Keep Safe: earlier intervention for young people with learning disabilities and harmful sexual behaviour

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Why is this important?

• Between 25% and 35% of sexually abusive acts are perpetrated by individuals under 18 (Masson & Crogga, 2006).

• Children and young people with learning disabilities (LD) are over-represented as both “perpetrators” and victims (Hackett et al 2013).

• There is a lack of assessment and intervention programmes, and very little research, for children & young people with LD and harmful sexual behaviour (HSB).

• Group CBT is an effective intervention for non-disabled children with problematic sexual behaviours and adult sex offenders

• SOTSEC-ID (Sex Offender Treatment Services Collaborative- Intellectual Disability), a modified CBT programme, for men with ID and sexual offending seems to be successful, with high completion rates > 90%. Often their sexual offending/HSB began in adolescence

• ySOTSEC-ID was established in 2012, as a practice/research collaborative for those working with children and young people with LD and HSB to develop an intervention to trial.

• ySOTSEC-ID secured a 2 year grant from Paul Hamlyn Foundation for the development of Keep Safe, a CBT group based intervention to progress to a feasibility trial in September 2013.

There is increased national awareness of need e.g.:

• NICE (National Institute for Health and Care Excellence) is developing Public Health Guidance,

• NHSE’s Building the Right Support and the Service Model (2015)

Keep Safe is an example of the above in action. [http://www.kent.ac.uk/izard/sotsec/ySOTSEC/ySOTSEC.html](http://www.kent.ac.uk/izard/sotsec/ySOTSEC/ySOTSEC.html)

Aims

• Select &/or adapt appropriate assessment tools

• Trial these - link with Aida’s PhD

• Develop the Keep Safe group intervention programme.

• Deliver 4 feasibility groups (start January 2015) in community, residential & inpatient settings

• Evaluate the Keep Safe group intervention for accessibility, acceptability, practicalities.

• Secure funding for a subsequent systematic trial.

Participants

Male, 12-17 years, IQ ≥70, displaying harmful sexual behaviours; do not need convictions, meet threshold on “Suitability for Programme” screen. Families/carers of attending young people.

Measures

Baseline Measures - young persons and parent/ carers

• IQ and language skills – WISC, TROG, BPVS

• Attachment - Kern’s Security Scale (PhD)

• SQO and ABAS (parent/carer)

• Demographic and historic information (parent/carer)

Process Measures – young persons and parent/ carers

• Cognitive distortions - adapted QACSO

• Sexual knowledge - ASKAM

• Loneliness - UCLA - R (PhD)

• Resilience scale (PhD)

• SDQ: before and after (parent/carer)

• Qualitative feedback from participants

Development and piloting of measures in conjunction with Learning Disability Working Group and Aida’s PhD

Keep Safe Intervention

• A group CBT based intervention, incorporating Good Lives (Ward & Fortune) and Good Way Model (Ayland & West) and other evidence-based practice and practice-based evidence

• Focus Group of advisers with learning disabilities- please visit: [https://www.kent.ac.uk/izard/sotsec/KSvideo.html](https://www.kent.ac.uk/izard/sotsec/KSvideo.html)

• 36 weekly sessions for young people, 14 sessions for family/carer with some co-joint activities; term-time, across 1 year.

• Developmentally appropriate and accessible –practical, repetitive, concrete, active, high visual/ low verbal and practice tasks.

Modules: Themed 2 hour sessions, 15-30 minute refreshment break

Module 1: Getting to know each other.

Module 2: Relationships, sexual relationships and boundaries

Module 3: Emotions and Feelings

Module 4: Understanding my behaviour

Module 5: Empathy, respect, consequences

Module 6: Individualised Keep Safe planning, moving on & endings

What have we learned so far?

Time 2 data is about to be collected for the first completed Keep Safe group so no pre-post data yet. We know:

• Children and young people with LD with HSB, and their families/carers can engage with the Keep Safe intervention and attendance is high.

• Slow pace and flexibility is needed in sessions; repetition and practice.

• Barriers encountered in the research phase include changes to referral patterns and service thresholds, along with service re-configurations and tendering processes.

What’s next?

• Complete Keep Safe feasibility phase and secure further funding.

• Collaborate to build a matrix of intervention, from primary prevention (e.g. appropriate PHSRE) to specialist intervention (e.g. Keep Safe) and ensure “reasonable adjustments” for CYP-LD are woven into others work (e.g. generic health, education and social care professional training; initiatives by CJIS, CEOP, NSPCC etc.).

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Good Way Model

‘Good Side/Bad Side’ and ‘Man At Crossroads’

Good Lives Model

‘Keep Safe simplified’