

## Expert testimony to inform NICE guideline development

### Section A: Developer to complete

**Name:**

**Role:** Service User

**Institution/Organisation (where applicable):**

**Contact information:**

**Guideline title:** Harmful Sexual Behaviour

**Guideline Committee:** Public Health Advisory Committee F

**Subject of expert testimony:** Service user perspective of HSB services

**Evidence gaps or uncertainties:** [Research questions or evidence uncertainties that the testimony should address are summarised below]

1. What was your experience of HSB services?

If possible, please give equal weight/time to providing information on all the questions below:

2. What was your experience of HSB services: you could include things like whether you received services at the right time or too late, what kinds of professionals or interventions you encountered.
3. Did the services or staff you encountered in the HSB services link you with other services or people who could help with any other issues relevant to your situation or needs?
4. What was good about your experience of HSB services and what helped you get to a point where you no longer needed to use the services?
5. What could have been better or didn't help?
6. Do you feel you have been treated equally and fairly by those offering HSB services? Why / why not?
7. In your view, how could HSB services change / improve in order to support young people in a similar situation to yours?
8. Is there anything else you would like to tell us about your experience of HSB services?

## Section B: Expert to complete

**Summary testimony:** [Please use the space below to summarise your testimony in 250–1000 words. Continue over page if necessary ]

Expert testimony was received from a 19 year old service user who came from one of the Baltic States to Northern Ireland (NI) with his mother and sister when he was about 9 or ten years old. When in the Baltic region of Northern Europe there was a history of domestic violence that was exacerbated by his father's alcohol consumption. From an early age, he described how his father had made him and his sister watch pornography videos and the disturbing images from these videos had stayed with him.

On his arrival in NI, his mother had begun another relationship and his relationship with her subsequently deteriorated quite rapidly, resulting in a court order that prevented him from seeing his mother. Following this, he was placed in foster care but all of the placements broke down and he was eventually placed in a children's home.

Describing how he went to secondary school in NI he told of how he was frequently bullied because of his interests that included an interest in aliens and magic. He described how, with the advent of adolescence, his developing sexuality became confused with the pornography he had been forced to watch as a child and this ultimately led to problems.

He told how he first saw a social worker called G and she was very good and that his involvement with G was the start of his addressing these difficult issues. He told the committee that the support he received at this point offered continuity as the social workers he was involved with, made every effort to keep in contact with him at least once a week and would come and pick him up to attend his support sessions, or at least 'phone him if that was not possible due to the distance of his foster home placement. Describing how he then began seeing his current social worker, he explained it was the continuity of this relationship that he most valued.

It was also his involvement with the NSPCC HSB services that had helped him a lot by exploring his experiences and how these might impact on his thoughts and behaviour. He told the committee that he feels that he is now in a better place as a result of his involvement with the NSPCC. He also told of how he had not seen his mother for two years and that was difficult, but that he continued on with his magic and he found his interest in magic a good outlet for any negative thoughts he continued to experience.

**References to other work or publications to support your testimony' (if applicable):**

Expert testimony papers are posted on the NICE website with other sources of evidence when the draft guideline is published. Any content that is academic in confidence should be highlighted and will be removed before publication if the status remains at this point in time.

## Expert testimony to inform NICE guideline development

### Section A: Developer to complete

<b>Name:</b>	██████████
<b>Role:</b>	Social worker
<b>Institution/Organisation (where applicable):</b>	██████████ ██████████
<b>Contact information:</b>	
<b>Guideline title:</b>	Harmful Sexual Behaviour
<b>Guideline Committee:</b>	Public Health Advisory Committee F
<b>Subject of expert testimony:</b>	Expert testimony from advocate for children and young people displaying harmful sexual behaviour
<b>Evidence gaps or uncertainties:</b>	[Research questions or evidence uncertainties that the testimony should address are summarised below]

Please can you provide your feedback in the form of a presentation to the PHAC (with or without slides). If possible, please give equal weight/time to providing information on all the questions below and be prepared to answer questions and discuss your work with the PHAC for a short while afterwards.

1. What is your experience of advocating for children and young people who have had contact with services that identify and support those who display harmful sexual behaviour: you could include things like whether you think they receive services at the right time or too late, what kinds of professionals or interventions they encounter.
2. In your experience, do staff who provide these services link children and young people with other services or people who could help them with any other issues relevant to their situation or needs?
3. Do you think the experience of the children and young people you support is typical of children and young people who have had contact with these services? Why / why not?
4. Are there any services that you regard as being particularly helpful for the children and young people you support; for example are there any that help them get to the point where they no longer need to use these services?
5. What could be better or doesn't help?
6. Do you think children and young people are treated equally and fairly by these services? Why / why not?
7. In your view, how could services change / improve in order to better support children and young people who need them?
8. Is there anything else you would like to tell us about your experience of supporting children and young people who use these services?

## Section B: Expert to complete

**Summary testimony:**

[Please use the space below to summarise your testimony in 250–1000 words. Continue over page if necessary ]

**1) What is your experience of advocating for children and young people who have had contact with services that identify and support those who display harmful sexual behaviour: you could include things like whether you think they receive services at the right time or too late, what kinds of professionals or interventions they encounter.**

Northern Ireland has a regional agreement that tries to ensure the province has total coverage in terms of the availability of HSB services for young people who require them. NSPCC cover the Western and Southern Trust areas. The Area Child Protect Policy and Procedures (9.38) direct practitioners to refer HSB cases to specialist projects for assessment and therapeutic intervention.

My experience is drawn from my role as a Social Worker with an NSPCC. I have been undertaking this role for approximately 5 years. The NSPCC service offers AIM and AIM2 assessments which look at the level of concern and supervision requirements for young people where there are concerns about harmful or problematic sexual behaviour. I also deliver tailored therapeutic interventions with a view to addressing the identified concerns based on the Change for Good model developed by NSPCC.

In my experience young people identified as having HSB issues meet a variety of professional responses; of these, Denial, Fear and Revulsion are the more problematic.

Denial and the fear of “labelling” the child at times lead to minimisation and inaction which can be to the child’s long term detriment.

Pressure on social services means that thresholds seem to be rising. Social services can at times seem keen to minimise their level of involvement. Professional responses can focus on containment of the young person. The practical issues are prioritised over the emotional needs of the child. Social Workers and foster carers, at times, have limited training regarding HSB and can be inappropriately matched with young people who have needs beyond their knowledge or skill set.

Alternatively young people may be matched with foster carers with appropriate skills and knowledge however the care received by the young person is diluted by the number of other young people also matched to that placement.

The result is that young people within the care system with HSB issues often experience multiple placement moves which can impact the child’s willingness to attach making the therapeutic intervention more challenging.

My experience is that the Youth Justice Youth Conference System is being increasingly used to work with young people who have displayed HSB. Many of these workers have expressed

concern that they feel ill equipped and under supported in this work. The Youth Justice System works to tight time frames that do not always match the therapeutic needs of the young person. This leads to work being truncated to fit court ordered timeframes rather than being tailored to the child's individual needs.

**2) In your experience, do staff who provide these services link children and young people with other services or people who could help them with any other issues relevant to their situation or needs?**

In general professionals will seek to address unmet need, however conflict can arise when "referring on" has the effect of prolonging involvement with the young person. For example, our HSB service requires that a Trust (Local authority) social worker remains active with the young person for the duration of our service to manage safeguarding issues. Given high demands on Social Services this has the potential to influence decision making regarding a HSB referral.

Resourcing can also create difficulties, in that services are not always available when the young person needs them.

**Cut off:** Key services for young people terminate when the young person reaches 18y/o (CAMHS, Education Support, Residential Care (Children's homes). The difference between child and adult services in their approach and accessibility is significant.

**3) Do you think the experience of the children and young people you support is typical of children and young people who have had contact with these services? Why / why not?**

The service we offer is long established with good links to Social Services, Youth Justice and Education. Over the years we have worked hard to influence and educate those we interface with through the provision of consultation and advice. Because of this I suspect that the service received by young people in our area is better than that received elsewhere.

Northern Ireland does not have a therapeutic residential facility for young people who engage in HSB which is a deficit. This means that when this level of support and care is required that young people are forced to travel abroad which is not ideal.

**4) Are there any services that you regard as being particularly helpful for the children and young people you support; for example are there any that help them get to the point where they no longer need to use these services?**

HSB is a response to a need generated through trauma; either neglect or exposure to a direct or indirect physical or sexual abuse. The pathway to HSB is in many ways unique to the child. The services that are helpful for children are those which address the underlying toxic issues and work to negate the associated behaviours. The HSB in many instances is a maladaptive way of coping with toxic stress.

Children respond well to Child centred services staffed by competent and confident practitioners with unconditional positive regard for the young people. Staff benefit from a solid grounding in trauma and the impact on development. The work should allow staff adequate time to build a strong reflective and supportive therapeutic relationship with the child. The workers themselves should be well-resourced through training and supported in their role with regular quality supervision.

Services needs to have a holistic view to ensure that the young person has secure basic foundations on which the work is based. Stable supportive carers are crucial to a young person's development. It's helpful if carers are able to accept what has happened and are willing to be part of the solution. (Some cares may need significant professional support to achieve this.) This secure base can help reduce anxieties and increase the young person's windows of tolerance which improves the effectiveness of intervention.

Services which builds towards a positive future for the young person by broadening their horizons and giving them a something to work towards (and a few or losing) can help build inhibitors to further HSB.

A whole Community approach is important whereby the child is supported in school, employment, youth clubs, sports organisations etc. to ensure the child continues to have appropriate outlets.

## **5) What could be better or doesn't help?**

### **Unhelpful:**

Strict enforcement of timescales for intervention, strict linier services, services that focus on the child as the "problem".

Societal attitudes that label and stigmatise young people when they have issues re HSB.

Delayed response to HSB concerns. Early intervention, I feel, is likely to equate to better outcomes for the young person and a reduction in HSB incidents later in life.

### **Could be better:**

Consistency of approach across organisations including clear referral pathways and identified mandatory triggers for referral to specialist services.

Specialist befriending services for young people with HSB issues that model and build social skills as well as provide a social outlet for isolated and vulnerable young people.

Consideration of using a more victim focused framework when considering young people who engage in HSB. I.E. that the behaviour is a response to trauma.

Services which end when the person ceases to require them – removal of the 18y/o upper limit for services when that person has started to engage in that service prior to their 18th birthday and when it can be evidenced that doing so is in the person's best interest e.g. the established therapeutic relationship means that it would be more effective for that practitioner to continue the work rather than pass the young person on to another

professional (this approach would also be more cost effective).

**6) Do you think children and young people are treated equally and fairly by these services? Why / why not?**

The service the young person receives will be down to the attitudes and understanding held by the individual worker as well as the culture of the organisation.

**7) In your view, how could services change / improve in order to better support children and young people who need them?**

It would be important to build societies understanding of HSB to encourage a supportive attitude for young people.

Early intervention is very important in terms of disrupting behaviours before they become established patterns. Early referral to specialist services for a holistic assessment which ongoing commitment from key systems to supervise and support the young person and family can effect change.

The appropriate resources need to be made available including specialist foster carers with ring fenced placements when appropriate

**8) Is there anything else you would like to tell us about your experience of supporting children and young people who use these services?**

I think I have covered all the key issues above.

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**References to other work or publications to support your testimony' (if applicable):**

NI Regional Policies and Procedures (2005) 9.38 p162

<http://www.safeguardingni.org/sites/default/files/sites/default/files/imce/REGIONAL%20POLICY%20AND%20PROCEDURES.pdf>

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## Expert testimony to inform NICE guideline development

### Section A: Developer to complete

<b>Name:</b>	Jon Brown
<b>Role:</b>	Head of Strategy and Development, NSPCC
<b>Institution/Organisation (where applicable):</b>	NSPCC
<b>Contact information:</b>	
<b>Guideline title:</b>	Harmful Sexual Behaviour
<b>Guideline Committee:</b>	Public Health Advisory Committee F
<b>Subject of expert testimony:</b>	National Operational Framework for work with children and young people who display harmful sexual behaviour.
<b>Evidence gaps or uncertainties:</b>	[Research questions or evidence uncertainties that the testimony should address are summarised below]

**Section B: Expert to complete**

**Summary testimony:** [Please use the space below to summarise your testimony in 250–1000 words. Continue over page if necessary ]

**The testimony focused on the paucity of assessment and particularly post assessment intervention provision for children and young people with harmful sexual behaviour. The presentation described the development of an operational framework to improve inter agency work and its coordination in local areas. The Framework recognises the resource constraints that local areas face and its intention is to facilitate local thinking and planning in relation to harmful sexual behaviour and how current resources can most effectively be developed and deployed to improve local responses to children and young people with harmful sexual behaviour.**

**The Framework is being tested in 14 local areas and this process will be complete by April 2016. It is intended that the Framework will then be amended to take account learning from the pilot and then taken up more broadly across the country to help contribute towards local sexual abuse prevention strategies.**

**References to other work or publications to support your testimony' (if applicable):**

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## Expert testimony to inform NICE guideline development

Section A: Developer to complete	
<b>Name:</b>	Simon Hackett
<b>Role:</b>	Principal/ Professor of Applied Social Sciences (academic)
<b>Institution/Organisation (where applicable):</b>	Durham University, St Mary's College
<b>Contact information:</b>	
<b>Guideline title:</b>	Harmful Sexual Behaviour
<b>Guideline Committee:</b>	Public Health Advisory Committee F
<b>Subject of expert testimony:</b>	<ul style="list-style-type: none"> <li>• An overview of policies and procedures across the devolved administrations including the role of primary prevention.</li> <li>• What are the elements of a good service response to the issue of harmful sexual behaviour among children and young people</li> </ul>
<b>Evidence gaps or uncertainties:</b>	[Research questions or evidence uncertainties that the testimony should address are summarised below]

## Section B: Expert to complete

**Summary testimony:** [Please use the space below to summarise your testimony in 250–1000 words. Continue over page if necessary ]

This expert testimony reviewed and analysed the state of the policy and practice response across the UK in response to children and young people with harmful sexual behaviours. It acknowledged the development of a more sophisticated approach to this area of work in evidence over the last decade and an increase in services, especially assessment services for young people. However, there remains considerable concern about the variable nature of national and local guidance on this issue and the patchiness of service provision nationally. It is also notable that there is a deficit in appropriate provision for young people with learning disabilities who demonstrate harmful sexual behaviours, as well as for younger children under the age of 10. Specifically, policy developments are almost entirely focused on adolescents with harmful sexual behaviours, with the different profiles and needs of younger children with problematic sexual behaviours absent from professional debates. The testimony wanted that it is not possible to assume that models of assessment and inter-agency management of adolescents are appropriate for younger children. The absence of the issue of young people who sexually abuse from the Working Together guidance in 2013 is problematic and there remains a need for a national strategy guided by the evidence. The testimony concluded with a review of elements of good service delivery responses, including the importance of seeing children and young people's harmful sexual behaviours in a continuum or concerns, risks and needs. Appropriate service responses are delivered as far as possible, it was emphasised, in a community context so that service delivery takes place in the least restrictive setting that manages risk, while enhancing the developmental needs of the young person. It is also important to maintain a family focus and to provide placement stability, as interventions are more likely to be successful when underpinned by a stable living placement. Good practice responses do not merely focus on the harmful sexual behaviours but also pay attention to non-sexual offending problems and offer support for comorbid mental health problems.

**References to other work or publications to support your testimony' (if applicable):**

Smith, Allardyce, Hackett, Bradbury Jones, Lazenbatt (2014) Practice and policy in the UK with children and young people who display harmful sexual behaviours: an analysis and critical review. *Journal of Sexual Aggression*

Hackett (2014) Children and young people with harmful sexual behaviours. A Research Review. Dartington, Research in Practice

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