

# The Lighthouse: 2-year interim evaluation report

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**M O P A C**

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## Executive Summary

The Lighthouse, London's Child House, opened at the end of October 2018 initially as part of a two-year pilot, although now funded until September 2021. 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 serves the five surrounding North Central London boroughs of Barnet, Camden, Enfield, Haringey and Islington.

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 focuses on four distinct areas for analysis; a performance review; a process evaluation; impact evaluation and an economic evaluation. This report concentrates on the first two areas, looking at the first 21 months of operation of the Lighthouse.<sup>2</sup>

### Findings to date

#### *Process: Summary of performance review*

The data used for the performance review came from two sources. The first was provided by the Lighthouse data officer and included aggregate data around referral month, borough and referral source, in addition to age categories and gender of the referrals. The second, and more comprehensive data source was individual-level data produced from Excelicare, the case management system for the Lighthouse. This data was only for clients who specifically consented to have their data included in the MOPAC evaluation.

Between the end of October 2018, when the Lighthouse launched, and the end of July 2020 there were a total of **639 referrals to the service**, which works out as an average of around 29 referrals per month, which is lower than the estimated demand of 700 referrals per year that was projected at the start of the pilot.<sup>3</sup> The highest number of referrals in one month (with 42 referrals) was December 2018, and after that the number varied between 23 to 35 referrals each month. However, there was a large drop in referrals from March 2020 to April 2020 (34 to 14) which coincided with the Covid-19 lockdown. Referrals returned to the 'normal' range from June 2020.

Comparing the volume of referrals between boroughs, there have been some notable changes since the last interim report. Barnet had previously been one of the lowest referring boroughs but is now the highest referring borough having referred 23% (n=146) of all the referrals within the reporting period. The next borough being Enfield (which has always been a high referring borough) which referred 20% (n=130); this is not surprising given they have the largest child populations.

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

<sup>2</sup> Details of the rationale for the establishment of the Lighthouse, and E&I's overall evaluation approach are contained in E&I's first evaluation report, published in April 2019. A subsequent interim evaluation report, describing the first nine months of Lighthouse service provision was published in 2020. Both are available on [MOPAC's website](#).

<sup>3</sup> Conroy et al. (2018) used police data to estimate the potential demand

As found in the previous evaluation report, children's social care remains the largest referring organisation, making over half of the referrals to the service (52%, n=333), Police made 10% (n=61), self-referrals made up 6% (n=38) and medical sources (i.e., GPs, Hospital and sexual health clinics) made up only 6% (n=41) of referrals. Most children and young people (CYP) referred were female (81%, n=520), and the majority were in the age bracket 13-17 years (n=340, 53%). These demographics coincide with findings from other studies which report that girls and older children are more likely to experience sexual abuse.<sup>4</sup> There were also 49 referrals for survivors aged 18-25 years (with learning difficulties), where there were none reported in the previous report. Overall, there were no notable differences across boroughs or organisation in terms of who they were referring (such as gender and age variation).

Between the end of October 2018 and the end of July 2020 the service carried out **392 Initial Assessments (IAs)**. Discounting October 2018 (where only 1 IA was conducted)<sup>5</sup>, the number of IAs averaged 18 per month (varying from 13 to 25). However, there was a large drop in initial assessments in April and May 2020 (to 9 and 7 IAs respectively), due to Covid-19 lockdown and the closure of the Lighthouse building. During this time, practitioners at the Lighthouse conducted IAs virtually. Subsequently the number of IAs has recovered to pre-Covid-19 levels. The conversion rate of referral to IA overall sits at 61% (very similar to the proportion (59%) observed at the point the previous evaluation report was written).

Of the 392 referrals that reached an initial assessment, **279 individuals consented** to take part in the evaluation – an overall consent rate of 71% (up from 56% at the time of the previous evaluation report). However, it was noticeable that, despite an increase in referrals and initial assessments from June 2020 to July 2020, the consent rate dropped markedly to 27% during this period. An explanation for this drop in consent is that the Lighthouse's change to virtual working led to shorter appointments and more focus on therapeutic needs in that shorter time. Therefore, consent for MOPAC evaluation was not taken at IA and was sometimes delayed but the service are reviewing whether all outstanding CYP have been asked for consent; this will be continue to be monitored. Examination of the characteristics of the consenting individuals showed the majority were female (83%, n=231), the most common age range was between 13 and 17 (n=126, 46%), the average age was 12 and the modal age 14 (n=30). Ethnicity was recorded for 250 service users and there was an almost equal split between BAME and non-BAME clients (n=130 and n=120 respectively); a comparable proportion to the previous report.

As evidenced in the previous evaluation report, referrals are a highly vulnerable group of CYP with complex needs. A large proportion of service users (87%, n=234) were assessed as having at least one type of vulnerability, and 157 (67%) of these service users have at least 2 types of vulnerability. Among the most frequently identified types were anxiety and/or depression (n=96), followed by history of domestic violence (DV) (n=86) and education problems (n=61). A fifth of service users (n=55) had a history of self-harm. Twenty-eight percent of service users were recorded as having a disability (n=65/231), with 22 having more than one disability. Mild (n=16) or moderate (n=13) learning difficulties were the most common forms of disability.

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<sup>4</sup> NSPCC, 2019

<sup>5</sup> The service opened to referrals on 23<sup>rd</sup> October, therefore it was unlikely to start seeing children until after at least a week in order to give them enough notice to attend.

The Adverse Childhood Experience Questionnaire (ACE-Q) was completed at initial assessment with 162 service users. Of these, the majority (n=147/162) had a score of *at least* 1, and two in five (n=64) had a score of 4 or more.<sup>6</sup> The most common ACE for the Lighthouse service users was sexual abuse (n=139, 86%<sup>7</sup>), followed by parents divorced/separated (n=77, 48%). Comparing the Lighthouse service users' ACE-Q results to other populations, the results are consistent with previous findings: the Lighthouse ACE scores are above non-clinical national populations<sup>8</sup>, but closer to other at-risk youth populations.<sup>9</sup>

### *Process: Summary of learning from early implementation*

Findings related to practice at the Lighthouse were drawn from several qualitative sources including: interviews and focus groups with Lighthouse staff, telephone interviews with police officers who have worked with the Lighthouse, police liaison officers (PLOs), social care liaison officers (SCLOs) and a focus group with borough representatives working with the SCLOs. This interim report focusses upon these roles due to their uniqueness within the Lighthouse.

Focusing on the PLO and SCLO roles, for the former, their role in liaising with external police officers and the CPS around the progression of investigations, and the facilitation of police and psychologist led ABE (Achieving Best Evidence) interviews at the Lighthouse was stressed as particularly important by respondents. For the latter, the part they played in ensuring appropriate referrals to the Lighthouse was emphasised, as well as providing guidance and advice around safe-guarding and social care pathways to Lighthouse and local authority staff. Both roles were reported as essential to the Lighthouse model.

As in the last evaluation report, staff remain concerned about elements of the Lighthouse's infrastructure/estate although staff were aware of attempts to rectify these. Even with specific work conducted, soundproofing and telephony remain issues for staff, and there are on-going changes being made to the case management system to try and improve it. The quality of some referrals and caseloads across the various services within the Lighthouse also remain an issue for some staff. Similarly, there remain tensions within the Lighthouse arising from the different disciplines working there, and the perception on the part of some staff that their part of the service feels undervalued. Attempts by senior management to address these concerns have had limited success to date but are on-going.

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<sup>6</sup> The ACE-Q is an internationally validated self-report tool encompassing 10-items across 10 areas which cover household dysfunction (parental separation/divorce, parental domestic violence, parental substance misuse and mental illness, and parent incarceration), child abuse (sexual and physical), and child neglect (emotional and physical). The more events that a person experienced before the age of 18, the higher their ACE 'score' will be, and literature demonstrates that the higher the score (a maximum of 10) the greater the risk of health issues (i.e., mental or physical), substance misuse, victimisation and offending in adulthood.<sup>6</sup> This emphasises the importance of providing holistic, integrated support to these young people to mitigate the risk of health and lifestyle problems in adulthood.

<sup>7</sup> Lighthouse staff suggest this percentage must arise as a result of incomplete data as clearly all the children that attend the Lighthouse have experienced sexual abuse.

<sup>8</sup> As a baseline, a nationally representative survey of adults in the UK found that 46% of respondents reported at least 1 ACE, and 8% reported at least 4. This was undertaken by Bellis *et al.* (2014) with 3885 18-69-year olds in the UK. There have also been many other studies, in various populations and nationalities, which have also shown that most adults (between 52%-75%) have experienced at least one ACE (Zarse *et al.*, 2019).

<sup>9</sup> In a study that looked at vulnerable young people with mental health problems in Scotland (who present serious harm to others), there was a much higher prevalence of ACEs; 93% (out of 130) had experienced at least 1 ACE, and 59% had experienced at least 4 (Vaswani, 2018).

There have been developments in terms of service delivery since the last report. Psychologist led ABEs have now begun at the Lighthouse and twice-weekly intake meetings in place of daily allocation meetings. However, the major operational changes have been necessitated by the demands of the Covid-19 pandemic, and the Lighthouse staff have shown a remarkable degree of adaptability and flexibility in continuing to offer a service to young people under lockdown initially, and subsequently as the service has moved to a hybrid model of virtual and face-to-face working. Interestingly, some of these changes, particularly the use of technology to facilitate virtual meetings between members of staff, external agencies, and CYP and parents in certain circumstances, appear likely to be retained once the situation returns to normal. However, staff also emphasised that certain aspects of the Lighthouse's work require face to face working, and the ability of the organisation to deliver the intended service has been disrupted since March 2020. In addition, certain expected practices are still not yet operational; the use of the Live Link facility, while now installed and functional, has still not started.

The main challenges anticipated by Lighthouse staff for the future continue to be uncertainty about ongoing funding and sustainability, and concerns about the ability of the service to respond to the anticipated increase in demand once the schools had re-opened, although at the time of writing, this had not materialised.

This is the third in a series of four MOPAC E&I Lighthouse evaluation reports to be released, enabling learning both internally as a catalyst for improvement, and externally to advance the evidence base. A final evaluation report will be produced in Summer 2021 which will aim to explore the effectiveness of the Lighthouse initiative against criminal justice, health and wellbeing outcomes.

## 1. The Lighthouse evaluation

The Lighthouse, London's Child House, opened in October 2018 initially as part of a two-year pilot, although funding has subsequently been extended until September 2021. Bringing together a range of services (medical, social care, police, advocacy and therapeutic support) under one roof, the Lighthouse intends to be a child friendly, multidisciplinary service for victims and survivors of Child Sexual Abuse and Exploitation (CSA/E). Based in Camden it replaces the existing services<sup>10</sup> and serves the five surrounding North Central London boroughs of Barnet; Camden; Enfield; Haringey; and Islington. Further details of the Lighthouse's objectives and structures and the services it offers can be found in E&I's previous evaluation reports.<sup>11</sup>

### Methodology

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 evaluation will cover the processes of the Lighthouse (from design through implementation), monitor routine performance, as well as seek to explore impact and cost benefit.

The evaluation uses 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. It focuses on four distinct areas; *performance monitoring*; *process*; *impact* and *economic analysis*. 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.

Over the course of the three-year pilot, four E&I evaluation reports are planned, of which this is the third. Taking a broad action research perspective - findings from the evaluation are routinely fed back to the programme teams, the academic advisory group set up to advise the evaluation, to update partners at the official Partnership Oversight Board and other relevant meetings to ensure learning is continually shared within an active feedback loop. Like the previous evaluation report, this report focuses upon the **performance monitoring** and **process** aspects of the evaluation, exploring the first 21 months of the Lighthouse's operation and draws from the following data:

- **Performance management data.** This includes aggregate performance data provided by the Lighthouse as part of its reporting to the service commissioners. This provides an overview of service delivery between go-live (October 2018) and July 2020 (numbers of referrals, sources of referrals, number of assessments etc). In addition, data taken from Excelicare (Lighthouse's case management system (CMS)) provides details of the service received by individuals at the Lighthouse, and about the individuals themselves. However, it should be noted that these data only relate to individuals who have consented to participate in the evaluation, a subset of those who

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<sup>10</sup> NB CYP Havens continue to provide the acute/Forensic Medical Exam (FME) service.

<sup>11</sup> <https://www.london.gov.uk/what-we-do/mayors-office-policing-and-crime-mopac/data-and-statistics/academic-research>

have received the service overall. The number of individuals to consent is a potential evaluation risk and is explored in greater detail in the results.

- **Focus groups and interviews** held between January and August 2020 to explore perceptions of the early implementation of the Lighthouse:
  - A mixture of face to face (before Covid-19) and virtual interviews and focus groups with 14 members of Lighthouse staff from several teams including senior management, Letting the Future In (LTFI), PLOs, SCLOs and health staff<sup>12</sup>;
  - Virtual focus group with 4 borough SCLOs; and
  - Telephone interviews with 13 police officers and written email feedback from a further 2 officers.

A final Lighthouse evaluation report is planned for the Summer of 2021. In addition to looking at process and performance issues this report will also examine the *impact* of the Lighthouse in terms of criminal justice, health and welfare outcomes, comparing the Lighthouse to a comparison site, and examining the perceptions of service users.

### **Future plans for analysis of impact**

To date, E&I's evaluation of the Lighthouse pilot has focussed on process and performance issues. However, the final report due in 2021 also aims to undertake an impact evaluation, examining if Child House has delivered its desired outcomes and if and how much it has impacted upon those who are involved. To robustly evaluate impact and seek to explore which key aspects or 'ingredients' of the service provided by the Child House has had an effect, a comparison or counterfactual is essential (i.e., this is a group of similar individuals, in a similar location, but who did not receive the Child House services), against which the outcomes and experiences of those who did receive the Child House services can be compared.

The development of the counterfactual is one of the most critical aspects within any evaluation seeking to explore impact. There are many different techniques to draw from, from the 'gold standard' randomised control trial, to quasi-experimental approaches (such as generating comparison groups) or lesser quality approaches that only look at *before* and *after an initiative*. The stronger the design the more confident one can be in the findings and any differences observed are associated with the treatment. The Lighthouse roll-out presents several challenges when deciding upon a counterfactual. The strongest design (i.e., randomly allocating to the service) is not feasible on ethical grounds. There is no ideal 'like for like' comparison, given the unique status of the Lighthouse service.

The approach to be adopted will be quasi-experimental and will focus on identifying a comparable area within London, and then within this area identify a comparable collection of clients (i.e., CSA caseload) to then compare to a Lighthouse cohort on key outputs (i.e.,

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<sup>12</sup> Virtual working during Covid-19 lockdown made it difficult to make contact with other members of staff. Seeking feedback from the remaining teams will be prioritised for the next report (e.g. Advocacy, CAMHS, and the admin team).



referrals); outcomes (i.e., health, wellbeing, criminal justice outcomes) subsequent to interventions; as well as staff and service users' perceptions<sup>13</sup>. This is essentially comparing the Lighthouse service to a business as normal service.

The final evaluation will report on this impact analysis and is due mid-2021.

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<sup>13</sup> See the first evaluation report for the full list of outcomes that are being measured. Measuring criminal justice outcomes takes time to allow for cases to move through the criminal justice system. Equally, measuring health and wellbeing outcomes requires use of psychometric instruments which may not be sensitive enough to pick up changes after just a few months. These outcomes therefore have been chosen to be analysed at the final stage to assess the impact of the service.

## 2. Performance review

### Performance data sources

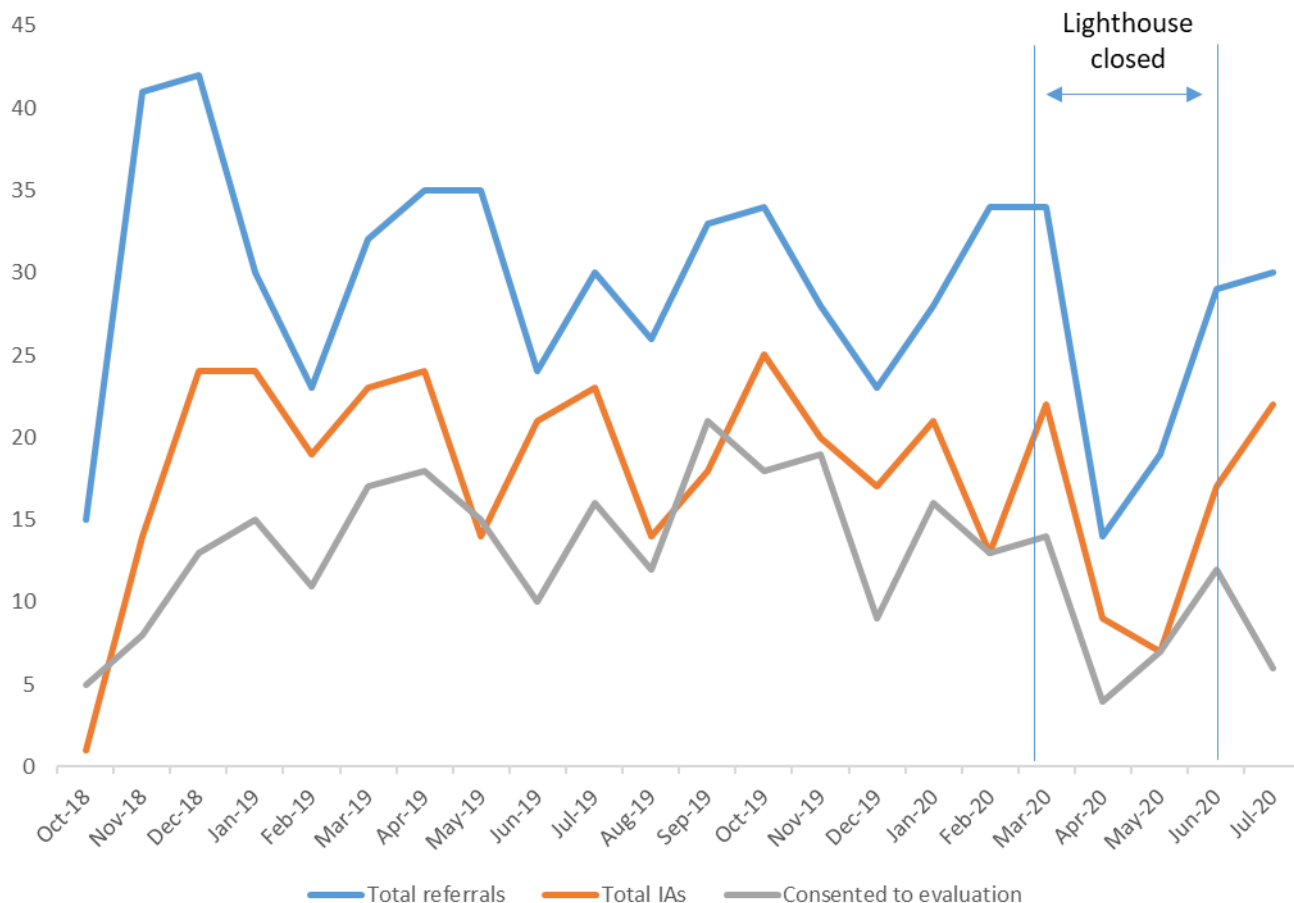
This section presents a picture of the Lighthouse service in terms of its internal workings and processes, throughput, activities, and the demographics of its clients using data such as:

- Numbers of referrals
- Referrals by month
- Number of initial assessments
- Referring borough
- Referral source
- Service allocations
- Client demographics
- Client vulnerabilities and disabilities

This *relatively* basic information is key in understanding how the service is operating and what has delivered. The evaluation team had two main data sources for this report. The first provided by the Lighthouse data officer and which included aggregate data around referral month, referring borough and referral source, as well as the age categories and gender of the CYP. The second, and more comprehensive data source was individual-level data produced from Excelicare. These data were for all clients who consented to have their data used in the MOPAC evaluation. At the point of writing this report, this was 279 individuals (71%). These data were much more detailed and provided over 300 variables, although at this stage of the evaluation the level of completion of the various fields varies widely.

### Referrals to the Lighthouse

Between the end of October 2018, when the Lighthouse launched, and the end of July 2020 there were a total of **639 referrals to the service**, which works out as an average of around 29 referrals per month (see Figure 1). The highest number of referrals in one month was (with 42 referrals) December 2018, and after that the referrals varied between 23 to 35 referrals each month. There was a large drop in referrals from March 2020 to April 2020 (34 to 14) which coincided with the Covid-19 lockdown. However, the referrals were then back up to 'normal' range from June 2020.



**Figure 1.** Total number of referrals, IAs, number of services users who consented to the evaluation.

The volume of referrals continues to remain below the original estimation of 700 per year<sup>14</sup>. When comparing the volume of referrals between boroughs, there have been some changes since the last report. Barnet had previously been one of the lowest referring boroughs, but is now the highest referring borough and referred 23% (n=146) of all the referrals within the reporting period, and Enfield (which has always been a high referring borough) referred 20% (n=130) (more details of referrals by borough are provided in Appendix A).

Children’s social care are still the largest referring organisation, making over half of the referrals to the service (52%, n=333)<sup>15</sup>, police made 10% (n=61), self-referrals made up 6% (n=38) and medical sources (GPs, Hospital and sexual health clinics) made up only 6% (n=41) of referrals. The majority of CYP referred were female (81%, n=520), and the majority were in

<sup>14</sup> Conroy *et al* (2018) It is unclear why the number of referrals is lower than initially predicted. This may be because the original estimation was too high, that the original police data was not the most suitable to base predictions upon or could be linked to wider factors such as the communication across referrals agencies or awareness of the service.

<sup>15</sup> It is understood that in most CSA cases the police and social care work together. The social worker and police officer will decide between them who is best placed to complete the Lighthouse referral and in practical terms the social worker is best placed to complete the form.

the age bracket 13-17 years (n=340, 53%). There were also 49 referrals for survivors aged 18-25 years (with learning difficulties), where there were none reported in the previous report. These demographics coincide with findings from other studies which report that girls and older children are more likely to experience sexual abuse.<sup>16</sup> Overall, there were no notable differences across boroughs or organisation in terms of who they were referring (such as gender and age variation). A further exploration of police reported CSA, referrals and attrition in the criminal justice system will be addressed in the final report.

### Initial assessments at the Lighthouse

Between the end of October 2018 and the end of July 2020 the service carried out **392 Initial Assessments (IAs)**. After October (where 1 IA was conducted)<sup>17</sup>, the level of IAs is at an average of 18 per month, varying from 13 to 25. However, there was a large drop in initial assessments in April and May 2020 (9 and 7 IAs respectively), due to Covid-19 lockdown. During this time, practitioners at the Lighthouse conducted IAs virtually using an NHS system called Attend Anywhere. Since then the number of IAs have increased to normal range. The overall number of clients engaged with is far below the expected number that the service was commissioned to support (544 in one year)<sup>18</sup>.

The conversion rate of referral to IA sits at 61% and is consistent with the conversion rate recorded in the previous report (60%). For the remaining 247 referrals that did not reach an IA yet, there could be several reasons including: they are pending further information; the CYP and/or parents/carers did not want the service; they did not meet the criteria; they received a consultation to the professional network; they attended for a video recorded interview; they may be pending CYP availability, or the CYP are not feeling ready yet. The final evaluation report will aim to further uncover the reasons for referrals not reaching an IA and the other ways in which they might be supported by the Lighthouse.

At each IA there may be several practitioners in the room,<sup>19</sup> and there was an average of three professionals present at each IA (this data only relates to those service users who consented to providing their data for the evaluation) - this is no change since the last report. Most frequently this profession was a Paediatrician (91%, n=254), followed by an Advocate (44%, n=122). A category of 'other' was present for 134 IAs, and this includes individuals such as Social Workers, foster carers, or family members.

As a result of the changes to the service delivery model necessitated by the Covid-19 pandemic (described in the 'Consistency to the developed model' section) the number of virtual IA's increased after late March 2020. The Lighthouse's own figures show that between October and December 2019 there were 50 face to face IAs and no virtual IAs. Between January & March 2020, there were 55 IAs overall (50 of which were face to face while 5 were 5 virtual). However, between April and June 2020 the pattern changed quite dramatically – the number of referrals decreased (to 46), as did the number of IAs overall (to 33), but of these, while 14 were face to face, 19 were virtual.

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<sup>16</sup> NSPCC, 2019

<sup>17</sup> The service opened to referrals on 23<sup>rd</sup> October, therefore it was unlikely to start seeing children until after at least a week in order to give them enough notice to attend.

<sup>18</sup> As outlined earlier, this difference could be related to a variety of factors.

<sup>19</sup> These may include a paediatrician, play therapist, advocate, sexual health nurse and clinical psychologist.

## **Achieving Best Evidence (ABE) interviews**

The Lighthouse is contracted to offer 3 psychologist-led ABEs a month. In the nine months before June 2020 there were 13 psychologist-led interviews undertaken at the Lighthouse (4 between April-June 2020<sup>20</sup>, 5 between January and March 2020, and 4 between October and December 2019), therefore about half of the number of contracted interviews completed. Over the same period there were 19 police led ABEs at the Lighthouse (11, 6 and 2 for the same quarters – so the number of police led ABEs at the Lighthouse has increased during Lockdown)<sup>21</sup>.

The rest of the performance analysis will only relate to service users who have **consented to providing their data** for the evaluation. The overall consent rate has improved since the previous report, and the current consent rate is 71% which equates to 279 clients out of the 392 who reached initial assessment. However, despite an increase in referrals and initial assessments conducted from June 2020 to July 2020, the consent rate dropped markedly reaching a low point of 27% (n=6)<sup>22</sup>. The evaluation will continue to monitor the consent rate.

## **Background of clients who consented to evaluation**

This section will provide a summary of the demographics, backgrounds, and needs for the service users who consented for their data to be used in the evaluation.

### *Demographics*

For the 279 service users who consented to sharing their data for the evaluation, their demographics were very similar to the overall cohort: the majority were female (83%, n=231). The ages ranged from 0-25; the most common age range was between 13 and 17 (n=126, 46%). The average age is 12 and the most common is 14 (n=30).

Ethnicity data was recorded for 250 service users and there was an almost equal split between BAME and non-BAME clients (n=130 and n=120 respectively); this is a comparable proportion from the previous report. The majority of service users are in full-time education (89%, n=233/263).

### *Vulnerability*

Lighthouse staff conduct several different assessments with the Lighthouse service users, often at the initial assessment stage, and as such collect a wide range of data relating to service users' vulnerabilities and needs. For example, staff record Adverse Childhood Experiences Questionnaire (ACE-Q) scores during the IA based on past experiences. They will also assess and record current vulnerabilities of the children (such as depression, anxiety, eating disorders, drugs and alcohol), taking into account any history of self-harm or previous

<sup>20</sup>There were more psychology led ABEs planned between April and June 2020, but a number were cancelled due to family anxiety about travelling in for an interview during COVID lockdown.

<sup>21</sup> Whilst the rest of the Lighthouse building was closed during lockdown, the ABE suite was still made available for police to use during that time.

<sup>22</sup> An overview of the work that went into improving the consent rate is provided in the previous evaluation report.

attempted suicide. Practitioners will also assess any future risk for the children and young people such as risk of suicide, self-harm, or risk to others. Looking across these datasets in summation we see (as expected) a highly vulnerable client group.

The Adverse Childhood Experience Questionnaire (ACE-Q)<sup>23</sup> was completed for 162 clients<sup>24</sup>, whose ages ranged from 3 to 21. For these service users, the ACE scores ranged from 0-9, with an average of 3. The majority (n=147/162) of service users had a score of *at least* 1, and two in five (n=64) had a score of 4 or more. The most common ACE for the Lighthouse service users was sexual abuse (n=139, 86%<sup>25</sup>), followed by parents divorced/separated (n=77, 48%; see Appendix A for the prevalence of all ACEs). Putting these figures into context, comparing the Lighthouse service users' ACE-Q results to other populations, the results are consistent with wider evidence: the Lighthouse ACE scores are above non-clinical national populations<sup>26</sup>, but closer to other at-risk youth populations.<sup>27</sup>

Information is also recorded on the service users' background including vulnerabilities, disabilities and medical history.<sup>28</sup> A large proportion of service users have such vulnerabilities (87%, n=234 out of 269). These 234 service users presented a total of 618 vulnerabilities between them (at an average of 2.7 each). 157 (67%) of these service users have at least 2 types of vulnerability. Among the most frequent categories were anxiety and/or depression (n=96), followed by history of domestic violence (DV, n=86) and education problems (n=61). A fifth of service users (n=55) had a history of self-harm.

28% of clients were recorded as having a disability (n=65/231)<sup>29</sup>, and 22 had more than one disability. For the 65 who had a recorded disability, there were a total of 93 disabilities between them. Mild (n=16) or moderate (n=13) learning difficulties were the most common forms of disability.

A full breakdown of service user vulnerabilities is presented in Appendix A.

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<sup>23</sup> The ACE-Q is an internationally validated self-report tool encompassing 10-items across 10 areas which cover household dysfunction (parental separation/divorce, parental domestic violence, parental substance misuse and mental illness, and parent incarceration), child abuse (sexual and physical), and child neglect (emotional and physical). The ACE questionnaire has been used internationally and the original ACE study used a 10-question tool (Felitti *et al.* 1998), however the ACE-Q has sometimes been adapted by other organisations or researchers and has either been shortened or lengthened in terms of the number of items (Bethell *et al.* 2017) The more events that a person experienced before the age of 18, the higher their ACE 'score' will be, and literature demonstrates that the higher the score (a maximum of 10) the greater the risk of health issues (i.e., mental or physical), substance misuse, victimisation and offending in adulthood. This emphasises the importance of providing holistic, integrated support to these young people to mitigate the risk of health and lifestyle problems in adulthood.

<sup>24</sup> ACE-Qs were not completed for all clients due to an issue at the start of the pilot where there were issues as the service adjusted to using a new patient record system and ways of working.

<sup>25</sup> NB previous caveat in footnote 7 refers

<sup>26</sup> As a baseline, a nationally representative survey of adults in the UK found that 46% of respondents reported at least 1 ACE, and 8% reported at least 4. This was undertaken by Bellis *et al.* (2014) with 3885 18-69-year olds in the UK. There have also been many other studies, in various populations and nationalities, which have also shown that most adults (between 52%-75%) have experienced at least one ACE (Zarse *et al.*, 2019).

<sup>27</sup> In a study that looked at vulnerable young people with mental health problems in Scotland (who present serious harm to others), there was a much higher prevalence of ACEs; 93% (out of 130) had experienced at least 1 ACE, and 59% had experienced at least 4 (Vaswani, 2018).

<sup>28</sup> In most cases, the information at IA is recorded by the Doctor or Health and Wellbeing practitioner.

<sup>29</sup> Disability information was not recorded for the whole sample.

Through risk assessments conducted by staff, there is a variety of valuable information captured to further the knowledge on vulnerabilities, including whether a CYP is *currently* known to children’s social services (n=166/235), or whether they have *previously* been known to children’s social care or early intervention support services (n=125/217).<sup>30</sup> The assessments also show that 33 of 220 service users are subject to care order or child arrangement orders.

A key part of the risk assessment is also for the worker to assess whether there is further risk to the CYP or others (see table 1 below). This type of information on the risk assessment was only 184 service users.<sup>31</sup> It is apparent that many of the service users are still at risk, particularly of further abuse where there are at least ‘some’ risks or concerns for 61% (n=112) of service users.

*Table 1. Risk assessment details*

<b>Risk</b>	<b>Ongoing and potential immediate risk</b>	<b>Some risks/concerns</b>	<b>None</b>	<b>Total</b>
<b>Further abuse</b>	15	97	72	184
<b>Self-Harm</b>	18	63	103	184
<b>Suicide</b>	8	50	126	184
<b>Risk to others</b>	2	17	160	179

**Offence details**

The Police Liaison Officers and children and young people’s advocates at the Lighthouse record data on Excelicare around criminal justice details, including characteristics of the offence, and key dates in the criminal justice processes (i.e., police actions and decisions, CPS actions). As outlined earlier the impact of the Lighthouse on criminal justice processes and attrition will be analysed for the final evaluation report. At this stage, it is too early to examine criminal justice processes and timeliness through the system, however some analysis has been undertaken to understand the nature and types of offences.

The most frequent offence or incident was intra-familial sexual abuse where almost half of all service users experienced this (48%, n=134), followed by peer-on-peer sexual abuse (n=75).<sup>32</sup> See table 2 for a full breakdown of types of incident. Twenty-one service users experience at least two types of violence. Most offences (64%, n=179) occurred within the five Lighthouse boroughs, 45 were outside of London, and 28 were within another London borough. For two clients there were two locations recorded.<sup>33</sup>

<sup>30</sup> Please note that the base size differs due to gaps in data collection.

<sup>31</sup> As mentioned previously, this appears to be due to data quality issues in the early stages as the service adjusted to a new case management system and ways of working.

<sup>32</sup> No distinction was made between rape cases or other child sexual abuse cases.

<sup>33</sup> For the remaining 29 cases the location was not recorded.

Table 2. Type of sexual abuse incident

Incident description	Number of service users (out of 279)	Proportion
Intrafamilial sexual abuse	134	48%
Peer on peer	75	27%
Extra family abuse	38	14%
Assault by unknown	17	6%
Violence unknown	15	5%
Child Sexual Exploitation	9	3%
Sexually harmful behaviour	7	3%
Violence other	6	2%

In 241 cases the CYP made a *disclosure* of the offence, most commonly to someone in their family (n=119). Other individuals disclosed to were someone in their school (n=23), a health service (n=14), police (n=12), social services (n=12), peers (n=6), or a community service (n=3). For the remainder it was unknown who the disclosure was made to. The analysis also shows that a large number of service users were recorded as being repeat victims (n=87 out of 197), 42 service users were victims of multiple perpetrators, and violence was a feature of the incident for 31 service users. Further highlighting the level of risk and vulnerability that this group of service users faced.

### Advocacy goal setting

The children and young people's Advocates support the service users throughout their time with The Lighthouse. The Advocates ensure the voice of the child is heard by professionals within and outside of the Lighthouse. They can be involved at any stage of the pathway including: a show around prior to first appointment, work with the young person outside of the Lighthouse before attending, support on the day of their evidential interview following ABE guidance, at the initial assessment, advocating with school, social care and the police; and finally a key role in support throughout the police investigation, court preparation and support during the trial.

When a child engages with the Advocate at the Lighthouse, together they set goals for what the child would like to achieve in the support they receive from the service and these goals are recorded on the case management system<sup>34</sup>. The goals are recorded as free text but were coded by the evaluation to get an understanding of the types of goals being set and the progress against them.

There were 206 different goals detailed in this dataset for a total of 87 clients, with an average of 2.3 goals each and a range of 1-10. Among these 87 clients: 51 are BAME and 36 are non-BAME; minimum age is 5 but the majority were in the higher age bracket 13-20 (n=70); the majority were female (n=77). The most common type of goal was relating to criminal justice support (n=59) which could mean that the service user wanted to be kept updated on the proceedings or wanted to be supported by the Lighthouse throughout the investigation which

<sup>34</sup> Goals are also set with the CYP by other services such as CAMHS and LTFI.



may include help in understanding their options or to demystify the criminal justice processes. The second most common type of goal was around education and support in school (n=33), which may include getting help getting back into school, or for the Lighthouse to liaise with the school around a support plan, or help communicating the service users' needs to the school. A full breakdown of the types of goals in place are outlined in Appendix A.

Against these goals, the Lighthouse staff indicate whether the goals have been achieved or not. At the stage of analysis: 85 goals were achieved (indicating that action against the goal had been taken), 43 were partially achieved, and 14 were not achieved (it is not recorded why the goal was not achieved). For the remainder there was no indication of the progression of the goal although it may be because they are still in progress or data error.

### **Summary of performance review**

Over the first 21 months, the Lighthouse has received 639 referrals and delivered 392 IAs (a 61% conversion rate). The rate of referrals and IAs has remained fairly consistent over the lifetime of the pilot so far, however there was a noticeable drop in the number of referrals from March to April 2020 when the Lighthouse was forced to close due to the Covid-19 lockdown. There have been some key changes in referrals between boroughs since the previous report; notably Barnet is now the highest referring borough, having previously been one of the lowest. Enfield also remains one of the highest referring boroughs. Interestingly the two most outer boroughs have referred the most. Consistent with previous findings, Children's Social Care remains the highest referring agency.

The nature of the offences that brought the CYP to the Lighthouse show that most of the abuse was intra-familial. This reinforces the lack of safe and stable household that some service users are in. Notably, through analysis of the advocacy-based goals, the majority of the service users and their families appear to particularly value support through the criminal justice system and their respective investigations, something which has also emerged from the qualitative interviews, particularly with the PLOs, that have been undertaken.

The consent rate for the evaluation has improved markedly since the previous report, to 71%, which means that 279 clients are included in the more in-depth analysis. As was found in the previous report, the theme of vulnerability was clearly seen in the data from numerous assessments, and information regarding their victimisation. This group of children and young have clearly experienced a disproportionate amount of adversity in their lives so far. Such a wide palette of observed vulnerability requires a service that can call on and work with multiple partners and strands of support to best support.

### 3. Learning from implementation

This section explores learning from a range of sources, notably interviews and focus groups carried out with Lighthouse staff, telephone interviews with police officers, and a focus group with borough SCLOs; with the aim of presenting learning related to the set-up and continued implementation of the Lighthouse. As the evaluation progresses, the aim will be to track these issues over the course of the Lighthouse. The previous evaluation report identified six themes; four of these form the basis for this report:

- Consistency to the developed model;
- Ways of working;
- Partnership working; and
- Challenges ahead.<sup>35</sup>

In the main, these themes continue to provide the framework for the findings that follow. There is also one additional theme that emerges in this report - the impact of the Covid-19 virus – but this has been discussed in terms of its impact on the subject areas above.

#### **Consistency to the developed model**

Since the previous evaluation report the Lighthouse has begun to undertake psychologist as well as police-led interviews following Achieving Best Evidence (ABE) guidelines (which are also referred to by police as Video Recorded interviews (VRI)) on the premises. The ABE interview process at the Lighthouse forms a significant part of the PLOs' roles, who acknowledged that the ABE process could be 'labour intensive'. The PLOs describe that the process takes up a full eight-hour day, from the practical requirements, to final planning with the psychologist around the evidential points to prove and how challenges to the victim's account should be presented without "shaming" them. In the early months of the Lighthouse service, one of the PLOs had spent much of their time training the psychologists. The PLO took a creative approach, including practising with them in role play exercises and arranging trips to Crown Court to observe trials of sexual abuse cases. It was suggested that this process had been more difficult and taken longer than anticipated, as in practice it wasn't a simple transfer of skills. A contributory factor was the psychologists clinical work and "full caseloads" reducing their availability to conduct or practice ABE interviews. The PLO's acknowledged that the psychologist's strength is their understanding of the impact of trauma and their skill in adapting and managing this within the evidential interview; combined with the PLO'S

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<sup>35</sup> The other two themes were Perceptions of the Lighthouse and Referrals and demand. Information relating to the first is now in the Ways of Working and Partnership sections and the second in the Performance Analysis and Partnership Working sections.

expertise means best practice is followed and the victim is given the best opportunity to provide a detailed evidential account and valuable experience for any investigating officer.

Another operational change was an alteration to the frequency of the allocation meeting – which changed in early March 2020 from a daily meeting to a twice-weekly intake meeting. While the same range of people attended (an individual from LTFI, CAMHS, advocacy, SCLO, PLO, paediatrician) rather than have a various people chairing, the meeting had moved to one consistent chair - the Consultant Psychiatrist). A variety of explanations were given for the change; more time to ensure that information required for the children being discussed had been collected, greater continuity overall, the time/resource implications of the daily meeting, and the ability to provide better administrative support for more infrequent meetings. Although it was recognised that the change might lead to a longer delay in allocation for the child it was stressed *'We're not an emergency service, so to be able to review and make a decision within 72 hours is perfectly fine'*.

'I think it's brilliant, and having worked in a police team of child abuse investigation and knowing the service they get, often not great police interview rooms when they come to police stations, so the children here get sort of top service, and it really strikes me how much they are thought about' (PLO)

The COVID-19 pandemic had a major impact on the service delivery model at the Lighthouse. Following the introduction of lockdown (March 23rd), the Lighthouse site was closed, apart from allowing occasional urgent ABE interviews<sup>36</sup> and medicals (which were also available at UCLH), although it was stressed that 'most people chose to wait' until after lockdown. Intake meetings continued but moved to video conference with triage and consultation for new referrals. Similarly, rather than being undertaken in person, initial assessments were offered as 'Virtual IAs' with the CYP and family meeting the full Lighthouse IA team on an NHS video consultation facility called 'Attend Anywhere'; *'you can have multiple professionals in the same meeting so for a child and family they were seeing a multidisciplinary team'*, including social workers who attended the first part of the virtual IA to update the medical staff (developments demonstrated by the increase in the number of virtual rather than face to face IAs shown in the performance data). Medical history details were taken but examinations were delayed until the Lighthouse reopened and it was safe to do so. Unsurprisingly, as shown in the performance analysis, the number of referrals to the Lighthouse and IAs declined during Lockdown. Interestingly, staff felt there was better attendance at appointments by CYPs, who can be hard to reach, although the average time from referral to IAs increased to 39-49 days in lockdown with many children and families opting to wait for an IA once the Lighthouse building has opened. During this time there was an increase in telephone contact and ad hoc virtual appointments to keep in contact with families.

Meetings between professionals took place on Microsoft Teams – and attendance was felt to be good, with GPs and CAMHS attending. Generally, under lockdown there was an increased frequency in the number of virtual team meetings, although the number has subsequently decreased. CAMHS had set up a daily meeting with the SCLOs to provide safe-guarding advice

<sup>36</sup> The criteria for psychologist led ABEs was changed to: those with an urgent safeguarding risk, young child where there was a risk of memory loss or a child the psychologist had already worked with

because of concerns about the impact of Covid-19 restrictions on the CYP they were managing in terms of the mental health, isolation and increased anxiety. Also discussed was the morning IA to discuss and reflect on it as a team. Heads of service met initially 3 times a week, although the frequency of the meetings had subsequently declined to twice a week and (currently) once a week.

At the point of writing (September 2020) the Lighthouse operates a 'hybrid' model with some activities being undertaken at the Lighthouse as before, and others being offered virtually, or in combination. Similarly, some members of staff are back working at the Lighthouse, some are working at home, and some are working alternative weeks at home and in the Lighthouse, providing services face to face and virtually as circumstances demand. The Lighthouse reopened for face-to-face IAs from 8<sup>th</sup> June onwards. ABEs and IAs take place at the Lighthouse regularly, together with limited therapeutic sessions (the latter tends to be a mix of virtual and face to face work). Some CYP remain on remote appointments only. In addition, a 'virtual' parent psychoeducation course began in July with seven parents attending.

There are elements of the Lighthouse model that it was anticipated would form part of the service when it was initially implemented which are still yet to be introduced. As outlined in the previous two evaluation reports, Section 28 (s.28) of the Youth Justice and Criminal Evidence Act 1999 sets out a range of special measures which should be available to help vulnerable and intimidated witnesses be cross examined at a criminal trial, including pre-recording cross-examination. It was hoped that the pre-recorded cross-examination would take place at the Child House rather than a child having to give evidence at court. While this remains the long-term ambition, the delayed implementation of s.28 *nationally* has prevented this happening in the Lighthouse. The technology to allow this to happen has been installed, albeit not until October 2020, but approval from the judiciary/HMCTS has still to be obtained. Similarly, the use of the Lighthouse as a Live Link location, allowing children to give evidence remotely without attending court was approved in Spring 2020, although the installation was delayed until October 2020.

### *The Police Liaison Officer and Social Care Liaison Officer roles within the Lighthouse*

For this report, it was decided to gain more in-depth insight into the roles of the Police Liaison Officers (PLOs) and Social Care Liaison Officers (SCLOs) at the Lighthouse. The reason for looking in-depth at these roles is due to their uniqueness; as there had previously been no such roles for child sexual abuse in the UK.<sup>37</sup> The two PLOs at the Lighthouse were interviewed face to face in January 2020, and the two SCLOs were interviewed virtually in July 2020.

#### *The PLO*

The PLO role is unique to the Lighthouse; there is currently no such role within other support services for child sexual abuse in the UK. This section presents feedback on the role from both the PLOs themselves, and officers in the boroughs.

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<sup>37</sup> There has since been recruitment for an SCLO role at the Havens.

Both PLOs at the Lighthouse are experienced front line investigators in child abuse cases; one officer has been with the Lighthouse service from the beginning, and one officer joined in July 2019. They explained their key motivation for taking on the PLO role at the Lighthouse was the model's victim-centred approach, where they hoped they would have opportunity to *“do a really good job for the child”* at the Lighthouse.

### Police Liaison Office (PLO) Overview of role

- Bring criminal justice expertise in child abuse investigations to the Lighthouse
- Assist with flow of information between both organisations both at policy and individual case level
- Manage the psychologist-led interview service
- Create crime and Merlin (social care) reports and hold cases whilst liaising with appropriate police team
- Safeguarding advice to outside agencies
- Seek opportunities to bring Lighthouse expertise to frontline officers
- Review case delays with police leads and the CPS

The PLOs described their role as ‘busy’ and ‘varied’; with a key aspect being to demystify criminal justice processes both for practitioners within the Lighthouse and the service user. An example of this is providing training on how to respond to a child that makes a new disclosure and how to record it. It was reported to be particularly important for the Advocates to have assistance and *“help them understand why the police or courts or the CPS [Crown Prosecution Service] are doing what they’re doing”* or *“what’s going on in the case and why it’s so slow”*, acknowledging that it can be ‘distressing’ for families when they do not understand the process, or are not kept up to date on the investigation’.

Whilst the PLOs do not routinely attend appointments with children at the Lighthouse, they explained that they did have opportunities to interact with the children and young people (aside from the ABE interviews). These are opportunities for the children or their parents/guardians to ask questions around their concerns of the criminal justice process.

Since the PLOs were interviewed, in July 2020 their role changed to include a crime recording and case holding element. Due to the unique nature of The Lighthouse the PLOs have identified numerous cases whereby a child has disclosed sexual abuse, but this had not been shared with police contrary to S 2.4.18 Children Act 2004. The PLO will now record rape and sexual assault allegations whilst protecting the best interest of the child and optimising the likelihood of them feeling able to engage with a criminal justice investigation at their pace.

When asked about what would be different at the Lighthouse if the PLO role did not exist; both PLOs suggested that it would have a detrimental impact on the victim’s experience and support, and the flow of communication between the police and the Lighthouse.

‘Our role breaks down barriers and misunderstandings and if we weren’t here that would continue and be confusing for the victim and their family, that the police officer was saying one thing but the Lighthouse worker was saying something different, there wouldn’t be working together in the best interest of the child’ - PLO

### The SCLO

Like the PLOs, the SCLO role is a unique feature of the Lighthouse and is a role that was described as a key role in providing expert advice and support in safeguarding to Lighthouse staff and local social care teams. They have extended this role during the pilot to include extensive training of professionals and schools, as well as consultation for social workers and other referrers prior to the Lighthouse accepting the referral. This can sometimes mean deferring a referral until the child and family are ready. They can also escalate issues in safeguarding practice and pathway processes within and outside of the Lighthouse’. The SCLO is not a case holder and is not responsible for individual children or young people<sup>38</sup>.

#### Social Care Liaison Officer (SCLO) Overview of role

- All referrals go to the SCLO for *triage*, who ensure necessary information has been provided from the referral
- Act as go-between for Lighthouse and borough social care teams
- Provide expert *advice and support in safeguarding* to the Lighthouse and local social care teams
- Training of professionals and schools
- Consultations for social workers and other referrers prior to the Lighthouse accepting referral
- This is not a case holder role

The importance of the triage role, its evolution, and the failure to anticipate the centrality of this function at the outset of the pilot, was stressed by the SCLOs themselves (and which had been identified in the previous evaluation report). They noted the particular importance of triage where inappropriate referrals to the Lighthouse had been made (i.e. where there had been an element of sexual abuse but where support from the Lighthouse was not appropriate).

All referrals come to the SCLOs for triage. They suggested that part of their role was challenging local authorities around decision making. The SCLOs suggested that their role was critical in preventing referrals to the Lighthouse being made too early and stressed that it was the quality of referrals that was important rather than the number. Decreases in referrals from boroughs (particularly Camden and Islington) might reflect the fact that the SCLOs had more involvement at an earlier stage with these boroughs. They also stressed the importance

<sup>38</sup> Each child and family has a social worker in their borough Children’s Social Care (CSC) team.

of their role in providing safe-guarding advice, particularly to the CAMHs teams, who held what were termed 'risky cases' but who were not social workers. As one SCLO said; *'if someone has an underlying mental health [issue], the Lighthouse is probably not the place even if sexual abuse is the underlying [factor], it's probably not the place for that complex young person. So, what happens with that referral is doing support work for the team, professionals meeting, supporting CAMHS locally, that's quite a bit of work, it takes a lot of work to think about timing'*. Similarly, with schools the SCLOs wanted to ensure that they did not divert away from standard reporting processes by going straight to the Lighthouse but went to social care first.

A key part of the SCLOs role is also to provide consultations, attend strategy meetings and offer signposting .<sup>39</sup> In terms of the sources of the consultation, the greatest number came from social care, followed by Lighthouse staff, and mental health, as well as the police, support workers and GPs. There were a variety of reasons cited as to why the consultation had taken place, reflecting the multiple roles played by the SCLO. Amongst the specific reasons given were: advice to CAMHS (around referral to local authority, need for an immediate MASH referral); consultation with Lighthouse staff about liaison with social worker around the young person's entitlements; consultation and written support in drafting a letter to the local authority setting out safe-guarding concerns around insufficient safety for therapeutic work; advice to Lighthouse staff around local authorities' duties around accommodation and support for a child under the Children's Act 1989 (due to concern about the closure of police investigation, and the suspect being at home with the victim); advice to Lighthouse staff and written support in drafting a letter to mother concerning limits of advocacy, and signposting in relation to complex housing situation.

### **Ways of working**

It was suggested by some staff that the pressure to take referrals at the Lighthouse, to *'keep the momentum and the numbers up'*, meant that there were occasions where the information required by the Lighthouse was missing from the referral at the point that it was initially received, leading to the information having to be sought retrospectively - linking back to the SCLOs' point about the quality rather than the number of referrals being critical. This did not only impact on the SCLOs. Because the latter did not talk to families, it was up to practitioners to do this, seeking consent from families for example, and who could be left holding cases until the information was forthcoming. It was recognised that there remained different levels of awareness about the Lighthouse in the various boroughs, linked to pre-existing networks of contact, but also the fact that there was a large turnover of staff in local authorities and the police, which pointed to the need for continued external engagement by the Lighthouse. The Department for Education (DFE) funded work for increased outreach work with schools

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<sup>39</sup> The Lighthouse's own monitoring data suggests that the SCLOs are involved with around 30 strategy /signposting discussions and 39 consultations a quarter, although the variation quarter on quarter is much more marked for the latter (ranging from 28 to 56 over the last 3 quarters). However, looking at more detailed figures E&I obtained directly from the SCLOs, albeit only for one month, this appears to be something of an undercount. These figures indicated that in July 2020 the two SCLOs undertook 51 consultations during the 23 working days during the month, an average of 2 per day, with a maximum of 7 per day (twice), and there only being two working-days when either of the SCLOs were not involved in a consultation.

that the Lighthouse is about to undertake, and the fact that existing members of Lighthouse staff will be involved in this outreach work, will clearly be relevant in this regard.

Some remedial soundproofing had been undertaken at the Lighthouse to address the issues of sound carrying between rooms/floors raised in the previous evaluation. In addition the decision to add more desks to the mezzanine level at the Lighthouse, sacrificing the 1<sup>st</sup> floor staff rest-area<sup>40</sup>, meant noise carrying from the staff kitchen down to the Lighthouse's reception on the ground floor was no longer a problem, and had increased desk capacity at the same time (another problem that had been previously identified).<sup>41</sup> However, from staff comments, soundproofing still remained an issue, and the proposal to use 'white noise' to combat noise pollution in the Lighthouse had not yet come to fruition. Similarly, while there had been improvements to the Excelicare system, and more were on-going, it's limitations still emerged as a matter of concern. In addition, there had been delays in the delivery of 9 laptops (due since March) to assist in homeworking during Covid-19. Frustrations arising from delays in the implementation of the Live Link system were identified too.

In terms of the impact of Covid-19 on ways of working it was recognised that the focus under lockdown had increasingly been on staying connected with the child or young person rather than delivering therapeutic work. There had also been a reduction in the use of measures of stress and anxiety (for example the Trauma Symptom Checklist for Children (TSCC) and the Revised Children's Anxiety and Depression Scale (RCADS)) due to difficulties completing detailed evaluation questions over video link due to reduced

'We had to do thorough risk assessment and, following UCLH advice limited to 50% desk occupancy and a maximum of 5 people in a meeting and everyone else joins virtually. We usually have 24 desk spaces and now we have 15. It means we have a rota of one or two people from each team. Depends on who is in for IA or has children to see'.

- Lighthouse manager

ability to engage with the child, issues around confidentiality in their own home for CYP when answering, and shorter appointments generally. Staff had tried to arrange more frequent but shorter contacts with children and young people – often twice a week using multi-media approaches including telephone, text, Attend Anywhere, Zoom, voice memos or video messages, and WhatsApp. Clearly, in these circumstances there was the need to consider confidentiality for CYP and families in sessions during lockdown. The latter had meant, for example, arranging simultaneous calls for the parent and young person with two separate practitioners so conversations could not be overheard, or young people talking on the phone during their daily exercise outside the home, or text chat instead of talking so they cannot be overheard.

There have been obvious repercussions arising from the social distancing requirements at the Lighthouse. While the IA is offered daily face to face, some practitioners, particularly those who are self-isolating or shielding, attend virtually. In the medical rooms on the fourth floor

<sup>40</sup> Staff were now sharing the NSPCC's canteen facilities on a different floor

<sup>41</sup> Pre-existing concerns about the lack of desk-space at the Lighthouse have currently been rendered redundant by the restrictions on the numbers of staff who are able to attend the building due to social-distancing restrictions under Covid-19.



of the Lighthouse staff are having to wear full PPE because of the limited space and the fact that family members and professionals are in attendance. Children are given a choice about whether to wear masks. From conversations with staff it appeared that, even if a vaccine was available, it was likely that some of the working arrangements that had been introduced because of Covid-19 would continue longer term.

'In early Covid most of support was more stabilisation and coping with Covid changes so lots of therapeutic work was put on hold. Contacting children more frequently than before to help them cope with Covid and other underlying issues, then offered more therapeutic work after that' - *Lighthouse staff member*

It was recognised that lockdown had had a particular impact on the ability to undertake specific elements of the Lighthouse's work; routine medical examinations, therapeutic work (Letting The Future In (LTFI) for example)<sup>42</sup> and the impact and delays in the criminal justice process had impacted on advocacy's ability to move cases. There had also been problems with IT, losing the signal, children not wishing to go on video. As one member of staff said: *'I've used social worker direct tools and do some exploring that way but that's the extent of what we can do virtually'*. Staff mentioned that although they had been able to undertake virtual IAs they were preferable face to face; *'I did one virtual IA and found it quite difficult, classic connection issues, not feeling as able to*

*create that safe space for the young person to talk and less ability to be part of wider discussions. So, I had conversation with young person and thought through recommendations and then when I did manage to speak to rest of the team there was so much more information. It's much easier to have those conversations as you're going in the same building and it's more difficult virtually'*.

'I think IAs, follow up and therapeutic work and play needs to be done face to face but we will continue to use virtual methods for virtual meetings, and consultations we offer. Might start with a virtual appointment first, a few weeks before IA. Once young people have come face to face, they might want to continue virtually. A lot of our therapeutic work needs to be done face to face'.

- *Lighthouse manager*

The difficulty of undertaking work from home was also identified – both for the child and for the practitioner. One of the foundations of the LTFI model, for example, was described as providing a *'safe space'* *'which not always possible with them at home. And bringing that into our home as practitioners, and I live in a house share. In terms of boundaries [it's] quite difficult'*. As a result, work under lockdown was described as *'checking in'* rather than therapeutic work. Much of the LTFI work, for example, was described as *'play based'* – *'it's*

<sup>42</sup> LTFI is a service to help children who have been sexually abused rebuild their lives, through activities such as play-therapy <https://learning.nspcc.org.uk/services-children-families/letting-the-future-in>

*not so difficult with older children but with younger children it's so play based which is not possible virtually'. In addition, the detrimental impact of Covid-19 and the changes in working conditions on staff well-being was noted, as well as the problems it presented for new-starters in settling into the team and getting to know people.*

The perception from staff was that Covid-19 had not made a great deal of difference in terms of contact with external agencies, a view echoed by the borough liaison officers' perception of the impact of Covid-19 on the work of the SCLOs. While face to face work had proved to be impossible, the SCLOs had still been available via Teams/telephone – *'what [the SCLOs] have managed to do is offer social workers more frequent consultations to upskill the social worker when speaking to the young person. Giving the social workers prep work and the conversations she can have to make the young person ready when Covid-19 is more lifted. During Covid-19 I've had no issue with them attending any meeting. And they've been really keen to keep comms up on cases which are on hold a little bit'.*

## **Partnership working**

### *Experiences of partnership working within the Lighthouse*

The previous evaluation report identified the benefits that practitioners expressed about the partnership model that is central to the Lighthouse model, both for the service user in terms of the co-location of different disciplines under one roof, and for practitioners, in having timely access to the expertise possessed by other members of staff, although both have been clearly impacted by the introduction of remote-working as a result of the Covid-19 pandemic. Equally, it was suggested that, having been previously co-located in the Lighthouse made it easier to maintain links between different disciplines when working from home.

However, the previous evaluation report also identified the challenges that arose from bringing individuals from a range of disparate organisations together (differences in language, terminology or organisational cultures that could result in working tensions). At the time this was described as being part of the process of developing a 'Lighthouse way' that sought to address these tensions. However, in speaking to staff, it was clear that this process is still on-going, and that frustrations remain; *'it feels like a rollercoaster, you think you've resolved something and worked through a process and something's happened, and we've come out at a better place only for something random to come along and unsettle all that. The cultural thing has been more significant than anyone could have imagined, and it's a jostling between cultures'.* There remained a feeling on the part of some staff that the Lighthouse was very much a 'medical' model and that there was a lack of understanding of the social work role. Some members of staff felt that there was a hierarchy at the Lighthouse with CAMHS at the top and LTFI and advocacy at the bottom. Concerns were expressed about how senior management interacted and friction identified between NSPCC and CAMHS in terms of the way they operated, with claims of there being inflexibility (clearly linked to the discussions about caseload and capacity outlined below). Levels of staff dissatisfaction had been reflected in the high levels of staff turnover particularly in the advocacy team. This is something that will be reflected upon in the final evaluation.

The capacity of the different services working at the Lighthouse had been identified as an area of concern in the previous evaluation report, and this remained an issue<sup>43</sup>. Different services had different agreed caseloads per member of staff, which led to claims of inflexibility, and, in addition, the ability for individuals within the Lighthouse to allocate cases to other teams led to difficulties in planning resources – as one member of staff remarked *‘I’ve found cases allocated to our team and letters already gone out’... my capacity has been impacted by infiltration* (meaning Concern about the caseload levels of LTFI workers at the Lighthouse had led to senior staff removing their workers from the IA meetings in order to preserve their time for therapeutic work. Ironically, this led to concerns on the part of other LTFI staff that the service was becoming overly CAMHS led, because of the lack of an LTFI presence at the IA. It was suggested that it was difficult to talk about these issues openly at the Lighthouse; *‘not allowed to mention capacity, as that would mean we’re ‘managing’ and we’re not’*. Problems arising from cases not being closed were also raised – *‘deal with front door by looking at back door and making sure cases are closed’*, but large numbers of open cases remained, as shown by the figures in the appendices of this report. Interestingly it was suggested that working online might help to address the capacity issue, by increasing throughput, and make medicals more efficient.

The need for better feedback and communication from the Senior Leadership Team was identified as an issue in the earlier evaluation report, and a programme of work had been implemented by management to address staff concerns. In the late Summer of 2019 work had been undertaken with the Lighthouse team to develop visions and values for the Lighthouse, and, in November and December 2019 an external consultant had been brought in to work with staff. As one member of management remarked; *‘It would be fair to say it opened up lots of issue and lots of concerns, some which were painful for some staff, it didn’t successfully resolve them, being a group of 30 or more staff it wasn’t the right forum or the right way or place to resolve those issues’*. There had subsequently been a change of approach, and a change of facilitator running events and workshops with senior leadership (delivery board, senior leadership team, clinical leads and heads of service), the rationale being that *‘the senior team needed to be a cohesive strong unit before we could expect to model that with the whole team’*. However, it was apparent from the staff interviews that issues around diversity and inclusion remained, which will be picked up in the final round of staff interviews.

What had emerged from this work was a change to the management structure of the Lighthouse, involving the addition of an inward facing Lighthouse Service Manager, responsible for the day-to-day management of the Lighthouse, with the current Delivery and Service manager retaining the outward facing Strategic Lead role, sitting on the Lighthouse Delivery Board. As well as changes to the Lighthouse leadership to create Heads of Service: office manager, an SCLO, PLO, health team lead, CAMHS lead, LTFI/P&R lead, and an advocacy lead (details of the proposed structure are provided in Appendix C). Clearly there is an expectation on the part of Lighthouse senior management that the proposed structural changes, the addition of a service manager responsible for day to day management of the Lighthouse, (to whom everybody reports and to oversee every part of the service), and the inclusivity of the expanded senior team, will diminish the perception of some staff that they

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<sup>43</sup> Figures for the Lighthouse for the 3 quarters from October 2019 to June 2020 in relation to open cases by service, caseload by service and vacancy levels by service are provided in Appendix C of this report.

are not being listened to. The new structure and clearer roles and responsibilities will provide better access to and knowledge of decision-making processes within the Lighthouse. The final evaluation report will examine whether this reorganisation does indeed address the concerns that have previously been expressed by staff.

### *Perceptions from external agencies*

The previous evaluation report contained feedback collected by the Lighthouse about CYP's and parents' perceptions of and experiences at the Lighthouse, as well as the findings from a survey of professionals indicating their level of knowledge about the Lighthouse. In general, this feedback was positive around the general perceptions and experiences, with parents and CYP feeling that they had been listened to, that their views and worries had been taken seriously, and that it was easy to talk to Lighthouse staff. In terms of the experiences of service users, the final evaluation report will contain detailed findings from interviews with service users. This interim report focuses on collecting feedback on the role of the Police Liaison Officers (PLOs) and Social Care Liaison Officers (SCLOs) at the Lighthouse, to gain a deeper understanding of the two positions. Data were gathered from police officers on their perceptions of the Lighthouse and the role of the PLOs there, and about the Lighthouse SCLOs via a focus group with social care staff from the local boroughs who work with the SCLOs.

The police officers spoken to had heard about the Lighthouse from a variety of sources; word of mouth, email from supervisor to the unit, from colleagues working in the child sexual abuse arena and via promotional material /visits by Lighthouse staff. Most of the contact the police officers had had with the Lighthouse was either in relation to the police undertaking ABE interviews at the Lighthouse, or where their victims had been referred to the Lighthouse for ongoing support, but where the initial ABE had taken place at a police station.

The police officers were asked for their perceptions of the psychologist led ABEs offered at the Lighthouse. While the majority did not offer an opinion, of those that did, more were supportive than not; *'Obviously, every investigation is different, and every child is different and what we found is that in some investigations the child would have a better relationship with the social worker, sometimes they would have a better relationship with the allocated police officer, and investigations would progress differently within each investigation. So, for example, if the young person didn't want to speak directly to the police officer now about what happened, but would be happy speaking with the psychologist, surely that is the best thing to do to get the best evidence from the child?'* The one individual who was opposed did so on the basis that it slowed the process and was concerned that it wouldn't focus on evidential needs.

Similarly, with one exception (where the officer concerned felt more comfortable interviewing in his own police station and was concerned about time delays in getting the victim to the Lighthouse), the police officers interviewed were extremely complimentary about the facilities offered at the Lighthouse, commenting on their quality and its 'child-oriented' nature, contrasting it with police VRI suites. The PLOs were commended for their work in arranging VRIs at the Lighthouse and for 'chasing up' and facilitating the cases. More widely the officers also commented on the level of support and assistance provided for the

children and families by Lighthouse staff during the VRI; *'I have no words, they are fantastic. They are just an absolutely fantastic resource to have'*.

The responses obtained from the focus group undertaken with the liaison officers from the local authorities involved in the pilot stressed the importance of the Lighthouse as being a 'valuable resource', but also the centrality of the SCLO to the Lighthouse where they were described as *'the glue between social care and other professionals, paediatricians, psychologists within the Lighthouse'*.

Interestingly, when asked if the SCLO role could exist independently of the Lighthouse, the feeling was that this was not the case; *'only exists if Lighthouse is there, personally. If it was case consultation then that is about a specific case, that would be a specialism in a local authority, we have a lead on sexual exploitation. What [the SCLOs do] is bring in the whole multi agency network and liaise between the two which is connected to the LH'*. A further respondent commented *'I can't imagine life without the Lighthouse, the thought of [the SCLOs] being in a meeting is the same as having NSPCC medical CAMHS in the meeting, we wouldn't be able to pull those people together in a timely way to have a meeting like that. Terrifies me the thought of it not being there'*.

Factors emphasised were the knowledge, flexibility (*'they've never put up a wall and said that's not in our job description'*) and speed of response of the SCLOs (*'they answer the phone and email back within a few minutes'*). The respondents stressed their usefulness in offering suggestions and guidance about how to navigate referral pathways, and their role in terms of quality assurance; *'they know the policy the processes so well that I've had many useful conversations where they say 'you haven't' done these stages' and actually they are always right. They do tell us what we should have done and what we should be doing, so I've seen an improvement across the service'*. The importance of the level of experience that the two SCLO's possessed was also stressed; *'they need to [be experienced] as there will be clashes of opinion, liaising with NSPCC, we rarely agree on a case and they were the ones who were having to mediate and work through it with all of us. The consultations are really high quality it's really thinking about stuff, they need to have a sense of authority and the knowledge that comes with that'* and there was a recognition that there was not the resource to undertake this role 'in-house'.

### **Looking ahead**

In terms of the development of their role, the PLOs believe they would start to have less involvement in training the psychologists on the basics for ABE interview, and focus on the research and further developing interview best practice and seeing it implemented. Additionally, the impact of S28 and how to continue to seek to improve the criminal justice experience for the victim. They would also see benefit in being more involved with the young people at the initial assessments, so that children have the opportunity to speak to a police officer outside of their case and improving the overall perception of police and police officers. This also links into the perceived benefits of conducting ABE interviews at the Lighthouse *"rather than a police station"*.

As with the previous evaluation report, when staff were asked to identify the main challenges faced by the Lighthouse in the future the most popular responses were the uncertainty about future funding/sustainability, concerns about the ability of the service to respond to the anticipated increase in demand post-Lockdown once the schools had re-opened<sup>44</sup> and the extent to which the reorganisation at the Lighthouse could address staff concerns around the 'Lighthouse way'. The final evaluation will seek to explore many of these issues, as well as consider the strengths and weaknesses of different models of working for the delivery of CSA services.

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<sup>44</sup> Although at the time of writing (October 2020) the Lighthouse was reporting that the anticipated increase in referrals had not taken place. The trend in referrals in the period after the return to school of children in Autumn 2020 will be examined in detail in the final evaluation report.

## 4. Discussion

The focus of this report has been to highlight performance and process findings relating to the first 21 months of the Lighthouse's implementation (end of October 2018 to August 2020). Data for this report was gathered from several sources, including the Lighthouse's performance management data, case management system, qualitative interviews and focus groups with Lighthouse staff, police officers and social care workers. Consistent with findings from the previous evaluation report, it is evident from the variety of data collected (medical histories, risk assessments and ACE-Q scores) that this is a highly vulnerable group of children and young people with complex needs, reinforcing the need for a service that integrates multiple strands of support to appropriately respond to the specific requirements of the CYP.

The evaluation (and of course the service) have been heavily impacted as a result of Covid-19 and the national lockdown that was imposed in March 2020. Such a pandemic presents substantial challenges for both service delivery and any subsequent evaluation. The initial service delivery model of the Lighthouse was not designed for delivery in such an environment and this evaluation report has sought to address service implementation both before and after Covid-19.

Due to the impact of the Covid-19 pandemic, staff have had to make large changes to their ways of working and how they interacted with and supported the CYP, by conducting sessions virtually and staff arranging more frequent but shorter contacts with children and young people, often twice a week. Additionally, staff had to consider the issue of confidentiality for CYP and families in virtual sessions. The Lighthouse staff have shown a remarkable degree of adaptability and flexibility in continuing to offer a service to young people under lockdown initially, and subsequently as the service has moved to a hybrid model. Interestingly, some of these changes, particularly the use of technology to facilitate virtual meetings between members of staff, external agencies, and CYP and parents in certain circumstances, appear likely to be retained once the situation returns to normal. How these have been maintained will be included in the final report. However, it is also clear that certain aspects of the Lighthouse's work require face to face working, and the ability of the organisation to deliver the intended service has been disrupted since March 2020.

Aside from the Covid-19 changes, since the previous evaluation report there have been some other progressions made, and as such the psychologist-led ABE interviews at the Lighthouse have begun (13 in the last 9 months). The use of the Live Link facility has still not started, however positive steps have been made in this area. Additionally, other operational practices at the Lighthouse have continued to evolve such as reducing the number of allocation meetings (previously held daily). In terms of the operational model, this report focused on the potential value of two operational roles unique to the Lighthouse; the PLO and SCLO. For the former, their role in liaising with external police officers and the CPS around the progression of investigations, and the facilitation of police and psychologist led ABE interviews at the Lighthouse was highlighted by respondents. For the latter, the part they played in ensuring appropriate referrals to the Lighthouse was emphasised, as well as the importance of the guidance and advice around safe-guarding and social care pathways provided to Lighthouse and local authority staff. Both roles were seen as essential to the Lighthouse model and received positive feedback externally.

The levels of referrals to the service have continued to reflect the pattern observed in the last evaluation report. Since the project began, there has been an average of 29 referrals to the Lighthouse per month, while the number of IAs carried out has averaged at 18 per month, although there was a decline in referrals and IAs in the early stages of Covid-19, for understandable reasons although these numbers have recovered since the early days of lockdown. Most referrals continue to be received from social care, and the number of self-referrals remains relatively small. It will be interesting to see if the number of referrals received from schools increases as a result of the increased liaison work about to start between the Lighthouse and local schools with DfE funding (which will be evaluated separately). Staff are concerned about the impact of increased referrals as a result of schools re-opening after Lockdown releasing previously suppressed demand, although at the time of writing, the anticipated increase had not materialised.

There remain tensions in partnership working at the Lighthouse, from the different disciplines working there, and the perception on the part of some staff that the medical model predominates, and social care is undervalued, continues. Attempts by senior management to address these concerns have had limited success to date but are on-going, with a restructure of the Lighthouse in progress. The final evaluation report will examine the impact of these changes on staff perceptions.

While there has been some remedial work since the last evaluation report to improve aspects of the Lighthouse's infrastructure (soundproofing and the case management system for example) it is clear that these remain an issue of concern but will continue to be monitored. Interestingly some of the changes in working practices arising from Covid-19 (particularly social distancing requirements) have changed the nature of some of these concerns, however this situation will be temporary. Consistent with the previous findings, staff also remain concerned about issues of sustainability and the future of the service beyond the end of September 2021.

### **Next steps**

The current document is the third published report within the MOPAC Evidence and Insight evaluation of the Lighthouse. A final evaluation report is planned for the summer of 2021, at which point it is anticipated that details of many more service users will be available for analysis, as well as 'impact' data on the criminal justice and health/well-being outcomes of service users, and the perceptions of service users themselves.



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## Appendices

### Appendix A: Total number of referrals by borough, between October 2018 and July 2020

Monthly Referrals by Borough									
Year	Month	Barnet	Camden	Enfield	Haringey	Islington	Other London Borough	Outside of London	Total
2018	Oct	3	7	2		3			15
	Nov	7	9	4	10	10	1		41
	Dec	4	9	10	10	7	2		42
2019	Jan	4	9	6	6	5			30
	Feb	5	3	6	2	7			23
	Mar	3	6	6	8	7	2		32
	Apr	5	7	7	6	5	5		35
	May	9	4	9	5	8			35
	Jun	1	5	8	3	6	1		24
	Jul	4	8	6	8	4			30
	Aug	8	5	4	6	3			26
	Sep	9	5	9	3	6	1		33
	Oct	15	7	5	4	2	1		34
	Nov	12	3	3	6	4			28
	Dec	5	4	3	4	7			23
2020	Jan	13		6	4	4	1		28
	Feb	10	6	5	5	4	1	3	34
	Mar	10	3	8	8	5			34
	Apr	6	2		3	3			14
	May	5	2	5	3	4			19
	Jun	4	3	9	6	7			29
	Jul	4	4	9	7	5	1		30
<b>Total</b>		<b>146</b>	<b>111</b>	<b>130</b>	<b>117</b>	<b>116</b>	<b>16</b>	<b>3</b>	<b>639</b>

## Service user vulnerabilities

Type of Vulnerability	Number of service users
Anxiety/Depression	96
Other vulnerability	89
History of DV	86
Education problems	61
History of self-harm	55
CSE	43
Concerns over safety	42
Suicide risk	34
Drugs/alcohol	26
Sexualised behaviour	24
LA care order	22
Risk of further harm	16
Eating disorder	11
Missing from home	13
Repeat attender	0

## ACE scores

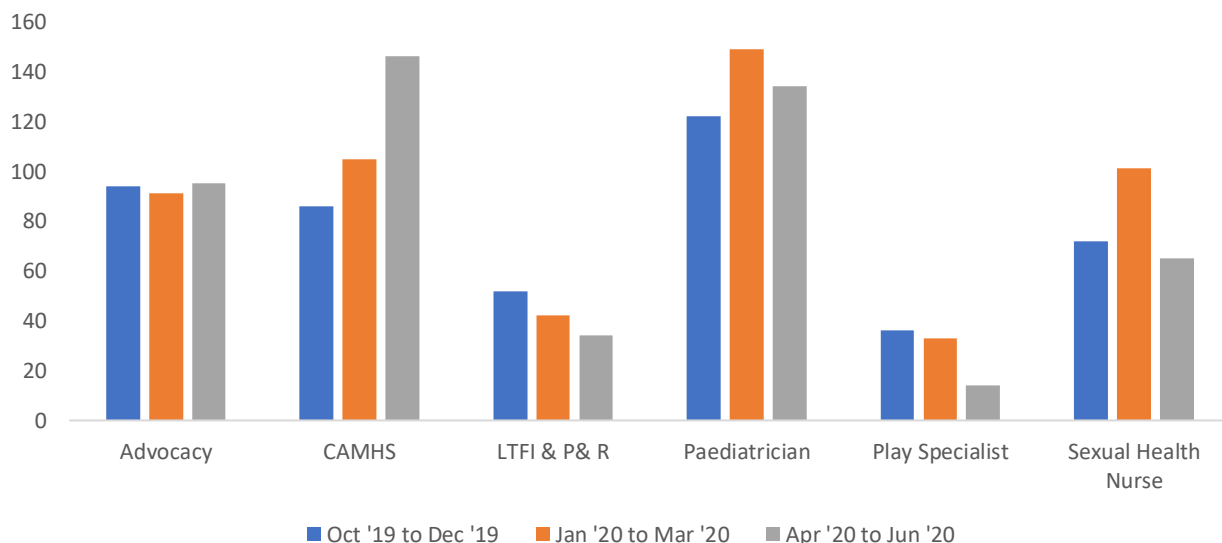
ACE category	Number of service users
Sexual abuse	139
Parents divorced	77
DV against mother or father	54
Emotional abuse	54
Emotional neglect	44
Parent mental illness	40
Physical abuse	33
Parents alcohol or drug issues	30
Physical neglect	27
Parent in prison	11
<b>Total clients with ACE assessment</b>	<b>162</b>

**Advocacy Goals full breakdown**

Type of goal	Achieved	Not Achieved	Partially Achieved	Total
Criminal justice	19	1	16	59
School support	14	5	7	33
Other	11	0	4	16
Healthy relationships	5	1	1	13
Build confidence	5			10
Advocacy support	5	1		8
Health and wellbeing support	4			8
Safety advice	4		4	8
Emotional need support	2		4	7
Accommodation	1	2	1	6
General support	2	1		6
Medical support	4	1	1	6
To attend support sessions	2	1	2	6
Support for referral to CAMHS	4			5
Support for parents	3		1	4
Help to engage in community activities		1	1	3
Communication skills				2
To engage with the Lighthouse				2
To talk to someone			1	2
<b>Total</b>	<b>85</b>	<b>14</b>	<b>43</b>	<b>204</b>

**Appendix B – Lighthouse open cases, caseload, and vacancy rates (Oct 2019 – June 2020)**

*Number of open cases each quarter for each Lighthouse service.*



The number of open cases for the various services provided at the Lighthouse obviously reflects the nature of the work done by the various services, and the nature of the contact with the CYP. The figures above are taken from the Lighthouse’s monitoring returns. Overall, paediatricians and CAMHS practitioners have had the highest numbers of open cases. Most notably, the number of open cases in CAMHS saw a 70% increase in cases (n=60) between the first and final quarters to June 2020, with a particular increase in the time during the Covid-19 lockdown. Similarly, the open cases for the paediatricians have increased over the nine months (albeit peaking in the middle quarter) with similar numbers to CAMHS. On the other hand, the figures for advocacy have remained consistent across the three quarters at 90+ cases. The sexual health nurse saw a 40% increase in open cases from the first quarter to the second, but the figure has now fallen by 36% in following quarter to 65 cases (which represents a 10% decrease overall). Conversely the figures for LTFI/P&R staff have consistently decreased over the 9 months (by 35%) down to 34 cases, while that for the play specialist has decreased (by 61%, particularly in most recent quarter) down to 14 open cases<sup>45</sup>.

*Caseload and vacancy rates*

The tables below, also taken from the Lighthouse’s monitoring returns, provide the average caseload and the vacancy rates for the various services over the same 9 months.

<sup>45</sup> With all these figures Lighthouse staff felt that the numbers reflected issues related to data collection, particularly delays in closing cases on the system.

*Average Caseload/WTE in period*

<b>Service</b>	<b>Oct - Dec 2019</b>	<b>Jan - Mar 2020</b>	<b>Apr - Jun 2020</b>
<b>Paediatricians (1WTE)</b>	113	149	126
<b>Sexual health nurse (1WTE)</b>	54	96	56
<b>Advocacy (6.8WTE)</b>	13	12	14
<b>CAMHS (5.6WTE)</b>	18	21	23
<b>LTFI/P&amp;R (5WTE)</b>	11	10	10
<b>Play support (0.6WTE)</b>	52	62	23

*Vacancy rates*

<b>Service</b>	<b>Oct - Dec 2019</b>	<b>Jan - Mar 2020</b>	<b>Apr - Jun 2020</b>
<b>Medical/nursing</b>	0%	8%	5%
<b>Advocacy</b>	0%	14%	0%
<b>CAMHS/LTFI/P&amp;R</b>	15%	0%	33%
<b>Management and Business Support</b>	0%	0%	0%

**Appendix C – Restructure of Lighthouse, September 2020**

