Home Office

Guidance

Child House: local partnerships guidance (accessible version)

Published 6 September 2021

Contents

Introduction
1. Multi-agency collaboration
2. Creating a child-friendly environment
3. Holistic health assessment and examination
4. A child-centred approach to gathering evidence
5. Therapeutic support
6. Practical support and advice
7. Learning, improvement and sharing best practice
Annexes

Print this page

Guidance on the Child House model of multi-agency support to children and young people who have experienced sexual abuse.

Introduction

Support for children and young people affected by sexual abuse

Children and young people affected by sexual abuse are at increased risk of adverse outcomes in many areas of their lives.[footnote 1] They will need different levels of care and support depending on their circumstances, the pace of their recovery and the level of expertise and support they receive at the point of disclosure. There is no 'one-size fits all' approach.

When a child or young person has been sexually abused, several statutory and non-statutory agencies and organisations – including social services, the police, healthcare and the voluntary sector – may play a role in providing safeguarding and support, both to ensure the child's wellbeing and recovery, and to see that justice is served.

Because of the number of agencies and services involved, the child or young person may have to tell their story to different professionals in several different locations, an experience which can be highly distressing and potentially re-traumatising.[footnote 2] By developing a multi-agency and child-centred approach, these local partners can better ensure the safety of the child, support their physical and psychological recovery, and improve the prospect of a successful criminal investigation and prosecution.

What is a Child House?

Within this guidance, a Child House refers to a multi-agency service model supporting children, young people and non-abusing parents, carers and family members following child sexual abuse. A Child House provides a child and family-centred approach in which the agencies and organisations involved in supporting the child provide co-ordinated services in a single, child-friendly environment.

The Child House concept is based on the Barnahus[footnote 3] (children's house) model, which was established in Iceland in 1998 and has since been replicated and adapted in many countries across Europe, and Child Advocacy Centres (CAC) in the USA.[footnote 4] Both Barnahus and CACs are regarded internationally as examples of best practice for supporting children and young people who have experienced abuse, and several studies have demonstrated the judicial, clinical and financial benefits of these approaches.[footnote 5],[footnote 6] Both the EU PROMISE project (set up to promote the Barnahus model in the EU) and CACs have developed standards with which new sites must comply to be accredited to use the Barnahus or CAC name.[footnote 7],[footnote 8]

In 2015, NHS England commissioned a review of the pathway of care for children in London following child sexual abuse. The review recommended the introduction of a 'children's house' model in London as the most suitable long-term option for improving support for children and young people.[footnote 9] In 2016, the Children's Commissioner for England also recommended that the Barnahus model be adapted and piloted in the UK to move towards a more child-centred criminal justice system.[footnote 10]

Responding to these recommendations, the Home Office, NHS England (London), the Mayor's Office for Policing and Crime (MOPAC), and the Department for Education provided funding for a national proof of concept pilot of the Child House model in north-central London. The Lighthouse opened in Camden in October 2018.[footnote 11] The pilot phase will run until March 2022 and has already demonstrated encouraging results, including increased referral numbers for child sexual abuse and positive feedback from service users and practitioners.[footnote 12],[footnote 13]

In January 2021, the government published a first-of-its-kind Tackling Child Sexual Abuse Strategy which committed to providing support and guidance to local areas seeking to introduce similar Child House models elsewhere in the country.[footnote 14]

At the heart of the Child House model is the assumption that the environment and circumstances in which a child's disclosure of abuse is handled is crucial. This will directly affect the ability of the child to cope with the immediate and long-term effects of sexual abuse. While the priority should always be the safety, wellbeing and recovery of children and families affected by sexual abuse, the Child House model also offers the potential to improve the child's experience of the criminal justice system and support successful prosecutions through the gathering of best evidence.

Purpose of this guidance

The purpose of this guidance is to highlight the Child House as a model of good practice in the provision of multi-agency support to children and young people affected by sexual abuse. The Lighthouse pilot in London has generated interest in the Child House model across the UK, with several other areas expressing an interest in establishing a similar service or in bringing existing services more closely together to better meet the needs of children and young people. This guidance is intended to support local partnerships with this process by setting out the core principles underlying the Child House model and the key elements that make up this child-centred approach.

The guidance has been produced by the Home Office, with input from departments across government, the health sector, criminal justice agencies and the voluntary and community sector. Multi-agency working between these partners is crucial in the provision of services to support children and integral to the Child House model. This guidance is not intended to be an exhaustive 'how-to' guide on setting up a Child House. Rather, it is a collection of cross-cutting principles and activities, core functions and multi-agency arrangements that enable child-friendly, effective, and co-ordinated interventions for children and young people following sexual abuse. It is described at a sufficiently high level to allow local partnerships to apply the contents in a way that reflects local need.

As part of the Lighthouse pilot, MOPAC has also produced a toolkit which includes detailed practical advice and recommendations, based on the experience in north-central London. We recommend that this guidance and the toolkit should both be considered when planning to establish a Child House, and this guidance makes references to the toolkit throughout. This guidance also refers throughout to the relevant European Barnahus Quality Standards.

It is important to stress that, in many areas of the country, local councils, healthcare and criminal justice agencies already work together effectively to ensure pathways of support for children and young people following sexual abuse and there are a range of different multiagency support models. For example, some local areas have built a range of joined-up services centred around paediatric Sexual Assault Referral Centres.

The core principles and key elements included in this guidance are all considered essential when developing a full Child House service. However, we believe this guidance will also be useful for any area seeking to develop a multi-agency and child-centred approach to commissioning and provision of support for children and young people, including where the physical co-location of services is not considered practical in a local context.

While the Icelandic Barnahus initially only supported children experiencing sexual abuse, many Barnahus and CACs support children and young people who have experienced any type of severe or traumatic abuse. This guidance is focused specifically on supporting children and young people following sexual abuse, but we believe the principles and key elements will also be relevant if implementing joined-up approaches to address a broader range of adverse childhood experiences.

Although this guidance is only intended to cover England, similar Barnahus/Child House models, and associated guidance and standards, are being developed in both Scotland and Northern Ireland. The Welsh Government is likewise considering a range of child-centred practice models including through the development of a new model of paediatric Sexual Assault Referral Centres.

Definitions

Child Sexual Abuse (CSA)

The definition of child sexual abuse in this guidance is as set out in Working Together to Safeguard Children (HM Government, 2018):

"Child sexual abuse (CSA) involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children."

Child Sexual Exploitation (CSE)

The definition of child sexual exploitation in this guidance is as set out in Working Together to Safeguard Children (HM Government, 2018):

"Child sexual exploitation (CSE) is a form of child sexual abuse (CSA). It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/ or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. CSE does not always involve physical contact; it can also occur through the use of technology."

Children and young people

Children and young people up to 18 years of age, and those up to 25 with disabilities – learning, sensory and physical. Throughout the remainder of this guidance, for ease of reading, the terms 'child' and 'children' are used to refer to all children and young people.

Parents and carers

Parents and carers refer to non-abusing parents and carers. Throughout the remainder of this guidance, for ease of reading, the term 'parent/carer' is used to refer to all non-abusing parents and carers.

Child House core principles

The core principles set out below should underpin all decisions and actions in relation to setting up and operating a Child House.

A Child House will:

1) Ensure a multi-disciplinary and holistic approach to assessing and responding to the needs of children affected by sexual abuse.

There must be a collaborative multidisciplinary approach to assessing and responding to the needs of the child from initial assessment onwards.

2) Ensure the safety of the child is paramount.

Children will not benefit from the support available if their safeguarding needs are not met. A comprehensive understanding of the wider context is required so that risks can be identified and managed appropriately.

3) Ensure the best interests of the child are the primary consideration in all actions and decisions.

Ensuring the best interests of the child is a fundamental requirement of the UN Convention on the Rights of the Child and should be an integral part of multi-agency planning and case management in a Child House. Staff should be aware of their safeguarding and crime reporting duties and their responsibility to consider and act on the best interests of the child, ensuring their voice is heard and keeping them central to decision-making.

4) Provide support to children and parents/ carers, regardless of background or level of need.

Children who are referred to the service should be supported where appropriate, and special efforts must be made to ensure the needs of all children, including those with protected characteristics, are considered and captured in every stage of planning and commissioning a Child House. Support for parents/carers is an essential element in supporting the recovery of the child. Consideration should also be given to providing support to young adults aged 18 to 25 with learning, sensory and physical disabilities.

5) Respect the child's right to be heard and kept informed.

Clear information should be provided to the child and their parents/carers about all elements of the Child House journey. The information should be appropriate to the child's age and stage of development. The child should always be able to express their views and feel in control of what is happening.

6) Provide support to children as soon as reasonably possible.

Avoiding undue delay in offering a service is central to ensuring effective support for the child and minimising the negative social, emotional, and developmental effects of trauma.

It is expected that, in considering these principles and the key elements listed below, local partnerships are also cognisant of their statutory duties to safeguard and promote the welfare of children as set out in Working Together to Safeguard Children,[footnote 15] and the services that must be provided to all victims of crime as set out in the Code of Practice for Victims of Crime.[footnote 16]

Working Together to Safeguard Children sets out the system of multi-agency safeguarding arrangements, established by the Children and Social Work Act 2017. Under the legislation, three safeguarding partners (local authorities, chief officers of police, and clinical commissioning groups) must make arrangements to work together with relevant agencies to safeguard and protect the welfare of children in the area, including children affected by sexual abuse. Local partners have the flexibility to determine how they organise themselves to meet the requirements placed on them, and how they work with other agencies to improve outcomes for children.

Child House key elements

The following sections describe seven key elements that must be in place for a service to be considered a Child House. Under each key element are a series of considerations for local partnerships.

The key elements are:

1) Multi-agency collaboration

2) A child-friendly environment

3) A child-centred approach to evidence gathering

4) Holistic health assessment and examination

5) Therapeutic support

6) Practical support and advice

7) Learning, improvement and sharing best practice

1. Multi-agency collaboration

The purpose of a Child House is to offer each child a co-ordinated and effective response to child sexual abuse from the moment of initial intervention, to minimise the risk of re-traumatisation and ensure access to appropriate support. Close co-operation between social services, health, criminal justice and the specialised voluntary sector is integral to achieving this. A Child House should be staffed by a group of professionals from distinct disciplines who work together with the child and their parents/carers throughout the Child House journey. All multi-agency staff will contribute their knowledge, experience and expertise towards a co-ordinated, compassionate and professional response to the needs of the child.

1.1. A clear mandate for collaboration between local partners

Considerations should include:

- formal recognition of the Child House by the local council, police and healthcare system, as the three key safeguarding partners in an area
- aligning Child House governance with other local governance structures with responsibility to safeguard and promote the wellbeing of children (i.e. local multi-agency safeguarding arrangements)
- joint commissioning of the Child House services including, where possible, through a formal budget agreement
- a formal partnership agreement committing the respective partners to collaboration and service delivery in the Child House (this should be regularly reviewed and updated)
- a partnership steering group, with representation from all agencies, to oversee and review the implementation of the partnership agreement
- a lead agency to chair the steering committee and co-ordinate multi-agency collaboration
- clear definition and communication of roles and responsibilities within the Child House, agreed by the multi-agency partners and reflected in the partnership agreement
- a lead provider for the Child House service, overseeing an operational team (ideally, the lead provider should manage a shared record system and ensure adherence to shared policies, guidelines and ways of working)
- a service manager to co-ordinate activities between all agencies and to build and maintain relationships

The agencies and organisations providing services within a Child House may include:

- local councils (children's social care)
- police (with experience of child abuse investigation)
- paediatric health (including physical and sexual health services delivered by doctors, nurses and play specialists)
- forensic medicine
- mental health and wellbeing services (including clinical psychology, psychiatry, therapeutic counselling and CAMHS)
- voluntary sector organisations providing independent sexual violence adviser services or therapeutic services
- Child House management and administration staff

Annexes B and C illustrate the organisational structure and services provided at the Lighthouse in Camden.

Also refer to:

- Child House in a Box Toolkit: Chapter 7 – Making a multi-agency partnership work
- Child House in a Box Toolkit: Chapter 6 – Developing the vision for stakeholders
- Barnahus Quality Standards: Standard 2

1.2. Multi-agency case management

Multi-agency case management led by a lead case worker is important for ensuring coordinated, efficient and relevant interventions. This should begin at the point of initial intervention with the child. Regular case review will enable the Child House team to share information and manage risk so that each child can be safe and experience a joined-up service throughout the stages of the Child House journey. Case review also allows the multi-agency team to monitor progress and outcomes of cases referred to the service.

Considerations should include:

- a primary case worker to review and monitor cases, co-ordinate the team around the child and be the key point of contact for the child and family throughout the Child House journey
- a single record system for all social care, health, police and voluntary sector staff to record and share their interventions with the child and to record the progress of the case
- regular case management and review of all children by the multi-agency team, beginning at initial referral and assessment
- a system for managing referrals in and out of the service, including self-referrals in line with safeguarding protocols
- protocols for disclosure of notes for police investigations, to the Crown Prosecution Service and courts as requested

Also refer to:

- Child House in a Box Toolkit: Chapter 17 – Meeting the information technology requirements
- Barnahus Quality Standards: Standard 2 and 5

1.3. Safeguarding and other internal policies

Considerations should be given to adopting the following:

- child safeguarding and reporting policies (linked with national and local safeguarding policy and guidance)
- appropriate clearance requirements (including identity and DBS checks) for all staff, including those not working directly with children, for example administrative or maintenance teams
- information sharing and data protection policies
- an equality and diversity policy
- staff code of conduct and whistleblowing policies
- a health and safety policy
- building safety and emergency evacuation procedures
- a complaints procedure
- relevant good practice guidelines (see guidance in Annex A for examples)

Also refer to:

- Child House in a Box Toolkit: Chapter 14 – Governance
- Child House in a Box Toolkit: Chapter 18 – Mobilisation
- Barnahus Quality Standards: Standard 2

1.4. Links to support services and local community beyond the Child House

An important element of the Child House model is providing expert advice and consultations to local agencies and professional networks on working with children who have experienced sexual abuse.

Considerations should include:

- raising awareness of the Child House among referring services, schools and other education settings in the local community
- offering consultation and advice to the professional network to support their work with children that have experienced sexual abuse
- planning for transition arrangements where a child is required to move to community based services outside of the Child House (for example GP, CAMHS, voluntary sector) or to adult services
- ensuring that the child and family can be referred to specialist support services, for example those specialising in domestic violence, criminal or sexual exploitation, substance misuse, serious violence, housing, or bereavement support

The following roles have been introduced as part of the Lighthouse pilot and have proven to have a positive impact in liaising with external agencies:[footnote 17]

- a social care liaison role to provide daily advice, expertise and consultation to referring agencies on safeguarding and social care pathways
- a police liaison role to provide advice and expertise to investigating officers and prosecutors around progression of investigations and the facilitation of ABE (achieving best evidence) interviews

Also refer to:

- Child House in a Box Toolkit: Chapter 8 – Communications
- Barnahus Quality Standards: Standard 10

2. Creating a child-friendly environment

Physical co-location of services is an important element of the Child House model. The location, type of premises and layout are all important factors in ensuring children can access the services they need to and in securing the privacy and safety of service users. Whether the Child House is developed from an existing service or set up in a purpose-built or renovated property, the key consideration is the ability to provide a safe, neutral and childfriendly environment that reflects the needs of all children who use the service. This is central to reducing anxiety and preventing retraumatisation. It will enable children to talk about what has happened to them, which is fundamental to ensuring their safety and protection, determining their support needs and, where appropriate, securing an effective criminal investigation and prosecution.

2.1. Choosing a suitable premises and location

Considerations should include:

- a safe, central location that allows all children and family members in the area to easily access the service e.g. with good public transport links
- a discreet external appearance of the Child House to protect the confidentiality of children and their families
- the premises should be a child-centred environment without an overtly clinical or 'official' feel
- a location on or close to a route supported by local delivery and collection networks (for example, to GP surgeries/hospitals) to enable continuation of health services
- (where the Child House provides forensic examinations) a suitable environment for forensic examinations to be undertaken and maintained to forensic standards
- premises should comply with accessibility guidelines, fire regulations and building safety regulations including security and reception arrangements
- ensuring access to appropriate facilities for all agencies located in the Child House (for example IT, desk space, toilets, kitchen facilities, video-conferencing facilities, shared desk space and meeting rooms to facilitate multidisciplinary working and training)

Also refer to:

- Child House in a Box Toolkit: Chapter 15 – Estates and premises
- Barnahus Quality Standards: Standard 4

2.2. Design and layout

Considerations should include:

- premises that are physically safe for children of all ages and fully accessible for service users and staff with disabilities
- furnishings and interior that are child-sized, child-friendly and age appropriate (asking children to help choose the design and furnishings is a good way to ensure a child-friendly environment)
- suitable waiting areas for children and their families, which allow separation and privacy
- common areas for children with age appropriate furnishings and resources to suit their needs
- private soundproofed rooms or areas that are suitable for confidential discussions

Also refer to:

- Child House in a Box Toolkit: Chapter 15 – Estates and premises
- Barnahus Quality Standards: Standard 4

2.3. Accessibility

A Child House should be accessible to all children and their parents/carers in the local area, regardless of the context of abuse and regardless of age, race, religion, gender, disability or cultural and social background. The service should give the child and their parents/carers the confidence that staff will take care to appreciate the individual's background and preferences.

Considerations should include:

- considering and capturing the needs of the overall population of the local area that the service supports and the issues that are affecting the population, including those from under-represented groups
- interpreters and translated resources should be offered to non-English speaking and deaf or hard of hearing children, children with other communication needs and wider family members when needed
- cultural considerations and diversity should be considered for a Child House to ensure it is reflective of the community it is based in and that staff understand the needs of service users from different backgrounds[footnote 18]
- facilities should be available and accessible to children and young people with special needs and disabilities, ensuring that they receive the same amount of information, guidance and opportunities to express their views

Also refer to:

- Child House in a Box Toolkit: Chapter 15 – Estates and premises
- Child House in a Box Toolkit: Chapter 18 – Mobilisation
- Barnahus Quality Standards: Standard 3

3. Holistic health assessment and examination

A holistic health assessment and examination can be the start of the reparative process for children and their families and is an important chance to meet the whole Child House health and wellbeing team. Children and their parents/ carers should be informed about all available treatments. The child should be allowed to set the pace and choose the support they access. A holistic health assessment should include reassurance, general health check, forensic medical examination (if being offered), diagnosis and treatment of conditions, abuse and non-abuse related sexual health screening and treatment, contraception and hospital referral of relevant cases.[footnote 19]

3.1. Facilities

Considerations should include:

- space for child friendly examination, including couch, examination curtain, colposcope and associated equipment, and adjoining toilet facilities
- space for child, parents/carers, social worker and practitioners
- meeting NHS standards for rooms used for clinical examinations and procedures, including suitable soundproofing for confidential conversations[footnote 20]
- facilities for the management of clinical waste, storage of vaccines and clinical supplies
- processes to ensure information security in relation to client records and the management of colposcope images
- (if the Child House is providing forensic examinations) a clinical room which can be forensically cleaned, a forensic waiting area and adjoining shower facilities will also be required[footnote 21]
- (if the Child House is providing forensic examinations) processes in place for transfer of samples to maintain chain of evidence

Also refer to:

- Child House in a Box Toolkit: Chapter 11 – Defining the operating model
- Barnahus Quality Standards: Standard 7

3.2. Staff

Considerations should include:

- medical evaluation and treatment to be carried out by a consultant paediatrician with specialised training on child abuse and neglect, supported by a clinical nurse specialist in sexual health
- staff should have access to, and competence to use, equipment for child-friendly examination (for example, colposcope), including the processes to securely save recorded images

Also refer to:

- Child House in a Box Toolkit: Chapter 11 – Defining the operating model
- Barnahus Quality Standards: Standard 7

4. A child-centred approach to gathering evidence

Research has shown that repeated interviews can lead to the re-traumatisation of child victims. Measures should be taken within the Child House to ensure that children are provided with opportunities to give audio-visually recorded evidence in an emotionally and physically safe and conducive environment by staff with specific training in forensic interviewing. This will help avoid re-traumatisation and improve the likelihood of a successful investigation and judicial process.

4.1. Facilities

Considerations should include:

- a visually recorded interview (VRI) suite and 'live link' rooms with space to accommodate the child, parents/carers, interviewer, intermediary and interpreter
- observation rooms with space for multidisciplinary team discussion
- rooms should be child-friendly (containing suitably sized chairs and a table should drawings be required) but should not contain anything that may be distracting for the child during interview
- interview and live link rooms to contain appropriate camera and sound recording equipment, used according to police/court protocols (early consultation with HM Courts and Tribunals Service and the Senior Presiding Judge is essential if seeking to designate the Child House as a remote site for court proceedings)
- interview and live link rooms to be soundproofed to ensure that conversations cannot be overheard, or recordings interrupted by extraneous noise

Also refer to:

- Child House in a Box Toolkit: Chapter 15 – Estates and premises
- Child House in a Box Toolkit: Chapter 16 – Information governance in the Child House
- Child House in a Box Toolkit: Chapter 17 – Meeting the information technology requirements
- Barnahus Quality Standards: Standard 6

4.2. Staff

Considerations should include:

- VRI interviews being carried out by a professional, with training and experience in adapting their approach to the child's specific needs (the interviewer could be from a policing, clinical psychology or social care background – the Lighthouse pilot is evaluating the added value that a clinical psychologist brings to the interviewer role)
- interviews should be carried out according to evidence-based practice and protocols[footnote 22]
- interviewers should receive regular training, guidance, supervision and counselling, including through peer review
- interviewers should consult with other agencies/practitioners within the Child House when preparing for interviews to understand individual child's context and specific needs
- interviewers should complete a recorded pre-interview assessment prior to the ABE interview to assess communication style and understanding of the child and adjust interview accordingly
- interviewers should use a Registered Intermediary as appropriate[footnote 23]
- Child House staff to be available to support the child and family on the day of the interview as needed.

Also refer to:

- Child House in a Box Toolkit: Chapter 16 – Information governance in the Child House
- Child House in a Box Toolkit: Chapter 17 – Meeting the information technology requirements
- Child House in a Box Toolkit: Chapter 18 – Mobilisation
- Barnahus Quality Standards: Standard 6

5. Therapeutic support

Trauma-focused therapeutic support for the child and parents/carers must be available to minimise the negative social, emotional and developmental effects of trauma. Provided that their safety has been established, children and their parents/carers should be offered therapeutic services as soon as is reasonably possible. Assessment and treatment should be available regardless of whether the child chooses to participate in a criminal justice process.

5.1. Facilities

Considerations should include:

- various sizes and styles of therapeutic rooms allowing for one-to-ones and group work (soundproofed for confidential conversations)
- safe and relaxing environment with comfortable furnishings, which can be chosen through engagement with children

Also refer to:

- Child House in a Box Toolkit: Chapter 5 – Establishing the evidence base
- Child House in a Box Toolkit: Chapter 7 – Making a multi-agency partnership work
- Child House in a Box Toolkit: Chapter 11 – Defining the operating model
- Barnahus Quality Standards: Standard 8

5.2. Support and staffing

Considerations should include:

- providing a range of interventions (including trauma-focused and creative play-based support) to personalise the care plan and give the child and their family as much choice as possible
- assessment of the child's mental and emotional health and wellbeing should be part of the initial health assessment
- provision of early support, including crisis support, and longer-term therapy for the child and wider family, in line with NICE guidance for child abuse and neglect
- provision of parent psycho-education courses to enable parents/carers to support their child after disclosure
- provision of pre-trial therapy for the child to allow them to deal with emotional distress during the criminal justice process[footnote 24]
- referral onto specialist local support if required including adult mental health services, disability services, domestic violence, school counselling services or children and young people's mental health services
- staff members providing therapeutic support should have received specialised training in assessment and treatment of child victims of sexual abuse

Also refer to:

- Child House in a Box Toolkit: Chapter 5 – Establishing the evidence base
- Child House in a Box Toolkit: Chapter 7 – Making a multi-agency partnership work
- Child House in a Box Toolkit: Chapter 11 – Defining the operating model
- Barnahus Quality Standards: Standard 8

6. Practical support and advice

Practical support and advice should be available for children and young people, as well as their parents/ carers, throughout the length of their Child House journey. This role will generally be performed by a Children and Young Persons Independent Sexual Violence Adviser (ChISVA).[footnote 25] The Lighthouse in London has developed the role of Children and Young People's Advocate to perform this function. The key purpose of the role is to ensure the voice of the child is heard by professionals within and outside of the Child House. They can be involved at any stage of the pathway to offer practical and emotional support and explain the criminal justice process – and are often the consistent practitioner for the family.

Considerations should include:

- ensuring the child's voice is heard during the initial assessment
- acting on behalf of the child with school, social care and the police
- a key role in support throughout the police investigation, court preparation and support during the trial
- working with the child outside of the Child House before attending
- staff members should have received specialised independent sexual violence adviser training in assessment and support of child victims of sexual abuse

Also refer to:

- Child House in a Box Toolkit: Chapter 11 – Defining the operating model
- Barnahus Quality Standards: Standard 8

7. Learning, improvement and sharing best practice

Continuous in-service training and education for professionals is essential to ensure qualified staff and a high standard of services. Joint training can help enhance multi-agency working by building a common understanding and consensus – as well as better understanding and respect for the different roles and responsibilities. To ensure professional conduct, high-quality interventions and to protect staff welfare, it is imperative that staff have access to both individual and group guidance and training, supervision, reflective practice, counselling and peer review on a regular basis. The Child House should also act as a local centre of expertise, helping to raise the standard of services for children and young people in the local area.

7.1. Staff training and development

Considerations should include:

- continuous professional development training
- all staff should be appropriately qualified, trained and supported in their area of expertise and in safeguarding
- all staff should be appropriately trained to listen to, communicate with and share information with children, adapted to age and stage of development and any needs the child may have
- joint agency training for all Child House staff including the roles of the other agencies, investigations, criminal justice process and trauma informed practice
- invest in staff wellbeing, team building and counselling services to minimise the impact of vicarious trauma

Also refer to:

- Child House in a Box Toolkit: Chapter 11 – Defining the operating model
- Child House in a Box Toolkit: Chapter 19 – Evaluation/measuring success
- Barnahus Quality Standards: Standard 9

7.2. Gathering feedback

Considerations should include:

- the ability for service users and local stakeholders to provide feedback on the service
- forums in place for ongoing engagement with service users including children, parents/carers or adult survivors

Also refer to:

- Child House in a Box Toolkit: Chapter 16 – Information governance in the Child House

7.3. Data collection, information sharing, monitoring and evaluation

Considerations should include:

- access to a shared record system to facilitate joint working and information sharing
- ensuring all staff have role-based access to data being held in line with information governance policies
- informed consent in place to allow:
  - sharing and receiving of information with other agencies outside the Child House such as social care, police, schools or a GP
  - sharing of records within the Child House shared record system
  - data sharing for research and evaluation purposes
  - recording of medical photography
  - recording of ABE interviews
  - disclosure of notes for police investigation
- ensuring evidence and evaluation of the service is captured
- a process to monitor and evaluate the effectiveness of the multi-agency working arrangements at the Child House

Also refer to:

- Child House in a Box Toolkit: Chapter 9 – Learning from victims, survivors and families
- Child House in a Box Toolkit: Chapter 18 – Mobilisation
- Child House in a Box Toolkit: Chapter 19 – Evaluation/measuring success
- Barnahus Quality Standards: Standard 10

7.4. Sharing best practice

Considerations should include:

- arranging study visits and open days for local referrers, professionals, decisionmakers, academia, media and other relevant stakeholders
- providing awareness raising and training sessions to frontline referring practitioners in all agencies
- contributing to research, studies, surveys and consultations
- media work, with the purpose of supporting prevention and awareness-raising with the public

Also refer to:

- Child House in a Box Toolkit: Chapter 7 – Making a multi-agency partnership work
- Child House in a Box Toolkit: Chapter 8 – Communications
- Child House in a Box Toolkit: Chapter 19 – Evaluation/measuring success
- Barnahus Quality Standards: Standard 10

Annexes

Annex A – Supplementary publications, websites and guidance

Barnahus/Child Advocacy Centres

EU PROMISE Barnahus Network

Barnahus Quality Standards

National Children's Advocacy Center (nationalcac.org)

CAC Standards (National Children's Alliance): NCA's Standards for Accredited Members – National Children's Alliance

Lighthouse

Lighthouse website The Lighthouse (thelighthouselondon. org.uk)

Review of pathway following sexual assault for children and young people in London. NHS England and NHS Improvement London » Review of pathway following sexual assault for children and young people in London

Safeguarding guidance

Working Together to Safeguard Children (UK government)

Information sharing: advice for practitioners providing safeguarding services (Department for Education)

Health guidance

Strategic Direction for Sexual Assault and Abuse Services (NHS)

NICE guideline for Child Abuse and Neglect NG 76

Royal College of Paediatrics and Child Health – Sexual Abuse

The role and scope of medical examinations when there are concerns about child sexual abuse – a scoping review (CSA Centre)

Sexual Assault Referral Centres – service specification (NHS) NHS England: Public health functions to be exercised by NHS England – Service Specification: Sexual Assault Referral Centres

Commissioning Framework for Adult and Paediatric SARC Services (NHS)

NHS commissioning: Sexual assault and abuse (england.nhs.uk)

Guidance on pre-trial therapy (CPS). Draft guidance on pre-trial therapy | The Crown Prosecution Service (cps.gov.uk)

Soundproofing guidance for healthcare facilities (NHS)

Criminal justice guidance

Forensic Science Regulator – Codes of practice and conduct for providers and practitioners in the criminal justice system

Forensic Science Regulator – requirements for forensic science related evidence

Faculty of Forensic and Legal Medicine guidance: quality standards in forensic medicine

Achieving best evidence in criminal proceedings (Ministry of Justice)

Advice on the structure of visually recorded witness interviews (NPCC)

Counting rules for recorded crime (Home Office)

Other guidance and publications

Tackling Child Sexual Abuse Strategy (UK government)

CSA Support Services Commissioning Framework (Home Office)

Barnahus – Improving the response to child sexual abuse in England (Children's Commissioner)

Role of the Independent Sexual Violence Adviser

Annex B - Lighthouse organisational structure

The Lighthouse's organisational structure comprises of the Delivery Board, Senior Leadership Team, Head of Service and Lighthouse teams.

The Delivery Board consists of the Lighthouse Strategic lead, Head of Safeguarding from Camden Local Authority; Detective Inspector from the Metropolitan Police Service; University College London Hospital Manager; Associate Clinical Director from The Tavistock and Portman NHS Foundation Trust; NSPCC Service Manager and a Solace Service Manager.

The Senior Leadership Team is made up of the Clinical Lead and the Service Manager.

The Lighthouse Heads of Services consist of an Office Manager; a Social Care Liaison Officer; a Police Liaison Officer, a Health Team Lead, Children and Adolescent Mental Health Services team lead, NSPCC Let the Future In Team Lead and a Children and Young People Advocacy Team Lead.

The Lighthouse teams consist of the Admin Team, Data Officer, Social Liaison Officer, Police Liaison Officer, Consultant Paediatricians, Clinical Nurse Specialist, Play Specialist, Consultant Psychiatrist, Clinical Psychologist, Children and Adolescent Mental Health Services Practitioners, Children and Adolescent Mental Health Services Trainees; NSPCC's Let The Future In Practitioners, Protect and Respect Practitioner, Children and Young People Advocates (Independent Sexual Violence Advisers).

Annex C – Summary of services offered at the Lighthouse

Police Liaison Officer

- ABE interview – psychology or police led
- Live link to Crown Court
- Remote site for Section 28 cross-examination
- Investigative advice to Lighthouse team
- Minimising case delays

Medical

- Holistic initial assessment with advocacy and emotional support team
- Diagnose and manage abuse related conditions, for example unexplained symptoms and general health issues
- Sexual health and relationships, immunisations & contraception
- Consultation and court reports

Social Care Liaison Officer

- Triage and Intake process
- Professional consultation to the network and referrers
- Safeguarding advice to LH team & local social workers
- Raising professional awareness in referring agencies

Advocacy

- Child led approach to listen to their wishes and ensure their voice is heard
- Liaison between the child, police and criminal justice process, for example ABE, court
- Explaining the child's rights
- Liaising with professionals
- Systemic support; school, housing & community safety

Emotional Support

- Structured assessment of wellbeing, mental health and resourcefulness
- Access to therapeutic support for children, young people and families, including individual, groups, trauma focused and creative
- Liaison, consultation and training with colleagues in local schools, social care and therapeutic services

Child-led Services

- Listening to the hopes, wishes and views of children, young people and parents/carers
- Including: young people's forum, parent forum, co-designed building and services and adult survivor as 'expert by experience'

For further information or to provide feedback on this document, please contact: CSACommissioningFramework@homeoffice.gov.uk.

---

1. The impacts of child sexual abuse: A rapid evidence assessment, IICSA Independent Inquiry into Child Sexual Abuse ↩
2. Lucy Berliner and Jon R Conte (1995) 'The effects of disclosure and intervention on sexually abused children'. In Child Abuse and Neglect, 19(3), 371-84. ↩
3. Barnahus ↩
4. National Children's Advocacy Center ↩
5. Amy L Shadoin, Ling Shao, Suzanne N Magnuson and Lynn B Overman (2006) 'Cost-benefit analysis of community responses to child maltreatment: A comparison of communities with and without child advocacy centers'. Research report no. 06-3, National Children's Advocacy Center ↩
6. Efficacy of Child Advocacy Centers ↩
7. The Barnahus Quality Standards ↩
8. National Children's Alliance ↩
9. NHS England: Review of pathway following sexual assault for children and young people in London ↩
10. Children's Commissioner ↩
11. The Lighthouse ↩
12. The Lighthouse: Downloads and links for professionals ↩
13. www.london.gov.uk ↩
14. Tackling Child Sexual Abuse Strategy ↩
15. Working together to safeguard children ↩
16. Code of Practice for Victims of Crime in England and Wales ↩
17. The Lighthouse: 2-year interim evaluation report ↩
18. Supporting BAME Victims of Crime – Guidance for Commissioners, Ministry of Justice. ↩
19. The role and scope of medical examinations when there are concerns about child sexual abuse. A scoping review. ↩

20. NHS soundproofing guidance for healthcare facilities ↩
21. Any service providing forensic medical examination must be compliant with national standards as set out in the NHS SARC Service Specification and Commissioning Framework, and the requirements for the assessment, collection and recording of forensic evidence as set out by the Forensic Science Regulator: Public health functions to be exercised by NHS England, Commissioning Framework for Adult and Paediatric Sexual Assault Referral Centres (SARC) Services, Sexual assault examination: requirements for forensic science related evidence ↩
22. Achieving Best Evidence in Criminal Proceedings, NPCC 2015 guidance visually recorded interviews ↩
23. Ministry of Justice Witness Intermediary Scheme ↩
24. CPS: Draft guidance on pre-trial therapy ↩
25. The role of the Independent Sexual Violence Adviser (ISVA) ↩

Is this page useful? Yes No Report a problem with this page

Rhestr o Wasanaethau C

All content is ava

ymraeg Built by the Govern

ilable under the Open Govern

ment Digital Service

ment Licence v3.0, except wh

ere otherwise stated

© Crown copyright