Letting the Future In UK





Type of intervention



Individual Work

Target group, level of prevention and sub-groups:

Tertiary prevention



Young Children (0-5 Years), Children (6-11 Years), Young People (12-17 Years), Young Adults (18-20 Years) | Male & Female | Individual Work | Includes individuals with disabilities/learning difficulties | English

Target population

Children and young people, aged 4 -18 years (14-19 years where mild to moderate learning difficulties are present), who have been sexually abused, where there has been a police investigation or where there has been an allegation that is believed and where protective action has been taken.

Children must be living with a safe carer and, if in an out-of-home placement, this must be stable. They must not be waiting to give evidence in a criminal trial in relation to their abuse.

Delivery organisation

The NSPCC – a large national charity/NGO in the UK specialising in child protection.

Mode and context of delivery

Letting the Future In is an individual-based therapeutic intervention for use with children and young people who have been sexually abused, which integrates a number of approaches. It is based on available evidence of what works best with different ages and genders. There is a core programme and an adapted programme for learning disabled children. The intervention is written up in a guide/manual.

Level/Nature of staff expertise required

The programme should be delivered by either qualified social workers with post qualifying experience in therapeutic service delivery and relevant training on therapeutic work or by qualified therapists with post qualifying experience in a child protection setting. They should also complete specified training on this model.

Intensity/extent of engagement with target group(s)

The intensity/extent of the programme will vary according to the assessed needs and circumstances of the individual child. The core programme will usually involve weekly meetings over a period of six months. The adapted programme for children who are learning disabled will usually last for around a year.

Following the 2016 evaluation (see more details under 'Evaluation'), it was found that on average children received 16 individual sessions, with a further four session involving their carers. The estimated average cost per case (including meetings with external professionals, management costs, staff training and supervision) is £2,300 per case.

Description of intervention

Letting the Future In is an individually based therapeutic intervention for children and young people, aged 4 -18 years who have been sexually abused. An adapted version has been developed for use with learning disabled children aged 4 -19 years who have been sexually abused. The programmes are in the form of a written guide with some manualised components.

The programme places heavy emphasis on the use of creative therapies, such as painting, drawing and storytelling.

The programmes were developed following a literature review, an online consultation with survivors of sexual abuse, practitioner wisdom, and views of children who had used sexual abuse services. The core programme draws on the best available evidence and use a range of approaches including cognitive behavioural therapy (CBT) and creative therapies.

The adapted programme: The levels of understanding and methods of communication differ for each child with learning disabilities. Practitioners need to allow sufficient time to actively consult with the child's professional network at every stage of the work. Initially they need to familiarise themselves with the child's communication needs and search out potential resources that can meet these needs in the context of therapeutic interventions. They then need to adapt materials at every stage of the intervention delivery.

In carrying out the therapeutic intervention, more emphasis is required on working through parent/carers and the professional network in order to convey and reinforce messages to the child and to gather information on the impact of the intervention. In addition, active engagement is needed with the child's network to respond to any emotional or behavioural consequences of the intervention.

Evaluation

Bristol and Durham Universities provided an independent evaluation (published 2016). They conducted 'the largest ever randomised control trial (RCT) in the field of sexual abuse', within 18 NSPCC centres across the UK.

Findings:

- 'Therapeutic support delivered by social work professionals can reduce the highest levels of trauma following sexual abuse'
- For children aged 8 and over
 - 'The proportion of children receiving the intervention who experienced the highest levels of trauma reduced from 73% at the start of the programme to 46% after six months'

- 'Even taking into account out those who failed to engage in the intervention or who had dropped out early, the reduction was 68% to 51%'
- For children under the age of 8
 - o 'There was little change six months after starting Letting the Future In'
 - 'However, for those children remaining in the service after one year with the highest levels of trauma (clinical or significant difficulty) had dropped to 40%, from 96% at the start'
 - This may be because the intervention takes longer to work for younger children, or because carers took longer to recognise the improvements.

The evaluation included pre and post intervention psychometric measures, interviews with key parties to the intervention, and a follow up after one year.

For full evaluation see: https://www.nspcc.org.uk/services-and-resources/research-and-resources/2016/letting-the-future-in-evaluation/

<u>References</u>

Macdonald G, Higgins JPT, Ramchandani P, Valentine JC, Bronger LP, Klein P, O'Daniel R, Pickering M, Rademaker B, Richardson G, Taylor M. Cognitive-behavioural interventions for children who have been sexually abused. Cochrane Database of Systematic Reviews 2012, Issue 5. Art. No.: CD001930. DOI: 10.1002/14651858.CD001930.pub3.

Parker B, Turner W. Psychoanalytic/psychodynamic psychotherapy for children and adolescents who have been sexually abused. Cochrane Database of Systematic Reviews 2013, Issue 7. Art. No.: CD008162. DOI: 10.1002/14651858.CD008162.pub2.

Stoltenborg M, Van IJzendoorn M, Euser E. Bakermans-Kranenburg M. A Global Perspective on Child Sexual Abuse: Meta-Analysis of Prevalence Around the World. Child Maltreatment 2011; 16(2): 79 – 101. [Abstract]

Trowell J, Kolvin I, Weeramanthri T, Sadowski H, Berelowitz M, Glasser D, Leitch I. Psychotherapy for sexually abused girls: psychopathological outcome findings and patterns of change. British Journal of Psychiatry 2002; 180: 234 – 47.

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