Chapter 1

An introduction to the issues

This study of adolescents with learning disabilities who show sexually inappropriate or abusive behaviours is a new direction for the Ann Craft Trust. Prior to commencing this study, the Trust's work focussed on children and adults with learning disabilities who have been *victims* of abuse. The fact this research examines situations where young people with learning disabilities are alleged to have *perpetrated* sexually harmful or abusive behaviours perhaps requires an explanation. This introduction will therefore attempt to provide such an explanation, together with an overview of the relevant academic literature.

It is now widely acknowledged by researchers (for example Kelly, 1992), Government (DoH et al, 1999) and campaigners (NSPCC, 2003) that disabled children are more likely than their non-disabled peers to be abused. This is true for all types of abuse, including physical abuse, emotional abuse, sexual abuse and neglect. Previous Ann Craft Trust research on disabled children and abuse (Cooke, 2000; Cooke & Standen, 2001) took our understanding of this phenomenon a stage further by demonstrating differences in the interventions made by statutory social services in response to the abuse of children with disabilities. In comparison to non-disabled children, those with disabilities were not only *more* likely to be abused, but were also *less* likely to be put on the child protection register and *less* likely to receive therapeutic interventions. An additional, and unexpected, finding of Cooke's study was the fact that - in a significant minority of cases - adolescents with learning disabilities who had themselves been abused were going on to sexually abuse other children. Whilst legal action was pending against some of these adolescents, in particular those who had offended against non-disabled children, it appeared that no action had been taken against *their* abusers. Moreover, it was not apparent that these young people were being offered any therapeutic input in order to either help them come to terms with the abuse which they had suffered or to reduce the likelihood of their continuing to perpetrate further acts of abuse.

It was this unexpected research finding which first led the Ann Craft Trust to develop the current study, since it suggested that learning disabled adolescents were being identified - and even prosecuted - as perpetrators of sexual abuse when their plight as victims of abuse had gone unnoticed. Furthermore, it was hypothesised that sexual abuse perpetrated by adolescents with a learning disability might be a contributory factor to the high overall risk of abuse experienced by disabled children. It was therefore for a combination of reasons that this research was undertaken. It was felt important to understand more about this complex issue both in order to help protect (disabled) children from potential abuse, and in order to examine how this group of young people can be identified and offered therapeutic interventions to prevent further incidents occurring.

There have been few previous academic studies of this group of young people; those studies which have been published will be described later in this introduction. Before this, however, it is worth briefly setting out some relevant facts concerning what is known about 'ordinary' adolescent sexual behaviour; about non-learning disabled juvenile abusers and about men with learning disabilities who sexually abuse.

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Adolescent sexual behaviour

As some (but by no means all) studies of juvenile sexual abuse note, there has been relatively little written about what the expected or 'normal' range of adolescent sexual activity might entail (Vizard et al, 1995; Hoghughi et al, 1997; Calder, 2001). However, in very broad terms, it is probably safe to say that, as a result of the hormonal and physiological changes which accompany the onset of puberty, adolescence is a time when most young people will begin to experiment with some form of sexual activity. Exactly what acts this may entail – kissing; 'heavy petting'; full sexual intercourse - will vary according not only to factors personal to each individual, but also in response to the prevailing social and cultural climate which the young person inhabits.

There is some evidence to suggest that young people today are experiencing the physical changes of puberty at an earlier age than previous generations. For example, Whincup et al (2001) report that the average age at menarche (first menstrual bleeding) has fallen by around six months over the past 20-30 years and almost one girl in eight now reaches menarche whilst still at primary school. The need to ensure adequate sex education at a younger age, partly in order to explain to children about their physical development, may be one of the many contributory factors which have seen marked changes in adolescent sexual activity in recent decades (Gullota et al, 1993; Moore & Rosenthal, 1993; Dennison, 2004).

Adolescent sexual behaviour, along with society's attitude towards sex and sexuality, has undoubtedly changed with remarkable rapidity over the past half-century or so. In addition to the possible connection to young people's physical development, these changes can also be linked to numerous social factors and scientific developments, some of which may have encouraged or permitted greater sexual freedoms (e.g. more reliable contraception; the women's liberation movement; a reduction in the influence of organised religion) whilst others may have inhibited them (e.g. HIV/Aids). Shifts in society's attitudes and expectations in relation to social behaviour do not just affect adolescents, but should be viewed as part of a wider process of social change which has impacted upon all members of society. In this context, the recent Green Paper on children's services *Every Child Matters* (HM Treasury, 2003) commented that:

> *"Over the last generation, children's lives have undergone profound change. Children have more opportunities than ever before, and benefit from rising prosperity, opportunities to study longer and better health. However, they also face more uncertainties and risks: children face earlier exposure to sexual activity, drugs and alcohol. Family patterns are changing. There are more lone parents, more divorces and more women in paid employment, all of which has made family life more complex."* (p. 4)

Juvenile sexual abusers

The earlier exposure to sexual activity noted in *Every Child Matters* bears no necessary correlation to the prevalence of sexually *abusive* behaviours amongst young people. However, the past two decades have seen a burgeoning interest in this subject from both practitioners working with young people and academics (Barbaree et al, 1993). It is not possible to say whether this correlates to any actual increase in the amount of sexual abuse being perpetrated by young people, or merely reflects an increased awareness that such behaviour occurs.

What *is* beyond doubt is that sexual abuse perpetrated by young people under the age of eighteen makes up a considerable proportion of all sexual crime. Studies have

reported that between one quarter (Masson & Erooga, 1999; Lovell, 2002; Hackett, 2004) and one third (Glasgow et al, 1994) of sexual abuse of children is perpetrated by other children and young people aged under twenty one. The most recent available criminal statistics (Youth Justice Board, 2003) indicate that in 2002/2003 there were 1,664 cautions or convictions for sexual offences committed by young people aged between ten and seventeen, with the following breakdown by age:

Age of offender	Number of sexual offences recorded in 2002/03
10	12
11	32
12	101
13	226
14	279
15	377
16	334
17	303

It should be noted, though, that these figures do not present all offences committed, but only those that were reported to the police *and* resulted in a disposal of some sort.

So, why do some young people sexually harm others? The simple and most honest answer is, of course, that we do not know. Theorists have hypothesized that *adults* who sexually abuse children may be 'emotionally lonely' (Marshall, 1989) and have to overcome 'internal and external inhibitors' (Finkelhor, 1985). It is also reported that many of these adult abusers – up to 50% according to some studies - began their offending careers as adolescents (Davis & Leitenberg, 1987; Barbaree et al, 1993), but it is *not* known how many juvenile abusers continue to offend into adulthood. However, since it has been reported in incidence studies that sexual abuse peaks between the ages 13-17 (Glasgow et al, 1994), there must logically be significant numbers of adolescent abusers who cease to offend as they grow older. The same paper provides an interesting and plausible hypothesis as to why this might be the case:

> "In adolescence abuse is more likely to occur in susceptible individuals because of a combination of the intense sexual drive which characterizes the period, together with the numerous opportunities to abuse offered by continuing membership of the world of childhood, where younger siblings and children can be encountered in school or in mixed-age recreational facilities, often in relatively unsupervised settings.[…] the results reported here show a drop in the number of incidents where the perpetrators are in the 18-22 age band. It could be hypothesized that this is a stage where many potential abusers are preoccupied with the formation of relationships with peers. Around this time, the number of peers available as sexual partners may increase, when the potential for forming longer-term relationships makes young women more prepared to enter into sexual relationships. There is probably also a reduction in the amount of opportunity to interact with children in unsupervised settings." (Glasgow et al, 1994, p. 207)

Many researchers have tried to determine those characteristics which might make any given adolescent 'susceptible' to becoming a juvenile abuser, as described above. Factors commonly cited include the young person having themselves been a

victim of abuse (including, but not limited to, sexual abuse); dysfunctional and emotional distant parenting; and the presence of a learning disability, low IQ, mental health problems and speech and language difficulties (Vizard et al, 1995; Bagley, 1992; Calder, 2001; Lovell, 2002; Hacakett, 2004). It is important to remember that while these factors may be commonly noted amongst populations of juvenile abusers they are not predictive: that is to say that, for example, even though a majority of juvenile abusers may have themselves been abused it does not follow that a majority of children who have been abused will go on to abuse others.

Even though many writers have noted the preponderance of learning disabilities amongst adolescents who sexually abuse others, the authors cited above mention this fact in passing, as a phenomenon worthy of further investigation, rather than with any definitive evidence to suggest why this is the case. More studies have, though, been undertaken of adult men with learning disabilities who sexually abuse.

Men with learning disabilities who sexually abuse
People with learning disabilities are as much affected by social changes as any other members of society. However, it is only quite recently that people with learning disabilities have been accepted as having the same sexual rights as other people, and some sections of public opinion may still find this idea problematic. In her groundbreaking early work on sexuality and learning disabilities, Ann Craft (1987) noted how there was a duality of opposing, negative beliefs with respect to people with learning disabilities: some people viewed them as 'eternal children' and therefore asexual, whilst others saw them as dangerous sexual predators, whose rampant urges would not be ameliorated by ordinary social mores. Before long, both Craft and others began to develop a growing awareness of the extent of sexual abuse suffered by people with learning disabilities (Hinsburger, 1995; Fairbairn et al, 1995). More recently researchers have begun to examine the extent to which some men with learning disabilities may also perpetrate acts of sexual abuse (Beail & Warden, 1995; Brown & Stein, 1997; Thompson, 1997 & 2000). This literature is pertinent to the discussion of adolescents with learning disabilities who sexually abuse, not only because – as with other sexual offenders – some of these learning disabled men may have begun offending as juveniles, but also because there are characteristics which (in statistical terms) distinguish men with learning disabilities from other male sexual abusers.

As with other sexual abusers of all ages, a high proportion of – but *not* all - men with learning disabilities who sexually abuse others have themselves been victims of abuse. The number of men who sexually abuse may therefore in part be a reflection of the fact that people with learning disabilities are particularly vulnerable to sexual abuse (Brown et al, 1995; McCarthy & Thompson 1997). However, caution should be taken when extrapolating findings about the prevalence of sexual abusing by men with learning disabilities from studies which often rely heavily on small clinical samples. Men with learning disabilities may be over-represented in referrals to specialist services for sexual offenders because they may be more likely than other sexual abusers to be caught – either because they are less adept at hiding what they have done, or simply as a consequence of their lives being monitored by professionals in a manner that does not apply to the general population (Thompson, 2000; Lindsay et at, 2004). Larger-scale, non-clinical studies (Hayes, 1991) have shown that there is *no* clear evidence that men with learning disabilities are either over-represented or under-represented in populations of sex offenders.

However, it is in their choice of victim that some significant differences can be seen between men with learning disabilities who sexually abuse and their non-learning disabled counterparts. Men with learning disabilities appear most likely to abuse other people with learning disabilities (Brown & Stein, 1997), because these are the people with whom they have most frequent contact and because of the failure of services to intervene (McCarthy & Thompson, 1996 & 1997; Thompson, 1997). Brown and Stein (1997) also provide evidence that men with learning disabilities who sexually abuse are more likely than non-learning disabled abusers to be reported for incidents involving public masturbation; and that when contact abuse occurs they are more likely to have both male and female victims.

In relation to therapeutic intervention for this group, it has been shown that talking therapies do work, but may require a longer period of time in order to become effective – one study (Lindsay & Smith, 1998) suggests a minimum therapeutic engagement of two years. However, as other studies have noted, although therapy has proved effected its availability may be limited (Ward et al, 2001; Linsday, 2004) and staff who have day-to-day contact with people with learning disabilities may be ill-equipped to respond to the issues raised by abuse (Brown et al, 1994; Brown & Thompson, 1997).

Young people with learning disabilities who show sexually inappropriate or abusive behaviours

As most recent overviews of juvenile abuse note, there appears to be – at least in clinical samples – a significant over-representation of young people with learning disabilities within the population of juvenile abusers (Vizard et at, 1995; Lovell, 2002; Hackett, 2004). However, as with men with learning disabilities who sexually abuse, caution should be taken when drawing conclusions about the sexual behaviour of the general population of young people with learning disabilities based upon the findings of studies rooted in clinical samples (O'Callaghan, 1998 & 1999).

What studies based on clinical samples (typically, samples of learning disabled juvenile abusers referred to specialist treatment services) do reveal is that this group demonstrates some similarities with other juvenile abusers and some similarities with men with learning disabilities who sexually abuse. For example, comparisons between learning disabled and non-learning disabled juvenile abusers suggest that those with learning disabilities are less gender-specific in their choice of victim (Gilbey et al, 1987; Balogh et al, 2001) and may be more impulsive or opportunistic in the commission of abuse (Firth et al, 2001): both of these characteristics are shared with men who sexually abuse.

In common with other juvenile abusers, it is reported that victims of adolescents learning disabled abusers are most frequently other children (Gilbey et al, 1987; Firth et al, 2001). It is also noted that learning disabled and non-learning disabled juvenile abusers have similar histories of family dysfunction (McCurrey et al, 1998; O'Callaghan, 1998) and similar social skills deficits (Timms & Goreczny, 2002).

In relation to treatment for this group of juvenile abusers, it is perhaps not surprising to note a lack of specialist services (O'Callagham, 1998; Masson & Hackett, 2003). However, as with men with learning disabilities who sexually abuse, studies of treatment programmes for adolescents with learning disabilities demonstrate that they *can* benefit from services when they are available (Tudiver & Griffin, 1992; Lindsay et al, 1999). In particular, the Lindsay et al study (1999) showed that -

despite an initial lack of motivation to address their sexual offending behaviour - compulsory treatment had brought about a change in attitude in relation to denial of offence; denial of intent; denial of responsibility; denial of harm to the victim and denial of a typical state. However, it could take up to six months of therapy for the young people to reach this point which strongly suggests the need to commit considerable resources to juvenile abusers with learning disabilities.

To summarize, adolescence is a time of rapid physical change and sexual exploration for all young people, including those with a learning disability. In a minority of cases, usually influenced by factors such as the experience of abuse or dysfunctional family backgrounds, young people with learning disabilities may develop sexually inappropriate or abusive behaviours. Existing evidence suggest that when this happens the victims are likely to be other children and young people; that victims may be both male and female and that victims are likely to already be known to the abuser. There is no evidence to suggest that young people with learning disabilities are any more likely to perpetrate acts of sexual abuse than their non-learning disabled peers, but their aberrant behaviour may be more likely to be noticed by statutory services and they are over-represented amongst clinical samples of juvenile abusers.

Taking these facts as a starting point, this study has sought to discover more about the phenomenon of young people with learning disabilities who show sexually inappropriate or abusive behaviours. By choosing to approach the issue from the perspective of generic, rather than specialist clinical treatment services, it is hoped to shed further light on how sexually inappropriate behaviours may sometimes escalate into sexually abusive behaviours. Furthermore it is hoped that it may be possible to identify how special schools and local authority child protection teams may be most effective in identifying and preventing the recurrence of these behaviours.

Chapter 2

Methodology & description of research areas

This chapter will provide both a traditional academic methodology and a description of the many practical and ethical challenges which arose during the course of undertaking this research. It will also provide a description of the four participating local authorities, including brief demographic descriptors and an explanation of the varying local interpretation of national policies relevant to the topic.

Original research protocol

This project was originally conceived by Pam Cooke, as a follow-on from her study of abuse and disabled children (Cooke, 2000; Cooke & Standen, 2002). Because of this, the research protocol closely followed the structure of the earlier study. The key components of the original research protocol were therefore:

1. A prospective survey of all cases of sexually inappropriate or abusive behaviour which came to the attention of statutory social service departments in participating authorities over a twelve month period, and;
2. To select three cases from each participating authority and undertake interviews with:
   a. a relevant social worker or youth offending team (YOT) worker
   b. the young person's parent(s)
   c. the young person themselves

For the purposes of this study a young person was defined as somebody aged at least ten years old (the age of legal responsibility) but under eighteen, the age at which the law considers adulthood to begin.

Because of the sensitive nature of this research, and after consultation with senior officers in the four participating authorities, it was agreed that it would not be appropriate for the researcher to have direct access to client records held by either social work or youth offending teams; a decision made in part on the basis that such records might include personal information about family members and others not directly connected with any alleged sexual incident. The final protocol (see appendix) therefore did not include access to such files, although it was agreed in principle that the researcher could ask interviewees to look up information, such as the age of an alleged victim, held within client records. A code of ethical conduct (see appendix) was also agreed, in order to govern what would happen in the unlikely event of a research participant making new disclosures or new allegations of abuse during an interview. Participating authorities also requested that they were provided with a working definition of the term 'learning disabilities' (see appendix) in order to help in the identification of young people for inclusion in the project; this was taken from the definition of learning disability provided in the recent White Paper (Department of Health, 2001) on services for people with learning disability and included impairment of both social and cognitive functioning. The fact that this was requested provided the first hint of what was later to emerge as a significant difficulty: identifying those young people who had learning disabilities. This was not only an issue in terms of undertaking this research, but – more importantly - affected the likelihood that the young people concerned would receive support tailored to their social and cognitive abilities.

Ethical approval

Once the protocol and associated documentation had been agreed in principle with the four participating local authorities it was submitted to the relevant LRECs (local research ethics committees) for ethical approval. It was understood when the proposal was submitted that we were attempting to investigate a highly sensitive topic; indeed, this had been the major focus of our consultation with participating authorities. It was therefore rather surprising to be informed by three out of four LRECs that they did not intend to review our proposal. The reason for this was stated as being that *"the research will not involve NHS patients or staff, nor will it take place on NHS premises."* However, the fourth LREC interpreted their remit to include the study, not least because at the time of submission – summer 2001 – there were no other recognised bodies providing ethical scrutiny of research proposals.

In due course the project was granted ethical approval by the one LREC which examined the proposal in detail. This was vital in enabling the research to proceed, but the process involved in gaining ethical clearance had left much to be desired. LRECs are organised and run by NHS Trusts or Health Authorities and are most frequently asked to pass judgement on medical research, such as 'double blind' trials of a new drug. This means that they are more expert in assessing medical, rather than social, research and that they may have little knowledge of the particular problems relating to socially sensitive topics. Such sensitivities may arise from a number of factors, including accessing a suitable sample; threats - whether physical, emotional or financial – to the welfare of the researcher and/or participants; issues relating to the collection and retention of data; and the dissemination of the eventual findings (Lee, 1993). Although we were pleased to receive the approval of an LREC, the issues which they chose to focus on in their assessment of the project were not necessarily those which we felt were most in need of their attention. In fact, following our initial submission the only points regarding which further clarification was requested related to protecting the researcher from any potential legal repercussions and providing evidence that indemnity/insurance cover was in place.

Our experiences are not unique in this respect. Hays et al (2003), in their detailed description of seeking ethical approval for research into the efficacy of treatment for adult male learning disabled sex offenders, commented not only upon the *"absence or limited number of social scientists or psychologists on committees"* (p.188) but also that *"they did not appear to consider the risks to participants and the wider community"* (ibid). Our project, like theirs, was also adversely affected by the considerable time involved before ethical clearance was granted. We were finally given the green light to proceed with data gathering in April 2002, approximately eight months after first approaching the LRECs.

Changes to the protocol

Having received the necessary ethical approval, we notified the participating authorities and put in place what we hoped were robust systems for identifying cases. However, despite the best efforts of our contacts within each participating authority, few survey forms were returned. And when individuals *were* identified as suitable subjects for the proposed set of case study interviews, social work staff were not able to secure consent for participation. Part of the difficulty lay in the fact that, because of the very necessary requirements of the data protection act, social services were not able to pass on details of individuals to researchers without prior consent. This meant that not only were already-busy social workers and YOT

workers having to do much of the work to encourage participation, but also that the reasons for the research were being explained second-hand to potential participants. In any event, the result was that we were not succeeding in recruiting case study subjects and, with time passing, a radical rethink of the project was required.

It was decided that, in order to ensure that further potential cases were not lost to the study, we would only interview professionals involved in cases rather than the young people themselves and their families. This choice was made with some regret, as we felt that it would result in the loss of much valuable information about the young person's background and – in particular – their parents' opinion about when and why sexually inappropriate or abusive behaviour had first manifested itself. But, on the pragmatic basis that some information was better than none, case studies were limited to a single interview. This opened up other opportunities for the use of research time, however, and it was simultaneously decided to conduct interviews in respect of *all* identified cases of sexually inappropriate or abusive behaviour instigated by young people with learning disabilities, rather than to continue with the survey and interview only in selected cases.

Because it was felt that, by deciding to truncate the case studies as described above, we were likely to lose information about the early expression of sexually untoward behaviour a new element was also introduced to the project at this stage. This was a survey of all special schools in the four participating authorities, with the intention of gathering data about the types and frequency with which special schools were having to respond to incidents of sexually inappropriate or abusive behaviour between pupils. A copy of the survey can be seen in the appendix; it included questions about frequency and nature of incidents arising and also asked about where schools were likely to turn to for help in relation to such incidents. In addition, the survey asked whether school staff were willing to be interviewed about this issue, in order that we could generate more detailed information concerning special schools' understandings of and response to sexual behaviours.

These changes to the original protocol were agreed with the grant giving body and participating authorities. The LREC was not involved further at this stage, since the changes in effect eliminated direct contact with young people or their families and so minimised many of the ethical issues. Furthermore, since the introduction of the policy of local management of schools, a decision such as whether or not to participate in research of this kind falls within the remit of head teachers and school governors rather than the local education authority.

Data collection and analysis
Over a twelve-month period, a total of fifteen case study interviews with social workers or youth offending team (YOT) workers were undertaken. All interviews were tape recorded and transcribed in full.

The survey of special schools resulted in a 65% response rate and ten schools volunteering staff for interview. Interviews with school staff, like those undertaken with social workers and YOT workers, were tape recorded and transcribed. Survey returns were analysed to provide basic descriptive statistics, but the number of schools involved was too small to allow for any more detailed statistical analysis.

Both sets of interview questions can be found in the appendix.

For the purposes of analysis, a broadly phenomenological, rather than a simple positivist approach was taken to the data (Maykut and Morehouse, 1994). The aim was to approach the analysis in as open minded a manner as possible (Cassell and Symon, 1994), rather than starting with a predetermined idea of what might be contained in the transcripts or how such data might be organised and presented.

Each set of interviews – case studies and special schools – was analysed in the same manner. This mode of analysis is best captured by the description 'thematic content analysis', as outlined by Burnard (1991). The transcripts were read and re-read, in a process described by Burnard (ibid) as immersion in the data. This generated a set of categories – for example 'criminal justice' and 'previous behavioural histories' were two of the categories used in the analysis of case study interviews - into which all other segments of interview transcript in that set could be coded. The list of categories generated was added to during the ongoing coding process, as and when later interviews yielded categories not found previously. Manual coding was chosen in preference to the use of computer-based qualitative data packages partly because it enabled better immersion in the data and also because having each excerpt physically presented on an individual card index made it easier to sift and sort variations found within each category, which assisted greatly in organising this report.

Reflections on methodological changes

Despite the radical changes which had to be made as the research progressed, the data generated provided many valuable insights into the topic under investigation. Some of the methodological difficulties were perhaps inevitable, given the sensitivity of the subject matter. However, although the eventual programme of research differed somewhat in scope and emphasis from that originally envisaged, the final design enabled a better exploration of some issues – notably the relationship between schools and social services.

Description of research areas

Of the four local authorities which participated in this study two were shire counties, with a two-tier structure of district and county councils, and two were unitary authorities. The combined population of all four authorities was just short of two million people (Office for National Statistics, 2001). Both of the unitary authorities included black and minority ethnic communities, whilst the shire counties included more dispersed rural populations.

The key differences between the authorities however, lay not in demographic factors but in matters of policy. The local education authorities (LEAs) exhibited differing policies in relation to the use of statements of special educational need. Whilst all LEAs had policies which promoted the inclusion of children with special needs into mainstream school provision, some chose to go further and had adopted a policy of, so far as possible, avoiding the use of statements altogether. The reason given for this was a belief that statementing unnecessarily – and negatively - labelled children. Furthermore, it was argued that the process of statementing used significant resources which could better be deployed in directly supporting children's individual educational needs. This meant that in some authorities there would be children in

mainstream schools, without a statement of special educational need, who had some degree of learning disability.

Interpretation of national policies by the social service departments of participating authorities also varied. Current government guidance states that juvenile sexual abusers should normally be assessed through children in need procedures (Department of Health et al, 1999). However, the same guidance also goes on to state that *"A young abuser shall be the subject of a child protection conference if he or she is considered personally to be at risk of continuing significant harm.'* (DoH et al, 1999, paragraph 6.37) This is intended to ensure that a clear distinction is made, both procedurally and in terms of intervention, between victims and (alleged) perpetrators of abuse.

However, in practice, the social service departments had chosen to adapt these recommendations. Two departments appeared to be using the proviso quoted above to bring *all* such cases into child protection procedures. This enabled social workers to maintain a longer-term follow-up of such cases: after initial conferencing the young people concerned were placed on a YPSA (Young People who Sexually Abuse) register rather than the child protection register, with case reviews continuing to take place every six months. This enabled the young people concerned to benefit from the more substantial level of input and review provided by child protection teams, as compared to children in need teams, whilst at the same time clearly indicating that these cases differed from mainstream child protection work.

The two other social service departments had devised rather different local procedures for juvenile sexual abusers. This involved all alleged juvenile abusers (whether learning disabled or not) appearing before a multidisciplinary 'assessment and early intervention panel' (AEIP). These panels included representatives from child protection teams, youth offending teams, and the local police. Whenever any young person came to the attention of statutory authorities (be that police, social services or education) because of an alleged act of sexual abuse, they would be referred to the panel. Panels considered all relevant available information before recommending a particular course of action; they sought to divert away from the criminal justice system whenever possible, passing cases on to child protection, children in need or YOT teams as deemed appropriate.

These educational and social service policies and procedures impacted upon the research in various ways. Most obviously, the use or otherwise of statements of special educational need affected the ease with which social workers and YOT workers were able to identify the presence of a learning disability. Some discussion of the impact such policy variations have upon the young people in need of support have already been published elsewhere (Fyson et al, 2003) and will form a key part of the discussions in chapter five of this report.

Chapter 3

Special schools' experiences of sexually inappropriate and abusive behaviour amongst pupils

A postal questionnaire was sent to all special schools in the same four local authorities whose social services departments were involved in the case study element of the study. The schools contacted all had an intake of pupils with some degree of learning disability; special schools providing solely for pupils with physical or sensory impairments were not included. A total of forty questionnaires were sent out to special schools in the state and independent sector. This included both residential and day-only schools, and schools which catered for children with specific developmental disorders (for example, those on the autistic spectrum) as well as those with a more generic intake. All of the schools contacted included pupils within the age range of 10-18, which were the parameters for inclusion in the case study element of this project. Many schools also catered for a wider range of pupils.

A copy of the questionnaire is included in the appendices. The questions were designed to take as little time as possible to complete, in the hope that this would maximise the number of responses. The aim was to gain a broad sense of the frequency and severity of sexually inappropriate or abusive behaviour within special schools and the schools' responses to it. Respondents were also asked whether they would be willing to be interviewed in more depth about the issues raised in the survey. Ten schools indicated that a member of their staff was willing to be interviewed; the findings from these interviews are also presented in this chapter.

In all, twenty-six out of the forty schools contacted returned the questionnaire. This equates to a response rate of 65%. Whilst this is a respectable response rate for a postal survey, the actual number of responses is small. For this reason the statistics presented will be purely descriptive, since more complex statistical analysis on such small figures (for example, mapping the age and impairment range of students against the types of behaviour reported) are unlikely to yield significant results.

Survey findings

Table 1: School policies on sexual behaviour

Does the school have a written policy on sexual behaviour?	% of schools
Yes	19
No	62
Other *	19

[* Respondent indicated that incidents arising would be dealt with under a combination of the school's child protection policy and behaviour policy]

The survey returns indicated (see table 1) that only a minority (19%) of specials schools had in place a formal written policy setting out how staff should respond to incidents of sexually inappropriate or abusive behaviour between pupils. The majority (62%) had no such policy in place. However, the remaining 19% indicated that, whilst they had no formal written policy to guide staff responses to incidents of a

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sexual nature, they would deal with any such incidents using a combination of their child protection policy and their behaviour policy. This topic was also discussed in more detail during interviews.

Table 2: Frequency of sexually inappropriate or abusive incidents in schools

Frequency	% of schools	Cumulative %
Weekly	19	19
Monthly	27	46
Termly	19	65
Yearly	8	73
Less often	15	88
Never	12	

Sexually inappropriate or abusive behaviour appeared to be a common occurrence within many special schools. Almost half of the schools in this sample (46%) reported that such behaviours were known to take place, on average, at least once a month and 88% of the schools had experienced such incidents.

Only 12% of special schools that returned the questionnaire said they had *never* experienced any incidents of sexually inappropriate or abusive behaviour between pupils. This represented three schools in total. Of these, the respondent from one school indicated that their pupils were all so severely physically impaired as to make such interaction impossible; the school recognised that pupils could be vulnerable as potential victims of abuse, but were confident that they could not be perpetrators. The intake of the other two schools included pupils ranging in age from three to nineteen, with moderate to severe learning disabilities and concomitant emotional and behavioural disorders. One can only infer that either the schools' behavioural control was excellent or that they were unable to acknowledge the existence of a sexual element in any of their pupils' behaviours.

Table 3: How serious were the incidents that occurred?

Type of incident	% of schools
Verbal sexual harassment	50
Exposure (flashing)	54
Masturbation	58
Inappropriate touch	85
Actual or attempted anal or vaginal penetration	15

Most of the behaviours detailed by schools tended to be inappropriate rather than abusive, although the term 'inappropriate touch', incidents of which were reported by 85% of schools, could cover a wide range of actual events, ranging from comparatively minor to very serious. Most schools reported more than one type of incident and almost half (46%) reported incidents of exposure, public masturbation and inappropriate touching.

Although less serious behaviours were more commonplace, serious acts of abuse were also evident. 15% of respondents, representing four schools, were aware of

incidents involving actual or attempted penetration of the vagina or anus. Of these incidents, one involved anal rape, one vaginal rape, the third involved digital penetration of the vagina and the fourth was an incident described as 'alleged rape – not proven'. The fact that these events had occurred at all demonstrates the potential for serious acts of sexual abuse, even in a well-monitored school environment. It indicates a clear need for all school staff to be aware of the potential for juvenile sexual abuse between pupils and for schools to have in place effective policies in order to ensure a proper and consistent response.

Table 4: Where incidents occurred

Where have incidents occurred?	% of schools
In school buildings	77
In school playground	54
On school transport	35
Other	27

As can be seen from the above table, although incidents of sexually inappropriate or abusive behaviour most frequently took place in school buildings, they also commonly occurred in the playground and on school transport; the "other" category consisted mainly of behaviours that had arisen on school trips. These findings again reiterate the need for sexual abuse awareness training to be made available to all school staff, including lunch time supervisors and travel escorts as well as teachers and classroom assistants.

Table 5: Has the school's designated child protection co-ordinator received relevant training?

Relevant training undertaken	% of schools
Yes	54
No	27
Did not say	19

Bearing in mind both the frequency and potential seriousness of sexual incidents which sometimes arise in special schools it was disappointing to note that little more than half (54%) of the school's designated child protection staff had received relevant training.

There are a number of possible reasons for this apparent lack of training for schools' child protection co-ordinators. It may be that those offering training in child protection issues to mainstream schools do not routinely offer the same opportunities to special schools; it may be that special schools do not feel that the training on offer is sufficiently well-tailored towards disability issues to address their particular needs; or it may be that special schools are simply too under-resourced to allow staff to be released from teaching and other duties in order to enable them to attend training.

It was also noticeable that this was a question which, for whatever reason, a relatively high proportion (19%) of respondents chose not to answer.

Table 6: Where was help sought from?

Help sought from….	% of schools seeking help from this source	% of schools having received help from this source	% of schools dissatisfied with this source of help*
Parents	54	50	7
School nurse	42	38	9
School Medical Officer	15	15	
GP	12	8	
Educational psychologist	46	35	25
Clinical psychologist	27	27	0
Psychiatrist	8	4	
Social services	54	31	43
YOT	8	0	
Police	23	15	33

[* Calculated as a percentage of those having sought help from this source]

When pupils had behaved in a sexually inappropriate or abusive manner, schools sought help and support from a wide variety of sources. The above table provides details of where special schools turned to for support, and whether or not they received the support requested. In interpreting these results it should be borne in mind that schools may or may not have made an approach to the individual or organisation best placed to meet their pupils' needs.

It was parents and social services who were most often turned to, with over half of schools (54% in respect of each) having sought help from these quarters. Next in frequency came educational psychologists, whose assistance with this problem had been sought by 46% of schools, followed by the schools nurse (42%), clinical psychologists (27%) and the police (23%). All other potential sources of help had been utilised by less than one fifth of respondents.

It was notable that, with the exception of the school nurse, schools had only infrequently turned to medical professionals, such as a school medical officer, child and adolescent psychiatrists, or pupil's general practitioner, for support. This may simply indicate that difficulties in obtaining appointments with such professionals has led to a situation where schools no longer bother trying to seek their support. Or, more positively, it could also indicate a decrease in the over-medicalisation of problems associated with learning disability and an increasing reliance on generic service supports, most frequently social services.

It was also interesting to note that whilst almost one quarter of schools (23%) had contacted police in cases of inappropriate or abusive behaviour, only 8% had sought support from youth offending teams. The fact that police had been involved indicates that schools were concerned that incidents may have constituted criminal offences, or that the behaviours in question had the potential to escalate into criminal offences if action was not taken. The low number of schools that had contacted youth offending teams may show that schools are simply not yet aware of the types of

expertise available from within this relatively new multi-agency service. However, it may also point to the possibility that youth offending teams have not yet fully developed their crime prevention role, or have not regarded special schools as targets for such work.

In respect of some potential sources of support, too few schools had made an approach to provide any clear indication about whether this source tended to be helpful or otherwise. In the above table, the percentage dissatisfaction was only calculated in cases where at least a fifth of respondents had sought help or advice from a particular source. Within this limitation, however, it would appear that parents, school nurses and clinical psychologists were generally speaking good sources of support, whilst educational psychologists (25%), social services (43%) and the police (33%) were sometimes either unresponsive or unhelpful. This issue, like others, was discussed in greater depth during interviews with school staff.

To conclude, the survey returns confirmed that special schools are dealing with incidents of sexually inappropriate behaviour between pupils on a regular basis. Furthermore, some of the incidents which had occurred constituted serious sexual abuse, rather than merely sexually inappropriate behaviours. Special schools did not always have policies in place to determine how they should respond to such incidents and when help was sought, from individuals and agencies beyond the school environs, it was not always forthcoming.

Interviews with staff in special schools
Building upon the evidence from survey returns, these interviews sought to gather a more in-depth understanding of the types of sexually inappropriate or abusive behaviour to which school staff had to respond. Questions also sought further detail about how policies were implemented; the circumstances under which outside agencies might be called upon; and the schools' perceptions of such agencies' input.

Before becoming engrossed in the detail of formal policy and response to untoward incidents, however, it is worth spending a little time examining the context within which special schools were operating. All of the teachers interviewed demonstrated a high degree of awareness and understanding of this subject matter and most were remarkably open in discussing the difficulties which they had sometimes faced. Teachers were concerned not only about how best to protect their pupils from potential abuse, of whatever kind and from whatever source, but also to ensure that they were supported to learn society's unwritten 'social rules'.

Sexual behaviour, in one sense, was regarded as being like any other behaviour; one teacher explained how behaviour management was much the same for sexual behaviours as for anything else:
> "Generally they're good at boundaries, as long as they're clear cut enough. I mean, they've got boundaries for other behaviour – what's acceptable and not acceptable."

In this context, it was common for interviewees to make reference to the fact that some of the behaviours they were discussing, although inappropriate and unacceptable within a school setting, were actually not unusual when viewed in light of 'ordinary' adolescent sexual experimentation:

> "Some things are just things that all teenagers do; it's not just something that our children do. And sometimes it's just a bit of horseplay that gets out of hand and that sort of thing. But it would be dealt with in a formal way, to say 'This isn't appropriate'."

There was also frequently a strong perception that young people with learning disabilities were at risk of being judged more harshly than others if they transgressed the unwritten codes of socially normative behaviour:

> "I think we expect our students to be more appropriate than mainstream pupils are with behaviours, sexual or otherwise."

It was in this wider social context that special school teachers explained their need to be seen to respond to even relatively minor incidents. Interviewees were often concerned about the potential negative outcomes for young people with learning disabilities if sexually inappropriate behaviours were allowed to pass without comment or intervention:

> "Sexual behaviours can become quite serious behaviours, because if people do it out of school - or as they get older – it can have dire consequences."

And such fears were undoubtedly well placed, with teachers giving examples of incidents that had resulted in just such undesirable consequences:

> "We had a case recently where a child was reported in the community masturbating. And it was [reported] through the police and they had to take their actions. And I think it's a real shame, because he doesn't understand the consequences of what he's doing."

At the same time, however, there was a concern that some behaviour could be misconstrued as sexual when it was not:

> "Very often with our children you will have one-off behaviours that could be interpreted as being of a sexual nature, towards another child, and you never see it again."

This was a particular concern for those teachers who worked with young people with autistic spectrum disorders, where unusual behaviours – often linked to differing sensory perceptions and sometimes to obsessive-compulsive actions - could easily give rise to misinterpretation:

> "A lot of what appears to be sexually motivated behaviour actually isn't. It's more to do with sensory issues, or issues to do with making communication and contact, but in a very inappropriate way. So it's very rare, really, that any of the inappropriate touching is related to sexual attraction or anything like that. So we would tend to deal with it in-house rather than looking elsewhere because there isn't a lot of literature available, to be quite honest, that's particularly useful when you're dealing with such a specific difficulty as autism."

Above and beyond these caveats, teachers were aware that the young people who attended special schools were quite probably more likely than their non-learning disabled peers to display sexually inappropriate or abusive behaviour. The reasons cited for this were manifold, including the possibility that they had been victims of sexual abuse. However, the most commonly cited reason for sexually inappropriate behaviour referred to by interviewees was that this was a group of young people who did not find it easy to learn implicit social rules, and who in any case may have been treated in such a way as to make such rules difficult to perceive. One teacher eloquently captured this concept, describing how:

"Many of our pupils do not naturally take on board the way people behave. So for example when they're small and they're all cuddly they run up and give you a cuddle. Nobody is going to think twice about it. If a child is in a mainstream school, as that child gets to the age of mid to high junior age they will not be running up to anybody and giving them a cuddle normally. You know, they will not be wanting to hold adults' hands all the time because they are developing their independence; their natural development is taking them away from that constant touching. And then they will save the hugs for the people that are special. That doesn't happen with the majority of children that come here. So, if you allow a child to hug you every time they see you, as the child gets bigger, they will not stop hugging you. So it is something that we have to teach, you know, 'We hold hands now; we don't hold hands now. You hug now; you don't hug now.' And the same will go for touching. I mean, you may get a kid whose thing is to stick his hand up your tee-shirt for example. Now he may have done that as a very young baby, as a comfort thing, but unless it's stopped or he's given an alternative behaviour chances are he'd keep on doing that. Now by the time he reaches seven if he's still doing it people will start thinking that's not right, children of seven don't stick their hands up somebody's tee-shirt. But he may not… you know, it is just a behaviour that he's always done, nothing sinister. So because they don't have a natural pattern of development, they don't just pick up on things. That is why I think there will always be a higher percentage of children behaving inappropriately in that sense."

In response to scenarios of this kind, staff tried to ensure that pupils understood enough about sexual behaviours to both protect them from potential abuse and avoid inadvertent untoward behaviours. Sex education – as part of a wider programme of PHSE (personal health and sex education) – therefore formed a core part of the curriculum in all special schools. In fact, many of these schools appeared to place a much greater emphasis on this element of their pupils' development than might be expected to be the case in mainstream educational settings. One teacher described their role as:

"Helping them to develop their own skills and to know what's acceptable and what's not acceptable."

Topics covered within the PHSE and sex education syllabus were broad:

"We cover everything from basic relationships. We cover emotions; we cover sexual development; we cover relationships of all sorts."

And interviewees were unanimous in making the point that teaching this subject would be varied according to the ages and abilities (both social and cognitive) of the pupils in any given class. Individual lessons could also sometimes be focussed quite specifically on topics of particular relevance to pupils within that class:

"If an issue arises then the lesson is either changed or brought round to being able to discuss that issue."

However, despite their best efforts, many teachers expressed doubts as to whether pupils in special schools were able to generalise from what they had learnt in the classroom and to apply this knowledge to real life situations. One teacher summed up the situation as:

"Able to understand it; yes. Give me the answer; yes. Tell me what they should do; yeah. But whether that's actually what happens in practice; I doubt it."

And another explained how:
> "We may have taught it through the scheme of work, the children have shown understanding at their own level but they then cannot transfer it into another situation when perhaps they may become sexually aroused. So it's that transfer of learning that's a real key issue."

On the issues described so far, all interviewees – and the schools they represented – appeared to share broadly similar outlooks. There were, however, areas where opinions and attitudes were more varied. This was particularly apparent in relation to what could be termed the 'sexual openness' within each school. Some interviewees described their staff team in very positive terms:
> "The culture of the school is that we do talk about masturbation; we do talk about periods; we do talk about sexual intercourse."
> "We communicate with each other on a whole myriad of subjects so it's very much part of our culture. So basically, no, we don't get embarrassed about sensitive subjects like this at all."

But this was not always the case. One interviewee described colleagues as expressing:
> "Horror at the idea that young people with learning disabilities could be sexually active."

And several others were aware that members of their staff team were not necessarily comfortable talking about sexual matters:
> "(For) some staff it's like second nature and some staff find it tricky and they would perhaps ask somebody else to help them. It's like teaching sex education; some people just don't want to do it and some people are just fine with it."

Overall, there was a sense in many special schools that a lot of the more negative attitudes about sexuality and learning disability were, with the help of training, beginning to fade. As one teacher put it:
> "Before, I think it was the perception that children – students with learning disabilities – did not have sex."

However, as the – often older - staff who maintained such beliefs gradually left, newer, younger staff tended to have more open and positive attitudes.

In terms of ensuring measured, consistent responses to sexually inappropriate or abusive behaviours, the degree of ease which staff felt in discussing sexual topics was important. Being able to talk about sexual behaviours freely appeared to enable staff to ensure that untoward behaviours were acknowledged and monitored effectively. In policy terms such openness also seemed to correlate broadly with an ability on the part of a staff team to agree how policies would be implemented in a consistent manner. The other factor here, however, was whether relevant policies not only existed but were actively implemented.

Policies and guidelines
Prior to interviewing, survey returns had already indicated that few special schools (a mere 19%) had formal written polices in relation to sexual behaviour. When asked if their school had policies in place to help guide staff responses to sexually inappropriate or abusive behaviour, interviewee replies varied enormously, ranging from:
> "Not really, no."

Through:

> "There is a formal policy that tells us, but I think probably a lot of people, if I'm honest, have probably never read it."

And:

> "Not specifically. We've got a child protection policy that […] I wrote when I came to school because they didn't have one"

To:

> "We have a child protection policy that all staff have to read and have to sign to say that they have read on an annual basis. And I keep a record of that. […] And within that it sets the structure for who should be the person to go to and how to log concerns and all those sorts of issues. But it doesn't, at the moment at least, specify issues of abuse by one child to another."

In fact, few of the schools where interviews were undertaken had clear, written guidelines which specifically addressed the potential issue of sexually inappropriate or abusive behaviour between pupils. Most appeared instead to use a pragmatic mixture of behavioural and chid protection policies. As one interviewee succinctly explained:

> "It's all bound up [together] really; the abuse policy and the behaviour policy."

Many, but not all, special schools had developed their own behavioural and child protection policies. The best of these were dynamic documents, which were regularly updated:

> "The regular review means that every time anything has happened it's actually altered the policies and procedures. […] So because this has been going a while it does tend to cover most – well, everything really."

In addition to any such individual policies and procedures, all schools held copies of the child protection guidelines issued by their local ACPC (Area Child Protection Committee). These guidelines were most often found to be helpful, and several interviewees specifically commented that local ACPC guidelines were of more use than the more general guidance issued by central Government, such as the *Working Together* (Department of Health et al, 1999) document. However, even the ACPC guidance sometimes attracted criticism, for not taking into account the particular needs of special schools:

> "It's very much a case of they are generic documents that are suitably bland and not necessarily written for our setting."

And for failing to offer sufficient practical advice on how staff ought to respond when incidents arose:

> "How do staff deal with it on a daily basis, you know, on a face-to-face basis with the child? And that's the question I constantly ask. […] It's usually, you know, 'Keep it calm; play it down; distract' - all the things that we would usually do. But we very rarely get 'Right, if this happens again, the best thing to do is A, B, C.' We don't get that."

By and large, however, it was accepted that external policies were not designed to provide tailored advice, but that they were nevertheless useful in setting out a broad framework within which schools felt able to ask for further support:

> "I don't think there's anything that fits very effectively because you can't guarantee any sort of behaviour. But what it does allow – the procedure – is to say I can phone the local social services."

Although formal policies and procedures cannot provide the answer for every given situation, special schools were clearly receptive to the idea that guidelines for responding to incidents should be developed. Such guidance could help school staff to not only feel confident in making the necessary immediate response to situations arising, but also to know when to contact other agencies for further support.

Policies into practice: responding to incidents
The extent to which schools felt confident in making the decision to involve social services, or other outside agencies, will be discussed later on in this chapter. Before coming on to that, the responses made by school staff to different incidents and how such events were recorded will be examined.

On a theoretical level interviewees were unanimous in agreeing that there were four key factors which determined how seriously any particular incident would be taken:

1. **The act itself**. Some behaviours, such as public masturbation (which was not uncommon) were regarded as simply inappropriate: something to be discouraged and prevented if at all possible, but not necessarily a cause for further concern. Other behaviours, particularly anything which involved direct physical contact of a sexual nature between pupils, were always regarded as serious matters.

2. Any significant **imbalances of power** between the two pupils involved. This might be in relation not only to differences of chronological age, but also differing physical and cognitive ability. The assumption here was that if two pupils of similar ages and abilities were behaving in a sexual manner with one another then it might well be consensual experimentation, whereas any suggestion of a power imbalance could imply coercion and was therefore potentially abusive.

3. **Attempts at secrecy** were likewise cited as an indicator that a given behaviour was possibly abusive. Since much sexually inappropriate behaviour was displayed innocently and openly, attempts at secrecy were interpreted as an indication that pupils knew what they were doing was wrong; such incidents were therefore regarded as more likely to be abusive.

4. **Repetition** of even relatively low-level sexually inappropriate behaviour was also viewed with concern. The implication here was that if the usual behavioural interventions failed to prevent the continuance of a behaviour, then it could suggest numerous difficulties. One was that the behaviour might, at some point in the future, escalate into more serious acts of abuse; another was that the behaviour might be an indication that the pupil him or herself had been sexually victimised in some way and needed supportive interventions.

The issue of whether the school's reaction to an incident might differ according to whether the act in question was homosexual or heterosexual in nature was raised with each interviewee. In every case, the respondent did *not* believe that their response should – or, indeed, *did* - vary in line with whether the alleged participants were or were not of the same sex.

Despite the clarity with which interviewees were able to discern between theoretical scenarios, in practice any decision to intervene and/or record an incident was much more complex. It was not always clear that all staff in a school were equally consistent in recording minor indiscretions which might provide early warning of

damaging patterns of behaviour. Some schools appeared to take a fairly relaxed attitude to formal recording:

> "I would record something like actual aggressive sexual groping, either pupils on staff or pupil on pupil. We wouldn't record every sort of mention of sexual innuendo or sexual swearing, that sort of thing – you couldn't possibly."

Whereas others ensured that every incident, however minor, was formally noted:

> "When staff notice anything that they are concerned about – and this will again involve any sexual activities that have been going on – they will refer it immediately to myself or the head teacher."

Once a behaviour had been officially noted, interviewees all stressed that any response or intervention would be made very much on the basis of the school's knowledge about the particular children involved:

> "It would come to me and I have to make a decision, or a judgement if you like, taking into account all the information I have. […] Was it accidental? Was it deliberate? Has it happened before? I look at who's done it, where it's happened, you know, everything to do with it."

There was a strong sense that school staff who knew their pupils well were well-placed to determine whether or not any given incident was out of character, likely to be repeated, or posed a threat to other pupils. A minor incident that was determined to be merely inappropriate rather than abusive was usually dealt with immediately, and in a fairly low-key fashion. For example, here an interviewee describes how staff would typically respond to pupils exposing themselves:

> "Lots of children do expose themselves, some on purpose and some just not understanding that that's not what you do. So right from the beginning and right through school they're told quite clearly – there's no sort of beating around the bush and using innuendos."

If an untoward sexual behaviour was repeated, the first step was usually for staff to devise a simple intervention:

> "If a child is causing us concern, then that child would have an individual case plan. […] Initially it's the class team, with support from a senior member of staff who would draw up the plan."

For less serious behaviours, it was only after interventions devised by school staff had failed to prevent recurrence that a decision would be made to seek help from outside agencies. Those schools – roughly half of the interview sample - which did keep rigorous incident logs found that these played a vital part in helping staff to decide when there was a need to involve individuals or agencies from outside the school environs:

> "We do have systems in place and they're monitored regularly. And if things escalate or don't improve then, you know, you just press up the ladder to more assistance from outside."

Seeking help: parental involvement
Whether as a result of a period of monitoring or in response to a single more immediately serious incident, the people to whom special schools most often turned for support were parents. In many special schools, parents were automatically informed as soon as any sexually inappropriate or abusive behaviour was noticed:

> "We'd certainly let parents know that something had happened, even if it's only a telephone conversation saying we've dealt with it, but they need to know."

And in other schools, although the involvement of parents was one step further along in the process, it was still very much the expected route:

> "If it had been repeated and the staff and I were concerned enough about it, then the first thing would be to have a meeting with the parents, to find out if it's a behaviour that's also exhibited at home."

In fact, although the majority of schools informed parents of *all* sexual incidents involving their child – whether as consenting participants, alleged victim or alleged perpetrator of abuse – this was not always the case. A minority of interviewees explained how, particularly when more serious acts of sexual abuse were believed to have occurred, the school would report the matter directly to social services without informing parents:

> "I wouldn't have any contact with parents if I'd made a child protection referral."

The reason for this was a concern that any sexual behaviour exhibited by a child – particularly anything which was not within the child's normal socio-sexual developmental range – might be an indicator that the child was the victim of sexual abuse. And, if the child was being sexually abused, it could be occurring in the home:

> "I might go to social services first and ask their advice as to whether I inform parents, in case it's something a child has witnessed at home and then introduced here."

Another interviewee described the situation which might arise if parents were contacted before information was passed to social services as follows:

> "If you phone a parent and say 'I'm going to make a referral, can I have your permission?' 'No.' (laughs) No! Where do you stand? So what I will do, I will phone social services and I will pass on information to them and I will say to the social services 'I am happy to tell the parents - but tell them what I've done, not ask for their permission'."

However, a minority of interviewees did stick very determinedly to the belief that parents *always* had a right to know before any further referral was made to an outside agency. One even described a situation where, having telephoned social services for advice and been told that a referral should be made for further investigation of the child's home situation, the school refused to hand over details of the child until *after* they had been in touch with the parents to tell them what was about to happen:

> "They wanted me to refer immediately, and they weren't very happy when I said 'No, I will not give you the child's details until I have spoken to the parents', because I had promised the parents that."

Whatever stance they took on the issue, informing parents was evidently an issue which interviewees felt strongly about:

> "We work in partnership with parents. I don't think it would be ethically right if we chose not to tell parents."

Or, by way of contrast:

> "When the Human Rights Act was brought in a couple of years ago we had major changes in the rules that said you had to contact parents before you made a referral. And I was just absolutely up in arms about this. I was just so livid that it was just another angle where they were saying to teachers to put

themselves in the firing line." [N.B. This interviewee's interpretation of the Human Rights Act is not, in fact, correct]

Part of the difficulty was that many, if not most, interviewees were able to vividly recall situations where social services had – from their perspective – made rather heavy-handed approaches to parents, which had in some cases destroyed previously positive relationships between school and home. It was this, as much as anything else, which appeared to make some schools keen to maintain their role as the main contact between parents and statutory services. In some cases, however, it had proved possible for schools to agree with social services how such situations would be handled, which were of benefit to all parties:

> "I think the major change that has happened - from us having to inform social services first to being able to handle it ourselves - has been much better because schools like to have that relationship with parents and we often felt before that, depending on how it was dealt with by social services, you know, sometimes social services have gone in and - we've felt - taken a very harsh approach to parents; whereas if we'd have dealt with it we'd have gone in gently."

Regardless of the reasoning behind the stance taken by any particular school about whether or when to inform parents, all schools were in essence having to pre-judge the situation; to decide whether the parents were more likely to be the cause of any untoward behaviour or a key part of preventing its recurrence. This is clearly the most delicate of judgements, but also one which schools are unable to avoid. A more explicit acknowledgment that this is the judgement they are being asked to make may help some school staff to make the right call, as might more training on issues of children's sexual behaviour and signs of abuse.

Seeking help from social services: advice and child protection referrals
The decision to involve social services appeared in general to be less emotionally charged than whether or not to inform parents. As indicated above, some interviewees would only consider contact with social services after work between the school and home had failed to have a positive impact:

> "If the behaviour was persistent and causing enough anguish on the part of either child that I'd need to bring it to the attention of parents, and between us we hadn't been able to get our heads around it, then I might consider approaching social services or child protection for advice."

However, it was more common for the decision on whether, or when, to contact social services to be made on the basis of both the nature of any given incident and the school's belief about their ability to handle the situation:

> "There'd be a balance between the seriousness and our effectiveness, I think."

It was difficult to ascertain exactly the kinds of situation to which the above rule of thumb might be deemed to apply, but one attempt to capture the essence of this was summed up as:

> "Well a really nasty sexual assault on someone or someone coming in and exhibiting very strange sexual behaviour that you're thinking 'This is a bit odd', or even then somebody coming in and saying something that seemed age inappropriate, somebody who you feel shouldn't have the sort of knowledge of the sort of sexual activity that they're talking about."

In the first instance, what schools most often wanted from social services was further information about the pupil's home situation which might help explain any situations which were being acted out in school:

> "I think sometimes they've been able to give us some more information on the home situation which has helped us you know fit the jigsaw together probably."

A significant factor in making this decision also appeared to be the school's previous experiences of seeking support for sexually inappropriate or abusive behaviour from social services. In a wider context (i.e. contacts related to broader aspects of disabled children's welfare, rather than necessarily having a focus on child protection issues) interviewees spoke warmly of their colleagues in social services:

> "I feel very positive about social services; they are very supportive. And I think that comes from quite regular contact in one context or another."

However, although interviewees unanimously expressed sympathy for the difficult job which social workers had to fulfil, not all were happy with the response received when seeking help on behalf of their pupils. There appeared to be two key factors, either of which would make a positive outcome more likely when a special school made contact with statutory social services.

The first was whether or not the child already had a named social worker, prior to the school wishing to raise concerns about a particular incident. Where there was a named social worker, schools generally felt able to contact that individual and ask directly for advice and support. This including checking whether there were any factors in the pupil's home environment which were already logged by social services as cause for concern. In one or two cases even named social workers were criticised for attending a review without having ever met the child in question:

> "A lot of the parents have never met that social worker. A lot of the students have never met that social worker. Some of the social workers come to reviews and have never met the children."

However, this was not something which *necessarily* affected the ability of a social worker to offer advice on whether a formal referral for a child protection assessment was required.

The second factor, which came into play when pupils did not have a named social worker, was whether the school's designated child protection co-ordinator had built up a good personal relationship with individual social workers. If this were the case, then any concerns could be raised via a simple phone call:

> "If people haven't got a social worker then we would just phone the social work team and say, 'Can you help us?' Although there are people who we know, who we would tend to go to […] we might just ask to speak to them because we know them."

Such examples of good communication leading to positive outcomes were not always the norm when issues of child protection were involved. Difficulties between schools and social services most commonly arose in the absence of personal contacts; when the school was forced to contact the duty child protection team rather than have a discussion with someone they already knew. The most common complaint was that, when schools made contact via the duty social work team, social workers were not prepared to offer *advice*. One interviewee complained that:

> "If you phone for advice they always take it as a referral."

And this was directly connected to the fact that contact was with the duty team:

> "Once I've got a social worker's name, or say a social worker has been attached to a child or a family, then that's not a problem - you develop a working relationship and that's fine. But if you pick the phone up and just say 'This has happened, what do you think?' No, it goes through, in this area, it would become a referral."

Interestingly, however, this was not the case for every school in a given local authority area. Indeed, some schools had succeeded in developing positive relationships even with teams of duty social workers:

> "If a person has not got a social worker then the duty officer will then make a decision on whether they need to be involved at a more aggressive level or at a more sort of passive level. But it's one of those things that I have no qualms at all about just phoning up and saying 'Can you just listen to this.' And that again I think is because they know us and they know where we're coming from and so it just, it just seems to work."

It was not clear whether different duty teams within a single local authority were interpreting the rules differently, or whether some such teams perhaps had a lower staff turnover which enabled special schools to develop ongoing relationships with particular social workers. What was clear, however, was that many schools had not managed to develop good relationships – or, indeed, good lines of communication, between themselves and duty teams. This is how the problem was described:

> "If you just go cold to somebody quite often it triggers a 'We must investigate it' because they don't know us and they don't know the school."

Others were less forgiving in their analysis and complained that any attempt to elicit advice ran the risk of triggering an official 'section 47' child protection investigation. This fear on the part of school staff may have been due to their memories of previous difficulties, which had made them reluctant to try asking for advice again. But in some cases it was also linked to the chronic pressure under which social services had to operate. This, school staff felt, made social work teams reluctant to get involved in anything which might take up time and resources. One interviewee said that:

> "In this area at the moment we've just been told they can't do anything other than child protection. So there's no preventative stuff. And sometimes we can see what's going on. We can see that a bit of help in the home – just to explain that perhaps if the boys slept in one room and the girls slept in another – that might help."

Again, others interpreted this reluctance of social services to get involved in a slightly different light. They were concerned that it was not simply due to social services being overstretched, but because – as a result of being overstretched – they were specifically avoiding involvement with children with learning disabilities, because such cases were likely to be more complex and time consuming than other cases:

> "If it was a child in a mainstream school with normal ability, with the power to actually say 'This has happened to me and I don't like it', I think they would take it more seriously."
>
> "I think they can also easily be talked into the fact that this is not to do with sexual abuse, it's to do with disability. […] And I've seen several things where I've felt - hang on, this is child protection changed to children in need because the child has got a disability."
>
> "I would like social workers to respond as if I wasn't working in a special school, because the minute you say the name of the school then you can

hear the silence. […] It does mean more work, but I'm sorry, that's just the way it is."

Seeking help: psychology and therapeutic input

Although social services were the agency most frequently contacted by special schools in relation to sexually inappropriate or abusive behaviour, other individuals and organisations were also used. The choice of which organisation or individual to contact was made on the basis of the school's best judgement as to the provenance of a difficulty:

> "We'd involve social services if we felt there were extended home difficulties; we'd involve educational psychologists if we felt it was more behavioural linked. We do have our own behaviour co-ordinator, but if they were finding it difficult then we would ask ed psych."

The most frequent complaint about educational psychology services, clinical psychology services and child and adolescent mental health services (CAMHS) was simply that there were not enough of these services to go around. Special schools did each have an allocated amount of support from educational psychology services but this was a strictly limited service and schools were reluctant to use this support unnecessarily:

> "Because their time is so limited we only involve them if it comes to such a point that we can't cope."
> "The educational psychologists - we can seek help from them but it's quite difficult because they can only give each school so many hours per year, which they've probably already given us."

As with social work interventions, satisfaction with psychologists and psychiatrists appeared to be as much to do with the personal characteristics of individuals as with accessing the knowledge base that a particular profession was deemed to hold:

> "If you're lucky you get a good one, but if you're not lucky then you just do it yourself and use your common sense [to devise behavioural interventions]."

Where schools were dissatisfied with such input, it tended to be because of a (real or perceived) inability on the part of the therapist to understand the school's perspective; a situation which may have at times been exacerbated by the lack of therapists with knowledge of learning disabilities. Sometimes this was expressed in terms of difficulties with a particular case:

> "They were saying well he's doing this for attention seeking. And we disagree with that. […] *We* said "Well he's deliberately not doing it in any way to get attention and he's doing it deliberately in a secretive way."

And at other times it was born out of a sense of frustration that the therapist was unwilling (rightly or wrongly) to listen to the opinions of teachers:

> "A lot of these people tend to listen to the child, but not see the wider picture, or to see where they're coming from, or to understand the depth of their difficulty. Because the child may be articulate but their level of understanding may be extremely superficial. And the expert – as it were – is taking them at face value, everything they're saying. But actually if they were to be with the child for a week they would see that what the child said and what the child did were two very different things."

Or to stick to working with the issues which teaching staff felt to be most important:

> "Her input was very good. You know, she came with me to do a home visit. Unfortunately that sort of threw her off what I felt was the agenda [the child's sexual behaviour]. She sort of latched onto the fact that the parent didn't know how to play with this child."

Getting hold of effective therapeutic input was therefore often regarded as, at best, time consuming:

> "If we do identify somebody in need of therapeutic support, it's incredibly difficult to get it. It's rarely done through social services. [...] It's hard to find, it's hard to organise, and it's very much left to us to do it because nobody else will really push to do it."

Or, frustratingly, as something which other agencies failed to make available even after having decided that it was required:

> "It was agreed [at a child protection conference] that this child would receive therapeutic input, because everybody was going 'He needs help'. He still hasn't had any input and this was nine months ago."

A novel response to this was for the child protection co-ordinator in one school to train as a psychotherapist. This decision appeared to have been driven in part from a very real sense that most therapists failed to understand the communication and developmental needs of young people with learning disabilities:

> "When I was working with sort of psychiatrists and people, when I was doing my training a lot of them really didn't understand the level of understanding that [learning disabled] people have got and the level of expression that people had got. And I found that quite difficult. Often people interpreted things as being something different, when you could almost see that it was probably because they just didn't understand - because the question they'd asked was a very difficult question. And then they would interpret that as they didn't want to answer it. You know, people really have got to learn the level of understanding."

Seeking help: police and youth offending teams
The majority of schools where interviews took place had never approached the police regarding any situations of sexually inappropriate or abusive behaviours. In fact, in most schools the only contact with police took the form of their input in the community safety modules of the PHSE syllabus for older pupils. Most, but not all, of the schools where interviews took pace had a link police officer (this is mandatory for mainstream schools). Even when a link officer was in place, special schools did not always use this officer as a source of advice or support for sexualised behaviours:

> "We do have a link police officer [...] but to be honest anything to do with any child abuse or any sexual behaviours we wouldn't actually go to him, we would go through social services."

In the limited number of cases where police had been involved, it was usually not the school that had first contacted them:

> "I have never myself contacted the police directly, so the police have only been involved because social services have involved them. [...] it's usually at a strategy meeting or a conference and it is usually a child protection officer."

Although police were more often used in their child protection capacity than as a point of contact with the formal juvenile criminal justice system, there were instances of the police being used in preventive roles. This might occur where there was felt to

be a danger of inappropriate sexual behaviour escalating into something more serious:

> "We might involve the community policeman in terms of just explaining - if this happened outside - what the consequences would be, but that depends on the understanding of the pupil."

As had already been demonstrated through the survey returns, special schools very seldom turned to youth offending teams (YOTs) for support or advice. In fact, only one interviewee reported ever having had contact with their local youth offending team. This appeared to have been a positive experience:

> "They've been better in some ways than social services. [...] It's still down to individual personalities, but one of those [a YOT worker] has been extremely helpful in a case where one of our pupils was being accused of sexual assault."

But this was a potential source of specialist support, particularly in cases of serious sexual abuse or sexual offending, which most schools had yet to make much use of. And it may be that special schools remain largely unaware of the nature of support which is available from these teams.

What support did special schools want?
The recurrent theme, whenever special schools had to ask for support from outside agencies, was that the response they received depended upon two factors: the personal attitudes and abilities of individual professionals and the extent to which the school had succeeded in previously building a relationship with a named individual within a particular organisation. Given the complexity and sensitivity of situations where pupils were displaying sexually inappropriate or abusive behaviours, the fact that individuals were regarded as more important than structures was not surprising. Time and again, whether talking about social services, psychologists, police or any other group of professionals, personal qualities were highlighted. Such qualities cannot be mandated, but the chance of any given individual being able to offer effective advice and/or support can be improved if more staff are in possession of relevant knowledge and receive relevant training. Special schools believed that general improvements in agency responses could be achieved if staff were better informed about issues relevant to learning disabilities. At the same time, some of the ambivalence on the part of special schools to seek help from social services or police must be seen in light of the fact that each of these agencies has the power to decide whether or not an incident which occurred in school should become a matter of more public concern.

When asked directly about changes they would like to see to existing systems of support, interviewees repeatedly emphasised the current lack of awareness and understanding of special needs within generic organisations:

> "There's a lack of knowledge about special needs; lack of knowledge about autism; lack of knowledge about learning difficulties; lack of knowledge about speech and language problems."

And called for better training:

> "Training about autism and specific disabilities and how that affects children."
> "I think maybe anyone who is going to have any dealings with people who've been sexually abused and who've got learning disabilities should themselves be educated in sexual abuse matters and have good training in disability. And

I think that good training in disability is something that's so wide, it's wider than people think it is."

One interviewee contrasted the lack of understanding of learning disability within many social work teams, with the expectation that special schools should play a significant role in frontline child protection:

"I mean part of my, a very small part of my job on paper is child protection. In reality it's quite a large part, but it is all part of my job. I am expected to acquire the training I need to do that job, to do it to the best of my ability, in order to meet the needs of the pupils that I work with. I don't know what social services provide for their staff with regard to training, with regard to children with special needs: do you know what I mean? […] It seems to be that people are more aware of us now. I think we've got to the awareness stage, they know we exist, they know they've got to deal with us. Now they need to move on a little bit and provide some appropriate training for the staff, however minimal it is."

Schools were not trying to suggest that their role in relation to child protection should be diminished, but rather that they needed help to ensure that, in the more complex cases, pupils were given the right support:

"We're a school, a special needs school; we're not specialists in dealing with sexual abuse. […] What we're looking for is advice on how we can approach it or what things we can put in place to support the child."

It was clear that special schools regarded dealing with minor incidents of sexually inappropriate behaviour between pupils as a part of their holistic role. Staff were broadly confident in judging how to respond to such situations and intervening to prevent them from escalating into anything more serious. They were keen to emphasise the similarities in this respect between their pupils and those of similar ages in mainstream education.

However, specials schools were equally well aware that situations sometimes arose which they were not equipped to deal with. In such cases they were often dismayed to find not only that resources were scarce, but also that pupils in need faced additional barriers to accessing specialist resources due to over-zealous interventions and/or lack of understanding of how learning disability impacted upon the situation.

Chapter 4

Case studies of young people with learning disabilities known to statutory social services because of their sexually inappropriate or abusive behaviour

An estimate of frequency
Over the twelve months that this project was gathering data, a total of fifteen 'case study' interviews were undertaken. Each of these was an interview about a young person, with some degree of learning disability, who social services were aware had been behaving in a sexually inappropriate manner. There were undoubtedly more, similar, cases that were open during that period of time in the four participating local authorities. This is known both because of requests for help regarding long-running cases received by the Ann Craft Trust shortly after the data collection period ended and because cases were lost to the study when key workers left. In terms of an estimate of how frequently social services deal with such cases, this study is therefore unable to provide any definitive answers. However, a rough measure of likely national incidence can be extrapolated by calculating the average number of cases in each of the four participating authorities and multiplying this by the number of local authorities in England with a social services function (n = 127). This would suggest that there are conceivably another 476 similar active cases across England; a figure which rises to 603 if calculated on the basis of including cases which the Ann Craft Trust was aware of, but which were not included as interviews. That is to say, there are an estimated 500+ young people with learning disabilities whose sexual behaviour poses a threat to other (mostly young) people and whose personal life chances may be compromised by a failure to effectively address their needs.

Although further details of the types of sexually abusive behaviour will be given later in this chapter, it is worth emphasising at this point that the behaviours which had led to the involvement of social services were serious in nature – acts of sexual abuse, many constituting criminal offences, rather than being 'merely' inappropriate.

What is a learning disability?
As has been outlined in the chapter on methodology, there were concerns expressed by senior managers in all four participating authorities as to how the term 'learning disability' should be defined. In light of this, each case interview was opened by asking the interviewee to define what they understood by the term. They were then also asked to explain how they came to understand that the young person to be discussed during the interview did, in fact, have some degree of learning disability.

Although many interviewees expressed doubt regarding their ability to define learning disability, the answers they gave to this question were for the most part quite astute. Cognitive aspects of learning disability dominated the definitions given:
> "Someone who has got a limitation on their thinking, so they are not able to think as clearly and as thoroughly as other people."
> "It's about a young person or an adult not able to actually process information and put it in its right context to actually then make sense. So it is that lack of processing within the brain itself."

But a couple of interviewees did go further and make reference to both cognitive *and* social or behavioural aspects of the condition:

> "I would define it as a wide range of difficulties, which affect different people differently, but affects their ability to absorb, retain and utilise information […] whether that's academic stuff or social situations."

> "I would say it is anything that interferes with somebody's ability to learn, for whatever reason. And that could be cognitive functioning, behavioural difficulties or any other thing that impairs their ability to learn."

Of those who were less certain in their assertions, the difficulty was generally that they did not think it was within their role, as a social worker, to define such a label:

> "Social workers have little understanding of how it is defined, they just know the term as it is passed on."

> "I don't know that I can define it particularly because the areas that we work in are areas of special needs. […] The only way I can define it really is that it is part of an ongoing assessment and that we need to look at perhaps talking to other professionals, to establish what range of disability there was."

In practice, most interviewees relied upon the fact that some other authority – primarily psychiatrists or (educational) psychologists – had already diagnosed the existence of a learning disability:

> "[The diagnosis] was passed to me through the file and through discussions with the previous worker."

> "It was defined even before I accepted the case by his educational statement; the educational psychologist assessed that he had got a learning disability."

> "I'm always bound by somebody else's medical diagnosis."

Attendance at a special school or the presence of a statement of special educational need were also often used as key indicators that a learning disability was present:

> "His parents actually told me he had been statemented. And by telling me that he had attended **** school, I obviously realised that is a special needs school."

In authorities where statementing was less common, there was evidence of the necessity of closer liaison with mainstream schools in order to ascertain a young person's abilities:

> "He is not statemented, but he is part of the special educational needs set up in that he has learning support. And he has learning support more or less on a daily basis for most of his lessons."

And there was also an understanding that educational statementing did not, by itself, necessarily mean that a particular young person had a learning disability:

> "The young man that I am going to talk about today has got a statement of special educational needs. I've got other people on my caseload, who have similarly got SEN statements, but I would not consider them to have a learning difficulty."

Overall, until put on the spot during an interview, frontline staff appeared to have few concerns about how to determine the presence of a learning disability. That is not to say, however, that there were not sometimes confusions and inconsistencies over the use of definitions and worries about how to get the best services possible for young people who appeared to be struggling and yet lacked any official diagnosis. This situation was summed up by one youth offending team worker:

"I am confused between learning difficulty and learning disability. And I think with a lot of them – you know – we see them coming though and they are undiagnosed and we have to work with them. And we wait to try and get some kind of diagnosis from mental health services in order that we can provide them with the appropriate services."

Demographics of the case studies

The primary aim of this research is to explore how statutory services identify and respond to incidents of sexually inappropriate or abusive behaviour perpetrated by young people with learning disabilities. However, in order to understand these services responses it is first necessary to know a little bit about the individuals in question. This information is provided in aggregate, rather than in the form of individual vignettes, in order to maintain confidentiality. It is important to remember that every case was different; part of the difficulty for workers is that there are no 'norms' in cases of this type.

Age, gender and ethnicity

The young people ranged in age from 11 to 17 at the time of their alleged sexually abusive behaviour, with a peak at age 13-14. This is broadly in line with the age profiles of juvenile abusers found in other studies.

Fourteen of the young people in question were male and one was female. Again, this ratio is within expectations. Most available evidence suggests that juvenile abuse is much more commonly perpetrated by young men than by young women, although recently the Lucy Faithfull Foundation (www.lucyfaithfull.co.uk) has reported that women perpetrate sexual abuse more often than was previously believed.

Thirteen of the young people were white; one was of African-Caribbean descent and the other had a dual heritage of white English and African-Caribbean. In the two cases where the young people were from minority ethnic communities there was no indication that their ethnic background had any direct bearing upon their behaviour, or upon statutory service interventions.

Home life

The young people came from a variety of family backgrounds. The table below indicates their relationship to the adults with whom they shared a home.

Who did the young person live with?	Number
Mother & father	4
Mother	6
Father	1
Grandmother	1
Foster family	3

Compared to a random sample of young people, this group appeared to be more likely to have experienced disruptions to their family life, with only just over a quarter living with both of their parents. Where the young person lived with one parent there were often step-parents involved: one step-mother and three step-fathers were known to reside with young people. In the other three cases where the person lived with their mother it was not known whether or not another adult shared

the family home. The young person who lived with his grandmother was placed there on a care order, following emotional abuse from his mother.

In two instances, case notes indicated that the young person's mother also had some degree of learning disability. This is a far higher incidence of maternal cognitive impairment than would be expected in such a small sample.

The incidence of fostering was also notably high within the sample. In one case the young person had been placed in foster care as a direct result of his sexually abusive behaviour (previous awareness of his being abused had failed to trigger this intervention). In the other two instances, young people who were already being fostered due to issues of familial abuse and neglect had subsequently begun to act out in sexually inappropriate or abusive ways. Compared to the rest of the sample, the acts alleged to have been perpetrated by these two young people were less serious in nature. It would appear that their sexual behaviour had come to the attention of statutory services largely because they were already known to those services.

To summarise, this was a disparate group of young people. They were of varying age, gender and ethnicity; their family backgrounds were not distinguished by any shared characteristic. In short, they had – on the surface - little in common except for the fact that each had some degree of learning disability and each was alleged to have perpetrated one or more incidents of sexually abusive behaviour.

Education
As shown below, the young people's educational background was divided evenly between three categories.

Educational background	Number
Special school	5
Mainstream school, with statement of educational need	5
Mainstream school, without statement	5

The young people who were educated in mainstream settings were usually part of a SEN (special educational needs) group within their school; this was the case regardless of whether or not they had a formal statement of special educational needs.

Because of the differing statementing policies of the various local education authorities within which the research was undertaken, there was no automatic correlation between a young person's degree of learning disability and their educational placement. Most of the young people were described as having 'mild' or 'moderate' learning disabilities; one was statemented as having 'severe' learning disabilities.

Because schools are, at least up until the age of sixteen, a universal and compulsory service, they have an important role to play in the lives of all young people. Teachers and other educational staff may be in a much better position than social workers to spot difficulties with sexual behaviour as they emerge; the interviews with staff in special schools certainly demonstrated that, within that setting, there was a strong emphasis placed on both behavioural interventions and sex education. Only a quarter

of the young people in these case studies, however, attended special schools and in mainstream secondary schools the degree of individual supervision and tailored learning packages was much lower.

With regard to sex education, interviewees most often either did not know whether the young person in question had received sex education at school, or thought it unlikely:

> "He is not at school at the moment, so he is not receiving anything."
> "He was due to receive sex education last year, prior to leaving primary school, but my recollection is that **** (the authority where the young person lived with his foster carers) won't give sex education in their schools unless it's specifically asked for by the carers. […] So I try my best to talk to him about these things."
> "[There was sex education at school, but] as with most children he just didn't do much listening when he was there."

Young people who attended special schools were more likely to have participated in sex education, but (echoing the concerns expressed by special school teachers) several interviewees expressed doubt about whether the information imparted during these lessons was fully absorbed by young people with learning disabilities:

> "There were regular meetings going on and myself and the school looked at a programme where she would get one-to-one in school around those issues [protecting herself and not instigating inappropriate or abusive behaviour towards others]. I think twice a week she would have a half hour session with teacher to specifically go through those things, reiterating areas that were relevant at the time. But obviously part of the young person's difficulty is around retaining or being able to use the information given to her."

Or, indeed, whether there was any way of knowing what the young person understood about matters of sex:

> "He had been getting worse and worse and getting excluded, which is why we tried to get him into a special school. […] About a year ago we did an assessment and action record, which ironically identified that he didn't have any knowledge about sex, about puberty or the effects of puberty on his body. Which he probably doesn't, but it was quite ironic - saying he knew nothing about sex, but he managed to do it with his sister a couple of months later."

Over and above their role as supposed providers of sex education, schools played a variety of other important roles. This included directly supporting young people who were neglected at home:

> "For two years he was actually kept going really by school and the special educational needs group. […] He never missed a day at school, because that's all he'd got."

And indirectly supporting individuals by monitoring their behaviour around other vulnerable young people, thus preventing further potential episodes of abuse:

> "School work very, very closely with us. They attend all our planning meetings. […] there are issues at school and he is watched constantly; and if teachers aren't watching him he has been known to slip off into the toilet and follow a male in there."

In general, interviewees praised the commitment and support offered by teachers and other school staff. The following are but a small selection of their accolades:

"Fantastic, absolutely fantastic in this particular case."

"School were very involved with the conference procedures and regular meetings"

"The school were very supportive and very good at communicating what was happening. In fact, since he has left there – even though they are not getting paid – they have still remained involved to some degree."

However, the same rosy picture was not evident when social workers had to have dealings with the local education authority (LEA). In particular, difficulties were apt to arise where a young person had moved across LEA boundaries:

"I think the difficulties emerged when he moved from ****. […] Our communication with the senior branch of education (the new LEA) has been very limited, but our work and communication with the school on the ground has been very good."

"[Since he moved into the area] trying to get him into school has been a nightmare; he has been out of school now for eighteen months. He's recently been to see a school that caters for those with autistic spectrum disorders […] however we've just been turned down on the grounds that he presents too much of a danger to other children."

In addition to these occasional difficulties when liaising with LEAs, there was a more common problem in relation to young people aged 16+. Many of the young people, including some of those who had previously attended special schools, were enrolled at tertiary (further education) colleges.

"I think a high percentage of young people from a school like **** [a special school] , children with learning needs, do go on to college education."

Special courses at such colleges were intended to provide a vocational curriculum and/or life skills training appropriate to individual needs. However, colleges tended to offer a less structured and less protected environment than schools. Communication difficulties between parents and/or social services and tertiary colleges arose regularly. In one case, it did not appear that the college had been informed of a young woman's vulnerability:

"I don't believe they are aware of that [her history as a victim of abuse] but they are aware of her needs on the other side of things [as an alleged abuser]."

And in another, a young man's failure to turn up for his course of study was not reported as required:

"His mother said 'We'll have you out of the secure unit on bail, but only if you go to college.' And he just lied to her every day and pretended he was going and didn't attend at all; mother found out by accident. […] She's furious with them because they did say they would let her know."

It was not surprising that schools played such an important role in supporting this group of young people. It was interesting, however, to note the way in which the comments made by social workers and youth offending team members about teachers neatly mirrored those made by teachers about social workers. That is to say that in both cases frontline workers praised their opposite numbers when they had had the opportunity to develop individual relationships. But, also in both cases, problems emerged when having to work through bureaucratic procedures (LEAs or duty teams) in the absence of named individual contacts.

What abuse was alleged to have been perpetrated?
The first part of this research, undertaken in special schools, demonstrated that most of the unacceptable sexual behaviours displayed by young people with learning disabilities could reasonably be termed 'inappropriate' rather than 'abusive'. Incidents recorded by special schools, although they did include a small number of serious acts, were much more likely to be cases of inappropriate touching. By contrast, the young people who had come to the attention of statutory social services were alleged to have committed much more serious acts, which frequently fell clearly into the category of sexual offending.

The young people who were the subjects of case study interviews had come to the attention of statutory services on the basis of the following variety of allegations:

- Alleged (unproven) rape of 5 year old sister; convicted for repeated anal rape and forced oral sex with 9 year old (male) cousin.
- Charged with six counts of rape.
- Five counts of indecent sexual assault against adult women (all of whom were strangers to the young man in question); further allegations of sexual touching of female students at his special school.
- (Gang) rape of 17 year old girl.
- Sexualised behaviour towards foster carer and foster siblings; touching the penis of another (unrelated) child while on holiday, and asking to do the same to another.
- Alleged attempted rape of teenage girl.
- Indecent assault against a 6 year old boy from the local neighbourhood.
- Indecent assault on 14 year old girl, including biting the breast and digital penetration.
- Sexualised behaviour and flashing at foster siblings; attempted arson.
- Alleged rape of five year old boy.
- Charged with 'a number' of counts of rape and sexual assault against fellow pupils (male and female) from the special education unit of a mainstream school.
- A series of alleged sexual assaults against younger boys, all previously known to the perpetrator.
- Attempted sexual intercourse with 7 year old (female) cousin; alleged sexual assault on physically disabled female classmate.
- Two cases of sibling incest, both of which involved sexual intercourse with younger sisters.

The victims of these sexual assaults ranged from young children to (in one case) adult women. Four cases involved male victims; in two of these cases there were also female victims. There were two cases of sibling incest, two cases of inappropriate sexual behaviour towards foster siblings and two sexual assaults on cousins. In three cases at least one of the alleged victims had a disability of some kind.

How did cases come to the attention of statutory social services?
As the list in the previous section demonstrates, incidents of sexually inappropriate or abusive behaviour which become 'cases' held by statutory social services were mostly very serious in nature. Although, as explained in the previous chapter, special schools frequently contacted child protection teams for advice, such minor incidents as were most often reported through this route were unlikely to become 'cases'.

In twelve out of the fifteen cases, information indicating that a sexual incident had occurred was first passed to child protection and/or youth offending teams by the police.

Who notified the police?	Number
School	3
Victim or victim's family	7
Unclear	2

In the remaining three cases, social services were informed directly. However in all three of these cases social service teams were already involved in the young person's life because of the abuse which they had suffered. In two of these, it was a foster carer who raised concerns with the social work team.

From this it would appear that social services and youth offending teams are only likely to get involved in juvenile abuse cases where:
   a) the young person in question is already known to them, or
   b) an alleged assault is first reported to the police.

Histories as previous victims of abuse

As has already been noted, this sample of young people included a disproportionate number (3 out of fifteen) who were in foster care. In each of these cases the placement had been made following abuse at the hands of the young person's parents. In fact, various types and degrees of abuse were evident in almost all cases. This included physical abuse:

> "When **** was born his father shook him in temper and he was actually put on the child protection register as a baby. And with hindsight you actually look at that incident and wonder if that might have contributed to his learning disability. […] Mum's new partner was very physically abusive to **** and his brother; we were involved under child protection two or three times because the older brother alleged that mum's new partner had tried to strangle him."

Sexual abuse:

> "**** was diagnosed with worms, he was bleeding from the back passage. He went into hospital to be examined and when they had to do an internal that went fine. When he went home, he was sitting with the foster carer and he said 'You know what the doctor did? My mum used to do that with her friends.' And he has drawn pictures."
>
> "There has been no disclosure, but in that house - while he was living there - we have got an allegation that birth dad was sexually abusing his sister; mum has been implicated in an assault on a child; this guy who was schedule one was living with mother. […] I think it is quite possible he was sexually abused by any or all of them and I think it was almost impossible that he wasn't sexually abused, or at least witnessed his sister's abuse."

Emotional abuse:

> "He has been living with his grandmother, and that's on a residence order. He has been living with his grandmother since he was about eighteen months because there were concerns about how he was being emotionally abused by his mother."

And neglect:
> "The reason he was highlighted to social services was because of neglect issues initially."

> "There were serious concerns about neglect. He wasn't being cared for; he wasn't able to have a bath because they monitored how much hot water he was having. She (his step-mother) wouldn't cook for him. […] School sometimes feed him. […] For two years he was actually kept going really by school. They would bring clean clothes for him; arrangements were made for him to use the shower, so that he could be clean; they bought him deodorants."

Or a combination of these:
> "He was on the register in every category, I think: risk of emotional abuse, physical abuse, sexual abuse and neglect."

In five cases there were also either concerns expressed (in two cases) or records on file to indicate (in three cases) that the young person had witnessed domestic violence in their home.

Overall, in all but two cases the young person in question was either recorded on file as known to have been abused, or abuse was strongly suspected. In cases where abuse was strongly suspected this was based not upon 'intuition' or even upon the behaviour exhibited by the young person in question, but on facts about their home life which were known to social services. For example, the young person's mother having had one or more male partners living in the home who were schedule one offenders.

Criminal justice

In addition to police involvement as the first port of call for reporting an alleged incident, both police and the wider criminal justice system had a further role to play in many of these cases. The results of criminal justice interventions can be summarised as follows:

Outcomes of criminal justice	Number
Court convictions (including 2 on charges of rape)	6
Police final warnings	2
Charges dropped by police	1
Insufficient evidence to press charges	2
Police involved (but interviewee uncertain about their action)	1
No police or court involvement	3

Criminal justice interventions varied a great deal and did not automatically correlate with the gravity of the alleged offence. There was limited evidence to suggest that convictions were harder to come by when the victims were other young people with learning disabilities:

> "The case has just dragged and dragged and dragged. Partly because it has taken so long to go through the statements of all the victims, because they have their own learning disabilities and I think CPS (the Crown Prosecution Service) were also concerned as to how well they would stand up as witnesses."

There was also evidence, in some cases, that an attempt had been made to divert away from the formal criminal justice system:

> "There was an inter-agency meeting, which the police attended, and because it seemed to be completely out of character - and I think also maybe because of his learning difficulties – for various reasons the police agreed that they would try and help **** rather than seeking the most punitive sentence, because the offences were very serious. I remember at the first inter-agency meeting the police were going to try and avoid a custodial sentence. In the end he received a final warning."

> "The police rang and they were, you know, very 'It is very likely that the family (of the alleged victim) are going to be pressing charges'. […] We had a strategy meeting with child protection; I then faxed a report to the police indicating, it was a speech and language report. And as soon as I faxed that to them they were saying 'This isn't going anywhere; we are not going to because it wouldn't stand up in a court of law, because he hasn't got the understanding and the ability for that to progress.' So they dropped the charges."

> "Criminalising **** doesn't really help and may just make the rest of his life more difficult then it is already going to be. […] However, if this goes on and further down the line he rapes someone else, that is what's going to happen."

In other cases, however, there was no evidence of the person's learning disability being taken into account in mitigation of their offences:

> "I wouldn't think it was taken into consideration. I wasn't at court, but I don't think it would have made any difference to his sentencing process. Maybe his work after that… but certainly at court whether they took that into consideration I would doubt because the severity is not that high."

In any case, not all interviewees shared a belief that diversion away from criminal justice was automatically the best option. This was largely because, without some sort of court mandate, the young person was free to refuse to co-operate in any proposed interventions:

> "We are in a position where it is clear he has committed a crime and yet not admitted to it, so no charges were made and no work can be done with him. You do feel weak and ineffective. Certainly somewhere along the line there should be a bit more power to try and work with him. And maybe if charges had been pressed that would have given us the lead to work more fully with him."

As a final comment on criminal justice it is worth remembering that anyone with a conviction or final warning for a sexual crime committed against a person aged under 16 is automatically placed on the sex offenders' register, for a minimum duration of two and a half years. This meant that over half (8 out of 15) of this group of young people were placed on the register.

> "He was placed on the sex offenders' register and at intervals police officers from the risk assessment team carry out a home visit to update their risk assessment."

But interviewees often expressed doubt that young people in question were able to comprehend the impact which being on this register was likely to have on their future:

> "He's now registered; he will have to register and he'll have to wherever he moves, he'll have to re-register. He just recently changed his name, because

his mum got married, so he's got to register as a different name as well. I don't think he understands what that means particularly."

Criminal justice in these cases was clearly an ethical minefield. On the one hand, victims of sexual abuse have a right to justice; on the other hand these young people had often not seen justice when they were themselves victims and yet were being punished (often severely) as perpetrators. The final comment on criminal justice goes to a youth offending team member:

"Not just with sex offenders, but with other young people, we are getting more and more and more young people that are criminalised because they have a learning disability; and I think it's, you know, essential that we do further research and that we get training."

Social work and youth offending team interventions
In addition to the criminal justice response, each of the young people who were the subject of a case study interview had been allocated to a social worker and in some cases also to a youth offending team (YOT) worker. Despite the presence of learning disabilities, there was only one instance of the case being held by a social worker from a disabled children's team. As non-specialists many interviewees therefore admitted to struggling to know how best to work with these particular young people:

"I suppose it [the learning disability] has affected our ability to actually engage directly with the young person, because there have been questions about what he understands about what's happened and his ability to actually think about that and make progress on a counselling basis."
"I think maybe somebody more specialist would have been more appropriate and possibly, there is no sure answer, but possibly got slightly further in the time that we have."

Generically trained social work staff identified problems which consistently arose when they tried to adapt their usual working practices to accommodate the particular needs of a young person with a learning disability:

"They [young people with learning disabilities] need a lot more time, so it is a very slow process. I think in some instances it is very difficult for some people to remember a session from week to week, so it's going to have to be very intensive and over a shorter period of time. The whole dynamics of working with the likes of **** are completely different to working with a young person who is aware of their offences and can work through them."
And many expressed a desire for greater assistance from specialists.
"More specialism would definitely help in this respect. And, obviously, there are arguments for and against that, but I would think it would make a big difference to these young people – the work being done with them by a fully trained qualified staff."
However, there was clear evidence in more than one case that such specialist support had not been made available:
"This case should not be in this team. This case should be in the learning disabilities team. […] They have the expertise, they have the interest and the knowledge in working with young people like ****."
"I think because of the nature of field work we struggled in getting the right support for her, to address her disability. I feel she would have benefited more if she was getting support from a disability team."

So, what kinds of input were (generic) social workers and YOT teams able to offer?

Social workers' roles were primarily those of supporting the young person and their family and co-ordinating attempts to obtain specialist therapeutic inputs (although, in the absence of therapeutic services, social workers frequently had to adopt an additional quasi-counsellor role). Several interviewees described the huge range of professionals that might be involved with a single young person For example:

> "Social workers; social worker therapists from the sexual abuse unit; assessed by a psychologist; police; YOT worker; therapeutic input from the NSPCC; education; and youth workers."

> "The project manager from the children who sexually harm project; a male sexual health worker; the ISSP (intensive supervision and surveillance programme) team; an education worker; his case manager; a family worker; tracking officers…"

By contrast, YOT workers – who might have professional qualifications in either social work and/or probation – although using the same set of core social work skills to support the young person in a holistic manner, tended to follow more defined programmes of work on a one-to-one basis:

> "What we've tried to do and what we've found has worked with this lad is to have a very consistent approach in terms of what days he comes in and who he sees. He's clear what he's doing in each of those sessions and that has worked amazingly well."

The YOT in one participating authority, which included amongst its team a special project worker for 'young people who sexually harm, abuse or offend' also ran support groups for parents of young people who had sexually offended. Work with parents was undoubtedly important. Parents sometimes found it as difficult as the young people themselves to accept that abuse had been perpetrated:

> "Mum doesn't want to know anything about the offences because she feels that she would be unable to love her son and offer him the care if she knew details of the offences, so she is just burying her head in the sand. It has broken her heart; she is in pieces. The dad likes to think that something has happened to his son, in order for him to have committed these offences."

> "When they first heard the news they were saying very much that it was completely out of character and it came as a complete shock; and his mum was saying that she'd bet her life that it wasn't true."

Despite their personal emotional turmoil, the parents quoted above all went on to play important roles in supporting their child:

> "She really can't get her head around it. She won't talk about it. She'll come to meetings, you know, in the secure unit, but she doesn't want to know about the offence. She'll give him a home. She'll make sure conditions of curfew are met. She will report him to the police."

> "Because they were concerned about the consequences if he offended again – he could end up with a custodial sentence – they were very keen to supervise him."

Whatever the efforts of social workers, YOT team members and parents, in many cases the young person also needed therapeutic input in order to both help them come to terms with any abuse they might have suffered and to accept some measure of responsibility for the pain they had caused to others. Unfortunately, therapy of this kind was notoriously hard to obtain.

Therapeutic interventions

At the time interviews took place, the young people were receiving the following assortment of therapeutic and/or residential services:

Type of therapeutic or residential support	Number
No ongoing input	9
Specialist therapy sessions	2
Residential therapeutic service	1
Residential school	1
Detained in a secure unit for juvenile offenders	2

Of the residential options, only the specialist residential therapeutic services offered active therapeutic support. Such a service did not come cheap. It had only been made available to the young man in question (who was convicted of six counts of sexual assault, all reduced from charges of rape) following his being thrown out by his family, placed in a children's home and then allegedly sexually assaulting another (female) resident.

Neither the residential school, nor the secure unit, provided specific therapeutic input to address issues relating to the young person's history of abuse, as either victim or perpetrator:

> "I think it's a very good secure unit, I have no problem with the secure unit. I know he's getting his education, his sport, his health needs met. But I don't think there'll be any specialist intervention."

Although the majority of young people were not receiving any form of specialist therapeutic input at the time interviews were undertaken, that is not to suggest that concerted attempts had not been made to gain access to such services. Difficulties in this area arose most often because over-subscribed services introduced strict eligibility criteria:

> "Because he was sixteen they were unwilling to offer any therapeutic input at child and family therapy."

> "When it looked like the NSPCC were not going to do anything I tried to get CAMHS (Child & Adolescent Mental Health Services) involved."

And gatekeeping issues could also be compounded by the problem of having to find funding:

> "Sometimes you request an assessment from a forensic psychologist and they might say that it doesn't come under their remit. So you then might try a different approach and they'll all say the same thing. Or you might identify somebody and then maybe there'll be funding issues."

In one case at least, the young person had sought their own solution to the dearth of specialist provision:

> "Although it's not part of the plan he's clearly found that he's been able to go and get emotional support from the child health nurse [at school]."

But this was not a common scenario.

Part of the difficulty was that the few suitable services which did exist were under such pressure that, following an initial assessment, they tended to prioritise those cases with the best chance of 'success' in the shortest timescale. This had the effect of systematically excluding young people with learning disabilities, since many were in denial and would require lengthy therapeutic input to challenge their worldview:

"He has denied it and continues to deny it, so he isn't actually wanting to respond to any help."

"The youth offending team worker has tried to address these issues and he has very recently acknowledged that contact took place, but that's taken a very long time to get that far."

"The NSPCC have a remit and they have a cut-off point which is not available to us. So, for example, they would say, 'We have worked with the young man; he won't engage. What more can we do?' And I am left with a young man who needs therapy."

Despite these significant hurdles, there was evidence – albeit in a minority of cases – that individuals were successfully engaging in therapy:

"He is now having more intense therapeutic work from the NSPCC to try and make some progress and reduce the risk of any further offending."

"At the moment he accesses the service in the sexual abuse unit for one hour a week."

"We have just had a great big breakthrough with him. […] Somewhere in his past life someone's told him that all the stuff that's happened to him – the sexual abuse - is a secret and he's not to tell anybody. And he just said 'It's not a secret, I'll tell everybody'."

Although most social workers and YOT workers called for an increase in specialist therapeutic services, and any increase in provision would have undoubtedly found a ready supply of service users, staff sometimes underestimated their own abilities. Young people with learning disabilities who sexually abuse have many of the same needs as any other young people. As one interviewee said:

"I think that the victim *and* the alleged perpetrator need to be worked with as children."

Future risk

Perhaps in part because of the lack of specialist therapeutic services, most interviewees assessed the young person about whom they were talking as posing a significant risk of repeating their abusive behaviour. The range of opinions is summarised in the table below.

Is there a risk of further abuse being perpetrated?	Number
Yes, almost certainly	9
No	0
Unsure/possibly	6

As can be seen, regardless of the type or amount of interventions made, none of the interviewees felt confident that the young person they were working with would not – given the right opportunity - repeat their inappropriate or abusive behaviour. These assertions were in some cases based on examples of potentially dangerous behaviours which were already known to have occurred since the incident which gave rise to the original referral. For example:

"He has made suggestions recently to his stepfather's younger son [who lives separately]; asked him to be his boyfriend and could he bum him."

"My current worry is he's having a lot of contact with paternal aunt […] Has he targeted her because she has twin daughters, ten year old daughters, one of whom is vulnerable [because she is disabled]?"

> "He is living in a hostel. The aftercare worker described a situation where he got into a car - there was already a young lady in the car who he didn't know - and how he was making sexual advances that were totally inappropriate."

And in other cases fears were founded on an assessment of the individual's limited insight into the roots of their own behaviour:

> "He has taken a while to accept that anything actually took place. He is still adamant that he didn't plan or groom it in any way – although there is evidence to suggest that he possibly did – that it was a spur of the moment decision. But if it was a spur of the moment decision then you worry if the spur of the moment decision was to happen again."

Although social workers and YOT workers were possibly influenced in their assessments of risk by a knowledge of the generally high rates of recidivism amongst sex offenders, several also cited risks that were connected to the young person's learning disability. One interviewee summed up the situation by saying:

> "He's right on that border. If he was a little bit worse he would be in some form of care for the rest of his life. He's not quite bad enough for that, but he's disabled enough that he is going to struggle wherever he lives."

Others also focussed on the upcoming transition to adult life:

> "At the moment he is very well protected within the school environment and the home environment. And wherever he goes he is going to have to be well protected because, if the opportunity arises, he could abuse. And that's going to have horrendous implications for him: I think he is always going to need this protection wherever he lives."
>
> "I think he is a worrying teenager who is going to turn into an incredibly worrying young man. I worry that I am going to see him on *Crimewatch* in a few years time if something isn't done now."

Having asserted that many of these young people posed an ongoing risk because of the lack of available therapeutic interventions, many interviewees completed the tautology by arguing that future risk could only be minimised by providing more therapy…

Hindsight into patterns of abuse

In respect of many of these young people, the abusive incident of which they stood accused was not the first of its kind. In almost half of cases (7 out of 15) either the young person's school and/or a social services child protection team was aware of a previous history of sexually inappropriate or abusive behaviour:

> "There had been a history of inappropriate touching, inappropriate relationships with – particularly younger – girls at school. And that had generated into this offence."
>
> "This was actually the third complaint that had been made of that manner about this young person, but this was the first time that it had been taken further [charged with indecent assault]."

In some - but by no means all - cases, interviewees expressed a belief that earlier, more effective interventions might have prevented some abuse occurring:

> "With hindsight, and it's easy to say with hindsight, isn't it? With hindsight, I think that perhaps something more could have been done when we went into child protection over the brother's allegations that they were being physically abused."

> "He had been referred to a number of different services when he was very young, when he had just started school. And he's bounced around a number of different psychologists, psychiatrists, paediatricians, with no real diagnosis, or treatment, or follow-up. […] If he had had a lot more input: I think he would always have had difficulties, but I don't think he would have been as 'dangerous' as we see him now."
>
> "Reading back over the file I can't understand why he was left at home. He was born in 1990, so when he was little, say in the first few years of his life, the Children Act had just been implemented – '91. It was very pro leaving children at home, supporting families and I think he has suffered really badly from that."

On the whole, however, there was an acceptance that such cases would probably always arise, not least because of the social and cognitive impairments which are concomitant with having a learning disability. As one worker explained:

> "The various professional bodies involved in sexual abuse and the various charitable organisations that deal with offending behaviour around that are geared up to a talking therapy. And **** finds that very difficult; and he is very skilled in deflecting questions, either by anger or by simple non-compliance."

Organisational systems and policies

At the end of each case study interview a small number of questions were asked with the aim of encouraging the interviewee to reflect upon the organisational, or inter-agency, systems and policies which had impacted on the case under discussion. This gave rise to a number of strands of discussion, as set out below.

Models of support

This topic was most often raised by YOT workers, some of whom broadly welcomed the recent change of direction regarding approaches for effective work with juvenile sexual abusers:

> "I've noted recently that there's been a big shift in terms of how one deals with sex offenders anyway. It had always been the use of the adult model, the ABC stuff, and any treatment programmes were all based around that kind of adult cognitive behavioural approach. That appears to be changing nationally now, which is good. I think a more child centred approach is going to be much better."

Other colleagues were more sceptical, however, arguing that:

> "With sex offending the theories and methods change constantly."

And calling for less slavish following of the 'latest' models and a return to core social work values:

> "We need to be a bit more creative; we need to fight a bit more for the social work element that we seem to have lost by being a youth offending team – because they're all offenders and they need cognitive behavioural approaches. And they need punishment. And they're not viewed as a child any more, they're viewed as an offender."

Children in needs vs. child protection

This debate centred on whether young people who sexually abuse should be supported by social workers from children in need teams or by those from child

protection teams. The issue at stake was not the respective skills and knowledge of either group, but rather one of resources:

> "It was a [children in need] review, but we also turned it into level one of the public protection panel and had it as a risk strategy meeting at the same time. And the social worker was being pressured by her boss like mad to close the case; and we were arguing; and the poor ISSP worker [part of the YOT team] turned himself nearly inside out arguing that not only did we need the case open, but could the reviewing officer instruct that the case is left open and known to social services. […] So bearing in mind that meeting I think child protection [procedures should be used rather than children in need] because at least then the young person would get the service. Because with a child in need it is so easy for a very overworked social worker to close a case; but in child protection there's certain procedures that they would have to follow and they would have to have regular child protection case conferences."

The worker quoted above clearly believed that being 'processed' under child protection guidelines could help ensure that cases were not closed with undue haste. Staff in another authority did not share this view, arguing instead that:

> "It is more appropriate that he is reviewed under these [children in need] procedures, because if he was on the child protection register or was treated as a child protection case then that sort of implies that the young person is at risk themselves, whereas in this case *he* is a risk to other people."

<u>YPSA (young people who sexually abuse) registration</u>
Two of the four participating local authorities had tried to circumvent the children in need versus child protection debate by bringing all juvenile abusers under child protection procedures, but keeping them on a separate YPSA register, so that the reason for their being registered was clearly understood to be for *perpetrating* abuse. In addition to the obvious difficulty of which register was appropriate for young people who were both victims *and* perpetrators, several social workers from within this system had further questions:

> "I think the policies and procedures are adequate. I think that what is not good is there is no – very little – method of removing children off the Young People who Sexually Abuse others register at all. […] My experience of children who are viewed as young people who sexually abuse others is they stay on the register virtually until adulthood; they are not removed. And I don't think I have ever – and I have probably had a dozen or more cases – worked with a case that has come off the register before they are sixteen."
>
> "That seems the ultimate question, how to get him off the register: it seems that once young people are on the YPSA register it is impossible to get them off. [And yet, when they reach eighteen] they come off just like that."

<u>Transition to adult services</u>
As suggested by the second of the two quotes above, there were considerable difficulties in determining what should happen to juvenile abusers with learning disabilities once they became too old for children's services. Some interviewees saw this as yet another argument in favour of the position that young people with learning disabilities – regardless of any other needs – should always be supported by specialist workers from the children's disability team:

> "I have raised the question a couple of times of why he is not under the disabilities team, which is based in this office. I think the answer I got was they don't deal with all the looked after stuff. There have been questions

because I had another similar young person who we have had a terrible time with since the age of 16-18 trying to move on – the transition planning. There are no clear procedures at all. There is if children are under the disabilities team, it's a clear case of transferring them. But children with learning disabilities, where there are also child protection issues, stay with mainstream children's services and it is a complete nightmare trying to sort out how they will be transferred to relevant adult services."

<u>Communication and co-operation, within and between agencies</u>
No piece of research into statutory services could be complete without some mention of the difficulties inherent in trying to create sufficiently robust lines of communication to ensure effective co-operation. Interviewees in this study held a heterogeneous set of views on this issue, (ranging from "rubbish" to "fantastic") demonstrating little save perhaps that even the best planned systems succeed or fail largely on the basis of individual contacts. Thus although excellent co-operation could be achieved between quite large numbers of professionals from different teams within the same authority, when a young person moved home and in doing so crossed into another authority there was a strong chance that all previously existing networks would cease to function – even to transfer information.

There was only one less obvious finding concerning communication: comments made by one interviewee about how she sometimes felt overwhelmed with information in respect of complex cases:

> "There were a lot of depositions to get through, yeah. As I say, swamped with information really. It took a long time to try and order that. Lots of case conference notes; lots of education notes, but very bitty. Stuff was missing. There would be case conference notes, with a record of who had actually put reports in, but maybe one or two reports are missing or they appeared at a different particular; had been re-filed in a different meeting that had taken place. So it was hard to get my head around absolutely everything that came through."

All of which perhaps suggests simply a need for better (computerised?) information systems.

It is not easy to summarise the wealth of information gleaned from this set of case study interviews. The young people concerned all had highly individual life stories and required equally individual packages of support; interviewees were united most strongly when it came to decrying the lack of therapeutic support available. There was often a sense that, because of their learning disability rather than because of their sexually abusive behaviour, the system regarded these young people as 'other'. Social workers and YOT workers tried their best to ensure that, within this system, the young people did not simply become 'cases' that required specialists, but were first and foremost children - albeit potentially very dangerous children.

Chapter 5

Discussion of research findings and their implications for policy and practice

As has been noted in the opening chapter of this report, the limited number of studies previously undertaken of young people with learning disabilities who show sexually inappropriate or abusive behaviour have tended to focus on the efficacy of clinical treatment. As such, they offer valuable insights into how best to provide therapeutic support to this group of young people. However, what these studies did not illuminate were the life events and early statutory services responses which had led to a referral to more specialist services. This study has therefore sought to examine the problem from the viewpoint of staff in frontline education and welfare services, this being the point at which statutory services are likely to first become aware of a young person's problematic sexual behaviour. In adopting such an approach the aims were to identify some of the difficulties facing education and welfare services; to pinpoint national and local policies which were impacting upon the ability of services to respond effectively to these young people; to note any apparent difficulties with resources and to tentatively offer suggestions for improving future responses.

This final section of the report will start by providing a brief summary of the project's main findings. It will then move on to examine the implications which these findings have for the future development of policy and practice in this complex and highly sensitive area.

Summary of findings

The data collected in the course of this research, as laid out in the previous two chapters, demonstrates that *inappropriate* sexual behaviour amongst learning disabled pupils in special schools is a relatively common occurrence; something that the majority of special schools deal with on a regular basis, usually with little difficulty. However, when behaviours became more serious – and might in some instances be rightly termed sexually abusive rather than merely inappropriate – schools often struggled to obtain the extra support they needed. Although most schools were aware of national and local guidance relating to child protection, these documents did not always provide sufficiently clear directions about the action to be taken. This was in part because the advice they contained was geared towards reacting to situations where pupils were victims of abuse, rather than putative perpetrators.

Schools spoke warmly of the support they received from social workers when they were able to approach a named individual, but many had experienced difficulties when trying to access support through the duty system. There was a belief, shared by many special school teachers, that child protection social workers lacked sufficient knowledge and understanding in relation to learning disability and that as a consequence they were reluctant to get involved in such cases. This reluctance was believed to be exacerbated by the fact that these cases were likely to be difficult and time consuming.

Where a young person with a learning disability *had* been assigned a social services case worker because of their sexual behaviour, the identified behaviour was almost

always an act of serious sexual abuse – in most cases amounting to a criminal offence and therefore also warranting input from the youth offending team (YOT). The exceptions to this were a small number of cases where social workers became aware of problematic sexual behaviour because they were already involved in that young person's life for other reasons.

The cases identified in this study were within the expected demographic range for juvenile abusers in terms of age and gender. Most, though not all, were known to have themselves been abused either physically, sexually, emotionally or by neglect. There was more than one example of (mainstream) schools and/or social services having been aware of a young person behaving in a sexually inappropriate way but not making any significant intervention until the behaviour had escalated into a sexual offence and was reported as such to the police. The police appeared keen to divert away from the criminal justice system whenever possible, but nevertheless a significant proportion of our sample had had their names placed on the sex offenders' register and would have to live with the legacy of 'schedule one' status.

Social workers and YOT workers were not always aware of the presence of a learning disability until they started face-to-face work with a young person. Because these cases were seldom held by children's disability teams, case workers – whether from child protection teams or YOTs - did not always have much experience of learning disability and in some cases found it difficult to communicate with these young people. This is significant in as much as it would be hoped that social work training would equip all social workers, regardless of specialism, to be able to meet the communication needs of a wide variety of individuals. It appeared that it was not only difficult for generic staff to work directly with these young people, but also difficult for them to access the specialist therapeutic services that were sometimes necessary. This was primarily due to the fact that few specialist services for juvenile abusers exist, but the problem was further aggravated by young people with learning disabilities sometimes being excluded from such services because of their inability to make rapid therapeutic progress.

A number of workers expressed concern about what would happen to these young people once they reached their eighteenth birthdays and would no longer receive input from children's services. Because most of the sample had only mild or moderate learning disabilities they were unlikely to meet the threshold criteria for receiving services from adult learning disability teams. They would therefore disappear from official radar after the age of eighteen and would only receive further input if they were again accused of criminal behaviour.

Special schools, children's social services and youth offending teams were all aware of young people with learning disabilities displaying sexually inappropriate or abusive behaviours. For each of these groups of professionals sexually harmful behaviours formed only a very small proportion of their work, but nevertheless those cases which did emerge were often highly problematic and time consuming. A number of issues were identified by this study as serving to prevent professionals from working effectively together in the best interest of these troubled and troublesome young people.

Language and 'labelling'

From the very outset, one of the difficulties faced in undertaking this research was choosing the right words to describe the phenomena at hand. This problem has been noted by others (see, for example, Hackett 2004) but a consensus has yet to emerge concerning preferred terminology. For this study the phrase 'sexually inappropriate and abusive behaviours' was used in the hope that it would encapsulate a broad range of possible acts. The word 'inappropriate' implies that an act is not generally looked upon favourably by society; the word 'abuse' acknowledges that the act may have a serious impact upon the victim – but does not necessarily imply intent on the part of an alleged perpetrator.

During the course of interviewing it was noted that frontline workers were sometimes reluctant to use the term 'sexual abuser'. By contrast, none appeared to shy away from describing the same young people as *victims* of abuse – be that physical, sexual, emotional or neglect. A number of frontline staff, mostly those with more experience of working with this particular group of young people, preferred to use the phrase 'children who sexually harm, abuse or offend', a wording which clearly conveys a sense that this is a phenomenon best viewed as part of a continuum rather than as a single homogenous entity.

The reluctance of welfare professionals to label any young person a 'sexual abuser', regardless of whether or not they also happen to have some degree of learning disability, is understandable. Such a label will almost undoubtedly have a serious negative impact upon that young person's future life chances. The recent high level of media interest in sexual abuse in general, and paedophiles/those who sexually harm children in particular, has created an atmosphere in which any hint of such behaviour can lead to social ostracism or worse. Indeed, in more than one instance the young people reported as case studies in chapter 4 had suffered bullying at the hands of their wider community. However, as has been argued before, (Fyson et al, 2003) a failure to identify and therefore, in official parlance, to 'label' these young people will not make them, or their problems, go away. What is more, it can reasonably be argued that a failure to label young people as demonstrating sexually problematic behaviour may be detrimental to both their wellbeing and that of their potential victims. Without an official 'label' these young people and their actions are invisible to the bureaucratic machine: their needs for therapeutic intervention will remain unmet because it will remain impossible to demonstrate a demand for such specialist (and expensive) services. Recent work by Masson and Hackett (2003) mapped the services available in the UK and Ireland for children and young people who have sexually abused others and highlighted the need for more and better provision. Such provision will only be forthcoming if more local agencies make a concerted effort to record and quantify that need.

Furthermore, and regardless of the rights and wrongs of welfare services labelling young people as sexual abusers, those whose behaviour results in contact with the criminal justice system are highly likely to be accorded just such a classification. Accepting a final police warning (caution) or being convicted of a sexual offence against a young person aged under sixteen will result in a person's name being added to the sex offenders' register. This law applies equally to sexual offenders of any age, and as such makes no allowances for the fact that juvenile abusers, including those with learning disabilities, are more likely to abuse peer aged or younger children – who are very likely to be under sixteen. This means that registration as a sex offender becomes close to being the norm for those juvenile

abusers who come into contact with the criminal justice system. The life-long impact of this can hardly be overstated. Even when the period of active registration has ended, the fact that registration was in respect of a sexual crime against a juvenile (a young person aged under 16) means that the perpetrator will be accorded the status of a "schedule one offender". This will permanently preclude individuals from many jobs – and not only obvious jobs in the social care sector, but potentially jobs in any organisation which employs young people aged under eighteen – for example supermarkets. This again makes it logical to argue that *more* labelling by education and social work professionals, followed by effective therapeutic interventions, would serve this group of young people better than the current system. If professionals simply avoid naming a problem until it can no longer be ignored - because inappropriate sexual behaviours have escalated into sexual offending – they are likely to be doing a serious disfavour to those who they are seeking to help.

This research also showed that for young people with learning disabilities who show sexually inappropriate or abusive behaviour the label of 'sexual abuser' is not their only contested label: the term 'learning disability' was also at times contentious (see, for example, Fairbairn et al, 1995 for a discussion of this). This became apparent early in the research process, when social service child protection managers expressed concern about their ability to identify those juvenile sexual abusers who also had a learning disability. The problem was partly created as a result of different local education authorities using different criteria for identifying children with special educational needs, but was also exacerbated by the differing use of language by education and social service professionals.

'Correct' terminology in the field of learning disabilities has changed rapidly and frequently in recent years. The term 'mental handicap', which was commonly used until the 1980s, is now regarded as at best outmoded and worst offensive. However, no single term has emerged to replace it: learning disability, learning difficulty, learning impairment, intellectual impairment and intellectual disability are all in current use in various parts of the English-speaking world. In the UK the description 'learning disability' is used by many adult social care services, and was used for the recent White Paper on statutory service provision (Department of Health, 2001). However, self-advocates with learning disabilities generally prefer to use the term 'learning difficulty' (see, for example, People First: 2004), a phrase which is also commonly used by special schools to describe their pupils. Confusion arises, however, because the term 'learning difficulty' is also used in mainstream educational settings to refer to specific conditions that affect a person's ability to perform well in formal educational assessments – such as dyslexia, a disorder that affects a person's ability to interpret letters and so to read. Conditions such as dyslexia, however, do *not* mean that the person concerned has a global cognitive impairment which results in a learning disability.

Some academics continue to argue that learning disability is essentially a social construct, and that determining an individual to be deserving of such a label is ultimately disempowering and dehumanising (Ho, 2004). The logic of following this analysis with a call for education and welfare services which treat each and every person as a unique individual is unarguable. It is a laudable goal towards which all services should be actively working, but it does not reflect the *current* reality in which frontline workers are operating. Others have taken an anthropological approach (Klotz, 2004) to labelling, but similarly fail to offer practical solutions to the

problem of identifying those individuals who need more specific and specialised help than others.

Statements of special educational need (SEN)

Another way in which some young people in this study were labelled was through the SEN statementing process. Statements of special educational need are a formal means of establishing that a particular pupil has needs which may require the provision of additional support. The extra support needs thus identified may be provided in a mainstream educational setting or in a special school. As with the other 'labels' outlined above, the use of statementing varied considerably between the four local authorities. Although SEN statements are not used solely to identify learning disabilities (or, indeed, learning difficulties – they may also be used when children have special needs due to emotional or behavioural problems) they provide a clear indicator to both educational staff and other professionals that a child or young person has needs which are above and beyond the needs of the average child or young person. However, their use – as with the other types of 'label' already identified – is not without controversy.

Since the election of the Blair Government, successive policy documents have sought to increase the number of pupils with SEN who are educated in mainstream settings and to simultaneously reduce the numbers who receive formal SEN statements (Department for Education & Employment, 1997; Department for Education and Skills, 2004). It is argued that labelling children through the SEN process is a costly bureaucratic procedure and that this money could be better utilised in providing direct support (Pinney/DfES, 2004). Furthermore, SEN statements also stand accused of lowering teachers' expectations of pupils thus labelled and by so doing result in lowering – rather than raising – their educational achievements.

However, recent rises in expenditure on SEN (Audit Commission, 2002) have not led to a demonstrable increase in educational attainment for pupils with SEN and disabilities (Ofsted, 2004). And, more worryingly, there is also evidence that this policy has led to more of these pupils being placed in pupil referral units and independent special schools (Ofsted, 2004): the first of which do not generally provide as many hours of education as a school setting and the second of which is inevitably costly.

Without wishing to get too deeply embroiled in the ongoing debate vis a vis inclusive versus segregated education for pupils with SEN, our research would suggest that the current system is not always working well for the most socially and educationally vulnerable. Because there is a lack of consistency between different LEAs - including those in this study - in their interpretation and implementation of Government guidance on the use of SEN (Pinney/DfES, 2004) it is not possible to predict whether or not a child or young person with any given degree of learning disability will or will not have been formally statemented. However, it appeared that professionals from non-educational settings are still relying on statements as a ready indicator that a child may need specialist support. Where children were presenting to social services as without known difficulties, as was the case with a third of those in our sample of case studies, many months could be spent waiting for assessments from psychologists or psychiatrists before the necessary specialist support services could be accessed. It would not appear that this was necessarily because the young person's learning disability was so mild as to be hard to ascertain: certainly the

(limited) therapeutic services for juvenile abusers had little difficulty in identifying the presence of a learning disability and deciding that they were therefore unable to offer support.

Service structures & inter-agency co-operation
The use, or otherwise, of any or all of the 'labels' outlined is of course not the only factor which has served to militate against young people with learning disabilities who show sexually inappropriate or abusive behaviour receiving the best possible support. Perhaps the single greatest barrier to the identification and support of this group of young people is the failure of educational and welfare services to work effectively together. This is in no way intended to suggest that *individual* teachers, social workers and youth offending team (YOT) workers were not co-operating effectively with respect to *individual* cases. Indeed, the case studies demonstrated that professionals from both sides of the education/welfare divide were capable of developing positive and productive working relationships. However, this tended to occur *in spite of*, rather than *because of*, the broader bureaucratic structures within which they operated.

Both chapters three and four provide evidence that where teachers and social workers had established good working relationships, each group of professionals felt able to ask advice from or make referrals to other departments. However, in the absence of named individuals to contact, the system failed to work well. It appeared that, too often, education and social services systems were not integrated; that professionals were unable to navigate beyond the confines of their own immediate bureaucratic structure and that training was not broad enough to enable education and social work professionals to understand one another's roles sufficiently well.

These are not new findings: five years ago the NSPCC published a report (Baginsky, 2000) which highlighted schools' increasing involvement in child protection and emphasised that the current teacher training syllabus paid too little attention to this issue. It went on to note that although LEAs were represented on Area Child Protection Committees (ACPCs) and circulated ACPC guidance to all schools, this alone was not enough to maintain awareness and competence amongst teachers. This is important. Between the ages of five and sixteen, education is compulsory for all children and young people. Teaching staff have regular contact with the vast majority of school aged children in this country (the exception being the relatively small numbers who are home educated). Teachers are therefore much better placed than social workers to notice the *early* signs that a child is having difficulties of whatever kind, including with their sexual behaviour.

However, teachers cannot – and should not – be expected to respond in full to the social, emotional and behavioural needs of pupils. Rather, they can be expected to refer problems on, to experts in social services and elsewhere. And, in order for teachers to trigger social service interventions that are both effective and timely, the protocols under which both parties operate must be transparent and robust. This did not always appear to be the case in the local authorities where this research was undertaken, and there is no reason to suppose that these authorities differ markedly from their counterparts across the country. From the special schools' perspective, the gatekeeping role played by social work duty teams was particularly problematic. A recent survey of reception and initial contact arrangements in English social service departments (Statham et al, 2004) provides evidence that the screening role of duty

teams is sometimes undertaken by (untrained) administrative staff, and whilst there was nothing to suggest this was the case in our research area, special schools did repeatedly complain of difficulties with existing systems.

Policy directions

The *Working Together* guidance (Department of Health et al, 1999) sets out the framework within which social services and other statutory agencies should respond to the abuse of children and young people. It includes directions concerning what should happen when it is another child or young person who is the alleged perpetrator. However, the main thrust of this section of the guidance is to make sure that juvenile abusers are distinguished from victims: it is stipulated that they should generally be treated as 'children in need' cases rather than 'child protection cases'. In practice, the local authorities that participated in this research had not found this a practicable arrangement, not least because budgetary constraints meant that children in need cases were afforded a lower priority than child protection cases within social services. Managers were therefore concerned to ensure that these cases remained within the umbrella of child protection so that they received the substantial ongoing input warranted by the seriousness of the situation. They had developed a variety of systems for ensuring that these cases were clearly identified within the child protection systems as being cases of juvenile abuse.

The *Working Together* guidance was issued jointly, in 1999, by the Department of Health, the Home Office and the Department for Education and Employment (since restructured and now existing as the Department for Education and Skills). It outlined a framework within which statutory agencies were required to co-operate in order to best safeguard children from abuse. However, it did not fully address the very real structural difficulties that arise when different agencies are required to work together. For example, different agencies and different groups of professionals may use different language, may have different levels of knowledge and may use different systems to record information: each of these factors will make effective co-operation harder to achieve.

The problems identified by this study as existing at a structural level between education and social services find a resounding echo in the recent Green Paper *Every Child Matters* (HM Treasury, 2003) which highlights the need for greater, and more effective, co-operation between all professionals working with children. The Green Paper was written following the death of Victoria Climbie, and the subsequent inquiry into events leading up to her death headed by Lord Laming. The Laming Inquiry demonstrated how a lack of consistency, communication and collaboration, between all of the agencies who had had contact with Victoria, had contributed to her fate. *Every Child Matters* therefore attempts to set out a framework for the delivery of integrated children's services. Many of the issues raised, and solutions offered, are pertinent to the experiences of the young people with whom this report is concerned. The executive summary comments that:

> "*Too often children experience difficulties at home or at school, but receive too little help too late, once problems have reached crisis point"* (ibid, p.5)

This is a description that could easily be applied not only to many of the case studies, but also to some of the situations known about by staff in special schools.

Every Child Matters outlines a series of proposals covering: support to parents and carers; early intervention and effective protection; accountability and integration;

and workforce reform. The key *structural* reform it seeks to promote is a proposal to bring all children's services – including education and social services – under a single management system within local authorities, headed by a Director of Children's Services. Schools, as universal services, would have their role enhanced by becoming a key access point (along with Children's Centre and Sure Start Schemes) for the more specialist support required by a minority of pupils. This approach would clearly have been of benefit in some of the cases identified by this study. In particular the idea of having a named link social worker for every special school (and, indeed, for every mainstream school), able to provide immediate advice to teaching staff with regard to minor concerns and to refer cases on where necessary would seem a worthwhile deployment of resources.

Also of particular note are the proposals to enhance early intervention systems by improving information sharing between agencies and developing a common assessment framework. Given the confusion in some special schools over what information they could share with social services, and whether they required parental permission to do so, the statement that: *"The Government wants to prevent situations where a child does not receive the help they need because of too rigid an interpretation of the privacy of the child and their family."* (ibid, p. 54) is also something to be welcomed. However, it is also worth noting that, where the *Every Child Matters* framework has been piloted, civil rights organisations have raised some serious questions about the sharing of information in this way. If shared files are to include notes that flag up issues of concern, then parents may rightly object to unproven allegations against them appearing in official documents. There therefore remain tensions between the need for information to be recorded, and shared between professionals, in order to best protect children from illness, abuse or neglect and article 8 of the European Human Rights Act which confers the 'right to respect for private and family life'.

As *Every Child Matters* also notes, restructuring services and introducing solutions to problems of information sharing alone will not be enough to secure all of the necessary changes: professional cultures also need to be addressed. The evidence from this study suggests that the vast majority of professionals working with young people with learning disabilities who show sexually inappropriate or abusive behaviours are striving to find the most effective ways of working together. Both teachers and social workers were in agreement that joint training would be a positive first step in promoting better understanding between their respective professions.

Specialist resources
Although for some of the young people in this study earlier and better co-ordinated interventions might have ameliorated their behaviours and prevented sexually inappropriate acts from developing into acts of abuse, for others there will always undoubtedly remain a need for specialist therapeutic input. It was evident in all four authorities that specialist services for juvenile abusers were a scarce resource. Moreover, some of the few services which did exist felt unable to offer support in cases where a juvenile sexual abuser also had a learning disability. This appeared to be as a result of difficulties of communication during language-based therapy sessions, a perceived 'failure to engage' on the part of the young people concerned and the pressure on services to work with a given quota of young people. Pressures such as these have played a part in creating a system where young people with learning disabilities are significantly over-represented in services for juvenile abusers

which accept referrals from across the country (O'Callaghan, 1998). However, for most young people it would be preferable to receive support closer to home.

Suggested improvements to future practice

If all of the ideas outlined within *Every Child Matters* were to be fully implemented, many of the difficulties experienced by the professionals interviewed for this study, and –more importantly – the young people about whom they spoke, would become a thing of the past. However, in addition to giving full support to the Green Paper's proposed reforms of children's services, attention must also be paid to the differing use of language and the reluctance to 'label'. Every child is unique; labels should never be allowed to become all that is seen, but nevertheless if used consistently they can play an important role in aiding communication between professionals. A judicious use of pertinent labels, together with an effective system for collating individual information into a broader demography, could also help those children and young people who may have more than one type of need. The young people in this study were not only learning disabled, they also exhibited (potentially) harmful sexual behaviours: behaviours which could both harm others and harm their own future life chances. As a group, these young people may sometimes remain invisible to service planners because responsibility for their support is shared between a number of different agencies. Better recording (which *ipso facto* requires better 'labelling') of their existence may encourage more local authorities, either individually or as part of regional consortia, to provide the specialist resources which are so clearly required.

Future best practice

The following are suggested as a basis for the development of future good practice within children's services:

1. Any sexual behaviour that causes concern should be recorded. The behaviour may never recur, but if it does accurate recording can help identify any emerging patterns and enable interventions to begin as soon as possible.
2. Education and social services should seek wherever possible to agree a shared terminology with respect to learning disabilities/learning difficulties. Where this proves impossible they must *at the very least* ensure that each profession understands the way in which the other is using language. This is particularly important where statements of special educational need are not widely used.
3. Joint training should be promoted: the needs of this group of young people cannot be met by any single profession. Effective joint working is therefore essential, and joint training provides an opportunity for staff to gain a better understanding of one another's respective roles.
4. Social work duty teams' initial contact arrangements need to be simple and transparent. Inquiries from fellow professionals should not be treated in the same manner as those from the general public. There should be a system in place which enables teachers to seek expert advice from social workers without necessarily triggering further social work interventions.
5. All schools should, in collaboration with their local Area Child Protection Committee, develop guidelines for staff which include advice on how to respond to sexually inappropriate or abusive behaviour amongst pupils. All staff should be equally aware of such guidance and apply it uniformly. Guidelines should be regularly revised.

6. Information should be shared between relevant professionals. Recording of information should be done in such a manner as to enable planners to identify demand for specialist services.
7. A better network of local therapeutic services needs to be developed for juvenile abusers, including those who have learning disabilities.
8. Each local authority should develop a directory of individuals with experience of working with learning disabled juvenile abusers and any existing specialist therapeutic services that are willing to take referrals. The rapid turnover of staff on many social service teams is such that vital knowledge may be lost if new staff are unable to quickly and easily locate all available sources of advice and support.

Final thoughts

So, how do statutory services respond when young people with learning disabilities display sexually inappropriate or abusive behaviours? The current system attempts to promote their welfare by taking an inclusive approach which seeks to minimise the effects of negative labelling, but sometimes falls down because generic social work and YOT staff feel ill-equipped to work with young people with learning disabilities. By contrast, staff in special schools have a comprehensive understanding of learning disability and are able to deal effectively with 'low level' inappropriate sexual behaviours as and when they arise, but struggle to obtain specialist input to address more serious sexually abusive behaviours. At a local level, better sharing – of both information and expertise – between education, social services and youth offending teams is required. Systems need to be able to identify any problems with sexual behaviour at an early stage, and rapidly intervene, in order to lessen the risk of repeated incidents.

Alongside their continuing battle to minimise social exclusion – to not marginalize or segregate those who are different – statutory services must seek to find a more effective way of responding to the *specific* needs of this group of young people. These needs are likely to be complex, rooted in both their cognitive impairment and their often difficult home circumstances. In responding to these needs, statutory services will need to take into consideration not only the act of sexual abuse that has arisen, but also the circumstances in which it occurred. All professionals need to be cognisant of the way in which these young people are frequently (if not continually) disempowered by their social and cognitive impairments and of how they may struggle to grasp and replicate the intricate rules of social interaction, including those of a sexual nature, which most members of society understand and comply with implicitly.

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