

research
in practice



National Children's
Bureau

Workforce perspectives on harmful sexual behaviour

Findings from the Local Authorities Research
Consortium 7: Survey Results for Croydon

Contents

1	About the respondents	3
2	The needs of children displaying harmful sexual behaviour (HSB)	6
3	Systems and services for addressing HSB	10
4	Confidence, knowledge and skills of the workforce	15
5	Supporting the workforce	21

Note: This is an unpublished report produced for London Borough of Croydon setting out local results to a national survey. It should be read in conjunction with the published national report:

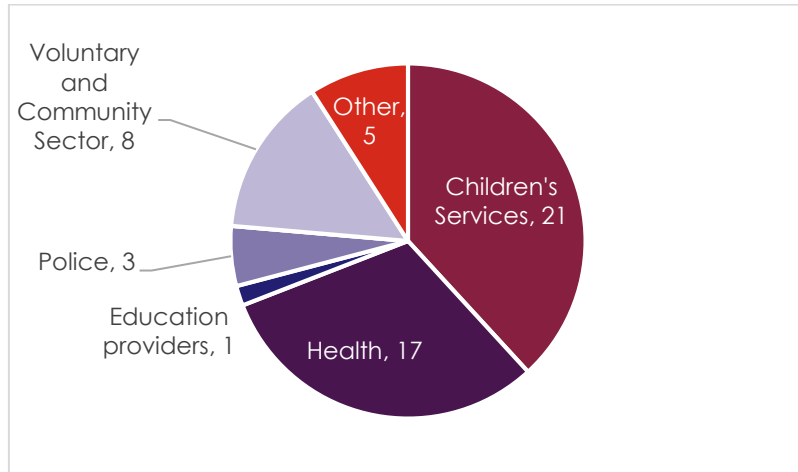
Clements, K., Holmes, D., Ryder, R., and Mortimer, E. (2017). *Workforce perspectives on harmful sexual behaviour: Findings from the Local Authorities Research Consortium 7*. London: National Children's Bureau

1 About the respondents

Because of the small sample size, all figures and tables show frequencies rather than percentages.

There were a total of 56 responses from the Croydon local authority area. Note that respondents were allowed to skip questions, so total responses for each question vary.

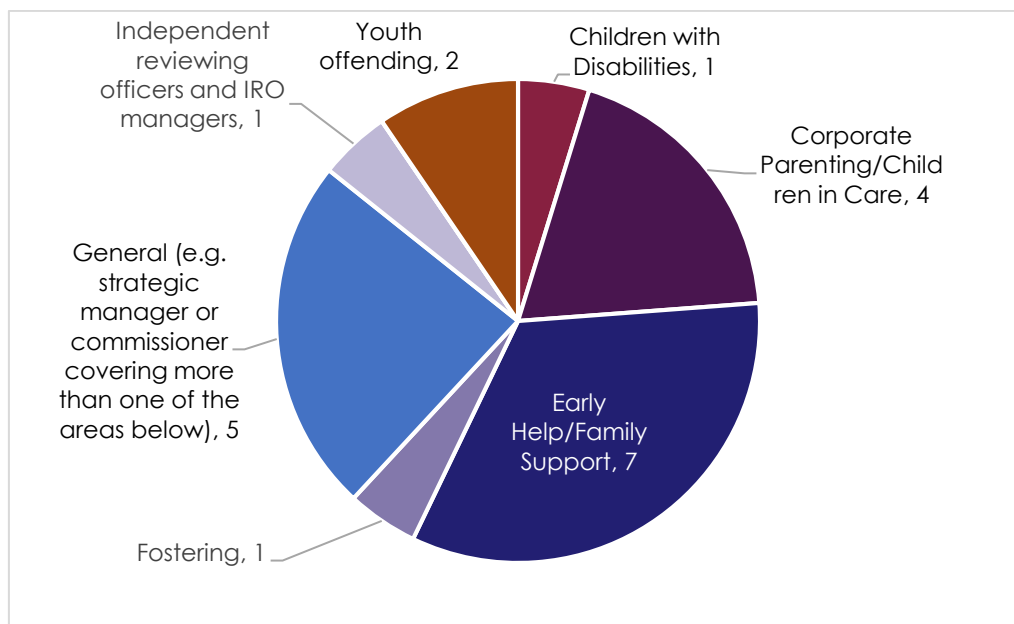
Which agency do you work for? Please tick one answer.



n= 55

Children's services accounted for the most respondents with 21 saying they worked for this agency, followed by health (17 respondents) and the voluntary and community sector (eight respondents).

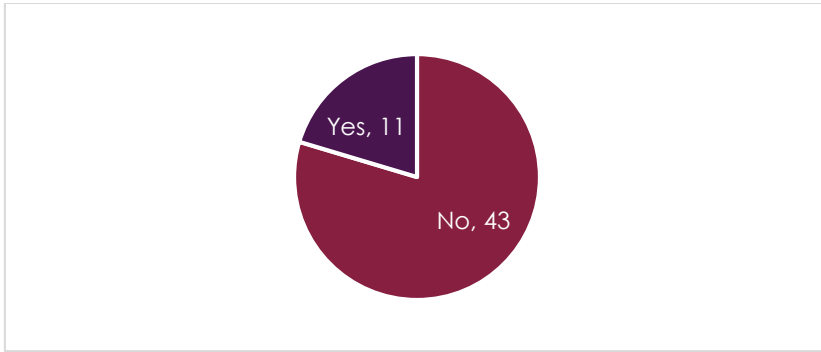
Breakdown of areas within children's services:



n=21

Seven out of the 21 respondents from children's services said they worked in early help/family support, five said they were a strategic manager or covered several areas in children's services, whilst four said they work with children in care/in corporate parenting.

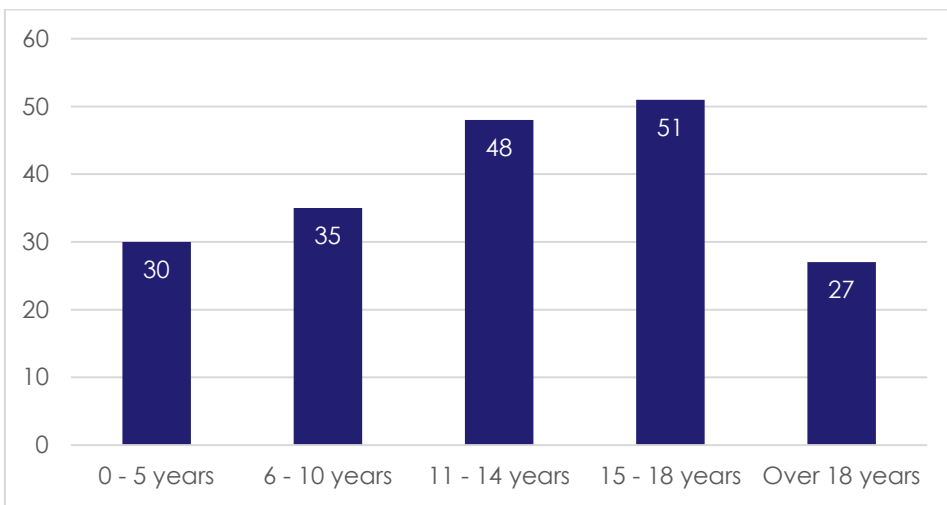
Do you sit on the Local Safeguarding Children's Board (LSCB) or one of its subgroups?



n=54

11 out of 54 respondents said that they sat on the LSCB or one of its subgroups.

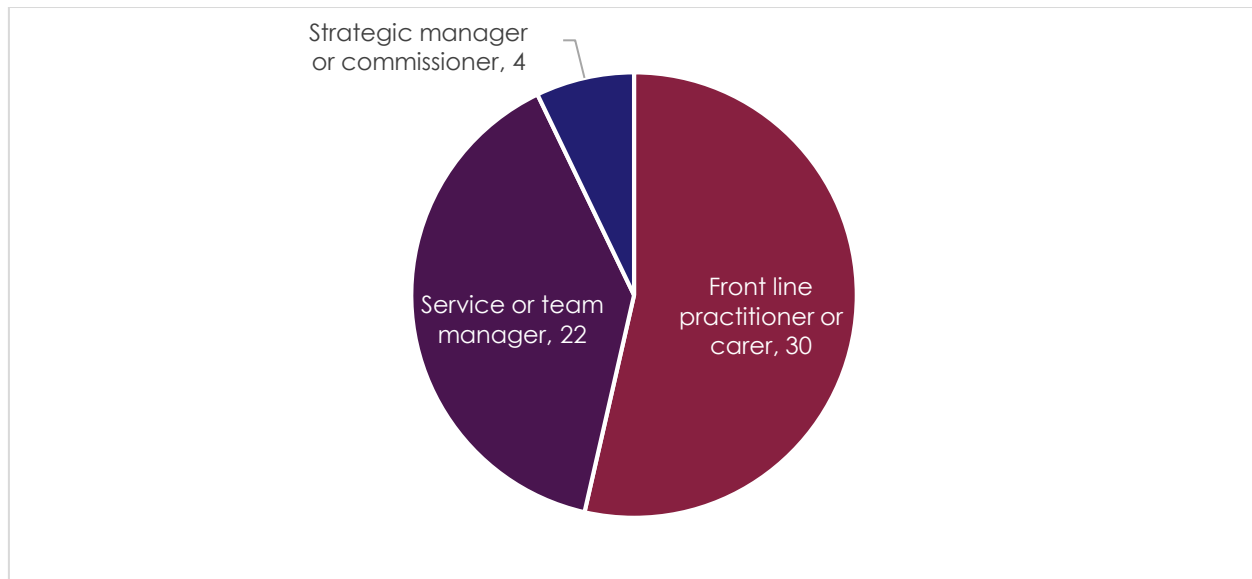
Which age groups do you work with? Please tick all that apply.



n=56

Most respondents worked with children aged 11-14 (48 out of 56) and 15-18 (51) years of age, around half worked with those aged over 18 (27) and just over half worked with those aged 0-5 and 6-10 years of age.

Which of the following best describes your professional role? Please tick one answer.



n=56

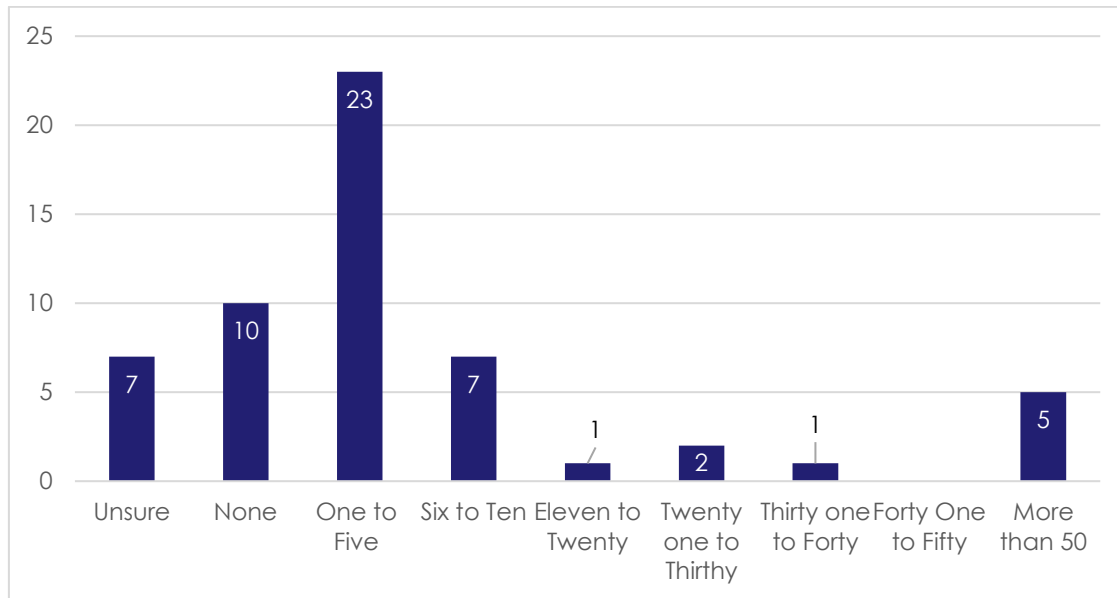
Over half (30 out of 56) respondents were frontline practitioners or carers, 22 were service or team managers and 4 were strategic managers or commissioners.

Respondents were asked different questions in the main part of the survey depending on their role. Questions which were only asked of strategic managers or commissioners and service or team managers are marked '[Managers and Leaders Only]'. Questions which were only asked of Frontline practitioners or carers are marked '[Practitioners Only]'.

2 The needs of children displaying harmful sexual behaviour (HSB)

2.1 Experience of working with children displaying HSB

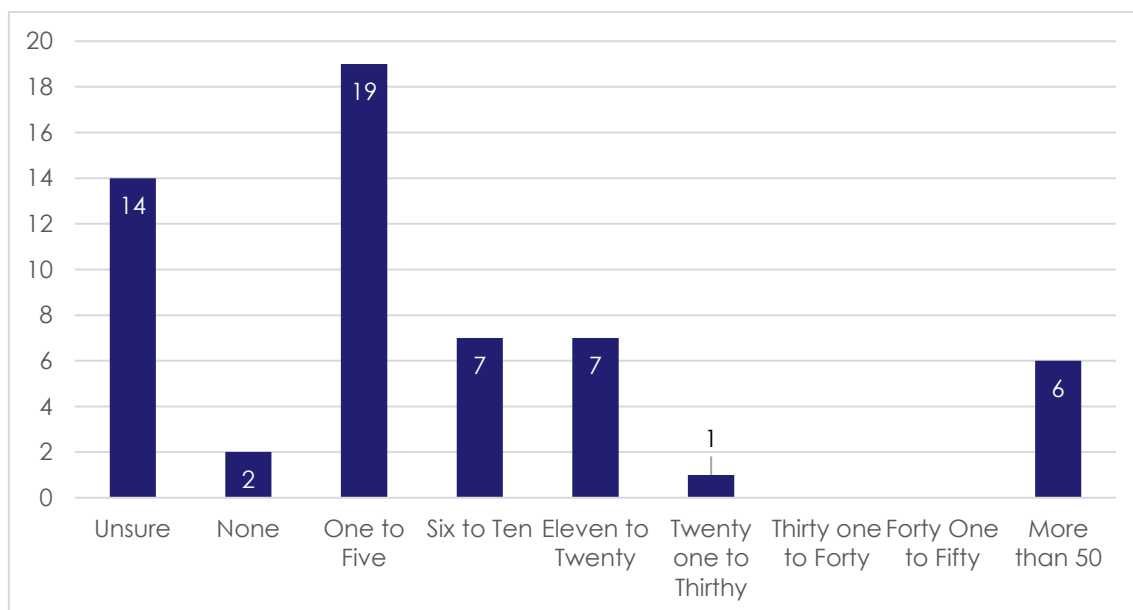
To your knowledge, approximately how many children and young people have you worked or cared for within the last three months with harmful sexual behaviours? Please tick one answer.



n=56

Over half of respondents (39 of 56) said they had worked with at least one child or young person with harmful sexual behaviours (HSB), five had worked with more than fifty and ten had worked with none.

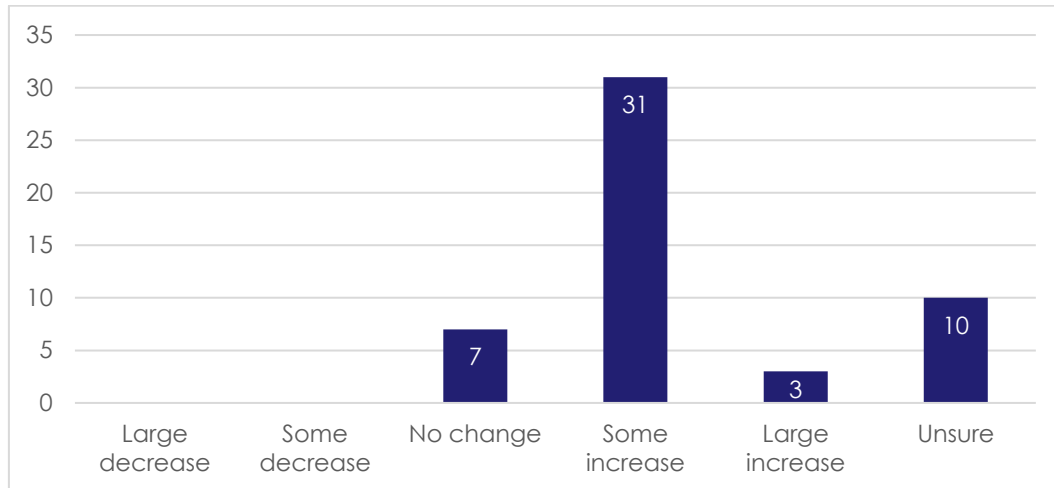
To your knowledge, approximately how many children and young people have you worked with or cared for in the last year with harmful sexual behaviours? Please tick one answer.



n=56

More than two thirds of respondents (40 out of 56) said they had worked with at least one child with HSB over the previous year and 14 said they were unsure how many they had worked with over this period. Over a third (21) said they had worked with six or more.

Have you seen a change in the number of children and young people with harmful sexual behaviours in the last two years (since 2014) from the perspective of your team / service? Please tick one.



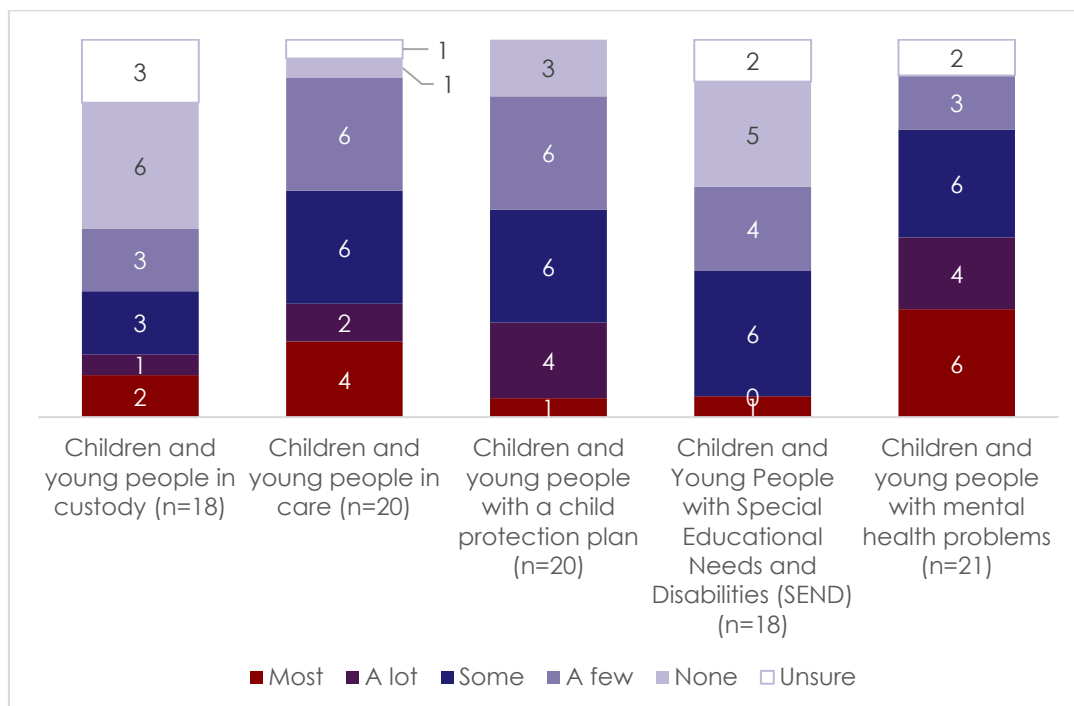
n=51

Two thirds of those responding to this question (34 out of 51) thought that there had been at least some increase in the number of children with HSB in the period between 2014 and 2016, seven thought there had been no change and ten were unsure. No respondents thought there had been a decrease.

2.2 Interaction of HSB with other vulnerabilities or disadvantage

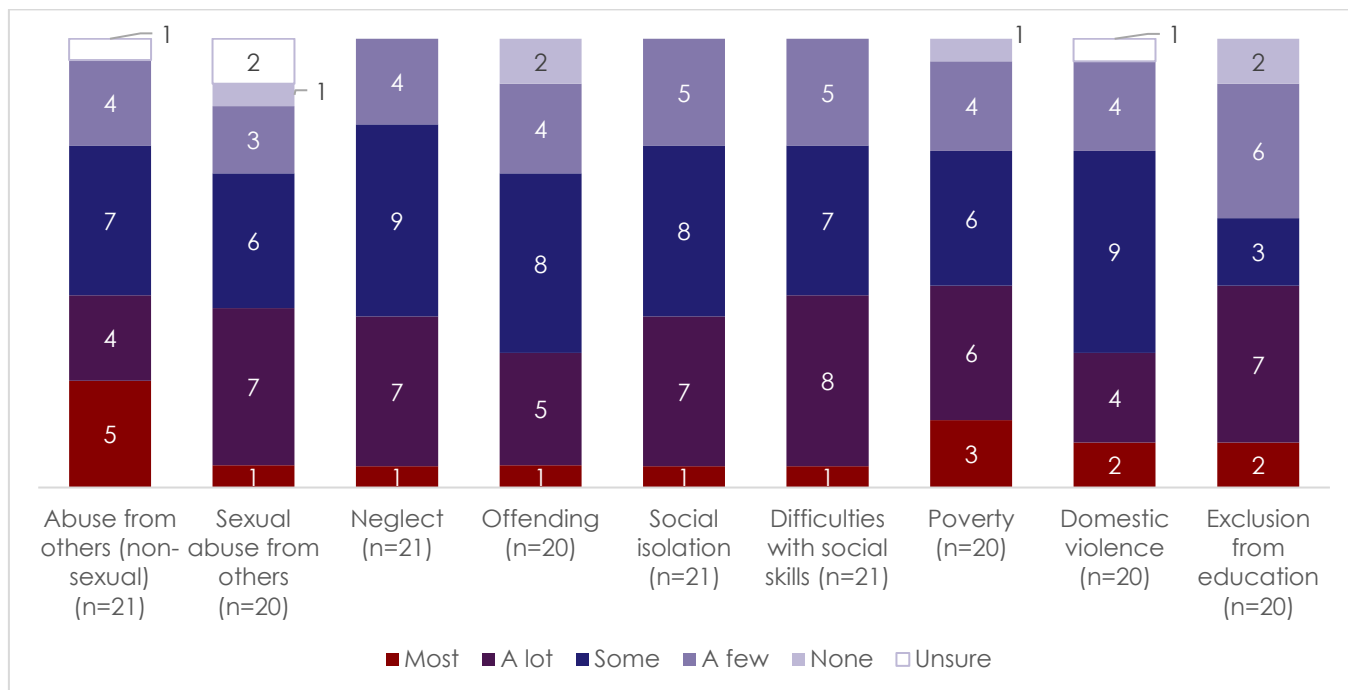
Figures in this subsection show responses only from those respondents who reported having worked with at least six children with HSB in the previous year.

Approximately what proportion of the harmful sexual behaviour cases you work with are with children and young people from the following groups? Please tick one answer in each row. (If you have worked with/cared for just one child or young person with harmful sexual behaviour, tick 'most' for any groups that they were from.)



Ten out of 21 respondents thought that most or a lot of the children with HSB they worked with had mental health problems. Six out of 20 respondents thought that most of the children with HSB they worked with were children in care.

Approximately how many of the young people with harmful sexual behaviours you work with are affected by the following factors? Please tick one in each row. (If you have worked with/cared for just one child or young person with harmful sexual behaviour, tick 'most' for any issues that they were affected by)



Nine out of 21 respondents thought that most (5) or a lot (4) of children with HSB they worked with were victims of (non sexual) abuse. There were similar responses regarding difficulties with social skills, poverty and exclusion from education. For all of the factors listed above, most of respondents thought that at least some of the children with HSB they worked with were affected.

2.3 Key challenges

Please tell us about up to three challenges of working with children and young people with harmful sexual behaviour

Responses appear verbatim as provided by respondents

Identification Confidence in terms of assessment and intervention Theory
Staff understanding what Harmful Sexual Behaviours is. What offences are there in relation to these behaviours. How manages the risk.
1. It can be hard to get the underlying safeguarding concerns addressed which in our view is essential. 2. There is a misunderstanding across local networks that SHB is a mental health problem (rather than a social / behavioural issue) and so CAMHS are the appropriate agency however in our experience
Other professional seeing the behaviour for what it is as apposed to attributing it to the child's diagnosis. Resource limitations (materially). Access to suitable training
ENsuring that schools make appropriate risk assessments to protect other children
Common ground on understanding what is 'harmful' as young person has a different view. Being able to enlist support in a wider context with partner agencies - i.e.police.
knowing what is "normal"
Making sense of the behaviour in child or young persons context. Knowing what to do about presenting behaviours / concerns.
Little training in this area. Difficult area for parents/cares and some professionals to discuss. Children find it also difficult to talk about.
. motivating a change of perspective of what is acceptable or not with teenagers . talking about sex openly . finding age appropriate language
Y/P's can be difficult to reach Trust in professionals Y/P unaware of CSE
communication trust understanding
funding joining up services ability of staff to have that conversation

They are reluctant to talk about it, even with family members and especially with people they don't know. For many children they don't have an understanding of it being harmful behaviour. It is difficult to find ways to discuss it without leading them into answers.
Accessing appropriate specialist services Non-engagement of teenagers waiting lists for access to services
Safeguarding needs taken seriously before assessment of behaviour. Service gap for young people who are not on a YOT order Complex cases being referred too late when behaviour has become very serious.
Ensuring safeguarding of the young person and others while maintaining confidentiality Managing difficult emotions Integrating complex case work/monitoring of case work with high work loads
no response from social care = no support to families from social care- no one offering treatment locally
Trauma Levels of supervision Engagment
Cultural differences - we work with young refugees and asylum seekers who have different understanding of what is acceptable in terms of sexual behaviour including views on gender rights. Lack of transparency from other organisations Lack of support from other organisations
Their understanding of the harmful behaviours Not disclosing partners Opportunities for under 18s programmes around domestic abuse/violence
They don't recognise what they do as harmful. The behaviour is just 'normal' in their peer groups Often, they don't care about risk or consequence
Difficult to engage Awareness of what is harmful sexual behaviour Available services
Hard to comment in behalf of my colleagues. Speculation that the context of our interaction is primarily for: protection of the individual, health promotion, sexual health promotion/ risk reduction these goals take high priority.
Full engagement with health service building relationship to enable return visits whilst needing to escalate to social services. Time during busy sessions. Follow up paperwork and liaison.
Ignorance Peer pressure Challenging behaviour
Pathways to support services, messages through social media are not being challenged or blocked, Schools resistant to services providing early support and education to young people
- restriction in offering longer term intervention and who is best equipped to make the intervention - own and other practitioner's clarity of the definition so likely to highlight as a general safeguarding concern
Gang association Teen DV Substance misuse Young people not wanting to engage with services & no insight into risk
Getting SS to be pro active and keep up to speed. Action everything in a timely manor. Safeguarding other children that come into contact from the child with the harmful behaviour. Changing the behaviours/home environment that have caused the behaviour in the first place.
being able to appropriately risk assess. having assess to theraputic support and time to really work and improve outcomes for these young people
Safety of the child/ young person The young persons to Understand harmful sexual behaviour & that it is not a norm, as it might be perceived by them
There are a number of challenges staff face especally given the core client group we are working with in Croydon, (young fathers with children subject to CP CIN proceedings or plans) This leads to contact with a number of young men who may have had abusive or exploitative relationships, some may be v
There are no support groups for young women especially as the Freedom Programme has been cut, which means we can no longer have support through a preventative programme The problem is on the increase and services are overwhelmed Waiting times once a client has disclosed, which means the client may w
unsure
Unpredictable Accusations against members of staff - unfounded Quick to form strong and reliant attachments to myself and other staff members
busy caseload
parents are in denial. school are not supportive for some of the strategy ,drug and alcohol rehabilitation
Engaging them to discuss these issues and identifying whether there is actual harm
keeping them and others safe in the environment Giving them access to a broad and balanced full time curriculum entrenched gender role views are a big problem, low level of empathy for others due to low level of intelligence make it hard to develop critical thinking, poor parental support

3 Systems and services for addressing HSB

3.1 Approaches and tools for identifying, assessing or supporting children displaying HSB

Please specify any particular tools and/or approaches for identifying, assessing or supporting children and young people who display harmful sexual behaviour

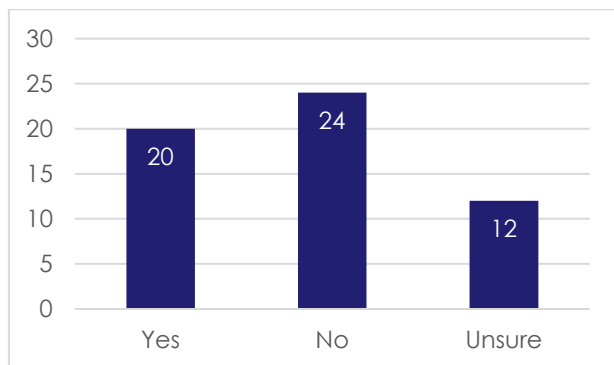
Responses appear verbatim as provided by respondents

Brooks traffic light tool Hacker.
AIM assessment
Psychological/therapeutic assessment and intervention Systemic work with families with emphasis on safeguarding Sexual/sexuality awareness work with young people and families Involving schools and health agencies in planning and service delivery Use of addictive behaviour models in assessment ABE wo
Unknown
none
Aim 2 Assessments Good Lives Model Systemic Family Work
We use a non-judgmental approach that tries to understand the young person's experience but at the same time discuss boundaries and consequences of their actions
I have only worked with one young man and did not work on the issues of HSB with him myself. I would say that I do not feel equipped to undertake such work at this stage. I used in my work usual models and approaches such as systemic and cognitive therapy tools, solution focused tools, strength based
Family Nurse partnership programme
I assess them myself and refer them to the appropriate agency
As a CAMHS service we work to address the safeguarding concerns that are typically present alongside addressing the additional mental health or neurodevelopmental problems. We assess and manage SHB using usual behaviour management strategies of identification, assessment of triggers and underlying f
Check list
Sexual Knowledge and Behaviour Assessment for people with learning disabilities
As part of intervention/consultation with the young person's specific practitioners, evidence of SHB comes out of the consultation e.g. when assessing CSE risk and sexual health risk and partner notification.
Spotting the signs
Assessment of Fraser competence
Effective listening through exploring with young person, open ended questions, building positive relationship and confidential environment, easy access to service, Agency and Local Authority Safe Guarding Policy and Procedure, MASH, Early Assessment Team, Safe Guarding Training
using direct work tools referring to the AIM project (Assessment Intervention Moving on)
NSPCC Underwear rule/PANTS programme.
Inclusive and preventative approaches to Boys and Young men, delivering gender specific sessions and interventions around the wider VAWG and Healthy relationships agenda. On-going support and advice for young parents including young fathers. Specifically The Bridge project (delivered by Working wi
unsure
Engaging local voluntary organisations who teach about safer sex, exploitation
child protection conferences, strengthening families model assessment framework tool used
Missing ,truanting, possessing of expensive gadget not bought by parents.
None

C&F Assessment skills
Referral to outside agencies: Early Help, Social Care, CAMHS and an appropriate tier 3 service if needed.
Two young people I have worker with show these behaviours and both of which were already working with appropriate specific professional so I did not broach the subject of sexually harmful behaviour other than to help the child reflect on what they had learned so far.
Initial assessment carried out with the individual. Referral to Children's Social Care.

3.2 Specialist services

Are you aware of a specialist service for children and young people with harmful sexual behaviour in your area?



n=56

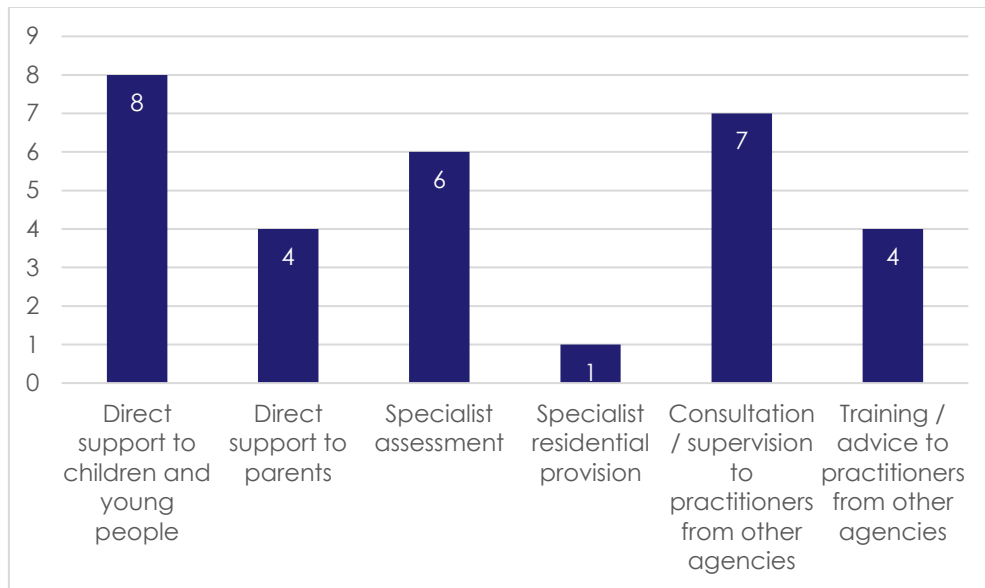
Over a third of respondents (20 out of 56) were aware of a specialist services for children with HSB in the area, just under half (24) were not and 12 were unsure.

Please name the service or provide a very brief description

Responses appear verbatim as provided by respondents

NCATS with NSPCC
YOS / CAMHs partnership
NSPCC's NCATS, Barnardos Chilston service, Lucy Faithfull foundation (intervention and assessment)
Safer London Team Referral & Consultation. MASH /MASE/Gangs team consultation's. NSPCC
South London & Maudsley National & Specialist CAMHS Forensic Services
NSPCC
MASH Team and Early Intervention Team
SLaM
1. New to the area - cannot remember the name 2. Safer London/Empowerment via NSPCC
CAHMS with AIMS assesement
RASSAC for rape victims. FJC for victims of DV
Safer London, NSPCC
CAMHS and NSPCC
MASE panel
MRC
CSE referral mechnism
CAMHS, Social Services,

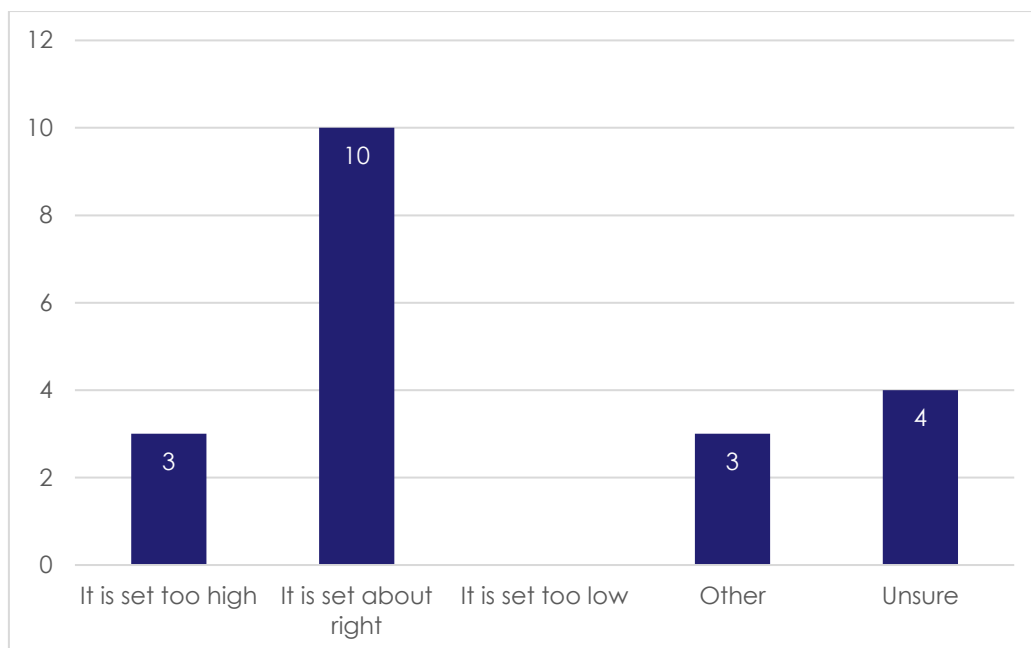
Please tell us about the support they provide (please tick all that apply)



n=9

Eight out of nine respondents said the specialist service for children with HSB provided direct support to children and young people, seven said it provided consultation/supervision to practitioners from other agencies and six said it provided specialist assessment.

Which of the following best describes your opinion on the threshold for accessing the service?



n=20

Half of respondents to this question (ten out of 20) thought that the threshold for the specialist service for children with HSB was set about right, three thought it was set too high and four were unsure.

3.3 Strategies, plans and partnership working

Does your agency have either of the following?

- Policy on children who display harmful sexual behaviour
- Strategy for supporting children who display harmful sexual behaviour

	Policy on children who display harmful sexual behaviour	Strategy for supporting children who display harmful sexual behaviour	Total respondents from this agency
Children's Services: Early Help/Family Support/Children with Disabilities	5	3	8
Children's Services: Children in Care	5	4	6
Children's Services: Youth offending	2	1	2
Children's Services: General/Other	2	1	5
Health	6	4	17
Education	0	0	1
Other	6	5	16
Grand Total	26	18	56¹

Five out of eight respondents from Early Help/Family Support/Children with Disabilities services said their agency had policy on children who display HSB and three said it had a strategy for supporting these children. About a third of those working in health (six out of 17) said their agency had a policy on children who display HSB and four said their agency had a strategy for supporting these children.

Does your local area have any of the following regarding harmful sexual behaviour in children?

- Multi-agency policy
- Multi-agency strategy
- Multi-agency referral pathway

Multi-agency policy	20
Multi-agency strategy	19
Multi-agency referral pathway	25

n=56

Just under half of the 56 respondents to the survey said that the local area had a multi-agency referral pathway for children with HSB. Fewer said the area had multi agency strategy (19) or a multi-agency policy (20).

¹ One respondent did not specify which agency they worked for

How far do you agree with the following statements about your confidence as a manager regarding children and young people with harmful sexual behaviours? Please tick one answer on each below. [Managers and Leaders only]

I am supported by the wider local partnership in working in this field

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Unsure
0	7	6	10	3	0

n= 26

13 out of 26 managers and leaders either disagreed or strongly disagreed that they were supported by the wider local partnership.

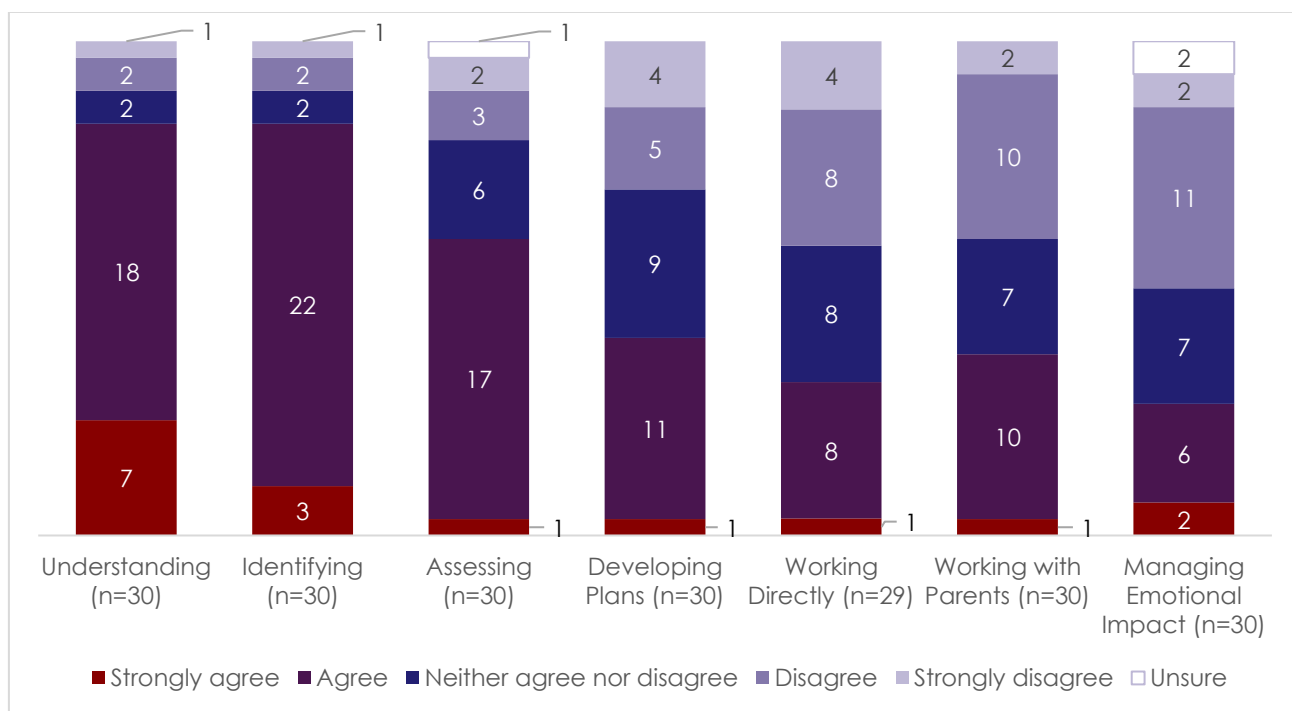
4 Confidence, knowledge and skills of the workforce

4.1 Knowledge, skills and understanding

How far do you agree or disagree with the following statements about your knowledge and skills regarding children and young people with harmful sexual behaviours? Please tick one answer on each row.

[Practitioners only]

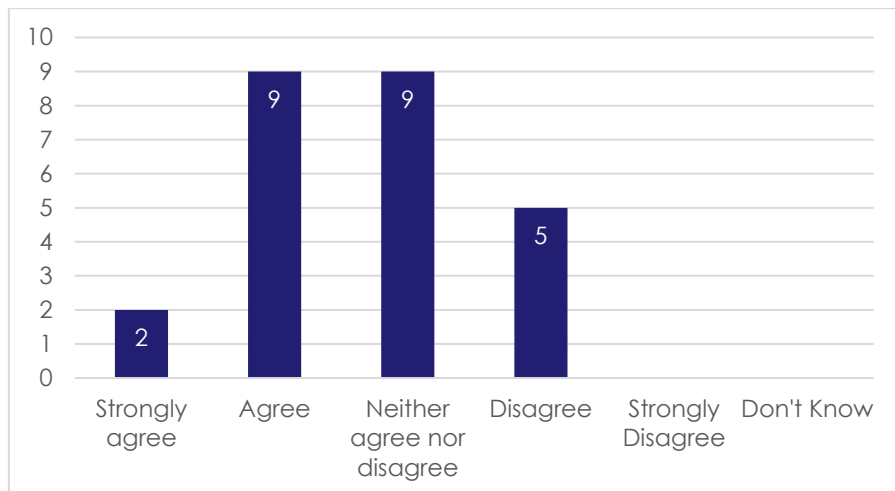
- I fully **understand** what harmful sexual behaviour in children and young people is
- I have knowledge/ skills for **identifying** harmful sexual behaviour in children and young people I work with/care for
- I have knowledge/skills for **assessing** children and young people displaying harmful sexual behaviour
- I have knowledge/ skills about **developing plans** for children and young people displaying harmful sexual behaviour
- I have knowledge/ skills for **working directly** (delivering interventions) with children and young people displaying harmful sexual behaviour
- I have knowledge/ skills for **working directly with parents** of children and young people displaying harmful sexual behaviour
- I have knowledge/skills to use to effectively **manage the emotional impact** of working with/caring for children and young people displaying harmful sexual behaviour



The majority of practitioners (25 out of 30) agreed or strongly agreed that they fully understood what HSB was. There were similar results regarding knowledge and skills for identifying children with HSB (25 out of 30 also agreeing or strongly agreeing they were confident in this area) and assessing children with HSB (18 out of 30 agreeing or strongly agreeing they were confident in this area). Practitioners were typically less positive about their knowledge and skills in other areas, such as working directly with children with HSB (nine out of 29 agreeing or strongly agreeing) or managing the emotional impact of the work (eight out of the 30 agreeing or strongly agreeing).

How far do you agree with the following statements about your confidence as a manager regarding children and young people with harmful sexual behaviours? Please tick one answer on each below [Managers and Leaders only]

I am confident my staff have the requisite knowledge and skills to work effectively in this field

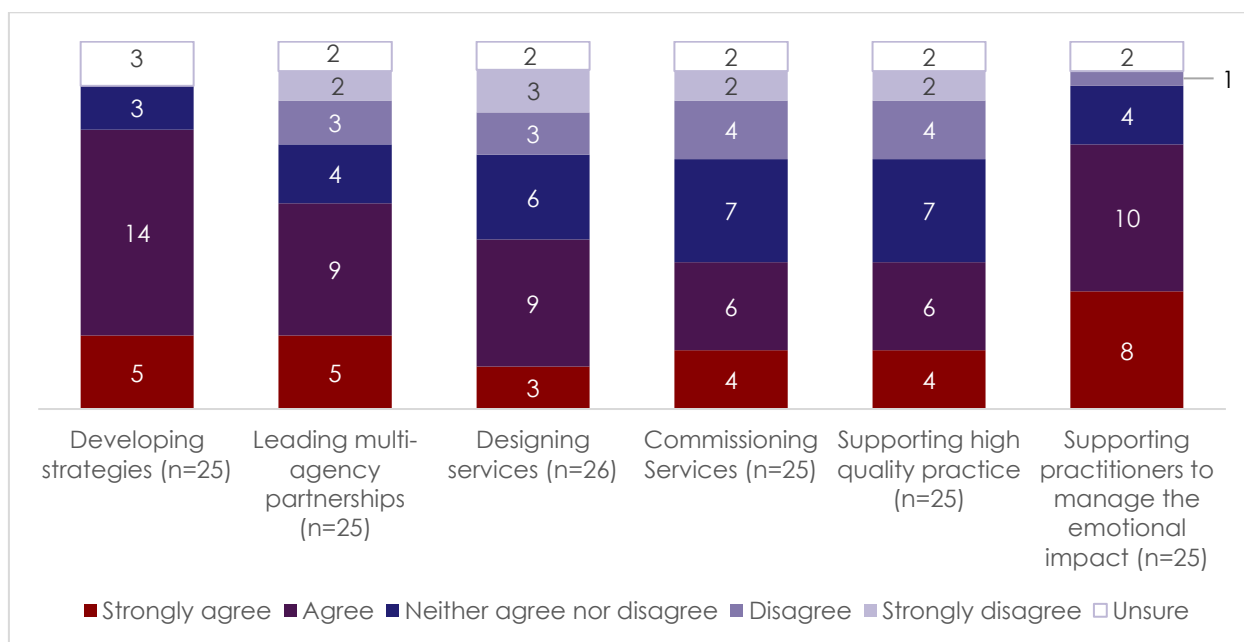


n=25

Just under half of managers and leaders (11 out of 25) said they were confident that their staff had the requisite knowledge and skills to work effectively in the field of HSB, with five disagreeing

In general, how far do you agree or disagree with the following statements about your knowledge and skills regarding children and young people with harmful sexual behaviours? Please tick one answer on each row. [Managers and Leaders only]

- **Developing strategies** for harmful sexual behaviour
- **Leading multi-agency partnerships** relating to harmful sexual behaviour
- **Designing services** for harmful sexual behaviour
- **Commissioning services** for harmful sexual behaviour
- **Supporting high quality practice** for harmful sexual behaviour
- **Supporting practitioners to manage the emotional impact** of harmful sexual behaviour



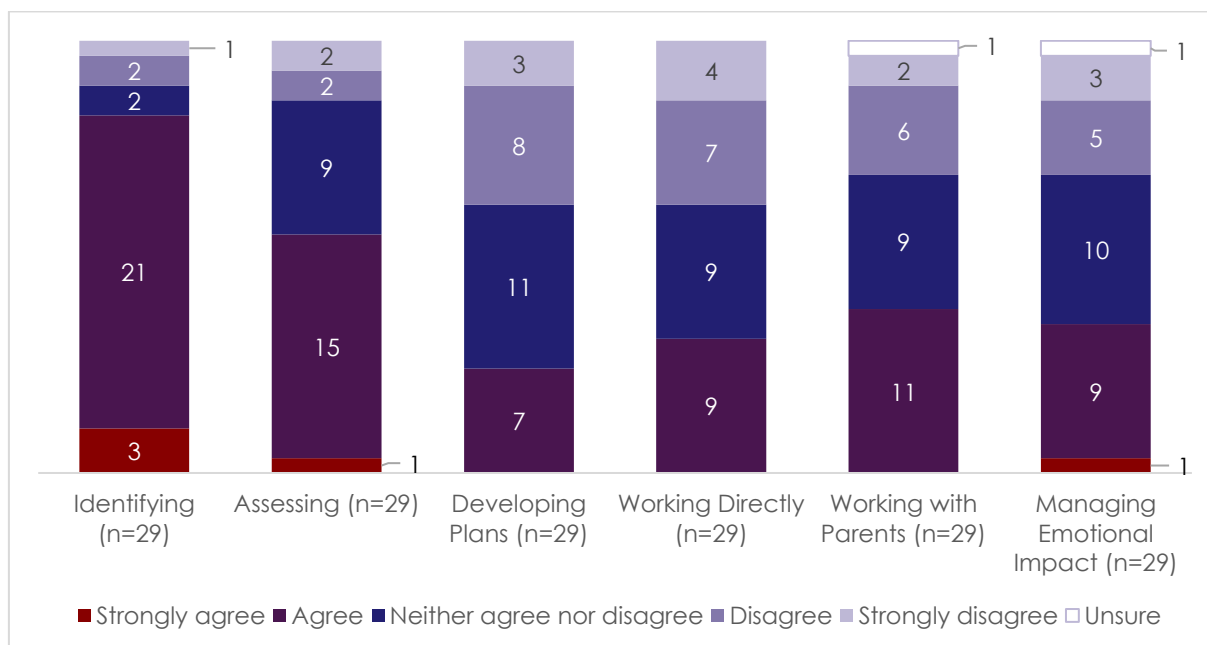
A clear majority of managers and leaders (19 out of 25) agreed or strongly agreed that they had the knowledge and skills to develop strategies for HSB, with none disagreeing or strongly disagreeing. A similar

proportion (18 out of 25) agreed or strongly agreed that they had the knowledge and skills to support practitioners to manage the emotional impact. Self-reported knowledge and skills were lower in other areas, but in all areas more managers and leaders agreed than disagreed.

4.2 Confidence and emotional impact

How far do you agree or disagree with the following statements about your confidence regarding children and young people with harmful sexual behaviours? Please tick one answer on each row. [Practitioners only]

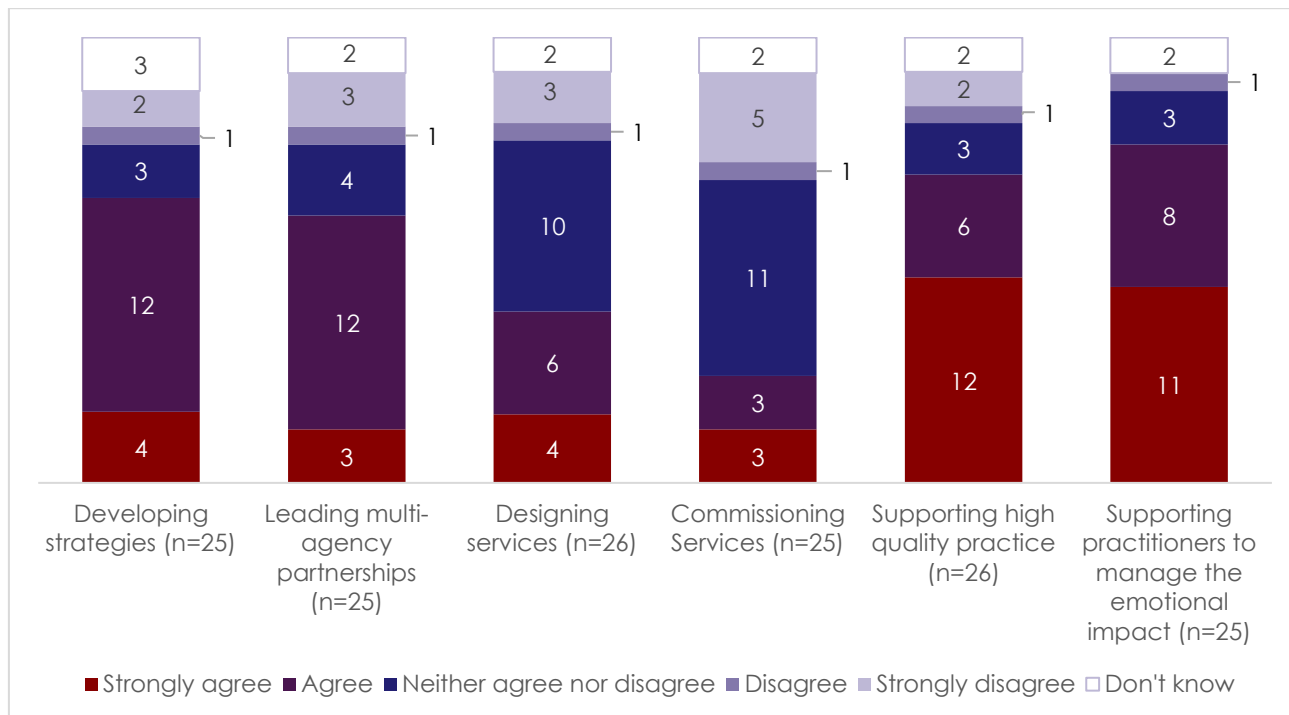
- I feel confident in **identifying** harmful sexual behaviour in children and young people I work with/care for
- I feel confident about **assessing** children and young people displaying harmful sexual behaviour
- I feel confident about **developing plans** for children and young people displaying harmful sexual behaviour
- I feel confident about **working directly** (delivering interventions) with children and young people displaying harmful sexual behaviour
- I feel confident about **working directly with parents** of children and young people displaying harmful sexual behaviour
- I feel confident that I can effectively **manage the emotional impact** of working with/caring for children and young people displaying harmful sexual behaviour



A majority of practitioners (24 out of 29) agreed or strongly agreed that they were confident in identifying children with HSB. Over half (16 out of 29) also agreed or strongly agreed that they were confident in assessing these children. Confidence was lower in other areas, but in all areas more practitioners agreed than disagreed.

How far do you agree or disagree with the following statements about your confidence regarding children and young people with harmful sexual behaviours? Please tick one answer on each row. [Managers and Leaders only]

[See list of statements under 4.1]



Most managers and leaders (19 out of 25) agreed or strongly agreed that they were confident in supporting practitioners to manage the emotional impact of working with children with HSB. A clear majority also agreed or strongly agreed they were confident in developing strategies (16 out of 25), leading multi-agency partnerships (15 out of 25) and supporting high quality practice (18 out of 26). They were typically less confident in designing and commissioning services.

How far do you agree with the following statements about your confidence as a manager regarding children and young people with harmful sexual behaviours? Please tick one answer on each below. [Managers and Leaders only]

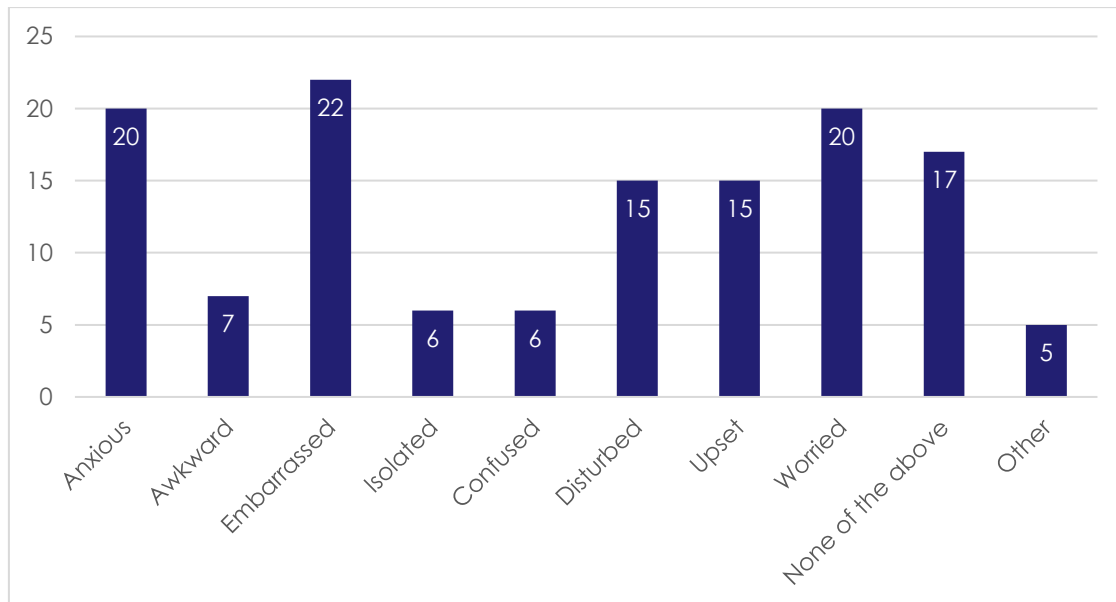
I feel I can exercise ownership and leadership in the field of harmful sexual behaviour

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Unsure
6	12	5	3	0	0

n=26

A majority of managers and leaders (18 out of 26) agreed or strongly agreed that they were confident that they could exercise ownership and leadership in the field of HSB.

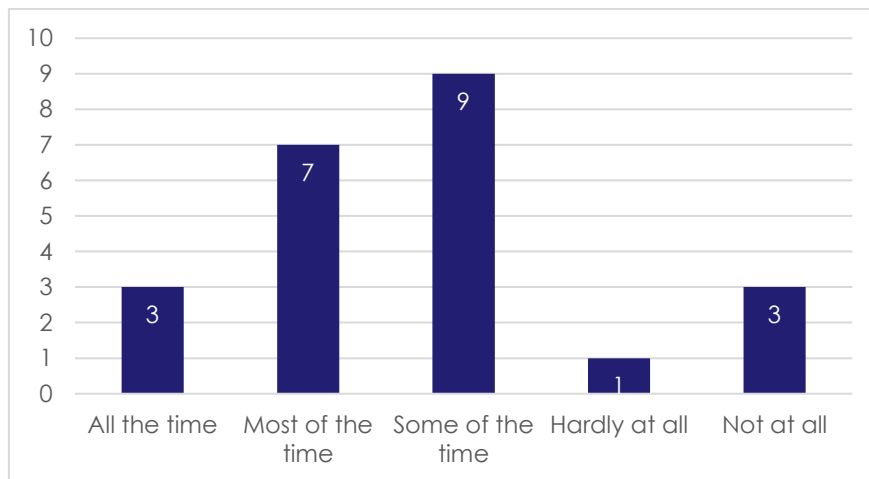
We understand that this work, as well as being rewarding, can also cause negative feelings amongst professionals and carers. Thinking about experience you may have working with or caring for children displaying harmful sexual behaviour, or the prospect of having to address these issues, how does it make you feel? Please tick all that apply.



n=55

Of the examples of negative emotions set out in the survey, embarrassment was the one that respondents most commonly (22 out of 55) said that they felt. Over a third also said that the work made them feel anxious or worried (20 out of 55). Just under third of respondents (17 out of 55) said that they did not experience any of the negative feelings listed.

To what extent are you able to explore and address these feelings in your supervision? [Practitioners only]

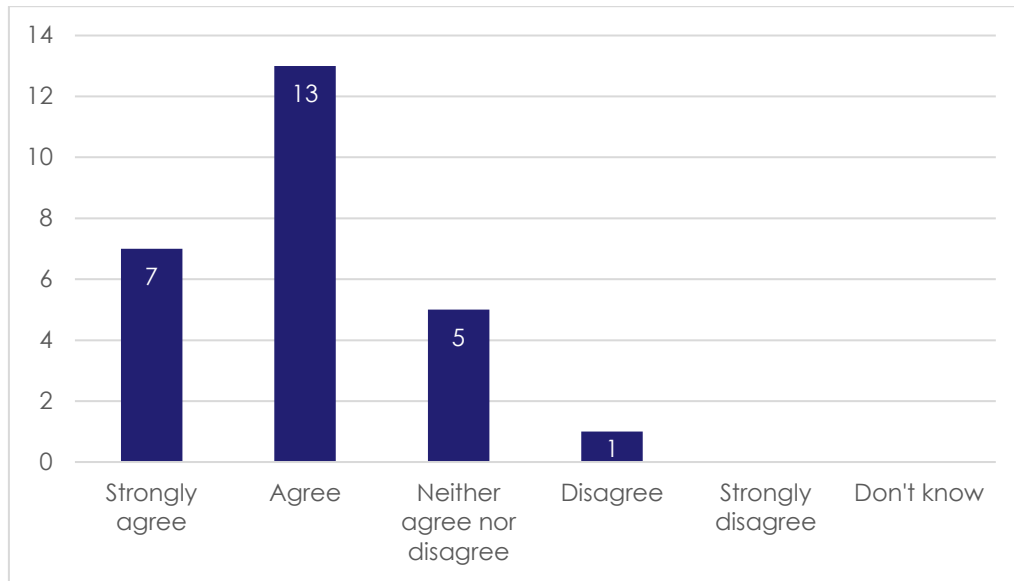


n=23

Most practitioners (19 out of 23) said that they were able to explore these feelings in their supervision at least some of the time.

How far do you agree with the following statements about your confidence as a manager regarding children and young people with harmful sexual behaviours? [Managers and Leaders only]

I feel confident in supporting staff that I supervise to address any negative feelings they may have as a result of working with children displaying harmful sexual behaviour.



n=26

A majority of managers and leaders (20 out of 26) agreed or strongly agreed that they felt confident in supporting staff they supervised to manage the emotional impact of working with children with HSB. 1 disagreed and 5 neither agreed nor disagreed.

5 Supporting the workforce

5.1 Support and guidance

Which of the following methods of support and guidance do you use in your role working with or caring for children and young people with harmful sexual behaviour? Please tick all that apply. [Practitioners only]

Talk with peers	21
Talk with senior colleagues	23
Written guidance from senior colleagues	5
Shadowing colleagues	5
Self-directed study / reading	20
Peer networking events	3
1:1 supervision	13
Team meetings or team based learning	14
Policies and procedures	17
Sector-specific media	3
Group supervision	5
Multi-agency support	15
Referral to harmful sexual behaviour specialist	13
None of the above	1
Other	0

n=29

Practitioners were more likely to report accessing support and guidance through talking with senior colleagues (23 out of 29) than through any other route. Talking with peers (21) and self-directed study/reading (20) also appeared to be commonly accessed. Group supervision (5), shadowing colleagues (5), peer networking events (3) and written guidance from senior colleagues (5) appeared to be less commonly used

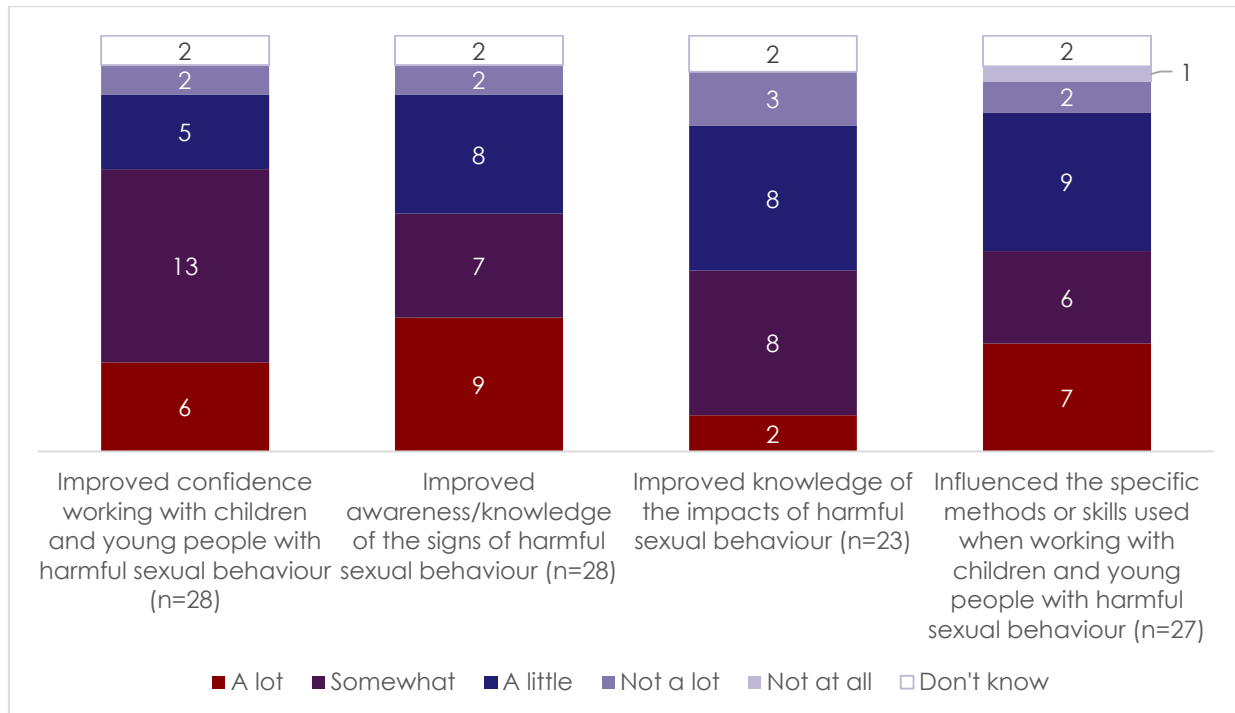
Which of the following methods of support and guidance does your agency use in working with children and young people with harmful sexual behaviour? Please tick all that apply. [Managers and Leaders only]

Talk with peers	16
Talk with senior colleagues	18
Written guidance from senior colleagues	9
Shadowing colleagues	4
Self-directed study / reading	8
Peer networking events	8
1:1 supervision	20
Team meetings or team based learning	19
Policies and procedures	15
Sector-specific media	2
Group supervision	14
Multi-agency support	14
Referral to harmful sexual behaviour specialist	6
None of the above	3
Other	0

n=26

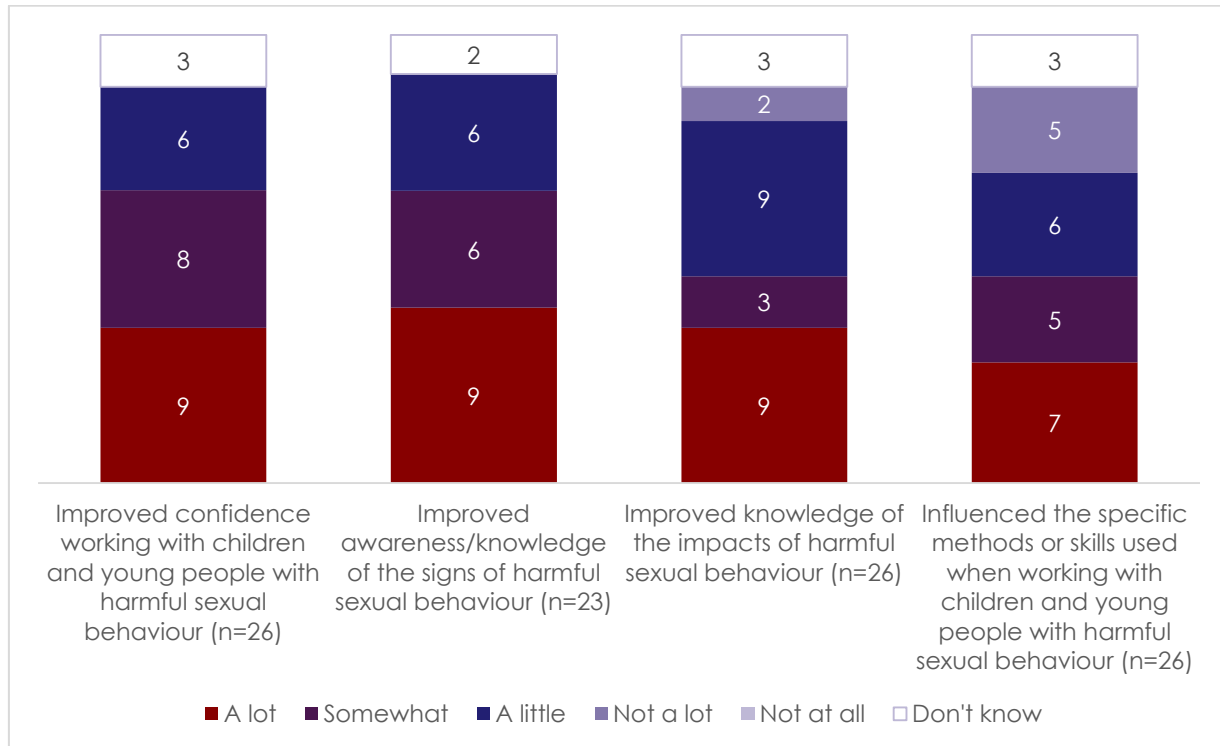
Most managers and leaders (20 out of 29) said that support was provided through one to one supervision. Unlike practitioners, much fewer (8 out of 27) said that self-directed study was used.

How do the methods of support and guidance you outlined impact upon your work/care you provide? Please tick one in each row. [Practitioners only]



Over half of practitioners (19 out of 28) thought that their overall package of support and guidance had improved their confidence in working with children with HSB at least somewhat. A similar proportion (16 out of 28) thought their overall package of support and guidance had at least somewhat improved their awareness/knowledge of the signs of HSB. Fewer thought that it had done the same for their knowledge of the impacts of HSB (10 out of 23) or influenced the methods they used when working with affected children (13 out of 27).

How do the methods of support and guidance you outlined impact upon how your staff work? Please tick one answer in each row. [Managers and Leaders only]



Managers and leaders gave a similar analysis to practitioners of the impact of the support and guidance used by their staff.

Do you have any specific comments about the methods outlined above?

Responses appear verbatim as provided by respondents

there is a gap in this area of knowledfe among peers and other professionals
It is at an embrionic stage
preventative work , early intervention through quality and effective SRE education for young people
I want more specific training

Which of the following methods of support and guidance are you not able to currently use but feel you would benefit from? Please tick all that apply.

Talk with peers	2
Talk with senior colleagues	3
Written guidance from senior colleagues	3
Shadowing colleagues	9
Self-directed study / reading	3
Peer networking events	6
1:1 supervision	5
Team meetings or team based learning	8
Policies and procedures	3
Sector-specific media	3
Group supervision	6
Multi-agency support	7
Referral to harmful sexual behaviour specialist	10
None of the above	5
Other	2

n=26

The method of support and guidance that most practitioners felt would be beneficial but were unable to access was referral to an HSB specialist (10 out of 26), followed by opportunities to shadow colleagues (9 out of 26) and team meetings or team based learning (8 out of 26).

5.2 Specific training

Have you received training in working with children and young people who display harmful sexual behaviour since 2014? Please tick one. [Practitioners only]

	Yes	No	Unsure / Can't remember
Children's Services: Early Help/Family Support/Children with Disabilities	2	1	
Children's Services: Children in Care		1	2
Children's Services: Youth offending		2	
Children's Services: General/Other	2		
Health	2	7	1
Education			
Other	1	8	1
Grand Total	7	19	4

n=30

Just under a quarter of practitioners (seven out of 30) said that they had accessed training in working with children with HSB between 2014 and 2016. 19 said they had not and four said they could not remember. Managers and leaders made a similar assessment (see below)

Have your staff received training in working with children and young people who display harmful sexual behaviour, since 2014? Please tick one. [Managers and Leaders only]

Yes	No	Unsure / Can't remember
6	14	6

n=26

If yes - Please provide a brief description of the training (including whether it related to any specific groups of children and young people and how long ago you participated in this training and how often).

Responses appear verbatim as provided by respondents

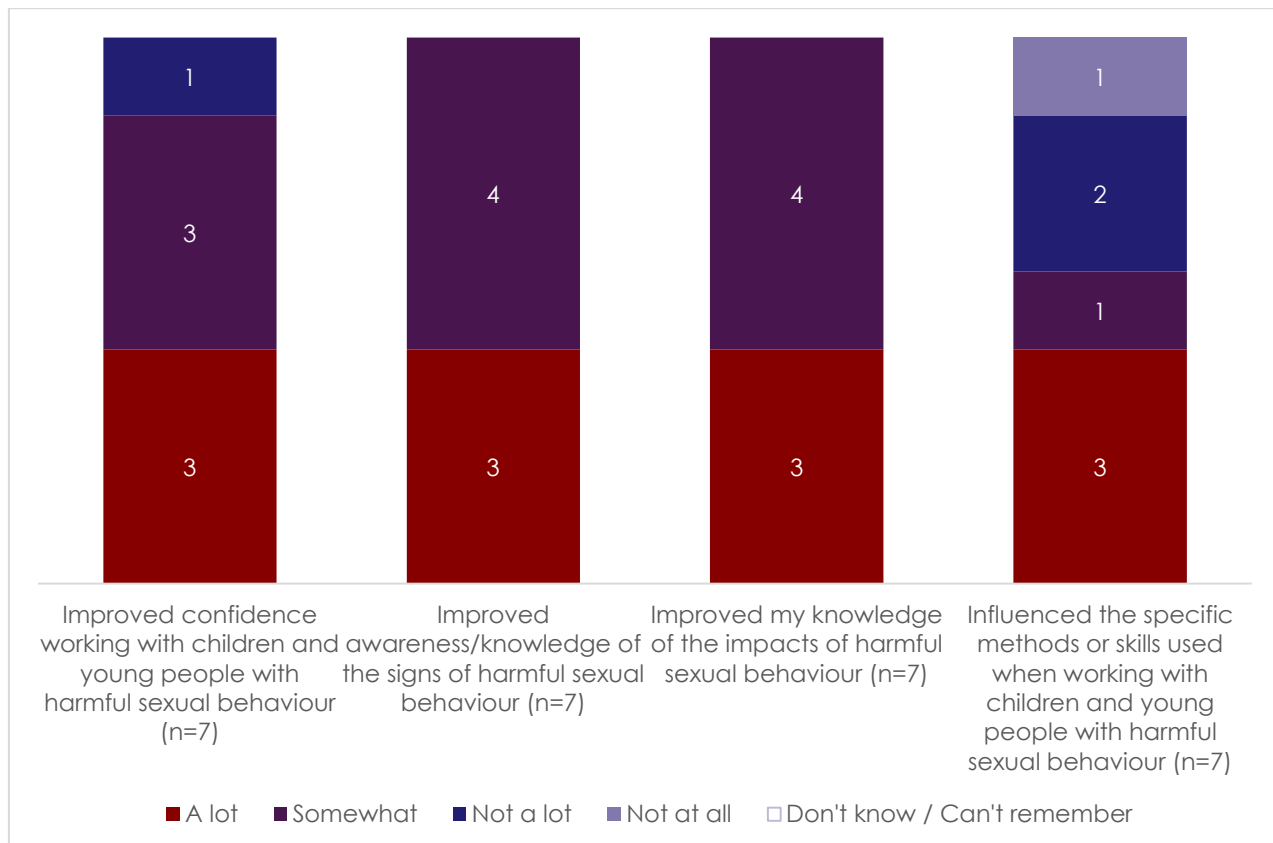
Presentation during a workshop, numerous presentations at multi agency meetings and threaded through safeguarding training.
FGM training , safeguarding training and gang training
Working with CSE
As a third sector vol org we have to rely on free trianing provided by agencies across London, most recent training has been around working with Y/P wiht sexually harful behaviours, working with perpetrators
CSE training, trafficking
regular relevant training is provided/offered which can be accesed by workers

Is training in working with children and young people who display harmful sexual behaviour available to people undertaking your role locally? [Practitioners only]

Yes	No	Unsure
5	6	12

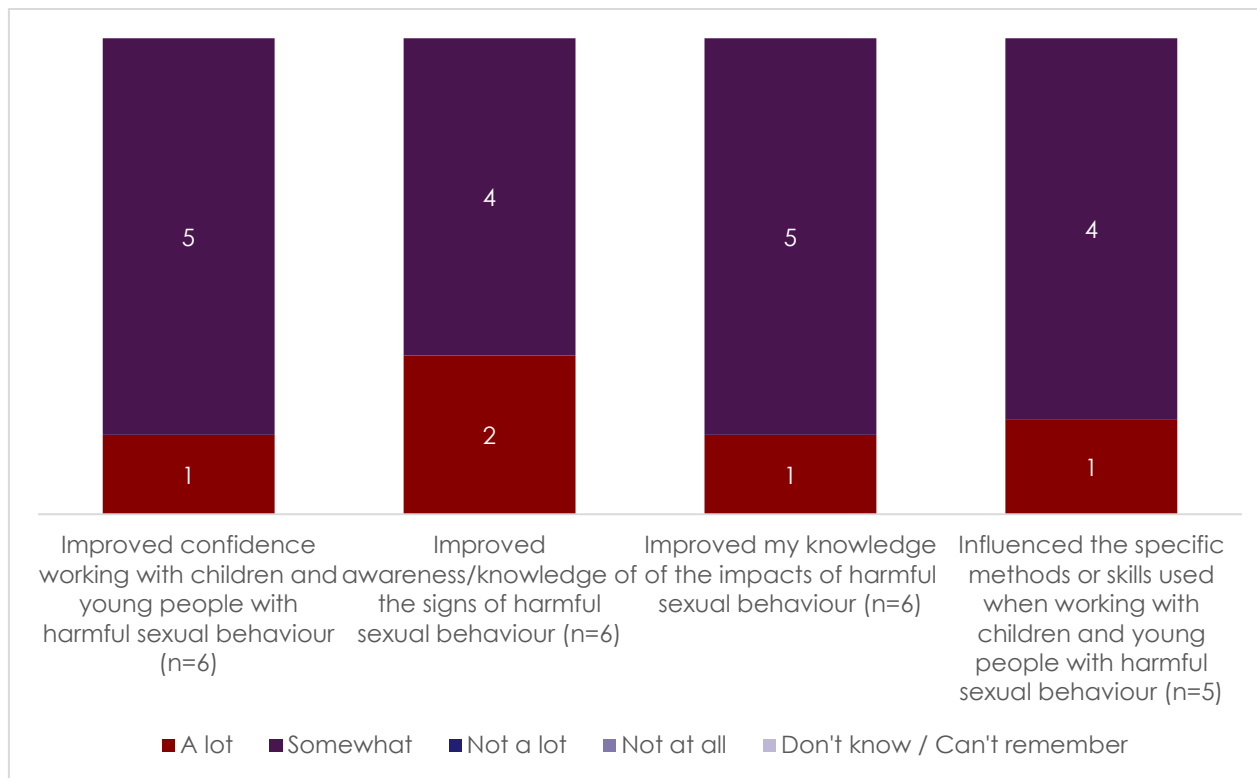
n=23

Did the training impact on you in any of the following ways? Please tick all that apply. [Practitioners only]



Those practitioners who had received training were almost unanimous regarding its positive impact on their confidence working with children and young people with HSB, as well as its impact on their awareness and knowledge of the issue and its impacts. Three out of seven thought that it had influenced the methods or skills they used working with children with HSB not a lot or not at all.

Did the training impact on your staff in any of the following ways? Please tick all that apply. [Managers and Leaders only]



The six managers and leaders who said their staff had accessed training on HSB were all positive about its impact on all four of the areas specified in the question.

Is there anything else you would like to tell us about your experiences of working with children and young people who display harmful sexual behaviours?

Responses appear verbatim as provided by respondents

- Area seems to have little research, training and support in
- we are at an embryonic stage.
- there is no local service and no support to parents
- I am interested in this kind of work and wish I could receive more training
- I feel that the local authorities that I work with across London are woefully ill prepared to work with sexual crimes against children. The level of embarrassment, awkwardness and reticence to talk about sex
- really only have knowledge of 1 or 2 cases in the last 5 years. The service is not specifically targeted at safeguarding i.e. safeguarding is not the access route to the service. Children receiving the ser
- My biggest challenge is diagnostic overshadowing - attributing the behaviour to the syndrome / diagnosis. This poses challenges ensuring they are offered the same service non-disabled children would benefit

Difficult to comment on all this since the nature of the interaction by our staff has not routinely been screened for SHB. This is in part to the nature and context of the presentations. This has highlighted a point

my work is more general than case loaded as I work in mainstream delivery on the preventative side - I think this element of work is instrumental in educating young people, empowering them and helping them to

I have said before agencies need to get in quicker - No delays please other children are at risk if we act fast

There is a lack of support services for children and young people who have displayed harmful sexual behaviour, and support for the parents to support the child and to manage the behaviour. We do not have enough

There is still a lot of work to do to underpin this sector of work, understanding around gender roles and how developing adolescent behaviour is and can be shaped or adjusted is still being experimented with,

never had to do it thank goodness

It is a very emotive topic and interesting. It's very hard not to feel paternalistic towards the child and young person.

This is a difficult area and I don't feel that I have a lot of skills in it.

National Children's Bureau

8 Wakley Street
London, EC1V 7QE
T: +44 (0)20 7843 6000
F: +44 (0)20 7278 9512
www.ncb.org.uk



Registered Charity No. 258825.

© National Children's Bureau 2017



National Children's
Bureau