

## Harmful Sexual Behaviour

### Consultation on draft guideline Stakeholder comments table

24/02/16 to 08/04/16

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.*

ID	Type	Organisation name	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
1	[office use only]	Association of School and College Leaders (ASCL)	Full	General	General	ASCL welcomes the guidelines, which appear clear and sensible.	Thank you for your comment.
2	[office use only]	BARNARDO'S	Draft Guidelines	General		Overall we welcome the guidelines and feel that they are a helpful summary of the pertinent issues within this complex field and that they contain some sound recommendations for practice. We have some specific issues and suggestions that we would ask you to consider, which are noted below.	Thank you for your comment. A response to each of your suggestions has been added below
3	[office use only]	BARNARDO'S		1	Para 2	<b>Question 1: For P.1 para.2</b> - gives reference to the fact that a referral to specialist services risks stigmatisation. If the service is competent and child-centered, this shouldn't be the case. There is an assumption that "specialist agencies" necessarily have a stigmatising effect on children. We believe this is not the case. In fact, there is less chance of stigmatisation from those most informed and able to approach this issue skillfully and sensitively.	Thank you for your comment. This sentence has been amended in the guideline.
4	[office use only]	BARNARDO'S		5	4	<b>Question 1:</b> The 'lead practitioner' will have a key role in making crucial initial assessments and decisions and would need to be adequately trained and supported to advise on the appropriate next steps regarding the HSB but to have also considered the presenting circumstances from a wider safeguarding perspective for the young person, their family and potential victims. This includes the need to consider that sexualised behaviour can be an indicator in some situations	Thank you for your comment. This is an important issue and we have amended the guideline to incorporate the importance of child protection and safeguarding issues. We have also put in suggestions about responsibilities for actioning a response in this area. However we think that it is also important

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						of sexual abuse, for example with children who have been victimised but have not yet made a disclosure. We don't wish to suggest that all children who act this way have been sexually abused or exploited, but the statistical association with pre-adolescents is very strong. All dealings with children and young people displaying harmful sexual behaviour should be firmly located in a <i>safeguarding</i> context, regardless of age. This should ensure that a sensitive and sufficiently protective approach is taken for all the children involved - any victim/s and the child displaying HSB. The guidance lacks a clear message about the safeguarding context and where responsibilities lie for actioning this.	to emphasise that the involvement of a statutory assessment or child protection procedures will not always be necessary and it would be the role of the lead professional to determine at an early stage through good assessment procedures the seriousness of the behaviour.
5	[office use only]	BARNARDO'S		4	17	<b>Question 1 and 3: For Section 1.2.1</b> The Wales HSB/CSE Protocol needs to be added to the list of relevant documents here. In Wales, this <a href="#">protocol</a> addresses the early responses of a multi-agency approach to HSB. This is not acknowledged in the draft guidance despite it covering many of the issues raised. The principles and practices embedded in <a href="#">this document</a> could help form the later versions of the guidelines.	Thank you for your response. We will pass this information to our local practice collection team. More information on local practice can be found <a href="#">here</a> .'
6	[office use only]	BARNARDO'S		6	23	<b>Question 1 and 5:</b> Across the UK a significant proportion of HSB interventions are provided by specialist teams within the Voluntary Sector – most notably Barnardo's and NSPCC – and we believe these agencies should be added to the list of specialist agencies that can undertake risk assessments of HSB	Thank you for your comments. The guideline has been amended to account for voluntary organisations.
7	[office use only]	BARNARDO'S		7	2	<b>Question 1: For Section 1.3.2</b> This section should reflect the need for a broader formulation-type assessment that pulls in all aspects: needs, risks, vulnerabilities, and the child's journey so far, environmental and family factors etc.  We think that references to the J-SORRAT II should be removed. It is an actuarial measure for 12-18 years olds, and is only available for use as research instrument, except in certain states of USA.	Thank you for your comments. The guideline acknowledges the need for a broader formulation of assessment.  We have removed references to the J-SORRAT-II in the recommendations.
8	[office use only]	BARNARDO'S		8	10	<b>Question 1:</b> The guidance makes reference to NICE's	Thank you for your comment. The

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	e use only]					guideline on children's attachment. We would support emphasis on the recognition of Attachment theory and insecure attachment styles as being seen as a strong contributory factor to the development of HSB - <i>"The security of attachment bonds seems to be the most important mitigating factor against trauma-induced disorganization"</i> (Van Der Kolk, 2003). We would also support the recognition that dualisation (victim and abuser) as an approach to HSB therapeutic and assessment work promotes working with the whole child.	guideline does not deal with 'dualisation' directly but acknowledges that victims of HSB need to be addressed. Issues of sexual abuse is the focus of NICE guideline ' <a href="#">child abuse and neglect</a> ' which is due to be published in September 2017.
9	[office use only]	BARNARDO'S		9	23	<b>Question1:</b> We believe it would be helpful to clarify "working with denial". Our practice experience suggests that denial doesn't directly matter if there is appropriate engagement and the work is progressing. Maybe this is what the phrase was intended to mean, but it lacks clarity. Perhaps <i>"working with children in ways which takes account of their denial"</i> would be more accurate?  There is also no mention of trauma or the other impacts of abusive and damaging life events on the child's emerging behaviour and we suggest that this needs to be included.	Thank you for your comment. The guideline has been amended to include this clarification.  The guideline recognises that there may be a range of factors leading to HSB that could include trauma and damaging life events and have included these.
10	[office use only]	BARNARDO'S		22	15	<b>Question 1:</b> The guidance needs to make it clear that it is possible (though not ideal) to undertake an assessment of a child during the progress of criminal proceedings, as long as the specific incident being prosecuted is not addressed. Insight into the issues fuelling the HSB can emerge and give useful insight into how best to deal with and support the young person.	Thank you for your comment. The guideline has been amended to make this clear.
11	[office use only]	BARNARDO'S		36	17	<b>Question 2:</b> We believe that relevant professionals especially 'lead professionals' need to be experienced and knowledgeable re. HSB and should be offered training and support from specialist HSB agencies to guard against the risks of 'revulsion and marginalisation' that this section describes.	Thank you for your comment. The guidance acknowledges the role of the local safeguarding children board on the issue of training.
12	[office use	BARNARDO'S		40	1	<b>Question 3:</b> There is a protocol in place in Wales that covers this need for the relevant services to respond	Thank you for your comment. Please see the comment above.

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	only]					jointly and in a coordinated way. It has the status of formal guidance and sits under the auspices of the All Wales Child Protection Procedures.	
13	[office use only]	BARNARDO'S		General Points		<p><b>Question 2:</b> Cost implications are inevitable in relation to the training and supervision of professionals to enable them to work competently and confidently in this challenging field. This refers not just to professionals working with HSB but with more general awareness-raising across Early Help and other relevant professional groups.</p> <p><b>Question 3:</b> We suggest that existing HSB Specialist Agencies are involved in providing training and supporting implementation.(This already occurs in some areas)</p> <p>Multi-agency approach - we support the suggestion that a range of agencies need to share the responsibility of supporting children and families regarding HSB and that Social Care teams closing the case once HSB services are involved can be detrimental to the wider progress of the young person and family.</p> <p>We also support the sense of 'hope' conveyed within the statements that young people can and do desist from HSB and may naturally 'grow out' of problematic behaviour as they mature.</p> <p><b>Question 4:</b> The groups that we hoped to be considered have been included in the guideline.</p> <p><b>Question 5:</b> We agree that there are enormous variations in the availability and quality of HSB services across the country. We also agree that there is a clear need for more research to provide an established evidence base for recommended approaches.</p> <p><b>Question 6:</b> We support the recommended areas for research and suggest the following additional ones for</p>	<p>Thank you for your response. We have passed it to the NICE resource impact assessment team to inform their support activities for this guideline.</p> <p>Thank you for your response to the list of questions and for your suggestions.</p>

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						<p>consideration:</p> <ul style="list-style-type: none"> <li>• 1: The impact of pornography as a factor contributing to a young person's HSB.</li> <li>• 2: Sibling/Intrafamilial HSB.</li> <li>• 3: Peer on peer HSB that does not reach the level of criminal conviction.</li> </ul> <p>We note that the significant research and work with females presented by the Barnardo's Taith Project was acknowledged positively within the report.</p> <p><b>Question 7:</b> We are pleased to see an emphasis on strengths-based approaches and that the involvement of the family is seen as central to any effective outcomes for children.</p>	
14	[office use only]	British Psychological Society	Full	6 of 51	19-20	<p>The Society has concerns regarding the comments on including young people and their families in the design of services needs and believes that caution is needed. There is a consistent research finding that sexual behaviour, particularly in pre-pubescent children, is a symptom of sexual abuse and in many cases this is intra-familial (Friedrich et al, 2001). This is not fully discussed in the document and there should be caution in developing services that do not fully acknowledge this thereby presenting a risk of preventing disclosures from young people where there is abuse from family members.</p>	<p>Thank you for your comment. The guideline has been amended to reflect this more fully.</p>
15	[office use only]	British Psychological Society	Full	7 of 51	Section 1.3.2 line 5	<p>We note that there is some discrepancy in the document about the use of the AIM II and in later sections this is not recommended. The tools considered are a mix of Actuarial and Structured Professional Judgement (SPJ) Tools, this point needs to be expanded on. The AIM II is a curious tool in that it is similar to the ERASOR in the risk factors considered are similar, but in the second part the tool deviates from SPJ principles and becomes Actuarial in design. It is not clear from the existing research that the numerical transformation holds with principles of measurement theory such as</p>	<p>Thank you for your comment. We have included AIMII as it includes a broad range of factors including risk factors for assessing risk. We have amended the references to AIMII to be consistent. There was no evidence on the FACE CARAS tool and therefore not included.</p>

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						principles of additivity. As such the authors may consider recommending the use of the AIM II as a SPJ tool but desisting from the categorical applications. Risk assessment principles would indicate that SPJ approaches would be superior in structuring treatment methods. There is also no mention of the FACE CARAS tool which is being used in NHS settings across the UK and has a measure of sexually problematic behaviour. This tool has a limited evidence base at present.	
16	[office use only]	British Psychological Society	Full	10 of 51	After section 1.3.3	The Society recommends that analysis of social media and online pornography is considered in the guidelines (Calder, 2004). The growing body of research is that this is becoming a primary source of socialisation to deviant sexual activity. The committee may consider adding a further section to this section of the guidelines.	Thank you for your comment. The committee recognises the issues associated with pornography. The committee sought expert testimony on this and it was reported that there is a lack of research in this area. The committee have made a research recommendation in this area.
17	[office use only]	British Psychological Society	Full	8 of 51	Section 1.5.3 lines 11-13	The Society recommends that an additional phrase is used after "develop a strong sense of personal identity" and this could be as <i>someone without sexually problematic behaviour</i> . It should be recognised that some forms of strong personal identity can be negative.	Thank you for your comment. The guideline has been amended to reflect this suggestion.
18	[office use only]	British Psychological Society	Full	8 of 51	Section 1.5.4 lines 14-15	It is important that Mental Health Services explore other explanations for the behaviour and this could be added. High functioning autistic young people often have problems in understanding the complex rules of sexual behaviour (Stokes and Kaur, 2005). This could be acknowledged as a specific area where mental health services have a particular function in supporting work with this group.	Thank you for your comment.
19	[office use only]	British Psychological Society	Full	9 of 51	Section 1.5.11 lines 16-20	In the section on Psychoeducational approaches, we believe that it would be useful to expand on "learning sexual behaviour rules". It could be added that <i>issues of consent with legal, social, and moral guidelines should be considered</i> this helps expand and clarify what is meant by rules and the differences in types of consideration needed.	Thank you for your comment. The guideline has been amended to reflect this suggestion.
20	[office use only]	British	Full	14 of 51	Lines		Thank you for your comment the

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	use only]	Psychological Society			1-3	It is noted that the AIM II is excluded from this list and it is unclear why. As discussed previously, the key risk factors considered in the AIM II are the same as in the ERASOR.	guideline has been amended in relation to AIMII
21	[office use only]	British Psychological Society	Full	17 of 51	Lines 18-22	In this section, we believe that a distinction should be made between problematic and abusive behaviour. It is not clear that this distinction can always be easily made. Measures of extreme abusive sexual behaviour such as sexual sadism often rely on crime scene characteristics. It may be best to consider all sexually deviant or harmful behaviour as sexually problematic behaviour. The reasons for this distinction are understood, but the taxonomy may have unfortunate labelling distinctions that can negatively affect future risk management leading to conservative and liberal errors.	Thank you for your comment. The guidance has attempted to draw out the distinction between these two but as indicated the distinction cannot always be easily made.
22	[office use only]	British Psychological Society	Full	18 of 51	Lines 4-8	The committee make an important note on the research findings that very few of those with problematic sexual behaviour go on to more severe offences. This could be considered as being emphasised earlier in the document.	Thank you your comment this has been noted in the committee discussion section.
23	[office use only]	British Psychological Society	Full	22 of 51	Lines 22-29	It should be noted that one difficulty in the literature on risk assessment of future sexual violence is the limited number of re-offenders (Prentky et al, 2001). This often confounds research designs to validate tools. The need for further analysis of the AIM II is acknowledged and there is no disagreement with this comment.	Thank you; this has been noted in the guideline committee discussion section.
24	[office use only]	British Psychological Society	Full	23 of 51	Lines 24-26	The committee could consider the SAPROF Youth Version in this section which is a European tool used to assess protective factors in young people committing offences. It is likely that this will include sexually problematic behaviour.	No evidence was considered on this tool as it is not specific to HSB, it has therefore not been included.
25	[office use only]	British Psychological Society	Full	Page 30 of 51	Lines 28-30	We believe that the programme in the Thistleton Regional Centre is perhaps the best resourced and most comprehensive of its type. It is not purely cognitive behavioural and draws on Family Therapy and other principles in its work. No UK based project has such a comprehensive and multi-faceted intervention.	Thank you for your comment. We did not identify any evidence on this programme.
26	[office use only]	British Psychological Society	Full	45 of 51	Gaps in Eviden	The Society recommend that a large scale study is considered, of a risk assessment tool across the UK. This may help to develop a sample size large enough to establish	Thank you for your comment; the committee has made a research recommendation on assessment tools.

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					ce	predictive validity (see comments on the AIM II) made earlier.	
27	[office use only]	British Psychological Society				<p><b>References</b></p> <p>Calder, M. C. (2004) <i>Child sexual abuse and the internet: Tackling the new frontier</i>. Lyme Regis: Russell House Publishing</p> <p>Friedrich W.N., Fisher, J.L., Dittner, C.A., Acton R, Berliner L, Butler J, Damon, L., Davies, W.H., Gray, A., Wright J. (2001) Child Sexual Behavior Inventory: normative, psychiatric, and sexual abuse comparisons. <i>Child Maltreatment</i>, <b>6(1)</b>, 37-49.</p> <p>Prentky, R. A., Harris, B., Frizzell, K., &amp; Righthand, S. (2000). An actuarial procedure for assessing risk with juvenile sex offenders. <i>Sexual Abuse: A Journal of Research and Treatment</i>, <b>12(2)</b>, 71– 93.</p> <p>Stokes, M. A. and Kaur, A. (2005). High functioning autism and sexuality: A parental perspective. <i>Autism</i>, <b>9</b>, 266-289</p>	Thank you for your references. We forwarded the references to the developer for checking for suitability for inclusion in the review who concluded that they would not have changed the evidence statements.
28	[office use only]	Calderdale Youth Offending Team	Full	5	10	We are concerned that whilst it is crucial to use appropriate assessments and interventions, there is a lack of clarity what assessments and interventions are recommended to be used for the different age ranges and needs of the children and young people.	Thank you for your comment. The guideline has been amended to make this clear.
29	[office use only]	Calderdale Youth Offending Team	Full	9	11	We are concerned that whilst it is crucial to use appropriate assessments and interventions, there is a lack of clarity what assessments and interventions are recommended to be used for the different age ranges and needs of the children and young people.	Thank you for your comment. The guideline has been amended to make this clear.
30	[office use only]	Calderdale Youth Offending Team	Full	7	16	We acknowledge that intervention at the earliest point , involvement of parents and carers and a positive relationship with the worker is important.	Thank you for your comment.
31	[office use only]	Calderdale Youth Offending	Full	10	21	We support young people maintaining their relationships with school and peers and keep a sense of belonging; however practice would suggest that SHB is often a trigger for a	Thank you for your comment. The committee agreed that this should form part of the overall assessment and

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		Team				managed move by Schools. Guidance should be clear that SHB should not automatically require a managed move on the majority of occasions.	should be decided upon on a case by case basis.
32	[office use only]	Calderdale Youth Offending Team	Full	40		We are concerned that due to limited resources and low number of referrals at this time, there is a reluctance for senior managers /services to commit staff to undertake this work undermining the principles of multi agency working.	Thank you for your comment; it is hoped that by implementing the guideline recommendations some of the issues highlighted here could be resolved.
33	[office use only]	Calderdale Youth Offending Team	Full	18	19	We are concerned that although this guidance includes up to 25 year olds and acknowledges that transition from youth to adult services must be considered, there are currently barriers to continuity.	Thank you for your comment. NICE already has a guideline on transitions into adult social care, therefore this is out of scope for this guideline. <a href="https://www.nice.org.uk/guidance/ng43">https://www.nice.org.uk/guidance/ng43</a>
34	[office use only]	Calderdale Youth Offending Team				<p>1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why. Engaging CAMHS to support interventions.</p> <p>2. Would implementation of any of the draft recommendations have significant cost implications? -No</p> <p>3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.) Clarity of tools and assessment models for children and young people.</p> <p>4. Are there any groups that need special consideration and have not been mentioned in the guideline? N/A</p> <p>5. Our impression is that services for children and young people with harmful sexual behaviour are currently limited in terms of their availability and evidential basis – do you think this is true? – Yes</p> <p>6. Based on this impression we have made recommendations for research that could support better evidence based care – do you think these are the right</p>	<p>Thank you for your response. Your comments will be considered by NICE where relevant support activity is being planned.</p> <p>Thank you for your response. We have passed it to the NICE resource impact assessment team to inform their support activities for this guideline.</p> <p>Thank you for your response. We will pass this information to our local practice collection team. More information on local practice can be found <a href="#">here</a>'</p> <p>Thank you for your responses.</p>

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						recommendations? Would you add any? Yes the correct recommendations, no additional areas to add.	
35	[office use only]	CoramBAAF Adoption and Fostering Academy 41 Brunswick Square London WC1N 1AZ	All comments relate to the full version	General		It would be helpful to have the definition of sexually harmful behaviour noted at the beginning of the guidance to provide the context and clarify what the guidance is addressing.	Thank you for your comment. The definition used for this guideline was stated in the scope; it is also discussed and addressed in the committee discussion section of the document.
36	[office use only]	CoramBAAF Adoption and Fostering Academy 41 Brunswick Square London WC1N 1AZ		General		Unfortunately, our members have noted that there is a serious lack of services aimed at addressing the needs of children and young people identified as having experienced sexual abuse, either shortly after recognition (often at times of safeguarding interventions), or as is quite common, when disclosure is made at a later date. It would be beneficial to proactively address the needs of these children and young people at a much earlier point, to prevent them from developing sexually harmful behaviour. Such intervention may be within the context of family relationships, often with foster carers or adoptive parents, as well as professional support or intervention.	Thank you for your comment. This is an issue that is the focus of NICE guideline ' <a href="#">Child abuse and neglect</a> ' to be published in September 2017.
37	[office use only]	CoramBAAF Adoption and Fostering Academy 41 Brunswick Square London WC1N 1AZ		General		This document seems to be not so much guidance as recognition that little is known in this area and a call for research to develop evidence based practice. We certainly think it would be helpful to have more research about different sub groups and better tools for risk assessment and predicting re-offending behaviour. Our members are concerned that the document is largely unhelpful concerning how to approach these children and young people in practice.	Thank you for your comment. The guidance is based on the available evidence base and is supported in its development by committee members who are topic experts and expert witnesses in this area. We have amended the document to address the points you have raised.
38	[office use only]	CoramBAAF Adoption and Fostering Academy 41 Brunswick Square		5	18	The recommendation to use the Brooks Behaviours Traffic Light Tool for assessment is helpful to approaching assessment in an evidence based manner.	Thank you for your comment.

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39	[office use only]	CoramBAAF Adoption and Fostering Academy 41 Brunswick Square London WC1N 1AZ		5	25 - 27	1.2.5 and 1.2.6 We agree that the assessment should be comprehensive and take a broad look at the child's circumstances and not just focus on the sexual behaviour which is often a symptom of problems and not the problem itself. See comment 3 above.	Thank you for your comment.
40	[office use only]	CoramBAAF Adoption and Fostering Academy 41 Brunswick Square London WC1N 1AZ		8	7	1.5.2 and 1.5.5 While we fully support the principle of encouraging caring relationships between the child or young person and their carer, in the experience of our members, foster carers and adoptive parents usually request that they be moved to another placement upon recognition of sexually harmful behaviour. This tendency was noted in the statement on page 36, lines 23 – 24. Sadly this leads to disrupted attachment, which is often already a significant issue for looked after and adopted children and young people. The guidance would be strengthened by recognition that it will be necessary to work with carers to prevent moves while helping them to understand the child's needs and to support them to continue the placement.	Thank you for your comment. Based on committee expert discussion this is a recognised issue in this area. The guideline has been amended to reflect the need for more work and support with carers and foster carers in this area.
41	[office use only]	CoramBAAF Adoption and Fostering Academy 41 Brunswick Square London WC1N 1AZ		10	21 - 26	1.7.3 and 1.7.4 In a similar effect to that noted above, if a young person is moved to another placement it disrupts education, and peer, school and community activities, and interferes with them receiving the benefit of such activities.	Thank you for your comment. The committee recognise this as an issue in this area and recommended that this should form part of the overall assessment and should be decided upon on a case by case basis.
42	[office use only]	CoramBAAF Adoption and Fostering Academy 41 Brunswick		11	10	1.8.1 This list should include community paediatricians and in particular those community paediatricians and specialist nurses working with looked after and adopted children	Thank you for your comment. The committee felt that such terms should be included under broad service terms such as health, education etc.

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43	[office use only]	CoramBAAF Adoption and Fostering Academy 41 Brunswick Square London WC1N 1AZ		Question 2		<p>1.2 and 1.3 both have significant workforce implications. There is currently insufficient capacity in both services for early assessment and risk assessment upon referral to harmful sexual behaviour services. Practitioners in early assessment teams need further training in this area, as evidenced by the Ofsted report <i>Early help: whose responsibility</i>, which although it did not address this issue specifically, indicated there is much need for improvement in early assessment.</p> <p>Additionally, with regard to 1.8 multi-agency, multidisciplinary working, it is well recognised that getting this to work effectively is very difficult and requires significant investment of professional time and expertise to develop shared understanding and goals, protocols concerning roles, responsibilities, information sharing, and processes, etc.</p> <p>The resource implications of providing training for health, social care and education professionals should be recognised.</p>	Thank you for your response. We have passed it to the NICE resource impact assessment team to inform their support activities for this guideline.
44	[office use only]	CoramBAAF Adoption and Fostering Academy 41 Brunswick Square London WC1N 1AZ		Question 4		There should be more explicit mention of, and attention given to, looked after and adopted children. They are more likely to have been sexually abused putting them at higher risk of sexually harmful behaviour, and are at higher risk of disrupted attachment and placement moves which can interfere with supportive placements which underpin effective interventions.	Thank you for your comment the needs of looked after children are addressed more explicitly in the guideline.
45	[office use only]	CoramBAAF Adoption and Fostering Academy 41 Brunswick		Question 5		We absolutely agree that services are limited, including as noted in comment 3 above, services for those children and young people who have been identified as being sexually abused. Services are entirely lacking in many areas and have insufficient capacity in others. There is a need for evaluation	Thank you for your comment. <a href="#">'Child abuse and neglect'</a> is the focus of a NICE guideline to be published in September 2017

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		Square London WC1N 1AZ				of existing services and development of effective services offered by skilled and experienced practitioners.	
46	[office use only]	CoramBAAF Adoption and Fostering Academy 41 Brunswick Square London WC1N 1AZ		Question 6		We support these recommendations.	Thank you for your comment.
47	[office use only]	Department of Health	Full			I wish to confirm that the Department of Health has no substantive comments to make, regarding this consultation.	Thank you for your comment.
48	[office use only]	East Riding of Yorkshire of Council	Full	5	15-17	(Ref questions 2-3) Concerns have previously been expressed (by primary schools via Carolyn Bradbury) as to how to establish where behaviours sit on a continuum. Therefore adoption of a tool such as the Brook traffic light tool would be very useful. However this may have an impact in terms of cost and time for implementation re staff training etc.	Thank you for your comment. We have passed it to the NICE resource impact assessment team to inform their support activities for this guideline.
49	[office use only]	East Riding of Yorkshire of Council	Full	11	19-23	While a multi-agency approach addresses joint responsibility, it would be helpful if the guidance indicated clearly where the leads role sits for co-ordinating multi-agency approaches. I couldn't pick this up from my rapid reading of the document.	Thank you for your comment. The committee decided that to have a named professional would be too prescriptive and therefore the decision needs to be made locally.
50	[office use only]	Glebe House (Friends Therapeutic Community Trust)	Full	7	1	Suggest that Voluntary Sector Services are added to this list.	Thank you for your comment. The guideline has been amended to add voluntary sector services to the list.
51	[office use only]	Glebe House (Friends Therapeutic Community Trust)	Full	13	26	Suggest including the part of the NSPCC definition that stipulates Sexually Harmful behaviour harms all involved (including the young person who is acting towards others).	Thank you for your comment. The issue of definition was discussed by the committee and the current definition used was agreed upon.

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52	[office use only]	Glebe House (Friends Therapeutic Community Trust)	Full	34	18	Suggest there is a clarification and separation between 'residential' and 'custodial' services. These are very different types of interventions.	Thank you for your comment. The guideline has been amended to clarify.
53	[office use only]	NOTA (National Organisation for the Treatment of Abusers)	Draft Guidelines	P1	Para 2	<p>Question 1: NOTA is a charity and professional association that supports those working in the field of sexual abuse prevention. Operating throughout the UK and Republic of Ireland, NOTA comprises approximately 1200 professional members who are engaged in work to prevent and address sexual abuse and sexual offending. It is the largest organisation in the UK supporting practitioners working with children and young people who display harmful sexual behaviour (HSB).</p> <p>NOTA welcomes the guidelines and believe that they will be a valuable resource for our members working with this client group. They strike us as comprehensive and balanced. However, we have a number of reservations in relation to some sections that we believe will be challenging to implement or could potentially negatively impact on outcomes for service users, unless further clarification is provided. This informs the points below.</p> <p>We would question the evidence for the sentence on page 1, paragraph 2 that states that it is 'also important to ensure they receive the support (service users) they need and are not unnecessarily referred to specialist services, <i>which can lead to them being stigmatised.</i>' (our emphasis). Our view is that this formulation is unhelpful and may lead practitioners to question whether specialist services are ever appropriate for this client group. NOTA's view is that we need a continuum of services for children and young people who display HSB that can provide tiered responses relating to complexity, risk and need. This is true of other areas of public health. It may be the case that specialised services have the skills and knowledge to work in more holistic and less stigmatising</p>	Thank you for your comment. We have amended the guideline in response to your comments.

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						ways than – say – forensically orientated services.	
54	[office use only]	NOTA (National Organisation for the Treatment of Abusers)		4	12	Question 1 and 6: The reference to the 'Brook Traffic Light Tool' is positive. However, we need to make sure this is a valid and up to date tool, taking into consideration our rapidly changing norms/values due to access to technology. The tool also has some limitations with some sub-groups (e.g. young people with learning disabilities, online behaviour, etc). We would welcome further research into the validity and utility of this tool.	Thank you for your comment. We have made a research recommendation in this area – see research recommendations one and four.
55	[office use only]	NOTA (National Organisation for the Treatment of Abusers)		5	1	Question 1 and 3: The ' <a href="#">All Wales Protocol on the Management of Young People Engaged in Sexually Harmful Behaviour</a> ' needs to be referenced in the document. As the Protocol describes what needs to be done when an incident of harmful sexual behaviour is made known to professionals, it would be relevant to place it alongside the other documents referenced on line 1 and 2 of page 5.	Thank you for your response. We will pass this information to our local practice collection team. More information on local practice can be found <a href="#">here</a> .
56	[office use only]	NOTA (National Organisation for the Treatment of Abusers)		6	1-13	<p>Question 1: We welcome the emphasis and the discussion of 'Early help assessments' provided by universal services such as GPs, health visitors etc. to discern whether the child's language and behaviour is inappropriate for their age and developmental stage. Section 1.2.7 suggests that 'early help assessments' are important for adolescents who display HSB, as well as primary school children and those under the age of 5. The guidelines suggest that 'recognition that HSB is usually an expression of a range of problems or underlying vulnerabilities that they need help with...'. We believe that it would be useful to go on to describe HSB as typically being a safeguarding issue. The reasons for this are twofold:</p> <p>1.) For most children – and particularly those under the age of 12 - harmful sexual behaviour will typically be an indicator of maltreatment and / or trauma, including possible sexual abuse. The child may be communicating experiences through behaviour they cannot express in language. In some cases these will be children and families not known to social work and the behaviour may be the first sign picked up by</p>	<p>Thank you for your comment. We have amended the guideline to focus more clearly on the issues of safeguarding and child protection and the need to be alert to these issues at all times and the role of designated safeguarding leads in organisations.</p> <p>For HSB that is not self-directed and involves a victim, the guideline has indicated that professionals should be alert to this issue. We have made recommendations on the need to contact the safeguarding lead when there are concerns about sexualised behaviour. The NICE guideline on '<a href="#">Child abuse and neglect</a>' to be published in September 2017 has a focus on child sex abuse and is outside the scope of this guideline.</p>

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						<p>professionals that abuse has occurred. Practitioners need to be alive to this possibility and must bring a safeguarding perspective to such presentations, particularly with younger children.</p> <p>2.) Harmful sexual behaviour that is not self-directed will generally involve a victim. If, for instance, a parent attends their GP clinic and says they are worried because their 8 year old child is alleged to have sexually touched a 4 year old child in the community, the GP's attention needs to focus not just on the needs of the 8 year old but also the safety and wellbeing of the 4 year old child. Without an overarching statement about safeguarding responsibilities in section 1.1. and 1.2., initial responses may be too narrow and behaviourally orientated and not respond to the wider contexts of such behaviours. We as an organisation are aware of situations where professionals with insufficient experience in this area of work have missed the needs of the child affected by the behaviour because the presenting problem has been framed in relation to a child with harmful sexual behaviour and not the needs of the child who has been harmed.</p>	
57	[office use only]	NOTA (National Organisation for the Treatment of Abusers)		7	2-10	<p>Question 1 and 3</p> <p>a.) We would suggest references in 1.3.2 to J-SORRAT-II should be removed. The JSORRAT-II is an actuarial assessment instrument, designed to statistically assess the likelihood of a sexual re-offense prior to age 18 in male adolescents aged 12-18, with a history of at least one prior adjudicated sexual offense committed between the ages of 12-17. In most locales, the JSORRAT-II is presently a research tool and is continuing to undergo development and further validation with other independent samples, and may change in construction and content. It is currently available for use only in Utah, Iowa, California, and Georgia. In</p>	Thank you for your comment. The J-SORRAT-II reference in the recommendations has been removed.

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						<p>Please insert each new comment in a new row</p> <p>other locales, the JSORRAT-II may be used only as a research instrument.</p> <p>b.) The section on 1.3 could benefit from a reference to formulation based assessment approaches that incorporate the use of a risk assessment tool. In our experience some professionals assume the use of a tool is the assessment rather than a tool that contributes to a wider assessment of need and risk. It may be more accurate to refer to 'specialist assessment of risk and need that should use a relevant risk assessment tool if appropriate'</p> <p>c.) Although a Scottish based resource, the Risk Management Authority's <a href="#">RATED</a> resource provides an up to date list of relevant assessment tools with information on their validity.</p>	<p>Please respond to each comment</p> <p>Q b – have amended the guideline to reflect suggestion and to make it clear that there is a difference between the two.</p> <p>Q c – Thank you for your response. We will pass this information to our local practice collection team. More information on local practice can be found <a href="#">here</a>.</p>
58	[office use only]	NOTA (National Organisation for the Treatment of Abusers)		7	14 - 28	<p>Question 1, 3, 6 and 7:</p> <p>a.) The focus in 1.4 on liaising with families is to be welcomed. However we are concerned that the section oversimplifies the challenges in working with families. In our experience, many parents have experienced maltreatment themselves in childhood and experience an overwhelming sense of stigma in relation to their child's behaviour. When the victim is a member of the community, families can feel vilified and at danger from a community backlash. Many deny or minimise their child's behaviour initially. In a significant minority of cases, the victim will be another child within the family, which can be especially stressful and devastating for families. Without an understanding of these typical presentations for families, any clinical response is likely to be insensitive at best. Accordingly, work in</p>	<p>Thank you for your comments. We have amended the guideline to take account of these comments.</p>

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						<p>Please insert each new comment in a new row</p> <p>partnership with families is crucial, but provision of immediate crisis support for the family, especially offering identifying sources of emotional support to reduce isolation, shame, victim blaming, withdrawal, and loss of parental functioning, is necessary. (Questions 1 and 7)</p> <p>b.) The only resource we are aware of that would help practitioners in working with families is Simon Hackett's 'Facing The Future' which could be referenced here.</p> <p>c.) We would welcome further research into a range of family based interventions (over and above the ongoing evaluation of MST-PSB) including qualitative research into the experience of families and their involvement with assessments and intervention.</p>	<p>Please respond to each comment</p> <p>Thank you for your response. We will pass this information to our local practice collection team. More information on local practice can be found <a href="#">here</a>.</p> <p>We have made a research recommendation in this area – see research recommendation 3.</p>
59	[office use only]	NOTA (National Organisation for the Treatment of Abusers)		9	11-12	Question1: We would suggest the phrase "working with denial" is either removed or clarified. There is some evidence – and a great deal of clinical consensus - that denial is not a significant issue in working with young people who display HSB if there is engagement and the work is progressing satisfactorily. Maybe "working with children in ways which takes account of their denial" would be a more accurate phrase to use.	Thank you for your comment. The guideline has been amended as suggested.
60	[office use only]	NOTA (National Organisation for the Treatment of Abusers)		10	7-10	Question 1: We welcome the reference to residential care, but wondered whether this could more usefully refer to children and young people who are accommodated, thus acknowledging the needs of young people in foster care settings.	Thank you for your comments. The guideline has been amended to include term 'accommodated.'
61	[office use only]	NOTA (National Organisation for the Treatment of		14	10-29	Question 1: We were surprised that in the section on putting the guidelines into practice there was no reference to appropriate and tiered training of relevant professionals which we would consider to be key to any implementation strategy.	Thank you for your comment. The issue of training is referred to in the context of the local safeguarding children board responsibilities.

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		Abusers)					
62	[office use only]	NOTA (National Organisation for the Treatment of Abusers)		22	14-16	Question 1: We were concerned that this section may be either misleading or inaccurate. In the discussion under 1.3 (p 22) there is a reference to children and young people charged by CPS who 'cannot receive a HSB assessment ...relating to their current alleged offence'. We would question the accuracy of this – the offence cannot be discussed with the child while the case is sub-judice, but this does not mean that an assessment cannot be undertaken. Indeed, AIM2 has specific guidance about how it can be used while allegations remain untested in law.	Thank you for your comment. This sentence of the guideline has been amended.
63	[office use only]	NOTA (National Organisation for the Treatment of Abusers)				Question 4: We were surprised that the guidance did not refer to 'sexting' (self produced sexual images of children) and that references to new technologies and abusive behaviour were limited. In our view this is becoming a significant issue in referrals to specialist services.	Thank you for your comment. The committee recognise this as a significant issue but there was insufficient evidence on which to address this issue within the guidance. The guideline makes a research recommendation in on the use of electronic media in this area.
64	[office use only]	NOTA (National Organisation for the Treatment of Abusers)				Question 4: We also note that there are no references in the guidelines to supervision, external consultation and the potential personal impact of work in this area on practitioners.	Thank you for your comment. The issue of supervision and training is outside the scope of this guidance.
65	[office use only]	NOTA (National Organisation for the Treatment of Abusers)				Question 5: We would agree that services for children and young people who display HSB are inadequate and it is often a postcode lottery in terms of nature and quality of service (if any) that can be provided locally. In particular we note that there is a high level of inconsistency in CAMHS responses to HSB. We would agree that the evidential base for the work needs further research, particularly in exploring what works for whom in what context.	Thank you for your comment.
66	[office use only]	NHS England	Full			Thank you for the opportunity to comment on the above guideline. I wish to confirm that NHS England has no substantive comments to make regarding this consultation.	Thank you for your comment.
67	[office use only]	North Bristol	Full	Introduc	In box	Statement regards sexual offence needs to extend to "or	Thank you. The guideline has been

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	e use only]	NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)		tion pge 1		where there are recurrent incidents of harmful sexual behaviour and/or significant incidents". The reference to a person-centred assessment is rather ambiguous and ignores the broader systemic context. From the beginning wrongly emphasises the individual rather than the individual within the context of their environment.	amended to reflect the broader context.
68	[offic e use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)	Full	As above	In box	After support should say assessment and intervention appropriate to their needs and commiserate with the elvel of concern.	Thank you for your comment. This sentence of the guideline has been amended.
69	[offic e use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)	Full	5	1.2.4	The Brook Traffic Light is not an Assessment Tool, at most it is a screening Tool hence wording is misleading.	Thank you for your comment. The guideline has been amended to remove the word assessment from the sentence.
70	[offic e use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)	Full	7	1.3.2	Include neuro-developmental difficulties including ASD and learning disabilities	Thank you for your comment. Throughout the document we are using the terms neurodevelopmental and learning disability (the former term includes ASC).
71	[offic e use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)	Full	7	1.4	Opening statement does not take into account family difficulties nor the family or systemic context. What are the familial contributory factors?	Thank you for your comment: unfortunately there is a limit on the amount of detail that we can provide in the guideline. The focus of the guideline is on the child/young person not the behaviour. By focusing on the child as an individual and providing a comprehensive assessment, family difficulties and context should be routinely taken into

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							account.
72	[office use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)	Full	7	1.4.2	This list does not take into account the needs of victims. Need to consider in terms of intra and inter familial abuse.	Thank you for your comment. This is outside the scope of this guideline. NICE is currently developing a guideline on ' <a href="#">Child abuse and neglect</a> ' which will focus on these issues. Have amended guideline to indicate that professionals should be aware of the needs of victims and also the need to consider familial abuse.
73	[office use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)	Full	8	1.5.5	Change word "possible" to "assessed as safe to do so". Seems to imply out of home placements as negative. A significant number of c and yp who have committed hsb are placed out of home.	Thank you for your comment: the sentence has been amended.
74	[office use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)	Full	8	1.5.7	Needs to also include systemic family therapy as an option. I think the word consider is too weak and should state must include either .... There is a lack of evidence here.	Thank you for your comment. This whole section has been amended.
75	[office use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)	Full	9	1.5.11 (ln. 23)	The use of the heading "Psycho-educational" does not fit here. Also missed emotional regulation in the list. Specific reference to denial does not seem to fit here.	Thank you for your comment. As above the whole section has been amended.
76	[office use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)	Full	10	1.5.12	Too simplistic in terms of family interventions. How does the family act as a barrier to responsibility taking as well as feed into denial.	Thank you for your comment; as above the section has been amended.

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		Partnership Be Safe Service)					
77	[office use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)	Full	10	4	Should say identify and maintain.	Thank you for your comment. The guideline has been amended.
78	[office use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)		10	26	Add "ensuring appropriate risk management plans are in place".	Thank you for your comment. The guideline has been amended and the issue of risk and safety plans are now in recommendations 1.6.3 to 1.6.5.
79	[office use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)		10	11	1.7 misses issue of accountability and is a deficit of "person-centred" thinking. Where is the broader context? What about parental and family accountability? Accountability of the broader system.	Thank you for your comment. Unfortunately there is a limit to the amount of detail that can be included in the guideline.
80	[office use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)		12	p.22; 1.8.8	What happens if consent is not given? Does not the safeguarding requirement override this?	Thank you for your comment. This issue is noted in the committee discussion section and reference is made to the 'Working together to safeguard children' document which provides guidance on this matter.
81	[office use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be		13	16-19	Brook Traffic Light is not an Assessment tool- at most a screening tool.	Thank you for your comment. The guideline has been amended to remove the word 'assessment' when discussing the Brook traffic light tool.

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		Safe Service)					
82	[office use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)		13	21-26	This definition is far too simplistic and not helpful. There are much better and detailed definitions available.	Thank you for your comment. The issue of definition was discussed at much length at the beginning of this guideline process. There are many definitions in this often contested area and after consultation with topic experts and the PHAC the decision was made to use the NSPCC definition for this guideline. The committee discussion section of the guideline acknowledges the myriad of definitions in this area.
83	[office use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)		14	1-3	What about AIM 2?	Thank you for your comment. AIM2 is now included in list.
84	[office use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)		15	1-5	An unsure on this. Needs to emphasise multi-agency and include accountability to the multi-agency safeguarding board.	Thank you for your comment. Have amended the guideline to include role of safeguarding board overall.
85	[office use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)		17	1-2	We find this reference to pornography unhelpful and misleading and far too general. The reference throughout the document on internet harmful sexual behaviour is very poor and needs elaborating on.	Thank you for your comment. The sentence has been amended. The issue of pornography was discussed in the committee and expert testimony was given and it was acknowledged that there is a gap in the literature in this area. We have included a research recommendation to address this gap.
86	[office use only]	North Bristol NHS Trust Be		17	18-22	It is helpful to distinguish between PSB and HSB however PSB in my view can also be abusive. Need for context here	Thank you for your comment. We have amended the guideline. This is a difficult

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	only]	Safe Service (Avon and Wiltshire Partnership Be Safe Service)				possibly in 1.3 with figures included on recidivism, along with discussion on risk factors and assessment tools.	area to disentangle and we have attempted to address it as clearly as we can. Unfortunately it is not possible to incorporate this type of information in the guideline and some of this information is available in the evidence reviews.
87	[office use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)		17	23-27	We do not concur with this and doubt the accuracy that adult approaches are holistic. The emphasis here should be that children and young people should be considered differently to adults and within their developmental context using holistic and strength based approaches within a risk management framework. Borrowing from adult approaches is dangerous and increases the risk of labelling yp as high risk sexual offenders when they are not.	Thank you for your comment. The guideline has been amended to remove this sentence.
88	[office use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)		18	1-3	This comments needs elaborating and could lead to professionals wrongly minimising concerns. Needs context and evidence.	Thank you for your comment. According to expert testimony presented to PHAC 'Most children and young people will grow out of HSB in later adolescence and into adulthood.' See expert paper 1.
89	[office use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)		18	9-14	This statement is far too broad and misleading and denies problematic and harmful sexual behaviour in children.	Thank you for your comment. The guideline has attempted to address the issues associated with problematic and harmful sexual behaviour in the guideline whilst acknowledging the differences between preadolescence and adolescence.
90	[office use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)		18	25-26	Needs rewording. Not sure about this statement. Exposure to pornography may be a driver to psb/hsb. Pronography is vast so need to be more specific.	Thank you for your comment. This sentence has been amended.
91	[office use only]	North Bristol		21	14	Should say learning disabilities.	Thank you for your comment. See

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	e use only]	NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)					
92	[office use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)		24	4	This statement needs checking with AIM as I don't think accurate.	Thank you for your comment. This section of the guideline has been amended.
93	[office use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)		24	15-21	Highlights need for ongoing support and supervision for practitioners using AIM.	Thank you for your comment. This is an issue that has been raised in the qualitative studies and in the committee discussion section.
94	[office use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)		26	12-13	Emphasise need for staff training and support.	Thank you for your comment. The issue of staff training is raised in the qualitative studies and in the committee discussion section. The NSPCC framework discusses the need for workforce development.
95	[office use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)		26	22	Seems unnecessary to use all three measures concurrently? Time consuming and not necessarily more effective. Maybe confusing.	This has been amended to 'if time allows.' The suggested use of J-SOAP-II and ERASOR together is to compare the two tools for accuracy for research purposes.
96	[office use	North Bristol NHS Trust Be		28	4	Why is victim empathy singled out?	Thank you for your comment. The guideline has been amended and

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	only]	Safe Service (Avon and Wiltshire Partnership Be Safe Service)					removed from here.
97	[office use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)		30	15-20	Is this finding accurate?	Thank you for your comment. This is the finding that was reported in evidence review one on interventions. Please see evidence statement 1.7 in evidence review one.
98	[office use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)			23	Not sure about the accuracy of this?	Thank you for your comment. The guideline has been amended to remove this statement.
99	[office use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)		33	23-25	Reference to family context welcome but needs to be at the start and integrated throughout guidance.	Thank you for your comment. The guideline has been amended to include more of a family focus where appropriate.
100	[office use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)		34	14-17	Glebe is an unusual provision so generalising from this is problematic.	Thank you for your comment. The guideline has been amended to highlight this.
101	[office use only]	North Bristol NHS Trust Be Safe Service		39	14-20	What are the other alternatives?	Thank you for your comment. All service levels are included in the guideline ranging from universal to specialist

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		(Avon and Wiltshire Partnership Be Safe Service)					services.
102	[office use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)		39	27-31	Needs to be clearer.	Thank you for your comment. The committee believe this is an issue that needs to be decided according to local circumstances and services.
103	[office use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)		40	1-6	Needs to be clearer	Thank you for your comment. The amended guideline has attempted to be clear on what those pathways are for children and young people displaying harmful sexual behaviour that can include a brief telephone with a concerned parent.
104	[office use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)		40	9-16	Most yp who engage in hsb do not have a mental health problem and are unlikely to be seen by CAMHS. Need to avoid negative comments about CAMHS.	Thank you for your comment. The statement on CAMHS has been amended in the guideline.
105	[office use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)		41	5-11	Greater clarity needed.	Thank you for your comment. The guideline has been amended to make this clearer.
106	[office use only]	North Bristol NHS Trust Be Safe Service (Avon and			24-25	We think there will be greater resource impact than is suggested.	Thank you for your response. We have passed it to the NICE resource impact assessment team to inform their support activities for this guideline.

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		Wiltshire Partnership Be Safe Service)					
107	[office use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)		47	12	Autism and learning disability should be listed separately as they are different and require different approaches. The guidance on each of these populations is very poor on how best to respond to their needs.	Thank you for your comment. See comment above on terms used for these groups. The committee agreed that there is a gap in the available literature in this area for these two groups.
108	[office use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)		47-48	19-5	This section wrongly assumes systemic interventions are limited to families. But many young people who engage in hsb live in a family like context where similar processes to families occur. Also many are accommodated in foster families where processes of rejection and denial are played out alongside other family/system dynamics.	Thank you for your comment. The intervention recommendation has been amended and we hope the amendment clarifies some of the issues raised.
109	[office use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)		51	7	Behaviour can harm others so incorrect definition.	Thank you for your comment. The guideline has been amended to correct the definition.
110	[office use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)			13	Should this say harmful sexual behaviour?	Thank you for your comment. We have clarified the wording around these definitions and here we are discussing sexually abusive behaviour that involves force or coercion.
111	[office use only]	North Bristol NHS Trust Be Safe Service (Avon and Wiltshire Partnership Be Safe Service)				Research questions should include internet harmful sexual behaviour and not be limited to pornography. The guidance also needs to do more to address this area.  The reference to "stigmatising" is unhelpful and could lead to	Thank you for your comment. This is included in the research recommendations. The guideline has been amended to

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		Partnership Be Safe Service)				<p>fear of action by professionals as well as placing specialist hsb services in a negative light. It is right at the becoming of the document. There needs to be a gateway approach in terms of considering when specialist services/interventions are necessary.</p> <p>Recommendations about length of treatment and review processes would be helpful, and how length of assessment is derived.</p> <p>The guidance lacks a description of the different modalities: individual, group, family and when one or more than one is indicated as most appropriate.</p> <p>There is a significant lack of recognition of the systemic and family context where much of this behaviour derives from.</p> <p>There is a lack of a coherent approach to children and yp with special needs such as yp with learning disabilities and those on the autistic spectrum including those with ASD.</p>	address the points listed.
112	[office use only]	Peterborough Youth Offending Service	Full	General	General	<p>1. <u>Definition and Screening</u> The guidance uses the NSPCC definition for harmful sexual behaviour (HSB), but is not an adequate summary statement. It confuses the meaning of HSB, as it refers to 'inappropriate' when it is meant to be describing harmful behaviour and notes sexually explicit words could be harmful. The use of sexually explicit words are commonplace in adolescence and younger children are considered part of 'normal' development in the Brook Tool for a range of ages. A more helpful definition is recommended below that is taken from Working Together to Safeguard Children (2015) definition of sexual abuse as:- <i>'Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact,</i></p>	<p>The issue of definition was discussed at much length at the beginning of this guideline process. There are many definitions in this often contested area and after consultation with topic experts and the PHAC the decision was made to use the NSPCC definition for this guideline. The committee discussion section of the guideline acknowledges the myriad of definitions in this area.</p> <p>As noted in the committee discussion section the 'Working together' document was not considered useful for the purposes of this guideline and</p>

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						<p><i>including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside clothing. They may also include non-contact activities such as involving children looking at, or in the production of, sexual images, , watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).'</i></p> <p>The Working Together definition notes that sexual abuse can be perpetrated by children, as well as adult males and females. This is a much more comprehensive and accurate definition of HSB, and also references the internet which is a considerable factor in need of highlighting. The definition chosen needs to right at the beginning of the document so that readers are clear what type of behaviours the document is referencing. At the moment there seems to be confusion about whether the document is guidance for inappropriate sexual behaviour or harmful sexual behaviour or both. There also seems to be some confusion about whether the guidance should address problematic sexual behaviour that is only harmful to the individual concerned and no one else. It would be most helpful for the guidance to be explicit about the risk of social media based SHB such as sexting, and also child sexual exploitation (where children/young people can be perpetrating harm and are often victims at the same time – see 'I Thought I Was The Only One. The Only One In The World' 2014, Children's Commissioner.</p> <p>The Brook Traffic Light Tool is very helpful to refer to, as it breaks down sexual behaviour in to green, amber and red sexual behaviour within developmental ages. These areas seem to relate to healthy, inappropriate and harmful sexual behaviour, and gives guidance to those with concerns. It is also worth noting that the tools has signs a child/young person is being abused or exploited, as well as signs a child/young person abusing or exploiting others. This is helpful, as in SHB, there always needs to be consideration</p>	<p>is currently the definition used in another NICE guideline on '<a href="#">Child abuse and neglect</a>' to be published in September 2017 which also includes sexual abuse.</p>

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						that both situations may be happening at the same time. The Brook Tool is freely available on the internet, (whereas Hackett's model is not), so should be recommended as the one to use. It is also important to note that the Brook Tool is also referred in the guidance as an assessment tool, which is it not (at best it is a screening tool). The Brook Tool provides assistance when considering concerning behaviour and should always be used alongside professional judgement and specialist advice.	
113	[office use only]	Peterborough Youth Offending Service	Full	General	General	<p><b>Safeguarding/Risk management planning</b></p> <p>Safeguarding is everybody's business regardless of the role someone is employed in. If there is an observation, disclosure or a strong suspicion a child/young person is sexually harming another child (or vulnerable adult) then this situation needs to be taken very seriously. It may be a historical situation comes to light, and again this needs to be treated with the highest importance. The primary task is to ensure the safety of anyone who may be victimised and the safety of the child/young person who may be perpetrating sexual harm. The document recommends an early help assessment for all cases and worryingly makes no reference to the role of children's social care or the police.</p> <p>Working Together to Safeguard Children (2015) give clear guidance when a statutory assessment under the Children's Act (1989) versus an early help assessment is needed. In all cases where (it is highly likely) a child (or vulnerable adult) has sexually abused another child, both children must be referred to Children's Social Care. Children's Social Care will then make a decision about what actions need to happen next. If there is reason to believe a child is suffering or is likely to suffer significant harm then a strategy discussion/meeting with the police and other agencies is called by Children's Social Care. This is an opportunity to share information, decide on if a criminal investigation should be pursued and on the options for assessment and intervention. A child/young person may also need to be</p>	Thank you for your comment. The guideline has been amended to take account of these comments and the role of safeguarding and child protection.

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						<p>urgently removed from the home and accommodated by Children's Social in order to safeguard others. Without the need for a strategy meeting, it may be decided to carry out a statutory assessment of needs under Section 17 or Section 47 of the Children's Act.</p> <p>In cases of suspected HSB or sexually inappropriate sexual behaviour there are usually local safeguarding procedures that should be consulted and advice can be sort from a local specialist (if available) and the safeguarding lead for the organisation, but a referral to Children's Social Care is essential if sexual abuse is suspected. An early help assessment may be recommended by Children's Social Care or by a local specialist/safeguarding lead if the behaviour being described is concerning but not of significant enough concern to meet the threshold for a statutory assessment or police investigation. It is very important that the professional receiving information about the HSB listens and accepts without judgement what is being shared, but do not ask more questions than is necessary to safeguard the immediate situation.</p> <p>Once a situation of likely SHB comes to light the primary concern of all professionals is safety planning. This may be done by a social worker or another lead professional, and refers to a risk management plan that ensures that the child/young person who has perpetrated harm is kept safe and that others who might be at risk from them is also kept safe. The plan needs to consider how to manage risks at home, school, in the community and on the internet. This plan needs to be regularly reviewed by the group of professionals involve.</p> <p>The majority of cases (local figure approx. 80%) of SHB cases are managed through Children's Social Care without a police investigation. The decision not to begin a police investigation may be due to a number of factors including the age of child/young person accused, their learning difficulties/disability and neurodevelopmental issues, or the</p>	

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						<p>abuse happening in the context of familial neglect or abuse. If a police investigation is started then the staff member who received the information may be requested to give a statement to the police and possibly attend court at a later date. Furthermore, thought must also be given to the ongoing support and intervention given to those identified in such investigations, as it is important that the investigation is not compromised whilst at the same time ensuring the needs of children/young people involved are met.</p>	
114	[office use only]	Peterborough Youth Offending Service	Full	General	General	<p><u>Complex factors</u> The draft fails to emphasise that HSB is a complex phenomenon influenced by a combination and interaction of multiple factors (which vary widely for each young person), and it hence needs to stress the importance of understanding and addressing the socio-ecological context in which HSB occurs,</p> <p>For instance, Hackett et al (2013) found that half of young people referred to services for HSB had been sexually victimised in the past; furthermore, 66% had experienced some form of abuse or trauma (sexual, physical or emotional abuse, neglect, parental rejection, family breakdown or domestic violence). There are also higher rates of sexual victimisation in females who display HSB (Masson et al 2012). There is hence a well-established literature base evidencing exposure to trauma in young people displaying HSB, which interventions need to adequately target.</p> <p>A further consideration relates to the ease of access to pornography, through the internet: Burton et al (2010) found that young people convicted of a sexual offence reported higher exposure to pornography before the age of 10 than those convicted of a non-sexual offence. Exposure to pornography not only has an impact on sexual attitudes and beliefs, but it exposes young people to a range of sexual practices (which they may then consider normal) and inevitably heightens curiosity. Such exposure is a clear route</p>	<p>Thank you for your comments. The guideline has attempted to tease out the many different facets of this complex area using the available evidence and the expertise of the topic members and expert witnesses.</p>

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						<p>to sexualisation of young people and its impact should not be underestimated. The report 'Basically Porn is Everywhere' published by the Children's Commissioner in 2013 highlights the widespread use of pornography by children and it's harmful effects.</p> <p>Young people displaying HSB are young people in need, and treatment should be multifaceted and address the range of systemic needs presented, rather than focus solely on the HSB. Emerging models (e.g. MST PSB, the Good Lives Model) focus on overall quality of life. There is also a growing recognition that not only should families be informed of the interventions, but they should be actively involved wherever possible. These interventions should be based on assessments of not only the strengths and needs of the young person, but also the strengths and needs within the family ecology and wider systems.</p>	
115	[office use only]	Peterborough Youth Offending Service	Full	General	General	<p><u>MST-PSB</u></p> <p>The draft shows some misconceptions and naivety about the MST PSB model. MST PSB is an adaptation of standard MST, specifically designed to address the multiple needs of young people displaying. Its aim is to keep young people out of care or custody, and within their family ecology; or to safely return them to their family ecology post care or custody – it specifically aims to keep young people out of residential placements. It also works with young people who are in stable foster care placements.</p> <p>MST PSB involves assessing and intervening with all of the relevant factors, within individual, family and wider social ecology that influence and drive HSB. The prime agent of change is viewed as the family (to include extended family and/or foster carers), and hence caregivers are heavily involved in the intervention. The model hence implicitly focusses on the attachment relationship between caregivers and child. The intervention package uses evidence-based approaches to target the drivers to HSB (for instance, CBT to address trauma and distorted cognitions; social skills training</p>	<p>Thank you for your comments. The statements regarding MST PSB are based on the available evidence which is part of an ongoing study in this country and we are therefore not able to make strong recommendations for its use. The recommendation on interventions has been amended and we hope this adds clarity to what is on offer in this area.</p>

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						<p>to target social skills deficits; emotional regulation training and psychoeducation as appropriate); the package will be different for every young person.</p> <p>We are eagerly awaiting the UK research on MST PSB. However, the model relies on evidence-based approaches to target the multiple factors that drive HSB, it also works holistically with the young person and family to address any other difficulties which the young person is experiencing. One package aims to address the multiple needs of these young people. The current evidence base (albeit in the States) and local experience, practice and audit, indicate that it is robust enough to warrant inclusion within NICE Guidelines.</p>	
116	[office use only]	Peterborough Youth Offending Service	Full	General	General	<p>2. <u>Corrections</u></p> <p>1.3.1 – Include secure training centres, secure children's home and youth offending services</p> <p>1.3.2. – The AIM 2 also has specialised assessments for internet offences, children/young people with learning disabilities, and children under 12. It also focused on individual and systemic strengths, which other youth SHB assessments do not. The ERASOR, J-SOAP and J-SORRAT are geared towards children/young people who have committed more serious offences and are not appropriate for most cases. At the moment there is no specialist risk assessment for girls, and girls who perpetrate SHB (which is far less often than boys) are frequently traumatised from their own sexual trauma. A significant proportion of children/young people who perpetrate SHB have learning difficulties/disabilities of neurodevelopmental issues, which impair their social skills and decision making abilities.</p> <p>1.4.2. The impact of the families/carers behaviour also need to be considered on the child/young person. The impact on siblings, the wider family members, and blended/step members (and vice versa) also needs to be considered, particularly in relation to inter-familial abuse.</p>	<p>1.3.1 – these are intended to be included under the term criminal justice system</p> <p>1.3.2 – We have now amended the interventions recommendation to add clarity to this area.</p> <p>1.5.11 – This section has been amended.</p> <p>1.5 – MST-PSB and Good Lives Model have been included in the recommendations.</p> <p>1.7.4 This section has been completely revised and amended.</p>

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						<p>1.5 Include MST-PSB and Good Lives Model</p> <p>1.5.11 also on strengths of the family/carers and wider systems. This section seems to be confused. An assessment of the sexual knowledge of the child/young person is an important starting point. Psychoeducational Approaches include points on line 17 and 18. Line 19 and 20 should be labelled cognitive and behavioural interventions. Interventions should support the emotional and mental health needs of the child/young person, and acknowledge the child/young person's own victimisation/shame.</p> <p>1.6. Residential care may be necessary for the most complex of cases. A specialist residential setting, therapeutic community or foster placement may need to be commissioned with a view to the child/young person returning home where possible.</p> <p>1.7.4 It is not always possible for children to remain in mainstream education, but it should be supported when it is possible and safe to do so.</p>	
117	[office use only]	[Public Health Wales NHS Trust]	Full	General		<p>It is interesting that "child" is defined as &lt;10 years and young person 10-18, linked to age of criminal consent. The official definition of "child" is 0-17 i.e. &lt;18 years. We believe this is a reasonable decision for ease of reading, but it needs to be emphasised throughout document that this is not the usual definition.</p> <p>Of note, children under the age of 13 years are unable legally to give consent to sexual activity. Therefore, any alleged sexual activity concerning a child under 13 years and another young person must be considered under safeguarding procedures.</p>	<p>Thank you for your comment. We have expanded on this issue in the committee discussion section to give clarity.</p> <p>Thank you for your comment.</p>
118	[office use]	[Public Health Wales NHS]	Full	General		<p>There is minimal comment on online sexually harmful behaviour, which has increased significantly. Pornography is</p>	<p>Thank you for your comment. The guideline makes a research</p>

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	only]	Trust]				mentioned but there is nothing about posting of sexual images, which is sexually harmful to children and young people. This could be a recommendation for future guidance.	recommendation in this area.
119	[office use only]	[Public Health Wales NHS Trust]	Full	6	1-3	We believe that it needs to be clearly stated that these children are likely to have been abused themselves and therefore warrant a child protection investigation in their own right, particularly when they first appear. This is a recommendation from Wales guidance <a href="http://www.childreninwales.org.uk/wp-content/uploads/2015/09/The-management-of-young-people-engaged-in-sexually-harmful-behaviour1.pdf">http://www.childreninwales.org.uk/wp-content/uploads/2015/09/The-management-of-young-people-engaged-in-sexually-harmful-behaviour1.pdf</a>	Thank you for your comment. The guideline has been amended to include a greater focus on child protection and safeguarding issues. The guidance has however aimed to achieve a balance between concerning behaviour that may be dealt with by universal services and behaviour that warrants a statutory response or referral to specialist HSB services.
120	[office use only]	[Public Health Wales NHS Trust]	Full	11	5 onwards	Again there needs to be an emphasis on assessing the child who is displaying sexually harmful behaviour. We don't believe this is clear at the moment.	Thank you for your comment. Assessment of the child or young person displaying HSB is a key part of this guidance and is a process that entails assessment from early help to statutory assessment or assessment by specialist harmful sexual behaviour services.
121	[office use only]	[Public Health Wales NHS Trust]	Full	Frontpage		This needs to include sexual assault services, child health services (regarding who guidance is relevant to).	These types of services are intended to be included under the broad service terms listed in the guideline such as health, education etc.
122	[office use only]	[Public Health Wales NHS Trust]	Full	General		Services for children with sexually harmful behaviour are definitely limited due to lack of resources. Agencies don't agree on whose responsibility this is, and children miss out. Funding is currently on a numbers basis, and once that number has been reached, there's no further funding.	Thank you for your comments.
123	[office use only]	[Public Health Wales NHS Trust]				<ol style="list-style-type: none"> <li>Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why. Universal services lack the skills to do the initial assessment and would need training, time and back up resources to achieve this.</li> <li>Would implementation of any of the draft</li> </ol>	Thank you for your response. Your comments will be considered by NICE where relevant support activity is being planned'.

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						<p>Please insert each new comment in a new row</p> <p>recommendations have significant cost implications? As above. This would also be the case for specialist services.</p> <p>3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.)</p> <p>There are very limited resources currently available and are based on numbers seen. Barnados Taith mainly works with children with convictions. We agree with the prevention focus of the guidance.</p> <p>4. Are there any groups that need special consideration and have not been mentioned in the guideline? Online abuse has hardly been considered e.g. posting sexual images on social media. This is becoming a major problem: children are not aware of the legal implications.</p> <p>5. Our impression is that services for children and young people with harmful sexual behaviour are currently limited in terms of their availability and evidential basis – do you think this is true?</p> <p>Yes</p> <p>6. Based on this impression we have made recommendations for research that could support better evidence based care – do you think these are the right recommendations? Would you add any?</p> <p>7. Can you provide any information on the current practice of practitioners in relation to recommendations in section 1.4? (see also committee discussion on this section)</p> <p>We believe practitioners would not address this problem and will refer elsewhere. It needs to be emphasised that these children need a multiagency safeguarding assessment in their own right, as many of them have been abused</p>	<p>Please respond to each comment</p> <p>Thank you for your response. We have passed it to the NICE resource impact assessment team to inform their support activities for this guideline.</p> <p>Thank you for your comments. We have made a research recommendation for pornography and use of social media.</p>
162	[office use only]	RCGP	General	General	General	<p>This document is about good/best practice based largely on expert opinion, it seems reasonable and certainly to look at the “whole child/person” rather than concentrate solely on their sexual mis-adventures. The RCGP feels that this is a</p>	<p>Thank you for your comment. Unfortunately these points are outside the scope of this guideline.</p>

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						<p>form of bullying derived from a particular culture/behaviour pattern.</p> <p>The epidemiology and natural history are essential to put forward any proper programme of care. The shape and size of the problem is not available and the boundary between normal and problem/disease is fluid and has changed a good deal.</p> <p>Thus attitudes towards homosexuality, the broad acceptance of pornography for adults-often violent and shocking, the easy access to porn on the internet, earlier puberty and the sending of intimate pictures on mobile phones reflect these changes. The age of consent varies across Europe, in Italy and Germany it is 14, in the UK 16.</p> <p>It would be helpful to have some particular examples with their present management and their effectiveness. There is no direct mention of consequences-under age pregnancy, childbirth. abortions and venereal disease.</p> <p>Research seems the first priority involving perpetrators, victims, parents and teachers.</p> <p>There needs to be awareness in parents, teachers, social workers, policemen and GP's and the ability to obtain help and advice from child psychiatry, paediatrics and psychology- perhaps a professional "hot-line". (PS)</p>	
163	[office use only]	RCGP	General	General	General	<p>The NSPCC report 2013 found a lack of specific advice when working with younger children, girls, young people from minority ethnic groups or those with a learning disability as well as '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. The NICE guidelines does not appear to specifically address these</p>	<p>Thank you for your comment: the guidance is based on the available evidence in this area and on topic expert and expert testimony.</p>

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						<p>concerns.</p> <p>General practitioners and their staff needs clear local care pathways with timely access as often practical help is very difficult to obtain for children and their families. There are considerable resource pressures on CAHMS service, health visitors and school nurses across the UK with referral threshold barriers making referral difficult and bureaucratic. .</p> <p>Smith C, Bradbury-Jones C, Lazenbatt A and Taylor J FINAL PROJECT REPORT Provision for young people who have displayed harmful sexual behaviour 2013 The University of Edinburgh/ NSPCC. (MH)</p>	
164	[office use only]	Royal College of Nursing	Full			This is to inform you that the Royal College of Nursing have no comments to submit to inform on the above draft guideline at this present time.	Thank you for your comment.
165	[office use only]	Royal College of Psychiatrists (Child and Adolescent Psychiatry Faculty	Full	8	1-6	(1.5.1) that children with learning difficulties might need longer or more frequent sessions. I would suggest that this should read "shorter and more frequent" because children with LD often have shorter attention spans and need material to be re-presented more quickly and regularly to reinforce learning.	Thank you for your comment the guideline has been amended.
		Royal College of Physicians (RCP) and British Association for Sexual Health and HIV (BASHH	General	General	General	The RCP and BASHH are grateful for the opportunity to respond the above consultation. We have liaised with The Joint Specialty Committee for Genitourinary Medicine and would like to make the following comments.	Thank you for your comments.
		Royal College of Physicians (RCP) and British Association for	Full	4	1.1.1	<p>Question 1.</p> <p>Our experts believe that professionals working in universal services are best placed to identify early signs of HSB. They should have appropriate training, skills, and tools to identify and either offer early intervention or refer on for early help</p>	Thank you for your comments. The aim of the guideline is to enable professionals to identify and deal with harmful sexual behaviour.

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		Sexual Health and HIV (BASHH)				<p>assessment. Good quality consistent Sex and relationships education (SRE) in schools is of benefit in sending out key messages to children and young people of what constitutes normal healthy relationships including age appropriate sexual relationships and peer relationships.</p> <p>Unfortunately within the current financial climate, local authorities are under increasing pressure to reduce resources to universal and early intervention services, however the cost effectiveness of prevention and early intervention are favourable compared to managing children and young people at the more severe end/spectrum of HSB.</p>	
		Royal College of Physicians (RCP) and British Association for Sexual Health and HIV (BASHH)	Full	4	1.1	<p>Possible signs 7 of problems include:</p> <ul style="list-style-type: none"> <li>• Use of sexualised language that is inappropriate for age and developmental status.</li> <li>• Sexualised behaviour that is inappropriate for age and developmental status (see the Brook Sexual Behaviours Traffic Light Tool or Hackett's model).</li> <li>• Use of pornography that is inappropriate for the person's age and developmental status.</li> </ul> <p>Our experts believe that use of pornography should also include statement about sharing and sending of sexual images, which is common and becoming more normalised amongst young people.</p>	Thank you for your comment. We have included the sharing and sending of sexual images in the guideline.
		Royal College of Physicians (RCP) and British Association for Sexual Health and HIV (BASHH)	Full	10	1.7	<p>Question 4.</p> <p>Our experts note the need to ensure services for support young people of all sexual orientations including transgender</p>	Thank you for your comment. The guideline recommends comprehensive assessment that looks at the needs of the individual and recommends interventions that are tailored to the needs identified.
		Royal College	Full	11	1.8.1	Multi-agency, multidisciplinary team	Thank you for your comments. The list

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		of Physicians (RCP) and British Association for Sexual Health and HIV (BASHH)				<p>Use established mechanisms, such as local children's safeguarding boards, to develop a multi-agency, multidisciplinary team with the skills, knowledge and resources to undertake an early help assessment. (See Common Assessment Framework in the Department of Health's Working together to safeguard children, Early help: whose responsibility?, and The Children's Act 1989.) Include:</p> <ul style="list-style-type: none"> <li>• social care services</li> <li>• public health services</li> <li>• youth offending teams</li> <li>• education services</li> <li>• child and adolescent mental health services</li> <li>• police</li> <li>• primary healthcare</li> <li>• organisations in the voluntary and community sectors.</li> </ul> <p>Our experts note this should include:</p> <ul style="list-style-type: none"> <li>• Specialist police services</li> <li>• Child abuse investigation teams (CAIT)</li> <li>• Integrated gangs unit</li> <li>• Child exploitation and online protection centre (CEOP)</li> <li>• Secondary health as part of multidisciplinary team</li> <li>• Sexual assault centres</li> </ul>	<p>we provide is not exhaustive and the services listed would be included under the broad service terms we have listed such as health, education etc.</p> <p>Gang related sexual violence is outside the scope of this guideline.</p>

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						<p>Please insert each new comment in a new row</p> <ul style="list-style-type: none"> <li>Acute health care providers</li> <li>Sexual health services</li> </ul> <p>Our experts believe that gang affected families/communities and how harmful sexual behaviours can become normalised amongst peers should also be included.</p>	Please respond to each comment
		Royal College of Physicians (RCP) and British Association for Sexual Health and HIV (BASHH)	Full	12	1.8.6	<p>Agree a protocol for information sharing between all agencies. Base this 15 on local child protection procedures and address legal and confidentiality issues.</p> <p>Our experts note it would be beneficial to include any good practice examples of protocols for information sharing between agencies in the appendix.</p>	Thank you for your response. We will pass this information to our local practice collection team. More information on local practice can be found <a href="#">here</a> '
		Royal College of Physicians (RCP) and British Association for Sexual Health and HIV (BASHH)	Full	14	Line 10	<p>Questions 1,2,3</p> <p>Our experts believe that putting guidance into practice is the greatest challenge to implement change in practice and also has cost implications in terms of training, resources and dedicated care pathways and staff roles . Any examples of good practice or national/local initiatives would be welcomed as good practice model.</p>	<p>Thank you for your response. We have passed it to the NICE resource impact assessment team to inform their support activities for this guideline.</p> <p>See comment above.</p>
		Royal College of Physicians (RCP) and British Association for Sexual Health and HIV (BASHH)	Full	17	Line 7	<p>The committee acknowledged the concept of harmful sexual behaviour is 7 fragmented and overlaps with other definitions such as child sexual exploitation.</p> <p>Our experts note that given that children and young people displaying HSB may have other safeguarding risk/vulnerabilities, it is important that children and young people are assessed holistically and assessed for 'abuse' including sexual abuse, especially in the younger children and sexual exploitation in young people.</p>	Thank you for your comments. Child sexual abuse and exploitation is included in another NICE guideline ' <a href="#">Child abuse and neglect</a> .' That is due to publish in September 2017 and we have made it clear that the HSB guideline should be read in conjunction with this when published
166	[office use only]	The Portman Clinic (Tavistock and	Full	5	10	The people assessing sexualised behaviour at the entry point would need to be regularly supported by clinicians experienced in this work. This will help the assessors develop	Thank you for your comments. This is a feature of the guideline and the role of the local safeguarding children board is

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		Portman NHS foundation Trust) The ACP (Association of Child Psychotherapists)				their skills and understand the very complex presentations they are sure to encounter.	important here.
167	[office use only]	The Portman Clinic (Tavistock and Portman NHS foundation Trust) The ACP (Association of Child Psychotherapists)	Full	6	26,27, 29	At the Portman Clinic we provide specialist forensic risk assessments based on our years of clinical practice and understanding of sexual harm. Although there are many tools for assessing risk, which are mostly helpful, they cannot replace the understanding an experienced clinician can provide, especially in complex cases (of which there are a lot). A full risk assessment takes into account the wider setting, the family and the professional network. Part of the assessor's role is to assess that too and then consult to that network in order to tailor-make a risk management programme that contains risk without whilst still encouraging and facilitating development. The main focus of the work is this consultation, informed by the understanding and level of risk, rather than quantifying the risk itself.	Thank you for your comments.
168	[office use only]	The Portman Clinic (Tavistock and Portman NHS foundation Trust) The ACP (Association of Child Psychotherapists)	Full	7	1	Child and Adolescent Psychotherapists working at the Portman Clinic and other specialist provisions are very well placed and experienced in providing forensic risk assessments and consultations.	Thank you for your comments.
169	[office use only]	The Portman Clinic (Tavistock and	Full	General	General	The document mentions quite a few treatment approaches but does not mention psychotherapy. IN our experience at the Portman Clinic and as a professional organisation (the	Thank you for your comments. The guidance is based on the available evidence and the expertise of topic

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		Portman NHS foundation Trust) The ACP (Association of Child Psychotherapists)				ACP), long and short term psychotherapy is highly suitable for young people presenting with these difficulties in the context of disturbed early attachment and relational trauma, especially those who meet the psychological definition of perpetrator/victim identity. Although psychotherapy is hardly ever an evidence-based treatment (mainly because it is a modality that was not designed in this way), it should not be overlooked as a valued treatment for those who need highly specialist work. We think that the document should spell this out.	members and expert witnesses. The interventions section has been amended and now includes psychotherapeutic approaches.
170	[office use only]	The Portman Clinic (Tavistock and Portman NHS foundation Trust) The ACP (Association of Child Psychotherapists)	Full	General	General	Through our consultative work at the Portman Clinic we have accumulated a lot of experience and knowledge of the way sexualised behaviour is thought about by other professionals. We support the move in this document to make interventions not only the realm of specialists such as us. We often get referrals which could be dealt with in CAMHS, for example. However, we are also very much aware that CAMHS and other services are very reluctant to deal with any of these referrals. CAMHS services have changed greatly in the past few years, presenting with referral criteria that is not applicable to this and many other referrals. Taking this on would need to be part of a bigger move in which CAMHS workers can gain more skills and better support or take on further work and responsibilities. This will help our work as a specialist service, being able to consult and help others whilst looking after those who need our specialist help.	Thank you for your comments. We acknowledge in the guideline that referral criteria to CAMHS varies throughout the country.
171	[office use only]	The Portman Clinic (Tavistock and Portman NHS foundation Trust) The ACP (Association of Child Psychotherapists)	Full	General	General	The author of these comments has been the Referrals Coordinator for under 21's at the Portman Clinic. In this role it has become obvious that those trusted with the task of any initial assessments/impressions should be the most experienced members of the clinical team. This experience allows for the creation of a general impression, attend to risk and liaise with other professionals. The emphasis in this document is on the creation of an assessment process the relies on assessment tools rather than on clinical experience. Although it is indeed impossible to have an expert at any	Thank you for your comments. The guideline recommends the use of structured clinical judgement when assessing for risk and needs.

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		ts)				junction, it should be understood that the assessment tools are very limited and do not allow for the creation of any real clinical formulation. It is our view that it could be helped by the creation of reflective practice opportunities for the front-line assessors, with clinical experts, to help them develop their role and learn from their experience. Without such opportunities they might never see beyond the measuring tool.	
172	[office use only]	The Association for Family Therapy and Systemic Practice in the UK	General			<p>Sexually harmful behaviour is a relational problem. The guidance needs to place greater emphasis on the significance of the systemic context for sexually harmful behaviour, the impact of sexually harmful behaviour, and the assessment of and interventions to treat sexually harmful behaviour. Systemic contexts include relationships between young people, attachment relationships, parent and sibling relationships, wider family relationships, kinship relationships, foster and other carer relationships; and then relationships within and across schools, residential services, communities and agencies.</p> <p>Systemic interventions are well established for many emotional and behavioural difficulties for children and young people and their families or networks. For example, conduct disorders (Carr, 2014).</p> <p>Carr, A. (2014) The evidence base for family therapy and systemic interventions for child-focused problems. Journal of Family Therapy, 36, p.107-157.</p> <p>The AIM2 manual has been discussed in this document in the context of assessment. There is also an intervention manual incorporating many systemic principles and the evaluation of this would be helpful.</p> <p>'Intervention manual: Under 10's, Adolescents and Families. A guide produced for the AIM Project by staff working at, or in association with GMAP'</p>	<p>Thank you for your comments. We have included systemic approaches in the intervention recommendation. We have included the AIM and AIM2 resource in the intervention recommendation and highlighted that it contains both assessment and intervention.</p> <p>We have given the list of references to the evidence developer who has reviewed the list for suitability for inclusion in the review and they have concluded that they do not change the evidence statements.</p>

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173	[office use only]	The Association for Family Therapy and Systemic Practice in the UK				<p><a href="http://aimproject.org.uk/?page_id=102">http://aimproject.org.uk/?page_id=102</a></p> <p>1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why</p> <p>Agreeing referral care pathways. Agencies will need to be clear about roles and responsibilities – this cannot be done without agreement about what exactly constitutes different levels of harmful sexual behaviour (HSB) including online / electronic behaviour – and which come into each agency's responsibilities. Potential positive impact of HSB becoming included in all agencies' business.</p> <p>The biggest challenge will be putting the guidelines into practice without additional funding.</p>	Thank you for your response. Your comments will be considered by NICE where relevant support activity is being planned.
174	[office use only]	The Association for Family Therapy and Systemic Practice in the UK				<p>2. Would implementation of any of the draft recommendations have significant cost implications?</p> <p>Any recommendation that suggests improving the depth and quality of assessments has cost implications. Practitioners need to have adequate training, supervision and time for critical reflection and analysis of their assessment information. This will be extremely costly if improved assessment practice is not to impact on other aspects of professionals' work. It is the analysis of assessment information that takes time and practice – even when using an evidence-based tool.</p> <p>Pulling together a SCB sub-group or similar panel to develop an action plan has huge cost implications.</p>	Thank you for your response. We have passed it to the NICE resource impact assessment team to inform their support activities for this guideline.
175	[office use only]	The Association for Family Therapy and Systemic Practice in the UK				<p>3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice)</p> <p>Increased discussion about sexual behaviour generally would help to overcome challenges for users and for professionals.</p>	Thank you for your response. We will pass this information to our local practice collection team. More information on local practice can be found <a href="#">here</a> .

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						Having a media campaign about young people trying to work out what is OK / not OK would be useful. This would need to include the importance of family in helping young people with this by role modelling, being available to discuss social mores and helping them if they get into difficulties with sexual behaviour.	
176	[office use only]	The Association for Family Therapy and Systemic Practice in the UK				<p>4. Are there any groups that need special consideration and have not been mentioned in the guideline?</p> <p>Children and young people are the group. All children and young people develop sexual behaviour. Some (by age, maturity and cognitive ability) find it easier to adapt their behaviour than others. Those who are less flexible will need more help to change behaviours. Sexual behaviour is gendered and so different approaches are likely to be needed for girls and boys, and for those who define themselves as LGBT.</p>	Thank you for your comments.
177	[office use only]	The Association for Family Therapy and Systemic Practice in the UK				<p>5. Our impression is that services for children and young people with harmful sexual behaviour are currently limited in terms of their availability and evidential basis – do you think this is true?</p> <p>All organisations and professionals working with children and young people should offer services that assess and intervene appropriately with sexual behaviour. And then there should be specialist / targeted services offering evidence-based interventions. My impression is that there are pockets of practice that are effective. It is difficult for me to have an impression outside of the Greater Manchester area.</p>	Thank you for your comments.
178	[office use only]	The Association for Family Therapy and Systemic Practice in the UK				<p>6. Based on this impression we have made recommendations for research that could support better evidence based care – do you think these are the right recommendations? Would you add any?</p> <p>It would be useful to find out from a general sample of children and young people about sexual behaviours. Or from</p>	Thank you for your comments.

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						<p>a general sample of adults. As professionals and researchers how often do we discuss our own experiences of childhood sexual behaviours?</p> <p>Research into children and young people who have not completed any intervention programmes but have not come back to the attention of services by re-offending or repeating HSB.</p>	
179	[office use only]	The Association for Family Therapy and Systemic Practice in the UK				<p>7. Can you provide any information on the current practice of practitioners in relation to recommendations in section 1.4? (see also committee discussion on this section)</p> <p>Section 1.4 seems very weak in relation to offering guidance.</p> <p>My experience (DW) of current practice in Greater Manchester is that it is already better than the guidance. For example:</p> <ul style="list-style-type: none"> <li>a) Most general assessments of children, young people and families include some form of family assessment. Families are usually given information about what that will entail, and the responsibilities of practitioners in sharing information that relates to safeguarding. It is important to note the family, especially for pre-adolescents, as the primary influence, as well as of support. This is done before any discussion about intervention.</li> <li>b) Assessments lead to formulation or a coherent narrative about how the behaviour came about and is maintained. This enables families / carers to start to have a shared story about it. This will be the basis for supporting any intervention.</li> <li>c) Many interventions include a skills-based component</li> </ul>	Thank you for your comments. The intervention recommendation has been revised.

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						Please insert each new comment in a new row to address a child / young person's sense of competence. These are not simply supervised. Rather, a child / young person is actively coached by a known and trusted adult to practice and then to use socially appropriate behaviours.	Please respond to each comment
180	[office use only]	The Association for Family Therapy and Systemic Practice in the UK	General			There is no proposed 'gateway' to distinguish which behaviours need specialist interventions which the document implies might cause stigma and labelling, and the other kinds of behaviour.	Thank you for your comment. We have amended to make this clear in the document.
181	[office use only]	The Association for Family Therapy and Systemic Practice in the UK	General			There is no recommendation about length of treatment.	Thank you for your comments. The recommendations are based on the available evidence and none was identified for length of treatment.
182	[office use only]	The Association for Family Therapy and Systemic Practice in the UK	General			There is no analysis about the differing modalities of treatment e.g. group compared to individual.	Thank you for your comments. The recommendations are based on the available evidence and none was identified for length of treatment.
183	[office use only]	The Association for Family Therapy and Systemic Practice in the UK	General			There is a significant lack of comment about internet SHB, except to mention pornography. (The lack of discussion about internet SHB will be raised at the forthcoming Online Protect Conference on April 28th 2016 (MR))	Thank you for your comment. Expert testimony confirmed there is a gap in the literature in this area and the committee made a research recommendation in this area.
184	[office use only]	The Association for Family Therapy and Systemic Practice in the UK	General			The assumption in this document appears to be that sexually harmful behaviour is an individual problem. Yet most sexually harmful behaviour is embedded within a context, which is often family focused. Families and the family / social context need to be considered and included at assessment and intervention.	Thank you for your comment. This would not be the intention of this guideline and it has been amended to give a broader focus.

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185	[office use only]	The Association for Family Therapy and Systemic Practice in the UK	General			The document could mention the importance of working towards family reunification where possible.	Thank you for your comment. This has been included in the intervention recommendation where it was considered appropriate.
186	[office use only]	The Association for Family Therapy and Systemic Practice in the UK	General			Greater consideration could be given to siblings or other family members who may have been victims.	Thank you for your comment. The guideline acknowledges the needs of family members who may be victims.
187	[office use only]	The Association for Family Therapy and Systemic Practice in the UK	General			Greater consideration could be given to looked after children and their carers, and to kinship care.	Thank you for your comment. The guideline has been amended to include a greater focus on this group.
188	[office use only]	The Association for Family Therapy and Systemic Practice in the UK	General			It would be helpful to give an overview of the systemic context of family, wider family and wider network contexts in which children and young people who show sexually harmful behaviour live, and to use a systemic framework to inform, and within which to undertake, assessment and intervention.	Thank you for your comment. This is outside the scope of the guideline.
189	[office use only]	The Association for Family Therapy and Systemic Practice in the UK		1	Lines 10-11	Early assessment is important but often does not happen as the sexually harmful behavior or potential for sexually harmful behavior is not recognized. There may also be other delays, including lack of local authority protocols and policies.	Thank you for your comments. The purpose of the guideline is to offer guidance to local authorities on the need to provide protocols and policies in this area.
190	[office use only]	The Association for Family Therapy and Systemic Practice in the UK		1	Lines 12-15 (paragraph 3)	The statement ‘...and are not unnecessarily referred to specialist services, which can lead to them being stigmatized.’, implies that referral to specialist services is negative.	Thank you for your comment. This sentence has been removed.

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191	[office use only]	The Association for Family Therapy and Systemic Practice in the UK		1-2	Lines 18 to 3	How will local authorities and other agencies be made aware of these recommendations particularly in services where this population may be a small but significant percentage of their cases?	Thank you for your comment. NICE has developed a range of strategies for creating awareness including Implementation Consultants who are responsible for disseminating the guidance, working with the children's commissioner, informing stakeholders of its publication date and information on the NICE website.
192	[office use only]	The Association for Family Therapy and Systemic Practice in the UK	1.2	4-5	Lines 16 to 3	Early help assessment requires reported concerns and behaviours to be well and clearly documented, rather than use of euphemisms and vague phrases.	Thank you for your comments. We have amended the guidance to deal with any vagueness around documentation and reporting.
193	[office use only]	The Association for Family Therapy and Systemic Practice in the UK	1.2.2.	5	Lines 4-9	It would be helpful to identify a lead practitioner, presumably in each relevant service, but can this be done?	Thank you for your comments. The recommendations indicate that this is part of good practice and should be done on a case by case basis.
194	[office use only]	The Association for Family Therapy and Systemic Practice in the UK	1.2.5	5	Lines 25-27	Early help assessment needs to include a holistic look across contexts (family functioning, academic achievement, community involvement) to look at areas that may need support or further risk assessment, as well as potential areas of protective factors or strengths.	Thank you for your comment; a holistic approach is the recommendation of the DfE document 'Working together to safeguard children' which discusses the approach to early help assessment.
195	[office use only]	The Association for Family Therapy and Systemic Practice in the UK	1.3.1	6	Line 26	It may be misleading the place CAMHS / Paediatric services first in this list. They are unlikely to be the first point of entry for these issues, but yes should be listed.	Thank you for your comment; the guideline has been amended and services are grouped under broad headings such as health, education etc.
196	[office use only]	The Association for	1.3.2	7	Lines 9-10	When identifying other difficulties, this should also include systemic contexts ie family, care (if looked after children) and	Thank you for your comment. This is captured in the guideline.

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	only]	Family Therapy and Systemic Practice in the UK				community factors.	
197	[office use only]	The Association for Family Therapy and Systemic Practice in the UK	1.4	7	Lines 16-18	It could be helpful here to give more detailed points for consideration to do with both the impact a child or young person's behavior could have on all family members, and detailed points for consideration about the family contributory factors on the child or young person's behavior, such as a family denying. Then the advice about when to offer support and of what nature, and when to refer to which services could helpfully be more detailed.	Thank you for your comments. We have included a greater focus of these issues in the amended guideline but it should be noted that this guideline should be read in conjunction with the NICE <a href="#">child abuse and neglect guideline</a> to be published in September 2017. The HSB guideline does not deal with issues of victim abuse.
198	[office use only]	The Association for Family Therapy and Systemic Practice in the UK	1.4.2	7	Lines 19-28	There is also an ethical responsibility for practitioners to consider the needs of the victim, especially in intra-familial abuse. Hence this section should include consideration of any siblings or other family members who may have been harmed or victims or harmful sexual behaviour. They may need referrals in their own right for specialist assessment and treatment, and this will have more implications in terms of placement decisions and safety planning. This will also impact if there is a need to consider reunification.	Thank you for your comments. We have indicated in the recommendations and in the committee discussion section that this should be part of a good assessment and good professional practice. See also comment above.
199	[office use only]	The Association for Family Therapy and Systemic Practice in the UK	1.5.2	8	Lines 7-10	Encouraging caring relationships may sometimes require more specialist systemic intervention particularly where there has been relationship breakdown or there is a high risk of placement breakdown. For specialist or non-specialist intervention in this area, it is important that this is seen as part of the care package in terms of time, cost and who will provide this.	Thank you for your comments.
200	[office use only]	The Association for Family Therapy and Systemic Practice in the UK	1.5.2	8	Lines 7-10	For specialist or non-specialist intervention in this area, it is important that this is seen as part of the care package in terms of time, cost and who will provide this.	Thank you for your comment.
201	[office use	The Association for	1.5.5	8	Lines 16-17	1.5.5 seems like two separate point. One point regarding young people being place in the home / family setting, or out	Thank you for your comment. This section of the guideline has been

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	only]	Family Therapy and Systemic Practice in the UK				of the home / family setting. The other point being where the intervention is delivery ie in home / community, or care setting, or within a specialist or tier 2+ service.	amended.
202	[office use only]	The Association for Family Therapy and Systemic Practice in the UK	1.5.5	8	Lines 16-17	There is no evidence which suggests that delivering interventions in family settings is better. Interventions delivered out of the home is often preferred especially if the abuse has occurred in the home.	Thank you for your comment. The intervention recommendation has been given a complete revision.
203	[office use only]	The Association for Family Therapy and Systemic Practice in the UK	1.5.7	8	Lines 20-21	There is evidence for family-oriented CBT with anxiety, but we are unaware of a manual or evidence for family-oriented CBT for HSB. Therefore this statement could be misleading.	Thank you for your comment. The guideline has been amended and this has been deleted.
204	[office use only]	The Association for Family Therapy and Systemic Practice in the UK	1.5.9	8	Lines 25-28	Many foster carers, even very experienced ones, require a lot of support specific to these issues. This is not always recognised, nor is it always clear whose role it is to provide this. In addition their supervising social workers may not feel skilled enough in this area to provide adequate support.	Thank you for your comment. The guideline makes a recommendation on the needs of carers and looked after children.
205	[office use only]	The Association for Family Therapy and Systemic Practice in the UK	1.5.12	9-10	Lines 29-6	Interventions for families and carers could usefully include a consideration of the complexities in working with families and carers. If through assessment it is clear that there may be great difficulty in the relationship between parent / carer and young person, another area of intervention may need to be focused on the relationship or maintaining the placement. There may be cases where a specialist systemic intervention is needed (for example families may sometimes form a barrier to responsibility taking) and this may not fall into the remit of a CAMHS depending on their commissioning guidelines.	Thank you for your comments. See comment above.
206	[office use only]	The Association for Family Therapy	1.7	10	Lines 11-28	Person-centred care is important and helpful. However, it needs to be offered whilst at the same time acknowledging and working with the accountability for sexually harmful	Thank you for your comments; this is acknowledged in the recommendations.

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		and Systemic Practice in the UK				behaviour.	
207	[office use only]	The Association for Family Therapy and Systemic Practice in the UK	1.8.3	11	Lines 24-26	Referral information should also be given to adult mental health services, in which parents and carers can raise concerns about behaviour shown by children and young people.	Thank you for your comment. Referral to services should be done on a case by case basis and should be identified as part of the assessment process.
208	[office use only]	The Association for Family Therapy and Systemic Practice in the UK	1.8.9	12-13	Lines 29-6	This could detail other factors which may affect parenting capacity and attachment including social isolation; a family or carer's relationship to help; learning difficulty.	Thank you for your comment.
209	[office use only]	The Association for Family Therapy and Systemic Practice in the UK		13	Lines 13-15	The definition of children causes some challenge. Research often differentiates at age 12 in terms of developmental maturity versus the age of criminal responsibility. I.e. some assessment tools have been developed with the age cutoff of 12 as well as some interventions. It might be helpful to note this here.	Thank you for your comment. The PHAC thought that to add this would potentially overcomplicate the issue.
210	[office use only]	The Association for Family Therapy and Systemic Practice in the UK		13	Line 20	Harmful sexual behaviour is not a diagnosis. Use of this word in this context is grossly misleading.	Thank you for your comment. The guideline has been amended to remove this.
211	[office use only]	The Association for Family Therapy and Systemic Practice in the UK		14	Lines 1-3	It may be helpful to be clear that some of these tools are for adolescents only and some are for younger children.	Thank you for your comment. The guideline has been amended to give greater clarity.
212	[office use only]	The Association for Family Therapy		14	Lines 15-17	Raising awareness can also be achieved through training events and clinical supervision. Training will need to address training needs identified in the	Thank you for your comments. Training recommendations are outside the scope of this guidance.

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		and Systemic Practice in the UK		15	Lines 21-26 Lines 6-8	baseline assessment, and the impact of training will need to be monitored.	
213	[office use only]	The Association for Family Therapy and Systemic Practice in the UK		15	Lines 15-19	Agree. It is important that these behaviours are documented clearly. There needs to be more education regarding documenting these behaviours clearly in a non-biased way to provide the best information for assessment and intervention.	Thank you for your comment.
214	[office use only]	The Association for Family Therapy and Systemic Practice in the UK		17	Line 18	The distinction between abusive and problematic behaviour is helpful. This could be helpfully explored further in the document.	Thank you for your comment. The recommendations were based on the available evidence and there is little evidence for sexual behaviours that do not need a criminal justice response.
215	[office use only]	The Association for Family Therapy and Systemic Practice in the UK		18		There needs to be thought given to a systemic view including the impact of families, parents, siblings, extended family, carers (looked after children), schools and community resources.	Thank you for your comments; the guideline acknowledges that harmful sexual behaviour should not be seen in isolation.
216	[office use only]	The Association for Family Therapy and Systemic Practice in the UK		18	Lines 23-26	In addition to pornography, risks involving the internet generally should be highlighted as these children and young people are often vulnerable generally to child sexual exploitation (which was mentioned previously), misinformation regarding the internet, and offences regarding indecent images (newer laws which parents and young people may not really understand).	Thank you for your comment. A research recommendation has been made with regard to this topic.
217	[office use only]	The Association for Family Therapy and Systemic Practice in the UK	Section 1.3	22-		The document should give figures on recidivism in order to give context to the discussion about risk and tools.	Thank you for your comments. These figures are available in the reviews that were commissioned as part of this guidance development. See review two on assessment on the NICE website.
218	[office use only]	The		29	Lines	These results potentially reinforce the need for systemic	Thank you for your comment.

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	e use only]	Association for Family Therapy and Systemic Practice in the UK			19-22	intervention.	
219	[office use only]	The Association for Family Therapy and Systemic Practice in the UK		31	Lines 16-18	Does this refer to conduct disorder or other issues for which NICE guidelines already suggest systemic interventions.	Thank you for your comment. The sentence is referring to the paragraph above regarding the influence of peers on HSB.
220	[office use only]	The Association for Family Therapy and Systemic Practice in the UK		33	Lines 23-25	It is helpful to highlight the value of comprehensive, multi-component interventions that focus on the child or young person's family or background, and this could helpfully be made more explicit throughout the document.	Thank you for your comment.
221	[office use only]	The Association for Family Therapy and Systemic Practice in the UK		38	Lines 1-5	This again points to the impact on looked after children carers, parents, kinship care, and schools.	Thank you for your comment.
222	[office use only]	The Association for Family Therapy and Systemic Practice in the UK		40	Lines 9-16	Professionals across many services may find it hard to know how best to help children and young people who show sexually harmful behaviour, this may not be exclusive the CAMHS. Collaboration between services could be helpful to address this shared responsibility. Not all children and young people who show sexually harmful behaviour will also experience mental health problems.	Thank you for your comment. The guidance recommends collaboration between services.
223	[office use only]	The Association for Family Therapy and Systemic Practice in the UK		40	Lines 9-16	Sexually harmful behaviour is not a diagnosis. Hence this area of work may be out of remit for CAMHS depending on how the particular service is commissioned. Some young people who show sexually harmful behaviour may also have additional developmental and / or mental health needs. It is important that services in any local authority are clear about	Thank you for your comment. The issue of referral thresholds to CAMHs is addressed in the committee discussion section.

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						their roles and are able to have good links. CAMHS may be able to provide some interventions but not others. Further, this clarity of roles needs to be continually reviewed and updated as commissioning changes often being made (which is why it is often unclear).	
224	[office use only]	The Association for Family Therapy and Systemic Practice in the UK		41	Lines 1-4	Additional factors should include consideration of foster carers, parents, kinship carers, families, extended families (use of family group conference), assessment of risk to other children.	Thank you for your comment,
225	[office use only]	The Association for Family Therapy and Systemic Practice in the UK		45	Lines 16-18	Research should also evaluate other systemic interventions and models. These may not have enough research evidence yet to strongly promote in guidelines, but would be worth considering for services who may not have access to multi-systemic therapy. Research needs to evaluate systemic interventions with UK populations.	Thank you for your comments. The guideline has made research recommendations in this area.
226	[office use only]	The Association for Family Therapy and Systemic Practice in the UK	Section 3	47		Re recommendations for research. Systemic interventions are helpful for children and young people who live with their families, or in foster families, or who live in contexts for example secure accommodation where similar processes can occur to those which occur in families, such as processes of rejection or denial. Evaluation of systemic interventions across all contexts is important.	Thank you for your comments. Please see comment above.
227	[office use only]	The Association for Family Therapy and Systemic Practice in the UK		49	Lines 6-8	Concerns regarding the internet are wider than just pornography.	Thank you for your comment. There is a research recommendation on pornography and electronic media in the guideline.
228	[office use only]	The Lucy Faithfull Foundation	Full	1	9	We note the differentiation between children and young people with reference to the age of criminal responsibility however under the Children Act 1989 anyone under the age of 18 is defined as a child. We feel that it is important to note that children who exhibit harmful sexual behaviour are also children who have a right to protection. In our view, one of	Thank you for your comments. We have noted the definition of child in the guideline.

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						the greatest challenges to promoting positive pathways for children and young people who exhibit harmful sexual behaviour is the fear and anxiety among parents and professionals alike. Awareness raising is desperately needed to ensure that young people get access to the help they need. It is also essential that risk management is proportional and enables children and young people to meet their needs in a positive way.	
229	[office use only]	The Lucy Faithfull Foundation	Full	6	26	In our experience CAMHS have some specialist teams however we are often informed by professionals and families that CAMHS will not work with children and young people who exhibit harmful sexual behaviour and who do not have an identifiable mental health problem. Following on from this we are mindful that social workers are not routinely trained to understand or respond to harmful sexual behaviour.	Thank you for your comment. We have addressed the issue of referral thresholds to CAMHS in the committee discussion section.
230	[office use only]	The Lucy Faithfull Foundation	Full	7	16	We are concerned that there seems to be an emphasis on the child's behaviour and less guidance regarding assessing the environment in which the child or young person is living. We would recommend James Bickley's formulation model for exploring predisposing, precipitating, maintaining and protective factors when assessing the child in context.	Thank you for your comment. The recommendations indicate that a good assessment should routinely take into account a child or young person's family and social ecology.
231	[office use only]	The Lucy Faithfull Foundation	Full	13	20	If a child or young person receives the label of exhibiting harmful sexual behaviour they become vulnerable to being seen through that lens and therefore, in our opinion, the Brook traffic light tool can be helpful to reduce the risk that a young person who is demonstrating behaviour within the realms of what would be expected is not perceived as exhibiting harmful sexual behaviour due to their past behaviour.	Thank you for your comment.
232	[office use only]	The Lucy Faithfull Foundation	Full	13	21	We are concerned that the definition does not reflect the complexity of harmful sexual behaviour among children and young people. It does not include exposure and behaviour involving the internet, technology or photographs. In our view it is important to include harmful behaviours which involve the internet, adult pornography or self-generated images which are legally defined as an 'Indecent Image of a Child'. We	Thank you for your comment. The issue of definition was discussed at much length at the beginning of this guideline process. There are many definitions in this often contested area and after consultation with topic experts and the PHAC the decision was made to use the

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						think that young people who get into trouble online are a special group that have not been included in the guidance. It would also be helpful to reference that abuse can occur inside or outside the family unit.	NSPCC definition for this guideline. The committee discussion section acknowledges the myriad of definitions in this area. Expert testimony was sought on pornography and the use of electronic media and self-generated images. Currently there is a gap in the literature in this area and we have made a research recommendation to cover this topic.
233	[office use only]	The Lucy Faithfull Foundation	Full	6	19	In our view it is good practice to involve the family in intervention, however family members are not always a protective influence. We would recommend a note of caution is added, perhaps adding 'where it is appropriate to do so'.	Thank you for your comment. The guideline has been amended to take account of the need for caution in this area.
234	[office use only]	The Lucy Faithfull Foundation	Full	8	1	In this section we would suggest that it is important to reference restorative approaches particularly when completing an intervention with a child or young person who has exhibited harmful sexual behaviour to a sibling. It may also be beneficial to offer more guidance in relation to the impact on parents, for example their struggle in knowing how best to support both/all of their children.	Thank you for your comment. The guideline has made a recommendation in this area.
235	[office use only]	The Lucy Faithfull Foundation	Full	22	27	We believe AIM2 identifies the level of supervision required and risk management needs as opposed to claiming predictive ability. We are also aware that AIM2 is now being used with girls and young people with learning disabilities.	Thank you for your comment. Please see evidence review two on assessment which includes two studies that investigated the predictive ability of the adapted AIM and AIM2. We can confirm that the AIM2 is being used with caution with girls and those with learning disabilities.
236	[office use only]	The Lucy Faithfull Foundation	Full	23	19,20, 25	We would recommend the term 'adolescent sex offender' is removed and replaced with young males who exhibit harmful sexual behaviour or young males convicted of a sexual offence.	Thank you for your comment. Terms have been amended throughout the document.
237	[office use only]	The Lucy Faithfull Foundation	Full	29	21,22	We would recommend that the term 'adolescent sexual re-offending' is removed for reasons illustrated on page 30 line 11	Thank you for your comment. See comment above.
238	[office use only]	The Lucy Faithfull Foundation	Full	46	15	There is valuable research available regarding long term	Thank you for the information.

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	e use only]	Faithfull Foundation				outcomes for example, Hackett (2013) Recidivism, desistance and life course trajectories of young sexual abusers. An in-depth follow-up study, 10 years on.	
239	[office use only]	The Lucy Faithfull Foundation	Full	49	7	The Lucy Faithfull Foundation has facilitated the Inform Young People programme since 2011. It is designed for young people who have problematic or harmful online sexual behaviour. The theoretical framework is the Good Lives Model. We agree that the research base for interventions with young people is limited. The feedback we have received in relation to Inform Young People would indicate that it is promising practice and promotes positive pathways for young people at risk. Referrals are most commonly received through contact made from parents, professionals or young people calling our Stop it Now! helpline. The Stop it Now helpline is a valuable resource for parents who are worried about their child's behaviour. The Lucy Faithfull Foundation has also produced guidance for parents entitled 'What's the problem? A guide for parents of children and young people who have got into trouble online' which is available to download for free via <a href="http://www.parentsprotect.co.uk">www.parentsprotect.co.uk</a> We would also recommend Simon Hackett's (2001) publication 'Facing the Future' A guide for parents of young people who have abused. In our view further research is needed in relation to young people who download indecent images of children.	Thank you for your input and for your references. We will pass this information to our local practice collection team. More information on local practice can be found <a href="#">here</a> '
240	[office use only]	The MsUnderstood Partnership/ The University of Bedfordshire	Full	General		We welcome the focus on early assessments and early identification of HSB and the emphasis on developing a response that does not solely rely on specialist HSB services and the criminal justice system.	Thank you for your comment.
241	[office use only]	The MsUnderstood Partnership/ The University of Bedfordshire	Full	Pg 5 line 25, pg 7 line 7 and general:		We are pleased to see that the guidance refers to the importance of recognising the 'external vulnerabilities' and the wider 'context in which it is expressed.' Research into harmful sexual behaviour highlights contextual factors that may need to be considered in assessment processes including peer group, bullying cultures or sexual harassment in school environments and exposure to crime/victimisation in	Thank you for your comment.

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						the local neighbourhood (Firmin 2015).	
242	[office use only]	The MsUnderstood Partnership/ The University of Bedfordshire		7	7	The importance of understanding the wider context is referenced within the document but it may benefit from being fully integrated throughout the document.	Thank you for your comment.
243	[office use only]	The MsUnderstood Partnership/ The University of Bedfordshire		5-6	1 -20	It is important to understand the local trends and contextual factors that influence HSB. For example within London, over 55% of child sexual exploitation (CSE) cases referred to the police are peer-on-peer, meaning that everyone involved is under the age of 18 (MOPAC 2015). Therefore the HSB response in London needs to consider the impact peer-on-peer HSB has in terms of ensuring the most appropriate assessment and interventions are developed. In addition, research over the last few years has linked HSB and CSE to gangs and other forms of abuse experienced by young people (Firmin 2015, Beckett et al 2013, Barter 2009). Given the acknowledgement that HSB is linked to local trends and contextual factors, it is useful to think about how HSB assessments can be linked with local gang and CSE assessments.	Thank you for your comments. The focus of this guidance is single perpetrator sexual abuse.
244	[office use only]	The MsUnderstood Partnership/ The University of Bedfordshire		4	16	MsUnderstood has worked with 11 local safeguarding children's boards in England to develop their response to peer-on-peer abuse which includes all forms of violence and abuse between young people age 10 -18. This work included reviewing the Early Help process and assessments used in response to peer-on-peer abuse cases (Forthcoming MSU end of project report 2016). The review highlighted that Early Help assessments primarily focus on assessing children/young people in relation to their home/family environment. However our work into peer-on-peer abuse and gang-related sexual violence indicates that peer group influence may be a primary influencing factor in a young person's harmful sexual behaviour (Firmin and Curtis 2015). Our review indicated that currently the Early Help process does not consistently engage with peer group mapping or	Thank you for your comments. The focus of this guideline is on single perpetrator harmful sexual behaviour.

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						assessment and an explicit suggestion that this may benefit referrals for some young people may help initiate some progress in this regard. For example, a whole peer group may be in need of an early help intervention, or a network of young people in a particular school (or the school itself) in addition to a family (Firmin 2015).	
245	[office use only]	The MsUnderstood Partnership/ The University of Bedfordshire		4	3	MsUnderstood's work with schools and education providers has shown that they often respond to HSB without involving external agencies, particularly for behaviours regarded as 'inappropriate sexual touching,' 'sexual misconduct' and 'sexual bullying' (Forthcoming MSU end of project report 2016). In our work with schools we have seen responses include detentions and disciplinary action, fixed-term exclusions and managed moves to other schools. In many cases these responses do not include the involvement of external or specialist agencies, particularly when a police response is not deemed appropriate by the school or the police do not pursue the investigation. Schools and education providers have told us that they would benefit from additional guidance on how to respond to HSB. Therefore publicising the guidance to schools and ensuring they are aware of the responsibilities to refer to Early Help would have a big impact on practice and lead to an increase in referrals to Early Help.	Thank you for your comments. NICE has Implementation Consultants who is responsible for disseminating the guidance and this would include schools and local authorities.
246	[office use only]	The MsUnderstood Partnership/ The University of Bedfordshire		4	17	The guidance would most likely lead to a large increase in referrals to Early Help teams. This would impact on staffing capacity both in terms of numbers of referrals and ensuring all early help practitioners were able and confident to assess a young person's needs in relation to HSB and had access to the correct resources to do so (see previous points on contexts). In order for that to happen they would need to have access to appropriate training, support from managers and clear guidance in place.	Thank you for your comments. Local safeguarding children boards have a remit to ensure there are policies and procedures in place for the training of staff who work with children and young people and this is one of our recommendations.
247	[office use only]	The MsUnderstood Partnership/ The University		8	1	Given the evidence about including contextual factors in risk assessing HSB and understanding and responding to contexts (Losel and Bender.2006, Letourneau and Borduin 2008 and Firmin 2015) it may be useful to think about how	Thank you for your comments. We have revised the intervention section to give greater clarity to this area.

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		of Bedfordshire				this can be integrated into the principles for intervention. For example perhaps including a principle to consider and, where appropriate, to engage with extra-familial contextual risks.	
248	[office use only]	The MsUnderstood Partnership/ The University of Bedfordshire		9	14 - 15	The reference to peer relationships within the principles for interventions is welcome. However, it is useful to highlight that this is a significant intervention in itself and it may require as much if not more work as family focused interventions. Therefore it is worth considering how it can be emphasised as an intervention within itself because burying this as part of a much larger intervention may be insufficient. In our site work we frequently hear of examples where peer-influence outweighs parental capacity and control. For example, parents contacting schools/social care concerned about their sons 'out of control' behaviour and concerns over the influence their child's peer-group is having, despite trying to implement boundaries and set positive examples. In these situations, it maybe that the peer-group requires the greatest intervention in order to pro-actively disrupt the influence (Henggeler, et al. 2009) that is leading to HSB and to produce the best outcomes.	Thank you for your comments. The influence of peer relationships is outside the scope of this guidance.
249	[office use only]	The MsUnderstood Partnership/ The University of Bedfordshire		9	29	In addition to parents/carers, other environments/individuals may also require significant interventions. It is useful to acknowledge that there remains a limited evidence base for this at present. Emerging research suggests that peers are particularly influential in HSB, but most evaluations are focused on interventions with individuals and families. This includes evaluations of multi systemic therapy which recognise the impact of external factors on a young person's behaviour, yet still predominantly focus on family interventions (Henggeler, et al. 2009, Letourneau, et al. 2013).	Thank you for your comment. The focus of this guideline is on single perpetrator harmful sexual behaviour
250	[office use only]	The MsUnderstood Partnership/ The University of Bedfordshire		10	21	Welcomed recognition of wider contextual factors, however it may be that these environments require intervention in order to proactively support the young person. For example, if the school was a beneficial environment, that challenges rather than reinforces harmful attitudes or behaviour, then greater	Thank you for your comment.

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						engagement would be beneficial (Cowie 2011). However if the school did not challenge harmful attitudes and behaviours, then greater engagement could be more harmful than beneficial.	
251	[office use only]	The MsUnderstood Partnership/ The University of Bedfordshire		4	9	Perhaps consult with those who have greater expertise in engaging with young people who are harming others in groups, or agencies such as the youth service, who have experience of peer group engagement.	Thank you for your comment. Gang related and peer-on-peer sexual abuse is outside the scope of this guidance. The focus of this guidance is 'single perpetrator HSB.' The available HSB literature indicates that most HSB occurs in the family environment and in a context of secrecy and isolation.
252	[office use only]	The MsUnderstood Partnership/ The University of Bedfordshire		12	29 - 30	Lead practitioners may also need to access information on the young person's peer network, their school environment and other contextual factors that have influenced the behaviour and/or undermined parental capacity (rather than considering parental capacity in isolation of other influences).	Thank you for your comment. See comment above.
253	[office use only]	The MsUnderstood Partnership/ The University of Bedfordshire		6	23	We welcome the tasking of LSCB to lead on identifying specialist staff and services to respond to HSB, this provides a lever for the response to HSB to be monitored by LSCB and for HSB to be seen as a safeguarding issue.	Thank you for your comments.
254	[office use only]	The MsUnderstood Partnership/ The University of Bedfordshire			Question 2	<ul style="list-style-type: none"> <li>- Resource implications to redesign the early help assessment process to ensure it captures and includes contextual factors such as peer-groups, schools and neighbourhoods</li> <li>- Additional training, support and guidance for early help to ensure adequate skills to respond to HSB referrals</li> <li>- Resource and capacity implications for early help teams due to rise in referrals from universal services</li> <li>- Additional training may be required by the early help teams to ensure they have the skills and confidence to respond to referrals</li> <li>- Increase in referrals to early help may lead to increase of referrals to specialist staff/services to undertake</li> </ul>	Thank you for your comments. The guideline notes the role of the local safeguarding children board in this area. Thank you for your response. Your comments will be considered by NICE where relevant support activity is being planned.'

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						risk assessments which will create resourcing pressures to respond to the increase - Services that engage in contextual influences outside of the family environment would need to be developed and resourced	
255	[office use only]	The MsUnderstood Partnership/ The University of Bedfordshire			Question 3	Greater awareness and training about HSB would be beneficial, in particular recognising that it has been considered a specialist area and therefore many universal services and targeted services such as early help have not received prior training or guidance on responding to HSB. In particular, focusing on group offending and peer-on-peer HSB.	Thank you for your comments. The guideline makes a recommendation on the role of the local safeguarding children board and its responsibilities in this area. Thank you for your response. We have passed it to the NICE resource impact assessment team to inform their support activities for this guideline.
256	[office use only]	The MsUnderstood Partnership/ The University of Bedfordshire			Question 4	Given emerging evidence around the influence of peer-groups and existing research into contextual factors and the prevalence of group offending in adolescence, it may be beneficial to think specifically about those who engage in HSB in groups and who are influenced by peers.	Thank you for your comments. See comments above.
257	[office use only]	The MsUnderstood Partnership/ The University of Bedfordshire			Question 5	Agree. Our work in 11 local authorities has shown that the availability of HSB services is inconsistent across local authorities in terms of provision and leadership (Forthcoming MSU end of project report 2016). For example in some local authorities, the services are based in child and adolescent mental health services (CAMHS), some within youth offending services whereas other services are run by the voluntary sector. In addition, the vast majority of HSB services focus on 1:1 interventions with individuals and families rather than adopt broader contextual approaches, and therefore do not work with peer-groups, schools and neighbourhoods. While some recognise the importance of systemic practices it is not possible for one agency to move beyond a 1:1 work model if the wider partnership does not do the same. Given the prevalence of group based sexual offending and HSB in	Thank you for your comments. We have addressed the issue of CAMHS referral thresholds in the committee discussion section. As indicated above the focus of this work is single perpetrator harmful sexual behaviour.

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						some of our sites there is a need to develop contextual responses to HSB, for example responses that work with peer-groups of concern not just individuals and that focus on environments where HSB is common – for example schools in which 'sexual bullying' is a concern.	
258	[office use only]	The MsUnderstood Partnership/ The University of Bedfordshire			Question 6	There is also a need for research to understand any potential differences between young people who sexually harm peers and those who harm younger children, as well as those who harm in groups and those who harm alone (Beckett and Gerhold 2003, Finkelhor, Ormrod and Chaffin 2009). Much research at present does not make these distinctions but anecdotal evidence in site work and reports from secure providers suggest that there are differences in the factors that drive such behaviours and enable desistance.	Thank you for your comments. See comments above.
259	[office use only]	The MsUnderstood Partnership/ The University of Bedfordshire			Question 7	Page 7, line 14: What about practitioner's role in liaising with schools, peers and other contexts/social spaces in developing an intervention - or with other agencies who work with the young person's peers or who are engaged in the locality (for example community safety presence in the stairwell) where the abuse has been happening?	Thank you for your comments. See earlier comment on focus of guidance on single perpetrator HSB.
260	[office use only]	The MsUnderstood Partnership/ The University of Bedfordshire				References  Barter, C., McCarry M., Berridge D., Evans K. (2009). Partner Exploitation and Violence in Teenage Intimate Relationships. NSPCC <a href="https://www.nspcc.org.uk/globalassets/documents/research-reports/partner-exploitation-violence-teenage-intimate-relationships-report.pdf">https://www.nspcc.org.uk/globalassets/documents/research-reports/partner-exploitation-violence-teenage-intimate-relationships-report.pdf</a> Beckett, H, Brodie, I., Factor, F., Melrose, M., Pearce, J., Pitts, J., Shuker, L., Warrington, C. (2013) It's wrong...but you get used to it' A qualitative study of gang-associated sexual violence towards, and exploitation of, young people in England. <a href="http://www.beds.ac.uk/_data/assets/pdf_file/0008/215873/GASV_Interim.pdf">http://www.beds.ac.uk/_data/assets/pdf_file/0008/215873/GASV_Interim.pdf</a> Beckett, R, and C Gerhold. "Treatment of Adolescents Who	Thank you for the references. We sent the list of references to the developer to check for inclusion in the evidence reviews. The developer concluded that their inclusion would not have changed the evidence statements.

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						<p>Rape and Sexually Assault Peers and Adult Women." <i>13th Annual NOTA conference: 'Working towards working together. Sharing what we know'</i>. Herriot-Watt University , 2003.</p> <p>Cowie, H. "Understanding Why Children and Young People Engage in Bullying at School." In <i>Children Behaving Badly: Peer Violence Between Children and Young People</i>, by C Barter and D Berridge, 33-47. West Sussex: John Wiley and Sons Ltd, 2011.</p> <p>Finkelhor, D, R Ormrod, and M Chaffin. "Juveniles Who Commit Sex Offences Against Minors." <i>Juvenile Justice Bulletin</i>. Office of Juvenile Justice and Delinquency Prevention, US Department of Justice, December 2009.</p> <p>Firmin, C (2015) Peer on peer abuse: safeguarding implications of contextualising abuse between young people within social fields, (Professional Doctorate Thesis), University of Bedfordshire <a href="http://uobrep.openrepository.com/uobrep/handle/10547/565790">http://uobrep.openrepository.com/uobrep/handle/10547/565790</a></p> <p>Firmin, C. and Curtis, G. (2015a). 'Practitioner Briefing #1: What is peer-on-peer abuse?' The MsUnderstood Partnership. <a href="http://www.msunderstood.org.uk/assets/templates/msunderstood/style/documents/MSUPB01.pdf">http://www.msunderstood.org.uk/assets/templates/msunderstood/style/documents/MSUPB01.pdf</a></p> <p>Henggeler, S, et al. "Mediators of Change for Multisystemic Therapy with Juvenile Sexual Offenders." <i>Journal of Consulting and Clinical Psychology</i> 77, no. 3 (2009): 451-462.</p> <p>MOPAC. (2015). MOPAC Challenge, Child sexual Exploitation June 2015. <a href="https://www.london.gov.uk/sites/default/files/gla_migrate_files_destination/MOPAC%20Challenge%20CSE%2010%20June%202015%20Presentation.pdf">https://www.london.gov.uk/sites/default/files/gla_migrate_files_destination/MOPAC%20Challenge%20CSE%2010%20June%202015%20Presentation.pdf</a></p> <p>Letourneau, E, and C Borduin. "The Effective Treatment of Juveniles Who Sexually Offend: An ethical imperative."</p>	

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						<p>Ethics and Behavior 18, no. 2-3 (2008): 286-306.</p> <p>Letourneau, E, S Henggeler, M McCart, C Borduin, and P Schewe. "Two-Year Follow-Up of a Randomized Effectiveness Trial Evaluating MST for Juveniles Who Sexually Offend." <i>Journal of Family Psychology</i> 27, no. 6 (2013): 978-985.</p> <p>Losel, F, and D Bender. "Risk factors for serious and violence antisocial behaviour in children and youth." In <i>Children Who Commit Acts of Serious Interpersonal Violence: Messages for Best Practice</i>, by A Hagell and R Jeyarajah-Dent, 42-73. London: Jessica Kingsley, 2006.</p> <p>Letourneau, E, S Henggeler, M McCart, C Borduin, and P Schewe. "Two-Year Follow-Up of a Randomized Effectiveness Trial Evaluating MST for Juveniles Who Sexually Offend." <i>Journal of Family Psychology</i> 27, no. 6 (2013): 978-985.</p>	
261	[office use only]	Tizard Centre, University of Kent, England	NICE guideline Draft for consultation February 2016	general		<p>Comment more on age and US focus of evidence;</p> <p>more clarity regarding the focus, setting, age of participants, exclusions eg LD, ASC, nature of HSB in studies</p>	Thank you for your comments. The guideline has been amended to give greater clarity.
262	[office use only]	Tizard Centre, University of Kent, England	"	"		<p>Link back to policy in absence of evidence, Incorporate some mention of stepped approaches</p>	Thank you for your comment.
263	[office use only]	Tizard Centre, University of Kent, England	"	"		<p>Improve and make consistent diversity – age, gender, disability (I was asked to provide expert testimony on this, and am disappointed that there is not more robust representation in the draft guidance), culture, sexual orientation etc</p>	Thank you for your comments. The guideline makes clear the diversity of the population that should be addressed when assessing and intervening for harmful sexual behaviour.
264	[office use only]	Tizard Centre, University of Kent, England	"	"		<p>Link with CSE, other exploitation and gangs</p>	Thank you for your comments. CSE and gangs is outside scope of this guidance. Child sexual exploitation is one of the areas included in the NICE guideline

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							'Child abuse and neglect' which also includes sexual abuse. It is due to publish in September 2017.
265	[office use only]	Tizard Centre, University of Kent, England	"	"		More on issues for 18-25 year olds SEN- look to adult evidence then, plus links to adult services, adult legal framework etc	Thank you for your comment. This is outside the remit of the scope.
266	[office use only]	Tizard Centre, University of Kent, England	"	"		Sentences/paragraphs that need redrafting to ensure comprehension eg Page 13 lines 19/20 These tools ... Page 17 lines 18-22 re distinctions- not clear Or improve vague drafting eg page 11 line 20- "agree an approach between agencies.." Page 14 line 18 "... identify a lead with an interest in ...."	Thank you for your comment. The guideline has been amended.
267	[office use only]	Tizard Centre, University of Kent, England	4	14		use of pornography – there needs to be tighter drafting and use of language to reflect meaning and appropriate legal definitions (obscene publications, extreme pornography, indecent images across the relevant age bands etc rather than colloquial use of language). This may require providing definitions and cross referencing. Supplying/providing/allowing viewing to under 18year olds is a crime.	Expert testimony to the PHAC reported that there is a gap in the literature in this area. The guideline makes a research recommendation for this topic.
268	[office use only]	Tizard Centre, University of Kent, England				Pages 4 lines 17 onwards and page 5 lines 1-9 important to emphasise early identification and assessment	Thank you for your comment; the guideline has been amended to give clarity.
269	[office use only]	Tizard Centre, University of Kent, England	5	14		add other diversity elements after autism, eg culture and faith	Thank you for your comment. The guideline has been amended to add this.
270	[office use only]	Tizard Centre, University of Kent, England	6	23/24		clarify that risk assessment to be linked to HSB- generally experience is that CAMHS and other services are not currently trained, there are implications for training/resources	Thank you for your comment. The guideline has been amended to clarify that risk assessment is linked to harmful sexual behaviour. Committee discussion addresses the issue of referral thresholds to CAMHs.
271	[office use only]	Tizard Centre, University of Kent, England	6	25		"Community Child Health" rather than "community paediatric"	Thank you for your comments. These terms have been included under broad service descriptions.

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272	[office use only]	Tizard Centre, University of Kent, England				Page 7 line 1-2, page 11 line 26 there are specialist voluntary sector providers eg NSPCC , Barnardo's and others who can do these as well	Thank you for your comments. The guideline has been amended to add this.
273	[office use only]	Tizard Centre, University of Kent, England	7	2-10		need to add "Learning Disabilities and/or neurodevelopmental conditions such as Autism"- this is not the same as "developmental age"	Thank you for your comments. The guideline has been amended.
274	[office use only]	Tizard Centre, University of Kent, England	8	14/15		add access to Learning Disabilities and ASD services- not necessarily the same as mental health	Thank you for your comments. The guideline has been amended.
275	[office use only]	Tizard Centre, University of Kent, England	8	26/27		in discussing interventions and treatment (particularly effectiveness), there needs to be more regarding LD and ASC, including that any evidence base may not be appropriate across different subgroups, and may need adaptation eg CYP without LD/ASC not necessarily applicable to CYP with ASC/LD and /or ASC but not LD	Thank you for your comments. The intervention recommendation has been revised to give more clarity in this area.
276	[office use only]	Tizard Centre, University of Kent, England	9	18		add "including relevant consent and legal aspects" after "sexual behaviour rules".	Thank you for your comments. The guideline has been amended.
277	[office use only]	Tizard Centre, University of Kent, England		21/22		emotional issues and empathy, especially will need additional consideration/adaptation for children and young people on the autistic spectrum and/or with LD. This applies to other aspects of the list, lines 16-28	Thank you for your comment.
278	[office use only]	Tizard Centre, University of Kent, England				Page 13 Line 21, and Page 16 lines 16-20 Definition of harmful sexual behaviour- needs clarification/expansion, not just "inappropriate for their age or stage of development".....need to incorporate something about the harm element.	Thank you for your comment; the definition of harmful sexual behaviour has been amended.
279	[office use only]	Tizard Centre, University of Kent, England				Learning disabilities definition needs adding -use the WHO one used in other health guidance, 1-2% of population, differentiate from "learning difficulties"- broader set of Special Educational Needs in 8%-20% of population.	Thank you for your comments. Definitions that are available in the jargon buster are not included in the guideline glossary.
280	[office use only]	Tizard Centre, University of Kent, England	14	13		stronger link with Safeguarding Responsibilities – these are statutory,	Thank you for your comments. Amended to include stronger link with safeguarding responsibilities.

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281	[office use only]	Tizard Centre, University of Kent, England				Pages 15 /16, and Pages 17/18 – there should also be reference to children and young people with Autistic Spectrum Condition- they also face inequalities'lack of appropriate assessment, intervention and research through being undiagnosed, and/or needs not met if are diagnosed- see <i>SPEAK UP (System for the Protection and Empowerment of Autistic Children as victims of abuse or as Unintentional Perpetrators)</i> a European project involving Autism Europe, F.M. Regina Association, CIRENEO, The National Autistic Society, Autismo Burgos, Alpha Foundation and Progetti Sociali. Need to make point re Autism is not a mental health condition/may or may not be associated with LD- is an issue about lack of training, expertise and services, and lack of responsibility.	Thank you for your comment; this is outside the remit of the scope.
282	[office use only]	Tizard Centre, University of Kent, England				P16 line 21 and elsewhere- would be more helpful to include Hackett's continuum model, and refer to this /use it's terminology to assist consistency throughout	Thank you for your comment; Hackett's continuum model is referenced in the recommendations.
283	[office use only]	Tizard Centre, University of Kent, England				In Background- should be some recognition of social issues (lack of opportunities, discrimination) that affect the ability of children and young people with LD and ASC to develop appropriate relationships	Thank you for your comment. Unfortunately the guideline does not allow for an elaboration of these issues.
284	[office use only]	Tizard Centre, University of Kent, England	18			may need something about appropriate use of pornography for young adults 18-25	The PHAC heard expert testimony that reported a gap in the literature in this area. The guideline has included a research recommendation in this area.
285	[office use only]	Tizard Centre, University of Kent, England	20	22		HSB add "may" before "decline"	Thank you for your comments. The guideline has been amended
286	[office use only]	Tizard Centre, University of Kent, England	21	25-28		there will be training and supervision implications with knock on to resources	Thank you for your comment. Your comments will be considered by NICE where relevant support activity is being planned. We have passed it to the NICE resource impact assessment team to inform their support activities for this guideline.

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287	[office use only]	Tizard Centre, University of Kent, England	23	1-3		AIM is used outside CJS	Thank you for your comment.
288	[office use only]	Tizard Centre, University of Kent, England	25	4		but some continue to be concerning in sexual and other aggression (Vizard)	Thank you for your comment.
289	[office use only]	Tizard Centre, University of Kent, England	26			Include the LD linked findings re AIM2	Thank you for your comments. These are included in the evidence statements – see review 2. See also committee discussion section.
290	[office use only]	Tizard Centre, University of Kent, England	27	27		Family involvement particularly important with LD/ASC	Thank you for your comment.
291	[office use only]	Tizard Centre, University of Kent, England	28			No gaps in evidence- not true for LD or ASC	Thank you for your comment; the gaps for LD and ASC are noted in the guideline.
292	[office use only]	Tizard Centre, University of Kent, England	29/30			this seemed an odd list- are there other elements	Thank you for your comments. These were reported in the literature for abuse focused interventions. Please see evidence review one.
293	[office use only]	Tizard Centre, University of Kent, England	31			I think LD is excluded from the MST trials	Thank you for your comments. Inclusion criteria for MST PSB trial includes intellectual functioning above 65. Exclusions are those young people who meet full criteria for ASC or Asperger's.
294	[office use only]	Tizard Centre, University of Kent, England	32	1/2		Add something e ASC	Thank you for your comment; this sentence is reporting on the studies in the evidence reviews.
295	[office use only]	Tizard Centre, University of Kent, England		15		emotional regulation (not restraint)	Thank you for your comment. The guideline has been amended.
296	[office use only]	Tizard Centre, University of Kent, England	42	26		add LD	Thank you for your comment. The guideline has been amended.
297	[office use only]	Tizard Centre,	43			there are resource implications: thresholds have been raised	Thank you for your comment.

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	e use only]	University of Kent, England				in these times of austerity re children in need and safeguarding and referral flows reducing where services are not available	Thank you for your response. Your comments will be considered by NICE where relevant support activity is being planned.'
298	[office use only]	Tizard Centre, University of Kent, England	46			specific research gaps for LD and ASC. This may benefit from including looking at the sex education and support that is being provided by schools and professionals.	Thank you for your comment.
299	[office use only]	[University of Sunderland]	Full	4	12	It is very positive to see the Brooks Traffic Lights tool being recommended. This is an essential tool for practitioners in helping to understand sexualised behaviour.	Thank you for your comment.
300	[office use only]	[University of Sunderland]	Full	5	10	Locally agreed assessment tool – the problem with locally agreed assessments is that this prevents a certain level of standardisation that is important when dealing with SHB. There is limited scope for these assessments for truly reflect the concerns and practitioners can struggle to see these alleged perpetrators as also children in need. More standardisation is needed. My research found that responses to referrals was erratic and inconsistent even across the same social work team.	Thank you for your comment. There are a limited number of recognised tools in this area and the guideline has sought to list those that have been validated or recognised as promising tools in this area in an attempt to standardise. The recommendation is that practitioners should choose one from those listed in the recommendations section.
301	[office use only]	[University of Sunderland]	Full	5	11	'referred' – it is important that practitioners understand that a referral does not necessarily mean proven.	Thank you for your comment.
302	[office use only]	[University of Sunderland]	Full	6	2	Expression of a range of problems – in my research I found that practitioners often assessed referrals from the perspective that children displaying SHB must have been victims of sexual abuse themselves. Research does not back this up and therefore this needs to be made clear to practitioners.	Thank you for your comment. The guideline acknowledges a range of issues that may lead to harmful sexual behaviour.
303	[office use only]	[University of Sunderland]	Full	6	29	Social workers do not have specialised training in dealing with or understanding SHB – this needs to be developed.	Thank you for your comment. The guideline makes a recommendation on the role of the local safeguarding children board and their role in ensuring policies and procedures are in place for training staff who work with children and young people.

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304	[office use only]	[University of Sunderland]	Full	7	9	Previous maltreatment should be made explicit that they should not just look for sexual maltreatment. I appreciate that this is not stated in your document but my research evidence indicates that presumptions about this can be made regardless.	Thank you for your comment. See comment above.
305	[office use only]	[University of Sunderland]	Full	9	29	Interventions for parents – practitioners need to understand that parents need support as well as this can be distressing time – not just examples about how they can improve which, whilst necessary, can be hindered if parents feel blamed or stigmatised.	Thank you for your comment. The guideline has recommendations aimed at parents.
306	[office use only]	[University of Sunderland]	Full	20	11	Agreeing local approaches to how to respond leads to inconsistency into how children are responded to in different parts of the country.	Thank you for your comment. The guideline suggests using a framework for overcoming inconsistency in approaches. The adoption of a standardised framework that includes incorporating core elements of a service would be part of the framework.
307	[office use only]	[University of Sunderland]	Full	13	28	Using the term 're-offending' is very negative – how does this relate to children below the age of criminal responsibility.	Thank you for your comment. These tools attempt to predict sexual reoffending and were designed for use with adolescent boys to predict risk of sexual reoffending; they should not be used for children under ten.
308	[office use only]	[University of Sunderland]	Full	14	21	Gaps in provision – during my research I found that the LA case study I used did not see gaps in the service. This was caused by information being incorrectly recorded on the electronic database e.g. information stored in alleged victims record rather than alleged perpetrators. Contact records not being opened up to show a referral when cases were already open to Children's Services.	Thank you for your comment.
309	[office use only]	[University of Sunderland]	Full	15	18	My PhD research highlights this further following the investigation of a Local Authority.	Thank you for your comment.
310	[office use only]	[University of Sunderland]	Full	15	28	These children have been identified as children in need and should be subject to a s17 assessment. Many of these cases formed part of my PhD research.	Thank you for your comment.

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311	[office use only]	[University of Sunderland]	Full	22	10	The problem with the use of risk assessment tools is that they are still in effect offender models and further development is needed of a more specialised assessment for younger children when they are referred for SHB.	Thank you for your comment. See comment above.
312	[office use only]	[University of Sunderland]				<p>1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why. The challenge for working with children who display comes as their first point of contact with professionals. Firstly it is important to remember that when referrals are made, at this point, it is based on an allegation. Therefore it is imperative that professionals know what to do – how to assess this situation before making a decision. Police have a remit within the criminal justice system, however Social Workers have a different remit and different thresholds. When referrals to come in to Children's Services they are made to a generic practice model rather than specialised. This therefore requires social workers to assess information about a complex area of behaviour and they need to tools in order to do this. They need to understand that these children are children in need and so need the same assessments as other referrals, however they also need to use specialist tools. I am pleased to see the Brooks Traffic Lights tool referenced in your document. This was a recommendation I made following my PhD research into 'children's Social Care Services' response to Children who display SHB'. From my research perspective, the biggest challenge is getting it right at this stage. For social workers not to over-react or minimise – to have the tools necessary (which includes appropriate training) to complete an informed assessment. Training is a significant problem in relation to understanding SHB and is usually provided in the form of a 1 or 2 day training course which is far from sufficient for this complex area. My concern is that so much is focused on AIM which, whilst relevant, is aimed at older children and those where the behaviour has been confirmed. It is imperative that professionals understand what to do at referral point where the actual</p>	Thank you for your response. Your comments will be considered by NICE where relevant support activity is being planned.

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						behaviour may not be harmful. (Link to my PhD research: <a href="http://etheses.dur.ac.uk/10969/">http://etheses.dur.ac.uk/10969/</a> )	
313	[office use only]	[University of Sunderland]				2. Would implementation of any of the draft recommendations have significant cost implications? 2.3. Training is significant and must follow these guidelines.	Thank you for your response. We have passed it to the NICE resource impact assessment team to inform their support activities for this guideline.
314	[office use only]	[University of Sunderland]				3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.) Better training is needed to underpin these guidelines. There is a certain level of presumption e.g. what 'inappropriate' behaviour or words be however my research found that there are varying different interpretations of this depending on the value-base of the assessor.	Thank you for your response. We will pass this information to our local practice collection team. More information on local practice can be found <a href="#">here</a> '
315	[office use only]	Youth Justice Board for England and Wales (YJB) The YJB is the non-departmental public body responsible for overseeing the youth justice system, for under 18s, in England and Wales. For more information please refer to	Full	General	General	The YJB responded to the NICE consultation on the draft scope of this guideline in October 2014.  We welcome the draft guideline and believe it will be a useful document which should be of value to youth justice practitioners and youth offending teams (YOTs) and other services working with children and young people displaying harmful sexual behaviour (HSB), particularly in the early stages. We strongly agree with the emphasis in the guideline on early identification, assessment and intervention as we want to see HSB being addressed at the earliest possible opportunity and ideally before it would result in an individual being drawn into the youth justice system. This approach is particularly valuable given that evidence <sup>1</sup> has indicated that providing appropriate interventions at an early stage can rehabilitate children and young people displaying HSB. The guideline should be especially useful to YOTs working with children and young people who have received an out-of-	Thank you for your comment.

<sup>1</sup> Hackett S., Masson, H. and Phillips, S. (2005), (NSPCC, Youth Justice Board and National Organisation for the Treatment of Abusers), [Services for Young People Who Sexually Abuse](#)

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		www.gov.uk/government/organisations/youth-justice-board-for-england-and-wales.				<p>court disposal due to HSB, and whose HSB has not resulted in them having to appear before the court (which would usually be due to a more serious incident or due to repeat incidents).</p> <p>We also welcome the focus on the importance of multiagency working as we believe this is vital to deliver effective early identification, assessment and intervention.</p>	
316	[office use only]	Youth Justice Board for England and Wales (YJB) The YJB is the non-departmental public body responsible for overseeing the youth justice system, for under 18s, in England and Wales. For more information please refer to www.gov.uk/government/organisations/youth-justice-board-for-england-and-wales.	Full	General	General	The draft guideline provides a large number of links to other NICE and related guidance documents, tools and sources. This usefully collates and signposts the reader to pertinent existing resources. In turn that does mean that this guideline is high level and does not provide practitioners with the detailed information and guidance in one place. We therefore wondered whether NICE may be able to draw out some more of the detail into the guideline and then still provide links for further reading. Of course this may have been avoided in order to try and keep the document short but we considered that this could prove helpful for readers.	Thank you for your comments. The guideline is produced according to a NICE template which is also limited in size but we have amended the guideline and this will hopefully address the points raised here.
317	[office use only]	Youth Justice Board for England and Wales (YJB)	Full	General	General	When responding on the draft scope the YJB highlighted that the guideline should consider the specific needs of children and young with learning disabilities as they are over-represented within the group of under 18s who display HSB	Thank you for your comment. We have amended the guideline to give clarity to this area.

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		The YJB is the non-departmental public body responsible for overseeing the youth justice system, for under 18s, in England and Wales. For more information please refer to <a href="http://www.gov.uk/government/organisations/youth-justice-board-for-england-and-wales">www.gov.uk/government/organisations/youth-justice-board-for-england-and-wales</a> .				or perpetrate sexual offences. Therefore we welcome that the guideline highlights the needs of those with learning disabilities in several places throughout the document and gives some indications of how interventions may be tailored accordingly to support this group effectively.	
318	[office use only]	Youth Justice Board for England and Wales (YJB) The YJB is the non-departmental public body responsible for overseeing the youth justice system, for under 18s, in England and Wales. For more	Full	General	General	<p><b>Question 4: Are there any groups that need special consideration and have not been mentioned in the guideline?</b> We would like the guidelines to provide information about any specific implications or considerations relating to gender, race, faith, sexual orientation and gender identity for practice in identifying, assessing and addressing HSB.</p> <p><b>Question 6: Based on this impression we have made recommendations for research that could support better evidence based care – do you think these are the right recommendations? Would you add any?</b> We note the inclusion on page 47, line 13, of 'minority ethnic and migrant communities' and believe it would be useful for research about interventions for different groups of children and young people to cover this. We also think this research</p>	<p>Thank you for your responses. The guideline acknowledges the diversity of children and young people when it comes to identifying harmful sexual behaviour.</p> <p>The forthcoming NICE guideline on <a href="#">child abuse and neglect</a> to be published in September 2017 will deal with some of the issues raised.</p>

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		information please refer to <a href="http://www.gov.uk/government/organisations/youth-justice-board-for-england-and-wales">www.gov.uk/government/organisations/youth-justice-board-for-england-and-wales</a> .				<p>should cover:</p> <ul style="list-style-type: none"> <li>• sexual orientation and gender identity</li> <li>- This is important as there may potentially be different issues and considerations involved for children and young people who may be questioning their sexual orientation or gender identity or who may identify as lesbian, gay, bisexual or transgender.</li> <li>• victimisation experiences of children and young people displaying HSB and perpetrating sexual offences</li> <li>- This is crucially important, as some children and young people who have been abused themselves may be at risk of going on to display HSB and/or to commit sexual offences. Experience of abuse may be a factor in the individual's HSB or offending, this would indicate that to effectively address the HSB or offending it would be important to address the victimisation experiences of the individual. Research on this could provide important information about how to develop and provide an intervention that works for this group of children and young people.</li> <li>- We know that many children and young people who end up in the youth justice system have experienced abuse, neglect or trauma in their own lives. Studies<sup>2</sup> have looked at this and reported higher prevalence rates of experiences of abuse, neglect and trauma among children and young people who offend,</li> </ul>	

<sup>2</sup> Day C. (Barnardo's), Hibbert.P (Barnardo's), Cadman S. (Nacro), (2008), [A Literature Review into Children Abused and/or Neglected Prior Custody](#)

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						<p>Please insert each new comment in a new row particularly those who go into youth custody, than those in the general population. Studies<sup>3</sup> have called for therapeutic and appropriate interventions to address victimisation experiences of people who offend as part of their rehabilitation.</p> <ul style="list-style-type: none"> <li>- We want to ensure that victimisation experiences are properly identified and addressed through multi-agency working and appropriate interventions for those in the youth justice system. Therefore we think it is vital that research on this topic – specifically the impact that interventions designed to address victimisation experiences can have on HSB and other offending– is done either within the second bracket of research you recommend, or indeed as its own separate bracket.</li> </ul>	<p>Please respond to each comment</p>
319	[office use only]	Youth Justice Board for England and Wales (YJB) The YJB is the non-departmental public body responsible for overseeing the youth justice system, for under 18s, in England and	Full	1	17 (in box)	<p>In terms of criminal justice, 'children and young people' are aged 17 and below. The youth justice system is for those aged 10 – 17. People aged 18 and over are treated as adults and would go through the adult criminal justice system. Therefore it would be helpful if this guideline would reflect that and change to: 'Young people' refers mainly to those aged 10–17</p>	<p>Thank you for your comment – this issue is highlighted in the committee discussion section of the guidance. The Children Act 1989 defines children as anyone who has not reached their 18 birthday. In the guideline we acknowledge the age range for the youth criminal justice system as 10-17.</p>

<sup>3</sup> Cutajar M., Ogloff J., Mullen P., (Criminology Research Council), (2011), [Child Sexual Abuse and Subsequent Offending and Victimisation: A 45-year Follow-up Study](#)  
Rumgay J., (London School of Economics, published by the Fawcett Society), (2006), [When victims become offenders: In search of coherence in policy and practice](#)

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		Wales. For more information please refer to <a href="http://www.gov.uk/government/organisations/youth-justice-board-for-england-and-wales">www.gov.uk/government/organisations/youth-justice-board-for-england-and-wales</a> .					
320	[office use only]	Youth Justice Board for England and Wales (YJB) The YJB is the non-departmental public body responsible for overseeing the youth justice system, for under 18s, in England and Wales. For more information please refer to <a href="http://www.gov.uk/government/organisations/youth-justice-board-for-england-and-wales">www.gov.uk/government/organisations/youth-justice-board-for-england-and-wales</a> .	Full	1	26 (in box)	Please could you create a new, separate line in this list for: 'youth offending teams, youth courts and the custodial estate for young people under 18'  We would want this to be separate to the line regarding police teams.	Thank you for your comments. These terms have been included under the broad category of 'Criminal Justice System' throughout the guideline.
321	[office use]	Youth Justice Board for	Full	6	27	Should read young offender 'institutions' not institutes, and should also reference 'secure training centres' and 'secure	Thank you for your comments; have amended. We have used the term

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322	[office use only]	Youth Justice Board for England and Wales (YJB) The YJB is the non-departmental public body responsible for overseeing the youth justice system, for under 18s, in England and	Full	6	27	Should read 'youth' offending teams, not – young.	Thank you for your comments. The guideline has been amended.

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323	[office use only]	Youth Justice Board for England and Wales (YJB) The YJB is the non-departmental public body responsible for overseeing the youth justice system, for under 18s, in England and Wales. For more information please refer to <a href="http://www.gov.uk/government/organisations/youth-justice-board-for-england-and-wales">www.gov.uk/government/organisations/youth-justice-board-for-england-and-wales</a> .	Full	12	28	Please add an additional bullet to the list to read: 'youth offending team and youth justice records'	Thank you; we have included broad terms to cover these such as health, education, criminal justice system.
324	[office use]	Youth Justice Board for	Full	14	5	As per point 5 above, this should read 'aged 10-17'.	Thank you for your comment. We have provided a definition of the youth criminal

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325	[office use only]	Youth Justice Board for England and Wales (YJB) The YJB is the non-departmental public body responsible for overseeing the youth justice system, for under 18s, in England and	Full	19	18 and 19	<p>The YJB response to the draft scope in October 2014 requested that the guidelines reference the youth justice assessment framework AssetPlus. The reference included on page 19 of the draft guidelines is to Asset, which is the outgoing framework which is being replaced by the new AssetPlus system.</p> <p>Therefore please can you amend this reference to: “...and the <a href="#">AssetPlus assessment and planning framework</a> (Youth Justice Board for England and Wales).”</p>	Thank you for your comments. The guideline has been amended.

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326	[office use only]	Youth Justice Board for England and Wales (YJB) The YJB is the non-departmental public body responsible for overseeing the youth justice system, for under 18s, in England and Wales. For more information please refer to <a href="http://www.gov.uk/government/organisations/youth-justice-board-for-england-and-wales">www.gov.uk/government/organisations/youth-justice-board-for-england-and-wales</a> .	Full	22	17 – 21	<p><a href="#">Annual youth justice statistics for 2014-15</a> were published in January 2016, so you no longer need to use the statistics for 2013-14. Here is the line with the more current statistics. Please can you include the date of the statistics for clarity. Please be aware that the average figures provided below take the median average length of time, rather than the mean average. For mean figures and further information please refer to the annual statistics 2014-15 directly using the link above.</p> <p>“Youth Justice Board statistics for 2014-15 show that the average time from the date of an offence being committed until completion of court proceedings was <del>is 89</del> 66 days. But for sexual offences this took <del>takes</del>, on average, 295 <del>328</del> days.”</p> <p>Please can you also amend lines 20 and 21 slightly as severity is not the only determining factor in whether a community or custodial sentence is deemed appropriate. Please could you change lines 20 and 21 to: “Depending on the severity of the offence, any previous offending history and the young person’s needs and circumstances, they will either receive a community or a custodial sentence.”</p>	Thank you. We have included the link that will take you to the 2014-15 statistics. Lines 20 and 21 have been amended.
327	[office use]	Youth Justice Board for	Full	22	25	We thought this reference to Asset did not work and that it should be removed. If you think it does work and you would	Thank you. The sentence is listing the frameworks on which AIM was

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**Registered stakeholders [Insert link]**

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