

the lighthouse

The background is a dark blue cityscape at night, featuring various buildings, a crane, and a bridge. A large, bright yellow beam of light emanates from a house on a hill at the top, forming a large triangle that frames the central scene. Inside this beam, a park scene is depicted with green trees, a pink train, a person on a bicycle, a person walking a dog, and a person flying a kite. The bottom of the beam is a yellow and pink structure with arches, resembling a lighthouse base. The text 'The Lighthouse Annual Report 2020 - 2021' is centered within the beam.

**The  
Lighthouse  
Annual Report  
2020 – 2021**

## The Lighthouse services are provided by

University College London Hospitals   
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## The Lighthouse services are funded by

  
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## Introduction

This annual report for The Lighthouse describes the learning and outcomes in the third year of the Lighthouse pilot and shares the final outcomes of the 'Child House' pilot at The Lighthouse. 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 374 referrals and 199 initial assessments and onward support of children and young people living in the North Central London area who accessed the service between October 2020 and September 2021.

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## Abbreviations

ABE	Achieving best evidence interview
ADHD	Attention deficit hyperactivity disorder
CAMHS	Child and adolescent mental health services
CPS	Crown Prosecution Service
CSA	Child sexual abuse
CYP	Children and young people
IA	Initial Assessment
ISVA	Independent Sexual Violence Advocate
LTFI	Letting the future in
MASH	Multi agency safeguarding hub
MOPAC	Mayor's Office for Police and Crime
NCL	North Central London
NEL	North East London
SCLO	Social care liaison officer
P&R	Protect and respect
VRI	Video recorded interview
WTE	Whole time equivalent (full time worker)



# 1. Key findings

## 1.1 From the service users

- An independent review with 11 young people by the University of Bedfordshire identified five key features of the Lighthouse that are valued by young people: all under one roof, young people at the centre, a place of welcome and care, individually tailored approach, flexible and unrestricted
- The MOPAC independent evaluation sought feedback from the parents forum and reported that they valued the holistic support that the whole family experienced, and the fact they could safely find out information about CSA
- The parent's psychoeducation course helped parents to feel less isolated and more confident to find ways to resolve difficult situations. At the end of the course, 63% reported reduced feelings of isolation, 89% reported increased confidence and 100% reported improved wellbeing and better able to manage stress.
- Parents said *'I feel better equipped now to handle the situation when things get tricky. It has been such a relief to have this space'. 'We are all from such different backgrounds and yet we have so much in common'*
- The youth forum now meets six weekly and the young people are involved in the co-design of a beautiful Lighthouse lantern which aims to physically bring light and create safety at night outside the Lighthouse building.
- Feedback from one parent whose daughter accessed LTFI while her son accessed the Sibling service said: *'With the support of the Camden Service Centre and The Lighthouse, both my children have learned skills that will have a positive impact on them for the rest of their lives.'*

## 1.2 What is new at the Lighthouse?

- We undertook detailed mapping of the pathway for children and families using the Lighthouse service and found 33% accessed consultation/advice to their professional network or a one off appointment or, 24% accessed short term support and 43% accessed the full intensive Lighthouse support offer of 12–18 months
- We secured recurrent funding of £1.55 million from NHS England (NSHE), the Mayor's Office for Police and Crime (MOPAC), the local Integrated Care System (ICS) and Crown Prosecution Service (CPS)
- We will deliver the new Lighthouse service in partnership with NSPCC and Metropolitan Police Service who bring expertise and significant charitable funding or services in kind
- We have completed our journey to providing Child Friendly Justice and offer psychology, police or social worker led Video Recorded Interviews (VRI) as well as pre-recorded cross examinations under S28 and live links to court, all in the Talking Room at the Lighthouse
- We have influenced practice as a national pilot of the S28 model, with a Young Witness Guide and 'Conversation Bags' to aid judges engage with young people over the live link
- We have now run five parent psychoeducation courses (online and in person), co-led with an expert by experience (an adult survivor of childhood sexual abuse), providing skills and hope to enable parents/carers to better support their child
- We continue to offer onward engagement through the parent forum and young people's forum – a place to connect with each other, receive information, talks by professionals and provide feedback to us about the Lighthouse service

## 1.3 From the data

- The referral rate remained constant at approximately 30 referrals a month – 374 referrals in the year
- Referrals were at their lowest in the Jan/Feb 2021 lockdown and the summer holidays, peaking to 45 per month at the end of lockdown in Mar 2021 (range 15–45 per month)
- Approximately 1 in 2 children and young people in NCL are referred for health and care support after reporting sexual offences
- 84% of children and young people referred were girls, 14% boys and 1% transgender
- 18% of children and young people seen had a disability
- 74% of children and young people seen were reported by clinicians to have one or more vulnerability
- 60% of children and young people seen had a mental health condition
- The most common types of abuse that children and young people were referred following were intra familial (36%), peer on peer (23%) and extra familial (11%)
- 112 strategy meetings attended – reaching a peak in COVID lockdown

# the lighthouse

Since 2018 the Lighthouse has reached **1058** children and young people and their families, provided **322** professional consultations and run **5** parent courses

## Children and young people

**96%** achieved or partially achieved their wellbeing goals

**74%** had one or more vulnerability

**36%** referred following intra familial abuse

**79%** accessed CAMHS

**23%** referred following peer on peer abuse

**21%** accessed LTFI

**50%** of over-13-year-olds given contraceptive advice



## Sharing the Lighthouse learning



During the year the Lighthouse has reached **374** children and young people and provided **132** professional consultations

**43%** supported by whole Lighthouse team for 12-18 months

**24%** accessed assessment and short-term support

**63%** reduced feeling of isolation

**89%** increased confidence

**33%** supported by professional consultation

**69%** improvement in goals

**100%** wellbeing improved

## Parents

**2** parent courses delivered



**£3.12** saved for every £1 invested in the model

'Giving evidence is "doing something massive" and doing this in a place you feel comfortable in may give you the best possible chance.'

## The journey to creating child friendly justice

**22** psychology led VRI  
**29** police/SW led VRI

Increase from 10 to **24%** of cases submitted to CPS

Reduction in victim withdrawal from 45% to **31%**

Cross examination under **£28** in the Talking Room



- 132 consultations offered to local social workers and professional networks (significant increase in the last quarter as the wait time for an initial assessment increased to 10 weeks)
- 199 children and young people attended for an initial assessment and 47% of referrals did not progress to an initial assessment in this reporting period – for a significant number this was because the child or their family declined the appointment, whilst others attended for an ABE only, accessed local services after consultation or had an appointment scheduled for the next quarter due to the 10 week wait for first available appointment, and for others this was due to child/family not meeting our criteria
- Most of the children and families accessed one or more practitioner from advocacy, CAMHS or LTFI and health team
- Open caseloads averaged, 103 children and families open to advocacy, 213 open to therapeutic support (76% of which accessed CAMHS) and 131 open to sexual health
- Parents attending the parent course made progress in 69% of their goals and 31% stayed the same
- Out of 84 children and young people with goals set at the start of their support, 96% achieved or partially achieved their goals – fully achieved 68%, partially achieved 28% and not achieved 4%
- As the country moved in and out of COVID lockdown, there remained a high proportion of telephone and online support, especially in the therapeutic services. Appointments were held moved to video or telephone (81%), with 19% face to face with the child
- 29 police or social work led Video Recorded Interviews (VRIs) and 22 clinical psychology led VRIs were hosted in the Lighthouse 'Talking Room'
- 50% of young people over 13 years old were given contraception advice and 35% accessed contraception
- Abnormal physical signs supporting an allegation of child sexual abuse were found in 17% of children and young people who had a photo documented examination

## 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 374 referrals and the 199 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 2020 and September 2021.

The report also includes a summary of the feedback from external evaluation reports undertaken by MOPAC Evidence and Insight Team, Red Quadrant and University of Bedfordshire. As well as the development of a detailed pathway mapping tool as part of the development of the new specification for the ongoing Lighthouse service. This learning has shaped the development of the Lighthouse service specification for the new recurrent service contract 2022–2025.

## 3. The child or young person's journey and experience of the Lighthouse

### 3.1 'There's something there for everyone'

The University of Bedfordshire report '*There's something there for everyone*' interviewed 11 young people as part of their independent evaluation<sup>1</sup> and found young people's reflections on their experiences of the Lighthouse were overwhelmingly positive; a view supported by the universities Young Researchers' Advisory Panel (YRAP) in terms of the potential benefits that having access to such a model could offer other young people. Some of what young people identified as positive in their experiences of the Lighthouse related to general principles of good practice in supporting young people after sexual abuse. Others, however, related quite clearly to the specific set up and operating practice of the Lighthouse, which can both facilitate, and enhance, the exercise of holistic child and youth-centred practice.

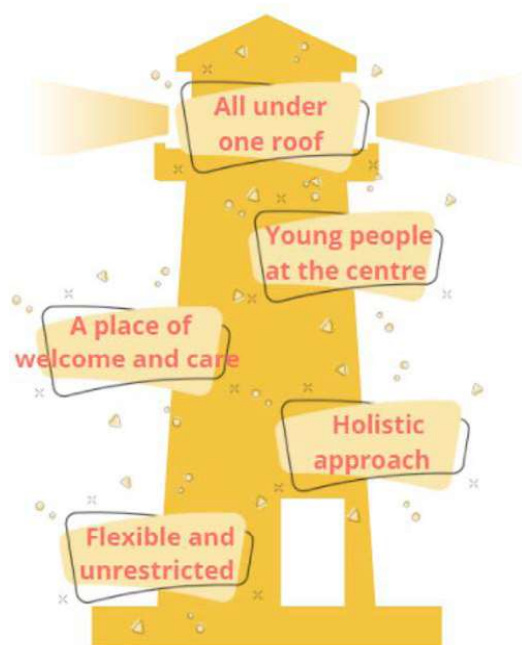
They found **five key features of the Lighthouse approach that young people valued.**

**All under one roof** – a unique feature of the Child House model is the provision of multiple services under one roof, including the practical ease of the integrated approach, as well as the avoidance of a need to 'retell'; both themes identified as important to young people are seen within the existing research evidence base.

**Young people at the centre** – this feeling came from the personal characteristics of staff, authentic and caring ways in which staff treated them, a commitment to support individual needs particular to their experiences of abuse, design/décor of the physical space and opportunities to be part of the service design and delivery.

**A place of welcome and care** – the Lighthouse was a place where they felt welcome and cared for. This related not only to their experience of their therapist or advocate, but to their staff interactions as a whole, from the point of arrival to departure. This was a feature which several contrasted to their experiences in other services and which young people have repeatedly identified as important to them in other research.

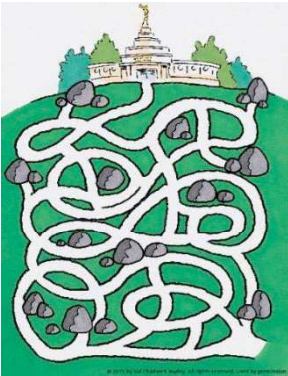
**Holistic and individually tailored approach** – staff expertise and understanding around sexual abuse made a positive difference to feeling heard and held. They also very much valued the fact that the service offer had a broader focus; helping them to 'do life', such as exams and schooling, health conditions not related to their experience of abuse, and immigration.





**Flexible and unrestricted** – they valued the content and pace of therapy; the ability to schedule appointments around what suited them and the ability to change appointments if they were not feeling up to attending them that day. Young people also commented on the importance of planned endings, linked to when they were ready to stop rather than the withdrawal of a service offer. This was particularly valued at times of transition, such as turning 18 or moving away to university, as well as the ability to reinitiate contact with the service should they need it again at a subsequent point, and the important sense of a safety net that this provided.

The young people also had **ideas on how the service could be improved** including:



**Communication** – there is potential for it to feel confusing or overwhelming in the early stages of engagement, particularly given the uniqueness of this integrated approach and how it differs from previous service experiences. A few young people noted how engaging with the service in the aftermath of a traumatic life event made it particularly difficult to understand and process unfamiliar or complex processes or information.

**Information sharing** – young people understood the need for certain information to be passed on, but two did describe incidents where this had not been clear to them or where they felt misled on this. One young person did take pains to stress that this was one negative experience in an otherwise ‘ten out of ten’ experience, and shared that ‘we did work through it and I started being comfortable and trusting her again’

**Awareness of (the uniqueness of) the Lighthouse** – they suggested the Lighthouse find ways to better communicate the uniqueness of their service offer, noting that if other young people understood this they might be more inclined to avail of the service, for example advertising on social media

**Reach of service** – several of the young people reflected on how far they had to travel and/or and the complexity of their travel journey to get to the Lighthouse, expressing a desire for more locations that would enhance accessibility.

It was just one place that I had to go, I didn't have to travel and go to loads and loads of different places to get the same help or whatever I needed. It was just in one place and I had to go there and I didn't have to re-explain myself to new people because who I was speaking to, they would all speak to each other as well, I guess, so it felt like a team more than just one person. They would work together to find the best way to do things for you. (Young person 4)

Having it all under one roof just adds to that feeling of being in a safe space; it's a nice touch. And not having to travel to different places to see different people. (Young person 10)

They will let you feel welcome. Like, for example, like I'd walk into the building, they would always offer you like a drink or maybe like some cookies or anything like that. So it's like you're basically going home. (Young person 11)

They're not here to like fix you and make you better. They're here to give you like the resources that you need to get to your goal. So to get through the next chapter, through the next door, like they give you those keys and teach them how to use them (Young person 5)

...I've gone through a few different services...CAMHS, eating disorder therapy, and then anxiety management...they were great and they were doing their job, but you could tell they were just doing...their job, if that makes sense, whereas here you feel very cared about...you can tell they are genuinely passionate. (Young person 5)

It's not like a team of people trying to fix you and then move on to the next... It's very comforting as a service.... Like we're here to work with you. (Young person 5)

Amazing model, but it's important to be clear about information sharing and you being in control... when you go through things it can be difficult to share with people and you would worry about who would be told what... Important to ask young people if they consent to their information being shared with others. (YRAP)

...I feel like there's a lot of young people who would do really well knowing that there are services like this that are free for you and there for you, like it's a team of people working to benefit you. (Young person 5)

I really like that throughout my duration that I stuck with the same therapist, and that has been very beneficial in that you got to actually trust them and create a bond with them instead of changing, if that makes sense. (Young person 6)

But every time I've needed any kind of support from anywhere else, she'll be like, well I know someone who's really, really good, let me send them an email to see. (Young person 5)

It is really hard to contact the people working on your [criminal] case – they are very busy, so it's really hard for me by myself to get updates...[Advocate name] would let me know every now and then what's going on and if I asked for other information she would get it. (Young person 8)





## 3.2 Parents/carers independent feedback

The MOPAC independent evaluation<sup>2</sup> sought the views of the parents/carers who had children and young people receiving services from the Lighthouse. Overall they were very complementary about the service provided, noting they valued the support that the whole family experienced, and the fact they could safely find out information about CSA. They valued the long-term holistic support which they felt was not available elsewhere. For example including; support for their child, a sibling, and to the parent, communication with the school, and an onward referral for both the mother and the sibling.

One parent, said the advocate was *'so proactive, so when we liaise with the school, the school are actually quite good, but (the advocate) provides information, teaching information, trauma based teaching, information to the school.'* (Parent 2021)

Another parent said his young children; *'[they] looked forward to it, they liked the person they were working with, you could see noticeable improvements month by month, and a lot of it was as a result of the work being done with them. They definitely benefitted. They liked the environment itself as well. They enjoyed going to that actual place.'* (Parent 2021)

Other parents noted there is very little information available for parents/carers of victims of CSA apart from that provided by the Lighthouse. They had been reluctant to seek guidance from the internet because of concerns about what they might find, where their search might lead, and about the quality of the information they found; *'I don't want to get directed by algorithms to something I really don't want to get directed towards'*.

## 3.3 Listening to Lighthouse children, young people and parents

The Youth Forum was launched in early 2021 providing a service user participation opportunity for 14–18 year-olds who meet with Lighthouse facilitators every six weeks to discuss issues related to service development. The young people are paid for their time and are consulted as experts, such as the language being used on forms being developed by the Lighthouse, co-design of a beautiful lantern to light up the street outside the Lighthouse, or sitting on youth panels in recruitment processes. They feedback that consistency of practitioner and long-term support is important to them, as well as joining up the support for them and their parents. Some noted that during their own experiences they hadn't known where to go for help, and suggested schools and social media would be good places to share information about services like the Lighthouse.

The Lighthouse has also established a parents' forum this year, which is a monthly informal facilitated space for parents/carers who have 'graduated' from work at the Lighthouse. It was set up enable parents to 'let off steam', support each other, share some of the emotions that can come with being a Lighthouse parent or simply be alongside people who truly understand. The second aim was for the service to have a group of parents to consult with about service development.

The group started in October 2020 and has been facilitated by the Lighthouse 'Experience Consultant' and a clinical psychologist. On average six people attend each month, with 12 parents who have attended at least once over the last 8 months. Popular topics include anxiety and uncertainty, social media, managing holidays, mindfulness and self-care, parent's friendships, children's friendships and self-esteem. The parents have also requested future sessions on: how trauma affect the body (functional pain), managing expectations, how to advocate, dealing with the closure of criminal investigations if insufficient evidence, siblings, sex and relationships.

*One parent said: "I feel very safe, we have had similar experiences in different ways, you can't talk about this topic too much with friends, it's too heavy, so knowing this comes up once a month is a bit of a lifesaver, you can share, no judgement, very compassionate, it's really a blessing to have this space."*

Next year, we aim to set up a participation group for younger children aged 7–12 years who have accessed the Lighthouse. These children will form a group of 'Lighthouse Keepers' who, through a series of participation sessions, will give feedback on the service and create a project to help improve the service for younger children accessing the Lighthouse.



## 4. Detailed pathway mapping

As part of sustainability planning during year three, extensive mapping of the journey of a child was undertaken to create a resource modelling tool. This mapping built on a detailed audit of 30 children's journeys from July 2019 – September 2021, an anonymous survey open to all staff at the Lighthouse and team/individual meetings. The mapping demonstrated that the support offered to children and families in the Lighthouse could be grouped into three offers known as Child A, B and C. 33% of referrals were supported with a consultation or a one off initial assessment (Child A); 24% of children accessed an initial assessment and short-term support (Child B); and 43% of children accessed the full Lighthouse offer (Child C). Taking on board the learning from the pilot, such as the value of groups, parent work and consultations, these offers were then translated into a new service offer as described below. The Lighthouse Youth Forum told us that consistency of practitioner was important and that *'there should not be a limit to number of sessions at the Lighthouse because a special bond is formed that is hard to break.'* The Intensive support model reflects this need for long-term support.

The resource modelling tool has enabled the service model to be costed and scaled down in line with funding available, as the service now moves from pilot to recurrent funding. The new Lighthouse service offer will include:

**Consultation:** Consultation to the professional network. This includes ongoing consultation to enable local networks to support children and young people locally including advice and resources

**Core offer:** Consultation, Initial Assessment and short term support to a child and their family, with on average two to six sessions from various teams including advocacy, health and emotional support

**Intensive support:** Full Lighthouse offer of support from the multi-professional team for up to 12–18 months including:

- Advocacy through the criminal justice process
- Video recorded interview and S28 pre-recorded cross-examinations
- Health including; sexual health, contraception, immunisations, play support
- Long-term therapeutic support for the child and family, including pre-trial therapy
- Complex safeguarding concerns
- Parent/carer support
- Group work and forums
- Support to the local network and school

## 5. Measuring impact on the criminal justice pathway

An independent evaluation of the criminal justice outcomes for children accessing the Lighthouse service was undertaken by MOPAC in their final evaluation.<sup>3</sup> This relates to charges, convictions, and overall attrition through the system (e.g., victim withdrawal, police no further action [NFA]), in addition to some contextual factors within the investigation (such as numbers of VRI interviews completed and requests for third party material). The outcomes for children and young people attending the Lighthouse in North Central London were compared with a matched cohort living in North East London (NEL).

The Lighthouse cases have lower proportion of victim withdrawal compared to the NEL cases (31% compared to 45%), and a significantly higher instance of suspect arrests (44% vs 27%,  $p < 0.05$ ), and proportion of cases submitted to the CPS (24% vs 10%,  $p < 0.05$ ) compared to NEL.

Very few cases have reached a CPS charging decision, but where they have there has not currently been any significant impact. The Lighthouse cases had 7% ( $n=6$ ) cases charged by the CPS and a 5% ( $n=4$ ) conviction rate; compared to NEL who had 6% ( $n=4$ ) charged by the CPS and a 4% ( $n=3$ ) conviction rate. The evaluation has focused on the added value of keeping children and young people engaged during the investigation process and the quality of video recorded evidence, because conviction outcomes are as a result of jury decisions and so outside the direct influence of the Child House model. From the sample, 14 cases at the Lighthouse and 7 case in NEL remained open and the study would benefit from a longer timeframe to allow cases to progress. MOPAC are going to follow up this evaluation in future years once the cases have reached conclusion.

The key areas where the Lighthouse team have been able to impact on the justice process are:

- Supporting victims and families to move towards recovery
- Providing information so that victims feel prepared and more able to remain in the justice process e.g. through improved communication with the police and CPS, preparing victims for the what to expect in the justice process, through advocating for special measures
- Impacting on the quality of evidence captured at VRI
- Reducing delays through prompt release of Lighthouse notes

Criminal justice professional practice was influenced in the ways of working between the police and the CPS, with Lighthouse cases significantly more likely to request early investigative advice (EIA) from the CPS (21% n=18, vs 6%, n=4, (p<.005); and significantly more likely to request third party material (most commonly social services, medical records and school records) (50%, n=43 Vs 24%, n=16, P<0.05).

### **Key Criminal Justice Outcomes**

- Less victim withdrawal
- More suspect arrests
- More cases submitted to CPS
- More requests for Early Investigative Advice
- More requests for third party information
- No change in charge or conviction rate yet\*

\*outcomes will be revisited in two years



## 6. Child Friendly Justice

The Lighthouse service was commissioned with an expectation to meet the EU PROMISE Barnahus Standards, which were established by the EU PROMISE project in 2015. The Barnahus Standards draw on the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse ('Lanzarote Convention') and good practice across Europe to establish child friendly justice and welfare services. They are underpinned by four key principles:

- re-victimisation and/or re-traumatisation of the child is avoided at all times
- there is no undue delay; with interviews, assessments and all other interventions taking place on a timely basis
- the best interest of the child is the primary consideration in all actions
- the child has a right to be heard and receive information throughout the process

Further details of the EU PROMISE Project and the published standards are available here <https://www.barnahus.eu/en/> and <https://childrenatrisk.cbss.org/publications/the-promise-barnahus-quality-standards/>

### 6.1 The PROMISE Network and Barnahus Standards

The Lighthouse has made significant progress this year, with the introduction of the final element of the pathway to enable children to experience child friendly justice in line with the UN Rights of the Child<sup>4</sup> and The PROMISE Barnahus Standards<sup>5</sup>. The PROMISE standards for children in the criminal justice system are in Standard 6 of the Barnahus Standards.

Within England and Wales there is an adversarial criminal justice system which is defined for children and young people in the Youth and Criminal Justice Act 1999. This means that the Lighthouse has been required to promote and apply the principles of child friendly justice within the limits of an adversarial system. The Lighthouse is now able to offer:

- A multi-professional service that strives for children to tell their story once
- Video recorded interviews that aim to avoid re-traumatisation and to elicit the child's free narrative in as much detail as possible
- 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 'Talking Room' including:
  - video recorded interviews (evidence in chief)
  - cross-examination by a live link at the time of the trial
  - **pre-recorded cross-examination under S28 protocol and several months before the trial date (NEW from November 2021)**

- Interviews carried out by a single professional and with a 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 allows for the questioning by the defence barrister to be via audio-visual link and using a pre-agreed set of questions in child friendly language.

## 6.2 Piloting S28 Pre-Recorded Cross-Examination

The Lighthouse 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 'Live Link' in the Lighthouse Talking Room as a special measure, preventing the need for them to travel to court on the day of the trial. This offer has been extended further this year as part of the national S28 remote link site programme. After close working with the Wood Green Crown Court Judges, HMCTS and the local S28 Board; children in North Central London that experience child sexual abuse can now be cross-examined in advance of the trial in a safe and trusted space. This prevents the need for the child to go to court and minimises the re-traumatisation of attending court and potentially seeing the alleged perpetrator.

## 6.3 Influencing the process

The Lighthouse team have ensured that the voice of children and young people has been clearly heard and shaped the development of the s28 process at the Lighthouse, bringing young people's experiences to life in the S28 Board.

### Young people's voices influencing practice

*One young person said 'Giving evidence is "doing something massive" and doing this in a place you feel comfortable in may give you the best possible chance.'*

*Another said 'more young people would come forward if they knew they could do their interview there [The Lighthouse] – 'I promise you, there'd be a lot more cases.'*

We spoke to young people who had experienced cross-examination in the witness box in court and all, except one, felt that meeting with the judge before the trial would have been good, as they would have liked to ask the judge questions such as; possible outcomes from the trial and what will happen on the day. They said they would have preferred to attend the place where they had been receiving their therapeutic support and to meet the judge via a video link, because *'It could be scary going to the Crown Court and meeting the actual person with the power to make these decisions'* and they would rather meet the judge by video so it can be *'nice and calm'*. The Lighthouse was described as *'a place you know and are comfortable in, and you would feel supported by people around you.'* They said *'Giving evidence is "doing something massive" and doing this in a place you feel comfortable in may give you the best possible chance.'*

Following the introduction of S28 nationally in 2021, we spoke to seven young people who had been cross-examined from a remote suite in a local Crown Court. They found it felt normal talking to the judge on camera in the remote link room. A 12 year old said *'it was a really positive experience and that she felt heard/listened to.'* She particularly liked speaking to the judge first (who the ISVA noted was so gentle with them and who really valued the ISVA roles).

The presence of their ISVA on the day was important to the young people and one said *'I was glad that my ISVA was with me all the way through, it gave me that extra support which I needed.'* The interpreter said it was clear the ISVAs had really prepared the young people for the S28.

A 15 year old had been really worried about speaking in front of the court due to communication difficulties, but said that she felt relieved because S28 means less pressure on her to speak. She found it helpful to meet the judge beforehand. Her advice to other young people was *'if they do it the same way that I did, they will feel a big breath of fresh air afterwards. They don't have to think or worry about court anymore after that.'*

Some young people report that they would feel intimidated if they were in the same building as the defendant. A Lighthouse ISVA said *'Both young people I have supported have been worried about speaking in front of the court but thanks to the S28 they were able to give their account in a more child-friendly way that did not cause further traumatisation. Afterwards the young person was able to shift her focus towards moving forward, which before was difficult to do due to the impending court proceedings.'*

The set up in the Lighthouse offers a safe and secure place for children and young people to feel able to share their evidence. In the University of Bedfordshire independent review<sup>6</sup> one young person said that *'more young people would come forward if they knew they could do their interview there – I promise you, there'd be a lot more cases.'*



## Young Witness Guide

To support young people's understanding of the S28 process being offered at a remote site, like the Lighthouse, the Lighthouse Advocacy team designed a Young Witness Guide. This guide explains arriving at the Lighthouse, what will happen at the remote site, who they will meet and what will happen afterwards. The guide is designed to complement other S28 guidance for young people being produced by HMCTS.

Here are some pages from the Young Witness Guide.

### Meeting the Judge and Barristers

Before being asked questions, you will get the chance to speak to the judge and barristers over a video call from the waiting room. This can help you feel more comfortable.

They will tell you about their jobs and their roles.

You can use items in the 'Conversation Bags' to help with the introductions – you will have one each.

Your supporter can be in the room with you if you would like.



### The Talking room



The Talking Room has a video link to the court. This link is through a TV with a camera on top of it.

When you are in the Talking Room, you will see the judge and barristers on the TV screen when you talk to them. They will be in court with the defendant. You will not see the defendant.

You will see yourself in the bottom corner of the screen, like on a WhatsApp video call.

## Conversation bags

As a result of feedback from young people and in order to facilitate the initial conversation between the judge and young person online, the Lighthouse advocacy team also developed 'Conversation Bags'. These bags contain items used regularly by ISVAs in sessions with children such as conversation cubes and sensory toys.



## The Lighthouse worked with Wood Green Crown Court and HMCTS to:

- Enable the Lighthouse 'Talking Room' as a choice for S28 recordings, in addition to the Crown Court live link rooms
- Use learning from online sessions during COVID to support judges meeting young people via the live link
- Provide child friendly resources to explain the remote site S28 process
- Enable the presence of ISVAs during S28 recordings
- Use the Lighthouse S28 pilot to seek feedback from children and young people and judges/advocates who meet via the live link

# 7. Characteristics of the children and young people attending the Lighthouse

The Lighthouse continue to receive approx. 30 referrals a month, with a total of 374 referrals received in the year from the five North London boroughs of Barnet, Camden, Enfield, Haringey and Islington. Referrals were at their lowest in the Jan/Feb 2021 lockdown and the summer holidays, peaking to 45 per month at the end of lockdown in Mar 2021 (range 15–45 per month). This means that approximately 1 in 2 children and young people in North Central London (NCL) are referred for health and care support at the Lighthouse after reporting sexual offences.

## 7.1 Age and gender

The majority of children and young people referred to the Lighthouse were girls (84%), with fewer boys (14%) and <1% identifying as transgender, non-binary or gender neutral. Half the 5–9 year olds were boys, but this reduced to a fifth of 10–14 year olds and less than 1 in 20 young people aged 15–19 years.

The most common age at referral was 15–19 years (44%), with low numbers of primary school aged children being referred. This reflects increased reporting of peer on peer abuse following Everyone’s Invited. Just one referral was received for a young adult. From 2021 the Lighthouse started to collect and report sexual identity data, with five young people 10–19 years identifying as gender neutral, non-binary or transgender.

Figure 1: Gender of Children and Young People (n=374)

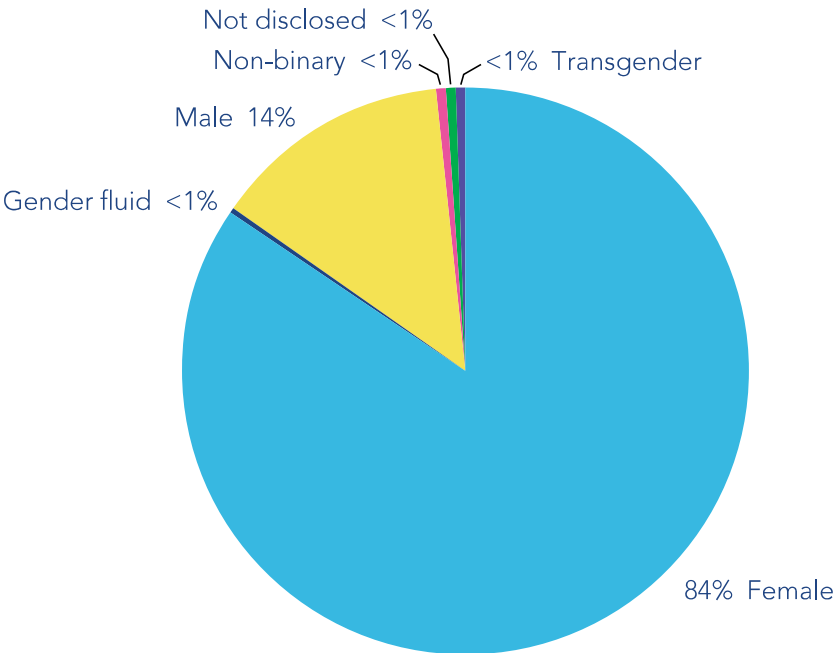
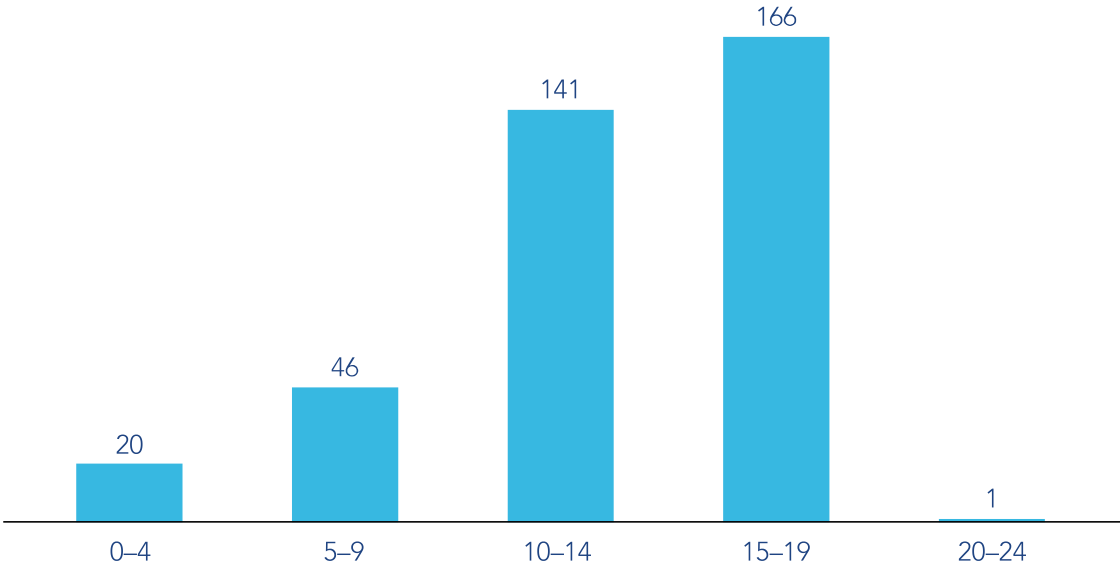


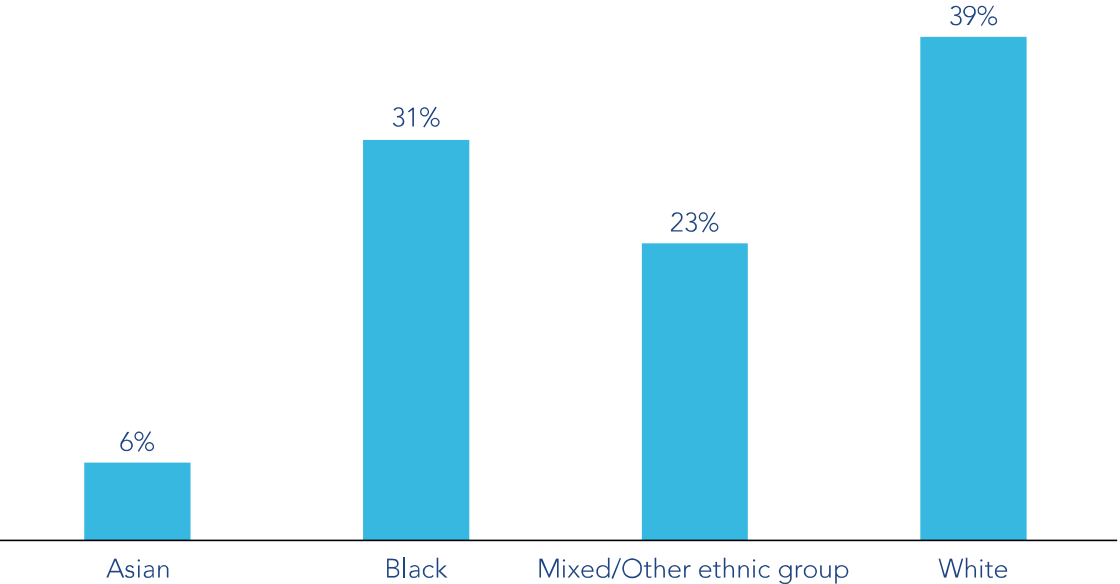
Figure 2: Total Referrals by Age (n=374)



### 7.2 Ethnicity

The ethnicity of the child or young person was collected at the Initial Assessment and was only stated in 115 of the referrals. Where ethnicity was available it was identified that the diversity in the children and young people referred has increased since last year with 39% reporting their ethnicity as white, 31% black, 23% mixed/ other ethnicity and 6% asian. Compared with the local population in North Central London which has 64% of children recorded as white, 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 3: CYP Ethnicity



### 7.3 Disabilities and neuro-diversities

Disability/neurodiversity status was recorded in 156 of referrals to the Lighthouse, with a physical or learning disability recorded in 39 (25%) of the children seen. This 25% is higher than 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.<sup>7</sup> The most common disability was mild to moderate learning disability seen in 21 children and young people, with only 2 reporting a physical disability. There were 10 children with ADHD, autism, communication difficulties and sensory difficulties, which impacts not only on the support they need to engage in a Video Recorded Interview (VRI) but also how the therapeutic support is provided.

Figure 4: CYP Disability status (n=156)

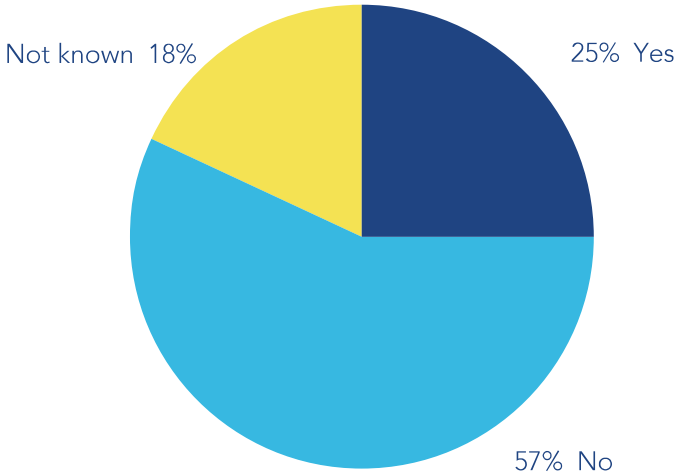
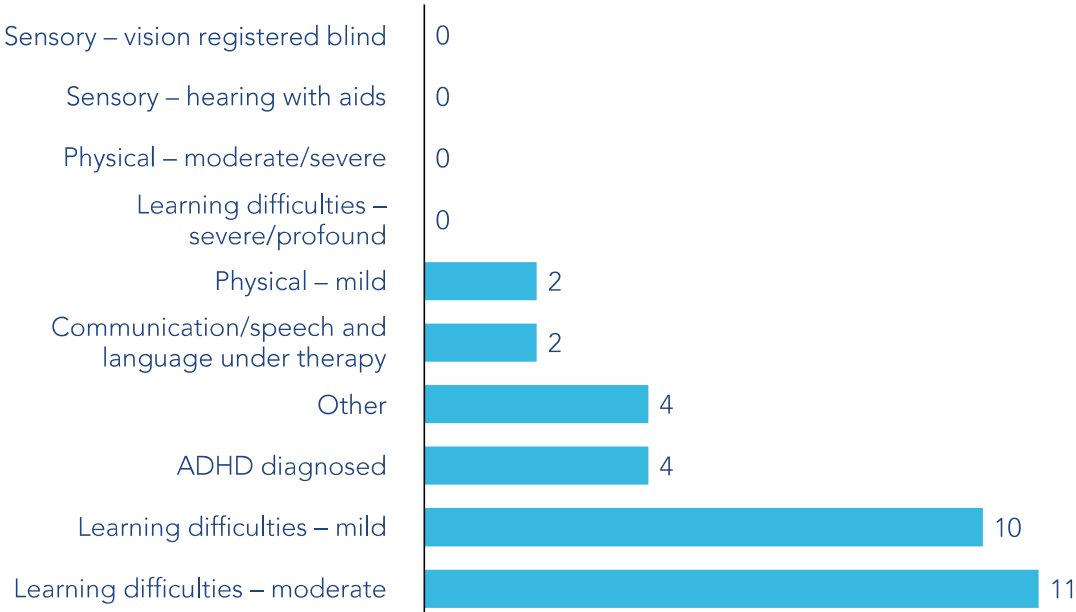


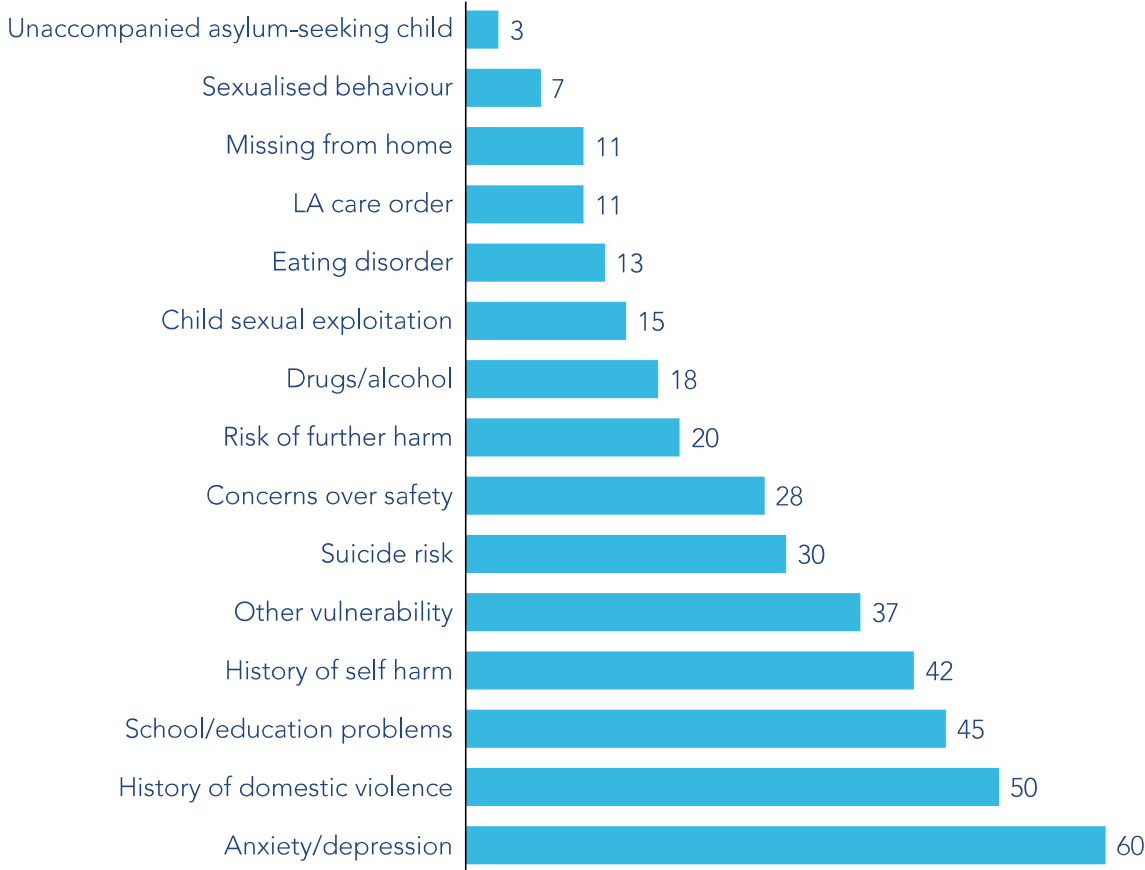
Figure 5: Types of disability



## 7.4 Vulnerabilities

Of the 199 children and young people seen for an initial assessment, a vulnerability was noted at initial assessment in 143 (72%) of the children. The 143 children and young people noted 390 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 60 children and young people, 50 reporting domestic violence, 45 reporting difficulties at school and 42 self-harm. Other common vulnerabilities were 30 young people at risk of suicide and 28 with concerns over their safety.

Figure 6: Types of vulnerability (CYP = 143, reporting vulnerabilities = 390)

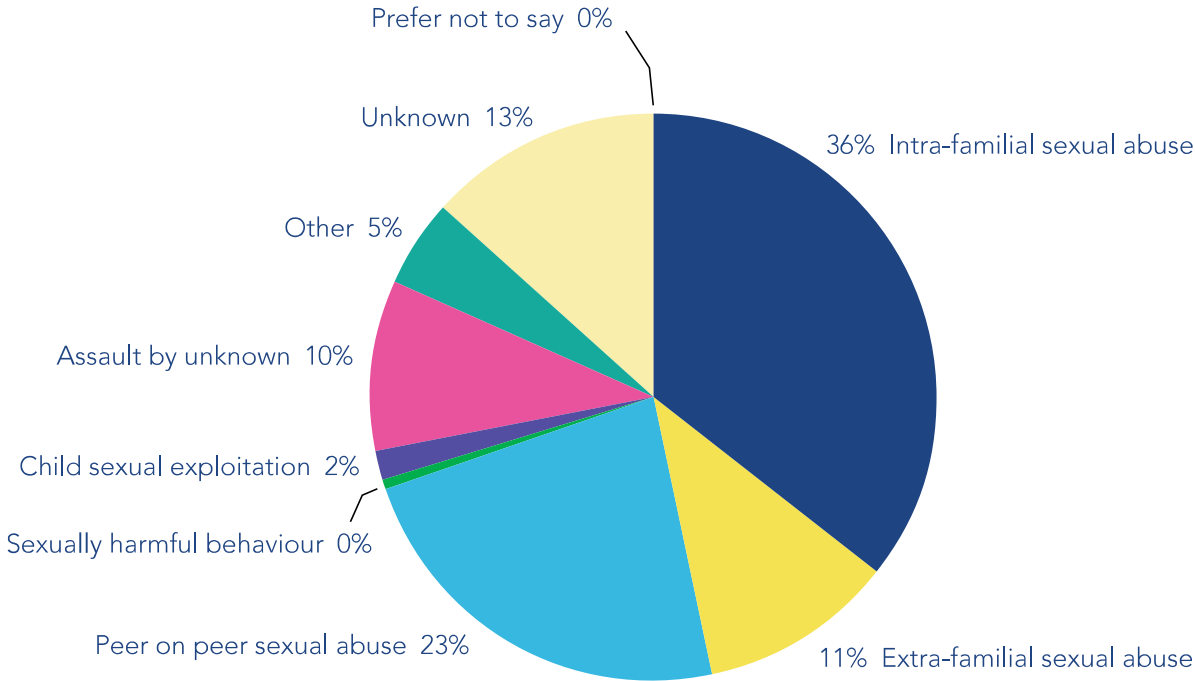


# 8. Type and nature of abuse

## 8.1 Type of abuse

Intra-familial child sexual abuse remains the most common abuse type at 36%, with 23% peer on peer abuse and 11% extra-familial. Only a small percentage of the referrals are for child sexual exploitation (2%) and perpetrator was unknown in 10% of cases and not recorded in a further 13%. Occasionally more than one offence type is recorded, so for 374 referrals there were 375 recorded offences.

Figure 7: CYP = 374, Offence Types Reported (n=375)

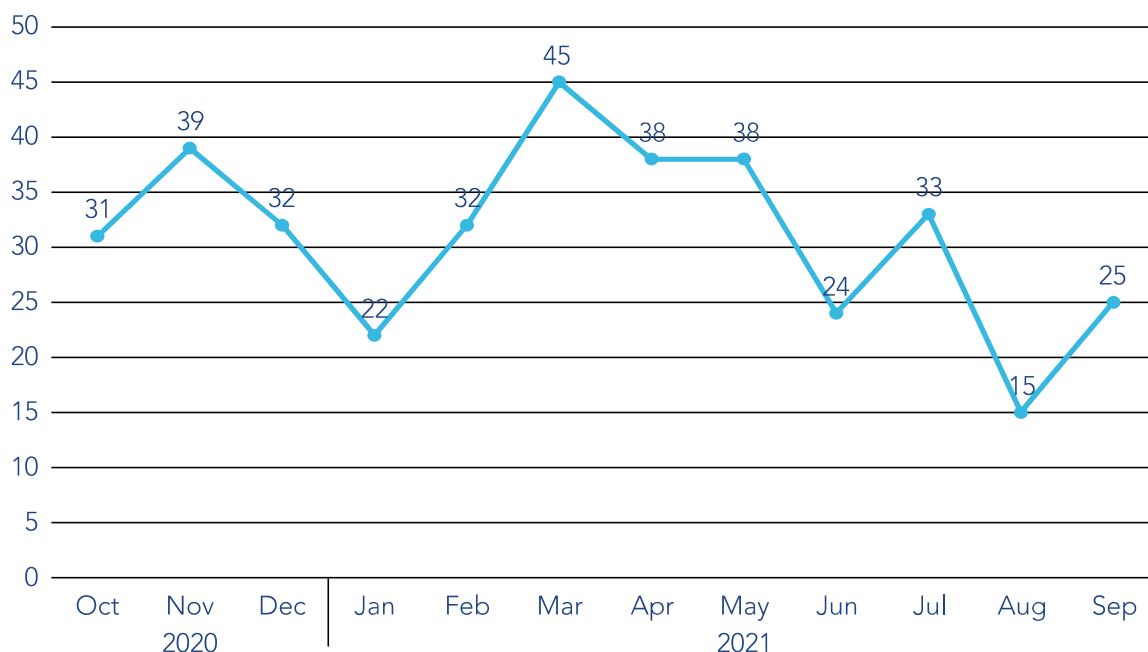


## 9. Referral pathway

### 9.1 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 with a peak after the Jan/Feb 2021 lockdown at 45 referrals per month and a drop in the summer after the therapy waiting list was temporarily closed. Referrals were higher than year one and two, and the sustainability plan for the Lighthouse has been developed on an estimated 400 referrals next year.

Figure 8: Monthly Referrals – Oct 2020 to September 2021 (n=374)



### 9.2 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. This year the Lighthouse, ran a training programme in schools in NCL, delivering 85 sessions over the academic year in primary, secondary and higher education establishments. The limitations of COVID meant that most sessions were online to teachers, with very few being able to go ahead for students to raise awareness.

There have 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. This year has seen an increase



in referrals from CAMHS, with 26 referrals received predominantly in the 15–19 year old age group. This is reflective of increased mental health needs during COVID and increased CAMHS waiting lists.

Figure 9: Referral sources by borough (n=374)

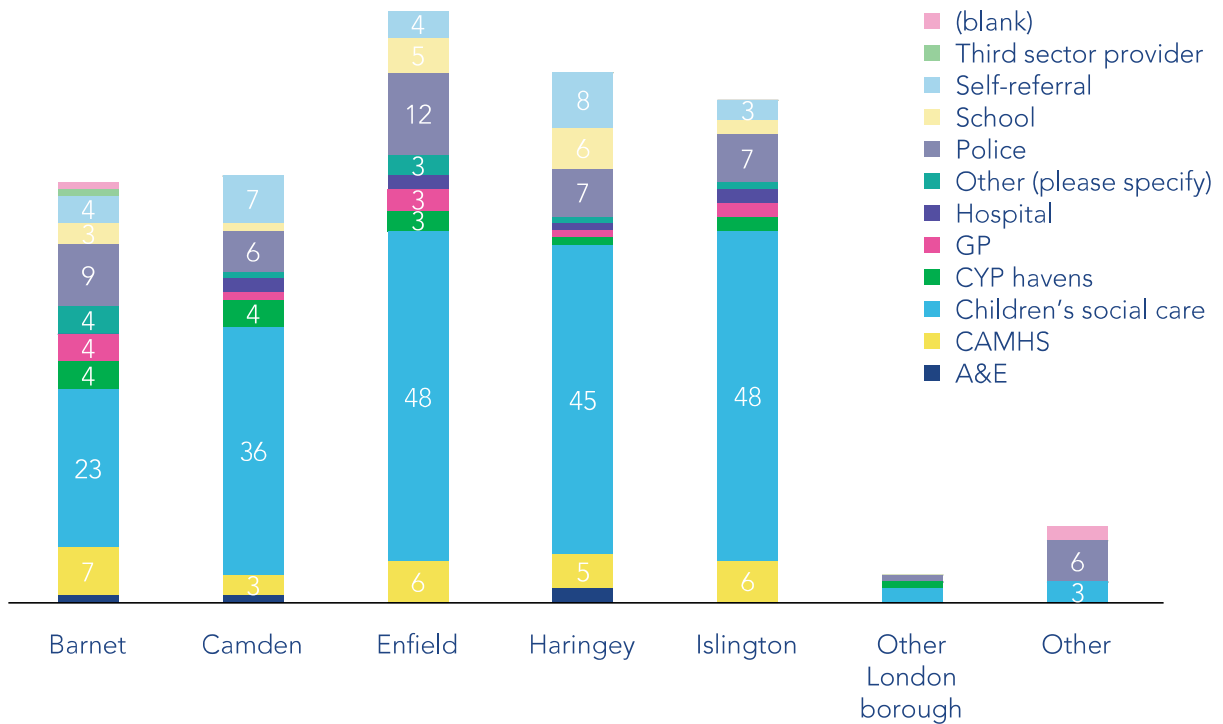
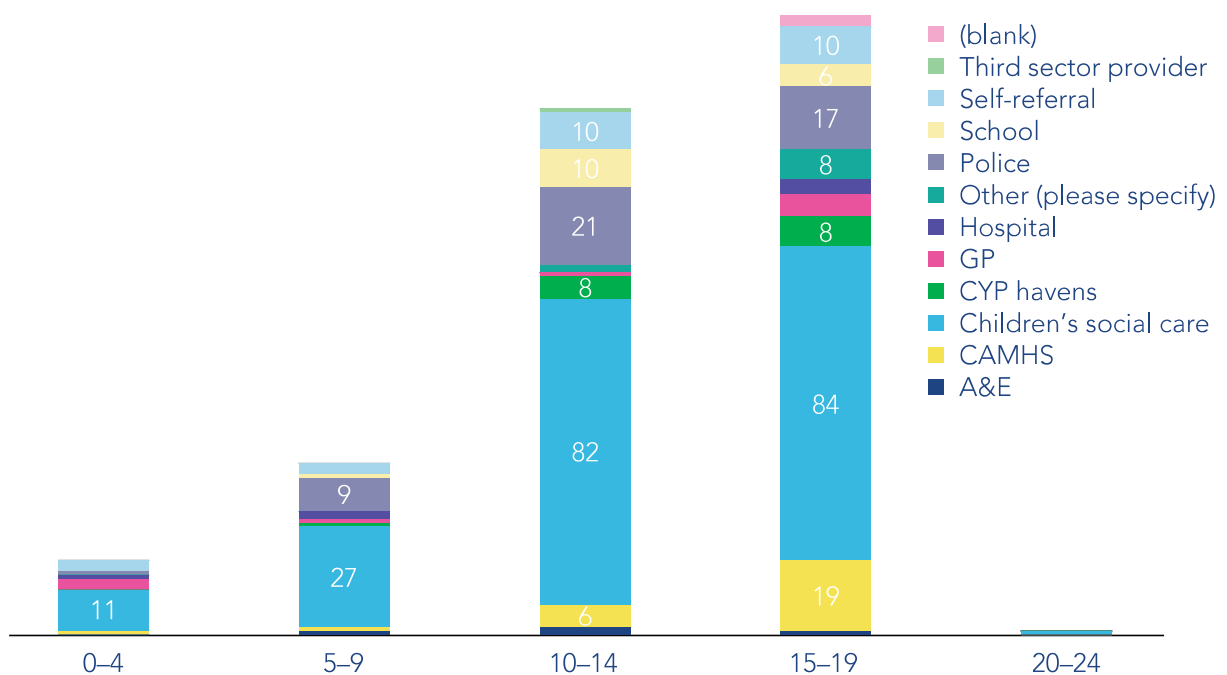


Figure 10: Referral sources by age (n=374)



# 10. Services provided

## 10.1 Strategy meetings and consultations

This year the Lighthouse team continues to develop and increase the consultation offer, either prior to or instead of initial assessments, rising from 41 in Year 1, to 149 in Year 2 and 132 in Year 3. This offer has been expanded from SCLO consulting with referrers to a broader professional consultation offer with a team from the Lighthouse including SCLO, Clinical Psychologists, Paediatricians and/or NSPCC Practitioners, and can include a series of 2–3 ongoing consultations to provide support, advice and resources to local counsellors, therapists and CAMHS teams. The offer has become increasingly popular and is valued by local professionals.

The Lighthouse team attended 112 strategy meetings (usually by video conference).

Figure 11: Consultations (n=132)

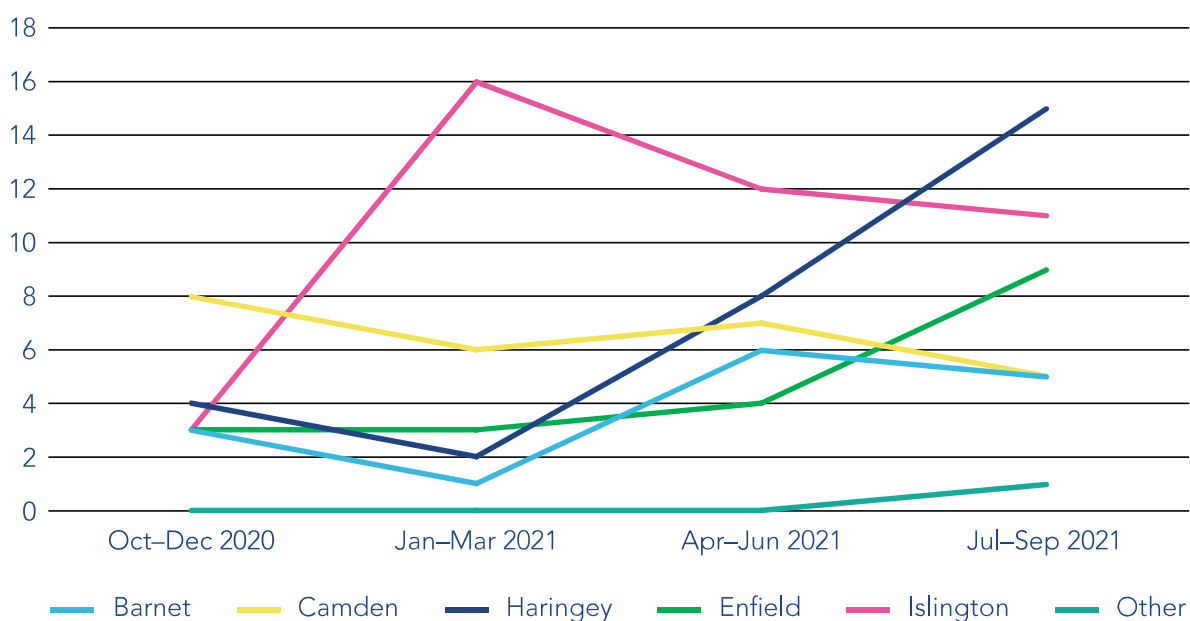
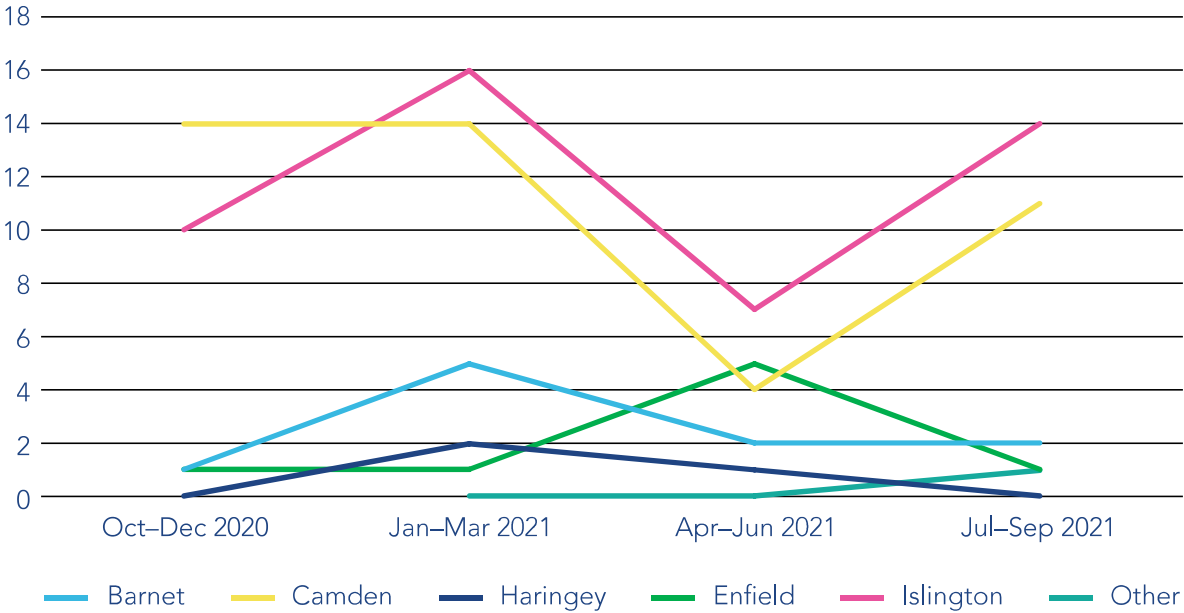


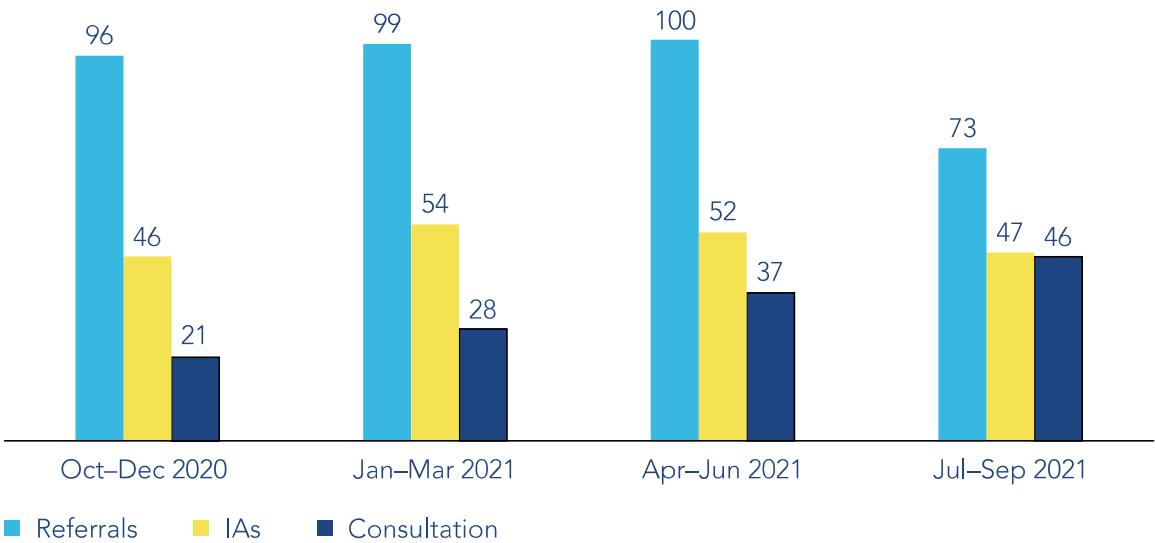
Figure 12: Strategy meetings (n=112)



### 10.2 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 (IA), with 199 out of the 374 (53%) being seen by the multi-agency Lighthouse team for an IA. Following an increasing wait time of 8–10 weeks for IA and a temporary closure to the therapy offer (April to July 2021), a larger number of referrals were supported with consultation only.

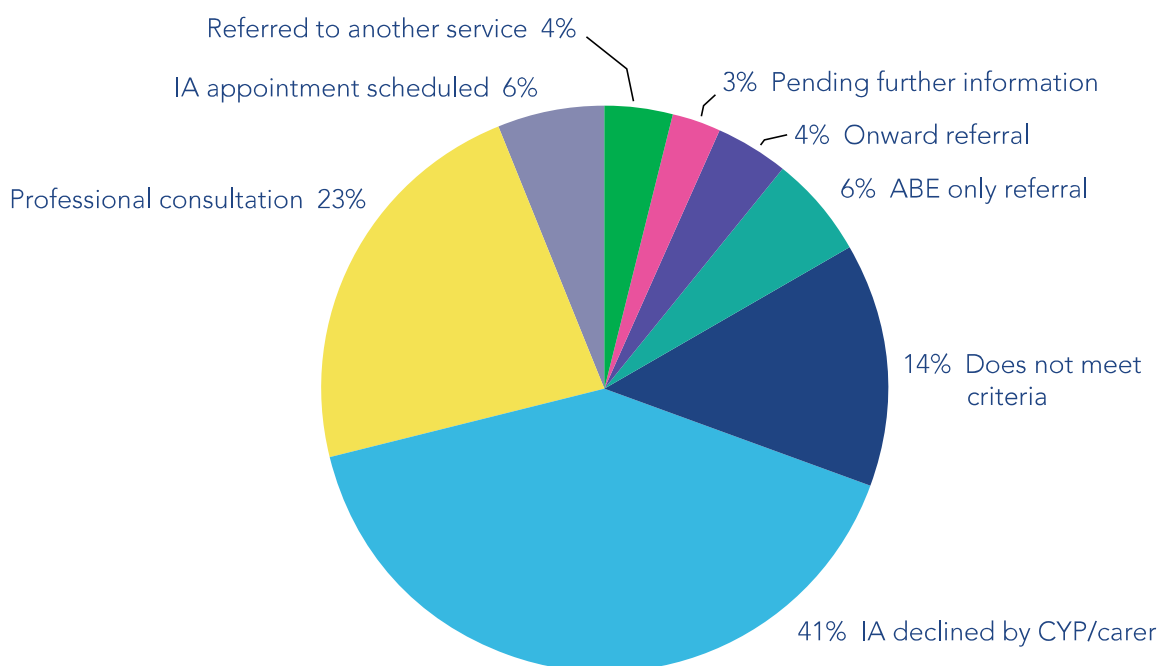
Figure 13: Referrals progressing to Initial Assessments



### 10.3 Referrals that did not access an Initial Assessment

For 79 of the children and young people that did not attend for an Initial Assessment, there was a clearly documented reason for this. The most significant reason was 41% of children or families that declined an IA. In 23% of cases a consultation with the professional network enabled a local plan to be made, 8% were referred on to another service, 6% were referred for an ABE only and 14% did not meet Lighthouse criteria. There were 9% of children and young people that had a future Initial Assessment booked or that were pending further information to enable a decision.

Figure 14: Lighthouse Referrals that did not attend an Initial Assessment in the reporting period



### 10.4 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. At the initial assessment meeting, children and young people are offered a choice as to what is the most important need for them at that point in time.

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 and the possibility of therapeutic work for the whole family (one to one work or the parent education course). For this reason most CYP and their families are allocated to some

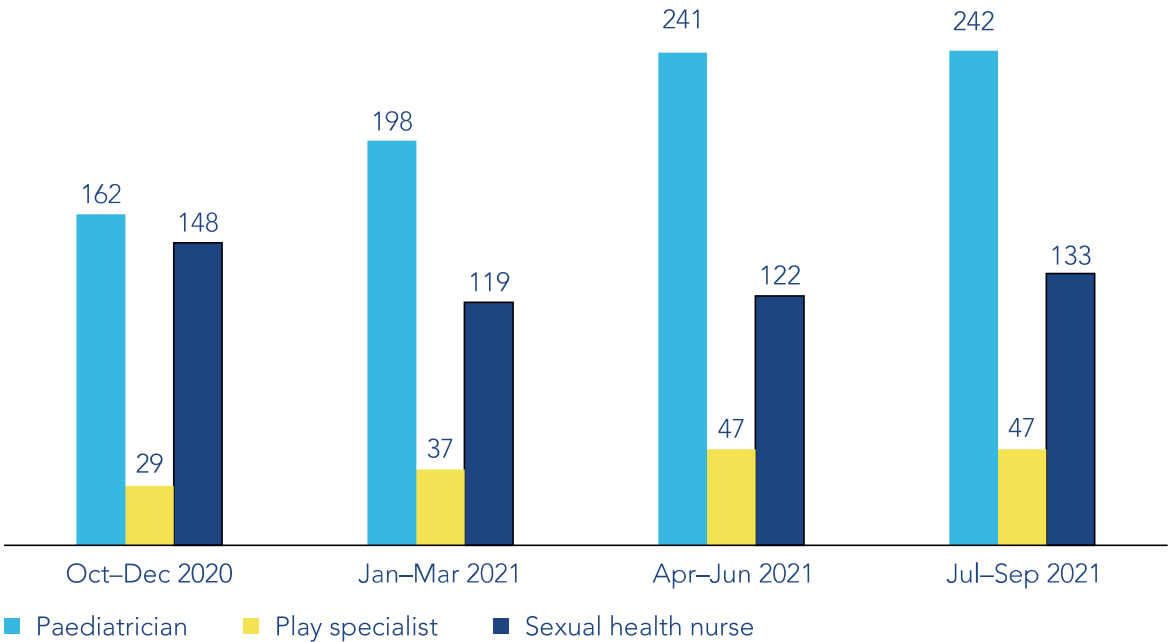
services more than once, with one practitioner supporting the child and another supporting the parent.

20 parents joined the parent psychoeducation courses we ran 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.

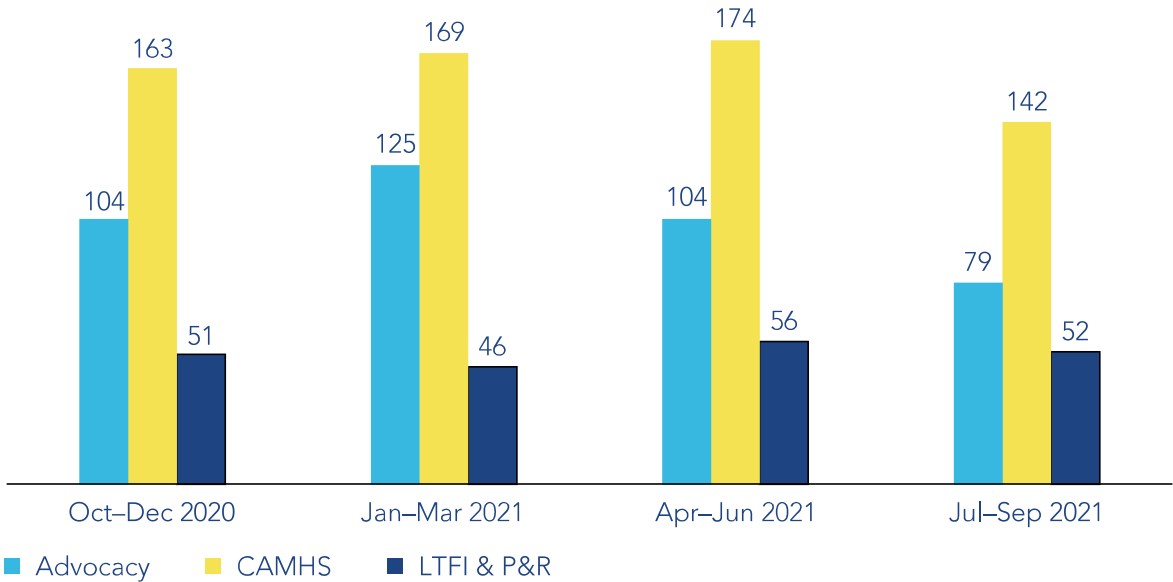
- Advocate – 6.8WTE and often support can last throughout the case being open
- CAMHS – 5.5WTE (plus clinical psychology trainees and an assistant psychologist) offering support for up to 12 sessions on average, with some duplication of allocations to support trainee supervision or joint family work
- Clinical nurse specialist for sexual health – 1WTE offering short courses of treatment (1–3) and one off sessions
- LTFI 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, two or more reviews as required.
- Play Specialist – 0.6 WTE offering preparation and support for health procedures, as well as 3–6 sessions of sleep work and relaxation whilst waiting for therapeutic support to commence

Figure 15: Open allocations to the health team



Open allocations remain high for the paediatricians and sexual health nurse, as cases tend to remain open to the paediatricians all the time children/young people are open to the Lighthouse service to enable support. This enables them to drop in for new physical health concerns, contraceptive and sexual health advice as needed, or to access a course of immunisations/vaccinations.

Figure 16: Open allocations to the wellbeing and advocacy teams



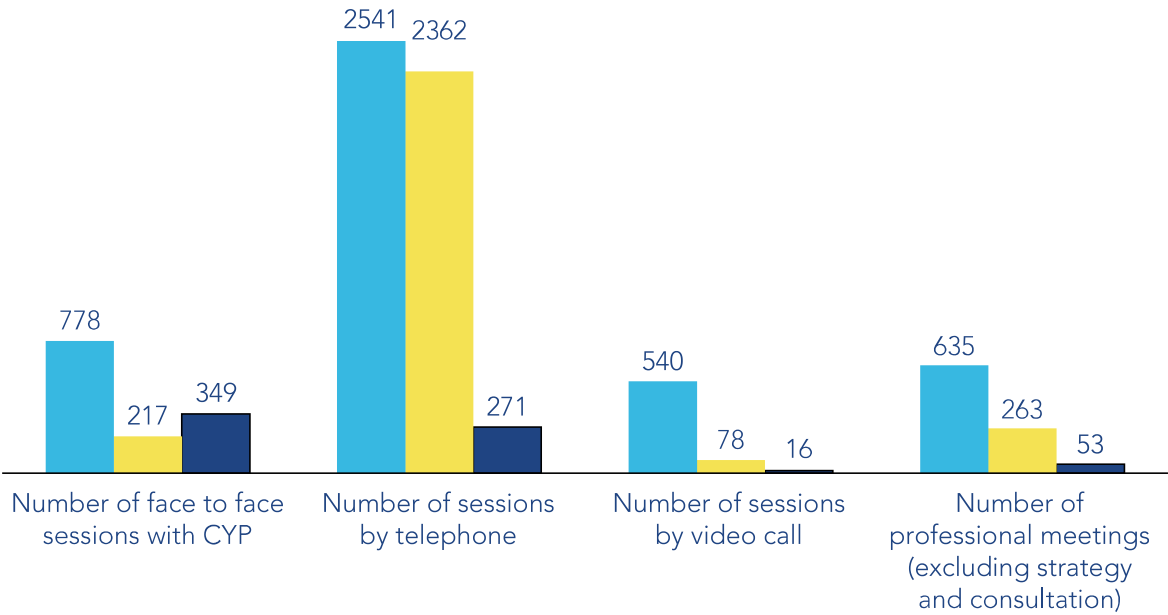
CAMHS practitioners usually work with children and families for a time limited period and carry a caseload of up to 25 CYP or parents, including joint allocations for supervision, family therapy or parent work. Advocates (ISVA trained) support 10–15 CYP and LTFI workers 8–10 CYP or parents, and provide long-term and often more intensive support/interventions.

### 10.5 Continued impact of COVID pandemic on appointment types

COVID has continued to have an impact on the way the service could support children and young people with ongoing use of video and telephone appointments. Young people and parents valued the continued availability of telephone contacts (72%), with some continuing with appointments via video (9%) in lockdown and many others returning to onsite at the Lighthouse (19%).

The health team undertake many of their appointments face to face with some telephone follow up, whereas during the COVID pandemic the advocates and wellbeing practitioners relied on more telephone, video and text/WhatsApp for keeping in contact with children and young people.

Figure 17: Appointment Types



## 10.6 Onward referral

### 10.6.1 NSPCC services funded by Morgan Stanley

Throughout the life of the Lighthouse, capacity to offer interventions to families has been enhanced by a team of NSPCC practitioners funded by Morgan Stanley. During this year, 22 families were referred for this support. 12 families received a full LTFI service, four children with learning disabilities received a therapeutic intervention over a period of 12 months, two cases were opened to offer a Protect and Respect sexual exploitation service and there were four families who received support for a sibling of the child who had been sexually abused.

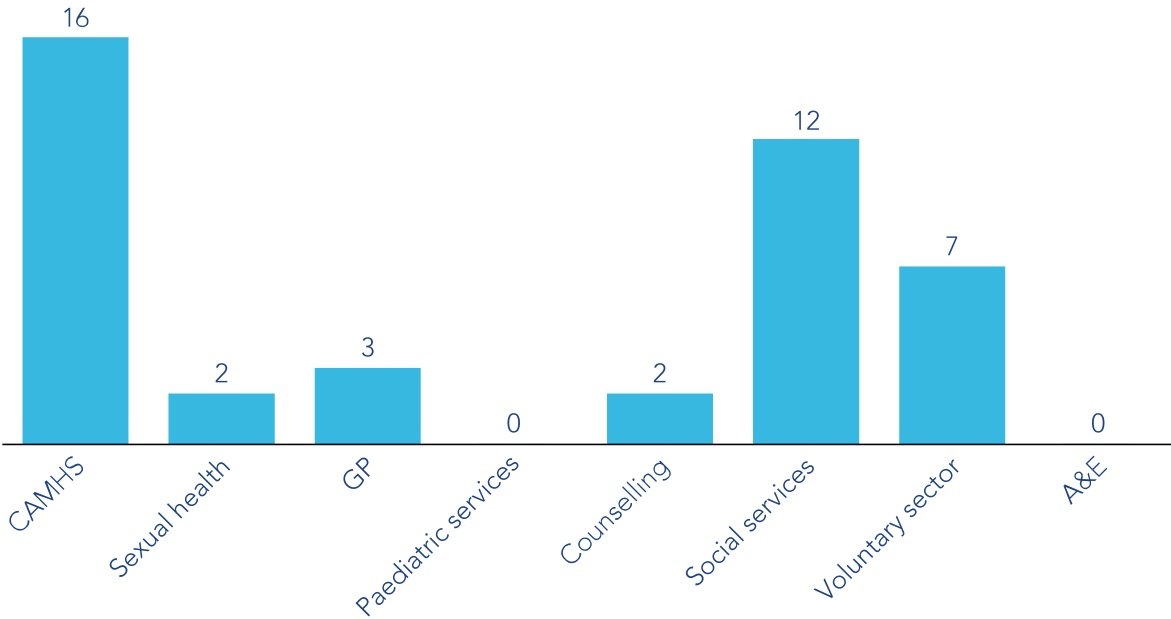
The service that has been developed by this team to offer support to siblings, whether they are children or young adults, has consistently received positive feedback particularly from parents who understandably felt they had to prioritise the needs of their child who had been sexually abused.

Feedback from one parent whose daughter received an LTFI service within the Lighthouse while her son was referred to the Sibling Service, shared the positive impact that these services had upon her children’s emotional wellbeing adding: *‘With the support of the Camden Service Centre and The Lighthouse, both my children have learned skills that will have a positive impact on them for the rest of their lives.’*

### 10.6.2 Onward referrals to local services

The Lighthouse refers onto local services where this is in the best interests of the child. This can include social services, local CAMHS, school counsellors, sexual health services. Sixteen children and families were referred to CAMHS and MASH referrals were made for 12 children and families.

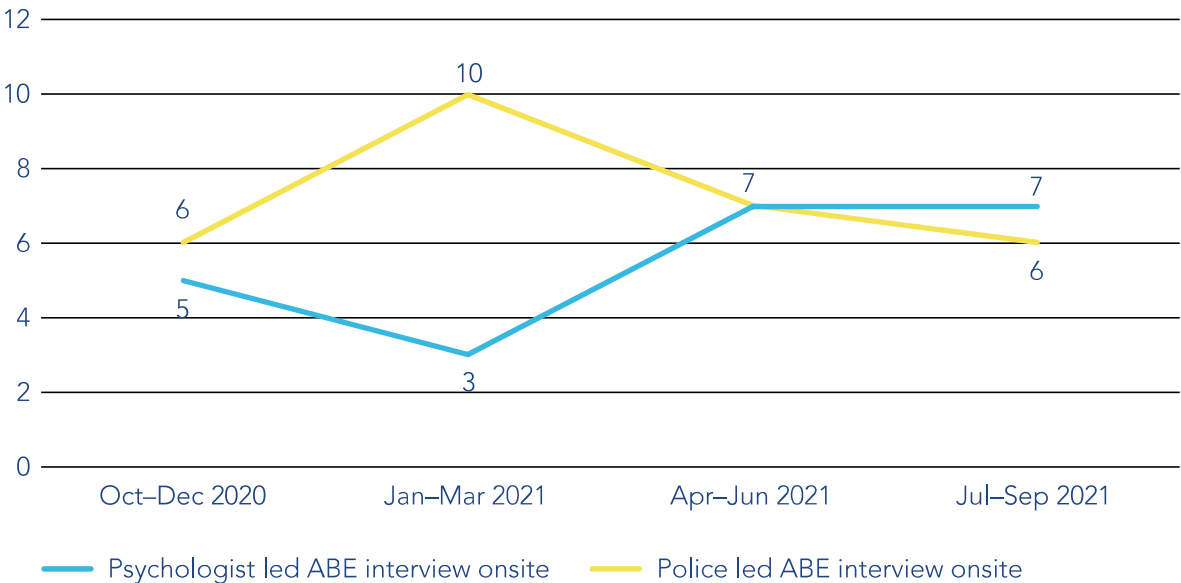
Figure 18: Onward Referrals



### 10.7 Video Recorded Interviews

Video recorded interviews (VRI) at the Lighthouse can be police, social work or clinical psychology led. During the year the Lighthouse has hosted 29 police or social work led VRIs and 22 clinical psychology led VRIs, with a reduction during the COVID pandemic lockdown and when the Talking Room was out of action for three months following a flood. During this time, several VRIs were cancelled or transferred to the CYP Havens or local police interview suites.

Figure 19: Psychologist and Police Led VRIs (n=51)





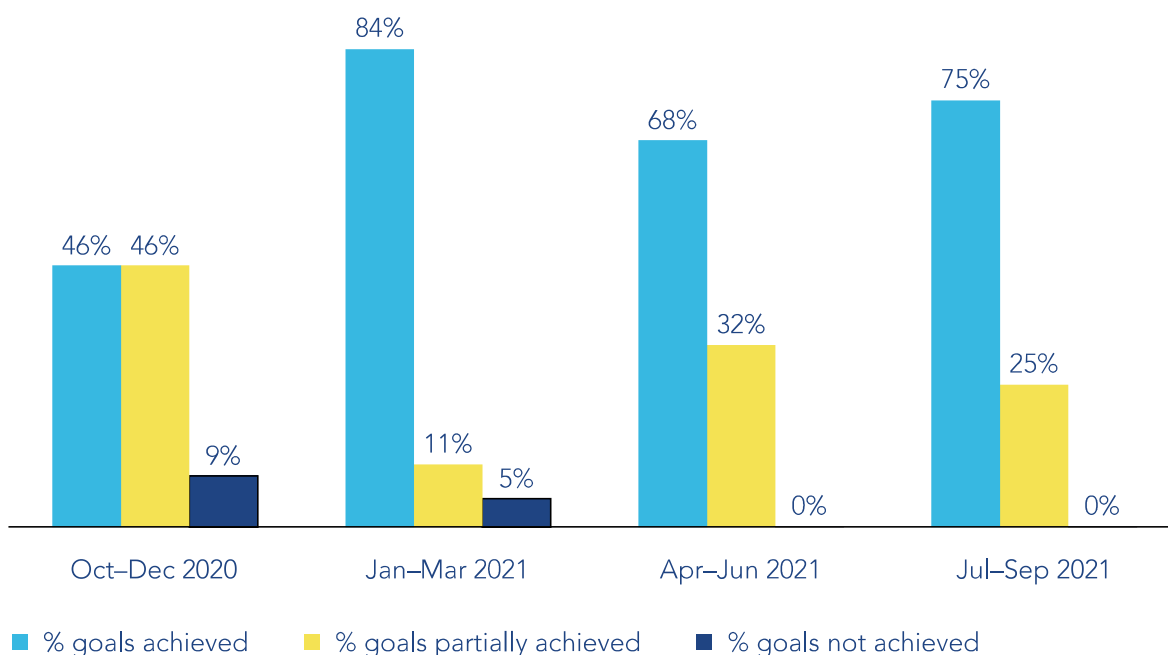
# 11. Outcomes

## 11.1 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 2020/21, out of 84 children and young people with goals set, 96% achieved or partially achieved their goals – fully achieved 68%, partially achieved 28% and not achieved 4%.

Figure 20: Goal based outcomes set with children and young people

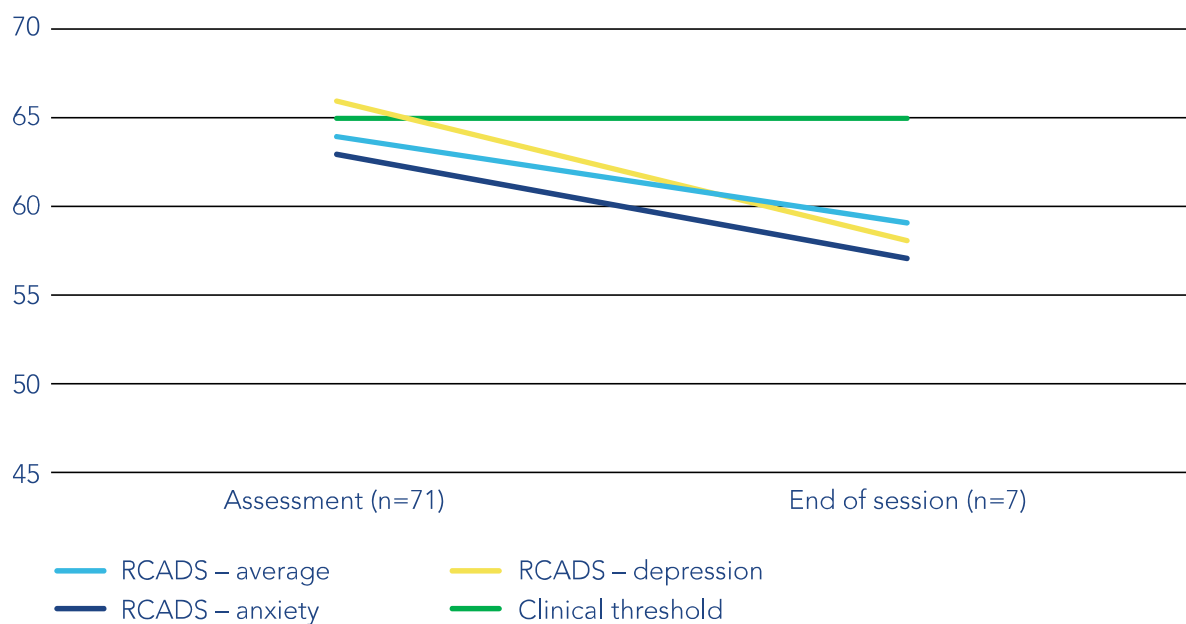


## RCADS

The Revised Child Anxiety and Depression Scale (RCADS) is a questionnaire routinely used across CAMHS services to measure symptoms of anxiety and depression in children aged 8 years and above. Since 2020, the RCADS questionnaire has been completed at assessment by 71 children and 29 parents, with an average score of 64 (ranging between 38 and 80) for children and 61 (ranging between 1 and 80) for parents which is just below the clinical threshold of 65. The average score for depression in children being 66 and average score for anxiety 63, which are just below or on the clinical threshold.

So far the RCADS scores pre and post intervention have only been paired for seven children and two parents so the analysis on change in score is limited to the children only. The average score for RCADS after Lighthouse CAMHS support was 58 for depression (an 8-point reduction from 66 at assessment), 57 for anxiety (a 6-point reduction from 63 assessment) and total average score of 59 (a 5-point reduction from 64 at assessment) for children (range 29–80). There were not enough RCADS completed at time two for a significant change to be detected in the analysis.

Figure 21: RCADS scores in children accessing CAMHS services at the Lighthouse



## CRIES

The Children's Revised Impact of Event Scale (CRIES) is a brief child-friendly measure designed to screen children at risk for Post-Traumatic Stress Disorder (PTSD). The tool is designed for use with children aged 8 years and above who are able to read independently. CRIES-8 measures have been completed at assessment by 30 children or parents, with an average score for intrusion of 13 out of 20 and an average score for avoidance was 16 out of 20. The scores from assessment suggest moderate to high levels of intrusive thoughts and avoidance. The threshold of 17 out of 20 for intrusive thoughts or avoidance was reached by 14 of the 30 (47%) children which suggests PTSD.

There are very limited figures for scores for CRIES-8 at the end of sessions, as this measure was introduced late in 2021. CRIES-8 has been selected as a more accessible measure to use with children compared with the highly detailed Trauma Symptom Checklist.

## Parent Psychoeducation Course

The Parent Psychoeducation Course, led by a clinical psychologist and the Experience Consultant was adapted to run online during 2020/21. The two courses were attended by a total of 20 parents who started the course and 11 parents who completed it. By working together to set up an adapted remote course the facilitators managed to create a comfortable space over zoom. The facilitators' ease with the content, group discussions and each other was vital in creating a safe space for the parents. Once parents and carers felt settled over zoom, the space provided the same benefits as face-to-face. In some instances, parents may have felt safer to open up and contribute from their own homes and also absorb the information sooner.

The teams reflection on running the course online were that it made it possible for some parents to attend from far away, and for the intensity of the group experience to be moderated. However, the numbers of those who complete the course were less than they had been in face to face version, suggesting that it may be easier to hold on to participants in an 'in person course'. The parents who completed the course reflected that there was a real connection between participants and facilitators and they gained a lot from the opportunity to access the resources and the facilitators during times of remote working.

The course was evaluated using the Circle of Hope Evaluation questionnaire to assess the impact of CSA on parent feelings of isolation and confidence. The figures below demonstrates that there was a reduction in feelings of isolation and an increase in confidence. Of the 9 participants who completed the evaluation, 63% reported reduced feelings of isolation, 89% reported increased confidence, 100% reported improved wellbeing and better able to manage stress,

Figure 22: Impact on isolation score – pre and post parent psychoeducation course

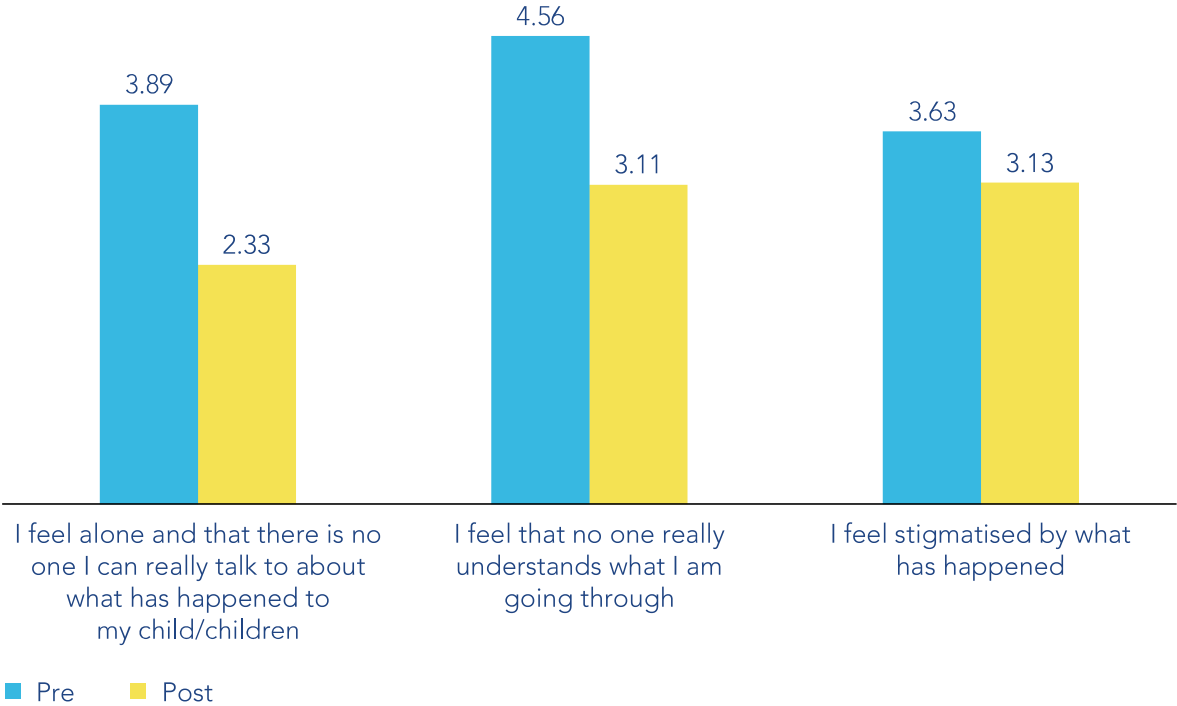
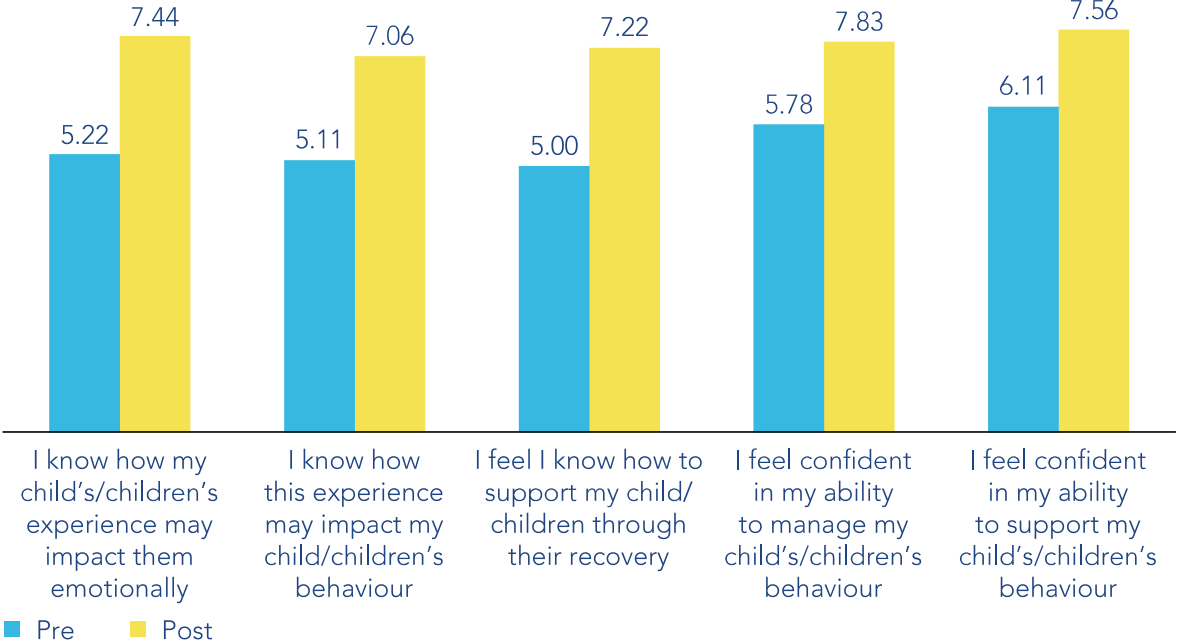


Figure 23: Impact on confidence score – pre and post parent psychoeducation course



At the start of the course parents set personal goals with the practitioners such as, increasing confidence when speaking to their child, knowing how to respond and meeting other parents for support. 40% of parents reported an improvement and 27% no change in their goals.

The parents said *“I feel better equipped now to handle the situation when things get tricky. It has been such a relief to have this space. We are all from such different backgrounds and yet we have so much in common.”*

The service additionally ran a series of **Parent Workshops** in the autumn of 2021, which were open to any parents of children and young people attending the Lighthouse. The four sessions covered: impacts of trauma on mental health, responding to children after trauma, looking after yourselves as parents and the final session was a ‘parents’ choice’ workshop with our play specialist to talk about sleep.

## 11.2 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. Of those children and young (186) people who attended for an Initial Assessment many came back for nursing and medical follow support:

- 23% (43) young people received Hepatitis B immunisations
- 3% (Six) 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, with uptake rates typically 50 to 80% in North London
- 50% (41/82) of over 13 year olds were given contraception advice
- 35% (29/82) of over 13 year olds have accessed contraception, including nine contraceptive implants – the Lighthouse enables access to contraception for young people who may not feel able to attend a sexual health clinic or just never manage to make an appointment. It is easier at the Lighthouse where they are familiar and may already be seeing another member of the team.
- 41% (77) of children and young people accessed support from the play specialist including 40 sleep sessions, 47 support sessions to access health follow up and 8 play sessions
- 152 medical prescriptions for unmet medical needs mostly newly diagnosed such as period pains, sleep difficulties, constipation, migraine.
- 2% (3) of young people had pregnancy diagnosed by the health team at their appointment.
- 3% (5) of young people had a sexually transmitted infection which was treated
- 80% (149) of children and young people were examined and of those 40% (59) gave consent for photo documentation. This low number may be explained by fewer face-to-face appointments during COVID and is a reduction from 80 children and young people in 2019/20
- 17% (10/59) of those with photo documentation had abnormal physical signs supporting their allegation of child sexual abuse. This is higher than levels reported in the literature as the data includes all signs which have been associated with a history of sexual abuse in some studies, as well as those that are highly suggestive of abuse.

- 17% (10/59) of those with photo documentation had abnormal ano-genital findings which may be associated with their vulnerabilities, such as untreated vulvovaginitis.

Functional symptoms (physical complaints such as pains, headache, and palpitations) are seen in children who have been sexually abused and can be helpfully described as a physical response to carrying emotional trauma in the body. These symptoms are often related to mental health problems such as anxiety and depression. It is vital that such symptoms are diagnosed in context so that children and young people are not sent for many investigations looking for a medical cause for their symptoms. During a holistic medical examination, the health team can reassure that the symptoms are real but not indicative of serious disease. The team have started to collect data on functional symptoms and identified 18 in the last few months of the year. This data will be routinely reported on in future reports.





## 11.3 Cost benefit analysis

MOPAC commissioned Red Quadrant to undertake a cost benefit analysis which involved both the financial benefits and costs of the Lighthouse, compared with two similar services at the CYP Havens Service and the North East London CSA Hub Service. More information on the results below can be found in the MOPAC Final Evaluation Report.<sup>8</sup> Taking into account annual running costs and one-off capital set up costs, the cost per case for the Lighthouse was approx. £6,800 compared with the Havens service £4,900 per case. This total cost was then set against the wider social costs in three broad areas: wellbeing to the client, useful savings from public sector spend and additional public sector spend e.g. criminal justice costs.

The results suggest that after a child experiences sexual abuse, very substantial harm occurs for the victim and very substantial costs accrue to public services. Per child or young person, public sector costs are estimated at some £122,000 (with the prosecution of crimes accounting for around £32,000), while the loss of wellbeing to them and their family, including loss of earnings, is of the order of £98,000.

The analysis showed there is a financial return to the public sector from the Lighthouse, with a net gain in public expenditure per case of £14,500. The ratio between future savings and cost of the intervention is 3.12 : 1.0 (calculated as £21,400 ÷ £6,800). The CYP Havens also demonstrated a benefit-cost ratio of 2.92 : 1.0 (calculated as £14,400 ÷ £4,900). Calculations suggest that the use of Lighthouse compared to the Haven costs perhaps £1,900 per case more but saves an additional £7,000 on future public expenditure (excluding costs on convictions) and improves wellbeing by additional £10,300.

For every £1 invested in a Child House service over £3 is saved in public expenditure

These findings are in line with the cost benefit analysis of the child advocacy centre model in US and Canada<sup>9</sup>, which compared the Child Advocacy Center (CAC) model and a traditional child protection and law enforcement services model that typically uses a joint investigations approach. The study indicated that while CAC style investigations have higher operational costs, they also result in higher perceived public benefits. The CAC model achieved a \$3.33 to \$1 benefit-cost ratio.

## 12. 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.

The Lighthouse continues to disseminate learning and best practice and has supported national and international colleagues from:

- Bairnhoose in Scotland
- Barnahus Galway
- Barnahus Barcelona
- East of England Safeguarding Team
- PPLIP Research meeting with University of Finland

The Lighthouse has delivered training at:

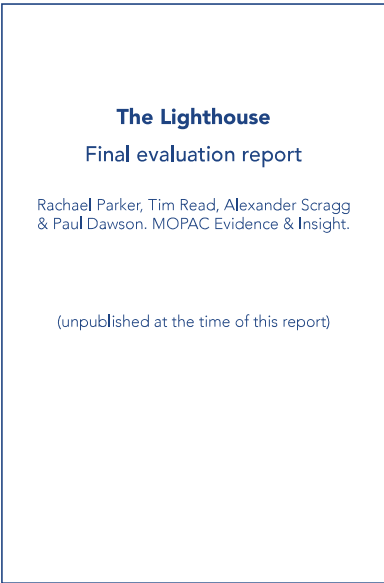
- Lime Culture – Spreading Excellence Programme
- Home Office Child House Learning Event
- PROMISE Barnahus training to Czechia
- British Embassy in Bulgaria
- Witness Service
- Camden Safeguarding Partnership
- CAFCASS training day
- Barnet's first virtual professional and YP forum
- Section 28 Awareness Session
- Introduction to Health Services in Haringey



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 Spreading Excellence Programme
- BlueStar project advisory group
- Children’s Society Community of Practice
- Tackling Child Sexual Abuse Strategy.

For further reading on the Lighthouse evaluation and Child House model there are several external evaluations and supporting guidance<sup>10,11,12</sup> available now or due to be published.



# Notes

- 1 'There's something there for everyone' Learning about the Lighthouse: Young people's perspectives on London's Child House. Helen Beckett and Claire Soares with Camille Warrington. January 2022
- 2 The Lighthouse: Final evaluation report. Rachael Parker, Tim Read, Alexander Scragg & Paul Dawson. MOPAC Evidence & Insight. June 2021 (unpublished at the time of this report)
- 3 The Lighthouse: Final evaluation report. Rachael Parker, Tim Read, Alexander Scragg & Paul Dawson. MOPAC Evidence & Insight. June 2021 (unpublished at the time of this report)
- 4 The United Nations Convention on the Rights of the Child. Convention on the Rights of the Child. Adopted and opened for signature, ratification and accession by General Assembly. Resolution 44/25 of 20 November 1989 Article 4
- 5 Barnahus Quality Standards Guidance for Multidisciplinary and Interagency Response to Child Victims and Witnesses of Violence. Council of the Baltic Sea States Secretariat and Child Circle. ISBN 978-91-980572-9-4 Author: Olivia Lind Haldorsson, Child Circle
- 6 'There's something there for everyone' Learning about the Lighthouse: Young people's perspectives on London's Child House. Helen Beckett and Claire Soares with Camille Warrington. January 2022
- 7 Papworth
- 8 The Lighthouse: Final evaluation report. Rachael Parker, Tim Read, Alexander Scragg & Paul Dawson. MOPAC Evidence & Insight. June 2021 (unpublished at the time of this report)
- 9 Cost-Benefit Analysis of Community Responses to Child Maltreatment: A Comparison of Communities With and Without Child Advocacy Centers. Shadoin, A. L., Magnuson, S. N., Overman, L. B., Formby, J. P., & Shao, L. 2006, CALiO Collection of Resources.
- 10 [https://www.london.gov.uk/sites/default/files/child-house-in-a-box-toolkit-final\\_v1.pdf](https://www.london.gov.uk/sites/default/files/child-house-in-a-box-toolkit-final_v1.pdf)
- 11 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1014190/Child\\_House\\_Local\\_Partnerships\\_Guidance\\_-\\_September\\_2021.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1014190/Child_House_Local_Partnerships_Guidance_-_September_2021.pdf)
- 12 Hyperlink to 'There's something there for everyone' Learning about the Lighthouse: Young people's perspectives on London's Child House. [learning-about-the-lighthouse-report-16-02-22\\_final.pdf](#) (beds.ac.uk)



Published March 2022

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