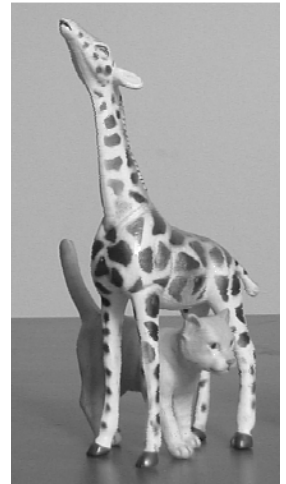


The Young People's Project Information Pack



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About Us

Our Mission Statement

To respond to the vulnerability and abuse in the lives of children and young people with learning disabilities, in order that they may achieve their own well-being and fulfilment in their lives.

Our Aim is to

- Provide therapy services for children and young people (5 to 18 years) with learning disabilities whose lives have been disrupted by experiences of trauma and abuse
- Provide support, counselling and information for carers/parents and family members.
- Provide information and support to professional and members of the public about abuse and trauma in the lives of young people with learning disabilities
- To increase social and political awareness around issues of abuse and trauma

The Services We Provide

- Individual counselling and psychotherapy, which includes the use of art, play, sand, drama and movement therapy.
- Education and training services to other services and community groups.
- Support and information via our free national helpline 0808 808 0700

Who Provides Our Services?

Respond has a team of trained professionals who work with clients on the telephone and face to face. Our therapeutic team is made up of trained psychotherapists and creative art therapists who are registered with a professionally accrediting body. Our helpline staff are specially trained to offer support and information to callers. All staff receive regular clinical supervision by senior practitioners.

Abuse and Neglect

What is Abuse and Neglect?

The Department of Health has defined child abuse as the inflicting of harm, or the failure to prevent harm to a child or young person¹. Children and young people may be abused in a family or in an institution or community setting; by those known to them or, more rarely, by a stranger. Abuse can take the following forms:



- *Physical Abuse*
This involves hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child or young person, as well as fabricating the symptoms of, or deliberately causing, ill health to a child
- *Emotional Abuse*
This is the persistent emotional ill-treatment of a child or young person as to cause severe and persistent adverse effects on the child's emotional well-being. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person, imposing inappropriate expectations, causing children and young people to frequently feel frightened, as well as exploitation and corruption.
- *Sexual Abuse*
This involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may include physical contact, including penetrative or non-penetrative acts. They may involve children looking at, or involved in the production of, pornographic material, or encouraging children to behave in sexually inappropriate ways.
- *Neglect*
This is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in serious impairment of the child's health, well-being or development, such as failing to provide adequate food, shelter and clothing, or neglect of, or unresponsiveness to, a child's basic emotional needs.

Recent research has indicated that there are higher concentrations of abused and neglected children and young people amongst those with who have a learning disability. In a large study of more than 40,000 children, it was found

¹ Department of Health COS(C)CNI, (2003) What To Do If You're Worried A Child Is Being Abused

that 31 per cent of children with a learning disability had been abused or neglected. This is compared with only 9 per cent of other children and young people without a learning disability.² This indicated that learning disabled children were 3.4 times more likely to be abused or neglected. The same research also indicated that they were 3.8 times more likely to be neglected; 3.8 times more likely to be physically abused; 3.1 times more likely to be sexually abused and 3.9 more likely to be emotionally abused. Other research by Sullivan³ and Crosse⁴ also found that disabled children were 1.8 and 1.7 times, respectively, more likely to be abused or neglected than non-disabled children.



The Effects of Abuse and Trauma

The extent of the trauma caused by abuse varies and depends on the nature and extent of the abuse. The relationship of the abuser to the child also plays a significant part in the extent of the trauma experienced by the child.

Some general themes found in children and young people who have been abused or neglected include:

- Loss of trust
- Poor self-esteem
- Emotional deadness
- Feeling responsible for the abuse and blaming oneself
- Guilt
- Fear
- Anger

Bearing this in mind it is easy to understand why a young person may find it difficult to understand and make sense of such powerful and confusing emotions. And when a learning disability is added to this the effect can be even greater. In the absence of being able to understand such feelings it is natural that, with time, these strong emotions will be expressed through the behaviour of the young person. Because of their powerful and confusing nature, such emotions are rarely expressed through direct and socially appropriate behaviour. Rather, these emotions usually find expression in behaviour which may be self-destructive, socially inappropriate or harmful towards others

One consequence may be that the young person finds it difficult to form close relationships with others and may choose to distance him/herself from

² Sullivan, P. M. and Knutson, J. F. (2000) Maltreatment and disabilities: a population based epidemiological study. *Child Abuse and Neglect*, 24(10): 1257-73

³ Sullivan, P. M. et al (1997) Maltreatment of children with disabilities: family risk factors and prevention implications. *Journal of Child Centred Practice*, 4(1): 33-46.

⁴ Cross, S. B., Kaye, E., and Ratnofsky, A. C. (1993) *A report on the maltreatment of children with disabilities*. Washington, D.C.: National Centre on Child Abuse and Neglect.

people, feeling worthless and unlovable. He or she may become involved in violent or abusive behaviour towards others or be drawn into abusive relationships. The young person may experience confusion around sexuality, finding it difficult to understand their own sexual feelings as well as socially appropriate sexual behaviour. Often sexually abusive experiences are repeated or re-enacted as means of understanding what has happened, or from the confused expectation that such behaviour is acceptable, or even from a deeper yearning to receive love and affection. This in itself can lead to behaving promiscuously and engaging indiscriminately in sexual activity.



The behavioural effects of abusive and trauma can include:

- Aggression towards others
- Eating disorders
- Self Harm
- Sexualised Behaviour
- Socially inappropriate behaviour
- Social Withdrawal

Research into the long-term effects of abuse upon children⁵ has indicated that they are at risk of a range of psychiatric conditions which may contribute to their reduced ability to function successfully. These effects include: post-traumatic stress disorder; cognitive distortions; depression and anxiety; dissociation; a decreased sense of self and others; low self-esteem and altered sexuality. The same research also indicated that abused young people may engage in tension-reducing behaviours such as self-mutilation, compulsive sexual behaviour and eating disorders, and that they are at greater risk of suicide.

Whilst there can never be any guarantees, it is important to be aware that with skilled therapeutic intervention a child or a young person with a learning disability who has experienced abuse or neglect can work towards overcoming such devastating effects and progress in their life to have healthy relationships.

What to Do If a Young Person Discloses Abuse to You

The following is what we feel represents a child-centred approach in listening to and supporting a child or young person with a learning disability who may want to disclose experiences of abuse.

- Believe the young person and take what they say seriously.
- Listen to what he or she is saying - you may be the first person they have shared this experience with.

⁵ Briere, J. (1991) Treatment for the long-term effects of child abuse. *Advisor*, 4(2): 3-4.

- Offer to support them in whatever they decide to do. However, if you're relationship to the young person is a professional one, it is important to let them know that you will have to share what they are telling you with others, who may also want to talk to them.
- Give the young person time and do not judge them - they are not at fault.
- Use the same language as the young person uses to describe the experience.
- Consider asking the child to draw or write down what happened.
- Try not to judge the abuser or talk about punishment for him or her unless this is initiated by the young person disclosing.
- Try not to ask probing questions - let the young person set the pace and stop talking when they need to.
- Try not to make any promises you cannot keep but assure the young person that they have your support.
- Let the person know what you are going to do and, as far as possible, what is going to happen next.
- Let the person know that they were right to tell you. Finish on a positive note.



What to Do if You Suspect Abuse

The points listed above are only suggestions for how to support someone to disclose their experience of abuse. In all instances of suspected abuse professionals must refer to the procedures as set out in their employer's child protection policy.

The recent green paper *Every Child Matters* states that each local authority has a duty to safeguard all children and young people, including those with learning disabilities, from abuse. This duty is fulfilled by Children's Trusts which are comprised of Local Education Authorities, Children's Social Services and Community Health services. You can contact your local Social Work Team and let them know of your concerns. The duty social worker will want to know your reasons for suspecting that a child is being abused. The social worker will investigate the situation and take action if necessary. For more information on how to respond to suspicions or disclosures of abuse see *What To Do If You're Worried A Child Is Being Abused – A Children's Services Guidance*. This is available at www.everychildmatters.gov.uk/socialcare/safeguarding/

What Makes it Difficult for Children to Tell

- Being a child with a learning disability
Simply because of age, or because of his/her learning disability, a child may lack the knowledge or even the language to describe traumatic experiences.

- **A child's view of the world**
The world of a child is by nature self-centred, causing them to feel responsible for their experiences.
- **Fear of consequences**
A child who is being abused may believe that by telling they will make their situation worse.
- **Protecting the family**
Children may try to protect other family members both from abuse and information they feel will upset them.
- **Attachment to the abuser**
Children need to form attachments in order to survive. They may become attached to, and care about, a person who may hurt or abuse them.
- **Fear of rejection**
Children can fear losing the affection of both the abuser and others.
- **Learned helplessness**
When children believe that they have no control over a situation they learn to behave helplessly. This may have also been reinforced by others in response to their learning disability.
- **Fear of the abuser and the abuser's threats**
Believing the abuser's threats can be enough to silence a child or young person.
- **Obedience**
Children are taught to obey adults and they may have been told by their abuser not to tell.
- **Not knowing who or how to tell**
Fear of getting themselves into trouble and the fear of not being believed can be very real for a child.



Other Instances of Trauma

Non-Abusive Trauma

Whilst all forms of abuse and neglect lead to trauma, trauma can also be caused by various experiences which are not in themselves acts of abuse. These may include:

- Loss and bereavement
- Injury and medical illness
- Family breakdown
- Bullying and harassment
- Social exclusion

Our Therapy Service

The Nature of our Therapeutic Services

Respond's therapeutic approach is built upon an understanding of the following:



- The dynamics of the abuse or trauma
- The psychological impact upon the young person, his/her siblings, parents/carers and significant others
- The behavioural and emotional manifestations of the trauma in the young person
- How the young person's learning disability has impacted upon his/her experience of the trauma/abuse

Healthy psychological development depends upon the dynamics of the interactions in the child/young person's individual family. The root to recovery is often found through parent and family support. Therefore, it is essential that other family members become part of the healing process. The needs of siblings and parents affected by a young person's abuse or trauma must be also considered and addressed in order to effectively meet the needs of the child/young person presented to our service.

Our Therapeutic Interventions

For The Child or Young Person

The therapeutic process enables the child to make sense of his/her experiences and how they have impacted upon him/her. This may include:

- The child's sense of self – an abusive relationship or an experience of abuse or trauma can distort the child's view and experience of him/herself.
- Relationships with others – the abusive/traumatic experience distorts the child's relationship with the abuser and/or significant others.
- The child's world - an abuser's intentional distortion of the child's perception of reality can radically damage and alter the child's world-view.
- The child's emotional needs – abuse and trauma can interrupt and damage the child's subsequent emotional development and may impact upon the child's achievement of developmental tasks.

Our therapeutic work has a psychodynamic foundation, and respects the uniqueness of each person's experience and how they communicate and express themselves. Our therapists use creative approaches such as drawing, art, sand play, drama and movement as ways of encouraging clients to explore their difficult experiences.

Within the therapy sessions, clients can begin to find ways of expressing all their confusing emotions. When such feelings are expressed in an environment that is both safe and trusting, they slowly become more tolerable and less overwhelming. With time, the client can feel comfortable expressing the painful emotions within the therapy session. Ultimately, a therapist will encourage the client to reflect upon their feelings and experiences in order that they can develop their own understanding of what has happened. This can allow clients to find a way of moving forward in their lives with greater happiness and well-being.



What distinguishes psychotherapy from counselling and other forms of therapy is that it places importance upon the therapeutic relationship between the client and the therapist. Often the dynamics of a client's past and present relationships influence how they relate to the therapist. For instance, someone who has been abused and finds it difficult to trust others may similarly find it difficult to trust the therapist. A psychotherapist may, in this case, not *only* encourage the client to explore their past or present experiences of abuse and broken trust, but may also encourage the client to explore their feelings around trusting the therapist. The benefit of this is that the feelings explored are immediately present, and not distanced. And by talking about the client's trust of a therapist, the client may develop some insight into how their past/present experiences are effecting how they relate to others, as well as how they manage and respond to their own difficult feelings. When this insight arises, the client has the possibility of finding new ways to manage and respond to difficult feelings and experiences.

The young person will always determine the pace of the work and his/her needs will determine the agenda. For example, a young person's experiences in school or in peer relationships may be of significance at different stages in the therapy so these other issues will also be explored. It is important to note that the child/young person can choose whether or not he/she wishes to engage in the therapeutic work. After the initial appointment, the child can choose if he/she wishes to return and to start therapy. Similarly, his/her choice to remain in therapy when it has begun is also important. However, we do recognise that there are often difficult periods during the therapy when the person may be experiencing many difficult emotions. This may influence a young person's desire to attend. If this arises, it will be discussed by the therapist and the young person during the therapy sessions, as well as by the support network.

For Parents/Carers

Respond works with non-abusing parents and carers of a child referred to our service. Work with parents/carers focuses on how to best support the child and his/her siblings. They may have a great need to ask questions, express their fears, worries and feelings and explore myths and realities around abuse and trauma in order to lessen their bewilderment and make the experience

for their child and family somewhat more manageable. They may also need to find more positive and effective ways of parenting the child. This may include:



- Ways of protecting the child/children.
- Exploring behavioural difficulties which may have arisen or increased since the abuse or traumatic experience, the reason for the behaviours and what the child may be trying to express.
- Ways of positively managing these behaviours.
- Exploring how they responded to the abuse/traumatic experiences
- Setting positive limits and boundaries, e.g. where the child may be exhibiting sexualised behaviour.
- Understanding the dynamics of the child's experiences – accepting that the child's perception of the abuse/trauma may differ greatly from their own.
- Exploring ways of empathising, reassuring the child, responding to the child and answering difficult questions.

They may need the opportunity to explore their own issues and feelings in terms of how these impact upon their relationship with their child/children:

- Feelings of grief, self-blame, horror, anger, injustice, disgust, guilt and betrayal.
- Their own experiences with the alleged offender.
- The changes brought about in their own life by this abuse/trauma.
- Their own childhood experiences.
- Personal issues, e.g. addiction, marital discord, separation, relationship difficulties, etc.

Where appropriate, Respond may refer adult clients to other specialist services.

Support Networks

At Respond we believe that therapy can't exist in a vacuum, and that it is important to work together with families, carers and other relevant professionals and people in a person's life. Our way of ensuring this is by requiring that all clients have a support network comprised of such key people. The network will be responsible for practical issues such as; ensuring a regular and familiar person to escort the young people to and from the sessions as well as ensuring funding is secured. A case manager from Respond will facilitate the network meetings, and act as a liaison between therapist and the group. S/he will feed back information from the therapist with regards to the progress of the therapy, and will pass on to the therapist any issues which might arise from network meetings. This can allow for a bridge of communication between the therapy and the support network. Such communication is vital to ensure that the support network can be aware of any difficult phases that may occur during therapy, and which may require additional support for the young person outside of therapy. And similarly, for

the case manager to become aware of any important issues or events which are occurring in the client's life, which may have an impact upon the therapeutic work. Because we feel such communication and support are so necessary, we will only work with clients who have a support network.



Referrals

Criteria for Referrals

- Clients must have learning disability which may be mild, moderate or severe. Although an IQ test may be helpful in assessing this, we recognise that there are clients for whom this has not been available. We therefore work with clients whose IQ level is uncertain. It is usual that clients referred to Respond are in receipt of services for people with learning disabilities.
- Clients must be aged between 5 to 18 years, at the time of referral. Once begun, a client may continue therapy beyond his/her 19th birthday.
- Clients will have had experiences of abuse or trauma. We work with young people who have experienced significant trauma in their lives.
- All our clients must have a support network. We only work with clients for whom professional and caring support is assured during the therapy. Support networks may include: parents/carers, a social worker, community nurse, school teacher or other significant professional or family members

Pre-considerations before referring

Prior to commencing work with a child we consider the following questions:

- What are the relevant issues in the child's background?
- What are the child's current circumstances?
- Does the child have a supportive/protective ally?
- Are the child's basic needs being met?
- Is the child's safety and protection currently assured?
- Has a need for any other interventions (abuse investigation, medical, speech, educational assessments) been identified?
- Has an assessment of the alleged abuse been conducted?
- Is the child on the verge of a major life change?
- Is the child's situation the subject of a court case?
- Are both parents supportive of the proposed intervention?
- Who is involved in the day to day care of the child?
- What are the needs and concerns of the child's carers?
- Have other appropriate services been identified for the child's siblings and carers, if indicated?
- Will it be possible to work closely with other professionals involved with the family?
- Are the expectations of the referrer realistic?

Guidelines for Referrals

When a referral is being made, the following information is sought by Respond personnel:



- The referrer's name, address and telephone number. In the case of a professional, we also require relevant occupational details.
- The referrer's relationship with the child/children referred.
- The nature of the referral, including presenting difficulties and reasons for concern.
- Information regarding the duration of the problem.
- Information to enable us to establish if these concerns fall within Respond's remit.
- The referrer's expectations of the service.
- The nature of the referrer's ongoing involvement in the case and with Respond.
- Staff will explain Responds policy on child protection and that therapy can only be provided once child protection issues have been addressed. Respond believes that there is no point in attempting therapy with a child if that child is subject to ongoing abuse or intimidation.
- Information regarding whom else is involved with the family e.g. Social Services, other professionals, relatives, neighbours etc. If a Health team or Social Services are involved, information regarding the current situation.
- Respond staff will ascertain whether the child is aware of the referral. If not, we will clarify the necessity of informing the child why he/she will be attending Respond.



Fees

We have a charge for our clinical services which includes all appointments, assessments and therapy sessions. Our aim is to be able to provide equity of access to our therapy service, and our fee structure reflects this. Clients are encouraged to pay full or partial fees, both as a way of valuing the therapy as well as acknowledging that Respond is a charitable organisation which is dependent on a variety of income sources.

When referrals are made by statutory services including social services teams, community health teams, child and adolescent mental health services, local education authorities etc., the full fee for each session will be charged. When referrals are made by any of the following: individual families, residential care homes, special needs schools, or by other voluntary sector organisations, the fee can be reduced according to the following structure.

Paying Party	Fee Payable Per Appointment
Statutory Services	£82 Full Fee
Special Needs Schools Residential Care Homes Voluntary Sector Organisations	£40
Individual Families	£10 - £40 Sliding scale dependent upon individual financial circumstances £5 Unwaged

In the case whereby families will be paying the fees themselves, the amount will be decided with them at assessment stage. Please see our charging policy document with regards to the cancellation of appointments.

Assessment for Psychotherapy

The Purpose of Assessments

Before any psychotherapeutic work can take place it is important for there to be an assessment. This is not only to ascertain the appropriateness of psychotherapy for the child, but also to gain a clear understand of the child's support network, family circumstances as well as input from other

professionals. Respond's practice is to arrange an initial appointment with the child's caregivers, the referrer and any relevant professionals prior to arranging to meet with the child/young person.



This gives us an opportunity to explore the following :

- The child protection measures now in place.
- The reason for the referral to Respond at this time.
- The disclosure and some of the reactions or changes that this may have provoked.
- The child's developmental history.
- The child's social, emotional, behavioural, cognitive and educational characteristics.
- The nature of the individual child-parent relationship and other significant relationships.
- Parenting skills and attitudes.

When the child attends for his/her first appointment, we may review the relevant aspects of the above with the child and further explore the following:

- The child's understanding of why he/she is attending Respond.
- His/her hopes and fears about therapy,
- The child's perceptions of the life experiences that have precipitated the referral.
- The child's experience of the assessment procedure and their perception of this process.

The purpose of the psychotherapy assessment is not to ascertain areas of risk in the child's life, nor is it to provide an in-depth psychological assessment, but rather to ascertain the suitability of psychotherapy for the child as well as his willingness to engage with the therapy. Thus, the main areas for an assessment include:

1. To see if the client can form a relationship with the therapist that could become the basis of a therapeutic relationship
2. To see if the client can engage in a therapeutic process in which he would be able to express to convey emotional experiences, either directly through words or indirectly through creative means
3. To see if the client shows a willingness on his part to attend the therapy sessions at Respond
4. To ascertain whether or not psychotherapy would be of benefit to the client at this point in his life

All children must be escorted to each appointment, and the escort must stay during the sessions on the premises. Please refer to escort guidelines

Please Note: For details on **Risk Assessments** please see separate information.

Psychotherapy Assessment Procedures

