



Wellbeing in South West London

Emotional and practical support for children and young people aged 4-18 following any form of sexual harm

Croydon | Kingston | Merton | Richmond | Sutton | Wandsworth

The Report of the Independent Inquiry into Child Sexual Abuse

October 2022



“The harm brought about by sexual abuse cannot be overestimated or ignored – education, familial relationships, sexual relationships, mental, emotional and physical well-being, job prospects can all be affected. In some cases it has driven victims to self-harm and even take their own life”.



The Truth Project

The Truth Project, which concluded in October 2021, gave more than 6,000 victims and survivors of child sexual abuse an opportunity to share their experiences with the Inquiry and make suggestions for change.

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Systemic issue:

“...common themes emerged ... a failure to understand and respond appropriately to the impact of the sexual abuse as well as cultural and other related issues”.



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In seeking to improve responses to and support for children and young people in SW London who have experienced sexual harm:

- South West London Integrated Care Board (SWL ICB) has commissioned a 2-year programme of support for 4–18-year olds
- Funded by SWL ICB, NHS England and MOPAC
- Delivered by the Havens in collaboration with South London Rape Crisis (RASASC)
- Aligned with the South London CSA Transformation Programme



PRESENTATION OVERVIEW

- **Wellbeing in SW London Project**
Gemma Jalland, Senior CYP ISVA
- **Advocacy case examples**
Jaheda Youssuf, Wellbeing Advocate
- **Wellbeing in SW London therapy offer**
Jill Martin, CYP Lead, RASASC
- **Q&A**



SO WHAT ARE THE KEY ISSUES ARISING FROM CSA?

- Pre-existing vulnerability
- Mental health issues
- Impact on education
- Impact on relationships with family, peers, partners
- Re-victimization
- Sexual health
- Experience of the criminal justice system

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Aims :

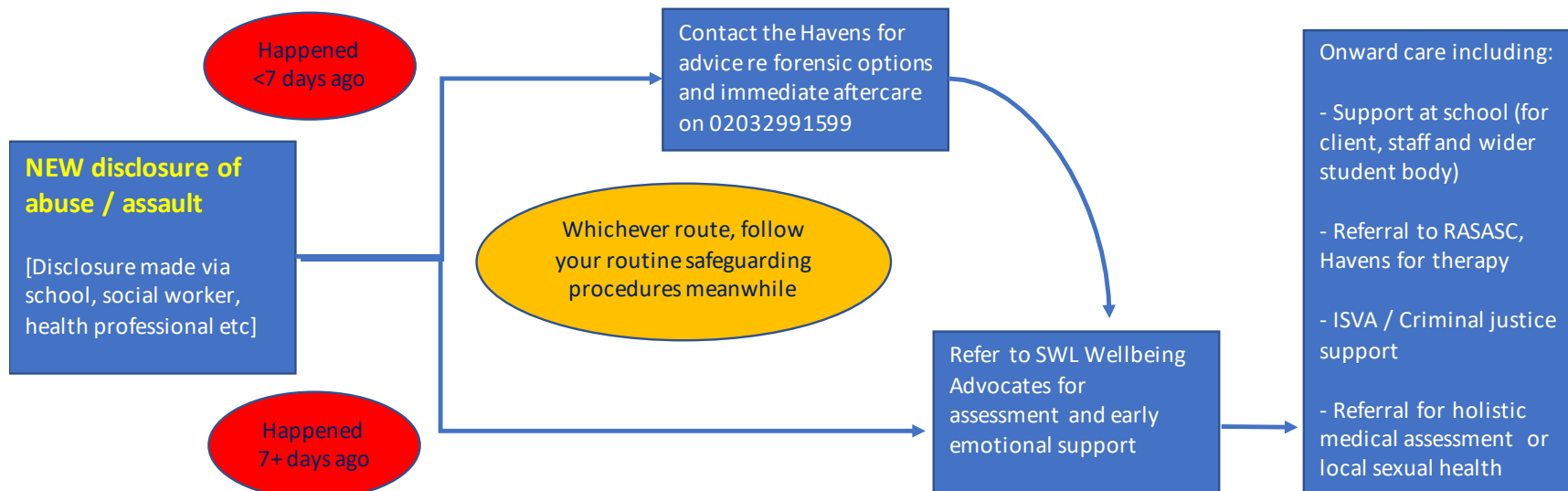
- Improve CSA disclosure levels and survivor-focussed response
- Support presenting needs of survivors
- Integrate CSA medical pathways with advocacy and emotional support
- Optimise existing medical pathways (Havens and Local)
- Support enhancement of role of CAMHS, social care and local partners
- Provide specialist advocacy and emotional support given an anticipated increase in disclosures and support needs

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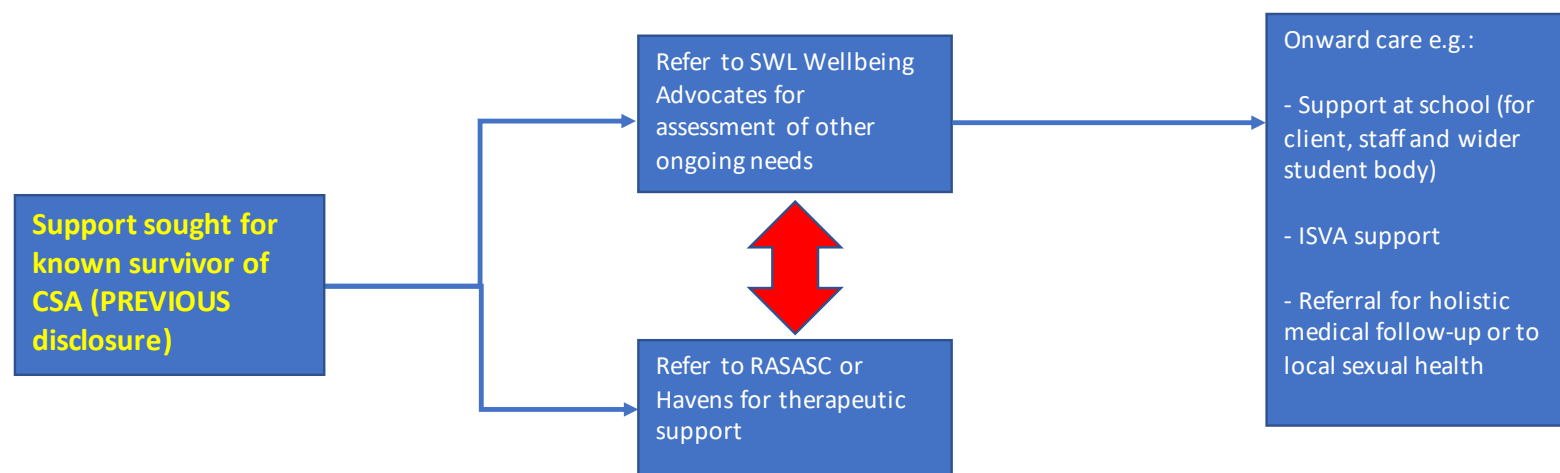


Scope:

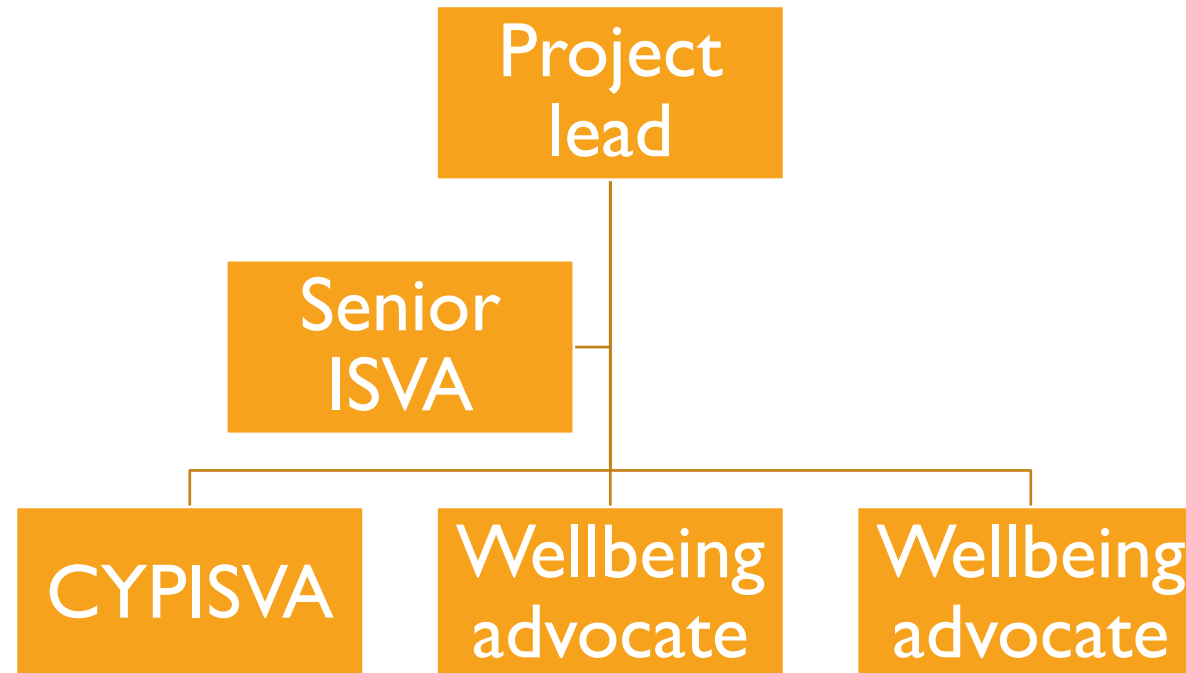
- Assessment of emotional needs and risk
- Brief intervention ± family support
- Specialist therapeutic support via RASASC, CYP Havens, or referral to CAMHS, school counselling/nurse, or other third sector provider
- Referral for holistic medical assessment and/or sexual health follow-up
- Specialist ISVA support through the criminal justice process
- Access to investigative interviewing
- Training support to/knowledge building among local agencies



Pathway overview for referrers



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Wellbeing Advocates

- 5 direct working sessions
- At school, or in a healthcare, third sector or other safe setting
- Early emotional support
- Support to navigate choices and services following disclosure
- Advocacy to ensure the child/young person's voice is heard
- Training and support for teachers, parents/carers, social worker
- Onward referrals

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EARLY EMOTIONAL SUPPORT

- Coping skills and responses to sexual violence, feelings of shame and blame
- Tools for coping with trauma: managing flashbacks, sleep problems, panic attacks, self-harm
- Health: physical, psychological, sexual
- Feeling safe: in self, in school, in public, at home
- What it's like to report to the police, what to expect, choices and rights
- Extra help at school



ISVA (Independent Sexual Violence Advisor) support

- Offer guidance with making police statements
- Explain the Criminal Justice process, including No Further Action (NFA) decisions, Victim's Right to Review, Criminal Injury Compensation (CICA) and answer any questions
- Obtain updates from police and support the child/young person in police meetings and to understand their rights
- Support with pre-trial visits to court and during court proceedings if the case goes to trial



Medical assessment at the CYP Havens service

- Specialist, holistic health assessment and sexual health screening
- Supportive, trauma-informed and guided by the child/young person wants.
- Provides re-assurance
- The account of the assault is not re-visited
- Intimate examination is optional and never internal in under 13s
- Social care involvement is required at referral for children <13.



Specialist therapeutic support

- Assessment and up to 20 (CYP Havens) or 30 (RASASC) 1:1 sessions
- Up to 6 x 1:1 sessions of support parents/carers offered within both services
- 8-week parent group offered within both services
- Groups and bespoke workshops for young people are in development
- Consultation with CAMHS or in-house clinical teams within CSC
- Training to extend knowledge and skills to wider teams



CONSULTATION

- To members of professional network supporting a young person
- Can include children's social care, school, CAMHS, school counselling, the police
- Following model of collaborative consultation or ad hoc consultation
- Aims to:
 1. Normalise trauma responses
 2. Support delivery of evidence-based interventions
 3. Understand the nuance of offering support to CYP going through the criminal justice process
 4. Consider specific themes which may be relevant to survivors of sexual violence
 5. Share appropriate information and resources



MECHANISMS OF MISSED EDUCATION

- Impact of anxiety, depression, fatigue on concentration
- Worries re studies and police investigation exacerbate mental health difficulties and sleep problems
- Avoidance of school due to safety concerns including presence of alleged assailant, (cyber) bullying
- Challenge of large groups/ sitting in classroom with boys
- Reactive “acting out” increasing likelihood of exclusion
- Lessons missed to attend police/health appointment

Clarke et al., *Soc Psychiatry Psychiatr Epidemiol* 2021

Keeping children safe in education 2022

Statutory guidance for schools and
colleges

1 September 2022

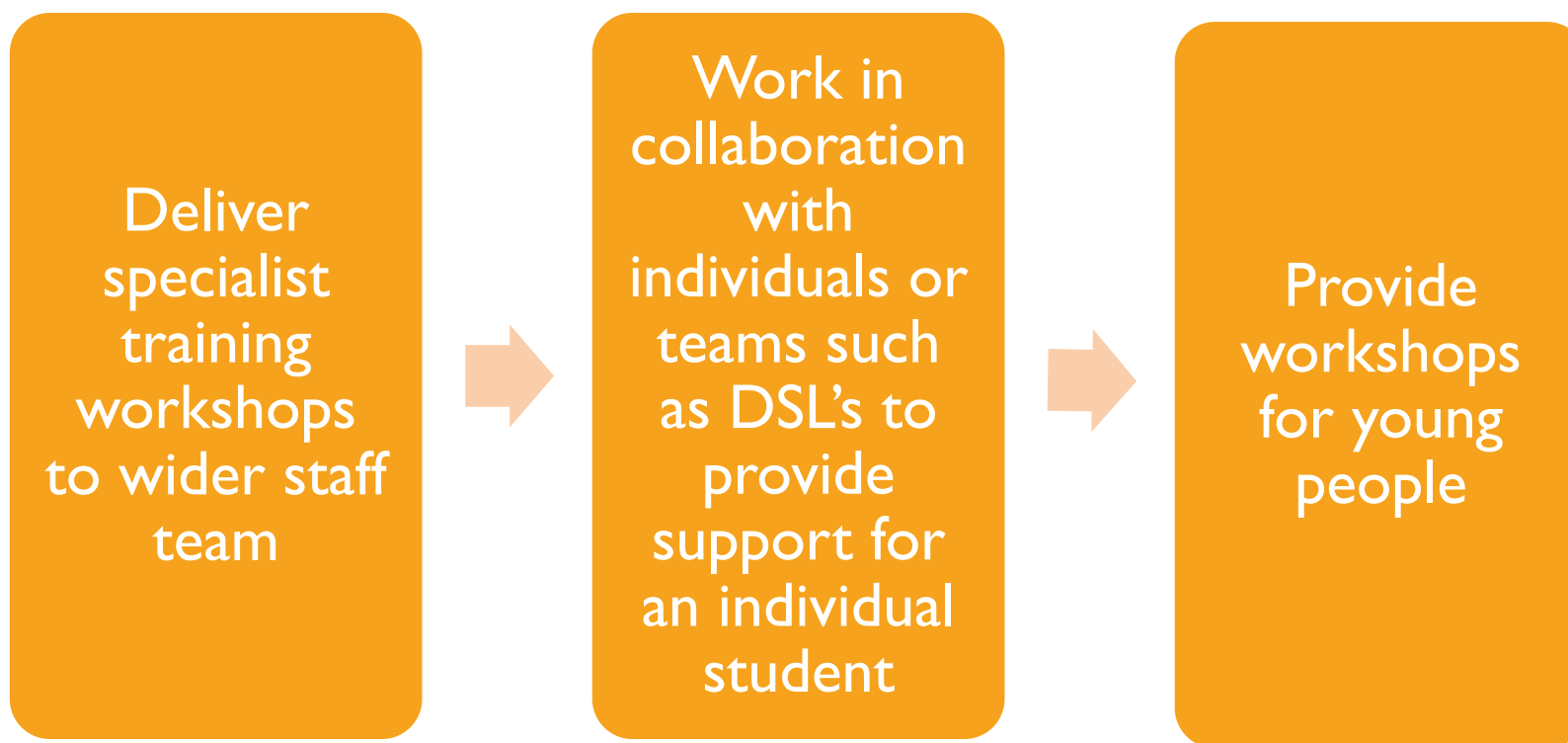
Safety planning in education

A guide for professionals supporting
children following incidents of
harmful sexual behaviour



September 2022

CONSULTATION: SCHOOLS





PROJECT SO FAR....

Since project launch in April 2023 we have:

Received 18 referrals into the Wellbeing in SWL Project advocacy pathway

Boroughs

- Merton: 5
- Kingston: 5
- Sutton: 4
- Wandsworth: 4

Ages ranging from 4 – 18 years old

16 girls and 2 boys

Majority wanting to access sessions within school

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CASE EXAMPLES



ZARA

- 13y female referred by social worker
- Family had moved to UK to flee persecution as religious minority
- Recent disclosure of historical child on child abuse at age four by an older male cousin, overseas
- Distressing flashbacks, self-harm and suicidal ideation
- Not in education for 1 year due to social anxiety
- Referred to CAMHS in 2021 but closed due to non-attendance



Trauma-informed, client-centred approach

- Information gathering from parents and social worker
- Offered consistency in appointment day/time, fortnightly, spaced apart from social worker visits
- Zara requested phone appointments rather than video/in-person
- Shorter sessions offered over a longer period to build engagement and allow regulating emotions
- Accommodated Zara's preference to communicate through characters and art to aid discussions



Advocacy and emotional support

- Offered grounding techniques for dissociative symptoms
- Supported Zara to create a safety plan reflecting her triggers
- Parents aided to identify Zara's level of risk and access help
- Zara also disclosed bullying from wider religious community
- Needs and safety plan communicated to social worker and referral made to specialist therapist re CSA
- Supported Zara to take part in discussions re return to school

Medical needs and care

- Zara had not had meaningful sexual/reproductive health education
- Felt she lacked the language to process/communicate what happened
- Sense of shame related to intra-familial abuse and family response
- Felt unable to speak to family members about genital symptoms that she did not understand, or her health concerns
- Supported to attend medical appointment for reassurance that her body was ok



Immediate outcomes and long-term care

- Zara's health concerns addressed
- Introduced and prepared Zara to meet specialist therapist
- Initiated process for Zara to be assessed for ASD as per her wishes
- Zara's parents supported by local authority with home school reviews/transition back to school
- Zara began hobbies/activities again, going out, socialising

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CASE 2



Maya

- 17y female referred by social worker
- Disclosed longstanding abuse by foster carer 2 months ago
- Placed with a new foster carer
- Learning disability: at a Special Educational Needs (SEN) school
- Presents as younger than her age, not independent
- Parents do not attend supervised contact regularly - distressing
- Bullied by a younger sibling re her LD



Trauma-informed, client-centred approach

- Information gathering from new foster care, social worker, school
- Offered school-based appointments with a member of staff present at the first meeting for support
- Targeted assessment so as not to overwhelm
- Given time to process and respond, reminders re time and boundaries of confidentiality at each session
- Sensory adjustments, emotional resource cards for risk assessment, games to transition in and out of sessions

Advocacy and emotional support

- Offered grounding techniques, identified triggers to self-harm and early signs, and developed safety plan together
- Supported Maya to understand that it is helpful for safe adults to know about her triggers so they can better support her
- Raised foster carer and teachers' awareness of how Maya presents when feeling triggered and responses that would help
- Liaison with Looked After Children psychologist, CYP Havens therapy team and the network re optimal therapeutic support



Medical needs and criminal justice support

- Discussing sexual health care was very distressing for Maya
- Gently supported to access a medical assessment at CYP Havens towards the end of the Wellbeing Advocate support
- Criminal justice process:
 - Professionals advised how to involve Maya in decisions/plans around her upcoming video recorded interview
 - Advocacy re importance of Maya being able to discuss options, exercise choice and feel heard

Immediate outcomes and long-term care

- Advocated for funding for therapy and specialist support to meet developmental needs to improve safety and address vulnerability
- Advocated for EHCP review and appeal for Care Act Assessment to secure funding for the longer-term provision of support
- Introduced and prepared Maya to meet her new specialist advocate and specialist therapist
- Goodbye session to allow proper closure and transition as Maya had little experience of being supported well through transitions



Aims for the next 3 months:

To build on our offer of close work with education colleagues

To develop a self referral pathway into the project

To consult young people on all areas of the project so far



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Therapeutic support offer

Jill Martin, CYP Lead, RASASC



PRESENTATION OVERVIEW

- Collaborative project between the Havens (KCH) and Rape Crisis South London: **Wellbeing in South West London, aimed at Children & Young People aged 4-18** *No waiting list clear pathway*
- Consultation and training
- Pre-trial therapy

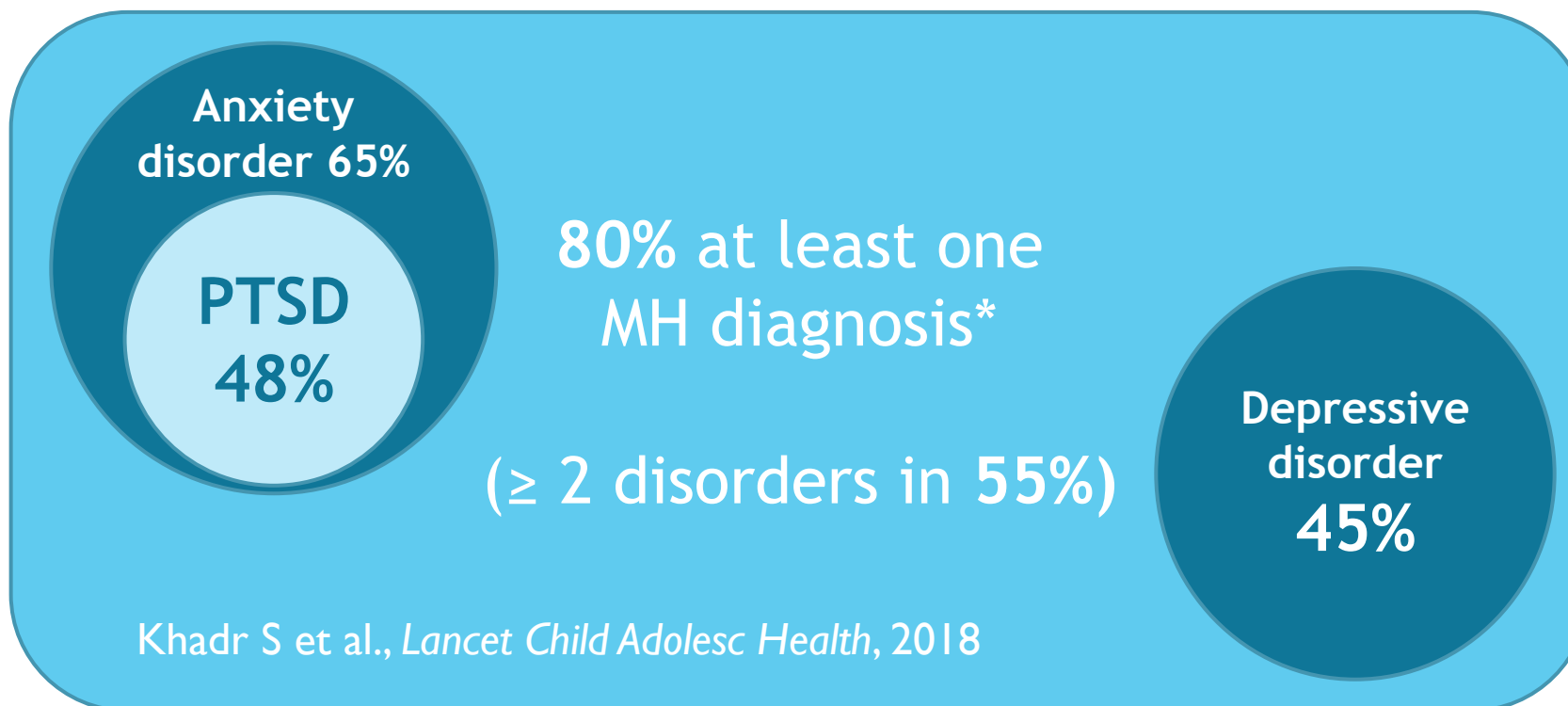


WHO DEFINITION

Child sexual abuse

“Involving a child/ young person in a sexual activity that they do not fully comprehend, are unable to give informed consent to or for which they are not developmentally prepared, or else that violates the laws and social taboos of a society”

MENTAL HEALTH CONDITIONS 4-5 MONTHS AFTER SEXUAL ASSAULT



Khadr S et al., *Lancet Child Adolesc Health*, 2018

*Associations with previous MH service use and social care involvement



EFFECTIVE SUPPORT FOR (COMPLEX) PTSD

- There is an evidence-base for effective therapies for CYP affected by ACEs or PTSD (NG116, 2018; Lester et al., 2019)
- Effective support hinges on more, especially for complex PTSD
- Key factors are:
 - **Time to build trusting relationships**
 - **Promoting safety and stability**
 - **Continuity**



SPECIALIST THERAPEUTIC SUPPORT

- Assessment and up to 20 (CYP Havens) or 30 (RASASC) 1:1 sessions
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SW LONDON PROJECT CYP TEAM

- **Administration Team**
- **Clinical Lead**
- **Clinical Practitioner**
- **Play Therapists**
- **School Counsellors**
- **Family Prevention Practitioners**
- **Wellbeing Safeguarding Counsellors**
- **Psychotherapist**



RASASC: THERAPEUTIC SUPPORT

- **Play Therapy : aged 4 to 11+ / face to face (up to 30 sessions)**
- **Creative Therapies**
- **Talking Therapies : aged 12 to 18 (up to 30 sessions) / on-line, face to face and telephone**
- **Grounding / Stabilisation : Co-morbid MH conditions like ED, CPTSD, Anxiety, (6 sessions)**
- **Emotional Well-being check ins / Safeguarding & Risk Assessments : waitlisting check-ins performed**
- **Family Support 1-1: (6 sessions)**
- **School Counsellors**

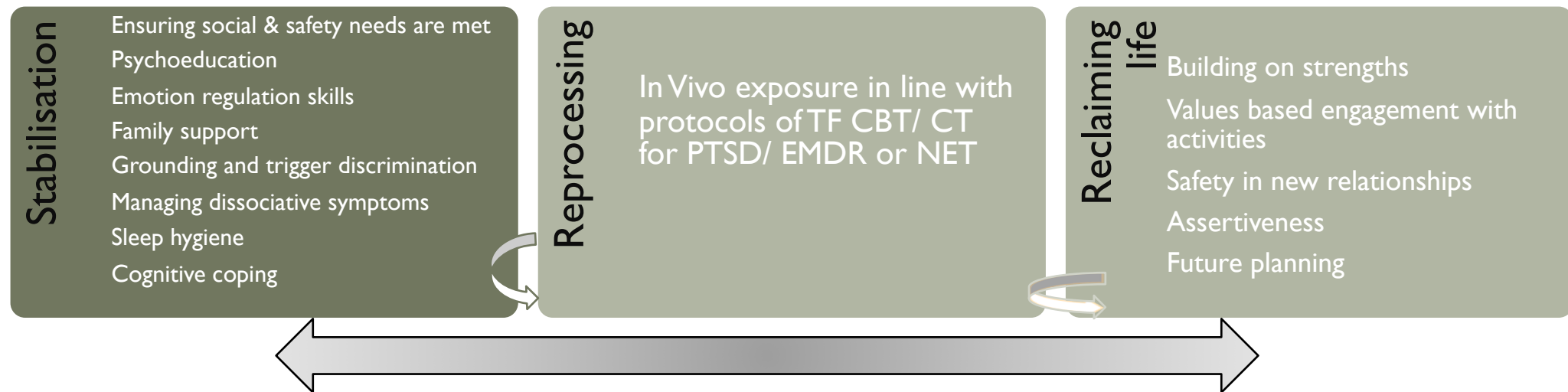


RASASC: THERAPEUTIC SUPPORT

- **Support Groups : 8 sessions maximum group of 8 (face to face)**
- **Mothers/Carers/supportive other**
- **Mixed Gender Parents/Carers/supportive other**
- **Young Persons (YP) Groups : 8 per group aged 14 to 18 year olds**
- **National Freephone Helpline 0808 802 9999 8am to midnight every day open to all genders**

CYP HAVENS: THERAPEUTIC SUPPORT

- Assessment then up to 20 sessions of individual psychology input
- Family support in addition or in conjunction
- Liaison with network to aid trauma-informed understanding of current needs



- Specific interventions for PTSD including Trauma-Focused CBT, EMDR
- Addressing specific themes relating to sexual assault including consent, rape myths, shame, self-blame and responsibility attributions
- Family therapy where appropriate



CONSULTATION AND TRAINING

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ONGOING CRIMINAL INVESTIGATION OR UPCOMING TRIAL?

- **CPS guidelines (2001) replaced by CPS guidelines 2022** which outline:
- Therapists and victims are encouraged to jointly agree on what therapy is best and when the right time for such therapy is. Neither the police nor Crown Prosecution Service (CPS) may decide this.
- Therapy should not be delayed for any reason connected with a criminal investigation or prosecution if a victim decides it would be helpful for them. This includes therapy which may require talking about the incident, such as trauma-focused therapy



ONGOING CRIMINAL INVESTIGATION OR UPCOMING TRIAL?

- Therapy notes can be requested by the police or prosecution if they form part of a reasonable line of enquiry with justification given and with the consent of the victim or victims parent/carer. Informed consent is required by clients about this at the start of therapy
- 1.3.2 Do not delay or withhold treatment for PTSD solely because of court proceedings or applications for compensation. **[NICE, 2018]**
- For more information about pre-trial therapy visit <https://www.bluestarproject.co.uk/>



Q&A



CONTACT DETAILS

- To discuss a **Wellbeing Advocate** or **ISVA** referral, email: kch-tr.WellbeingSWL@nhs.net
- To make a **Wellbeing Advocate** or **ISVA** referral, complete: <https://forms.office.com/r/sPv7u3jgCv>
- To discuss a referral to **RASASC's Wellbeing in SW London therapy** team, email: thehaven@rasasc.org.uk
- To discuss a referral to **CYP Havens psychology** email: kch-tr.haventherapies@nhs.net
- To discuss referral for a **medical assessment** call the **CYP Havens medical team** on: **0203 299 1599**