

# The Lighthouse: London's Child House Initial Evaluation Report

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MOPAC Evidence & Insight



**M O P A C**

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## Contents

<b>Executive Summary</b>	<b>3</b>
<b>1. Background: Setting the Scene</b>	<b>5</b>
The story so far...	5
Child House - a new approach	6
The Lighthouse - a Child House for London	7
<i>Figure 1: Enhanced aspects of the Lighthouse</i>	8
<b>2. The Lighthouse Evaluation</b>	<b>9</b>
What does success for the Lighthouse look like?	9
<i>Table 1: Overview of Lighthouse Objectives</i>	10
Methodology	11
<i>Figure 2: E&amp;I Evaluation Process</i>	12
<i>Figure 3: Evaluation progress</i>	12
Ethics and Oversight	14
Research timeline	15
<b>3. Learning from Baselineing the Service</b>	<b>15</b>
Base-lining Criminal Justice	15
<i>Figure 4: The attrition of 20 test MPS cases</i>	18
Base-lining Costs of the Lighthouse	18
<b>4. Learning from Mobilisation &amp; Early Implementation</b>	<b>20</b>
Designing Child House: the vision	20
Designing Child House: the evidence & future success	20
Need for governance & Internal Communications	21
The benefits of multi-agency partnership	21
External Communications: the importance of engaging external stakeholders	22
Technical set-up	23
The future	23
<b>5. Discussion</b>	<b>23</b>
<b>References</b>	<b>25</b>
<b>Appendices</b>	<b>28</b>
Appendix 1: Lighthouse partner relationships	28
Appendix 2: Disclosures of Child Sexual Abuse requiring referral to the Child House	29
Appendix 3: Child House Logic Model	31
Appendix 4: Theory of change per outcome - why should there be an impact?	32
Appendix 5: E&I Research Product Timeline	39
Appendix 6: Criminal Justice Attrition Tree	40

## Executive Summary

The Lighthouse, London's Child House, opened in October 2018 as part of a two-year pilot. Bringing together a range of organisations under one roof, the Lighthouse intends to be a child friendly, multidisciplinary service for victims<sup>1</sup> of Child Sexual Abuse and Exploitation (CSA/E). Based in Camden, it will replace the existing services to date and serve the five surrounding North Central London boroughs of Barnet, Camden, Enfield, Haringey and Islington. The Lighthouse intends to offer more enhanced features than previous services, with the foremost aim to be focused on the child.

The Evidence and Insight (E&I) Unit are MOPAC's in-house social research and analytical team and were commissioned to evaluate the Lighthouse. The E&I evaluation will focus on four distinct areas for analysis, these are; a *performance review*; a *process evaluation*; *impact evaluation* and an *economic evaluation*. This will be done using a variety of methods, balancing qualitative information from staff, stakeholder or clients alongside analysis of routine performance data as well as more complex quantitative analysis exploring the impact and costs. More details about obtaining a control group to assess impact will be included in the next evaluation report. This variety is important given the absence in impact and cost analysis in previous similar evaluations. The ability to successfully complete each element will depend on data quality, which will be reviewed throughout the life of the research.

### What does success look like for the lighthouse?

The report documents the primary outcomes for the Lighthouse, these broadly cover:

- *Enhanced referral pathways into and out of the Lighthouse*
- *Enhance CYP, family and carer experience of support received post disclosure*
- *Enhance CYP experience of the criminal justice process post disclosure*
- *Enhance mental health and well-being outcomes for CYP*
- *Enhance professional awareness, competence and confidence*
- *Increased likelihood of charge or conviction for those cases within the Lighthouse*
- *Enhance partnership working*
- *Providing CSA victims care and support to reduce the long-term impact of victimisation*

### Early findings to date

#### ***Base-lining Criminal Justice***

There is a lack of wider research pertaining to the attrition of sexual offences against children and no easy manner to obtain this data. This is problematic given the status as a key outcome. As a test of feasibility in obtaining such data, the research team hand coded 20 CSA/E cases from the Metropolitan Police Service (across 120 variables). Although labour intensive, the benefit for the evaluation is thought to warrant the resource required.

#### ***Base-lining Cost***

RedQuadrant were commissioned to produce a cost-benefit model for the Lighthouse project – base-lining key capital costs (the one-off expenditures to set up the programme) and operating costs (the on-going costs associated with service delivery). In terms of the benefits RedQuadrant highlight these are wide-ranging. Outcomes were grouped from the literature

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<sup>1</sup> Referred to as victims throughout the remainder of the report

into three categories of social value: well-being to the client; useful savings from public sector spend; and additional public sector spend on essential activity.

Estimates of savings for each theme are 'best guesses' based on many unknown assumptions and will therefore need to be substituted for actual costs and the Lighthouse (and counterfactual) throughput and prevalence data once available. More detailed figures will be provided in the next evaluation report.

***Process: Summary of Learning from Mobilisation & Early Implementation***

The learning presented herein is taken from a variety of sources, all from relatively early on in the Lighthouse service delivery. Process learning is valuable in reflecting the entire journey of a programme - from initial design and set up through implementation.

Overall, in terms of results so far; all staff, partners and stakeholders are positive in terms of the vision, design, set-up, governance, and partnership approach of the Lighthouse. Certain aspects, such as partnership working and colocation have been especially praised. Indeed, a fundamental element of the Lighthouse is the multi-agency working, enabling different organisations to practically work towards a common goal. Given the level of underlying complexity and size of the model - this is something to be celebrated and is an important enabler in the ongoing effective implementation of the initiative.

Stakeholders recognise the Lighthouse is evidence based, referring to it as an amalgamation of the U.S. Child Advocacy Centres and the Scandinavia Barnahus model. Stakeholders did identify some differences between Barnahus and the London Lighthouse design with respect to commissioning and criminal justice aspects. Given what is known about the importance of programme integrity, this will be important to monitor within the evaluation, as a move away from the original model has the potential to influence the outcomes.

There were some challenges identified, such as the importance of linking with the judiciary; the use of Live link and section 28; Information Technology; sustainability of the service in the future - although it is hoped these issues will be addressed by the Lighthouse governance structure.

This is the first in a series of MOPAC E&I Lighthouse evaluation reports to be released throughout the next two years, enabling learning both internally as a catalyst for improvement, and externally to advance the evidence base.

## 1. Background: Setting the Scene

The Lighthouse, London's Child House opened in October 2018 as part of a two-year pilot. Bringing together a range of services under one roof, the Lighthouse intends to be a child friendly, multidisciplinary service for victims and survivors<sup>2</sup> of Child Sexual Abuse and Exploitation (CSA/E). Based in Camden it will replace the existing services to date and serve the five surrounding North Central London boroughs of Barnet; Camden; Enfield; Haringey; and Islington.

### The story so far...

Across England and Wales, in recent years there has been an increase in reported cases of CSA/E. In 2016/17 there were 63,663 sexual offences against children<sup>3</sup> recorded by the police in the UK<sup>4</sup> – the highest recorded number in the past decade – with a 16% increase from the last year (54,898 sexual offences recorded in 2015/2016)<sup>5</sup> and a 196% increase from 5 years ago (21,493 sexual offences recorded in 2011/12)<sup>6</sup>. Turning to London, it is difficult to obtain definitive figures to represent the number of children who report to health services because of CSA<sup>7</sup>. However, in terms of comparable police-recorded CSA in London, there has been a 67% increase comparing financial Year 2011/12 to financial year 17/18 (from 2,208 to 3,685 cases).

It is unknown how much of these increases are due to an escalation in prevalence; improved police recording; or a reflection of an increased willingness to report abuse following high profile cases in the media. Regardless, the critical aspect is the substantial increase in demand.

Given the prevalence of CSA/E, it is increasingly being recognised as a public health problem<sup>8</sup>, impacting substantially on long-term outcomes including physical health<sup>9</sup>. The road to recovery following CSA/E is complex and requires specialist care and tailor-made support. However, this is not the routine provision - services are often delivered from a variety of agencies including, but not limited to: the NHS; police; and other criminal justice agencies; children's social care; and agencies from the voluntary and community sector; making care disjointed.

Concerns were raised in 2015 by the Office of the Children's Commissioner, as only around one in eight victims of sexual abuse come to the notice of statutory authorities<sup>10</sup>. In response, MOPAC and NHS England (London region) commissioned the "*Review of Child Sexual Assault Pathway for London*", to map the various pathways for children and young people following CSA. Findings from the Goddard Review highlighted variation in the available services across all London boroughs and gaps in medical provision, emotional support and the prosecution process. The report made recommendations advocating the need to establish better overall

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<sup>2</sup> Referred to as victims throughout the remainder of the report

<sup>3</sup> Due to data availability, offences for England and Northern Ireland are against children under 18 and offences for Scotland and Wales are against children under 16

<sup>4</sup> Bentley, et al., 2018

<sup>5</sup> Bentley, H. et al (2017)

<sup>6</sup> Harker, L. et al (2013)

<sup>7</sup> Goddard, Harewood, & Brennan, 2015

<sup>8</sup> Brown, O'Donnell & Erooga, 2011

<sup>9</sup> Bellis, Lowey, Leckenby, Hughes, & Harrison, 2014

<sup>10</sup> Children's Commissioner for England, 2015

services for Children and Young People (CYP) who have experienced CSE/A<sup>11</sup>. A direct result of the review was the introduction of Child Sexual Abuse Hubs (CSA Hubs) across London. Designed and built on good practice, they created virtual teams of CSA/E experts in local areas. In 2016, two NHS sector Hubs were established, the first located in the North Central NHS sector and a second established in South West London. These provided medical and short-term emotional support for victims of CSA/E and an integrated response for the families, but the police and social care were not directly involved. However, the Goddard Review identified a better approach would be to introduce 'Child Houses' to London<sup>12]</sup>.

### **Child House - a new approach**

Child House is a term that groups several similar models adopted internationally together. Initially developed in the US in the 1980s, the Child Advocacy Centre (CAC) model was proposed as a solution to many problems associated with standard responses to CSA, including: lack of therapeutic services; low conviction rates; traumatic investigation processes; and inter-agency conflicts<sup>13</sup>. Research into CACs in the US found positive results, particularly around reducing the trauma experienced by victims of CSA and improving levels of satisfaction with the overall service for both children and parents<sup>14</sup>.

Barnahus (Children's House), a model used in Iceland since 1998, was inspired by the CACs (although there are some differences in service delivery between CACs and a 'Child House' model). Barnahus is a child-friendly, interdisciplinary and multi-agency centre where different professionals work under one roof in investigating suspected CSA cases and providing appropriate support for victims<sup>15</sup>. The main components of the Barnahus model are:

- A home-like setting with all services delivered under one roof;
- Helping victims disclose abuse through exploratory interviewing, conducted by child psychologists;
- Use the least possible number of interviews conducted by child-expert staff;
- Improved evidence through the reduced need for children to testify in court; and
- Guaranteed and rapid access to therapy for abused children.

Compared to before and after its inception, the initial Icelandic Barnahus model was considered to yield positive results across many outcomes, such as: improved partnership working between police and social services; improved therapeutic outcomes for children and their families; improvements in children's and families' experiences of the criminal justice process; and improvements in the quality of investigations; trebling the number of perpetrators charged; and doubled the number of convictions<sup>16</sup>. As a result, the Barnahus model has since been adopted in several other countries such as Sweden, Norway and Denmark. The EU Promise project brings together research across European pilot countries and provides standards, learning and best practice<sup>17</sup>. However, although findings across these later adaptations appear to be relatively positive, most evaluations are based in the US and on

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<sup>11</sup> Goddard, Harewood, & Brennan, 2015

<sup>12</sup> Goddard, Harewood, & Brennan, 2015

<sup>13</sup> Herbert and Bromfield, 2016

<sup>14</sup> Elmquist et al., 2015

<sup>15</sup> Children's Commissioner, 2016

<sup>16</sup> Children's Commissioner 2016

<sup>17</sup> <http://www.childcentre.info/promise/pilot-country-updates/>

the CAC model, rather than on Barnahus (see appendix 4 for more research). In addition, previous evaluations primarily concentrate on the underlying processes, with fewer robustly assessing impact or economics. This is a considerable gap in research learning and one that the current evaluation seeks to address.

### **The Lighthouse - a Child House for London**

Following the Goddard Review, NHS England (London region) approached MOPAC for support with a bid to Home Office Police Innovation Fund to pilot two Child Houses in London. The joint bid was successful and funding was awarded in April 2016. The Child Houses subsequently formed a commitment within the new Mayor's Police and Crime Plan (2017 – 2021)<sup>18</sup>, as part of keeping London safe for children and young people. The Mayor and Home Secretary announced the plans for two Child Houses in September 2016, originally anticipated to open in April 2017.

When deciding on service location there were several criteria used, one of the key aspects being a suitable property to house multi-agency services. Other considerations were the state of readiness of the NHS Sector with regards to seeing Child Abuse as a high priority, and a wider prevalence of CSA in those areas. Based upon these, a decision was made to develop services in the North Central London NHS Sector and the South West. However, it became apparent there was insufficient funding to run across both sites. A decision was made to proceed with one location, making it possible to include the enhanced staffing levels; an extension of the service to 18-25-year olds with additional needs; extended opening hours; and consideration of accepting neighbouring sector/out of sector referrals.

In deciding the one location - again, criteria were employed (i.e., need; strategic alignment of the wider health community; existing clinical leadership; demand projections; premises availability) and it was decided that North Central London was best place to proceed with the pilot. Although based in a Camden property, the service would take referrals from Barnet; Camden; Enfield; Haringey; and Islington. This geography would form a coherent area and these boroughs present a substantial demand – with 2016/17 MPS data indicating a total of 683 victims of sexual offences aged 17 or under. Borough level data shows each area has seen a steady increase in MPS CSA/E figures, with Barnet the largest increase of 61% in yearly totals. Enfield has the highest levels overall and Islington and Camden have consistently the lowest levels of CSA among the North Central boroughs<sup>19</sup>.

In February 2018, the commissioned contract was awarded to the University College London Hospitals NHS Foundations Trust (UCLH) and their sub-providers, brought in to deliver specialist elements of the service, namely - the Tavistock and Portman NHS Foundation Trust; the National Society for the Prevention of Cruelty to Children (NSPCC). Delivery of the two-year pilot was to follow a six-month mobilisation period. One of the most unique aspects for the programme is the complex partnership arrangements required to fund and deliver the enhanced service across multiple London boroughs (see appendix 1). This includes embedding key organisations physically into the premises, such as the two dedicated Metropolitan Police Service (MPS) officers. Although recognised as logistically challenging, this approach is paramount to providing a smooth and efficient service to the CYP and one of the unique elements of the model.

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<sup>18</sup> <https://www.london.gov.uk/mopac-publications/police-and-crime-plan-2017-2021>

<sup>19</sup> Data downloaded from MPS CRIS September 2018 by MOPAC E&I.



The Lighthouse will provide enhanced support to CYP aged between 0 – 17 years old (or those between 18-25 years of age with learning delay or disability for whom a child or young person-oriented service appears more suitable), as well as non-offending parents/carers/family for up to two years. It intends to offer a joined-up approach where, if required, you can get access to all medical; practical; social care; police; and therapeutic support ‘under one roof’. Services will be offered at the Child House during extended opening hours (Monday to Saturday 10:00 to 20:00 and by outreach Sunday 10:00 to 13:00) and CYP Havens will continue to provide the acute/Forensic Medical Exam (FME) service. The Lighthouse builds on the CSA Hubs, but offers enhanced service features which include the elements in Figure 1:

There have been several discussions in terms of estimating demand to the Lighthouse. Based on the throughput of cases into the pre-existing CSA Hub services, the lead provider has been commissioned to deliver a total of 544 CYP accessing the Lighthouse per year. However, estimates from police data are higher in terms of those who may disclose/be eligible for Achieving Best Evidence (ABE) interviews (around 700 CYP). As outlined later, one aspect of the evaluation will be to monitor such numbers.

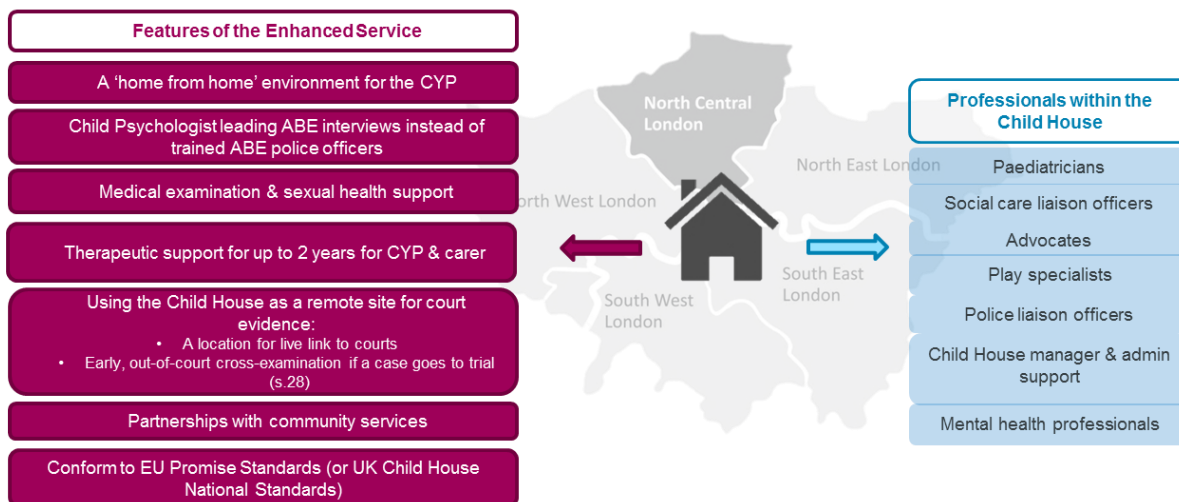


Figure 1: Enhanced aspects of the Lighthouse

In addition, the Lighthouse has extended the eligibility criteria for access to the service following a ‘disclosure’. It is recognised disclosing abuse is a difficult and often a negative experience, with a child rarely using a straightforward process of telling someone they have been abused – in fact, research has indicated on average it can take 7 years for CYP to disclose sexual abuse, with the earlier it started taking the longest to disclose<sup>20</sup>. As a result, many CYP may present to medical or support services without having verbally disclosed the offence – something which can be problematic when accessing pre-trial therapeutic support<sup>21</sup>. Nevertheless, it was considered vital to include children where there is a ‘significant suspicion of CSA/E’, where practitioners conclude it is highly likely abuse has occurred and there are either behaviours or physical symptoms to support this, or a history of risk or harm to the child or a sibling (see appendix 2 for eligibility criteria).

<sup>20</sup> Allnock, D. and Miller, P., 2013

<sup>21</sup> Warrington, C., 2015



## **2. The Lighthouse Evaluation**

The Evidence and Insight (E&I) Unit is MOPAC's in-house social research and analytical team which has been commissioned to undertake an evaluation of the Lighthouse. The two-year evaluation will cover the processes of the Lighthouse (from design through implementation), monitor routine performance, as well as seek to explore robust impact and cost benefit.

This report seeks to outline the broad approach to the evaluation, measuring success and the methodologies used, as well as present some early results from fieldwork. This has been split into base-lining the service (criminal justice and cost), and key themes from mobilisation and early implementation (including: design; need for clear governance & internal communication; external communications: the importance of engaging external stakeholders; making a multi-agency partnership work; technical set-up; and the future).

### **What does success for the Lighthouse look like?**

A key first step, prior to commissioning the service to a provider, was to develop the core outcomes for the service. To achieve this, E&I and key staff from the Lighthouse commissioning team (MOPAC & NHS England (London region)), developed the underlying logic of the service (see appendix 3 completed Logic Model). The main emphasis was for the service to be focused on the child – reducing the risk of re-traumatisation; ensuring timely access to medical and therapeutic support; supporting CYP and the non-offending members of their families. To achieve this, overall aims cut across delivery partners. Outcomes were split into primary and longer term, each with a theory of change and evidence base for why there is a *potential* to measure impact (see appendix 4 for detailed research findings).

See Table 1 for an overview of the outcomes and underpinning rationale. The evaluation will look to monitor as many of these key outcomes as the data allows. The evaluation has been designed across 2-years utilising a mixed methodology approach – balancing qualitative context from staff, stakeholder or client feedback, particularly in the shorter-term, with the 'harder' performance figures, indicating how the service is running on a day-today basis.

Table 1: Overview of Lighthouse Objectives

Lighthouse Objective	Is this informed by evidence?	Short/ Medium/ Long	Measurable by...
<p><b>Enhanced referral pathways into and out of the Lighthouse:</b> Better identification of CSA/E by local professionals, better knowledge of referral pathways and speedier referrals into the Lighthouse.</p> <p>One single referral pathway for all five boroughs - stops multiple agencies acting as gate keepers.</p> <p>Greater standardisation of service for those engaging, and where needed, more appropriate referrals onwards.</p>	<p>✓ These outcomes are consistently found in the evidence base (see appendix 4).</p>	<p>Short term</p>	<p>Performance data around the number and timing of referrals.</p> <p>An increase in professionals self-reported confidence/knowledge of referral pathways.</p> <p>Appropriate referrals to other services matched to CYP needs.</p>
<p><b>Enhance CYP, family and carer experience of support received post disclosure:</b> Longer availability of support (2 years) and streamlined services should provide high levels of satisfaction with the service.</p>	<p>✓ Satisfaction often found to be high, but usually no difference to comparison groups.</p>	<p>Medium term</p>	<p>Self-reported satisfaction from CYP and families/carers assessed throughout service.</p> <p>As there is usually no difference to the comparison groups, measures should look to assess how unique service elements (e.g. extended support/opening hours) are viewed.</p> <p>CYP may set goal-based outcomes for themselves during therapy – their self-reported achievement can be assessed.</p>
<p><b>Enhance CYP experience of the criminal justice process post disclosure:</b> Advocate support; not being required to attend a police station to be interviewed; and potentially not being required to attend court due to Live Link, should reduce stress for the CYP and their caregivers.</p> <p>Satisfaction with the process (rather than court outcome) should be high.</p>	<p>✓ Satisfaction found to be higher than comparison groups.</p>	<p>Medium term &amp; Long term</p>	<p>Self-reported satisfaction from CYP and families/carers can be assessed throughout service provision – can start with initial police investigation in the medium term, whilst court process/outcome maybe longer term.</p> <p>Assess unique service elements against comparison group (see methodology – impact).</p>
<p><b>Enhance mental health and well-being outcomes for CYP:</b> Easier and quicker access to longer term support should increase satisfaction and specific wellbeing/mental health outcomes.</p>	<p>✓ Evidence found (see appendix 4).</p>	<p>Medium term &amp; Long term</p>	<p>Self-reported wellbeing can be assessed throughout service provision.</p> <p>Psychometric measures (e.g. Trauma Symptom Checklist for Children (TSCC)) can be compared pre/post and potentially to a comparison group.</p>
<p><b>Enhance professional awareness, competence and confidence in working with CSA/CSE:</b> Raising the local profile of the Lighthouse via communication and engagement to ensure knowledge of, and confidence in, referral pathways.</p>	<p>✓ Evidence found (see appendix 4).</p>	<p>Short term &amp; Medium term</p>	<p>The number of referrals.</p> <p>An increase in professional’s self-reported confidence/knowledge of referral pathways.</p>

<p><b>Increased likelihood for CYP who received a Lighthouse service to have cases charged by CPS and;</b></p> <p><b>Increased likelihood for CYP who received a Lighthouse service to have their case end in conviction:</b></p> <p>More referrals into the service; advocate support leading to better engagement; better evidence collected by ABE interviews; and better cross examination via Live Link should increase the likelihood of reaching charging thresholds and receiving convictions.</p>	<p>✓</p> <p>Evidence is mixed and maybe linked to which part of the process is assessed - outcomes earlier in the CJ process maybe more favourable than later in the process, like criminal convictions (see appendix 4).</p>	<p>Medium term &amp; Long term</p>	<p>Tracking case attrition and reasons for drop outs can start with initial police investigation in the medium term and then move to court process/outcome in the longer term.</p> <p>Number of cases charged.</p> <p>Number of cases convicted.</p> <p>Sentences received.</p>
<p><b>Enhance partnership working:</b></p> <p>Multi-agencies working in collaboration under one roof will make communication better and data sharing issues less problematic.</p>	<p>✓</p> <p>Evidence found (see appendix 4).</p>	<p>Short term &amp; Medium term</p>	<p>Self-reported staff satisfaction assessed throughout provision.</p> <p>Case studies can assess how organisations have come together to make decisions regarding care.</p>
<p><b>Providing CSA victims care and support to reduce the long-term impact of victimisation:</b></p> <p>Impact on well-being after the service.</p>	<p>×</p> <p>Little evidence found in terms of child and family outcomes</p>	<p>Long term</p>	<p>Limited predications can be made from case outcomes on future benefits based on literature findings.</p> <p>May need longer term tracking outside of evaluation scope.</p>
<p><b>Organisations are committed to being victim focused in their support of CSA victims.</b></p> <p>Organisations not directly involved in service delivery supporting the Lighthouse e.g. courts open to using Live Link and S.28.</p> <p>Changes in current practice to be more victim focused.</p>	<p>✓</p> <p>Evidence is <b>mixed</b>. Most research focuses on criminal justice – with significant differences found earlier in the process. Some studies found practices have become incorporated more broadly, but what elements have an effect are unclear.</p>	<p>Medium term &amp; Long term</p>	<p>Self-reported staff accounts of wider partnership involvement can be assessed throughout service provision.</p> <p>Case studies can assess how organisations have come together to make decisions regarding care.</p> <p>May need longer term tracking outside of evaluation scope.</p>

**Methodology**

The Lighthouse evaluation focuses on four distinct areas. These are: *performance monitoring; process; impact* and *economic analysis* (see below diagram). The ability to successfully complete each element will depend on the quality and quantity of data and will be reviewed throughout the life of the research, as it is subject to change. MOPAC E&I follow a pragmatic ‘*action research*’ approach, feeding key findings back to the service and commissioning team in a timely manner, so improvements may occur. The evaluation aims to holistically assess the programme and will therefore draw on a range of quantitative and qualitative methods.

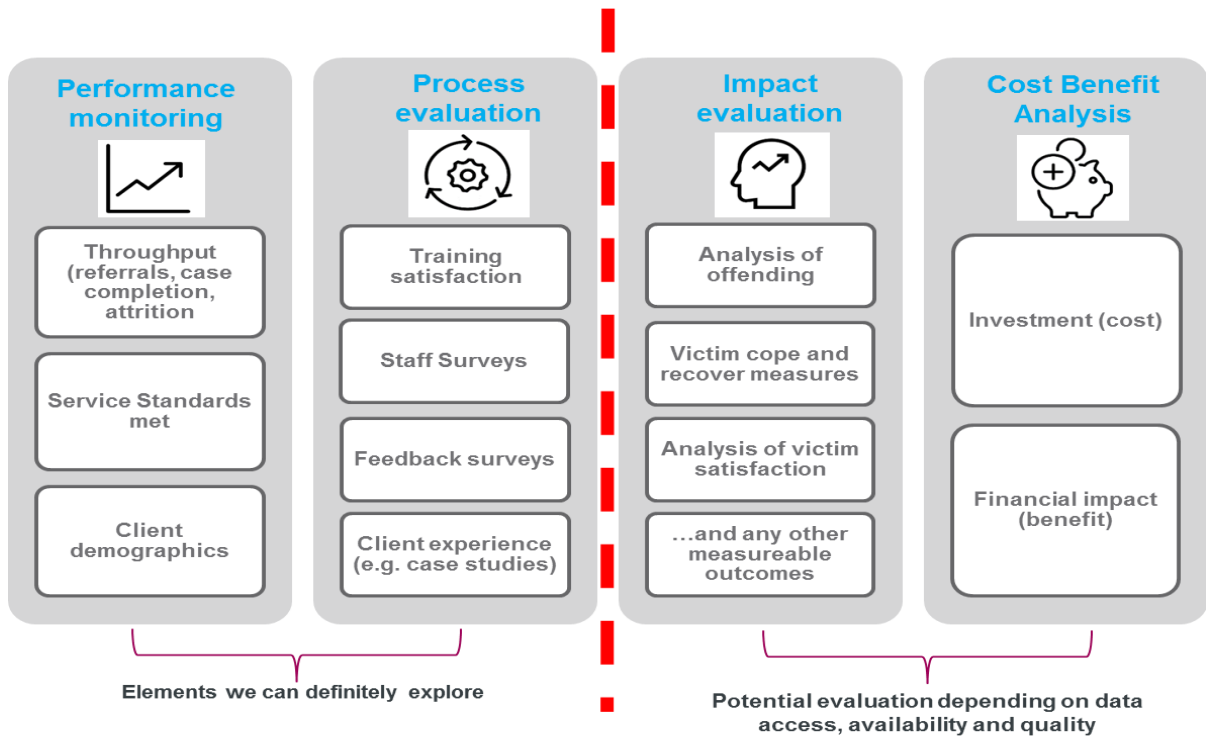


Figure 2: E&I Evaluation Process

The **performance monitoring** aspect will use data and management information captured during the everyday running of the Lighthouse to track actual service delivery. For example, how many clients are using the service and when; what needs they present with; what services they receive and for how long. For this purpose, a bespoke Case Management System (CMS) has been set up to store ‘Lighthouse data’, inputted from delivery partners – namely the lead NHS provider UCLH and sub-providers brought in to deliver specialist elements of the service.

The **process aspect** will explore the underlying learning, good practice and challenges across the entire two-year Lighthouse pilot (i.e. from design through partnership working to implementation and end user experience). Drawing upon a range of sources, learning to date has been taken from those illustrated below in figure 3.

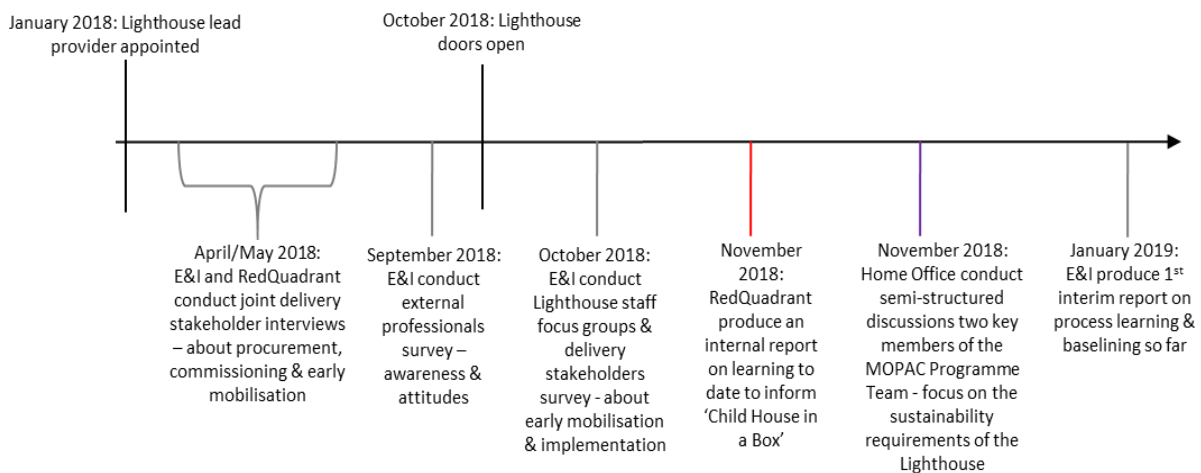


Figure 3: Evaluation progress

Over the course of the two-year evaluation, the process aspect will be drawn from a range of methodologies (i.e., interviews, focus groups and surveys) to capture in-depth information from across stakeholders, practitioners and those within the service. The early findings reported here are based upon:

- 18 face-to-face interviews in April/May 2018 conducted with key stakeholders and board members (undertaken by RedQuadrant alongside E&I). These interviews focused on the history of the project; procurement; commissioning; design specification; and initial implementation (see section 4. Learning from Mobilisation & Early Implementation). Learning was shared to inform the separate RedQuadrant and E&I products, but crossed referenced where applicable.
- An online survey designed by E&I distributed in September 2018 to professional stakeholders (e.g. police, charity workers, mental health practitioners, etc) who work within the five Lighthouse boroughs and may come across CYP who have experienced CSA/E. A total of 54 people responded from a range of occupations (Police Officers (39%, n=21), Nurses (15%, n=8), Victim Charity workers (15%, n=8), Mental Health practitioner (11%, n=6) and Other (20%, n=11)) (see section 4. Learning from Mobilisation & Early Implementation).
- To supplement delivery stakeholder interviews, all programme board members received a short online survey to capture opinions around the design and initial implementation of the Lighthouse. In total, 13 people responded<sup>22</sup>.
- In October 2018, all Lighthouse staff attended an induction to the service and training. Afterwards, staff were asked to participate in a focus group to explore their views of the Lighthouse; how ready they felt to open the doors to the public; training needs; and potential challenges going forward. In total, 13 staff members attended from a potential 27 practitioners.
- Finally, in November 2018 the Home Office produced a Health Check for the Child House programme, conducting semi-structured discussions with two key members of the MOPAC Programme Team, focusing on the sustainability requirements of the Lighthouse. Findings are highlighted where applicable.

The **impact analysis** aims to examine if the Lighthouse has achieved a demonstrable impact across the key outcomes compared to a counterfactual (i.e., a matched group of individuals who do not receive the Lighthouse services). Estimating impact is always the most challenging aspect of evaluative research. The gold standard Randomised Control Trial was not possible for ethical reasons. The evaluation is therefore seeking to utilise the next most robust approach of a quasi-experimental design. This is where a comparison group is statistically generated and used to compare to the key outcomes. To gain access to relevant data, a control group will most likely be sourced from a 'service that exist in London, had the Lighthouse not been established', namely a CSA hub. Future reports will detail the development of the counterfactual and the associated validity checks.

One aspect of the impact evaluation aims to **track criminal justice cases**. To explore the feasibility of this approach a small dip sample of 20 cases (10 identified as CSA and 10 as CSE) were randomly selected from the MPS Crime Reporting Information System (CRIS) to test the time-consuming methodology and explore case attrition. All cases were reported in April

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<sup>22</sup> Given the size of the research cohort (e.g. the number of respondents to the stakeholder survey/offender surveys), caution should be used when considering the results. Response base size is provided; however, this varies as not all respondents answered every question.

2016, so enough time had passed to collect meaningful information on case outcomes. Cases were coded using an extensive framework, to capture specific details about the victim; offender; aspects of the offence; police investigation; and case outcome. Key attrition points were coded e.g., suspects identified; arrests made; charges; and whether the cases reached court (see Learning from Base-lining the Service: Criminal Justice for early learning). Although time consuming, this approach proved to be viable and able to provide important learning on CJ progression.

Future reports will use this method to track cases receiving a service from the Lighthouse; who report to the police; and who consent to their data being used for the evaluation. Simultaneously, many cases from the counterfactual will also be tracked. Full case coding will begin approximately nine months after the launch of the Lighthouse, to allow for sufficient time for cases to progress. Ideally around 300 cases will be identified for the control group, from the same timeframes as the Lighthouse cases.

A qualitative assessment on the CJ process is also planned, in the form of interviews or focus groups with police officers who both work within the Lighthouse areas or those from across the counterfactual areas to explore and compare their experiences. It is anticipated (depending on data access, quantity and quality), any early effect of the Lighthouse on the initial stages of the CJ process can be reported in the E&I report currently scheduled for January 2020. The latter stages of the CJS (e.g. convictions and sentencing) will not be possible until the end of pilot.

The ***economic analysis*** will seek to explore issues such as ‘Does the Lighthouse provide value for money?’ and ‘What are the public value benefits and what are the fiscal benefits?’. RedQuadrant have been commissioned to produce a cost-calculator grounded in learning from the wider evidence base. This report summaries the methodology used for base-lining service cost and testing against the benefits identified through the literature (see Learning from Base-lining the Service - Cost). E&I will use these principles to perform cost benefit once there is confirmed set up and running costs and actual service data is available on throughput and prevalence of relevant criteria (e.g., the number of CYP presenting with mental health needs and so on).

In addition, to the overall E&I evaluation, the commissioning team procured RedQuadrant to conduct a Learning Strategy and toolkit to identify how best to sustain the Lighthouse at the end of the pilot and present key learning for setting up a programme elsewhere. The initial work conducted by RedQuadrant details the funding, commissioning and procurement of the service, to understand the learning from the initial two-year design phase of the project. As this will be included in their product, it will not be covered by this report.

### **Ethics and oversight**

In line with Data Protection Act (DPA) 2018 and General Data Protection Regulation (GDPR) (2018), E&I have produced a Data Privacy Impact Assessment (DPIA) Ref: [MOPAC/2018/CHEVALDPIA/001] appended to the programme documentation, to outline the bespoke risks and mitigation for them, which will be reviewed throughout the lifetime of the project.



In addition, an independent research advisory board was developed and will meet quarterly (the first in January 2019). It consists of both subject matter and methodological experts, to act as critical guiding experts to the evaluation team.

Whilst collating direct feedback from service users is a desired component of the research, E&I are aware of the additional risks of re-traumatisation and will work with all partners; the academic advisory group; and any necessary ethical bodies (e.g. Health Research Authority) to explore how to do this in a safe manner. This will include only undertaking direct contact with CYP through specialist professionals, who can ensure the correct support and safeguarding processes are in place.

### **Research timeline**

Over the course of the 2-year pilot there are four (including this one), E&I evaluation reports planned (see appendix 5 for the E&I research products timeline). Currently there is set to be an interim report delivered in May 2019, after 6 months of data collection and delivered in time to inform the sustainability work around funding cycles. This report will include the first look at performance monitoring; additional interview findings regarding continuation of care; and cost-base-lining using actual rather than predicted data.

The year 1 interim report is due early 2020 and, along with refreshed performance monitoring and qualitative findings from surveys; interviews; and focus groups, will include a detailed account of the development of the quasi-experimental approach (the counterfactual) and will take a first look at the effect on key outcomes. Criminal justice analysis will focus mainly on the initial police stages of an investigation, but along with health and well-being outcomes if possible compared to the counterfactual. The final report will include a summary of all findings to date and is due mid-2021. It will look to include additional qualitative/case study analysis; analysis on the latter end of the CJS (such as convictions and sentencing); and where possible comparisons of all key outcomes to a control group and detailed cost benefit analysis.

Findings from the evaluation will also be routinely fed into the commissioning and programme teams and will update partners at the official Partnership Oversight Board and any other relevant meetings. Reporting timelines are provided as a guide (see appendix 5) and are subject to change.

## **3. Learning from Base-lining the Service**

The remainder of the report will discuss early learning to date resulting from initial fieldwork drawn from the above methodology. It should be noted such results are interim and should be seen as indicative, as they are subject to change as the service progresses.

### **Base-lining Criminal Justice**

As outlined, this section presents early insights from analysis into criminal justice baselines. Assessing case attrition is important, as achieving increased CPS charges and court convictions are two key outcomes for the Lighthouse.

Attrition refers to the process whereby cases drop out of the criminal justice system, at one of several possible exit points before an outcome at court (see appendix 6 attrition tree). The journey through the CJS is often lengthy and complex and attrition can occur for several reasons, including crime occurring outside of the jurisdiction of the police service in which it



was reported; the police or Crown Prosecution Service (CPS) deciding there is not enough evidence to proceed; or the victim withdrawing from the investigation.

Before turning to early results from the feasibility work on base-lining criminal justice, it is useful to present some learning from the wider literature. Unfortunately, there is little UK research on the attrition of sexual offences against children. Although it is thought cases of CSA are less likely than adult cases to be assigned 'no further action' by the police<sup>23</sup> and more likely than adult sexual offences to result in a conviction<sup>24</sup>, one paper acknowledges overall high attrition rates leads to a minority progressing past a police sanction detection to prosecution – with government statistics at the time reporting just a 30% (34% for sexual activity with minors) sanction detection rate<sup>25</sup>.

Recent figures indicate only 16% of the 54,000 sexual offences recorded against children by 43 police forces in England and Wales (between October 2015 and September 2016), resulted in a charge; summons; community resolution; or caution against the perpetrator, although rates differ greatly between forces, ranging from 4% to over 35%. For those offences not resulting in action against a perpetrator, the most common reason was the victim did not support the police in the investigation, which happened in 27% of cases<sup>26</sup>. Australian case progression and attrition research found reasons for not progressing to trial included the offence not being reported to police; parents wanted to protect their children, perpetrator or other family members; evidence was not strong enough; the child was too young; the offender threatened the family; or the child was too distressed<sup>27</sup>. It is a Lighthouse aspiration for the service to increase CPS and court charges through supporting the CYP and caregivers to report to the police; maintaining engagement using an advocate; obtaining better evidence collected by psychologist led ABE interviews; and better cross examination via Live Link.

It is unknown how the latter two procedural aspirations will affect CPS/court outcomes as research exploring if they account for a low prosecution rate are mixed. Some studies suggest poor quality interviews<sup>28</sup> contribute, whereas others have found the quality of interviews within a Swedish Child Advocacy Centre did not have any predictive value on the prosecution rate<sup>29</sup>. However, it is acknowledged the importance of gathering robust evidence (including victim account and where possible forensics), to ensure cases pass the threshold to enter criminal proceedings. In the United States (US) acceptance for prosecution is one of the main barriers in the progression of sexual abuse cases. A study examining the relationship of CSA case characteristics and acceptance for prosecution found across the 431 cases referred the background characteristics of the perpetrator and victim; severity of abuse; and nature of available evidence were all significantly related to acceptance for prosecution<sup>30</sup>.

When the impact of different types and amounts of evidence have been explored, it was found across 329 US CSA cases four types of evidence uniquely predicted whether charges were filed following an investigation: a victim disclosure; a corroborating witness; an offender

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<sup>23</sup> Hohl and Stanko (2015)

<sup>24</sup> Allnock, 2015

<sup>25</sup> MoJ, Home Office and ONS 2013 cited from Warrington, C. 2015

<sup>26</sup> The Children's Society (2018)

<sup>27</sup> Parkinson et al., 2002

<sup>28</sup> Diesen & Diesen 2009

<sup>29</sup> Hagborg et al. 2012

<sup>30</sup> Cross et al. 1994

confession; or an additional report against the offender. Cases with a corroborating witness – even when lacking stronger levels of evidence such as a confession or physical evidence – were nearly twice as likely to be charged<sup>31</sup>. It will be a key aim of the evaluation to understand the nature of the evidence presented to determine what aspects maybe effecting case attrition.

As outlined, to better understand the nature of the CSA/E cases receiving a Lighthouse service, a small number of current MPS cases were identified, to test the time-consuming coding methodology. From the 10 CSA cases (of which 5 were rape cases), and 10 CSE cases included in the analysis it was found attrition for CSE happened almost immediately. All CSE reports were classified as ‘non-crime’ - that is, they were created because of safeguarding or concerns about a potential victim. In most cases there was not a specific CSE offence, instead an event or situation led authorities to have concerns, such as the victim running away from home; a notable behaviour change; or associations with risky older individuals. However, of the 10 non-crime CSE reports, 5 also had related reports whereby CSA against the same victim was being investigated, suggesting the investigation of those initial concerns led to the detection of a CSA offence. See figure 4 for the overview.

In most cases (n=19 of 20), reporting to the police was done by a third party/witness, predominantly a parental phone call to police (n=11). A suspect was identified in 12 cases – the majority (n=9) were for CSA cases. In eight of the CSA cases the victim was also able to identify the suspect. Of the 10 CSA cases, 3 were No Further Actioned (NFA’d) by the police, but 6 were submitted to the CPS and 5 were subsequently referred to court.

Whilst this sample is too small to suggest findings are indicative of all CSA/CSE cases, their coding has developed the methodology ready to track the Lighthouse cases and has been insightful as to how the police record CSE – in that the associated CSA cases should be tracked instead. Although the approach is labour intensive (around 120 variables are hand coded from the case files and a sub-set is double coded for validity checking), the value added to the evaluation is thought to warrant the resource required. Key health, wellbeing and criminal justice elements can be combined to potentially understand their influence on the progression of cases through the CJS.

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<sup>31</sup> Walsh et al. 2008

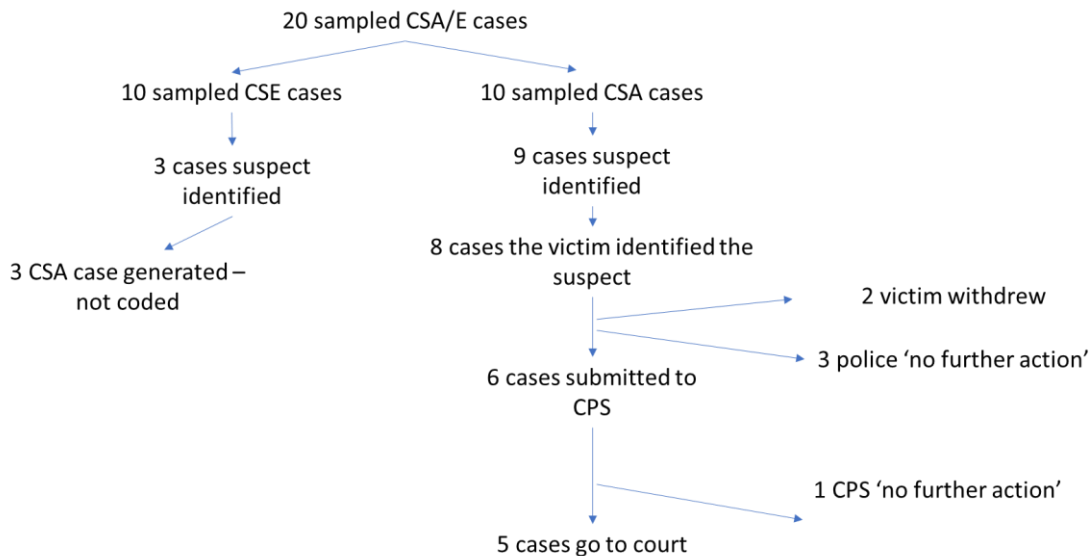


Figure 4: The attrition of 20 test MPS cases

**Base-lining costs of the Lighthouse.**

According to the Treasury’s guidance for evaluation<sup>32</sup>: ‘a reliable impact evaluation might be able to demonstrate and quantify the outcomes generated by a policy, but will not on its own be able to show whether those outcomes justified that policy. Economic evaluation can consider such issues, including whether the costs of the policy have been outweighed by the benefits’, adding ‘economic approaches value inputs and outcomes in quite particular ways, and it is crucial that the needs of any economic evaluation are considered at the design stage.’.

Economic analysis has been noticeably absent from previous evaluations of child advocacy centres, something the current evaluation is seeking to address, with MOPAC commissioning RedQuadrant to produce a ‘difference in difference’ cost-benefit model for the Lighthouse project. The benefits identified (provided below) are those believed to have the most significant impact; to be measurable; and to be attributable to the interventions delivered via the Lighthouse. RedQuadrant also designed a cost-analysis process to be completed by E&I throughout the life of the project, once Lighthouse and counterfactual throughput data is available.

Base-lining a project looks to identify key capital costs (the one-off expenditures to set up the program) and the operating costs (the on-going costs associated with service delivery), so if a model were to be replicated elsewhere there is an understanding of all associated expenditure.

In terms of the benefits, RedQuadrant highlighted a wide-ranging selection – covering the child; family members; involved organisations; or wider society. Some will be evident in the short term, whilst others may not be apparent for many years. They decided to group outcomes identified from the literature into three categories of social value: well-being to the client; useful savings from public sector spend; and additional public sector spend on essential activity. Within these categories are thematic areas which have been considered, these are:

<sup>32</sup> HM Treasury 2011 p20

- Health (sexual health, physical health and substance misuse);
- Well-being (from the perspective of the NHS and local authorities, the individual child or young person, and the family);
- Children's services: (possible impact on child protection action and on the need for any additional school support);
- Employment: (possible impact of the Lighthouse on loss of earnings and take-up of benefits otherwise resulting from CASE);
- Criminal justice: (costs of crime and enforcement action against alleged perpetrators, and the impact on possible criminal activity committed by victims of CSAE during adulthood because of their abuse. The possible reduction in the number of 'cracked trials' is also estimated); and
- System effects: (improved productivity because of better co-ordination of multi-agency services at the Lighthouse).

Depending on the availability of prevalence and cost information in the literature, RedQuadrant used a methodology to estimate the social value for each of the thematic areas based on:

- the estimated unit cost of treating an issue multiplied by an estimated proportion of people who present with an issue; or
- the estimated reduction the Lighthouse is thought to have on an issue multiplied by societies average spend on the issue.

For example, under the thematic areas of 'system effects', RedQuadrant explored how the introduction of the Lighthouse may improve productivity, stipulated in the literature to be because of better co-ordination between agencies. A system cost can be calculated from combining court; police; CPS; local authority; and NHS costs taken from relevant NSPCC and NAO publications. The literature then provides an assumption of improvement in productivity following better co-ordination (taken from 2012 Nat Cen study). A financial benefit as a result of the introduction of Lighthouse can then be calculated per client.

Although this methodology provides estimates of savings for each thematic area, they are 'best guesses' based on many unknown assumptions and will therefore need to be substituted for confirmed costs and the Lighthouse (and counterfactual) throughput and prevalence data once available. **More detailed figures will be provided in the next evaluation report.**

The importance of using a robust counterfactual to compare change against is again stressed, as without it impact cannot be tied to the services provided by the Lighthouse. For example, without a counterfactual it will be unknown if any changes in health and well-being are actually due to the quality of the therapeutic intervention provided or down to chance. In addition, the cost: benefit ratio will depend significantly on how many people use the service. The current calculations undertaken by RedQuadrant are based on the higher estimate of 700 C&YP per year using the service. If this is an overestimate, the cost per child will be significantly higher than anticipated.

## 4. Learning from mobilisation & early implementation

This section explores learning from across a range of sources including internal MOPAC E&I primary research, MOPAC commissioned research from RedQuadrant and the Home Office Assurance Review. Although products focus on different aspects of the programme, including commissioning; procurement, early mobilisation; initial implantation; and learning for sustainability, there are common themes present. Key thematic areas of learning were identified, which are: design; need for clear governance & internal communication; external communications: the importance of engaging external stakeholders; making a multi-agency partnership work; technical set-up; and the future.

### ***Designing the Lighthouse: the vision***

It was a positive that from across the sources there was a consensus around the necessity for Lighthouse due to the amount of unmet need; limitations in current provision to victims and delays in the health, social care and the criminal justice system. Stakeholders felt the Lighthouse will not only “meet a service gap” but will provide better support for CYP, as it has been designed with them at the centre of vision, wrapping services around them. This was considered to result in better identification of abuse and the ability to provide an effective, consistent and trusted response, throughout the process and across wider partners/agencies. Some responses went as far as hoping the Lighthouse plays a role around community change and education. Stakeholders emphasised a key aspect of the vision which was bringing currently fragmented service provision under one roof, reducing the need for travel, integrating the response and enabling the CYP to access support and provide evidence of abuse hopefully without re-traumatisation.

“Overall there was a shared vision, a central place where those different services could together respond to child sexual abuse and provide a coordinated response”.

*Stakeholder interviewee*

Stakeholders were also positive towards the strong leadership “providing good scrutiny and direction”. It was felt dedicated involvement and enthusiasm, especially from clinical consultants who played a leading role in defining the mobilisation stage, demonstrated their commitment and passion to the subject area. The Home Office assurance review identified the shared common goals of key stakeholders enabled the vision to be realised and was a key success for the programme.

### ***Designing the Lighthouse: the evidence & future success***

The Lighthouse design was evidence based, something all sources agreed with. Stakeholders referred to it as an amalgamation of the Child Advocacy Centres in the United States and the Barnahus model in Scandinavia. Whilst some differences between the Barnahus model and the subsequent London Lighthouse design were identified - this was expected given the London setting. For example, in Iceland, the Barnahus model has an inquisitorial justice system but delivery stakeholders were unable to see how the London model could completely align to the UK adversarial justice system or how to positively change or challenge court proceedings. As the evaluation progresses, a core aspect of the process aspect will be monitoring implementation and adherence to the model - especially important given what is known about the importance of programme integrity (e.g., the better a programme is designed and delivered, the more likely it is to achieve its outcomes).

Delivery stakeholders identified one area they felt was missing from the London Lighthouse design was **the exploratory interview** – that is speaking to CYP where there are concerns of CSA/E, but where disclosure is yet to occur and therefore statutory agencies are yet to be involved. Whilst the Lighthouse has been keen to extend the eligibility criteria for the service (see appendix 2), there still needs to be significant suspicion of abuse from partner agencies.

Another challenge outlined by staff has been the delayed national implementation of **Section 28**<sup>33</sup> and the use of the Lighthouse as a **Live Link location**, which are part of the enhanced features due to be tested. These would enable a CYP to give evidence without needing to attend court, in a physical place that is familiar and hopefully safe. Stakeholders reported the unavailability of the technology for Section 28, along with a perceived lack of acceptance from the judiciary to use both methods has been problematic. Delivery stakeholders emphasised importance of getting support from across the judiciary, at a national, rather than purely local level.

### ***The need for governance & internal communications***

A cross-organisational Programme Board, led by MOPAC has been in place during mobilisation to oversee delivery of the programme. This has ensured stakeholder relationships and a collective understanding have been developed - a clear positive finding. Since the Lighthouse opened in October 2018, this board has transitioned to an oversight function, with a concentration on the pilot's future sustainability and options for further development of the model – something the Home Office Assurance review saw as a positive development to ensure continued stakeholder buy-in.

RedQuadrant highlighted that some stakeholders on the ground raised more practical aspects they still felt needed to be addressed - particularly around specific **information sharing policies, organisational funding and clearer feedback around decision making**. The Home Office Assurance Review highlighted the importance of clarifying the scope and improving control and planning activities for the next phase of the programme. This will be crucial to securing future financing and completing the review and evaluation of the project.

### ***The benefits of a multi-agency partnership***

Sources consistently found the programme employed a thorough approach to stakeholder engagement and as a result staff were positive the right people and organisations have been included throughout (i.e., initial design process and beyond) and are very confident<sup>34</sup> all partners will work well together.

Establishing a collective approach, particularly through the existing CSA Hubs and CSA Transformation Programme is thought to have been a key enabler. This “shared ownership” was deemed critical for the Lighthouse to embed into the complex local environment of the North Central sector. With five different local authorities, several NHS trusts and at a time when the MPS are re-structuring their teams (including those who focus on CSA/E), it is unsurprising interviewees highlighted early links made with local safeguarding Children's Boards and the MASHs as integral for the Lighthouse to become operational. One

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<sup>33</sup> Section 28 is of the Youth Justice and Criminal Evidence Act 1999, is using pre-recorded cross examination evidence of vulnerable and or intimidated victims and witnesses

<sup>34</sup> Survey question: Please rate how confident you are that the partners involved in the Child House will work well together (scale of 1 = extremely not confident – 7 = extremely confident). 9/13 scored 6 or 7.



organisational relationship frequently identified to be working well was with the voluntary sector, as much effort has been put into including them and ensuring the smaller, local organisations have not been marginalised by the larger voluntary agencies.

Another positive across multiple sources was the inclusion of the voice of the CSA/E previous victims and survivors, adult survivors and young people from across London. Stakeholders felt including their views was vital and very influential in the development of services - in particularly survivor views regarding health and well-being services were included in the look and feel of the Lighthouse infrastructure.

The benefit of the Professional Advisory Group on collaborative working was also highlighted. Set up to capture the opinions of professionals from across disciplines to inform the project, it created key champions willing to promote the Lighthouse and push decisions forward. This was considered vital throughout mobilisation. However, one interviewee mentioned the sheer volume of engagement across stakeholders makes practical decision-making and moving forward difficult, particularly when sub-groups are not interlinking effectively.

“the other day we needed a report for a child and because I had a connection with a colleague I was able to get that really quickly instead of emailing and phoning. To get a medical appointment I just walked down the corridor to speak to the paediatrician”.

*Lighthouse Staff*

The co-located service design is especially thought to have facilitated multi-agency relationships, as it was both convenient and aided communication. During focus groups, partnership working and the resulting combination of expert knowledge was emphasised as one of the main attractions to working for the Lighthouse. Many staff saw their role as an “opportunity” to learn about other services/disciplines, and together provide better support for CYP.

Staff were also positive that the partnership aspect will enable greater staff support during emotionally demanding cases. This was starkly compared to reflections from their previous roles where they had felt isolated. Bringing staff cultures together will require a continuing focus. Even through positive, staff identified challenges in understanding everyone’s roles and organisational structures, and alignment - although practices have been put in place to mitigate this gap, for example ‘lunchtime talks’. This is an issue that can be further developed through staff training, using a clear operational model and clarity in job roles.

### ***External Communications: the importance of engaging external stakeholders***

There have been a range of external communication regarding the Lighthouse - this includes media, all the way to communication from the Major and Home Secretary. This was a positive in raising the profile of the service. However, some delivery stakeholders wanted to see more done to promote the work, locally sharing internal workings with key borough professionals (i.e., referral processes), all the way to internationally promoting the work (i.e., through the EU promise). Positively, there is already a commitment to increase external publicity and promotion around referrals.

Most of the external professionals who answered the survey were aware the Lighthouse would be opening (80%, n=35) and were positive towards the service. They were also (91%,



n=49) confident<sup>35</sup> in their own knowledge of CSA/E and identifying CSA (96%, n=52). External professionals also stressed the importance of agencies practically working together and adequate training in place for them to understand the service. The majority (84%, n=37) indicated they would like more training on CSA/E themselves – something the Lighthouse could offer to relevant external colleagues.

### **Technical Set-up**

Most large-scale programmes encounter implementation challenges - perhaps the largest the Lighthouse encountered related to the procurement, design and implementation of the bespoke electronic Case Management System (CMS). The bulk of development was unable to start until after the lead provider was appointed. This left an ambitious time-scale and meant development had to run in parallel to mobilisation of the service itself. Delivery stakeholders identified this resulted in delays to the technology being ready for the opening of the service and impacted on when the service could 'go live', with staff preferring to have receive their training on the final system. The actual delivery of CMS within this time, being such a complex and ambitious IT solution has been a huge achievement and staff positively described how the face-to-face IT support from NELCSU (the IT provider) was very beneficial.

"It's really good having NELCSU around, having face-to-face tech support when all these issues come up" and it "takes the pressure off the admin team".

*Lighthouse Staff*

Aside from the CMS, other technology issues were discussed, such as not having fully functioning phone lines with little instructions on their use; no printer ink; lack of laptops available; and no photocopier. Although commonplace in a new service, practical issues will be monitored over the course of the evaluation, to ensure the Lighthouse is fully operational and delivering an optimal service.

### **The future**

One of the key themes to emerge from all sources of fieldwork was staff and stakeholders are already thinking of the sustainability and the future of the Lighthouse post the pilot period. In a sense this illustrates the level of support towards the service. Time-limited pilots do suffer from this uncertainty. The staff themselves will feel this, especially as the programme moves forward and into the second year. The Home Office Assurance Review highlighted the importance of continued stakeholder buy-in and a concern programme delivery is out of sync with potential funding timelines. However, it is positive this has been identified as a pivotal future risk by the Programme Board and has commissioned RedQuadrant to identify potential sources and methods of sustainable funding.

## **5. Discussion**

The current document is the first within the MOPAC Evidence and Insight two-year evaluation of the London Lighthouse. The report aims to establish the broad parameters of the evaluation as well as presenting very early insights from cost analysis and fieldwork

As outlined, the evaluation will cover the performance, process, impact and economics of the Lighthouse. This breadth is positive given the lack of robust evidence in terms of impact and costings around such Child House models. In this way, it is hoped the evaluation will become a benchmark, robustly exploring aspects out of the scope of previous evaluations.

<sup>35</sup> scored between 5-7 on the scale

There is consensus the delivery of the Lighthouse vision into a service which opened its doors in October 2018 is huge achievement for all partners and stakeholders. The complicated practical set up of the procurement, commissioning, estates, IT and mobilisation have incurred minimal delays, given the complex multi-agency nature of the service. In terms of results so far, all staff, partners and stakeholders were very positive in terms of the vision, design, governance, set-up and partnership approach of the Lighthouse. Given the level of underlying complexity and size of the model - this is something to be celebrated and itself is an important enabler in the ongoing effective implementation of the initiative.

Some challenges have been raised by staff, such as the importance of linking with the judiciary; the use of Live link and section 28 and so on - although it is hoped these issues will be subsequently picked up and addressed by the Lighthouse governance structure. Likewise, staff are already aware of the time limited nature of the Lighthouse pilot, and it is positive sustainability is already being planned. As the service continues, it is advised to keep staff informed of progress to ensure ongoing awareness and maintain enthusiasm. The Home Office Assurance Review highlights this as a necessity, as a reduction in commitment from key stakeholders could affect the required funding for the future and the ability to reach benefit realisation.

From an evaluation perspective, there is recognition the design of the Lighthouse has remained consistent from the initial vision and model – again this is positive given what is known around the importance of programme integrity. However, there are some changes and although the Lighthouse is the first opportunity to test the model in a UK setting, it will be important to monitor these. Evaluation reports released across the next two years will enable learning both internally, as a catalyst for improvement, and externally to advance the evidence base.

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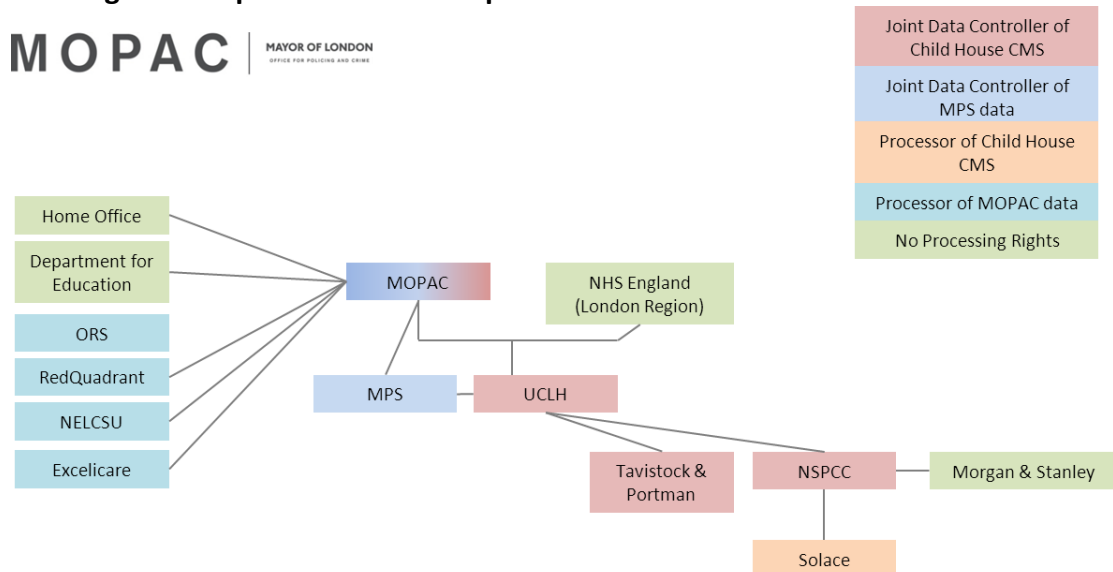
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## Appendices

### Appendix 1: Lighthouse partner relationships



- NHS England (London Region) is the commissioner of the service & have no data access rights.
- MOPAC is joint programme lead & a joint controller of CH data. MOPAC are also a joint controller of MPS data.
- RedQuadrant is MOPAC's contracted processor for the cost-benefit analysis.
- Opinion Research Services (ORS) is MOPAC's contracted processor for online surveys.
- NELCSU MOPAC's IT contractor have no data access rights
- Excelicare MOPAC's IT contractor have data access but no processing rights
- The Home Office is MOPAC's co-funder, they have no data access rights
- The Department for Education (DfE) is MOPAC's co-funder, they have no data access rights
- The University College London Hospitals NHS Foundations Trust (UCLH) is the contracted Lighthouse lead provider & joint controller of all data inputted onto the CMS. They determine the purposes for which the data is to be processed for service users of Lighthouse
- Camden Council is a sub provider for the Lighthouse service, is UCLH's processor and provides elements of the service.
- The Metropolitan Police Service (MPS) is a sub provider for the Lighthouse service & a controller of MPS data (joint with MOPAC)
- The Tavistock and Portman NHS Foundation Trust is UCLH's sub provider for the Lighthouse service & joint controller of CMS data
- The National Society for the Prevention of Cruelty to Children (NSPCC) - is UCLH's sub provider for the Lighthouse service & joint controller of CMS data
- Morgan & Stanley are the NCPCC's co-funder but have no data access rights
- Solace are the NSPCC's processor and sub provider for the Lighthouse service

**Appendix 2: Disclosures of Child Sexual Abuse requiring referral to the Child House**

**1. Allegation of child sexual abuse made to police or social care**

Non-acute Child Sexual Abuse reported to police or social care directly or via school or other practitioner; and outside forensic window/not needing DNA swabs

**2. Referral to Child House from the CYP Haven following forensic examination at the Haven**

Children and Young people examined at the CYP Havens for a forensic medical examination (FME), will be transferred to the Child House once the acute FME has taken place.

**3. Significant suspicion of Child Sexual Abuse:**

**Practitioners conclude, during a Section 47 discussion, that it is highly likely that sexual abuse has occurred and there are signs from Category A and/or B below:**

**Category A: History of risk and some evidence of harm to the child or a sibling**

- They have been in contact with a known individual or alleged person who poses a risk of sexual harm.
- They have a history of disclosure and retraction
- There is a history of sexual abuse in their extended family
- They are the sibling of a child who has disclosed or retracted sexual abuse

**Category B: Behaviours and physical symptoms:** symptoms that lead practitioners to suspect child sexual abuse (as defined in the NICE guideline -NG76)

Suspect current or past child sexual abuse:

- If a pre-pubertal child displays or is reported to display repeated or coercive sexualised behaviours or preoccupation (for example, sexual talk associated with knowledge, emulating sexual activity with another child).
- If a pre-pubertal child displays or is reported to display unusual sexualised behaviours, including:
  - oral–genital contact with another child or a doll
  - requesting to be touched in the genital area
  - inserting or attempting to insert an object, finger or penis into another child's vagina or anus
- If there are persistent or recurrent genital or anal symptom (for example, bleeding or discharge) that is associated with behavioural or emotional change and that has no medical explanation
- If a child younger than 13 years has gonorrhoea, chlamydia, syphilis, genital herpes, hepatitis C, HIV or trichomonas infection unless there is clear evidence of mother-to-child transmission during birth or blood contamination

**4. Self-referral following child sexual abuse made to the Child House**

Self-disclosure by a young person or child and family/carer following non-acute Child Sexual Abuse, reported to the Child House directly



## **5. CONSULTATION with Child House team for advice on referral**

Practitioners can seek advice from the Child House if they CONSIDER child sexual abuse if the signs and symptoms below are associated with other concerns such as Domestic Violence, not attending school etc. and seek advice from the Child House team.

- Ano-genital signs and symptoms e.g. gaping anus, dysuria (discomfort on passing urine), evidence of one or more foreign bodies in the vagina or anus.
- Sexually transmitted infections e.g. hepatitis B, gonorrhoea or ano-genital warts, unless there is clear evidence of mother-to-child transmission during birth, non-sexual transmission from a member of the household, blood contamination or that the infection was acquired from consensual sexual activity with a peer
- Pregnancy in a young woman aged 13 to 15 years
- Pregnancy in a young woman over 16 years where there is a clear difference in power or mental capacity between the young person and their sexual partner, in particular when the relationship is incestuous or is with a person in a position of trust (for example, teacher, sports coach, minister of religion)
- Concern that the young person is being exploited

### **Exclusion criteria:**

- Children and young people requiring acute forensic medical examination
- Victims who are also perpetrators or at high risk of offending (based on the professional judgement of the Child House team). The 'status' of a child or young person attending the Lighthouse may not become clear until sessions have commenced. Decisions are made locally with exception reporting used to inform the commissioner quarterly to facilitate a shared understanding as operational experience develops.
- Those where an 'exploratory interview' is required to determine whether or not sexual abuse has occurred
- Those living outside the geographical boundaries of the 5 London Boroughs served by the Lighthouse, based on the address at which the child or young person is living
- Young people over the age of 18 years (although those between 18-25 years of age with learning delay or disability for whom a child or young person-oriented service appears more suitable will be accommodated. Exception reporting will be used to identify the volume of 'clients' falling into the 18-25-year-old age range so that this can be monitored, and the approach regularly reviewed.

**Appendix 3: Child House Logic Model**

**What is a logic model?**

A logic model describes the theory, assumptions and evidence underlying the rationale behind a project. It is a key tool to embed the evaluation within policy.

Inputs	Activities	Outputs	Outcomes
Resources dedicated to or consumed by the project.	What the project does with the inputs to fulfil its mission. - Monitored by the outputs - Directly linked to the outcomes	The direct products of program activities.	The benefits to the participants - These must be linked to the activities and the evidence - Outcomes must be measurable within the timeframe
What is put into Child House to make it work.	What the Child House will be doing.	What you hope to deliver in the Child House.	What changes will be seen from engaging with the Child House.

The logic model is beneficial because it:

- adds clarity to the conversation;
- ensures the project’s motivations stay true;
- steers implementation and set out clear outcomes for measuring impact; and
- helps in setting a robust and cognitive data capture to allow evaluation

Inputs	Activities	Outputs	Outcomes
<ul style="list-style-type: none"> <li>• Paediatricians</li> <li>• Advocate</li> <li>• Mental health/wellbeing practitioners</li> <li>• Lead provider</li> <li>• CJ practitioner</li> <li>• Centre Manager</li> <li>• Usher (potentially police officer)</li> <li>• Police Liaison Officer</li> <li>• Judge, defence (i.e. the court goes to the child)</li> <li>• Funding</li> <li>• Policy/governance infrastructure</li> <li>• Political will</li> <li>• Cross Government advisory group</li> <li>• Play areas</li> <li>• Suites</li> <li>• Breakout rooms</li> <li>• Clients – children and their families</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• Identifying and addressing needs of Child or Young Person (CYP) and families</li> <li>• Providing a safe and familiar environment to the CYP</li> <li>• Offering choice in therapeutic input and location</li> <li>• Ease of access, victim control</li> <li>• Holistic service provision</li> <li>• Providing longer term support</li> <li>• Time and effort into the experience = minimising stress on child</li> <li>• Raising profile/awareness of child abuse</li> <li>• Enabling people to challenge things when they don’t seem right</li> <li>• Supporting child and their families</li> <li>• Offering advice to other professionals</li> </ul> <p><b>CJS Activities</b></p> <ul style="list-style-type: none"> <li>• Conducting ABE interviews by trained child psychologists</li> <li>• More effective evidence gathering process</li> <li>• Having the most appropriate person to interview the child</li> <li>• Either forensic or non-forensic interview</li> </ul> <p><b>Health and Social Care Activities</b></p> <ul style="list-style-type: none"> <li>• Offering 2 year support around:                             <ul style="list-style-type: none"> <li>- Sexual health</li> <li>- Emotional/mental well being</li> </ul> </li> <li>• Providing access to emotional support</li> <li>• Advocacy, low level support</li> <li>• Better informed safeguarding processes</li> <li>• Offering additional input into safeguarding</li> <li>• Offering different therapeutic services</li> <li>• Signposting for the child</li> </ul>	<p><b>CJS Outputs</b></p> <ul style="list-style-type: none"> <li>• Increase in ABE interviews <i>in the child house</i> with CYP conducted by trained child psychologists</li> <li>• Improved understanding by CYP and families of the CJ process</li> <li>• More ABE interviews will be conducted by appropriate professional (fewer by police officer)</li> <li>• Better quality evidence</li> <li>• Child giving evidence in Child House</li> <li>• Fewer withdrawals from the process</li> <li>• More instances in which child gets choice of location (could be court if they want to)</li> <li>• Increased understanding of CJ process</li> <li>• More prosecutions</li> </ul> <p><b>Health &amp; Social Care Outputs</b></p> <ul style="list-style-type: none"> <li>• More CYP engaged in long term therapy</li> <li>• Increased number of CYP accessing sexual health follow up</li> <li>• More medical examinations, in CH and in general</li> <li>• More and longer counselling and therapeutic support</li> <li>• More children going through safeguarding procedures</li> </ul>	<p><b>CYP/Family</b></p> <ul style="list-style-type: none"> <li>• Fewer CYP re-victimised or re-traumatised by process</li> <li>• Increased satisfaction with the services provided</li> <li>• More children engaging and staying engaged for longer</li> <li>• Fewer withdrawals from the process</li> <li>• Value for money?</li> <li>• Less fear of the process for the victim</li> <li>• Mental health, well-being improves for children and non-offending families</li> <li>• Practitioners satisfaction with process, expertise of practitioners</li> <li>• More convictions, more people brought to justice</li> </ul> <p><b>Wider measures – could be measured over time</b></p> <ul style="list-style-type: none"> <li>• Increased reporting/disclosure to the police</li> <li>• Free up resources (in terms of police time on investigations)</li> <li>• Child House becomes a safe space</li> <li>• Public perception, high profile</li> <li>• More economic activity</li> <li>• Mention of CH pilots in policy reports, acknowledgements, etc. – compare number of times mentioned at beginning of funding, to at the end of the pilot?</li> <li>• Visibility and accessibility of the CH</li> <li>• Where/how was it accessed? Where was it advertised?</li> <li>• More effective route from disclosure to getting CH service and support</li> </ul>

**Appendix 4: Theory of change per outcome - why should there be an impact?**

Outcome	Theory for change	Evidence Base
Enhance referral pathways into and out of the Lighthouse	One single referral pathway directly into the Lighthouse for all five boroughs - stops multiple agencies across boroughs acting as gate keepers. There should be clearer guidelines on how to directly refer. Once in the Lighthouse, there will be greater standardisation for engaging with CYP and, where needed, referring them on to other services.	A 2008 evaluation of the first Swedish Barnahus found cooperation between various authorities intensified and become more efficient. Contact increased; understanding for and knowledge about each other’s areas of expertise increased; and case conferences acquired more structure. <sup>36</sup>
		Similar findings confirmed by a 2010 study and a 2012 evaluation of Norway’s Barnahus, which stressed benefits of all co-located professionals in minimising the child’s need to travel and in strengthening professionals’ competence and the coordination of their interventions <sup>37</sup> .
Improved CYP, family and carer experience of support received post disclosure	The Lighthouse service model offers 2 years’ worth of support for CYP and family not found elsewhere. All services under one roof should mean the CYP will only be required to relay events once and there should be more streamlined support to navigate services on offer.	A 2016 systematic review of Child Advocacy Centres (CACs) concluded ‘it was striking how few studies were directed toward assessing child and family outcomes’ <sup>38</sup> . Only 3 studies <sup>39</sup> examined how CAC led to recovery from trauma, with varying results, and none measured benefits against standard service delivery.
		Whilst pre- and post-treatment comparisons <sup>40</sup> found no significant improvement in measures of family empowerment, there were significant improvement in the use of community resources (i.e., any type of support services). Hubel et al (2014) also found significant improvements in family functioning following group treatment within a CAC <sup>41</sup> .
		In terms of caregiver satisfaction, whilst research indicates it is often high, there is usually no difference to the comparison groups. This is true for overall satisfaction with the services offered by CACs <sup>42</sup> , where users also rated the performance of the centres highly (although there was no standard service delivery comparison) and specifically with medical exams, where there were high levels of satisfaction across both CAC and comparison community cases <sup>43</sup> .

<sup>36</sup> Landberg and Svedin 2013

<sup>37</sup> Landberg and Svedin 2013

<sup>38</sup> Herbert and Bromfield 2016

<sup>39</sup> Hubel et al 2014; Brown 2007 and Jensen et al 1996 cited in Herbert and Bromfield 2016

<sup>40</sup> Carman (2004) cited in Herbert and Bromfield 2016

<sup>41</sup> Herbert and Bromfield 2016

<sup>42</sup> Carman (2004); Bonach, Mabry, and Potts-Henry (2010); Rasmussen (2011) and Klenig (2012) cited in Herbert and Bromfield 2016

<sup>43</sup> Walsh et al. (2007) cited in Herbert and Bromfield 2016

		<p>This may be expected as caregivers are not to know how the features of service are different and any intervention/support at a difficult time would be beneficial.</p> <p>A 2017 report identified many benefits for families following therapeutic support, including: a safe space in which to process what happened; knowing others have comparable experiences; being believed; countering stigma, isolation and self-blame; the development of coping strategies; and wider confidence and resilience building. Research concluded while benefits could be achieved in non-specialist settings, specialist CSA services were particularly helpful in countering stigma, isolation and understanding the complexities of CSA in the family environment<sup>44</sup>.</p>
Improved CYP experience of the criminal justice process post disclosure	CYP will be supported throughout the process by an advocate. They will not be required to go to a police station as all interviews are conducted in the Lighthouse (e.g. psychology led ABE). The use of live link should negate the need to go to court and the associated stress with the process.	A 2012 evaluation of the Barnahus model in Norway suggested children interviewed by the police in the facility received better care than those interviewed at a police station or in a district court. <sup>45</sup>
		An evaluation of Barnahus in Sweden found it led to improvements in children and families' experiences of the criminal justice process. <sup>46</sup>
		When comparing satisfaction with the investigation of CSA, research <sup>47</sup> found caregivers in CAC cases were significantly more satisfied than comparisons, although children reported no significant difference in satisfaction with the investigation between the two conditions.
Improved mental health and well-being outcomes for CYP	It will be easier and quicker access to longer term support for mental health, rather than having to meet the high criteria to access CAMHS who have long waiting lists and potentially shorter-term interventions.	A 2017 systematic review of multi-disciplinary teams (MDTs) found a significant difference between MDTs and comparisons in increasing the uptake of mental health and support services. Three studies <sup>48</sup> compared the extent of referrals to the use of services, and all found outcomes related to service use were significantly greater.
		In terms of medical outcomes, an earlier systematic review (2016) found CAC cases were more likely than comparisons to have a medical exam <sup>49</sup> , although this was not associated with offenders being charged. Saewyc <i>et al</i> also found CAC were more likely to receive referrals to counselling, for STI tests and treatment when needed <sup>50</sup> .

<sup>44</sup> Warrington *et al* 2017

<sup>45</sup> Landberg and Svedin 2013

<sup>46</sup> Rasmusson 2011

<sup>47</sup> Jones, Cross, Walsh, and Simone (2007) cited in Herbert and Bromfield 2016

<sup>48</sup> Edinburgh *et al.*, 2008; Smith *et al.*, 2006; Turner, 1997 cited in Herbert and Bromfield, 2017

<sup>49</sup> Smith, Witte and Fricker-Elhai (2006); Walsh, Cross, Jones, Simone and Kolko (2007), and Edinburgh, Saewyc and Levitt (2008) cited in Herbert and Bromfield, 2016

<sup>50</sup> Saewyc and Levitt (2008) cited in Herbert and Bromfield, 2016

		<p>Compared to before its inception, the Icelandic Barnahus yielded positive results, improving therapeutic outcomes for children and their families.<sup>51</sup></p> <p>In a pre-post study, Hubel et al. (2014) found cognitive behavioural group therapy delivered to sexually abused children and non-offending caregivers within the CAC, led to decreases in depression; loneliness; anxiety; fears about victimisation; post-traumatic stress; social functioning; and attributions about the abuse<sup>52</sup></p> <p>Jenson et al. (1996) found significant reductions in parents’ sense their child was “demanding of their time,” “was not their regular self,” “had trouble falling asleep,” and “was more afraid than usual.” However, when examining the reduction in trauma symptoms Brown (2007) found there were no significant changes in measures of depression and post-traumatic stress over the course of the therapy provided at the CAC<sup>53</sup></p>
Improved professionals’ awareness, competence and confidence in working with CSA/CSE	The Lighthouse should raise its profile in local community, ensuring everyone knows the new referral pathways. Professionals should become more aware and competent in what to do with eligible cases.	<p>A 2012 evaluation of the Barnahus in Norway found its introduction led to greater coordination among professionals and an increase in awareness of CSA in the general population<sup>54</sup></p> <p>A 2013 Swedish study reported the Barnahus developed into local or regional knowledge centres for questions about violence against children<sup>55</sup></p>
Increased likelihood for CYP who received a Lighthouse service to have	CYP are more likely to report in the first instance and, as they are supported by advocate, stay engaged with the process. Better evidence collected through ABE	<p>Compared to the period before its inception, the Icelandic Barnahus yielded positive results, trebling the number of perpetrators charged<sup>56</sup>.</p> <p>A 2017 systematic review suggested evidence was mixed as to whether MDTs resulted in more arrests and prosecutions than comparisons. Whilst many earlier studies<sup>57</sup> found significant differences, this has not been the case more recently<sup>58</sup> leading to the suggestion many practices of MDTs and CACs had diffused into ‘practice as usual’, resulting in a higher baseline for MDTs in later studies.</p>

<sup>51</sup> Children’s Commissioner 2016

<sup>52</sup> Hubel et al. (2014) cited in Herbert and Bromfield 2016

<sup>53</sup> Jenson et al. (1996) and Brown (2007) cited in Herbert and Bromfield 2016

<sup>54</sup> Landberg and Svedin 2013

<sup>55</sup> Landberg and Svedin 2013

<sup>56</sup> Children’s Commissioner, 2016

<sup>57</sup> Jaudes & Martone, 1992; Turner, 1997 cited in Herbert and Bromfield 2017

<sup>58</sup> Edinburgh, Sawyc and Levitt 2008, Wolfeich and Loggins 2007 cited in Herbert and Bromfield 2017

cases charged by CPS.	increasing the chance of meeting thresholds for charging.	It appears differences in CJ outcomes may be linked to which part of the process is assessed. Outcomes earlier in the CJ process (e.g. the level of police substantiations) were more likely to be significantly different between MDTs and their comparisons <sup>59</sup> than not <sup>60</sup> . However, results were less consistent for outcomes later in the process, like criminal charges filed/prosecutions for abuse. While some studies found significant increases <sup>61</sup> , others found no difference between MDTs and comparisons <sup>62</sup> .
		An earlier 2016 systematic review mainly supported the idea that CACs resulted in favourable criminal justice outcomes <sup>63</sup> , although unsurprisingly, this finding was more equivocal when compared to police/child protection partnership models <sup>64</sup> . Bradford (2005) found rates of charges and convictions increased significantly after the introduction of CACs and Joa and Edelson (2004) found CACs were more likely to have charges filed, cases charged, and guilty pleas than traditional practice, but no significant difference between guilty and non-guilty verdicts. <sup>65</sup>
		In terms of the speed taken to progress through the CJS, research suggests when an arrest was made, communities with CACs had a significantly faster case resolution time compared with demographically equivalent communities <sup>66</sup> . Wolfeich and Loggins (2007) found significant differences in the time between initial reports and cases authentication across child protection teams (100 days av), CACs (225) and traditional service delivery (311), although the authors noted figures might reflect the referral of complex cases to CACs. <sup>67</sup>
Increased likelihood for CYP	Better evidence collected through ABE and better cross examination who	Compared to the period before its inception, the Icelandic Barnahus doubled the number of convictions. <sup>68</sup>
		However, a 2017 systematic review found results for convictions following a CAC were mixed - three studies suggesting a significant difference <sup>69</sup> compared to two that did not. <sup>70</sup>

<sup>59</sup> Jaudes & Martone, 1992; Ruggieri, 2011; Smith et al., 2006; Wolfeich & Loggins, 2007 cited in Herbert and Bromfield 2017

<sup>60</sup> Wolfeich & Loggins, 2007 cited in Herbert and Bromfield 2017

<sup>61</sup> Bradford, 2005; Joa & Edelson, 2004; Miller & Rubin, 2009; Turner, 1997 cited in Herbert and Bromfield 2017

<sup>62</sup> Campbell, Greeson, Bybee, & Fehler-cabral, 2012; Edinburgh et al., 2008; Goldbeck et al., 2007; Wolfeich & Loggins, 2007 cited in Herbert and Bromfield 2017

<sup>63</sup> Joa and Eddelson, 2004; Miller & Rubin 2009 cited in Herbert and Bromfield 2016

<sup>64</sup> Wolfeich & Loggins, 2007 cited in Herbert and Bromfield 2016

<sup>65</sup> Bradford (2005) and Joa and Edelson 2004 cited in Herbert and Bromfield 2016

<sup>66</sup> Walsh, Lippert, Cross, Maurice and Davison 2008 cited in Herbert and Bromfield 2016

<sup>67</sup> Wolfeich and Loggins 2007 cited in Herbert and Bromfield 2016

<sup>68</sup> Children's Commissioner 2016

<sup>69</sup> Bradford, 2005; Joa & Edelson, 2004; Turner, 1997 cited in Herbert and Bromfield 2017

<sup>70</sup> Edinburgh et al., 2008; Joa & Edelson, 2004 cited in Herbert and Bromfield 2017

received a Lighthouse service to have their case end in conviction	through live link therefore CYP more likely to be believed in court.	A 2004 study <sup>71</sup> found CACs were more likely to have charges filed, cases charged, and guilty pleas (the higher proportion of guilty pleas were attributed to the fact CACs produced more compelling evidence). However, there was no significant difference between guilty and non-guilty verdicts when comparing to traditional practice. Similarly, a 2005 study <sup>72</sup> found rates of charges and convictions increased significantly after the introduction of CACs.
Improved partnership working	All multi-agencies under one roof will make communication better and data sharing issues less problematic. Cases are less likely to fall through the net and partners can work in collaboration with each other.	The 2017 systematic review concluded the five studies which examined a multi-disciplinary response in a CAC 'found mostly significant results for the effect of increased collaboration or ties between service agencies' in terms of service provision, mental health service use or mental health improvement. <sup>73</sup>
		A 2012 study of the Norwegian Barnahus model found its introduction led to greater coordination among professionals, the justice system, and in those who provide crisis support and treatment. <sup>74</sup>
		A 2010 Swedish evaluation concluded the introduction of Barnahus led to increased collaboration between the various professional groups and disciplines. This resulted in a broader knowledge base and a deeper foundation for the investigative and the cross-disciplinary collaboration enabled the ability to tackle CYP's problems from different perspectives. <sup>75</sup>
		A 2007 study <sup>76</sup> found CAC cases were more likely than comparisons to feature multi-disciplinary team interviews; case reviews; joint police and child protective investigations; and video or audiotaping of interviews. Whilst this could suggest more effective partnership working in CACs could lead to less time interviewing victims, no significant differences were found in the number of interviews conducted by the CACs and comparator sites.
Providing CSA victims care and support to reduce the long-term impact of victimisation:	Impact on well-being after the service.	Research is lacking. It was identified more research is needed in terms of child and family outcomes, both in terms of the effect of more child-friendly practices and of supported referrals to therapeutic services <sup>77</sup>
Organisations are committed	Organisations not directly involved in service delivery	There is some evidence of mainstreaming changes implemented as part of the new practice, however much research is based on the criminal justice outcomes, with studies generally finding significant

<sup>71</sup> Joa and Edelson (2004) cited in Herbert and Bromfield 2016

<sup>72</sup> Bradford (2005) cited in Herbert and Bromfield 2016

<sup>73</sup> Herbert and Bromfield 2017 p7

<sup>74</sup> Landberg and Svedin 2013

<sup>75</sup> Landberg and Svedin 2013

<sup>76</sup> Cross, Jones, Walsh, Simone and Kolko cited in Herbert and Bromfield 2016

<sup>77</sup> Herbert and Bromfield 2017



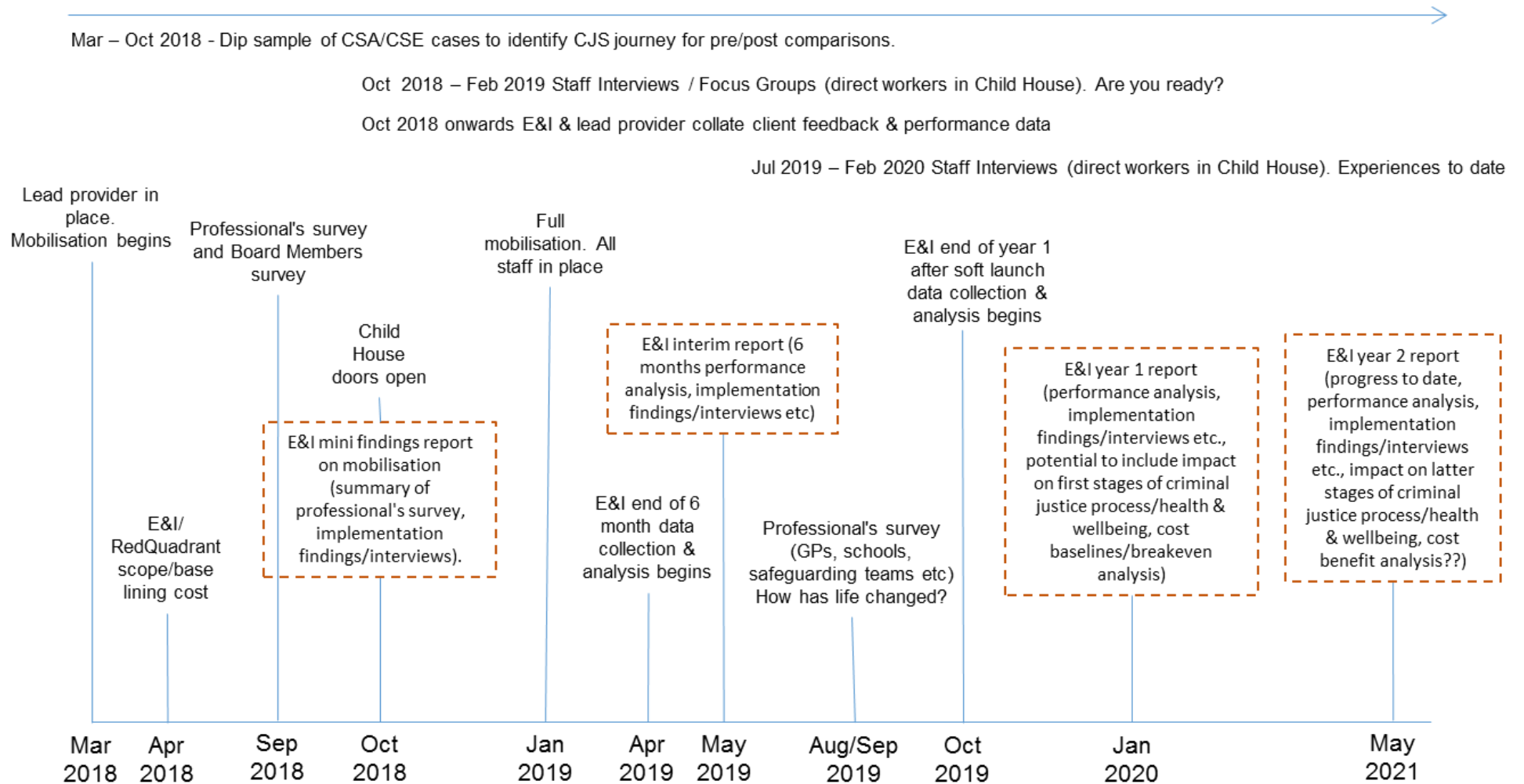
<p>to being victim focused in their support of CSA victims.</p>	<p>supporting the Lighthouse e.g. courts open to using Live Link and S.28</p> <p>Changes in current practice to be more victim focused</p>	<p>differences earlier in the criminal justice process. As significant differences were more likely to be seen in the initial studies, there is a suggestion some CACs practices have been incorporated more broadly, but this is not systematically found. It is suggested although it is clear well-implemented teams are likely to lead to improved outcomes compared to responses built around individual agencies, little is known about the ‘optimal configurations of teams, and what needs to be done to be in place to foster effective teams’<sup>78</sup>.</p> <p>There is some evidence of other organisations supporting the new approach – e.g. the development of joint performance measurement and evaluations<sup>79</sup> and improvements in information exchange between CACs and other agencies<sup>80</sup></p>
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<sup>78</sup> Herbert and Bromfield 2017

<sup>79</sup> Lalayants 2015, Bertram, 2008, Ells 2000, Ferguson, Baines, Schneider and Galloway 1994 cited in Herbert and Bromfield 2017

<sup>80</sup> Ruggieri 2011, cited in Herbert and Bromfield 2017

Appendix 5: E&I Research Product Timeline



Appendix 6: Criminal Justice Attrition Tree

