



*Developing Work with Sexual Abusers,  
Preventing Sexual Abuse*

# Services for Young People Who Sexually Abuse

A report on mapping and exploring services for  
young people who have sexually abused others

Authors: Simon Hackett, Helen Masson and Sarah Phillips

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## Acknowledgements

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# 1 Background to the research

## ***Aim***

The overall aim of this study was to investigate recent developments in the UK and Republic of Ireland in services for young people who have demonstrated sexually abusive behaviour, including their organisational, theoretical and policy bases, and to explore the experiences of young people and their families who are receiving such services.

## ***Rationale***

It has been recognised that sexual abuse perpetrated by young people constitutes a significant proportion of all sexual abuse committed in the UK and Republic of Ireland. For example, the most recently available criminal statistics indicate that 17% of all Cautions and convictions for sexual offences in England and Wales in the year 2001 related to young people under the age of 18 (Home Office, 2002).

Nevertheless, services designed to respond to such groups of young people are in their relative infancy, with previous research highlighting the problematic nature of their piecemeal development (Masson, 1997 and 1998). There has been little overall sense of the range of services being offered in the UK to different populations of young people with sexually abusive behaviour across both the child welfare and Criminal Justice System. While something of a ‘treatment’ orthodoxy has developed more broadly in the adult sex offender field (Hackett, 2000), there have been few previous concerted attempts to understand the development and current ‘landscape’ of services in the adolescent field. In addition, there has been little, if any, published research into the experiences and views of young people and their families who receive such services. There is, therefore, an urgent need for research to fill these gaps in the current knowledge base.

In order to meet the overall goal set out above, the current study has gathered data on the nature of service provision, policy and practice relating to young people with sexually abusive and harmful behaviour across England, Wales, Scotland, Northern Ireland and the Republic of Ireland. In this way, the current study has sought to form the most comprehensive review of the field undertaken, to date, in the UK and Republic of Ireland.

## ***The process***

After an initial analysis of the available literature, the following five-stage process was used to meet the objectives of the study.

First, a survey was undertaken to collect the views and opinions of key experts (n=78) working in the field on the nature of effective intervention or ‘treatment’ with this group of young people. Using the Delphi method, it was possible to identify levels of consensus about the orientation and principles of this work, its core goals, components and theoretical basis.

Second, a further Delphi study, focusing on structural and management issues in this area of practice, was undertaken with managers of services working with young people who have sexually abused (n=65).

Third, a comprehensive 'mapping' survey relating to services for young people who have demonstrated sexually abusive behaviour and their families (n=186) was undertaken, collecting data on the nature of each service, its users, practices, policies and procedures.

Fourth, an analysis of available policy documents (n=43) on the subject of children and young people who have sexually abused was undertaken. Local area child protection committee (ACPC) procedures and guidance documents, children's services plans, ACPC annual reports, and youth offending team (YOT) protocols were analysed as to their usefulness and comprehensiveness in dealing effectively with this issue.

Fifth, a small-scale qualitative study of service-user perspectives (n=23) from a variety of sites across the UK and Northern Ireland collected users' views and opinions about the professional systems which have been involved in their lives in the aftermath of sexually abusive behaviour.

The findings from each of these five research elements are reported within separate chapters in this report, together with a fuller description of the methodology used in each case.

### ***The researchers***

The research was conducted by Simon Hackett of the University of Durham and Dr Helen Masson of the University of Huddersfield over two years ending in October 2003. In order to meet the research objectives, Sarah Phillips was employed as Research Associate for the project and was based at the University of Durham. Although Simon was Principal Investigator, all three members of the research team worked closely together on all aspects of the study, including preparation, the development of research tools and questionnaires, data analysis and the preparation of reports.

### **Project Advisory Group**

The project team was greatly assisted by the Project Advisory Group, which was made up of senior representatives from the funding bodies, experts from the field across the various geographical areas, and independent academic researchers. The Project Advisory Group met on three occasions, once via a tele-conference. The group advised on the development of the research tools and methodology, and were given regular progress reports. Members of the advisory group are listed in Appendix 1.

## 2 Findings from the Delphi study of practitioners

### *Purpose of this element of the research programme*

The purpose of this phase of the study was to examine the current level of consensus in the UK and Republic of Ireland on intervention in respect of young people who have sexually abused. A three-stage Delphi procedure was used to survey the views of 78 experienced practitioners in this field. First, practitioners were asked to respond to a series of open-ended questions that addressed a broad range of intervention issues and components, including their philosophical and theoretical basis, and the challenges faced in practice. Subsequently, respondents were asked to scale their level of agreement or disagreement with statements that had emerged from the first stage of the exercise. This chapter summarises the main findings from this, the first of two Delphi studies undertaken, within the context of the overall research programme.

### *Method and procedure*

The study used the Delphi technique, developed in the 1950s in the USA by the RAND Corporation, originally as a policy research tool. The technique has been used recently in a range of health and social care studies, such as nursing (Beech, 1997 and 1999), family therapy (Stone Fish and Osborn, 1992) and disability research (Schneider and Dutton, 2002). Reid (1988) defines the technique as “a method for the systematic collection and aggregation of informed judgement from a group of experts on specific questions or issues” (cited in Beech, 1999, p.283). As such, the technique is particularly suited to the collection of opinions on complex issues from a wide range of ‘experts’, as it enables participants to engage with each other in a form of ‘structured communication’ (Stone Fish and Osborn, 1992).

Rather than doing this face-to-face, or through the use of focus groups, the Delphi process involves the design and administration of a series of two or more sequential questionnaires in which respondents’ viewpoints are represented to other participants. This process affords participants an opportunity to react to the views of others, and to reassess their original viewpoints, without losing their anonymity within the group at any stage. As the rounds progress, participants views’ are processed into narrower and more specific statements, and the level of consensus within the whole sample emerges. Thus, the four key features of the Delphi approach, as highlighted by Munier and Rondé (2001), can be summarised as:

- anonymity of respondents within the sample
- iteration – a number of rounds
- the provision of controlled feedback summarising group views, generally presented in a simple statistical form
- the statistical aggregation of the group responses.

The Delphi method had a range of practical advantages in the context of the aims of this study. The technique provided individual practitioners, experienced in work in the adolescent sexual aggression field, with an opportunity to express their views and

opinions, then to assess them against those expressed by others in the sample. For the researchers, the method enabled consultation with, and inclusion of, the views of a wide range of practitioners from geographically dispersed and diverse settings.

### **Round One**

The sample for the Delphi survey was selected using contacts gathered in the course of our continuing research into service provision, policy and practice in this field. These contacts had been gathered through initial requests for participants at specialist conferences, through the professional literature, and through a review of the NOTA membership list. All five of the areas covered in the wider research project were represented, and there was a diversity of organisational backgrounds, including health, social services, the voluntary sector, private and YOT-funded projects.

No formal criteria for inclusion were used (e.g. a minimum number of years involved in practice) as this is an area of work that is undertaken both by specialists (whose practice experience builds up consistently over a relatively short period of time) and other generic practitioners (whose involvement with such a population of young people may be more intermittent, but extends over a longer period). However, respondents were asked to confirm their practice involvement and to return the questionnaire if they felt that their experience in the field was not extensive enough to respond to the areas highlighted.

In total, 134 letters were sent to professionals in the field, together with a description of the process of the exercise and its timescale, inviting each person to participate in the study. As it was possible that those people contacted by letter may not have been the best placed to participate or, indeed, the only individual in a given team to be suitable for inclusion in the Delphi study, we asked recipients of the Round One questionnaire to pass it on to other colleagues where appropriate and to copy it, as necessary.

The Round One questionnaire was included with the introductory letter. In this questionnaire, individuals were invited to provide their opinions on specific issues or matters relating to intervention with children and young people who have sexually abused others, based on their knowledge and experience of practice. Provision was made to enable participants to respond electronically. The Round One questionnaire was designed with a simple format that invited each participant to contribute an unlimited number of comments in response to 10 open-ended and broad questions about practice, as follows:

1. What are your core beliefs about this area of practice?
2. What do you see as the most important principles that should inform practice with young people who have sexually abused others?
3. What terminology should be used to describe the different populations of children and young people who have a sexual behaviour problem/who have sexually abused?
4. What are the underlying aims/goals of work with this group of young people?
5. What are the core and essential components of 'treatment' work?

6.
  - a. What theoretical models and intervention approaches should underpin assessment and treatment work with this population of young people?
  - b. What practices or approaches should not be used with children and young people?
7. How should intervention in this field be organised? If distinct levels of intervention response are necessary, what should they be and to whom should they be offered?
8. What kind of legal responses are helpful and/or necessary in order to work with young people?
9. Should there be a minimum level of training for practitioners involved in this work and, if so, what should this be?
10. What are the major issues and challenges that practitioners face in this field?

A deadline of four weeks was given for the return of this first questionnaire. From the initial 134 questionnaires sent out, 66 completed questionnaires were returned, 22 of them electronically. This is a response rate of 49.3%.

### **Round Two**

The returned questionnaires were collated and analysed by the research team. It was striking that many practitioners had spent a significant amount of time completing the questionnaire, thinking through their views on the broad questions and setting out their responses. As a great deal of data had been generated in Round One, and in order to ensure that the items selected for Round Two were representative of the major points offered, all three members of the research team read the responses from Round One, and made suggestions for inclusion in the Round Two questionnaire. However, one member of the research team took primary responsibility for the analysis, and used open coding techniques to establish the themes that emerged. Statements indicative of agreement between respondents, as well as others demonstrating divergent views, were selected. Once agreement was reached between the researchers on the statements to be included, they were sorted into several broad practice-related areas; these formed the basis of the Round Two questionnaire, as follows:

- terminology and populations used to describe groups of children
- practitioners' fundamental beliefs and principles about practice
- the goals of intervention with children and young people
- levels of intervention required
- legal responses and their role in intervention
- intervention approaches and components
- appropriate theoretical models
- practices that should not be used with children and young people
- training and professional issues
- issues and challenges for practitioners.



The second questionnaire consisted of 85 main statements, several of which had sub-sections. In total, 144 items were included. For the main statements, a 10-point Likert scale was used, with participants ranking the strength of their agreement with each statement, from 1 (indicating strong disagreement) to 10 (strong agreement). There was an additional option for participants to express a view about each statement. For the items in sub-sections – essentially lists of intervention goals or theoretical models – respondents were asked to indicate the level of relevance of the item for practice in this area on a 5-point Likert scale, with 1 indicating ‘no relevance’ and 5 ‘high relevance’. After each set of items, a comments box was provided, so that participants could qualify or explain their scores, if they wished.

This questionnaire was piloted on one practitioner working in the field to ensure clarity of language and format. On the basis of the pilot, several minor changes were made to make the statements less ambiguous. It was possible to estimate, on the basis of the pilot, that the Round Two questionnaire would take approximately 40 minutes to complete.

The Round Two questionnaire was sent to the 66 people who had responded to the first questionnaire. However, in addition, several of the original non-responders had contacted the research team to say that, although they had missed the deadline for responses in the first round, they would still like to participate. Therefore, a decision was taken to distribute the Round Two questionnaire to the original mailing list in its entirety, with the exception of those 14 people who had returned their original questionnaires indicating that they were no longer working in this field or that they were otherwise unable to complete them. In total, 68 responses were received: 56 of these were from respondents from Round One and 12 were from non-responders from Round One.

### **Round Three**

The third questionnaire was comprised of the same items as in Round Two; however, each statement was accompanied by an analysis of the responses given by the whole group in the second round. The percentage of respondents who had indicated scores on the 5- or 10-point Likert scales were offered in respect of each item. For each participant, these overall percentages were put alongside their own Round Two scores for every item, so that the participant could review their individual scores against those of the group as a whole.

Participants were asked to review the scores and to consider whether they wished to change their agreement with each statement in the questionnaire on the basis of the whole-group scores. To assist with this process, qualitative comments offered in Round Two were selected for all items where there appeared to be significant divergence among the group. In line with other studies of this kind (Jones and Hunter, 1999) and, in order to establish divergence, the 10-point scale was broken down so that scores of:

- 1 to 3 were seen to represent overall disagreement with an item
- 8 to 10 to represent overall agreement
- 4 to 7 represent a region where participants were equivocal.

Where less than 80% of participants scored an item in either the '1 to 3' or '8 to 10' range, the researchers reviewed the qualitative comments offered, and selected views that appeared to be indicative of the divergence between respondents. Seventeen items fitted this definition of divergence and, therefore, warranted the inclusion of qualitative statements. As such, in Round Three, participants were able to review their own scores alongside both the scores and, where divergent, examples of the views of others.

This third questionnaire was sent only to participants who had sent back a Round Two questionnaire, with a return period of a further four weeks. Participants not wishing to amend their scores were asked to fill in and return a form that confirmed they had reviewed the scores and did not wish to make amendments. Thirty-four respondents altered their Round Two scores in the light of the wider group responses, with an average of 8.35 changes made.

### ***The calculation of consensus***

Final responses were analysed using a standard statistical package (SPSS for Windows, 11). Scores for each item on the scales were collapsed into three bands indicating:

- strong disagreement
- neither strong agreement nor disagreement
- strong agreement.

Thus, the percentage of the sample strongly agreeing with each statement was used as one measure of the degree of consensus among the sample. In addition, both the median and the inter-quartile (IQ) range were calculated for each item. Taken together, these three measures were used to determine the strength of agreement for each of the 85 core statements. As a result, it was possible to separate out the 10-point statements into three broad categories:

- those for which it could reasonably be claimed that there was overall consensus among participants
- others for which there was no overall consensus, but where there was considerable support (approaching consensus)
- others for which the group expressed divergent views (overall divergence).

The following table demonstrates the conditions that needed to apply for a statement to be classified in each of these three broad groupings:

**Table 1 Consensus calculation on the 10-point scale**

<b>Overall consensus</b>	≥80% 8–10	AND	IQ range ≤2	AND	median 9–10
<b>Approaching consensus</b>	65%–79% 8–10	AND	IQ range ≤3	AND	median 8–10
<b>Overall divergence</b>	<65% 8–10	OR	IQ range >3	OR	median <8

A further 59 sub-items were scored on a 5-point scale. The same calculations were made in respect of these 5-point items, and it was possible to translate the degree of consensus on these items into four broad areas – those:

- that appeared strongly supported by all the group, which can be considered ‘essential’ for practice
- that were strongly supported by the majority of the group, which can be considered ‘desirable’;
- that were less strongly supported, which can be considered ‘additional’
- for which there appeared to be significant divergence, which are termed ‘not indicated’.

The following table demonstrates the conditions that needed to apply for a statement to be classified in each of these four groupings:

**Table 2 Consensus calculation on the 5-point scale**

<b>Essential</b>	≥80% 4–5	AND	IQ range ≤1	AND	median 4–5
<b>Desirable</b>	65%–79% 4–5	AND	IQ range ≤2	AND	median 4–5
<b>Additional</b>	50%–64% 4–5	AND	IQ range ≤2	AND	median 4–5
<b>Not indicated</b>	<50% 4–5	OR	IQ range >2	OR	median <4

## **Results**

The results of the categorisation of statements and sub-items revealed some areas in which there appears to be a high degree of consensus among respondents, but others in which some important points of divergence emerged. In presenting and exploring the main aspects of consensus and divergence below, the results of the three statistical tests used in relation to each item are included:

- the percentage of the sample strongly agreeing with the item
- the inter-quartile range
- the median.

It should be emphasised that all the items cited, even those which ultimately did not achieve consensus in the whole group, were nevertheless generated from the responses provided by participants in Round One.

## **Fundamental and underpinning beliefs about this area of intervention**

A range of statements reflected the core beliefs of the participants, which underpinned their overall approach to this area of work. Among seven items which achieved overall consensus, the statement with the highest, indeed almost universal, level of agreement was that:

*Children who display sexually harmful behaviour are first and foremost children and should not be regarded as mini-adult sex offenders [99% of the sample highly agreeing, inter-quartile range of 1.00, median 10].<sup>1</sup>*

This was closely followed by the statement:

*It is totally inappropriate to use the term paedophile for a young person [94%, 1.00, 10].*

Taken together, these two statements appear to reflect an overwhelming consensus in the sample about the importance of distinguishing adolescents who commit sexual abusive acts from adult sex offenders. This core belief is reflected throughout the findings presented below, relating to specific intervention approaches and methods, and appears to characterise a key element within the field at present. Three further statements, all achieving overall consensus, communicated an important and sophisticated orientation to this group of young people. First, there was clear recognition of the seriousness of the abuse perpetrated by young people:

*Young people who sexually abuse are capable of serious and harmful behaviour [82%, 1.00, 10].*

Second was the recognition of the multi-factorial nature of causation:

*There are multiple pathways to sexual abusive behaviour. It is not simply explained by a young person's victimisation experiences – both sexual and other kinds of victimisation [81%, 2.00, 9].*

Third, in respect of the nature of recidivism and risk, there appeared to be a shared recognition among those in the field that:

*The vast majority of these young people do not go on to become adult sex offenders although there is a sub-group who are at high risk for doing so [90%, 2.00, 9].*

There were also a number of statements made relating to terminology that should be used to describe young people who sexually abuse others. A huge variation in terminology used in this field has been noted, and some of this is contested (Hackett, 2001). The findings of this study confirm that identifying appropriate descriptors for young people and their behaviour is not a straightforward matter. Overall divergence was found in relation to the usefulness of various terms used to describe this population of young people, including 'sexually problematic', 'sexually aggressive' and 'adolescent sexual abuser'. The two statements achieving consensus that encapsulated the debates about labels and descriptors for young people were, first, that:

<sup>1</sup> Figures relating to these categories will follow this pattern of reference hereafter, i.e. percentage of sample highly agreeing; inter-quartile range; and median.

*It is difficult to settle on any terminology that really feels appropriate for all children and young people [81%, 2.00, 9].*

and, second, that:

*The most important thing about terminology is that accurate descriptions of the physical acts committed are used, rather than any euphemistic or jargon-ridden phrases [84%, 2.00, 10].*

### **Intervention goals**

Four distinct statements were made in relation to the overall goals of intervention with this group of young people. All achieved consensus, indicating that there is broad agreement in the field about the overall orientation of the work. Achieving the highest degree of consensus was:

*The aim is to help young people understand and accept responsibility for their behaviour and develop strategies and coping skills to avoid abusing or offending again [93%, 2.00, 10].*

Community and victim safety were also seen as priority goals for intervention (81%, 2.00, 9). At the same time, there was consensus that:

*The goal is to promote the physical, sexual, social and emotional wellbeing of children and young people who have sexually harmed/abused [90%, 2.00, 1].*

Thus, preventing recidivism was seen as a central goal; but this was seen as achievable only by addressing the wider psycho-social needs of young people; a holistic approach, rather than a narrower offence-focused one. It was also recognised that the engagement of carers was an important facet of intervention, with 81% of the sample strongly endorsing the statement that:

*the goal is for carers to acknowledge what their child has done, believe in and support change, and to take on responsibility for changing the context of the family [81%, 2.00, 9].*

In addition to these statements about overarching intervention goals, a wide range of intervention targets were identified by the group in Round One. In Rounds Two and Three, these were listed as bullet points, and respondents were asked to identify which ones they felt constituted necessary intervention targets with young people who have sexually abused, scoring these on a 5-point scale to indicate the degree of relevance in each case. On the strength of the scores, it was possible to see which goals appeared to be promoted more widely and which seemed to be given less emphasis within the field. It was also possible to propose that the relative strength afforded to these varying goals helped to distinguish intervention goals as being either 'essential', 'desirable', 'additional' or 'not indicated'. Table 3 below summarises the findings in relation to these categories.

**Table 3 Intervention goals**

	% 4–5*	IQ range	Median
<b>Essential</b>			
The protection of other children	100	0.00	5
Stopping the sexually harmful behaviour	99	0.00	5
Developing controls and strategies to avoid risk situations/behaviour	97	0.00	5
Improving support within the systems young people live in	96	1.00	5
Promoting healthy relationships and sexuality	96	1.00	5
Community safety	94	1.00	5
Establishing clear boundaries as to what is acceptable sexual behaviour	94	1.00	5
Increasing emotional awareness and skills	94	1.00	4
Developing understanding of the nature of consent in sexual relationships	93	1.00	5
Encouraging acknowledgement and acceptance of responsibility for the abusive behaviour	91	1.00	5
Improving relationships/attachments to significant figures	91	1.00	4.5
Increasing self awareness and confidence	88	1.00	4
Empowering the young person to make appropriate life choices	84	1.00	4
Development of victim empathy	84	1.00	4
Tackling pro-offending attitudes and promoting non-offending alternatives	82	1.00	4
Tackling pro-offending attitudes and promoting non-offending alternatives	82	1.00	4
<b>Desirable</b>			
Resolving past traumatic experiences	79	1.00	4
Changing cognitive distortions	79	1.00	4
The development of insight	79	1.00	4
Addressing negative emotional drives	75	1.75	4
Encouraging young person to take full responsibility for abuse	74	2.00	4
The maintenance of the young person within the family unit if possible	69	2.00	4
<b>Additional</b>			
Facilitating a reduction in denial	63	2.00	4
Helping to understand cycle of abuse	59	2.00	4
Providing advocacy for the young person	51	1.00	4
<b>Not indicated</b>			
Encouraging young person to show remorse for the abuse	40	1.00	3

\* Score on a 5-point scale indicating the degree of relevance in each case.

As is demonstrated in Table 3, 15 key goals emerged as those most highly ranked by respondents, and these formed a coherent set of primary intervention goals, including the primary concern of protection of other children (100%, 0.00, 5), community safety (94%, 1.00, 5) and stopping the abuse (99%, 0.00, 5). Clearly, practitioners were concerned with protection issues but, equally, these goals were balanced with others that strongly emphasised the support needs of the young person who had abused. Thus, the goal of improving support within the young person's system (96%, 1.00, 5) emerged strongly, as did the need to help the young person improve attachments with significant others (91%, 1.00, 4.5) and the need to promote healthy relationships and sexuality (96%, 1.00, 5). A third strand within these essential 15 goals related to emotional and psychological growth for the young person, including the promotion of self-awareness and confidence (88%, 1.00, 4) and emotional awareness and skills (94%, 1.00, 4). As can be seen here, it appears that practitioners were very used to, and saw an absolute need in, balancing protection and welfare issues when working with this specific group of young people. The goals of intervention were, therefore, not merely to manage and contain young people's sexually abusive behaviour, but to respond to levels of unmet interpersonal and intrapersonal need.

The list of intervention goals was as interesting in relation to items that did not achieve consensus as it was in relation to the goals which were promoted as 'essential'. Thus, resolving past traumatic experiences (79%, 1.00, 4) and changing cognitive distortions (79%, 1.00, 4) achieved lower scores across the group and emerged as desirable, rather than essential. Furthermore, facilitating a reduction in denial (63%, 2.00, 4) and helping the young person to understand the cycle of abuse (59%, 2.00, 4) were given less weight by respondents, and emerged on this classification as 'additional goals' only. This is interesting, given the weight that work on the cycle of sexual assault, in particular, has previously occupied in the field. Indeed, only two out of a total of 25 goals were given less emphasis than the notion of developing a young person's understanding of this cycle.

Of course, intervention goals are not mutually exclusive, and they cannot be regarded as the same for all young people who have sexually abused. Similarly, they are not constant within one piece of intervention and it is likely, for example, that the emphasis during the early stages of the intervention process with a young person will be more on securing the safety of others. Once this is achieved, the emphasis is more likely to shift to the development of awareness and personal growth. Nonetheless, the relative weight afforded to these varying goals, as shown in Table 3, does give an important insight into the relative emphasis of factors for professionals engaged in this work.

### **Intervention approaches and components**

Four statements describing broad intervention approaches met the criteria for overall consensus. The statement which achieved the highest level of agreement here – and one of the strongest agreed statements within the whole survey – was:

*Work with children and young people should be developmentally appropriate. We cannot assume that research, models and methods designed for adults can be applied to adolescents [99%, 0.00, 10].*

Also achieving a high level of consensus was the statement that:

*Intervention should balance holding young people to account for their own actions on the one hand and being sensitive to their own past experiences on the other [96%, 1.75, 9].*

Respondents also agreed that:

*Interventions need to be focused on the young person's living environment as much as on individual treatment [85%, 2.00, 9].*

Taken together, these three statements provide a key insight into an overall approach to intervention that emphasises the developmental status of young people, places them in their family or systemic context, and helps them deal with their own negative life experiences. Two additional statements in this section indicated something of the current thinking in the field about whether all young people required intervention. The first of these statements, achieving overall consensus, was that:

*Some young people who have abused are not amenable to treatment, and require a high degree of risk management [84%, 2.00, 9].*

There was, however, overall divergence that “all children and young people who display sexually harmful behaviour need some intervention” (65%, 3.00, 7.5). Clearly, practitioners are moving away from a ‘one-fits-all approach’ in favour of targeted treatment approaches that differentiate levels of need, and tailor responses accordingly. There was also no overall consensus that “it is necessary to gain some acknowledgement from the young person that the sexually abusive behaviour occurred” (66%, 2.75, 8) and there was overall divergence within the group about the statement “work needs to focus on young people’s sexually abusive or harmful behaviour in detail” (50%, 3.00, 7.5). These findings are surprising, given the weight afforded previously to gaining detailed behavioural accounts of the sexually abusive behaviour (see, for example, O’Callaghan and Print, 1994). This may be consistent with the emphasis being put on developmental, rather than offence-specific, approaches to intervention. Indeed, this is encapsulated well within a further statement that achieved consensus:

*Alongside sex-offence specific treatment areas, it is essential that work is offered in respect of a young person's more general needs – e.g. health, education, employment, independence skills [91%, 2.00, 9].*

In addition to the more broad statements about intervention approaches above, a range of specific ideas were provided by the group in Round One about intervention components, and as with goals of intervention, these were listed as bulleted sub-items in the subsequent questionnaires, with respondents asked to score their importance to intervention on the 5-point scale. Table 4 below summarises the findings.



**Table 4 Components of intervention**

	% 4–5	IQ range	Median
<b>Essential</b>			
Emotional competence skills including management of anger and distress	93	1.00	5
General developmental assessment	90	1.00	5
Changing cognitive distortions about sex and relationships	90	1.00	4
Pro-social emotional cognitive and behavioural skills	87	1.00	4
Risk assessment	87	1.00	5
Gaining an understanding of the young person's cycles/ pathways to sexually harmful behaviour	85	1.00	4
Sex education	85	1.00	5
Life-space work (boundaries, interaction, social skills)	84	1.00	4
Relapse prevention work	84	1.00	5
Family work	82	1.00	4
Consequences of further abusive behaviour	81	1.00	5
The development of empathy	81	1.00	4
<b>Desirable components</b>			
Dealing with deviant sexual urges	79	1.00	4
Problem-solving as a 'lifetime skill'	71	2.00	4
Detailed behavioural analysis of the sexual abusive behaviour	71	2.00	4
<b>Additional components</b>			
Changing abusive fantasies and promoting appropriate positive sexual fantasies	63	2.00	4

As can be seen in Table 4, there was broad agreement about the key elements that should form part of a programme of intervention with young people. Note that no items met the criteria for 'not indicated', which suggests a high degree of consistency of approach as to the content of intervention. The 12 specific components that achieved consensus were consistent with many other accounts of the key elements of intervention (see, for example, Calder 2001). They were also broadly consistent with the findings cited above in relation to intervention goals. Thus, the development of emotional awareness and skills, listed above as an agreed intervention goal, is matched here with the intervention component achieving the highest degree of consensus – that of emotional competence and anger management work. In contrast to the lower degree of consensus relating to cycle of sexual assault work as an intervention goal (reported above), work on the sexual assault cycle achieved consensus here (85%, 1.00, 4), although it emerged as one of a range of important treatment components, rather than as the key intervention. In contrast, Burton and Darden-Smith (2000) found in their survey of North American adolescent sexual abuser programmes that work on the sexual assault cycle was the most frequently endorsed and primary intervention in relation to male adolescents in 89% of community programmes and in 84.7% of community programmes working with female adolescents.

It is interesting, again, to note the relative weight being afforded to the various factors here, especially the items which did not fall into the 'essential' category. While 'dealing with deviant sexual urges' fell just short of the 'essential' criteria, this was strongly supported as a vital component in recent recidivism and treatment-outcome studies (Worling and Curwen, 2000). That this aspect was given less weight here might reflect its sensitivity as an element of work and an uncertainty among even experienced practitioners in the UK about how best to undertake this relatively specialised aspect of treatment with young people. This may also account for why 'changing abusive fantasies and promoting appropriate positive sexual fantasies' achieved the lowest level of agreement of all the listed intervention components (63%, 2.00, 4).

In summary, in relation to components of intervention, while it was clear that practitioners felt that they should tailor intervention programmes to meet an individual young person's specific needs, these findings suggest a high level of consensus among respondents concerning the core components that should underpin intervention programmes in this field.

### **Appropriate theoretical models to inform practice**

As distinct from intervention goals and components, a number of statements offered by respondents related to the usefulness and applicability of various theoretical models to intervention with young people who have sexually abused. This is an important consideration in a field where there has been a continuing debate as to the relative importance for practice of varying theoretical models. Some authors have pointed out how the dual status of young people as 'sex offenders' (historically a conception most closely associated with adults in the Criminal Justice System) and 'children' has meant that they have fallen between two theoretical stools: specific sex offender models on the one hand, as opposed to theories and therapeutic approaches to children and adolescents on the other (Rich, 1998; Ryan, 1999; Chaffin and Bonner, 1998).

It may not be surprising, then, that this was an area in which little overall consensus was found. Indeed, there was only one statement achieving consensus, no statements achieving 'approaching consensus', and six statements where there was divergence in the group. The only statement which respondents could agree on was a broad one about the need for a generic approach:

*It is important to draw on a range of theoretical models, depending on the age and stage of development of the child or young person – a 'one size fits all' approach is inappropriate [91%, 1.00, 10]*

At the same time, however, there was no consensus that "being creative and inventive and adaptive is more important than any one theoretical approach" (59%, 2.00, 8). Additionally, there was divergence about whether "regardless of the theoretical models used, the work must remain focused on the sexually harmful or aggressive behaviour" (44%, 2.75, 7) and also whether "individual and group treatment should be based on a cognitive behavioural approach" (41%, 3.00, 6.5). There was also disagreement as to the need "to undertake work around processing trauma and attachment repair prior to work on the sexual assault cycle" (26%, 4.00, 6). The relative divergence emerging in relation to theoretical models is in stark contrast to the findings on intervention goals and components. It may be that practitioners, depending on their own training and professional backgrounds, see that there are a variety of ways in which theoretical models can assist in the delivery of the same intervention goals.

As with intervention goals and components, practitioners also listed a wide range of theories that they used in practice in their response to the first questionnaire. In Rounds Two and Three, these were scored once again using a 5-point scale; the findings are summarised in Table 5.

**Table 5 Intervention theories**

	<b>% scoring 4–5</b>	<b>IQ range</b>	<b>Median</b>
<b>Essential</b>			
Knowledge of child development	94	1.00	5
Cognitive behavioural approaches	84	1.00	4
Attachment theory	81	1.00	5
<b>Desirable</b>			
Family systems theory	79	1.00	4
Finkelhor’s preconditions model	78	1.00	4
Sexual abuse theories	75	1.75	4
Motivational interviewing	72	2.00	4
Trauma theories	71	2.00	4
Anti-oppressive practice frameworks	71	2.00	4
Cycle-of-abuse theory	66	2.00	4
<b>Additional</b>			
Learning theory	57	1.00	4
Behaviour modification approaches	54	1.00	4
Post-traumatic stress disorder	54	1.00	4
Behavioural techniques	51	1.00	4
Solution-focused therapy	51	1.00	4
<b>Not indicated</b>			
Gender theories	41	1.00	3
Psychodynamic theory	34	2.00	3
Person centred counselling	34	2.00	3
Non-directive play therapy	28	2.00	3
Relaxation methods	22	0.75	3
Biological/ medical theories	10	1.00	2

Again, it is significant that there were relatively few that achieved overall consensus, from the very wide range of items cited within the group. Indeed, the three items falling within the 'essential' category were all very broad and general, with the second layer of theories, termed 'desirable', tending to be made up of more specific practice models. It is also noteworthy that there was overall consensus about the value of cognitive behavioural approaches. Again, this is consistent with Burton and Darden-Smith's (2000) North American survey, where cognitive behavioural theory was identified as the primary theory selected in 79% and 82.2% of community programmes working with male and female adolescents respectively.

It is also interesting to compare the relative weight given to cognitive behavioural theories as opposed to psychodynamic theories, which were not seen as a core theoretical framework for practice – although it was endorsed strongly as a relevant intervention theory by around a third of respondents. Approaches that were non-specific to sexual offending, although popular and influential within the broader psychotherapeutic field, such as non-directive therapy and person-centred approaches, were also notable for the low scores they achieved.

### **Treatment approaches that should not be used with young people**

As well as exploring theories and practices that are important for practice, the Round One questionnaire invited respondents to list treatment approaches and methods which they deemed to be inappropriate in work with young people who have sexually abused. A wide range of practices was listed and subsequently ranked in Rounds Two and Three. There was overall consensus that three approaches should not be used: medication to control sexual offending (87%, 1.00, 10); penile plethysmography (85%, 1.00, 10); and "confrontational approaches associated with responses to adult sexual offenders" (84%, 1.75, 10). In contrast, there was no consensus that a further six practices should be avoided. These included masturbatory satiation techniques (69%, 4.75, 9). The high inter-quartile range was of note, indicating that there was a wide range of disparate scores on this issue, perhaps indicating a high degree of polarisation in the field on the applicability and ethics of using these methods with adolescents. Similarly, while suggested by some respondents in Round One, there was no consensus that psychometric testing (22%, 4.00, 5), fantasy work (19%, 4.00, 5) or non-directive play approaches (56%, 4.00, 8) should be avoided.

### **Risk and recidivism**

One particularly contentious issue in the field has been the nature of risk, and the extent to which sexually abusive behaviour demonstrated in adolescence is likely to persist into adulthood. In the early 1990s, it was widely accepted that young people who had sexually abused, unlike other juvenile offenders, were likely to grow into escalating patterns of sexually abusive behaviour (NCH, 1992), and this notion still persists in the current Department of Health (1999) *Working Together* guidance. Nonetheless, evidence on this issue emerging from recidivism studies suggests, albeit tentatively, that sexual recidivism is not the norm in identified groups of adolescents with sexually abusive behaviour (Worling and Curwen, 2000). The findings of the current Delphi study of practitioners suggest that this issue was increasingly acknowledged within the professional community of specialists working with this issue. Thus, 90% of respondents strongly agreed that:

*The vast majority of young people do not go on to become adult sex offenders, but an identifiable, small sub-group are at high risk for so doing.*

### **Training and professional issues**

There have been a number of attempts to articulate the stresses and personal demands placed upon professionals who deliver intervention in this field (e.g. Hackett, 1999 and 2002; Bird Edmunds, 1997; Bankes, 2002). Findings here articulate some of the key issues for practitioners. These interpersonal and intrapersonal issues appeared to command a high level of consensus within the group. Indeed, of 11 statements relating to personal and professional issues, five met the criteria for overall consensus, and a further six were approaching consensus, with no statements achieving overall divergence. This appears to indicate that parallel issues are faced by practitioners delivering intervention in this field irrespective of their own professional identity or background or the specific agency context in which they deliver services. First, there was overall consensus that:

*Professionals need to choose to do this work, be comfortable around issues of sexuality, and be aware of both personal and professional issues that they bring to the work [94%, 1.00, 10].*

Second, there was agreement that:

*A major issue as a worker in this field is staying healthy and keeping a balanced perspective on sexual behaviour, attitudes and sexuality in one's personal (as well as professional) life [87%, 2.00, 9].*

Three statements approaching consensus further highlighted some of the issues at hand, namely that “workers often feel isolated, lacking time, support, supervision and appropriate training” (72%, 3.00, 9) and “first-line managers often struggle to provide adequate supervision” (72%, 3.00, 8). Finally, “a major challenge is not to lose sight of the harm done to victims when engaging with a young person who has abused” (69%, 3.00, 8).

### **Summary and conclusions**

The value of the findings presented above, which emerged from the Delphi study of practitioners' views, concerns the degree to which these findings provide an articulation of some of the core issues and considerations for professionals across the UK and Republic of Ireland who are delivering treatment or intervention work with young people who have sexually abused. The limitations of the Delphi exercise itself, as well as the size and nature of the sample, mean that the findings should be considered as indicative of the developing state of practice in the field, rather than as conclusive. However, these findings go some way towards establishing a research-informed view of the degree of consensus in the field at this stage of its development.

Some of the key conclusions arising from this part of the study are as follows.

- The adolescent sexual aggression field in the UK and Republic of Ireland appears to have reached a degree of sophistication, at least among those specialist practitioners who are experienced in offering intervention to young people who have sexually abused, and their families.

- There was a high degree of consensus about the need to work holistically with children and young people within the context of their developmental needs.
- There was broad agreement that such children and young people should not be considered merely as embryonic adult sex offenders, and that practice approaches may need to differ significantly from those designed for work with adult sex offenders.
- There was a higher degree of consensus than previously (see, for example, Masson 1995) about the issue of recidivism and, in particular, strong agreement that the majority of young people will not continue to demonstrate sexually abusive behaviour into adulthood.
- There was an explicit acknowledgement among practitioners about the difficulties of the work, both on a personal and a professional level.
- There were continuing debates about terminology in this area of work, which remains contested and variably applied.
- While there appeared to be overall clarity about the necessary goals of intervention, with emphasis given to some broad-based (non sexual-offending specific) goals, as well as some more focused abuse-specific issues, there was a considerable continuing debate about levels and theoretical components of intervention.

## 3 Findings from the Delphi survey of managers

### *Purpose of this element of the research programme*

The purpose of this element of the overall research programme was to examine the current level of consensus in the UK and Republic of Ireland in respect of adolescent sexual aggression service delivery and management issues. Little attention has been given in the existing literature about the management aspects of service provision in this field. This study represented, therefore, an opportunity to learn about the priorities, concerns and challenges for individuals with responsibilities for managing staff and delivering services to young people who have sexually abused and their families. This chapter summarises the main findings.

### *Method and procedure*

As with the study reported in the previous chapter, the Delphi procedure was used to survey the views of experienced managers (n=65) in this field and to examine the extent to which issues were shared or differed among those managers represented in the sample. As previously, the technique sought to provide participants with an opportunity to express their views and opinions, then to assess these against those expressed by others in the sample.

An adapted, three-stage Delphi technique was undertaken in this instance. Initial interviews were held with four individuals who were known to have high levels of knowledge and expertise in relation to management issues in the adolescent sexual aggression field. Several broad-based and open-ended questions were asked, through which individuals provided their opinions on a wide range of matters relating to service delivery or management. Interviews were recorded and subsequently analysed. One member of the research team took primary responsibility for the analysis, and used open-coding techniques to establish the themes that emerged. Direct statements, which were indicative of agreement between respondents, as well as others demonstrating divergent views, were selected from the initial interviews. Once agreement was reached between the researchers on the statements to be included, they were sorted into several broad areas, which formed the basis of the first questionnaire.

#### **First questionnaire**

The first questionnaire (Questionnaire One) consisted of 43 statements sorted into the following eight themed areas:

- service funding
- partnership-working/structural issues
- users and parents/carers
- case management
- qualifications/training
- accreditation and national standards

- support/supervision for managers
- support/support for staff.

A 10-point Likert scale was used, with participants asked to rank the strength of their agreement with each statement from 1 (strongly disagree) to 10 (strongly agree). There was an additional option for participants to express a view about each statement.

A sample for the survey was selected using contacts gathered in the course of our continuing research into service provision, policy and practice in the field. All five areas covered in the wider research project were represented, and there was a diversity of organisational backgrounds, including health, social services, voluntary organisations, private organisations and YOTs. In total, 113 introductory letters were sent to managers in the field, together with a description of the process of the exercise and its timescale, inviting each person to participate in the study. Questionnaire One was included with the introductory letter. A deadline of 2 weeks was given for the return of this questionnaire. From the initial 113 questionnaires sent out, 65 completed questionnaires were returned, a response rate of 58%.

### **Second questionnaire**

The second questionnaire (Questionnaire Two) was made up of the same items as the first; however, each statement was accompanied by an analysis of the responses given by the whole group to Questionnaire One. The percentages of respondents who had indicated scores on the 10-point Likert scale were offered in respect of each item. For every participant, these overall percentages were put alongside her/his own scores for each item so that the participant could review her/his individual scores against those of the group as a whole. Participants were asked to review the scores and to consider whether they wished to change the level of their agreement with any statement on the basis of the whole-group scores. To assist with this process, qualitative comments offered by respondents to the first questionnaire were selected for all items where there appeared to be significant divergence among the group. As with the previous Delphi study, the 10-point scale was broken down, so that scores of 1 to 3 were seen to represent overall disagreement with an item; scores of 8 to 10 to represent overall agreement; and scores of 4 to 7 represent a region where participants were equivocal. Where less than 80% of participants scored an item in either the '1 to 3' or '8 to 10' range, the researchers reviewed the qualitative comments offered and selected views that appeared to be indicative of the divergence between respondents. Seventeen items fitted this definition of divergence and, therefore, warranted the inclusion of qualitative statements. As such, participants were able to review their own scores alongside both the scores and, where divergent, examples of the views of others.

Questionnaire Two was sent to the 65 people who had responded to Questionnaire One, with a return period of a further two weeks. Participants not wishing to amend their scores were asked to fill in and return a form which confirmed that they had reviewed the scores and did not wish to make amendments. Thirteen respondents altered their Round Two scores in the light of the wider group responses, with an average of 6.8 changes made.



### The calculation of consensus

Final responses were analysed using a standard statistical package (SPSS for Windows, 11). As before, scores for each item on the scales were collapsed into three bands indicative of: strong disagreement; neither strong agreement nor disagreement; and strong agreement. Thus, the percentage of the sample strongly agreeing with each statement was used as one measure of the degree of consensus among the sample. In addition, both the median and the inter-quartile range were calculated for each item. Taken together, these three measures were used to determine the strength of agreement for each statement. As a result, it was possible to separate out the 10-point statements into three broad categories: first, those for which it can be reasonably claimed that there was overall consensus among participants; second, others for which there was no overall consensus but where there was considerable support (called ‘approaching consensus’); and, third, others for which the group expressed divergent views (‘overall divergence’). The same conditions which were applied in the first Delphi study, reported on in the first chapter (‘Background to the research’) also needed to apply for a statement to be classified in each of these three broad groupings, as set out in Table 1 above. The grid is reproduced here.

<b>Overall consensus</b>	≥80% (8–10)	AND	IQ range ≤2	AND	median 9–10
<b>Approaching consensus</b>	65%–79% (8–10)	AND	IQ range ≤3	AND	median 8–10
<b>Overall divergence</b>	<65% (8–10)	OR	IQ range >3	OR	median <8

### Results

The results of the organisation of statements into these categories across the various sub-headings contained in the questionnaires are presented below. As in the previous chapter of this report, in presenting these results, the three statistical tests used in relation to each item are included: first, the percentage of the sample strongly agreeing with the item; second, the inter-quartile range; and, third, the median.

#### Service funding, structural issues and partnership-working

Several items relating to the funding arrangements of services appeared to be high on the agenda of managers and achieved overall consensus within the study. Underpinning these items were many qualitative comments highlighting the fragile nature of service funding in this area, which several respondents felt militated against the provision of stable and comprehensive services. Thus, 92% of managers strongly agreed that:

*Services for these young people need to be identified and commissioned through local inter-agency planning arrangements and not left to individual agencies working alone [92%, 1, 10].*

Similarly, there was overall consensus across the group that:

*Services for this population need long-term security of funding to develop most effectively, such as service level agreements instead of spot purchasing [92%, 1, 10].*

There was also agreement that managers should be able to prioritise their team's caseload in relation to perceived risk and needs, not solely according to the priorities of the funders priorities (83%, 2, 10). Several other statements relating to funding did not meet with such a high level of agreement, including the need to include monies for evaluation within funding arrangements (75%, 2.5, 9) and the need for those funding services to pay for expensive out-of-county placements (68%, 3.5, 8).

Linked to concerns about service funding was a set of issues relating to structural issues and partnership-working in this area. While this area of practice has been one that has developed historically in local areas through practitioner activity, there was acknowledgement among managers that, in order to maximise the usefulness of services, they needed to be firmly embedded within the local inter-agency context at a more strategic level than has previously been the case. Thus, there was overall consensus that:

*Joint working arrangements between local agencies, which are specific to this population, should be agreed in consultation at a strategic level and/or with the relevant child protection committee in the UK [9%, 2, 10].*

Similarly, there was agreement that inter-agency working could only be effective if there was a shared understanding as to what constitutes intervention, and an agreed multi-agency assessment framework (86%, 2, 9).

In contrast, less emphasis was given by respondents to the need for all specialist services to have access to child/adolescent psychiatric input to cases (77%, 2, 9). There was overall divergence among managers about whether the lack of local specialist residential provision was an urgent problem for service managers (52%, 5, 8), which appears to be in contrast to the view of practitioners in the previous Delphi study, 99% of whom strongly agreed that lack of appropriate placements represented a serious concern for practitioners in this field.

Opinion among managers was even more polarised on the issue of whether:

*services for sexually abusive behaviour should be complemented by separate victim recovery services, as many of these children/young people have a dual experience of abuse*

with only 46% of the sample strongly agreeing, and with a very large inter-quartile range of 7.5. The qualitative comments offered in relation to this question appeared to suggest that some services dealt with this issue by linking with local services for victims of sexual abuse in order to be able to refer young people with sexually abusive behaviour to those separate services where necessary, while other services dealing with abusive behaviour felt that undertaking work related to victimisation was a key part of their remit and, therefore, did not routinely see the need for an identified parallel service.

## **Users, parents/carers and case management**

As in the practitioner Delphi study reported on in the first chapter, managers were strongly of the view that “work with parents/carers is integral to helping a child/young person who has sexually abused” (92%, 1, 10). There was also consensus that the views of children, young people and parents should always be incorporated at every stage of service provision, from the initial agreement session through to regular reviews (89%, 2, 10), although there was less overall support for the idea that services should incorporate meaningful participation from children and young people (75%, 2.5, 9) or parents/carers (68%, 3, 9) in service-planning and development. It was clear that, while user inclusion was deemed important in relation to individual cases, less progress to date had been made in allowing users a stake in determining and shaping services in this area of practice. Qualitative comments offered suggested that there were concerns about issues of confidentiality and the difficult practical issues that would be involved in this process. There was also support among managers, although no overall consensus, for the need to do more work to ensure the relevance of services to service users from minority groups.

*Given the low referral rates of children and young people from minority groups (e.g. ethnic minority children or those with physical disability), services should do more to promote the relevance of their work to diverse groups [74%, 3, 9].*

In contrast to mixed views on some of the above points, a high level of consensus emerged in relation to a broad range of issues connected with case management. In a finding which mirrors the perspectives of practitioners in the first Delphi study, almost all the group strongly agreed that:

*The approach to these children and young people should be based on a developmental and holistic philosophy of intervention that addresses non-sexual needs as well as specific sexual risks [97%, 1, 10].*

Managers also emphasised the importance of an agreed inter-agency framework for referral, investigation, assessment, case-planning and review for all cases (97%, 1, 10), and there was overall consensus that:

*Every child/young person receiving a specialist service for their sexual behaviour should have an allocated statutory key worker or equivalent lead worker, whose role is to co-ordinate the case management process [94%, 1, 10].*

There was also a view that, when young people were awaiting a specialist service, outreach work should be offered to their parents/carers and other workers to help them support the young person and maintain their motivation for the work (85%, 2, 9). While there was agreement that stability and safety must underpin the young person’s position prior to meaningful work being undertaken, there was no consensus that this could not be done if there were unresolved child protection or criminal matters. Finally, in relation to case management issues, there was overall divergence, and little support, for the idea that “all cases involving a young person who has sexually abused should be co-worked by a male and a female professional team” (32%, 5, 6), with several managers responding that the issue of worker allocation was more a matter of individual competence and skill, rather than gender.

### **Qualifications, training and accreditation**

As an area of practice which is inherently multi-disciplinary, the issue of minimum qualifications and the possibility of accredited training for this area of work has long been a matter of contention in the adolescent sexual aggression field (NCH, 1992). This issue also raised many questions for the sample of managers involved in the current Delphi study. While it was agreed that “experience in child protection work within the professional team should be essential for work with children and young people who have sexually abused” (83%, 2, 9), surprisingly, there was no overall consensus as to whether “a recognised professional qualification should be essential for work with children and young people who have sexually abused” (66%, 3, 9), and there was overall divergence about whether a recognised therapeutic qualification was essential for practice in this area (34%, 5, 6).

There was some support for the idea of multi-disciplinary teams, but this was not seen as essential (with only 55% of the sample strongly in favour), and there was overall divergence about the statement “it is difficult for managers to balance the skills within their staff team against the needs of the client group and their parents/carers” (32%, 4.5, 6). It may be that the managers questioned felt that the skills mix within their teams was broad enough even where the professional backgrounds of staff were similar. Strong concerns were expressed by 68% of managers (not enough for overall consensus) that accreditation of workers, if introduced in this area, could exacerbate existing problems of recruiting sufficient numbers of staff to work in this field. Alongside the issue of accreditation of staff, there was overall divergence about the usefulness of accredited programmes in this area, although an overwhelming majority of the group strongly agreed that:

If introduced, national standards for work with these children and young people must reflect the broad range of needs within this population [97%, 1.5, 10].

## Support and supervision

There has previously been support for the idea that work with sex offenders is a demanding and different area of practice (Bird Edmunds, 1997; Hackett, 1999), which calls for specific skills, poses specific demands, and to which some practitioners may not be suited. These issues emerged in an interesting mix of views from within the sample of managers in the current study. First, there was no overall consensus, although there was, nevertheless, strong support for the idea that “staff should have the choice of opting into or out of this work” (78, 2, 10). At the same time, there was little support for the idea that “impact issues in this field are more stressful than those in other work with children and young people”, with only 34% of managers strongly agreeing with this statement (34%, 4, 6). This finding may reflect recent research pointing out the similarities between young people who have sexually abused others, and other young people in trouble or with problems (O’Halloran et al, 2002). It is possible that managers were of the view that, along with the process of not ‘demonising’ young people who demonstrate sexually abusive behaviour, it was also important to demystify the work itself, and to highlight how it shares many features and challenges with other areas of child/family practice. There was also little support among managers for the idea that “the management of staff working with this population is significantly different from the management of other children and young people” (29%, 4, 6), nor that managers should have a background in practice in this field in order to be able to supervise staff working with such young people and their families (57%, 4, 8).

At the same time, there was very strong support for the effective supervision of practitioners in the field, with almost universal agreement that:

*All practitioners in this field should have regular managerial supervision*  
[97%, 0, 10].

Along with this, strong support emerged for staff to have access to external consultants in relation to particular cases (82%, 2, 10).

Although given little emphasis in the literature, there was also support (but no overall consensus) for the notion that all managers in this field should have regular clinical supervision and/or consultation (78%, 2, 9) and that, “because of their feelings of heightened responsibility to prevent reoffending in this work, managers need access to specialist consultation and training” (74%, 3, 9).

## Summary and conclusions

As with the study relating to practitioners (presented in the first chapter), a number of interesting findings and continuing debates were highlighted as a result of consulting with managers across diverse settings, using the Delphi method. The limitations of the Delphi methodology and also the size of the sample in question mean that these findings should be taken to indicate the relative strength of concern and agreement among managers on the wide range of issues covered in the study. In particular, the following summary points appeared to emerge.

- There appeared to be considerable agreement that inter-agency planning mechanisms and arrangements were key to the successful provision of services in this field, and that funding stability was needed in order for services to develop effectively. Additionally, there was a need to ensure that local area and inter-agency policies and procedures specifically addressed the needs of this population of children and young people (the fourth chapter examines this issue in detail).
- There was strong consensus as to the need for services to work holistically with young people and their families and to take into account user views at all stages of service provision.
- There was overwhelming agreement that, in all cases, specialist work should be supported by an allocated, statutory key-worker, or equivalent. At the same time, teams dealing with young people with sexually abusive behaviour should be familiar and experienced in child protection work.
- There was no agreement that nationally accredited assessment and intervention programmes or standards, mirroring the adult sex offender field, would be a helpful development in relation to young people. However, there was consensus that, should such a development take place, standards and programmes must reflect the broad range of needs presented by young people.
- There was continuing, strong support, although not quite overall consensus, for the principle of staff being given the choice to opt in or out of this work. At the same time however, there was little support for the view that impact issues in this field were more stressful than those in other fields of work with children and young people. There was consensus about the need to offer regular managerial supervision, as well as the opportunity to have access to external consultants in relation to particular cases.
- There was also strong support, although not quite overall consensus, for managers themselves to be offered regular clinical supervision and consultation. There was little support however, as above, for the view that managing staff in this field was significantly different from managing staff in other areas of work involving children and young people. There were also divergent views on whether managers in this area should have a background in practice in this field in order to be able to supervise workers confidently.

## 4 Findings from the analysis of service provision across the UK and Republic of Ireland

### *The purpose of this element of the research programme*

The purpose of this element of the overall research programme was to gather data about the nature of services working with children and young people who demonstrate sexually abusive behaviour across the UK and Republic of Ireland. The aim was to survey provision with a view to describing it, including:

- the nature of the services provided
- their theoretical orientation
- the service user populations served
- the nature of practitioners' training
- the policy basis informing their work.

This chapter provides a summary of the responses of the 186 services in the UK and the Republic of Ireland providing a service for children and young people who have sexually abused who completed a questionnaire distributed in 2002 and 2003.

### *Method and procedure*

A data collection tool was designed to gather information about each service respondent, including its funding base, size and professional make-up, and the range and nature of work undertaken by the service. The mapping tool was developed in consultation with the members of the Project Advisory Group. This was piloted with a small sample of different kinds of agencies and organisations, with various modifications made as a result. The final formatting of the questionnaire was undertaken using Formic (version 3.4.23), a Windows-based package that enables paper-based questionnaires to be designed and scanned automatically.

Following piloting and finalisation of the questionnaire, the mapping tool was distributed widely to agencies and organisations in the UK and Republic of Ireland, for completion and return to the researchers. A contact name and number for additional information and support was provided, and non-respondents were monitored and chased as necessary. The sample of services was generated by means of the following.

- A list of YOTs was provided by the Youth Justice Board.
- Services, particularly in the statutory sector, in the various areas were identified with the help of the Project Advisory Group and via communications with senior local authority staff in those areas and/or contacts with central government departments.
- Calls for services, especially in the voluntary and private sector, to contact the project were put out at NOTA's annual conferences and via its newsletter, *NOTA News*.

- Other services were identified as a result of the project team’s knowledge of the field and via leads from other individuals or services.

A total of 287 services were sent a questionnaire, together with a series of reminders to those teams that had not replied by the original deadline. The overall response rate of 65% (186/287) is considered to be very satisfactory for a postal survey. Table 6 (below) shows the response rates from each of the five areas.

**Table 6 Response rates to the mapping questionnaires across the five nations**

Area	Number of questionnaires sent	Number of completed questionnaires returned	% response
England (YOTs)	157	111	71
England (other services)	85	52	61
Northern Ireland	5	2	40
Republic of Ireland	16	10	63
Scotland	16	5	31
Wales	8	6	75
<b>Total</b>	<b>287</b>	<b>186</b>	<b>65</b>

All completed questionnaires received were scanned and entered into SPSS for Windows (11) for analysis.

## **Results**

The mapping questionnaire was made up of seven sections, and findings from this element of the research are, therefore, presented in these seven sections below.

Throughout, findings about YOTs are presented separately from findings about the other services in England and Wales that were surveyed. Findings on these other services in England and Wales are presented together, as they are all informed by the same central government guidance *Working Together* (Department of Health, 1999) and youth crime legislation.

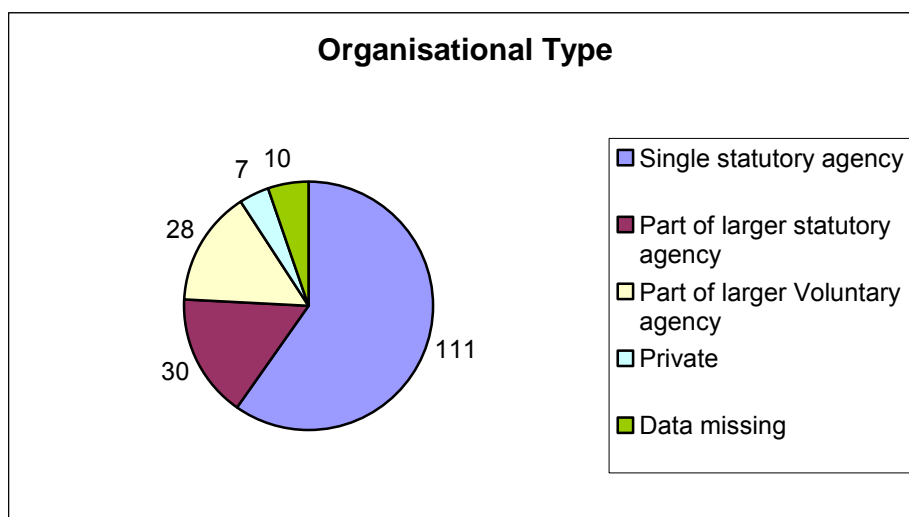
### **Section 1 Services and services users**

#### **About the services – organisational and funding arrangements**

Information provided by the 186 services showed that their organisational and funding arrangements were often complex. Figure 1 summarises the data about their organisational arrangements.



**Figure 1 Organisational type of the 186 services in the UK and the Republic of Ireland**



Aside from the 111 YOTs in England and Wales, which are all single statutory agencies, 58 of the 75 other services which returned a questionnaire (77%) were formally part of one larger organisation such as a large voluntary organisation (28 services or 37%) or a statutory service (30 or 40%). Seven services in England and Wales (9%) described themselves as private organisations. The remaining 10 services (13%), out of the various areas, did not make their position clear.

Excluding the YOTs, 28 of the remaining 75 services (37%) also reported that their service was the result of a multi-agency initiative, with a variety of partnership arrangements described. Such partnerships often involved social services departments, health boards or their equivalents, large voluntaries such as the NSPCC or Barnardo's, and YOTs. Primary care trusts (PCTs), child and adolescent mental health services (CAMHSs) or their equivalents in other nations, the police, probation and education figured less frequently in these partnerships. As regards funding, 35 of the 75 service respondents (47%) reported that their service was multi-agency funded. In addition, it was apparent that 14 of the 28 services (50%) in England and Wales which reported that they were not multi-agency funded did, however, rely on generating income from service level agreements, payments on a case-by-case basis and/or voluntary contributions to survive.

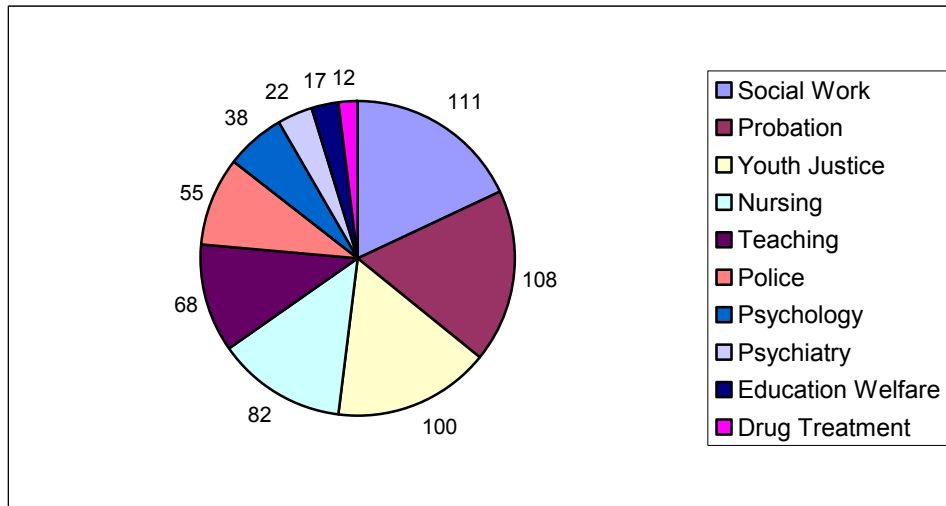
#### **About the services – size and composition**

YOTs in England and Wales are statutory agencies established by the Crime and Disorder Act 1998, which also created the Youth Justice Board. Not surprisingly, given the rationale for their creation, all but one of the 111 YOTs who responded reported that their team included seconded staff from a range of agencies. Figure 2 summarises this information.

- All 111 YOTs included trained social-work staff.
- 108 (97%) had staff from a probation background.
- 100 (90%) had youth justice specialists.
- 82 (74%) had trained nursing staff.
- 68 (61%) had staff from a teaching background.

- 55 (50%) identified police-trained staff.
- 38 (34%) reported that their team included staff with a psychology background.
- 22 (20%) reported they had staff with a background in psychiatry.
- 17 (15%) reported having education welfare staff .
- 12 (11%) reported that they had drug treatment workers on their staff.

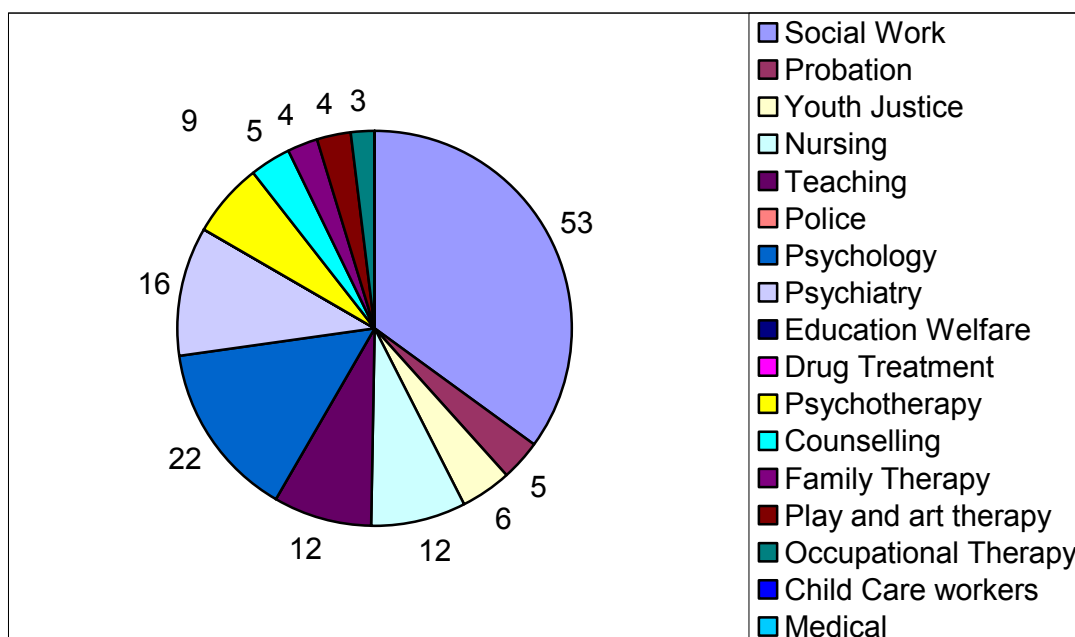
**Figure 2 Professional backgrounds of YOT staff**



The size of the teams varied, presumably depending on the size of population being served, with 12 teams (11%) reporting they had between one and nine professionally qualified staff, and the remainder comprising 10 or more such staff.

The other services surveyed in England and Wales also varied in size: 13 services (22%) included just one or two members of professionally qualified staff, 34 (59%) had four to nine members of such staff and 10 (17%) were services with 10 or more professionally qualified staff. Fifteen of the services (26%) included staff seconded from other agencies, typically from social services or a youth offending team. Figure 3 below summarises the professional disciplines represented in these services, showing that their make-up was somewhat different from that of YOTs.

**Figure 3 Professional backgrounds of staff in other services in England and Wales**



As can be seen, social work was the most frequently represented discipline (in 53 or 91% of services), followed by psychology (in 22 or 38%) and psychiatry (in 16 or 28%). In respect of these professional disciplines the compositions of the other services in England and Wales were similar to the composition of YOTs. However, as regards other professional inputs, their compositions differed, reflecting, in part, their respective bases in child welfare and the Criminal Justice System. Thus, compared with YOTs, the other services in England and Wales had smaller proportions of probation, police, youth justice, teaching or nursing staff. On the other hand they included a wider range of other kinds of professionally trained staff.

In the remaining areas, Northern Ireland, the Republic of Ireland and Scotland, the 17 services that responded evidenced a similar range of variation in size and personnel, social work trained staff being by far the most frequently mentioned component of teams.

In Northern Ireland, one service comprised one professionally qualified member of staff from a social work background, and the other comprised four to six members of staff, all social work trained.

In the Republic of Ireland, the following applied.

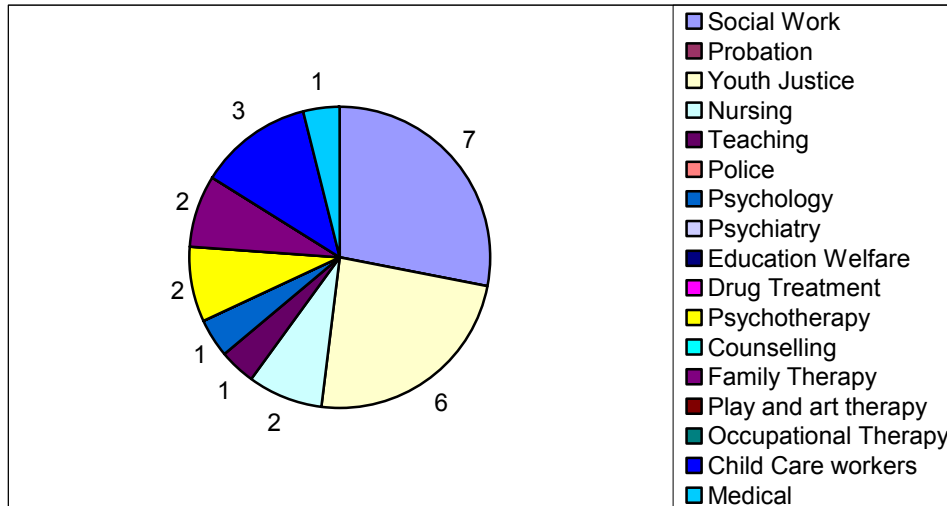
- Six of the ten services had up to three professionally qualified staff.
- Two had four to six staff.
- One had seven to nine staff.
- One had over ten staff.

Figure 4 summarises the information obtained about the professional backgrounds of staff in these services.

- Seven of these ten services included social work staff.

- Six had youth justice trained staff.
- One included a psychologist.
- One had a teacher.
- Two had trained nursing staff.

**Figure 4 Professional backgrounds of staff in Republic of Ireland services**



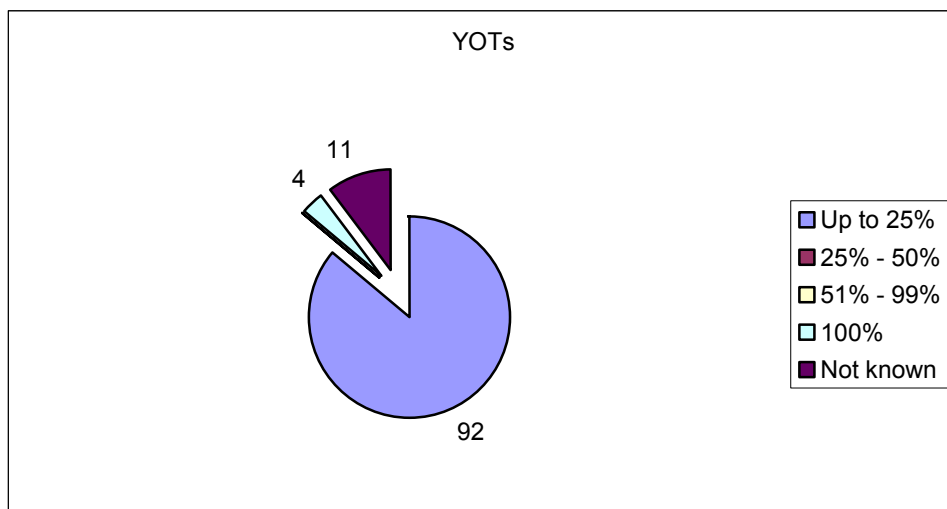
These teams also included child care workers (three teams), family therapy or family support staff (two teams), psychotherapy (two teams) and medical input (one team).

In Scotland, two of the five teams had only one or two professionally qualified staff, with the other three teams comprising four to six, seven to nine, or over ten staff respectively. Social workers were employed in all five services, with just one youth justice specialist employed in one service, and a community education worker employed in another. It is worth bearing in mind, in this context, that, until recently at least, children in need and children in trouble have been responded to in Scotland by integrated social work departments, covering child welfare and youth crime issues, hence the usual professional background of staff.

#### **Experience of work with young people who have sexually abused others – proportion of work load**

YOT respondents in England and Wales were asked what proportion of their team's total work load in the previous year had comprised cases involving sexual abuse by young people. Figure 5 summarises their replies.

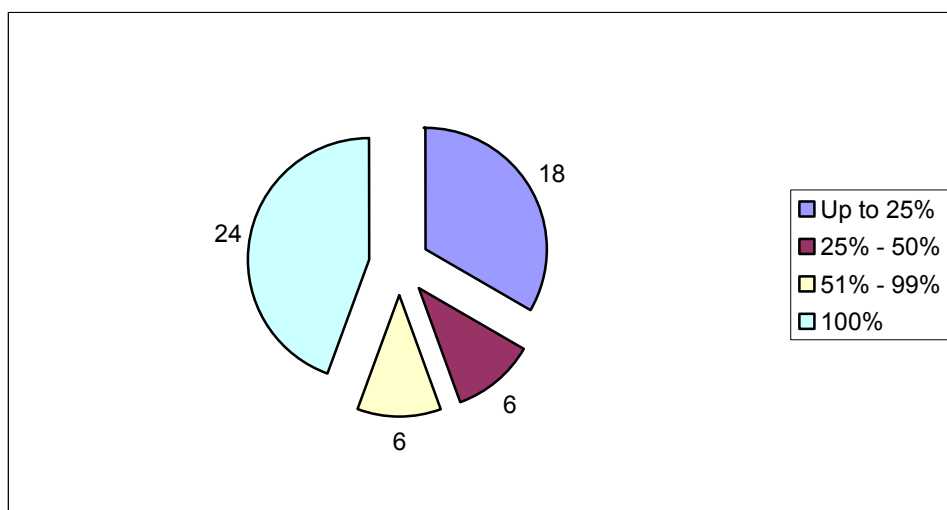
**Figure 5 Children and young people who have sexually abused as a proportion of YOTs' total work loads**



For most YOTs (92 teams or 86%), therefore, such work had comprised up to no more than a quarter of the team's total work load although, interestingly, 60 teams (55%) thought that this was an area of work that was expanding. A total of 33 teams (30%), however, did not think this was an area of expansion, and the rest (15%) were not sure about trends. The actual number of cases worked with varied greatly, from one or two cases in the previous year to 75, with almost 50% of teams reporting they had worked with between one and nine such cases, and the remainder having worked with ten or more cases in the previous twelve months.

The other services in England and Wales were also asked what proportion of their total work load in the previous year had comprised cases involving sexual abuse by young people. The data provided in relation to these services are helpful in establishing the proportion of work with young people with sexually problematic behaviour undertaken in more specialist, as opposed to generic, services. Figure 6 summarises their replies.

**Figure 6 Children and young people who have sexually abused as a proportion of the total work loads of other services in England and Wales**



Thus, for 18 teams (31%), such work had comprised up to no more than a quarter of the team's total work load. For six services (10%), between a quarter and a half of their work load involved such work, with another six (10%) reporting that over half of their work load concerned children and young people who have sexually abused. Twenty-four (41%) of services worked solely with this user group. This means that, for over half of services responding, children and young people with sexually abusive or problematic behaviour represented either most or all of their total work load. A total of 81% of the services, irrespective of the extent of their own involvement over the last year, also stated that this was an area of work that was expanding for them.

The actual number of cases involving children and young people with sexually abusive behaviour worked with by these services also varied greatly, from two cases in the previous year to 90. The median number was 21, with almost 50% of services reporting they had worked with between two and 20 such cases; and the other 50% having worked with 20 or more cases in the previous 12 months. The total number of such children and young people worked with in the 51 services that were able to quantify their work load was 1,407 children and young people.

While we cannot be sure that each of these users was unique to the individual services (in other words, some young people might have received intervention from more than one of the services in the course of the 12-month period in question), nonetheless, these broad-brush figures indicate that far more young people received a service from even this part sample of respondents than, for example, the 1,000 young people under the age of 18 who were cautioned or convicted of a sexual offence in England and Wales in 2001 (Home Office, 2002).

In Northern Ireland, the two teams surveyed reported that all their work load comprised work with children and young people who had sexually abused others. Between them, they had worked with 37 cases in the previous 12 months, one service believing that this area of work was expanding, the other service believing that it was not.

In the Republic of Ireland, there was an interesting divide, with five teams (50%) reporting that work with children and young people who had sexually abused comprised up to a quarter of their total work load – the other five reporting that they worked solely with this group. Between them, the 10 teams had worked with 110 cases in the previous 12 months, and eight of the 10 teams considered this an expanding area of work.

In Scotland, three of the five teams worked solely with children and young people who had sexually abused. For another team, this area of work took up no more than a quarter of their total work load and for the fifth team, up to half their work load comprised such service users. The five services had worked with a total of 107 cases in the previous 12 months, four of the five teams considering this to be an expanding area of work (the fifth team being unsure about trends).

#### **Experience of work with young people who have sexually abused others – ages of service users**

Very few YOTs (five out of the 111) worked with young people under 10 years of age who are, therefore, under the age of criminal responsibility in English and Welsh law. This is not surprising, given the remit of YOTs. In respect of young people aged 10 to 13, and 14 to 18, Table 7 provides a summary of the numbers and percentages of teams who were able to report on the relative proportions of young people in these two age ranges in their total work loads of such young people.

**Table 7 Children and young people who had sexually abused within YOT work loads**

Proportions of work load	10 to 13-year-olds (%)	14 to 18-year-olds (%)
None	16 (19)	1(1)
Up to 25%	52 (61)	37 (35)
Between 25% and 50%	13 (15)	7 (7)
Over 50%	3 (3)	40 (37)
All work load	2 (2)	22 (20)
<b>Number of YOTs replying</b>	<b>86 (100)</b>	<b>107 (100)</b>

Thus, 10 to 13-year-olds comprised only a modest proportion of the total number of young sexual abusers the YOTs had worked with – 80% of teams either had not worked with this age group at all, or this age group had comprised no more than a quarter of the total work load. In contrast, 57% of teams reported that 14 to 18-year-olds comprised at least 50% of their total work with young people who had sexually abused others.

Table 8 summarises the responses of the other, more specialist, services in England and Wales who were able to report on the age ranges of the young people with whom they had worked.

**Table 8 Children and young people who had sexually abused within the work loads of the other services in England and Wales**

Percentage of work load	Under-10s (%)	10 to 13-year-olds (%)	14 to 18 year olds (%)
None	10 (22)	3 (6)	1 (2)
Up to 25%	30 (65)	23 (45)	9 (18)
Between 25% and 50%	3 (6.5)	22 (43)	15 (29)
Over 50%	3 (6.5)	2 (4)	23 (45)
All work load	-	1 (2)	3 (6)
<b>Number of services replying</b>	<b>46 (100)</b>	<b>51 (100)</b>	<b>51 (100)</b>

Thus, these services, compared to the YOTs, were working with a larger age range. Under-10s comprised a modest proportion of the total number of children and young people who had sexually abused with whom the services had worked, 22% of services not working with this age range at all and 65% of services reporting that under-10s had comprised only up to 25% of their total work load. In contrast 10 to 13-year-olds and 14 to 18-year-olds had comprised sizeable proportions of services' total work loads, 88% of services reporting that 10 to 13-year-olds comprised up to half of their total work load, and 80% of services reporting that 14 to 18-year-olds made up between 25% and the whole of their work loads.

In Northern Ireland, one team did not provide information about age range. The other team worked mostly with 14 to 18-years-old, with 10 to 13-year-olds comprising only up to a quarter of their work load.

In the Republic of Ireland, two teams reported that those up to the age of, and including, 10 years comprised up to a quarter of their total work loads, with 10 to 13-year-olds comprising up to a quarter of their work loads for two teams, and between a quarter and a half of the work loads of two other teams. However, five of the 10 Republic of Ireland services reported they worked solely with 14 to 18-year-olds; another two teams reported that over half of their work loads comprised this age group; and two other teams reported that up to half of their work loads comprised this age group. Table 9 summarises this information.

**Table 9 Children and young people who had sexually abused within the work loads of other services in the Republic of Ireland**

Percentage of work load	Under-10s (%)	10 to 13-year-olds (%)	14 to 18-year-olds (%)
None	3 (60)	1 (20)	-
Up to 25%	2 (40)	2 (40)	-
Between 25% and 50%	-	2 (40)	2 (22)
Over 50%	-	-	2 (22)
All of work load	-	-	5 (56)
Number of services replying	5 (100)	5 (100)	9

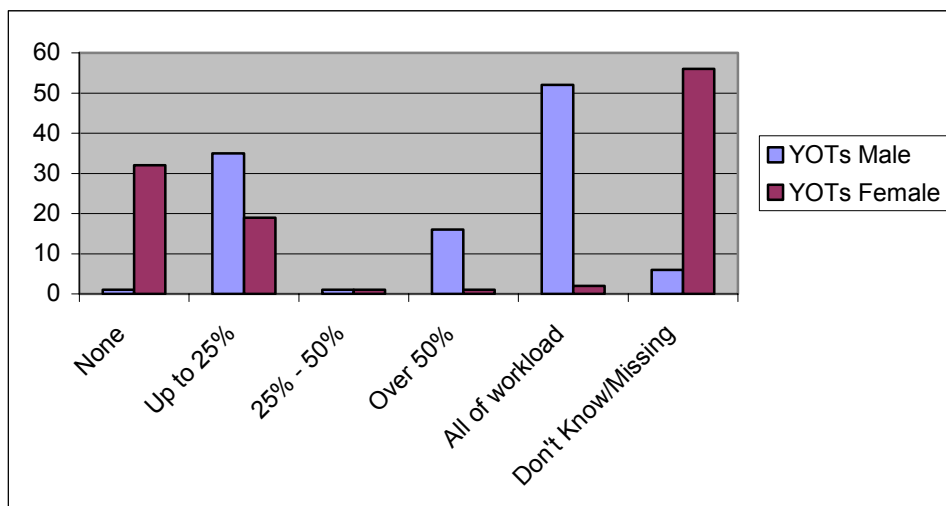
Of the five services in Scotland, the spread of age ranges was more even. All teams reported that up to a quarter of their work loads comprised those up to the age of, and including, 10 years, and four out of the five teams reported that between a quarter and a half of their work loads comprised work with 10 to 13-year-olds. In relation to 14 to 18-year-olds, two services reported that over half their work loads comprised this age group; two services replied that between a quarter and a half of their work loads were between 14 and 18 years of age, and one team reported that such young people comprised only up to a quarter of their work load.

**Experience of work with young people who have sexually abused others – gender**

A total of 52 of the YOTs in England and Wales (47%) reported that all their work with young people who had sexually abused had been with males, in contrast to just two teams (2%) who had only worked with females. A further 21 teams (19%) reported that young females had comprised up to 25% of the population with whom they had worked in the previous year (two of these teams reporting somewhat higher proportions). Thus, it seems to remain the case that young people reported for sexual abuse are predominately male, although females alleged to have sexually abused others clearly figure in a significant minority of YOT work loads. Figure 7 presents these data graphically.

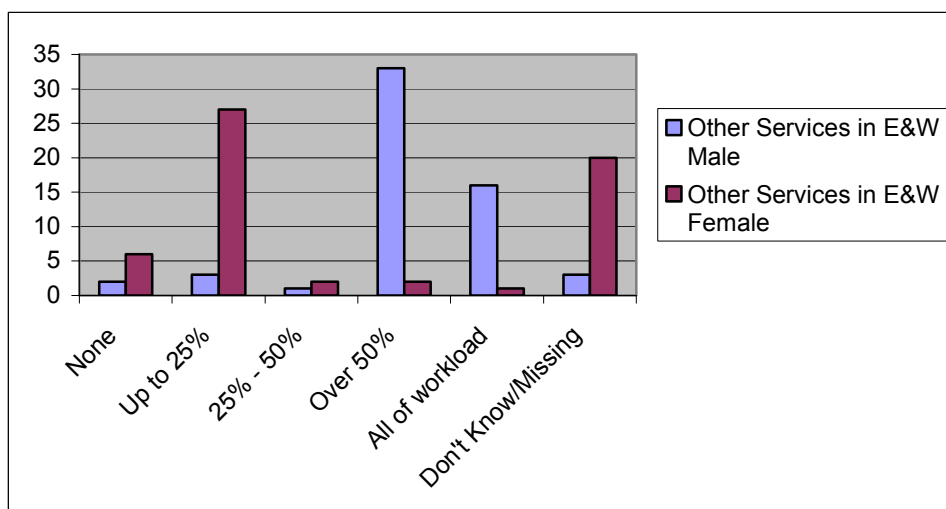


**Figure 7 YOTs – the gender composition of the young people with sexual abusive behaviour**



Sixteen of the other services in England and Wales (28%) reported that all of their work with young people who had sexually abused had been with males, in contrast to just one service which had only worked with females. A further 27 teams (47%) reported that young females had comprised up to 25% of the population with whom they had worked in the previous year (with four additional services reporting even higher proportions). Thus, in contrast to the YOT services, females alleged to have sexually abused others featured in just over half of the services' work loads. Figure 8 (below) summarises these data.

**Figure 8 Other services in England and Wales – gender composition of the young people with sexual abusive behaviour**



In Northern Ireland, both services reported that over half their work loads comprised work with males who had sexually abused. Therefore, both had also worked with females, one team reporting they comprised between a quarter and a half of its work load, the other reporting that females made up between a quarter and a half of their work load.

In the Republic of Ireland, six of the ten services had worked only with males, one service had worked only with females and one service reported that work with females amounted to up to a quarter of its work load. Data on the remaining team were missing.

In Scotland, two of the five services had worked only with males who had sexually abused, the remaining three teams reporting that males comprised over a half of their respective work loads. The same three teams reported that up to a quarter of their work loads had comprised work with females.

#### **Experience of work with young people who have sexually abused others – ethnicity**

Data collected from across the five areas suggest that the majority of service users were of white European background, although service users from other ethnic backgrounds featured. Thus 31 YOTs (28%) reported working with young people from African-Caribbean backgrounds and 24 YOTs (21%) reported working with young people from an Asian background.

As regards the other 58 services in England and Wales that were surveyed, 48 services or 89% reported that over 50% or all of their work load were of white European background. However, 23 teams (40%) also reported working with young people from African-Caribbean backgrounds; 21 teams (36%) reported working with young people from an Asian background; and 15 services (26%) had worked with people from other ethnic backgrounds.

In Northern Ireland, the Republic of Ireland and in Scotland, all but one of the 17 services reported that all of their services users were from a white, European background. Just one service in Scotland reported that up to a quarter of its work load comprised service users from an Asian background.

#### **Experience of work with young people who have sexually abused others – learning disability**

Young people who had sexually abused and who were perceived to have a mild-to-severe learning disability figured significantly in the services' reporting, although only a smaller proportion, apparently, had been formally assessed as such. Thus, among the 111 YOTs, 47 teams (53%) estimated that up to 25% of the young people they had worked with had a mild-to-moderate learning disability, and a further 16 teams (18%) reported even higher proportions. Nine teams (8%) reported that they had worked with young people with a severe learning disability.

Out of the 58 other services in England and Wales, 26 services (49%) estimated that up to 25% of the young people they had worked with had a mild-to-moderate learning disability, and a further 23 teams (40%) reported higher proportions of young people with such a disability. Thirteen teams (22%) reported that they had worked with young people with a severe learning disability.

Neither of the Northern Ireland services appeared to have worked with service users with a learning disability, although their responses to the questions were somewhat unclear.

Of the 10 Republic of Ireland services, four teams estimated that up to 25% of the young people they had worked with had a mild-to-moderate learning disability, and a further three teams reported higher proportions of young people with such a disability. One team reported that it had worked with young people with a severe learning disability.

Three out of the five services in Scotland surveyed estimated that up to a quarter of the young people they worked with who had sexually abused had a mild-to-moderate learning disability, with the other two teams reporting that between a quarter and a half of their work load had such a disability. One team said that it had worked with young people with a severe learning disability.

### **Experience of work with young people who have sexually abused others – legal status**

Data collected from the services across all the areas demonstrated that the services were working with a range of children and young people, from those not charged with any offence, up to those charged with very serious offences involving physical contact and violence.

Forty-two of the YOTs (38%) reported working with young people alleged to have sexually abused another person, but not charged with any offence. In relation to those who had been charged with an offence, 50 YOTs (45%) reported that up to 50% had been charged with offences that had not included physical contact. Sixty teams (54%) reported that up to 50% had been charged with offences that had included physical contact, with a further 39 teams (35%) reporting that over 50% of their clientele had been charged with offences involving physical contact. Sixty-one teams (59%) reported working with young people who had been charged with an offence involving physical contact and violence – this group usually making up to 25% of their total work load.

Not surprisingly, a much higher number of the other services in England and Wales, compared to YOTs (48 or 83%), reported working with young people alleged to have sexually abused another person, but not charged with any offence. In relation to those who had been charged with an offence, 22 services (38%) reported that up to 25% of the young people they worked with had been charged with offences that had not included physical contact; three services (5%) reported even higher proportions of such service users. Thirty-one services (53%) reported that up to 50% had been charged with offences that had included physical contact, with a further seven teams (12%) reporting that over 50% of their clientele had been charged with offences involving physical contact. Twenty-seven services (47%) reported working with young people who had been charged with an offence involving physical contact and violence, with this group usually comprising up to no more than 25% of their total work load.

Both services in Northern Ireland reported working with young people alleged to have sexually abused another person, but not charged with any offence. Similarly, both worked with young people who had been charged with sexual offences involving no physical contact (up to 25% and between 25% and 50% of their total work loads respectively), physical contact (up to 25% of both services' work loads), or physical contact and violence (again up to 25% of both services' work loads).

In the Republic of Ireland, eight out of the ten services (80%) reported working with young people alleged to have sexually abused another person but not charged with any offence. In relation to those who had been charged with an offence, three services (30%) reported that up to 25% of the young people they worked with had been charged with offences that had not included physical contact; one service (10%) reporting an even higher proportion of such service users (between a quarter and a half of their work load). Two services (20%) reported that up to 25% had been charged with offences that had included physical contact, with a further three teams (30%) reporting higher proportions of their service users so charged (up to 50%, over 50% and 100% respectively). None of the services, however, reported working with young people who had been charged with an offence involving physical contact and violence.

All five services in Scotland had worked with young people alleged to have sexually abused another person, but not charged with any offence. In relation to those who had been charged with an offence, two services reported working with young people who had been charged with a sexual offence not involving physical contact (up to 25% and between 25% and 50% of their work loads respectively); all five services worked with young people charged with a sexual offence involving physical contact (comprising between 25% and 50% of their work load for three services, and over 50% of their work load for two services); and two services reported working with young people charged with sexual offences involving physical contact and violence (up to 25% of one service's work load and over 50%, as far as another team was concerned).

#### **Experience of work with young people who have sexually abused others – eligibility for service**

The vast majority of YOTs (95 of the 108 responding [88%]) used various criteria to determine eligibility for service. These included:

- geographical residence
- being over the age of criminal responsibility (10 years)
- being subject to the Criminal Justice System in some way, e.g. arrested, charged and/or convicted.

Most of the other services in England and Wales (52 or 90%) also used various criteria to determine eligibility for service, usually based on geographical residence, age, the nature of the young person's problems and his or her needs (for a residential placement, for example). From the information they provided, it would appear that between 10 and 15 of the services (17–25%) offered a service nationally. Forty services (69%) had to turn down referrals on occasion. Aside from those not meeting the service's referral criteria (e.g. of age or other personal circumstances), insufficient staff or other resources were frequently cited as reasons for turning referrals away or putting them at the bottom of a waiting list.

The two services in Northern Ireland both had eligibility criteria, accepting referrals concerning young people aged over 10 years of age.

Three of the services in the Republic of Ireland said they did not have eligibility criteria. The other seven services had criteria based on geographical residence and age and, interestingly, three services only worked with males.

All five services in Scotland had eligibility criteria based on geographical residence and age.

## Section 2 Policy and procedures

### England and Wales

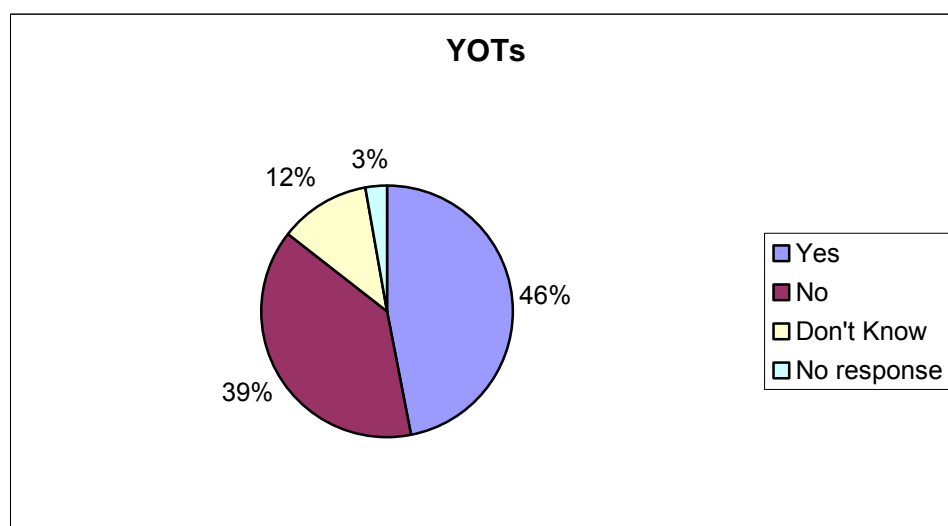
#### Youth offending teams

Most YOTs (104 or 94%) were aware of paragraphs 6.31 to 6.37 of *Working Together* (Department of Health, 1999) as to how to respond to abuse by children and young people. Somewhat surprisingly, however, 31 teams (28%) were unaware of the Home Office guidance to the Probation Service (1999), which gave YOTs the lead responsibility for intervention with children and young people who are sex offenders.

In relation to the principles set out in *Working Together*, 72 YOTs (64%) said that practice locally “always” or “mostly” reflected a co-ordinated approach on the part of youth justice, child welfare, education and health. Most YOTs (96 or 87%) reported that the needs of young abusers were considered separately from those of their victims “always” or “mostly”, and 88 (79%) reported that assessments were “always” or “mostly” undertaken that took into account a young person’s possible unmet developmental needs, as well as specific needs arising out of his or her behaviour.

Only 52 teams (46%), however, reported that formal inter-agency protocols (covering principles, policy and procedures) about work with young people who have sexually abused had been agreed locally. Figure 9 summarises YOT responses to this issue.

Figure 9 Responses of YOTs – formal protocols agreed



Thirty-nine YOTs (37%) also reported that they had negotiated multi-agency agreements locally about provision of services for young people who had sexually abused. In respect of their inter-agency arrangements generally, 25 YOTs (22%) thought they were “very helpful”, and a further 44 YOTs (40%) said they were “helpful” in managing cases of sexual abuse by young people. Only 40 YOTs (36%) reported that they had developed their own intra-service policies and procedures for work with this group of young people.

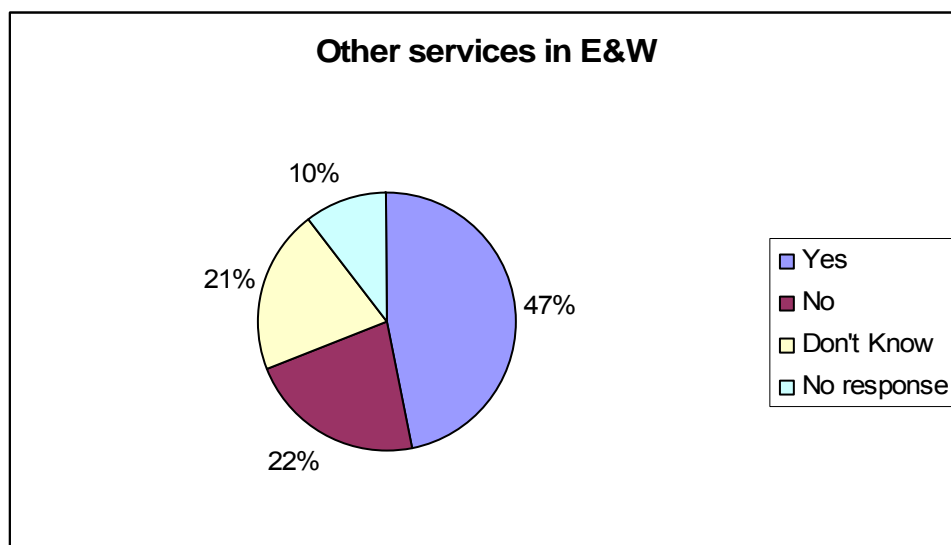
#### *Other services in England and Wales*

All but one of the other services in England and Wales were aware of paragraphs 6.31 to 6.37 of *Working Together*. However, 13 services (22%) were unaware of the Home Office guidance to the Probation Service.

In relation to the principles set out in *Working Together* that should inform work with children and young people who have abused others, it was apparent that local practice was somewhat variable. Whereas 24 services (41%) said that practice locally reflected a co-ordinated approach on the part of youth justice, child welfare, education and health “always” or “mostly”, another 28 services (48%) said this only happened “sometimes”. The majority of services (38 or 65%) reported that the needs of young abusers were considered separately from those of their victims “always” or “mostly”, but 15 services (26%) thought this only happened “sometimes”. Finally, 33 services (57%) reported that assessments were undertaken that took into account a young person’s possible unmet developmental needs, as well as his or her specific needs arising out of their behaviour “always” or “mostly”; but 20 services (34%) reported that this only happened “sometimes”. What came across clearly in services’ elaboration was that practice, co-operation and co-ordination varied a great deal across local authorities, with those services offering a national or widely available service noticing this in particular.

Services were also asked about the existence and adequacy of local inter-agency guidance and procedures in respect of children and young people with sexually abusive behaviour. Figure 10 summarises the findings on the existence of such procedures.

**Figure 10 Responses of other services in England and Wales – formal protocols agreed**



As can be seen above, less than half of services (27 or 46%) reported that formal inter-agency protocols (covering principles, policy and procedures) about work with children and young people who have sexually abused had been agreed locally, the same percentage as YOTs answering in the affirmative to this question. Thirteen services (22%) reported that no such protocols had been agreed, and the rest of the services either did not know if such protocols existed (12 services or 21%), or did not respond to the question (6 services or 10%). Twenty-four services (41%) also reported that they had negotiated multi-agency agreements locally about provision of services for young people who had sexually abused.

In respect of their inter-agency arrangements generally, nine services (16%) thought they were “very helpful” and a further 25 services (43%) said they were “helpful” in managing cases of sexual abuse by young people. Seven services (12%) described them, however, as “unhelpful” or “non-existent”, and the remainder (17 services or 29%) either did not know if their arrangements were helpful, or did not respond to the question. In their subsequent comments, various services reported on the gap sometimes existing between formally agreed local policy and procedures and actual practice, with further comments on inconsistent interpretations of policy and procedures and resource problems constraining some agencies’ responses.

Forty of the services (69%) also reported that they had developed their own intra-service policies and procedures for work with this group of young people. Only 36% of YOTs had developed such policy and guidance, perhaps reflecting the more specialist nature of many of the other services in England and Wales.

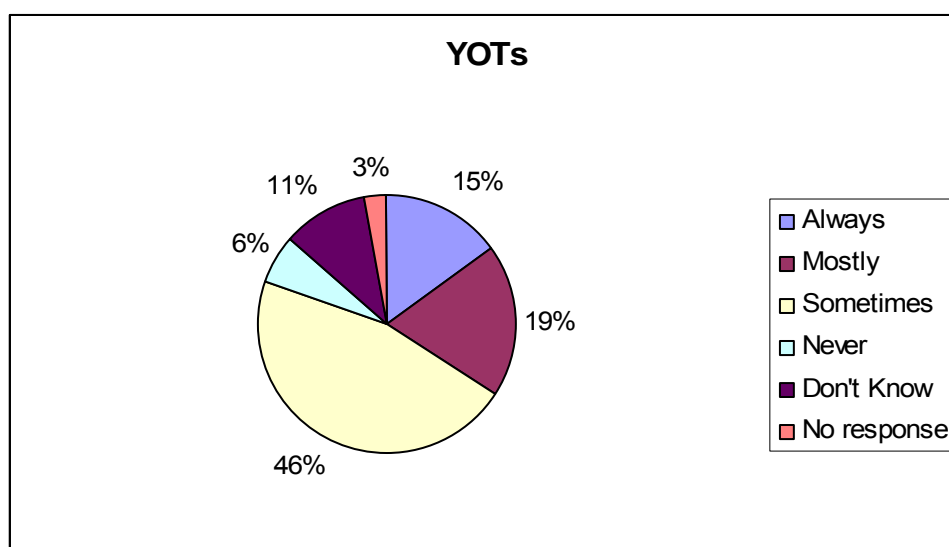
### **Child protection conferencing**

#### *Youth offending teams*

When YOTs were asked about whether young people who had sexually abused in their area were ever the subject of a child protection conference, a very mixed picture emerged. Figure 11 summarises their replies.

- 17 YOTs (15%) said they were always held.
- 21 (19%) said they were held most of the time.
- 51 (46%) said they were sometimes held.
- 7 (6%) said they were never held.
- 12 (11%) did not know if they were held.
- 3 (3%) did not respond.

**Figure 11 YOT responses on child protection conferencing**



A variety of reasons were given as to when a child protection conference might be held. A common reason was if the young person was deemed to be at risk of abuse him or herself (which is in line with *Working Together*). Other reasons included:

- if the young person was already looked after
- if the victim(s) were in the same family or residence
- if the young person was deemed to be a continuing risk to others
- if the local social services department decided a child protection conference was needed for some other reason.

Interestingly, 19 respondent YOTs (17%) reported that no clear criteria existed, or that they were applied inconsistently – one respondent commented that “this appears to be a completely random event”.

In the context of child protection conferences often being held when the young person was deemed to be at risk him or herself, it was not surprising that the YOTs reported that such young people might be registered under any of the current Department of Health child protection registration categories:

- physical abuse
- neglect
- emotional abuse
- sexual abuse.

Following on from this, views were canvassed as to whether child protection registration was perceived as a means of accessing intervention services. Twenty YOT respondents (18%) thought child protection registration was important in this respect; 40 (36%) said child protection registration made no difference; and the rest either did not know if it made a difference, or said child protection registration for young people who had sexually abused did not happen in their area.

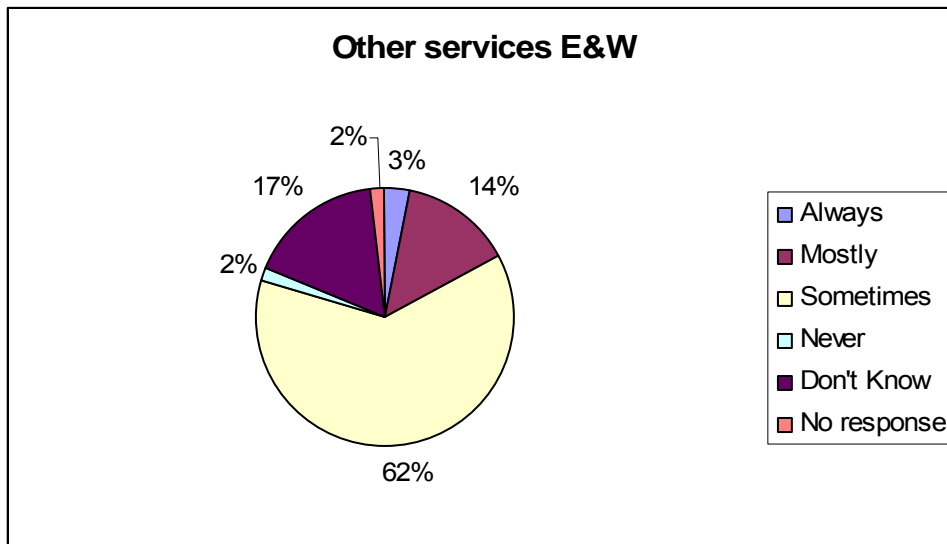


### Other services in England and Wales

When the 58 other services in England and Wales were asked whether young people who had sexually abused were ever the subject of a child protection conference, an even more mixed picture emerged, as summarised in Figure 12.

- 2 services (3%) said they were always held.
- 8 (14%) said they were held most of the time.
- 36 (62%) said they were sometimes held.
- 1 (2%) said they were never held.
- 10 (17%) did not know if they were held.
- 1 (2%) did not reply.

**Figure 12 Responses of other services in England and Wales on child protection conferencing**



A variety of reasons were also given as to when a child protection conference might be held. Again a common reason was if the young person was deemed to be at risk of abuse himself or herself (as per the *Working Together* guidance). Other reasons included:

- if the young person was already looked after
- if the victim(s) were in the same family or residence
- if the young person was deemed to be a continuing risk to others
- if the local social services department decided a child protection conference was needed for some other reason.

Twenty-one respondent services (36%) reported that no clear criteria existed, or that criteria were applied inconsistently – typical comments ran along the lines of : “at the whim of social work team managers”; “none that I can discern – appears a lottery”; and “very sporadic, even within individual local authorities”.

As with YOTs, in the context of child protection conferences often being held when the young person was deemed to be at risk himself or herself, it was not surprising that the services reported that such young people might be registered under any of the current DoH child protection registration categories:

- physical abuse
- neglect
- emotional abuse
- sexual abuse.

Following on from this, views were canvassed as to whether child protection registration was perceived as a means of accessing intervention services. In some contrast to responses from the YOTs, 16 services (28%) thought child protection registration was important in this respect, leading to, for example, core assessments, regular, mandated multi-agency meetings and a greater likelihood of resources being forthcoming. Fourteen (24%) said child protection registration made no difference and the rest either did not know if it made a difference; reported that child protection registration for young people who had sexually abused did not happen in their area; or did not respond to the question.

### **Multi-agency meetings**

#### *Youth offending teams*

Multi-agency meetings, as an alternative child protection conferencing, were reported to be held:

- “always” or “mostly” by 49 YOTs (46%)
- “sometimes” by 42 (39%)
- “never” by 7 (8%).

The remainder did not know if they were held.

A range of professionals might take responsibility for convening such meetings, including:

- a social services manager
- the YOT practice manager
- the police
- the multi-agency public protection panel (MAPPP) co-ordinator.

Again, a variety of reasons were given for when such meetings might be held: when the criteria for child protection conferencing were not met (as suggested by *Working Together*); when the victim was external to the alleged abuser’s family or residence; in complex, high-risk and/or high vulnerability cases; or as part of the arrangements of local MAPPPs (in the case of convicted sex offenders).

### *Other services in England and Wales*

When other services in England and Wales were asked the same question, an even more mixed picture emerged. Multi-agency meetings, as an alternative to child protection conferencing, were said to be held:

- “always” or “mostly” by 18 services (31%)
- “sometimes” by 28 (48%)
- “never” by 1 (2%).

The remainder did not know if they were held.

A range of professionals might take the responsibility for convening such meetings, including:

- a social services or YOT worker or manager
- probation staff
- staff from CAMHSs
- an area child protection committee child protection co-ordinator or review co-ordinator.

Again, a variety of reasons were given for when such meetings might be held:

- when the criteria for child protection conferencing were not met (as suggested by *Working Together*)
- in complex, high-risk and/or high vulnerability cases
- when insisted upon by specialist projects at the point of referral or as part of local MAPPPs arrangements (in the case of convicted sex offenders).

However, as one respondent commented: “As a national service, we see a totally variable approach”.

## **MAPPPS**

### *Youth offending teams*

When asked about how effective MAPPPs were in managing the risk posed by young convicted sex offenders:

- 52 of the 111 YOTs (47%) thought that MAPPPs were either “very effective” or “effective” in this respect.
- 10 (9%) deemed them to be “not effective”.
- the rest (32%) reported they did not know if they were effective or not.

Additional comment indicated that MAPPPs were only just up and running in some areas, that they were usually convened to discuss only those presenting a high and/or immediate risk to others, and were more geared to adult sex offenders; although two YOTs reported that a 'junior' MAPPP and a child-at-risk management panel respectively had been set up in their areas. In relation to sex offender registration, the majority of YOTs (81 or 76%) thought that such registration made no difference as regards accessing intervention services.

#### *Other services in England and Wales*

When the other 58 services in England and Wales were asked about how effective MAPPPs were in managing the risk posed by young convicted sex offenders, a smaller percentage of services, compared to the YOTs (16 services or 28%), thought that MAPPPs were either "very effective" or "effective" in this respect, allowing for sharing of information and the development of multi-agency plans. Ten services (17%) deemed them to be "not effective" (although their reasons for this judgement were not clear), and the rest (55%) reported they did not know if they were effective or not.

Additional comment was on the same lines as that offered by YOT respondents. In relation to sex offender registration, the majority of services (32 or 55%) thought that such registration made no difference as regards accessing intervention services; although seven services (12%) expressing a view that such registration could be helpful in accessing intervention.

### **Child welfare and youth crime systems**

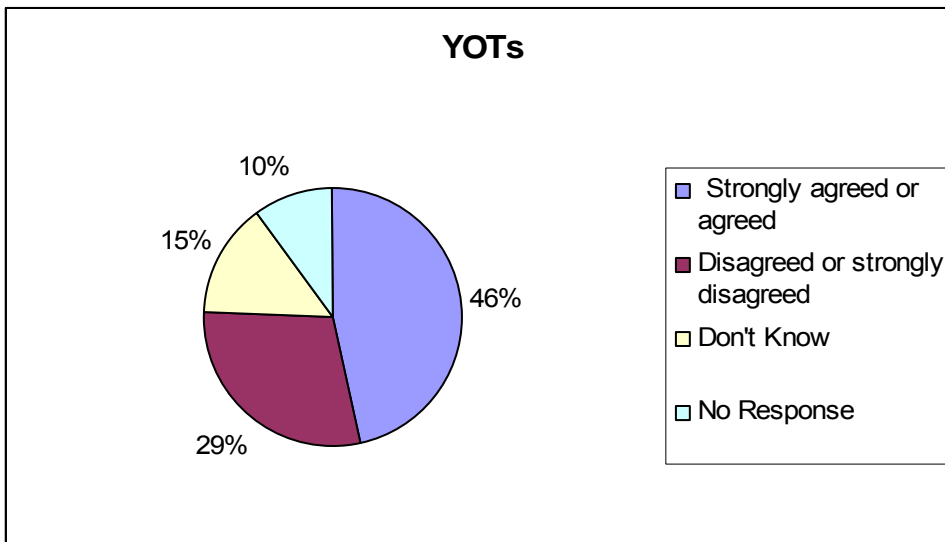
#### *Youth offending teams*

In the last part of the policy and procedures section of the questionnaire, YOT respondents were asked to comment on whether the "current arrangements nationally for dealing with child welfare issues on the one hand and youth crime on the other worked against effective working with children and young people who have sexually abused".

- 52 YOTs (47%) agreed or strongly agreed with this statement.
- 32 (29%) disagreed or strongly disagreed.
- 16 (14%) did not know.
- 11 (10%) did not respond.

This question provoked extensive additional comment reflecting the above range and strength of opinion on this continuing debate. Figure 13 presents their responses graphically.

**Figure 13 YOT levels of agreement or disagreement**



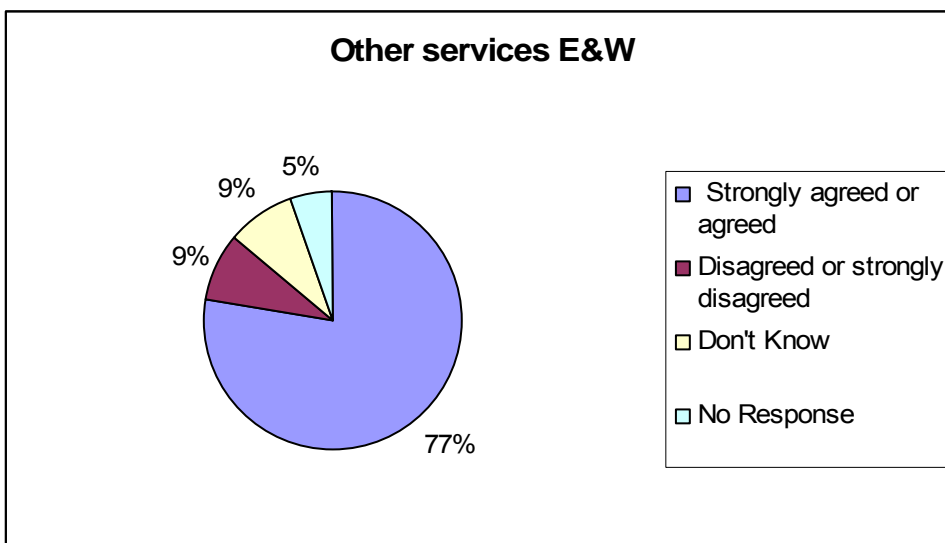
*Other services in England and Wales*

When the other service respondents in England and Wales were asked to comment on whether the “current arrangements nationally for dealing with child welfare issues on the one hand and youth crime on the other worked against effective working with children and young people who have sexually abused”, there was a much greater percentage of respondents strongly agreeing or agreeing with the statement, as compared with YOT responses.

- 45 services (77%) strongly agreed or agreed with this statement.
- 5 (9%) strongly disagreed or disagreed.
- 5 (9%) said they did not know.
- 3 (5%) did not respond.

Figure 14 represents these data graphically.

**Figure 14 Levels of agreement or disagreement among other services in England and Wales**



## Northern Ireland

At the time of the survey, the relevant official guidance about how to respond to children and young people who had sexually abused others was contained in paragraphs 10.3 to 10.10 of *Co-operating to protect children*, published in 1996 by the Department of Health, Social Services and Public Safety (Northern Ireland), although this has now been superseded by *Co-operating to Safeguard Children*, published by the same body in 2003.

Both services in Northern Ireland were aware of the 1996 guidance. One of them reported that policy and guidance closely followed the guidance, while the other suggested that policy and guidance locally differed in important respects, although without giving any detail on these differences.

It was not surprising, therefore, that when asked more detailed questions about the implementation of *Co-operating to Protect Children* (1996) at the local level, the views of the two services diverged. Recommended child procedures were followed “always” in one service’s local area but only “sometimes” in the other’s.

Abusive behaviour was “always” treated seriously and referred to child protection agencies in one service area, and “mostly” in the other. Comprehensive assessments, ideally involving a child psychiatrist to assess risk and make recommendations for treatment, were “always” held in one service’s area, but “never” in the other’s. The recommended involvement of the alleged abuser’s family/parents in management and treatment “always” happened in one service’s area, but only “sometimes” in the other’s.

This, also, was not surprising when it emerged that formal protocols (covering principles, policy and procedures) about work with children and young people who have been sexually abused and multi-agency agreements (about provision of services) had only been agreed locally in one of the two services’ areas. One of the two service respondents considered that their local inter-agency arrangements were “helpful” in facilitating management of cases of sexual abuse by children and young people – although both respondents thought their intra-service policy and procedures were useful in carrying out such work.

Both service respondents reported that child protection case conferences were “sometimes” held in their area on children and young people who had sexually abused others, and they were sometimes registered under such procedures as victims of physical abuse, neglect, emotional abuse or sexual abuse. One respondent commented: “The process is totally idiosyncratic and is down to good practice on the basis of the individuals involved.” The other reported that social services had discretion as to whether to convene a child protection conference or a case-planning meeting.

Neither child protection or sex offender registration was seen as a means of accessing intervention services for this group of young people. One service respondent considered that area sex offender risk management committees were effective in managing young sex offenders and reducing risk; the other respondent did not know if this was the case. One of the two service respondents agreed with the statement that ‘current arrangements nationally for dealing with child welfare issues on the one hand and youth crime on the other work against effective working with children and young people who have sexually abused’ – the other did not know.

## Republic of Ireland

All ten services were aware of the central government guidance contained in Chapter 11 of *Children First: National Guidelines for the Protection and Welfare of Children* (Department of Health and Children, 1999) – paragraph 11.3 refers specifically to sexual abuse by children and young people. When asked how far local child protection committee inter-agency policy and guidance reflected this guidance:

- 4 (40%) services reported that their local guidance followed it “closely”.
- 5 (50%) said it reflected the guidance “in some respects”.
- 1 did not know.

Supplementary comment included:

- “The principles are supported, however service developments to respond to these needs are slow.”
- “Because of a shortage of social workers, investigations are on a waiting list.”
- “There is no consistent policy of convening child protection conferences.”
- “Child protection procedures are not always put in place for children who abuse.”

It is not surprising, then, when asked for more detail about how far the *Children First* guidelines were followed, respondents’ accounts differed. Table 10 summarises the findings.

**Table 10 How closely *Children First* principles were followed**

Principle	Always (%)	Mostly (%)	Sometimes (%)	Never (%)	Don't know (%)
<b>Child protection procedures should be adhered to for victim and abuser</b>	2(20)	3 (30)	4 (40)	1 (10)	-
<b>All abusers must be held accountable for their behaviour, must take responsibility for it, and acknowledge that it is unacceptable</b>	2 (20)	3 (30)	4(40)	1 (10)	-
<b>If there is conflict of interest between victim and abuser, the victim’s welfare is paramount</b>	6 (60)	3 (30)	-	-	1 (10)
<b>Abusive behaviour must be taken seriously. Some will have suffered abuse themselves – if untreated, their abusive behaviour may worsen</b>	3 (30)	5 (50)	2 (20)	-	-
<b>Children who are abusive require comprehensive assessment and therapeutic intervention early on</b>	4 (40)	1 (10)	4 (40)	-	1 (10)

Only one of the ten service respondents was able to report that formal protocols (covering principles, policies and procedures) about work with children and young people who had sexually abused had been agreed locally, between the An Garda Síochána, the Health Board, psychological and psychiatric services and education. Eight services respondents reported that such protocols had not been agreed, and one respondent did not reply. Of the ten areas, two had made multi-agency agreements locally (about, for example, provision of services).

Notwithstanding the lack of formal protocols in place, service respondents seemed moderately content with the extent to which local inter-agency arrangements facilitated the management of cases of sexual abuse by children and young people, with one respondent rating them as “very helpful”, and five as “helpful”. Two respondents rated them as “non-existent”, and two respondents did not reply.

Six out of the 10 services (60%) had developed their own intra-agency policies and procedures in respect of this area of work, such guidance being rated as “very useful” or “useful” by all six service respondents.

In respect of child protection conferences, the following applied.

- 1 service reported they were “always” held.
- 7 reported they were held “sometimes”.
- 1 reported they were “never” held.
- 1 did not know if they were held.

In supplementary comment, two respondents commented on a lack of criteria and the ad hoc nature of decisions about when child protection conferences were held. One respondent suggested that, if the young person were older (15 years or more), a conference would probably not be held, and two other respondents thought they would usually be held if the abuse were intra-familial, or if other children were at continuing risk. As an alternative to child protection conferencing, other kinds of multi-agency meetings, typically convened by the service itself or by a senior social worker, were held:

- “mostly” in 1 service area
- “sometimes” in 7 areas
- “never” in 2 areas.

The tenth respondent did not reply to this question.

When asked to consider whether the sex offender notification procedure under the Sex Offenders Act 2001 was a means of accessing intervention services for children and young people who have sexually abused, five service respondents (50%) thought that such notification made no difference, and five service respondents (50%) did not know whether this was the case or not.

Respondents were also asked to indicate their level of agreement or disagreement with the statement:



*‘Current arrangements nationally for dealing with child welfare issues on the one hand, and youth crime on the other, work against effective working with children and young people who have sexually abused.’*

- 5 respondents (50%) strongly agreed or agreed with the statement
- 1 strongly disagreed.
- 4 did not know.

There were various, interesting additional comments made, such as the following.

- “Very few of the adolescents we work with are ever adjudicated.”
- “Garda often do not view sex abuse by young people as a criminal act and so tend to ignore it.”
- “There is very little co-ordination between agencies. Young people get lost in the system.”
- “There is very little co-ordination between health boards and other services such as probation.”

### **Scotland**

Four out of the five services in Scotland were aware of the governmental guidance contained in paragraphs 6.6 to 6.9 of *Protecting Children: A Shared Responsibility* (Scottish Office, 1998), and four thought their local inter-agency policy and guidance “closely” reflected the relevant section of *Protecting Children*.

Services were then asked to rate how far practice in their area reflected the three principles of work identified in *Protecting Children*. Table 11 summarises their replies.

**Table 11 Number of responses of Scottish services in relation to principles in *Protecting Children: A Shared Responsibility***

Principle	Always	Mostly	Sometimes	Never	Don't know
<b>There should be a co-ordinated approach by all agencies under child protection procedures</b>	1	2	2	-	-
<b>The needs of victims and abusers should be treated separately</b>	2	2	1	-	-
<b>An assessment should be carried out in each case to assess the alleged abuser's unmet developmental needs and their behaviour</b>	2	1	2	-	-

Two out of the five services reported that formal protocols (covering principles, policy and procedures) had been agreed locally, and that they had found them helpful or very helpful – although only one of these services indicated that a number of agencies (police, social work service, the reporter, education, health and the psychological service) had agreed the relevant protocol. Two services also reported that multi-agency agreements about the provision of services had been agreed. Three services also had their own policies and procedures about work with children and young people who had sexually abused, some newly implemented and others in need of further development.

There was variability of practice regarding the convening of child protection case conferences in respect of children and young people alleged to have sexually abused someone. They were held:

- “always” so far as two service respondents were concerned
- “mostly” according to another
- “sometimes”, according to a fourth.

One respondent did not reply to this question.

Children and young people were sometimes registered under these procedures as victims of physical abuse, neglect, emotional abuse or sexual abuse; two services considered that child protection registration was an important means of accessing intervention services. In one service area, it appeared that another category had been established, allowing for a child or young person to be registered as a sexual abuser. As an alternative to child protection case conferences, multi-agency meetings, convened by the local social work department or the service itself, were “mostly” (two service respondents), or “sometimes” held (three service respondents). The reasons given for holding these were various:

- in advance of a child protection case conference
- to discuss things informally
- to develop risk management strategies and for review purposes.

When asked about their level of agreement or otherwise with the statement “current arrangements nationally for dealing with child welfare issues on the one hand and youth crime on the other work against effective working with children and young people who have sexually abused”, one service respondent strongly agreed, three agreed and one respondent did not reply. Comments made included: ‘Not enough connection/inter-agency working’ and ‘Youth crime focus is more on offending behaviour and reduction of (problematic) behaviour, less on protection.’ One service, however, commented ‘Both are dealt with within the hearing system and we strongly support this’.

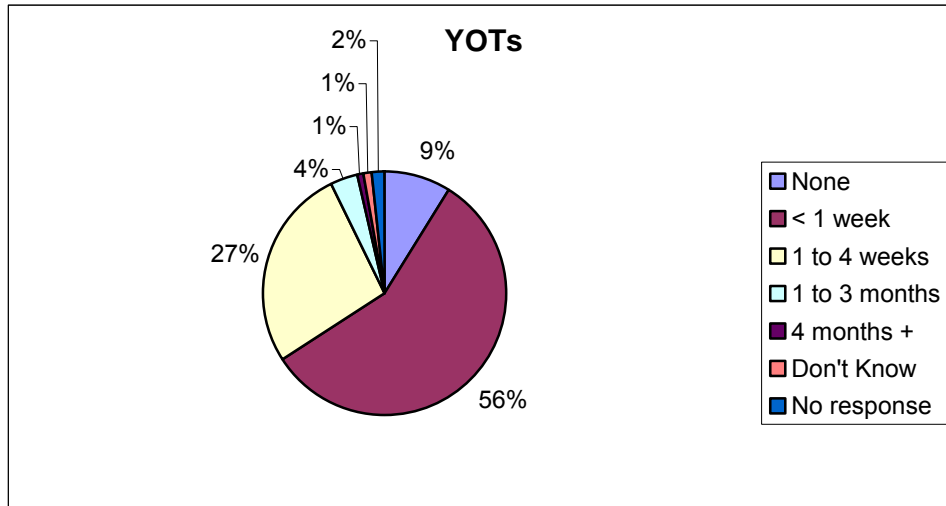
### ***Section 3 Training, supervision and consultation***

#### **Training**

YOTs were asked how much post-qualification training in relation to young people who had sexually abused was offered to staff in the team per year. Figure 15 (below) summarises their replies.

- 10 YOTs (9%) reported that no such training was offered.
- 63 (56%) said that less than a week’s training was provided.
- 30 (27%) reported that 1 to 4 weeks’ training was provided.
- 5 reported more substantial periods of training.

**Figure 15 Amounts of training per year for staff in YOTs**



Training had been delivered by a variety of means:

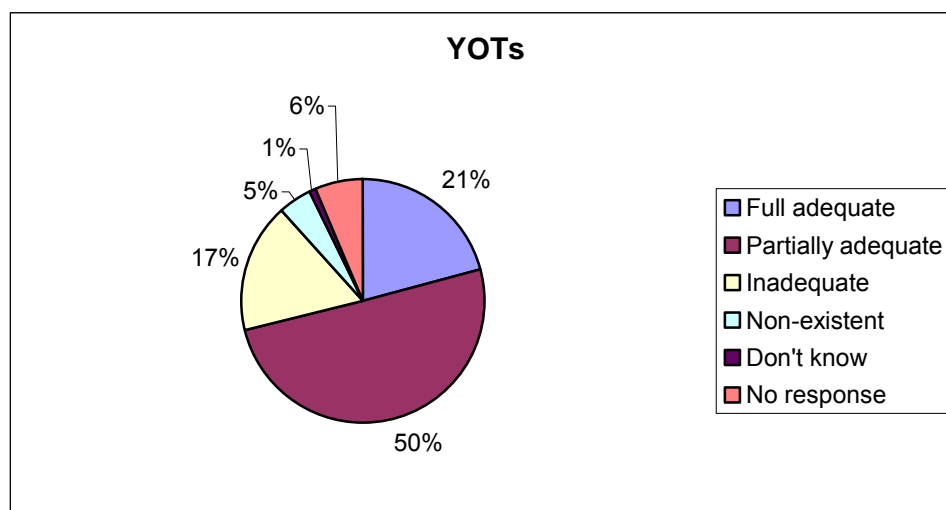
- in-house by members of the team
- in-house by a relevant training section
- by an external, paid trainer
- via secondment on a training course
- via conference attendance.

When asked to rate the adequacy of the training opportunities available to team members:

- 23 YOTs (21%) rated them as fully “adequate”
- 56 (50%) rated them as “partially adequate”
- 24 (22%) expressed even lower levels of satisfaction.

Figure 16 summarises these data.

**Figure 16 Adequacy of training offered – youth offending teams**



Associated comments referred to the need for:

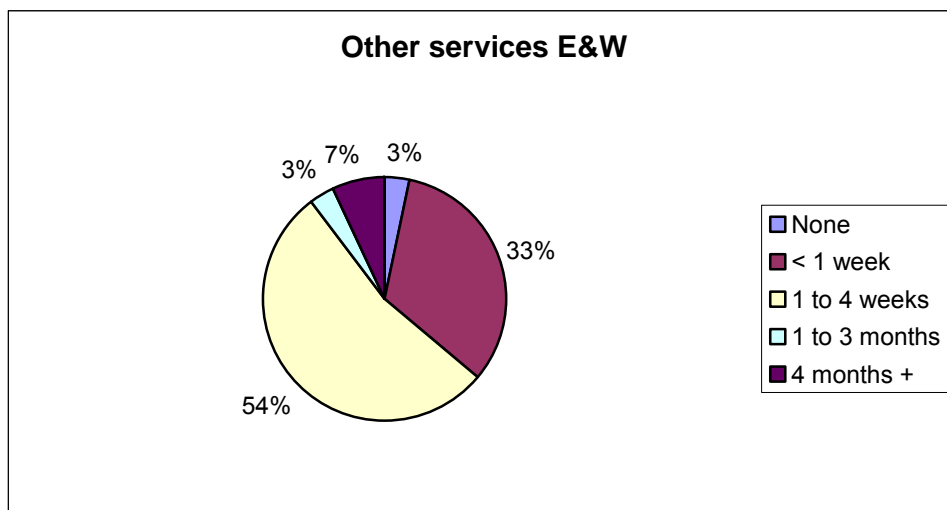
- more in-depth training, building on introductory or awareness-raising training
- training which focused on intervention approaches, not just assessment issues
- training which was multi-agency organised.

The prohibitive cost of funding training was mentioned by a number of YOTs, given that many YOTs only work with relatively small numbers of young people who have sexually abused.

The other 58 services in England and Wales were also asked how much post-qualification training in relation to young people who had sexually abused was offered to staff in the service per year. Figure 17 summarises the findings, and demonstrates that most post-qualifying training opportunities were limited to four weeks or less (accounting for 90% of all training reported) – although these, often more specialist, services had received more training than their generalist YOT counterparts.

- 2 services (3%) reported that no such training was offered.
- 19 (33%) said less than a week's training was provided.
- 31 (54%) reported that one to four weeks' training was provided.
- 6 (10%) reported more substantial periods of training.

**Figure 17 Amount of training per year for staff – other services in England and Wales**

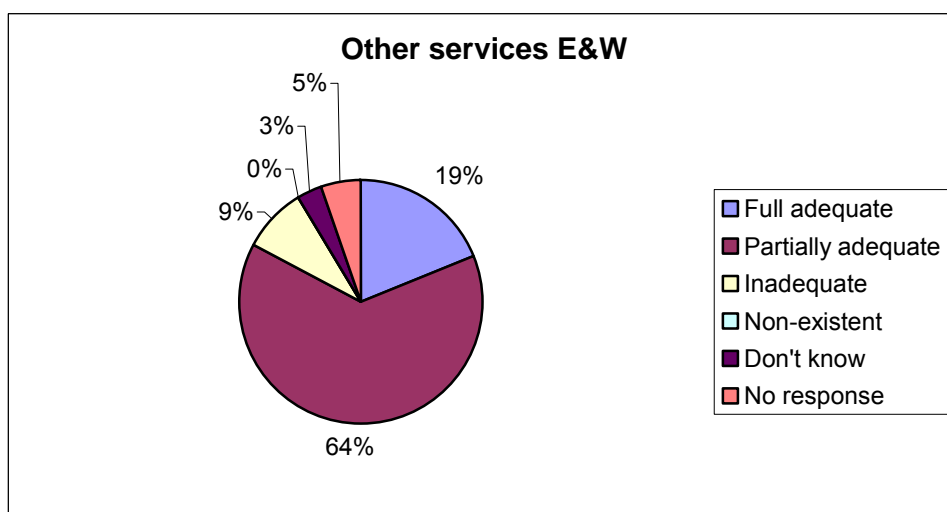


Training had again been delivered by a variety of means:

- in-house by members of the team
- in-house by a relevant training section
- by an external paid trainer
- via secondment on a training course
- via conference attendance.

When asked to rate the adequacy of the training opportunities available to team members, only 11 services (19%) rated them as “fully adequate”. A further 37 (64%) rated them as “partially adequate”. Figure 18 summarises their replies.

**Figure 18 Adequacy of training – other services in England and Wales**



Associated comments, which were somewhat similar to those of YOTs, referred to the need for more in-depth and refresher training, building on introductory or awareness-raising training; for training that focused on specific intervention approaches, not just assessment issues and training that focused on particular aspects of work, such as work with young people from an ethnic minority or work with service users with mental health problems. A number of services noted that they had very experienced, already well-qualified staff, who would welcome, for example, accredited, focused dedicated training in this area.

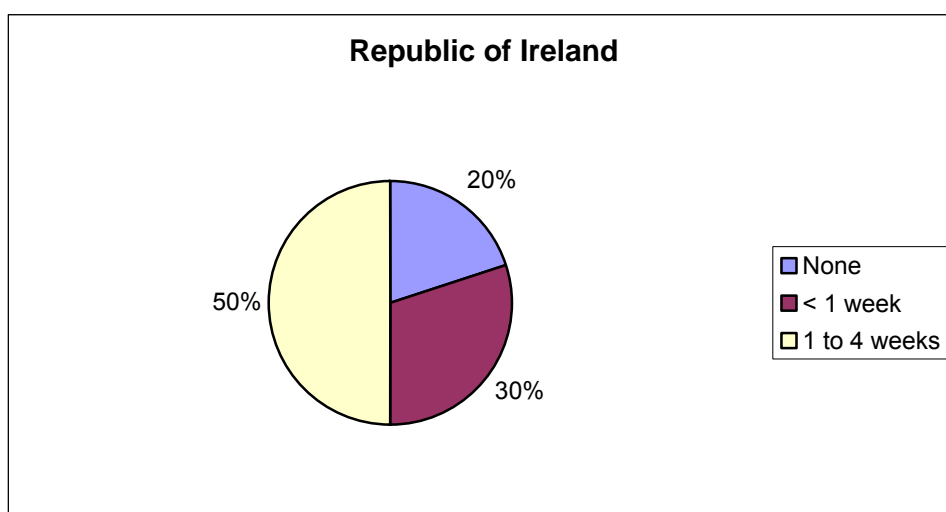
In Northern Ireland, one respondent reported that no post-qualification training had been offered to service staff in relation to children and young people who had sexually abused. In the other service, less than a week’s training per year for service staff had been provided via, for example, other team members, in-service training, secondment onto a course, or by conference attendance, although such training was seen to be “fully adequate”.

In the Republic of Ireland, the following applied.

- 2 services reported that no post-qualifying training had been offered to staff in relation to children and young people who had sexually abused.
- 3 reported that less than a week of such training per year had been offered to staff.
- 5 reported that one to four weeks had been offered.

Figure 19 summarises these replies.

**Figure 19 Amount of training per year for staff – Republic of Ireland**



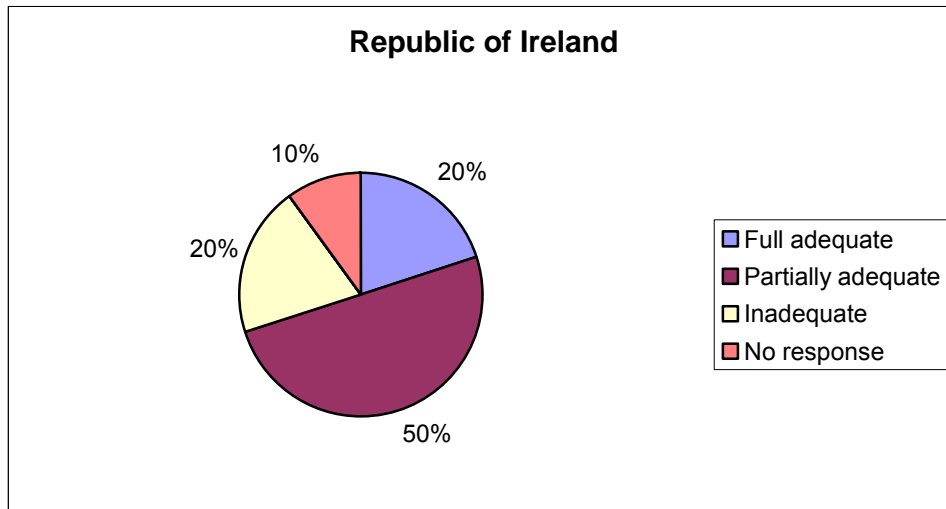
The training had usually been offered via inputs from members of the service or team and/or externally facilitated by a paid trainer, via conference attendance and/or by secondment on a course. When asked to rate the adequacy of training their service had received, the replies were as follows.

- 2 respondents reported it had been “fully adequate”.
- 5 said it had been “partially adequate”.

- 2 replied that it had been “inadequate”.
- 1 did not reply.

Figure 20 summarises these answers.

**Figure 20 Adequacy of Training – Republic of Ireland**



Supplementary comments referred to a lack of a training budget, the need to be updated on research findings and the fact that some staff seemed able to access training more easily than others (due to their professional background).

In Scotland, the replies were as follows.

- 1 service reported that less than a week’s post-qualifying training per year had been offered to staff.
- 3 reported that one to four weeks’ such training had been offered.
- the fifth service respondent reported that one to three months’ training had been offered.

Although based on small numbers, it would appear that the Scottish services had been offered larger amounts of training per year than services in the other nations. This training had been accessed via a variety of means:

- in-house by members of the service (3 services)
- in-house by training-section staff
- facilitated by an external, paid trainer
- conference attendance
- secondments to courses.

All five services considered that the training received had been “partially adequate” – again a somewhat more positive rating than services elsewhere – three services commenting on the need for more, continuing and specialist training, and one service making clear that the training accessed had been as a result of determination by the service, rather than as a result of wider department support.

### **Supervision and consultation**

When the 111 YOTs were asked how adequate the arrangements for supervision and consultation were in this area of work, roughly similar levels of satisfaction and dissatisfaction were found in respect of each aspect of staff support. In summary, approximately 25% of teams reported their supervision and/or consultancy arrangements were “fully adequate”, about 45% rated their arrangements as “partially adequate”, and the rest described them as “inadequate” or “non-existent”.

The arrangements for supervision and consultation that did exist included, in many YOTs, supervision via the regular YOT line management system, although a few respondents commented that managers did not always feel experienced enough in the area to supervise adequately. In a significant minority of YOTs, supervision and/or consultation was provided via a local specialist project by service level agreement and a few YOTs reported accessing supervision and consultation via an external, paid consultant or local CAMHS staff.

Those YOTs expressing dissatisfaction with their supervisory and/or consultation arrangements frequently commented on the need for regular clinical supervision and support, for supervision and consultation from experienced specialists, and for managers themselves to have access to training and consultation.

The other 58 services in England and Wales were also asked to judge the adequacy of their arrangements for supervision and consultation in work with children and young people who have sexually abused. Twenty-three services (40%) rated their supervisory arrangements as “fully adequate” and a further 24 (41%) rated them as “partially adequate”. Eight services (14%), however, described them as “inadequate” or “non-existent”. In relation to consultation arrangements, a smaller number of services (17 or 29%) rated these as “fully adequate”, a further 24 services (41%) rated them as “partially adequate”, with 15 services (26%) rating them as “inadequate” or “non-existent”.

The arrangements for supervision and consultation that existed included individual supervision via the services’ regular line management systems, within service peer or group supervision and supervision and/or consultation provided via, for example, external, paid consultants, local CAMHS staff, or other services specialising in work with children and young people who have sexually abused.

Those services expressing dissatisfaction with their supervisory and/or consultation arrangements frequently commented on the need for more and/or regular clinical supervision and support, for supervision and consultation from experienced specialists and for managers themselves to have access to more training and consultation.



In Northern Ireland, both services rated the supervision available as “partially adequate”, involving, variously, monthly supervision with a consultant clinical psychologist, peer/informal supervision and formal line management supervision. Both services respondents, however, rated the consultation their service received as “inadequate”. Both would have welcomed formal, outside consultation about cases and about the impact of the work.

The service respondents in the Republic of Ireland were also asked to rate the adequacy of their supervision and consultation arrangements. Table 12 summarises their replies:

**Table 12 Adequacy of supervision and consultation arrangements in Republic of Ireland**

	Fully adequate (%)	Partially adequate (%)	Inadequate (%)	Non-existent (%)	Don't know (%)
<b>Supervision arrangements</b>	2 (20)	6 (60)	1 (10)	1 (10)	
<b>Consultation arrangements</b>	2 (20)	2 (20)	1 (40)	4 (40)	1 (10)

As regards supervision, respondents described various existing arrangements, including individual supervision within a service (ranging from weekly to every five weeks), peer review of cases and co-working, and (for one or two) access to specialist, external supervision. Having more time for supervision, having to travel less distance to get it, and having access to expert supervision were all mentioned as desirable. As regards consultation:

- 1 respondent mentioned obtaining such support on an informal basis.
- 3 other teams had formal, contracted consultation available.
- 1 service also had an away- ay every three months.

The other service respondents, who did not have access to consultation, wished for similar arrangements, i.e. formal contracted specialist consultation and the chance to discuss work with other professionals working in the area.

In Scotland, four of the service respondents considered their supervisory arrangements to be “partially adequate”, referring to, variously, systems of group supervision at regular intervals, live supervision and monitoring of videotapes of sessions, line management supervision and access to a counsellor. One service, which referred to having fortnightly individual supervision, considered this “inadequate”.

All five services considered their consultation arrangements to be “partially adequate”.

- 1 service mentioned having access to another service some distance away but wanting something closer.
- 1 mentioned a lack of budget to purchase consultation.
- 1 commented that it was difficult to find anyone appropriate.
- 1 referred to having had expert external but not continuous consultancy.

## Section 4 Referrals, assessment and intervention work

### Referrals

In relation to the 111 YOTs, the majority of referrals about young people alleged to have sexually abused others came, not unexpectedly, from the police and social services departments. Very few referrals were ever received from family members, health, education or the voluntary or private sector.

The most frequently requested services were, again not unexpectedly, for YOT staff to provide advice and consultation, undertake initial risk assessments, prepare court reports and be involved in court proceedings, attend child protection conferences or multi-agency meetings, complete core or comprehensive assessments and provide intervention services. In turn, the YOT reported that they might, where appropriate, request any of these services from other services or teams.

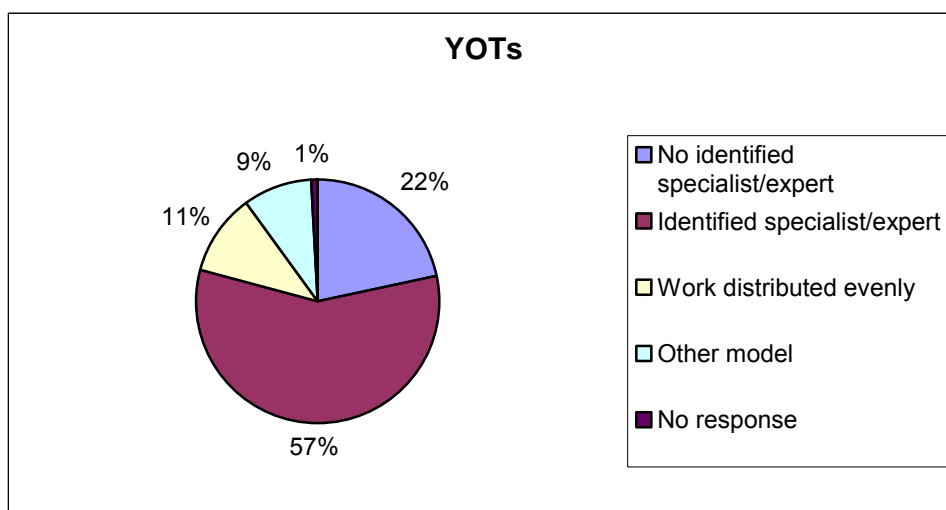
Co-working was a regular feature for 105 (95%) of the YOTs, sometimes comprising co-working within the YOT team itself, and sometimes involving workers from other teams or services – 79 YOTs (71%) reported that both co-working arrangements were possible.

YOT respondents were also asked if one or more staff in the team were identified as specialist in work with young people who have sexually abused, to whom cases were generally allocated, or whether work was distributed more evenly across the team.

- 24 YOTs (22%) replied that they had no identified specialist or expert(s).
- 64 (57%) said they did have such staff to whom cases were generally allocated.
- 12 (11%) teams reported that work was evenly spread across the team.
- 10 (9%) indicated some other model was in place for work allocation.

For example, work might be allocated on the basis of general experience, interest in this area of work, if relevant training had been undertaken or, pragmatically, on the basis of who had most capacity in their work load. Figure 21 summarises these replies.

Figure 21 Allocation of work – YOTs



In the 58 other services in England and Wales, the majority of referrals about young people alleged to have sexually abused others came, again not unexpectedly, from social services departments and YOTs, with health and education services and the police also making referrals on a regular basis. A small number of referrals were also received from the voluntary or private sector, but referrals from family members were hardly ever received.

Services were most frequently asked to provide advice and consultation, undertake initial risk assessments, prepare court reports and be involved in court proceedings, attend child protection conferences or multi-agency meetings, complete core or comprehensive assessments and provide intervention services (sometimes residentially based). In turn, the services reported that they might, where appropriate, request any of these services from other services or teams.

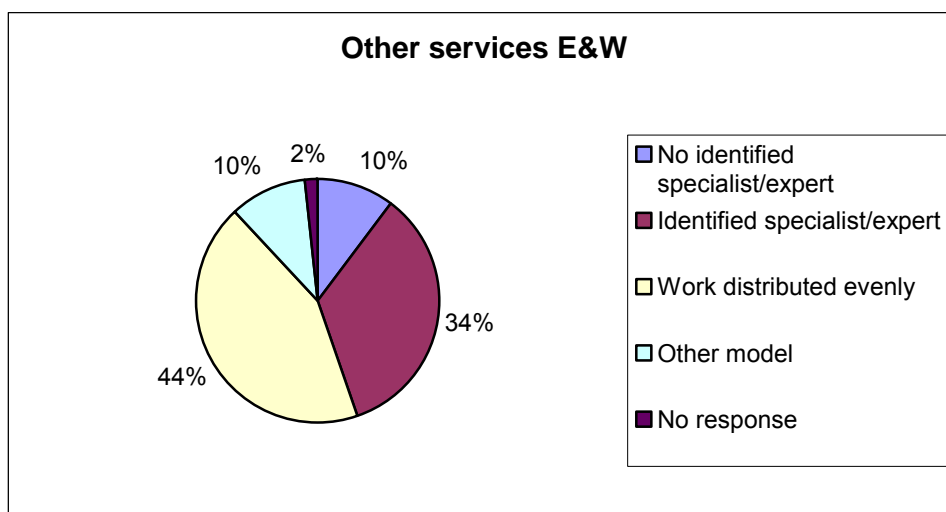
Co-working was a regular feature for 56 (98%) of the services, sometimes comprising co-working within the service itself and sometimes involving workers from other teams or services. Forty-seven services (81%) reported that both co-working arrangements were possible. Services were also asked if one or more staff in the team were identified as specialist in work with young people who have sexually abused, to whom cases were generally allocated, or whether work was distributed more evenly across the team.

- 6 services (10%) replied that they had no identified specialist or expert(s).
- 20 services (34%) said they did have such staff to whom cases were generally allocated.
- 25 services (44%) reported that work was evenly spread across the team (as they were specialist services anyway).
- 6 (10%) indicated some other model was in place for work allocation.

For example, work might be allocated on the basis of experienced team members co-working and supervising less experienced staff, the child or young person’s needs, geographical considerations or particular worker expertise.

Figure 22 summarises their replies.

**Figure 22 Allocation of work – other services in England and Wales**



In Northern Ireland most referrals to the two services came from the local health and social services trust (HSST) team, with both services often requested to provide advice and consultation, an initial risk assessment and intervention services. One of the services was also often requested to undertake initial investigations of concerns, to attend child protection case conferences or other multi-agency meetings, to contribute to court reports and case proceedings and to undertake core assessments. Both services included identified specialists in the area of work with children and young people who have sexually abused, both services sometimes co-working with members from other teams, and one service also using co-working arrangements within their team.

In the Republic of Ireland, referrals were “very often” or “often” received from:

- family members (by 2 services)
- the An Garda Siochana (by 3 services)
- the local health board (by 6 services)
- health (by 1 service)
- education (by 1 service).

Other referrals occasionally came from probation and the voluntary and private sectors. The services requested “very often” or “often” comprised:

- intervention work (mentioned by 9 services)
- advice or consultation (7 services)
- core or comprehensive assessment (7 services)
- initial risk assessment (6 services)
- convening or attending a child protection case conference (5 services)
- convening or attending a multi-agency meeting (5 services)
- preparation of court reports/involvement in court proceedings (3 services).

Eight of the services had experience of co-working arrangements:

- 5 reported that these might include co-working within the service or co-working with workers from other teams
- 3 reported co-working with members of other teams only
- 4 reported that they had no identified or specialist expert within the team
- 3 reported having an identified or specialist expert within the team
- 1 reported that work was distributed evenly across the team.

In Scotland, referrals were “very often” or “often” received from:

- family members (by 1 service)
- the reporter (by 1 service)

- the local social work department (by 4 services)
- education (by 2 services).

Other referrals occasionally came from the police, a youth justice team, from health, or the voluntary and private sectors. The services requested “very often” or “often” comprised:

- intervention work (mentioned by all 5 services)
- advice or consultation (all 5 services)
- initial risk assessment (all 5 services)
- core or comprehensive assessment (all 5 services)
- convening or attending a child protection case conference (all 5 services)
- initial investigation of concerns/allegations (4 services)
- convening or attending a multi-agency meeting (4 services)
- preparation of court reports/involvement in court proceedings (2 services)
- specialist residential placement (1 service).

All five services had experience of co-working arrangements, reporting that these might include co-working within the service or co-working with workers from other teams.

- 1 of the services reported that they had an identified or specialist expert within the team.
- 3 services distributed work evenly across the team.
- 1 service reported that one staff member worked with under-16s, with the rest of the team working with adults.

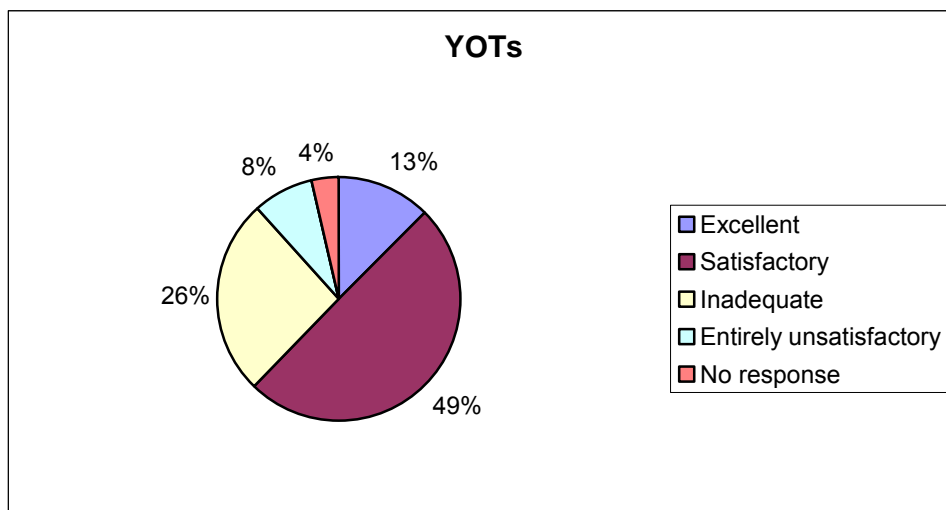
### **Assessment services**

When asked what assessment framework(s) they drew on in work with young people who have sexually abused:

- 106 YOTs (96%) reported using *Asset* (Youth Justice Board, 2000).
- 26 (23%) of teams also drew on the Department of Health assessment framework (Department of Health, 2000).
- 34 (31%) of teams made use of the Assessment, Intervention and Moving-on Project (AIM) model (see Print et al, 2001).

Respondents were asked to rate the overall availability (in terms of geography and/or costs) of assessment services in their local area for young people who had sexually abused. Figure 23 summarises their replies.

**Figure 23 Availability of assessment services – youth offending teams**



- 14 YOT respondents (13%) rated their local assessment services as “excellent”.
- 55 (49%) rated them as “satisfactory”.
- 29 (26%) said they were “inadequate”.
- 9 (8%) stated they were “entirely unsatisfactory”.

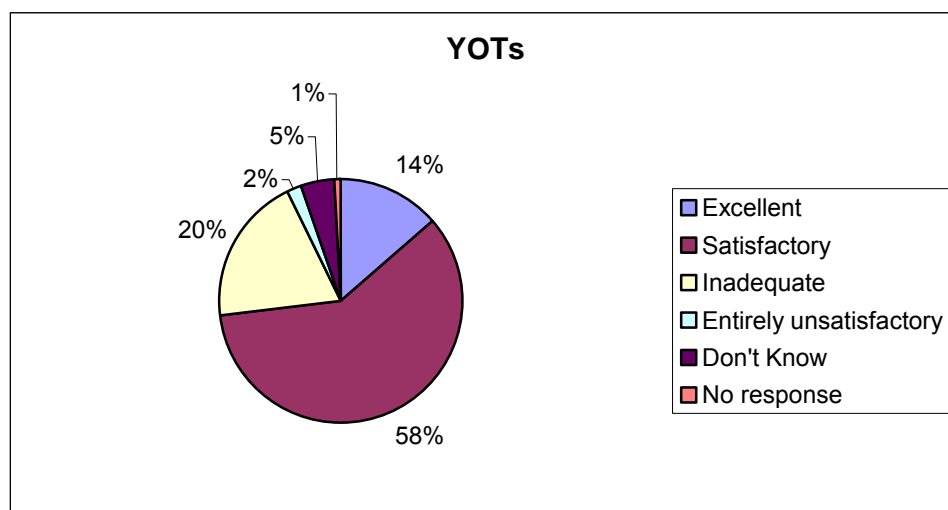
When asked to elaborate on why availability of assessment services was inadequate or entirely unsatisfactory, respondents gave the following kinds of reasons.

- Specialist assessment services were too distant.
- There was a lack of access to local forensic child psychiatry or psychology.
- There were long waiting lists.
- There was lack of funding to purchase specialist assessments.
- There was poor co-ordination of assessment services.

Thus most reasons seemed to be about lack of access to more specialist assessments, perhaps for the most vulnerable and/or high risk young people.

Figure 24 summarises the responses of YOTs when they were asked to rate the overall quality of the assessment services that were available for young people who had sexually abused in their local area.

**Figure 24 Quality of assessment services – YOTs**



- 15 YOT respondents (14%) stated they were “excellent”.
- 66 (58%) reported they were “satisfactory”.
- 22 (20%) said they were “inadequate”.
- 2 (2%) rated them “entirely unsatisfactory”.

When asked to elaborate on why the quality of assessment services was inadequate or entirely unsatisfactory, respondents again made most comment about the lack of more specialist assessment services for the most problematic young people. Also mentioned, again, were problems of poor inter-agency co-ordination.

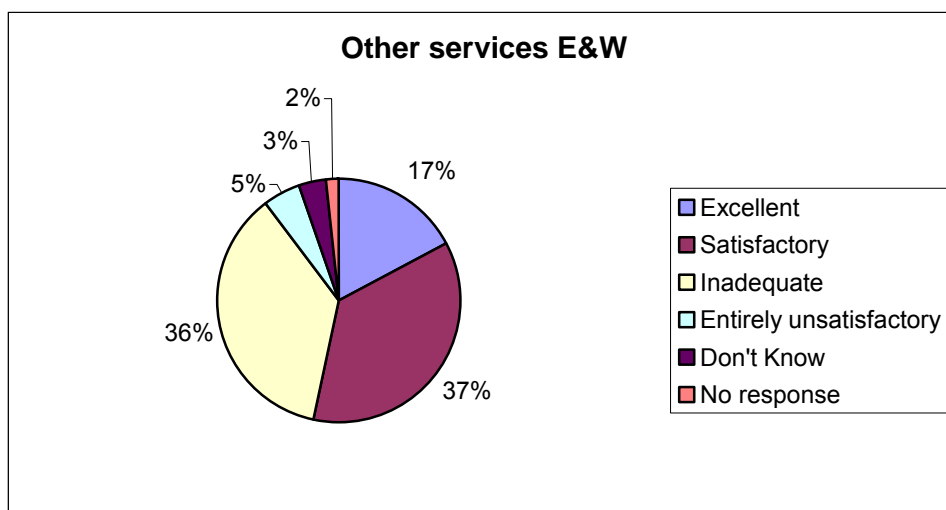
When the other 58 services in England and Wales were asked what assessment framework(s) they drew on in work with young people who have sexually abused, the replies were as follows.

- 34 services (59%) reported using the AIM model.
- 22 (38%) also drew on the Department of Health assessment framework.
- 8 (14%) made use of Matrix 2000.
- 7 (12%) used *Asset*.
- 15 (26%) reported using some other model.

When asked to elaborate on such other models, it emerged that most services had developed their own assessment approach, which often incorporated aspects of the frameworks identified above, plus other frameworks such as the Derwent Initiative model or models described in literature by, for example, Gail Ryan, Jane Gilgun and Mark Chaffin.

Respondents were asked to rate the overall availability (in terms of geography and/or costs) of assessment services in their local area for young people who had sexually abused, including those that the respondents themselves provided. Figure 25 summarises their replies.

**Figure 25 Availability of assessment services – other services in England and Wales**



Only 10 service respondents (17%) rated the availability of their local assessment services as “excellent”.

- 21 (37%) rated them as “satisfactory”.
- 21 (36%) said they were “inadequate”.
- 3 (5%) stated they were “entirely unsatisfactory”.

When asked to elaborate on why the availability of assessment services was inadequate or entirely unsatisfactory, respondents regularly reported that their service (which was often a small one, with limited resources) was the only service available in a wide geographical area. Consequently, they had to turn down referrals and/or had long waiting lists. Rural areas and Wales were mentioned as being particularly poorly served as regards assessment (and therapeutic) facilities.

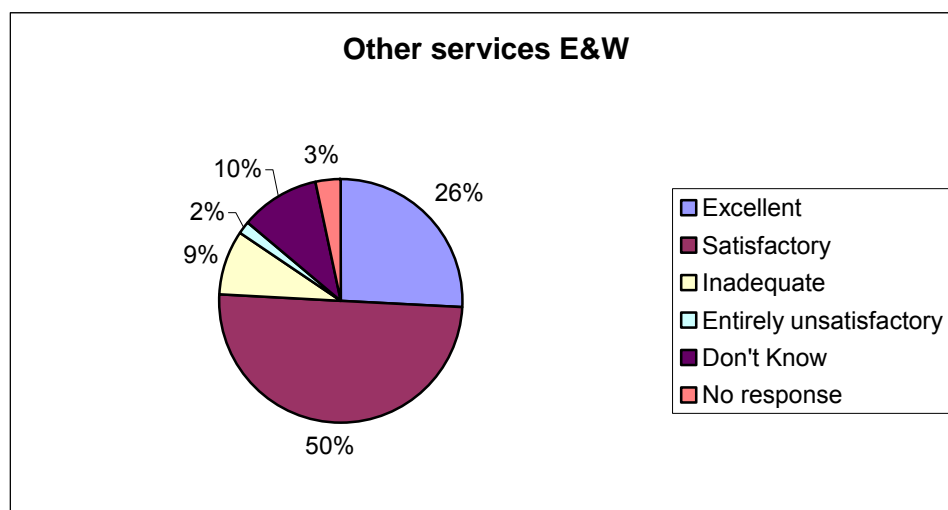
When asked to rate the overall quality of the assessment services for young people who had sexually abused in their local area, some acknowledged this was hard to judge, as they were the only service available. However:

- 15 service respondents (26%) stated they were “excellent”.
- 29 (50%) reported they were “satisfactory”.
- 5 (9%) said they were “inadequate”.
- 1 (2%) rated them “entirely unsatisfactory”.

When asked to elaborate on why the quality of assessment services was “inadequate” or “entirely unsatisfactory”, respondents usually commented on the general lack of specialist assessment services again, plus problems of poor inter-agency co-ordination. Figure 26 summarises this information.



**Figure 26 Quality of Assessment Services – other services in England and Wales**



It seemed, therefore, that other services in England and Wales were less satisfied with the availability of assessment services than YOTs (41% rating their availability as “inadequate” or worse, as compared with 34% of YOTs), although they were more satisfied than the YOTs about the quality of those assessment services that did exist (10% of other services in England and Wales rated the quality as “inadequate” or worse, compared with 27% of YOTs).

In Northern Ireland, one of the services was using (and adapting) the AIM model, and the other appeared to be “eclectic” in its approach, drawing on models and ideas as it felt appropriate. The availability of assessment services locally was rated as “satisfactory” by one service respondent, but as “inadequate” by the other, on the grounds that “A one-person service is really a joke”. The same respective ratings were given for the quality of assessment services locally.

In the Republic of Ireland, six of the services were making use of the AIM model, the rest drew on a variety of models, including Ross and Loss (mentioned by three services) and a model developed locally based on national standards. When asked to rate the overall availability of assessment services locally:

- 1 service described it as “excellent”.
- 6 said it was “inadequate”.
- 2 described it as “entirely unsatisfactory”.

Thus, 8 out of 10 services were less than satisfied, and gave the following reasons:

- no holistic service for ‘deniers’ unless they were related to their alleged victim
- only one small residentially-based service available
- long waiting lists
- no defined service available

- the service restricted to 13 to 19-year-olds, and services for younger children were not properly developed.

However, there was reasonable satisfaction with the quality of the limited assessment facilities that were available, with seven respondents rating them “excellent” or “satisfactory”.

In Scotland:

- 2 of the 5 services were making use of the AIM model (one combining this with use of the DoH assessment framework and one also using its own model based on cognitive behavioural, child development, and attachment theory).
- 1 used the *Asset* model.
- 1 used a modified version of the Department of Health assessment framework.
- the 1 remaining service reported it was developing its own risk management framework.

When asked to rate the overall availability of assessment services locally:

- 1 respondent described it as “excellent”.
- 2 considered it “satisfactory”.
- 2 described it as “inadequate”.

These last two services commented that they required a “local service. The service used is expensive”, and that there was “no clinical service for young people 14 or over”, and only a “limited clinical service for those under 14”. However, there was reasonable satisfaction with the quality of those limited assessment facilities available, with four of the five respondents rating them “excellent” or “satisfactory”.

### Intervention services

Ninety-four YOTs (85%) reported that they provided intervention services for young people who had sexually abused; 16 (14%) said they did not. The kinds offered by those YOTs who did provide intervention services are summarised in Table 13.

**Table 13 Intervention services – youth offending teams**

Kind of service	Number of teams	Percentage
Therapeutic, community-based, one-to-one	86	78
Therapeutic, community based, group work	12	11
Residentially based intervention	8	7
Other kind of service	9	8

‘Other kind of service’ included referring young people on to a specialist community-based or residentially based service, co-working the case with another professional, or focusing on supervision rather than therapeutic work.

What is striking about the above data is that so few teams were running group-work programmes, in contrast with adult sex offender work where group-work programmes appear to be the norm. This may be partly to do with the relatively small numbers of cases each team deals with at any one time – but the impression gained, judging by various comments made by respondents, was that this was also to do with developing personalised programmes of work to meet young people’s individual needs.

When YOT respondents whose teams were offering intervention services were asked which theoretical models they mainly drew on, the most commonly selected approaches were:

- cognitive behavioural (46%)
- relapse prevention (35%)
- family systems ideas (23%)
- psychosocial-educational (21%).

All respondents were also asked what local intervention services for young people who had sexually abused could be accessed, apart from any service the YOT itself might offer. The following table records the results.

**Table 14 Other local intervention services – youth offending teams**

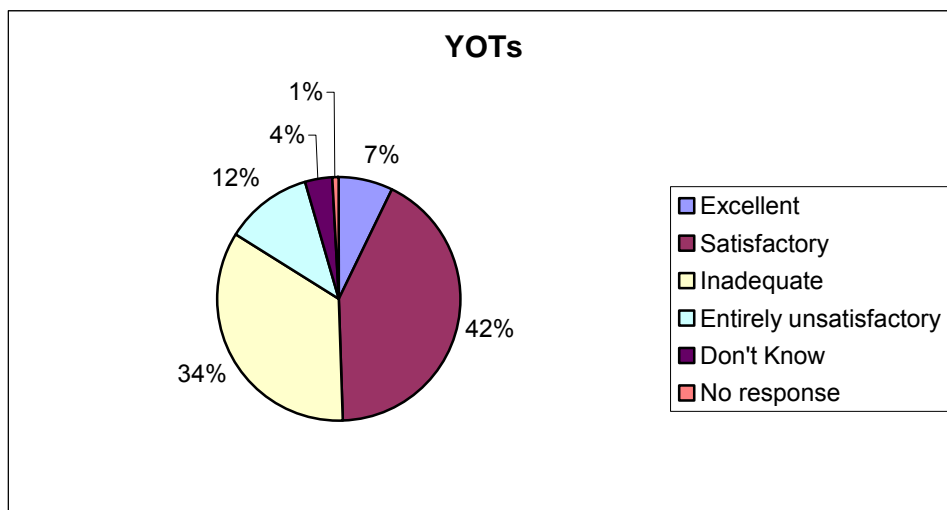
Kind of service	Number of teams	Percentage
None available locally	23	20%
Therapeutic, community-based, one-to-one	77	69%
Therapeutic, community-based, group work	28	25%
Residentially based intervention	19	17%

Typically, various, more or less well-known, specialist projects were identified by respondents as services they could access – although a number commented that funding and distance were often problematic. Thus, when asked to evaluate the overall availability of intervention services for young people who had sexually abused in their local area:

- 8 YOTs (7%) rated the availability as “excellent”.
- 47 (42%) said it was “satisfactory”.
- 38 (34%) said it was “inadequate”.
- 13 (12%) said it was “entirely unsatisfactory”.

Figure 27 displays these data.

**Figure 27 Availability of intervention services – youth offending teams**



Thus, almost half the respondents commented negatively on the availability of intervention services. Further comment was invited and the following reasons were given for respondent views:

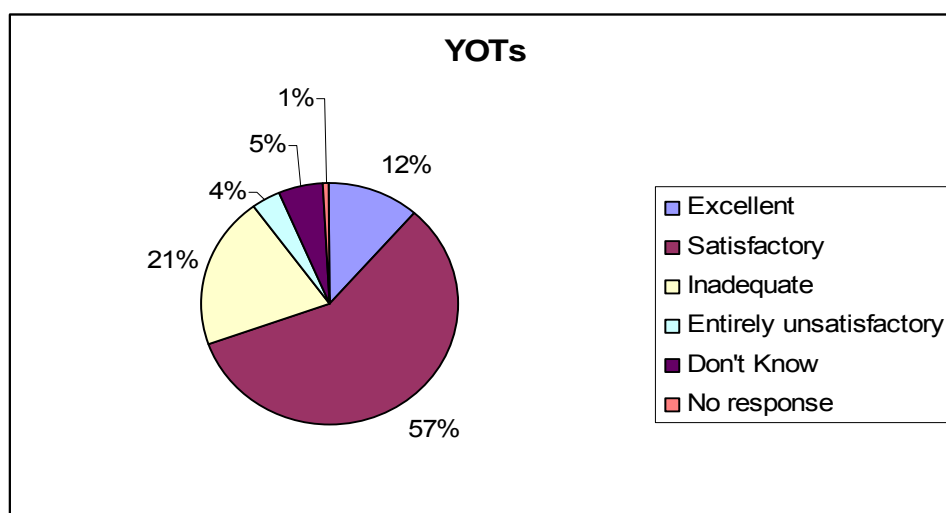
- long waiting lists at specialist service(s)
- such services often a long distance away
- service(s) very expensive and/or lack of (often social services departments) resources to pay
- YOT services themselves lacking staff trained to offer therapeutic interventions.

When asked to rate the overall quality of the intervention services for young people who had sexually abused that did exist in their local area:

- 13 YOT respondents (12%) stated they were “excellent”.
- 64 (57%) reported they were “satisfactory”.
- 23 (21%) said they were “inadequate”.
- 4 (4%) rated them “entirely unsatisfactory”.

Figure 28 summarises these data.

**Figure 28 Quality of intervention services – youth offending teams**



**When asked to elaborate on why the quality of intervention services was inadequate or entirely unsatisfac**

When asked to elaborate on why the quality of intervention services was “inadequate” or “entirely unsatisfactory”, respondents again made much the same comments outlined above in relation to issues of availability – although a number also commented on the poor co-ordination of local services having a negative impact too.

Fifty-three of the other 58 services in England and Wales who responded to the survey (91%) reported that they provided intervention services for young people who had sexually abused, while five (9%) said they did not.

Table 15 summarises the types of intervention provided by respondents.

**Table 15 Intervention services – other services in England and Wales**

Kind of service	Number of teams	Percentage
Therapeutic, community-based, one-to-one	46	79
Therapeutic, community-based, group work	17	29
Residentially based intervention	15	26
Other kind of service	5	9

‘Other kind of service’ included developing a group-work programme for parents, offering family work or family therapy (community-based) and working with other carers or schools. Once again, as with the YOT services, group-work programmes did not figure prominently in services’ replies.

Services offering intervention services were also asked which theoretical models they based their intervention programmes on. In order to recognise the multiplicity of approaches used even within individual services, respondents were offered a list of theoretical models and asked to select up to three approaches (in order of importance) that were most closely associated with their programme. It was also possible for services to add other theoretical approaches not included on the list.

By far the most commonly selected approach was ‘cognitive behavioural’, which was identified as one of the three approaches by 48% of services. This was followed by:

- psychosocio-educational approaches (in 26%)
- relapse prevention (24%)
- family systems (21%)
- ecological approaches (19%)
- psychotherapeutic (19%).

Furthermore, taking into account the relative positioning of responses to this question, the overall picture suggests that the most typical service among respondents is one that identifies itself primarily as cognitive behavioural in orientation, but integrates into this primary orientation elements of systems theory (the theory most commonly endorsed as the second of the three most important approaches) and relapse prevention (most often cited as the third approach).

All services were also asked what local intervention services for young people who had sexually abused could be accessed, apart from any service the service itself might offer. Table 16 records the results.

**Table 16 Other intervention services locally – other services in England and Wales**

Kind of service	Number of teams	Percentage
None available locally	16	28
Therapeutic, community-based, one-to-one	27	47
Therapeutic, community-based, group work	15	26
Residentially based intervention	9	16

Various, more or less well-known, specialist projects were identified by respondents as services they could access if needed, or sometimes CAMHSs, although these services were often described as limited.

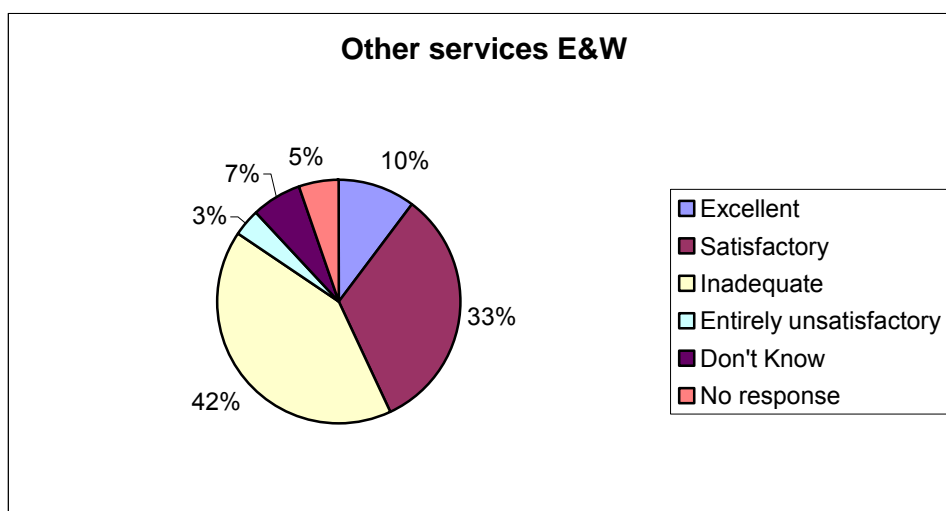
When asked to evaluate the overall availability of intervention services for young people who had sexually abused in their local area:

- 6 services (10%) rated the availability as “excellent”.
- 19 (33%) said it was “satisfactory”.

- 24 (42%) said availability was “inadequate”.
- 2 (3%) said it was “entirely unsatisfactory”.

Figure 29 summarises these data.

**Figure 29 Availability of intervention services – other services in England and Wales**



Thus, as with the YOTs, almost half the respondents commented negatively on the availability of intervention services. Further comment was invited, and the following reasons were given for respondent views:

- demand far exceeding supply
- long waiting lists at specialist service(s)
- such services often a long distance away from service users’ homes
- funding problems as regards purchasing specialist services
- limited skills and experiences in this area of work within more general services such as social services departments and YOTs.

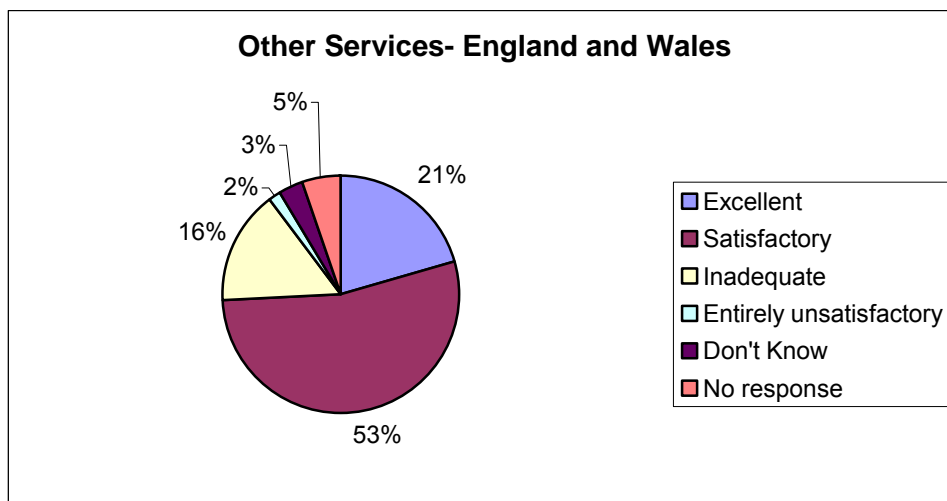
When asked to rate the overall quality of the intervention services for young people who had sexually abused in their local area:

- 12 service respondents (21%) stated they were “excellent”.
- 31 (53%) reported they were “satisfactory”.
- 9 (16%) said they were “inadequate”.
- 1 (2%) rated them “entirely unsatisfactory”.

When asked to elaborate on why the quality of intervention services was “inadequate” or “entirely unsatisfactory”, respondents again made much the same comments outlined above in relation to issues of availability – although a number also commented on the poor co-ordination of local services having a negative impact too.

Figure 30 represents the numerical data above.

**Figure 30 Quality of intervention services – other services in England and Wales**



In respect of the quality of the intervention services, therefore, respondents in the other services in England and Wales felt somewhat less dissatisfied than their YOT counterparts – 17% of the former rated their quality as “inadequate” or worse, compared with 24% of YOT respondents.

In Northern Ireland, both respondents confirmed that their services offered intervention based solely on community-based, one-to-one work. In terms of which theoretical models were drawn on, cognitive behavioural theory was identified by both services. Only one of the two services, however, also identified each of the following theoretical models: relapse prevention; psychosocio-educational; psychotherapeutic; and ecological. Both respondents reported that no other treatment services could be accessed locally. As regards the availability and quality of treatment or intervention services locally, one service respondent rated these aspects as “satisfactory”, the other rated them as “inadequate”. This respondent noted that their one-person service provided the only service to a population of some 150,000 people. Neither service had had occasion, however, to turn down referral requests.

All but one of the ten services in the Republic of Ireland offered an intervention service.

- 8 offered a community-based service, comprising one-to-one therapeutic work.
- 3 offered community-based group-work programmes.
- 2 offered a residentially-based intervention service.

When asked which theoretical models could be most closely identified with their service’s approach:

- 8 of the 10 services said cognitive behavioural theory.
- 5 identified family systems theory.
- 4 said relapse prevention.
- 3 identified psycho-educational theory.
- 2 said ecological theory.



- 1 identified psycho-therapeutic theory.

Five services reported that there were no other intervention services available locally, apart from their own. Consequently, when asked to rate the availability of intervention services locally, the services, as a whole, did so as follows.

- 1 as “satisfactory”.
- 1 as “excellent”.
- 6 as “inadequate”.
- 2 as “entirely unsatisfactory”.

Comments included:

- service not available in the other three counties of the North Eastern Health Board
- no co-ordinated service provision
- unclear as to who is best able to provide a service to such children
- travel problems/no group work.

Those intervention services locally which did exist were rated:

- “excellent” by 2 services
- “satisfactory” by 4 services
- “inadequate” by 3 services
- “entirely unsatisfactory” by 1 service.

In Scotland:

- all 5 services offered an intervention service
- 4 offered a community-based service, comprising one-to-one therapy
- 1 offered a residentially-based intervention service.

None of the services offered a group-work service. When asked to identify the theoretical models most closely identified with their service’s approach, the replies were as follows.

- 3 of the 5 services identified cognitive behavioural theory.
- 3 said family systems theory.
- 2 identified ecological theory.
- 2 said psycho-therapeutic theory.
- 1 identified relapse prevention.
- 1 said psycho-educational theory.

Two services reported that there were no other intervention services available locally, apart from their own service. When asked to rate the availability of intervention services locally, three services rated them as “satisfactory”, and two rated them as “inadequate”. Those intervention services locally which did exist were rated “satisfactory” by all five services.

### Placement provision and secure accommodation

The 111 YOT respondents were asked to rate the availability and quality of placement provision and secure accommodation for young people who have sexually abused. Table 17 summarises respondents’ replies.

**Table 17 Availability and quality of placements and secure accommodation – youth offending teams**

Availability of placements/secure accommodation	Numbers of respondents (%)	Quality of placements/secure accommodation	Numbers of respondents (%)
Excellent	-	Excellent	4 (4)
Satisfactory	15 (14)	Satisfactory	24 (21)
Inadequate	50 (46)	Inadequate	10 (9)
Entirely unsatisfactory	31 (28)	Entirely unsatisfactory	4 (4)
Don’t know/Not answered	15 (14)	Don’t know/Not answered	69 (62)

Thus, three-quarters of YOTs expressed dissatisfaction with the availability of placement provision/ secure accommodation locally. Many respondents provided further elaboration, commenting on:

- the prohibitive costs of the few specialist placements available or the lack of resources to purchase them
- the inappropriateness of custody, as opposed to secure, local authority or other specialist provision
- the lack of emergency residential provision or remand foster parents
- the usual distance away of the placements that were located and the implications for maintaining contact for workers, the young person and his or her family.

One respondent commented on the “nightmare” of trying to find a placement for a high-risk young person, and another said:

*Access through the Youth Justice Board for serious sexual offenders appears to be based in availability of placements rather than the purpose of the placement. Local placements are expensive, i.e. £2,100 per week.*

Where there was some local provision, 25% of respondents rated the provision “excellent” or “satisfactory” and 13% of respondents expressed dissatisfaction with the quality of the provision.

When YOTs were asked to describe any gaps in service provision or funding in their area, much further comment was provoked covering concerns about appropriate (local) accommodation of various kinds (open and secure):

- lack of funding to purchase placements and/or services
- the need for more trained staff locally
- the problems created by poor inter-agency co-ordination
- the lack of options when planning for the needs of young people who have sexually abused.

Respondents from the other 58 services in England and Wales were also asked to rate the availability and quality of placement provision and secure accommodation for young people who have sexually abused. Table 18 summarises the replies of respondents.

**Table 18 Availability and quality of placements and secure accommodation – other services in England and Wales**

<b>Availability of placements/secure accommodation</b>	<b>Numbers of respondents (%)</b>	<b>Quality of placements/secure accommodation</b>	<b>Numbers of respondents (%)</b>
<b>Excellent</b>	2 (3)	<b>Excellent</b>	10 (17)
<b>Satisfactory</b>	8 (14)	<b>Satisfactory</b>	13 (23)
<b>Inadequate</b>	27 (47)	<b>Inadequate</b>	14 (24)
<b>Entirely unsatisfactory</b>	14 (24)	<b>Entirely unsatisfactory</b>	2 (3)
<b>Don't know/Not answered</b>	7 (12)	<b>Don't know/Not answered</b>	19 (33)

Thus, as in the case of the YOT replies, almost three-quarters of the services expressed dissatisfaction with the availability of placement provision/secure accommodation locally. Many respondents provided further elaboration, commenting on:

- the prohibitive costs of the few specialist and secure placements available and/or the lack of resources to purchase them
- the dearth of specialist foster placements
- the usual distance away of the placements that were located
- the implications for maintaining contact, for workers, the young person and his family.

One respondent commented that such provision was often “too little, too expensive, too distant (and usually offered too late)”, and concerns were also expressed about young people being placed inappropriately, with the resultant risks to themselves and/or others. Where there was some local provision, 40% of respondents rated the provision as being “excellent” or “satisfactory”, but 28% of respondents expressed dissatisfaction with its quality.

When services were asked to describe any gaps in service provision or funding in their area, much comment was provoked, with concern being repeatedly expressed about:

- the lack of appropriate (local) placements of various kinds (open and secure)
- a lack of funding to purchase placements and/or services
- the need for more trained staff locally
- the need for a trained foster care service
- the problems created by poor inter-agency co-ordination
- the lack of options when planning for the needs of young people who have sexually abused.

The particular needs of young people with a learning disability were often mentioned, along with the lack of appropriate service responses for them.

In Northern Ireland, both services rated the availability of specialist placements and secure accommodation as “inadequate”, with comments made about the lack of choice and planning based on risks and needs possible. One service also commented on the lack of funds/resources to provide after-care programmes and to develop education/awareness programmes.

In the Republic of Ireland, eight of the ten services respondents rated the availability of placement provision/secure accommodation as either “inadequate” (2 services) or “entirely unsatisfactory” (6 services). Comments included:

- “limited options, if not entirely non-existent”
- “young people sent to the UK for residential placements”
- “no such facilities for young people in such situations”.

What little residential provision there was, only two services rated its quality as “satisfactory”. In relation to gaps in services generally, reference to the dearth of funded, specialist services was made by six of the services, with one respondent commenting that there was “no core funding, no political will, few services offered, lack of co-ordination between agencies”.

In Scotland, two of the five services rated the availability of placement provision/secure accommodation locally as “satisfactory”, and the other three services rated it as “inadequate”. Their comments included:

- “generally find a placement in Scotland but few more local resources”
- “no specialist provision”
- “no secure accommodation in the area”.

Where there was some local residential provision, two services rated its quality as “satisfactory” and two “inadequate”. One service commented: “There have been some good placements in children’s homes, but there is no local specialist provision.” In terms of gaps in provision, three of the services reported that there were insufficient therapeutic residential resources and not enough specialist foster placements.

## **Section 5 Monitoring and evaluation of services**

YOT respondents were asked four questions about the monitoring and evaluation of services. First, the YOTs were asked if their team was involved in monitoring the availability and/or quality of their own service. Seventy-one (64%) replied in the affirmative, noting usually that they were referring to work contributing to the Youth Offending Information System, Youth Justice Board performance measures and/or periodic returns in relation to the Youth Justice Plan.

Second, YOTs were asked if they were involved in any local monitoring of the availability and/or quality of multi-agency work with young people who had sexually abused. A much smaller number, 38 (34%), said they were so involved. Similar numbers of YOTs, 35 (32%), responded that they were involved in local monitoring of the availability and/or quality of assessment and intervention services.

Finally, even fewer (9 [8%]) reported they were involved in local monitoring of the availability and/or quality of placement provision/secure accommodation for young people who had sexually abused. Those monitoring and evaluation activities that were external to the YOT itself were often undertaken as part of (for example) local ACPC review structures or as part of contract monitoring with specialist service providers. Thus while the majority of YOTs were engaged in Youth Justice Board-related monitoring and evaluation, it appeared that there was only a limited amount of work going on that focused on the broader picture within a local area.

Respondents from other 58 services in England and Wales were asked the same four questions about monitoring and evaluation of services. First, the services were asked if they were involved in monitoring the availability and/or quality of their own service. Fifty-one (88%) stated that they were engaged in such evaluative work. Additionally, seven services reported that they were being externally evaluated by university-based researchers, and others mentioned annual and other internal review systems. Many services also reported that they sought regular, written feedback from service users, families and other carers, referral and funding agencies and co-workers; and others also mentioned their use of various measures, such as psychometric tests, to evaluate progress with individual cases.

Second, services were asked if they were involved in any local monitoring of the availability and/or quality of multi-agency work with young people who had sexually abused. A much smaller number, 16 (28%), said they were so involved, some referring to ACPC-based review or task groups. Slightly more services (21 or 36%) responded that they were involved in local monitoring of the availability and/or quality of assessment and intervention services, referring again to their own internal or external evaluation systems.

Finally, much smaller numbers (8 or 14%) reported they were involved in local monitoring of the availability and/or quality of placement provision/secure accommodation for young people who had sexually abused, although subsequent details provided by these services indicated that this often comprised quite informal and unsystematic activity.

Thus while the majority of services were engaged in significant monitoring and evaluation of their own service, it appeared that there was only a limited amount of work going on that focused on the broader picture within a local area.

In Northern Ireland, both services reported that their teams were involved in monitoring the availability and/or quality of their own service, but neither was involved in local monitoring of multi-agency work in respect of children and young people who have sexually abused, nor in relation to placement provision availability or quality. One service also reported on its efforts to elicit, via the use of questionnaires, feedback on its service from children and young people, parents and carers and referrers.

In the Republic of Ireland, 5 out of the 10 services were involved in monitoring or evaluating their own service, via, for example, pre- and post-treatment evaluations of service users, service user feedback, formal internal or external audit. Only one service, however, was involved in any local monitoring and/or evaluation of the availability or quality of multi-agency work with children and young people who have sexually abused. None of the services was involved in any local monitoring and/or evaluation of the availability or quality of placement provision and secure accommodation.

In Scotland, 4 out of the 5 services were involved in monitoring their own service via, for example, feedback from service users and carers, supervision processes, external evaluation by an external researcher and in-house monitoring of referrals and outcomes. None of the services had any involvement in local monitoring or evaluating multi-agency work in the area of children and young people who had sexually abused, but the service manager of one service was monitoring the availability and quality of placement provision/secure accommodation.

### **Section 6 Issues of concern**

In this section of the survey, respondents were provided with a list of issues in relation to young people who had sexually abused, and were asked to indicate which (if any) caused them concern. Table 19 below identifies these issues and records, in descending order, the percentage of YOT respondents expressing concern about each one.

**Table 19 Issues of concern – youth offending teams**

<b>Issue</b>	<b>% of respondents expressing concern</b>
<b>Concerns about young people having schedule 1 status</b>	78
<b>Availability and/or quality of placement provision/secure accommodation</b>	76
<b>Lack of qualified residential staff/trained foster carers</b>	69
<b>Availability and/or quality of intervention facilities</b>	57
<b>Lack of monitoring and evaluation of services for young people</b>	57
<b>Insufficient training opportunities for professionals involved in work with young people</b>	56
<b>Problems of co-ordinating child welfare and youth crime systems, in the case of those over the age of criminal responsibility</b>	51
<b>Lack of adequate supervision, support and consultation for professionals involved in this area of work</b>	49
<b>Dearth of evaluation studies of intervention approaches</b>	47
<b>Availability and/or quality of initial assessment facilities</b>	41
<b>Availability and/or quality of core assessment facilities</b>	41
<b>Lack of consensus about the extent to which children and young people 'grow out of their behaviour' – even if left 'untreated'</b>	32
<b>Lack of consensus about how sexual abuse by young people should be defined</b>	29
<b>Problems of victims and abusers being accommodated in the same placement provision</b>	26
<b>Lack of clarity about what is normal and abnormal sexual behaviour at different stages of child development</b>	23
<b>Problems of influencing prosecutors and sentencers</b>	23

As will be noted, respondents were particularly exercised about three matters, and another eight issues were of concern to 40% or more of respondents. Many of these had already emerged in respondents' answers to questions in other sections of the questionnaire. However, concerns about young people being given schedule 1 status on conviction for a sexual offence comprised an issue that had not come through clearly in respondents' earlier replies.

YOTs were invited to note any other issues they were concerned about, but most of their comments elaborated on one or more of the above. The only other issue respondents identified concerned funding: there were worries about finding or securing funding for posts, specialist services and/or training, which had clearly surfaced elsewhere in their replies.

The other 58 services in England and Wales respondents were provided with the same list of issues in relation to young people who had sexually abused and were asked to indicate which (if any) caused them concern. Table 20 identifies these issues and records, in descending order, the percentage of services expressing concern about each one.

**Table 20 Issues of concern – other services in England and Wales**

<b>Issue</b>	<b>% of respondents expressing concern</b>
<b>Lack of qualified residential staff/trained foster carers</b>	90
<b>Dearth of evaluation studies of intervention approaches</b>	83
<b>Availability and/or quality of placement provision/secure accommodation</b>	76
<b>Concerns about young people having schedule 1 status</b>	71
<b>Problems of co-ordinating child welfare and youth crime systems, in the case of those over the age of criminal responsibility</b>	66
<b>Problems of victims and abusers being accommodated in the same placement provision</b>	66
<b>Lack of monitoring and evaluation of services for young people</b>	66
<b>Lack of adequate supervision, support and consultation for professionals involved in this area of work</b>	62
<b>Availability and/or quality of intervention facilities</b>	59
<b>Insufficient training opportunities for professionals involved in work with young people</b>	59
<b>Availability and/or quality of core assessment facilities</b>	52
<b>Lack of consensus about the extent to which children and young people will 'grow out of' their behaviour' – even if left 'untreated'</b>	50
<b>Lack of consensus about how sexual abuse by young people should be defined</b>	50
<b>Availability and/or quality of initial assessment facilities</b>	50
<b>Lack of clarity about what is normal and abnormal sexual behaviour at different stages of child development</b>	40
<b>Problems of influencing prosecutors and sentencers</b>	43

As will be noted, respondents were particularly exercised about four matters (over 70% of services expressing concern) and another ten issues were of concern to 50% or more of respondents. As with the YOT replies, many of these concerns had already emerged in respondents' replies to earlier sections of the questionnaire: but, once again, concerns about young convicted sex offenders having schedule 1 status was evident in almost three-quarters of the replies.



Services were invited to note any other issues they were concerned about, but many of their comments elaborated on one or more of the above. However, other issues did emerge. These include:

- worries about finding or securing funding for posts and appropriate services
- problems of recruiting staff/filling vacancies
- concerns that learning disability and mental health issues in some young people were inadequately addressed
- concerns about poor co-ordination with health and education and the need to work holistically with young abusers, including their families.

In Northern Ireland, both services were concerned about the following:

- young people having schedule 1 status
- the problems of co-ordinating child welfare and youth crime systems in the case of those over the age of criminal responsibility
- the availability and/or quality of core assessment facilities
- the availability and/or quality of placement provision/secure accommodation
- the problems of victims and abusers being accommodated in the same placement provision
- the lack of suitably trained residential staff or foster carers
- the lack of monitoring of services and the lack of adequate supervision, support and consultation for professionals involved in this area of work.

One service also expressed concern about the availability and/or quality of initial assessment and intervention facilities and about insufficient training opportunities.

Table 21 summarises the main concerns of service respondents in the Republic of Ireland.

**Table 21 Issues of concern – Republic of Ireland**

<b>Issue</b>	<b>% of respondents expressing concern</b>
<b>Lack of monitoring and evaluation of services</b>	90
<b>Lack of qualified residential staff/trained foster carers</b>	80
<b>Availability and/or quality of placement provision/secure accommodation</b>	80
<b>Problems of co-ordinating child welfare and youth crime systems, in the case of those over the age of criminal responsibility</b>	80
<b>Availability and/or quality of initial assessment facilities</b>	80
<b>Lack of adequate supervision, support and consultation for professionals involved in this area of work</b>	70
<b>Availability and/or quality of intervention facilities</b>	70
<b>Availability and/or quality of core assessment facilities</b>	70
<b>Concerns about young people having schedule 1 status</b>	60
<b>Insufficient training opportunities for professionals involved in work with young people</b>	60
<b>Problems of victims and abusers being accommodated in the same placement provision</b>	50
<b>Lack of consensus about the extent to which children and young people will 'grow out of' their behaviour' – even if left 'untreated'</b>	50
<b>Dearth of evaluation studies of intervention approaches</b>	40
<b>Problems of influencing prosecutors and sentencers</b>	30
<b>Lack of consensus about how sexual abuse by young people should be defined</b>	30
<b>Lack of clarity about what is normal and abnormal sexual behaviour at different stages of child development</b>	20

Thus, as the table indicates, respondents in the Republic of Ireland were particularly exercised about eight matters (70% or more of respondents identifying each issue as a matter of concern), with another four issues attracting percentage responses of 50% or more.

In Scotland, all five respondents expressed concern about:

- the problems of victims and abusers being accommodated in the same placement
- the availability and/or quality of placement provision/secure accommodation
- a lack of suitably qualified residential staff or foster carers.

Four service respondents expressed concern about:

- young people having schedule 1 status

- the problems of co-ordinating child welfare and youth crime systems in the case of those over the age of criminal responsibility
- insufficient training opportunities for staff.

Three service respondents were concerned about the lack of monitoring of services, about the dearth of evaluation studies of intervention approaches and about a lack of consensus about whether, if ‘untreated’, young people who had sexually abused would grow out of their behaviour.

Two service respondents reported concern about the availability and/or quality of initial assessment, core assessment and intervention facilities, as well as being concerned about a lack of consensus on how sexual abuse by young people should be defined and the adequacy of support, supervision and consultation for staff.

Just one service respondent expressed concern about each of the following:

- a lack of clarity about what is normal and abnormal sexual development in childhood
- the problems of influencing prosecutors and sentencers
- the problems of influencing the ‘Reported to Children’s Hearings’ and Children’s Panel members.

### **Section 7 The ‘miracle’ question**

In the final section of the questionnaire, respondents were asked to imagine that a miracle had occurred overnight so that their team arrived for work the next day to find services for young people who had sexually abused were readily available and cases managed effectively. Respondents were invited to identify up to three improvements in service provision and/or case management the team would notice. The following table summarises the replies of the 111 YOTs, with the ten improvements most often identified recorded in descending order of popularity.

**Table 22 Nature of improvement identified as a result of a ‘miracle’ – youth offending teams**

<b>Nature of Improvement identified</b>	<b>Number of respondents identifying improvement</b>
<b>Local provision or access to specialist worker(s) either within the YOT or as a specialist team/service</b>	38
<b>Improved inter-agency co-ordination</b>	35
<b>More and better quality residential assessment/ therapeutic provision (reasonably local)</b>	26
<b>Effective and timely intervention services (properly funded)</b>	21
<b>More (secure) funding for services/training/staffing</b>	15
<b>Multi-agency training/better training for staff</b>	11
<b>On-going support/ supervision and evaluation</b>	8
<b>Less anxiety about managing cases/more confident staff</b>	8
<b>National standards about practice in place</b>	7
<b>More time to conduct in-depth assessments/better quality assessment</b>	7

Not surprisingly, what respondents said they would notice were improvements that addressed the various problems and concerns they had raised when completing the questionnaire.

The other 58 services surveyed in England and Wales were also asked the same ‘miracle’ question. This produced a mass of comment and, while it is not possible to do justice to the quality of all views and opinions expressed in this summary, the emerging points are significant in the extent to which they set a powerful agenda for the improvement of the response to children and young people throughout England and Wales. In particular, the following responses about ‘what would be different?’ were highlighted.

- Resources would be available to fund locally-based services, able to respond promptly and flexibly to the needs of all children and young people with sexual behaviour problems and their families holistically, drawing on specialist inputs, such as psychology and psychiatry, as necessary (31 out of 58 service respondents).
- There would be shared ownership of the problem of children and young people who have sexually abused, centrally and locally, resulting in effective co-ordination of all agencies and consistency of response (26 service respondents).
- Social workers and other professionals in mainstream services would have the time and expertise to manage cases and effect change (15 service respondents).
- Appropriate levels of training, plus ongoing support and consultancy would be available to all (8 service respondents).
- For those in need of them, a range of placement provision and trained residential and foster carers would be available to children and young people who have sexually abused. (8 service respondents).

- There would be more service provision for the under-10s and services more generally able to provide preventive inputs/earlier intervention (7 service respondents).

In Northern Ireland, responses to the ‘miracle’ question included:

- there being adequate resources/funding
- the service being able to access formal support from ‘like-minded’ service providers
- the service having higher status in the trust and hence a greater say
- there being an after-care service and education and community awareness programmes and the service being used to train others in work with children and young people who have sexually abused.

In the Republic of Ireland, the service respondents identified the following outcomes of an ‘overnight miracle’:

- more financial resources for service provision and development
- all cases being promptly investigated and case-conferenced, specialist services offering a menu of intervention services to a range of service users and families
- standards of practice and policy and procedures agreed by relevant agencies
- a high-support residential unit in Ireland
- more training and research.

In Scotland, the service respondents identified the following as on their wish-lists:

- more specialist workers and teams (3 services)
- clear guidelines and protocols/better multi-agency planning and service provision (2 services)
- all young people who sexually abuse to be case-conferenced and allocated a social worker (2 services)
- full teams of well-supported and paid child and family social workers (2 services)
- improved residential and foster care provision, including a service for young people with a disability (2 services)
- better training in therapeutic work (1 service)
- better interviewing facilities (1 service).

### ***Summary profiles of the geographical area studied***

This section includes profiles of the state of services in the five areas studied. In relation to services in England and Wales, a distinction is again made between YOTs and other services.

## Youth offending teams – England and Wales

Most YOTs are now dealing with at least modest numbers of young people who have sexually abused and over half of the YOT respondents thought that this was an expanding area of work. Most of YOTs' work with this group has been with white males aged between 14 and 18 years, although young females and young people from ethnic minority groups also figured in work loads. Of particular interest was the high proportion of service users who were perceived by respondents as having some level of learning disability. YOTs were working with young people alleged to have committed a wide range of sexual offences, ranging from those that had not involved physical contact, through to those where physical contact and violence had been involved.

In relation to policy and procedures a very mixed picture emerged. While local practice was perceived by the majority of YOTs to follow the principles of work recommended in *Working Together* – at least most of the time – only half the YOTs reported that formal inter-agency policies and procedures had been agreed locally, and only just over half of respondents rated these as very helpful or helpful.

The circumstances in which young people who had sexually abused were conferenced under child protection procedures appeared to lack consistency, with some respondents apparently entirely unsure about why some young people were conferenced and others were not. Similar variation emerged in relation to multi-agency meetings. *Working Together* recommends that a child protection meeting should be held if a young abuser is also thought to be at risk, and that a multi-agency meeting should be considered in other cases.

The evidence from the YOT survey is that practice generally is much less consistent than this guidance would suggest should be the case. Such inconsistency has potentially significant implications for the service user and his or her family, as well as for effective inter-agency communication and co-ordination. Also worthy of note is the fact that nearly half of all the YOTs (47%) thought that the continuing separation of child welfare and youth crime systems of response hindered effective working together in relation to young people who had sexually abused. In this context, 78% of those responding voiced particular concern about young people convicted of sexual offences being given schedule 1 status under legislation designed to deal with adult sex offenders.

In relation to training, supervision and consultancy issues, the survey indicated that relatively modest amounts of training, supervision and consultancy were available to YOTs, and that they would welcome more. It seemed that while basic-level training was reasonably accessible, more intensive, specialist training, particularly into intervention approaches, would be welcomed – although funding for such training was noted by many to raise difficulties. Teams' supervisory and consultation arrangements in relation to work with young sexual abusers were deemed by the majority to be, at best, "partially adequate", or else "inadequate" or "non-existent", because of a lack of available expertise.

In relation to assessment and intervention services, significant minorities of the YOTs reported dissatisfaction with both their availability and quality. There were most concerns about intervention services in these regards. Dissatisfaction centred on problems of funding, the distant location of specialist projects, the length of waiting lists and a lack of specialist services for the most problematic young people. Even greater concern was voiced about the lack of a continuum of suitable residential and secure accommodation for young sexual abusers, with three-quarters of YOTs saying there was “inadequate” or “entirely unsatisfactory” provision. While most YOTs were engaged in regular monitoring of their own work, in response to Youth Justice Board expectations of performance management and targets, it appeared that only modest amounts of work were going on in relation to inter-agency monitoring or more detailed aspects of practice evaluation.

The respondents to the mapping survey had clear ideas about how their services and provision generally for young people who had sexually abused should be improved, as evidenced by their various comments, concerns and by their responses to the miracle question. It would appear that practice has moved on significantly in the last 10 years since publication of the influential NCH’s committee of enquiry report (NCH, 1992) but, at the same time, the findings of this survey suggest that there remain significant challenges in the multi-agency system and across agencies in order to ensure that the best features of good practice outlined, for example, in *Working Together* and the Youth Justice Board’s *Key Elements of Effective Practice – Young People who Sexually Abuse* (Youth Justice Board, 2002) are consistently in evidence throughout England and Wales.

#### **Other services in England and Wales**

The services that responded to the survey questionnaire often described having complex organisational and (sometimes fragile) funding arrangements. Typically, the services included staff from a wide range of professional backgrounds, and almost half were specialist services working solely with children and young people who have sexually abused, some offering a national service. In other words, respondents’ replies were based on substantial experience in this area of work.

The services provided evidence of working with children and young people under 10 years of age, although most were aged between 10 and 18 years. The majority of these service users were male, although young females and young people from ethnic minority groups also figured in work loads. Of particular interest was the high proportion of service users who were perceived by respondents as having some level of learning disability. Services were working with young people alleged to have committed a wide range of sexual offences, ranging from those that had not involved physical contact, through to those where physical contact and violence had been involved.

In relation to policy and procedures a very mixed picture emerged. While local practice was perceived by the majority of services to follow the principles of work recommended in *Working Together* – at least most of the time – only half the services reported that formal inter-agency policies and procedures had been agreed locally, and only just over half of respondents rated these as very helpful or helpful. The circumstances in which young people who had sexually abused were conferenced under child protection procedures appeared to lack consistency, with some respondents apparently entirely unsure about why some young people were conferenced and others were not. Similar variation emerged in relation to multi-agency meetings. *Working Together* recommends that a child protection meeting should be held if a young abuser is also thought to be at risk and that a multi-agency meeting should be considered in other cases.

The evidence from this survey is that practice generally is much less consistent than this guidance would suggest. Such inconsistency has potentially significant implications for the service user and his or her family, as well as for effective inter-agency communication and co-ordination. Also worthy of note is the fact that 77% of the services (n=45) thought that the continuing separation of child welfare and youth crime systems of response hindered effective working together in relation to young people who had sexually abused. In this context, 71% of those responding voiced particular concern about young people convicted of sexual offences being given schedule 1 status under legislation designed to deal with adult sex offenders.

In relation to training, supervision and consultancy issues, the survey indicated that a range of training opportunities was available to services, but that they would welcome more. It seemed that, while basic-level training level was reasonably accessible, more intensive, specialist training, particularly into intervention approaches, for example, would be welcomed. A number of services, with very experienced staff, suggested that there should be accredited, nationally based training in this area. The services' supervisory and consultation arrangements were generally felt to be adequate, it being noticeable that these, often specialist services, obviously placed a high priority on these aspects of service provision and staff support.

In relation to assessment and intervention services, significant minorities of the services reported dissatisfaction with both their availability and quality. Particular dissatisfaction was expressed about the fact that many areas of the country (e.g. rural areas and Wales) did not have easy access to a service and that, due to most projects' limited staffing and other resources, referrals often had to be turned away or put on waiting lists. Even greater concern was voiced about the lack of a continuum of suitable residential and secure accommodation for young sexual abusers, with almost three-quarters of services saying there was "inadequate or "entirely unsatisfactory" provision. Of services, 90% also expressed concern about the lack of suitably qualified residential staff and trained and supported foster carers.

While most services were engaged in regular monitoring and evaluation of their own work, it appeared that only modest amounts of work were going on in relation to inter-agency monitoring or evaluation. The respondents to the mapping survey had detailed ideas about how their services and provision generally for young people who had sexually abused should be improved, as evidenced by their various comments, concerns and by their responses to the miracle question.



In summary, it would appear that practice has moved on significantly in the last 10 years since the publication of the influential NCH's committee of enquiry report (NCH, 1992), and that there are now very many more services on offer to children and young people with problems with their sexual behaviour. At the same time, respondents expressed some serious concerns and identified the limitations among and between agency responses and in the broader legislative and policy context in which these services operate. As such, it appears that there is a way to go before the all the key elements of effective practice outlined in *Working Together* (DoH, 1999) and referred to in subsequent publications (see, for example, Lovell, 2002 and Bridge, 2001) are consistently in evidence in the multi-agency network throughout England and Wales.

### **Northern Ireland**

Only 2 out of 5 services responded to the mapping survey, and so only very limited conclusions can be drawn from the findings. Both services worked solely with children and young people who had sexually abused and had worked with 37 such cases in the previous year. All the staff in these services were social-work trained. The services had experience of working with both male and female young abusers, but the majority were male, of white European origin, with no apparent learning disability, mostly in the 14-to-18 age range, some not charged with any offence but others charged with offences ranging from non-contact offences through to offences involving physical contact and violence.

One service seemed to be much further on than the other in terms of having formal protocols locally about work with children and young people who had sexually abused, based on existing government guidance. However, in both service areas, there appeared to be considerable discretion, at best, and a lack of consistency, at worst, about when child protection conferences might be convened in respect of a young alleged abuser.

Only one of the two services had been offered post-qualifying training opportunities in relation to children and young people who had sexually abused, the other service seeing the "less than a week's training" offered per member of staff as "fully adequate". The services' supervision arrangements, however, were described as only "partially adequate" and opportunities for consultation were felt to be "inadequate" by both services.

Most referrals came to the services from the local HSST team, with the majority of requests being for advice and guidance, initial risk assessments and intervention services. Both services were used to co-working cases, with members of their own team or with members of other teams. The AIM assessment model was being used by one service, the other service's approach to assessment being described as "eclectic". Both services only offered community based, one-to-one work, drawing on cognitive behavioural theory, with some use made of other theoretical approaches. One of the two services was dissatisfied with both the availability and quality of assessment and intervention services locally, the other service was satisfied with these aspects. Both services agreed, however, that the availability of specialist placements and secure accommodation was inadequate. Both services were involved in in-service monitoring and evaluation efforts, one service also seeking feedback from service users, carers and referrers.

As regards issues of concern, most of those identified by services in England and Wales were also identified by the two Northern Ireland services who, in response to the miracle question, wished for more adequate resources and funding, a range of intervention services (preventive, secondary and tertiary), better recognition of the value of their service, and opportunities for informal and formal support from professionals involved in the same area of work.

### **Republic of Ireland**

Out of a possible 16 services, 10 responded to the mapping survey. They varied in size and included a mix of professionally qualified staff. Half the teams worked solely with children and young people who had sexually abused, and the other five services had a wider range of work. Between the 10 services, they had worked with 110 cases of sexual abuse by children and young people in the previous year, and most services thought that this was an expanding area of work. Between them, the services had experience of working with both male and female young abusers across the 0-to-18 age range, but the majority of service users were male, of white European origin, mostly in the 14-to-18 age range, some not charged with any offence but others charged with offences ranging from non-contact offences through to offences involving physical contact. A proportion of these service users appeared to have some degree of learning disability.

Only one service reported having formal inter-agency protocols locally about work with children and young people who had sexually abused, based on existing government guidance; although six of the services had developed their own intra-agency policies and procedures. However, in all the service areas, there appeared to be considerable discretion, at best, and a lack of consistency, at worst, about how far the principles underpinning central government guidance were followed and about when, for example, child protection conferences might be convened in respect of a young alleged abuser.

Two services reported that staff had not been offered post-qualifying training in relation to children and young people who had sexually abused; the remaining services had been able to access relatively modest amounts of training of various kinds. More than half the services felt that training opportunities were either “partially inadequate” or “inadequate”. Similar views were expressed about the adequacy of supervision available, and 7 out of 10 teams expressed even higher levels of dissatisfaction in relation to their access to consultation.

Referrals to the services came from a variety of sources, including from families themselves (in the case of two services). Eight of the services were used to co-working cases, with members of their own team and/or with members of other teams. The AIM assessment model was being used by six services, the rest drawing on a variety of assessment approaches. All but one of the services offered an intervention service – eight offering community based, one-to-one work, and three also offering a group work programme. Two services offered a residential intervention service. Most services drew on cognitive behavioural theory, with some use made of other theoretical approaches. Of the 10 services, 8 were dissatisfied with the availability of assessment and intervention services locally, and there was some dissatisfaction with the quality of some intervention services locally. However, 8 out of 10 services agreed that the availability of specialist placements and secure accommodation was inadequate. Half the services were involved in in-service monitoring and evaluation efforts, with only one service also involved in monitoring local inter-agency working.

As regards issues of concern, Republic of Ireland service respondents seemed most exercised (at least 7 out of 10 services expressing concern) over the following:

- lack of monitoring and evaluation of services
- lack of qualified residential staff or suitably trained foster carers
- availability and/or quality of placement provision/secure accommodation
- problems of co-ordinating child welfare and youth crime systems
- the availability and/or quality of initial assessment facilities
- lack of adequate supervision, support of consultation for staff
- the availability and/or quality of core assessment and intervention facilities.

In response to the miracle question, service respondents wished for:

- more adequate resources and funding
- greater consistency of response within child protection procedures
- a range of intervention services
- agreements about inter-agency policies and procedures
- a high-support residential unit and more training and research.

### **Scotland**

There was a poor response rate to the mapping survey (31%), with only five responses from a total of 16 services sent the questionnaire. The services varied in size, and virtually all staff were social work qualified. Three of the five teams specialised in work with children and young people who had sexually abused; the other two teams working with a broader range of children and young people. Between them, the services had worked with 107 cases in the previous 12 months, and most felt this was an expanding area of work.

The services worked with young people covering the 0-to-18 age range, both male and female, although males made up the majority of services' work loads. One of the five services had experience of working with service users from an Asian background; the rest described their service users as of white European origin. All services reported that at least a quarter of the service users appeared to have some degree of learning disability. All five services had worked with young people not charged with any sexual offence, and all five had also worked with young people who had been charged with sexual offences. Two of the services reported working with children and young people charged with sexual offences involving physical contact and violence.

There was variability as regards the extent to which the principles outlined in the Scottish Office's guidance document (Scottish Office, 1998) were reflected in practice, and there was also variability of practice when it came to convening child protection case conferences in respect of children and young people alleged to have sexually abused. Two out of the five service areas had locally agreed formal protocols covering policy and procedures, and three services had their own internal policies and procedures.

Scottish services appeared to have been able to access greater amounts of training compared to their counterparts in Northern Ireland and the Republic of Ireland, although all considered that continuing, specialist training was also needed. They also considered their supervision and consultation arrangements to be “partially adequate”.

Most referrals to the services came from the local social work department although referrals also came from other sources less frequently. The five services all had experience of co-working arrangements, either within their service or involving staff from other teams. Between them, the services drew on a range of assessment models including the AIM model, the DoH’s assessment framework and the Youth Justice Board’s *Asset* model. There was a view that the availability of assessment services locally could be improved, but there was overall good satisfaction with the quality of those services that existed. All five services offered an intervention service, four offering community based one-to-one work and the other being a residentially based service. Cognitive behavioural and family systems ideas were most often identified by the services as informing their approach, although other theoretical models were also drawn on by some services. As in relation to assessment services, there was reasonable satisfaction with the quality of intervention services that did exist, but there was a shared view that the intervention services needed to be more available locally. Three out of the five services considered there were insufficient therapeutic residential services and not enough specialist foster placements.

Four out of the five services were involved in monitoring their own activities in various ways, but only one service was involved in any monitoring of local inter-agency working.

The service respondents had a number of concerns about the area of work with children and young people who have sexually abused, with three of the services, at least, commenting on:

- the problems of victims and abusers being accommodated in the same placement
- on the availability and/or quality of placement provision/secure accommodation on a lack of suitably qualified residential staff or foster carers
- about young people having schedule 1 status
- the problems of co-ordinating child welfare and youth crime systems in the case of those over the age of criminal responsibility
- insufficient training opportunities for staff
- the lack of monitoring of services
- the dearth of evaluation studies of intervention approaches
- a lack of consensus about whether, if ‘untreated’, young people who had sexually abused would grow out of their behaviour.

In response to the miracle question, Scottish service respondents identified very similar issues to the respondents from Northern Ireland and the Republic of Ireland, including:

- more staffing and other resources
- clearly agreed local guidance and protocols

- all young people case-conferenced
- improved residential and foster care provision.

### **Summary of key findings from mapping survey**

Pulling together the findings from the survey of services from across the five geographical areas, the following emerge as key findings from the data collected.

- Aside from the YOTs, whose composition and funding are statutorily determined, the other services across the areas often described complex, multi-agency organisational and funding arrangements.
- The 186 services also varied in their size, from a one-person service, to services with 10 or more professionally qualified staff.
- A range of professional disciplines were represented in the teams, especially in the YOTs and in other services in England and Wales.
- The proportion of children and young people who had sexually abused within a service's work load varied considerably across the 186 services, although 38 or 21% of the 186 worked solely with this service user group, and 120 or 65% of the services thought this was an expanding area of work.
- The 186 services were working with a range of children and young people with sexually abusive behaviour, including children who were under 10 years of age. However, most of the young people worked with were either in the 10-to-13 years age range or, in the case of YOTs, in the 14-to-18 years age range.
- 76 or 41% of the 186 services had worked solely with male children and young people with sexually abusive behaviour. However, this means that over half of services also had at least modest experience of work with female service users with these problems, the proportions of these young people varying across the services, although only four services (2%) across the areas worked only with females.
- In England and Wales, 31 or 28% of YOTs and 23 or 40% of the other services reported working with young people with sexual behaviour problems who were from an Afro-Caribbean, Asian or other ethnic background. However, only one service out of Northern Ireland, Scotland and the Republic of Ireland had worked with services users from an ethnic minority background.
- With the exception of Northern Ireland, over half the services in the various nations reported working with significant proportions of children and young people with sexually problematic behaviour whom they considered to have learning disability. However, it appeared that few such young people had been formally assessed as such.

- 105 or 56% of services, including YOTs, across all five areas had worked with children and young people with sexual behaviour problems who had not been charged with any offence. All 186 services had also worked with young people charged with a range of offences, right through to small minorities of young people who had been charged with the most serious offences involving physical contact and violence. Most services used various criteria to determine eligibility for service, the usual criteria relating to age, geographical residence and the nature of the young person's problem.
- In terms of policies and procedures, most services in the various areas were aware of the central government guidance available in their respective areas about the principles which should inform practice with children and young people with sexually problematic behaviour, although these principles were not always followed.
- In four out of five areas, just under half of the services were able to report that formal protocols covering policies and procedures had been agreed locally. In the Republic of Ireland, only 1 out of the 10 services was able to report having such a protocol.
- In all the areas, evidence emerged which showed that there was considerable inconsistency in local areas as regards when formal meetings such as child protection conferences, multi-agency meetings or their equivalents might be convened to consider the needs and risks presented by a child or young person alleged to have sexually abused someone. Respondents commented on such events as happening "at random", "sporadically" or "idiosyncratically".
- 106 or 57% of the 186 services (including YOT services) agreed or strongly agreed with the statement that "current arrangements nationally for dealing with child welfare issues on the one hand and youth crime on the other, work against effective working with children and young people who have sexually abused."
- 15 or 8% of the 186 services had not been offered post-qualifying training in relation to work with children and young people who had sexually abused others. In four out of the five areas, most services could only report having been offered relatively modest amounts of such training, with 87 or 47% of services reporting that they had been offered less than a week's training per year to staff. The exception was Scotland where four out of the five services were able to report that at least between training of between 1 and 4 weeks had been offered. The majority of services, 134 or 72%, rated the adequacy of their training opportunities as "partially adequate", or worse.
- Various supervisory and consultation arrangements were described by the services. There was generally less satisfaction with the availability of opportunities for consultation about cases and the impact of the work on staff than there was about supervisory arrangements. However, even in the case of supervision arrangements, 88 services (47%) described them as "partially adequate" only, or worse.
- Most referrals of cases came from other welfare or criminal justice agencies – very few were self-referrals or referrals from family members.

- Most services offered a range of assessment and intervention packages, although group-work programmes were offered by only a very small number of services – just 32 services (17%) offered a community-based group-work programme; 26 services (14%) reported they provided a residentially based intervention service. Co-working arrangements within and across teams or services were common.
- Various assessment frameworks were drawn on, including the *Asset* model, the DoH assessment framework and the AIM model; and cognitive behavioural, relapse prevention, family systems, ecological and psychosocio-educational ideas figured largely in services’ replies about preferred intervention approaches.
- When asked to rate the availability and quality of local assessment services, 72 or 39% of services rated their availability as “inadequate”, or worse, and 33 (18%) of services rated the quality of available assessment services as “inadequate”, or worse.
- When asked to rate the availability and quality of local intervention services, 88 or 47% rated their availability as “inadequate”, or worse. However, smaller numbers of services – 41 (22%) – were concerned about the quality of the intervention services which did exist.
- Across the five areas, there was widespread concern about the availability of good quality placement provision and secure accommodation – almost three-quarters of all services across the five areas rated their availability as “inadequate” or “entirely unsatisfactory”. There was somewhat less concern about the quality of the placement provision that did exist.
- The majority of services across the five area were involved in some form of monitoring and/or evaluation of their own service, but very few were involved in any evaluation of local multi-agency working;
- Services in the 5 areas shared many of the same concerns about aspects of policy and practice in relation to children and young people with sexually problematic behaviour, most of which had surfaced at various points in their responses to the various sections of the questionnaire. However, in response to section 6 of the questionnaire, it emerged that the majority of services were exercised about young people being caught up inappropriately in legislation designed with adult sex offenders in mind – thus, for example, 78% of YOTs and 71% of other services in England and Wales were concerned about young people having schedule 1 status.
- In response to the miracle question (section 7 of the questionnaire), services across the five areas identified a range of improvements, including:
  - improved inter-agency co-ordination
  - increased resources in relation to staffing, training, supervision, consultation, placement provision
  - better availability and quality of assessment and intervention services and having more time to undertake work thoroughly.

## 5 Findings from the survey of secure residential providers

### *The purpose of this element of the research programme*

The purpose of this element of the overall research programme was to gather data about the nature and range of secure residential provision offered to young people who have demonstrated sexually abusive behaviour across the UK and the Republic of Ireland. The aim was to survey provision in the UK and Republic of Ireland with a view to describing that provision, including the nature of establishments, the degree to which establishments provide services for children and young people who have sexually abused, as well as the training and the policy basis informing work undertaken with this service user group.

### *Method and procedure*

A version of the mapping questionnaire described fully in chapter four was adapted specifically for distribution to contacts within establishments providing secure residential provision across the five areas. This adapted questionnaire was piloted with the manager of one secure unit, and a number of modifications were made as a result in order to tailor the questionnaire more to the specific needs of this group of respondents. This adapted mapping questionnaire contained questions relating to the nature and extent of residential services provided to young people who have sexually abused, their policy basis and the views of respondents' about the adequacy of service provision and policy from the perspective of residential service providers. As with the other mapping questionnaires described in this report, the final formatting of this questionnaire was undertaken using Formic (version 3.4.23). The completed questionnaire was distributed to all known secure residential establishments in the five areas (n=89) for completion and return. A series of follow-up reminders were sent to establishments where no response had been received by the original deadline.

In total, 47 responses were received from establishments:

- 29 from England
- 8 from the Republic of Ireland
- 2 from Scotland
- 7 from Northern Ireland
- 1 from Wales.

This represents an overall response rate of 53%.



Of these establishments, 17 were youth custody centres (young offender institutions or their national equivalents). Most of the remainder of responses were from secure units, operated by local authorities. Most of the 47 respondents provided a service to young offenders generally, among them some young people with sexually abusive behaviour. However, one open unit specialising in work with adolescent sex offenders made up the sample.

## Results

### The nature of establishments and their work in this area

Establishments were asked how many full-time equivalent professionally qualified staff, excluding support staff, there were in working in the establishment. Unsurprisingly, the results suggest that the overwhelming majority (76.6%) of these institutions are large, with more than 10 members of staff.

**Table 23 Number of full-time professionally qualified staff working in secure establishments**

	Frequency	Percentage	Cumulative percentage
No response	1	2.1	2.1
0–3 staff	3	6.4	8.5
4–6 staff	3	6.4	14.9
7–9 staff	4	8.5	23.4
10-plus staff	36	76.6	100.0
<b>Total</b>	<b>47</b>	<b>100.0</b>	

The professional background of staff at the institutions varied, however the majority of the units had social workers, psychologists, teachers and nursing staff represented, as highlighted in the following table:

**Table 24 Professional backgrounds of qualified staff working in secure establishments**

	Social work (%)	Psychiatry (%)	Teaching (%)	Probation (%)	Psychology (%)	Nursing (%)
No	11 (23.4)	30 (63.8)	5 (10.6)	31 (66)	11 (23.4)	13 (27.7)
Yes	36 (76.6)	17 (32)	42 (89.4)	16 (34%)	36 (76.6)	34 (72.3)

Twenty-four respondents gave details of other staff working in their units. Two indicated that they have consultant psychiatrists working with them full-time, while an additional two respondents suggested that they have access to psychiatrists on a sessional basis. Other staff mentioned included counsellors, speech therapists, art and drama therapists, residential care staff, chaplains, drug counsellors, education welfare officers and prison officers.

Establishments were asked what proportion of their work load over the last three years comprised young people who had sexually abused/offended. As can be seen from the following table, almost two-thirds of units had, indeed, worked with at least one young person who had sexually abused over this time period, with most of these respondents indicating that work with this population of young people occupied up to a quarter of the unit's overall work load. This confirms the view that most young people accommodated in the secure estate for sexual offences are part of a mixed rather than a specialist setting. Six respondents said that they did not know how many young people with this behaviour received a service in their establishment.

**Table 25 Proportion of secure establishments' work load concerning young people who have sexually abused**

	Frequency	Percentage	Cumulative percentage
<b>No response</b>	1	2.1	2.1
<b>None</b>	9	19.2	21.3
<b>Up to 25% of total population</b>	30	63.8	85.1
<b>Between 25% and 50%</b>	0	0	85.1
<b>Over 50%</b>	0	0	85.1
<b>All the population</b>	1	2.1	87.2
<b>Don't know</b>	6	12.8	100.0
<b>Total</b>	<b>47</b>	<b>100.0</b>	

Respondents were also asked to indicate how many young sexual offenders had received a service from their establishment over the last three years. In total, just over a quarter of respondents (n=12) were not able to give either an estimated or precise figure. However, 35 respondents were able to provide a figure and, in 44% of these cases, this was a known rather than an estimated figure. The responses to this question ranged from no young people to, in one case, 80. The modal response, endorsed by six respondents, was 20 young people, and the median response was 11. That the numbers differ so widely, again, suggests a tremendous variability in the frequency with which these units are dealing with young people with these specific problems.

Almost half the sample (n=23) thought that this area of work was expanding for their unit, as opposed to only a quarter of respondents (n=12) who felt that it was not. Most units described their work in this area as primarily involving young men more than 14 years old. One unit described its work as exclusively with young women and said that three young women with sexually abusive behaviour had been given a service over the last three years.

As with other parts of this overall research, respondents indicated that a significant minority of the population of young people with sexually abusive behaviour they served had learning disabilities of differing degrees. Indeed, only four out of 27 respondents able to comment indicated that none of the young people with sexually abusive behaviour they had worked with had learning disabilities.

Twenty-seven establishments (57.4%) said that they have criteria that determine eligibility for their service. The criteria were varied but, in most cases, related to the criminal status of young people. Not surprisingly, given the nature of these establishments, the proportion of young people with sexually abusive behaviour who had convictions for sexual offences tended to be very high. In England and Wales, most establishments said that the usual route into their services is a court sentence and a placement via the Youth Justice Board. Some respondents, typically those whose facility had a higher proportion of referrals of this nature, also indicated eligibility criteria, including specific factors such as risk and vulnerability.

### Policy, training and support issues

Respondents were asked whether their facility works to formal inter-agency protocols concerning work with children and young people who have sexually abused. Fourteen respondents (29.8%) said that they did, while 23 (48.9%) said that they did not. A further seven respondents (14.9%) did not know, and three respondents did not respond to the question. It may be that these establishments, by their very nature within the secure estate, are less embedded in the policy framework provided by local ACPCs. Where they existed, such protocols appeared broadly supported among respondents. Four respondents thought that they were “very helpful”, while a further 10 suggested that they were “helpful”.

In contrast to the low level of inter-agency protocols, more respondents (n= 22 [46.8%]) indicated that their unit had its own policies and procedures to facilitate the management of cases of sexual abuse or offending by children and young people, as demonstrated in the following table.

**Table 26 Secure establishments with their own policies or protocols regarding the management of young people with sexually abusive behaviour**

	Frequency	Percentage	Cumulative percentage
<b>No response</b>	4	8.5	8.5
<b>Yes</b>	22	46.8	55.3
<b>No</b>	18	38.3	93.6
<b>Don't know</b>	3	6.4	100.0
<b>Total</b>	<b>47</b>	<b>100.0</b>	

Asked to rate the usefulness of these internal policies or protocols where they existed, the vast majority of those respondents thought they were either very useful or useful (in 20 out of 22 cases).

Respondents were also asked whether they agreed that current arrangements for dealing with child welfare issues on the one hand, and youth crime on the other, get in the way of effective working with this group of young people. Some 60% of respondents either “strongly agreed” or “agreed” that this was the case. Respondents were invited to offer qualitative comments to explain the reasons for their choice. Responses were diverse, but included the following comments:

*Society only sees the behaviour acted out and does not see the feelings behind it. Society expects custodial facilities to directly deal with the youth crime and not from the child welfare route.*

*The tension exists between child protection, and working with a young person who has committed a serious offence – how to maintain the balance is a real issue/test. There is a need to manage risk and effect positive change.*

*A focus on offending behaviour often means that insufficient attention is given to background of young people, which often involves them having been abused.*

*A high percentage of young offenders offend due to welfare issues – such as bereavement, abuse and separation.*

*HM Prison Service deals effectively with those in our care, regardless of the nature of offence.*

*Due to the nature of Youth Justice Board establishments, staffing levels, etc. it is felt that emphasis may not be placed on the underlying welfare issues.*

*The current system is open to discrimination. To a large extent services that can be offered depend upon to what system a young person is referred. A single unified system aimed at accurately identifying & meeting individual needs may be more appropriate.*

*The issues is always about funding of specialist placements after release from service, as most secure units do not run treatment packages or sentencing is too short to complete package.*

*There are no suitable offending behaviour programmes within the juvenile young offender system. This means that we are failing the offender, their past victims and any future victims.*

Respondents were also asked a series of questions about the level of training offered to staff working in each establishment in respect of young people who have sexually abused. The following table summarises responses concerning the amount of training on offer per year.

**Table 27 The amount of training received by staff in secure establishments**

	Frequency	Percentage	Cumulative percentage
<b>No response</b>	1	2.1	2.1
<b>None</b>	16	34.1	36.2
<b>&lt;1 week</b>	19	40.4	76.6
<b>1–4 weeks</b>	7	14.9	91.5
<b>1–3 months</b>	1	2.1	93.6
<b>&gt;3 months</b>	2	4.3	97.9
<b>Don't know</b>	1	2.1	100.0
<b>Total</b>	<b>47</b>	<b>100.0</b>	

As can be seen, for three-quarters of the total sample of establishments, the length of training was less than one week. In terms of the adequacy of training received, 6 respondents (12.8%) rated it as fully adequate, with almost a third of the sample (n= 15, 31.9%) suggesting it was adequate. 7 (14.9%) respondents felt it was inadequate. Where training was rated less than fully adequate, respondents were invited to list reasons for their ranking. Most often respondents said that training of a specialist nature is needed over and above more general child protection awareness raising courses which is often the only training on offer to unit staff. Interestingly, one respondent said:

*It is difficult to find trainers who will specialise in work with residential workers or see residential staff as skilled in work with sexual abusive young people.*

Respondents were also asked their views of staff supervision in their unit in respect of this group of children and young people. In 13 cases (27.7%) this was rated fully adequate, although, in total, over half the sample (n= 26, 56.3%) this was seen to be only partially adequate or inadequate. Again, the reasons for these ratings were varied. Some respondents said that there is a lack of access to *clinical* supervision on this issue for some staff, especially residential care workers. Several establishments reported arrangements whereby psychology colleagues gave support and clinical guidance on these issues to other staff, although how formal these arrangements were, and how closely they fitted within a managerial framework, was not clear. Another respondent said that, while professional supervision was adequate, it was often given low priority due to other work load pressures. In another case, the respondent explained that formal supervision largely concentrated on full-time staff and not on casual or part-time staff, who covered a large amount of the unit's rota. It was also clear that, for some organisations, staff supervision has not been historically considered to be an integral part of the organisation's culture. For example, one YOI respondent said:

*[We] are currently looking to introduce staff supervision as a concept. We understand that we would be the first Prison Service establishment to do so. That said, any advice or guidance about this particular group would be very beneficial.*

The level of external consultation available in these establishments in relation to children and young people who have sexually abused was high, with three quarters indicating such availability (n=35, 74.5%) as against only 10 cases (21.3%) where this was not available. Such provision was also rated highly by respondents; fully adequate in 16 cases (34%) and partially adequate in a further 17 (36.2%). In many cases, such external consultation was provided by specialists from local specialist services.

### **Referrals and services provided**

Respondents were also asked to provide data on the types of service requested of establishments by referrers in relation to young people who have sexually abused. 'Intervention' was defined broadly as 'treatment, therapeutic work or clinical involvement', given the lack of one agreed term to describe post-assessment work. Table 28 summarises responses to this question.

**Table 28 Types of services requested of secure establishments**

	<b>Always (%)</b>	<b>Very often (%)</b>	<b>Often (%)</b>	<b>Hardly ever (%)</b>	<b>Never (%)</b>	<b>Don't know (%)</b>
<b>Advice or consultation to other agencies</b>	14 (29.8)	11 (23.4)	10 (21.3)	4 (8.5)	2 (8.5)	0
<b>Preparation of court reports/ Involvement in court proceedings</b>	3 (6.4)	8 (17.0)	9 (19.1)	11 (23.4)	8 (17.0)	0
<b>Core or comprehensive assessment</b>	10 (21.3)	8 (17)	8 (17)	6 (12.8)	7 (14.9)	0
<b>Intervention work</b>	14 (29.8)	9 (19.1)	10 (21.3)	4 (8.5)	3 (6.4)	0
<b>Specialist residential placement</b>	10 (21.3)	3 (6.4)	5 (10.6)	8 (17.0)	8 (17.0)	3 (6.4)

As can be seen from the above table, these residential units were expected to undertake a range of work with young people. Often this involves day-to-day care combined with the delivery of intervention work and close liaison with other agencies. Three respondents indicated that their establishment offered services additional to those mentioned. These were:

- risk assessment with reference to staff and/or other prisoners and/or general public
- trying to achieve a continuum of work with other agencies post discharge
- sentence-planning and the preparation of parole documentation.

It was clear that most establishments (n=36 [76.6%]) also requested a number of the above services from other external providers for the young people placed with them. Court reports were typically undertaken by YOTs, the probation service or, in two cases, visiting psychiatrists. Assessments were commonly requested from psychologists from the prison or forensic mental health services. A number of establishments had formal agreements with specialist adolescent sex offender projects based in their locality which provided assessment and intervention services in the unit, for example G-MAP or the Lucy Faithfull Foundation. In total, over 80% of the entire sample of establishments (n=38) said that they undertake co-work with young sex offenders – using staff from within the establishment itself, as well as workers from outside the establishment. Most respondents stated that they either had no identified specialists in respect of this issue in the unit itself, and that work of this nature was evenly divided among the staff team. However, in nine cases (19.1%), there was an identified specialist or expert within the establishment.

Respondents were also asked whether their establishment used a particular assessment framework when working with this group of young people. Most (n= 32 [68.1%]) did not. Of those suggesting that a specific assessment format was in use, three said that they used the G-MAP format and two the Lucy Faithfull Foundation model (though neither of these were specified in any more detail). No mention was made of either more generic assessment models such as *Asset* or the DoH assessment framework, nor of more widely known specific sex offender models. There was also a general level of dissatisfaction expressed among respondents about the availability of assessment services in their local area (including their own), with almost 50% of the sample describing this as either inadequate or entirely unsatisfactory, as indicated in Table 29.

**Table 29 Secure establishment respondents' views about the availability of assessment services**

	Frequency	Percentage	Cumulative percentage
<b>No response</b>	3	6.4	6.4
<b>Excellent</b>	3	6.4	12.8
<b>Adequate</b>	12	25.5	38.3
<b>Inadequate</b>	16	34.0	72.3
<b>Entirely unsatisfactory</b>	7	14.9	87.2
<b>Don't know</b>	6	12.8	100.0
<b>Total</b>	<b>47</b>	<b>100.0</b>	

The high cost of purchasing such services from specialist providers was repeatedly listed as a problem. Other reasons given for the inadequacy of assessment services included:

- intervention work being slow to start due to limited capacity of external agency specialising in this work
- a general lack of service providers able to offer these services
- a lack of trained staff
- a difficulty in accessing services beyond initial assessment
- a lack of specialised services for young women
- a lack of a formal system for accessing such assessment services
- a specific difficulty in accessing such services when young people are placed far from their home environments and a problem in organising services that bridge their time in the unit and their place of residence at discharge.

Similarly mixed views were expressed about the quality of assessment services on offer. There was a view that, in some cases, assessments provided were of a very general nature and not specific enough in dealing with young people’s sexual abuse. Another respondent described a lack of consistency between the format and depth of assessments received even from one specialist service.

In terms of establishments’ theoretical approach, cognitive behavioural interventions appeared to be most strongly supported and were described in 30 cases (63.8%) as one of the three approaches most closely associated with the way establishments worked with this group of young people. The second most supported approach was relapse prevention (n=13 [27.6%]) and the third was an approach described as ecological or holistic (n=11 [23.3%]).

Respondents also commented on the availability and quality of intervention services in their area for this group of young people. The availability of these services was variable across the sample, as demonstrated in the following table:

**Table 30 Secure establishment respondents’ views on availability of intervention services**

	Frequency	Percentage	Cumulative percentage
No response	3	6.4	6.4
Excellent	3	6.4	12.8
Adequate	13	27.6	40.4
Inadequate	13	27.7	68.1
Entirely unsatisfactory	6	12.8	80.9
Don’t know	9	19.1	100.0
<b>Total</b>	<b>47</b>	<b>100.0</b>	

Similarly mixed views were also reported in relation to the quality of intervention provision. Only three respondents (6.4%) rated them as “excellent”, and three as “adequate”, as opposed to 23 (48.9%) who felt they were “inadequate”. Gaps in service described included:

- a lack of group work services for young people who have sexually abused, as opposed to the general emphasis on group work for other young offenders
- a lack of mental health services for this population of young people
- no specialist intervention programme of work within a prison setting
- demand exceeding availability
- difficulty in organising services to bridge current and future placements for young people leaving establishments
- lack of involvement on residential staff in work offered by external agencies
- the inability of referring bodies to fund such work.



More than half the establishments said that they sometimes have to turn referrals of young people with sexually abusive behaviour away, commonly because of concerns about managing the mix of group in the unit (i.e. not wanting to place offenders with victims) and the vulnerability of other young people already resident in the establishment. A lack of experience in the staff group, not having enough time to conduct work when young people are due to be released shortly, and a general lack of places were also mentioned by multiple respondents. Only five establishments (10.6%) said that they were involved in any kind of monitoring or evaluation of the services they provided to this group of young people.

### Issues of concern

Respondents were provided with a list of issues in relation to young people who had sexually abused and were asked to indicate which (if any) caused them concern. The following table identifies these issues and records, in descending order, with the percentages of respondents expressing concern about each one.

**Table 31 Issues of concern secure respondents**

<b>Issue</b>	<b>% of respondents expressing concern</b>
<b>Problems of victims and abusers being accommodated in the same placement provision</b>	66.0
<b>Insufficient training opportunities for professionals involved in work with young people</b>	66.0
<b>Availability and/or quality of intervention facilities</b>	63.8
<b>Lack of qualified residential staff/trained foster carers</b>	57.4
<b>Lack of monitoring and evaluation of services for young people</b>	57.4
<b>Lack of consensus about how sexual abuse by young people should be defined</b>	51.1
<b>Availability and/or quality of core assessment facilities</b>	51.1
<b>Lack of consensus about the extent to which children and young people will 'grow out of their behaviour' – even if left 'untreated'</b>	51.1
<b>Lack of adequate supervision, support and consultation for professionals involved in this area of work</b>	46.8
<b>Availability and/or quality of placement provision/secure accommodation</b>	44.7
<b>Concerns about young people having schedule 1 status</b>	42.6
<b>Availability and/or quality of initial assessment facilities</b>	42.6
<b>Problems of co-ordinating child welfare and youth crime systems, in the case of those over the age of criminal responsibility</b>	38.3
<b>Dearth of evaluation studies of intervention approaches</b>	38.3
<b>Lack of clarity about what is normal and abnormal sexual behaviour at different stages of child development</b>	38.3
<b>Problems of influencing prosecutors and sentencers</b>	29.8

Other concerns in the establishment on this issue indicated by respondents included a general lack of after care/post-discharge provision, and the issue of the safety in residential units of young people who have sexually abused.

### **Summary and conclusions**

Although respondents to this element of the overall research programme were somewhat different from respondents to the mapping survey reported in chapter 4, it is clear that many of the same issues, problems and debates have an impact upon secure residential facilities as they do on services based in the community.

The lack of specialist adolescent sex offender services that can assist secure establishments in their work with this user group is a finding which was repeatedly emphasised by respondents. Some units are fortunate enough to be able to buy in the services of local community-based specialist providers, in the form of either direct intervention or external consultancy. Linking in with local specialist services in this way appears to be a useful model. However, in geographical areas where such services do not exist, some units struggle to offer the range of services needed by this group of young people.

As with the community-based services reported in the previous chapter, many secure establishments appear to be dealing with young sexual abusers with some degree of learning disability.

More specific to work within the context of these secure facilities, however, is the dual mandate of 'control' as well as 'care' for young people, which was mentioned by several respondents as a tension they face when dealing with young people who sexually abuse others. A large number of respondents to this survey express concern about the continuing 'split' between youth crime and child welfare systems. Some respondents were of the view that a tension exists in the mandate given to youth crime services by society, whereby 'punishment' is expected, and welfare issues are not sufficiently emphasised.

The relatively low status of residential care work also emerged as a feature for some respondents, who suggested that this contributed to a general lack of specific training opportunities for workers. As with other professional groups surveyed, as reported in chapter 4, staff working in secure facilities typically had little specific training in relation to young people with sexually abusive behaviour. Many respondents were of the view that more training should be offered on this issue.

Most establishments were working with mixed populations of young people. A particular pressing issue for units is, therefore, how to ensure the safety of all residents. There is evidence that a significant number of units ensure that a careful assessment of the mix of young people in the unit is undertaken before the admission of a young sexual offender. Such assessments are designed to examine issues of potential vulnerability, risk and safety across the unit, including to do with the young sexual abuser himself. The development of unit-specific protocols in relation to this issue should be encouraged in all units. Although they were not reportedly widely (in only 14 out of 47 cases), formal inter-agency policies and protocols were seen as either very helpful or helpful in all cases where they existed.

## 6 Findings from the analysis of policy documents

### **Purpose of this element of the research programme**

The purpose of this element of the overall research programme was to gather and analyse existing local area policy and procedural guidance in relation to young people who have sexually abused others across the five areas, and to comment on the adequacy of such guidance in the management of such young people within multi-agency professional systems.

In earlier research into this issue in England and Wales, Masson (1995) reported that approximately 30% of all ACPC areas in 1993–94 had policies and procedures in place to manage cases where children and young people were referred because of their sexually abusive behaviour. A further 59% of ACPCs claimed that they were in the process of developing such policies. Masson noted that it appeared that such policies and procedures were being developed within the context of paragraph 5.24 of *Working Together* (DoH, 1991), with very few references in the ACPC annual reports to the relevance of the youth justice system response. Since this earlier research, an updated version of *Working Together* (DoH, 1999) for England and Wales has further highlighted the need for ACPC areas to address this issue in policy terms, and, similarly, national guidance addressing this issue has been produced in Northern Ireland (Social Services and Public Safety, 1996), the Republic of Ireland (Department of Health and Children, 1999) and Scotland (Scottish Office, 1998). Therefore, it was timely to explore the extent to which the policy landscape locally across the five geographical areas has progressed in the intervening eight years since Masson's earlier findings.

### **Method and procedure**

A questionnaire was developed in order to gather information about inter-agency policy and guidance across the five areas relating to the issue of sexual abuse by young people. In addition to asking whether such guidance existed in any given locality, the questionnaire asked respondents to confirm the status of existing policy and guidance and to indicate any plans to develop such guidance if there were none in place. Letters were distributed widely to representatives of the multi-agency network across the five areas enclosing the questionnaire, including:

- all 174 ACPC chairs in England, Wales and Northern Ireland (66 responses, i.e. a rate of 38%)
- a follow-up letter to 95 of 151 child protection co-ordinators in England and Wales whose ACPC had not responded to the original ACPC chair letter (26 responses, i.e. 27%)
- 27 child protection committee chairs in Scotland (responses from 20, i.e. 74%)
- 32 youth justice co-ordinators in Scotland (response from 6, i.e. 19%)
- 32 child care managers in the Republic of Ireland (response rate 18, i.e. 56%).

Respondents were asked to fill in the data collection tool and, where existing guidance or procedures were in place, to enclose a copy of relevant guidance. Additionally, local area policy documents were requested from all 186 respondents to the mapping survey described in chapter 4 above.

In total, from these various sources, 143 responses to the policy questionnaire were received. Once the documents and questionnaires had been gathered and categorised, the researchers read and analysed each document, in turn, using a data collection tool that they developed specifically for the purpose of the research. This tool allowed the researchers to record key information about each policy document, including its breadth, specificity and the degree to which it reflected national policy guidance. The tool also recorded whether the guidance included definitional pointers, advice on placement, assessment and intervention issues and guidance on legal disposal and child protection registration. Data from each guidance document were then input into a statistical package (SPSS for Windows, version 11) for analysis.

## Results

Of the overall total of 143 responses, just over three-quarters of respondents filling in the initial questionnaire (n=108 [76%]) indicated that their child protection committee (or national equivalent) had inter-agency policy or guidance relating to children and young people who have sexually abused others, whereas just under a quarter (n=35 [24%]) stated that there was no such guidance in their local area. However, there were some significant differences among the responses across the five areas, as indicated in Table 23 below:

**Table 32 Responses on the existence of local inter-agency policy or guidance across the five areas**

	Number of respondents	Have a policy (%)	Do not have a policy (%)
England	85	78 (92)	7 (8)
Wales	14	8 (57)	6 (43)
Northern Ireland	4*	2 (50)	1 (25)
Scotland	27	18 (67)	9 (33)
Republic of Ireland	13	2 (15)	11 (85)
<b>Total</b>	<b>143</b>	<b>108</b>	

\*Data from one respondent is missing

These differences can be accounted for, in part, by the varying nature of national guidance on this issue. For example, while the number of local area policies identified above for the Republic of Ireland seems low, several respondents noted that their local area was operating interim arrangements pending the full implementation of the national *Children First* guidance. It is also interesting to note the position in respect of Welsh respondents, some 43% of whom suggested that there was no policy on this issue in their area, despite the fact that all-Wales child protection procedures, which address this issue, had recently been adopted.

Existing policies also varied in relation to their status in the local area. Some policies were only in draft form, others were in place and operational, while some were being reviewed. In total, it was possible to identify 90 (83%) of the 108 policies as ‘agreed and in place’ in the local area in which they had been adopted, whereas a further seven (or 6%) of policies had been ‘agreed but not yet implemented’, with a final 5 (5%) in draft form but not yet agreed by the relevant stakeholders in the local area.

Of the 44 respondents indicating that there was no inter-agency guidance on this specific issue in their area currently, over half (n=23 [52%]) stated that they knew that such guidance was in development. However, a sizeable minority (n=11, 25%) reported that the development of such guidance was not being considered.

It was also notable that the length of guidance documents analysed and, therefore, the range of content areas covered varied significantly, from less than half a page to 39 pages. The median length of the documents analysed was three pages. Although the length of a policy was not, of course, in itself an indicator of its quality, there were significant numbers of policies which were shorter than a page in length (n=29) and which were very thin in terms of the content areas addressed.

The guidance documents also differed in their focus. When analysing the documents, the researchers found that it was often unclear as to whether guidance was referring to all young abusers (including those, for example, alleged to have emotionally or physically abused or bullied others) or only to young people who had sexually abused others. From a careful analysis of the text of each of the policies, it was found that often the title of the relevant sub-section of local ACPC procedures was general, referring to, for instance, “abuse by children and young people”, but the content seemed to be specifically referring to cases of sexual abuse.

This discrepancy arises in part because the central government guidance documents *Working Together* (DoH, 1999) in England and Wales and *Protecting Children – A Shared Responsibility* (Scottish Office, 1998) in Scotland are unclear in their focus. *Working Together* is particularly deficient in this regard in that, while the relevant section (Paragraphs 6.31- 6.37), is titled ‘Abuse by children and young people’ suggesting a broad approach, the underlying focus of the points subsequently made is strongly suggestive of sexual abuse. This lack of clarity appears to have been transferred into ACPC policies, some of which purported to offer general guidance on how to manage and respond to abusive behaviour by young people generally, but which actually referred to sexual abuse research or sexual abuse-specific risk factors. In contrast to the national guidance documents for England and Wales, and Scotland, the equivalent guidance documents in Northern Ireland and the Republic of Ireland are specific to sexual abuse by young people, and the researchers found that the local area policies here tended to be more specific to, and helpfully focused on sexual abuse by young people.

While some local policy documents did little more than simply replicate national guidance, other ACPCs, especially in England and Wales, had felt the need to expand significantly upon it. An analysis of the policy documents was made against the respective centrally issued guidance in each of the five areas. Each local policy was assessed as to whether it reflected the national guidance in part, not at all, or whether it reflected but expanded upon the guidance. Among English and Welsh ACPCs, some 42% of policy statements (n=36) were assessed as closely reflecting the *Working Together* paragraphs on abuse by children and young people, whereas a further 34% (n=29) expanded upon it. Worryingly, a further nine policy documents (10%) in England and Wales appeared to bear little resemblance to the guidance issued in *Working Together*. These policy documents appeared particularly dated and out of step with current thinking on sexual abuse by young people. For example, one ACPC indicated in its policy that it had a blanket policy for pursuing prosecution in all cases where a young person was identified to the child protection system, and another suggested that it was appropriate for section 47 investigations and case conferences to be held in respect of all young sexual abusers as victims.

At the same time, it is important to note some of the encouraging developments in relation to policy and procedures across the five areas. First, some localities with an available specialist service had very helpfully built agreed referral routes into that specialist service within their local area child protection procedures. Second, the move towards having agreed referral protocols in place between YOTs and the local child protection system in some areas seemed to go some way towards addressing the child protection and criminal justice divide that remained in other areas. Third, there was evidence that, in some areas, such as Wales and London, there had been a coming together of ACPCs in order to produce cross-boundary policies and procedures in response to these issues. Such developments appear to the researchers to help in managing and co-ordinating consistent approaches to multi-agency work with this group of young people – especially as single ACPC boundaries seldom correspond with those of police authorities and health trusts.

An analysis was also made as to the typical content areas included in the policy documents collected. First, the researchers examined whether policies included any specific definitional guidance as to what constitutes sexual harm/abuse by children and young people. This issue was chosen, since the lack of agreement as to how to define sexual abuse by young people was identified in the NCH report (NCH, 1992) as being a highly problematic feature of the field at that stage of its development. However, we found that only 13 of the 108 policies provided such guidance, with the most commonly cited definition (in five cases) being that provided by Ryan and Lane (Ryan and Lane, 1991).

Despite the absence of clear definitions of the problem, a number of the documents offered a list of factors that, they suggest, should be taken into account when making judgements about the seriousness of situations of alleged sexual abuse by children and young people. In many cases, these factors were very basic, aimed at helping practitioners to distinguish between abusive and non-abusive sexual behaviour in young people, rather than more advanced, which might, for example, include how to determine differential levels of risk and need. In total, it was possible to identify 45 out of the 108 policies (42%) that listed some suggested factors. Commonly these factors included:

- power differential between alleged abuser and victim
- age differences between the children involved
- the nature of the relationship between abuser and victim
- lack of informed consent
- the effect of the behaviour on the victim
- use of threat and coercion in the context of the sexual behaviour
- carers' ability to protect
- parental response
- secrecy in the commission of the abusive act
- evidence of motivation and planning
- how compulsive the behaviour appear to be.

Several policies went a step further and attempted to provide a list of sexual behaviour of differing levels of concern. These ranged from those that might indicate normative sexual behaviour among children and young people to others which should be seen as indicating high concern. In most cases these were based on frameworks well known from the literature – for example, the model described by Gil and Cavanagh Johnson (Gil and Cavanagh Johnson, 1992) in relation to pre-adolescents or the framework distinguishing between ‘normal’, ‘yellow flag’ and ‘red flag’ sexual behaviour described by Ryan and colleagues (Ryan et al, 1993). The lack of an empirical basis for these frameworks, and their highly speculative nature, was not mentioned in the policy documents.

Only 17 (16%) of the 108 documents gave any kind of guidance on the options for legal disposal for young people alleged to have sexually abused. In most of these, the guidance was minimal, the exception being a handful of local areas with specialist projects linked to multi-agency risk panels and with clear referral protocols. Such clarity appeared, in our view, to be highly desirable and should serve as a model for the development of strategy and policy in other areas. In only two cases did the guidance include detailed discussion of the implications of different legal disposals, such as Final Warning, the Sex Offender Act 1997, Referral Orders, community and custodial penalties, and so on.

A further key issue, identified as a deficit in the earlier 1991 version of *Working Together* in England and Wales, is the question of whether young people demonstrating sexually abusive behaviour should be subject to a child protection case conference and, as such, whether they should be conferenced as victims or as alleged perpetrators. The current version of *Working Together* (DoH, 1999) addresses this, suggesting that young people demonstrating sexually abusive behaviour should only be conferenced when there is evidence to suggest that they themselves are likely to be at risk. As local guidance is concerned mainly with local arrangements for child protection case conferences in any given locality, it is not surprising that many policies did address this issue.



For example, the issue of conferencing was referred to in 59 out of the 86 English and Welsh policies, and in 57 out of these 59 documents, the policy was clearly to call a case conference in respect of young people with sexually abusive behaviour only where there was evidence that they were themselves at risk. Contrary to the advice of *Working Together* (DoH, 1999), two local areas persisted with the advice that young people should be registered as abusers. In contrast, however, of 10 Scottish policies dealing with this issue, eight suggested that young people should be registered as abusers, while only two stated that registration should be restricted to situations where young people were at risk themselves.

Previous research on young people who have sexually abused others has highlighted the disproportionate number of young people with sexually abusive behaviour whose previous life experience have included episodes of substitute care (Manocha and Mezey, 1998, Taylor, 2003). Therefore, the researchers examined whether policies included any specific procedural advice about, or even mention of, the specific vulnerabilities of looked-after children, either as the perpetrators of sexual abuse or as the victims of the adolescent abuser. Of the 108 policies, 20 (11%) made specific reference to this group of young people, although 14 of these 20 policies simply reaffirmed that the same child protection procedures should be applied to looked-after children as to other young people in the community.

A small minority of procedures made additional suggestions, including how allegations should be managed in the context of an institution (e.g. needing to increase staff-young person ratios, stop other admissions into the unit, etc.) and who else to involve in response to allegations (e.g. the local registration and inspection unit). Only in one of the 108 policies analysed did the researchers find evidence of comprehensive guidance in relation to this vulnerable group of children and young people.

Similarly, the provision of placements for young people who have sexually abused others has been identified earlier in this report as a major concern of practitioners working therapeutically with this group of young people. Only 19 (18%) of local inter-agency policies, however, offered any guidance on how placement or accommodation issues should be managed with this group; and only five of these policies offered what can be described as full guidance on this issue, (e.g. more than simply saying that care must be taken when placing such young people). The small minority of policies offering more extensive advice on this issue helpfully listed factors for professionals to consider in relation to placement – for example, how to select placements or how to take account of risk issues in the context of placement decisions.

Of the 108 policies, 26 (24%) made reference to a specific model of assessment in dealing with cases of alleged adolescent sexual abusive behaviour. There was evidence, in this context, that local areas with specialist projects working with this group of young people were at a distinct advantage and were often able to refer to clear, agreed assessment protocols. The most significant example of this was provided by the AIM assessment protocol adopted across localities in Greater Manchester. However, only one of the 108 policies made any reference to specific models of intervention approach. None of the policies referred to the specific needs and vulnerabilities of young people with learning disabilities who demonstrate sexually abusive behaviour, despite the high proportion of service users with learning disabilities reported in chapter 4 in the services mapping exercise.

## Summary and conclusions

Analysis of the state of policies across the five geographical areas suggests that a significant number of local area inter-agency committees dealing with child protection matters (ACPCs or their equivalents) now have policies or guidance dealing with the question of sexual abuse perpetrated by young people. This is a significant step forward from a decade ago. At the same time, analysis suggests that there remains tremendous variation in the way in which young people with sexually abusive behaviour are managed locally, often underpinned by policies and procedures of greatly variable length and quality. In particular, where there is no specialist service in a local area, it appears that the inter-agency community often struggles to co-ordinate its activities.

In the course of collecting data on local policies and procedures, many comments have been received from representatives of local committees who, while sending their policies, acknowledged that these are out of date. Some respondents stated that they were struggling to revise their policies and requested help from the researchers to find examples of 'good policies' from which they could borrow. Local area policy provides a vital foundation for good quality, co-ordinated practice. The potential for abusive behaviour to go unchallenged, or for young people to be given inappropriately harsh responses is exacerbated if policy is absent or unclear. So a conclusion from this element of the research programme is that further work is required to assist local areas in this process, with a stronger national lead, especially in relation to the inadequacies of the current *Working Together* (1999) document. The following key summary points are also worth highlighting.

- Local area policy and guidance documents are helpful when they include specific reference to specialist service provision in the area and when they include agreed criteria for referral into such services.
- Guidance documents, supported by more extensive protocols between social services, the voluntary sector and YOTs, are useful.
- Short policies replicating the bare bones of the relevant paragraphs of *Working Together* are inadequate, especially as they are not supported by current research findings into this group of young people, e.g. the question of recidivism.
- The specific needs of young people with learning disabilities who demonstrate sexually abusive behaviour should be addressed in guidance documents, as such cases often require explicit collaboration between child protection and learning disability specialists.
- The response to, and needs of, looked-after young people who demonstrate sexually abusive behaviour should be addressed by local guidance.
- Guidance should also be offered in respect of placement provision, including both the principles underpinning practice, as well as its availability in any given area, as this is a major gap identified by services and specialist practitioners across the findings of the current research programme.

- Explicit guidance should be offered in respect of sexually abusive behaviour by children, rather than this being subsumed in a general (and often unhelpfully vague) section of a document focusing on general abuse by children and young people. This then allows such guidance to be informed by current and specific research findings.

## 7 Findings from the study of user perspectives and experiences

### *Purpose of this element of the research programme*

User perspectives are currently seen as a central feature of service-planning and evaluation across a range of health and social care systems. User movements have developed in response to a wide variety of specific issues – for example, children in the looked-after system, survivors of the mental health system and disabled people. Such groups have been influential in campaigning for changes in professional systems, and have brought the issue of user rights onto the agenda of policy makers and government.

In contrast to the general momentum being generated on this issue in many areas, user perspectives in the sexual aggression field are underdeveloped and there is little published research offering the views of users in a systematic way. There are a number of factors which might have contributed to this deficit. Giving users a voice requires professionals to hand back some of their power to users. It involves listening to users' accounts of their experiences, valuing their opinions and being open to challenge and criticism. It also demands that professionals take responsibility for changing practices that are seen by users as stigmatising and oppressive.

By contrast, the sexual aggression field has traditionally been built on an assumption that sexual offenders are at best unreliable in relation to their self-report and are often manipulative. From this professional standpoint, the empowerment of users is not an aim, rather the professional task is to take back power from abusers and to control them so as to minimise the risk of further abuse. In addition, the broader social context within which work with sexual abusers takes place is one of intolerance, anger and fear, making discussion of empowerment and user rights in respect of this service user group politically sensitive.

Some authors have now begun to suggest that the appropriate control and management of sexual abusers does not invalidate an approach to them which treats them with dignity (see, for example, Chaffin and Bonner, 1998). Others have also begun to suggest that, despite the nature of their behaviour, people who commit sexual offences should not be excluded from debates about user empowerment and anti-oppressive practice (Featherstone and Lancaster, 1997; Hackett, 2000).

The overall purpose of this element of the research programme was, therefore, to contribute to the extension of user perspectives into the adolescent sexual aggression field. The aim was to consult with a number of service users from a variety of sites in order to represent their experiences and views about the services they received.

## **Method and procedure**

The researchers recognised that this was the most sensitive and methodologically difficult aspect of the overall research programme. Being identified as a service user in this context is often a highly stigmatising experience and one which many users keep secret for fear of community backlash and reprisal. Some users are involuntarily involved in services, either as a result of a legal order, or child protection registration, and wish to minimise their contact with professionals.

Therefore, in order to consult with service users, the researchers recognised that it was necessary to seek the support of services working with young people and their families in order to gain access to users for whom the process would be appropriate. It was recognised that, for many users, the process could be empowering, but that the process needed to be sensitive to issues of risk and the implications of seeking the views of users in this very emotive area. For example, it is possible that asking questions about user experiences could cause distress and, if support and risk-management strategies were not in place, exacerbate risk. As a result, it was agreed that it was necessary to work with services to ensure that users were given an opportunity to talk to a known and trusted professional following the completion of questionnaires if any difficult or distressing issues were raised.

Questionnaires were developed specifically for the purpose of this research in conjunction with one parent whose son had sexually abused. They were then sent for comment to the managers of two services working in the field. Several amendments were then made on the basis of comments received. As this element of the research programme involved gathering data from users of services, as opposed to service audit or professional consultation, ethical approval was sought and gained from the University of Durham's Research Ethics Committee and, once again, the draft questionnaires were amended as a result of comments received.

Two versions of the *Service User Feedback Sheet* (SUFS) were generated: first, one for parents and carers of young people who had sexually abused and, second, one for young people themselves. An information sheet was produced for all participants. When filling in the questionnaire, each user was asked to complete a consent form which confirmed the following.

- They had read and understood the information sheet given to them, which detailed the nature and aims of the research.
- They had been able to ask any questions of the worker supporting them if there was anything they were not sure about.
- They knew that taking part in the research was entirely voluntary and that any decision not to participate would have no implications at all for any continuing contact they had with the service in question.
- They understood that the information they provided would be confidential and not shared with the service through which the user was being contacted.
- They knew that support was on offer from the service if there were any issues raised for the user in the course of completing the questionnaire.

Users were not asked for their names, but service workers were asked to sign the consent form to witness that the user agreed that all the above conditions had been met. In relation to young people, parents were also asked to provide their consent to their child completing the questionnaire.

Both versions of the SUFS questionnaire asked a range of questions, beginning with some basic data about the person filling in the questionnaire, such as their gender, position within the family (mother, father, etc), the area in which they were resident, their ethnicity, and so on. Young people were also asked their age. No user was asked any details of the sexual abuse which they (or in the case of a parent/carer) their child) had perpetrated, although parents were asked to indicate whether their child's abuse was directed at another person in their family or not, and whether the victim was a child, peer or adult. Other questions included:

- the length of time the user had received help from the service
- which professionals had been involved
- what the most helpful aspect of support offered to them by these professionals was and why
- what the least helpful aspect of the support was and why
- what the most difficult aspect of their situation had been
- what advice the person could give to other users in their position
- what advice the person could give to professionals in order to improve the professional response to other young people and their families in similar situations.

Both young people and carers were encouraged to put completed questionnaires in a sealed stamped addressed envelope and either to post them directly to the researchers or give to service workers to post.

It was not possible to select a random sample for the study, as the selection criteria dictated that users should be at the end of the programme of work undertaken with them. This was to ensure that the process of completing the questionnaire did not interrupt current programmes of intervention, and that there were sufficient risk management strategies in place in each case. In order to generate the sample, letters were sent to 29 specialist services known to be working with young people who had been sexually abused across the five geographical areas covered by the research. The letter explained the aims and process of this element of the research programme, as well as outlining the support required of services, should they decide to participate. Copies of the questionnaires were also included for individual teams to consider. Service managers were invited to speak to the researchers about the process in more detail before making a decision whether to agree to participate. From the 29 projects invited to participate, nine services agreed to take part in the research; and a pack of questionnaires, information sheets and envelopes was sent to each of these sites. The data collection period extended to six months.

In total, responses from 24 service users were received. This was lower than the original target number of 40 users, and this reflects the problems associated with undertaking research of this nature with a small group of services who work intensively over relatively long periods of time with small groups of users. Although the number of responses was lower than had been hoped, the researchers took the decision that it would be inappropriate to compromise the ethical integrity of the research – either by extending this element of the study into other services at a late stage in the research programme, or by relaxing the criterion that stipulated that users should be at the end of their intervention programmes.

It is also necessary to stress that, due to the nature of the methodology used, the sample is not representative of all users. Users who were positive about the support they had received from the service were more likely to agree to take part. The written nature of the questionnaires also made it more difficult for users with literacy problems or learning disabilities to take part, although some services addressed this problem by providing a worker who took down in writing the verbal answers from young people. In such cases, it is also possible that some users felt restricted in some of their answers due to the presence of a service worker.

Once completed forms were received by the researchers, both quantitative and qualitative data were entered into a statistical package (SPSS for Windows, version 11) for analysis.

## **Results**

Of the 23 completed questionnaires received, 14 (61%) were from young people, while nine (39%) represented parents or carers. This disparity was surprising to the researchers, who had envisaged that more parents would respond than young people. The difference might be accounted for, in part, by the fact that some of the participating services were primarily working with individual young people and were restricted in the services they offered to families.

Of the young people responding, 13 were male and one was female. In contrast, eight of the nine completed questionnaires from parents were from women and, in the ninth case, both a mother and father had filled in the questionnaire together. This meant that, while nine completed adult questionnaires were received, the views of 10 users were collected. However, as it was not possible to distinguish whether individual comments on this questionnaire related to one or both of the parents, this is treated as one case in the statistical analysis below. All of the parents responding indicated that they were biological parents of the children in question (as opposed, for example, to being either foster carers or step-parents).

In relation to the ages of the young people responding to the questionnaire, the range was concentrated on the upper adolescent years, with the youngest respondent being 15 years old and the oldest, 18. The modal age was 16 and the mean age was 16.5 years. Of the 14 young people, 11 described themselves as White British, with one young person describing himself as Asian Pakistani, another White Irish, and a final young person describing himself as of a Romany background. Eight of the nine parents also described themselves as White British, with the final parent being Asian Pakistani.

Of the nine completed parent questionnaires, the victim of the young person was a younger child in the family in three cases, in another three cases it was a child of the same age, and in three further cases the victim was either an older child or adult.

Both parents and young people were asked about the length of time that they received help from the specialist service. These findings are presented in Table 33 (below).

**Table 33 Length of intervention offered to user respondents**

	No. of young people	No. of parents/carers
<b>Between one and three months</b>	3	1
<b>Between three and six months</b>	3	2
<b>Between six months and a year</b>	3	4
<b>More than a year</b>	5	2

Users were also asked which professionals had been involved with them as a result of the sexually abusive behaviour that either they or, in the case of parents, their children, had engaged in. Table 34 (below) summarises the responses.

**Table 34 Professionals involved as a result of the young person's sexual behaviour**

	No. of young people	No. of parents/carers
<b>Social worker</b>	9	4
<b>Police officer</b>	9	5
<b>Psychologist</b>	3	2
<b>Psychiatrist</b>	1	0
<b>YOT worker</b>	5	4
<b>Other</b>	2	1

All users had involvement from a specialist worker from a sexual abuse service, but the involvement of other professionals was variable. Social workers and police were most commonly reported. YOT workers were also well represented, although they tended to be present particularly when there was no social worker, suggesting that these young people were subject to either youth offending or child protection systems, but not both. This may support a view that the child protection and criminal justice 'split' in response to this problem persists. The involvement of psychology and psychiatry professionals appears particularly low in this small sample of users, but may be a reflection of the location of the participating specialist services primarily in the social care sector. The 'other' professionals mentioned by two young people and one parent appeared to relate to services providing general family/social support or advocacy.



### **What is helpful and not helpful to young people and parents?**

Young people and parents were asked what were the most and the least helpful aspect of the professional response they received, following the sexually abusive behaviour in their family. The input of the specialist service providers appeared particularly valued here, although the methodology of the research (i.e. the involvement of specialist services in the recruitment and support of users) means that it is likely, as stated above, that those users who felt pleased with the intervention offered by the service were more likely to agree to participate. Notwithstanding this, the positive views expressed by users in respect of specialist services stood in stark contrast to many of the experiences related about users' experiences of the wider systems.

The young people appeared to have particularly valued the opportunity to talk to their workers and (in the words of one young person) "not to have to bottle things up", as the following two comments indicate:

*I would say that the talking in general was helpful as it made me see what happened and why.*

and:

*The worker from the specialist sexual abuse project was most helpful. This is due to the fact that I feel able to talk to my project worker openly and honestly.*

Overall, the opportunity to talk about feelings and to gain insight into sexual behaviour problems, including the impact of their behaviour upon other people, featured in the comments of six of the young people. Furthermore, the clear and overriding message from the young people was that they value workers when they experience them as reliable and trustworthy:

*The best thing was the work I got off [Worker X] at [Project X] because she gave me a lot of help and also helped me to understand about the whole situation and she was always there to listen and never told me nothing that wasn't the truth. She was a very trusting person.*

At the same time, the most commonly mentioned "worst" aspect of the professional response mentioned by young people was feeling misled by professionals giving them false promises (e.g. about prosecution), or leading the young person to believe that certain outcomes would occur, only then to reverse decisions at a later stage. In contrast, specialist sexual abuse project workers were persistently valued for having helped young people to understand the child protection and criminal justice process.

One young person listed the sex education he had received and the safe care plan drawn up with him to be the most positive elements of his experience, while another thought that the most significant aspect of their experience was the effort that his social worker had made "to get me out into social scenarios again". This was the only positive comment made by the 14 young people explicitly about their social workers.

A range of other specific issues emerged from young people about elements of the professional response that were considered unhelpful. One young person reported that while the specialist project was helpful, it was so far from his home area that going there was practically and emotionally difficult. Another young person said that the worst thing about the specialist support was the amount of homework given out. Delays in the professional system were described as damaging by several young people, one of whom said he had had to wait more than nine months for the police to recontact him following an initial interview. Another young person was moved into a residential home in the aftermath of the abuse and reported not being visited there at all by his social worker. He felt abandoned and isolated. A final comment from another young person was that professionals appeared to rush to conclusions and immediate action, rather than taking the time to listen to and understand what the young person was trying to say.

Parents' responses to this question echoed very many of the comments made by young people. Once again, the support of specialist projects was emphasised by many of the nine parents, for example:

*Our meetings have been few, but the feeling of not being alone on our own without support has helped. [Our son] has been less uptight with himself and us.*

and:

*Because they are not directly involved with your family they are easy to talk to confidentially and their support has been brilliant.*

The importance of professionals being clear about processes and timescales was emphasised repeatedly. For example, one parent talked about having to wait 12 months before specialist help was finally offered to their child and another said that least helpful of all was “the social worker who didn't explain what would happen”. Another parent said that the most helpful aspect of the support was having the nature of the abuse clarified:

*Learning about what happened and having it explained by the [specialist] project as it wasn't explained before.*

One parent felt that the intervention response received by their child was too protracted:

*They stayed involved too long. My child felt abused by them.*

Another parent stressed the issue of continuity of response:

*I would say that the least help has been a change of worker. Fortunately it was not the worker my child had engaged with. We as a family are now on to our fourth social worker. This is not helpful and continuity is a must.*

### **The most difficult issues faced by users**

Users were also asked to comment on the most difficult thing that they faced in their situations. Although not all users wrote a response to this question, the responses received provide a powerful articulation of some of the key struggles and challenges faced by users, as summarised in Table 35.

**Table 35 Users' most difficult issues**

Group	Most difficult issue faced
<b>Young people</b>	Getting kicked out of school and looking for a new one Just coming to terms with what happened Stopping it, talking about it, having parents upset Talking about it and my memories and guilt People at school found out Dealing with the after-effect and talking about it and becoming stronger in yourself Talking about the problem The court case
<b>Parents</b>	My son being taken into care The fact that my son was abused by his dad. So he went to prison (showing right from wrong). And then he did the same as his dad and having to stick by him Accepting that my child has abused and having my child removed from the family home The truth Family and friends School

The responses highlight a series of key issues for young people and their parents alike, including the removal of children and the particular implications of the abuse in relation to schools. Perhaps the most significant issue arising from these responses was the emotional burden placed upon parents and young people in accepting that abuse had happened, coming to terms with it and living with the consequences.

Users were also asked to indicate their opinion on a range of statements relating to the professional response. Parents were then invited to add comments to clarify any of their responses to the statements. The number of parents endorsing each statement at the varying degrees of agreement are presented in Table 36 below.

**Table 36 Parents' views of the professional response**

Statement	No. agree strongly	No. agree	No. mixed feelings	No. disagree	No. Disagree strongly
Professionals understand what parents (carers) are going through when a child has sexually abused	1	1	3	4	
There is enough help given to children who have sexual behaviour problems	1	3		5	
It is difficult to know who to talk to when your child has sexually abused	8				
Parents feel guilty and ashamed when their child has abused someone	9				
It was easy for me to know what was going to happen next and why		3	3	3	
Parents are given all the information they need	3		2	3	1
Professionals should treat parents with more respect	5	2	1	1	

As can be seen from Table 36, all nine parents strongly agreed with the statement that parents feel guilty and ashamed when their child has abused someone, and eight out of eight parents offering a response strongly agreed that it was difficult for parents to know who to talk to. These comments further emphasise the emotional burden shouldered by parents in the aftermath of the discovery of abuse. The overwhelming majority of the parents either disagreed or had mixed feelings about whether professionals were able to understand what parents were going through and, indeed, the only parent to agree strongly that professionals did understand wrote in the margin of her response that this applied only to the specialist project workers in her case and not to the field social worker. Another parent who had said that she had mixed feelings about the degree to which professionals understand explained this in the following way:

*I think that professionals understand to a certain point, but I don't think that anybody fully understands until it has happened to them.*

One mother again emphasised the need for professionals to keep parents informed and identified how the response to the abuse was often a process for parents:

*.At first, things were confusing and worrying because nothing was explained to me and I didn't know what was happening. When [project name] got involved they helped me to understand, gave me piece of mind – helped me to get it together.*

Another woman added that she felt the problem should be dealt with by parents and children together more, rather than individually. Finally, another parent emphasised the need for support for parents as a fundamental and underpinning element of any professional response to young people who have sexually abused:

*As a parent you feel very ashamed and I would like to see some support given to parents.*

In summary, the responses from parents to these questions appear to suggest that the professional system still has much work to do in relation to support of parents.

Similar questions were asked of young people and the findings are represented in Table 37 (below).

**Table 37 Young people's views of the professional response**

Statement	No. agree strongly	No. agree	No. mixed feelings	No. disagree	No. Disagree strongly
<b>Professionals understand what young people are going through</b>	4	7	2		1
<b>There is enough help given to children who have sexual behaviour problems</b>		7	5	2	
<b>It is difficult to know who to talk to when you have sexually abused</b>	6	5	3		
<b>It is important to be able to get help as quickly as possible</b>	8	3	3		
<b>Parents should be given more help when their child has abused someone to help change things in their family</b>	5	3	5	1	
<b>Professionals should spend more time listening and talking to young people</b>	5		7	2	
<b>Some workers are really good, but others just don't understand what it is like for me</b>	6	6	2		

As can be seen from the responses, there appeared to be more support among young people for the statement that professionals understand what young people are going through, with only one young person who disagreed strongly (although no qualitative comment was offered by this young person to clarify the nature of his experience here). Interestingly, another young man who had mixed feelings on this question, when asked for comments, added a totally new statement of his own: "People wouldn't understand the reasons if I did tell them", which he then ticked as "agree a lot". Overall, 11 of the 14 young people "agreed" or "strongly agreed" that it was difficult to know who to talk to. No young person disagreed with the statement that some workers are really good, but others just don't understand. The responses here seem to suggest that these young people, while reasonably satisfied with amount of help afforded to them and the response of some professionals, remained isolated and felt misunderstood by others.

### **What advice would users want to give to other people in similar situations to them?**

Young people were also asked what advice, if any, they would give to other young people who have problems with their sexual behaviour. A number of young people did not respond and two young people wrote “none”. Of the written responses, however, the following advice was offered by young people.

- “Talk about it, don’t wait till something happens. I know it’s hard, but try!”
- “Seek help and co-operate fully. It does help.”
- “Get help from [project name] or another specialist project.”
- “Find someone who you trust to talk with and who will take you for who you are and not for what you have done or for what’s happened to you. Also to get the help as soon as possible to help yourself. Don’t think you’re alone, cause you’re not.”
- “Try your hardest to talk and sort it out and remember people are there to help, not to make it worse.”
- “Stop it or get counselling from someone.”
- “I know it can be hard. But it’ll end eventually.”

Once again, these are powerful, valuable and inspiring messages from a group of young people who have traditionally been seen only in terms of their unreliability, deviance and manipulation of others.

Similarly, parents were also asked to list any points of advice for other parents whose children had sexually abused. The following comments were typical and, once again, emphasise both the need for specialist services to support parents and also the value of parents being able to gain strength from other parents in similar positions.

- “Don’t blame yourself. Stand up and say how you feel. It does ease away. It has taken me a long time to move us all on as a family, although ours was minor compared with other cases. It’s still a shock to parents.”
- “Accept all the help and support which is offered to you and don’t be afraid to ask for help. Most of all, whatever has happened, it is not your fault.”
- “Get help from specialised people first.”
- “Seek professional advice straight away.”
- “Talking is best. Parents need to talk with parents because unless you’ve been through it, you can’t understand and there is not enough information for all parents.”
- “Have someone to talk to, like [project name]. You do need to get help to sort it out.”

### **What should professionals do to make services better for young people who have sexual behaviour problems and their families?**

Finally, both young people and parents were asked to identify any key messages that they would like to offer to professionals in order for them to improve the quality of their response to users. Many of the suggestions reinforced comments that had been identified by users earlier in the questionnaire, and outlined above. In summary, key views offered by the 14 young people included:

- “Speed things up. I had to wait over a year for help.”
- “I found the help I got great but I would of liked to have had longer sessions instead of going back.”
- “Be friendly, polite and respectful to young people.”
- “Social workers should not keep getting at them. Police should give them more information as to what is going to happen to them and not to make false promises.”
- “Depending on their age, the professional should try to bond with the young person like a friend or parent.”

Parents’ key points for professionals included:

- to explain more and for social services to give more help. I had no one to talk to till [worker name] from [project name]
- get parents talking to other parents
- look into family history
- have sessions to explain how they work [with the child] so that parents can maybe understand the work better
- more communication to parents as to where to move on after the support ends for the person involved. We have had problems getting our son to go out and return to school.

### **Summary and conclusions**

The findings of this small scale study of service user views and experiences in the adolescent sexual aggression field emphasise the importance of seeking user feedback and of integrating user perspectives into service development and planning. Some of the core findings of this element of the research suggest the following.

- Young people and their families alike value supportive interventions where they have an opportunity to gain insight into the nature of sexual abuse, as well as address their own feelings about their problems.
- Being able to talk and be heard is a key factor for users.
- Users often do not understand the professional process, and many users feel that they do not get clear information from professionals about what is going to happen.
- Specialist services are valued highly by users, although their experiences of such services are in stark contrast to some of their reported negatives experiences of professionals in the wider system.

- Professionals should avoid giving false messages or false reassurance to children and young people early in the process.
- Long delays in decision-making and accessing services put pressure on users and compromise young people's progress. They are unacceptable to users.
- Work with parents is vital to them in order to help them to support intervention with young people. This is often limited and parents want more.
- Parents would benefit from appropriate opportunities, through specialist services, to meet and learn from other parents who have been through the process.
- Repeated changes allocated worker undermine the work, particularly as many users are having to deal with uncertainty and change in their own lives and families. Users want stability and continuity of worker.
- The response of schools following the identification of abuse by young people is often very poor, and parents need help and support in getting young people back into schools.
- Parents routinely feel isolated and ashamed, and the emotional burden they carry is significant. They need help with this.
- There is a need for users to have access to support after formal intervention has ceased – for example, for advice as young people face new developmental challenges.



## 8 Summary and key recommendations

### **Introduction**

Taken together, the various elements of the research project, that are the subject of this report, provide important evidence to suggest that thinking and services for children and young people who have sexually abused have developed substantially since the early 1990s. Thus, the data pertaining to developments in England and Wales demonstrate that things have moved on considerably in these areas since the publication of the benchmark report by the NCH (NCH, 1992). Similarly, the data gathered on services in Northern Ireland, the Republic of Ireland and Scotland, which comprise the first systematic attempt to explore services in these areas, provide evidence of important initiatives.

This final chapter draws together the conclusions from the various elements of the research project listed at the end of each chapter. Where appropriate, recommendations for further action in relation to various areas of policy, practice and research are made. These recommendations are listed together in Appendix 2.

### **Current understandings about children and young people who have sexually abused**

#### **A recognised problem**

While denial and minimisation of the problem of sexual abuse by children and young people may still be in evidence among the public at large and in some sections of the media, findings from the current study indicate that the problem is much more fully recognised than 10 years ago when the NCH report (NCH, 1992) was published, both within the professional community locally and at a more central, governmental level. Thus, for example, work with children and young people who have abused others (including sexually) is the subject of at least modest reference in central government guidance documents in all the areas studied.

In England and Wales, the Youth Justice Board has legitimised this area of work within youth offending teams, and has produced a guidance booklet, *Key Elements of Effective Practice – Young People who Sexually Abuse* with this service user group (Youth Justice Board, 2002). As chapter 4 outlines, a range of statutory, voluntary and private services are now engaged in work with children and young people who have sexually abused others or who are displaying sexually harmful behaviour. These services vary in size and in the professional make-up of their staff, and some are evidently complex in terms of their multi-agency organisational and funding arrangements. It is worth reiterating, however, that, for some, security of funding in the long term is a problem.

The inter-agency documents analysed also indicate that a significant number of localities across the various areas studied have spent time and effort developing guidance for professionals that goes beyond the bare bones of central government guidance. Of the 143 responses received from ACPCs (or national equivalents), 76% (n=108) indicated that they have specific inter-agency policies and procedures in place relating to children and young people with sexually abusive behaviour, with the minority, 24% (n=35), indicating that their area had not yet developed such guidance.

So, in contrast to 10 years ago, it would appear that this field of work is more fully recognised, is more firmly on the agendas of relevant parties, and has seen some service growth. However, other findings from the current research, outlined below, demonstrate that uncertainties, concerns and problems remain for both practitioners and managers involved in work with children and young people with sexually abusive or problem behaviour.

### **A diverse population**

Since the early 1990s, much more is now understood about the characteristics of children and young people who have sexually abused. In the early 1990s, literature usually focused on the white, male adolescent aged between 14 and 17 years as the modal type of adolescent sexual offender. The mapping element of the current research project has demonstrated that, while such young people may still be predominant in reported cases of sexual abuse, other sub-groups have distinct needs. Such sub-groups include, for example, pre-adolescent children with sexual behaviour problems, adolescent females and young people from ethnic minority backgrounds. Evidence from the mapping survey indicates that the majority of services are working with children and young people from all of these groups. These findings are in accord with more recent literature (see, for example, Ryan and Lane 1997; Erooga and Masson, 1999; and Calder, 2002), which attend to the diversity of the population that professionals are working with, although further research and practice guidance on these sub-groups is needed.

Of particular interest, however, is the finding that a significant proportion of service users across programmes are described as having a learning disability. Thus, for example, 53% of YOTs (n=47) estimated that up to 25% of the young people with sexually abusive behaviour they had worked with over the course of a 12-month period had a mild-to-moderate learning disability, and a further 18% YOTs (n=16) reported even higher proportions of young people with such a disability. Nine teams (8%) reported that they had worked with young people with a severe learning disability. Even higher proportions of users with learning disabilities were reported by the more specialist services in the various areas studied.

These striking findings seem to give some empirical weight to the impression, held by many individual professionals and services for some while, that a significant proportion of young people with sexually abusive behaviour have some degree of learning disability. However, almost no local area policies analysed explicitly referred to this group of young people, let alone provided advice about the particular needs and vulnerabilities of young people with learning disabilities. This would appear to be an aspect of the field of work where more research and practice guidance are urgently required.

## Recommendations

1. Further research and practice guidance should be developed that addresses the diversity of the population of children and young people who have sexually abused others, in particular, in relation to those with a learning disability.

### Terminology

There appears to be greater shared understanding about the criteria to be used to determine instances of sexual abuse by children and young people, as opposed to inappropriate sexual behaviour or developmentally normal sexual experimentation. These criteria are overviewed, for example, in the NCH report (NCH, 1992). However, it would also appear that there are continuing debates about what terminology to use to describe the population, which can result in unhelpful inconsistencies and ambiguities. Practitioner respondents to the first Delphi exercise, for example, provided clear evidence that debates about terminology continue to exist and that there was no shared view about what terminology should be used in what circumstances. For example, there was no overall consensus on the appropriateness of any single term, such as ‘sexually aggressive’ or ‘sexually problematic’ or ‘adolescent sexual abuser’ and, indeed, 81% of respondents strongly agreed that it was difficult to settle on terminology that was appropriate for all young people.

It may be that this diversity of language is inevitable, given that professionals are dealing with different sub-groups within the total population of children and young people aged up to 18 years presenting with sexually problematic or abusive behaviour. Professionals are also rightly anxious to avoid both oppressive labelling, as well as terms that minimise the seriousness of some young people’s behaviour. However, the use of such diverse terminology can lead to confusion. For example, in the analysis of ACPC guidance and similar documentation, it was often unclear whether inter-agency guidance was referring to all young abusers (including those, for example, alleged to have emotional or physically abused or bullied others) or ‘only’ to young people who had sexually abused others.

Quite often the title of the relevant sub-section of local area guidance was general, referring, for instance, to abuse by children and young people; but the content seemed to be specifically referring to cases of sexual abuse. Such lack of clarity or specificity is potentially highly problematic when trying to organise effective communications within and between professional groups and in responding to the specific demands of individual cases. It is worth noting, in passing, that the central government guidance documents *Working Together* (DoH, 1999) in England and Wales and *Protecting Children – A Shared Responsibility* (Scottish Office, 1998) in Scotland contribute to this confusion, as they similarly conflate these issues and are ambiguously constructed, whereas the equivalent guidance documents in Northern Ireland and the Republic of Ireland do not make this error.

In summary, it appears that varying, and in some cases ambiguous, use of language is still in evidence and that the debates reflected in the NCH report are far from resolved. While a variety of terms may be necessary to reflect the diversity of behaviour and sub-group issues associated with child and adolescent sexual aggression, the development of inter-professional and inter-agency communications and good practice requires clear and precise terminology.

## Recommendations

2. Central government guidance in England and Wales, and in Scotland should be reviewed to ensure that there is clarity about the population to which the guidance refers – all abuse by children and young people or solely to sexual abuse by children and young people.
3. ACPCs (or their equivalents in the five areas studied) should also review their guidance on the same basis.

### Like other young children in trouble

The NCH report (NCH, 1992) placed considerable emphasis on the difference between young people with sexual abusive behaviour and other young people displaying troublesome behaviour. Thus, as early as in its introduction, the report comments:

*Current thinking suggests that recidivism is the norm in untreated sexual offenders, and that young male sexual abusers are likely to continue to sexually abuse unless help is offered in adolescence or earlier. In other words, in contrast to general delinquency, the young abuser is likely to grow into a pattern of sex offending rather than out of it, and there is a need for early intervention to prevent long-term addictive, abusive behaviour patterns developing. (p.v)*

The NCH committee who prepared the report was obviously aware that this challenged the prevailing orthodoxy within the juvenile justice field, well established by the early 1990s. This orthodoxy, which recommended low-key responses to young people in trouble, diversion away from the Criminal Justice System and low-tariff sentencing was based on accumulating research evidence that most youngsters in trouble grow out of their offending behaviour, and that welfare and other juvenile justice responses often have negative, unintended consequences for young people (Thorpe et al, 1980). The NCH committee argued that children and young people who sexually abused were a different kind of young person in trouble.

Since the mid-1990s, results from studies and associated literature have cast doubt on the NCH committee's conclusions (for example, Will, 1994; Weinrott, 1996; Glasgow et al, 1994; Becker, 1998) and it would appear that such thinking might have, in part at least, resulted from misinterpretations of studies of adult sex offenders. Nevertheless, the latest edition of *Working Together* (DoH, 1999) in England and Wales still alludes to the earlier thinking when it is stated in paragraph 6:32:

*Work with adult abusers has shown that many of them began committing abusing acts during childhood or adolescence, and that significant numbers have been subjected to abuse themselves. Early intervention with children and young people who abuse others may, therefore, play an important part in protecting the public by preventing the continuation or escalation of abusive behaviour. (p.70)*

The Delphi survey of practitioners, overviewed in chapter 2 of this report, provides evidence of a very different attitude now to the issue of recidivism and the escalation of sexually abusive behaviour into adulthood, at least as far as experienced practitioners are concerned, among whom consensus was found (90% strongly agreeing) that:

*the vast majority of young people do not go onto become adult sex offenders, but that an identifiable, small sub-group are at high risk of so doing.*

However, data from the mapping survey, reported on in chapter 4, indicate that service respondents are concerned about a continuing lack of uncertainty around this issue at a local, inter-professional level. Thus, 32% of YOT respondents (n=35) reported concern that there was a lack of consensus about whether children and young people grow out of their problem behaviour even if ‘untreated’, with approximately 50% of the other mapping survey respondents reporting similar concern. It was also noticeable how often a version of the paragraph from *Working Together* (DoH, 1999) cited above, was included in the inter-agency documentation studied (see chapter 5). It seems that some inter-agency guidance is lagging behind current research evidence, as this example, an extract from one ACPC’s guidance, demonstrates:

*It is now widely accepted that sexually aggressive behaviour in children and young people are unlike other anti-social behaviour in that they do not cease as the participants get older. On the contrary, research indicates sexual behaviour problems will escalate in terms of seriousness and incidences if left untreated.*

Thus, it would appear that while experts in this field of work seem clearer about issues of recidivism, backed by research findings, this clarity is not always mirrored in the wider multi-agency system designed to protect children. This is, of course, problematic in a number of ways. On the one hand, it may lead to some young people with low-level sexually problematic behaviour being subjected to extensive and intrusive levels of intervention unnecessarily. On the other, it may divert resources away from those young people in higher risk groups who are in need of a more intensive intervention response. This finding would seem to provide support for the growing call for agencies in local areas to establish a differentiated approach to intervention, which distinguishes, between levels of need and risk, very much as the AIM project in Greater Manchester has done. Indeed, there was overall consensus on this issue within the Delphi survey of practitioners, with 84% of the sample strongly agreeing that:

*We need to develop a tiered approach based on agreed thresholds for intervention. Some children will continue to present a significant risk to other children and will require significant input but this is not the case with the vast majority of referrals.*

## **Recommendations**

4. Central government and local guidance should be reviewed to ensure that it reflects the current state of knowledge about the likelihood of children and young people who have sexually abused others repeating their problematic behaviour, with an appropriate emphasis placed on careful assessment to judge levels of risk.
5. A strategy (at national level) is needed in order to ensure the further development of services to children and young people who have sexually abused others which are both comprehensive and tiered in nature.

### **Underlying philosophy of approach – children first**

As the Delphi practitioner and manager studies reported in chapters 2 and 3 clearly demonstrate, there now appears to be a high degree of consensus among specialists in the field that children and young people who are displaying sexually problematic behaviour or who have sexually abused others are children first and foremost and should be responded to within this underpinning philosophy. This accords with literature from North America, which emerged from the late 1990s onwards (see, for example, Chaffin and Bonner, 1998; Ryan, 1999), as a result of increasing concerns that attitudes towards and models of work with adult sex offenders were being inappropriately and simplistically applied to assessment and intervention work with children and young people.

In summary, current thinking would seem to crystallise around the following statements.

- Children and young people who have sexually abused others or who are displaying sexually harmful behaviour are not ‘mini’ adult sex offenders – they are children first and foremost who have a range of developmental needs, as well as the problems that have brought them to professional attention.
- Assessments should, therefore, be holistic in approach, providing the opportunity to assess the whole of the needs of the child or young person, as well as any risks they present.
- Standardised, often group-work based approaches to work with (adult) sex offenders are not appropriate to work with children and young people, who require more individualised and child-centred packages of intervention.
- Work with the family or carers of a child or young person is key in promoting change and the wellbeing of that child or young person.

### **Recommendation**

6. Guidance on best practice in work with children and young people who have sexually abused others or who are displaying sexually harmful behaviour should be produced and distributed across the five geographical areas. Such guidance should be based on current research findings and literature.

### **Managing and working with children and young people who have sexually abused**

The various elements of the current research project provided evidence that, while there is good consensus about how, ideally, cases involving children and young people who have sexually abused others should be managed, the reality of policy and practice often falls short of this ideal in a number of ways. As these aspects are addressed in detail in preceding chapters, this section will focus on highlighting some key themes and associated recommendations.

### **Inter-agency co-ordination and collaboration – the ideal and the reality**

Respondents to the two Delphi studies generally agreed that close inter-agency working, guided by local ACPC (or equivalent) policy and procedures, was essential to the development of effective services for this population. In the case of those over the age of criminal responsibility, this required careful dovetailing of child welfare and youth crime systems of response.

Chapters 4, 5 and 6 of the report, in particular, have highlighted the problems faced in local areas across the UK and the Republic of Ireland in trying to match this ideal. Thus, over half the services surveyed expressed concern that the continuing divide between child welfare services and systems for dealing with youth crime worked against the development and maintenance of effective ways of dealing with children and young people who have both ‘care’ and control’ needs. In England and Wales, the government’s Green Paper *Every Child Matters* (Department for Education and Skills, 2003) and the companion Home Office report *Youth Justice, the Next Steps* (Home Office, 2003) have made clear that this separation of services will continue, but that effort will be put into developing more effective integration and communication between relevant agencies. This is certainly needed in the case of the children and young people who are the subject of this report, with many looking for a national lead and guidance on how best to organise and support services at the local level.

There are still a significant minority of geographical areas where detailed guidance about how agencies and professionals should work together at a local level to manage cases of sexual abuse involving children and young people has not yet been developed. Moreover, as the analysis of documents in chapter 5 demonstrates, even where local areas have developed such guidance, it is very variable in volume, content and quality, with a small number of such documents making statements that are positively misleading. Respondents to various elements of the project were, themselves, often expressing disquiet about the usefulness of their local guidance, and clearly wanted a steer on how to revise it.

There was also considerable evidence that the management of individual cases varied a great deal within and across local areas, for reasons unconnected with the particular features of the case. For example, respondents were often very unclear about when a child protection case conference and/or a multi-agency meeting might be held. Where a specialist service existed that took a lead or co-ordinating role in the management of cases, this appeared to make a positive impact on practice, but many areas do not have the benefit of such a service. From the perspective of children and young people and their families and carers, this general inconsistency of response is, at best, perplexing and, at worst, unjust.

### **Recommendation**

7. Nationally based and detailed guidance should be developed which addresses how effective working across child welfare and youth crime systems can be achieved, both at the level of the local area and the individual case.

### **Involvement of services users, carers and families**

Respondents to the Delphi survey of managers strongly agreed that the views of services users and their carers should be sought and taken into account in the development of services. The current research project included a modest and exploratory survey of service users and carers. Their responses, summarised in chapter 6, are both clear and thought provoking. The small number of service users and carers sampled means that it is not valid to assume that their views reflect those of the total population of service users and carers. Nevertheless, while further such studies are required, the current study provides some initial indications of those aspects of service responses that are felt to be supportive and informative and those that are not.

In particular, both young people and their carers in this study related highly variable experiences of professionals in the multi-agency network. The support offered by specialist services was, for these users, universally welcomed and highly valued. By contrast, it is clear that the experience of wider professional systems for many users was mystifying and confusing. Disturbingly, several users felt strongly that they had been misinformed and given false promises by professionals. At the very least, users deserve clear information about processes and systems. By its very nature, sexual abuse perpetrated by children and young is a devastating and highly isolating experience for families. More support services for families and parents are necessary to help parents deal with the disclosure of abuse and its aftermath. As service provision to parents and carers is particularly patchy at present, one option would be to provide a helpline provision to support families.

### **Recommendations**

8. Further research should be undertaken into the views and experiences of service users, their families and carers, with the findings used to inform the future development of services in this area.
9. All services working with this user group should build concerted, consistent and meaningful ways of gaining user feedback.
10. More specific services should be developed to support parents and carers who are affected by their children's sexually abusive behaviour. Such services should include appropriate opportunities for parents to meet others whose families have been similarly affected by sexual aggression. A national helpline offering confidential advice for families facing this issue is desirable.

### **The impact of the Sex Offenders Act 1997 – England and Wales**

How successful dovetailing of child welfare and young crime systems can be achieved continues to be a matter of debate and experimentation, at local and national levels. On one issue, however, there appeared to be strong agreement in England and Wales, with widespread concern expressed about children and young people who have sexually abused being caught up, inappropriately, in the provisions of the Sex Offender Act 1997. Specifically, 78% (n=87) of respondents from the 111 youth offending teams and 71% (n=53) of the other services surveyed expressed such concern. The response of the National Organisation for the Treatment of Abusers (NOTA) to the government's proposals to reform the law on sex offenders and sex offences provides much more information on this issue, commenting:



*There is considerable concern that a number of adolescents are unnecessarily and inappropriately subjected to requirements such as sex offender registration, custodial sentencing and involvement in intensive long-term therapeutic programmes with the result that they become increasingly isolated, defensive and stigmatised.* (NOTA National Committee on Adolescents who Sexually Harm, 2003)

It remains to be seen whether these concerns and representations will be heeded, by those charged with reviewing the relevant legislation. The recent review of sex offences legislation does not appear to have taken these concerns on board and so these concerns will, no doubt, continue.

### **Recommendation**

11. The impact of current sex offences legislation on young sex offenders should be kept under constant review, with continuing representations to government where this impact is felt to be counter-productive.

### **Assessment, intervention and placement issues**

The overall impression from the findings of the research project is that there is now considerable consensus about the content and processes of assessment work with children and young people who have sexually abused others or who are displaying sexually harmful behaviour. When services were asked to identify the frameworks they drew on in assessing young people who have sexually abused others, unsurprisingly, the most common assessment framework cited by YOTs in England and Wales was the Youth Justice Board's *Asset* model, which was used by 96% of YOTs.

For other respondents to the mapping survey across the five areas, the most frequently used model appeared to be the AIM assessment framework (Print et al., 2001), which was used by 57% of (75) services. Other models being used included the DoH *Framework for the Assessment of Children in Need and their Families* (DoH, 2000), used by 31% of services, which is a broad, rather than sexual abuse-specific model, and Matrix 2000, cited by 13% of respondents. However, when asked to elaborate on assessment approaches, it was clear that most services had developed their own, which often incorporated elements from the models described above, as well as ideas drawn from well-regarded literature, such as Ryan and Lane (Ryan and Lane, 1997).

However, when asked to rate the availability and quality of assessment services in their local area, including those that the service in question provided, a mixed picture emerged. Of 186 respondents overall, only 14% of those able to comment on this matter said that the availability of local assessment provision was excellent, a further 42% indicated that it was satisfactory, but a significant minority, 40% in total, described it as inadequate or entirely unsatisfactory. Ratings of the quality of assessment services fared little better, with a fifth of respondents indicating that available services are inadequate or entirely unsatisfactory.

In terms of the nature, availability and quality of treatment or intervention services, a similarly mixed picture emerged from the various elements of the current research project, although the overall goals of intervention seemed to be generally well understood. By far the most common form of intervention offered was community-based one-to-one work. It was notable how few services were offering group-work programmes (only in 29% of those services providing intervention services across all the areas and in only 13% of YOTs), in contrast to adult sex offender work where group-work programmes appear to be much more common as a core intervention methodology.

This may be partly to do with the relatively small numbers of cases some teams or services are dealing with at any one time but the impression gained, judging by various comments made by respondents, was that the decision to focus on individual intervention programmes often reflected a view that through such work it was easier to develop personalised programmes to meet young people's individual sex offence-specific and broader developmental needs. Cognitive behavioural theory appeared to be by far the most frequently selected theoretical approach, and was identified by 56% of all those services or teams involved in intervention work as one of the three theoretical models most closely associated with their programme. This was followed by relapse prevention (36%), family systems theory (28%) and psycho-educative approaches (26%) as the four most frequently endorsed theoretical models.

When respondents were asked to comment on the availability of intervention services in their locality, only a small minority of services, 8%, rated their availability as excellent in their local area and, overall, considerable dissatisfaction was expressed. Reasons given included:

- demand far exceeding supply
- long waiting lists at specialist services
- such services being located a long distance away from users' homes
- funding problems, which prevented the purchase of specialist services other than in the most extreme circumstances
- limited skills and experiences in this area of work, especially within more general services, such as social service departments.

Continuing problems with finding reasonably local and appropriate placements for those children and young people not able to remain in their own homes were also reported by respondents across all the areas studied. Chapter 4 presents the detailed findings on this area from the perspective of community-based practitioners, and chapter 5 reports on the experiences of those working in secure residential settings. The findings of both groups suggest that there are very high levels of dissatisfaction over the availability and quality of placement provision, both secure and otherwise, across all five areas. Although more group-care options would help, placing sexually abusive young people in close proximity with other damaged young people, either in generic units or specialist facilities for adolescent sex offenders, will remain an inadequate solution. The development of specialist foster care schemes should be encouraged. Skilled, professional foster carers who can support effective risk management and encourage the development of young people's competence and in the community are currently a very scarce resource.

### **Recommendations**

12. Local co-ordinating bodies (e.g. child protection committees or equivalent) should ensure that an identifiable assessment service is available in their locality that meets the needs of professionals dealing with this issue across the child protection and youth crime systems. Referral routes and funding issues should be clarified.
13. Currently, national and local guidance documents often have very little or nothing to say about interventions, following initial assessment. Local co-ordinating bodies should ensure that identifiable intervention provision is available to professionals dealing with this issue. Local area guidance should specifically address referral routes and funding issues into such services.
14. Few attempts to evaluate effectiveness of services working in this area have been undertaken to date in the UK and Republic of Ireland. Further evaluation research and guidance is required to promote best practice.
15. An audit of placement provision across the various areas should be maintained, with a view to ensuring that there is an adequate supply of good quality care and accommodation for those children and young people who are unable to remain at home, or who are removed from home as a result of a court order. Specialist foster schemes should be encouraged.

### **Training, consultation and supervision**

Findings from the research have shown that access to adequate training, support and consultation remains problematic for many practitioners and their managers. Thus, only 19% of service respondents across the five areas rated their opportunities for training as fully adequate, 64% rated them as 'partially adequate', with the rest expressing lower levels of satisfaction. Associated comments referred to the need for:

- more in-depth and refresher training, building on introductory or awareness-raising training
- training focusing on specific intervention approaches, not just assessment issues
- training on particular aspects of work, such as that with young people from an ethnic minority, or work with service users with mental health problems.

Some services noted that they had very experienced, already well-qualified staff, who would welcome, for example, accredited, advanced training in this area. The issue of training and accreditation of workers was the subject of much comment in the Delphi survey of managers. However, there were mixed views expressed about the desirability of worker accreditation, with a concern expressed that, if this were introduced, it might further exacerbate the current difficulties associated with recruiting sufficient numbers of staff to undertake work in this area.

Services were also asked to judge the adequacy of their arrangements for supervision and consultation in work with children and young people who have sexually abused. Given the findings on training provision, it was unsurprising that similarly mixed views were expressed about the availability and adequacy of supervision and consultancy in this area of practice. For example, across the five geographical areas, only 34%, in total, of the specialist services rated their supervisory arrangements as “fully adequate”, a further 49% rating them as “partially adequate”, and a worrying 15% reporting they were either “inadequate” or “non-existent”. In relation to consultation arrangements, the picture appeared even more problematic, with a third of all respondents describing them as “inadequate” or “non-existent”.

Those services expressing dissatisfaction with their supervisory and/or consultation arrangements frequently commented on the need for more and/or regular *clinical* supervision and support, for supervision and consultation from experienced specialists, and for managers themselves to have access to more training and consultation. In relation to these matters, it is worth stressing that it is reasonable to assume that workers in these more specialist services are likely to have access to greater levels of training, supervision and consultancy than workers in mainstream services – for example, in general local area social work teams, whose involvement in this area of work may be more sporadic. Thus, these findings on training, supervision and consultation may present a more optimistic picture of provision generally than is justified.

### **Recommendations**

16. Consideration should be given to the development and identification of different levels of accredited training in order to improve standards of practice.
17. Access to good quality supervision and consultation should be the right of everyone involved in this area of work (as in other areas of practice). It is of concern that many practitioners and managers do not consider that they are adequately supported in these respects and it is recommended that further work be undertaken to identify and disseminate best practice in these areas.

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## Appendix 1 Members of the Project Advisory Group

Ms Rose Burgess, Head of Diversity, Youth Justice Board

Prof John Carpenter, Centre for Applied Social Studies, University of Durham

Dr Pat Cawson, Evaluation Officer, Policy Development Unit, NSPCC

Ms Joan Cherry, Chair of NOTA Ireland and Project Leader, Northside Inter-Agency Project (Northern Ireland, AP)

Mr Bernard Gallagher, Senior Research Fellow, Centre for Applied Childhood Studies, University of Huddersfield,

Mr Roger Kennington, Chair of NOTA, Northumbria Probation Service

Ms Jacqui McGarvey, Team Manager, Social Care Department, Southern H&SS Board, Northern Ireland

Mr Tony Morrison, Independent Social Care Trainer

Ms Denise Moultrie, Senior Practitioner, Taith Project, Wales

Dr Amanda Pennell, Research Unit, Youth Justice Board

Ms Helen Powell, Youth Justice Board

Ms Bobbie Print, Programme Director, G-MAP

Mr Nick Robinson, Making Changes Project, Northern Ireland

Dr Bill Whyte, Director, Criminal Justice Social Work Development Centre, Universities of Edinburgh and Stirling

## Appendix 2 Summary of recommendations

1. Further research and practice guidance should be developed that addresses the diversity of the population of children and young people who have sexually abused others – in particular, in relation to those with a learning disability.
2. Central government guidance in England and Wales, and in Scotland should be reviewed to ensure that there is clarity as to which population the guidance refers – all abuse by children and young people or solely to sexual abuse by children and young people.
3. ACPC (or their equivalents in the five areas studied) should also review their guidance on the same basis.
4. Central government and local guidance should be reviewed to ensure that it reflects the current state of knowledge about the likelihood of children and young people who have sexually abused others repeating their problematic behaviour, with an appropriate emphasis placed on careful assessment to judge levels of risk.
5. A strategy (at national level) is needed in order to ensure the further development of services to children and young people who have sexually abused others which are both comprehensive and tiered in nature.
6. Guidance on best practice in work with children and young people who have sexually abused others or who are displaying sexually harmful behaviour should be produced and distributed across the five nations. Such guidance should be based on current research findings and literature.
7. Nationally based and detailed guidance should be developed that addresses how effective working across child welfare and youth crime systems can be achieved, both at the level of the local area and the individual case.
8. Further research should be undertaken into the views and experiences of service users, their families and carers, with the findings used to inform the future development of services in this area.
9. All services working with this user group should build concerted, consistent and meaningful ways of gaining user feedback.
10. More specific services should be developed to support parents and carers who are affected by their children's sexually abusive behaviour. Such services should include appropriate opportunities for parents to meet others whose families have been similarly affected by sexual aggression. A national helpline offering confidential advice for families facing this issue is desirable.
11. The impact of current sex offences legislation on young sex offenders should be kept under constant review, with continuing representations to government where these impacts are felt to be counter-productive.
12. Local co-ordinating bodies (e.g. child protection committees or equivalent) should ensure that an identifiable assessment service is available in their locality that meets the needs of professionals dealing with this issue across the child protection and youth crime systems. Referral routes and funding issues should be clarified.

13. Currently, national and local guidance documents often have very little or nothing to say about interventions following initial assessment. Local co-ordinating bodies should ensure that identifiable intervention provision is available to professionals dealing with this issue. Local area guidance should specifically address referral routes and funding issues into such services.
14. Few attempts to evaluate effectiveness of services working in this area have been undertaken to date in the UK and Republic of Ireland. Further evaluation research and guidance is required to promote best practice.
15. An audit of placement provision across the various areas should be maintained, with a view to ensuring that there is an adequate supply of good quality care and accommodation for those children and young people who are unable to remain at home or who are removed from home as a result of a court order. Specialist foster schemes should be encouraged.
16. Consideration should be given to the development and identification of different levels of accredited training, in order to improve standards of practice.
17. Access to good quality supervision and consultation should be the right of everyone involved in this area of work (as in other areas of practice). It is of concern that many practitioners and managers do not consider that they are adequately supported in these respects and it is recommended that further work be undertaken to identify and disseminate best practice in these areas.