



TURN THE PAGE

LEARNING FROM A MANUALISED APPROACH TO TREATING HARMFUL SEXUAL BEHAVIOUR

Emma Belton, Matt Barnard, Richard Cotmore
NSPCC Evaluation department

July 2014

Impact and Evidence series

This report is part of the NSPCC's Impact and Evidence series, which presents the findings of the Society's research into its services and interventions. Many of the reports are produced by the NSPCC's Evaluation department, but some are written by other organisations commissioned by the Society to carry out research on its behalf. The aim of the series is to contribute to the evidence base of what works in preventing cruelty to children and in reducing the harm it causes when abuse does happen.

Contents

ACKNOWLEDGEMENTS	5
KEY FINDINGS: YOUNG PEOPLE'S VERSION	6
KEY FINDINGS	7
EXECUTIVE SUMMARY	8
Background	8
Method	8
Findings	9
Conclusion	11
Chapter 1: Introduction	12
1.1 Background	12
1.2 Evaluation of the manualised approach	15
1.3 Method	15
1.4 Structure of the report	18
Chapter 2: Motivation	20
2.1 Motivation levels	20
2.2 Intrinsic factors	20
2.3 External factors	21
Chapter 3: Engagement with the programme	25
3.1 Engagement in the sessions	25
3.2 Focusing on individual need	28
3.3 Home projects	28
Chapter 4: Support Network	32
4.1 Importance of support	32
4.2 Parent and carer support	32
4.3 Support from external professionals	35
Chapter 5: Progress during the programme	38
5.1 Range of progress made	38
5.2 Facilitators to making progress	41
5.3 Barriers to change	44

Chapter 6: Using the manual	47
6.1 Adherence to the manual	47
6.2 Structure of the manual	49
6.3 Length of time to deliver the material	50
6.4 Skills and experience needed to deliver the manual	51
6.5 Suggested improvements to the manual	52
6.6 Co-working and individual working	53
Chapter 7: Maintaining progress after the programme	56
7.1 Levels of post-programme progress	56
7.2 Factors influencing post-programme progress	57
Chapter 8: Conclusion	61
8.1 Using the manual in a social care context	61
8.2 Facilitating change	62
8.3 Improvements to the programme	62
8.4 Support and reinforcement	63
8.5 Next steps in the evaluation	64
References	65
About the NSPCC	67

ACKNOWLEDGEMENTS

The author would like to thank the young people, their parents and carers, referrers and NSPCC practitioners who agreed to take part in interviews and talk about their experience of the programme. Additional thanks are also due to the NSPCC practitioners who helped set up interviews with young people and their parents or carers.

KEY FINDINGS: YOUNG PEOPLE'S VERSION

Turn the Page is an NSPCC service for young people who have sexually harmed others. It tries to help young people learn more about healthy sexual relationships. It also helps young people to deal with their problems and feel better about themselves.

The NSPCC talked to young people and their parents or the people who look after them to find out what they thought of the service. They also talked to the social workers and NSPCC workers who helped young people to find out what they thought as well.

These are the main things they found:

- The sessions helped young people to learn more about healthy sexual relationships and how to avoid harmful sexual behaviour. It also helped them feel better about themselves and to get on with other people better. For some young people there did not seem to be much change.
- Young people got on well with their NSPCC worker and felt this was important. This helped them to feel able to talk to their worker about things that had been worrying them.
- Young people needed help from their parent or the person who looked after them as well as their social worker. This helped them to remember the things they had learnt in the sessions.
- Some young people did not get the help they needed from their parents or the person who looked after them. NSPCC workers thought these children might forget the things they had learnt.
- NSPCC workers felt it was helpful that they could plan the sessions to match what each young person needed help with.

KEY FINDINGS

Change for Good (McCrory, 2011) is a manualised treatment programme for young males aged 12-18 with harmful sexual behaviour (HSB). NSPCC practitioners have been using the manual at 11 UK sites since 2011. The qualitative component of the programme evaluation takes a case study approach to understand how the manual is used and experienced in a social care context.

The main findings from the qualitative evaluation are:

- The progress made during the programme ranged from young people engaging on a superficial level, who did not appear to have made any progress, to those who had made progress in several areas.
- Some young people had developed a greater understanding of the types of sexual behaviour that were acceptable and unacceptable and began to think things through more. They were more aware of the triggers to HSB and had learnt strategies for managing these. Young people also felt more confident and were less withdrawn.
- The therapeutic relationship between young people and practitioners was important in helping to motivate and engage young people in the programme. As this relationship developed, it enabled young people to have some detailed conversations about issues they were unsure about or had bottled up. Young people did not always have anyone else they could talk to or go to for advice.
- The support of parents, carers and referrers was also a key factor in engaging young people in the programme and helping them to reinforce the messages outside the sessions. Parents and carers were not always able to give the support that was needed. Referrers sometimes picked this up and worked with parents or carers. If the referrer was not actively involved, this left gaps which practitioners were trying to fill.
- Young people sometimes found it difficult to implement the messages learnt in the programme after the input from the NSPCC ended. Ideally, their personal support network provided some ongoing guidance, but often this required some additional work with parents, carers and referrers to equip them for this role. Without support in place, the progress made during the programme was harder to sustain.
- Practitioners felt they had kept to the objectives for each session quite closely, but the flexibility to adapt the delivery of the sessions to meet the individual needs of young people was important in maintaining their engagement with the programme.

EXECUTIVE SUMMARY

Background

- The NSPCC prevalence survey found that two-thirds of contact sexual abuse experienced by 0-17-year-olds was committed by peers (Radford et al, 2011). If not addressed, there is a risk that for some young people the problematic behaviour will continue into adulthood.
- There has been little research on what treatment approaches are effective for HSB, and provision is variable in terms of volume, content and quality (DH and Home Office and DH, 2006).
- The NSPCC delivers a manualised treatment programme for young males aged 12-18 with HSB. The programme uses the *Change for Good* manual (McCrory, 2011), a strengths-based intervention that addresses the young person's HSB in the context of the social and emotional challenges they face.
- The manual is delivered over 30 sessions: 26 structured one-to-one and four additional flexible sessions, used to address individual needs. The programme has been delivered by NSPCC practitioners at 11 sites across the UK since 2011.

Method

- A range of standardised measures, matched to the main treatment components of the manual are administered with young people and parents/carers pre and post programme to measure change. Longer-term change will be assessed through three and five-year post-programme reconviction studies. Both these components will be reported on at a later date.
- The qualitative evaluation presented in this report focused on the use of the manual in a social care context. A case study approach was used, so where possible, in-depth interviews were held with the young person, their parent or carer, the referrer and the NSPCC practitioners delivering the programme.
- It was not always possible to hear all four perspectives on each case but despite this, the final sample was diverse and included 13 different cases and 40 interviewees.
- One limitation of the sample is that it does not include directly the perspective of young people who did not complete the programme or found it a negative experience.

Findings

- Motivation to attend and engage with the programme varied and sometimes changed over time. Young people with intrinsic motivation recognised that their behaviour was problematic and wanted help to move forward with their life. These young people were often determined to stick with the programme even if it was difficult.
- External pressure to attend the programme from parents, carers or referrers sometimes encouraged young people to attend and eventually engage; in other cases it resulted in a superficial level of engagement where young people did not take on the messages from the programme.
- Programme length influenced motivation in some cases, with young people at times beginning to feel that the programme was taking too long. Practitioners managed this by either truncating the programme so the young person attended for a fixed number of further sessions, or by increasing the frequency or length of sessions to finish the programme more quickly.
- Practitioners used a range of creative methods to help engage young people with the programme material. Having the flexibility to adapt the delivery method to each young person and respond to individual needs, was important in helping maintain young people's level of interest.
- Young people's level of commitment to the home projects was highly variable. When completed, it sometimes helped reinforce the programme and get young people to think about the work between sessions. However, not all young people completed the home projects and even when completed, the quality was mixed.
- Some parents and carers played an important role in reminding young people about the home project and helping them with any queries. However, not all of them felt able to fulfil this role; they were not always aware that a home project had been set or did not know enough about the work undertaken in the session.
- Parents and carers helped in supporting young people to attend the programme and in reinforcing the work at home. However, not all parents or carers had come to terms with the young person's HSB or had the capacity to give the support that was needed. Practitioners often filled this gap and worked with parents or carers, but this sometimes presented a challenge in terms of how much time they could spend on this.

- Referrers could pick up work with parents or carers, or additional issues young people needed support with that were outside the remit of the programme. However, not all referrers were actively involved in the case while the programme was being delivered, and some had even closed the case.
- Outcomes identified for young people included more understanding of what is unacceptable sexual behaviour; the triggers for HSB, and having strategies to manage these. The programme also helped young people to think things through before acting and to become more aware of other people's perspectives.
- Young people also became more confident and less withdrawn. Having the time to discuss their background, previous experiences and the role these may have played in getting involved in HSB helped young people to make sense of their lives and feel better about themselves.
- The therapeutic relationship between the young person and practitioner was important in helping young people engage in the programme and have these conversations. Often young people did not have anyone else they could talk to or get advice from. The discussions helped clarify things they were unsure about or release emotions they had bottled up.
- A number of young people had previous experience of abuse, neglect or changing foster placements. This sometimes made it difficult for them to focus on the sessions or meant that practitioners had to spend additional time supporting them.
- Practitioners felt they had followed the manual quite closely and met the objectives for the session, but used more creative methods to deliver the material. Where practitioners had moved away from the manual, this was a result of responding to individual problems faced by young people.
- Some young people found it difficult to implement the strategies learnt in the programme when the input from practitioners finished. External support had sometimes been built in through the use of mentors or follow-up appointments to provide continued support.

Conclusion

- The manual cannot be seen as an isolated tool for tackling HSB. The context in which the work takes place is often complex, with young people facing a range of other difficulties. The manual needs to be used in the context of work with the parent or carer, and support and reinforcement from other professionals.
- Practitioners used a case-by-case approach, adapting their use of the manual in response to each individual young person's needs to have the best chance of engaging them. The therapeutic relationship was important in enabling young people to have someone to talk to and express any concerns they had. The work sometimes raised other issues around abuse or neglect for young people – and challenges for practitioners about how much time they spent supporting them through these issues, considering this was a programme for addressing HSB.
- Possible further areas of development for the manual include specific content relating to internet offences; making more of the programme material available online, and enabling access to mobile technology during sessions to make the material more relevant to young people's experiences. Referrers would also welcome more opportunities for young people to practice the skills they learn and provide evidence that they are ready to move on.
- Parents, carers and referrers need to be made aware of their role in supporting young people during and after the programme and how important this is for young people being able to sustain any progress they make on the programme. In order to fulfil this role, they may need more information about the work undertaken in sessions and how they can complement it. In cases where the support network is not strong, thought should be given to how to build in transitional support when the programme ends, for example through the use of mentors.

Chapter 1: Introduction

This chapter sets out the background to the Turn the Page programme, the reasons why it was introduced by the NSPCC and the method used to conduct and analyse the qualitative interviews. It also outlines the structure of the report.

1.1 Background

Harmful sexual behaviour (HSB) is defined as one or more children engaging in sexual discussions or acts that are inappropriate for their age or stage of development. These can range from using sexually explicit words and phrases to full penetrative sex with other children or adults.

(Rich, 2011)

Sexual behaviour between children is considered harmful if it involves coercion or threats of violence, or one of the children is much older than the other (NSPCC, 2013a).

The actual number of children and young people who have engaged in HSB is not known as cases are often not reported or not recognised as HSB (ibid). An NSPCC freedom of information request to all police forces in England and Wales found that over 5000 offences of child sexual abuse reported to the police between 2009/10 and 2011/12 involved perpetrators under 18 (NSPCC, 2013b). Radford et al (2011) found that two-thirds of contact sexual abuse experienced by 0-17-year-olds was committed by peers. Other research found that 30-50 per cent of sexual abuse was perpetrated by adolescents, mostly boys (Vizard et al, 2007).

1.1.1 Young people with HSB

Young people who exhibit HSB often experience a range of other problems as well. One study found that 79 per cent of adolescent sexual offenders had previously been abused (DH and Home Office, 2006). Others may have experienced parental neglect. These problems impact on the young person's ability to regulate their own behaviour and develop empathy (Print and O'Callaghan, 2004). A range of studies have outlined some of the issues these young people face, including conduct disorder, mental health issues and post-traumatic stress disorder (DH and Home Office, 2006; Beckett, 1996; Epps and Fisher, 2004). They also tend to have low levels of social and interpersonal skills, low self-esteem, high levels of social anxiety and a

lack of sexual knowledge (Hackett, 2004; Beckett, 1996; O’Callaghan and Print, 1995; Worling, 2004).

If not addressed, problematic sexual behaviour can, for some young people, continue into adulthood. Studies in the US have shown that up to 30 per cent of children with HSB go on to commit sexual offences as adults if they do not receive treatment. For children who do receive treatment, this figure drops to between 5 and 14 per cent (Rich, 2011). While a minority of young people will go on to become adult sex offenders, others will go on to become violent or general offenders (Beckett, 1996).

1.1.2 Treatment of young people with HSB

The diversity of problems often experienced by young people with HSB can present a challenge for practitioners who are working with them. Practitioners may find that young people deny or minimise the HSB, or are resistant to change. Programmes addressing HSB often have high dropout rates. These factors can make it difficult to make progress.

The causes of HSB are wide-ranging, so treatment must take a holistic approach that attempts to change a young person’s behaviour as well as addressing the reasons they engage in HSB (Hackett, 2006). Currently there is little research evidence on what treatment approaches are effective for young people with HSB, and the level, content and quality of service provision variable across the country (DH and Home Office and DH, 2006; Hackett, 2004). Many approaches to working with young people have been based on adult sexual offending models. However, these often have high levels of confrontation and do not take into account young people’s learning styles or their previous experiences of abuse (Worling, 2004).

1.1.3 Background to the NSPCC service

Turn the Page is an assessment and treatment service for young people with HSB. For young males aged 12-18, a treatment programme is delivered using the *Change for Good* manual (McCrorry, 2011), which was developed by Eamon McCrorry (2011) with input from NSPCC practitioners. The manual is underpinned by a cognitive behavioural approach and draws on attachment theory, mentalisation theory, psychodynamic and systems theories. The intervention is strengths-based and addresses the young person’s HSB in the broader context of the social and emotional challenges they are facing. The intervention has two main aims:

- to increase the likelihood of young people showing sexual and non-sexual behaviours that are socially acceptable, and refraining from HSB

- to enhance psychosocial functioning, optimism about the future and a sense of wellbeing.

The manual is delivered over 30 sessions: 26 structured one-to-one and four additional flexible sessions used to address individual needs. They are grouped into four modules:

Module 1 – Engagement: developing the therapeutic relationship between the young person and clinician and developing the motivation for change (four sessions).

Module 2 – Relationships: working on perspective taking and relationships with others (nine sessions).

Module 3 – Self-regulation: the young person's thoughts, feelings and beliefs and the ability to regulate emotions (eight sessions).

Module 4 – Roadmap for the future: relapse prevention (five sessions).

In addition to the full programme, NSPCC children's services practitioners (CSPs) sometimes deliver a shorter, truncated version of the programme (defined as less than 20 sessions). This is done if the young person will not engage with a full programme, or the practitioner feels some of the material has already been covered in the assessment or by previous work. In truncated programmes, the elements of the four modules will be covered, but not each individual session within them.

The programme is being delivered by NSPCC practitioners at 11 sites across the UK and has been in place since 2011. Referrals to the programme are made by children's services departments and youth offending service (YOS) teams. Before going on to the programme young people go through an AIM2 assessment: an evidence-based assessment that uses the Assessment, Intervention, Moving-on model, which indicates what level of supervision a young person requires along with their developmental and intervention needs. This is normally carried out by the NSPCC or sometimes the referring agency, to ensure they are suitable for the programme. The case should remain open with the referrer while the young person attends the programme, so that any safeguarding issues can be dealt with. Once assessed as suitable, programme sessions are usually an hour long and can either be delivered on a one-to-one basis or with two practitioners co-working.

All practitioners delivering the programme receive training on using the manual. In addition they have access to a consultant who has expertise in working with young people with HSB, for advice on more complex cases.

1.2 Evaluation of the manualised approach

The evaluation of the manualised approach to treatment uses both quantitative and qualitative methods and seeks to assess:

- how effective the manual is in reducing risk and bringing about change in young people with HSB
- with whom and in what circumstances the manual is most effective
- how the delivery of the manual can be improved.

A range of standardised measures matched to the main treatment components of the manual are administered with young people and their parents or carers pre and post programme to measure change. The quantitative findings will be reported on in 2015 . The aim is also to use reconviction statistics over three- and five-year periods to look at change over the medium and longer term.

The manual has not yet been evaluated in a social care context, so the qualitative element of the evaluation focuses on how the manual is being delivered and what the barriers and facilitators are to using it in this real-life environment. It also looks at how the delivery of the manual could be improved. The findings will be used to help inform practice of using the manual within the NSPCC as well as thinking about how the use of the manual could be replicated in other settings.

This report outlines the findings from the qualitative component of the evaluation.

1.3 Method

A case study approach has been taken to the qualitative component of the evaluation, so where possible in-depth interviews were carried out with the young person who had completed the programme, their parent or carer, the referrer and the NSPCC practitioner. The interviews were conducted over an 18-month period.

1.3.1 Sampling

It was not always possible to get all four perspectives on each case (see Table 1) either because someone did not consent to take part in an interview or, in the case of referrers or carers, their involvement with the young person had ended during the programme.

Table 1 – Profile of cases interviewed

Case	Number of perspectives on case	Young person	Parent or carer	Referrer	NSPCC staff	Type of programme	Type of HSB	Young person age
1	4	Yes	Yes – carer	Yes	Yes	Truncated	Peer	14
2	3	Yes	No	Yes	Yes	Full	Both	15
3	2	No	Yes – parent	No	Yes	Truncated	Younger child	12
4	3	Yes	Yes – parent	No	Yes	Full	Younger child	17
5	3	No	Yes – parent	Yes	Yes	Full	Download indecent images	17
6	5	Yes	Yes – parent	Yes x2	Yes	Full	Younger child	14
7	2	No	No	Yes	Yes	Truncated	Both	17
8	2	No	No	Yes	Yes	Full	Download indecent images	13
9	2	No	Yes – carer	No	Yes	Truncated	Younger child	15
10	4	Yes	Yes – carer	Yes	Yes	Full	Peer	16
11	4	Yes	Yes – parent	Yes	Yes	Full	Peer	16
12	3	Yes	No	Yes	Yes	Full	Download indecent images	18
13	3	Yes	Yes – carer	No	Yes	Truncated	Younger child	16

To build some diversity into the sample, some cases were included where it was not possible to interview either the young person or their parent or carer, so the interviews were based on the perspective of the referrer and the NSPCC practitioners delivering the work. These were either cases where the young person, or parent or carer initially agreed to an interview, but did not attend on the day, or cases where consent to be interviewed had never been given. Feedback from referrers and practitioners was that these cases tended to have a more negative or mixed programme experience, so it was important to try and build this perspective into the sample. To explore the issue of programme dropout, one of the case studies involved a young person who stopped attending the programme, but six months later started attending sessions again.

The final sample involved 13 different cases and 40 interviewees. In addition to the case study interviews, three interviews with referrers carried out through the referrer survey have been included in the analysis and one interview with an NSPCC practitioner who is no longer involved in delivering the service.

Interviewing was completed after the 13th case study as this had given sufficient diversity in the sample in terms of:

- the age of the young person
- the nature of the HSB (either against a peer, younger child, both a peer and a younger child, or internet only offences)
- whether a full or truncated programme had been delivered
- whether the referral had come from children's services or youth offending services
- whether the young person was living with their family, in foster care or residential care, and
- the service centre where the programme was delivered.

1.3.2 Recruitment and data collection

All young people and their parents or carers were given an information leaflet about the evaluation when they started the programme and asked about taking part in an end-of-programme interview. Those that had consented were then asked again about the interview when they finished the programme. Usually the NSPCC practitioner asked the service users if they were still willing to be interviewed, but sometimes this was done by the lead evaluator. Participants were given further information about the interviews at the start of each interview and consent was reconfirmed.

If either the young person or the parent or carer agreed to be interviewed then the referrer and NSPCC practitioner were also contacted about being interviewed. Interviews normally took place within two months of the programme ending. Interviews with referrers and NSPCC practitioners took place by telephone. Interviews with service users were usually conducted face to face at the NSPCC service centre or the service user's home. However, some service users chose to conduct the interview by telephone.

Topic guides were developed for each of the four types of interview conducted to ensure the aims of the research were covered. Interviewees were asked for permission to record the interview. Where consent was not given, notes were taken instead. Interviews lasted for an average of 40 minutes.

1.3.3 Analysis

The interview transcripts were analysed in Nvivo using the framework approach. Taking a case study with interviews approach allowed both a thematic analysis of issues emerging from the interviews as well as an in-depth analysis of the issues specific to a particular case and differences in perspectives on a case.

1.3.4 Ethics

The evaluation design, copies of evaluation tools and interview schedules, and the process for seeking consent from service users and professionals have all been approved by the NSPCC research ethics committee. This ethics governance procedure is in line with the requirements of the Economic and Social Research Council (ESRC, 2005) and Research Ethics Frameworks (GSRU, 2005).

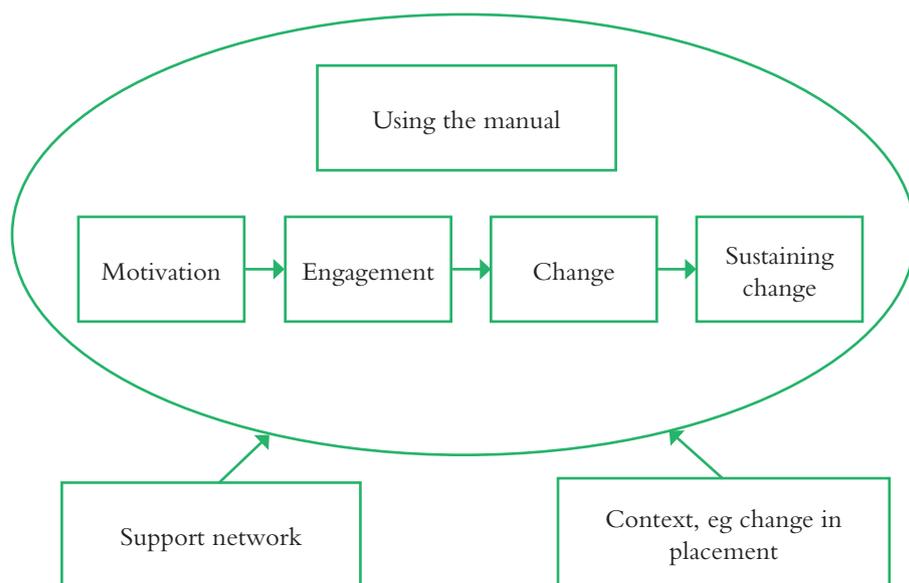
1.3.5 Limitations

The young people and parents or carers who agreed to be interviewed were generally those whose experience of the programme was positive. Although the sampling has taken account of this by interviewing the referrers and NSPCC practitioners who worked with cases where the young person and parent or carer did not want to be interviewed, it does mean the perspectives of young people who did not complete the programme or found it a negative experience are not included in the report.

1.4 Structure of the report

The subsequent chapters describe the themes that emerged from the interviews in more detail. In reality, many of the issues were interlinked (Figure 1) and one theme could have a strong influence over several other themes. The issues were also dynamic and prone to change during and after the programme.

Figure 1 – Overarching model of themes from the interviews



Chapter 2 outlines the levels of motivation of young people to attend the programme, and the factors that influenced this. Motivation levels may change over time and in the sample they were closely linked to young people's engagement with the programme, described in more detail in Chapter 3. In turn, both these factors influenced how much progress young people made during the programme, which is covered in Chapter 5. Once the programme ended, there was then a final stage concerned with how well the young person was able to sustain the progress they made during the programme, discussed in Chapter 7.

The whole process took place in a particular context, which could be very different for each young person going through the programme. Young people sometimes experienced a range of other problems and family experiences while attending the programme and this had an influence on their progress. Chapter 5 gives more details on this. The external support network available to young people, from their parents or carers and other external professionals, also had a strong influence on progress, as outlined in Chapter 4.

Finally, the way in which NSPCC practitioners used the *Change for Good* manual (McCrorry, 2011) with young people, and the context in which it was implemented within the NSPCC also influenced the work, as discussed in Chapter 6.

Chapter 2: Motivation

This chapter describes the different motivating factors that influenced whether or not young people engaged with the programme, and discusses the impact of programme length.

2.1 Motivation levels

Young people's levels of motivation to attend and engage with the programme varied considerably, ranging from very little motivation and superficial engagement to a very high level of motivation. Some had only one issue driving them to attend the programme, others had multiple reasons. Motivation came from intrinsic or external factors in their lives well as from the actual programme.

2.2 Intrinsic factors

One of the intrinsic motivating factors for young people was the recognition that their behaviour had been problematic and they genuinely wanted help in changing and stopping any further problems. This was often linked with a sense of remorse about what had happened to their victim or what their families had gone through as a consequence of their HSB becoming known.

"The whole world had got on top of him so I think he didn't want to feel like that again and he recognised that therapy was going to make a difference, and it did."

[Referrer – Case 5]

Young people often talked about 'wanting to sort things out so that they could move on with their life' and felt that attending the programme could help them to do this. Referrers, parents and carers sometimes reinforced these perceptions by telling them that doing the programme would help prove to other professionals that they had taken action to address their HSB. This could help them to be seen as less of a risk in the future, which could prove helpful with job applications. These young people wanted to put their HSB in the past and avoid the consequences further HSB would bring. Even if the programme became difficult or seemed to be going on for a long time, young people were often quite determined to stick with it and see it through.

For other young people the motivation for attending was felt to be more linked to their own personality. These young people were described as very compliant and prepared to do whatever they were told to. This made it difficult to detect whether this was the only reason the young person was attending, or whether there were other motivating factors.

2.3 External factors

Extrinsic motivating factors sometimes proved to be strong drivers in getting young people to attend the programme, often when they had faced restrictions such as no internet access or not being able to go out with friends. They were then motivated to complete the programme so that the restrictions would be removed.

“The one thing that was beneficial [was that]... it was something for him to work towards... the completion... he saw this as a great doorway to freedom. ‘When I’ve finished the programme I can do this, that and the other,’ so that was a great driving force.”

[Carer – Case 10]

For young people in foster care, the hope of being allowed to return home after completing the programme sometimes motivated them to attend.

However, external pressure to attend the programme from parents, carers or other professionals did not always result in young people’s engagement with the programme. Although support in attending the programme from an external source sometimes ensured continued attendance, the level of engagement could be very superficial if the young person was only attending because they had been pressured into it by someone else. This often resulted in the young person completing a truncated version of the programme, as they were not really motivated to complete all the work.

Young people on youth offending service (YOS) orders were required to undertake the programme: non-attendance could result in consequences from the YOS and a possible return to court. This was often a strong motivator for getting young people to attend sessions, but not necessarily for getting meaningful engagement. However, the motivation of some young people on YOS orders sometimes increased once they started building a relationship with the practitioner(s) and getting something out of the sessions (see Chapter 3 for more on factors that acted as barriers and facilitators to engagement). However, other young people who attended the sessions did not engage well and stopped attending as soon as their YOS order ended.

The venue and timing of the sessions also had an impact on motivation. Some young people attended sessions in school hours, but most attended after school, which could involve a long journey and so a lengthy day if they lived some distance from the service centre. Young people whose motivation was strong enough, and who felt the sessions were helping them, continued attending despite the logistical difficulties. For others, the location and timing of the sessions were factors that reduced their engagement with the programme.

2.3.1 Length of the programme

Individual motivation levels varied during the programme, and programme length was often a contributory factor to this. Some practitioners questioned the set length of the programme in view of the range of young people's needs arising from the seriousness of their behaviour – some cases were serious enough for the young person to be in the youth justice system while others were not.

Young peoples' views on programme length ranged from those who did not find it a problem to those for whom the programme began to feel too long or repetitive. The young people who coped better with the length of the programme were the ones who, in the view of practitioners or referrers, needed the full programme to build rapport and start to change attitudes and behaviour.

There were four main reasons why young people felt the programme was too long and wanted it to end earlier:

- they had been coming to the sessions for a long time and the programme was dragging on
- attending the sessions was interfering with their social life and they would rather be out with their friends
- they were losing interest in the programme
- they knew they did not have to attend the programme, or their YOS order had ended.

There was variation in how young people responded to feeling that the programme was taking too long. Some felt the programme was taking a long time, but stuck with it anyway.

"I think the start of it, yeah, I thought it's going to be easy I'm going to get through this but it got like three-quarters of the way and I was just like [sighs] 'oh it's taking ages, it's just going on.' It was such a long time."

[Young person, Case 13]

Others started to ask the practitioner how much longer they had to attend for or said they did not want to continue attending. This was a particular problem when the programme took longer than they had initially been told, and suggests expectations around programme length may need to be communicated differently to young people at the start of the programme.

The reasons for the programme taking longer than planned included:

- the material for a session taking several weeks to get through to ensure the young person had understood the issues
- absences (through sickness or otherwise) from the young person or practitioner
- no sessions during school holidays or exam periods
- allowing sufficient time to support the young person with other problems they brought to the session.

Parents who were bringing young people into the sessions sometimes also felt that the programme had been going on for a long time.

Several approaches were used to manage concerns over the length of time the programme was taking. Sometimes practitioners agreed with the young person that they would just do a fixed number of the remaining sessions, and they truncated the programme. Others continued with the full programme, but got through the material quicker by increasing the length of sessions or running sessions several times a week instead of only once. Both methods increased the motivation of young people to finish the work. Young people for whom sessions were lengthened or run more frequently found that they got more work done.

“I think it’s better having a longer session because when you only come in for an hour you take 15 minutes saying, ‘hello, what have you been doing throughout the week’ and stuff like that, and then there’s five minutes at the end where you’re just talking, probably playing a game of Jenga or whatever. So that only leaves 40 minutes for work, and then you never really get that much done. So an hour-and-a-half is definitely better.”

[Young person – Case 12]

Having longer or more frequent sessions also helped build on the work done in previous sessions and reinforce the work for young people.

“They said it was a year, it felt like a decade. I’d say a couple of sessions a week would have helped because the sessions are based on one subject so if you can go from one subject and then link it into another over a space of a couple of days it makes a lot more sense and it helps you think a bit more, but if it’s over once a week for me, personally, you don’t really think about it until you go into the session. It felt easier in terms of the workload because with the hour we tried to cram everything in but with the extra half hour it was a lot easier to get all the work done.”

[Young person – Case 11]

However, this was very dependent on individual young people. Practitioners felt that some struggled to get through an hour’s session and would therefore not manage extended sessions. For young people who found the work emotionally difficult, it was felt that it could be inappropriate to increase the frequency of sessions beyond once a week.

Summary of key findings

- Young people with intrinsic motivation to attend the programme recognised their behaviour was problematic and wanted help to sort things out and move on with their life. These young people stuck with the programme, even if they found it difficult.
- Having restrictions on their freedom also motivated young people to attend the programme, as the restrictions would be removed on completion. External pressure to attend from parents, carers or referrers helped encourage young people to attend the sessions, but not necessarily to engage with the material being discussed.
- Some young people coped well with the length of the programme, but others began to find it too long or complained that it was taking longer than they were told at the start of the programme.
- Practitioners managed this by either truncating the programme and reducing the number of sessions delivered, or increasing the frequency or length of sessions so that the material was covered over a shorter time period. Both methods increased the motivation of the young people concerned.
- Young people who attended longer or more frequent sessions felt they got through more work this way and it also helped to reinforce their learning.

Chapter 3: Engagement with the programme

This chapter discusses young people's level of engagement with the programme material and the factors that influenced this, as well as the completion of the home projects outside of the sessions. Engagement is defined as young people's level of attendance and participation in the session, as well as the extent to which they completed the exercises in the session and were able to relate these to their own situation.

3.1 Engagement in the sessions

There were four ways in which young people's level of engagement varied during the programme:

- young people who struggled to participate at first but whose engagement improved over the course of the programme
- young people whose level of engagement fluctuated over the course of the programme
- those who never really engaged with the programme or gave the appearance of engaging but did not seem to take the material on board
- young people whose level of engagement started to decrease part-way through the programme.

There were problems with some young people's levels of attendance on the programme, where parents or carers found it difficult to get the young person to come to the session or the young person refused to attend. Sometimes this was a problem at the beginning of the work, but then settled down. In other cases it was a continuing issue, or a sign that the young person was starting to disengage from the work.

Elements of the programme were sometimes challenging for young people and so levels of engagement could vary depending on the topic under discussion. Discussing the harmful sexual behaviour or impact on the victim was something young people found hard or did not want to talk about. Others found it difficult to have to talk about themselves or their family relationships. Young people also found it difficult to always be completely honest with practitioners.

What helped with difficult sessions was practitioners checking that young people were comfortable, and breaking the sessions up with games or other activities if needed. Although not a prescribed part of the manualised sessions, some practitioners used a ‘cool down session’ at the end of the appointment, where they played a game with the young person to help them wind down before they left, and this was popular with young people.

“The fact that they’d always make sure you were comfortable doing it or if you needed a break or something like that, that was quite good because I know I’m going to be stressed out to try and do work. I think one of the good bits was at the end we’d always have a five-minute game or something just to relax. It’s like when you warm up you warm down, because going home with loads of stuff on your mind isn’t that helpful.”

[Young person – Case 10]

Some young people would go through the motions of engaging in the programme, but practitioners felt they were not really taking on board the messages from it.

“He was quite a strong-willed young man. So he had quite fixed views on what he should be doing and what he shouldn’t be doing. I think realistically that only probably changed when the end was in sight, when he could literally count down and he had those six sessions to go. The difficulty with [young person] is he would do the tasks, but he would leave things at the door. So he wouldn’t see the relevance of applying the programme to his life outside, and he only really started to engage meaningfully when the finish line was in sight.”

[NSPCC practitioners – Case 8]

Young people also found some of the sessions boring at times, although there was no consensus on what specific sessions were boring. Sometimes it was the content of the exercises or the way they were delivered; at other times young people felt they were repeating work they had covered earlier in the programme or knew already from previous interventions, or from the work covered in the assessment. This shows the value of practitioners checking how the young person feels about a session, and what they remember from it at the end and at the start of each subsequent session.

Practitioners used a range of different methods to help young people engage with the programme material. Often more creative techniques were used rather than relying on the pen and paper exercises set out in the manual. This included:

- sand trays
- art work
- involving young people in drawing the materials to be used in the session
- making material more visual, such as drawing a pair of shoes for young people to stand in to help with perspective-taking
- using flipcharts or whiteboards
- using DVDs that covered similar topics
- giving the young person options for methods they wanted to use to cover a topic.

Practitioners felt that having the flexibility to use different methods helped them to adapt the material to the preferred learning style of the young person.

“I think what we’re dealing with is that these young people are so individual that each one responds in different ways and I think it’s good to have the flexibility to adapt things to how they work as well...Some will like to do writing, they like to get up on to the flipchart and write things out; others hate it... Or some might like to draw; some might hate that. Some might like to do more creative stuff, even work with clay or play dough, sand trays. Some like to sit and talk; others don’t want to do that. Some like questionnaires, some don’t. So it’s working out: what’s the best way of communicating with this young person and being able to adapt the sessions to that mode of communication.”

[NSPCC practitioner – Case 5]

Young people responded well to exercises that they felt were fun or helped them learn new things and were relevant to them. For example, some of the quizzes in the programme helped young people to see that they were learning things they did not know.

3.2 Focusing on individual need

Engagement was also good when the sessions focused on something that a young person was interested in. For example, some practitioners had developed scenarios around the young person's interests such as football.

"It's got to be something that he's really interested in, if not he tends to go off in his own little world. So I think [CSP] tried to include a bit of football or what she could do with 'how you are in relationship in a football team.' Every child's an individual so if you can build up a relationship with that child and get to know their specific needs, problems or whatever ... I think [CSP] did base it more around that child as opposed to it being general. I do think he was less against going to see [CSP] when it was based more around him. I think he found it more interesting and more relevant to him."

[Parent – Case 3]

In a similar way, practitioners sometimes used examples young people brought to the sessions in some of the exercises instead of those described in the manual, if this could help young people to relate to the exercise.

Young people valued being able to bring any concerns or questions to practitioners in the sessions.

"I got more than enough time, if I ever wanted to say anything. I mean I used to always apologise to him for changing the subject but he said "it's fine, it's fine". If I just need a question answering or some advice on anything you can always ask [CSP]. Well, I could anyway."

[Young person – Case 12]

3.3 Home projects

Part of the manual involves young people completing home projects between sessions and then bringing them back in for discussion at the start of the next session. When completed, the home projects can help to reinforce the work carried out in the sessions and act as a test of young people's commitment to the programme and their learning. However, completion of home projects was very variable among the cases interviewed and fell into three categories:

- young people who were very compliant and almost always completed the home projects
- young people who sometimes completed the home projects but often forgot about them and did not complete them
- young people who did not want to do work outside of the session and hardly ever did home projects. Sometimes practitioners stopped setting home projects with these young people.

Where home projects had been completed, the quality varied. Some young people had engaged well with the task, and the exercise had helped them to think about the topics discussed in the session.

“I think that the homework projects were also a big help... [...] she [CSP] helped me with my... homework in the sessions but in the homework projects it was something for me to do. Yeah, it did kind of bring back some of...the important things which I needed to know, look back on them and then see what I needed to improve on.”

[Young person – Case 13]

For young people who had forgotten about the home project, the exercises were sometimes completed at a superficial level the night before the session or in the car on the way to the session. Others forgot to complete the homework if the topic was sensitive for them, or something they did not want to think about.

“Sometimes I do forget and sometimes I’ll be doing something and I’ll go, ‘Oh I’ve got to do this afterwards,’ and then it completely passes your mind but also when you talk about quite a serious subject the week before it’s kind of you don’t want to think about it because some subjects, like talking about my father for instance, made me quite upset because certain issues in your life kind of bring up that emotion so when it comes to talking about all the incidents and how neglect and all this, it makes you don’t really want to think about it.”

[Young person – Case 11]

When young people had not completed a home project or it had not been set, there was variation in how practitioners responded. Sometimes the exercise was completed with the young person as part of the session, but sometimes it was not done at all, particularly if there was a lot to complete in the session and time was too short. This meant that opportunities for reinforcing the work carried out in the session were sometimes missed.

For some young people, depending on the work that had been done in the session and what the home project was, practitioners did not feel it was appropriate to give out home projects. This was particularly the case if the young person would not get any support at home or if the young person was not confident about the work. In these situations the work was completed in the session instead.

Young people did not always understand what they had been asked to do for the home projects. If parents or carers were engaged with the work they could support the young person with this.

“Sometimes it [homework] was okay, but sometimes he had to ask me and then I had to explain to him what they meant by it because he does not understand, like the way things were put down... I have to make the questions simple so he can understand and then he had to think and had to do the homework.”

[Parent – Case 6]

However, sometimes practitioners felt that the home projects had been completed by the parent or carer instead of the young person.

Conversely, not all parents or carers felt able to support the young person with homework as they were not aware that a home project had been set, or did not know enough about the work to be able to help the young person with it.

“I didn't really know what was in the homework so I couldn't help him with it if he'd needed help, but I don't know if it was something that he needed my help for or was it something personal that really he should have done on his own. I really left it up to them [CSP] and trusted what they were doing. Our job was to remind him to do it. He's not one for coming and asking about it and I didn't know what the task was so I didn't want to go into detail with him.”

[Carer – Case 10]

Summary of key findings

- Young people's level of engagement with the sessions varied. Young people engaged better with sessions they felt were fun, covered things they were interested in or were relevant to them and helped them learn new things.
- Practitioners used a range of creative methods to engage young people rather than relying solely on the exercises in the manual. Having the flexibility to use different methods helped them adapt the material to the needs and learning style of the young person.
- Completion levels of the home projects varied. Where the exercise was not set or the young person had forgotten to complete it, the task was sometimes completed in the session instead. Where this did not happen, potential opportunities for reinforcing learning were lost.
- Parents or carers sometimes played a key role in reminding the young person about the home project and supporting them to complete it. However, they were not always aware that a task had been set or felt they needed more information to be able to help the young person with this.

Chapter 4: Support Network

This chapter examines the support network young people had available to them outside of the programme from their parents or carers and external professionals, and the impact this had on the young person's engagement in the programme.

4.1 Importance of support

The support young people received from their parent or carer and external professionals such as their social worker had a major influence on their progress both during and immediately after the programme. Without a strong support network in place, the impact of the treatment could be undermined.

“You go from all this high-end support and then you just pull out and really what you need is family and other professionals or adults in his life to put these things around him.”

[NSPCC practitioner – Case 11]

4.2 Parent and carer support

Levels of support from parents and carers fell into three main groups:

- Parents and carers who were actively involved in supporting young people to attend the programme, giving them consistent messages about the work and their behaviour and in helping to reinforce the work after the programme.
- Parents who were supportive of the work, but were perhaps struggling to make the changes in themselves or their families that were needed, for example being able to talk openly to the young person about their sexual behaviour. Others were dealing with their own health or personal problems, which meant they did not always have the capacity to support the young person to the level required.
- Parents who did not engage with or support the work and in some cases denied that the young person had been involved in HSB. This sometimes led to the work carried out on the programme being undermined afterwards.

The *Change for Good* manual (McCrorry, 2011) focuses on treatment with young people, and so does not outline a programme of work to be undertaken with parents or carers. However, the manual does acknowledge that work with parents or carers is an essential component of the work with young people.

Both practitioners and referrers felt that more work with parents or carers would be useful in cases where they were not engaging or denying that there was a problem. Without this the young person would be lacking support at home, which could affect both their engagement with the programme and progress after completing the programme.

“It’s so fundamental to shift parents’ thinking and have parents on board because children don’t display this behaviour out of nowhere, there’s often a background story to all this and that’s just not even reflected in there. Because I think the manual would assume that you would be doing that separately.”

[NSPCC practitioner – Case 11]

Sometimes practitioners had contact with parents or carers, but this did not necessarily mean they supported the work or were able to make the changes needed to support the young person.

“...I had quite a good relationship with the mum but it didn’t mean that she was going to engage with the whole concept of what needed doing because she just wasn’t able to, really. They constantly put off meeting us... there was a bit of work that needed to be done so that they could keep him safe... at home and his use of the internet. They were in complete denial about the fact that he had any issues...[...] they only ended up doing one, and I think the dad didn’t go to that meeting in the end... they changed it two or three times.”

[NSPCC practitioner – Case 5]

Where parents or carers did engage with some work but were struggling, practitioners tried to fill some of the gaps by giving parents or carers the support or information they needed to be able to support the young person or manage their behaviour. For some parents or carers this was the only support they were getting and so it was well received.

“I couldn’t fault [CSP] she was absolutely fantastic. She was at the end of the phone because she knew about [young person’s] behavioural problems and I’d ring her if there’d been an incident here at home and she’d perhaps be trying to incorporate that into one of the sessions. So she was just a phone call away really, she was like a lifeline to me sometimes.”

[Parent – Case 3]

However, others found it difficult or patronising to have practitioners giving them advice about how to manage the young person's behaviour. This was particularly so if the parent or carer had not come to terms with the young person's HSB.

Sometimes parents and carers were willing to take a more active role in supporting the young person and in reinforcing the work of the programme, but felt that they needed more information about the work from practitioners to be able to do so.

"I would have liked to have known what was going on because all I got was, 'I'm fine'. He's not very forthcoming in what was going on. I didn't get any information from him at all. It was a bit hard because it was between him and them [CSPs] and they had to gain his trust and private things, so I could understand why they didn't do it [share information with parent], it was just that I'm supposed to help him as well and I didn't know how to help him because I didn't know what was going on. I felt a bit helpless."

[Parent – Case 5]

Others felt they did get enough information from the practitioners about how a particular session had gone with the young person and so were able to support them at home afterwards. However, some would have found it useful to have been more prepared for their role in supporting the work when the programme started.

For practitioners, deciding how much time they could spend supporting parents or carers when they could see a need for this presented a challenge, as this was not a set part of the programme.

"You could have somebody argue that that wasn't my role, and we're a Harmful Sexual Behaviour service, so it should have been a social worker coming in and dealing with that, but when you've got a relationship with somebody, and you've been working with somebody for quite a while, it's very, very difficult not to respond. If someone's ringing you up and saying, 'Can you come out?' I'm not going to say to them, 'No, ring your social worker.' And of course you can see the impact on [young person] and you're trying to make inroads there and that's a way of potentially doing that."

[NSPCC practitioner – Case 3]

As well as having time implications, practitioners felt that taking on a support role with parents could have a detrimental effect on the therapeutic relationship with the young person, particularly if the case was worked individually and the same practitioner was trying to fulfil both roles. Young people who had built up a relationship of trust with the practitioner perhaps found it difficult when the practitioner was also advising parents about putting boundaries in place to manage their behaviour.

Without a clear position on the level of work to be undertaken with the parents or carers of young people who attend manualised treatment, there was some variation in the level of input provided by NSPCC teams.

4.3 Support from external professionals

If the referring social worker or youth justice worker was actively involved with the case this often provided a solution to the problem of providing support to parents and carers, as practitioners could ask the referrer to take this on, or to refer the family to additional support services. This worked well in allowing practitioners to continue to focus on working with the young person and at the same time ensuring that additional needs were being met, which, if left unresolved, could impede progress on the programme.

“I do think there was definitely a shift in their [mum and young person’s] relationship, and I think there’s a lot of factors in this: there’s the programme, there’s time, and there’s the other services that were involved. So the work with the social services, if there was anything that we were concerned about at home, like the parental support and guidance, we’d go to them for that. So as much as it is the programme [that] did help, I really do think it was the rounded effect, the holistic approach with everyone being involved.”

[NSPCC practitioner – Case 6]

Referrers were also influential in helping to reinforce the work the young person did on the programme, particularly once the NSPCC input ended. Again, for some there was a need for more information before they felt they could fulfil this role effectively.

“I would have liked far more feedback in terms of what each session covered almost within a day or so of having had the session, so that I could have maybe complemented any work completed in my own sessions – for example, work around self-esteem – if I’d been given more guidance after each session on what was covered.”

[YOS worker – Case 6]

Referrers valued having regular reviews on the progress the young person was making and being made aware of any arising concerns. This also helped to engage referrers with the work being carried out and their role in reinforcing it after the programme ended.

One requirement for a young person to be referred to the programme is that their case is still open to a social worker or youth justice worker. However, some referrers were not actively involved with the case while the young person was attending the programme or had even closed the case. This left NSPCC practitioners trying to fill the gaps, while also potentially reducing the chance of young people being able to maintain their progress after the programme ended. This was particularly problematic for young people without much support from parents or carers, or where the young person had made some progress but the family environment and attitudes of family members remained unchanged.

“It goes back to the argument about the more holistic approach...it was a real struggle finishing the report, because whilst you could see the young person had made a lot of improvement and you wanted to say ‘well done’, actually our final conclusion was he can’t go home. It’s not him, it’s the rest of this family system that hasn’t been dealt with ...you can’t just write a report about the treatment programme for this person in isolation, that doesn’t work.”

[NSPCC practitioner – Case 9]

For referrers who were actively updated and involved in the work there were benefits in terms of their own development.

“From my perspective it’s allowed me to have an understanding because I’ve not worked in this area before, I’d not had a case of this kind... being able to talk to the NSPCC and the practitioners was really helpful and they were very open with me around what I should be looking for, what work could be done, what the young person’s perspective was on things, and dad’s as well, and it helped me to focus on my assessment, which was incredibly useful.”

[Referring social worker – Additional referrer interview].

Summary of key findings

- Parents or carers played an important role in supporting young people through the programme and reinforcing the messages after the programme ended. However not all parents or carers had the capacity to provide this support, and some even denied the young person’s HSB.
- Some practitioners tried to fill this gap by doing some work with parents or carers or giving them the information they needed to be able to support the young person. A clearer position is needed on work undertaken with parents and carers alongside the programme with young people.
- Referrers sometimes picked up the work with parents or carers and reinforced work with young people after the programme had ended. Regular updates about progress on the programme and the work undertaken were needed to help referrers fulfil this role. However, not all referrers were actively involved in the young person’s case and some had even closed it.
- A lack of support from both parents or carers and referrers could potentially undermine the impact of the programme.

Chapter 5: Progress during the programme

This chapter looks at the progress young people made while attending the programme and the factors that facilitated or hampered progress.

5.1 Range of progress made

The progress made during the programme ranged from young people who appeared to have made no change at all and were still behaving in a concerning way, to those who made progress in several areas.

Some gave the appearance of engaging with the programme, but their behaviour did not suggest that much, if any, progress had been made.

“There was no change. He engaged well at times but none of his subsequent behaviour showed this. He just played the game. The programme also challenged some of his attitudes and he said all the right things, for example, about younger girls he’d say ‘God no, I’d not do that’, but that was exactly what he was doing. He was very manipulative. His actions showed there was no change.”

[YOS worker – Case 7]

Others had changed their attitudes in some respects, but there was still work to be done.

“Some of the fights I got into come up in the sessions. Some of them were a bit over, like, daft little things. I wouldn’t necessary be as quick to lash out, I have to admit I would still probably kick him once... but I wouldn’t kick him five times like I did.”

[Young person – Case 2]

The changes around HSB were often knowledge-based, with young people having a better understanding of the types of behaviour that were acceptable and those that were not. This in turn helped to change their attitude about the types of behaviour that were unacceptable. The programme sessions also helped some young people to take on more responsibility for what they had done.

“The work helped me out a lot. I know rights and wrongs now. It helped explain things so it’s a lot easier now. I know not to touch people unless they want to, that’s why I came here. It changed my life now ‘cos I could have carried on like that.”

[Young person – Case 4]

Another important way in which the work had helped was that it gave some young people more understanding of the triggers that led to their HSB, and some strategies for managing these in the future to prevent it from happening again. Young people said this had helped them to better think things through before acting and also to consider the consequences of their actions. They had also started to think more about other people’s perspectives and become more aware of how not to put themselves in risky situations.

“Before I didn’t think things through, particularly when someone was saying, ‘Oh let’s go and do this.’ I used to think, ‘Oh yeah, yeah that’ll be fun.’ I didn’t think about what could happen or what could go wrong, whereas now, I do think a bit more of the consequences and just think, ‘Well if this happens I’ve got a chance of this happening,’ etc. It has helped because it’s also made it easier to talk to my mum about issues.”

[Young person – Case 11]

Other, more general behaviour changes related to young people becoming more confident and less withdrawn. Some young people reported that they were starting to socialise more with family members or peers and felt less isolated, which was helpful in avoiding the triggers to HSB.

“He’s more confident and more relaxed.[...] he’s more into us now, you know, he kept out of the way and that sort of thing, upstairs in his bedroom but now he’s communicating with us more and he’s downstairs watching the telly more so he’s less on his own now.”

[Parent – Case 5].

Having time to discuss their background and previous experiences, and the impact these may have had on them getting involved in HSB helped young people to process issues and feel better about themselves. Young people could feel that they were bad because of the HSB, but the programme helped them to realise that although they had done something wrong, this did not make them a bad person for the rest of their lives.

“I learnt quite a lot about my family history and stuff that had happened to us that I just couldn’t remember and all that, which was actually very helpful but also, I . . .just learnt a bit of self-worth . . . and control and stuff.”

[Young person – Case 10]

Some young people had reported problems managing their anger. This was also something that the programme helped with, by giving young people techniques to try and manage it.

“ . . . instead of putting yourself straight into it, thinking about what you’re doing before you do it. It started getting us more and more used to thinking about how not to get yourself wound up to a position where it got you to explode into an angry rage with somebody.”

[Young person – Case 1]

Sometimes it was difficult to tell if anything had really changed for the young person as a result of attending the programme. This happened if the young person had only engaged with the programme on a superficial level, and their parents or carers, referrers and practitioners were not sure if they had taken the learning on board. It also happened if the young person did not talk about the programme and their parents or carers and referrers could not observe any differences in their behaviour. Parents, carers and referrers found it particularly difficult to judge whether there had been any change if they did not know that much about the work carried out on the programme. This then resulted in some differences in opinion about what progress had been made, with NSPCC practitioners feeling there had been some shift in the young person’s thinking, but parents or carers not seeing any evidence of this at home.

“Sometimes [CSP] would say [young person] did a good session and there was a lot of emotion coming out, but to us on the outside we did not see that. We think he got nothing out of it and he never engaged with the home work and did really brief answers, but maybe the CSP saw something else. It was difficult to get him to recognise what his feelings are.”

[Foster carer – Case 9]

5.2 Facilitators to making progress

This section looks at the factors that helped young people to learn from the programme and make changes in their lives.

5.2.1 Therapeutic relationship

The therapeutic relationship between the young person and the practitioner(s) they worked with was felt to be a key factor in helping young people to engage with the programme and make progress.

“I think he felt that he had made friends with [practitioners] as well and he used to look forward to that every week, and it was like somebody to talk to about things.”

[Foster carer – Case 1]

The engaging style of practitioners helped to build the relationship. Young people felt it was very important that practitioners did not judge them and that they listened to what they had to say. This was something they had not always found in other relationships.

“They always listened, whereas you get some people at school and some people at home, they’re just there, they pretend to listen, but the CSPs really did listen. They actually just said, ‘Well why do you think this? How did this make you feel?’ and actually got you to think how you feel a lot more.”

[Young person – Case 11]

The relationship was strengthened in cases where the young person and practitioner(s) were able to maintain a sense of humour before and after the sessions, but the practitioner was also still able to set boundaries for what was and was not acceptable and the young person accepted this.

“He built up quite a positive relationship with them both because they didn’t take any bother from him. If he was being silly they’d pull him up on it, rightly so, and he responded to that whereas [young person] can be very challenging where his behaviour is concerned.”

[Referring social worker – Case 1]

Shared interests between the young person and practitioner, or the latter being able to have a discussion about the young person's interests was also something young people appreciated, and they felt it helped to develop the relationship. As the relationship developed, young people came to trust the practitioners and to feel that they could talk to them about anything.

"Me and [CSP] got on fine. I think that's probably one of the biggest things, so if I didn't get on with [CSP] then the work would have been a lot harder, but I got along with [CSP] fine, he's a really nice guy anyway. I mean I could talk to [CSP] about anything, some things that I've never ever said to anyone and I said it to [CSP]. He basically knew everything about me anyway, without even me wanting him to know; but instead of being like everyone else where you just judge the situation, he just got to know me and for who I am, like even though he knows all the behind the scenes – you could call it – stuff, he just got to know my character – well, he got to know me."

[Young person – Case 12]

The value to young people of having someone they could talk to cannot be overestimated, as often they did not have anyone else they could talk to or get advice from. They benefited from having the time to really discuss issues in depth and the detail of the conversations then helped them to think differently about things.

"I think it's talking through stuff and understanding... that's one of the things he got out of it. When I spoke to him about it, making sense of it and being able to talk about the things that were bothering him in a really confidential way, you know, non-judgemental, I think he really valued that. The trouble with all of these other agencies like the one that I sit in is that actually we haven't got that time to dedicate to someone, really, and it's really important ...there was lots of stuff going on for him so I think it was really vital."

[Referring social worker – Case 5]

Sometimes the practitioners helped the young people by explaining things to them that they were unsure about or did not know. Other times the conversations helped them to release emotions or concerns that they had been bottling up.

“I’ve no thoughts now about anything, I’ve got it all out my head and it’s all cleared. That’s got the pressure off me as I’ve been able to talk and explain things and tell them things. If I keep it all bottled up it would explode.”

[Young person – Case 4]

5.2.2 Exercises in the manual

The exercises in the manual also helped young people to think differently about issues or to express concerns. The response to particular exercises was very individual, with some young people finding them helpful, but others finding them difficult.

The vignettes and role plays were particularly helpful if the young person found it difficult to talk about their own situation or denied the allegations, as it enabled them to talk about things in the third person. Being one step removed from their own situation could also help young people to think about what happened from a different perspective.

“Anything you learn you can kind of put to some use. Like when we did the role play stuff... it was about putting yourself in better situations... I think they’re called vignettes – but it kind of explains to you a story and then there are like three points, and the first, the decision-making points of where you could have just said ‘no’ but instead you carried on... and because you kept carrying on it led to this point. Then your choice to say ‘no’ became harder and harder. That was one trick I learned, I thought that was quite good.”

[Young person – Case 12].

However, some young people found role play quite difficult to take part in or found the exercises too abstract and preferred more concrete activities like quizzes or activities that were more based on their own situation.

Views were also mixed about the timeline exercise. This exercise is used several times in the manual to enable a more detailed understanding of how the HSB came about and the factors that led up to it. It also helped young people identify their future goals and think about the consequences of further HSB. For some young people, this exercise went on too long and they found it boring but for others, it helped them to understand how their behaviour came about. It was also a useful tool to come back to during the programme to keep the young person motivated about achieving their future goals.

“The timeline was quite good because you can just put... a broad timeline of your history on a piece of paper and you can just pinpoint where you are if this didn't happen. And then you learn not to look on your past but to look forward, which is quite good.”

[Young person – Case 12]

Young people liked the fact that they were given strategies and techniques to use to manage their behaviour as this gave them something to try when they were experiencing problems, and they felt that they could use them after the programme had finished. The distraction techniques were something very practical that young people found they could use. However, not all the techniques were necessarily something that all young people found they could apply.

“The only thing is these mental relaxation programmes. Talking to a teenager about relaxing, it's not an easy subject to go onto because everybody relaxes in their own way. Some people relax by going outside, me personally I sleep at every point. If you tell someone that 'you need to relax'... they're going to think, 'Well that's not how I relax normally,' so it's going to be different for everybody.”

[Young person – Case 11]

The manual has an element of repetition, particularly towards the final sessions, to help reinforce the work with young people. For some, this was helpful as a reminder of the work covered earlier on, and practitioners and referrers felt this was needed. Young people who found some topics difficult to cover the first time round often found it easier to discuss them later on in the programme. For others who remembered covering the work previously, the topic could then seem boring, which made them question why they were repeating this and start to disengage from the session.

5.3 Barriers to change

Young people attending the programme were often experiencing a range of other issues in their lives and this could have an impact on their ability to engage with the programme, understand the material and make progress in implementing changes.

Although the programme is not aimed at young people with learning difficulties, there were some attendees with mild learning difficulties and with Attention Deficit Hyperactivity Disorder. Practitioners worked hard to use the material in more creative ways and help young people with these issues to understand the concepts discussed, but sometimes there were still some questions around how much these young people really understood the material.

Some young people were experiencing difficult situations in their home lives while attending the programme, for example, moving into foster care, placements breaking down, changing placements, or illness in the family. Where this was the case, practitioners, referrers and young people felt there was too much going on, making it difficult for them to engage in the work. Often these additional issues were brought into the session, putting the work on the HSB on hold, which made some practitioners question whether it was the right time for the young person to be doing the programme.

“I think with the programme, you could do it with young people until you’re blue in the face, but unless they’re in a place themselves where they can focus on it, it’s not going to go in, it’s not going to make any difference.”

[NSPCC practitioner – Case 10]

Sometimes the young person felt they needed a break from the sessions completely before they felt able to resume the work.

The HSB was not always the only personal issue young people faced. They sometimes had other entrenched problems relating to having been abused or neglected themselves, or to very difficult family relationships. The focus of the manualised treatment is HSB, but in the course of the work this could bring out other issues for the young person. For practitioners the challenge was to decide how much time they could spend supporting the young person with other problems on what was, after all, a HSB programme.

“The manual did cover something about your own abuse experience, but we did some additional work on that as well; for example, some sessions we just talked about his abuse. You have to, as it became apparent that [young person] had self-harmed and cut himself. Then we felt that he sounded like he was talking about something that was still happening, so we checked and it was, so we had to talk about his feelings around that. You need to be aware of those issues and what the young

person is saying, and what that might mean and then how to deal with it, which really comes from my previous experience.

[NSPCC practitioner – Case 4]

If there was a strong professional support network, these other problems could be picked up outside the programme, but if not, the amount of support young people received varied, as the manual did not incorporate much guidance on this. Yet such unresolved problems could in fact undermine any progress made in tackling the HSB itself.

Summary of key findings:

- Some young people did not appear to make any progress over the course of the programme. Others learnt more about acceptable sexual behaviour, understanding their triggers to HSB and strategies to manage this. They also started to think things through more and consider the consequences of their actions.
- The therapeutic relationship between the practitioner and young person was important in enabling young people to talk to practitioners about any concerns they had. Young people found it important to work with someone who would listen without judging them, and who got to know them as a person.
- The discussions with practitioners helped young people to release any emotions they had bottled up and clarify things they were unsure about. Having time to discuss their background and previous experiences and the way these influenced their (sexually harmful) behaviour helped young people to make sense of their lives and start to feel more confident and less withdrawn.
- Young people were sometimes experiencing other difficulties such as (past) abuse, neglect or changes in foster placements. This could make it difficult for them to focus on the work prescribed in the manual, and meant practitioners spent additional time supporting them with these issues.

Chapter 6: Using the manual

This chapter looks at the way practitioners used the manual in their work with young people, the strengths of the manualised approach and some of the challenges it presented.

6.1 Adherence to the manual

The 26 sessions of the manual have set objectives for each session, a consistent format for structuring the sessions, and a number of exercises or tasks. There is some flexibility within the sessions – for example, in varying the work to deal with a young person’s anger issues – and practitioners can select tasks depending on need and the time available. As long as they are meeting the session objectives, practitioners can use their professional judgement as to how to use the material creatively to meet the needs of the individual young person they are working with. They can also make changes to the order in which the material is delivered if needed. In addition, the programme has four extra sessions that can be tailored to individual need.

When the programme first started, practitioners felt they were adhering to the manual quite strictly as this was the message they had been given when the programme was initially implemented and in the training they received. Sometimes this made practitioners feel that the manual was too rigid and not always meeting the needs of young people. Over time, practitioners felt they were given permission to use the manual more flexibly and this felt more comfortable to them. Often practitioners followed the manual quite closely with their first case as they were still learning about the manual themselves becoming familiar with the exercises and how young people responded to them. They then learnt from this experience and used the manual slightly differently in subsequent cases.

“I think when we first started using the manual we were quite rigid in our adherence to it and thinking... we’ve got to do this, and we’ve got to do it in this order, and I kind of struggled...now we’re perhaps able to use our discretion a bit more and to be a little bit more flexible and not to feel quite so tied to the manual and use our professional judgement. At first I sort of wanted to do it by the book... as time’s gone on I’ve found it a bit easier to be a bit freer with that, although I think there are some times when it’s quite helpful to have those quite rigid sort of guidelines, but other times it’s just not flexible enough, so we generate our own flexibility into that.”

[NSPCC practitioner – Case 1]

Generally, practitioners felt they had been able to follow the manual quite closely with the young people they worked with, but sometimes, while still meeting the objectives for the session, they had used more creative methods to deliver the material. This was often a way of getting the young person to engage with the material or about tailoring the input more to the individual needs of a young person. Both practitioners and referrers felt this was important for maintaining the motivation and engagement level of the young person.

When practitioners did move away from the material in the manual, this was usually a result of:

- responding to particular problems faced by young people that were not covered by the manual, and temporarily pausing the delivery of the manualised material
- matching the intervention more to individual need by delivering a truncated programme, which covered the sessions that were most relevant to the young person.

As outlined in previous chapters, young people were sometimes facing problems in their home lives during the programme or had additional long-standing problems such as experience of (previous) abuse, which was not really covered in the manual. Sometimes the problems faced by young people were such that it was difficult for them to engage with the programme material, and so practitioners spent time supporting them with their current difficulties instead. Young people could also bring difficulties into the session and ask for help, which then limited the time spent on the material planned for a session.

“There was always an issue at the beginning. He was always annoyed with his carer about something, or something had happened at school, so that took a good chunk of the time at the beginning of the session – and I think set the tone as well. Sometimes it was hard to pull him out of that mood and what had gone on. Again, I don’t think it’s even that much to do with the manual or particular sessions, I think it’s got to do with where [young person] was at the time, how out of control he felt.”

[NSPCC practitioner – Case 10]

Practitioners would deliver a shorter truncated version of the programme if:

- the young person had already received some intervention around their HSB or had covered a lot of detail during their assessment, or
- the young person would only commit to a short intervention, or

- the young person's engagement in the programme was reducing and practitioners were concerned that they would drop out of treatment.

These truncated versions were quite variable in length, ranging from 10–20 sessions. Practitioners then focused the sessions on areas of priority need for that individual, or areas the young person had not covered before.

The additional flexible sessions in the manual do allow for an element of moving away from the programme and dealing with crises or additional problems. This also reflects the real-life context in which practitioners deliver the manual, with young people facing many issues and so displaying some complex behaviour. For some cases in our sample, it was necessary to deliver more than four flexible sessions to give young people the support they needed. It was also felt necessary to make some adaptations to the programme to respond to individual need and maintain engagement. The impact for young people of large gaps in delivery of the manual or shorter interventions that do not focus on all the sessions of the manual is unknown, as is the impact of the programme in the medium and long term.

6.2 Structure of the manual

Practitioners felt that the structure of the manual and the focus for the sessions was helpful in keeping them on track. Without this, there was a risk that the work could drift into other areas or take much longer to complete.

“I think the sessions were useful because they help you maintain a focus: ‘all right, we’re covering this today and this is what we need to cover,’ whereas you might be more inclined to go off on different tangents otherwise.”

[NSPCC practitioner – Case 7].

However, in some cases it was felt that the structure of the manual meant that a much longer intervention was delivered than might have been the case if the work had focused solely on the specific needs of the young person.

Staff with less experience of HSB treatment work liked the structure of the manual and the detail about how to introduce and carry out the exercises. The structure and consistent format for each session also helped some young people as they knew how the sessions were going to work. Even if staff adapted the material for a session, the structure was useful as a reference point and for giving them ideas and material that could be used to deliver the work.

6.3 Length of time to deliver the material

The material set out for a particular session could often take longer than an hour to deliver and resulted in the material being covered over several weeks, so adding to the overall length of the programme. This was often the case in the relationships and self-regulation modules. This could be down to the pace felt to be appropriate for a young person and the time they needed to understand the material, but sometimes practitioners felt there were too many exercises to complete in an hour, irrespective of who they were working with.

One way around this was to reduce the amount of time spent on the engagement module, thereby releasing some sessions. If the same practitioner who had undertaken the assessment was now also delivering treatment, some of the material in the engagement module was felt to be unnecessary, as the practitioner and young person had already formed a working relationship. It could also feel strange for young people who had ended the assessment by talking in detail about the HSB, to then move back to more general material when they were ready to move the work forward.

“The core relation of the assessment is you get to know them, and this is the problem with why the core assessment takes so long. To get as honest a picture as you ever can, you’ve got to build a rapport with them to get them to the point to talk about the offence because if you meet them on day one they’re terrified. They don’t want to talk to you, they might be resistant, it depends how they react. Then, by the last session they might be cartooning exactly what they did in quite a lot of detail and it’s very traumatic and it’s probably very emotional, then you have a break because you write the report which, because of capacity, takes quite a long time. So then...you start building all over again.”

[NSPCC practitioner – Case 11]

This suggests that in cases where the NSPCC carries out the assessment, there could be better integration between the assessment and the programme.

The number of sessions in the final ‘Roadmap for the future’ module were sometimes reduced as well, if the young person had already grasped the concepts delivered in the programme and practitioners felt they did not need the level of repetition suggested in the manual.

6.4 Skills and experience needed to deliver the manual

The level of previous experience of practitioners delivering the manual varied: some had previously delivered HSB treatment services and had years of experience, others had previously carried out assessments but had not delivered treatment for HSB, or they were completely new to this area of work.

Practitioners felt that delivering the programme without previous experience of working with HSB or having access to a manager with previous experience would be difficult, as a lack of awareness of the potential impact of some of the work and its timing could add to the young person's distress.

"We managed to adapt a vignette situation to [young person] because... there was something going on in his life that was really difficult for him. [...] we'd sent the home project home and when he came back he hadn't done it and we were saying 'it doesn't matter just leave it', and he was saying, 'No, no I want to do it.' But because... he needed to explore it we adapted it to one of the sessions. Again, if we weren't used to working with young people who display this behaviour and young people in general who have had traumatic experiences in their lives we probably wouldn't have that mind-set to think 'this is really important to him,' you know, and let's do this part of the session."

[NSPCC practitioner – Case 1]

It was also felt it might be difficult to pick up on some of the things young people said and to be aware of what the implications could be.

"I think the manual would be really difficult to use if you did not already have experience in this area. For example, [young person] had really homophobic attitudes, but that was about him having been abused by a man. Without experience it may be difficult to pick that up and work with it."

[NSPCC practitioner – Case 4]

6.5 Suggested improvements to the manual

Practitioners put forward a range of suggestions for how the content of the manual could be improved, as well as additional material that would be useful to include in the manual. Some of these issues will be covered in the quantitative evaluation of the manual, by looking at the level of change that occurred across the different areas the manual covers.

In terms of manual content, practitioners sometimes did not use the sex education material as they felt it was not pitched at the right developmental level for the young person they were working with and so was not appropriate. Instead, they used other material that catered to younger age groups.

There were mixed views on the character library that could be used in the exercises with young people. Some practitioners did not use the characters as they felt it was difficult to tell what the expressions on the faces were, so they used their own materials instead. There was a suggestion of having colour versions, which might make them more interesting.

Practitioners also felt that the explanations for some of the exercises in the manual were overly complicated. If the practitioner struggled to understand it, then it made it difficult for them to explain this to the young person. The ‘You, me, new’ exercise in the self-regulation module was given as an example of this.

6.5.1 Gaps in the manual

The manual is targeted at young people whose HSB related to contact offences. However, some young people attended the programme for internet offences. Although some of the material in the manual was still relevant, practitioners found they had to adapt some material to make it relevant to them, and find additional material from outside the manual to cover some of the risks associated with internet offences.

Even for young people who had not committed internet offences, there was a view that it would be useful to have more of the material in the manual covered online. It was felt this would reflect the way in which young people are used to interacting and may increase their engagement rather than relying heavily on the pen and paper-based exercises in the manual. Access to a laptop or tablet in the sessions could also help show young people how to stay safe online.

Both referrers and NSPCC practitioners felt it would be useful to have more evidence that the young person had made progress after completing the programme. They also wanted more evidence that the young person was ready to go out on their own or use swimming pool changing rooms as well as guidance on when to reduce levels of supervision.

Staff who had previous experience of delivering HSB or offending work were used to completing relapse prevention plans at the end of the work, so for some staff it felt strange that this was not part of the manual. Sometimes they trusted that this work had been covered in the manual and did not produce a plan with the young person, but others felt this was needed.

6.6 Co-working and individual working

The programme was delivered by either one or two practitioners. In cases where practitioners were co-working, they felt that it was helpful to have another perspective on the work as well as cover in case of absence. It was also useful to have one practitioner to lead on work with parents or carers if needed, while the other focused on the young person. Sometimes the work was delivered with both practitioners in the room with the young person. In others, one practitioner would be in the room and the other observing the session and providing feedback via an earpiece. This was helpful in more complex or challenging cases.

“When one person is talking to another person, your brain doesn’t always think, ‘oh, I need to ask that next,’ whereas if someone’s listening and observing, and they pick up on something that the young person’s said, they can then say, ‘Oh, can I just clarify that,’ which is really good because obviously sometimes when you’re in the middle of a conversation, you don’t always think about that...[...] The other person can sometimes observe body language that you perhaps don’t pick up on when you’re the one that’s leading on that bit of the session.”

[NSPCC practitioner – Case 7]

The co-worker was not always an NSPCC practitioner. Sometimes it was a YOS worker, which had the added benefit of learning from the approaches of different organisations.

“... I tend to go in and lay down the law whereas [NSPCC practitioner] is a bit more responsive to the family setting... I'd be: 'well this is what we're doing, either like it or lump it.' But that's different agencies for you. So it's really good to learn from each other.”

[YOS worker – Case 11]

There were also benefits in working with a young person on a one-to-one basis. Quieter young people sometimes found it difficult working with two practitioners and preferred one-to-one work.

“Well, I think that because of his personality... so quiet and lacking in confidence, ...it would have been easier for him to establish a rapport quicker with one person, and that dynamic might have been easier for him to manage...”

[NSPCC practitioner – Case 6]

Sometimes young people asked to stay with the same practitioner who had carried out their assessment, as they had already got to know them. It was difficult if this could not be done, both for the practitioner, who would not have the knowledge and background about the case and for the young person, who would have to rebuild a relationship of trust and repeat things they had discussed in the assessment.

Young people also found it difficult if they had a change of worker during the programme as they then had to get to know a new person. This was particularly challenging if it happened at a point in the programme where the young person was addressing difficult issues, such as talking about the HSB that took place. However, young people did subsequently form a good relationship with the replacement practitioner.

Further evidence about how the manual is used with young people will be included in the final evaluation report, in which the results from the programme integrity checklists completed by practitioners after each session of the manual will be analysed.

Summary of key findings:

- Practitioners felt they had adhered very closely to the manual when they first started delivering it, but with time and experience they used it more flexibly. They met the objectives for each session, but used more creative methods to engage the young person, tailoring the material to their individual needs.
- Where practitioners had moved away from the manual, this was usually in response to additional problems the young person was experiencing that were outside the remit of the manual. This could mean more than four flexible sessions being delivered in addition to the manualised material.
- The material in the manual could take more than the allocated session to get through. Practitioners saved some time by reducing the length of the engagement module if they had already covered some of this in the assessment. There is potential for better integration of the assessment with the first module of the manual.
- Practitioners felt that previous experience of HSB work was required to use the manual, to ensure they were aware of the implications of what young people said in the sessions.
- There were suggestions that more material relating to internet offending should be added to the manual. The manual could also be improved by making more material available online and using mobile technology within sessions to better reflect young people's experiences and the way they interact.
- Co-working sessions were useful in more complex and challenging cases, however the co-worker did not necessarily have to be an NSPCC practitioner: sessions had also been delivered with YOS workers. For less confident young people, one-to-one sessions were generally more appropriate.

Chapter 7: Maintaining progress after the programme

This chapter looks at the progress young people made soon after completing the programme as well as the factors that influenced this.

7.1 Levels of post-programme progress

By the end of the programme, some young people were ready to finish the work, stop coming to the sessions and move on with their lives. However, others found it difficult to stop seeing the practitioners when they had built such a strong relationship with them. They talked about missing the practitioners, even if they were glad that the work was over. For some, this gap in their support network could cause some anxiety.

“I think [young person] knew the ending was coming so he had lots of warning but he still found that difficult. I mean the service can't work with people 24/7 throughout the rest of their childhood, you just can't do that, but I think it was difficult for [young person] because he came to rely on them very much and he knew they'd helped him a lot and he was able to vocalise that. And he was very nervous about not seeing them anymore.”

[Referring social worker – Case 1]

The progress young people made in the few months after completing the programme varied. Some did not make any progress, and those who did make progress were in different situations:

- Progress continued: these young people had made progress during the programme, which seemed to be continuing post-programme. Having appropriate support in place post-programme was often helpful.
- Progress continued, but young people were not in a situation where they had to apply all the learning from the programme: for those still living in restricted environments, where access to the internet or other young people was still being monitored, it was difficult to tell whether they would be able to maintain progress when restrictions were removed.

“It has been some benefit but will take a while to implement. He needs to process the material and recognise situations that will make him vulnerable. He isn't in that situation, so the test will be if he remembers the programme when he is in that position or will revert to old behaviours as there is comfort in that.”

[Referring social worker – Case 10]

- Progress maintained but there were still ongoing needs: these young people made some progress during the programme but there were some ongoing needs that needed continued support, either due to issues that could not be fully addressed by the programme – for example previous abuse experiences – or because the external support network was not strong enough for the young person.
- Progress made during the programme, but some problems occurring soon after the programme ended: some young people seemed to make progress during the programme but had shown some behaviour of concern soon after the programme ended. This included having anger management problems, contacting a victim online and playing with young children.
- Reverting back to previous attitudes: these young people had made some improvements during the programme, but once the programme had ended and the young person returned to their family home they reverted to previous patterns of thinking and attitudes.

7.2 Factors influencing post-programme progress

External contextual factors in the lives of young people contributed to the ability of the young person to implement some of the material learnt in the programme. Placement changes, moves from foster care back home or into supported accommodation affected the young person and their ability to apply the programme. For young people who had made the transition from school to college during or towards the end of the programme, this was often a positive move that marked part of a new start for the young person, particularly for those who had not been happy at school. For others, there was too much going on in their life and this limited their capacity to apply what they had learnt through the programme.

Some young people could talk about the strategies they had learnt and remembered the techniques they could use to manage difficult situations, but had problems applying these when it was needed.

“I would say [young person] can talk the good talk but can he do the walk? I think he finds it difficult coming through every time, but then there is the learning difficulty as well. I don't think he always grasps the implications of things.”

[Foster carer – Case 1]

The perspective of the practitioner in the same case highlights how some young people managed better during the programme when they were getting regular guidance from practitioners on how to implement the messages learnt, but struggled to continue this when the input ended.

“We used strategies... to help him manage more in the here and now a little bit. There were definite senses like we need to deal with this and we need to try and help him manage because a couple of times you felt the placement was getting a bit fragile or school was getting a bit fragile and certainly the messages that we got from school and from the placement that he did become more and more settled and manageable which unfortunately the message we're getting now is that he hasn't been able to continue that quite quickly after he'd finished here. So I think that sense of sometimes really very much being in the here and now was helpful for him.”

[NSPCC practitioner – Case 1]

Sometimes professionals felt that during the programme risks had been taken away or tightly managed, and that young people needed some practical experience of dealing with situations that could then be discussed in the next session, rather than relying on the fictional scenarios in the manual. Although young people had not presented any further problems, there was a feeling that this was because they had not yet had to apply some of the messages learnt in the programme.

“There’s a couple of scenarios I think would’ve been beneficial: one about walking along the street and making him aware and having the confidence that if there were other young people in the street that had found out his offence and calling him names, that he would be capable of taking appropriate action, whether it’s crossing the road or whether it’s turning around and coming back. I think it’s all well and good doing a bit in an office, but I think you can’t deny that those practical tasks are invaluable. So it’s facing the potential risks head-on and having that opportunity to react to those risks appropriately.”

[Referring social worker – Case 6]

Some young people had additional issues they needed help with that were outside the remit of the manual, which staff sometimes could not spend enough time on. Often referrals had been made to other agencies to provide help on these issues, but it was not always clear whether a service would be available or whether the young person would take it up.

Young people needed ongoing support in reinforcing the messages from the programme. As discussed in Chapter 4, the influence of parents and carers in this respect cannot be overestimated.

“...I think the family critically will brush it all under the carpet and obviously... unless there’s that constant reminder at home in terms of keeping himself and other people safe... I’m not quite sure whether he’ll remember himself but... his home life ...[is] going to have a lot of bearing on how the young person progresses.”

[YOS worker – Case 6]

Without this support in place the impact of the programme was likely to be reduced. In some cases it was possible to build in some ongoing support to maintain progress, through the use of mentors. The external professional support network sometimes arranged a mentor for a young person; in other cases it was arranged by the NSPCC. Some NSPCC service centres tried to build in some reinforcement by arranging follow-up appointments with the young person every three months to remind them about the work done on the programme.

Where cases were still open, referrers sometimes helped to monitor progress and support young people. However, cases were often closed around the time the programme ended or very soon afterwards. YOS orders had often been made to coincide with the length of the programme, and if some additional time to reinforce the programme

had been built in, this was sometimes lost if the programme took longer than anticipated to complete.

Even with support, ultimately practitioners and referrers felt it was down to individual young people to choose whether or not to apply the lessons learnt in the programme.

“I feel like if he did it again it would be a definite choice for him to do that. He has the skills, he knows he can ring us even if we’ve finished, he knows that if he gets these thoughts he knows what to do, he’s got strategies. He’s got everything in place, he just now has to make the right choices, which he’s very strongly saying he wants to do. But you can’t ever know exactly what they’re going to do.”

[NSPCC practitioner – Case 11]

Summary of key findings:

- Some young people were ready to end the programme, but others missed the support of practitioners. For some young people this made them anxious about the programme ending.
- External contextual factors faced by young people, for example moving foster placements, starting college or moving to supported accommodation, influenced their ability to apply the learning from the programme.
- Sometimes young people remembered the strategies they had learnt in the programme but had difficulties applying them in practice without the ongoing guidance from practitioners. Some referrers felt young people needed more opportunity for practical implementation of their learning during the programme.
- Young people needed some ongoing support either from their parents or carers or referrer to help reinforce the messages learnt in the programme. Without this support the impact of the programme was likely to be reduced. Some teams built in this ongoing support, through the use of mentors or follow-up appointments with young people.
- The potential for referrers to help reinforce the learning from the programme was limited when cases were closed soon after the programme ended or YOS orders finished at the same time as the programme.

Chapter 8: Conclusion

8.1 Using the manual in a social care context

The *Change for Good* manual (McCrory, 2011) is designed for young males with HSB problems, aged 12-18, without learning difficulties. However, the manual cannot be seen as an isolated tool for tackling HSB. In an ideal situation alongside the work undertaken with the young person using the manual, work would also be in place with the parent or carer of the young person and there would be ongoing support from the referring social worker or youth justice worker.

This research has shown that while this can sometimes be the case, for others the situation can be much more complex. Young people may be experiencing a range of complex issues in addition to their HSB, including their own (previous) experience of abuse or neglect, learning difficulties and difficult family situations. External circumstances, such as changes in foster carer, can also change during the programme and this can have a major impact on the ability of the young person to engage with the programme. Parents and carers may be in denial about the young person's involvement in HSB and may not be receiving any support. The referrer may not be actively involved in supporting the young person through the programme and may have closed the case.

These factors can make it much more difficult to engage the young person in the programme. Practitioners in our sample used a range of solutions to help respond to some of these challenges. The flexibility of the manualised approach was important in enabling practitioners to respond to the individual needs, interests and learning style of a young person, to help motivate them to engage with the programme. However, this sometimes resulted in the intervention being either much longer than the planned 30 sessions, or much shorter through delivery of a truncated version to avoid young people dropping out of the programme.

Where the external support network from parents or carers and referring social workers was strong, the NSPCC practitioner was able to focus on delivering the HSB work through the manual, knowing that any additional support needs for either the young person or their parent or carer were being picked up elsewhere. Without this in place, the practitioner was often left trying to deal with these additional issues themselves. This led to variation in the level of support provided to young people and their parents or carers, which ultimately had an impact on how much progress the young person made in the programme and how well this progress was sustained afterwards.

8.2 Facilitating change

The response of young people to the manual was very individual, with some being highly motivated to do the programme and engaging well with the work, but others less so. As discussed earlier, this led to practitioners taking a case-by-case approach to using the manual with each young person they worked with.

The therapeutic relationship between young people and the practitioners they worked with was a key factor in influencing their level of motivation to do the programme, how well they engaged in the sessions and how much progress they made. Trusting the practitioner, feeling listened to and not being judged was important to young people, as well as having some shared interests and being able to have a laugh before and after sessions.

The key benefit for young people was having someone to talk to, being able to explore concerns in detail, getting things out of their system and advice on topics they were unsure about. These conversations, together with the exercises in the manual, helped young people to think differently about their situation and take a different perspective. Young people often learnt about sex and types of behaviour that were acceptable and unacceptable, which they were not clear about before the programme. Learning techniques and strategies to manage their behaviour and some of the possible triggers to further HSB was something practical that young people could take away from the programme.

In the course of the programme other issues sometimes came to the surface, for example their own experience of abuse or neglect. This could raise challenges for practitioners about how much time they spent addressing these additional issues, which may not be a large part of the programme, but could be important and impact on their ability to sustain progress. Again, a strong external support network could help with this. (One priority for the NSPCC sexual abuse team is to look at links with other NSPCC sexual abuse interventions.)

8.3 Improvements to the programme

Much of the material in the manual was relevant for young people who were attending the programme for internet rather than contact HSB. However, practitioners had made some adaptations to the material or had brought in additional resources from elsewhere. This is a topic that would be relevant to all young people, whatever the nature of the initial referral to the programme, and therefore worth developing further.

Practitioners suggested that access to a computer or other digital media in the sessions and working on more of the material online rather than through pen and paper exercises may be better suited to the way some young people interact and be a better reflection of their experiences. This would also facilitate work on how to keep safe online.

Referrers found it difficult to tell whether the manual had helped young people, as they were often untested if living in restricted environments. They felt there needed to be more opportunities for young people to practice the skills they were learning in a real-life context, and more guidance was needed on when levels of supervision could be reduced.

8.4 Support and reinforcement

To achieve the full potential of the work undertaken using the manual, support also needs to be in place from parents and carers and referring social workers. This not only supports the young person through the programme, but more importantly reinforces the work once the input from the NSPCC finishes.

Referring social workers should be made aware of the importance of keeping cases open until after the programme has ended, and their role in reinforcing the work of the programme. To do this, they may need more information about the work undertaken in sessions so that they can feed this into their own work with the young person.

In our sample cases, input from referring social workers or YOS workers sometimes ended at the same time or soon after the NSPCC input ended, so reducing the potential for any reinforcement of the programme. Young people who were not receiving much support from their parent or carer were effectively left on their own after an intensive 30-session intervention. Some teams had identified this as a gap and put in place mentoring arrangements. Others had arranged three-monthly follow-up appointments. In cases where there is little support from parents or carers it would be useful to look at putting in place some transitional support to ensure young people continue to implement the messages from the programme after the intense input from the NSPCC ends.

Parents and carers should be made aware of their role in supporting the young person through the programme when the work starts and again in reinforcing the messages when the programme ends. To help them in this role, they may need more information on the work the young person is doing and how they can support this.

In cases where parents or carers are not on board with the programme or need much more input to be able to support the young person appropriately, more guidance is needed on how this should be carried out, particularly if the referring social worker is not meeting this need.

8.5 Next steps in the evaluation

The quantitative element of the evaluation will look at the results of the standardised measures administered with young people. This will measure how much change there has been between the start and end of the programme in the main treatment areas of the manual. An interim report on findings is due in March 2015, which will look at the proportion of young people whose behaviour changed, as well as the areas in which the change occurred. The three and five-year reconviction studies will give an indication of medium and longer-term change and how much of the progress made by the end of the programme was maintained.

References

- Beckett, R., (1996) Risk prediction, decision making and evaluation of adolescent sexual abusers. In: Erooga, M. and Masson, H. (eds) *Children and young people who sexually abuse others: current developments and practice responses*. 2nd ed. London: Routledge.
- Department of Health (DH) and Home Office (2006) *The Needs and Effective Treatment of Young People Who sexually Abuse: Current Evidence*. London: Department of Health.
- Epps, K. and Fisher, D. (2004) A review of the research literature on young people who sexually abuse. In: O'Reilly, G, Marshall, W.L., Carr, A., and Beckett, R.C. (2004) *The Handbook of Clinical Intervention with Young People Who sexually Abuse*. Hove: Psychology Press.
- The Economic and Social Research Council (2005) *Research Ethics Framework*. Swindon: ESRC.
- Government Social Research Unit (2005) *GSR Professional Guidance: Ethical Assurance for Social Research in Government*. London: Cabinet Office.
- Hackett, S. (2004) *What works for children and young people with harmful sexual behaviours?* Ilford: Barnardo's.
- Hackett, S. (2006) Towards a resilience-based intervention model for young people with harmful sexual behaviours. In: Erooga, M. and Masson, H. (eds.) *Children and young people who sexually abuse others: current developments and practice responses*. 2nd ed. London: Routledge.
- McCrory, E. (2011) *A Treatment Manual for Adolescents Displaying Harmful Sexual Behaviour: Change for Good*. London: Jessica Kingsley Publishers.
- NSPCC (2013a) *Harmful Sexual Behaviour*. Research briefing. London: NSPCC.
- NSPCC (2013b) *Thousands of young people committing child sex abuse*. Press Release. Available at http://www.nspcc.org.uk/news-and-views/media-centre/press-releases/2013/13-03-04-child-sex-offences/child-sex-offences_wdn94647.html (Accessed 3/3/14).
- O'Callaghan, D. and Print, B. (1994) Adolescent sexual abusers: research, assessment and treatment. In: Morrison, T., Erooga, M. and Beckett, R.C. (1994) *Sexual offending against children: assessment and treatment of male abusers*. London: Routledge.

- Print, B; O'Callaghan, D. (2004). Essentials of an effective treatment programme for sexually abusive adolescents: Offence specific treatment tasks. In G. O'Reilly, W. Marshall, A. Carr, R. Beckett (Eds.), *Handbook of clinical intervention with juvenile sexual abusers*. Hove and New York: Brunner-Routledge.
- Radford, L., Corral, S., Bradley, C., Fisher, H., Bassett, C., Howat, N. and Collishaw, S. (2011) *Child abuse and neglect in the UK today*. London: NSPCC.
- Rich, P. (2011) *Understanding, assessing and rehabilitating juvenile sexual offenders*. New Jersey: Wiley.
- Vizard, E., Hickey, N., French, L. and McCrory, E. (2007) Children and adolescents who present with sexually abusive behaviour: a UK descriptive study. *Journal of Forensic Psychiatry and Psychology* 18(1): 59-73.
- Worling, J. (2004) Essentials of a Good Intervention Programme for Sexually Abusive Juveniles – offence related treatment tasks. In: O'Reilly, G., Marshall, W.L., Carr, A., and Beckett, R.C.(2014) *The Handbook of Clinical Intervention with Young People Who sexually Abuse*. Psychology Press.

About the NSPCC

The National Society for the Prevention of Cruelty to Children (NSPCC) is the UK's leading charity specialising in child protection and the prevention of cruelty to children.

The NSPCC aims to end cruelty to children by seeking to influence legislation, policy, practice, attitudes and behaviours for the benefit of children and young people. This is achieved through a combination of service provision, lobbying, campaigning and public education.

Our services include the NSPCC Helpline, for adults worried about a child, and ChildLine, the UK's free, confidential helpline for children and young people.

www.nspcc.org.uk

Registered charity numbers 216401 and SC037717. Photography by Jon Challicom, posed by models.