FINAL PROJECT REPORT

Provision for young people who have displayed harmful sexual behaviour

An understanding of contemporary service provision for young people displaying harmful sexual behaviour in a UK context.

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ABOUT THE CENTRE

The **Child Protection Research Centre** was set up in 2007 as a unique collaboration between The University of Edinburgh and the NSPCC. Our research is designed to generate a more integrated and deeper understanding of child protection in the UK and internationally, in order to strengthen policy and practice. The Centre is committed to pursuing a programme of knowledge exchange that makes a positive impact, including fostering dialogue between policy makers, practitioners and academia.

The Centre was previously known as The University of Edinburgh/NSPCC Centre for UK-wide Learning in Child Protection (CLiCP). This name features on publications produced between 2007-2011.

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1.   SUMMARY

Over the past few decades, children and young people who have sexually harmed others have attracted increasing attention from researchers and policy makers. Although it is known that they form a small, but significant group, there are difficulties in gaining a clear indication of incidence since much of the existing research has involved small and heterogeneous samples, many of which were not UK-based and lack of control groups for comparison. Furthermore, many incidents of sexual abuse are likely to go unreported. The nature, extent and significant negative consequences of harmful sexual behaviour for the victims and perpetrators, make this an important issue for policy development and research investigation. Overall, research and knowledge in this important area are still accumulating and much remains to be confirmed. Although recent decades have seen a movement towards greater understanding of the issue of harmful sex behaviour, a gap remains. The purpose of the project was to help address this gap in knowledge.

1.1 Project aim and objectives

The aim of the project was to gain an understanding of contemporary service provision for young people displaying harmful sexual behaviour in a UK context. The specific objectives were to:

- Build a profile of the scope and nature of current service provision in the UK for young people displaying harmful sexual behaviour, focusing on:
    - profile of service users and changes over time;
    - referral sources, assessment, intervention, case management;
    - staff training and support.
- Investigate the part that local and national guidance and procedures play in supporting service provision for young people displaying harmful sexual behaviour in relation to assessment, intervention, case management and staff training/support.
- Identify the key principles that underpin good practice in relation to service provision for young people displaying harmful sexual behaviour.
- Make recommendations for practice, policy and service provision in relation to young people displaying sexually harmful behaviour.

1.2 Project design

To meet the aim and objectives a project was designed that comprised two interlinked phases: Phase 1: a small-scale survey of a sample of UK local authorities to identify the scope and nature of service provision (addressing objective 1); Phase 2: analysis of local and national guidance and procedures in the four nations of the UK (addressing objectives 2&3). A primary focus for both phases was on similarities and differences between the constituent nations of the UK, particularly differential developments in policy between England, Northern Ireland, Scotland and Wales (N.B. we have sequenced these countries alphabetically in our report). Findings from these discrete, yet complementary phases of the project were subsequently synthesised and articulated in the form of recommendations for practice, policy and service provision (addressing objective 4). The project took place between October 2011 and December 2012.

1.3 Key Findings

Findings from phase 1 showed that despite some variations across countries, there was a reasonably consistent profile of service provision across the local authorities included in the survey. Most children who come into contact with such services were reported to be subject to an assessment and this tended to be based on a standardised framework. Risk management and child protection measures were important elements across most of the surveyed local authorities, along with multiagency procedures. All the local authorities reported that training was available for staff to support their work in the area of harmful sexual behaviour. Findings from the documentary analysis show that the procedures and guidelines – and the principles contained within them – align with the service provision captured as a result of the survey. However, they do not always make explicit suggestions and recommendations. This was particularly evident in relation to types of assessment or intervention approaches. In many areas of England and Wales the procedures remained silent on the issue of young people and criminal justice processes. Discrepancies between guidance in the level of detail in which processes were prescribed, suggest there may be inconsistencies in practice. The extent to which the needs of young people from certain groups were reflected in the documents was variable, particularly in relation to minority ethnic groups and learning disability. We identified several principles that underpin good practice (see below). Principles A.1 - B.4 were highly evident in our documentary analysis. B.5 - valuing the strengths of the child and family – was conspicuous in its absence. We have added it as a suggested principle.

1.4 Principles of good practice – a proposed framework

A. Organisational level principles	A.1 Need for systematic assessments and interventions
	A.2 Adopting multi-agency approaches
	A.3 Ensuring a well-trained workforce
B. Individual level principles	B.1 Engaging the family
	B.2 Acknowledging the importance of context
	B.3 Ensuring child-centred approaches
	B.4 Taking account of individual needs
	B.5 Valuing the strengths of the child and family

1.5 Discussion

Our findings have shown a reasonably consistent picture across the four UK countries regarding service provision for children and young people who exhibit harmful sexual behaviour. Most children who come into contact with such services are subject to an assessment using a standardised framework and processes for assessment, child protection measures, staff training and multiagency procedures are commonplace. However, our findings suggest that procedures and guidelines to support good practice do not always make explicit suggestions and recommendations, particularly regarding assessment or intervention approaches. This is a particular issue in relation to minority ethnic groups and learning disability. We have identified several principles that underpin good practice in relation to service provision. However, we suggest that 'valuing the strength of the child and family' is not sufficiently explicit within procedures and guidelines in this area and that this omission should be addressed.

1.6 Conclusions and recommendations

Findings from the documentary analysis show that the procedures and guidelines – and the principles contained within them – align with the service provision captured as a result of the survey. However, as indicated, there is variation as to the breadth and depth and if they display explicit suggestions and recommendations. This was the case in terms of the specific processes and requirements in inter-agency agreements for cases. It was also particularly evident in relation to types of assessment or intervention approaches.

The extent to which the needs of young people from certain groups were reflected in the documents was variable, particularly in relation to minority ethnic groups and learning disability. This is a concern, given that most of the local authorities who took part in the survey reported that young people from these groups were represented in their case profile. Absence of clear guidelines may leave local authorities grappling with the practicalities of assessment and intervention. Additionally, lack of explicit guidance may increase the chances of inconsistency within and across local authorities. We therefore recommend that policy makers are cognisant of the need for clear, explicit guidance in this area. Our study revealed several principles that underpin good practice in service provision for young people who exhibit harmful sexual behaviour. We recommend this as a framework for good practice.

2.   INTRODUCTION

Over the past few decades, children and young people who have sexually harmed others have attracted increasing attention from researchers and policy makers (National Children's Home (NCH) 1992; Whittle et al. 2006; Hall 2010). Associated with this, there has been growing recognition that young people who have sexually harmed should not simply be treated as younger versions of adult sex offenders (Hackett et al. 2005). Although children and adolescents engage in a wide range of sexual behaviours, much of which are normative, age-related and developmentally expected, some may engage in inappropriate interactions. For this reason, it may be more helpful to talk about a child's sexually "harmful" behaviour rather than sexually "abusive" behaviour (Ryan et al. 2010). When harmful sexual behaviour by children was first noted in the UK in the early 1990s, there was significant debate about how to describe such children without labelling them as sex offenders or paedophiles. This is important because there is increasing recognition that often these children have been victimised and sexually abused themselves (Northern Ireland Department of Health Social Services and Public Safety 2003; Youth Justice Board 2010; HM Government 2010).

A plethora of terms exist to describe this phenomenon and there is persistent absence of consensus regarding appropriate terminology. Current policies from across the UK use terminology such as: *'young people who display sexually harmful behaviour'* (HM Government 2010); *'sexually inappropriate or aggressive behaviour'* (Welsh Assembly Government 2006); *'young people who sexually abuse'* (Youth Justice Board 2008)*; 'children and young people who display harmful or problematic sexual behaviour'* (Scottish Government 2010); *'children who sexually abuse or sexually harm'* (Northern Ireland Department of Health Social Services and Public Safety 2003). Lovell (2002) suggested the preferred terminology of *'sexually harmful behaviour'* on the grounds that it describes the behaviour but avoids labelling the child. However, the National Organisation for the Treatment of Offenders (NOTA) have the following stance: *'One small but important point in relation to terminology: The Committee is of the view that the term 'harmful sexual behaviour' is more accurate than 'sexually harmful behaviour'* (NOTA 2012). With this in mind and for the sake of consistency, harmful sexual behaviour is the term used throughout his report.

Retrospective studies also present a broad consensus that between 23-40% children who sexually harm others have often suffered abuse and neglect themselves (Hawkes 2009; Vizard 2006; McCartan et al. 2011). However, little is known about incidence or prevalence because figures regarding the numbers of children who sexually abuse or harm are difficult to determine accurately. There are difficulties in gaining a clear indication of incidence since much of the existing research has involved small and heterogeneous samples, many of which were not UK-based. This means that any related statistics are likely to be an underestimate. There is the further problem that many incidents of sexual abuse are likely to go unreported because of the embarrassment or even guilt felt by victims, a lack of realisation of the significance of the incident (or, among very young children, a lack of words by which to describe what has happened), or anxiety about the threats of dire consequences if they do report the incident. Radford et al. (2012) found that two thirds (65.9%) of contact sexual abuse experienced by children aged 0-17 was perpetrated by someone aged under 18; four out of five children aged 11-17 (82.7%) who experienced contact sexual abuse from a peer did not tell anyone else about it. Adolescent, white males continue to form the largest group of those who exhibit harmful sexual behaviour. However those from minority ethnic groups, younger children, females and those with a learning disability are to a lesser extent included in any statistical figures

(Erooga and Masson 2006).

Regarding consequences, research suggests that individuals who sexually abuse children are likely to be socially isolated and have poor social skills. Those who offend against peers or adults tend to use more physical force and aggression than those who sexually abuse children (Epps and Fisher, 2004). Many parents face stigma, rejection and hostility from the local community in reaction to their child's behaviour. As discussed, the nature, extent and significant negative consequences of harmful sexual behaviour for the children and young people involved, make this an important issue for policy development and research investigation. This is reflected in some investment in these areas over the last two decades.

Twenty years have lapsed since the NCH published its report on the enquiry into children and young people who sexually abuse other children. The report significantly raised the profile and understanding of children and young people who have displayed harmful sexual behaviour. Since then, Hackett et al. (2005) have examined provision for young people displaying harmful sexual behaviour. Their investigation provided insight into the services, ethos, knowledge and policy framework in this field in the UK and Republic of Ireland. Comparing the situation to that described by the earlier NCH enquiry, Hackett et al found many improvements in the recognition of harmful sexual behaviour as a problem. However, they found variability in volume, content and quality of services across different local authorities. They reported that this left young people and their families confused or potentially unjustly treated (Hackett et al. 2005). They concluded that despite some advances in understandings and provision of services, there were still many issues to be addressed. Specifically they called for empirically based best practice guidance to be developed that could serve as an authoritative base for those in contact with this group of young people. Since then, empirical research on harmful sexual behaviour remains in a relatively early stage in comparison to studies of adult sexual offending. There is a need therefore to conduct comprehensive and national reports of child-on-child sexual abuse. Overall, research and knowledge in this important area are still accumulating and much remains to be confirmed. Although recent decades have seen a movement towards greater understanding of the issue of harmful sex behaviour, a gap remains. The purpose of the project detailed in this report was to help address this gap in knowledge.

3. PROJECT AIM AND OBJECTIVES

The aim of the project was to gain an understanding of contemporary service provision for young people displaying harmful sexual behaviour in a UK context.

The specific objectives were to:

- Build a profile of the scope and nature of current service provision in the UK for young people displaying harmful sexual behaviour, focusing on:
    - profile of service users and changes over time;
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- Investigate the part that local and national guidance and procedures play in supporting service provision for young people displaying harmful sexual behaviour in relation to assessment, intervention, case management and staff training/support.
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- Make recommendations for practice, policy and service provision in relation to young people displaying sexually harmful behaviour.

To meet the aim and objectives a project was designed that comprised two interlinked phases: Phase 1: a small-scale survey of a sample of UK local authorities to identify the scope and nature of service provision (addressing objective 1); Phase 2: analysis of local and national guidance and procedures in the four nations of the UK (addressing objectives 2&3). A primary focus for both phases was on similarities and differences between the constituent nations of the UK, particularly differential developments in policy between England, Northern Ireland, Scotland and Wales (N.B. we have sequenced these countries alphabetically in our report). Findings from these discrete, yet complementary phases of the project were subsequently synthesised and articulated in the form of recommendations for practice, policy and service provision (addressing objective 4). The project took place between October 2011 and December 2012.

4. PROJECT DESIGN

4.1 Phase 1: a small-scale survey of a sample of UK local authorities to identify the scope and nature of service provision

Request for research approval from the Association of Directors of Children's Services (ADCS) Research Group was submitted on 2 May 2012 and permission was granted on 8 July 2012 (Ref 120508). Simultaneously, a completed Association of Directors of Social Work (ADSW) Research approval form was submitted to the ADSW Organisational Development Committee on 1 May 2012 and support for the research was granted on 1 June 2012.

4.1.1 AIMS

The aim of this phase was to build a profile of the scope and nature of current service provision in the UK for young people displaying harmful sexual behaviour, focusing on profile of service users and changes over time; referral sources, assessment, intervention, case management; and staff training and support.

4.1.2 METHODS

The most appropriate method was deemed to be an on-line survey. The main drivers for this choice were the geographical spread of local authorities from whom data were to be collected and the anticipated efficient importing of data for analysis. The questionnaire was developed and administered using SNAP survey software (see appendix 1 for details of the questionnaire). The questionnaire was piloted with a small group of individuals (n=3) who had knowledge of practice with young people who display harmful sexual behaviour. They comprised a senior NSPCC service manager in England and two senior practitioners in Scotland. On the basis of their feedback, modifications were made to the questionnaire regarding some of the terminology used and also overall length of the questionnaire.

A sample of 20% of local authorities was selected. The sampling strategy was based on that used by Hastings et al. (2012) to ensure a spread of deprivation levels, political control of the local authority and urban and rural coverage. The first task involved listing all local authorities ranked according to the local concentration of deprivation (Department for Communities and Local Government 2010). For the local authorities in England, the first and then every fifth local authority were then selected from the list. Adjustments were made to this strategy to ensure urban/rural and political control was represented. The 32 Scottish local authorities were ranked according to national share of 10% most deprived data zones (Scottish Government National Statistics 2009). A sample of six local authorities were selected; two each from the highest levels of deprivation; two from the mid-range and two form the lowest share of deprived data zones. These encompassed large urban, small towns and rural areas. Similarly for Wales, all local authorities were ranked according to the per cent of lower layer super output areas in the most-deprived 10% (Welsh Government 2011). Two were selected from the bottom, middle and top groups of local authorities by deprivation. For Northern Ireland two Health and Social Care Trusts were selected, one from an urban area and one primarily rural area and these included one each from the bottom third and middle third of local government districts by ranked by deprivation. The sampling matrix, populated with the final sample is shown is Appendix 2.

Data collection for Phase 1 took place February-September 2012. The survey was hosted on the SNAP server and respondents were sent a link to the questionnaire for completion. The link was sent via email to Directors of Children's Services in England and Wales, Youth Justice co-ordinators in local authorities in Scotland and Directors of Social Care and Children's Services in the Northern Ireland NHS Trusts. They were asked to complete the survey or pass the link to a colleague best placed to complete it. In England it was completed by senior service manager in Children's Services and in Scotland by those responsible for youth justice management. An email reminder was sent to all non-respondents followed by a telephone reminder. The response data were as held on the SNAP server and downloaded to SPSS software package for analysis. Table 1 shows the total population of local authorities and Table 2 provides details of the sample and response rates. As indicated, these ranged from 67% for Scotland to 40% from Wales, which is in-line with other research on local authorities (Hastings et al. 2012).

Table 1: Total population of local authorities
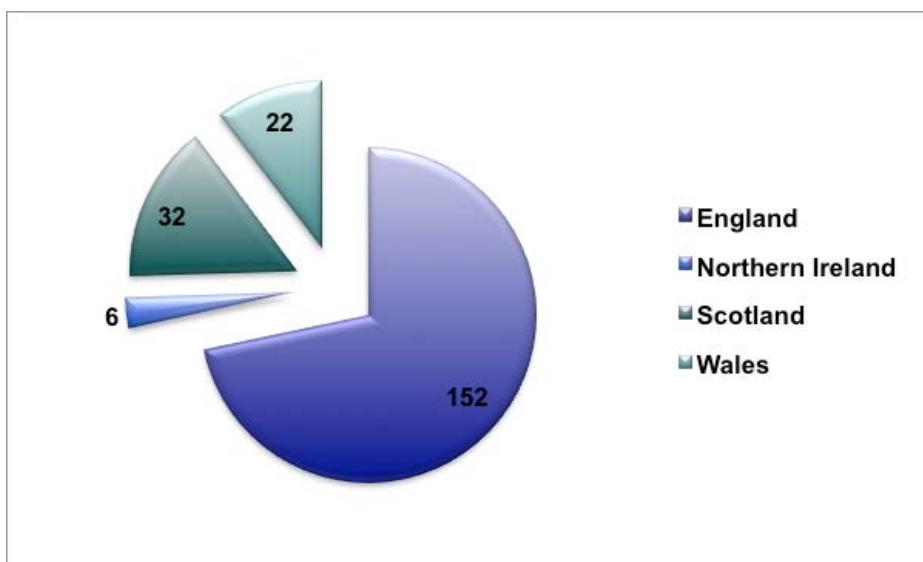
Table 2: Survey of local authorities – sample and response rate

	Sample Selected	Actual Sample	Response rate	Responses Achieved
England	30	26	42%	11
Northern Ireland	2	2	50%	1
Scotland	6	6	67%	4
Wales	5	5	40%	2

4.1.3 DATA ANALYSIS
Data were imported into SPSS for analysis. Data were analysed by country and frequencies rates were produced for each question.

4.1.4 PHASE 1: FINDINGS
Findings are presented under the four areas of focus aligning with objective 1.

4.1.5 PROFILE OF SERVICE USERS AND CHANGES OVER TIME
The profile of service users (Tables 3-5) shows that across the local authorities included in the survey, males form a disproportionate majority in comparison to females and that the weighting in terms of age is towards older children.

Table 3: Number of Local Authorities with Case Management Responsibility for Young People Displaying Harmful Sexual Behaviour by Age and Gender

	England				Northern Ireland				Scotland				Wales			
	Male		Female		Male		Female		Male		Female		Male		Female	
Total	11		11		1		1		4		4		2		2	
Aged 16 to 18	8	73%	4	36%	1	100%	1	100%	3	75%	0	0%	2	100%	0	0%
Aged 13 to 15	8	73%	7	64%	1	100%	1	100%	4	100%	2	50%	2	100%	1	50%
Aged 10 to 12	7	64%	4	36%	1	100%	0	0%	1	25%	0	0%	1	50%	Not Known	
Aged 8 to 9	6	55%	2	18%	1	100%	0	0%	0	0%	0	0%	1	50%	1	50%
Aged Under 8	6	55%	1	9%	1	100%	1	100%	0	0%	0	0%	1	50%	1	50%

Table 4: Number of Local Authorities with Case Management Responsibility for Young People Displaying Harmful Sexual Behaviour by Age and Gender (Male)
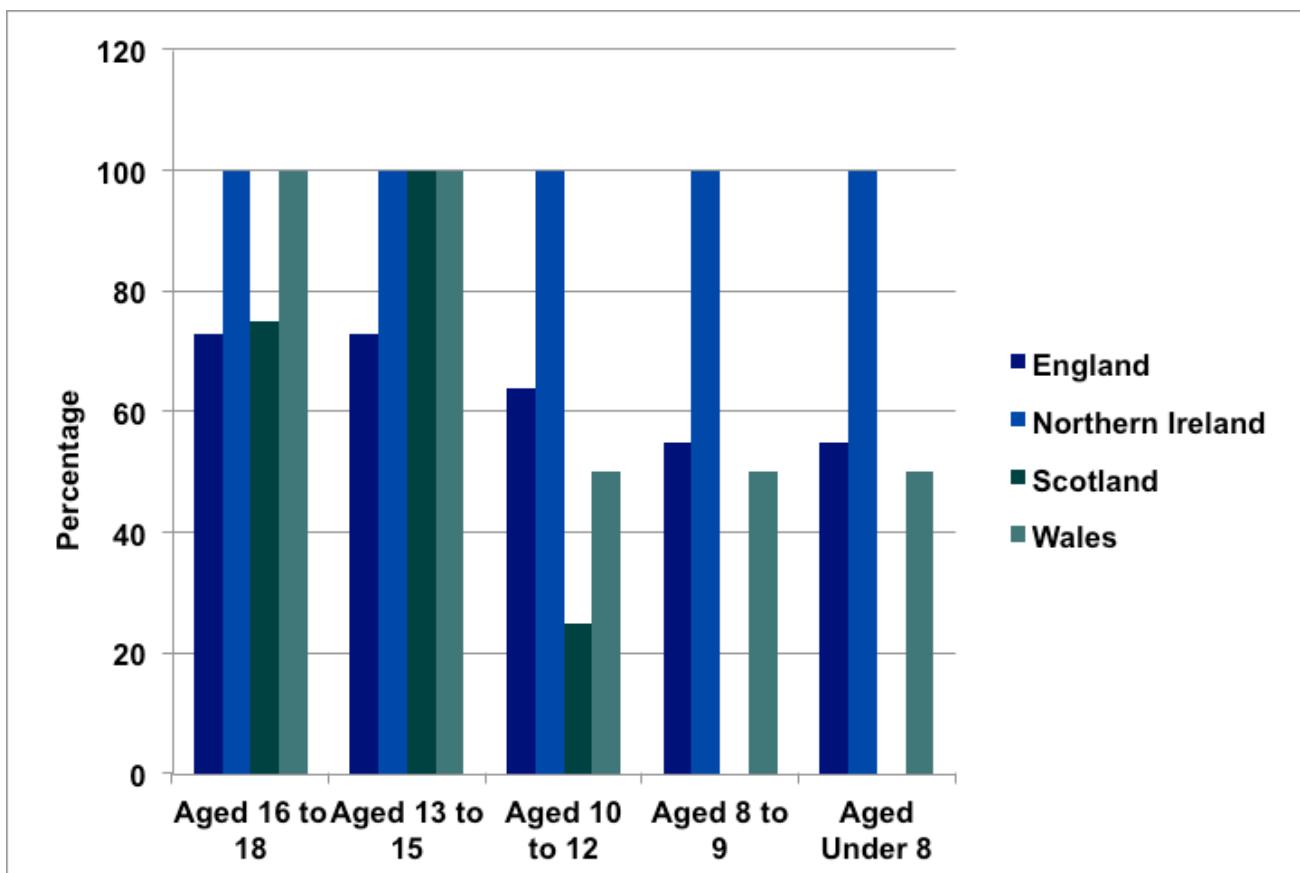
Table 5: Number of Local Authorities with Case Management Responsibility for Young People Displaying Harmful Sexual Behaviour by Age and Gender (Female)
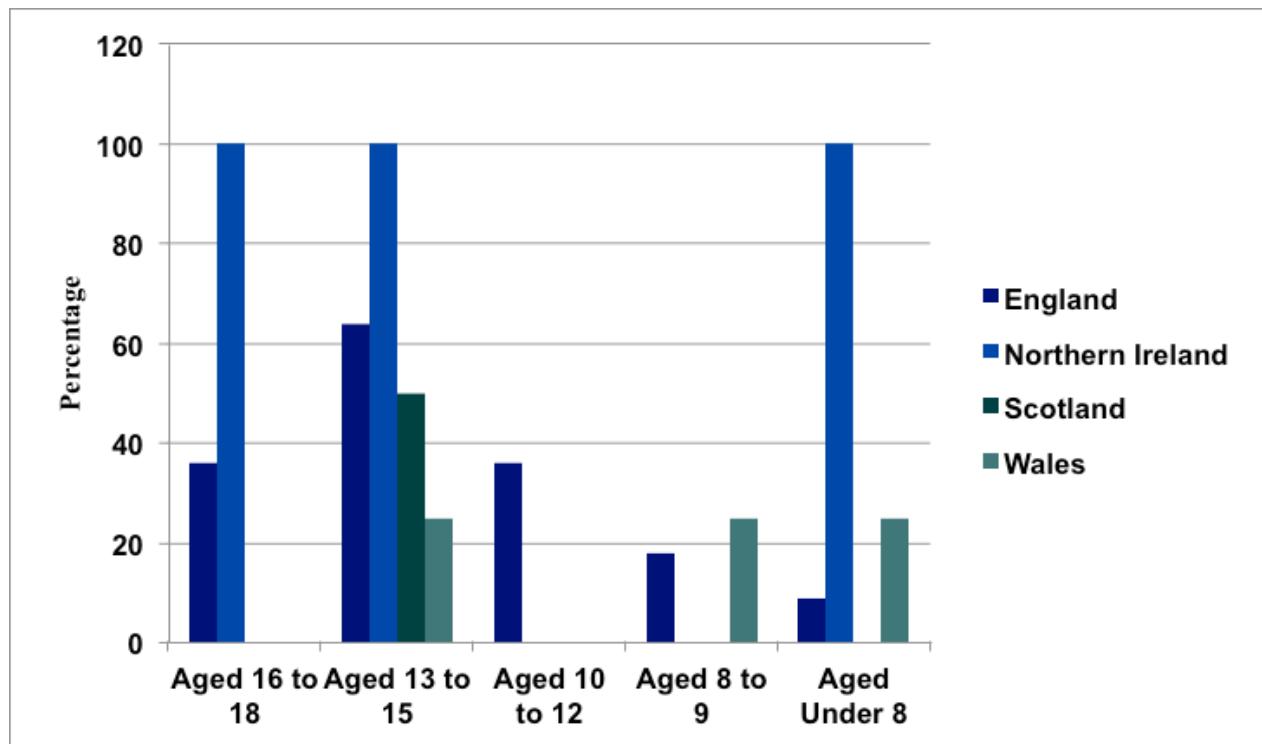
In terms of specific groups, most English local authorities had cases of young men from minority ethnic groups (Table 6) and a sizable minority (38%) had cases of minority ethnic young women. As indicated in Table 7, a similar profile was evident for Scotland. However, the numbers from the other two countries were too small to be meaningful. The majority of local authorities had cases of young people with a learning disability and as indicated in Tables 3-5, the male/female representation broadly reflected the demographic of the total population of service users as already reported.

Table 6: Number of Local Authorities with case management responsibility for young people displaying harmful sexual behaviour from minority ethnic group/learning disability by gender: England

	Males		Females	
Minority Ethnic	6	55%	3	27%
Learning disability	8	73%	5	45%

**Table 7: Number of Local Authorities with case management responsibility for young people displaying harmful sexual behaviour from minority ethnic group/learning disability by gender: Scotland**

	Males		Females	
Minority Ethnic	1	25%	0	0%
Learning disability	3	75%	1	25%

In addition to building a contemporary profile of the number of young people displaying sexually harmful behaviour for whom local authorities had case responsibility, the survey also sought to establish whether there had been an increase, decrease or levelling of individual cases over the preceding five years. Data were collected in relation to gender, age, ethnicity and learning disability. Half of the English local authorities stated that the total number of cases of harmful sexual behaviour was at the same level as five years ago (Table 8) but 27% had an increase in that time. In two cases (18%) it was not known if there had been a change in the past five years. Over a quarter of English local authorities reported an increase in cases involving males, young people with a learning disability and younger children.

Table 8: Changes in number of cases in English local authorities over past 5 years

		Increase		Decrease		Same level		Don't Know	
Total	11								
			%		%		%		%
All		3	27	0	0	6	55	2	18
Males		3	27	0	0	6	55	2	18
Females		2	18	0	0	6	55	3	27
Learning disability		3	27	1	9	5	45	2	18
Aged 16 - 18		1	9	1	9	5	45	4	36
Aged 13 - 15		2	18	0	0	5	45	4	36
Aged 10 - 12		2	18	0	0	4	36	4	36
Aged 8 – 9		2	18	0	0	2	18	4	36
Aged under 8		3	27	0	0	3	27	4	36
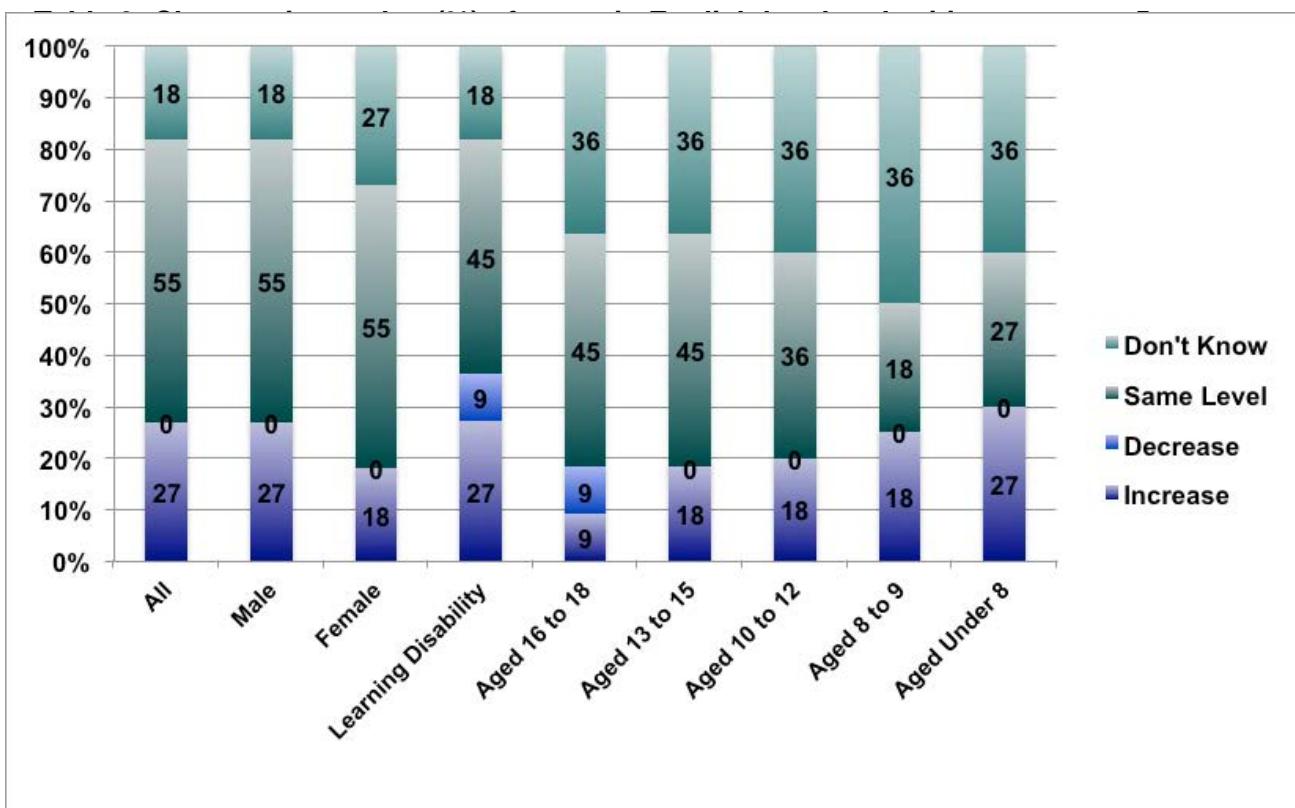
The profile in Scotland (Table 10) was consistent in number of cases compared to 2007. Two (50%) of respondents reported the same level of cases as five years ago and one (25%) a decrease in that time.

Table 10: Changes in number of cases in Scottish local authorities over past 5 years

		Increase		Decrease		Same level		Don't Know	
Total	4								
			%		%		%		%
All		0	0	1	25	2	50	1	25
Males		0	0	1	25	2	50	1	25
Females		0	0	0	0	2	50	1	25
Learning disability		0	0	0	0	1	25	1	25
Aged 16 - 18		1	25	0	0	1	25	1	25
Aged 13 - 15		0	0	1	25	2	50	1	25
Aged 10 - 12		0	0	0	0	0	0	2	50
Aged 8 – 9		0	0	0	0	0	0	2	50
Aged under 8		0	0	0	0	0	0	2	50

In Wales, local authorities reported an increase in the number of cases, and particularly those that involved females and young people with a learning disability (Table 11). The number of cases was at the same level in Northern Ireland as five years ago across all sub-groups. So overall, whilst many local authorities seem to have a stable caseload some have had a rise in the number of young people that present particular challenges.

Table 11: Changes in number of cases in Welsh local authorities over past 5 years

		Increase		Decrease		Same level		Don't Know	
Total	2								
			%		%		%		%
All		2	100	0	0	0	0	0	0
Males		1	50	0	0	1	50	0	0
Females		2	100	0	0	0	0	0	0
Learning disability		2	100	0	0	0	0	0	0
Aged 16 - 18		1	50	0	0	0	0	1	50
Aged 13 - 15		2	50	0	0	0	0	0	0
Aged 10 - 12		0	0	0	0	0	0	2	100
Aged 8 – 9		1	50	0	0	0	0	1	50
Aged under 8		0	0	0	0	0	0	2	100

4.1.6 REFERRAL SOURCES, ASSESSMENT AND INTERVENTION

Local authorities were asked about their sources of referral for the preceding 12 months. Table 12 shows that in England, Children's Services was the source of referral for 54% of local authorities, followed by schools (18%). In Scotland, youth justice services made the majority of referrals in two out of the four responding local authorities and in Wales the majority of referrals were from the police. These findings suggest that the main public bodies in contact with children particularly vulnerable children do refer young people because of concerns about harmful sexual behaviour. Self-referrals from the young person or their family were received by most local authorities and in the one area responding in Northern Ireland, self-referrals accounted for the majority.

Table 12: Source of majority of referrals for local authorities

	England	%	Northern Ireland	%	Scotland	%	Wales	%
Total	11		1		4		2	
Referral source								
Children's services/social care	6	55	0	0	1	25	0	0
YOT	1	9	0	0	0	0	0	0
Education - school	2	18	0	0	0	0	0	0
Local Authority children's home	1	9	0	0	0	0	0	0
Police	1	9	0	0	0	0	2	100
Youth justice	N/A		0	0	2	50	N/A	
Reporter/Children's Hearing	N/A		0	0	1	25	N/A	
Self-referral	0	0	1	100	0	0	0	0

The survey included questions on whether young people referred to local authorities because of their harmful sexual behaviour were subject to an assessment. The vast majority stated that this was the case. Of the local authorities where it was not the case, clarifying statements were provided, including that the young person would be given advice or that assessment would occur after an initial case conference, but not on referral. Regarding nature of the assessments, as indicated on Table 13, assessments appear to be comprehensive, taking account of a range of features including addressing harmful sexual behaviour, needs, risk, strengths, family and environment. As indicated in Table 14, a significant majority of local authorities use a standardised assessment framework.
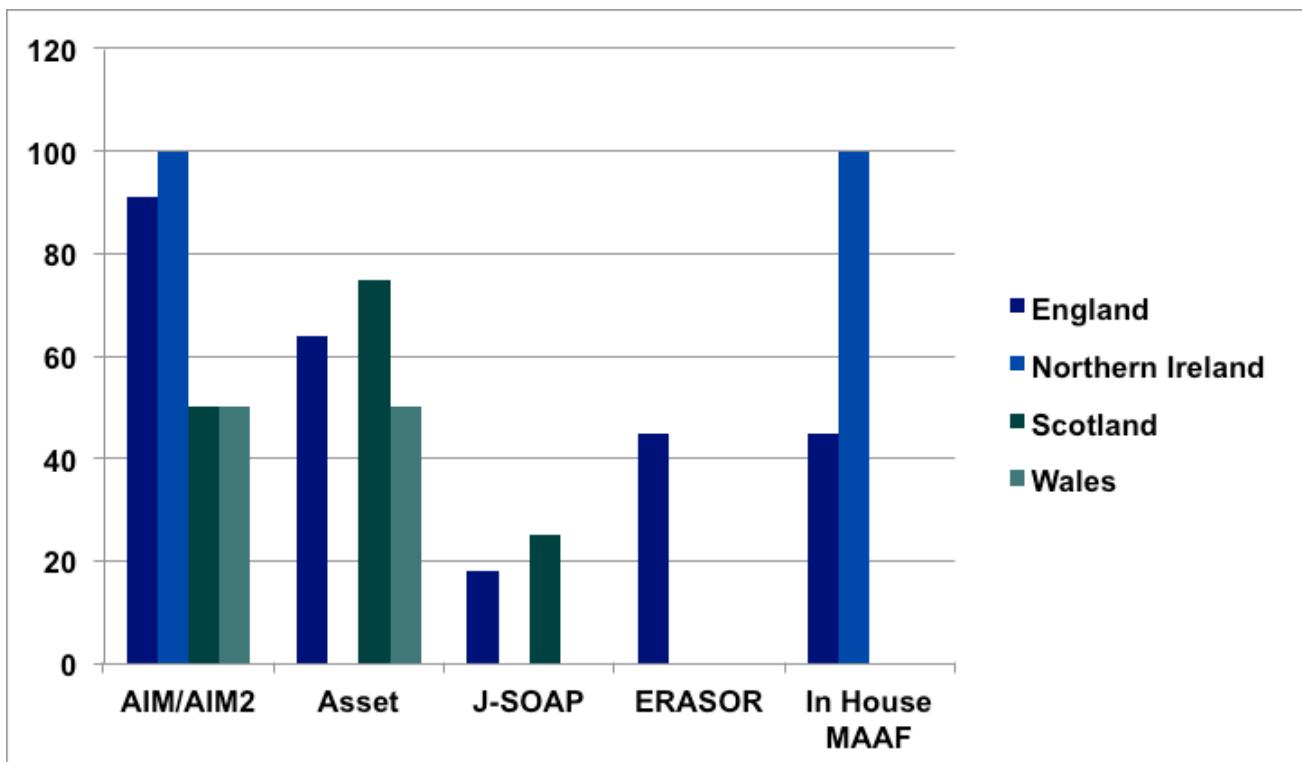
Table 14: Assessment frameworks used in different countries

	England	%	Northern Ireland	%	Scotland	%	Wales	%
Total	11		1		4		2	
AIM/AIM2	5	45	1	100	2	50	1	50
Asset	2	18	0	0	3	75	0	0
J-SOAP	0	0	0	0	1	25	0	0
ERASOR	0	0	0	0	0	0	0	0
In-house multi-agency assessment framework	1	9	1	100	0	0	0	0
Other	2	18	0	0	0	0	0	0

**Table 15: Nature of assessments used by local authorities**
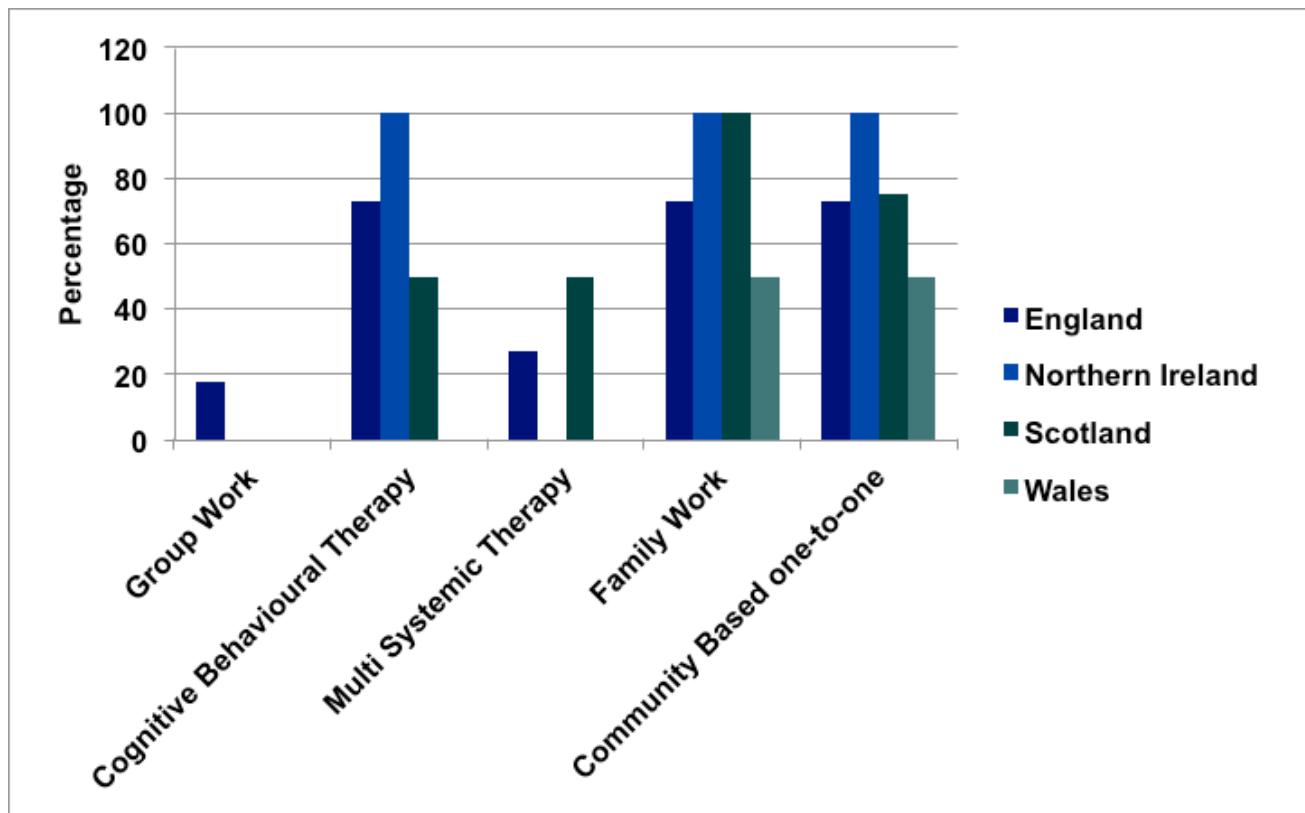
Data on interventions were also collected during the survey. All responding local authorities engaged in interventions directed at the young person, these included: risk management, non-sexual needs and general development. The majority of the English local authorities 'always' or 'frequently' worked on building the young person's strengths. Child protection measures were 'always' used in over half (n=6) of the responding local authorities and frequently in over a quarter (n=3). The nature of these interventions is displayed in Table 13.

Local authorities were asked about multi-agency procedures for young people who have displayed sexually harmful behaviour. In ten out of the eleven English local authorities and all those in Scotland, Wales and Northern Ireland there were multi-agency procedures in place. In the majority of cases, multi-agency procedures were characterised by: investigation, assessment, case planning and review. Tables 16 and 17 show the procedures in place across the countries.

Table 16: Number of local authorities with multi-agency procedures in place

|	England	%	Northern Ireland	%	Scotland	%	Wales	%
Total Respondents	**11**		**1**		**1**		**2**	
Investigation	10	91	1	100	4	100	2	100
Assessment	10	91	1	100	4	100	2	100
Case Planning	9	82	1	100	4	100	1	50
Case Review	8	73	1	100	4	100	1	50

Table 17: Number of local authorities with multi-agency procedures in place
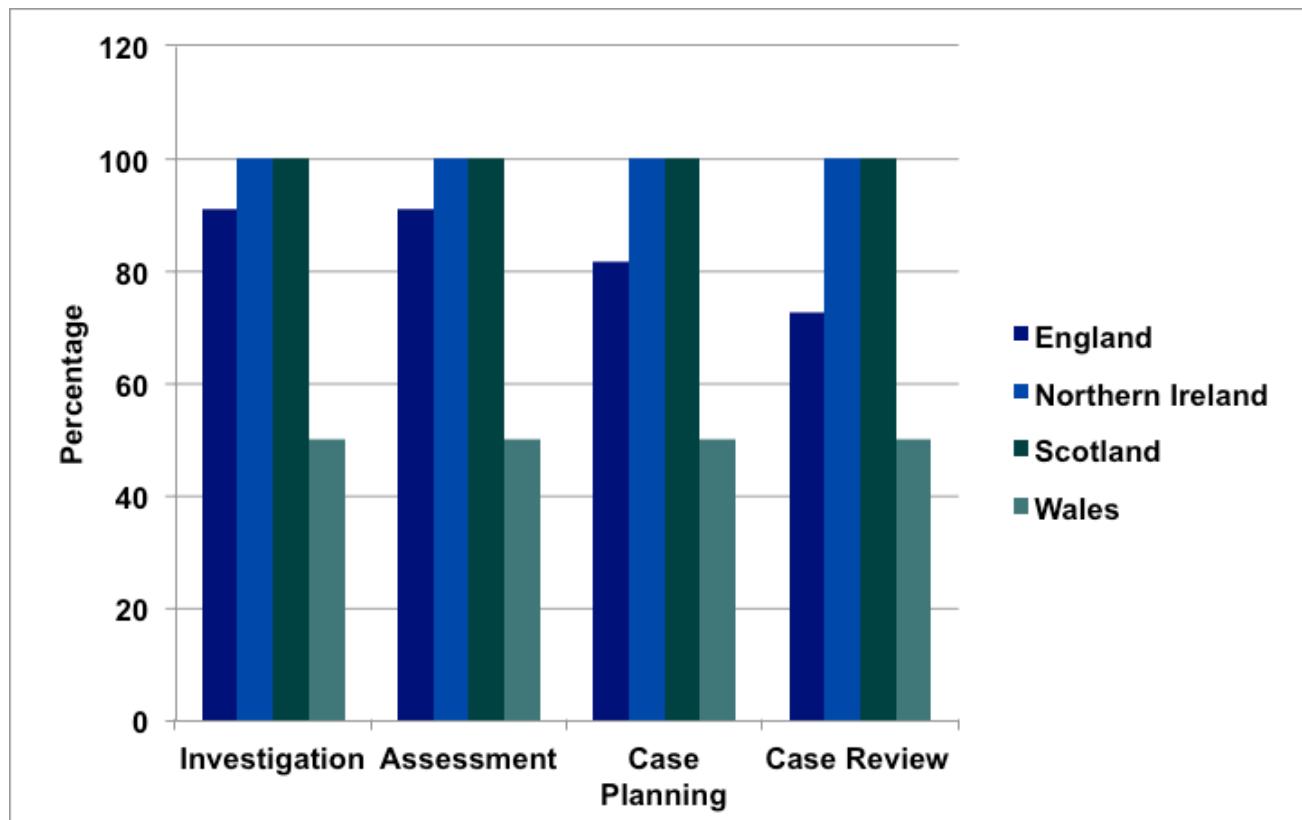
4.1.7 STAFF TRAINING AND SUPPORT

The final domain of the survey related to local authorities' provision of training and support for staff working with young people who have displayed harmful sexual behaviour. All local authorities reported that appropriate staff training was available (Table 18). However, availability of training in relation to specific sub-groups was variable. For example, in England almost half of respondents (n=5) reported that staff had not had training on work with younger children or those with learning disabilities. Even fewer staff were in receipt of training in relation to minority ethnic young people or females. However, the majority of local authorities in England (n=9) reported that staff could access training for these areas if required. On the other hand, respondents from Scotland and reported that staff training was available in relation to younger children, learning disability, ethnic minority young people and work with females. Similarly, the responding Northern Ireland local authority stated that staff have access to training in all the areas listed in the questionnaire.

Table 18: Training and support accessed
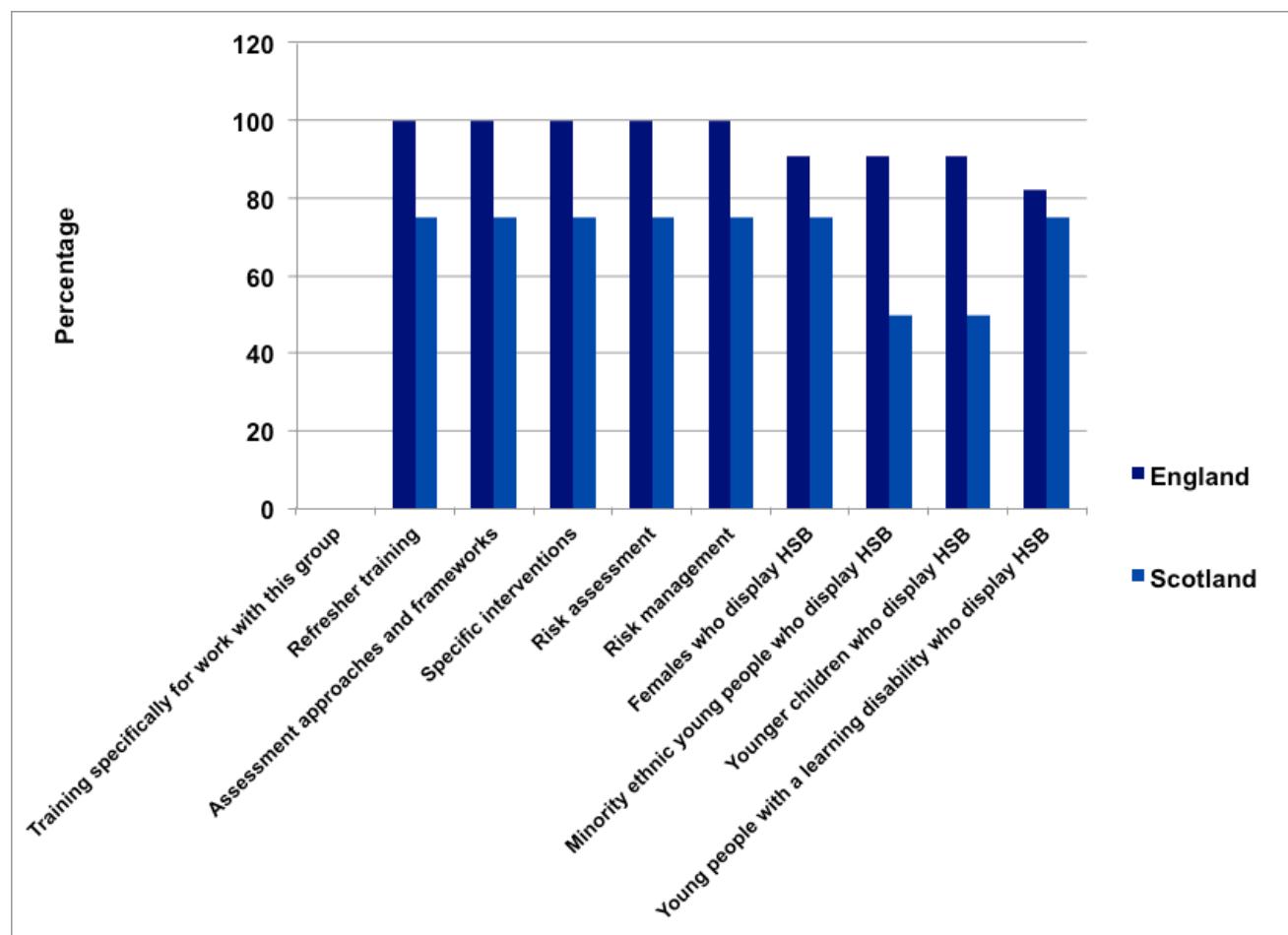
Regarding supervision, the survey asked about staff access of staff to internal or external supervision. In England the majority of local authorities (n=9) reported that staff have access to supervision (see Table 19) and in Scotland it was reported that all staff do have access to external consultation.

Table 19: Number of local authorities where staff can access supervision and external consultation

	England	%	Scotland	%
Receive supervision	9	82	4	100
Access external consultation	7	64	3	75

Overall findings from phase 1 showed that despite some variations across countries, there was a reasonably consistent profile of service provision across the local authorities included in the survey. Most children who come into contact with such services were reported to be subject to an assessment and this tended to be based on a standardised framework. Risk management and child protection measures were important elements across most of the surveyed local authorities, along with multiagency procedures. All the local authorities reported that training was available for staff to support their work in the area of harmful sexual behaviour.

4.2 Phase 2: Analysis of local and national guidance and procedures in the four nations of the UK

4.2.1 AIMS
The aim of this phase was to investigate the part that local and national guidance and procedures play in supporting service provision for young people displaying harmful sexual behaviour and to identify the key principles that underpin good practice in this area.

4.2.2 METHODS
It has been recognised that analysis of existing documents remains under-utilised as a research method, yet it has considerable potential to inform policy research (Becker and Bryman 2004). It was deemed therefore to be an appropriate method to augment the survey data collected in phase 1. Data collection for phase 2 took place October 2011-June 2012. An initial research identified the primary government documents with sections on, or specifically relevant to, harmful sexual behaviour. These were the national inter-agency child protection/safeguarding guidance and in youth justice practice guidance. The local procedures comprised a sample of Local Safeguarding Children's Boards Procedures (LSCB) in England; Scottish Child Protection Committee (CPC) procedures and local authority Risk Management Protocols; the All Wales Child Protection Procedures and Northern Ireland Regional Child Protection Policy & Procedures. Table 20 shows the number and percentage of total LSCB and CPC's document's included in the analysis. For England a sample of Local Safeguarding Children's Boards (LSCB) procedures were chosen for analysis. This included 11 of the 53 (20%) single LSCB procedures and 6 out of 18 (33%) within LSCB consortia guidance. For Scotland there were 10 Child Protection Committee guidelines available and of these 5 (50%) were chosen for analysis. A further 4 out of 19 (20%) of the Risk Management Protocols were analysed. The single Northern Ireland Regional Child Protection Policy and Procedures and All Wales Child Protection Procedures were included.   See Appendix 3 for full list of policies reviewed.

Table 20: Local authority documents analysed

Country	Guidance	Number analysed	Total
England	Single LSCB	11	
	Consortia LSCB	6	17
Scotland	Single CPC	5	
	Consortia CPC	3	
	Risk Management protocols	4	12
Wales		1	1
Northern Ireland		1	1
Overall Total			**31**

4.2.3 DATA ANALYSIS

Analysis was guided by the inductive framework analysis approach of Ritchie and Spencer (1994). The framework approach involves the process of sifting, charting and sorting data into key areas. We chose it as the influence for our analytical approach because it balances structure with the ability to generate inductively derived categories. The process of sifting involved scrutinising each of the documents for key words and phrases that appeared to have salience or relevance in relation to harmful sexual behaviour. We did this with reference to the aims of the project and the corresponding questions: 1) What part do these documents play in supporting service provision for young people displaying sexually harmful behaviour in relation to assessment, intervention, case management and staff training/support? 2) What key principles are reflected in these documents that underpin good practice in relation to service provision for young people displaying sexually harmful behaviour? CS undertook the initial analysis, but to ensure consistency and rigour, each document was subsequently analysed by another team member (CB-J). Charting and sorting was undertaken by CS and CB-J. This process involved grouping the inductively derived key words and phrases into broad categories and respective sub-categories (Table 21).

Table 21: Categories and sub-categories

Category	Sub-Category
A. Organisational level principles	A.1 Need for systematic assessments and interventions
	A.2 Adopting multi-agency approaches
	A.3 Ensuring a well-trained workforce
B. Individual level principles	B.1 Engaging the family
	B.2 Acknowledging the importance of context
	B.3 Ensuring child-centred approaches
	B.4 Taking account of individual needs

4.2.4 PHASE 2: FINDINGS

The inductive analysis highlighted two levels of principles on which good practice is based to support service provision. As indicated in table 21, these operate at organisational and individual levels. Discussion of findings is around these levels and their respective sub-categories.

4.2.5 ORGANISATIONAL LEVEL PRINCIPLES

The first principle is that of the need for systematic assessments and interventions. All four national child protection guidance documents had clear, unequivocal statements to the effect that harmful sexual behaviour once detected, must be taken seriously regardless of the age of the perpetrator. The importance of recognising the potential impact on a victim and acting to prevent this or any further victimisation was stated in the guidance and procedures. There was recognition that these young people have needs but that they can also present a risk and hence they require both care and control.

The National Guidance for Child Protection in Scotland (Scottish Government 2010) proposed that assessment is required to consider the factors in the harmful sexual behaviour and identify the appropriate interventions. There is no particular assessment approach suggested. The Northern Ireland child protection guidance proposed that there should be a multi-disciplinary assessment of risk and needs, taking account of the young person's age and stage of development (DHSSPS(NI), 2003). It required that a "standardised and tested assessment tool" is used but no actual approaches were recommended (DHSSPS(NI) 2003 p71). Some documents had extensive discussion of assessment including specific approaches, whilst others gave only basic information.

The National Guidance on Child Protection for Scotland section on children and young people who display harmful or problematic sexual behaviour used almost entirely the language of risk. It specified "the two key aims of addressing problem sexual behaviour are Risk Management and Risk Reduction" (Scottish Government 2010 p121). These were described as primarily building external and internal resources to prevent future harmful behaviour. Scotland's National Guidance for Child Protection (Scottish Government 2010) outlines a broad framework for intervention that includes:

- Assessment that points to the 'most relevant areas for intervention'
- Interventions that are systemic in approach
- Intervention to 'support long-term maintenance of therapeutic change by empowering the child'
- Regular evaluation of the effectiveness of interventions

As with the English and Welsh equivalent, the Scottish child protection guidance had nothing on specific intervention approaches. This was the case with the Framework for Risk Assessment (FRAME) (Risk Management Authority 2011) where there was no mention of specific interventions.

Of the national guidance, KEEP was the only document that contained an expectation that interventions are to be delivered by specialists, or where this is not possible practitioners with links with those with expertise in this field (Youth Justice Board for England and Wales 2008). The English Local Safeguarding Children's Boards procedures showed variation in the extent to which intervention plans were covered. Some contained no mention of interventions. Others outlined a broad approach to the purpose of work with these young people i.e. to meet their needs and reduce the risk of harm, through the halting of the harmful sexual behaviour.

KEEP (Youth Justice Board 2008) contained a more developed section on the purpose of and elements in, responding to young people who have displayed harmful sexual behaviour. Here intervention goals were to address risk and promote welfare through strengthening protective factors and reducing risk factors. There were twelve components for intervention programmes listed. These included skills; general development; family work; attitudes to and understanding of sexual relationships, risk assessment and relapse prevention. It was established that there should be a differing combination of intervention elements and intensities depending on the young person and the type of abusive behaviour.

The FRAME document (Scottish Government September 2011) was more direct on criminal justice policy. It proposed good practice with young people involved "diverting children and young people from the adult system where possible" (Scottish Government September 2011 p11). It had the expectation that most young people, even those who have committed serious offences, were to be dealt with in the Children's Hearing system. It gave clear indication that some sexual offences cases may be most effectively dealt with by not pursuing through the criminal justice system. An example of where this may be the case was given: "If the behaviour took place in a consensual context it may be better responded to in the context of harm reduction by being sensitive to any child or adult protection issues that may arise rather than charging either participant with a sexual offence" (Risk Management Authority 2011 p7). The advice was that appropriate actions require an understanding of the event in context and the position of the people involved.

The Northern Ireland Co-operating for Children and Tackling Sexual Violence shared the view that "a significant proportion of children who abuse may have been abused themselves" and "very often should be subject of a child protection conference" (DHSSPS(NI) 2003 p.68). All cases of alleged sexual harm by a young person should be investigated by social services, with the police as appropriate. Where there was need for a child protection plan a case conference was to be held and this was the framework for which to carry out "the assessment of risk by and to the child" (DHSSPS(NI) 2003 p68). Tackling Sexual Violence (Department of Health Social Services and Public Safety (Northern Ireland), DHSSPS(NI) 2008) was also clear that harmful sexual behaviour is of harm to the victim and the perpetrator.

The principle of adopting multi-agency approaches was highly evident in the documents. Multi-agency working was referred to explicitly in Working Together (HM Government 2010), Safeguarding Children in Wales (Welsh Assembly Government 2006). FRAME (Scottish Government September 2011), DHSSPS(NI) (2003) and the Criminal Justice Social Work Development Centre (2011). Specifically, Working Together (HM Government 2010) singled out young people moving into a new area, potentially on release from custody, as a group that required a multi-agency intervention plan. There was no mention of types of intervention approaches in either document.

Ensuring a well-trained workforce is the final principle at an organisational level. All the national child protection guidance referred to lack of confidence among those working with children in identifying when sexual activity between young people is abusive. England's Working Together stated "there are sometimes perceived to be difficulties in distinguishing between normal childhood sexual development and experimentation, and sexually inappropriate or aggressive behaviour" (HM Government 2010 p 304) and directed staff to consider issues of consent and power relations

between those involved. The Scottish Child Protection guidance proposed that practitioners should draw on: "an understanding of what constitutes healthy sexual behaviour in childhood as well as issues of informed consent, power imbalance and exploitation" (Scottish Government 2010). Here it was suggested that staff may require training to support them in being able to confidently identify harmful sexual behaviour. It was acknowledged that in some cases complexities are such that external expertise may be required.

Working Together required that all those working with children, including carers of looked after children, should have training on "consenting and abusive, and between appropriate and exploitative peer relationships" (HM Government 2010) but there was no further requirements for training. The local procedures tended to restate this or contain nothing on training.

The Youth Justice Board KEEP (Youth Justice Board 2008) had more developed specifications on training, one of the key indicators of quality. The core requirements were for staff to be trained to a level commensurate with the degree of complexity of cases and interventions. The three key priorities in training were established as:

- Basic awareness-raising courses followed by more in-depth training
- Focus on intervention and assessment
- Improvement of understanding for work with minority ethnic young people or those with mental health problems etc.

A quality indicator was that managers 'should be fully trained and have adequate experience of working with young people who sexually abuse' (Youth Justice Board 2008 p18). These also required managers to be responsible for making sure all staff have regular clinical supervision and support. In Scotland the situation was comparable. The national child protection guidance discussed training in the context of risk assessment and required that all Child Protection Committees have training and guidance on this available (Scottish Government 2010). FRAME had a recognition that this can be a difficult area for practitioners, and proposed support should be provided through an evidence-based risk management framework and training (Risk Management Authority 2011).

Overall, there were examples of areas with well-established procedures, supported by protocols, agreed between agencies for cases of young people who had displayed harmful sexual behaviour, but this was not universal. In particular our analysis highlighted variation in how tightly specified the processes are for responding to young people who have displayed harmful sexual behaviour. In some areas there are established protocols regarding young people arrested for harmful sexual behaviour, yet in others there is barely a mention that this may be the case. Variation in local procedures regarding interaction between the child welfare with the criminal justice system, suggests a continuing variability in processes.

4.2.6 INDIVIDUAL LEVEL PRINCIPLES

An important principle on with to base good practice identified in the documentation is that of engaging the family (Youth Justice Board 2008). The importance of context was also apparent in some of the documents analysed. Working Together (HM Government 2010) and Safeguarding Children in Wales (Welsh Assembly Government 2006). All the local guidelines and procedures established the importance of assessments that are based on consideration of contextual features

of the individual case and the needs and circumstances of the child, rather than viewing the harmful behaviour was in isolation.

The Scottish youth justice practice guidance (Criminal Justice Social Work Development Centre 2011) outlined that the main direction was for a child-centred programme. As such it was clear about the importance of interventions that are relevant to the child's context i.e. family, school, peers and clubs. It proposed that effective interventions needed to be multi-agency and working to meeting needs and manage risks and where 'children can be provided with essential and necessary developmental opportunities in safe and protected ways' (p.12). Whilst risk management was a key feature this was conceptualised in a broad way including:

- Plans are to be "proportionate" and deal "robustly" with risk whilst not limiting the development of the young person.
- The ultimate aim is for the young person to be able to manage their own risk, but external resources may be required for some time.
- Inputs and penalties are to be mainly "constructive and individualised" and less drawing on "punitive sanctions."

As another principle, taking account of individual needs, including consideration of the young person's development stage, any disability and ethnic origin was evident in some documentation (DHSSPS(NI) 2003; Youth Justice Board 2008). Analysis of the national guidance and procedures in England and Wales revealed marked differences between them as to whether work with specific groups of young people was mentioned. The Youth Justice Board (2008) had a general statement on the importance of being "mindful of assessment needs of particular sub-groups i.e. young people from minority ethnic groups" and that cultural awareness should be central to all aspects of such work, including assessment and intervention, for the avoidance of 'assumptions about the belief, needs and practices of particular minority ethnic groups' (Youth Justice Board 2008). It included recognition that a "significant number" of young people displaying harmful sexual behaviour have a learning disability or educational difficulty. Young females who have sexually harmed or abused were mentioned. In contrast Working Together (HM Government 2010) and Safeguarding Children (Welsh Assembly Government 2006) mentioned few of these groups and gave no indication of a differing responses on this basis. The former did acknowledge however, that there is increased vulnerability of children who are living away from home and that younger children can display 'sexually inappropriate behaviour' (HM Government 2010).

Most local procedures analysed did not deal with sub-groups of young people, although a few of the local procedures did raise the presence of young people with learning disabilities. In these staff were directed to the relevant assessment approach for young people with learning disabilities or were to bring in a specialist professional to inform the investigation and assessment. The Wales Procedures (All Wales Child Protection Procedures Review Group 2008) had directions for young people with learning disabilities, or a suspected learning disability, to be assessed early on. Subsequent interventions were to be in line with their needs and abilities. There was a broad requirement for sensitivity to "racial, cultural and linguistic differences and to ensure there was provision in cases of those whose first language is not English or where there were mental of physical health or physical matters.

The National Child Protection guidelines in Scotland did not raise the issue of sub groups in the section on problematic and harmful sexual behaviour (Scottish Government 2010). The youth justice FRAME (Scottish Government September 2011) document proposed that staff should have as one of their core skills knowledge of good practice in working with young people with "special needs, learning disabilities and mental health problems" (Risk Management Authority 2011 p15). All the detailed risk management protocols analysed contained reference to the possibility that these young people may have learning disability and that they can need specific intervention. The procedures advised that the first risk management meeting should identify if learning disability is factor and if so bring in the relevant expertise to advise on the case. Only one of the risk management documents raised the possibility of specific needs for minority ethnic young people, the others had a general equalities statement. Likewise, the Northern Irish document contained no guidance or information for working with any of these sub-groups (DHSSPS(NI) 2008).

Procedures were clear about the need to recognise that the young person who has abused may also be a victim, that they are likely to have a considerable spectrum of needs and that they can potentiality pose a significant risk of harm. It was clear in most cases that there was to be separate consideration of the needs of victims to that of the perpetrators. It was rare for procedures to overtly propose identifying the strengths of the young person to be central to responding. The All Wales Procedures (All Wales Child Protection Procedures Review Group 2008) still contained the statement alluding to earlier thinking that intervention is necessary to prevent "continuation or escalation of abusive behaviour" (All Wales Child Protection Procedures Review Group 2008 p181). Overall, findings from the documentary analysis show that the procedures and guidelines – and the principles contained within them – align with the service provision captured as a result of the survey. However, as indicated, they do not always make explicit suggestions and recommendations. This was particularly evident in relation to types of assessment or intervention approaches. The extent to which the needs of young people from certain groups were reflected in the documents was variable, particularly in relation to minority ethnic groups and those with a learning disability.

5. DISCUSSION

The discussion is structured around headings used in phase 2 of the project and provides an opportunity to synthesise findings from both phases and to consider the findings in relation to the broader literature. This is preceded by some contextual discussion of the UK legislative and policy contexts. This is in recognition that the wider legislative, policy and structural context in which work with young people who have displayed harmful sexual behaviour occurs, has a significant impact on working practices. The Northern Ireland Youth Conferencing system provides a restorative justice possibility for young people who have displayed harmful sexual behaviour. The Children's Hearing System in Scotland offers a coherent process for responding to young people who offend and are in need. Current policy is to build on this to reduce serious offending and where possible keep young people from the formal criminal justice process. In time these approaches may yield differing arrangements and outcomes for young people who have displayed harmful sexual behaviour in the countered of the UK.

Young people who have displayed harmful sexual behaviour are a diverse group, not least in their vulnerabilities and the risk they may be seen to present. It may be that input is required from more than one agency to provide care and control (Masson 2006). Young people may be in, or will be drawn into, child welfare, child protection and criminal justice systems and need input from education and health and other services. The responsibility for these young people often lies with both youth justice and children's services. These are the fields where the nations of the UK have their own legislation, structures and guidance so provide a differing context for the way in which these young people are dealt.

The policies and structures for the protection and safeguarding of children are similar in the UK even though there is separate legislation, policy and structures in the constituent nations (Stafford et al. 2011). Within these policies there can be notable differences in emphasis and specific requirements the premise and direction are similar (Stafford et al. 2011). In contrast, youth justice arrangements differ significantly between the jurisdictions of the UK. Scotland and Northern Ireland in recent years have set out less punitive arrangements for youth justice in England and Wales. The more definite separation of the child welfare and youth justice arrangements continues to have an impact on the response to young people needing care and control measures such as young people who have displayed harmful sexual behaviour. These contextual similarities and differences need to be considered when discussing the study findings.

5.1 Profile of service users and changes over time

It has been found that young people who commit sexual offences are similar in a range of characteristics to non-sexual offenders from troubled backgrounds (Rutter et al. 1998; Hickey et al. 2006; Seto and Lalumiere 2006). The evidence suggests that those identified as abusing share common characteristics with many other young people who are involved in offending of various kinds. Our findings arising from the survey showed that local authorities, particularly those in England continue to deal with a diverse range of young people who have displayed sexually harmful behaviour. Whilst not increasing in numbers across the board, there are some local authorities where there are increased cases of young people with learning disabilities and younger children

than five years ago. Findings suggest that there is no decrease in the number of cases of young people who have displayed harmful sexual behaviour for the past five years. Many local authorities reported the same level of cases as five years ago, although a substantial minority also report an increase across all groups since 2007. Local authorities are working with a diverse range of young people in relation to their harmful sexual behaviour. This includes a range of ages, males and females and young people with a learning disability and minority ethnic young people particularly in England and Wales.

In this respect, the project findings concur with earlier work. Hackett et al. (2005) reported that young people with a learning disability in particular were a "significant proportion" of cases of harmful sexual behaviour. Interestingly, they also noted that very few local polices contained any mention of this group. Again, this accords with our own findings.

5.2 Referral sources, assessment and intervention

A decade ago it was becoming established that young people who have displayed harmful sexual behaviour should be understood and responded to differently to adults who have committed sex offences (Hackett et al. 2005). The NCH report recognised the importance of assessment of each young person prior to deciding and implemented responses (NCH 1992). This set out factors for an assessment process that included seeing the whole young person, with strengths as well as their harmful behaviour; the possible risk they may continue to pose and their family context and broader environment. These together continue to be core to assessment (Morrison and Henniker 2006). More generally there has been a move to the use of assessment frameworks in child welfare. The intention has been to support agencies to work in an integrated way and prevent children from being subjected to numerous assessments (Stafford et al. 2011). Similarly the consequences of an absence of a shared assessment approach for cases of harmful sexual behaviour had been found to result in: "inter-disciplinary conflicts and miscommunication"; misjudgement of risk and over-reaction to cases not warranting intensive intervention,; absence of consideration of family and contextual factors and not involving parents in assessment an intervention (Morrison and Henniker 2006 p. 37). The long-standing issue of poor communication between agencies still remains, with inadequate assessment and lack of joint planning being enduring issues (HM Inspectorate of Probation 2013).

The survey findings suggest specialist approaches, primarily AIM/AIM2 are in use in many areas, as is the Youth Justice Board Asset assessment tool. This is a similar situation to that identified by Hackett et al. (2005). Few of the guidance and procedures that stated anything specific in assessment of sub-groups of young people i.e. minority ethnic, with a learning disability. There were examples of discussion of assessment for accommodation. This suggests there is much knowledge on assessment in the field of harmful sexual behaviour, but it is not drawn together in guidance or procedures. The necessity of an assessment of each individual young person was established as key to a calibrated response that did not minimise the behaviour but neither did it draw low level behaviour into intensive responses. Assessment too was to be informed from the outset by research and practice guidance specifically with these groups. Generally the purpose and approach for assessment was established in practice, even if there was not always the availability of specialist services. This was less so with interventions, where there was an absence of guidance, due in part to lack of evaluation of their effectiveness (Hackett et al. 2005).

The National Standards for Youth Justice Services required 'all children and young people entering the youth justice system to be subject to a structured assessment (Youth Justice Board 2010). The research by Hackett and colleagues found that many services had developed their own assessment approaches, drawing on the relevant literature and frameworks available (Hackett et al. 2005). Similarly, many of the local authorities canvassed in our study had developed their own assessment tools. The AIM assessment tool developed for use for young people, who display harmful sexual behaviour, was used by over half the services surveyed. AIM is a multi-dimensional assessment tool that is intended to fit with procedures. Other assessments such as ERASOR and J-SOAP have also been developed in recent years. There are variants of the AIM assessment tool for those under 12. This takes account of the fact they were under the age of criminal responsibility and the police and criminal justice system are unlikely to be involved. Likewise, the availability of AIM assessment tools for young people with a learning disability was included in some procedures.

Hackett and colleagues (2005) concluded there had been progress since the NCH inquiry with regard to the purpose of intervention. They found consensus amongst professionals working in the field on the need for interventions that address both the harmful/offending behaviours and the broader needs of the young person. Types of service offered were found to be primarily community based one-to-one services since this offered the way to provide a tailored, individual service to young people. A more recent literature review of "treatment options for juvenile sexual offenders" reported that research into this often concluded that given the diversity of these young people interventions are best delivered through individualised approaches (Hutton 2010). There was also some use of group-work programme although to a far lesser extent that was the practice with adults who had committed sex offences. In practice there was dissatisfaction with the quality and availability of services, although this was related to access difficulties and resourcing i.e. waiting lists, distance to travel and lack of specialist services, rather than the actual interventions on offer (Hackett et al. 2005).

Hackett et al. (2005) found an absence of guidance on intervention for practitioners with only one document out of over 100 analysed containing a reference to a specific model of intervention. In our project, analysis of the guidance and procedures found that the purpose and approach to intervention was consistent in dealing with a range of needs of the child, in addition to their offending behaviour and management of risk. However the degree to which this was elaborated upon differed between the English and Wales's Child Protection Guidance with least detail compared to Northern Ireland and Scotland equivalents. The youth justice documents contained the most developed information with a breadth and depth of information on intervention goals and frameworks. This was not reflected in the local documents which differed in whether intervention plans were covered in detail or not at all. None of the national or local guidance proposed particular intervention models, although these were discussed in youth justice documents. The absence of robustly evaluated interventions may be one reason. However this places the onus on services and individuals to decide upon intervention approaches. Additionally, our project has highlighted that there continues to be absence of guidance for interventions for young people with a learning disability and other sub-groups.

In 2007, Hackett proposed that the strengths of the young person and their family/carers are important in securing effective outcomes. With this in mind, it is noteworthy that this principle was

largely absent from the documents included in our analysis. Whilst risk and needs were highlighted, recognition of the strengths of the young person and their family were not overtly discussed in any documents. We suggest that this is an important omission in the available guidelines and procedures.

5.3 Procedures and processes for managing cases of harmful sexual behaviour

We found a high degree of consistency in the general direction given in national polices for understanding and responding to these young people and local procedures were in line with these broad requirements. They established that there should be multi-agency involvement from an early stage to contribute to understanding and decisions about the young person. This is extremely important because very recent investigations in England and Wales have shown that holistic, well-communicated, multi-agency assessments are in fact a rarity (HM Inspectorate of Probation 2013). However, in many areas of England and Wales the procedures remained silent on the issue of young people and criminal justice processes. This variation on the requirements and level of detail in local procedures was found in the previous research (Hackett et al. 2005) and has persisted. Hackett et al. (2005) recommended 'nationally based and detailed guidance should be developed which addresses how effective working across child welfare and youth crime systems can be achieved, both at the level of the local area and the individual case' (p143). Whilst the 2010 version of Working Together (HM Government 2010) does commit to a "cross-government service delivery framework for young people who display sexually harmful behaviour" in 2012 this has not been forthcoming.

The NCH committee of inquiry recognised the difficulty in pinpointing when sexual behaviour was abusive. In response they set out factors, including consent, power imbalance and coercion, to assist staff working with children to judge when behaviour was harmful or abusive (NCH 1992). A decade later, research by Hackett et al. (2005) found that staff felt able to differentiate between "normal and abnormal" sexual behaviour. This they surmised was probably due to adequate coverage of such matters in initial training. They did propose that more advanced concepts that may help identify level of risk and need could usefully be incorporated into guidance on identifying harmful sexual behaviour (Hackett et al. 2005).

The NCH enquiry report had proposed that all these cases should be subject to child protection procedures (NCH 1992). However, it was subsequently recognised that not all the young people were in need of protection nor met the threshold for child protection measures. By the early years of the decade this was mainstream policy and Hackett et al. (2005) found the national guidance and most of local procedures required child protection measures to be taken only when there was evidence that the alleged abuser was their self at risk of significant harm. The position was the same for victims who were to be considered separately. However there remained a minority of procedures that continued to state that child protection procedures should be instigated in all cases of harmful sexual behaviour by a young person (Hackett et al. 2005).

It is clear that in practice many young people who have displayed harmful sexual behaviour, are or become, criminal justice cases (Erooga and Masson 2006). The separate child welfare and criminal justice system, particularly in England and Wales, was found to be the source of inconsistent

responses to these young people (Masson 2006). Only 17% documents analysed in the 2005 research contained guidance on the possibilities and consequences of legal disposals (Hackett et al. 2005). Although national guidance proposed multi-agency operation for these cases (Department of Health 1999) at a local level there were only a minority of procedures that outlined clear protocols between local youth offending and child protection teams. Hackett et al. (2005) had found that not all of the local authorities had detailed guidance on multi- and inter-agency working and for those that did it was "very variable in volume, content and quality" (p.143). Our survey revealed that this situation may have changed, with most local authorities reporting that such procedures were in place. However, Hackett et al. (2005) also found "considerable evidence that the management of individual cases varied a great deal within and across local areas for reasons unconnected with the particular features of the case" (p143). In our study too, there were examples of areas with well-established procedures, supported by protocols and agreed between agencies. This was not universal. Whilst what is happening in practice cannot be deduced from procedures, this inconsistency implies that there may be regional variation in the management of cases.

5.4 Staff training and support

Staff training and support were found to be important issues in both phases of our project. The findings from the survey suggest that in practice staff have training in the core issues and most have regular supervision. Despite recognition for over a decade of the necessity of particular responses to sub-groups of young people, there continues to be a gap in training on minority ethnic young people, younger children, females or learning disability. Similarly, Hackett and colleagues (2005) reported a lack of specific staff and practitioner training for working with young people who display harmful sexual behaviour, and they advised the Home Office that in order to improve standards of practice, consideration should be given to the development and identification of different levels of accredited training. Insufficient staff access to training, supervision and support was identified in the NCH enquiry and the later research found there was still much to do in this (Hackett et al. 2005; NCH 1992). Three particular issues were identified (Hackett et al. 2003):
- The need for refresher and in-depth training
- Training for "specific intervention approaches" as a priority
- Training for work with differing sub-groups of young people i.e. those from an ethnic minority or with mental health problems.

To conclude, our findings have shown a reasonably consistent picture across the four UK countries regarding service provision for children and young people who exhibit harmful sexual behaviour. Most children who come into contact with such services are subject to an assessment using a standardised framework and processes for risk management, child protection measures, staff training and multiagency procedures are common place. However, our findings suggest that procedures and guidelines to support good practice do not always make explicit suggestions and recommendations, particularly regarding assessment or intervention approaches. This is a particular issue in relation to minority ethnic groups and learning disability. Finally, we have identified several principles that underpin good practice in relation to service provision. However, we suggest that 'valuing the strength of the child and family' is not sufficiently explicit within procedures and guidelines in this area, and that this omission should be addressed.

5.5 Limitations

As with all studies, this project has some limitations that need to be acknowledged. Regarding the phase 1, the survey comprised a small sample of local authorities (20% in England, Scotland, Wales and 33% in Northern Ireland). Initially the intention had been to include all local authorities and Northern Ireland Health and Social Care Trust in the Survey. Recent research involving telephone interviews with local authorities had been subject to a response rate of approximately 50% due to the significant pressures on senior officers in local authorities (Hastings et al. 2012). It was reasonable to assume that similar issues would arise in this project and that achieving a reasonable response rate would require personal contact with respondents. There were insufficient budgetary resources to facilitate this for the entire population of local authorities across the UK and it was decided therefore to conduct a smaller scale survey of a sample of local authorities. The response rate was low for England (42%) and Wales (40%), even after strategies to boost response such as follow-up emails and telephone reminders. Although not significantly lower than the response rates experienced by Hastings and colleagues, the sample size does mean that caution should be exercised in the strength to which generalisations can be made from the project.

Regarding phase 2, we analysed procedures and guidance to gain insight into how these might support service provision and for the principles within them that underpin good practice. We acknowledge that actual practice may differ from that set out in procedures and guidance. The survey data from phase 1 may have been limited in its ability to capture 'real' practice. This is because the individuals completing the questionnaires tended to be in management positions and possibly removed from the realities of day-to-day practice. A very different picture may have been presented if the questionnaire had been completed by practitioners and this needs to be considered when interpreting the findings.

Finally, during the past two decades there has been an increase in research about young people who display harmful sexual behaviour, with a great deal of focus on treatment, assessment methods, risk management and service provision. Similarly, our survey gathered data on user profiles, assessment, intervention and staff training and support. This has provided valuable insights into the nature of service provision across the UK. However, to gain a more comprehensive, in-depth understanding of these issues, further studies are required, particularly from within a qualitative paradigm.

6.   CONCLUSIONS AND RECOMMENDATIONS

This project aimed to extend the knowledge base regarding services for young people with harmful sexual behaviour. With reference to the limitations of the project, although the study has provided some insights into this issue, far larger empirical studies are required to extend the knowledge base yet further. We therefore recommend that researchers continue to regard this as an important area of study.

There remains variation in procedures, particularly in England, on the requirements in inter-agency agreements for cases. Separation of youth justice and child welfare policy makes this a particular challenge. Although some geographical areas have set out clear agreement for ways of working such cases from the outset, many have not. The policy context in Scotland and Northern Ireland set out expectations to shift away young people who have offended form formal criminal justice processes where possible.

The needs of young people who sexually abuse are complex. Young people have typically suffered abuse, which can have important mental health consequences and may affect the impact of future intervention for their sexually abusive behaviour. They show poor social skills and a tendency to impulsiveness, and are coping with disrupted and neglecting family backgrounds. Individual needs should form a clear focus for practice so that sub-groups, such as young people with learning disabilities, young women and people from minority ethnic groups, are treated with understanding and respect. A comprehensive approach should be taken to identifying individual need.

It is increasingly recognised that young people who have displayed harmful sexual behaviour, should be understood and responded to differently to adults who have committed sexual offences (Hackett et al. 2005) concluded that a philosophy of approach should be based on:

- That they are children first and should not be conceived as "mini-sex offenders", they have a range of needs that include, but are broader than their harmful sexual behaviour.
- There should be an assessment of the needs of the whole child and the risk that they may present.
- Young people benefit from "more individualised and child-centred packaged of intervention" and group-work approaches used with adult sex offenders are not appropriate.
- Engagement with the child's family or carers is vital in supporting their change and welfare.

As presented in Table 21, phase 2 of our study revealed several principles that underpin good practice in service provision for young people who exhibit harmful sexual behaviour. These can be seen to reflect quite closely those of Hackett and colleagues presented earlier. However, we were struck by the lack of explicit, direct reference to valuing the strengths of the child and family within the documents included in our analysis. Yet we recommend this as an important principle for good practice and propose this as an addition to any framework (see Table 22)

Table 22: Principles of good practice – a proposed framework

A. Organisational level principles	A.1 Need for systematic assessments and interventions
	A.2 Adopting multi-agency approaches
	A.3 Ensuring a well-trained workforce
B. Individual level principles	B.1 Engaging the family
	B.2 Acknowledging the importance of context
	B.3 Ensuring child-centred approaches
	B.4 Taking account of individual needs
	B.5 Valuing the strengths of the child and family

Finally, findings from the documentary analysis show that the procedures and guidelines – and the principles contained within them – align with the service provision captured as a result of the survey. However, as indicated, they do not always make explicit suggestions and recommendations. This was particularly evident in relation to types of assessment or intervention approaches. The extent to which the needs of young people from certain groups were reflected in the documents was variable, particularly in relation to minority ethnic groups and learning disability. This is a concern, given that most of the local authorities who took part in the survey reported that young people from these groups were represented in their case profile. Additionally, in many areas of England and Wales, procedures failed to address the issue of young people in relation to criminal justice processes. The problem is that absence of clear guidelines may leave local authorities grappling with the practicalities of assessment and intervention. Lack of explicit guidance may increase the chances of inconsistency across local authorities. We therefore recommend that policy makers are cognisant of the need for clear explicit guidance in this area. This may lead to higher degrees of consistency and facilitation of good practice regarding service provision for children and young people with harmful sexual behaviour.

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Appendix 1: Questionnaire

Survey of provision for young people who display harmful sexual behaviour

The questionnaire contains 29 questions divided into 5 sections. You will be routed through the survey so may not need to answer all the questions. We are interested in the potentially diverse range of cases of young people who display harmful sexual behaviour, from low risk to those subject to intensive interventions.

Section 1 Referrals and Case Management for young people who display harmful sexual behaviour

The questions in this section are intended to find out which parts of your department have case management responsibility for young people because of their harmful sexual behaviour and from where referrals are received.

Section 1a Your Department

Q1.1 **In which part of the UK is your authority?**
England .... ❏
Scotland .... ❏
Wales .... ❏
Northern Ireland .... ❏

England and Wales

Q1.2 **Has your department's services** had case management responsibility for any young people because of their harmful sexual behaviour, **in the past 12 months (between August 2011 and September 2012)?**
Yes .... ❏
No .... ❏

Q1.3 **If 'no 'If no, please give reasons why not.**
_____

Q1.4 **If 'Yes' Where in your department** are cases managed of young people **because of their harmful sexual behaviour? (Please indicate all those that apply)**
Children's services/social care .... ❏
Youth Justice .... ❏
Youth Offending Team .... ❏
Probation .... ❏
Education - school .... ❏
Education - other .... ❏
Secure care establishments .... ❏
Children's Residential Units/schools .... ❏
Other (please state) _____

Section 1b Referrals

Q1.5 **Have your department's services** received any referrals of a young person because of their harmful **sexual behaviour in the past 12 months (August 2011 and September 2012)?**
Yes .... ❏
No .... ❏

Q1.6   If 'no', please give reasons why not

_____

Q1.7   If 'Yes' Please indicate the sources of referrals to your department of young people because of their harmful sexual behaviour in the past 12 months (August 2011 - September 2012)?

Children's services/social care	❏
Youth Justice	❏
Youth Offending Team	❏
Probation	❏
Education - school	❏
Education - other	❏
Children's voluntary sector	❏
Children's independent sector	❏
Health services - CAMHS	❏
Health services - other	❏
Police	❏
Crown Prosecution Service	❏
Children & Family Courts Advisory & Support Service (Cafcass)	❏
Youth Court	❏
Secure care establishments	❏
Children's Residential Units/schools	❏
Self referral/family	❏

     Other (please explain) _____

Q1.8   From where were the majority of referrals of young people because of their harmful sexual behaviour to your departments services in the past 12 months (between August 2011 and September 2012)? (Please check one box only)

Children's services/social care	❏
Youth Justice	❏
Youth Offending Team	❏
Probation	❏
Education - school	❏
Education - other	❏
Children's voluntary sector	❏
Children's independent sector	❏
Health services - CAMHS	❏
Health services - other	❏
Police	❏
Crown Prosecution Service	❏
Children & Family Courts Advisory & Support Service (Cafcass)	❏
Youth Court	❏
Secure care establishments	❏
Children's Residential Units/schools	❏
Self referral/family	❏

     Other - please specify _____

_____

Q1.23   From your experience, has there been an increase or decrease or no change in the number of young people referred because of their harmful sexual behaviour than five years ago i.e. since 2007? Are there...

More	Fewer	Same	Don't Know
❏	❏	❏	❏

Q1.24   Section 1. Please provide any additional information on any topics raised in this section

_____

2

Section 2 Assessment and Intervention

In this section we are interested in the particular assessment approaches and interventions used with these young people
Section 2a Assessment approaches

Q2.1 **Are all young people referred to your departments services because of their harmful sexual behaviour** subject to an assessment?

Yes .... ❏

No .... ❏

Q2.2 **If no, please give brief information on the circumstances in which** they would not be assessed.

_____

Q2.3 **Which of the following is included in an assessment of a young person who displays harmful sexual behaviour?**

	Yes	No
Assessment of risk of further harmful sexual behaviour	❏	❏
Access to victims and potential victims	❏	❏
Family co-operation	❏	❏
Family functioning	❏	❏
Non-sexual needs of the young person	❏	❏
Exact nature of sexual behaviours	❏	❏
Young person's strengths	❏	❏
Young person in their environment	❏	❏
Development history and stage	❏	❏
Degrees of control or supervision required to manage risk	❏	❏
Young person at risk of significant harm	❏	❏

Q2.4 **Do your departments services use any of the following frameworks to assess young people who display harmful sexual behaviour? Is there one used most often?**

	In use	Most often use
AIM/ AIM 2	❏	❏
Asset	❏	❏
MEGA	❏	❏
J-SOAP	❏	❏
ERASOR	❏	❏
In-house multi-agency assessment framework	❏	❏
Other - please specify		

Q2.5 **Please provide any comments you have on assessment approaches**

Section 2b Interventions

Q2.6 **Is your department responsible for interventions with young people because of their harmful sexual behaviour?**

Yes .... ❏

No .... ❏

3

Q2.7 The following contains potential elements in interventions for young people because of their harmful sexual behaviour. Can you indicate how often these are used in interventions with such young people in cases managed by your department.

	Always	Frequently	Occasionally	Rarely	Very rarely	Never
Risk assessment	❑	❑	❑	❑	❑	❑
Risk Management plan	❑	❑	❑	❑	❑	❑
Addressing non-sexual needs of the young person	❑	❑	❑	❑	❑	❑
Supporting young person's development	❑	❑	❑	❑	❑	❑
Building on young person's strengths	❑	❑	❑	❑	❑	❑
Family Support	❑	❑	❑	❑	❑	❑
Better Lives/Relapse Prevention	❑	❑	❑	❑	❑	❑
Child protection interventions	❑	❑	❑	❑	❑	❑

Other - please give brief details

_____

_____

Q2.8 Which, if any, of the following are used to address the harmful sexual behaviour?

	Yes	No	Not applicable
Group work	❑	❑	❑
Cognitive behavioural therapy	❑	❑	❑
Multi-systemic therapy	❑	❑	❑
Family Work	❑	❑	❑
Community based one-to-one	❑	❑	❑

Other - please give brief details

_____

_____

Q2.9 Please indicate which of the following specialist and general services your department uses in assessments and interventions with young people because of their harmful sexual behaviour? (Please tick all those that apply)

	Yes	No
Children's Services - specialist service	❑	❑
Children's Services - specialist team/staff in general service	❑	❑
Children's Services - mainstream service	❑	❑
Youth offending services - specialist service	❑	❑
Youth offending services - specialist team/staff in general service	❑	❑
Youth offending services - mainstream service	❑	❑
Voluntary organisation - specialist service	❑	❑
Voluntary organisation - specialist team/staff in general service	❑	❑
Voluntary organisation - general service	❑	❑
Independent organisation - specialist service	❑	❑
Independent organisation - specialist team/staff in general service	❑	❑
Independent organisation - general service	❑	❑

Other please specify

_____

_____

_____

Q2.10 Please provide any additional information on any topics raised in this section

4

Section 3 Service Users and Provision

This section is intended to obtain broad information on the profile (i.e. age, gender, ethnic origin and learning disability) of the young people in cases involving display of harmful sexual behaviour. Numbers are not required.   An indication from your knowledge of the profile of the young people cases managed by the department and changes in these over time would be useful.   If this would be time consuming to establish please indicate "not available".

The young people for which the department had case management responsibility because of their harmful sexual behaviour in the past 12 months...

Q3.1   **...did they include** males in any of the following age groups? (Please tick all those that apply)

	Yes	No	Don't Know
Aged 16 - 18	❑	❑	❑
Aged 13- 15	❑	❑	❑
Aged 10 - 12	❑	❑	❑
Aged 8 - 9	❑	❑	❑
Aged under 8	❑	❑	❑

Q3.2   **...did they include** females in any of the following age groups? (Please tick all those that apply)

	Yes	No	Don't Know
Aged 16 - 18	❑	❑	❑
Aged 13- 15	❑	❑	❑
Aged 10 - 12	❑	❑	❑
Aged 8 - 9	❑	❑	❑
Aged under 8	❑	❑	❑

Q3.3   ...did they include males or females from a minority ethnic group?

	Yes	No	Don't Know
Minority ethnic males	❑	❑	❑
Minority ethnic females	❑	❑	❑

Q3.4   ...did they include males or females with a **learning disability?**

	Yes	No	Don't Know
Males with a learning disability	❑	❑	❑
Females with a learning disability	❑	❑	❑

Q3.5   **From your experience, has there been an increase, decrease or no change in the numbers of young people according to their in the age profile/gender balance/ethnic origin the department had case management responsibly because of their harmful sexual behaviour, over the past five years i.e. since 2007?**

	More	Fewer	Same	Don't Know
Males	❑	❑	❑	❑
Females	❑	❑	❑	❑
Aged 16 - 18	❑	❑	❑	❑
Aged 13 - 15	❑	❑	❑	❑
Aged 10 - 12	❑	❑	❑	❑
Aged 8 - 9	❑	❑	❑	❑
Aged up to 8	❑	❑	❑	❑
Minority ethnic origin	❑	❑	❑	❑

Q3.6   **From your experience, has there been** an increase, decrease or no change in the number **of young people with** learning disabilities **that the department has case management responsibility because of their harmful sexual behaviour, over the past five years i.e. since 2007?**

	More	Fewer	Same	Don't Know
Young people with a learning disability	❑	❑	❑	❑

Q3.7   **Please provide any additional information on any topics raised in this section**

5

Section 4 Procedures

The questions in this section seek information on the agency procedures in place with specific relevance for work with young people who display harmful sexual behaviour.

Q4.1   **Are there** multi-agency procedures **for the local authority area for young people who display harmful sexual behaviour?**

Yes .... ❏

No .... ❏

Q4.2   Which agencies are required to follow **the multi-agency procedures?**

Children's services/social care/social work .... ❏

Youth Justice .... ❏

Youth Offending Team .... ❏

Probation/Adult criminal justice social work... ❏

Education - school.. ❏

Education - other .... ❏

Children's voluntary sector... ❏

Children's independent sector.. ❏

Health services - CAMHS .... ❏

Health services - other .... ❏

Police .... ❏

Crown Prosecution Service .... ❏

Crown Office and Procurator Fiscals Service .... ❏

Scottish Children's Reporter Administration/Children's Hearing............................... ❏

Public Prosecution Service... ❏

Children & Family Courts Advisory & Support Service (Cafcass) .... ❏

Youth Court .... ❏

Secure care establishments .... ❏

Children's Residential Schools/Unit.. ❏

Prison... ❏

Young Offender Institution .... ❏

Other - please explain .... ❏

Q4.3   Do the policy/procedures set out the following aspects **with regard to young people who display harmful sexual behaviour?**

	Yes	No
Multi-agency framework for investigation	❏	❏
Multi-agency framework for assessment	❏	❏
Multi-agency framework for case planning	❏	❏
Multi-agency framework for case review	❏	❏

Q4.4   **Does the multi-agency policy** require a referral to children's services/ social work and/or the police **of a young person who has displayed harmful sexual behaviour?**

	Yes	No
Children's services/ social work.	❏	❏
Police	❏	❏

Q4.5   **Please provide any additional information on any topics raised in this section**

_____

_____

_____

6

Section 5 Staff Training and Support

Finally this section seeks core information on the training and support for staff working with young people because of their harmful sexual behaviour.

Q5.1 **Do staff working with young people because of their harmful sexual behaviour** receive training in this field?

Yes .... ❏

No .... ❏

Q5.2 **For each of the following aspects,** can you indicate if staff undertaking assessments or interventions have received training or could access it if required **for work with young people because of their harmful sexual behaviour?**

	Received	Could access
Training specifically on work with this group	❏	❏
Refresher training	❏	❏
Assessment approaches and frameworks	❏	❏
Specific Interventions	❏	❏
Risk Assessment	❏	❏
Risk Management	❏	❏
Females who display harmful sexual behaviour	❏	❏
Minority ethnic young people who display harmful sexual behaviour	❏	❏
Younger children who display harmful sexual behaviour	❏	❏
Young people with learning disability who display harmful sexual behaviour	❏	❏

Q5.3 **Do staff working with young people because of their harmful sexual behaviour** receive supervision specifically for this work?

Yes .... ❏

No .... ❏

Q5.4 **Are staff able to access external consultation to support their work with young people because of their harmful sexual behaviour?**

Yes .... ❏

No .... ❏

Please provide any additional information on any topics raised in this section _____

_____

Q6.1 **Finally**

It would be useful for research administration purposes if we could have the name of the individual completing the questionnaire.   This will be confidential to the research team.

Name _____

Job Title _____

_____

Email address _____

Local Authority/NI Health Board _____

Appendix 2: Key characteristics of sample and responding local authorities in on-line survey

	Deprivation levels						Political control
	Bottom Third		Mid Third		Top Third		
	Sample	Response	**Sample**	Response	**Sample**	Response	
England	10	3	10	3	10	5	9 Lab 9 Con 3 Con/Lab 1 LD/Lab 1 LD/Lab/Con 7 NOC
Wales	2	0	1	1	2	1	2 Plaid Cymru 3 Lab
Scotland	2	2	2	2	2	0	2 Lab/SNP 1 Lab minority 1 Con/SNP 1 Ind/SNP/LD 1 SNP/LD/Lab
Northern Ireland	1		1				N/A

Appendix 3: National Policies included in review

England	HM Government (2010) Working Together to Safeguard Children: A Guide to Inter-agency Working to Safeguard and Promote the Welfare of Children, London: DCSF
England & Wales	Youth Justice Board for England and Wales (2010) Youth Justice Board for England and Wales Young People Who Sexually Abuse - Key Elements of Effective Practice, London
Wales	Welsh Assembly Government (2006) Safeguarding Children: Working Together under the Children Act 2004, Cardiff: Welsh Assembly Government
Scotland	The Scottish Government (2010) National Guidance for Child Protection in Scotland, Edinburgh: The Scottish Government
Scotland	The Scottish Government (2011) Framework for Risk assessment Management and Evaluation (FRAME) Planning for Local Authorities and partners For Children and Young People under 18 Young People Who Offend (Managing High Risk and Transitions), Edinburgh: The Scottish Government
Scotland	Criminal Justice Social Work Development Centre (2011) National Youth Justice Practice Guidance, Edinburgh: University of Edinburgh
Northern Ireland	Northern Ireland Department of Health Social Services and Public Safety (2003) Co-operating to Safeguard Children, Belfast: Department of Health, Social Services and Public Safety
Northern Ireland	Northern Ireland Office and Department of Health Social Services and Public Safety (2008) Tackling Sexual Violence and Abuse A Regional strategy 2008 - 2013, Belfast: Northern Ireland Office and Department of Health, Social Services and Public Safety