The Lighthouse
Annual Report 2019 – 2020
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from hurting to healing

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Introduction

This annual report for The Lighthouse describes the learning and outcomes in the second year of the Lighthouse pilot. 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 321 referrals and 198 initial assessments and onward support of children and young people living in the North Central London area who accessed the service between October 2019 and September 2020.
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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
- PLO: 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

1.1 From the service users

• All children and young people felt the Lighthouse service is good or outstanding. They felt listened to and taken seriously.
• 78% of the 68 parents, children and young people who answered the feedback form found the physical examination helpful.
• All parents/guardians agreed that overall the help they received at the Lighthouse was good and would recommend The Lighthouse to their ‘Friends and Family’.
• The parent psychoeducation course helped parents not feel alone and finds ways to resolve difficult situations. One parent said ‘When I look around it makes me realise – it happens to others, it can happen to anyone’. It has reduced shame and stigma and reportedly parents feel more able to be alongside their children and acknowledge the impact on them.
• The young people’s forum prompted us to make changes including co-creating a leaflet for young people written by young people, adding the voices of young people to the website and identifying a practitioner to speak to them by phone before the appointment.

1.2 What is new at the Lighthouse?

• We revised our Lighthouse structure, to bring an equal voice to all teams within the service.
• We clarified role outlines and meeting purposes.
• We will continue to use what we learnt in COVID:
  – creative ideas for engaging children in virtual appointments.
  – virtual platforms for professional meetings.
  – multi-media approaches to contact children and young people including, telephone, text, Attend Anywhere, Zoom, Voice memos or video messages, WhatsApp.
  – virtual professional meetings which have been more regularly attended by colleagues from children’s social care, schools and police – an easier forum to capture busy professionals.
• We have found that by supporting parents we can enable better outcomes for children such as parents feeling contained, more aware and better able to support their children.
• We will continue with the NEW parent forum – a place for parents to connect with each other, receive information, talks by professionals and provide feedback to us about the Lighthouse service.
• We will develop the role of our ‘expert by experience’ – an adult survivor of childhood sexual abuse
• We will continue with the NEW Young People’s forum – a place for young people to provide feedback or consultation about the Lighthouse service
• We will continue with the expanded health team service including immunisations and contraception

1.3 From the data

• The referral rate remained constant at approx. 30 referrals a month, with a reduction of 50% during the first COVID lockdown only – 321 referrals in the year
• Approximately 1 in 2 children and young people in NCL are offered health and care support after reporting sexual offences
• 83% of children and young people referred were girls and 17% boys
• 22% of children and young people seen had a disability – a doubling since year one
• 81% of children and young people seen reported one or more vulnerability and 22% had 4 or more vulnerabilities
• 63% of children and young people seen had a mental health condition – an increase since year one
• The most common types of abuse that children and young people were referred following were intra familial (38%), peer on peer (22%) and extra familial (14%)
• Most of the time (86%) there was a single alleged perpetrator
• 129 strategy meetings attended
• 149 consultations offered to local social workers and professional networks (significant increase from 41 in 2018/19)
• 80% of referrals were allocated to a practitioner, with 62% attending for a multi-agency initial assessment in this reporting period. Of those that did not, 19% had an appointment scheduled in the next quarter, whilst others were due to the child/family declining or they did not meet our criteria.
• Most of the children and families accessed one or more practitioner from advocacy, CAMHS and paediatrics – with three quarters also accessing sexual health services
• 201 children and families were supported by advocacy and 295 engaged in therapeutic support with the health and wellbeing team
• In those over 13 years old, 18% who were examined had physical signs of sexual abuse
• Nearly half of the children were obese or overweight
• Over 129 prescriptions were written for identified medical conditions including poor sleep, constipation, vitamin deficiency

• Parents attending the parent course made progress in 69% of their goals and 31% stayed the same

• Children and young people achieved 67% of their goals with 37% partially achieved and 4% not achieved.

• As a result of COVID, from July to September, most appointments moved to video or telephone (58%), with 41% onsite at the Lighthouse and 1% offsite

• 32 police or social work led Video Recorded Interviews (VRIs) and 25 clinical psychology led VRIs were hosted in the Lighthouse ‘Talking Room’

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 321 referrals and the 198 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 2019 and September 2020.

The report also includes feedback from staff, referrers and service users. This learning has shaped the development of the Lighthouse service over the second year of the pilot from October 2019 to Sept 2020 and the pilot has secured funding to continue for a third year until March 2022.
3. The child or young person’s journey and experience of the Lighthouse

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 and feel empowered to ask. 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. Sometimes it leads to ongoing consultation with the network of professionals already working with the child and not necessarily a referral in for direct work at the Lighthouse. Consultations 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.

There is often a virtual meeting with the social worker to hear their view immediately prior to the initial assessment. The initial assessment includes a medical and mental health assessment, as well as safeguarding the child or identifying other maltreatment. Sometimes a medical examination, sexual health screening, contraception, immunisation and treatment are also undertaken.

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, treatment of conditions related and not related to the sexual abuse, sexual health treatment, contraception and immunisations
- Where needed, referral on to other services such as domestic violence services or specialist CAMHS
3.1 Feedback from children, young people and parents

Feedback in this report mainly relates to the period Oct 2019 – March 2020. During the COVID lockdown, collecting feedback was harder as the Lighthouse currently uses hard copy feedback forms.

All children and young people felt the Lighthouse service is good or outstanding. Primary school aged children felt their views were taken seriously, that they were listened to and found the practitioners easy to talk to. Secondary school aged children felt the team were working together to help them and listened to them

‘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’

‘Excellent service, good listeners’

‘People understood me. They were really nice and understanding. Also offered me food’

‘Felt supported and not judged. The service sees the bigger picture and not trying to temporarily fix but a longer term solution’

All parents/guardians agreed that overall the help they received at the Lighthouse was good and 38 out of 40 felt supported by the Lighthouse. All the parents that responded would recommend The Lighthouse to their ‘Friends and Family’

‘Relaxed and calming place with understanding people very keen to help and reassure’

‘I don’t know how my family would have got through this trauma without this service. Truly amazing’

‘Think it’s a great service dedicated to young people and their families. Should have more around the UK’

‘The lighthouse has been a little bit of refuge’

“Definitely, supportive and helpful.”

“I was always reluctant to go to the doctors but the lighthouse made it fun.”

“Amazing support, compassion, efficiency, level of training, great explaining, thoughtful.”

Some suggestions for us to think about:

• More flexibility of appointment days and times
• Communicating through text or WhatsApp
• To not bring things up so quickly
• More explanation about what to expect before you arrive
3.2 The Parent Psychoeducation Course

The Parent Psychoeducation Course, led by a CAMHS practitioner and an advocate, ran January to March 2020 and July to September 2020. The January course was initially in person and then transferred to a virtual meeting platform, whilst the summer course ran only on a virtual platform. The parents found the virtual meetings helpful as it gave them time and space to process the uncomfortable information they were hearing.

The parents said the course was run by compassionate staff who understood and did not re-traumatise the families. They really appreciated the breadth of experiences shared and the information provided, which contributed to them creating new solutions to difficult situations they were experiencing. They said the ‘expert by experience’ brought a unique perspective by sharing her experiences of similar situations to those that their children had been going through.

At the start of the course the parent set themselves goals such as: being able to help or support their child, managing their own wellbeing, understanding the effect on their child and feeling more hopeful for the future. Progress was made in 69% of goals and 31% of parents rated themselves as feeling the same.

Table 1. Progress towards individual goals pre and post psychoeducation course

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean (SD)</td>
<td>5.39 (3.12)</td>
<td>7.78 (1.74)</td>
<td>2.39 (2.40)</td>
</tr>
<tr>
<td>Range</td>
<td>1–10</td>
<td>5–10</td>
<td>0–8</td>
</tr>
</tbody>
</table>

The parents told us:

‘For me, the first day was the hardest day, hearing about other children’s feelings and I saw we are normal people, it can happen to anyone’

‘The service helped me to resolve a school situation which was happening for a long time and they also helped a lot with my daughter’s health problems’

The virtual group made it easier to listen to ‘triggers of trauma listening to other parents’

‘What has been good is what I have learned from everyone else. Not just being ‘not alone’ but in the wider sense of when people shared accounts how they have done things’

“Thank you so much. The 8 sessions (Parent Psychoeducation Course) over the last two months have been very helpful … I feel running the course via Zoom was superior to attending meetings in person. We could say things either verbally or via chat. We could withdraw temporarily / sit back in a session of feeling raw without it being obvious. The non-physical space offered some detachment that made it easier to be very open & honest. It also made it easier logistically to attend, which I am sure helped maintain the very high participation across the group.”
They asked us to think about more pair work or a buddy system, space in a booklet to write comments at each session, a directory at back of booklet with useful information and follow up for parents after the course. Since the parent course we set up our Parent Forum in Oct 2020 (read more in Section 5.1).

3.3 Young Peron’s Forum

A young person’s forum was established just before COVID and the first meeting was held in Feb 2020. The group has not met again during the pandemic but is planning a series of meetings for next year. Three young people aged 15–18 years attended and raised a number of suggestions for improving the service and shared with us what they valued about the Lighthouse. Themes included:

- **Preparing for the appointment:** They asked for more information to prepare them for what to expect on the day of the appointment. Since the forum we have co-created a leaflet for young people written by young people (see Figure 1), added the voices of young people to the website talking about their experiences, identified a practitioner to speak to them by phone before the appointment and offer a look around first, checked social workers have the Lighthouse leaflet to share.

- **The Lighthouse building:** They liked the fact that they could find us easily with the map and that security were onsite after dark. Since the forum we have reminded practitioners to offer to walk young people to the tube after dark and we will be working with local artists to commission artwork to brighten up the walls.

- **The waiting room:** The young people liked the waiting room, the welcome and the snacks; but they have asked us to look into getting a water dispenser, magazines and music.

- **The Initial Assessment:** The young people told us it is good to have the option to talk to many different professionals, but that can feel overwhelming sometimes. They found the wellbeing assessment tools a bit much to complete in the first session and preferred information that they could take away.

- **Communication:** It was clear to the young people that the team work together and they said ‘communication here is amazing’. They told us ‘it’s important people talk to each other because it’s a serious place and its important information doesn’t get lost’. They have asked us to send a text about their appointment, as email is not a good way to communicate. Overall they said the practitioners ‘listen to everything you have to say’ and ‘give lots of advice’. They felt like they ‘won’t be judged by anyone, I can tell that they are really against that’.

- **Sessions at the Lighthouse:** Some young people asked for ‘a group to meet other young people like my mum has at a parent group’. The team now run a young people’s group but it can only accessed by those young people whose abuse is not currently in an active criminal investigation.
We asked young people what they wished they had known before coming to the Lighthouse, and what advice they would give to people coming to the service.

This is what they said...

“Going to other services I felt judged, the person said they didn’t believe what I was saying, and made me feel bad. The Lighthouse doesn’t do things like that. They are very welcoming, always there to listen and never judgemental.”

“I was worried before I came, but you don’t need to feel so anxious about coming here.”

“It’s not about getting you in and out, it’s in your hands how long you want the sessions to be and when.”

“They don’t go on and on about your experience. It’s not all about what you have been through, it’s more than just talking about sexual abuse.”

“The rooms feel safe at the Lighthouse.”

“People here consistently say it’s not my fault what happened to me.”

“Every session can be difficult, maybe ask your parents for help to think about how to talk about things.”

“After the first appointment I wasn’t sure if I wanted to come back because I thought there would always be so many people in the appointments, but there wasn’t. Now it’s usually just one person and me.”

“Sometimes there are lots of people in the first appointment. You can ask some of them to leave if it’s too daunting!”

“It can be helpful to think about what you want from the lighthouse before you come, maybe plan what you might say.”

“I felt more listened to here than other places.”

“There is always tea, hot chocolate and snacks which is important.”

“It’s not easy to forget but with help and support from the Lighthouse you can be strong and pass through.”

“Check out the website before you come!”

Advice from our youngest children...

“It’s like a big house that feels like home. You can talk about feelings and things that happened you didn’t really like and play.”

“Come to the lighthouse! I was scared the first time I came but I’m used to the Lighthouse now because I come every week.”

3.4 Feedback from Video Recorded Interviews (or Achieving Best Evidence Interviews)

The use of psychologist to lead investigative interviews is being piloted at both the CYP Havens service and the Lighthouse service – with the Havens team starting in 2018 and The Lighthouse in 2019. There were 32 police or social work led VRIs and 25 clinical psychology led VRIs this year, an increase from 9 clinical psychology led interviews in Year one.

Children and young people’s feedback

A total of 12 children and young people between the ages of 8 and 17 years old completed feedback questionnaires. When the children aged 13 years or more were asked ‘What were two things that were good or helpful about the interview?’ they said it was being listened to and understood, clear questions, a space to think and answer, and the calmness of the interviewer. Five out of seven children felt completely safe in the interview and six out of seven found most or all of the questions from the interviewer easy to understand. As expected in an interview about the trauma of sexual abuse only three children found it completely easy to talk about what had happened, but a further two found it moderately easy. Six out of seven children felt mostly or completely listened to by the interviewer. The three younger children also reported feeling safe and listened to.
Stakeholder feedback

21 professionals responded to the Stakeholder Feedback Questionnaires, consisting of 15 police officers, three social workers, one speech and language therapist, one registered intermediary and one not disclosed. Stakeholders were very satisfied with most aspects of the interviews ranging from 86% very satisfied with the level of service the child received and 90% very satisfied with the way the child was supported with distress. Most feedback came from police officers and it is notable that 86% were very satisfied with the facilitation of the child telling what happened and 76% overall very satisfied with the quality of the forensic interview. See Table 2 for details.

Collaboration and shared learning during the pilot is greatly appreciated, with officers reporting positively on the opportunity that the day provides to share perspectives and expertise. Both parties feel they learn from each other. Importantly one officer said the 'points to prove were covered and the child was able to provide a very detailed account based on the way in which the child was interviewed'. Case Study one shows an example of how the Clinical Psychologists expertise can enable the child to tell their story.

Case Study One

For a young boy, let’s call him Jason*, the skills of the psychologist were really put to the test. Jason was finding talking about the abuse really difficult and embarrassing. He was doing everything he could to avoid talking to the psychologist. Rolling about on the floor, fiddling with his clothes, hiding behind the sofa. The psychologist used two tools to draw him back to the conversation. Firstly, a physical game of mirroring her clapping a rhythm which helped him to focus his body and mind on her. He slowed his movements and found his way back to the sofa. Secondly, she reminded him about the stop/go stones that they had used in an earlier session. With his permission she touched the green ‘go’ stone to signify it was time to talk and reminded him that at any time he could touch the red ‘stop’ stone to stop and take a break. This worked really well with Jason feeling in control and the pair switching to a minute of football in the corridor when he pressed the red stone.

(*not the child's actual name)
Table 2: Stakeholder feedback on video recorded interviews at the Lighthouse

<table>
<thead>
<tr>
<th>Question</th>
<th>Theme</th>
<th>Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of service and care child received</td>
<td>Child enabled to open up by making them feel comfortable and at ease</td>
<td>Child received exceptional (support) and every aspect was thought through and planned. Child had positive experience. Professional and caring approach. It was clear room the beginning that the child was nervous. The Psychologist made <em>child</em> feel at ease which in turn made her open up. Child was led through the process, reassured, made to feel comfortable and given time to ask questions.</td>
</tr>
<tr>
<td>Forensic interview</td>
<td>Great interview techniques</td>
<td>Extremely satisfied, met all my needs. The psychologist was very professional and brilliant interviewer. She took the victim through evidence conveying points required and made victim feel at ease. This was difficult to find ways of working that all parties agreed on at times but at the end we got evidence we expected.</td>
</tr>
<tr>
<td>Facilitation of child telling what happened</td>
<td>Making the child feel relaxed and comfortable</td>
<td>I believe the child felt in control and was fully supported. Child appeared comfortable to speak openly. Interviewer repeatedly checked understanding of what child was saying. Offered open opportunity to disclose with no pressure.</td>
</tr>
<tr>
<td>Question</td>
<td>Theme</td>
<td>Quotes</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Child was supported with distress</td>
<td>Maximum support offered to child during uncomfortable moments</td>
<td>Reassured at every point.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nervous when interview started but calmed down as psychologist led through the steps.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>child</em> needed to be pushed into uncomfortable positions to provide good evidence.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The child was told multiple times that they were in a safe place.</td>
</tr>
<tr>
<td>Collaboration between services</td>
<td>Clear respect and collaboration</td>
<td>Very good collaboration and clear respect for each other’s roles.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sometimes wires crossed.</td>
</tr>
<tr>
<td>Forensic facilities satisfaction</td>
<td>Clean, comfortable and bright</td>
<td>Facilities cannot be faulted.</td>
</tr>
<tr>
<td></td>
<td>Lacked space for social distancing in control room</td>
<td>Small chairs not available on the day.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not enough pace in the control room for social distancing.</td>
</tr>
<tr>
<td>Would you recommend?</td>
<td>Very positive experience</td>
<td>Will always recommend Lighthouse facilities.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I like that everything is done under one roof; medical, ABE, psychological help and support for families. It works better for the child.</td>
</tr>
<tr>
<td>What was really good?</td>
<td>Clear compassion demonstrated by interviewers</td>
<td>It was obvious and clear that all members had a genuine care for the child</td>
</tr>
<tr>
<td></td>
<td>Ample time to avoid being rushed</td>
<td><em>child</em> was made to feel at ease and when she did not understand what was being asked of her, the psychologist rephrased the question</td>
</tr>
<tr>
<td></td>
<td>Professionalism and collaboration and support for each other</td>
<td>Collaboration between psychologist who knew about assessing <em>child</em> needs was particularly useful</td>
</tr>
<tr>
<td>What needs improving?</td>
<td>Talking room may too white and large</td>
<td>Nothing, it was a fantastic service.</td>
</tr>
<tr>
<td></td>
<td>Too much time for some professionals to commit to</td>
<td>The interview felt too clinical.</td>
</tr>
</tbody>
</table>
4. Impact of COVID on Lighthouse services

During COVID, the Lighthouse service continued to provide support for all children and young people (CYP) on the caseload as well as new referrals. This is a credit to a fantastic team that embraced the new ways of working, shared ideas and resources. However the way in which services were provided and the locations changed during the lockdown period.

4.1 What changed?

The Lighthouse site closed from March to mid-June, apart from Video Recorded Interviews (VRI) and urgent Initial Assessments. At this time the psychologists changed their criteria for psychologist led VRI’s to those children with an urgent safeguarding risk, a young child where there was a risk of memory loss or a child who had already started pre interview assessment. Initial assessments (IA) were offered as ‘Virtual IAs’ with the child and family meeting the full Lighthouse team on an NHS video consultation facility called NHS Attend Anywhere. Medical history was taken but examinations were postponed until the site reopened.

The majority of appointments were offered as video or telephone appointments, resulting in better attendance by children and young people. Guidelines were developed for remote working taking into account factors such as ensuring a safe space for the child during the interview and creative ways to engage children online. Additional support was needed to cope with the pressures of lockdown and lack of school/college. For example: arranging virtual meetings for a young person to think to the future about career options by talking to a nurse and army officer.

Practitioners developed creative ideas for engaging children: (see Case Study Two)

- interactive technologies for craft e.g. jointly creating an emoji for the child, sharing screens to co-create
- planning and preparation so the CYP can bring physical resources from their own home to the session
- new ideas for interactive and play techniques e.g. use of the homemade ‘Chatterbox’ game to engage CYP in answering questions about how they are getting on
- storytelling – shared creation of stories and characters that represent the child’s journey
- personal connections – for example, texting a photo of the young person’s artwork to them with a short message, so they feel valued.

There was a reduction in the use of outcome evaluation tools such as Trauma Symptom Checklist for Children (TSCC) and Revised Child Anxiety and Depression Scale (RCADS). This was due to difficulties with completing detailed evaluation questions over video link due to reduced ability to engage children, issues around confidentiality in their own home and shorter appointments.
4.2 What continued?

All children and young people that were on the caseload at the start of the lockdown remain engaged in the Lighthouse support offer. In fact, practitioners found that weekly contact increased to twice weekly in the early stages to support the young people through the pressures of lockdown. There was increased use of texting, voice memos and WhatsApp to enable regular but brief communication. In the early stages of lockdown much of the therapeutic work was put on hold and the focus was more on containing rather than recovery.

The service found virtual meetings with other professionals enabled attendance at more strategy meetings and more consistent attendance at professional pre-meets, with little need to return to face-to-face meetings. In April and May the service received 50% less referrals but this reverted to typical referral rates by June, and the Lighthouse building reopened mid-June.

4.3 What news ways of working we will continue to use

As the COVID pandemic continued after lockdown, practitioners found it was important to continue with more frequent but shorter contacts with children and young people. In the majority of cases, therapeutic work only resumed once children and young people were able to attend for face-to-face appointments.

To support the additional work during and after lockdown, the Lighthouse secured funding for the health team to catch up with appointments (as there were few face to face appointments during lockdown) and the CAMHS team to support the children additionally impacted by lockdown.

The service will continue to multi-media approaches to support children and young people including, telephone, text, Attend Anywhere, Zoom, Voice memos or video messages, WhatsApp. Practitioners reported enhanced ‘listening’ during sessions, as it was harder to see body language in the video conference call.

A wealth of new resources have been collated for all ages of children and parents, which continue to used.
Case Study Two

COVID Case studies:

A CAMHS practitioner described her use of a lovely baking metaphor to describe some relationship work she is offering to a mother and daughter. Since lockdown, the young person has not wanted to talk about experiences of sexual abuse as it been more about communication and feelings. She also talked about enjoying being home with mum since they are isolating. How can she hold on to positive things?

She used a cake baking analogy to explore ingredients for their relationship, what kind of cake, how many cakes, flavour, icing etc. – even reflecting on the fact that they wanted a way of slowing things down and so they need to think in terms of sourcing the ingredients and eventually eating the cake.

Another worker gave an example of working with a young person who wanted to explore different career options and she has worked with her in such a future focused, optimistic way. She organised a virtual interview with people from different professions to explore career options.

They explored the feeling of collaborating on a project together and using that project to focus on the underlying dilemma of how to communicate with Mum her wishes and wants.
4.4 Feedback on the move to virtual appointments

Following our move to virtual appointments we sought feedback from children, families and the Lighthouse team.

Families told us they felt held and contained by the offer of virtual contact from the Lighthouse and it enabled us to assess the current level of risk and protective factors for a child, young person and their family. We were able to signpost and provide resources to families, as well as offering regular check ins. A young person told us she felt her voice was heard and we were able to reassure her for the first time about how brave she had been to disclose her experiences.

We identified that for some children and young people finding a private space where they will not be overheard was difficult in lockdown. For many young people seeing their face on the screen throughout the sessions was not comfortable. We learnt that it can be difficult if a child or young person chooses not to have their video on, as it relies on practitioners listening more and using other cues to understand their needs.

The Lighthouse team found it valuable keeping the same format for Initial Assessments, with a professionals meeting before the Initial Assessment and a team debrief afterwards. The team found the Initial Assessments more demanding emotionally when done virtually, even though they may take less time (e.g. 50 mins). They learnt new skills and found that the chat function in virtual meeting tools or other technology such as emails could be used when a child or family might want to ask questions in confidence.

Virtual working also triggered feelings of a lack of safety or containment for staff. This was one of the major challenges of working from home, often from a practitioner's own bedroom, and the content disclosed by clients in such a private space had an impact on emotional wellbeing of staff. During lockdown we established a daily meeting, so that risk concerns were raised promptly and where necessary, referred to local services e.g. CAMHS and MASH. Post lockdown we have invested in team wellbeing such as therapeutic yoga and team wellbeing funds.
5. Development of new ways of working

5.1 New ways of working in the CAMHS teams

NEW parent forum

Following on from the success of the Parent Psychoeducation Course, the team has set up a Parent Forum and held its first forum meeting this year. The Lighthouse parent form is a staff facilitated forum for parents who have had parent support from the Lighthouse. It is not a therapeutic group, but is a place for parents to connect with each other, receive information, talks from professionals and provide feedback or consultation about the Lighthouse service.

The group, facilitated by a CAMHS practitioner and an ‘expert by experience’, has specific ground rules agreed by facilitators in collaboration with group members. For example: Identifying details of alleged perpetrators and the specifics of incidents cannot be shared within the group context. If parents/carers start to share information that is not appropriate, the group is paused and we go back to the ground rules.

The first group was attended by nine parents, with more keen to join, and focussed on creating the purpose of the forum and plans for the year ahead. The forum took place over a virtual meeting platform and will continue to meet monthly, with occasional guest speakers from the Lighthouse team.

Consultations with colleagues

The CAMHS team has continued to develop collaborative consultation work with colleagues from schools, local CAMHS and children’s social care. Sometimes, the intention is to enable children and young people to continue to be supported by those with whom they are already in positive and local relationships. We aim to support trauma informed practice and to enable more connection between networks in support of families who live in exceptionally challenging circumstances and require complex networks of support to enable them to access learning and live together as safely in these disconnected times of COVID.

CAMHS continues to develop thorough assessments and ‘formulation based’ approaches to working with families affected by sexual abuse and to tailor interventions to include stabilisation, psychoeducation and trauma re-processing work when and where that is appropriate and feels safe.
CAMHS trainees

The CAMHS team has taken a decision to move from one to three specialist placements for 3rd year trainees on their Doctoral Clinical Trainings. The last two trainees stayed for a year (instead of 6 months) because of COVID, and this cohort has two year long trainees and two consecutive 6 month trainees. Each trainee has a caseload of six to eight pieces of work, including the initial assessment rota and the facilitation of the forums for young people and parents. They take on trauma specific clinical interventions under the supervision of their respective supervisors. This provides opportunities for us to work jointly with parents and children/young people separately and together. Trainees bring a wealth of up to date theory and knowledge from their courses and previous placements, which we invite them to connect with at the Lighthouse. They also support the service in its intention to be as collaborative as possible and informed by direct feedback from service users.

The trainees are now an integral part of the CAMHS team and have supported us to develop new initiatives and evaluate what we do in an ongoing way. The trainee provision is an investment of time from qualified colleagues, but the benefits for the service are enormous.

Supporting parents

Vulnerability was identified in many parents who, when their child speaks out about sexual abuse, can be triggered into speaking out about their own history of sexual abuse or domestic violence. We know that vulnerability understandably can impact on their capacity to enable therapeutic work with their child as it can be so triggering. There is a need for a better pathway of access to adult work alongside the support offered to children and young people at the Lighthouse, because of the difficulty accessing services for adults.

5.2 Development of the children and young person’s advocacy service

Defining the role

The team spent year two defining the role of children and young people’s advocates in the Lighthouse, to enable clarity for the team and for service users. They developed child friendly leaflets to give to children and young people when attending the Lighthouse for a ‘show around’, for a VRI or an Initial assessment, or at the start of ongoing work with advocates. This supports the advocates to explain their role and remit to children and staff in the Lighthouse alike. See Figure 2.

However, as more of the team complete the accredited ISVA training, it has become apparent that the Lighthouse children and young people’s advocates are offering a much more holistic and extended role than ISVAs traditionally do. The service will be further reflecting in year three of the pilot on what support children and families want, our commissioned service model and the Home Office ISVA guidance.
**How do advocates in The Lighthouse support young people?**

- **We protect your rights**  
  As advocates we promote and safeguard your rights, and provide impartial information on a range of topics and issues.

- **We support you**  
  We can offer you support that sensitively considers what has happened to you; we can help you think about the impact, your feelings and ways to cope.

- **We want to empower you**  
  …to be more involved in planning and decision-making.

- **We work on your behalf**  
  We are here to ensure professionals such as police, social workers and therapists are providing the services you require.

- **We work with those who are important to you**  
  …to help improve services and achieve better outcomes for you. People we may work with include: your family and carers, social worker, police, teachers and sexual health services.

- **We want to help you achieve your goals**  
  …whatever they may be.

- **We guide you**  
  We can work with you to develop a better understanding of police processes, such as supporting an investigation, giving evidence in court and making complaints.

- **We promote your voice**  
  We represent your wishes and feelings in a way that works for you.

**Impact of COVID**

During COVID, the children and young people's advocates continued to offer a mixture of sessions face to face at the Lighthouse and virtually. After lockdown, some young people have chosen to access services via a mixture and others have preferred to continue virtually. Some young people did not engage during the lockdown, but started to re-engage when the Lighthouse re-opened and face to face sessions commenced.

The team have been very mindful to ensure that children and young people's voices are not lost amidst the priorities of family, professional networks and the pandemic. The children and young people’s advocates continue to follow up with young people and meet them where it matters most to them. They do not close the case after a certain amount of sessions and persistently check in and let the child or young person know that they are ready to support them when they are ready to engage.

During this difficult year the team have been really proud of:

- Supporting each other
- Persistently advocating for children and young people
- Supporting children and young people through their court process (see Section 7)
- Returning or self-referrals to the Lighthouse following contact with an advocate
- Being able to respond and keep their word to go at the child’s pace
• Being open and transparent, such as raising concerns in the child’s best interest
• Going the extra mile, such as supporting a child to gain a non-molestation order
• Working creatively with families and professionals to tailor the advocacy role to the child’s needs
• Successfully applying for funds to support children and families, such as free IT equipment during COVID

Supporting parents

The team have found themselves offering ongoing support to the parents of children and young people. Depending on the age of the child, they liaise directly with the parents and support them to understand the criminal justice processes. They think with the parents about the impact of police investigations, CJS processes and about how they can support their children. This year we have highlighted that parents need continued and ongoing support of their own and will consider seeking funding to expand this service in future.

5.3 Letting the Future In service

The LTFI team have continued to work directly with parents providing emotional containment and a space to hear their worries and questions about their child’s disclosure. As part of this intervention the team often support the network or team around the child, for example providing consultations to schools and other professionals in the local network.

In the case of two siblings, the LTFI worker completed a series of ‘holding sessions’ with parents prior to the Initial Assessment. The purpose of these sessions were to provide some emotional containment and support to parents and to offer them a space to share their thoughts and feelings, and questions about their child’s disclosure. She also provided a consultation with the child’s school to support them with understanding how trauma impacts children and how best they can support with this in school. The parents shared that they ‘no longer feel angry or as anxious and are more able to manage things as they arise moving forward’.

5.4 New Intake meeting

During the year the Lighthouse team reviewed the daily allocation meeting and moved to a twice-weekly Intake Meeting. The key aims were to identify a longer meeting time to allow in depth review of gathered information prior to booking initial assessments, to enable consistency of attendance of key practitioners and to pilot recording tools to ensure no referrals slipped through the net. The pathway to ‘Initial Assessment’ was revised to include other options such as a pause to gather more information from the network, a professional consultation with referrer or an initial engagement with a single practitioner. After a three month trial, the timing of the meeting was further amended to maximise attendance of all heads of service and to review the role of primary case holder.
5.5 Primary Case Holder role

The primary case holder role was strengthened to include a clear responsibility for making contact with the referring professionals and the child, young person and family prior to the Initial Assessment. The gap between referral and initial assessment can be four to six weeks and we learnt that early engagement with the young person or family can reduce the risk of non-attendance. The primary case holder role now includes:

- Pre Initial Assessment – engaging child and family, referrer and professional networks to ensure we have really heard the voice of the child and what they want from the Lighthouse
- During the Initial Assessment – to take the lead during the morning and facilitate the team to develop the care plan and next steps
- After the Initial Assessment – to be aware of the holistic package of support the Lighthouse is providing, listening to the voice of the child and family and calling for a Team Around the Child meeting in complex cases

5.6 Development of the social care liaison role (SCLO)

The social care liaison role has continued to develop the consultancy and training offer this year, expanding the training support to include spotting the signs of child sexual exploitation and supporting children with sexual harmful behaviour. The consultancy offer has been expanded beyond referring social workers, and is now available in conjunction with paediatricians or the health and wellbeing team to support local CAMHS, GPs and community paediatricians. The SCLOs offer one to one support to local social workers, providing tools for direct work and support to engage children and young people to identify signs and elicit a disclosure.
6. Challenges for the Lighthouse team

6.1 Impact of COVID and #Black Lives Matter on the workforce, children and families

As mentioned above, the COVID lockdown and the need for virtual working triggered feelings of a lack of safety or containment for staff. One of the major challenges of working from home, often from a practitioner’s own bedroom, was the lack of separation between home life and the content disclosed by children in such a private space and the impact this had on emotional wellbeing of staff. Coupled with the uncertainty that everyone was feeling during the COVID pandemic and worries for their own health, this year has been particularly challenging for the team.

In the midst of the COVID pandemic came the tragic news of the death of George Floyd and the Black Lives Matter protests. Both the Lighthouse team and the children and families that attend the service were deeply affected by this and continue to process this and respond. Each employing organisation has supported their staff with events, training and resources to promote inclusion and celebrate black lives matter. In the Lighthouse we have continued to work with our Equality, Diversion and Inclusion Group and the black workers have started to develop a Black Workers Support Group. As a whole team we have created a resource pack of child friendly resources for talking to children and young people about race, culture and belonging. The year ended with a visit from the Black Police Association and the chance to talk about what is changing in the Metropolitan Police and to share the experiences of some of our black children and young people with police investigations.

6.2 Continuing to develop multi-agency working

Establishing the Lighthouse as a co-located multi-agency service has needed flexibility and openness to change. During 2020, the Lighthouse engaged the support of an external consultancy to provide team coaching to the senior leadership team and heads of service to respond to feedback from the Lighthouse team in 2019. The aim was to work through the issues, challenges and opportunities highlighted and associated with piloting and developing this unique new multiagency service – the first of its kind in the UK. These sessions resulted in:

• Development of a clear understanding of our commission, vision and values
• Clarity of roles and responsibilities
• Revised structure for the Lighthouse leadership and decision making
• Revised meeting structure and refreshed terms of reference
• Work to develop psychological safety for the senior team including Heads of Service
Lighthouse vision:

“The Lighthouse recognises the impact of child sex abuse on children themselves, their siblings family and wider community. And so supports holistic wrap around care and support at the pace of the child, offering a space and a consistent team of practitioners”

Lighthouse values:

• Providing safety
• Building trust
• Enabling empowerment
• Respecting diversity
• Collaborating with communities (and international models)

Lighthouse Structure:

As with the development of any new project, the organisational structure was established as part of the tender process based on the anticipated needs of the service. During the first two years of the pilot we learnt about the needs of the children, young people and their families and how we worked together as a partnership of organisations. The journey of reflection highlighted changes that were needed in the processes and the structures through collaboration, listening, observing and responding to families, practitioners and our respective organisational viewpoints.

The new structure promotes greater clarity of roles, responsibilities and accountability for all, so the team know what they can expect from each other and in each of the meetings and forums. The structure also increases the responsibilities of the team leads (Heads of Service) and removes a management layer. In the new structure there is a single service manager that directly manages all heads of service, instead of a tripartite leadership team of service manager and two joint clinical leads (Paediatrics and Emotional Health and Wellbeing). This will enable a more focused operational structure and places equal value and respect on the voices of all teams within the Lighthouse.

There is also an additional role of Consultant Psychiatrist, to reflect the need for regular consultation and supervision for the management of complex cases and suicidal young people.
7. Developments in Criminal Justice pathway

The Lighthouse has been commissioned to improve the experience of the criminal justice process for children and families and to improve outcomes such as quality of VRI interviews, reduction in victim withdrawal, disclosure of third party information, timeliness of reporting to court and more early guilty plea. The police liaison officers and the advocacy team play a key role in influencing these outcomes.

7.1 Video Recorded Interviews (VRIs)

Two of the three psychologists are now quality assured to lead interviews in even the most complex cases. As the clinical psychologists have taken the lead in more VRIs, it has become apparent that greater time is needed to properly plan for the VRIs to optimise the outcomes. The Police Liaison Officer facilitates continuous learning, improvement and quality assurance for clinical psychologist and can also support visiting Officers in the Case (OICs) that are new to investigating child abuse. As a joint health and police led initiative, the PLOs input is invaluable in bringing the criminal justice perspective to the interviewer with a therapeutic background. Equally, the clinical psychologists have been able to share tips and skills with the OICs that they can use in future police led VRIs.

7.2 Partnership working

The Lighthouse now meets with the Police Safeguarding leads for each Borough Command Unit every quarter to optimise the referrals for psychology led interviews and uptake of the ‘Talking Room’. This has resulted in an increase in police led VRI’s taking place at the Lighthouse.

The Lighthouse are also working in partnership with the Crown Prosecution Service and Metropolitan Police Service to minimise case delays by tracking all open cases and escalating case delays were needed. Within the Lighthouse service, a target has been set to respond to disclosure requests from the Crown Prosecution Service and Metropolitan Police Service within 30 days.

Within the Lighthouse, the PLOs offer a monthly drop in session for advocates, which have been helpful in identifying and escalating delayed cases.
7.3 Training

We have worked with partners in the criminal justice system to develop and contribute to training

- Training on the impact of trauma on children and young people in the criminal justice process – a national Crown Prosecution Service film and a Metropolitan Police Service training film
- Making a video recording of an interview with a paediatrician to dispel myths about the medical examination and the restorative nature of a health appointment
- Contribution to the Advocacy and the Vulnerable Course (course for lawyers)
- Fed into the national judicial training – working in a trauma informed way and the impact of trauma on vulnerable witnesses in the criminal justice process
- Assisting Metropolitan Police Officers who provide support for victims of CSA outside of The Lighthouse boroughs, as well as advise on female genital mutilation and children exhibiting harmful sexual behaviour.

7.4 Crime recording

We identified that there was a gap in the recording of sexual abuse crimes against children, on occasions when a child or young person did not want to pursue a criminal investigation. There was a difference in police expectations in relation to new disclosures and the approach of health and care agencies.

The Lighthouse team in partnership with the Metropolitan Police Service developed a shared understanding of the need to record crimes to enable gathering of intelligence and safeguarding of other children, whilst respecting the hopes and wishes of the child and family. In the Lighthouse crimes are recorded and held by the police liaison officers, until the team have met the child and family and heard their views.

This enables decision making to be child centred and at the child’s pace, and prevents a local uniformed officer approaching a child directly about the abuse. We have found better engagement of children and young people, when the advocates and police liaison officers have the time to explain the criminal justice process and go at the child’s pace.

7.5 The PROMISE Network and Barnahus Standards

PROMISE Barnahus Network is a network of organisations across the Baltic Sea States and Europe that seeks to promote and support the establishment and operation of evidence-based, comprehensive, child-friendly interventions and rapid access to justice and care. The PROMISE standards for children in the criminal justice system are in Standard 6 of the Barnahus Standards. (see Figure 3)
Barnahus Standard 6 – Forensic Interview

6.1 Evidence-based Practice and Protocols: Forensic interviews are carried out according to evidence-based practice and protocols, which ensure the quality and quantity of the evidence obtained. The main aim of the interview is to avoid retraumatisation and to elicit the child’s free narrative in as much detail as possible while complying with the rules of evidence and the rights of the defence.

6.2 Specialised Staff: Forensic interviews are carried out by specialised staff members who receive regular training in conducting forensic interviewing.

6.3 Location and recording: Forensic interviews are conducted in the Barnahus. Interviews are audio-visually recorded in order to avoid repeated interviewing by different professionals who require access to the child’s disclosure.

6.4 Multidisciplinary and interagency presence: The forensic interview is carried out by a single professional. All relevant members of the multidisciplinary, interagency team are able to observe the forensic interview; either live in an adjacent room, or recorded. There is a system of interaction between the interviewer and the observers so that questions can be posed to the child via the interviewer.

6.5 Respecting defendant’s right to a fair trial and “equality of arms”: Arrangements are in place that allows the defence to pose questions to the child victim/witness via a forensic interviewer. Should the accused person have the legal right to observe the child’s testimony, this is done by audio-visual transmission to avoid potential contact between the accused and the child.

6.6 Adapted to child: The interview is adapted to the child’s age, development and cultural background and takes into account special needs including interpretation. This may include minimising the length of interviews, allowing breaks, and potentially conducting the interview over more than one session. The number of interviews is limited to the minimum necessary for the criminal investigation. The same professional conducts the interview if multiple interviews are necessary.

Within the adversarial criminal justice system in England and Wales, the Youth and Criminal Justice Act 1999 applies. This means that the Lighthouse has developed adjusted goals to enable it to meet the Barnahus Standards:

• Video recorded interviews that aim to avoid re-traumatisation and to elicit the child’s free narrative in as much detail as possible while complying with the rules of evidence and the rights of the defence
• Video recorded interviews that are carried out by clinical psychologists who receive regular training and supervision in conducting investigative interviewing

• Interviews conducted in the Lighthouse including:
  – video recorded interviews (evidence in chief)
  – cross-examination by a live link at the time of the trial (NEW this year)
  – cross-examination pre-recorded under S28 protocol and several months before the trial date (awaiting judicial approval – anticipated for 2021)

• Interviews carried out by a single professional and with police liaison officer, officer in the case and social worker able to observe the interview; either live in an adjacent room, or recorded.

• Interviews adapted to the child’s age, development and cultural background and taking into account special needs including interpretation or the use of intermediaries. This may include limiting interviews to one hour, allowing breaks, and potentially conducting the interview over more than one session.

Currently our legal system does not allow standard 6.5 to be applied – ‘arrangements that allow the defence to pose questions to the child victim/witness via an interviewer’. However, under S28 measures the pre-recorded cross examination and the associated Ground Rules hearing will allow for the questioning by the defence to be via audio-visual link and using a pre-agreed set of questions.

From 2020, the Lighthouse now has a direct connection to Her Majesty’s Courts and Tribunal System (HMCTS) network allowing a live link to the Crown Court at the time of a trial. This means children and young people can be offered use of the Lighthouse Talking Room as a special measure, preventing the need for them to travel to court on the day of the trial. This is a huge step forward, following sign off from the Judiciary, and means that the Lighthouse is now meeting the PROMISE standard with both the evidence in chief (the VRI) and the cross examination (via live link) able to take place outside of the Crown Court, preventing the need for the child to go to court.

The national rollout S28 pre-recorded cross-examinations, has been spurred on by COVID requiring social distancing and less people in court buildings. The Lighthouse has requested that the “Talking Room” is added to the list of remote sites for pre-recorded cross examinations. If accepted, this will take the Lighthouse another step closer to child friendly justice, with the cross examination not only taking place via a remote link but also months in advance of the Crown Court trial. This could reduce the time from reporting the offence to the end of the child’s involvement in the CJS process by months.

7.6 Making an impact

The Lighthouse advocacy team have made impacts in the experience and outcomes in the criminal justice process for Lighthouse children and young people.

Advocates work with the police liaison offices to explore children and families understanding and views of the police and support them with their wishes to speak to the police and make a report. The advocates also play a key role in keeping children
and young people engaged during criminal justice processes, which has prevented some young people disengaging during lengthy investigations. Sometimes this involves ensuring the voice of the child is heard and advocating for bail conditions to be extended or to be put in place.

With an increase in requests for digital evidence, young people are often asked for their mobile phones and these can be with the police for many months whilst waiting for the digital download to be completed. In one case, the Lighthouse team advocated for a young person by advising the police officer that she would not be able to access online support for her mental health routine in the evening. The officer ensured the downloading only took one day and then returned the phone to the young person.

For the first time this year, the Lighthouse advocacy team started to support young people through the Section 28 process of pre-recorded cross-examination. One young person was supported by their advocate on the day when they attended the Crown Court live link room and did not have to stand in the court room to be cross-examined. On another occasion, there was a lack of clarity regarding where the suspect would be on the day and concerns that they would be present in the courtroom when the victim was cross-examined. As Section 28 is used more widely, the Lighthouse Advocacy team will continue to advocate for clear planning and good communication with the young person about what will happen on the day. Whilst the opportunity of Section 28 pre-recorded cross-examination is welcomed, even attending the crown court live link room carries risks of seeing the suspect on the day and so the Lighthouse is currently seeking permission to use the ‘Talking Room’ as a live link suite for Section 28 pre-recorded cross-examinations.

Advocates at the Lighthouse continue to offer support to children, young people and families for a period after the crown court trial, because the impact of the court outcome can trigger the need for further support. On one occasion, a ten year old child was required to attend court and be cross-examined twice, after a hung jury on the first occasion. After the second trial and cross-examination the outcome was a not guilty verdict. This distressing outcome for the family led to them disengaging from further support at that time. However on another occasion a young person that was distressed by the not guilty verdict, was supported by the advocate and changed her mind about being able to access emotional support at the Lighthouse. This came after months of the advocate supporting her through and after the criminal trial, and later enabling her to write to the police and CPS to share the impact of the verdict on her.

The process to reach trial at Crown Court remains slow with very few cases reaching that point. We have identified we regularly support children who cases close with ‘no further action’ (NFA) either by the police or Crown Prosecution Service and this has a significant impact on children. It can leave them feeling as if no one has listened or that they are not believed.

Since the Lighthouse has been open we have seen four children and young people’s cases reach an early guilty plea (meaning the child does not need to be cross-examined in court); and seven children and young people’s cases reach the Crown Court, with three reaching a guilty verdict and three not guilty.
8. Developments in the health pathway

The health team at the Lighthouse consists of paediatricians, a clinical nurse specialist, a play specialist and a health care assistant. Originally it was expected that children and young people would be seen by the health team once for Initial Assessment and then for follow up as required with the clinical nurse specialist. However due to the complexity of needs as described earlier in this document it has frequently been necessary to carry out the Initial Assessment in up to three sessions and offer review consultations in order to meet the health needs of the children and young people.

8.1 Areas of development and innovation:

- Increased number of Initial Assessments, contraceptive assessments, immunisations and prescribing for various health conditions
- Doubling of review appointments to manage conditions such as anaemia, menstrual problems, sleep difficulty, constipation, acne and Vitamin D deficiency.
- Increased number of tests for sexually transmitted infection, blood borne viruses and other medical conditions.
- Established a link with The Linus Project (local quilt makers in Enfield),¹ a charity which supports the Lighthouse to provide handmade quilts to give to children and young people attending our service. Their aim is to ‘provide the physical reassurance that comes with being snuggled up in a quilt’ and they have been very popular with children of all ages.

¹ https://projectlinusuk.org.uk/
8.2 Impact of COVID

The health team continued to offer a service even through the lockdown with virtual appointments where possible and face to face appointments for those needing an urgent examination. To help the children feel relaxed with the new COVID infection control restrictions the team created a helpful poster.

Why we wear Personal Protective Equipment (PPE)

Keeping everybody safe at The Lighthouse

Health workers may look different. They are wearing extra protection called PPE

- Face mask
- Face shield
- Gloves and gown

PPE helps nurses and doctors work safely
PPE helps stop the coronavirus spreading to other patients
Underneath it is still the same person caring for you

8.3 Professional development

The Lighthouse hosts regular and successful pan-London peer review meetings which moved to virtual during lockdown; as well as hosting paediatric trainees to observe the work of the health team. The health team will be presenting a paper on ‘Health outcomes in children and young people who have been sexually abused’ at the 16th ISPCAN European Congress on child abuse and neglect, which has been postponed until June 2021.

8.4 Physical findings following the examination

All the children and young people attending the Lighthouse are offered a general physical examination and, where appropriate, an examination of their genitalia and anus. In some cases an examination is not indicated or the child/young person do not want one. Despite the common preconception, many children and parents feel very reassured by the examination knowing that their body has healed. It is an opportunity to understand the anatomy, and ask questions, for example an eight year old girl asked if she might be pregnant.

Out of the 147 children seen by the paediatric team, 97 (66%) were examined (see Figure 4). It is rare to find physical abnormalities after non-recent abuse. A quarter of the children who had an anogenital (anus and private parts) examination at the
Lighthouse had abnormal physical findings. The paediatricians submitted nine witness statements in the year and attended court twice.

Figure 4: Examinations of children and young people by the Paediatric Team

The holistic medical examination at the Lighthouse has identified:

- physical abnormalities/symptoms due to the sexual abuse
- medical conditions which may or may not have be adequately treated
- new medical conditions which had not been diagnosed before
- conditions related to emotional sequelae including functional symptoms e.g. abdominal pain with no underlying medical cause, signs of self-harm, obesity etc

Physical signs found on examination included untreated acne, bedwetting and missing school because of poorly managed period pains amongst others. Some of the children, as illustrated in Case Study Three, have physical pain which is not related to medical conditions but related to their emotional pain. These diagnoses are important otherwise there is a tendency for unnecessary medical investigations and even treatment when the problem is emotional. In addition, the medical history taking identified issues with eating, sleeping and substance and alcohol misuse. See Section 9.10 for more detail.
8.5 Overweight and obesity

Some children who have suffered historic sexual abuse, and have had to keep the secret over many years, can overeat and present as overweight or obese. The Lighthouse found that obesity was higher than in the general population, with 19% of children and young people seen by the health team being obese and 27% overweight. The National Child Measurement Programme 2019 reported that by Year 6 children (age 10–11 years) 21% are obese and 14.2% overweight, which is lower than the Lighthouse population.

Figure 5: BMI profile of children and young people seen by the health team

Figure 6: BMI of children by age
8.6 Treating medical conditions

The health assessment provides an opportunity for health promotion and the treatment of identified medical conditions. Figure 7 shows the types of conditions that were treated following the health assessment. It is important to note that many of the conditions could have been treated in primary care and they are not life limiting conditions. However they may be a considerable health burden to the child and their family and very often these conditions go unrecognised or untreated. This could be due to the combined pressures of a child who has alleged sexual abuse and who is living with other vulnerabilities. The health team observed that many children have physical symptoms related to anxiety, as the Case Study Three illustrates.

Figure 7: Prescriptions issued by the health team (n=192)
Case Study Three: Case of sexually abused teenagers with chronic pain:

Lucas* was a 16 year old boy referred to the Lighthouse because of an allegation of rape by two unknown males. Lucas had a complex family history with a father that misuses alcohol and is physically abusive to the children and Lucas's mother. Both of the parents have English as a second language. The social worker had concerns Lucas was being sexually exploited, was self-harming, had been bullied at school and online, and had difficulties keeping up with learning because of absence from school with abdominal pain.

The abdominal pain resulted in him having a surgical procedure and at times he was unable to go to school due to the pain. The paediatrician was able to exclude any underlying medical condition with non-invasive investigations and a second opinion.

Lucas commenced working with an emotional well-being practitioner who offered weekly sessions including:

- Psychoeducational work to help Lucas understand how his body ‘keeps the score’ and that pain is exacerbated by vicarious and direct trauma.
- An understanding of central and peripheral sensitivity amplifying pain – resulting from the two rapes, so that he understood his body organs were not diseased but had been made sensitive.
- Commencing a trial of medicine to improve his very disturbed sleep pattern.
- Work with Lucas’s mother to help her not to pathologise Lucas’s pain.

College tutors were supported by the Lighthouse to understand why stressful situations at college might cause a flare up in Lucas’s pain and raise his emotional temperature. As a consequence they are actively offering support to help Lucas regulate rather than engaging in conflict.

Working together has resulted in Lucas feeling supported enough to stop repeated appointments at the GP and Lucas is able to speak about his sadness, with fewer outbursts of anger. He is sleeping better and is managing to attend college lessons.

(*not the child’s actual name)
8.7 Role of the Clinical Nurse Specialist (CNS)

The role of the CNS has developed beyond the brief in the service specification and added significant value to the Lighthouse service.

Contraception and sexual health care provision within the Lighthouse

A nurse led service for contraception and sexual health care provision began in the Lighthouse in April 2019. Up until this point young people requiring contraceptive services at the Lighthouse were signposted to the Brandon Centre (young people’s contraceptive and sexual health service), however attendance at this service was low. The health needs of children and young people accessing the Lighthouse are often complex and this coupled with the effects of going through the legal/ court process can put them at risk of inequalities in accessing health services, including those related to sexual health. These inequalities are even more significant among looked after children and unaccompanied asylum seeking children.

According to the British Association for Sexual Health and HIV (BASHH) ‘those attending sexual assault referral centres have a variety of acute and longer term sexual health and contraceptive needs’.2 A recent study in the Cardiff sexual assault referral centre showed that only 50% of patients referred on to sexual health services for contraception attended, and of 28 patients counselled and referred for Hepatitis B immunisation and PEP only 8 commenced treatment.3

The Lighthouse is in a unique position to offer a variety of sexual health services within a multiagency setting and in a young person friendly environment. This includes access to a wide range of contraceptive methods (emergency contraception, contraceptive implant, contraceptive injection, oral contraception, contraceptive patch, ring and condoms), immunisation for Hepatitis B and HPV and follow up screening for STI’s and blood borne viruses. As children and young people may return regularly for therapy and advocacy sessions a flexible approach to providing these services has been adopted.

Young people access contraceptive and sexual health services at their Initial Assessment and follow-up appointments. Key to supporting young people to access sexual health services within the Lighthouse, are referrals from multiagency colleagues and in particular advocates and emotional well-being practitioners who also support children and young people to complete immunisations when attending advocacy and therapy sessions.

Flexibility is crucial and when appointments are missed, it is important to keep an open line of communication with children, young people and their families and carers. Young people are able to contact the Clinical Nurse Specialist directly via e-mail or text.

2 Clinical Effectiveness Group, British Association for Sexual Health and HIV. UK national guidelines on the management of adult and adolescent complainants of sexual assault. BASHH Guidance 2011.
The Lighthouse has been able to offer a full schedule of Hepatitis B immunisation to children and young people since March 2019. In the past 12 months, 49 young people have commenced Hepatitis B immunisation and of these 21 have completed their schedule of immunisation. HPV immunisation (Human Papilloma Virus) has also been offered and nine young people have completed HPV immunisation.

In the past year 60 young people have had contraceptive consultation and 50 young people have accessed contraception. The Lighthouse is now part of the C-Card condom distribution scheme in north London. Since 2019 10 practitioners from advocacy service, CAMHS service, LTFI and Health Team have been C-Card trained to educate young people in condom use and provide condoms. Five young people have accessed RSE, which is offered as children and young people may have low school attendance as a consequence of sexual abuse and may have missed RSE lessons.

Figure 8: Access to contraceptive services

The CNS provides a regular session at the parent psychoeducation course on talking to children and young people about relationship and sex education. A parent said ‘The session helped me not to fear sexual education with my daughter! And to realise there is so much normality and goodness to come’.
8.8 Role of the Play Specialist

The play specialist is a unique member of the paediatric health team and has a varied play based role in the health team, as can be seen in Case Study Four.

During Initial Assessments:

The play specialist supported 54 initial assessments:

- helping children and young people adapt to the new environment through play
- explaining medical procedure (including blood tests, medical examinations, vaccinations and swabs) and correcting any misconceptions
- identifying any anxieties relating to the procedures and finding coping strategies
- supporting children and young people during the procedure using toys, breathing techniques and other resources
- provision of resources to help aid sleep
- ensuring the child’s wishes are listened to before and during procedures
- offering emotional support for parents and carers

Specialist 1 to 1 support:

93 sessions with individual children were offered this year including:

- Sleep work – identifying sleep difficulties and advising on good sleep hygiene
- Relaxation sessions – four to six sessions for those children and young people who suffer with persistent nightmares, flash backs and sleep paralysis. Techniques such as visualisation, mindfulness, deep breathing techniques, progressive muscle relaxation, yoga, meditation are explored with the child or a young person.
- Play sessions – up to eight sessions before the child commences a therapeutic intervention with CAMHS or LTFI. These sessions are focused on post procedural play, therapeutic play and relaxation.

8.9 Feedback from children and families

The health team survey children and families about their experiences of the health service at the Lighthouse. There were 68 responses between February and October 2020, 47% were expecting a health check before they came and 87% felt the health team explained what would happen at the start of the initial assessment. They said ‘Amazing support, compassion, efficiency, level of training, great explaining, thoughtful’. 78% found the physical examination helpful and 90% said they would recommend the Lighthouse to their friends and family reporting ‘The whole appointment went well. It began holistically and ended holistically’.
Case Study Four – Joint working with Play Specialist in Health Team

Safa* was a 15 year old with possible autistic spectrum disorder and was being treated with anti-depressants to help improve her mood. She was referred to the Lighthouse following allegation of historic child sexual abuse by a family member.

Safa and her mother were seen for a health assessment including physical examination including blood borne viruses. She was needle phobic and her community team had been trying unsuccessfully for several months to take blood. Safa expressed that she did want to have blood tests to make sure she was healthy but expressed her fears especially in relation to needles. The Play Specialist devised a plan to support Safa to have the blood test.

Over a period of several sessions, she combined the educational element of the sessions with craft in order for Safa to remain engaged and not overwhelmed.

1. Getting to know you session: they discussed the reasons for the blood tests and Safa chose a painting activity using blood taking equipment to start the process of desensitisation in relation to medical equipment.

2. Desensitising session: Safa handled various equipment used for blood tests and met the paediatrician who explained the importance of the blood test.

3. Desensitising session: Safa met the Clinical Nurse Specialist who applied topical anaesthetic cream. She then enjoyed a craft activity while the cream desensitised her hand, but she still found the removal of the plaster covering painful.

4. Desensitising session: Safa read the photo book and tried out a deep breathing technique.

5. Mock blood test: Safa was shown around the health room and with the help of the Clinical Nurse Specialist was able to practise having a blood test.

6. Blood test: Safa had her topical anaesthetic cream applied and after reassurance, she allowed the paediatrician to proceed. She felt ‘proud of herself’ for being able to achieve this.

(*not the child’s actual name)

Figure 9: Syringe painting as part of the desensitisation process:
9. Characteristics of the children and young people attending the Lighthouse

9.1 Age and gender

The majority of children and young people referred to the Lighthouse were girls (83%), with fewer boys (17%) and no one identifying as transgender. Just under half of the pre-school and school age children (0–12 years) referred were boys but this reduced to less than 1 in 13 young people (13–17 years). From 2021 the Lighthouse will also be collecting and reporting sexual identity data.

The most common age at referral was 5–12 years (38%), with a reduction in referrals for 0–4 year olds and 13–15 year olds compared with last year. The most significant drop was in referrals for the under 5s which fell to 7%. Eight referrals were received for young people aged 18 years or over who were all female.
Figure 11: Age and Gender of Service Users

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Under 5</th>
<th>5–12 years</th>
<th>13–15 years</th>
<th>16–17 years</th>
<th>18–25 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>15</td>
<td>35</td>
<td>74</td>
<td>74</td>
<td>8</td>
</tr>
<tr>
<td>Male</td>
<td>7</td>
<td>86</td>
<td>83</td>
<td>74</td>
<td>8</td>
</tr>
<tr>
<td>Not disclosed</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Figure 12: Total Referrals by Age (n=321)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>0–4 years</th>
<th>5–12 years</th>
<th>13–15 years</th>
<th>16–17 years</th>
<th>18–25 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>22</td>
<td>121</td>
<td>89</td>
<td>81</td>
<td>8</td>
</tr>
</tbody>
</table>
9.2 Ethnicity

The ethnicity of the child or young person was collected at the Initial Assessment and therefore available in 184 of the 321 referrals. Where ethnicity was available it can be seen that there is diversity in the children and young people referred with 47% reporting their ethnicity as white, 20% black, 26% mixed/other ethnicity and 7% asian. Compared with the local population in North Central London, the Lighthouse continues to be referred a significantly higher percentage of children and young people from black or mixed ethnicity groups and fewer white children and young people than in the local population of 0–18 year olds (Office National Statistics ONS data).

Figure 13: CYP Ethnicity compared with North Central London demographics

![Figure 13: CYP Ethnicity compared with North Central London demographics]

Figure 14: CYP Ethnicity Data compared with previous year

This one didn’t have column ;labels but I have added them for consistency

![Figure 14: CYP Ethnicity Data compared with previous year]
9.3 Disabilities

Of the 321 children and young people referred, a physical or learning disability was recorded in 43 (22%) of the children seen. 124 records had no value recorded for disability. This 22% is nearly double the rate of children and young people referred last year with a disability and 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 and 7% as noted by the Papworth Trust. 4 43 children and young people reported one or more disability with a total of 60 disabilities reported. The most common being mild to moderate learning disability seen in 20 children and young people, with 7 reporting a physical disability. There were 22 children with ADHD, autism, communication difficulties and sensory difficulties, 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. Prior to the need for virtual working and socially distancing, the Lighthouse team offered 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 first 6 months of the year we 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 16: Service users with one or more disabilities (CYP = 43 reporting disabilities = 60)

<table>
<thead>
<tr>
<th>Disability Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning difficulties – mild</td>
<td>11</td>
</tr>
<tr>
<td>Learning difficulties – moderate</td>
<td>9</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
</tr>
<tr>
<td>Autism diagnosed</td>
<td>7</td>
</tr>
<tr>
<td>Physical – mild</td>
<td>7</td>
</tr>
<tr>
<td>Communication/speech and language under therapy</td>
<td>6</td>
</tr>
<tr>
<td>ADHD diagnosed</td>
<td>6</td>
</tr>
<tr>
<td>Sensory – hearing with aids</td>
<td>3</td>
</tr>
<tr>
<td>Not stated</td>
<td>2</td>
</tr>
<tr>
<td>Physical – mod/severe</td>
<td>1</td>
</tr>
</tbody>
</table>

Figure 15: CYP Disability status (n=198)

<table>
<thead>
<tr>
<th>Disability Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not known</td>
<td>5%</td>
</tr>
<tr>
<td>Yes</td>
<td>22%</td>
</tr>
<tr>
<td>No</td>
<td>73%</td>
</tr>
</tbody>
</table>

9.4 Vulnerabilities

Of the 198 children and young people seen for an initial assessment, a vulnerability was noted at initial assessment in 81% of the children and 27% of children reported four or more vulnerabilities. The 198 children and young people noted 464 counts of vulnerability, with many children and young people reporting two or more vulnerabilities at the time of assessment. The most common were anxiety and depression seen in 70 children and young people, 61 reporting domestic violence and 54 self-harm.

Other common vulnerabilities were difficulties at school for 46 children and young people, 34 with concerns over their safety, 33 experiencing child sexual exploitation respectively and 20 at risk of suicide. Even before the Covid-19 pandemic, there was emerging evidence from studies such as the Millenium Cohort Study and reviews by the Mental Health Foundation and Young Minds that the prevalence of mental distress in young people was increasing. This is particularly true for young women and teenage girls with depression, anxiety and self-harm increasing. There is now further evidence that the pandemic has amplified this for some young people particularly those with pre-existing mental health problems, adversity and trauma. We are predicting that together with an increase in reported domestic abuse in adults, sadly, there will have been an increase in the abuse of children including sexual abuse with fewer opportunities to disclose or confide in others because of schools having been shut and other out-of-home activities and services being unavailable. With this overall context, it is not surprising that we are seeing increased numbers of self-harming and suicidal young people in the Lighthouse.

We have begun a case note audit of self-harming behaviour, reported suicidality and involvement of local CAMHS to see whether there is evidence of these issues having increased in frequency in the young people we have seen over the first two years of the service.

Figure 17: Service users with one or more vulnerability
(CYP = 160 reporting disabilities = 464)
Figure 18: Vulnerabilities (CYP: n=198)

- No: 18%
- Yes: 81%
- Not known: 1%

Figure 19: Service Users with one or more Vulnerabilities
CYP (n=198); Vulnerabilities (n=464)

- Anxiety/depression: 70%
- History of domestic violence: 61%
- Other vulnerability: 56%
- History of self harm: 54%
- School/education problems: 46%
- Concerns over safety: 34%
- Child sexual exploitation: 33%
- Drugs/alcohol: 24%
- Sexualised behaviour: 22%
- Suicide risk: 20%
- LA care order: 16%
- Risk of further harm: 12%
- Missing from home: 10%
- Eating disorder: 6%
9.5 Mental health

125 (63%) of the 198 children and young people seen noted 347 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 86 children and young people, with 59 reporting depression or feeling withdrawn, 57 parents reporting a change in their child’s behaviour and 55 self-harming. This is a significant increase on the number of children and young people reporting mental health conditions last year at the Lighthouse.

24 of the 198 children seen at the Lighthouse were displaying sexually harmful behaviours in addition to the abuse they themselves had experienced. The Lighthouse team seek consultation with the NSPCC National Clinical Assessment and Treatment Service (NCATS) for children and young people who have abused other children and referred one child for longer-term support by the NCATS team.

Fig 20: Mental Health Conditions 125 CYP reporting 347 Mental Health conditions
10. Type and nature of abuse

10.1 Type of abuse

Intra-familial child sexual abuse remains the most common abuse type at 38%, with 22% peer on peer abuse and 14% extra-familial. Only a small percentage of the referrals are for child sexual exploitation (3%) and perpetrator was unknown in 9% of cases. For some children and young people more than one offence type is recorded, so for 321 referrals there were 343 recorded offences.

Figure 21: CYP = 321, Offence Types Reported (n=343)

- Intra-familial sexual abuse 38%
- Peer on peer sexual abuse 22%
- Unknown 9%
- Extra-familial sexual abuse 14%
- Assault by unknown 9%
- Other 4%
- Sexually harmful behaviour 1%
- Child sexual exploitation 3%

10.2 Alleged perpetrators of abuse

For the majority of children there is a single alleged perpetrator but for 1 in 8 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 22: Alleged perpetrator type (n=265)

- Single perpetrator 86%
- Multiple perpetrator 14%
11. Referral pathway

11.1 Referral outcomes

Following a continued programme of awareness raising to front line staff and team leaders in social care, education and the police, the Lighthouse referrals remained high at 30 per month until the start of the COVID 19 pandemic. Referrals dropped by 50% in the first month of the COVID lockdown and then steadily increased back to usual by the summer, resulting in a total of 321 referrals in the second year of the Lighthouse pilot.

Figure 23: Monthly Referrals – Oct 2019 to September 2020 (n=321)

Figure 24: Lighthouse referrals compared with victims reporting child sexual abuse to the police in North Central London (NCL). NCL data used is not official data.

- Referrals
- Number of reported victims (under 18 years)
Table 3:

<table>
<thead>
<tr>
<th>Borough</th>
<th>Barnet</th>
<th>Camden</th>
<th>Enfield</th>
<th>Haringey</th>
<th>Islington</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYP referred as a % of recorded Sexual Offences Victims in the borough</td>
<td>58%</td>
<td>42%</td>
<td>38%</td>
<td>34%</td>
<td>59%</td>
</tr>
</tbody>
</table>

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 59% of the total number of sexual offences reported to the police in the borough in the same period (Oct 2019 – Sept 2020). This means the Lighthouse continues to receive referrals for approximately 1 in 2 children and young people in NCL who report sexual offences.

258 (80%) of referrals to the Lighthouse were accepted, allocated to a team and offered either an initial assessment, consultation or an ABE; 23 did not meet Lighthouse criteria and 6 did not want any support.

Figure 25: Referrals to the Lighthouse (n=321)
11.2 Referral source

The most common referral source to the Lighthouse remains children’s social care teams, with a smaller number from the police and other sources such as schools, GPs or sexual health clinics. Self-referrals remain low at 7% as the service was not able to proactively advertise the service to young people directly due to the limitations of the COVID pandemic. In the third year of the Lighthouse pilot, the service will be delivering sessions in schools and higher education across North Central London to raise awareness of sexual abuse and enable reporting and self-referrals.

There have also been 14 transfers from the CYP Havens during the 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 26: Referral sources by borough (n=321)
Figure 27: Referral sources by age (n=321)

11.3 Referral borough by 10,000 population

Throughout the year we have used the relative rate of referrals per 10,000 local population 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. Barnet has increased their relative referral rate from 5 to 7/10,000 resulting in a more equitable referral rate across the area.

Figure 28: LH Referrals per 10,000 Borough Population (2019 ONS Mid-Year Estimate)
11.4 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. Where it is known, the children and young people under 13 years that attended the Lighthouse most commonly told a family member (90%). Whereas young people 13–25 years told either a family member, someone at school or the police.

Police liaison officers continue to be available to children and young people and take the time to explain the criminal justice process. This has enabled some children and young people engage with the investigation and be supported to access the justice process.

Figure 29: Who did the Child or Young Person first tell about child sexual abuse? (CYP n=253)
12. Services provided

12.1 Strategy meetings and consultations

This year the Lighthouse team offered an increased number of consultations, either prior to or instead of initial assessments, rising from 41 in Year 1 to 149 in Year 2. This offer has been expanded from SCLO consulting with referrers to a broader professional consultation offer with a team from the Lighthouse including SCLO, CAMHS, paediatricians and/or advocates. In 2019/20 the Lighthouse attended 129 strategy meetings (usually by video conference post March 2020) and 149 consultations.

Figure 30: Strategy meetings and consultations

<table>
<thead>
<tr>
<th></th>
<th>Strategy meetings (n=129)</th>
<th>Consultations (n=149)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barnet</td>
<td>8</td>
<td>32</td>
</tr>
<tr>
<td>Camden</td>
<td>32</td>
<td>54</td>
</tr>
<tr>
<td>Enfield</td>
<td>19</td>
<td>21</td>
</tr>
<tr>
<td>Haringey</td>
<td>15</td>
<td>27</td>
</tr>
<tr>
<td>Islington</td>
<td>33</td>
<td>34</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>
12.2 Referrals that progress to an Initial Assessment (IA)

Not all of the children and young people referred to the Lighthouse progress to an Initial Assessment, with 198 out of the 321 (62%) being seen by the multi-agency Lighthouse team at assessment. The lowest conversion rate is in 16–17 years.

Figure 31: Referrals progressing to Initial Assessments

![Graph showing referrals progressing to initial assessments from October 2019 to September 2020.]

Figure 32: Referrals progressing to Initial Assessments split by Age

![Graph showing referrals progressing to initial assessments split by age group from 0–4 years to 18–25 years.]

Impact of Covid-19

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12.3 Referrals that did not access an Initial Assessment

For the children and young people that did not attend for an Initial Assessment there were a number of key reasons for this. 19% had an Initial Assessment booked in the future reporting period, in 8% of cases a consultation with the professional network enabled a local plan to be made, 8% were referred for an ABE only and 3% did not attend. There were 21% of children and young people that we anticipate could move onto an Initial Assessment that were either pending further information or a decision to book the IA or ABE date.

Figure 33: Lighthouse Referrals that did not attend an Initial Assessment in the reporting period

12.4 Services accessed at the Lighthouse

Children and young people referred to the Lighthouse are offered an initial assessment with the 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 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 some services more than once, with one practitioner supporting the child and another supporting the parent.

20 parents have attended the parent psychoeducation 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 – 7WTE and often support can last throughout the case being open
- CAMHS – 6 WTE (plus trainees) offering support for up to 12 sessions on average, with some duplication of allocations to support trainee CAMHS practitioners
- Clinical nurse specialist for sexual health – 1WTE offering short courses of treatment (1–3) and one off sessions
- LTFTI and P&R practitioners – 5WTE offering a six session assessment and up to 24 sessions of support, with some duplication of allocations for child and parent work
- Paediatrician – 1.2 WTE offering initial assessments and one to two follow ups
- Dietitian – a pilot of a new service offer

Figure 34: Services accessed by children and young people that attended for an Initial Assessment

Some children and young people that do not attend for an Initial Assessment are still supported by allocated practitioners, as seen in Figure 35. This can include consultations with their local professional network, primary case holder work with the family prior to the Initial Assessments, show-arounds etc. Not all children and young people progress to a full Initial Assessment but this intensive preparatory work of the Lighthouse can be invaluable in supporting them and their professional network to identify the best pathway for the child or young person. There were an additional 120 families that received support from up to three members of the team, but did not progress to an Initial Assessment.
### Figure 35: Number of services accessed by all children, young people and families at Lighthouse

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Families supported</th>
<th>Allocations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy</td>
<td>251</td>
<td>324</td>
</tr>
<tr>
<td>CAMHS</td>
<td>262</td>
<td>390</td>
</tr>
<tr>
<td>Dietitian</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>LTIF/P&amp;R</td>
<td>124</td>
<td>162</td>
</tr>
<tr>
<td>Paediatrician</td>
<td>324</td>
<td>371</td>
</tr>
<tr>
<td>Play specialist</td>
<td>120</td>
<td>123</td>
</tr>
<tr>
<td>Sexual health nurse</td>
<td>183</td>
<td>188</td>
</tr>
</tbody>
</table>

### 12.5 Impact of COVID pandemic on appointment types

As discussed in Section 4, COVID had an impact on the way the service could support children and young people with a change in practice to more video and telephone appointments. The majority of appointments moved to video or telephone (58%), with 41% onsite at the Lighthouse and 1% offsite. Data on appointment types was not collected prior to June 2020.

Paediatricians undertake most of their appointments face to face, whereas during the COVID pandemic the advocates and wellbeing practitioners rely on more telephone, video and text/WhatsApp for keeping in contact with children and young people.

### Figure 36: Contacts with Service Users (Jul ’20 to Sep ’20)

<table>
<thead>
<tr>
<th>Appointment Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointment off site</td>
<td>11</td>
</tr>
<tr>
<td>Appointment (video call)</td>
<td>192</td>
</tr>
<tr>
<td>Appointment (telephone call)</td>
<td>298</td>
</tr>
<tr>
<td>Appointment at the Lighthouse</td>
<td>352</td>
</tr>
<tr>
<td>Text/WhatsApp</td>
<td>397</td>
</tr>
</tbody>
</table>
Figure 37: Contacts per Service at The Lighthouse (Monthly Average: Jul ’20 to Sep ’20)

<table>
<thead>
<tr>
<th>Contact Type</th>
<th>WTE 1</th>
<th>WTE 2</th>
<th>WTE 3</th>
<th>WTE 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow-up (face-to-face)</td>
<td>4</td>
<td>10</td>
<td>3</td>
<td>24</td>
</tr>
<tr>
<td>Text/WhatsApp</td>
<td>14</td>
<td>1</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Follow-up appt (telephone call)</td>
<td>7</td>
<td>8</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Case management meeting</td>
<td>2</td>
<td>9</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Follow-up appt (video call)</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Appointment off site</td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

12.6 Onward referral

12.6.1 NSPCC services funded by Morgan Stanley

The additional capacity created by the Morgan Stanley funded team has been required to deliver more full LTFI and P&R services from NSPCC this year than the parent and sibling work it was primarily expected to offer. The team have worked with a total of 26 cases transferred from The Lighthouse during the second year. This is in addition to the one full-time Morgan Stanley funded LTFI practitioner located within the Lighthouse team.

Practitioners have delivered full LTFI interventions to 6 children (one with a learning disability) and 4 parents. The P&R team have delivered full interventions to 4 children and 2 parents. This is in addition to the 7 parents and 3 siblings who had a bespoke intervention in response to their needs arising from the disclosure of sexual abuse within their family. Although it was anticipated that this team would generally offer shorter interventions than the traditional models of work, the complexity of the referrals, the high percentage of children requiring a full therapeutic intervention and the impact of COVID has led to an average duration for transferred cases of more than a year (61.5 weeks).
Sibling support

The NSPCC Sibling Support service provides one-to-one emotional support for a sibling of child receiving support for sexual abuse at the Lighthouse and can be up to 10 sessions bespoke to the needs to the child. The children that used the service said they felt confused and did not know how to support or help their sibling that has experienced abuse. Others felt overwhelmed and identified the stress in the household. Some children reported confusing feelings about the perpetrator, ranging from feeling scared of them through to missing them as well as feeling guilty for not noticing the abuse or protecting their sibling. Practitioners noticed they minimised their own feelings and experiences in relation to their siblings’ abuse.

Case Study Five

A 10-year-old girl, whose older sister had been abused, was supported by the NSPCC Sibling Service. Her sister and mother had support of their own but she felt she had no one to listen to her. Goals were agreed with her to increase confidence and be more comfortable talking about her feelings. The practitioner used creative storyboards with her characterised as a superhero facing difficult situations.

Case Study Six

An 11 year old boy, whose sister had been abused by someone in the neighbourhood, was referred to the NSPCC Sibling Service. He was afraid of meeting the perpetrator on the way to school and found himself distracted in lessons. He had fears that the perpetrator would be angry with his family because of the police investigation and would try to hurt him in revenge. He worked with a practitioner in the sand tray where he buried the perpetrator to keep him locked away and gain a sense of power and mastery over him. The practitioner taught him techniques for grounding, enabling him to better focus at school. Mum said that the support helped build resilience in her son, and she felt reassured knowing he was in a safe pair of hands, so she could focus on her daughter who had been abused.
12.6.2 Onward referrals to local services

The Lighthouse refers onto local services where this is in the best interests of the child. This can include local paediatricians for medical examinations, school counsellors, Sexual health services. Ten children and families were referred to third sector organisations, including Solace Women’s Aid for support with domestic violence in the home, Christian Housing and the Women and Girls Network.

MASH referrals were made for 11 children and families and in one case a LADO referral was made.

Figure 38: Onward Referrals CYP =45, Referrals (n=51)

12.7 Video Recorded Interviews

Video recorded interviews (VRI) or Achieving Best Evidence (ABE) interviews at the Lighthouse can be police, social work or clinical psychology led. During the year the Lighthouse has hosted 32 police or social work led VRIs and 25 clinical psychology led VRIs, with a significant reduction during the COVID pandemic lockdown. In that quarter, many VRIs were cancelled due to children and families concerns about travelling to the Lighthouse. The Lighthouse offered parking for families to minimise the need for use of public transport, and continue to offer face-to-face interviews in a COVID secure environment. Masks were used on arrival and in professional meetings, but not during the interview because of the potential impact on communication and evidence gathering.
Four clinical psychologists have completed the training phase and are quality assured to lead VRIs. The complexity of VRIs that can be led by the psychologists is increasing and The Lighthouse is able to split the pre interview assessment and interview over two separate days if this is helpful for the child. The team have expanded the breadth of professionals invited to the professional planning meeting such as CAMHS, school and key workers to optimise the information shared to contribute at the planning stage.

The feedback from professionals and children and young people continues to be positive as seen in Section 3.

**Figure 39: Psychologist and Police Led VRIs (n=57)**

![Figure 39: Psychologist and Police Led VRIs (n=57)](image)
13. Outcomes

13.1 Emotional wellbeing and advocacy outcomes

Goal based outcomes with children and young people

The emotional wellbeing and advocacy teams use goal based outcomes that are agreed individually with each child, young person or parent to track their progress and outcomes. Goals can be based around a variety of topics that are important to the individual child such as managing self-harm, returning to school, building confidence, healthy relationships, secure home environment or understanding the criminal justice process. During the year 2019/20, 276 goals were agreed with children and young people and 67% were achieved, 37% partially achieved and 4% not achieved.

Figure 40: Goal based outcomes set with children and young people

Parent course outcomes

All parents on the parent course set goals at the beginning of the eight session course, with the most common goals being able to help or support their child, being able to manage their child’s and their own wellbeing. Table 4 describes the different goal themes.
Table 4. Themes from parent goals for the course

<table>
<thead>
<tr>
<th>Goal content</th>
<th>Occurrence</th>
</tr>
</thead>
<tbody>
<tr>
<td>To be able to help or support their child</td>
<td>10</td>
</tr>
<tr>
<td>Being able to manage child/have techniques to use</td>
<td>4</td>
</tr>
<tr>
<td>To improve own wellbeing/ability to manage</td>
<td>4</td>
</tr>
<tr>
<td>Understanding the effect on their child</td>
<td>1</td>
</tr>
<tr>
<td>To improve communication</td>
<td>1</td>
</tr>
<tr>
<td>To talk about experience with other parents</td>
<td>3</td>
</tr>
<tr>
<td>To feel more hopeful for the future</td>
<td>1</td>
</tr>
</tbody>
</table>

The eleven parents rated their progress towards their goals on a ten point scale before, during and after the course. Table 5 shows that there was an increase in mean progress towards goals from pre to post group. The parents made progress on 69% of their goals and 31% were scored the same pre and post the group (of which half were already on the highest score pre course).

Table 5. Means, standard deviations and ranges for progress made towards individual goals pre and post parent course.

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean (SD)</td>
<td>5.39 (3.12)</td>
<td>7.78 (1.74)</td>
<td>2.39 (2.40)</td>
</tr>
<tr>
<td>Range</td>
<td>1–10</td>
<td>5–10</td>
<td>0–8</td>
</tr>
</tbody>
</table>

Health Team outcomes

The health team have enabled access to holistic health care and sexual health support where children and young people may otherwise have not been able or willing to access this support, including:

- 192 prescriptions to treat varied medical conditions including acne, constipation, anaemia
- 49 young people commenced Hepatitis B immunisation and of these 21 have completed their schedule of immunisation.
- Nine young people completed HPV immunisation (Human Papilloma Virus) – this is often missed by young people aged 12–13 years old who have been absent from school as a result of the trauma of sexual abuse
- 60 young people have had contraceptive consultation and 50 young people have accessed contraception – the Lighthouse enables easy access to contraception for young people who may not feel able to attend a sexual health clinic
14. 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.

A number of high profile visitors joined us at the Lighthouse from Oct 2019 to Sept 2020 including:

- A joint visit from the five Children’s Commissioners across UK (England, Wales, Scotland, Northern Ireland and Jersey) and the Victim’s Commissioner
- The Head of Safeguarding for the Metropolitan Police
- Chair and Medical Director of University College London Hospitals NHS Foundation Trust
- Criminal justice colleagues from Scotland and Northern Ireland
- NSPCC national campaigning leads for child justice
- CEO of Her Majesty's Courts and Tribunal Service
- Home Office Policy and Strategy Team
- Team establishing the new Barnahus in Catalonia, Spain,
- CSA lead on National Police Chiefs Council
- Solicitor General at the Attorney General’s Office
- Criminal Justice and project leads for the new Barnahus in Greece,
- Director of Public Prosecution and CEO of Crown Prosecution Service

The Lighthouse is developing a role to disseminate learning and best practice and has supported national and international colleagues through a variety of offers:

- Lighthouse Open Days with attendees from Galway, Ireland; North London CSA hubs and Suffolk SARC
- Advising the Welsh Government plans for CSA services
- Shared learning with Barnahus in Estonia (virtual meeting)
- Shared learning with the new Kanaf service for abused children in Sharjah, United Arab Emirates (virtual meeting)
- Complex case review with CCG team
- Webinar for the Eastern Europe Child Abuse network
- Development of packages of strategic support, training and coaching for new and aspiring CSA services
- Represented the Lighthouse at the PROMISE network in Helsinki
- Hosting London peer review doctor’s group
As experts in the field, members of the Lighthouse have contributed to national guidance documents such as Pre-Trial Therapy guidance, Child House guidance (Home Office), Child House Toolkit and films (MOPAC). As well as providing review and content for courses such as Advocacy and the Vulnerable Course (for lawyers) and the national judicial training modules about trauma informed practice and the impact of trauma on witnesses in the criminal justice process. Emma Harewood, from the Lighthouse, gave evidence on behalf of the Lighthouse as part of the Lambeth Review in the Independent Inquiry into Child Sexual Abuse (IICSA).
15. Summary

As the Lighthouse reaches the end of the second year of the pilot, the team has been reflecting on all that has changed and acknowledged that the service has grown and developed significantly since the original Child House specification.

In summary – what is new at the Lighthouse in 2019/20

- We revised our Lighthouse structure, to bring equal voice to all teams within the service
- We clarified role outlines and meeting purposes
- We will continue to use what we learnt in COVID:
  - creative ideas for engaging children in virtual appointments
  - virtual platforms for professional meetings
  - multi-media approaches to contact children and young people including, telephone, text, Attend Anywhere, Zoom, Voice memos or video messages, WhatsApp.
  - virtual professional meetings which have been more regularly attended by colleagues from children’s social care, schools and police – an easier forum to capture busy professionals
- We have found that by supporting parents we can enable better outcomes for children such as parents feeling contained, more aware and better able to support their children
- We will continue with the NEW parent form – a place for parents to connect with each other, receive information, talks from professionals and provide feedback to us about the Lighthouse service.
- We will develop the role of our ‘expert by experience’ – an adult survivor of childhood sexual abuse
- We will continue with the NEW Young People’s forum – a place for young people to provide feedback or consultation about the Lighthouse service
- We will continue with the expanded health team service including immunisations and contraception

The team have also been contributing to the Mayor’s Office for Police and Crime external evaluation and the development of the Child House Toolkit to ensure that the learning journey is captured. The Year 2 external evaluation and Interim Child House Toolkit will be available from MOPAC in 2021.