

Harmful Sexual Behaviour

The National Institute for Health and Care Excellence (NICE) guidance - Harmful Sexual Behaviour Among Children and Young People (<https://www.nice.org.uk/guidance/ng55/chapter/Recommendations>) and the NSPCC Harmful Sexual Behaviour Framework (<https://www.nspcc.org.uk/globalassets/documents/publications/harmful-sexual-behaviour-framework.pdf>) were both published in the summer within weeks of each other. With the parallel aims of improving the multi-agency responses to children who display Harmful Sexual Behaviour (HSB), they both suggest the development of an overarching strategy as the first point of providing services which can work with children and young people through the provision of specialist interventions.

To date the development of services to address these needs have been piecemeal and developed in response to perceived local needs. It was inevitable that relatively small scale, under resourced projects would always be busy, but whether they were in the right place, using the right methods and working with the right children has never been thoroughly researched.

The starting point for both the Guidance and the Framework is a systematic review of the practice knowledge, research and received wisdom that has accumulated in this area and attempt to test out the validity of the assumptions that currently underpin this work. In both cases the research and range of evidence is impressive and to a large degree overlaps. Taken together they provide an authoritative view of the strengths and deficits of existing research alongside examples of good practice from across the UK.

The conclusion of the NICE research is that in order to develop services to address the needs of young people with HSB, a strategy is needed to enable services to be developed and sustained over the long term. While acknowledging that it may take years to implement the guidance it also identifies important markers along the way; the need to raise awareness, the importance of identifying a lead person to champion the cause, carrying out a survey of current provision and a baseline assessment and finally developing an action plan with wide support that can be reviewed and monitored. In the context of research led practice all this seems self-evident; however, it is equally clear that many existing services did not go through this process. There is a cost in not adopting a systematic approach; referral pathways can be unclear and threshold inconsistent, the existence of specialist services can be seen as negating the need to develop a general level of awareness of the issue in the wider workforce and the young people with the greatest need are overlooked and not referred.

As would be expected, the NICE guidance considers the issue from a public health perspective. The focus of the NICE guidance is young people aged 10 - 18 and includes people up to 25 with a learning difficulty, whereas the NSPCC framework also discusses the emergence of problematic behaviours in younger children. As is also to be expected from NICE there is a focus on establishing cost effectiveness and value for money, and the report highlights important gaps in the evidence. However, it is important to note that it endorses the multi-systemic models of intervention and the cognitive behavioural approaches which cover most of the community based service provision in the UK.

For those with an interest in this area, much of the evidence gathered makes interesting reading including the views of service users and front line practitioners beside that of academics and senior managers and is contained in the “expert papers” (<https://www.nice.org.uk/guidance/ng55/evidence>).

As mentioned before the NSPCC Framework has parallel aims and shares much common ground with the NICE guidance. Its target audience is senior managers in Children’s Social Care and Local Safeguarding Children Board’s (most of which already have multi-agency procedures for children displaying HSB). The aim of the Framework is to support the development of consistent and informed practice when dealing with children with HSB. The Framework identifies five inter-related areas of focus:

- Responses - the continuum of responses to children and young people displaying HSB;
- Prevention - identification of children and young people with HSB and early intervention;
- Assessment - effective assessment and referral pathways;
- Interventions - multi-modal approach to intervention - a recognition that one approach will not suit everyone;
- Development - workforce development and awareness raising.

Each domain is organised in the same way and includes:

- A summary of the latest evidence to back up practice and local decision making and the key issues being faced;
- An audit tool to help assess the current state of your HSB offer and service responses;
- The key principles to consider when focusing on delivery, with practical examples. A list of available tools and resources for each domain is available online at the NSPCC who have also developed a scoring tool to collate the findings.

The usefulness of the Framework is currently being piloted in several areas and their progress will be the subject of further research.

A secondary function of bring together research and practice knowledge has been the opportunity to challenge some of the myths and misconceptions about this work. For example, one of the dangers in the past has been to overstate the link between this behaviour in children and the continuation of these problems into adult life or that children need to “accept responsibility” for their actions before they can be successfully worked with.

Essentially there are three guiding principles for this work; early intervention, specialised support and inter-agency sharing of information.

It is also clear that there is further research needed to improve our understanding in emerging areas of concern such as the effect of exposure to on-line pornography and the effect of social media and the internet in general and most importantly long term follow up of young people previously worked with.

In summary, the NICE Guidance and the NSPPC Framework are not mutually exclusive, in areas where there are existing HSB services the Framework will provide an adequate and useful tool with which to audit services and identify areas for improvement and bring into the open issues of information sharing and collaborative working. The NICE Guidance provides a detailed and comprehensive range of resources to evaluate need, design and implement a service from scratch but at some point, it would need to reference the practice based guidance in the Framework in order to deliver services on the ground.

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