Harmful Sexual Behaviour

NICE National Institute for Health and Care Excellence

Consultation on draft guideline – deadline for comments 5pm on 06/04/2016 **email:** SexuallyHarmfulBehaviour@nice.org.uk

<table>
<tr><td></td><td>Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.
We would like to hear your views on these questions:
1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why.
2. Would implementation of any of the draft recommendations have significant cost implications?
3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.)
4. Are there any groups that need special consideration and have not been mentioned in the guideline?
5. Our impression is that services for children and young people with harmful sexual behaviour are currently limited in terms of their availability and evidential basis – do you think this is true?
6. Based on this impression we have made recommendations for research that could support better evidence based care – do you think these are the right recommendations? Would you add any?
7. Can you provide any information on the current practice of practitioners in relation to recommendations in section 1.4? (see also committee discussion on this section)

See section 3.9 of Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.</td></tr>
<tr><td>Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):</td><td>CoramBAAF Adoption and Fostering Academy

41 Brunswick Square

London WC1N 1AZ</td></tr>
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Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.		No links.		
Name of commentator person completing form:		Florence Merredew, Health Group Development Officer		
Type		[office use only]		
Comment number	**Document** (**full** version, **short** version or the **appendices**	**Page number** Or **'general'** for comments on the whole document	**Line number** Or **'general'** for comments on the whole document	**Comments** Insert each comment in a new row. Do not paste other tables into this table, because your comments could get lost – type directly into this table.
1				This response is being submitted on behalf of the CoramBAAF Health Group, which is also a special interest group of the Royal College of Paediatrics and Child Health (RCPCH). The Health Group was formed to support health professionals working with children in the care system, through training, the provision of practice guidance and lobbying to promote the health of these children. With over 500 members UK-wide, an elected Health Group Advisory Committee with representation from community paediatricians working as medical advisers for looked after children and adoption panels, specialist nurses for looked after children, psychologists and psychiatrists, the Health Group has considerable expertise and a wide sphere of influence. Our area of concern is the particularly vulnerable group comprised of looked after and adopted children and young people.
2	All comments relate to the full version	General		It would be helpful to have the definition of sexually harmful behaviour noted at the beginning of the guidance to provide the context and clarify what the guidance is addressing.
3		General		Unfortunately, our members have noted that there is a serious lack of services aimed at addressing the needs of children and young people identified as having experienced sexual abuse, either shortly after

				recognition (often at times of safeguarding interventions), or as is quite common, when disclosure is made at a later date. It would be beneficial to proactively address the needs of these children and young people at a much earlier point, to prevent them from developing sexually harmful behaviour. Such intervention may be within the context of family relationships, often with foster carers or adoptive parents, as well as professional support or intervention.
4		General		This document seems to be not so much guidance as recognition that little is known in this area and a call for research to develop evidence based practice. We certainly think it would be helpful to have more research about different sub groups and better tools for risk assessment and predicting re-offending behaviour. Our members are concerned that the document is largely unhelpful concerning how to approach these children and young people in practice.
5		5	18	The recommendation to use the Brooks Behaviours Traffic Light Tool for assessment is helpful to approaching assessment in an evidence based manner.
6		5	25 - 27	1.2.5 and 1.2.6 We agree that the assessment should be comprehensive and take a broad look at the child's circumstances and not just focus on the sexual behaviour which is often a symptom of problems and not the problem itself. See comment 3 above.
7		8	7	1.5.2 and 1.5.5 While we fully support the principle of encouraging caring relationships between the child or young person and their carer, in the experience of our members, foster carers and adoptive parents usually request that they be moved to another placement upon recognition of sexually harmful behaviour. This tendency was noted in the statement on page 36, lines 23 – 24. Sadly this leads to disrupted attachment, which is often already a significant issue for looked after and adopted children and young people. The guidance would be strengthened by recognition that it will be necessary to work with carers to prevent moves while helping them to understand the child's needs and to support them to continue the placement.
8		10	21 - 26	1.7.3 and 1.7.4 In a similar effect to that noted above, if a young person is moved to another placement it disrupts education, and peer, school and community activities, and interferes with them receiving the benefit of such activities.
9		11	10	1.8.1 This list should include community paediatricians and in particular those community paediatricians and specialist nurses working with looked after and adopted children
10		Question 2		1.2 and 1.3 both have significant workforce implications. There is currently insufficient capacity in both services for early assessment and risk assessment upon referral to harmful sexual behaviour services. Practitioners in early assessment teams need further training in this area, as evidenced by the Ofsted report *Early help: whose responsibility*, which although it did not address this issue specifically, indicated there is

				much need for improvement in early assessment. Additionally, with regard to 1.8 multi-agency, multidisciplinary working, it is well recognised that getting this to work effectively is very difficult and requires significant investment of professional time and expertise to develop shared understanding and goals, protocols concerning roles, responsibilities, information sharing, and processes, etc. The resource implications of providing training for health, social care and education professionals should be recognised.
11		Question 4		There should be more explicit mention of, and attention given to, looked after and adopted children. They are more likely to have been sexually abused putting them at higher risk of sexually harmful behaviour, and are at higher risk of disrupted attachment and placement moves which can interfere with supportive placements which underpin effective interventions.
12		Question 5		We absolutely agree that services are limited, including as noted in comment 3 above, services for those children and young people who have been identified as being sexually abused. Services are entirely lacking in many areas and have insufficient capacity in others. There is a need for evaluation of existing services and development of effective services offered by skilled and experienced practitioners.
13		Question 6		We support these recommendations.

Insert extra rows as needed

Checklist for submitting comments

- Use this comment form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include page and line number (not section number) of the text each comment is about.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.

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- Spell out any abbreviations you use
- For copyright reasons, comment forms do not include attachments such as research articles, letters or leaflets (for copyright reasons). We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.

You can see any guidance that we have produced on topics related to this guideline by checking NICE Pathways.

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.