

# THE DERWENT INITIATIVE

promoting an inter-agency response to sexual offending

## ASSESSING RISK IN YOUNG PEOPLE WHO SEXUALLY ABUSE

Registered Charity Number 1045502

## **1. THE BACKGROUND**

- 1.1 Over several months last year The Derwent Initiative received a range of calls about difficulties when working with adolescents who sexually abuse. Those who were looking for specialist services reported that there were insufficient resources available whether in specialist health services or in community based agencies. Those agencies working with such adolescents said that they could not keep pace with the workload. There was no “recognised assessment tool” and a lack of inter-agency procedures for this work.
- 1.2 No recognised specialist national assessment tool exists for use with sexually abusive children and young people. In 1996 a draft document was launched under the auspices of the Kolvin Unit and The Derwent Initiative, and training of SSD staff throughout the Northumbria area was undertaken. The document and training material were never finalised.
- 1.3 A recent high profile part 8 review undertaken into a case in Newcastle involving the abuse and subsequent murder of a young boy by an 18 year old identified that no agency met the standards required. Understandably those who practise in this area of work are aware that the professional and organisational risks arising from this fragmented and uncoordinated approach are increasing.

## 2. TERMS OF REFERENCE

2.1 The Derwent Initiative, using development funding, commissioned a piece of work with the aim of enabling those who work with adolescents who sexually abuse and their senior managers across a range of disciplines and organisations, both in the voluntary and statutory sector, to decide what resources and procedures they require for the assessment, referral, and appropriate intervention of these young people.

2.2 The first stage towards achieving this aim is one of researching the need by:

- finding out what referral systems, assessment procedures and resources currently are used within and between those who commission and those who provide services
- finding out from those engaged in this work what are the strengths and weaknesses of the current arrangements, the gaps they find and what would help them most to improve services
- finding out what assessment tools and referral procedures exist more widely and particularly what progress is being made with a national assessment tool for young people who sexually abuse
- finding out and evaluating what relevant published research there is on this subject

2.3 This paper sets out the findings of this exercise.

### **3. THE PROCESS**

- 3.1 A number of interviews/discussions have taken place with a wide range of those working in the voluntary and statutory sectors, both community and residential eg YOTs, NHS, Barnardos. It does not constitute a comprehensive review of practice and policy, resources or organisational structures. The interviews have provided a series of snapshots of what the issues are as perceived by those being interviewed.
- 3.2 Contact has been made with those with wider responsibilities either nationally (eg YJB) or within regional government structures. Available research has been considered including attending presentations at regional and national conferences. There have also been discussions with colleagues in the Greater Manchester area about inter-agency provision for sexually abusive adolescents.

### **4. WHAT RESEARCH TELLS US**

#### **Definition**

- 4.1 Differing approaches to defining young sex abusers are summarised by Grimshaw and Salmon who conclude that definitions of abuse and offending do not translate into simple categorisations of behaviour; that while sexual abuse is broadly defined as an imposition of power on the vulnerable, offending can be more specific; and that the different perspectives of professionals hinder consensual identification and recording of cases.

Research literature on adolescent sexual offending and its relationship to juvenile delinquency strongly indicates that adolescent sex offenders are not a homogenous group. (Epps 2003).

## **Prevalence**

4.2 There are no studies on which to base population estimates of the prevalence of sexually abusive behaviour, although estimates of officially known cases over a year suggest that about one person in 1000 12-17 year olds is identified as showing abusive behaviour. There is no accepted system of classification and diagnosis and the literature indicates that abusive behaviour is under reported (Grimshaw 2000). A number of British studies have come to similar conclusions about the incidence of sexual abuse by adolescents – the consistently quoted finding is that a quarter to a third of alleged child sexual abuse involves adolescent perpetrators.

The peak age for the commission of sexual offences by adolescents is 15 years, males accounting for 97% (YJB 2003). YJB figures do not include activities by those under 10. Hackett and Masson's work in 2003 identified that in those services in which up to 25% of their workload is with young people who have displayed sexually harmful behaviours, 52% of those referred are under 10 years of age.

Research indicates that there are multiple pathways to sexual abusive behaviour, and it is not simply explained by a young person's victimisation experiences (both sexual and other kinds of victimisation). (Hackett, Masson and Phillips, in press). The implication of this is that if there are different ways in then different ways out are needed too. A "one size fits all" approach is not helpful.

The assertion that "sexual offending by children is likely to be ongoing and persistent with high rates of recidivism" is not borne out by research. Simon Hackett reports 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 risk of doing so". Studies of adults describing their own abuse show that a minority of young people who sexually abuse continue this abusive behaviour into adulthood (Grubin 1998). O'Callaghan (2003) cites a follow up of 253 "high risk" adolescent sex offenders by Waite et al (2002) of whom 4.3% sexually re-offended.

The implication from this is that we need to have a range of responses focused on differential need, but sensitive to this cluster of high risk factors.

### **Characteristics**

4.3 The research into demographic characteristics of the families of adolescent sex abusers is interesting, if not unsurprising. Manocha and Mezey (1998) found that:

- 45.1% of the young people had experienced discontinuity of care
- 50.9% of the young people came from families where parents had separated
- domestic violence was recorded in 37.3 of the young persons' families with regular parental violence towards children in a further 23.5%

Other research studies into the educational characteristics of young people who sexually abuse emphasise the important role of schools in the early identification of children with these potential problem behaviours:

- before being identified as displaying unacceptable sexual behaviour 76% were already known to social services, 64.4% had been in care, 57% assessed by educational psychologists, 56.2% educated in special schools, 44% had a learning disability and 44% had a history of truancy (Dolan et al 1996)

- 31.4% were statemented, 15.7% attended special school. There were frequent reports of school exclusions (21.6%), chronic truancy (13.7%) and being bullied at school (17.6%) (Mezey and Manocha, 1998)
- 36% were statemented, 44% were previously referred for problem behaviours (32% before 10 years), 70% had pronounced school problems (Taylor 2003)

The above characteristics tend to support the view that we should not look at young people who sexually abuse as significantly different from other young people who display a wide range of problems. O'Halloran et al (2002) found that "the psychological adjustment of adolescents with a history of sexual abusing is more problematic than that of normal controls but less problematic than that of youngsters who have significant behavioural problems but no history of sexual offending".

In other words young people with sexually abusive behaviour are not fundamentally different from other young people. Hackett argues that the implication for practice arising from this is that we need to reclaim what we know about good practice with children and young people with problems.

### **Assessment and Intervention**

4.4 Following on from this we can look at what research tells us about assessment and intervention or treatment issues. Masson, Hackett and Phillips surveyed all YOTs in England and Wales (Mapping and Exploring Services for Children and Young People who have Sexually Abused Others 2003). 111 out of 155 replied. Other services across the UK and the republic of Ireland were also surveyed:

- 91% (86/111) of YOTs offered therapeutic community based one to one services and 13% offered therapeutic, community based group work
- 14% reported excellent assessment services, 42% satisfactory, and 40% either inadequate or entirely unsatisfactory

This research has also shown a lack of consistent and co-ordinated approaches:

- 57% of YOTs and other services in E&W (n=96) reported that local practice reflected a co-ordinated approach on the part of youth justice, child welfare, education and health “always” or “mostly”
- 47% of services (n=79) reported that formal inter-agency protocols had been agreed locally
- 37% (n=63) of services reported that they had negotiated multi-agency agreements locally about provision of services for young people who had sexually abused

Other findings were a general dissatisfaction with the availability of assessment services:

- demand far exceeded supply
- long waiting lists at specialist services
- such services being located a long distance from users’ homes
- funding problems limiting the purchase of specialist services
- limited skills and experiences in this area of work within the more generalist agencies

## **Females with sexually harmful behaviour to others**

4.5 A small UK study into young females with sexually harmful behaviour to others has shown that although most of them were 14 when their harmful behaviour was first identified such behaviour can be identified as young as 6. Many of the factors identified in their social histories are similar to those of the young males who sexually abuse. There is however a lack of awareness, confidence and specific training in working with these young women (Young Females who Sexually Abuse: New Research Findings. Sherry Ashfield, Lucy Faithfull Foundation, 2003)

## **Not Working and Not Together**

4.6 This was a study of children with mental health needs in secure accommodation, including their views on the services they received from various agencies. Several of the young people were sex offenders and also had learning difficulties. The study, conducted between June 2002 and June 2003 was on behalf of the Social Services Inspectorate and the Northern and Yorkshire Regional Office. The biggest message from the study, and striking in its absence, was any collective sense of joint-responsibility by all agencies for these young people. Other key findings were that:

- each agency conducted their assessments without collaboration with other agencies
- the importance of assessing the home situation was under-emphasised
- young people were serially and inappropriately placed
- young people were not able to live alongside other children in placement

- only half of the children received a CAMHS intervention, and this was mainly an initial assessment only
- the young people complained about not being listened to when placements were made. This increased their anger and resentment
- lack of early intervention, lack of confidence and skills, and lack of multi-agency strategic planning exacerbated difficulties
- a multi-agency strategy is required to address the needs of this group of young people and CAMHS partnerships had a key role in securing these arrangements

## **5. WHAT IS HAPPENING IN THE NORTHEAST**

5.1 Youngsters who sexually abuse come to attention through a variety of routes, some via the child protection/SSD processes, others can be picked up through the medical route, and then there are those who come to light as a result of police intervention and are referred to the Youth Offending Services.

### **Youth Offending Services and the Secure Estate**

5.2 Within the YOTs all young people are assessed using ASSET a broad assessment tool and not specific to those who sexually abuse, and does not predict sexually abusive behaviour. A Child and Mental Health screening tool has been developed by the YJB and is now used as part of the ASSET process. This is not specific to those who sexually abuse either. It is a two stage process with an initial short screening applied to all and then followed if necessary by an in-depth screening interview completed by Youth Justice health professionals. The assessment is designed to help identify mental health needs and appropriate referral for mental health services, usually via the CAMHS.

- 5.3 A number of the YOTs in the region are either using or looking at the AIM framework for assessment. Some staff have been trained to use AIM at PSR stage and they will be moving ahead when training is available to implement programmes of intervention. Some YOTs (eg Newcastle) have access in-house to clinical psychology resources which help them with their assessments, and proposals , as well as identifying those cases where further referral would be sensible. Other YOTS rely on referrals to CAMHS services or more local health provision locally. YOT workers talk about the possibility of referring cases for assessment to the Kolvin Unit but the reality of achieving this is haphazard without any agreed procedure for accessing this regional resource.
- 5.4 Some adolescents who sexually abuse serve sentences in various parts of the secure state where beds are paid for by the YJB. The Northern Forensic Mental Health Service for Young People has block mental health contracts with all the institutions in the region. In Aycliffe Young Peoples' Centre this means that all receptions are screened. In Castington these services are provided through the health care route, and not always integrated with other services in the institution. In the Oswald Unit at Castington assessment at present is very patchy and is often dependent on the quality of the information received from the YOT worker about the individual young person, the level of identified risk and the length of the sentence. From early in the next financial year Castington will be part of a YJB funded project involving 6 YOIs across the secure estate. Approximately 10 young people will get a full package of assessment (to include their family), and resettlement. The project is running in conjunction with the Lucy Faithfull Foundation and the Young Sexual Abusers project which analyses the information about the young person and provides reports back to the institution identifying treatment needs for individuals. Trainee forensic psychiatrist staff at Castington will take forward the treatment plans and LFF

will provide training to prison and probation staff to develop their assessment skills.

5.5 When it comes to looking at the resources available for intervention the picture is similarly piecemeal. YOT workers have a good practice guide published by the YJB - "Young People who Sexually Abuse" is part of the YJB's Key Elements of Effective Practice- Quality Assurance Toolkit. These guides are described as "simple manuals that can be used by anyone working with young people", but they do not provide descriptions of how to work nor do they detail the processes needed to deliver a service. They are part of a simple quality assurance system which the YJB wishes to implement.

5.6 Workers in Youth Offending Services/teams are very committed to the problems of working with young people who sexually abuse but in general do not feel very skilled because they have not been trained in this specialist area of work. Without clear assessment processes they are unlikely to develop clear treatment plans addressing needs and risks; intervention often depends on the skills and interest of individual workers. With those whose behaviour is dangerous they feel very vulnerable and particularly so if such youngsters are neither highly motivated nor clinically diagnosed. This leads to stress and pressure at an operational level, affecting practitioners and managers as they try to work with cases where risks have been identified without the appropriate professional expertise, support and cover. These feelings intensify in high risk cases. Practitioners and managers find themselves compensating by putting time and effort into processes which make them organisationally safe (sharing information, agreeing processes with other organisations and over managing the cases).

- 5.7 Under the MAPPA arrangements Youth Offending Services are required to refer those adolescents who have sexually offended to the chair of the MAPPA who in the light of information received will decide whether the agreed risk management/information sharing procedures at a local operational level are sufficient in each case or if a full MAPPA meeting is required. (in one local authority area there were 7 cases in 2003). Issues which arise in the MAPPA meetings are often complicated by accommodation issues and YOS workers sometimes feel ill equipped to take forward the work and that they lack the resources to which they can refer the young person.
- 5.8 The YOTs in the north–east have been trying to work together collaboratively to develop some structure for regional forensic facilities. Questions have been raised about the role of the health services, and the extent to which PCTs already pay for some forensic in-put. Although discussions in the Regional YOT managers group have identified this as an important issue it is unlikely to be taken forward in the immediate future.

### **Social Services/Child Protection Route**

- 5.9 When children come to the attention of social services because of inappropriate sexual behaviour there can be a variety of responses both in relation to assessment and treatment. 7 of the LAs refer to Kaleidoscope – 2 LAs have SLAs with Kaleidoscope, and 5 others spot purchase to varying degrees. In theory referrals to Kaleidoscope can come through any agency but in practice they are only made after SSD assessment via the Child Protection route. Kaleidoscope offers assessment of risk (over a 6-8 week period) and a whole family assessment. Following consideration of the report by those who commissioned it (usually the child protection system) 9/10 cases go on to some work directed at “change and control”. This will usually involve staff from the referring agency as well as

- Kaleidoscope staff. At present Kaleidoscope can also draw on resources at the Sunderland Children Unit and then via there to refer to a child psychiatrist.
- 5.10 The Bridgeway project undertakes similar work to Kaleidoscope. An AIM assessment is undertaken, and there is a clear interest in working with under 10s and young people with learning difficulties.
- 5.11 The Mosaic project in Newcastle offers a one day assessment for young people displaying sexual harmful behaviour. This involves whole family assessment focusing on the needs with risk being identified as a consequence of the needs profile. Although Mosaic has a strong tradition of group work it has not run treatment groups for sexually abusive behaviour to date.
- 5.12 For social services there are issues about where to place children safely when there are allegations of sexually harmful behaviour. For some children no placement where there are other children is appropriate. Genesis is a specialist foster scheme for those who abuse.

### **Child Protection and Collaborative Work**

- 5.13 Following the publication of A Childhood Lost considerable work has been undertaken primarily driven by Durham and Newcastle ACPCs to address issues around the assessment and management of young people who display sexually harmful behaviour. Those from child protection, the looked after in care sector, MAPPA and YOTs have worked together to develop joint policy and practice. These 2 ACPCs as well as Sunderland and Darlington are now taking the work further forward by adopting the AIM Framework and will apply this approach across the range of agencies who share responsibilities within the ACPC. This ensures that those

within education, children in need, carers, YOTs and those with responsibility for public protection will all be covered within this comprehensive approach. AIM offers a module for assessing the under 10s so the potential for providing a comprehensive approach is evident.

5.14 Of wider geographical significance is some work sponsored by the Children and Families sub-group of the Regional ADDS Group. As recently as February 2nd they agreed, with the support of the 3 Police Forces in the region and the 2 Strategic Health Authorities, to develop regional protocols around specific priorities and 15 key practice areas were identified, one of which is Children who Sexually Abuse Others. Funding to support the project was committed to provide a lead professional for 6 months to co-ordinate the work and the process has begun to recruit to the post. The timescale to complete the project is December 2004. The drafting of agreed regional procedures should provide one of the main pillars in starting to build comprehensive structures around this area of work. It was agreed that each Local Authority should take a specific lead for a practice area and Newcastle was identified for Children who Sexually Abuse Others. A draft of their initial assessment and procedures was prepared in November '03.

5.15 The initiative for the above piece of work came from a Regional Child Protection/Public Protection Group which comprises the SSI, the 2 Strategic Health Authorities and the 3 Police Forces. This is a relatively new group which is formulating its terms of reference and which could provide a possible framework for taking forward work on adolescents who sexually abuse in the region.

## **Provision within Health**

- 5.16 Recent appointments of Policy Leads for Children in the 2 Strategic Health Authorities across the region has led to some important new initiatives. The Northumberland and Tyne and Wear SHA has commissioned a regional CAMHS strategy and a project manager is in post to take this forward. It is recognised that CAMHS services and how they work in conjunction with other services need re-shaping. This is not peculiar to the north-east – it is recognised as a national issue and Government money has been made available to assist with the development of local strategies in line with national guidelines. A review of tier 4 services is underway across both SHA areas and will include the adolescent Forensic Mental Health services but will also look at how any regional services link into services emerging at local level.
- 5.17 Within the south of the region CAMHS have appointed staff specialising in sexually abusive behaviour eg sex abuse Counsellor at Darlington Memorial Hospital. There are differences in the age ranges served by CAMHS; in Durham those over 16 will be referred to adult mental health services whereas in Teesside CAMHS assesses up to 18 year olds.
- 5.18 Within the north east only one of the YOTs met the relevant target in relation to CAMHS. In response to this and also to cope with what is likely to be an increased demand for mental health services as a result of the implementation of the mental health screening tool the Youth Justice Regional Managers' Forum has set up a sub-group on mental health. The first remit of this sub-group will be to scope the current mental health provision then move onto develop the links between YOTs and CAMHS.

- 5.19 What else might exist within primary care to meet the need of children and adolescents exhibiting sexually harmful behaviour has not been fully researched within the time available for this exercise. Named GPs are appointed to ACPCs and have a role in disseminating information to colleague GPs. One SHA is developing a support network for the named doctors on ACPCs (which will include community paediatricians and GPs), and this will also provide a mechanism to develop wider understanding within primary care. Within one SHA area work is being developed to train staff to support a wide range of community workers in developing parenting programmes. These will be of a general nature never the less could offer some broad based help to parents.
- 5.20 The main specialist health facility for work with sexually abusive adolescents is universally recognised as the Northern Forensic Mental Health Service for Young People (previously known as the Kolvin Unit). It provides in-patient (18 medium secure beds) and out-patient facilities centred in Newcastle. They apply a range of assessment tools including the draft assessment document they developed in conjunction with TDI in 1996, psychometric tests and clinical interviews. In Teesside there is a similar facility- an Adolescent Forensic Unit providing low secure in-patient beds and also a community forensic team.
- 5.21 The YOT Managers' Regional Forum has had some discussion with the Northern Forensic Mental Health Service for Young People about the provision of services and training. There have also been meetings convened by Barnardos to look at the possibility of setting up a multi-agency referral panel for young people displaying sexually harmful behaviour and requiring assessment/treatment. This involved the 2 Adolescent Forensic services in the region, the Mosaic project, Bridgeway Children's' Service, TDI, Probation. There may have been other discussions too. However of those mentioned all are aware of this TDI

exercise. The ACPC Forum and the Barnardos convened meeting have confirmed their willingness to work with the outcome of the TDI project to determine the way forward.

### **Other Regional Developments**

5.22 Also within the region there are proposals to establish a regional children's contracting and commissioning service for the north-east. The Regional steering group comprises members from ADSS, SHA, LEA, CAMHS, the Voluntary Sector and YOTS. Research and outline proposals are in place to establish the capacity to run a north-east regional service. This service will:

- collect data on all external agency placements for all children who need additional services or specialist placements
- monitor the quality of placements and services
- provide a consistent contract for placements and additional services
- co-ordinate a regional approach to workforce development to increase the local capacity to work with children who have complex needs

5.23 There is considerable local and national support for establishing this service, and one of its many tasks will be to identify and hold information on children and young people who sexually abuse. Currently the research estimate on the cost to the region of external placement is in the area of £25m. A key outcome for the service is to re-provide services and placements locally rather than at a distance from the child' or young person's home area. The timescale for achieving an effective service is likely to be longer term. The proposals assume an incremental approach to establishing a regional contracting and commissioning service, and beginning with those children and young people who are low-volume but high cost.

## **6. WHAT IS HAPPENING MORE WIDELY**

### **The National Picture**

6.1 Two national reports in 1992 provided a picture of how work was being undertaken with young people who sexually abused. The NCH Report (1992) into Children and Young People who Abuse found:

- No co-ordinated management structure
- Absence of policy and uncertainty about the legitimacy of the work
- Clashes of philosophy between juvenile justice and child protection approaches
- Absence of internal and inter agency policy and practice guidance.
- Lack of clarity about assessment and intervention models
- Absence of services for young abusers
- Inadequate supervision and training

Amongst its recommendations were the following:

- An overall systematic approach
- Work be located within the child protection system
- Development of a continuum of care ranging from local/community to secure/regional therapeutic facilities
- Development of inter agency policies and communication
- Development of national good practice guidelines
- Integrated training strategy

6.1 There was also a DOH Strategic Statement on Working with Abusers (DOH 1992). The DOH's strategic objectives which were to be implemented locally via ACPCs were identified as:

- Formulating a coherent policy for the management and treatment of abusers
- Building a better understanding of abusers
- Viewing sexual abuse as a problem requiring assessment and treatment for the abuser and the victim
- Promoting a multi-disciplinary approach to the problem
- Encouraging local and national resources
- Educating both the public and professionals

Since then we have seen a range of new initiatives including the implementation of the Crime and Disorder Act 1998 which established the YJB and local YOTs, the Sex Offender Act 1997, new versions of Working Together to Safeguard Children and much more recently the green paper 'Every Child Matters'. A lot of time has had to be given to establishing new structures and setting up new organisations, but the recommendations from those government documents over a decade ago seem as relevant today

### **AIM – Assessment, Intervention and Moving On**

6.3 AIM is a framework for working with young people who sexually abuse. In 1998 following an audit of working practices in relation to young people who sexually abuse and were known within the criminal justice system proposals were made to jointly develop an accessible regional scheme, specifically delivering services to young people who sexually abuse. The YOTs, SSDs, Police, Voluntary Organisations and other providers in the region made a successful bid to the YJB for funds to assist the development of services to young people across 10 local authorities. The project, advised and directed by a multi –agency steering group, aims to develop clear, consistent agreements and working practices relating to how to respond to children

with sexual behaviour problems and adolescents who sexually abuse. Their aims acknowledge that some young abusers will be identified by the criminal justice system, others by the child protection, children in need or the CAMHS routes.

AIM is not just an assessment model but a multi-disciplinary process that works within current structures and systems. The project has worked through the delivery of objectives:

- by preparing inter-agency guidelines and protocols to include assessment frameworks
- by the provision of training events and tool-kits for workers
- by promoting the development of effective and innovative practice by monitoring, evaluating outcomes and disseminating findings

The Aim framework has attracted a lot of attention within the north-east region and as outlined above within 4 of the Local Authority areas work is underway to train staff. Several of the other local authorities are also expressing interest in the framework.

### **Other National Issues**

6.4 At a national level there is an inter-departmental group looking at the issues of youngsters who commit sex offences. There is also a working group of the Young Offenders' Unit looking at how to improve outcomes in relation to work with young people who sexually abuse and it is planned to approach the Treasury with proposals for funding to take their recommendations forward.

Under the Green Paper proposals there are a number of issues which will impact on this subject. One is the setting up of Safeguarding Children's

Boards to replace ACPCs. Also there is the development of a common assessment tool for children, and this could include assessment in a number of specialist areas, one of which could be in relation to young people with sexually abusive behaviour.

Government Office now requires each local authority to have a children and young persons' strategic partnership and within this there should be information sharing and joint commissioning opportunities.

## **7. WHAT DO THOSE WHO WORK IN THIS AREA WANT**

7.1 Everyone I have contacted has had the opportunity to say what they would like to see put in place to improve practice and services in this area of work. It has to be said that there is an almost uniform consistency about their responses. These are:

- a regional approach to the subject
- enthusiasm for the AIM assessment model and multi-disciplinary process
- a model of working which can be used in both the child welfare and youth justice settings
- a pathway of care and provision which starts at its most generic within the community and develops a range of facilities culminating in the provision of secure/specialist services either in secure hospital or prison settings
- more integrated approach from workers when young people pass across the pathways of care.
- improved information base about size and scope of the client group
- Training and professional support
- Equality of Access to a range of provision
- Get rid of waiting lists
- More focused use of existing resources
- Clarity about funding arrangements

- Sharing current knowledge and research
- Someone needed to facilitate the region working together
- Research into effectiveness of assessment and intervention
- Safer places for children who are affected to live in
- Greater awareness amongst young people and their families about what they can access

## **8. PROPOSAL FOR TAKING THE WORK FORWARD**

- 8.1 This exercise has been fascinating in both its simplicity and its complexity. The simplicity is reflected in the call by practitioners and managers alike that workers feel untrained, unsupported and professionally vulnerable and practice must be improved. There is widespread interest and commitment in developing a more consistent approach to this work preferably using a model tried and tested elsewhere and implemented across the region.
- 8.2 The complexity is in understanding the range of organisations with a part to play in either commissioning or providing services. The span goes across primary care, secondary and tertiary health services, strategic health services; education services at nursery, primary and secondary levels; voluntary sector providers eg Barnardos, NSPCC; child protection, looked after in care; youth services, YOTs; secure establishments offering places under YJB contracts; police, CPS, and maybe others I have overlooked. Research tells us that there are multiple pathways into sexually abusive behaviour and adolescents who sexually abuse do not form a homogenous group. We need to promote continuity of safe care for children and young people which connects this specialist area of work into the wider range of provision for all children.

8.3 This wide range of organisations, their differing responsibilities and their varying perspectives crossing social care and justice boundaries as well as medical and environmental ones, points to why the problem has not been addressed to date. It is difficult to identify which agency should take a lead responsibility although if we look back at the messages from the 1992 documents particularly the NCH report they pointed towards the work being located within the child protection system. The proposals within 'Every Child Matters' seem to reinforce that this would be the right direction.

8.4 If this work is to progress than it is necessary for those with strategic responsibilities within Child Protection, Health Services, YOTs, and the Secure Estate to consider how work could be taken forward and resourced. The issues to be addressed are:

- There is no comprehensive strategic overview for this work either at national, regional or local level even though individual agencies or partnerships are collaborating on a number of important initiatives which all contribute to the whole picture.
- There is no one lead agency with lead responsibility for producing such a regional strategy involving all agencies.
- Young people with these problems sit either in the child protection or the youth justice structures, and there are difficulties when trying to develop a joined up approach.
- Although there is acknowledgement of the need to work in partnership differing professional cultures can cause tensions and no mechanisms exist to resolve these tension
- Very little quantifiable data exists.
- How does this work sit with the emerging agenda from the green paper "Every Child Matters", Children's Trusts and the national information and tracking system.

8.5 On March 25<sup>th</sup> a regional seminar considered these issues. From a wide representation of interests there was a unanimous commitment to try and co-ordinate a strategic approach across the region. The report of the seminar provides the detail of the discussions and identifies possible routes for taking forward the work.

S.M.Winfield

April 2004

## **ADENDUM TO REPORT**

**12<sup>th</sup> July 2005**

*The Lucy Faithfull Foundation is funded by the Youth Justice Board to provide a consultancy service to Psychology staff at HMYOI Castington to support their work with young people who cause sexual harm to others. The consultancy includes access to psychometric testing and programme materials.*

*The Foundation also provides an assessment and intervention service for young people at HMYOI Wetherby and the Carlford Unit within HMYOI Warren Hill, Suffolk. This service is delivered by LFF staff and wherever possible includes work with the family of the young person. The service at Wetherby is delivered on a collaborative basis with the Psychology Department within the YOI. Places within the project are limited and are prioritized through liaison with the YJB Placement Unit and Section 53/92 Unit within the Prison Service.*

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