



Managing Sexually Harmful Behaviour in School and at Home

David Bartlett MBE

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About the author

David Bartlett first became involved in the field of special education in 1987 as a professional artist seconded to a large secure unit as part of a project funded by Northern Arts. He was quickly headhunted by the school and became a committed member of the teaching team.

In 1990 an opportunity arose to provide activities for children in local authority children's homes throughout County Durham as part of a scheme during the school summer holidays. This resulted in the founding of Pear Tree Projects in the same year. It soon became apparent that the children to get the most out of the service were those who had suffered adverse childhood experiences.

David, through Pear Tree Projects, began working with other agencies and was to be embraced by the Kolvin unit in the early 1990s, which was founded by Professor Finlay Graham, who had previously worked at the same secure unit.

The Kolvin Unit (a level 3 NHS service) then as today specialised in the treatment of adolescents with harmful sexual behaviour. Pear Tree became the only community-based service to have a formal link with the unit. (Other links being with secure units in the region.)

David trained under Professor Graham and whilst the formal link ended in early 2000, an informal close working relationship has continued to date.

Since Pear Tree's formation, David has been involved in assessing thousands of children who have suffered adverse childhood experiences. Hundreds of children have been provided with long-term care and education by Pear Tree Projects over a thirty-year period.

David received an MBE in 2016 for founding Pear Tree Projects.

The following document is based on research, training and experience gained from looking after children within Pear Tree.

This document has been written for any interested party who is considering how Pear Tree Projects manages sexually harmful behaviour in school and at home.

Foreword - Dr P J Kennedy

To promote a child along a sound and secure developmental pathway as is possible and towards integrative independence is a privilege we all in the childcare profession understand and aspire to. David Bartlett leads pragmatically and conceptually in this field at a time when one might argue our political leaders and policy makers seem to have suffered a catastrophic pause in their conceptualisation of childhood developmental needs and priorities.

The Pear Tree 'rainbow' (my italics) approach to meaningful child centred and developmentally sensitive care articulates for any parent / carer / professional or policy maker a most valuable template from which to consider their practice, service development and a tool to incorporate in their daily, every interaction matters, care philosophy.

The Pear Tree philosophy promotes a valued and purposeful life journey experience, evolution and effective adaptation to life circumstances – An intimate journey of relational trust and maturational growth with ourselves, our environment and those we encounter en-route – the good, the bad and the ugly!

The Pear Tree 'rainbow' articulates a broad spectrum care methodology of nurture and values based windows of developmental opportunity that is presented in a highly accessible, credible, principled and well intentioned manner. This is an entirely refreshing, inspiring and provoking text, which should be on all progressive childcare professionals critical reading list.

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Introduction.

Looking after children in any context is a challenge. Looking after children in a residential home and school environment who pose safeguarding concerns to other children is by far the most challenging. The issues, behaviours and intentions involved may not be obvious and can be hidden from view.

Abuse happens within a context. It is important to be aware of changing contexts and to understand their relevance to safeguarding others. At the same time, there is a need to ensure that children, who do pose a risk to others, have the opportunity to recover from their own adverse childhood experiences. When possible, they need to be supported to grow and develop as human beings along a positive, functioning developmental pathway.

As human beings, we are all driven by the same hormonal influences to reproduce. As such we are sexual beings. Our sexual development is influenced from a young age by many factors. The premature exposure to sexual behaviour is a significant factor in the Pear Tree population. They have experienced sexual abuse in many different forms. This is within a context of living with:-

- inadequate boundaries generally.
- inadequate parental boundaries and inability to protect.
- inadequate sexual boundaries within the family.

In addition, many are also 'multi-troubled' children, whose adverse childhood experiences have resulted in many different and often complex problems. It is indeed this complex mix of problems that also provides the key to addressing the safeguarding concerns, that these children often present. The key is to address all of the issues that arise in equal measure and not be singularly preoccupied with the overt safeguarding concerns presented. It is the complexity of their problems that results in the concerns and not just a single factor. Therefore, the solution is not a single factor either.

Children's behaviours reflect their experiences. The spectrum of abuse in terms of emotional, physical and sexual abuse is just that, in so far as you cannot have sexual abuse without emotional abuse. A child brought up in an emotionally abusive environment will have a very negative perception of life and will present in a very negative way. A child brought up in a physically abusive environment will present with physically abusive and challenging behaviour. Children brought up in a sexual environment will behave in a sexual way. Children brought up in a sexually abusive and violent environment are destroyed by this and the impact presents itself in a catastrophic way. The result is children are developmentally delayed emotionally, often physically and the trauma they have experienced impacts on every aspect of everyday life.

Whilst much has been written about the impact of different forms of abuse, this document is about how we go about looking after these children with all the problems they present within a group setting and how to safeguard them from being further harmed or harming others.

It is worth looking at this from the bigger picture plan before going into the finer details, because the process starts not after a safeguarding issue arises or even just before, but at the start of their journey with us within the referral and assessment process.

Corporate Strategy (Big Picture Plan)-key components for effective support:-

- Carefully selected children who we hope will respond to our help.
- Carefully considered group dynamics, with children of a similar level of experience.
- Small number of children in any one group.
- Small numbers of groups of children.
- At multiple sites.
- Structure, routine and responsibilities.
- Education and training with a direct correlation to future employment from the start of their journey regardless of age.
- Initially, intense provision reduced over time.
- Preparation for independence and employment. Employment being the most significant factor in a long-term plan to break the cycle of abuse.

Looking after children who present risks to others is a serious issue and it's important to understand those risks and manage them correctly.

It is important that this understanding is balanced and based on underpinning knowledge, as underestimating the risks can be damaging to those around the child, likewise, to overstate those risks can be damaging to the child in terms of reducing their ability to socialise and learn life skills at key stages of their development. The consequences of misjudged assessment can be increasing risk as opposed to reducing risk, and this can subsequently inadvertently have risks to others.

The responsibility is real and present. This is not an area that favours the risk-averse or the blasé.

Referral Procedure

Every facility is different. Each has its own strengths and weaknesses. It is important to recognise this, and any facility's head of service must know the importance of directing their service so as to utilise its strengths and minimise exposure to its weaknesses.

Therefore, the information below is about how we do this at Pear Tree. It is based on experience, underpinning knowledge of both children and the service we can provide. Referrals that come to our service are considered from the known information and the facts allocated against the criteria below.

**Initial Impact Risk Assessment – Referral Procedure Part 1
Stage 1**

Referral Procedure
Part 1

Initial Impact Risk Assessment

| NAME | | Initial enquiry | Information gathering meeting | Interview with child | | |
|---------------------------------------|--|---|-------------------------------|----------------------|-----|----|
| GENDER | | | | | | |
| LOCAL AUTHORITY | | | | | | |
| Aged between 8-17 years? | | | | | Yes | No |
| Long term? | | | | | | |
| Must have (+) | Sexualised behaviour? | | | | | |
| | Thought to have been sexually abused? | | | | | |
| | Had contact with sexual abusers or family members who have history of abuse? | | | | | |
| | Responsive to intervention? | | | | | |
| May have | Occasionally absconded? | | | | | |
| | Smoking but wants to stop? | | | | | |
| | Occasionally involved in petty crime? | | | | | |
| | Occasional slamming doors or trashing bedroom? | | | | | |
| | May be responsive to intervention? | | | | | |
| | Indicators of ASD but not as main concern? | | | | | |
| | Presented regular absconding historically prior to intervention? | | | | | |
| | Made complaints/allegations thought to be unfounded? | | | | | |
| | Experimented with drugs and alcohol but not dependant? | | | | | |
| | Self harm issues as a form of attention seeking? | | | | | |
| | Mild/moderate special educational needs? | | | | | |
| | Minor physical disabilities/impairment? | | | | | |
| | Issues with wetting, soiling or smearing? | | | | | |
| | Sexual offences? | | | | | |
| Must not have (-) | Physically wounded adults, children or animals? | | | | | |
| | Persistent absconder, regularly missing overnight (currently)? | | | | | |
| | Regular smoker & does not want to stop? | | | | | |
| | Alcohol/drug/substance dependent? | | | | | |
| | ASD as a main issue of concern? | | | | | |
| | Organic mental health difficulties? | | | | | |
| | Significant physical disabilities? | | | | | |
| | Severe special educational needs? | | | | | |
| | Serious attempt at suicide or serious self harm? | | | | | |
| | Deliberate and calculated malicious allegations? | | | | | |
| | Uses urine or faeces in a deliberate way to impact on others? | | | | | |
| | Regularly involved in crime (not sexual)? | | | | | |
| | Regular intentional criminal damage? | | | | | |
| | Stolen vehicles or allowed to be carried? | | | | | |
| | Not responsive to intervention? | | | | | |
| Does not meet criteria for admission. | | No suitable vacancies available at this time. | | Happy to assess. | | |
| Signed: | | Designation: | | Date of assessment: | | |

This system has been fine-tuned over time and reflects our experience. For example, a child may have issues with bedwetting, soiling or smearing. Toilet issues for children who have been sexually abused are common, represented in the yellow areas.

However, if a child or young person uses these issues to have a direct negative impact on others it is highly unlikely, they will respond to a therapeutic environment.

It is usually the case that issues identified that fall into the red area result in no placement being considered any further at this stage unless there is conflicting evidence that requires further exploration. For example, some of the behaviours in red may be as a result of contextual factors that may be different in our environment and evidence to that effect may be present in other areas of their life and this should be evident from the information provided if at a level to be significant enough to warrant further exploration.

If referral information indicated green and yellow areas this initiates a response to the Local Authorities of "Happy to assess for a possible placement".

Stage 2.

This stage involves an information-gathering meeting over the telephone with the child's social worker. This format again, fine-tuned over time seeks to explore the issues on a more personal level by having 'the conversation'. By doing so we are able to ascertain the social worker's feelings about a situation and often information not documented until this point.

Many social workers have found this process useful to enable an experienced independent objective overview to piece together the threads of the situation and discuss possible ways forward.

This may involve taking our assessments to stage 3 which is a face-to-face interview with the child or not whichever the case may be. We only take children if we believe at the outset, we can do much to change their circumstances and subsequent life opportunities. Maintaining the status quo and providing a base to continue negative or harmful behaviour is not an option for us. Therefore, many referrals stop at this stage but in every event, we seek to provide advice as to what we think may be a suitable solution and, if possible, who that may be with.

Stage 3.

This is a face-to-face interview with the child conducted in the most child-centred way possible. The focus is on the child and on questions about their favourite activities, food, tv programmes etc. Children generally like talking about themselves. If they don't engage, this tells us they are not likely to engage with the more difficult issues.

If they do engage it gives us the opportunity to assess their level of maturity and emotional functioning. It allows us to identify any developmental delays and perceptions of their life to date. At this stage, we do not ask probing questions about incidents or history. It does give the child the opportunity to talk if they want to. Questions like 'what's really important to you' allow insight into their relationships and desires for the future.

This face-to-face discussion also gives us the opportunity to test the information learned so far and to ascertain if there are any inconsistencies that require further exploration.

Stage 4.

Prior to admission, the child is invited to come and see the home and school for an introductory visit. The ethos of the service is the older the child the more important it is that they want to come to us. It is framed as their decision and they have to decide if they want to join us. Depending on age, a placement would not be offered, if there was resistance to this proposed move. We try to ensure that we only have children and young people who want to be with us and who embrace what we are offering. Younger children in crisis present a different challenge but with the use of a rare skill called 'kidology,' the same effect can be achieved.

The referral procedure is available to view separately. What we hope to be able to determine is whether or not a child could be suitably placed within our organisation and if so where do they sit on the spectrum of harmful sexual behaviour. This guides us in deciding the most suitable house to meet their needs where the other children will have experienced a similar level of difficulty.

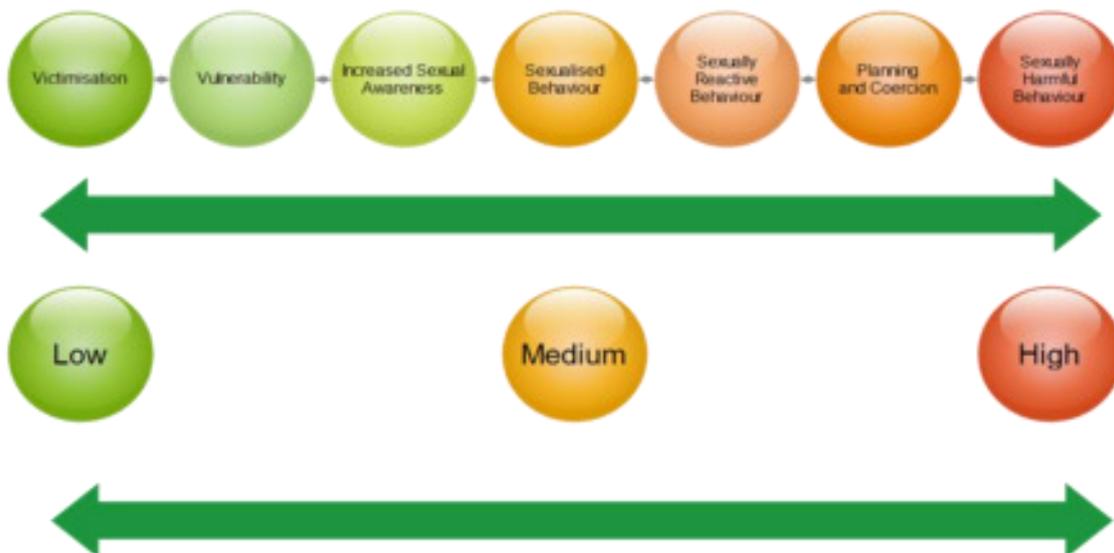
Spectrum of Harmful Sexual Behaviour.

The first point to acknowledge here is the use of language and subtle differences in wording that reflect very different levels of concern.

- Harmful sexual behaviour - This term is used to describe any kind of sexual behaviour that can be harmful in any way. This includes sexting (the taking and including sending images of genitals) sexualised language, sexualised behaviour through to sexual assaults and the next term
- Sexually harmful behaviour - This term was adopted more than twenty years ago because people thought it sounded less harsh than sexual offending. This means any sexual offence against others including rape.

Therefore, if we are considering a spectrum of behaviour, it is the spectrum of harmful sexual behaviour, we are discussing which includes behaviour that doesn't necessarily impact on others as well as behaviour that does.

Below is the spectrum we have used for many years, which has served us well and was found to be very accurate and helpful in decision making.

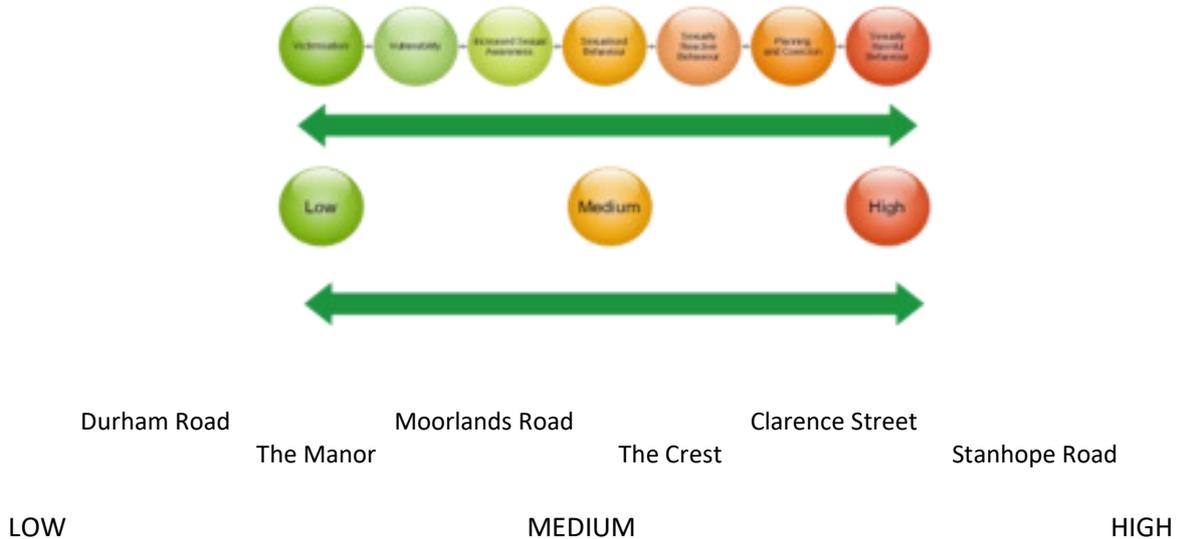


The spectrum starts with:

- **Victimisation.** Children who have suffered sexual abuse at the hands of others.
- **Vulnerability.** In this order, as children can be victimised through no fault of their own, however, this then has an impact on them, and they can become more vulnerable as a result. This increased vulnerability can lead to further incidents.
- **Increased sexual awareness at an inappropriate age is often the consequence of abuse, this can then lead on to:**
- **Sexualised behaviour.** This can include a higher than usual level of masturbating and a preoccupation with sex and anything sexual without impacting on others.
- **Sexually reactive behaviour.** This is a significant tipping point. To use this application of language the child must be prepubescent and behave in a sexual way without understanding its significance as the child is prepubescent. The tipping point is the behaviour has impacted on others. This can be in a non-physical way like others being exposed to watching their sexual behaviour through to sexual assaults. The next tipping point is:
- **Planning and coercion.** The sexually reactive child is simply reacting in a way that reflects his or her experiences without understanding. If the behaviour indicates a level of planning and coercion, then this cannot be considered sexually reactive as the planning demonstrates understanding and is heading towards:
- **Sexually harmful behaviour.** This includes all sexual offending often done in a controlled and calculated manner knowing the impact it will have on the victim. This behaviour without exception warrants police action.

Risk Assessments.

Looking after children who can present behaviour across the full spectrum, it is important to ensure children are placed in a home where the other children have had a similar level of experience.



As stated earlier, it is sometimes necessary to not focus entirely on one issue; other factors can become relevant in terms of risks. Whilst the level of sexual behaviour is the first priority, other risks like physical abuse and challenging behaviour are also significant issues that can impact on a suitable placement.

Understanding risks and their changing context.

It is often assumed that if a child has been sexually inappropriate with another child, they are a high-risk sexual offender and subsequently represent a high risk in all areas of life and all risks all of the time. As I have stated earlier abuse happens within a context. Therefore, if the context changes, it is likely these risks will change, and they may not manifest themselves in the same way or even at all again. For example.

- Sexualised behaviour: - If a child presents sexualised behaviour as this reflects their life experiences within their previous context. If the child is removed from an environment with poor sexual boundaries, it is not uncommon for that behaviour to reduce and stop altogether over time.
- Sexually reactive behaviour: - As above, along with being placed in an environment where there are appropriate boundaries which are enforced, along with an explanation as to what the rules are and society's norms. Again, the usual outcome is the behaviour subsides. Both of the above is more relevant for younger children.
- If a young person is involved with sexual behaviour among siblings and are removed from their siblings, it does not mean that they are an immediate risk to others. The abuse they have been involved in is within the context of a family unit. The relationships are built over time and the sexual behaviour is a result of the opportunity that living together creates. Therefore, it is not the case that they represent risks to every passing child out in the street or at school. They could, however, represent a risk to other children placed with

them as foster or cohabitates in a new home and new context. The context of children trying to recreate the environment from which they have come from is one we are familiar with. Therefore, the child may present risks to children they are placed with more than the children at school who they don't live with or have the opportunity to be sexual with in the same environment. It must be noted they may present no risk at all to other children outside of the family unit.

- High risk sexual offending. If a young person commits offences against other children in the community without any form of an established relationship, this indicates a much higher level of risk. If the young person uses force to achieve this, this elevates the risk. If the young person is prepared to use violence to achieve this, this takes the risks to the highest level of concern.

Other relevant factors.

- If a child or young person has a learning difficulty and experiences behaviour anywhere on the above spectrum, this can have an impact in two ways:-

A) It may offer an explanation as to how the behaviour has happened. Approaching adolescence and experiencing hormonal influences without explanation or education and again without appropriate boundaries can result in this kind of behaviour being presented. The child is reacting to hormonal stimuli without the skill set or understanding to control and manage their behaviour.

B) It may impact on the young person's ability to understand what those around them in their new environment are trying to teach them and subsequently the efficacy of their/our work. A learning difficulty can be a result of a lack of stimulation or inappropriate stimulation. This is why providing a holistic package of care and education can help with this as increased learning and awareness of all issues can aid understanding of sexual issues also.

- If a young person has a learning disability, whilst the above may also apply it also has to be recognised that the child or young person may never be able to learn new skills or apply the new knowledge they are exposed to. In my experience, this is a dangerous area to contend with as it often allows practitioners to give up trying. Our experience confirms our belief that children with learning disabilities are able to make significant, and sometimes rapid progress from their starting point.
- Autistic Spectrum Disorder (ASD) children and young people present a greater challenge as an accurate assessment and diagnosis is essential but extremely rare. These children, as with any children with a learning disability, may not be able to understand or implement what they are being taught. However, some learnt behaviours can present as similar to ASD but are not. For children with ASD, it is often necessary to manage the environment around them to help successfully manage their behaviour. If, however, you change the environment for children and young people who present with ASD like behaviours but who are not ASD, you remove the opportunity for them to learn from their environment, and subsequently it becomes a self-profiling prophecy. The behaviour becomes so entrenched, they are unlikely to change at all.
- Challenging behaviour. If a child presents a high level of challenging behaviour this can also impact on what you hope they will learn, and the focus also has to consider the safety of others and protect others from the impact of their behaviour.

With all that has been said above, placing a child in the most suitable home is hugely important. Getting these decisions right from the outset is essential. However, it has to be said that quite often children who have behaved in a sexual way with other children and understand what they have done, often demonstrate remorse and experience huge guilt and shame. They can quite often present no further issues and seek to do the best they can for all around them. We are aware of the concept, that they can present high risks to look after but providing they are responsive to direction and role model leadership they can go on to make significant progress.

Those that present high risks of sexual offending, and do not engage and fail to respond to boundaries, are in my view, not suitable to be placed in a community setting.

All children placed at Pear Tree are subject to a thorough risk assessment process entitled - Individual child risk assessments which assess risks from 2 contexts.

- Risks to the child.
- Risks from the child.

There are twenty-two risks in these being:

| |
|--|
| 1. Risk of Harm as a result of lack of ability when independent of carer out of the home. |
| 2. Risk of being sexually abused within the home. |
| 3. Risk of being sexually abused within the school environment. |
| 4. Risk of inappropriate sexualised behaviour within the home. |
| 5. Risk of being physically abused within the home. |
| 6. Risk of being victimised/bullied by other children/adults in the community-unaware of stranger danger or desire to be victimised by the community. |
| 7. Risk of self-harm – either within our home or when independent of carers. |
| 8. Risk of sexual exploitation, returning to potential abuse- to previously known adults or too frequent areas where child/young person would be identifiable as familiar with sexual abuse. |
| 9. Risk of being cyberbullied, groomed or victimised by other children/adults in the community - through use of the internet or mobile phones |
| 10. Risks of physically assaulting children/young people in the home. |
| 11. Risk of physical assault on carers. |
| 12. Risk of assaulting other children – in the community, peers, in a particular group or independent activity- unable to control temper in any given situation. |
| 13. Risk of inappropriate sexualised behaviour. |
| 14. Risk of sexually harmful behaviour with children in the community. |
| 15. Risk of sexually harmful behaviour with children and young people in their home. |
| 16. Risk of fire lighting behaviour. |
| 17. Risk of malicious allegations. |
| 18. Risk presented by the Young person of bullying. |
| 19. Risk of cyberbullying, grooming or victimising other children/adults in the community - through use of the internet or mobile phones |
| 20. Risk of radicalisation |

| |
|-------------------------|
| 21. Risk of absconding |
| 22. Miscellaneous/other |

Each risk is considered for its own circumstances and can be viewed separately, however, the issues around the impact on others are within the basic formulae of:

- Is there evidence?
- How long since the last evidence was prevalent?

If there is 'evidence' of a risk in their behaviour within the structure of our risk assessment process, the young person could never be assessed as low risk, the lowest they could go would be a medium risk. This ensures past behaviours are always recognised as a 'potential to return' which negates the opportunity to be overlooked. Whilst at the same time we acknowledge we need to move forward with medium risk and not remain 'stuck' or subject to 'drift' because of issues that are no longer prevalent.

Group Dynamics.

The illustration of harmful sexual behaviour demonstrates how each residential home provides a service for a specific group dynamic. Collectively, our service covers all the needs of our region in this area across all our residential homes.

This system has to be reflected at school also.

School groups usually work on the basis of:

- Age.
- Academic Performance.
- Risks Assessments.
- Logistics.

In our school the priority has to go to:

- Risk Assessments.
- Logistics.
- Academic Performance.
- Age.

In March 2020, as the nation entered its first national lockdown, Pear Tree School continued uninterrupted. However, we did have to look at isolation procedures. The result was the creation of household bubbles. As a result, household bubbles became school groups.

During this process, it became apparent that over time our school practice had focused much more on academic achievement to allocate school groups. The result was children from different households were placed together. This created logistical problems each morning in terms of transportation to school in designated school groups as the households could be going in many different directions. Over the years, this frequently created safeguarding issues during transportation, and often afterwards as a result of the relationships created.

During the first national lockdown, as we stripped everything back to its basic necessities, we found that the household bubbles became a more productive school group. We realised that a lot of interactions with other homes and the simple stress of getting the right people to the right place melted away. An aura of calm descended, and we realised how by sticking to the basics of managing by risk assessment, we had significantly improved the mental health of our population, both children and adults.

As time goes by and the world returns to normal practice, we have tried to retain much of what we learned during this time, however, it is easy to see how the pressures of grouping children on the basis of academic achievement begins to take over.

The message I find the need to revisit is for a balanced timetable that allows for much therapeutic time, and that we must be constantly aware of the need to prioritise risk assessments and logistics. Both of these create huge stress if not done correctly, which undermines and create a barrier to worthwhile education. Mixing groups can be done on the basis of carefully considered risk assessment and demonstrated progress providing a cost-benefit analysis of the situation deems it worthwhile to all those involved.

Daily Routine, Structure and School Timetable.

As alluded to earlier, the school timetable is not just about how we organise education, but it brings the structure and routine needed to facilitate a therapeutic process also.

The way I have always seen this is different to the mainstream. In my experience of working with many practitioners from many agencies over the years, is their perception of a therapeutic process specific to sexually harmful behaviour follows the formulae of priorities below:-

- where will the child live?
- cognitive behavioural therapy.
- where will they go to school?

All the above are separate entities. The first issue “where will the child live?” is often based on the recognition that in order to undertake successful cognitive behavioural therapy the child needs to be living in a stable home base, where there is not the opportunity to have more safeguarding issues created. However, that’s the limit of the concern as the residential home is not perceived as being connected to or relevant in the quality of the residential process. Education is what all children require and are entitled to and with some regret cognitive behavioural therapy by its nature being during school time will have some impact on the child’s educational achievement as they will inevitably lose time in school.

The Pear Tree process recognises a number of key points.

- As stated at the start of this document, if we want to help children recover from sexual abuse and sexually harmful behaviour and be rehabilitated into society we need to ‘not be only concerned’ with the ‘single issue’. These are multi-troubled children and need a multi-faceted approach, recognising that these facets are all connected to the outcome.
- To achieve this, the child needs to experience a therapeutic environment, detailed in another document – ‘How to Create Utopia, Creating a Therapeutic Environment.
- We then need to work on all the multi-faceted issues. To do this we use a marginal gains approach to their Personal Holistic Competence, (PHC), discussed in detail in another document.
- To achieve this, we need structure and routine as a key element to creating the stability in these children’s lives necessary to make the progress we aspire to achieve. The farming environment and the time-critical elements involved in both looking after animals and plants create these routines naturally. This is then reflected in the school timetable.
- The school timetable is essential in providing the structure and routine but also to ensure we create the right balance between therapeutic activities and educational activities many of which are both.
- Cognitive behavioural therapy. (CBT) This is provided when the child has had the time to become settled and enjoy a stable environment. It is also usually only entered into when the child is receptive and seeking specific work themselves. It is unwise to force CBT in order to demonstrate work has been completed particularly around a child’s victimisation. Specific offender work, however, can be entered into at a lower threshold of receptiveness and sometimes requires direct reflection on their actions to avoid an overall denial state of mind and ensure a correct perception of their offences is understood.
- This CBT is undertaken by other agencies such as NHS, NSPCC or Barnardo’s. The fact this is organised independently is not only advantageous but desirable. It allows the child to leave their issues in the consultation room and not to erode confidence in primary carers.

Whilst the child may view this as an entirely separate arrangement, the fact that professionals work closely together results in a cohesive approach where children are supported and prepared for therapy and debriefings afterwards. The famous forensic psychologist Dr Bruce Perry did a study of the effectiveness of CBT and noted that the efficacy of the therapy on offer was directly related to the distance from the home to the consultation room. He noted that those that had a longer journey had a more successful outcome. He attributed this to the amount of support offered to the child by the carer tasked with providing transport and the ability to be briefed and debriefed before and after the sessions on the journey there and back.

The important point is that they are all interconnected and have relevance to the learning achieved, progress made and the outcome.

The School Timetable



TIMETABLE

| | | GROUP 1 | GROUP 2 | GROUP 3 | GROUP 4 | GROUP 5 |
|-----------|---|--|---------|---------|---|---------------|
| | | 9:30 – 12:00 | | Lunch * | 13:00 – 15:00 | 15:00 – 16:15 |
| Monday | 1 | Toy Top Stables - Equine Studies - RE | | PL | Toy Top Portacabin - Maths/English - HB | |
| | 2 | Manor Classroom - Vocational Studies/Topic - PT | | LM | Land Based Studies - Manor Farm/HFG - AF/LC | |
| | 3 | Manor Gardens - Rural Science - Sh O/L | | PL | Manor Stables - Equine Studies - SB | |
| | 4 | Manor Gardens - Rural Science - S O/L | | LM | Manor Classroom - Vocational Studies/Topic - PT | |
| | 5 | Toy Top Portacabin - Maths/English - HB | | PL | Toy Top Stables - Equine Studies - LW | |
| | | | | | Feed Round at Toy Top | |
| Tuesday | 1 | Manor Gardens - Rural Science - Sh O/L | | LM | Manor Workshop - Design and Technology/Art - NP | |
| | 2 | Toy Top Stables - Equine Studies - RE | | PL | Toy Top Portacabin - Maths/English - AB | |
| | 3 | Manor Classroom - Maths/English - FC | | LM | Manor Farm/HFG - Land Based Studies - AF/LC | |
| | 4 | Manor Workshop - Design and Technology/Art - NP | | LM | Manor Classroom - Maths/English - HB | |
| | 5 | Manor Farm/HFG - Land Based Studies - AF/LC | | LM | Manor Gardens - Rural Science - S O/L | |
| | | | | | FE/Dance - FB | |
| | | | | | Feed Round at Toy Top | |
| Wednesday | 1 | Toy Top Stables - Equine Studies - RE | | PL | Toy Top Portacabin - Maths/English - FC | |
| | 2 | Outdoor Education - NS | | PL | Outdoor Education - NS | |
| | 3 | Manor Workshop - Design and Technology/Art - NP | | LM | Manor Classroom - Vocational Studies/Topic - PT | |
| | 4 | Toy Top Portacabin - Maths/English - FC | | PL | Toy Top Stables - Equine Studies - HB | |
| | 5 | Manor Classroom - Maths/English - AB | | LM | Manor Workshop - Design and Technology/Art - NP | |
| | | | | | FE/Dance - FB | |
| | | | | | Feed Round at Toy Top | |
| | | | | | FE/Dance - FB | |
| Thursday | 1 | Outdoor Education - NS (* & *) | | PL | Outdoor Education - NS (* & *) | |
| | 2 | Manor Gardens - Rural Science - S O/L | | LM | Manor Workshop - Design and Technology/Art - NP | |
| | 3 | Manor Workshop - Design and Technology/Art - NP | | LM | Manor Classroom - Maths/English - AB | |
| | 4 | Manor Farm/HFG - Land Based Studies - AF/LC | | LM | Manor Gardens - Rural Science - S O/L | |
| | 5 | Outdoor Education - NS | | PL/LM | Outdoor Education - NS | |
| | | | | | FE/Dance - FB: P - Guitar, */* = Dance | |
| Friday | 1 | Manor Classroom - Vocational Studies/Topic - PT | | LM | Manor Farm/HFG - Land Based Studies - AF/LC | |
| | 2 | Toy Top Stables - Equine Studies - LW | | PL | Toy Top Portacabin - Maths/English - HB | |
| | 3 | Manor Farm/HFG - Land Based Studies - AF/LC | | LM | Manor Gardens - Rural Science - S O/L | |
| | 4 | Toy Top Portacabin (Top) - Maths/English - AB | | PL | Toy Top Stables - Equine Studies - LW | |
| | 5 | Toy Top Portacabin (Bottom) - Maths/English - FC | | PL | Toy Top Gardens - Rural Science - Sh O/L | |
| | | | | | Feed Round at Toy Top | |

PL = Packed lunch or lunch at home. LM = Lunch at The Manor.

WEEKEND TIMETABLE

| | | GROUP 1 Durham Road and Clarence Street | GROUP 2 Starhope Road | GROUP 3 Nooreside | GROUP 4 The Crib | GROUP 5 The Manor |
|----------|---|--|--------------------------|----------------------|-------------------------|----------------------|
| Saturday | 1 | Toy Top Stables | | PL | AQA | |
| | 2 | Rest Day | | PL | Rest Day | |
| | 3 | AQA | | PL | Toy Top Stables | |
| | 4 | Rest Day | | PL | Rest Day | |
| | 5 | Toy Top Stables | | PL | AQA | |
| | | | | | Feed Round | |
| | | | | | Feed Round at The Manor | |
| Sunday | 1 | Rest Day | | PL | Rest Day | |
| | 2 | AQA | | PL | Toy Top Stables | |
| | 3 | Rest Day | | PL | Rest Day | |
| | 4 | Toy Top Stables | | PL | AQA | |
| | 5 | Rest Day | | PL | Rest Day | |
| | | | | | Feed Round | |
| | | | | | Feed Round at The Manor | |

Priority goes to:

1. Independent students who want to use this for future career development.
2. New admissions who need initial therapeutic input.
3. Mainstream school children who want to attend.
4. Pear Tree School students who do not have other independent options.

The school timetable is based on providing a balanced approach to both the educational and therapeutic needs of the school population. All of our children:

- have lost significant amounts of school time.
- demonstrate a learning difficulty and/or significant gaps in their learning.
- may have a learning disability.

Therefore, many of our students require revisiting earlier stages of their education to establish the basics. For some when they start with us, simply being in the right place at the right time, and not having a negative impact on others can be a huge achievement in itself.

As mentioned earlier, the mental health of our population is a key concern and not one managed superficially but practically. The school timetable is a key element of this with the key points listed below.

- Time with each teacher or instructor across two sites with minimal transport requirements.
- Each teacher or instructor gets a half-day slot to allow for time to settle in location, time to make progress and time to reflect on progress made.
- Timetable allows for the school curriculum to be covered over the course of the school year. The school curriculum can be viewed separately but includes work on social and emotional issues and the use of skilled counsellors in our home as part of homework requirements, as group work with this population is considered inappropriate. This demonstrates again the link between residential home and school and the value of such a link.
- Minimal interactions with others. Disruption is managed to limit the impact on others at all times.
- Interactions arranged are entirely positive and functioning.

Managing Day to Day Issues at Home and at School.

Once again, we have to consider that what happens at home has an impact on what happens at school and what happens at school can have an impact on what happens at home. The important issue is that there is one consistent message.

“Harmful sexual behaviour at whatever level is not acceptable!”

This is not the same message as “appropriate relationships at appropriate stages cannot develop in a safe way.” It is, however, a message that is often heard and confused.

We all want the children in our care to have the same opportunities as all other children and develop along a positive and functioning developmental pathway. However, these opportunities have to be managed in a safe way based on the evidence of past experiences.

As sexual beings, the development of relationships as part of a process towards sexual reproductive relationships often involve the same processes and interactions as abusive relationships. It's just that abusive relationships have many fundamental aspects very wrong indeed. To be able to develop as sexual beings in a safe and positive way, we need to build our experience with relationships in a safe and positive way. This does not mean we do not have relationships, or we do not get relationships wrong from time to time.

As a side note, the analogy I often use is, if we were to run an organisation that looked after children who stole cars, it would not be a surprise if occasionally one of our students stole a car. The fact we have many children who have been exposed to sexual behaviour at an early age and who behave in a sexual way is also not a surprise. Wanting a sexual relationship is not a crime. Behaving in a sexual way is also 'not always' a crime. Exploring sexual desires in the confines of a young person's bedroom is not a crime.

The issue becomes of greater intensity and scrutiny if it involves another young person, and the issues have to become focused on the balance of power between children and young people. It is at this point the following becomes relevant.

- Sexualised behaviour with no impact to others. = Advice and counselling about what is appropriate and what is not appropriate.
- Sexualised behaviour between mutually consenting peers below the age of consent. = Advice and counselling about what is appropriate and what is not appropriate. Age of consent and how this can vary depending on age and responsibilities. The details have to be referred to social services and consideration needs to be given to when contact between the two children is allowed. This may mean the change of bedrooms at a home, the change of a home and the change of school groups.
- Sexualised behaviour between mutually consenting young people above the age of consent. All of the above but with less intensity. The focus shifts to what is appropriate and inappropriate and how the impact of their behaviour may affect others. As this may be in the same home it would include discussions about family group living and dynamics and appropriate behaviour within different contexts. (Within the last thirty years a mutually consenting sexual relationship between young people above the age of consent in the same home has never happened. We have, however, had on occasions relationships between young people in different houses.)

- Sexual behaviour between children and young people below the age of consent (or when one young person is above the age of consent) where there is clearly an imbalance of power, with or without consent. This is an abusive relationship and requires immediate action. This would involve referral to the police and social services. It requires the immediate separation of the two children or young people concerned. The use of our holiday homes becomes important to have an available location that can be accessed without prior planning or preparation. This protects the vulnerable and the integrity of a forthcoming police investigation.

The issue of the balance of power is not straightforward and subject to the misperception that through experience, we can evaluate and use within our practice to guide evaluation by other agencies.

There are two common misperceptions-

- The older child is always more powerful.
- The male is always the perpetrator.

These two misperceptions we find are sometimes prevalent and cause heated discussion as those that hold those perceptions often hold onto them fiercely.

The reality is we have had on more than one occasion younger girls who hold the power in a relationship and target less able males for attention and then seek to use their sexuality to cause deliberate harm to others. In my view, this is "sexually harmful behaviour" in exactly the same way as the more conventional understanding. The response is always the same:

- Separate.
- Ascertain a clear understanding as to what the allegation is.
- Report.
- Protect the investigation.
- When concluded each young person if remaining goes back to the beginning of the recovery and intervention process.

Evaluating an imbalance of powers.

To do this, it is important to consider the following on a spectrum of significance.

- Age. Are they at their developmental age or not? If not, what age are they actually functioning at? The functioning age is more significant to ourselves, however often less significant to others.
- Intellectual ability. Do they understand the significance of their behaviour including subtle body gestures, sexuality, vulnerability, presence, perceptiveness? Do they have any kind of learning difficulty or disability?
- Size and stature. Sometimes we have found children much taller and larger than their chronological age who would indicate functioning much younger than their chronological age meaning the gap between actuality and perception is huge. This is often due to the early onset of puberty sometimes brought about by sexual abuse, sometimes not.

Whilst the above are factors very relevant to the continued care and wellbeing of the child concerned, these issues are often overlooked by other agencies. It is our duty to illuminate and offer as a way of helping to decide on a proposed way forward.

Emotional abuse, Grooming and Bullying.

As I have made clear, abuse happens within a context. Whilst we can be focused on the management of potential abuse, to do this we also need to manage the broader context.

The broader context is that the environment children come from very frequently have emotional abuse, grooming and bullying as part of the dynamic that precedes abuse and leads ultimately to the sexually abusive behaviour. Therefore, to manage the potential risk of sexual abuse we must manage the culture and ethos of the organisation as a kingpin in the programme to prevent sexual abuse.

Therefore, very clear principles need to be in place.

- zero tolerance for emotional abuse, grooming and bullying
- the above behaviour is to be challenged every time it is identified
- immediate negative consequences - proportionate to the behaviour observed or identified
- immediate positive consequences - proportionate to any positive behaviour observed or identified. This helps to retrain the child to a positive behaviour mindset as a norm.

Emotional abuse, grooming and bullying are sometimes overt behaviours but are often covert. Covert behaviour by its nature is difficult to identify, quite often it is by observing the potential victims that the behaviour can be found.

What is crucial element in managing these behaviours is for the abusive child to know from the onset, through the way everything else is managed, that, if they behave in a way that has a negative impact on others, the chances are they will get caught out and they will experience negative consequences as a result.

It is here there is a crucial tipping point. If the chances are they will not get caught out, then the behaviour will be encouraged. However, if the culture and ethos are so strong that they can see that they will in all probability be caught out, this is in itself is deterrent to the behaviour. The behaviour is contained, and, over time, becomes part of their history and not part of who they are now.

Breaking negative behaviour patterns is one of the most important parts of what we do if not the most important, as it is all negative behaviour in all its facets that leads to abuse, not just abuse in isolation.

Online Abuse.

The influence of the internet cannot be understated in this arena. I can recall at the start of my career over thirty years ago, that if a child behaved in a sexual way, it was a reasonable assumption that they have been prematurely exposed to sexual behaviour as a result of some aspect of the parent's behaviour. Whether this was due to sexual abuse of their children or failure to protect from abuse.

Today pornography is so easily accessible that it provides another potential explanation for the child's knowledge. Therefore, the following become real-life, real-time factors:-

- increased sexual awareness.
- increased exposure to inappropriate (if not perverse) sexual content.
- access to devices to send photos/videos of genitals and sexual behaviour.
- exposure to dangerous people.

All of these elements can occur in such a covert way that this can be happening yards from a responsible adult in the safety of their own bedroom, which should be a safe place, but is, in reality, as exposed as being naked on the high street.

As we know, particularly with younger children who are prematurely sexualised, they need time protected from further sexual stimulation. Therefore, restricting the use of the internet and devices that facilitate this is often an essential necessity. This of course has to be time managed with a well-considered and structured return to use the internet along with increased education about the dangers and consequences to their own behaviour.

As the digital world reflects the real world, the big issue is that of digital and real-world resilience.

Children and young people who have good real-world resilience are much more likely to have digital resilience also. The child that has the moral compass 'not' to expose their genitals to a passing friend or associate is likely to apply the same moral compass to the digital world and is therefore much less likely to circulate digital images or videos of themselves online also.

The child or young person who is vulnerable to online predation is just as likely to be vulnerable to real-life predation on the streets.

Therefore, as with much of the details above, we increase their digital resilience through education and a culture of self-protection. However, increasing their real-world resilience is also a significant factor that underpins 'digital resilience'.

This is coupled with regular increased knowledge of the issues to do with online abuse which is important but is alongside the process of increasing a child's confidence in the real world with activities that improve skill sets and self-esteem.

As with other issues, it is important not to focus on the overt single issue but to broaden the scope of intervention and to understand that activities may be of a therapeutic nature or educational, but an activity that increases confidence and resilience is just as important to the management of inappropriate sexual behaviour as classroom-based activities that may be understood but ultimately of reduced impact due to the other issues that will remain outstanding if not addressed such as real-world resilience.

For more information about digital resilience, please use the link below.

<https://parentzone.org.uk/system/files/attachments/Parent%20Zone%20Ordinary%20Magic%20online%20resilience%20report.pdf>

Conclusion.

The management of harmful sexual behaviour is not straightforward and does not favour the risk-adverse or the blasé. It is on the one hand complex and on the other simple. It is made simple by utilising straightforward guiding principles. These are: -

- A desire that the children in our care experience the same opportunities as other children and get to develop down a positive functioning developmental pathway.
- To achieve the above, learning about and developing positive functioning relationships through the work with animals and specifically through good role model leaderships of positive teachers, instructors and carers is a priority to the foundations of all other learning.
- Not to focus on single issues but to hold in high regard and value the progress of a child or young person's PHC.
- We accept to make progress we need to take risks and on occasions make mistakes. Therefore, mistakes by children, young people and professionals are considered an opportunity to learn from and not an area to be held against in perpetuity.
- Evaluate and make risk assessments that guide practice.
- Avoid drift.
- Place a high value on achieving meaningful daytime activities post-discharge including education, training, voluntary work or employment. This being the single most important element of breaking the cycle of abuse in later life.

I hope you find the information in this document easy to read and useful in a practical sense. Looking after children who present safeguarding concerns has been my life's work, and as such, the above represents a culmination of experience and research over a thirty-year period. I hope you consider it to be of significant value.

David Bartlett MBE, March 2022.

Designated Safeguarding Lead.
Head Teacher.
Head of Service.
Managing Director.