



# **Risky Children or Children At Risk**

**Response to Consultation: “Hidden Crimes Secret Pain” – A  
Consultation on a Proposed Regional Strategy for Addressing  
Sexual Violence in Northern Ireland**

**April 2007**

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## **Hidden Crimes Secret Pain - Response**

### **Introduction**

The Risky Children or Children at Risk Group is an inter-agency group convened by Include Youth and is concerned with policy and practice as it relates to children and young people who display sexually harmful behaviours.

The original group was formed initially to organise a one-day conference in 1999. The event, “Risky Children or Children at Risk” took place in November of that year and was considered a success with a number of recommendations to progress work with young people who display sexual harmful behaviours. The organising group was re-formed with appropriate changes to become the implementation group. This group currently comprises a number of agencies, including representatives from the Health and Social Services Boards, PBNI, DHSS&PS, Youth Justice, Police as well as the projects that work directly with young people. The group has been working on a number of issues, which have included the sharing of information, data collection, the Manual of Guidance when Working with Sexual Offenders (MASRAM), Co-operating to Safeguard Children and the Review of Sexual Offences legislation. It is also keen to look at effective legislation, policies, processes and interventions with young people which address their rights and needs whilst protecting their victims, families and communities. A second successful international conference, organised in February 2002, has extended the mandate of the group. This Conference highlighted the complete lack of baseline information with regards to the numbers of young people reported because of their sexually harmful behaviours and the processes that they were subjected to.

The group provides a unique forum to discuss the issues concerning these children and young people. All relevant stakeholders are involved from all sectors concerned with this work. Whilst group has no formal research experience its strength lies in the overview of policy and practices issues and the relationships with all stakeholders.

## Research

The Risky Children or Children at Risk group recently (December 2006) completed research, “An investigation into the Application of Child Protection and Related Procedures with Children and Young People who display sexually harmful behaviours” The research, the first of its kind, was managed by Include Youth and funded by DHSSPS with some support from the NIO. The research attempted to establish some baseline information with regards to the pathways and decision making processes undertaken by these children when they enter the “formal system”. This was achieved in two ways:

1. Interrogation of the case files of education, police and social services.
2. Interviews with professionals from education, police and social services.

The key findings of the research are outlined below:

- ◆ **One hundred and sixty three** children and young people were identified. The vast majority were male with 12 (7%) being female. The mean age of young people referred was 14 years. Overall, 27% were under the age of 10 years, 40% were aged 11 - 14 and 33% were aged 15 - 18.
- ◆ Seventy four percent of the young people were **living** in the family home at the time of the behaviour with others having a variety of accommodation including residential and foster care.
- ◆ Twenty percent of the young people had a “**special educational need**” with a number displaying multiple needs. Fourteen (9%) young people had learning difficulties and 12% had been suspended.
- ◆ Fifteen percent (25) of the young people had **previously displayed sexually harmful behaviours** with 20% (33) young people having been victimised in some way themselves.
- ◆ A number of the young people had **previous involvement** with statutory agencies (other than school and primary health care), with nearly a third being known to Social Services.

- ♦ One hundred and fifteen of the questionnaires included information on **victims** with 145 victims being identified. Fifty seven percent (81) of the victims were female and 43% (62) males. The average age of victims was 7. Thirty seven percent (54) of the victims were identified as friends with a further 30 (21%) a family member.
- ♦ Approximately half (83) of the **behaviours** identified could be described as sexually inappropriate this includes sexualised behaviours, (i.e. those behaviours which are not considered to be consistent with the age and developmental maturity of the child or young person), inappropriate touch or kissing, indecent behaviour and (perceived consensual) oral sex. Twenty five percent (41) were indecent assault and the remainder of the behaviours described as indecent exposure, rape, UCK (Unlawful Carnal Knowledge), buggery, penetration and indecent images.

### **Referral, Assessment and Intervention**

- ♦ High levels of missing data or a lack of information in the case files was evident throughout the analysis. This was particularly true in relation to returns provided by PSNI and the Education Sector which tended to have much smaller proportions of case files making reference to strategy meetings and case planning meetings than Social Services. This together with small numbers within categories, particularly in relation to case planning and case conference, means that the findings should be treated with a degree of caution.
  - 81% (56) of referrals to Social Services resulted in an initial assessment
  - 63% (102) of all cases involved a strategy meeting
  - 15% (24) of all cases involved case planning
  - 10% (16) of all cases involved case conferences
- ♦ **Strategy meetings** were more likely to take place over the telephone than in person and <sup>2</sup>/<sub>3</sub> involved 1 or 2 other professionals, usually Social Services and PSNI.
- ♦ Social Services, PSNI, schools and parents were the most common groups to attend **case planning** meetings with young people's statements, victim statements and school reports the most common measures provided to inform case planning. Forty six percent of cases were referred to specialist projects as a result of case planning and 21% involved a referral within Social Services. Child protection proceedings

were instigated in 21% (5) of cases which involved case planning and 25% involved criminal proceedings.

- ◆ As with case planning, Social Services, PSNI, schools and parents were the most common groups to attend **case conference**. Psychological and psychiatric reports and psychometric testing were much more common at case conference than case planning. Half of cases were referred to specialist projects as a result of case conference and 19% involved a referral within Social Services. Child protection proceedings were instigated in 50% of cases which involved case conference and 25% involved criminal proceedings.
- ◆ It appeared that a much smaller proportion of the **more serious penetrative offences** resulted in case planning and case conference than the potentially less serious non contact offences such as indecent exposure/images or consensual contact offences such as UCK.
- ◆ Overall some kind of intervention was offered to the young person in 39% of cases. The most common intervention was a HSST (Health and Social Service Trust) family and childcare intervention, followed by an intervention by a specialist project, individual therapy and other interventions.
- ◆ Overall, there was evidence of **criminal proceedings** in 23% (38) of cases. Many of these cases were still pending or had not resulted in a prosecution or conviction. One in ten cases that involved criminal proceedings resulted in a conviction or caution.
- ◆ Evidence of multi **disciplinary working** appeared limited, particularly in relation to strategy meetings, which tended to include PSNI and Social Services. Whilst there was greater evidence of the involvement of a wider range of professional groups and disciplines at case planning and case conference stages, the apparent small number of cases which became involved in these processes meant that, overall, multidisciplinary occurred in only a minority of cases.
- ◆ Professionals from the 3 disciplines had attended a variety of **training** which included child abuse (64%), and interviewing techniques (60%). The figure drops to 31% when discussing specific training concerning young people who display sexually

harmful behaviours with all but 1 being from Social Services. Eighty two percent of those interviewed stated that they had no training in risk assessment with these young people, those who had were either from specialist projects or had undertaken some form of specialist secondment or placement.

- ◆ All staff were expected to have an awareness of the **Regional ACPC** (Area Child Protection Committee) **policy and procedures** (known as “the guidelines”). Nearly ½ had not received any specific training on their use. However 45% of staff did indicate that they used the guidelines as a resource when working with children and young people who display sexually harmful behaviours. Eighty five percent felt that the guidelines had little benefit when addressing issues of direct practice with children and young people. Thirty five percent found the joint protocol training to be particularly beneficial.
  
- ◆ The majority of staff received **supervision** which they felt was beneficial. However there was concern (47%) with regards to access to specialist support and guidance concerning this area of work. Others used a variety of colleagues as a source of support.
  
- ◆ A number of **anxieties** were raised which can be summarised into the categories of decision making, stigma/labelling of young people, risk assessment and training. Training in similar areas of decision making, information, and support and supervision were identified as ways of alleviating anxieties.

## **Consultation Response**

### **Q 19 What are the key messages to be developed in relation to early intervention with young people who display sexually harmful behaviours?**

The research found that 27% of all children and young people reported for sexually harmful behaviour are under the age 10 years. Therefore it is important to be clear that children (ie under the age of 12) as well as adolescents (young people) can display sexually harmful behaviours. This would provide strong evidence that very strong

messages need to be developed aimed at adults, children and young people concerning early intervention. Without being alarmist there needs to be different levels of awareness raising concerning the fact that children and young people of all ages can display sexually harmful behaviours and commit sexual offences. There should be different types of information targeting different groups:

- ◆ Children and young people – within any mainstream prevention/early intervention education and support programme concerning keeping safe and awareness raising the possibility of inappropriate behaviour from a peer or sibling should be addressed along with other issues. This is particularly important when exploring “healthy relationships.” It is vital that all prevention/education programmes directed towards children and young people should be realistic as to where and when they may be most vulnerable.
- ◆ Parents and families – There needs to be a public health approach to inform parents and families of early signs of sexually inappropriate behaviour and access to appropriate information and support, (eg Stop it Now!), again in a way that avoids sensationalist and inappropriate response.
- ◆ Professionals – our research was very clear that even when a professional (ie social worker, teacher or police officer) had received some training in child protection it was totally insufficient with regards to normative and abnormal sexual behaviours by children and young people. It is the knowledge and expertise of staff that should influence the assessment and choice of pathway for a child or young person who has displayed sexually harmful behaviour. However professionals are anxious in relation to their current role; their anxieties concern decision-making, stigma, training and risk assessment. Many workers are reluctant to have labels such as ‘sex offender’, ‘perpetrator’ or ‘abuser’ (Calder et al 2001) attached to their young people. It is this reluctance that impacts on whether the worker will seek support or refer the young person to a specialist therapeutic project on their first presentation of sexually harmful behaviour or wait until the behaviour has been repeated and possibly escalated. Therefore there needs to be a comprehensive awareness raising training to be included in all child protection training for all professionals and volunteers

who interact with young people not just those identified in the research but youth workers, nursery workers to name a few. Specialist professionals such as social workers, police officers and criminal justice workers should then received detailed risk assessment training.

**Q29 What are the advantages of developing a uniform model of assessment (to complement the DHSSPS model) for assessing the risks of young people who present with sexually harmful behaviour?**

It was clear from the research that staff are relying of personal beliefs and insufficient knowledge and training. This results in an unsatisfactory and subjective process. Additionally inconsistent reporting makes it unclear as to the “pathway” these young people take through the formal social care and criminal justice systems

The Risky Children or Children at Risk group welcome the introduction of UNOCINI and believe that it will greatly enhance the assessment and decision making process for children and young people entering the social care system. However it is a generic tool and there is some uncertainty with regards to its ability to identify concerning sexual behaviour. UNOCINI should be able to trigger specific areas of concern, such as the sexually harmful behaviour, which could then lead to a specialist assessment to be undertaken to measure the resilience, risk (to self and others) and identify appropriate intervention.

Staff were aware of their need not to over react to the child or young person and may therefore look to minimise the behaviour such as if they believed the young person did not intend to cause harm or intentionally set out to abuse leading professionals to assess intent and not behaviour rather than both. This would indicate a lack of knowledge of the importance of recording the possible escalation of behaviours by the young person over a period of time thereby allowing a series of ‘minor’ incidents to be overlooked – the introduction of UNOCINI and a follow-up assessment tool may go some way to alleviating this situation.

A form of the Assessment, Intervention and Moving on (AIM) (Print, Morrison and Henniker, 2000) tool is being used by all three specialist projects working with these

young people. We would recommend that this tool be properly assessed and its suitability for NI be verified and subject to outcome should then be used by any agency or professional working with young people who display sexually harmful behaviours. As these young people are known to a number of agencies across different sectors this tool should be used by all sectors particularly social care, criminal justice and specialist projects. A certain degree of clinical expertise is required when using such a tool. Training in using and understanding this assessment tool should be provided across the relevant agencies with regular monitoring and mentoring for the professionals involved. This enhanced usage could be piloted and evaluated.

An agreed and robust assessment tool for young people who display sexually harmful behaviours, one that complements UNOCINI would be welcome. It should also ensure that recording is thorough and complies with best practice.

Whilst “Co-operating to Safeguard” identifies certain principles when working with children and young people who display sexually harmful behaviours it does not give sufficient guidance with regards to procedures and practice. We would also recommend that the Departments closely examine the protocols recently published by the Northern and Southern ACPCs concerning work with children and young people who sexually harm. Consideration should be given to having one regional protocol and procedures when working with children and young people who display sexually harmful behaviours that is based on best practice and the work currently being undertaken by the 4 ACPCs. Such protocols will also address their role and remit of different agencies who interact with children and young people.

The Risky Children or Children at Risk group have had sight of the response form NSPCC and would fully endorse all comments made with regards to these children and young people. We particularly support para 44 of their response concerning the interface with criminal justice processes. Further consideration must be given the role and processes adopted by PPS and the Youth Justice Agency in particularly in relation to restorative processes.

Additionally we support NSPCC’s recommendation with regards to establishing a strategy to address these issues in much more detail establishing guidance that sets out:

- That all children engaging in sexually harmful behaviour are subject to a multi agency assessment;
- Treatment pathways for children who need specialist interventions;
- Relationships between prosecution agencies and treatment; and
- The role of diversionary alternatives and the specialist needs of this group of children.

### **Services for young people who display sexually harmful behaviours**

Undertaking therapeutic work with these children, young people and their families is very specialist and resource heavy. This may go some way to explain the lack of uniform approach across NI. It would be unproductive to have a sound assessment tool and then not to have an accredited and quality assured intervention to implement the findings. There should be equality of access of services for children, young people and their families across NI and not piecemeal. Such services should be properly funded to work directly with young people and also to provide consultancy to other professionals.

There is a lack of services and interventions for children under the age of 10 and for children and young people with learning disabilities. The specialist projects currently work with young people with learning disabilities, however with insufficient resources. Resources for this and services for children under the age of 10 must be identified as a matter of urgency.

Additionally there should be dedicated and accessible services for the victims and families of children and young people who display sexually harmful behaviours.

### **Conclusion**

Risky Children or Children at Risk hopes that this response has been helpful and is happy to provide further information or co-operate with the Departments in establishing the strategy in any way that it is able to.