

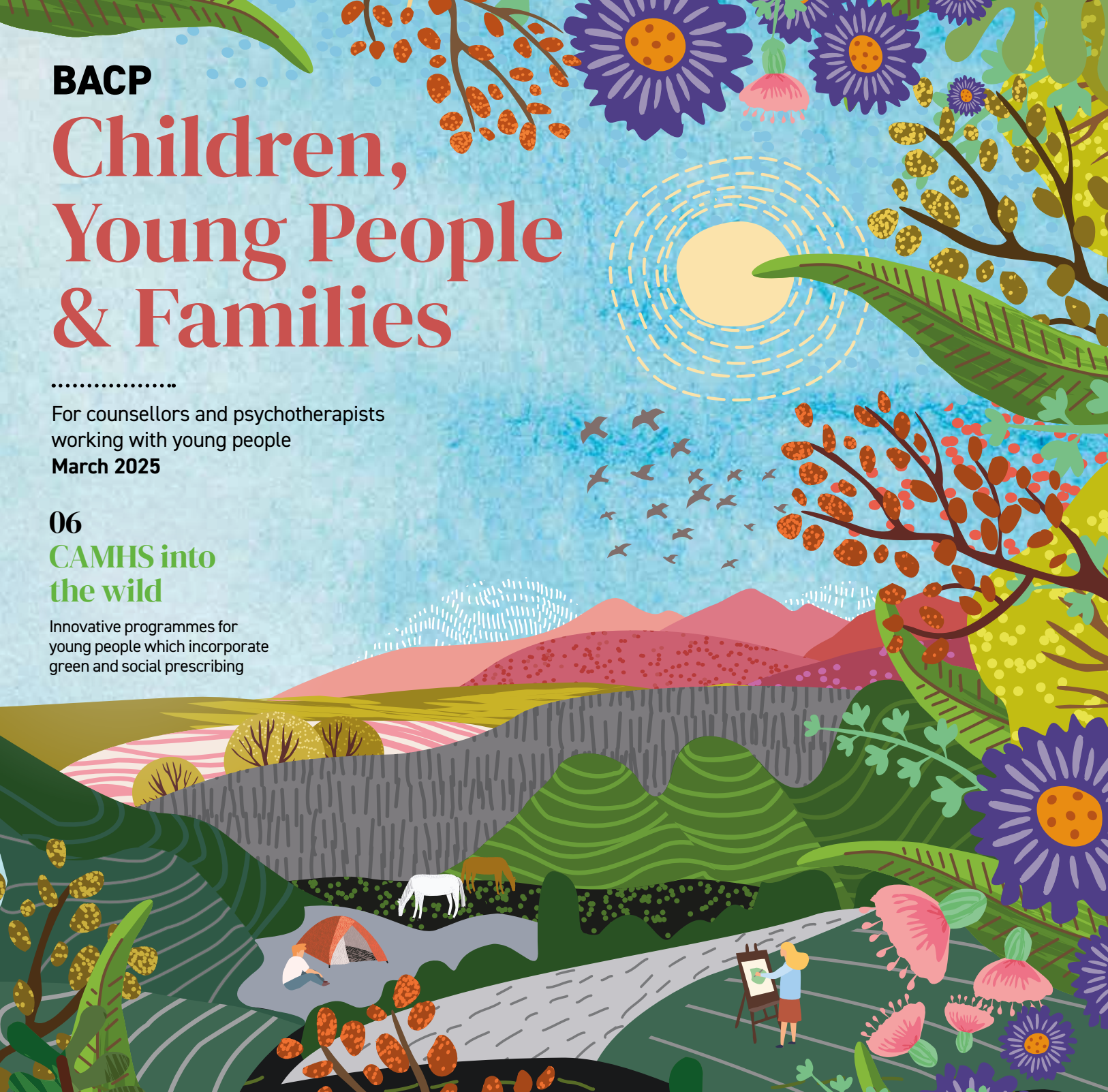
BACP

Children, Young People & Families

.....
For counsellors and psychotherapists
working with young people
March 2025

06 CAMHS into the wild

Innovative programmes for
young people which incorporate
green and social prescribing



12

Resettling refugee children

Working to support refugee
children and families

18

Overexposed: teen sexting

Definitions, prevalence, legalities
and practicalities

22

Can't not won't

What's the story behind emotionally
based school avoidance?

26

I'm coming out

Supporting parents when
their child comes out

Contents

Featured article

06 CAMHS into the wild

Barbara Smith, Carl Dutton and Kaye Richards share their innovative programmes for young people which incorporate green and social prescribing



Voices

11 Write here, write now

Editor *Jeanine Connor* shares the ways you can contribute to this journal

16 In training: Schools as placements

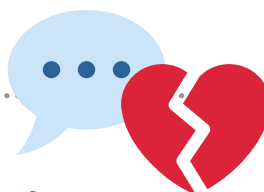
Sue Kegerreis

16 In lieu: Toilets and other breaks

Jeanine Connor

17 In supervision: Working with neurodivergence

Elizabeth Holt



18 Overexposed: understanding teen sexting

Andrea Anastassiou presents the definitions, prevalence, legalities and practicalities

25 Young voices: Sparking conversations around mental health

Rebecca Wemyss speaks to *Conor Warren* of Spark UK, a mental health organisation run completely by and for teenagers



Regulars

03 From the Editor

Jeanine Connor

04 Leading the way

Divisional news, including updates from BACP's CYPF Lead *Jo Holmes* and Executive Committee Chair *Emma Davies*

28 News

A round-up of the latest findings and policy updates affecting CYPF

30 Reviews

Personal critiques of new books

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From the Editor

In practice

12

Resettling refugee children

Jude Boyles, Alison Ferguson, Habibulla Josefi and Kathryn Townley discuss their work with resettled refugee children and families

22

Can't not won't

Maggie Worth seeks the truth behind emotionally based school avoidance

26

I'm coming out

Olly Pike shares the ways we can support parents when their child comes out, in the first article of a new series

It's almost time to 'spring forward' to British Summer Time and I cannot wait! This time of year always feels the most hopeful to me, as if the signs of life outside symbolise an internal, psychological newness too. As I witness nature emerging from dormancy, I'm reminded that even after the darkest, coldest, bleakest times, it, and we, can survive. Isn't that why we do what we do? – because we believe in the capacity to overcome adversity and arise from slumber? And because we dare to hope?

One of the most striking embodiments of hope and survival in living memory is that of Gisèle Pelicot, displayed during the mass rape trial at the end of 2024. I hope that in 2025, all survivors are respected when they speak out against *Monsieur tout le monde*, the term coined by the Avignon courts for the 'ordinary' perpetrators of the most extraordinarily abhorrent crimes. I wish that no woman or girl had to endure casual misogyny passed off as banter, or sexual harassment or male violence. I wish that nobody had to tolerate microaggressions, discrimination or abuse because of culture, sexuality, ability, gender or religion. Until those wishes come true, I hope that everyone can access the empathic, nurturing support they deserve.

This issue celebrates the work offered to marginalised and misunderstood individuals who have lived experiences associated with other recent news stories.

According to The UN Refugee Agency (UNHCR), an estimated 122.6 million people were displaced due to persecution, conflict, violence and human rights violations by mid-2024.¹ Practitioners from a UNHCR resettlement programme in South Yorkshire share the ways they are supporting families in **Resettling refugee children** (p12). According to the Office for National Statistics, almost 10% of 16 to 24-year-olds identify as lesbian, gay or bisexual.² With this in mind, I'm delighted to commission a new series on LGBTQ+ themes. In the first article, Olly Pike invites us to imagine a world where diverse identities are understood and celebrated, and where coming out is unnecessary. As we move towards that vision,



Olly offers advice for supporting parents in **I'm coming out** (p26).

As young people's screentime continues to hit the headlines, Andrea Anastassiou presents the legalities and practicalities of intimate image sharing in **Overexposed: understanding teen sexting** (p18); while in **Can't**

not won't (p22), Maggie Worth seeks the truth behind emotionally based school avoidance.

In our featured article, practitioners

from Liverpool CAMHS describe their innovative use of green and social prescribing, which helps young people to connect with self, other and nature.

CAMHS into the wild (p06)

demonstrates a truly systemic approach, with therapists working in collaboration with community artists and craftspeople. This provides a nice lean in to the theme of our BACP CYPF Conference later this month, taking place in London and online – 'Systems around the child'. Presenters will speak about the role of parental engagement and the impact of parental separation, the influence of the family system, working within a whole school approach, and containing risk in systems around adolescents.

We are all part of multiple systems, with thoughts, feelings and behaviours shaped within those systems. Rather than becoming ground down by recent events, let's continue to create *good* news stories by working together and hoping together for the greater good.

Hope springs eternal.

Jeanine Connor
Editor

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Get in touch If you would like to write a response to anything in this issue, or wish to write a review or submit an article for consideration, contact me to find out how at cypf.editorial@bacp.co.uk. Please do not send unsolicited articles.



Leading the way

Divisional news, including updates from BACP's CYPF Lead **Jo Holmes** and BACP CYPF Executive Committee Chair **Emma Davies**

Award-winning campaign

BACP's campaign to help secure therapeutic interventions in Northern Ireland schools was awarded silver in the Best Lobbying Campaign category at the Association Excellence Awards 2024. The judges noted this was, 'A creative and targeted campaign which brought together politicians, children's services and mental health advocates, which received extensive media coverage for the objective of restoring funding for counselling services.' Our hope is that highlighting this critical issue on a high-profile platform will help secure future investment and ensure children across Northern Ireland get the support they need as early as possible. BACP's Policy team continue to lobby for the reintroduction of this programme.

🔗 <https://tinyurl.com/b2w9pd2u>



School counselling in Scotland

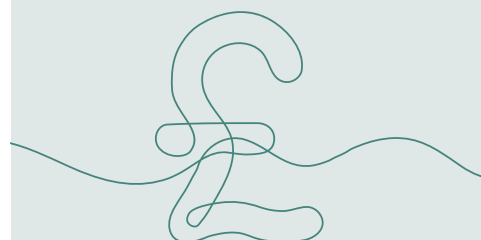
The Scottish Government has announced that the overall funding for counselling in schools will remain at £16 million per year. Although the funding is not ring-fenced, authorities are required to follow the joint agreement with the Convention of Scottish Local Authorities (COSLA) and provide annual reports to the Scottish Government. This will support future planning and ensure the funding continues to be used for the purpose of school counselling services.

🔗 <https://tinyurl.com/2a8bckhd>

CAMHS National Summit

Jo Holmes chaired the CAMHS National Summit in London and was delighted to work alongside keynote speaker Kelli Swain-Cowper from Place2Be. Kelli beautifully highlighted the importance of working with systems around the child and will be one of our keynote speakers at BACP's CYPF Conference on 15 March, taking place in London and online.

Fund the Hubs



Building on the success of securing funding for 24 hubs across England between April 2024 – April 2025, the Fund the Hubs coalition campaign group continue to meet with officials from the Department for Education, the Home Office and the Department for Health and Social Care, to help influence the direction of travel for Young Futures Hubs across England, ensuring early help mental health is at the heart of the offer. Jo Holmes and Cassandra Harrison, CEO for Youth Access, visited Sheffield Futures with officials from the Home Office and Department for Education to showcase one of the recently funded services. The visit showcased the Youth Access YIACS model in action and highlighted the challenges of short-term funding.

The Young Futures programme aims to combine mental health services with targeted provision to reduce youth crime, and will be a cross-party Government programme. Some Early Help YIACS hubs already adopt a 'hub and spoke' approach, responding to local community need. Jo visited one programme in Northamptonshire where Service Six, a BACP accredited service, operates a trauma-informed partnership service in the county's youth court.

🔗 <https://tinyurl.com/3axx4dbx>

BACP CYPF Conference March 2025

This year's theme is 'Systems around the child' with an agenda which emphasises diverse interventions. Workshops will examine collaborative working with education, healthcare, family and community services. This is a hybrid event, meaning you can attend in person or online. The conference offers six hours of CPD and an on-demand service will be available for three months.

<https://tinyurl.com/mr3r5ds9>



NHS reforms

The NHS and Department for Health and Social Care launched a national survey to develop a 10-year plan with a focus on key reforms needed to improve the NHS and build a health service fit for the future. BACP's Policy team surveyed members to inform our organisational response, which also included a focus group with members from the school-based counselling Expert Reference Group (ERG). BACP's consultation response included a recommendation to use the existing counselling workforce as part of the Government's commitment to a 'mental health professional in every school', as well as an available workforce for the Young Futures programme.

<https://tinyurl.com/2jehnvjm>

From the Chair

As we enter spring, a season of growth and renewal, it feels fitting to reflect on the evolving landscape of our therapeutic work with children and young people. This is a time of both challenge and opportunity, and we are uniquely positioned to support the emotional wellbeing of younger generations during a period of profound social, economic and cultural change.

The past few years have underscored the complexity of the challenges facing CYP. The ongoing impact of the pandemic, rising levels of anxiety and depression, and the pressures of academic and social performance have all contributed to a mental health crisis that demands urgent and sustained attention. Our work is pivotal in helping young people build resilience, develop coping strategies and navigate a world that can feel overwhelming. However, it is equally important that we advocate for systemic changes that address the root causes. Therapy alone cannot solve structural inequalities, but it can help mitigate the effects and empower young people to find their voice.

I recently participated in the COVID-19 Inquiry, and the enduring impact of the pandemic is unmistakable in the voices of those who shared their experiences. Young people spoke of missing significant transitions, the loss of shared milestones, and a deep sense of frustration regarding the decisions made by Government. These experiences left many feeling disconnected and disillusioned, underscoring the need for compassionate, targeted support to help them process and recover from their profound losses. The cost-of-living crisis is adding further strain and stress, making it harder to focus on education, personal growth and mental wellbeing. For many, basic needs such as housing, nutrition and access to technology remain significant challenges.

By engaging in multi-agency collaborations, raising awareness of systemic issues and amplifying the voices of young people, we can push for policies and practices that create a more equitable and supportive environment in which they can thrive. In times of

uncertainty and rapid change, our role is more crucial than ever. Let us remain steadfast in our commitment to supporting young people, ensuring their resilience is nurtured and their futures are filled with hope and opportunity.

BACP's CYPF Executive Committee is committed to ensuring that our work reflects the diverse needs of the communities we serve. Inclusion is not just a principle – it's a practice. This means developing training, resources and standards that equip us to work effectively with children and young people from all backgrounds, including those from marginalised or underrepresented groups. During a recent divisional meeting, we explored the CYPF Communities of Practice on the Learning Centre which is a key part of BACP's Communities of Practice initiative (<https://tinyurl.com/msrt763h>). This platform thrives on collaboration and your input is essential. Together, we can build a dynamic and inclusive network where we can exchange ideas, share resources and strengthen our collective practice.

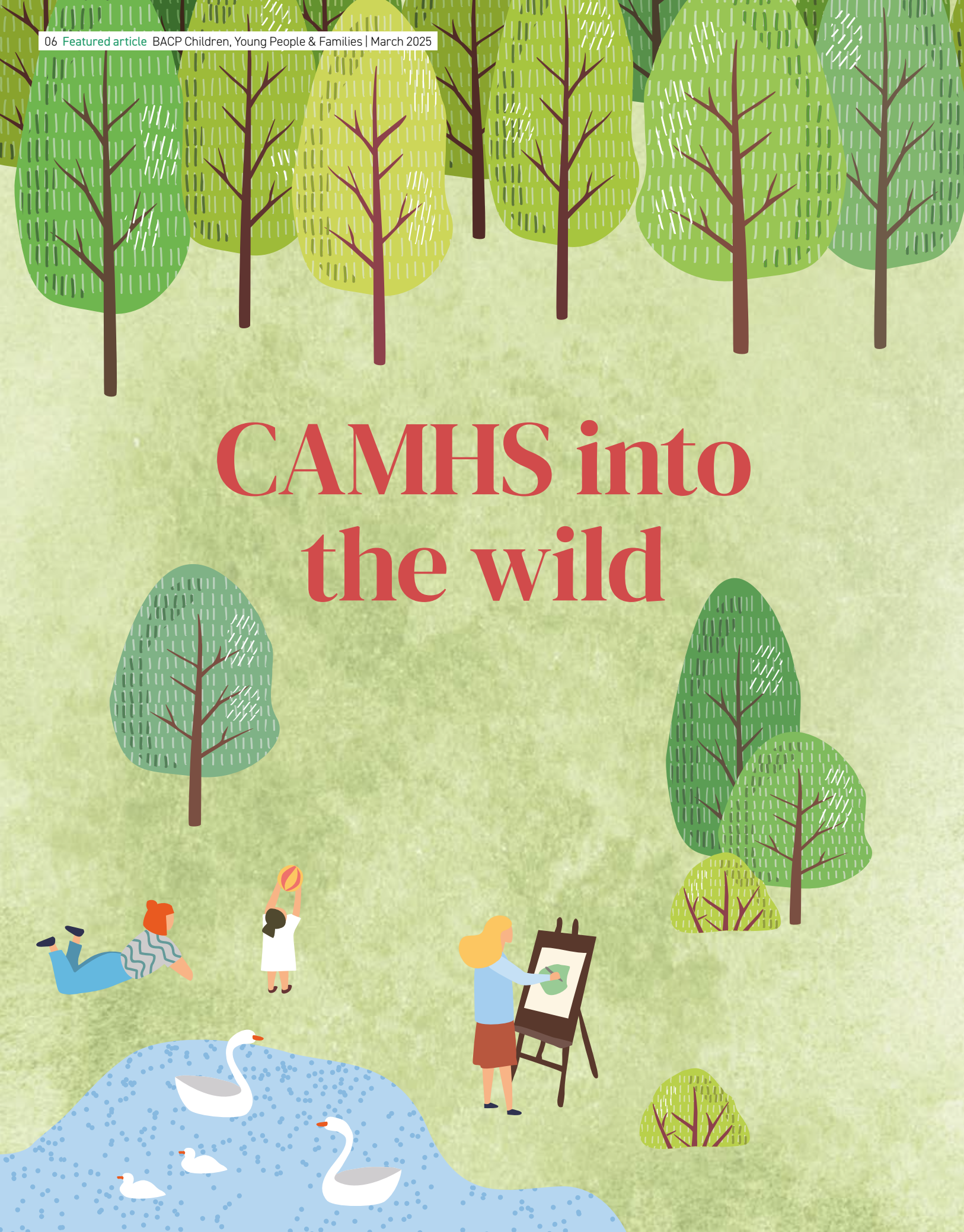
The demands of therapeutic work are significant, and without adequate support, we risk burnout. Let's not overlook the importance of CPD opportunities, and the expansive Learning Centre, home to free learning resources, the CPD hub and professional networks, which help us stay connected, supported and resilient in our practice.

The Committee is dedicated to amplifying the voices of children and young people, and is actively exploring ways to incorporate their perspectives into our policies, resources and advocacy efforts, ensuring that they guide and enrich everything we do. Together, we are making a difference – one conversation, one connection, one step at a time.

Emma Davies,
BACP CYPF Executive Committee Chair



CAMHS into the wild



Barbara Smith, Carl Dutton and Kaye Richards have developed green and social prescribing for young people, with innovative programmes delivered by CAMHS practitioners and community colleagues

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What is it about a campfire in the woods that enables attendance to a Children and Adolescent Mental Health Service (CAMHS) by young people who would ordinarily avoid therapy? Or about ponies that support a young person with autism, previously not attending school, or even leaving the house for months, to come out and join a CAMHS intervention? And what enables a young person with attention deficit hyperactivity disorder (ADHD) to sit quietly and patiently by the lake waiting for their first ever catch? Social and green prescribing tell us that offering opportunities for self-chosen social and physical activities supported by health professionals, has a role to play in improving mental and physical health.¹

We take the title for this article from our work in a small woodland area in 'Alder Hey in the Park', based in the large, urban city of Liverpool. Here at Liverpool CAMHS (Alder Hey Children's NHS Foundation Trust), we are developing social and green prescribing to give young people access to novel and personally chosen interventions, either alongside clinical, therapeutic treatments-as-usual from the multidisciplinary team,

or as a treatment in and of itself. We have listened to young people, and with a generous donation from a famous artist, we are delivering new, creative, arts and nature-based interventions. Young people with neurodevelopmental conditions make up the majority of referrals into the service, although we acknowledge that autism and ADHD affect everyone differently, and our services are available to all young people.

The unbearable pain of disconnection

The world is waking up to the increase in young people with neurodevelopmental conditions, diagnosed or not. It has been highlighted by Sir Professor Simon Baron-Cohen, director of Cambridge University's Autism Research Centre, that one in 36 children are diagnosed as autistic, which represents a 700% increase in prevalence since the year 2000.² Services need to keep up with the massive increase in demand to ensure that the mental health needs of autistic children are supported. Currently, there are unacceptably high rates of poor mental health in autistic people – a sign that society is failing them.² At the same time, data reveal that the number of open referrals to CAMHS is the highest on record.³

A common feature of autism is debilitating, chronic social anxiety, frequently resulting in avoidance of education or any social connection at all, which can persist into adulthood. This may be due to overwhelming sensory sensitivity, but also bullying of children who desperately want, but often fail, to fit in. It has been identified that autistic adults are among the most isolated and lonely in the UK,⁴ being four times more likely to be lonely than the rest of the population. As loneliness is a

...influences impacting young people's sense of disconnection are the longer-term consequences of the pandemic lockdowns and the potentially harmful effects of social media

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recognised risk factor for poor mental health,⁵ recognising the impact early is important. For example, research has shown that autistic children who are lonely are 28 times more likely to think about or attempt suicide than other young people.⁶ Given this backdrop, increasing capacity and providing the right therapeutic reach is key to our work.

Other influences impacting young people's sense of disconnection are the longer-term consequences of the pandemic lockdowns, and the potentially harmful effects of social media on self-esteem. Posts viewed online can lead young people to compare themselves unfavourably to images and lifestyles that bear no resemblance to reality, and they can be vulnerable to cruel comments online which they would never hear in person. Identity-based harassment, known as trolling, and cyberbullying are on the increase and can have serious psychological effects, including disrupted sleep, self-esteem problems and suicide.⁷ Our 'Lads group' and the 'Absolutely fabulous' programme are designed to support young people's mental health and self-esteem, offering spaces to explore how social media and face-to-face conflict can be addressed by supportive group interaction with skilled practitioners.

Social prescribing

Social prescribing is embedded in NHS strategy for adults, and is largely a supportive signposting activity, accessing community assets, such as choirs, art classes and walking groups to support physical and mental health wellbeing needs.⁸ However, its value for children and young people has not yet been expanded, nor evaluated in the same way. As a CAMHS team, we have developed social prescribing within our service. Many of our young people are not yet ready to step out into the community in the same way that would be expected in mainstream social prescribing, so our work is largely delivered by CAMHS practitioners, giving the interventions further therapeutic impact. While being in nature can be therapeutic in

and of itself, what we offer has a more active and structured therapeutic intention.

... being in nature can be therapeutic in and of itself, what we offer has a more active and structured therapeutic intention

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In developing this work, in addition to offering something that young people are drawn to, we need credible theoretical foundations and a proven evidence base. To this end, we are integrative in our approach, drawing specifically on a pluralistic model with an underpinning philosophy that, 'Different clients are likely to benefit from different therapeutic methods at different points in time.'⁹ This enables a fluid and responsive approach to the needs of young people, which is, '...rooted in ethical and pragmatic commitment to valuing diversity... [and] links into a much wider set of values and practices, linked to democracy,

Carving a way to connection

Gemma (aged 14) was referred to CAMHS with chronic anxiety, avoiding school and activities outside home. After exploring her goals with a therapist, she agreed to attend a therapeutic forest school in the woodland area. Initially, Gemma avoided engagement with others in the group who were cooking around the campfire and making dens, preferring to spend time alone whittling pegs for the group's large bell tent. For the first couple of sessions, she sat on a tree stump, quietly carving the wood into peg shapes, with some gentle interaction with one of the therapists. Therapeutic benefits of carving and contact with wood points to mindfulness, stress reduction, emotional integration and connection with nature.¹⁴ 'The rhythmic motion of carving can promote relaxation and reduce stress levels, while the tactile nature of working with wood provides sensory stimulation.'¹⁵ With the growing positive attention from the group, Gemma began to engage as 'one of the gang', showing others how to carve the perfect peg. Her growing confidence in connecting with other young people was facilitated by activity in quiet natural surroundings, supported by skilled therapists working at her pace.



social justice and progressive change.¹⁰ We draw on a range of psychological theories and therapeutic practices, including cognitive behavioural therapy (CBT), psychodrama, art therapy, graded exposure and behavioural activation, nature-based theory (e.g., biophilia and stress reduction theory) and theories of social prescribing (e.g., social cure theory, self-determination theory and normalisation process theory). This has enabled us to translate clinical theories and practices into a social prescribing framework, supported by staff who have undertaken additional training. Safeguarding and risk assessment are fundamental to delivering this work, and we have excellent collaboration with the leadership and health and safety teams within the Trust, as well as standard operational procedures for risk management. For young people accessing community activities, we have a 24/7 crisis team, which can also be accessed by carers and professionals.

Our main offer is Base Camp, both a building and a concept, which is a bespoke 15ft Perspex dome, providing

a focal point in the grounds of Alder Hey NHS Foundation Trust. Base Camp activities include, for example, a forest school intervention and 'NatureWell' – a mindfulness-based programme developed in conjunction with the Natural Academy organisation. Our approaches are, in part, based on five ways to achieve nature-connectedness: explore, beauty, meaning, emotion and compassion,¹¹ which help facilitate therapeutic engagement. Many young people we work with struggle with the direct question, 'How are you feeling?', but exploring, discovering and connecting with nature can open an emotional connection that was previously inaccessible. Young people can take time out in hammocks and have space to reflect and manage emotions. These are popular and offer a feeling of

Harnessing pony power

Mo (aged 12) had a diagnosis of autistic spectrum condition and had avoided school for many months after transitioning into secondary school. He found the environment difficult and as much as he wanted to go, he was emotionally shut down and spoke to very few people with any confidence. Mo, an animal lover, was enthusiastic to join our six-week 'Connecting with ponies' programme with a local stables, where he could learn aspects of pony care, such as grooming and plaiting a pony's tail. This intervention helps children to build confidence in talking about their favourite pony, sharing ideas, expressing feelings, experiencing companionship with other children and with the ponies. Equine-assisted interventions reflect a process of 'emotional transfer', whereby, '...the horses interplay with humans, to such an extent that they eventually act together as a unique system [and] have a positive influence on human functioning.'¹⁶ The feedback from the stables is promising, as they have witnessed young people gain confidence and communication skills with horses, staff and each other. It is early days for Mo, but, as with many young people, it seems that ponies can reach the parts that other therapists cannot reach.

Healing through mud

Jake (aged 15) struggled with social engagement and presented with chronic social anxiety. He avoided eye contact and found it hard to make friendships. Because of his experiences of school bullying, he had low self-esteem, was fearful and lacking in confidence. His anxiety was such that he experienced suicidal ideation and was referred to the psychiatry team for assessment. He declined the offer of standard psychological therapies and was referred for social prescribing, with regular reviews of his mental health. Jake was creative and had long been interested in trying pottery. We offered him an opportunity through our 'Dreamers' programme where young people can engage weekly on a one-to-one basis with an artist for 10 weeks. Working with clay offers therapeutic benefits from tactile gratification. 'When we touch clay, we're interacting with the earth, something that's millions of years old... yet creating something that has never existed before.'¹³ 'The thing with clay is you can slam, beat, and even stab it and it's unlikely to be ruined... wrestling and joining with that slab of mud forces us to seek the balance between control and unpredictability.'¹³ Feedback from the professional potter was so positive that Jake's confidence grew. Such was his skill at the wheel, that he spent time helping others, requiring him to demonstrate, coach, praise, and build confidence in connecting with other people. Jake is thriving and has been discharged from our service.

physical containment while looking up into the tree canopy. Young people comment on how relaxed they feel with the hammock gently rocking, watching and listening to nature. So, when we speak of connection we are referring to self-connection, self-other connection and also self-nature connection. As summarised by forest medicine specialist Dr Qing Li, 'We are hard wired to affiliate with the natural world, and just as our health improves when we are in it, so our health suffers when we are disconnected.'¹²

One of the exciting things about our work is collaborating with community colleagues, such as a nearby fishery for our fishing project, 'Calmer waters', local potters and artists for our 'Dreamers' programme, and a stables for our 'Connecting with ponies' offer. All our partnerships are with

when we speak of connection, we are referring to self-connection, self-other connection and also self-nature connection

.....

DBS-checked professionals and providers. Future goals include developing art-based projects in nature for families, a bespoke Duke of Edinburgh Awards initiative, and a cinema intervention in the Trust's new 'Medi-cinema'. The fictionalised vignettes on p08 and p09 offer insight into how we integrate community assets successfully in the true spirit of social prescribing.

An important part of our ongoing work includes researching the impact of our social prescribing initiatives as part of an integrated CAMHS offer, and we will be reporting more on these findings in the months ahead. Stepping outside of our comfortable rooms and traditional boundaries can challenge

us as therapists, but meeting children and young people outside of familiar clinical settings offers wider possibilities for sustainable therapeutic impact and benefit. ■

Dr Barbara Smith BACP

(**Snr Accred**) (**UKCP**) is a child and adult psychotherapist, EMDR consultant and supervisor, and lead therapist on the Alder Hey social prescribing pathway. She is also a longstanding volunteer with the British Red Cross undertaking international disaster psychosocial crisis response work.

Carl Dutton is a psychodrama psychotherapist at Alder Hey CAMHS, a registered nurse, forest school leader and Nature Well facilitator. He has worked for over 35 years in the NHS using nature as part of this work in hospital, community and school settings. He has written widely about creative therapies with children.

Dr Kaye Richards (CPsychol) is a senior lecturer in psychology at Liverpool John Moores University (LJMU), chartered psychologist, outdoor adventure leader specialist, and Chair of the Association for Outdoor Therapy. She co-leads the Institute for Health Research in Green Spaces specialist group (LJMU) and research on Alder Hey social and green prescribing.

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Write here, write now

Editor **Jeanine Connor**
shares the ways you can
contribute to this journal

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There is nothing quite like seeing something you've written, that has your name on it, appearing in print. For me, seeing something published that I've helped to shape, in my role as an editor, comes close. If you're keen to feel that feeling, there are numerous ways you can contribute to this journal. If you're new to writing and/or nervous about the process, I'd suggest starting small. You could share your thoughts in response to an article you've read in this journal in a **Letter to the Editor**, or ask to be added to the **Reviews** panel with a view to writing a critique of a book. Each of these offers an opportunity to share your voice while working to a brief, with a specified word count and deadline, as well as an

experience of collaborating with me during the editing process to see if we're a good enough fit.

Those with more writing experience may wish to write an article, in which case, I encourage you to think about what you'd like to write about and why. Our articles are divided into **Voices** (research and opinion) and **In practice** (what happens between therapist and client), and pieces for both must appeal to our specialist readership.

**If you're new to writing
and/or nervous about
the process, I'd suggest
starting small...[with]
a Letter to the Editor or
... a critique of a book**

.....

Think about what you have to offer in terms of topics you know well, feel passionately about and have particular skills in. The most recent **Readers' survey** highlighted a desire for content exploring young people's behaviour online, including virtual relationships and social media, and I'm keen to celebrate the positives as well as the challenges of all things digital.

To be accepted for publication, your idea should be original, interesting, informative,

relevant to our readership and (ideally) evidence based. Writers also need a good grasp of written English, be willing and able to meet the brief in terms of content, style and timescales, and to adhere to BACP's author guidelines.¹ I'm keen to receive proposals, but am unable to accept unsolicited articles; as a freelance editor with a busy workload, I do not have time to read or provide feedback on work that I haven't commissioned. If your proposal is accepted, I will outline the expectations in terms of word count and deadlines, which absolutely must be adhered to in order that I meet my obligation to BACP members to produce a high-quality professional journal, and get it out on time at the beginning of March, June, September and December.

I am committed to maintaining a high standard of content in this journal. My role as editor is to make sure that all contributions meet the requirements of BACP's guidelines in terms of style, content, presentation, consent and confidentiality. I offer comments and suggestions about how contributions could be improved and require commitment from contributors to collaborate with me to get their work ready for publication according to BACP's production schedule.

If you would like to write for this journal, contact me at cypf.editorial@bacp.co.uk ■

Jeanine Connor (MBACP) is a psychodynamic psychotherapist, supervisor and author of around 250 published works including the books *You're Not My F*cking Mother and Other Things Gen Z Say in Therapy* (PCCS Books, 2024) and *Stop F*cking Nodding and Other Things 16 Year Olds Say in Therapy* (PCCS Books, 2022). Jeanine is also the editor of this journal.

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Resettling refugee children



**Jude Boyles, Alison Ferguson,
Habibulla Josefi and Kathryn Townley**
discuss their work with resettled
refugee children and families

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'What is "traumatic" for refugees is not only the "devastating events"... but the totality of their situation... An exclusive focus on the devastating events tends to suppress the totality of their experience and create a skewed perception of them, of their history and their stories.'¹

At the end of 2023, an estimated 117.3 million people globally were forcibly displaced due to persecution, conflict, violence and human rights abuses.² Forty-seven million of these were children, and two million babies were born as refugees.² Despite children's distressing experiences, few therapeutic services in the UK specialise in working with refugee children and families. Mainstream services are under-resourced with multiple barriers to access, while research shows that refugee families face significant challenges in accessing mental health support.

Children and Families Wellbeing Support (CFWS) was established in 2018 to respond to the needs of families who had been resettled to South Yorkshire via United Nations High Commissioner for Refugees (UNHCR) resettlement programmes. The service is embedded within the Refugee Council's adult therapy team and a team of caseworkers, who provide advice and practical support.

This article explores our therapeutic approach and what we have found helpful in our work with refugee families. It includes the perspective of an Afghan interpreter working alongside the team.

Pre-arrival experience

Refugee children and families have lived through war, and have witnessed conflict-related violence and the

devastation of their homes. Often, they have experienced food and water scarcity, and children, especially girls, are at risk of sexual violence. They leave behind their families, communities, schools, belongings and pets. Some families have endured protracted periods living in refugee camps or host countries where living conditions are poor, and harassment and discrimination are common. Many children have not experienced formal education or have lost schooling as infrastructures broke down. Families may have left home suddenly, forced to make impossible decisions about who to leave behind, resulting in fragmentation of families and difficulties in settling, knowing loved ones remain in danger.

Experience in the UK

It is almost impossible to describe the full range of stressors impacting refugee children, and yet many of the families we work with are healthy, mutually supportive, and resilient. We have witnessed families welcomed into communities, having built positive connections. Others face multiple struggles and suffer daily with loss and separation, with children witnessing their parents' distress and anxieties. It can take years to adapt to a new country, learn English and find work, and so many families live in poverty and poor-quality housing in

deprived areas. Most experience racism and hostility,⁴ escalating in targeted racist violence, as witnessed in the racial riots of August 2024.

Most children arrive in the UK feeling excited about starting school, but discover that their peers are already in established friendship groups. This can be a difficult adjustment, not least when lessons are in a different language.

Children describe feeling lonely,

sitting all day during lessons, assemblies and breaks surrounded by conversations they don't understand and cannot join.

**...being flexible
about where we offer
therapy... can reduce
some of the barriers
to access**

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Our therapeutic approach

Our team comprises a child and family therapist and a play therapist who have adapted their models to respond to the needs of refugees. We use a systemic approach, working with children aged four to 18 for between 12–20 sessions. We offer family therapy, groupwork, parent-work, play therapy and consultations with schools.

We are flexible about where we deliver sessions, working in the setting most suited to the client, whether that be our therapy room, school or the family home. For therapists in non-specialist services, being flexible about where we offer therapy, particularly the assessment, can reduce some of the barriers to access.

Visiting newly arrived families to tell them about our service aims to normalise seeking support for emotional distress at the start of the resettlement process.

We aim to establish trust and safety with children and families by providing a space to explore thoughts and feelings. We offer a holistic assessment over three to four sessions to get to know the young person and understand family dynamics. We invite them to share their experiences at a pace they are comfortable with. Therapy is often an unfamiliar concept, so it is important for therapists to take time to explain their role, clearly defining confidentiality and the role of the interpreter.

Children describe trauma responses such as nightmares, flashbacks and hypervigilance, as well as problems with eating, sleeping and concentration. They may be quick to anger, distressed or withdrawn. We offer culturally congruent psychoeducation and share techniques to manage their responses, where appropriate. We help children identify their own coping strategies, which are often culturally specific, or faith based. For therapists new to working with refugee children, or unfamiliar with the country a child has come from, it can help to do a little research to familiarise ourselves with their context and culture.

Therapists advocate for young people to help them engage with other agencies, such as educational institutions, GPs and activity clubs. We recommend therapists are active in addressing some of the external difficulties that may be impacting children, as well as linking families with other forms of community support.

We are usually welcomed into our clients' homes, whether for the assessment or ongoing therapy. Exploring different family member perspectives through facilitated conversations or therapeutic games encourages communication. We aim to understand the meanings behind a child or parent's responses and behaviour, and explore what additional contextual stressors are impacting them. Weaving information sharing into these conversations is helpful in supporting families to understand UK organisational structures and systems, such as the NHS.

Play therapy can encourage younger children to explore and express their feelings without judgment, enabling them to navigate turbulence. For some, the sessions are a time for talking freely, to be understood, seen and heard. For others, they provide an opportunity to express their inner world through play, enabling them to process their distressing experiences. Providing a range of multicultural materials in the play kit, as well as games and toys that might be familiar, such as marbles for Afghan children, along with a sand tray, doll's house, puppets and art materials, encourages inclusivity.

Our project runs therapeutic groups, such as an Afghan boy's photography group and a transitions group for girls moving to secondary school. Groups provide creative opportunities that foster the development of peer relationships, enabling young people to feel more settled and less alone.

Working alongside interpreters

Language difference is a huge barrier to a child's learning and can affect their feeling of belonging in school and community. The inability to verbally communicate interferes with a child's ability to make friends, leading to isolation and withdrawal.

This is compounded when a child has previously faced exclusion or prejudice.

Offering an interpreter provides cultural familiarity for the client and is often the only opportunity during the school day when the child can communicate freely. Many child and family therapists are unfamiliar with working with interpreters, and are anxious that this may hinder building a therapeutic relationship. The presence of the interpreter can enhance therapeutic work, but it is important that therapists have training on working with interpreters

and use the same qualified interpreter weekly, who is fully briefed on their therapeutic approach.

Our team of qualified interpreters have undertaken additional training to work in therapy settings, and although not all therapists will have access to a specialist pool of interpreters, briefing and de-briefing at every session can go a long way to building an effective partnership that will be containing for a child or young person.

**Groups provide
creative opportunities
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and less alone**

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An interpreter's perspective

Despite having some experience in general interpreting, working in therapy felt like venturing into uncharted territory for me. This was particularly challenging as I was interpreting for Afghan families who belong to a culture where mental health is stigmatised, and therapy is unknown.

The clients I was interpreting for suddenly found themselves in a setting where they were encouraged to express their feelings, not in front of one stranger but two. This meant that engagement could be slow at first, and I initially wondered if this was because I am an Afghan man, part of the Afghan community, and perhaps raising concerns about judgment and confidentiality. I was worried that I may inadvertently be obstructing the therapeutic work, but have learnt that families accept my presence gradually as trust is established.

I usually defer to the therapist's judgment when there is little verbal expression from the client, as they are better at reading body language than me. However, this goes both ways, and there are times in the de-briefing where I can share my cultural knowledge, which may help the therapist understand certain gestures or phrases.

Interpreting for my fellow citizens when I have had similar experiences to them has been impactful. Coping with separation from loved ones, cultural shock, loneliness, homesickness, uncertainty and surviving in a new country have been general themes explored in sessions. Debriefing after each session and group supervision helps me balance my professional and personal life, and minimise impact.

Habibulla Josefi, Interpreter

Summary

Whatever the lived experience or therapeutic background of the therapist, slowing the pace of the assessment to allow engagement and the building of trust is important, as well taking time to explain our role and providing information where needed. Being flexible and considering working within the school, home or community can make services accessible, ensuring that the therapeutic tools and language used are culturally congruent.

The interpreter is the therapist's voice and the voice of the client, so ensuring the development of a good working relationship with them is crucial in enabling our practice to be ethical and safe, and understood by families.

Working with refugee children and families is rewarding and stimulating work. However, it has its own unique challenges, and it is important to remain curious and avoid assumptions. ■

Jude Boyles MBACP (Senior Accred)

is a counsellor who established and managed Freedom from Torture Northwest for 14 years, and currently manages therapeutic services for UNHCR resettled refugees for the Refugee Council across South Yorkshire.
www.refugeecouncil.org.uk

Alison Ferguson (PTUK) was a primary school teacher for 20 years before retraining as a play therapist in 2018. Alison is a play therapist in the Children and Families Wellbeing Support team.

Habibulla Josefi is a DPSI qualified interpreter who has undertaken additional training on working within therapeutic and mental health settings. He has been an interpreter for 15 years, working primarily for the Refugee Council.

Kathryn Townley (BPC) is a child and family therapist, and is the senior therapist in the Children and Families Wellbeing Support team.

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Columnists

Our columnists talk about pertinent themes in training, in counselling and in supervision

In training: Schools as placements Sue Kegerreis

Trainee child and adolescent counsellors often have school-based placements. Schools are both rich and complex settings for therapeutic work, but here I want to concentrate on how a trainee's own educational history can get carried into their placement role.

A trainee, Joel, for example, had experienced a fearful relationship with his teachers and had moved schools as a child because of bullying. It all came rushing back as he waited for the headteacher in reception before an initial visit to a potential placement school. For him, school had not been a safe place, and even as a mature adult, he felt that frightened and mistrustful child coming back to life. When Damon (aged 15) told Joel about feeling picked on by teachers and ostracised by peers, Joel had to fight hard not to instinctively be totally on his side. Supervision helped the trainee to consider the ways that Damon could have been overreacting to ordinary school dynamics.

Another trainee, Paulina, had struggled at school due to undiagnosed dyslexia. For her, school evoked a sense of being a failure and the constant threat of being exposed as stupid. Even though she knew this was not connected to her abilities as a counsellor, she could not help readily feeling small and inferior when her first school-based client struggled to engage.

A trainee, Nicky, in contrast, had overall excellent memories of her own school experience. She entered her placement with confidence, primed to trust and connect with the teaching staff, and keen to help her clients make the best use of

their educational experiences as she had done. She found it a challenge to fully understand the antagonism and alienation felt by Arjun (aged 13), who found himself fearful and easily triggered by what, to him, was hostility and unfeelingness in the staff. Nicky had to work hard to detach from her own positive transference to the school, so as to put herself fully into Arjun's shoes and be able to connect with what school was like for him.

As well as influencing direct work with clients, trainees' past experiences can affect their interactions with the wider school environment. If a trainee thrived as a child in a laid-back school, they might react unhelpfully when working as a counsellor in a more strictly disciplined setting. If they relished firm boundaries at school, they may feel impatient or frustrated with a more relaxed regime as a counsellor on placement. If being questioned by a headteacher now reduces them to feeling like a naughty child, they might struggle to assert themselves in their role.

Schools are inevitably part of our stories. Personal work may be needed in therapy and supervision to help trainees overcome the influence of the transference to the setting, and work effectively as school-based counsellors.

Sue Kegerreis is course director of MA Psychodynamic Counselling and Psychotherapy at the University of Essex. She is both a child and adult psychotherapist who has practised in health, education and community settings, and privately.

In lieu: Toilets and other breaks Jeanine Connor

Our regular 'In counselling' columnist is taking a break, and so I'm stepping into the breach to fill the void. It's been a while since I was here, taking up space in the centre spread, where I wrote a regular opinion column for eight years. My last one, 'Reflecting on toilets',¹ was published six years ago, when I abruptly hung up my columnist hat and wriggled into the editor role. What a swansong – toilets! If I'd known that would be my final column, I would have picked something more, I don't know, *appropriate*.

My first editorial, in June 2019, was about change. I wrote that change carries risk, provokes anxiety and requires courage to navigate. I certainly felt anxious then, and I still feel it now, albeit to a lesser extent as I've become more settled in. I suggested that change means something familiar is left behind and what lies ahead is largely unknown. Unknowns are tough; sometimes they are unbearable.

In therapy, as in publishing, boundaries provide a frame within which we work. The reliability of the setting, and the boundary of starting and ending on time, at the same time, provide containment and a sense of knowing. These boundaries help us to form and maintain therapeutic relationships, based on patterns which gradually become familiar. We know from attachment theory that children need consistency to internalise a sense of a safe base within which they can connect, explore, separate and return. Breaks between sessions allow clients to learn they are held in mind and that the therapist will be there waiting for them,

If managed thoughtfully, breaks of all kinds – in therapy, publishing and all other relationships – offer valuable opportunities to test our connections

– *Jeanine Connor*



same time, same place the following week, unchanged by their absence. Extended breaks are usually beyond the young person's control – a family or therapist's holiday, perhaps – and may test their faith in the therapeutic process and relationship. But again, they provide opportunities for growth, and preparation for the ultimate goal of therapy – the ending.

Writing previously about toilet visits during therapy sessions, I suggested they contain symbolic communication about our clients' internal worlds. They also provide an experience of mini breaks (not the sightseeing kind) within sessions, which are entirely within the client's control. They are the ones leaving us and we are the ones left not knowing when and how they will return. Our responses to clients' requests to 'use the loo' and blur the therapeutic boundaries therefore contain symbolic communication too. Will we willingly acquiesce to their request to leave the room? Is there a limit to how many times they can go, or the duration they can be away? How will we contain our own feelings and frustrations? If managed thoughtfully, breaks of all kinds – in therapy, publishing and all other relationships – offer valuable opportunities to test our connections. If they are good enough, they will survive.

Jeanine Connor MBACP is a psychodynamic psychotherapist and supervisor in private practice, an author, and editor of this journal.

1 Connor J. Reflecting on toilets. BACP Children, Young People & Families 2019; March. <https://tinyurl.com/mvbhek84>

In supervision: Working with neurodivergence **Elizabeth Holt**

Reflecting on my counselling practice, I was asked recently, 'How do you change your practice to work with neurodivergence?'. My response was, 'I don't'. The supervisee appeared confused for a moment, until I explained, I don't have to change my practice because I aim, to the best of my ability, to not start from a place of 'neurotypical', and instead begin with a universal stance that aims to be fluid, flexible and inclusive. Supervision is the perfect space to ask questions and explore ideas about ways of working, but ultimately, we can't be sure of what will be most supportive to our clients unless we ask them and honour their individuality – neurodivergent or not. It is when we assume that we know, that we risk missing what is right there in front of us, maybe hidden in our blind spots.

This supervisee's question prompted me to reflect on how we, as therapists and supervisors, approach the concept of neurodiversity. While we may recognise the range of human experience, we can risk accidentally creating rigid categories if we think in terms of 'neurotypical' and 'neurodiverse', inadvertently diminishing the uniqueness of a person's experience and their ability to engage with therapy. As therapists and supervisors, we are not the experts on someone else's experience: they are. Individuals teach us what works for them, how they communicate best and what adjustments they might need from us. What we bring to the table as supervisors is the ability to create an environment that is responsive and fluid, one that invites

dialogue about preferences and respects autonomy, so that our supervisees can better support their clients.

This work requires humility and the ability to sit with not knowing. It embraces the discomfort of realising it's OK to not have all the answers. What matters is our willingness to listen and adapt, ensuring our clients and supervisees feel seen and empowered. This perspective aligns beautifully with the purpose of supervision, which is not just a space for troubleshooting, but also a space to reflect, challenge assumptions and cultivate a practice that celebrates the individuality of those we work with. It's here that supervisees can examine their own blind spots, biases and assumptions, with our help. For example, when a supervisee shares a challenge they're encountering with a neurodivergent client, we can explore whether their approach is attuned to the client's needs, or whether they are being influenced by an unconscious adherence to a 'neurotypical' framework.

Ultimately, the question isn't 'How do we change our practice to work with neurodivergence?' but rather, 'How can we ensure our practice is inclusive, flexible and responsive to all?' – in a way which invites us to move beyond labels and connect with the person; something that benefits everyone, not just those who identify as neurodivergent.

Elizabeth Holt BACP (Accred) is a counsellor, clinical supervisor, EMDR psychotherapist and mindfulness teacher in private practice. She specialises in supervision within educational settings and is completing a doctorate in psychological trauma.

Overexposed: understanding teen sexting



Andrea Anastassiou presents what we need to know about the definitions, prevalence, legalities and practicalities of teen sexting

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Innovations in technology have historically been accompanied by moral and media panic. From fears about telegraphs permitting women to have illicit communications with forbidden lovers in the 1930s, to concerns that the internet would expose children to sinister strangers via chatrooms in the 1990s, communication technologies, in particular, often reveal societies' paranoia and paternalism towards those perceived as being in need of protection.

One relatively recent technology-enabled practice to continue this trend is 'sexting'. Although researchers have made substantial efforts to provide a definition for the term, a consensus has not been reached. However, sexting broadly refers to the creation and sharing of sexually explicit personal imagery via internet-enabled devices and applications. As these practices represent the unification of technology and sex, sexting has received ample attention from the media and wider public. When it became apparent that young people were engaging in sexting practices, societal concerns escalated further. These concerns arguably stem from assumptions that teen sexting is inseparable from teen sex, peer pressure and cyberbullying.¹ Also considered inseparable from teen sexting is the notion that messages depicting young people without their clothes on and/or engaging in sexual acts could reach unintended audiences.

It was against this backdrop that I set out to conduct my doctoral research into experiences and perceptions of teen sexting practices. Through desk research and interviews with teenagers, parents, teachers, police officers and other safeguarding experts, I was able to gain unique insights into teen sexting. This article aims to share what I found, with a particular focus on information of value for adults with a duty of care to children and young people, such as counsellors and psychotherapists. To this end, I will contextualise teen sexting practices through an exploration of what they involve, how many young people are estimated to participate, the current legal status, and how young people perceive these practices. I also share some important resources and tools which have been developed to help us to support young people.

**...[teens are] aware of
the risk of images being
leaked and the potential
repercussions [but]
seemed confused about
the legal status**

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What is teen sexting?

The word 'sexting' refers, broadly, to the exchange of sexual messages, in the form of text, images or videos, via internet-enabled apps and platforms. Due to the current legal status of sexting (which I discuss in further detail later), teen sexting generally refers to young people under the age of 18 who engage in these practices.²

It is important to note that sexting practices can vary across a range of factors including: actions (sending, receiving and/or disseminating); types of media exchanged (text messages, images and/or videos); sexual characteristics (extent of nudity, depiction of sexual acts, body parts shown); and modes of transmission (posting on a platform or sending directly to someone/a group in a virtual message).

Sexting can also relate to other digital sexual practices, including:

- Revenge porn: a term used in reference to adult sexting only, to describe the non-consensual sharing of private sexual images with the intent to cause distress
- Upskirting: when someone uses a camera to take photos or videos underneath a person's clothing without their consent
- Sextortion: a term used to capture the act of using someone's sexual messages against them as a form of blackmail²
- Cyberflashing: sharing an explicit photograph with the intent of causing distress or humiliation.

Given the pluralistic nature of how digital sexual content is shared, and the subsequent divergency in definitions of sexting, there is a trend towards viewing it as a collection of different practices with varied motivations and outcomes. This suggests a need for multiple definitions, rather than trying to capture the complexity within one word. From an educational and safeguarding perspective, the importance of this stems from a need to address the issues associated with teen sexting with greater clarity, with some researchers arguing that, with more precise definitions of sexting practices, prevention messaging would be clearer, and young people would understand which practices are being addressed.³

In this article, I focus on the digital exchange of explicit picture and video messages by young people under the age of 18.

Is teen sexting an epidemic?

Amid the various categories and definitions of sexting, comparing research findings pertaining to the prevalence can be challenging. However, a recent UK-wide survey

by research agency Revealing Reality,⁴ of more than 5,000, 15 to 18-year-olds found that more than half of girls and nearly a third of boys had been sent a nude or nearly nude image by someone else. Regarding the sharing of images, 17% of girls aged 14 to 16 said they had sent a photo of themselves, with 11% of boys aged 14 to 16 reporting that they had shared an image of themselves. For the older age group of 17 to 18-year-olds, 26% of girls and 23% of boys said they had shared an image.

Although such findings are helpful in gauging the approximate numbers of young people who engage in sexting practices, there are limitations to collecting data of this nature, such as underreporting because of social desirability factors (e.g. embarrassment on the part of respondents) or overreporting because of response biases (those who do it may be more likely to respond to surveys of this kind).⁵

What is the legal status of teen sexting in the UK?

Until 2003, it was an offence to make, possess or disseminate indecent images of anyone under the age of 16 under the Protection of Children Act (1978).⁶ In 2003, the Sexual Offences Act⁷ raised the age for sharing sexual images to 18, making all aspects of teen sexting illegal under this age. This applies even if the content was produced consensually and/or the 'offender' is below the age of 18 themselves. Many people are unaware that this is the case, with a recent survey conducted by the

cybersecurity firm ESET, finding that 44% of its 2,000 respondents, half of whom were under 18, were unaware that sexting is illegal for anyone under the age of 18.⁸

In an attempt to avoid the unnecessary criminalisation of children and young people, the Home Office launched guidance in the form of Outcome 21 in January 2016.⁹ This initiative allows the police to make a record of teen sexting as a crime that has been committed, but for no formal criminal action to be taken if it is not considered to be in the public interest to do so.

Young people don't want to be judged or shamed by us, and we should be willing to explore teen sexting practices with them as they arise

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The responsibilities of social media platforms

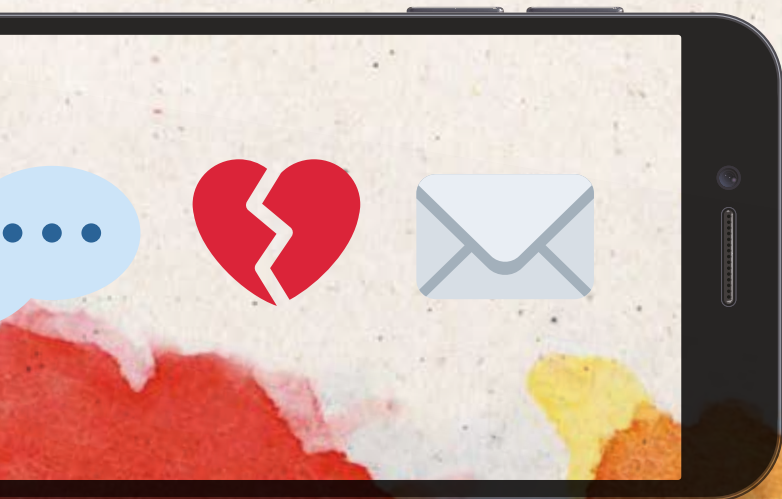
The Online Safety Act¹⁰ places

new legal responsibilities on online service providers, including social media platforms, to ensure the safety of children and young people online. This includes:

- Preventing, detecting and removing illegal content, including content depicting, promoting or facilitating child sexual abuse.
 - Preventing children from accessing content that is harmful or age-inappropriate, including pornographic content
 - Companies must use age verification software to prevent children from accessing pornographic content and will have to declare which age estimation tools they are using
 - Conducting and publishing regular risk assessments pertaining to the dangers that their platforms pose to the safety of children, and mitigating for these dangers.
- Ofcom, the regulator for communications services, has been tasked by the Government with enforcing the Online Safety Act, and has the authority to fine companies that fail to comply or take legal action against them.

What do young people have to say?

As part of my doctoral investigation, I interviewed 24 Year 10 and Year 11 students aged 15 to 16 from three secondary schools about their perceptions and experiences of teen sexting practices. I also analysed posts pertaining to



teen sexting on a popular online forum. Supporting much of the existing literature, my key findings included that young people use different phrases to refer to sexting practices, such as 'sending nudes' or 'd*ck pics', and have varied motivations for participating in sexting, ranging from peer pressure to having fun, flirting, experimenting with their sexuality and attaining status among their peers.

The teens who participated in my investigation and those posting on the forum were also all aware of the risk of images being leaked and the potential repercussions of this. However, both groups of young people seemed confused about the legal status of teen sexting. The young people posting on the platform also discussed risk mitigation strategies extensively, which included removing personal identifiers from images, such as cropping out their faces.

Regarding individual differences, I found teen sexting practices were perceived to be particularly gendered. Girls often spoke of the pressures that boys place on them to send explicit images and how persistent these requests can become. Girls also spoke of how often they received such requests 'out of the blue' and how unpleasant these contextless messages made them feel. Furthermore, the teens I interviewed perceived girls as experiencing more hostility and shaming from peers, especially other girls, whereas boys were seen as receiving harsher punishments from school when their sexting practices were exposed. Finally, the teens contributing to my investigation often questioned the extent to which they could trust authority figures, such as teachers and parents, to help them to end the shaming they experienced from their peers and stop images from being circulated. This mistrust appeared to stem from a belief that adults had no meaningful way of handling incidences of images being leaked, and would 'freak out' and punish them if they were discovered.

In summary

There is still much research to be done to fully understand teen sexting practices, particularly from the valuable perspectives of young people themselves. In the meantime, however, it is vital that young people can reach out and receive support from trusted adults, including counsellors and psychotherapists, and that we understand what the practices involve, how young people experience and perceive them, and where they are situated legally. Young people don't want to be judged or shamed by us, and we should be willing to explore teen sexting practices with them as they arise, and support them to stop their images being shared indiscriminately. ■

Further information and resources

Report Remove is a free service that can help young people to confidentially report sexual images and videos of themselves, and remove them from the internet:

<https://tinyurl.com/bdzwzzd>

If a young person is being threatened for sharing an explicit image online or has any other online safety concerns, it can be reported to the Child Exploitation and Online Protection Safety Centre (CEOP):

<https://tinyurl.com/5y3zpp4f>

CEOP have also compiled platform-specific guidance for reporting potentially harmful content to social media platforms:

<https://tinyurl.com/5n8en24s>

Any concerns regarding teen sexting can be reported to the Internet Watch Foundation:

<https://tinyurl.com/3bcy6yf8>

Dr Andrea Anastassiou is a BACP research fellow with a PhD in how digital sexual practices affect the wellbeing and mental health of children and young people. Prior to working at BACP, Andrea worked at several charities and universities conducting predominantly child-centred research in the fields of psychology and public health.

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Can't not won't

Maggie Worth seeks the truth behind emotionally based school avoidance

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Emotionally based school avoidance made a dramatic entrance into my world. My middle child was diagnosed neurodivergent in primary school. He struggled with social interactions, became overwhelmed by instructions, and found writing and reading impossible. These difficulties emerged as emotional and behavioural displays alerting us to his struggle. Fortunately, staff adapted to his identified needs, and helped him to feel safe and accepted so that he could

learn and grow. There were days where he was overwhelmed and did not want to go to school, but overall, he emerged from primary school ready for the next phase. The storm started at secondary school, which was larger and noisier; there were different rules, and new staff and students. The school experience was amplified from a sensory, social, emotional and cognitive perspective. Initial positivity disappeared, and day by day it felt like a storm rumbling in the distance before arriving overhead. There were tells of the escalation: he became more verbally distressed, interactions with peers deteriorated into verbal and physical outbursts, and the urge to bolt from school increased. One morning, he had to be peeled from the car; another, he tied himself to his bed and refused to move.

The schools' perspective was to force him to attend; but neither love nor money could get him there. Even at weekends, if we drove near the school, he would have a trauma reaction and a meltdown. He was diagnosed with complex post-traumatic stress disorder, and became completely unable to attend school.

What is emotionally based school avoidance?

Language around school avoidance is changing to reflect that it's not a case of the child *won't* attend but they *can't* due to crippling levels of anxiety.¹ For some children, school creates a fear-based reaction of fight, flight or freeze, hence the term 'emotionally based'. When my

son's avoidance started, I actively sought support from other parents online, and found a group called 'Not fine in school', which now has around 70,000 members (www.notfineinschool.co.uk).

Daily posts shared similar stories of children struggling, parents fighting for support, schools at a loss and mental health services unable to help.

At the time, I was working as an adult therapist and decided to complete a masters in integrative child, adolescent and family counselling and psychotherapy. I conducted research into families' experiences of accessing therapy for children and young people with emotionally based school refusal, and it became evident that many were overwhelmed and receiving little or no support.

Emotionally based school avoidance is recognised as a complex and escalating mental health condition.² It is reported that within the current 6.9% of overall school absences, over 19% are considered persistent,³ and 1–5% of the school population suffers from emotionally based school avoidance.⁴

Who is susceptible and how do we support them?

Some local authorities recognise the significance of emotionally based school avoidance and provide information and guidance. Multiple risk factors have been identified, such as changes in family dynamics, individual temperament, learning difficulties, bullying and lack of inclusivity.⁵ Growing evidence shows links with neurodiversity, as a neurodivergent child may have a more intensified experience of school, which can lead to the development of school avoidance.⁶ In my own research, 96% of participants identified their children as either diagnosed or undiagnosed neurodivergent.⁷

Guidance supports collaborative early intervention for the most positive outcomes.⁸ This is achieved by recognising early signs and by collaborative and swift intervention. If emotionally based school avoidance becomes entrenched and families struggle to access support, the child becomes isolated and mental health difficulties can escalate.⁵ Sometimes, it's hard to remember, in busy schools, that behaviour is communication. If a child is emotionally struggling, they may display this through outbursts, emotional withdrawal, social withdrawal, feeling sick with no apparent cause, freezing at the school gate or persistent absence.

Language around school avoidance is changing to reflect that it's not a case of the child won't attend but they can't due to crippling levels of anxiety¹

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The role of the family

When a young person cannot access school, the burden of responsibility often falls on the family. This can be an

intense process for parents and carers. It's easy to feel unsupported and to feel a sense of grief. In addition to our own thoughts, parents are exposed to the opinions of others. Research highlights that parents feel blamed by schools, mental health professionals, family members and friends.⁹ Comments such as, 'Well, you must not be parenting right', 'You are allowing him to stay home', or 'Let's send you on a course to learn parenting skills' are common. Due to the complexity of emotionally based school avoidance, family factors are not the single cause but can be a

contributory factor. However, it is important to highlight that blaming parents and withholding family support are seen to lead to poorer outcomes.¹⁰

Reasonable adjustments

Amy was in Year 9 when she started to complain of feeling sick and was struggling to go into school. She frequently missed lessons to seek medical support. Her absences escalated and her attendance dropped to below 90%. Amy attended counselling displaying high levels of anxiety, constant movement and gaze aversion. A very gentle and empathic approach was taken as she found it hard to talk and identify feelings and emotions. Through my knowledge of emotionally based school avoidance, I was able to help Amy map out her school day and identify anxiety triggers before, during and after school. We used mind maps and games to reduce the intensity of talking therapy and then, with her permission, I was able to feed back to school staff my recommendations for reasonable adjustments such as soft landings, printed lesson plans, quiet safe space for regulation, and not being called on in class to give verbal answers. After a few counselling sessions, Amy's sickness subsided, and school attendance improved. Counselling gave Amy an experience of feeling heard and understood, which helped her understand what was going on for her, while the adjustments in school reduced her level of anxiety. Additionally, counselling helped Amy to develop strategies to improve social interactions and connectedness, as well as adopt new activities to improve her wellbeing.

Parental support

A mother contacted me regarding the difficulties she was experiencing with her two children aged 15 and 11. Both were struggling with social interactions, cognitive overload in school and mental health difficulties, and neither were diagnosed with any form of neurodiversity. The younger child was also displaying significant and consistent signs of school avoidance. The family was totally overwhelmed. The mother was exhausted, anxious and at her wits' end as reaching out for help at school had been fruitless. Long-term therapy with the mother focused on enabling her to feel heard and supported: to put her own life jacket on, step out of the chaos and breathe, before then being able to move forward and fight for help for her children. I introduced her to books written by other parents of children struggling with emotionally based school avoidance, such as *My Child is Not Broken*¹¹ and *Can't not Won't*¹² as well as parenting techniques such as those suggested by an advocate for parents of children with poor mental health, Suzanne Alderson (www.suzannealderson.com). These reinforced to the mother that she was not alone and gave her the confidence to implement the strategies at home. As improvements occurred at home, the mother's own mental health improved, and she was able to challenge school and mental health services to support her children. They were both diagnosed neurodivergent along with co-morbid mental health disorders and gained access to the services they needed.

Emotionally based school avoidance took hold of my family's lives for seven years. We educated ourselves and fought for support. There were many highs and lows as my son struggled with emotional regulation. But he sat three GCSEs at home, wrapped in a weighted blanket; went to college and passed level 2 and 3 courses, and is now studying for a level 3 diploma. He came through the other side, got back into education, has a greater understanding of himself and is working towards a more positive future. Sheer determination, hard work and perseverance got him to where he is today, despite mental health and education systems proving to be barriers against progress. The information needed to alter perspectives, identify early signs and provide better support for young people experiencing emotionally based school avoidance exists, but is difficult to access. No child should have to spend years out of education, struggling with poor mental health in the UK today. Awareness must continue to grow, and timely and adequate support must be provided to children experiencing emotionally based school avoidance. ■

Maggie Worth (MBACP) is an integrative child, adolescent and family psychotherapist. She has worked in the education sector for over 15 years. A significant population of Maggie's clients are either diagnosed or undiagnosed neurodivergent students from ethnic and low-income socioeconomic backgrounds. In addition to her clinical practice, Maggie is an advocate and adviser to families of neurodivergent children and young people who struggle to access education. As well as taking part in conferences and webinars, Maggie runs training sessions for schools around adolescent mental health.

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Young voices: Sparking conversations around mental health

In her occasional column, **Rebecca Wemyss** speaks to **Conor Warren**, the CEO, founder and company director of Spark UK, a mental health organisation run completely by and for teenagers

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Rebecca: How did Spark UK start?

Conor: I set up the organisation aged 14 (I am now 18). My friends and I completed a training programme for mental health ambassadors in schools, and continued to present lessons and assemblies on mental health topics until COVID-19 when the funding got cut. It was quite a difficult time; every idea we had was shut down, so we decided to do something ourselves. We created an advent calendar aimed to help people start every day on a positive note, which was really well received. I knew we could develop this, so I started emailing celebrities, and in our first year we had support from Bradley Walsh, Emma Thompson and Stephen Fry. We started getting donations and used the money to create resources for schools, thinking about what we would have liked and what we'd missed out on.

What do Spark UK do now?

Over 300 schools across the UK, and some abroad, use our resources. We have three main pillars: the mental health ambassador programme, resources for schools and the advent calendar. We are also getting involved in research projects with universities. We are trying to show what young people are capable of. We might be the UK's only completely youth-led mental health organisation. I think that's important because we know what teenagers want and don't want, and we know what works and what doesn't.

What's the best way for us to communicate with teenagers?

We are moving towards short-form video content in our resources because we are the

TikTok generation, so we're more likely to engage with this kind of content. Also, working with celebrities and influencers helps because young people are more likely to listen to people they look up to than someone they know nothing about. We want to be treated as equals rather than talked down to. Lots of adults have an authoritative approach, but we engage better when we are spoken to as young adults, because we feel listened to and respected. As counsellors, you will get much more out of us this way than you will talking to us like we're younger.

...we know
what teenagers want
and don't want, and
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and what doesn't

.....

What are the barriers for teens accessing counselling?

I found counselling very beneficial, but initially I didn't think I would meet the criteria and that's a massive barrier. There's a sense of thinking, 'Why should I get it and not other people?'. Lots of people think Child and Adolescent Mental Health Services (CAMHS) are the only option and they have long waiting lists. Schools need a good pastoral team who can notice who needs support, but that's harder the more students you have. I think location matters too; some people might not feel safe to open up and feel vulnerable in a school setting. When it comes to teenage boys, there's still a stigma around accessing counselling and talking about mental health. In my experience, the majority of referrals for school counselling are still for girls, whereas boy's struggles are more likely to be seen as behavioural issues. Also, there's the worry about who the counsellor might talk to about what they're told, even though it's confidential.

Have you noticed any particular mental health needs in young people?

Anxiety is on the rise, especially during exam season. There is so much pressure to get good grades and go to university. This narrative causes a lot of stress. I've had family members, school, even MPs, telling me university is the best option and that's what I should be doing. Equally, my friends have said, 'I don't know what else to do, I'm going to have to go to uni, what else is there?' It's so easy to compare ourselves to other people now. For example, on TikTok there could be a video of someone doing a seven-hour revision session, and then you see that and think, 'Well, I'm not doing seven hours' and this constant comparison makes us more vulnerable to anxiety.

Do you think social media is a problem for young people?

Actually, I'm quite pro-social media. I think it's a great tool and so important for people living in rural areas. Without it, society would be much more closeted; we wouldn't know what was out there. If you don't have social media, I think you miss out. I make all my plans with my friends on Snapchat, so without it my social life would fizzle out. There are so many positives, but what you see on your social media depends on how you use your social media. We make active decisions about who to follow and what stuff we 'like' or engage with. If you follow motivational posts and affirmations, you'll get shown more of that kind of content because of how the algorithms work. Social media can be a tool for good, it's helped our organisation so much in terms of exposure, but it's about managing it and being sensible.

How can readers access Spark UK's resources?

Everything we do is free because we want it to be accessible to everyone. You can sign up for our free newsletter and access resources on our website: www.sparkuk.co.uk ■

Rebecca Wemyss MBACP (Accred) is a bereavement counsellor at Winston's Wish and a member of the BACP CYPF Executive Committee.

I'm coming out

In the first article of a new series about supporting LGBTQ+ young people, **Olly Pike** shares the ways we can support parents when their child comes out

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Navigating the complex journey of a child coming out as LGBTQ+ can feel overwhelming for many parents and carers. Counsellors and therapists working with children and young people have a unique ability to help empower them in responding positively and effectively during this pivotal moment in maintaining trust and connection.

The power of parents' reaction

When a child comes out, a parent or carer's initial reaction is critical. This moment will likely stay with the child for a lifetime, shaping their confidence and self-worth.¹ We can help parents/carers to recognise the significance of their response, even if it feels unexpected. I never had the chance to come out to my parents on my own terms because someone else outed me. Losing control of such a deeply personal moment left a lasting impact on my sense of trust and autonomy. When a child's right to disclose their identity is taken away, it can undermine their confidence, and foster feelings of vulnerability and isolation.¹

Parents and carers often experience complex emotions when their child comes out, including fear, sadness and uncertainty. Their feelings are valid but should be processed thoughtfully and counsellors can help. Parents can be encouraged to consider how their immediate response, whether through words, facial expressions,

or body language, might come across to their child. A warm hug, expressions of love, and affirmations of support can make all the difference.

For transgender young people, conversations about names and pronouns may require additional sensitivity. If parents need time to reflect, a suggestion to acknowledge their child's feelings and reassure them of their love, while committing to revisit the conversation soon, can help to maintain trust and allow their child to feel supported.

Recognising a child's courage

Coming out is a brave and vulnerable act for a young person, and helping parents/carers to understand this can foster empathy and appreciation. Acknowledging their child's bravery, thanking them for their openness, and reinforcing unconditional love are vital. Parents and carers might believe that one conversation is enough, but this can leave a child feeling they need to 'come out' repeatedly to be acknowledged. Parents should be encouraged to create ongoing opportunities for dialogue. A simple, 'How are you feeling about coming out to me?' or, 'Is there anything else you'd like to share since we last spoke?' can help a young person feel supported and seen. Silence can feel isolating.

From my own experience, not being prompted to discuss my identity created a heavy load and sense of loneliness. Regular check-ins can make a significant difference in maintaining trust and connection.

Thoughtful language matters

Parents and carers may not realise how certain phrases can affect their child. A remark such as, 'We already knew' might seem supportive, but could make a young person

**Imagine a world
where coming out
is no longer necessary;
a world where diverse
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.....

feel self-conscious, as though their identity has been the subject of speculation. Encourage parents to focus on affirming their child's courage and authenticity instead.

Clarity and patience are essential

It is important for parents/carers to understand their child's needs after coming out. Discussions may include whether they wish to share their identity with extended family or peers, and for transgender children, it might involve conversations about social transitioning or gender expression. Letting the child set the pace is key. They might not have all the answers right away, and that's perfectly OK. Reassure parents/carers that keeping the door open for future discussions is one of the best ways to show their support. Through my work with thousands of families at Pop'n'Olly, I've seen the positive impact of allowing children to lead these conversations. It helps them feel secure and validated, which is vital for their wellbeing.

Creating a supportive environment

Every LGBTQ+ child deserves to feel safe and supported at home. Parents and carers can make a profound difference by ensuring their home is a place of acceptance where their child can express their identity freely. This kind of environment fosters confidence and emotional resilience.

Supporting the parent or carer's journey

It is not unusual for parents and carers to experience a mix of emotions when their child comes out. Support from counsellors and therapists can make a significant difference in providing a space to work through their feelings. It can also provide an opportunity to connect parents with other families of LGBTQ+ children, or share relevant resources that can normalise their feelings and provide reassurance.

The importance of representation

Representation in media, books and stories can profoundly shape a child's sense of belonging.² Counsellors and therapists can support parents/carers to explore diverse and inclusive stories that reflect their child's identity. Growing up, I didn't see characters like me in books, which left me feeling unseen. Inclusive stories where princes marry princes, or heroes are transgender, celebrate diversity and show children that they are valued. These narratives affirm that their lives can be rich and fulfilling.

Building a more inclusive future

Imagine a world where coming out is no longer necessary; a world where diverse identities are understood and celebrated. While we work towards that vision, every supportive conversation helps. By guiding and supporting parents and carers to provide unconditional love, acceptance and understanding, counsellors and therapists are laying the foundation for LGBTQ+ young people to thrive. ■

Olly Pike (he/him) is the creator of the multi-award-winning company Pop'n'Olly, the UK's leading LGBTQ+ educational resource provider for primary school aged children, parents, carers and teachers. Pop'n'Olly produce inclusive videos and children's books designed to combat homophobia and transphobia before they develop. This work has reached millions globally, with over 30,000 books distributed, including 12,000 donated to UK primary schools. www.popnolly.com

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News

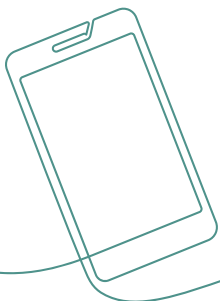
A round-up of the latest findings and policy updates affecting children, young people and families

Non-consensual image sharing

The global online tool designed to stop non-consensual intimate image abuse reached the milestone of protecting one million images from being shared online without consent. StopNCII.org is the world's first, device-based hashing technology tool which allows users to create unique identifiers of their images (known as hashes or digital fingerprints) from their own device. Hashes are shared with StopNCII.org, not images, which ensures that intimate content never leaves the user's device.

StopNCII.org shares hashes with an ever-growing list of industry partners, including Facebook, Instagram, TikTok, Snap Inc, Reddit, OnlyFans and Pornhub. If an image becomes available through any of these sites, it will be removed and blocked from being shared across other partner platforms.

<https://tinyurl.com/yfm5vd35>

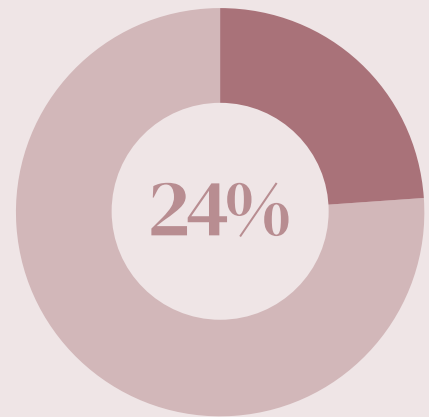


Violence and vulnerability in teens

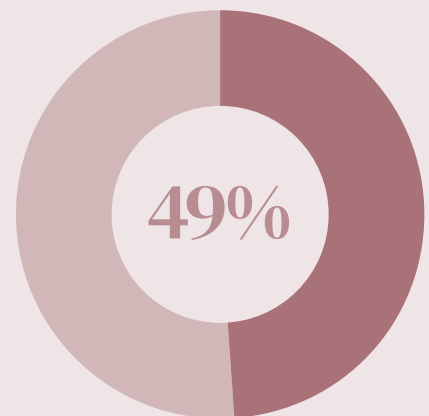
The Youth Endowment Fund (YEF) has published its latest report about the ways boys and girls experience violence, after surveying over 10,000 13 to 17-year-olds. It found that 24% of boys report being victims of violence and 21% admit to perpetrating violent behaviour.

For girls, 16% report being victims and 11% report perpetrating violence. Six per cent of boys and 7% of girls report experiencing sexual violence in the past year. Online, experiences of sexual violence rise to 27%, with 33% reporting they have encountered content that encourages violence against women and girls. Almost half (49%) of all teenagers in romantic relationships have experienced violent or controlling behaviour from their partner, with the figure rising to 58% in younger teens aged 13 to 15, with boys more likely to experience violent or controlling behaviours (57%) compared to girls (41%).

<https://tinyurl.com/36u99jb4>



24% of boys report being victims of violence



Almost half (49%) of all teenagers in romantic relationships have experienced violent or controlling behaviour from their partner

Together for Childhood

The NSPCC's place-based partnership project is working to prevent child abuse and neglect in four UK towns and cities. The project, Together for Childhood (TfC), conducted surveys, focus groups and interviews with 249 professionals working with children and families in Glasgow, Grimsby, Plymouth and Stoke-on-Trent, to find out what they know, think and do to prevent child abuse and neglect. The project found that professionals are clear about their responses to abuse after it has occurred, but less clear about prevention. Complex referral pathways, lack of early help services and other systemic barriers make it difficult for professionals to feel supported. Recommendations include regular high-quality training and resources; better understanding of issues and inequalities that affect families, such as poverty and trauma; learning networks to facilitate sharing of knowledge and prioritising staff wellbeing to develop better organisational prevention, safeguarding policies and practices.

<https://tinyurl.com/bd8zanks>

Adultification bias

The Independent Office for Police Conduct (IOPC) has updated its guidelines on handling allegations of discrimination. The guidance now includes a section to protect black, Asian and minority ethnic children from a type of discrimination known as adultification, where these children are perceived as being more grown up and streetwise, and less innocent and vulnerable than white children. Adultification is associated with other factors such as poverty, homelessness or involvement in the criminal justice system. It is widely accepted that adultification is a form of racial bias particularly impacting black children, which can lead to their safeguarding and welfare not being appropriately considered.

<https://tinyurl.com/27b4t2ck>

Services still struggling to meet demand

Statistics suggest that one in five young people is struggling with poor mental health, missing out on education, attempting suicide and reaching crises as they wait for support, according to the charity Rethink Mental Illness. As services struggle to meet rising demand, a group of 17 charities and organisations has written an open letter to the Prime Minister to ask for urgent clarification on mental health funding, highlighting the societal and economic costs of 'broken' mental health services. The letter asks for commitment to the Mental Health Investment Standard, and to grow the share of the NHS budget to tackle waiting lists for care and treatment.

<https://tinyurl.com/yavh2r3z>

Roblox safer for under 13s

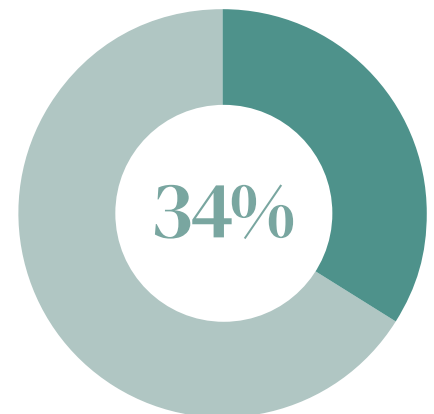
The online game platform Roblox is implementing changes to keep children under 13 safer online. Additional restrictions mean that gamers under 13 will have limited access to unrated content and some interactive experiences, including direct messaging and social hangout spaces. Additional features will allow parents to access parental controls from their own devices and monitor their children's screen time. All experiences on Roblox will have a content maturity label, helping parents and users to make more informed decisions about the content they engage with, while any experiences that remain unrated will be automatically filtered out of search results and public listings for users under 13.

<https://tinyurl.com/2k4jj3n7>

Gender differences online

A report from Ofcom reveals gender differences in online behaviour. Females favour platforms like Pinterest, Snapchat and TikTok, while males are more active on Reddit and YouTube, and are twice as likely as women to visit pornographic sites and engage with AI tools. Women and girls have higher daily screentime across all age groups, with the highest difference in Gen Z, with females in this age group reporting over an hour a day more screentime than males. Just 34% of women and girls think that the internet is a societal force for good compared to 47% of men, and they reported greater concerns about online harms, including extremism, trafficking and hateful content. Girls aged 13 to 17 are reported to be most at risk from harmful content related to body image and misogyny, and are more likely to experience unwelcome 'friend' requests and targeted harassment. New online safety laws require tech companies to take decisive action against harmful and illegal content, with specific guidance to make digital spaces safer for women and girls.

<https://tinyurl.com/tcccejw7>



Just 34% of women and girls think that the internet is a societal force for good

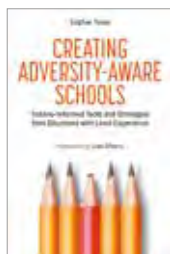
Reviews

Personal critiques of new books for counsellors and psychotherapists working with children, young people and families

Creating Adversity-Aware Schools: trauma-informed tools and strategies from educators with lived experience

Sophie Tales

Jessica Kingsley Publishers 2024
ISBN 978-183997493-9



This accessible, well-structured book by a teacher makes a good case for using the expertise of teaching staff and others employed in schools, to plug the gap left by the underfunding of England's Child and Adolescent

Mental Health Services (CAMHS). I picked it up with interest; my first career was in teaching, before retraining as a counsellor and supervisor of counsellors working in educational settings. Back then in the 1970s, teachers were not encouraged to share personal experience, adverse life experiences were 'othered', and it was shameful to admit that our own childhood might have been scarred by difficulty. But as trauma expert Lisa Cherry's foreword suggests, the pandemic has changed that by connecting us through a universal adverse experience. With many schools struggling financially, and young people now waiting two years or more to see a trained counsellor, I fully understand Tales' mission to use the resources schools already have in staff who have explored and come to terms with their own lived experience

of adverse childhood experiences (ACEs). Nine such professionals have been interviewed by Tales for this book and their commentary is powerful.

The book begins by asking readers to explore their own ACEs through the ACE questionnaire which is easily accessed online. Though no substitute for therapy, of course, this sets the scene for self-compassion and an understanding of behaviour as communication. The complex relationship between trauma and neurodivergence is briefly explored, stressing the need for teachers to understand this. The chapters which follow explore safety, communication, connection, belonging and identity as crucial dimensions of the adversity-aware school. Each chapter begins with an example of behaviour as communication; for example, a student seeking safety might pace the corridors disrupting others' learning, whereas one seeking connection might put her hand up to answer every question. Tales skilfully weaves together the lived experience of professionals, academic research and practical solutions for teachers based on cognitive behavioural therapy (CBT) and transactional analysis (TA). Her use of diagrams to explain is first class. Two sections particularly impressed me – the detail on how to teach neuroscience to young people (pp87–108) and her thoughtful consideration of exclusion (pp142–152).

The chapter on connection was the most challenging for me in terms of self-disclosure. Tales is clear that teachers should only share their life experience to

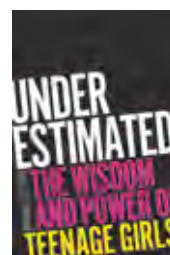
support someone else and not for their own healing. In my experience, this is easier said than done; even those of us with years of therapy behind us can have blind spots, and a client's projections can unexpectedly and powerfully return us to a vulnerable childlike state which has implications for the work. I noticed that none of Tales' nine professionals mention teacher self-disclosure as helpful in their own childhood experience, whereas many recall the power of good listening. Perhaps that is enough? With this caveat, I highly recommend this book to all educators. Whatever your take on disclosure, it is good to think these issues through and Tales' clear and lively text helps us do just that.

Jane Cooper MBACP (Snr Accred), supervisor and former senior counsellor in higher education

Underestimated: the wisdom and power of teenage girls

Chelsey Goodan

Scribe 2024
ISBN 978-197189002



A measure of my enjoyment of a book is the amount of highlighter I mark on the pages as I'm reading it. This book is now glowing! It stands as an homage to teenage girls, who are so often misread, misunderstood and

misjudged. Goodan gets them, and reading this book will help you to get them too. She also loves them and dedicates her book 'to all the girls who profoundly expanded my mind and heart, helping to heal the teenage girl inside of me.' The author is not a trained therapist, and some of her discoveries might seem obvious to those of us who are, but even the descriptions of techniques that are so familiar to us, serve as helpful reminders about how to talk to teenage girls and, more importantly, how to listen.

Goodan advocates for holding space and responding without advice or judgment, which she calls 'a special type of psychological jujitsu'. As therapists and counsellors, we are trained to use this 'jujitsu' and understand its power. The author advises adults to approach conversations with curiosity – 'I want to hear your perspective. I want to understand. Can I ask you more about that?' – which is also recognisable from our own therapeutic endeavours. Goodan is not a parent either and writes that this has definitely helped her to '...enter territory when parents are oftentimes denied access.' She is an American academic tutor – there are some Americanisms in the book, such as references to the US education system, but they don't detract for the non-American reader.

The book is divided into 15 chapters with themes including Feelings, Sexuality, Media, Perfection, People-pleasing, Identity, Sexuality and Shame, as would be expected in a book about teenage girls. Goodan interrogates the stereotypes around their identity, such as mean, emotional, hormonal and dramatic, and says these identifiers are filled with shame and need to be replaced with understanding and respect. She includes lots of conversations with and wisdom from teenage girls themselves, as well as recollections from her own teenage years which bring the book to life. Each chapter ends with a list of 'Core insights' and a quote from one of the many teenage girls she's spoken to.

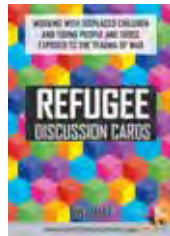
This book will be of enormous affirmative value to teenage girls, and will help parents in their endeavours to understand and communicate with their daughters – I've already recommended it several times. As therapists and counsellors, having it on our shelves will send out a clear message that we too believe in the power and wisdom of teenage girls.

Jeanine Connor MBACP, psychodynamic psychotherapist and editor of this journal

Refugee Discussion Cards: 50 user-friendly cards with practical ideas and strategies for displaced children and young people, and those exposed to the trauma of war

Tina Rae

Hinton House 2024
ISBN 978-1912112210



Dr Tina Rae is an experienced child psychologist with over 40 years' experience working with children and families in clinical and educational contexts. The Refugee Discussion Cards are intended to be used in schools by staff as a tool to help promote discussions with children to enable them to feel safe, nurtured, empowered and understood. Rae has made clear that they are not intended to replace specialised therapeutic interventions for those who may need them.

Inside an easily accessible tin, there are 50 cards and a handy manual. The manual provides a brief and useful introduction to trauma symptoms and behaviours, common reactions to trauma and practical suggestions about how the cards could be used to support children in school. The manual is well-written and provides a great insight into some of the challenges children suffering trauma may be exposed to, and the invaluable ways in which school staff can help. The cards have been split into five categories: All about me, My feelings, My memories, Self-care tools and My wellbeing toolbox. Each card is clearly labelled, colour coded and numbered 1–10. They are a good size, have a bright and bold type, are well-presented and easy to read. The author offers a good range of ideas, suggestions and strategies to promote self-help, connection and a sense of belonging.

However, there are some areas of the cards that I think work less well. In the introduction, it states that the cards are intended for refugee children and young people, although the suggested age range is not specified. As the language and ideas on some of the cards is quite complex, for example, asking children to 'visualise' or 'cope better by using distraction', I question whether younger children would find some

of the ideas and concepts difficult to comprehend. In addition, given that a lot of refugee children speak English as a second language, with some having limited exposure to English before arriving in the UK, even the most proficient communicator would find it difficult to explain such complicated concepts. The cards have also been written from a Eurocentric perspective, so some of the ideas, suggestions and experiences may be unfamiliar to those they are trying to reach. For example, I wonder whether a child from rural Afghanistan or Somalia, for example, would be familiar with traffic lights and remote controls, which are both referenced in the cards. I would therefore advise getting to know the child better before using the cards, so that adaptations can be made to reflect those differences prior to their use. Once this has been done, I think these cards could be a useful tool for use in schools, by teaching and support staff as well as counsellors.

Helen Axelby, child and adolescent therapist at the Refugee Council

Forthcoming editorial deadlines for *BACP Children, Young People & Families* journal:

3 March
for the June issue

2 June
for the September issue

15 September
for the December issue



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