reporting MH conditions n=246)

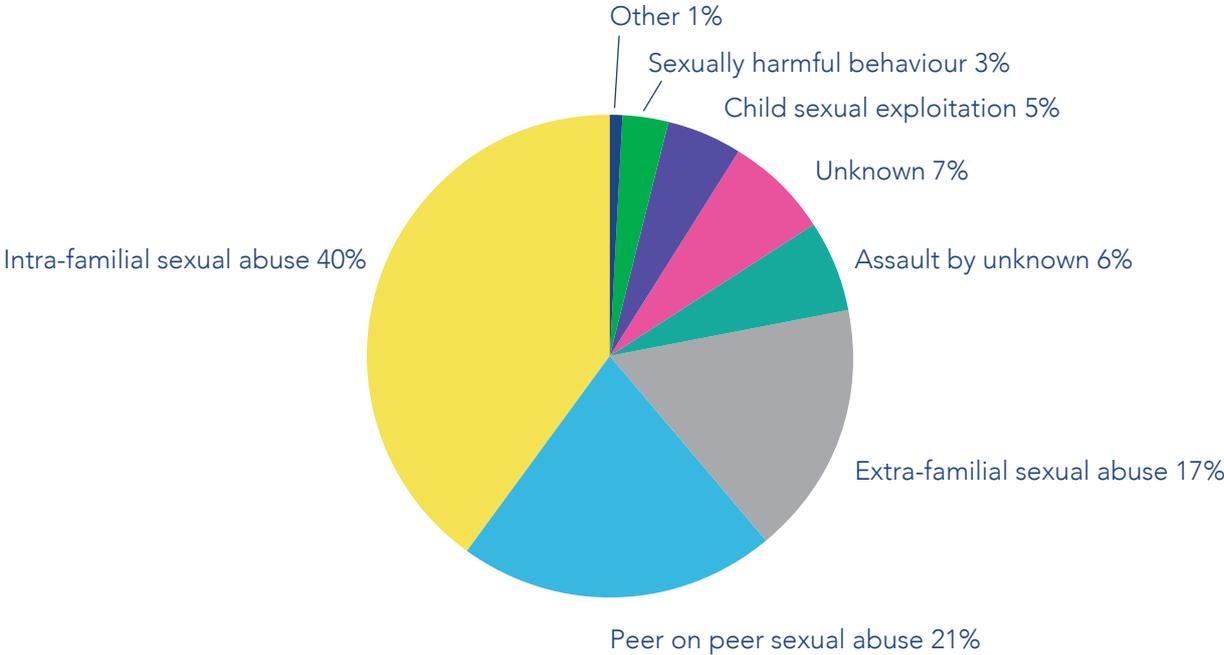


6 Type and nature of abuse

6.1 Type of abuse

More than a third of referrals to the Lighthouse are for intra-familial child sexual abuse (40%), with 21% peer on peer abuse and 17% extra-familial. Only a small percentage of the referrals are for child sexual exploitation (5%). For some children and young people more than one offence type is recorded, so for 363 referrals there were 389 recorded offences.

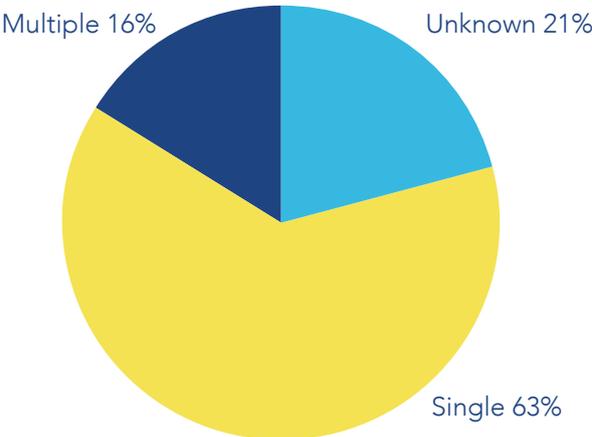
Figure 11 Offence types reported (n=389)



6.2 Alleged perpetrators of abuse

For the majority of children there is a single alleged perpetrator but for 1 in 5 children and young people referred to the Lighthouse there are multiple perpetrators. This can vary from a series of perpetrators over a long period of abuse to multiple perpetrators on one occasion.

Figure 12 Alleged perpetrator type



7 Referral pathway

7.1 Referral rate

Following an intense programme of training over 500 front line staff and team leaders in social care, education and the police, the Lighthouse received 363 referrals in the first year of opening. This is significantly higher than the 118 referrals received by the CSA hub in North Central London, which in turn was higher than the baseline level of 60-80 referrals a year before the CSA Transformation Programme commenced in London.

Compared with the number of police reports for sexual offences in under 18 years olds, it can be seen that the number of Lighthouse referral rate ranges from 34 to 73% of the total number of sexual offences reported to the police in the borough in the same period (Oct 2018 – Sept 2019). This means approximately 1 in 2 children and young people in NCL are now offered health and care support after reporting sexual offences, compared with 1 in 4 at the time of the London CSA pathway review in 2015.

Figure 13 Lighthouse referrals compared with victims reporting child sexual abuse to the police in North Central London

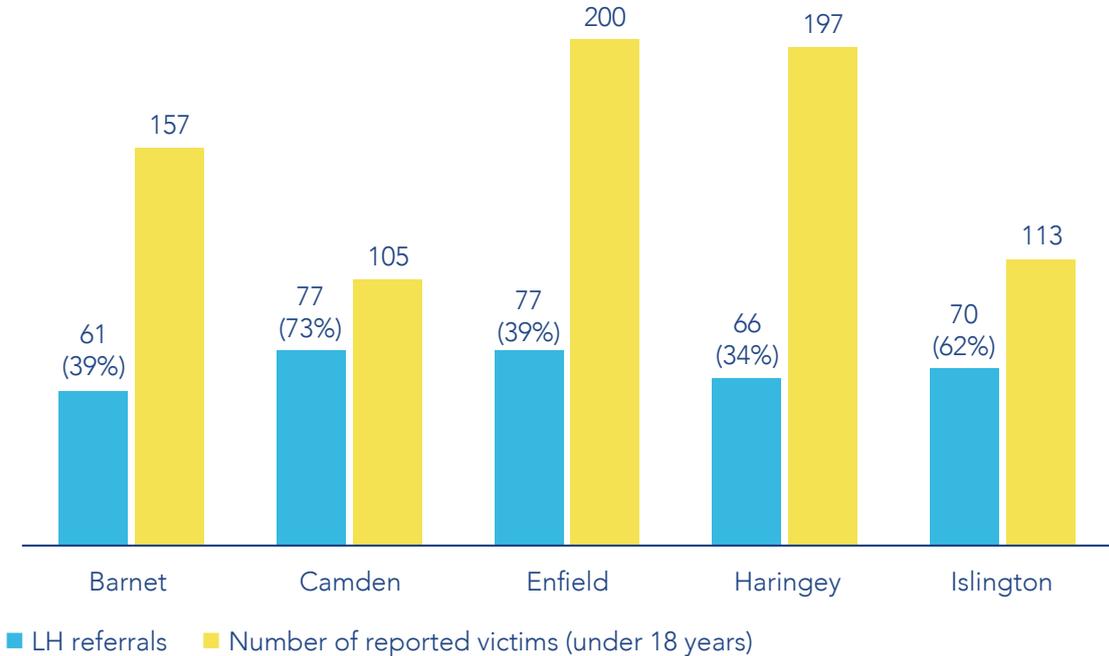


Table 1

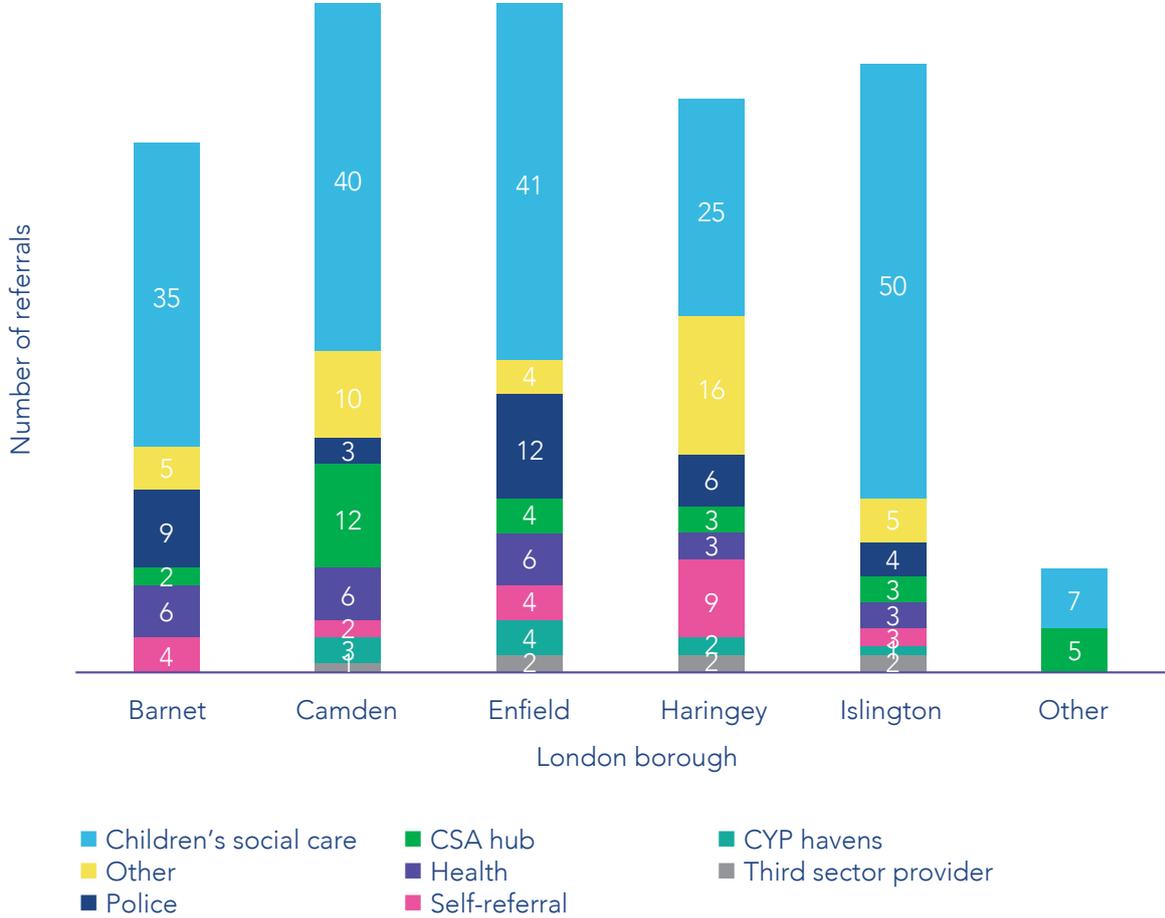
Borough	Barnet	Camden	Enfield	Haringey	Islington
CYP referred as a % of recorded sexual offences in the borough	39%	73%	39%	34%	62%

7.2 Referral source

The most common referral source to the Lighthouse are social care teams, with a smaller number from the police and other sources such as schools, GPs or sexual health clinics. In the first year there have been few self-referrals as the service has not yet proactively advertised the service to young people directly.

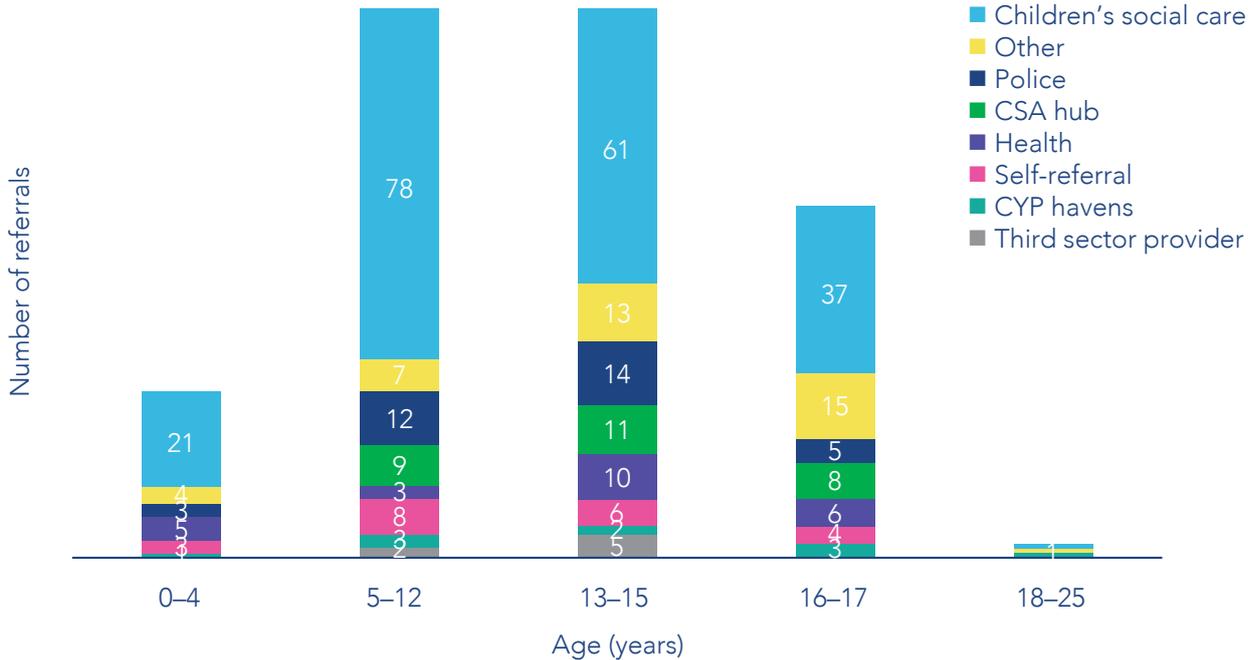
In the first quarter there were 29 transfers in from the existing CSA hub service at UCLH and St Ann’s Hospital. There have also been 10 transfers from the CYP Havens during the first year, for children and young people that reported abuse that occurred in the last week and were seen at the CYP havens for collection of DNA and forensic evidence.

Figure 14 Referral source – by borough (n=363)



The referral source varies with the age of the children, with children’s social care as the main referrer for younger aged children; but with young people there are an increasing number of referrals from police, schools and other health providers (CAMHS, sexual health or A&E).

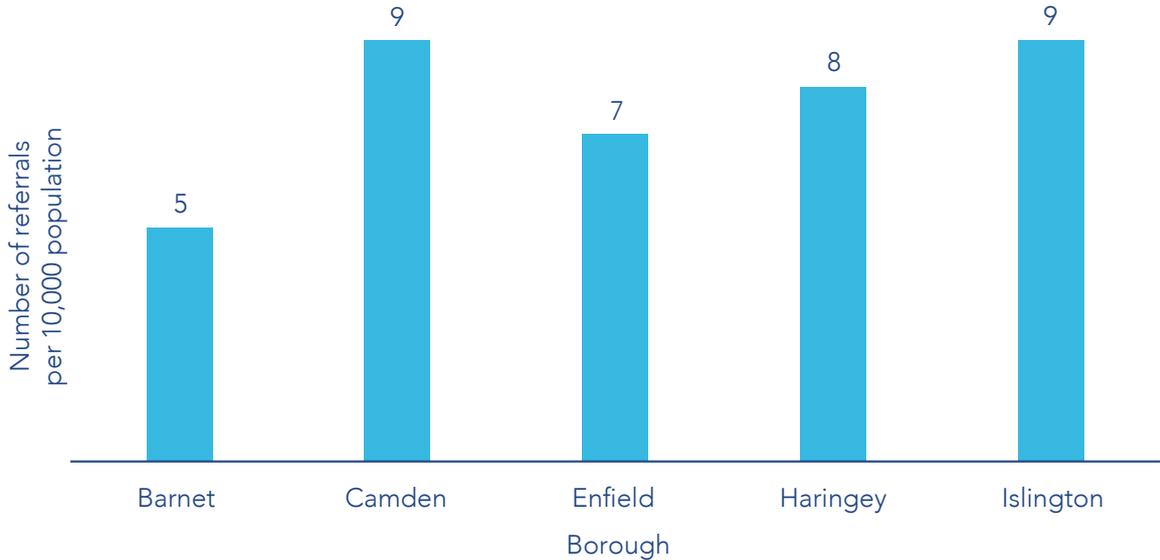
Figure 15 Referral source – by age (n=363)



7.3 Referral borough by 10,000 population

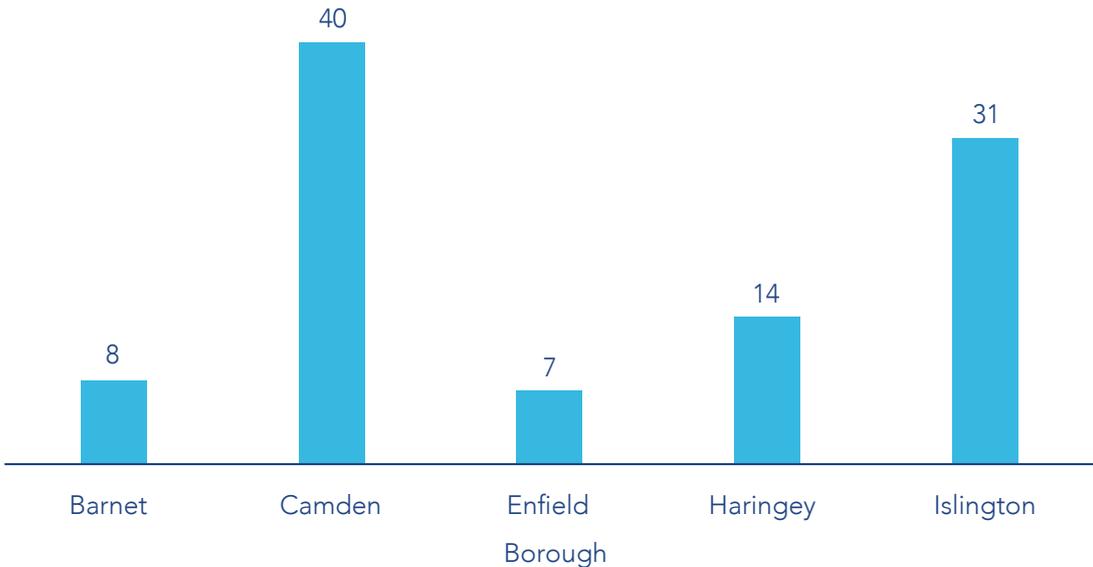
Throughout the year we have used the relative rate of referrals per 10,000 local population¹ to assess the referral rates per borough. This data has been presented to each children's social care team each quarter and has resulted in an increase in referral rates in boroughs where awareness of the pathway was not previously established, although referral rates are still lower in the outer North Central London boroughs.

Figure 16 Ratio of referrals per 10,000 borough population (0-25 year olds)



The Lighthouse team were invited to and attended 100 strategy meetings in the five London boroughs, as well as offering team updates on the Lighthouse service. The advocates and therapists offer sessions in the child or young person’s local area once they are referred if there are difficulties with travel distances or the ability to pay for the travel. This has helped increase referral numbers from the outer London boroughs, but the Lighthouse are still most commonly invited to join the strategy meetings by the inner London boroughs.

Figure 17 Strategy meetings attended since launch October 2018–September 2019



The other support offered to boroughs is a consultation service from the SCLO and other professionals in the Lighthouse to support and advise the local professional network, with 41 offered between April and Sept 2019. Again consultations are most commonly requested by the inner London boroughs. An allocated social worker said

“(the consultation) shaped the direction of the case. There is no evidence of sexual abuse having occurred but a feeling of anxiety and concern about the children’s vulnerability to sexual abuse. I think in another circumstance, this case could have been closed down due to lack of evidence, but working with the Lighthouse, I have been able to consider how to build safety for the children and minimise the possibility of future abuse”.

1 ONS Mid-year Population Estimates – revised current datasets and 2011 Census-based (Jun-2018). <https://data.london.gov.uk/dataset/ons-mid-year-population-estimates-custom-age-tables>

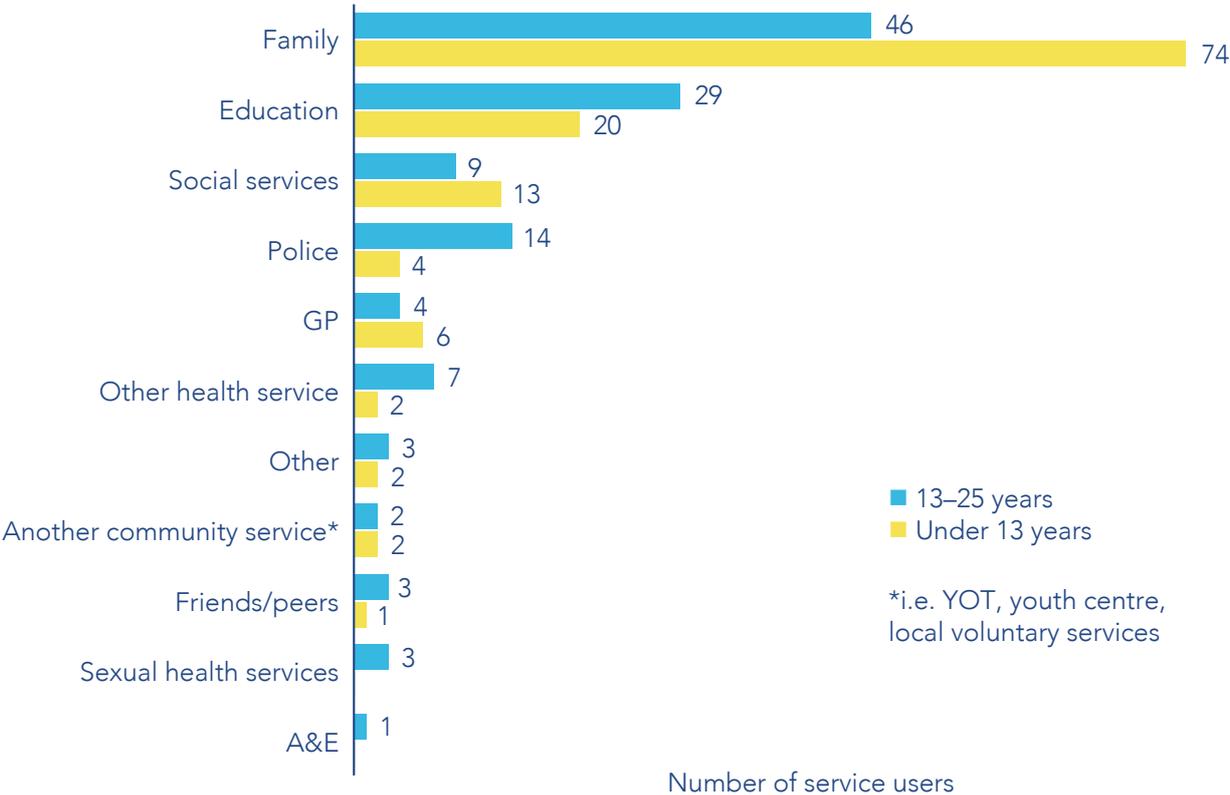
Figure 18 – Consultations by SCLO April – Sept 2019



7.4 Reporting child sexual abuse

Research from the Office of the Children’s Commissioner CSAFE report shows that only 1 in 8 children talk about child sexual abuse as a child, and that the most common person for a child to tell is their parent, someone at school or a friend. The children and young people attending the Lighthouse most commonly told a family member or someone at school.

Figure 19 Who did the child or young person first tell?



8 Services provided

8.1 Referrals that progress to an Initial Assessment

Not all of the children and young people referred to the Lighthouse progress to an Initial Assessment, with 214 out of the 363 (59%) being seen by the multi-agency Lighthouse team at assessment. In the first three months this was particularly low due to the 29 referrals in from CSA hub requiring ongoing support only and not another assessment.

There is no significant difference in progression to assessments with the age of the child or young person.

Figure 20 Referrals progressing to initial assessment

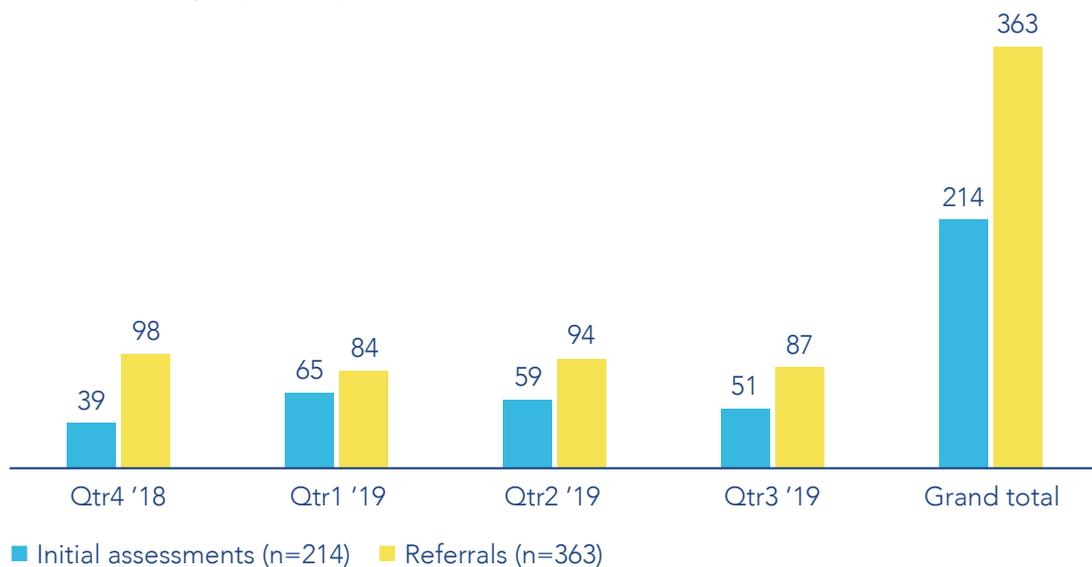
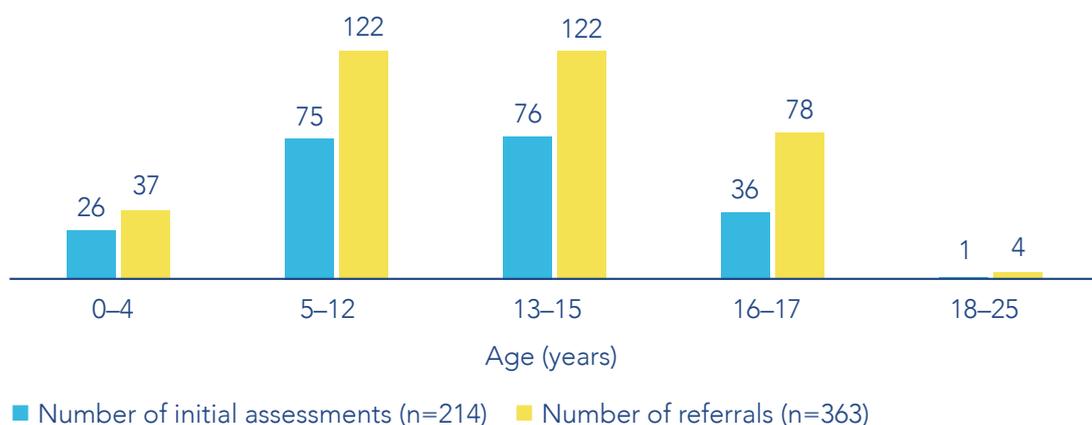


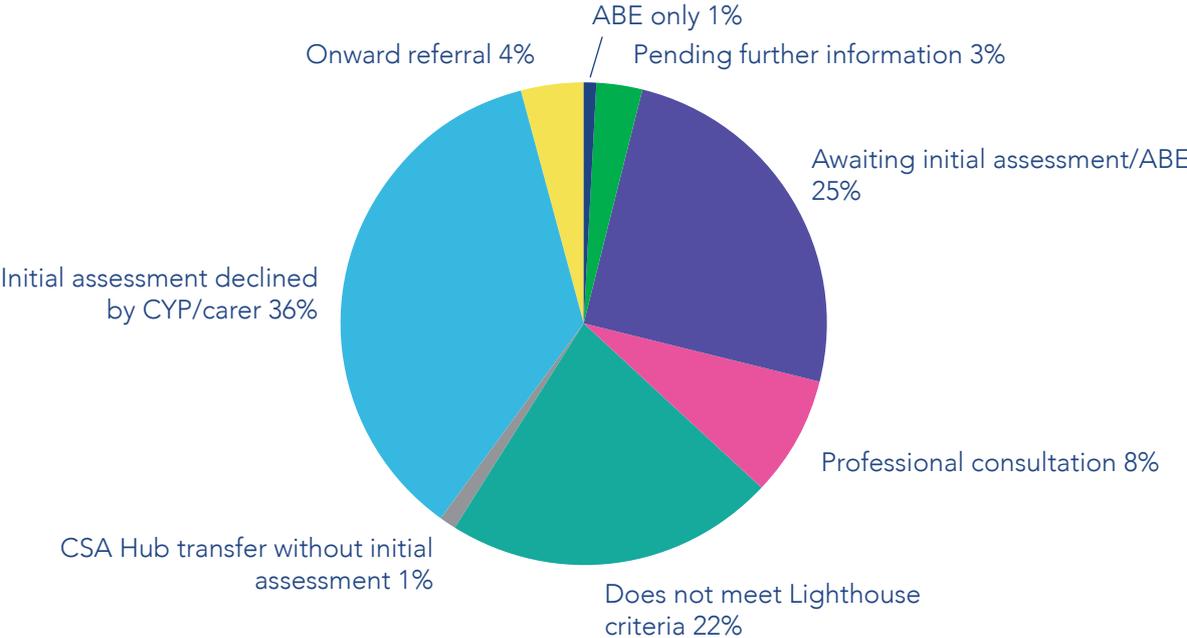
Figure 21 Referrals progressing to initial assessment – split by age



The main reasons for a child or young person that has been referred not attending an initial assessment are that for 36% of referrals the child, young person or family declined the initial assessment appointment at the point of offer or cancelled or did not attend on the day. The Lighthouse are encouraging referrers to ensure that they provide sufficient information about the service to the child/family at the point of referral so that they can seek informed consent. The team recommend the use of the Lighthouse service leaflets and texting the URL link for the Lighthouse film on YouTube to children and young people. <https://youtu.be/3i0Wu4feX7g>

8% of the time we offered a consultation with the local professional team and this was sufficient at that time to direct the case management and enable local workers to support the child and family. 22% of the children and young people referred did not meet our criteria either because they lived out of area, they were 18 years or older or they were better suited to another service such as NCATS, the NSPCC multi-disciplinary harmful sexual behaviour team. 25% of the children and young people that were referred in the period were awaiting their initial appointment, due to the lag between referral in and initial appointment date.

Figure 22 October 2018 to September 2019. Lighthouse referrals that did not lead to an initial assessment



8.2 Services accessed at the Lighthouse

Children and young people referred to the Lighthouse are offered an initial assessment with multi-agency team which can comprise a combination of a paediatrician, advocate and wellbeing practitioner, with the clinical nurse specialist and play specialist when needed. The wellbeing practitioner can be either a CAMHS practitioner or an NSPCC letting the future in (LTFI) practitioner.

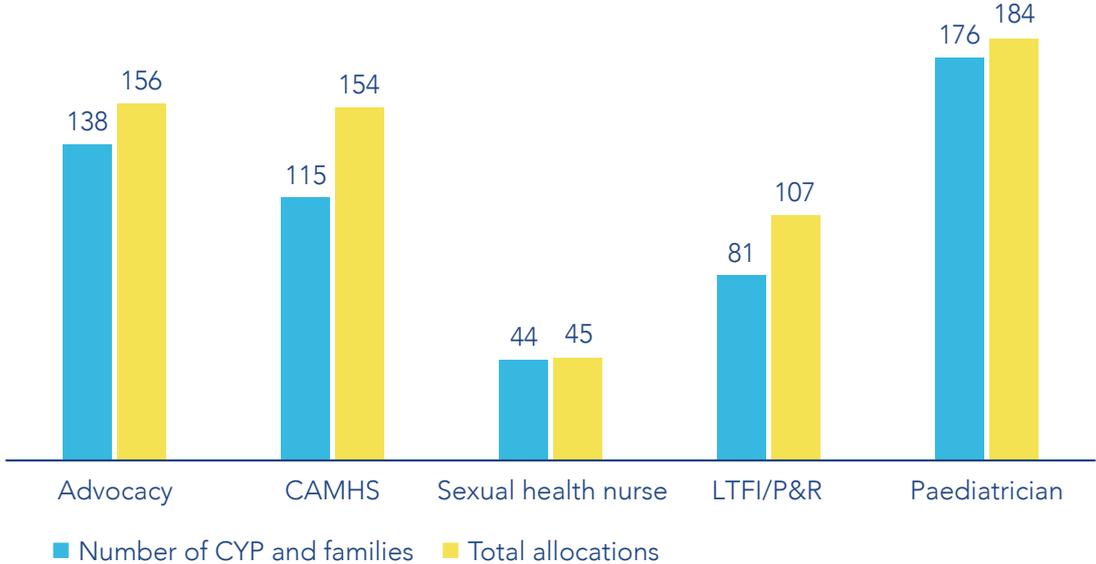
After the initial assessment, the child or young person is then allocated to a health and wellbeing practitioner for an assessment of their therapeutic need and to ensure that they are ready for a therapeutic intervention. This therapy can include one to one work for the child or young person, as well as support for their parent/carer/wider family (one to one work or the parent education course). For this reason most CYP and their families are allocated to services more than once, with one practitioner supporting the child and another supporting the parent.

Currently the Excelicare system does not allow a distinction between child and parent work when running reports, but this will be revised in year 2. Ten parents have attended the parent course this year and we know that anecdotally most parents take up some individual support work as part of the support for their child.

The number of services accessed should also be considered in the context of the number of 'whole time equivalent' (WTE) of each practitioner type and the average length of interventions.

- Advocate – 5WTE and often support can last throughout the case being open
- CAMHS – 3WTE and support for up to 12 sessions on average
- Clinical nurse specialist for sexual health – 1WTE and offer short courses of treatment (1-3) and one off sessions
- LTFI and P&R practitioners – 5WTE and offer six session assessment and up to 24 sessions support
- Paediatrician – 1.2 WTE and offer initial assessment and one to two follow ups

Figure 23 Services accessed by children and young people that attended for an Initial Assessment



Most children and young people are seen by a paediatrician at initial assessment (176 out of 214) and a quarter are supported by the clinical nurse specialist for sexual health, immunisations and contraception (44 out of 214). Sometimes the children see a paediatrician at assessment and then return some months later for further support – 184 allocations compared with 176 children and young people.

Many children that attended for an IA were allocated to advocacy services (138 out of 214) to ensure the voice of the child is heard and the child and family are supported throughout the investigation and recovery journey. This can include support with managing issues at school, with friends, within the family and preparation and support throughout the police investigation and court process.

Children and their wider family have their therapeutic need assessed over a few sessions after the initial assessment, and then will be referred to the service that best meets their needs and those of their parents/family. This means a child will be supported by one service (CAMHS, LTFI or P&R) and their parent(s) or sibling(s) being supported by other practitioners, resulting in one child and family being allocated to multiple health and wellbeing practitioners. In the last year 196 children and young people that attended for an IA went on to access 261 allocations of therapeutic support. This level of support and therapeutic work is much more intensive than first anticipated, and requires multiple practitioners to allow for separation between streams of support. The case study shows an example of which practitioners may be involved supporting a child and their family.

The assumptions that were used in the original capacity mapping at the tender stage are not being reflected in the service uptake. The first year of data is suggesting that fewer children and young people than first anticipated are accessing advocacy and LTFI or P&R. However many more children and young people than predicted are accessing CAMHS support. This has put significant pressure on the 3WTE CAMHS resource as compared to the 5WTE LTFI/P&R resource.

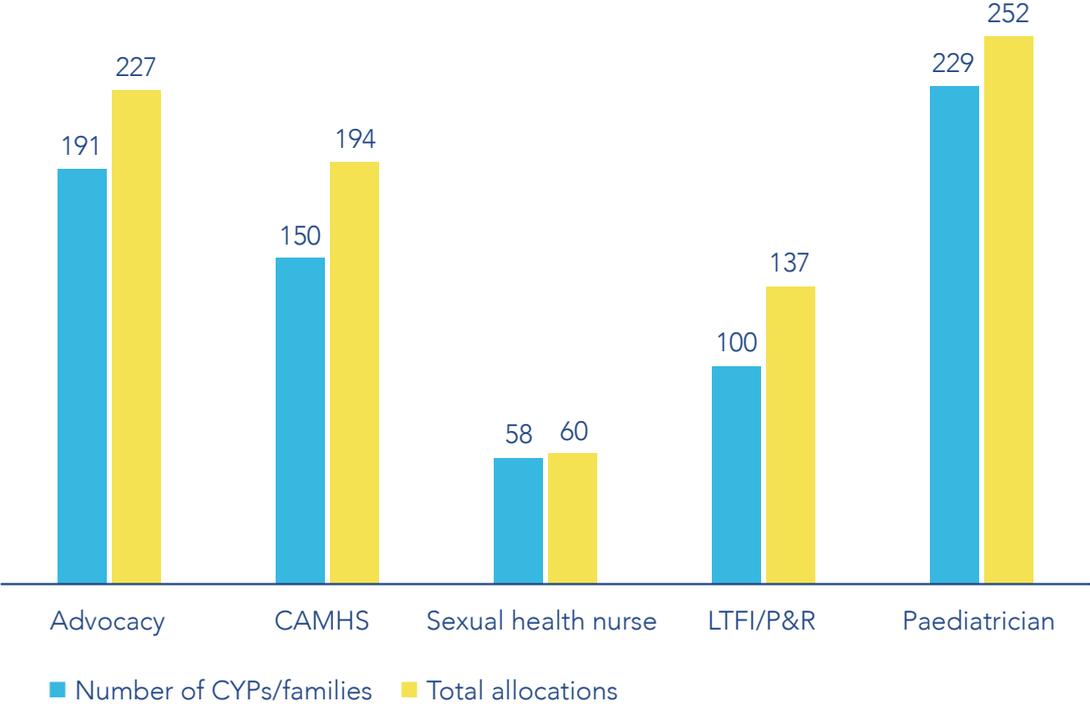
Table 2

	Referrals	Paediatrician	Advocate	CAMHS	LTFI or P&R
Predicted access to service	476	100%	80%	30%	50%
Actual access to service for those attending for an IA	363 referred 214 Initial Assessment (IA)	82%	64%	54%	38%

The total number of children attending the Lighthouse was greater than those that attended for an IA. The Excelicare data shows that some children and young people did not attend an IA but still accessed Lighthouse services. There could be a number of reasons for this:

- consultation only, offered by one or more Lighthouse practitioners
- advocacy or therapy support only for a CSA hub transfer that did not require another initial assessment
- a medical follow up only for a CSA hub transfer
- a data recording error

Figure 24 Number of services accessed by children and young people and families



8.3 Referral to additional NSPCC services funded by Morgan Stanley

When the Lighthouse team reaches capacity we have been able to refer children, siblings and their families to the NSPCC services for Letting the Future In and Protect and Respect. This has been made possible by short term funding from the NSPCC supported by Morgan Stanley. This additional capacity has been invaluable and the service has accepted a total of 34 transfer cases. The LTFI practitioners have worked with 11 parents and 5 siblings, offered one professional consultation and six children have progressed to full LTFI interventions. One referral for LTFI did not progress to therapeutic work due to safety issues within the home environment. The P&R team have delivered a service to 11 people including 4 parents, 2 siblings, one professional consultation and full interventions to 4 young people.

8.4 ABE

In the first year the Lighthouse has hosted 55 police or social work led ABEs and nine clinical psychology led ABEs. The clinical psychologists have now completed their six to nine month training phase and have been quality assured to lead ABEs. The Lighthouse has been commissioned to deliver 33 ABEs for the year ahead.

The feedback from professionals and children and young people has been incredibly positive as seen in Section 4.

9 Visits and learning through the year

The Lighthouse has maintained an outward focus throughout the year to share learning with partners across the UK and internationally, but also to continually challenge practice and learn during the pilot phase. Hosting the visits helps ensure the Lighthouse team is constantly reflecting and learning. The Lighthouse opened for service users on 23rd October 2018 and the service was officially opened by the Mayor of London, Sadiq Khan, on 5th December 2018

The Lighthouse has been briefing partners:

- Over 500 front line staff in social care, police, CPS and health
 - Social Workers across MASH, Assessment, Safeguarding, Care, CWDT, Youth Offending Teams as well as Early Help. As well as Designated Safeguarding Leads in Education, SENCOs and CP/IROs across the 5 boroughs.
 - Police in the new Borough Command Unit (BCU) safeguarding hubs
 - CPS RASSO teams in north and south London
 - Focused presentations to increase referrals for older young people and those with learning disabilities through specialist social care teams and in colleges
 - Local paediatricians
- Multi-agency CSE Awareness days and presentations to local safeguarding boards
- Camden Safeguarding Children's Board Child Sexual Abuse Conference in September 2019
- Presented at Royal College of Physicians and Child Health
- Presented at International Investigative Interviewing Research Group

The Lighthouse has hosted learning visits and two open days for:

- May 2019 Open Day – partners from Scotland, Cornwall, Devon, Wales, Bristol, Brighton who are interested in establishing a similar service; as well as local partners.
- September 2019 Open day – partners from Department of Health, Department for Education, Home office, Local commissioners and SARC's in England
- July 2019 – visit from HH Judge Macur, Senior Presiding Judge for England and Wales as well as Judges from Wood Green and Harrow Crown Court; and HMCTS and MOJ Section 28 programme leads
- May 2019 – Yvette Stanley, National Director of Social Care, Ofsted
- September 2019 – Anne Longfield, Children's Commissioner for England
- September 2019 – Cressida Dick, Met Police Commissioner and Assistant Commissioner
- October 2019 – Sue Williams, Met Commander for Child Abuse

10 Raising awareness about the Lighthouse

The Lighthouse team has also maintained an outward focus in relation to media and communications. The team have responded to requests from the BBC, The Guardian, CYP Now professional journal and the NSPCC continue to raise the profile of the important work of the Lighthouse.

Links to some examples are below:

- https://www.theguardian.com/society/2019/jul/17/lighthouse-uk-first-safe-house-for-child-sex-abuse-victims?CMP=Share_iOSApp_Other
- <http://www.nationalhealthexecutive.com/Robot-News/nspcc-working-together-to-improve-the-support-available-for-children-who-have-been-sexually-abused>



Photograph: Sarah Lee/Guardian

This first year has also seen the Lighthouse nominated as finalist in a number of prestigious awards:

- Health Service Journal Awards
- MJ Local Government awards: Innovation in Children's Social Care
- CYP Now awards

and as winner of the Guardian Public Service Award for Transformation

<https://www.theguardian.com/society/2019/nov/27/guardian-public-service-awards-transformation-winner>

and be highlighted as best practice in the Home Office Commissioning Framework.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/814989/6.5206_HO_Commissioning-Framework_A4_Web.pdf

11 Key learning from the first year

In a new service of this complexity comprising eight agencies and children referred in very complex situations, it is essential to celebrate all that has been achieved in the first year. Successes include opening the service six months after winning the contract, with a working electronic patient record (Excelicare), IG agreements reached, fully staffed with a happy team, information sharing for evaluation agreed, threefold increase in referral rate, children and families feeling supported and listened to and the right mix of partners delivering the Lighthouse service. This section will describe some of the learning from the implementation and delivery phase in year one.



11.1 Referrals

Referrals have increased threefold compared with the number referred to the CSA hubs (363 vs 118). This is due to significant investment in communication with stakeholders and training as described above. There has been a particular increase in the outer London boroughs and a good number of children and young people referred with disabilities, but no young adults 18-25 years with a learning disability.

The service has learnt not to immediately offer an Initial Assessment, but sometimes to start with the offer of consultation with the professional network or asking the allocated social worker to undertake some direct work first. Sometimes there has not been a safety plan in the home or families not having understood the service or why they have been referred, so increasingly the Lighthouse social care liaison officers are working with local social workers pre-allocation meeting to gather this information. The Initial Assessment can be much more productive and a better experience for the child if we have all the information that we need at the outset.

There have been few self-referrals but that has been partly by design and lack of public awareness raising, to give the service time to establish core pathways. Now the ways of working in the team are established, the Lighthouse will promote the service for self-referrals in year two.

11.2 Partnership working

Partnership working has developed at all levels over the last year. After initial difficulties with lack of understanding of each agency's culture, language and priorities; the senior leadership team implemented a number of changes including:

- respect and challenge in the daily allocation meetings
- weekly senior leadership team meeting
- monthly whole team meetings to discuss live issues and monthly team brief to enhance communication
- senior leads from partner agencies meeting for regular open and honest conversations to understand each other's organisations and view points

The partnership agreement was developed and signed up to by all parties in the first few months of go-live. This is not a legally binding document but an agreed way of working. On top of this there are formal sub-contacting relationships between University College London Hospitals NHS Foundation Trust (UCLH) as lead provider and the sub-contracted partners: Tavistock & Portman NHS Trust, NSPCC, Solace Women's Aid, Brandon Centre and Respond. However there is no formal contractual relationship between UCLH and the local authority and Met Police. This has not caused any difficulties to date, but formalising this relationship is recommended for the future.

11.3 Electronic patient records and reporting:

The electronic patient record (Excelicare) was not functioning optimally when the service opened, after just a brief six month development phase. The service feels it would have been better to allow at least a year for development and six months for training and testing the system. In the first six months this created concern and frustration for staff when Excelicare did not work as anticipated or when information sharing access rights meant they could not view other teams' notes in Excelicare.

Some changes that have been implemented include updating user rights access to enable teams to see each other's records, with just a few remaining areas locked down to one team only e.g. police and medical examination; and fixing a number of system issues that impacted on patient safety including risk alerts and user view of open cases. Learning from case reviews has identified that an automated case chronology from Excelicare is required, with the ability to extract this into a usable report and case management functionality.

The service is working on phase two of the development of Excelicare to refine the user interface and data capture for evaluation. The current system developed has attempted to be a clinical note keeping tool and a data capture tool for research and evaluation, which has limited its effectiveness to do either. Phase two of the development will need to improve user interface, offer case management, improve data collection and include two major functions that are outstanding in the current Excelicare system; an appointment system with the ability to coordinate multi-practitioner appointments for one child and a suite of reports to meet the needs of the service operationally and the commissioners.

11.4 "Lighthouse way" versus organisational way

During the first year there have been differences in ways of working in the Lighthouse and how staff's employing organisation usually works, which has been difficult for some staff. The service developed clarity about line management and professional management with clear structure diagrams.

Over 60 guidelines that describe the "Lighthouse way" were developed as well as a bespoke induction programme that included a session with all agencies and a staff handbook. The first six months of the Lighthouse being open enabled those guidelines to be tested out in real situations, such as the rapid transfer of suicidal young people, and provide opportunity for revision and reflection. For some staff the opportunity to be part of a developing service felt collaborative, whilst others reported that they would have felt more comfortable coming into an established service. This is important learning for recruitment for other providers embarking on a similar scale and complexity of multi-agency service.

11.5 Roles

It has been identified that it is essential that all staff are aware of each other's roles and so role outlines were developed early on in the first year and included as part of induction. Each staff group offers a session at induction to explain their role, and during the year further in depth sessions in police investigation, disclosure and note keeping have been provided; with a further session in social care safeguarding processes to be delivered soon. The role outlines assist with day to day allocation of work and provide clarity to a newly formed multi-agency team.

New roles have been shaped and existing roles clarified during the year including:

- Primary case worker
- Social care liaison officer
- Police liaison officer
- Advocate
- Clinical nurse specialist sexual health

See Appendix 2– for further details

Primary case worker

This role has been developed over year one. As well as being the main point of contact for the child, young person and family; the role also includes overall accountability for the case, liaison with other professionals within the Lighthouse to ensure case coordination and calling a case discussion if anyone is worried/concerned about the child/young person.

Social care liaison officer

The SCLOs have a key role in providing expert advice and support in safeguarding to Lighthouse staff and local social care teams. They have extended this role during the pilot to include extensive training of professionals and schools, as well as consultation for social workers and other referrers prior to the Lighthouse accepting the referral. Their role is essential in the referral in, triage and case management process of all referrals to the Lighthouse. They prepare all referrals for discussion at the daily allocation meeting, gathering key information and following up to enable good decision making. This can sometimes mean deferring a referral until the child and family are ready. They can also escalate issues in safeguarding practice and pathway processes within and outside of the Lighthouse.

Police liaison officer

The PLOs have not only provided valuable advice and guidance in policing, but have extended their role to influence and develop policy, provide enhanced training and contribute to the Lighthouse as a centre of expertise nationally and internationally. They identify, triage and progress all ABEs requested, as well as gathering key information on new referrals for the allocation meeting process. They support staff and service users to demystify policing and the criminal justice process. Their influence has impacted on quality and timeliness of notes disclosure for police investigation and court hearings.

Advocate

This post was shaped by the independent Sexual Violence Advocate (ISVA) roles common in SARCs and Rape Crisis, but goes further to support and advocate for children or young people throughout the length of their time with the Lighthouse or for as long as they need advocacy. They ensure the voice of the child is heard by professionals within and outside of the Lighthouse. They can be involved at any stage of the pathway including: a show around prior to first appointment, work with the young person outside of the Lighthouse before attending, support on the day of their ABE, at the initial assessment, advocating with school, social care and the police; and finally a key role in support throughout the police investigation, court preparation and support during the trial.

Clinical nurse specialist sexual health

This post has developed the sexual health service including blood borne virus testing, STI screens, Hep B immunisations, catch up immunisation programme for young people and a contraception service



11.6 Service uptake

The complexity of children and families referred to the Lighthouse and the amount of significant vulnerabilities has been greater than anticipated. This has resulted in an increased demand for CAMHS services (55% of children) and fewer children meeting the criteria for Letting the Future In (36%). This put pressure on the CAMHS service, particularly once they started to offer three psychology led ABEs per month once training was completed.

Additionally most children and families access multiple parts of the Lighthouse therapeutic services including individual support for the child/young person, individual support for one or both parents/carers, parent psycho-education course and even sometimes sibling work. The Lighthouse has increased the CAMHS capacity for year two, in part by reducing play specialist capacity, and will continue to monitor and adjust the skill mix as needed.

As the open caseload neared 200, to keep oversight of this complex caseload the Lighthouse introduced a weekly case review. All open cases are reviewed by the multi-disciplinary team every eight weeks and in addition primary case workers are encouraged to call team around the child meetings within the Lighthouse team as needed.

Fewer children and families requested appointments during the 'extended opening hours' than anticipated, with less than five appointments per month on a Saturday and none after 7pm. However the after school/early evening appointments were popular, with the latest appointment 6-7pm. After a three month trial the weekend opening was stopped to maximise weekday capacity and the service continues to ask children and parents for their views in the feedback forms.

11.7 Staff wellbeing

The impact of the work on the staff working at the Lighthouse has been greater than first anticipated. In addition to the usual 1 to 1 supervision, the Lighthouse have also established group supervision fortnightly for the whole multi-disciplinary team, reflective practice sessions and weekly case review. There is also specific group supervision for the admin team, noting the impact of the role on their wellbeing. There is also a broader focus on wellbeing including: a social committee that coordinate staff events; employee of the month; and Wednesday afternoons set aside as non-clinical time for whole team training, team meeting or supervision.

The Lighthouse has run two team away days in the first year focusing on improvement ideas (December 2018) and getting to know each other better (July 2019). The next team away day in December 2019 will focus on relationships, organisational culture and working across agencies.

12 Next steps for the Lighthouse

- Continue to raise awareness to increase referral for those reporting to the police and young adults with learning disability
- Publicise the self-referral service
- Monitor and review capacity and skill mix needed
- Develop reporting tools and an appointment system
- Continue to host local, national and international visits
- Contribute to research, learning and evaluation of the service
- Develop, value and support the highly skilled multi-agency team working in this complex and highly traumatising field of work



Appendix 1: Case study – A Lighthouse journey for Teah aged 11 years

**this is a composite case study of more than one child and names have been changed*

Teah is an 11 year old girl, eldest of three siblings. Her family have been supported previously by Children’s social care when there were concerns regarding DV, emotional abuse and neglect. There has been no involvement for the last 18 months.

- School reported a change in presentation since the beginning of the year with Teah presenting as more anxious and withdrawn and isolated from peers.
- This week after a ‘stay safe’ workshop in school Teah disclosed to her class teacher that she has problems sleeping and is waking up at night.
- Teah discloses being woken by her step-father who ‘did things to her’. She became very upset during the discussion and the teacher became anxious about exploring this with her.

The school make an immediate referral to Children’s social care.

- The Lighthouse Social care liaison officer joins the strategy meeting to discuss next steps with local social care and police
- Police liaison officer provides information which revealed family history of domestic violence.
- Allocated social worker and officer in the case (OIC – local police officer investigating the allegation) to visit the school before end of school day to speak to Teah.

Initial investigation visit with OIC and ASW to school.

- Teah minimally disclosed that her step-father gets into her bed at night and makes her touch him and he touches her. She was very anxious about her mother finding out and what would happen to her stepfather.
- The last reported incident 3 weeks ago.

ABE at the Lighthouse

- Psychologist-led ABE at the lighthouse is requested
- Teah and her mother supported on the day by Lighthouse Advocate
- Child discloses ongoing episodes of digital penetration and being forced to touch her step-father, weekly for a period of three months.
- Her 8 year old sister Kiely is in the room when the abuse happens.

Initial health and wellbeing assessment

- Teah attended for Initial health and wellbeing assessment including medical.
- Before Teah arrived, the team planned the assessment and who will be involved. The team consisted of the Advocate who was present for the ABE, Play specialist, Consultant Paediatrician, Clinical Nurse specialist for sexual health and Clinical Psychologist. The team agreed to meet with the social worker for half an hour first to agree with the advocate who has already met family who would be the best people to be part of the assessment.
- The team then met with mum and Teah initially together, before separating off. Teah with play specialist in prep for the health review, and Clinical Psychologist with mum and doctor initially. (IA lasted full morning).
- Mother disclosed she is feeling very distressed and 'triggered' by her previously undisclosed own experience of childhood child sexual abuse and current chronic depression and anxiety which has been further exacerbated by the disclosure.
- We discussed what mum might benefit from and also gave some psycho educational materials about disclosure, how to support your child and possible emotional impact on parents. We then discussed mum's own needs as an adult separate from her daughter and offered to refer her to Rape Crisis friends and family service or an adult based trauma service
- Mum explained that Teah has been suffering with anxiety and low mood more recently, picking at scabs on her arm.
- Assessment of Teah was undertaken using a tool called 'bag of feelings' – she talked about home, school, hopes and lessons. She described her sleeplessness, social isolation, and ongoing worries and 'tummy aches' at school and home.
- Our screen for anxiety and low mood (RCAD parent and child measures) indicated clinical levels of anxiety and low mood, but not significant mental health risk to Teah.
- The IA team came together at the end of the morning with mum and Teah and SW to clarify our understanding, agree what to write to family and next steps.

Ongoing support:

- We all agreed (including Teah) that she may benefit from the Letting the Future In service – and Teah started the assessment of therapeutic need
- Mum said she felt that she would like some more ongoing work with her to understand and support Teah. Mum attended the Lighthouse psychoeducational course for parents 'circle of hope' run by advocacy and CAMHS jointly.
- Ongoing work with siblings including CAMHS support for local social worker to enable her to engage in direct work with siblings
- Advocacy continues to engage with school and social worker and officer throughout the investigative process
- Adult based trauma service were able to start work with mum six months after this referral and this is ongoing.

Impact on the child's journey:

- Impacts on Teah
 - She felt listened to
 - She was supported by the advocate for her ABE interview and the interview took place in the child friendly environment of the Lighthouse
 - She had choices in the initial assessment and the plan was agreed with her
 - Teah's mood score improved
 - Teah felt able to stay engaged in the criminal justice process even though it took a long time as the advocate was there to answer all her questions
- Impact on mum
 - Teah's mum met other parents in the education group and was supported to know how best to help Teah cope after her disclosure
 - Teah's mum started to be supported for her own CSA that she had not previously talked about as a child – this helped her with her own depression and made it easier for her to support Teah
- Impacts on wider system, for example:
 - Police really valued the difference made by the ABE suite at Lighthouse, the clinical psychologists approach, the resources available, the support of the advocate and the welcoming environment such as snacks and activities in the breaks.
 - The advocate ran a whole school session for the teachers on spotting the signs of CSA and supporting children after disclosing CSA



Appendix 2: Role outlines

Primary Case Holder Role

- Overall accountability for the child or young person
- Main point of contact for the child, young person and family
- Liaison with other professionals within the Lighthouse that have been allocated the child/young person to ensure case coordination and the child/young person is seen regularly
- Identify a representative from the Lighthouse to attend the strategy meetings or case conferences for the child/young person – this is likely to be themselves as Primary Case Holder, unless another allocated team member is more appropriate
- Arrange case discussion with the rest of the Lighthouse allocated team if anyone is worried/concerned about the child/young person
- Maintain accountability for the child/young person until they handover Primary Case Holder role to another practitioner or close the case (and send closure letter) – after a verbal discussion with the receiving practitioner they should update Excelicare allocation record. The decision to remain Primary Case Holder should be reviewed at supervision regularly.
- Ensure that there are updated risk assessments and care plans
- Check that 'Patient Details' on file are up to date and accurate e.g. address, school, contact details
- Ensure that they or another allocated team member completes the consent forms with the child/young person and that it is documented on Excelicare
- Respond to requests from OIC or Court to review or receive copies of notes; with support from PLO and clinical leads and in line with guidelines

Social Care Liaison Officer (SCLO) Role

- Triage for all referrals into the Lighthouse, carrying out initial risk assessment. Gathering and collating information such as strategy minutes/Haven medical reports/child and family assessments and presenting at allocations meetings, fast tracking urgent referrals and identifying referrals to be progressed to the Havens or community Paediatricians.
- Ensure that Child Protection pathways are clear and running smoothly between the Lighthouse and the 5 local boroughs, making recommendations, advocating and assisting with the implementation of system-wide changes as required and in order to support a process of continuous improvement
- Ensure appropriate systems are in place to refer cases to Local Authorities/social care teams when required
- Provide expert advice to individual social workers on the role of the Lighthouse, including those vulnerable 18-25 year olds with additional needs

- Liaise with local social care teams and provide expertise and challenge decisions and provide alternative solutions throughout and assist with complex decision making
- Act as lead/expert adviser for child protection work in family services, social work and contribute to the development and adherence to the highest quality child protection practices.
- Take the lead in developing and conducting training and briefing on the Lighthouse model to social care teams, MASH, public health and education across the five North Central London (NCL) boroughs. To create a network of expertise across the 5 local authorities
- To act as a local consultant on child protection work for medical, sexual health, mental health and advocacy staff working at the Lighthouse, to provide guidance, support and direction as necessary, ensuring that standards and skills are maintained and developed

Police Liaison Officer (PLO) Role

The PLO's role is to bring expertise in child abuse investigation and the criminal justice pathway to the Lighthouse. The PLO is not a case holder and not responsible for individual investigations.

The PLO role needs to be a Detective Constable with substantial experience investigating child sexual abuse from initial disclosure or professional suspicion to trial. They should bring expertise at mentoring and supporting others, and the ability to teach and support. A key skill is good relationship building with outside partners, including being skilled at conflict resolution and reconciling competing interests.

Overview of Role

- Provide support to young people/parents unsure about engaging with the criminal justice process
- Provide advice and police information in Allocation Meetings and Weekly Case Review. For example:
 - Giving advice on forensic window
 - Providing updates on investigation progress
 - Escalating concerns from Lighthouse practitioner to police management and finding solutions
 - Robust challenge where appropriate to keep the criminal investigation at the forefront of case management
- Provide support to Lighthouse staff in the criminal justice process. For example:
 - Sit in during medical when ABE is outstanding to record disclosure
 - Provide practitioner training on note taking & how to deal with disclosure
 - Arranging Court visits for practitioner

- Influence the timeliness of the CJS pathway
 - Overseeing implementation of disclosure
 - Creating and reviewing policy around disclosure
 - Monitoring cases going to the CPS that have had a psychologist-led ABE
- Training
 - Investigative advice to police colleagues, especially those new to the BCU Safeguarding team
 - Contribute to training of Clinical Psychologists in leading ABEs
 - Promoting the Lighthouse to police colleagues through training and awareness raising
- Influencing best practice within the criminal justice system:
 - CJS Sub-group
 - Joint work with CPS North
 - Facilitating communication between Lighthouse practitioner & OIC
- Contributing to research and best practice, including conference presentation

Advocacy Role

- Giving information, advice and support that is independent, flexible and CYP centred at a time in their life when they need/want it
- Encouraging and empowering CYP to navigate processes (including CJS), understand and access services (who is who/why things happen the way they do/choices they can make)
- Taking the lead at an ABE interview, ie managing the day, first point of contact for CYP, introducing CYP to professionals involved in the ABE
- Emotional and practical support for child and family eg liaison with school, housing, social worker, investigating officer, social activities
- Building trusting, positive working relationships with CYP to understand their wishes and feelings, bring out their voice and/or speak on their behalf
- Giving information to parents and carers around processes (eg Investigations or Criminal Justice processes)
- Promoting self-advocacy skills to help young people ask for things they need
- Being part of the development of CYP group and parenting group work
- To remain the point of contact for CYP to help navigate multiagency services, check-in while waiting for initial or follow up appointments.

Published December 2019

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