EXPLORING PROFESSIONAL ACTION AROUND SEXUALLY INAPPROPRIATE BEHAVIOUR AND CHILDREN IN SCHOOLS

A thesis submitted to The University of Manchester for the degree of Doctorate in Educational and Child Psychology in the Faculty of Humanities

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# LIST OF ACRONYMS

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<tr>
<td>ADHD</td>
<td>Attention Deficit Hyperactivity Disorder</td>
</tr>
<tr>
<td>CD</td>
<td>Conduct Disorder</td>
</tr>
<tr>
<td>CP</td>
<td>Community Paediatrician</td>
</tr>
<tr>
<td>DCSF</td>
<td>Department for Children Schools and Families</td>
</tr>
<tr>
<td>DfE</td>
<td>Department for Education</td>
</tr>
<tr>
<td>EP</td>
<td>Educational Psychologist</td>
</tr>
<tr>
<td>LA</td>
<td>Local Authority</td>
</tr>
<tr>
<td>LAC</td>
<td>Looked After Child</td>
</tr>
<tr>
<td>ODD</td>
<td>Oppositional Defiant Disorder</td>
</tr>
<tr>
<td>PTSD</td>
<td>Post-Traumatic Stress Disorder</td>
</tr>
<tr>
<td>SIB</td>
<td>Sexually Inappropriate Behaviour</td>
</tr>
<tr>
<td>SEBD</td>
<td>Social, emotional and behavioural difficulties</td>
</tr>
<tr>
<td>SEN</td>
<td>Special Educational Needs</td>
</tr>
<tr>
<td>SENCo</td>
<td>Special Educational Needs Co-ordinator</td>
</tr>
<tr>
<td>TEP</td>
<td>Trainee Educational Psychologist</td>
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ABSTRACT

The University of Manchester

Esther Nelson

Doctorate in Educational and Child Psychology

Exploring professional action around sexually inappropriate behaviour and children in schools

2013

Background: Sexually inappropriate behaviour (SIB) displayed by children and young people often results in pupil school exclusions and, at present, a national intervention pathway is not available (DfE, 2010). School staff feel ill equipped to recognise and respond to SIB (Flanagan, 2010), and within the present research context, they may be placed in ‘out of city’ specialist settings, with attendant social, emotional and financial implications.

Participants: From Local Authority (LA) with local SIB pathway: 2 Educational Psychologists (EPs). From non-pathway LA: 2 EPs and 6 school professional participants with SIB case experience.

Methods: A qualitative mixed methods investigation, consisting of surveys, semi-structured interviews and a focus group. A documentary analysis of the existing regional LA policies and pathways was completed. Semi-structured interviews were completed with EPs; a focus group with professionals with experience of children displaying SIB to discuss the knowledge, thoughts and feelings of these staff members in relation SIB, and the current processes and pathways in use within the school and the LA.

Analysis/Findings: Content analysis of the existing policies reveals much variation between LAs in how incidents of SIB are managed in schools. Thematic analysis of interview data with EPs reveals both facilitators and potential barriers for managing incidents of SIB. Thematic analysis of interview data with school staff reveals practical approaches and strategies which if included in a pathway would be beneficial in dealing with incidents of SIB.

Conclusion/Implications: Procedures for managing incidents of SIB vary widely within LAs in the region. Pathways and procedures should include practical advice for managing these incidents and would benefit from being designed through a bottom up approach, focusing on the approaches and strategies that teaching staff at the front line would find beneficial.
DECLARATION

I declare that no portion of the work referred to in the thesis has been submitted in support of an application for another degree or qualification of this or any other university or other institute of learning.
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Chapter 1: INTRODUCTION

1.1 Thesis rationale

The Local Authority (LA) in which this research takes place is an inner city authority within the North West of England; it will be referred to henceforth as Alt LA. The schools within the city are allocated into cluster groups due to their geographical locations; the purpose of this is to enhance the access of schools to external specialist support and to allow them to make effective use of information sharing and resources. Through feedback from these cluster groups, it was identified that schools were raising specific concern with respect to children displaying SIB and it became apparent that there was a lack of appropriate guidance as to how to manage such behaviours. A number of children within the authority had been excluded due to SIB: this is a problem seen nationally as the Department for Education reported that in 2010 to 2011 there were 3180 children excluded from school due to SIB.

In addition to the above concerns Alt LA, in common with all authorities, is charged with ensuring the optimum use of resources including financial resources. Concerns that children may be experiencing unnecessary moves to specialist placements were also a pressing matter for the LA. It was seen to be imperative that children should remain with appropriate support in their original placement. Therefore a strategy group was set up which included multiagency professionals to investigate this issue in detail. The group initially set out to scope the size and nature of the problem before attempting to develop a policy/pathway for managing incidents of SIB and children. A specific piece of research was required to inform any action taken by the strategy group in the above tasks.

As the researcher is a Trainee Educational Psychologist (TEP) studying at Manchester University and working within Alt LA, it was fitting for her to complete this piece of research. As an attender of one of the cluster groups meetings and as a member of the strategy group, the researcher had first-hand information of the difficulties experienced by school staff in managing incidents of SIB and was keen to undertake research which would hopefully inform improved practice in the future. This topic was of further interest to the
researcher due to her having previously obtained a Masters degree in forensic/investigative psychology. This had entailed the researcher studying in-depth behaviours considered to be deviant or criminal in nature. The present research offered the opportunity to clarify what is both appropriate and inappropriate sexual behaviour in children and to address these behaviours prior to them escalating to more serious or criminal acts.

The current research aims to investigate the reactions and responses of professionals when managing cases of SIB. The existing policies and pathways in this area will be investigated to provide background information of what LAs currently do to manage these incidents and the thoughts feelings and responses of professionals will be researched to provide information on how cases have been managed and how they can be managed more effectively. This study intends to achieve these aims through the following research questions:

R.Q. 1 – What policies and practices related to SIB and children are in operation in Local Authorities?

R.Q. 2 – What are the teaching staff thoughts, feelings and knowledge about SIB and children?

R.Q. 3 – What processes within schools and a LA lead to decisions about educational provision and placement for a child displaying SIB?

The research primarily took place within Alt LA. The participants included two EPs who currently work within the authority and who had experience of children who displayed SIB. They also had experience of the decision making process that influenced where these children came to be educated. Participants also included school staff from a range of settings who took part in a focus group to discuss their thoughts, feelings and knowledge in relation to SIB. This consisted of six professionals, including two SENCos from mainstream primary schools, a SENCo from a specialist secondary setting, a specialist SEBD teacher and a Learning Mentor from a primary school. The researcher also gathered information on the existing policies/pathways related to SIB within the region. Six policies/pathways were initially identified
and through screening, four were identified as current and comprehensive. The researcher then conducted interviews with two EPs from other LAs within the region who had experience of implementing these policies/pathways. The above data collection methods were utilised to identify the strengths and weaknesses of the current systems in operation within schools, Alt LA and the wider region for managing incidents of SIB. Detailed examination of these factors led to the researcher proposing a prototype comprehensive policy/pathway for Alt LA and its schools in relation to managing incidents of SIB in children.

Table 1.1 below details an overview of each chapter contained within the research.
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of the present research and the implications for practice, the limitations of the research and recommendations for future research.
Chapter 2. LITERATURE REVIEW

2.1 Chapter Outline

The literature will initially discuss the background pertaining to sexually inappropriate behaviour (SIB) and children including information on school exclusions for children who display this behaviour. Relevant information in relation to promoting mental health and emotional wellbeing will then be discussed. Further as there can be safeguarding and child protection issues surrounding children who display SIB, the literature in relation to this will be provided. This literature review then aims to evaluate critically the relevant literature pertaining to typical sexual development in children, children and young people who display sexually inappropriate behaviours and adult responses to children who display these behaviours. The aims of the current research will then be provided with the hopes of demonstrating how this research builds on and extends existing research. The researcher will then pose research questions pertaining to the present research.

2.1.1 Literature search strategy

This review of the literature draws on theory, research and guidance from a range of sources, including journal articles, edited books, government publications, internet sources and grey literature. The literature was accessed via a number of methods. A detailed keyword search was performed using the following databases:

- Applied Social Sciences Indexes and Abstracts
- ERIC
- Sage Full Text Index
- PsychInfo
- Google scholar

The initial literature search was completed between December 2011 and May 2012; this was followed up by smaller scale searches carried out in October 2012 to January 2013. The literature search was carried out in
three parts, firstly the area of typical sexual development in children then, sexually inappropriate behaviour and children, followed by adult responses to SIB. For the literature for these areas, the researcher entered related keywords into the above databases, utilising truncations so as to capture as much of the relevant data as possible.

As the search of typical sexual development and children yielded a relatively high volume of results, the researcher restricted the selection of journals for inclusion to those from the previous 20 years, written in the English language, taken from peer reviewed journals and where the full text was available electronically. When considering the second search of sexually inappropriate behaviour and children, this yielded far fewer results, the researcher therefore chose to include non-peer reviewed research.

The review strategy used in this study was a systematic literature review and harvesting. A systematic literature review was completed using search terms such as children and young people, sexual behaviours, inappropriate sexual behaviours, schools and professional attitudes. Appropriate articles were found and included if they met the following inclusion criteria, that is, they contained information about childhood sexual behaviours, definitions of inappropriate sexual behaviours, children and young people who had taken part in inappropriate sexual behaviour, adult responses to childhood sexual inappropriate behaviours, and school responses and/or knowledge of childhood sexual behaviours. Articles were selected if they were written in English and the search engines PsychInfo, Science Direct and Google Scholar were utilised to obtain these articles. From looking at the references of the articles selected, further articles of relevance were harvested.

The literature utilised within this study, as stated above, was derived from numerous sources, some of which were not peer reviewed journals. As there is a dearth of literature in this area, it was necessary to include articles from magazines, such as Community Care and other grey literature. Therefore the validity and reliability of the information provided by these sources must be considered. These articles could be a subjective account of professionals working within this area. Furthermore the methodologies
used within the peer reviewed articles should be considered. The preferred methodology in this area is qualitative in nature and consists of self-reports and parent reports which retrospectively discusses childhood sexual behaviours. Therefore this may also have an impact upon the reliability of the data provided as subjective accounts may have been given by the participants within the studies.

2.2 Background to the focus upon SIB

During 2009 to 2010 the Department for Education recorded 3450 permanent and fixed exclusions from school for sexually inappropriate behaviour (SIB) displayed by children and young people and 3180 for the period 2010 to 2011. Lovell (2002) reports that at present there is no visible or effective national strategy with regard to children and young people who display sexually harmful behaviours. The lack of a multiagency strategic approach by the government has resulted in poor co-ordination and service provision, this can be seen in comparison to other SEBD behaviours for which policies have been designed such as fire setting behaviours. Therefore children who display this type of behaviour are not receiving the support they require to address their own needs and to ensure that they are not a risk to others (Lovell, 2002). Within Alt Local Authority (LA), there has been an increase of children and young people displaying SIB behaviours and at present there is not a standard pathway/procedure for schools to follow when incidents of this nature occur. Therefore a multi-agency strategy group, consisting of professionals from health, education, social care and youth justice, has been set up to investigate SIB in children and young people and to develop a city wide strategy for the management of this type of behaviour in Alt schools. Alt LA has recognised that SIB can create a range of difficulties for education providers and can lead to significant disruption in the education of children and young people. Studies such as Flanagan (2010) have indicated that often school staff feel ill equipped to recognise and respond to SIB. Within Alt LA this has resulted in the majority of children and young people who have displayed SIB being placed out of city into specialist settings. This can be costly for the LA and for the child involved, as the upheaval of moving to a new school outside of the city can
have emotional implications. Therefore Alt LA decided that it would be beneficial to investigate the procedures that are currently used when managing an incidence of SIB, including consideration of such factors as, the thoughts, feelings and knowledge of professionals involved in these cases and the decision making process about where a child exhibiting these behaviours can be most effectively educated.

2.3 Promoting Mental Health and Emotional Wellbeing

In the recent past schools and Local Authorities have been concerned with promoting mental health and emotional well-being in children and young people. The Every Child Matters guidance (Department for Education and Skills, 2003) identifies five outcomes for children’s well-being that those delivering services to children should strive to improve. One of the outcomes identified addresses children’s emotional and mental health. Promoting emotional and mental health in childhood has been recognised in the Children Act (2004) as having a direct effect upon social, cognitive and educational development and well-being in later life. The Department for Education and Skills (2001) published guidance for schools and early years settings concerning the promotion of mental health in children and young people. The guidance states that a positive school experience in which children are able to develop a sense of achievement, learn new skills, develop friendships and relationships with significant adults is important for all children. This type of ethos within a school setting can also make a positive difference to the long-term outcomes for children who are experiencing mental health problems. The guidance also suggests that there is increasing evidence that schools can promote all children’s mental health, and intervene effectively with those children experiencing problems. There is also evidence that strategies to promote mental health impact on individual children’s learning and behaviour, staff performance and morale, and the overall ethos and success of the school.

The National Institute for Clinical Excellence (NICE, 2008) has also published guidance which concerns promoting mental health in school settings. The NICE guidance states that children’s social and emotional
wellbeing is important in its own right but also because it affects their physical health (both as a child and as an adult) and can determine how well they achieve and cope. Good social, emotional and psychological health helps protect children from problems associated with, violence and crime, teenage pregnancy and the misuse of drugs and alcohol.

The promotion of children’s emotional health and wellbeing requires a level of understanding of their development, including their sexual development, and applying this understanding when responding to children’s behaviour and experiences. Consequently appropriate response and assistance to children displaying sexualised behaviour, including inappropriate sexual behaviour is essential if the aim of promoting emotional well-being is to be achieved by professionals and school staff.

2.4 Child Protection and Safeguarding

When considering child protection the current system is based on the Children Act 1989 and it consists of a number of principles. The first being the paramountcy principle, which states that a child’s welfare is paramount when making any decisions about a child’s upbringing. The Act states that the voice of the child in relation to their wishes and feelings should be considered whenever decisions are made about keeping a child safe subject to their age and understanding. The importance of preserving a child’s home and family links are discussed and the Act introduced the concept of parental responsibility which is defined as “the rights, duties, powers and responsibilities which by law a parent of a child has in relation to the child and his property” (section 3).

The Children Act 1989 provides detailed instructions as to what local authorities and the courts should do to protect the welfare of children. It charges local authorities with the “duty to investigate … if they have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm” (section 47). Local Authorities are also charged with a duty to provide “services for children in need, their families and others” (section 17).
The Children Act 1989 defines “harm” as ill-treatment (including sexual abuse and non-physical forms of ill-treatment) or the impairment of health (physical or mental) or development (physical, intellectual, emotional, social or behavioural) (section 31). “Significant” is not defined in the Act, although it does say that the court should compare the health and development of the child “with that which could be reasonably expected of a similar child”. Since the Children Act 1989 subsequent legislation has been passed which discusses the role of schools in safeguarding children. The Education Act 2002 includes a provision (section 175) requiring school governing bodies, Local Education Authorities and further education institutions to make arrangements to safeguard and promote the welfare of children. Some children who display SIB may have been a victim of some form of abuse at some stage in their lives (Johnson 1999) and therefore Local Authorities and schools have a duty of care to support these children under the 1989 Children Act and the 2002 Education Act.

The current guidance that exists to help professionals to identify children at risk and to work together to protect them is Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children (HM Government, 2010) and is currently under review. However, as it stands, it provides definitions of child abuse and neglect and guidance about the action agencies must take to protect children. It includes information about roles and responsibilities of all agencies and of local safeguarding children boards.

Investigations into the effectiveness of the child protection system have continued throughout the years and some revisions have been made to the 1989 Act resulting in the Children Act 2004. These revisions followed the death of eight-year old Victoria Climbié in 2000. At the time, an inquiry was conducted by Lord Laming (2003) to help decide whether it needed to introduce new legislation and guidance to improve the child protection system in England. The Government’s response to the Victoria Climbié Inquiry report (Laming, 2003) was the Keeping Children Safe report (DfES, 2003) and the Every Child Matters green paper (DfES, 2003), which in turn led to the Children Act 2004.
It must be noted that although much of this legislation still applies, the election of a Conservative/Liberal Democrat coalition government in May 2010 has led to a change in thinking on the area of child protection, and a number of changes in approach are currently under discussion. For example, Professor Eileen Munro was invited in June 2010 to conduct an independent review of children’s social work and child protection practice in England. The Children and Families Minister said that it would provide an opportunity to counteract a culture in child protection, “which places too much emphasis on bureaucratic box ticking above close personal attention to the circumstances of individual children”. The Munro review of child protection: final report (Munro, May 2011) called for a more child-focused system and a reduction in prescriptive timescales and targets from central government.

However, it must be noted that the Children Act 2004 does not replace or even amend much of the Children Act 1989. The key features of the 2004 Act sets out the process for integrating services to children. The Act places a duty on LAs and their partners which include the police, health service providers and the youth justice system, to co-operate in promoting the wellbeing of children and young people and to make arrangements to safeguard and promote the welfare of children. If deemed necessary, statutory duties of LAs may be extended to ensure sufficient provision of early help and/or services to children, young people and families.

Understanding the context of child protection is essential when considering children who display SIB and the reactions of the professionals involved with them, as this largely informs and governs the nature of such reactions. Professionals are guided by both their personal experiences with respect to sexual development and their understanding of what is necessary to safeguard the child concerned and his/her peers.

2.5 Typical sexual development in children

According to Elkovich, Latzman, Hansen & Flood (2009) the understanding of normative sexual development and behaviours in childhood is fairly limited. Frayser (1994) suggests that the lack of research into childhood
sexual behaviour when compared to other areas of childhood development reflects a culture that is ambivalent about human sexuality and in particular the sexuality of children. When considering these behaviours from an historical stance, children have been thought to be asexual, with any sexual behaviour displayed a result of sexual abuse. It must also be noted that much of what is deemed “normal” is determined by the social, cultural and familial context of the time (Heiman, Leiblum, Esquilin & Pallitto, 1998). However it is now thought that the displaying of certain sexual behaviours in childhood should be expected and is developmentally appropriate (Elkovitch et al, 2009). Kellogg (2010) states that actually sexual behaviours in children are common, occurring in 42 to 73 percent of children by the time they reach 13 years of age.

According to Heiman et al (1998), there are 3 main methods of gathering information into childhood sexual behaviours, the first being parental surveys into the observed sexual behaviours of children, the second being retrospective reports from adults of their early memories of childhood sexual experiences and lastly studying children who have been referred for treatment due to problematic sexual behaviours. One of the key findings of these types of studies has shown that children are curious about their bodies and the bodies of others and as children grow, there is a steady decrease in the amount of observed behaviours. Kellogg (2010) states that developmentally appropriate behaviour that is common and frequently observed in children includes trying to view another person’s genitals or breasts, standing too close to other persons, and touching their own genitals. As above Kellogg also states that sexual behaviours become less common, less frequent, or more covert after five years of age. Elkovitch et al. (2009) discuss in detail how studies into this type of childhood behaviour have utilised informant reports from parent/carers and have provided information on a wide range of child sexual behaviours, from low frequency, specific behaviours to high frequency more general behaviours. Low frequency behaviours were found to be behaviours that are intrusive, aggressive or more imitative of adult sexual behaviours and are considered non-normative or problematic. High frequency behaviours were found to be behaviours
such as self-stimulation, voyeurism (attempting to look at others when nude), exhibitionism (showing genitals to others) and behaviours relating to personal boundaries. These high frequency behaviours are considered to be normative and part of typical childhood sexual development. Elkovitch et al (2009) also notes that these behaviours appear to decrease as a child ages. Parents report them occurring less often, which is line with children understanding social conventions and privacy as they mature.

Johnson (1999) states that natural and healthy sexual exploration during childhood is an information gathering process, whereby children explore their own and others’ bodies through several methods, such as looking and touching and exploring gender roles and behaviours. These types of healthy sexual exploration take place between children who are of a similar age, size and developmental level and occur on a voluntary basis. Johnson (1999) states that while siblings may engage in mutual sexual exploration, this behaviour most often occurs between children who have an on-going mutually enjoyable friendship. When considering who takes part in sexual exploration, Johnson (1999) states that there is not a difference in gender and that young girls are as likely as young boys to explore in this manner. It is also important to note that exploration can take place between the same gender or between boys and girls. In general, the gender a person prefers to engage in sexual activity with becomes important at puberty, early childhood exploration is more a matter of who a child is friends with (Johnson, 1999). Johnson (1999) also reports that a child’s interest in sexual activity is generally balanced by curiosity about other aspects of his or her life. Johnson (1999) states that children have a natural curiosity about many aspects of their surroundings and that the topics of interest fluctuate regularly, for example a child may be interested in how babies are made one day and why there are stars the next.

Lansdown and Walker (1991) discuss sexual development in children from birth to adolescence. It is stated that curiosity about sex starts while children are toddlers and becomes particularly noticeable during toilet training. Children of this age become more aware of their genitals and notice that boys and girls are different. Lansdown and Walker (1991) state that
children of about 2 and a half like to undress and show each other their bodies, to watch each other go to the toilet and to play together in the bath. Boys of this age will often like to look at and touch each other's penises and girls may also find boys bodies interesting. Lansdown and Walker (1991) note that at this stage of sexual development the interest shown in other children's bodies will be due to a curiosity which is reinforced by an interest in toilet functions and will be full of exploratory play, as also suggested by Johnson (1998). When considering sexual development in toddlers, Lansdown and Walker (1991) also discuss the role of masturbation and suggest that most young children play with their bodies to soothe or stimulate themselves and that this is only one of many forms of these activities. Children of this age will often use thumb sucking or rocking as a comfort mechanism and masturbation may also be used in this manner, for example a young boy may rub his penis to help him to sleep and toddlers may touch themselves when they are anxious. Lansdown and Walker (1991) suggest that masturbation at this age is typical of sexual development and is completely natural and, as stated above, toilet training draws attention to the sex organs and intensifies interest in them. However, some parents can be quite concerned about this behaviour. Lansdown and Walker (1991) state that parents should only be concerned about masturbation if it occurs very frequently as this may be an indication that the child is very tense and takes part in this activity to relieve tension. Therefore the parents need to investigate what is making the child tense and to try and make life less stressful for the toddler, which can indirectly lessen the use of masturbation.

In a study by Sandnabba, Santilla, Wannas & Krook (2003) the ages of children and the types of sexual behaviour that can be displayed is discussed. Sandnabba Santilla, Wannas & Krook (2003) state that explorative sexual behaviours are not unusual for children from age 3 to about age 6 or 7 and that even at age 2 children often hug, cuddle, kiss, climb on top of each other, and look at each other’s genitals. As children age, they become more sexually curious and by the age of 4 or 5 they may engage more frequently in masturbation, begin sexual games with each other, and are intrigued with the toilet behaviours of others. A few years
later, the child begins to adopt social norms and taboos regarding sexuality and sexual behaviour and this can result in a decrease in the observance of sexual behaviours. Sandnabba Santilla, Wannas & Krook (2003) also note that a child’s interest in sexuality and sexual behaviours exists contemporaneously with curiosity and interest about other things in the child’s life and that there are also wide variations in sexual development and interest during childhood.

Cunningham and MacFarlane (1991) have differentiated between levels of sexual behaviour which are developmentally appropriate and therefore do not require intervention and those behaviours which can be seen as inappropriate or even abusive and do require further assessment. From the ages of birth to 5 years, Cunningham and MacFarlane (1991) state that the following behaviours are developmentally appropriate:

- An intense curiosity about other children’s bodies and bathroom activities.
- Masturbation from infancy/pre-school continues as a self-soothing behaviour and is often indiscreet and without inhibition.
- Behaviour is exploratory and a result of curiosity, for example children may show genitalia to each other.
- Children at this stage respond quickly to re-direction of behaviour.

Johnson (1999) states that during this period the sexual behaviours of children engaged in the typical process of childhood, exploration is balanced with curiosity about other parts of their universe, for example, as well as wanting to know how babies are made, they will want to know where the sun goes at night time.

For the age range of 6 to 10 years, Cunningham and MacFarlane (1991) state that the following behaviours are developmentally appropriate:

- Child continues to touch and fondle their own genitals including masturbation.
- The child becomes more secretive about self-touching.
• Interests in other children’s bodies become more game playing than exploratory curiosity for example "I'll show you mine…show me yours", playing "doctor".
• Boys of this age may begin comparing penis size.
• An interest in sex, sex words and “dirty” jokes may develop.
• Children begin to seek information that explains bodily functions.

Finally, Cunningham and MacFarlane (1991) describe behaviours that are developmentally appropriate for the 10 to 12 year age range:

• The continuation of masturbation.
• A focus on establishing relationships with peers.
• Sexual behaviour with peers such as kissing and fondling. These activities are mainly heterosexual but not exclusively.
• An interest in the bodies of the opposite sex, this may take the form of looking at photographs or published material.

It is also important to note that children’s sexual behaviour may be influenced by culture, for example, cultures may differ in how appropriate it is felt for young children to want to explore their own and other’s gender roles. However, little research into this area has been completed and ideally further research would be valuable looking into sexual development in different countries around the world. At present children’s sexual behaviour has been studied in only a few countries. For example, Davies, Glaser & Kossoff (2000) reported that in English preschool settings, curiosity about genitalia, looking and limited touching were common behaviours observed by school staff. Also, drawing genitalia and simulating sexual intercourse were observed; however, insertion of objects into another child as well as oral-genital contact were rare. A Swedish study (Lindblad, Gustafsson, Larsson, & Lundin, 1995) of child sexual behaviour in preschools reported similar results; however, with uncommon behaviours including touching of an adult’s genitals or trying to make an adult touch child genitals, inserting objects, and obsessive masturbation. In a further Swedish study (Larsson & Svedin, 2002) teachers’ and parents’ reports concerning 3- to 6-year-old children’s sexual behaviour were compared. It was found that parents observed more
sexual behaviour at home compared to day-care staff. Sandnabba, Santilla, Wannas & Krook (2003) suggest that this could be the case in day-care centres, as in comparison to home environments, they might have fewer opportunities for observing sexual behaviours. This could be due to the shorter amount of time that the children spend there, a more impersonal environment and fewer situations with baths, sleep, and privacy of relaxation and play. Sandnabba Santilla, Wannas & Krook (2003) completed a study exploring the sexual behaviour of a representative sample of 2- to 7-year-old children in Finnish day-care centres using staff members’ observations. Sandnabba Santilla, Wannas & Krook (2003) also found that the most frequently reported child sexual behaviours were characterised by bodily contact, toilet behaviour, sexual interest, self-exploration, genital play and interest, sexual behaviour together with other children, sexual verbalisation, and voyeuristic behaviour. These characteristics are in accordance with the most frequently occurring child sexual behaviours that Johnson (1991) refers to as “natural and healthy sexual play” and replicate results from previous studies (Davies et al., 2000; Larsson & Svedin, 2002; Lindblad et al., 1995). Furthermore, the less frequently reported behaviours were more sexually seductive behaviour and sexual verbalization. The least reported behaviours were of a more active and intrusive nature. Sandnabba Santilla, Wannas & Krook (2003) suggest that these less frequently reported behaviours do not tend to manifest in children under 12 years of age and as the sample used in the study, did not exceed 7 years these results were expected.

### 2.6 Sexually Inappropriate Behaviour and Children

Sexual behaviour amongst children can range from developmentally appropriate to more problematic behaviours, all of which invites a range of responses from adults. Adults who witness children being sexual towards another child may worry that this is abnormal and could possibly be the result of sexual abuse: Some may not attribute sexual abuse as the cause but may be upset that a child is being sexual and consider this to be bad behaviour (Johnson, 1999). Webber (2011) suggests that the adult concept of childhood must be considered when investigating reactions to SIB. Webber states that in the adult concept of childhood, innocence is central
and that when children behave in a sexual manner this challenges the idea of innocence. This threatens the adult view of the sexually pure and asexual child. Montgomery (2009) also supports this view suggesting that this concept of an asexual and pure child is at the heart of the Western construction of childhood. Webber (2011) reports that due to this concept of innocence, a sense of childhood as the golden age is created and therefore adults feel the need to prolong and protect childhood from anything that can be considered a risk to this innocence. Staiger (2005) reports that community responses to children who engage in SIB are diverse in nature, with attitudes ranging from denial and minimisation to outrage and condemnation. Therefore, when trying to find an understanding for sexual behaviour, adults can make assumptions and act in ways that close opportunities for children to explore and to ascribe meaning to their behaviour (Flanagan, 2010). Therefore it is important to take the opportunity to learn about the multiple stories that make up children’s lives whilst being aware of and opposing abusive actions (Thompson, 2010). Johnson (1998) suggests that children engage in sexual exploration as part of a healthy and normal development and as an extension of play with other children of a similar age. This information gathering process typically involves exploring bodies, gender roles and these behaviours are accompanied by positive emotions (Larson & Svedin, 2002). Johnson (2001a) states that overreacting to children’s sexual behaviour could cause them to feel ashamed and self-conscious about a natural and healthy interest in their bodies and sexuality. These types of negative reactions can cast a shadow over a child’s sexual development that may deter them from further sexual exploration and have an impact upon their attitudes towards sex and sexuality (Johnson, 1999). Johnson (1999) also discusses the issue that occurred in the 1980s of mislabelling children who displayed sexual behaviours. In the mid to late 1980s there was a realisation that children molested other children and due to this there was a surge of mislabelling sexual exploration as sexual molestation. Johnson states that this concern by adults can find its way to children and diminish the positive feelings connected with sexual exploration.
Bernet (1997) states that there are several reasons for understanding the sexual behaviours of children, the first being theoretical interest. Bernet stresses that it is important to be aware of the normal sexual behaviours of children for at least two additional reasons. Firstly, normal sexual play activities between children should not be regarded as resulting from sexual abuse, and, secondly, sexually abused children display more sexual behaviours than non-clinical children do, so it is relevant to know what the baseline is. Due to the limited knowledge of usual sexual behaviour in children, the possibility exists that adults may either under-react and minimize problematic sexual behaviours as normal experimentation, or over-react and pathologise typical behaviours as deviant. Without frequency data about children’s sexual behaviours and development, adults are likely to impose their own personal standards. As professionals involved with children will need to make decisions about what is inappropriate sexual behaviour, their judgments of what constitutes age-inappropriate sexual knowledge and sexual behaviour is an important criterion, used to assess suspicions of child sexual abuse. Therefore, it is important to know what is common or age appropriate child sexual behaviour. For example, it has been found that behaviours involving interactive sexual play tend to be rated as more abnormal than self-directed sexual behaviours, even when the behaviour is similar in nature (Sandnabba, Santilla, Wannas & Krook, 2003).

Thus, the actual frequency of sexual behaviour of children in the population can be an important guide to professionals in diagnoses, treatments, and investigations in legal cases.

Johnson (1999) over 20 years has come to a definition of four categories of child sexual behaviour:

1. Natural, healthy exploratory: Behaviours within this category are developmentally appropriate. Children may use play to explore aspects of sexuality with other children of a similar age. The play may be covert but is consensual and upon discovery by an adult the children will show embarrassment. A calm response by the adult could see a lessening of this behaviour.
2. Sexually reactive behaviours: Children who display this type of behaviour will be more focused upon sexual behaviours than their peers. Some of these children may have been sexually abused, exposed to explicit materials or have lived in an overtly sexual environment. This over-stimulation can confuse children who may then struggle to integrate their experiences of sexuality in a meaningful way and will consequently have feelings of shame, guilt and anxiety about sexuality. These behaviours can include excessive or public masturbation, overt sexual behaviour with adults and talking about sexual acts. Most of the children within this category will welcome help from an adult when spoken to about these behaviours.

3. Mutually sexual behaviour: Children within this group are likely to have been sexually and/or physically abused or neglected. They may also have lived in highly chaotic and sexually charged environments which has skewed their understanding of relationships. Children in this category will use persuasion to encourage same-aged peers to take part in a spectrum of adult sexual behaviours. These sexual behaviours may be the means by which these children try and relate to their peers.

4. Molesting behaviour: Children in this group demonstrate sexual behaviours that are aggressive and go beyond developmentally appropriate exploration to include forced penetration. These children will use coercion and the victims tend to be easy to control, bribe or force and may be selected due to a specific vulnerability. The majority of children in this group will have been victims of sexual abuse and they may have witnessed extreme physical violence at home.

Kellogg (2010) states that sexual behaviour problems are defined as developmentally inappropriate or intrusive sexual acts that typically involve coercion or distress. Kellogg (2010) suggests that SIB should be evaluated within the context of other emotional and behaviour disorders, socialisation difficulties, and family dysfunction, including violence, abuse, and neglect. However, it is important to note that whilst many children with sexual behaviour problems have a history of sexual abuse, most children who have been sexually abused do not develop sexual behaviour problems. However, it has been found that children who have been sexually abused at a younger
age, who have been abused by a family member, or whose abuse involved penetration are at greater risk of developing sexual behaviour problems than those who have not been exposed to such abuse (Kellogg, 2010). Staiger (2005) discusses labels that children who display SIB have been given which relate to their having been victims of sexual abuse. For example children have been referred to as being “abuse reactive”, “victim-perpetrator” and “trauma-reactive”. Staiger (2005) notes that all of these labels imply that children who display SIB have been victim of sexual abuse. In line with the findings of Kellogg (2010), Steiger (2005) also notes that whilst the presence of sexual abuse in the lives of these children is significant, not all children who display SIB have been abused, therefore the terminology used can be seen to be inaccurate.

Cunningham and MacFarlane (1991) also have discussed problematic sexual behaviours through the developmental stages. Problematic behaviours can be thought to violate the social norm and therefore have emotional and social repercussions. These behaviours are statistically unusual as they occur infrequently and are socially unusual as they can be psychologically damaging and reinforce social isolation. The following behaviours if displayed from birth to 5 years are considered inappropriate and problematic:

- Curiosity about sexual behaviour becomes an obsessive preoccupation.
- Exploration becomes re-enactment of specific adult sexual activity.
- Behaviour involves injury to self.
- The child’s behaviour involves coercion, secrecy, violence, aggression or developmentally inappropriate acts.
- The child cannot be re-directed and appears “stuck” in using the behaviour to reduce anxiety.

The following behaviours if displayed from 6 to 10 years are considered to be inappropriate and problematic:

- Sexual penetration.
- Genital kissing.
• Oral copulation.
• Simulated intercourse.
• Putting objects inside self/others.

The last age range discussed by Cunningham and MacFarlane (1991) are behaviours displayed in the 10-12 years age range that are considered inappropriate and problematic:

• Sexual play with younger or more vulnerable children and young people (or vulnerable adults).
• Forced penetration.
• Use of coercion, bribes, and threats.
• Pre-occupation/obsessive quality.
• Accompanying physical aggression.

Pithers, Grey & Busconi (1998) have suggested five types of children that display problem sexually behaviour that differs on a range of behavioural and diagnostic variables:

• Sexually aggressive children are characterised by: males, maltreatment history, conduct disorder and penetrative acts.
• Nonsyptomatic children are characterised by: females, mixed history of maltreatment and low use of force.
• Highly traumatised children are characterised by: equal males to females, highest number of psychiatric diagnoses, PTSD and extensive history of maltreatment.
• Rule breaker children are characterised by: females, mixed psychiatric diagnoses (ADHD, ODD and CD) and a mixed history of maltreatment.
• Abuse reactive children are characterised by: males, ODD a high level of maltreatment and many penenrative victims.

As stated above, Pithers Grey & Busconi (1998) identify the five categories above and found differential relationships with other behaviour problems. For example, it was reported that conduct disorder diagnoses were significantly higher in sexually aggressive and abuse reactive children whilst ADHD was significantly higher in highly traumatised children. Staiger (2005)
also reported that apart from the higher incidence of psychiatric diagnoses of
behavioural disorders in children with SIB, other psychological problems had
also been reported: These include, lack of empathy, inadequate social skills,
problematic affect and depression.

Heiman, Leiblum, Esquilin & Pallitto (1998) discuss the characteristics of SIB
in children. It is stated that problematic sexual interactions between children
seem to be characterised by dominance, coercion, threats, force,
aggression, and compulsivity as opposed to typical sexual play that is
spontaneous, light-hearted, and mutual in nature. Heiman, Leiblum, Esquilin
& Pallitto (1998) also note that children who display SIB typically continue
the behaviour even after they have been requested to stop. Heiman
Leiblum, Esquilin & Pallitto (1998) discuss the following variables as
important markers to examine in differentiating normal, age-appropriate
sexual play from that which may be problematic: age differences between
participants; differences in size; differences in status; type of activity; and
dynamics of the sexual play, such as the affective quality attached to the
sexual act; the frequency, intensity, and compulsivity of the act; and the
degree of coercion, threat, or dominance accompanying the sexual activity.
Araji (1997) also discusses the characteristics of SIB and suggests three
ways in which this type of behaviour can be problematic. The first way that
this behaviour can be problematic is if the behaviour puts the child at risk,
interferes with his or her development and relationships, violates rules and is
self-abusive or is defined by the child as a problem. Secondly, if the
behaviour causes others to feel uncomfortable, occurs at the wrong time or
place, conflicts with family or community values and is abusive. Finally, if
the behaviour involves coercion and unequal power. Araji (1997) suggests
that using this model of three problematic types of behaviours positions the
child in relation to the behaviour rather than the child being totalised by it.
Also there is the acknowledgement that the SIB may have an adverse
impact upon the child as well as others.

As previously stated, an important aspect of childhood sexual exploration is
that it occurs without pressure or coercion by one child. Johnson (1999)
discusses how children use a mild form of coercion in all of their interactions
with friends, such as “If you won’t come with me to the park, I won’t be your friend anymore”. However, according to Johnson (1999) coercion of this nature in relation to sexual behaviour becomes a cause for concern if a child is using these types of “threats” with children who do not have friends or desperately want to be friends but are always rebuffed, as these statements can be perceived as threatening to the other child. The vulnerable child may then acquiesce out of fear of losing a friendship or of losing the opportunity for a friendship.

When children display SIB it is important that abusive actions are not minimised or excused; however, it is important that children who display SIB are not classed as and responded to only as “offenders” (Flanagan, 2010). Flanagan (2010) discusses four case studies of children who displayed SIB and the responses which they received from adults in their schools and communities. One of the case studies discusses a boy who was excluded from school and subsequently found it difficult to find a place in another setting as school staff were reluctant to enrol a “sex offender”. However, it must be noted that when considering the behaviours of some adolescents, SIB can move into the range of sexual offence. Letourneau Hennngler, Bourduin, Schewe, McCart & Chapman (2009) report that sexual assaults by adolescents account for approximately 20% of all serious sexual crimes. They suggest that early intervention and treatment programmes for these young people are a necessity as many of the young people displaying these behaviours are removed from their families and can be required to register on the sex offenders register for life, which can be damaging for the young person behaving in this manner as well as the children who are the targets of the behaviour.

As stated, some professionals have used the terms “sex offender” and “child perpetrator” when encountering children who display sexualised behaviours. Applying these types of labels to children’s sexual interactions with other children has drawn particularly heated debate. Okami (1992) has suggested that sexual abuse experts have over pathologised children’s sexual behaviour and focused on negative aspects of sexuality, “casually” interchanging terms such as unusual and inappropriate with victimisation or
perpetration “without reference to established baseline norms” (p. 112). Okami (1992) suggests that: “activism within this crusade against ‘child perpetrators of abuse’ may have the effect of stimulating long entrenched cultural tendencies to respond to childhood sexuality with exaggerated, near hysterical alarm, thus contributing to the occurrence of another form of childhood sexual trauma: adult overreaction to discovery of voluntary peer sexual interactions” (p. 126). Becker (1998) also discusses the use of labels when working with children who display SIB. He suggests the use of terminology such as “children with sexual behaviour problems” is more appropriate when considering incidents of SIB.

Heiman, Leiblum, Esquilin & Pallitto (1998) state that attitudes and beliefs about what constitutes healthy and normal childhood sexual behaviour or SIB affect how adults respond to children’s behaviours. It is suggested that due to the limited knowledge of adults about childhood sexual development, the possibility could occur that an adult will under react and minimise SIB as normal explorative behaviour or over react and pathologise typical behaviour as deviant. The lack of clarity in the literature between what is considered developmentally appropriate sexual behaviour and SIB has also resulted in confusion with adults who work with children (Staiger, 2005). When adults do not have standard, normative information about children’s sexual behaviour, they are likely to impose their own personal standards.

Thorp (2011) suggests that broaching the topic of sexual behaviour with a child or young person can be embarrassing and discomforting for a professional and in incidents of SIB, the seriousness of the issue may compound feelings of awkwardness. SIB can invoke a range of response from adults, which can be negative in nature. Flanagan (2010) states “I have seen children being given troublesome and totalising identities – in the form of reputations, labels, isolation, silencing, exclusion and mistrust.” Pg. 63. These reactions can lead to the relationships between children and professionals such as teachers, psychologists and social workers being affected, resulting in the child experiencing feelings of shame and isolation. Thorp (2011) also discusses how the young person who has displayed SIB is likely to have already experienced considerable distress and that the
attitudes of professionals, if they are of a confrontational manner, will compound a child’s shame and make it difficult to discuss the behaviour openly.

Currently there is a dearth in the literature relating to professionals’ opinions about what constitutes healthy, normal, and typical sexual behaviour. One study which has directly assessed the views of professionals about the sexual behaviours of children is Haugaard (1996). Haugaard (1996) asked five different groups of professionals which included, teachers, paediatricians, therapists, and authors on sexuality, to rate the “acceptability” of nine types of sexual behaviours. These include: undressing together, showing genitals, fondling nongenital areas, fondling girl’s breast area, fondling genital or anal areas, oral-genital contact, digital penetration of vagina or anus, attempted or simulated intercourse, and intercourse, at three different ages (4, 8, and 12 years). The perception of acceptability was influenced by both age and type of sexual activity. For example, 88% of these professionals rated looking at genitals as acceptable at age 4, while only 31% thought it was acceptable at age 8, and 13% at age 12. Behaviours resembling “adult” sexual activity such as fondling of genital or anal areas; oral-genital contact; digital penetration; attempted, simulated, or actual intercourse were the least likely to be judged acceptable at any age. Haugaard (1996) notes: “Aside from the overall lack of acceptability of intercourse, acceptability of sexual behaviour decreases as the child grows older. This may suggest that several sexual behaviours among younger children are viewed as exploratory and thus are more acceptable” (p. 87). When sexual behaviours in young children are perceived to be exploratory, and therefore not erotically stimulating or driven, the behaviours may be more acceptable and of less concern to adults. Haugaard also found that as children grow older, there was a wider range of opinions about which sexual behaviours were acceptable, and these opinions were affected by characteristics, such as professional affiliation, age, gender, political attitude, and child rearing practices. While professionals tended to agree that simulated or completed oral, anal, or vaginal intercourse was unacceptable for all children under the age of 13, considerable disagreement was evident
regarding most other sexual behaviours. As a general trend, Haugaard (1996) found that authors on sexuality were more accepting of child-to-child sexual interactions than were other groups, while teachers were less accepting of these behaviours. Since parents and others working with children (e.g. teachers, youth workers) often turn to helping professionals to gain an understanding of whether a child’s sexual behaviour falls within normal bounds, it is imperative to know what professionals view as normal or age appropriate sexual behaviour.

2.7 Summary

Research into SIB has shown that in the UK a significant portion of children and young people are being excluded from school due to displaying these types of behaviours. The Department for Education reported that in the period of 2010 to 2011 3180 children were given permanent exclusions for displaying SIB. Lovell (2002) states that at present there is no visible or effective national strategy with regard to children and young people who display sexually harmful behaviours. Flanagan (2010) suggests that Head Teachers and teaching staff are unclear about which sexual behaviours are appropriate and which behaviours are not and that they are also unclear as to where they can seek support when incidences of SIB occur. In Alt LA this has led to the development of a strategy group to design a pathway for schools, as some children who exhibited SIB were being placed out of city rather than being managed in a mainstream setting.

There is limited research in relation to the reaction and responses of teachers who encounter SIB and how this may be influenced by their level of knowledge of the area. When considering teaching staffs' knowledge in this area Elkovitch, Latzman, Hansen & Flood (2009) suggest that the understanding of normative sexual development and behaviours in childhood is fairly limited. However, the literature now suggests that the displaying of certain sexual behaviours in childhood should be expected and is developmentally appropriate (Elkovitch et al, 2009). Johnson (1999) states that natural and healthy sexual exploration during childhood is an information gathering process, whereby children explore their own and others bodies.
through several methods, such as looking and touching and exploring their
state that explorative sexual behaviours are not unusual for children from the
age of 3 to approximately 6 or 7. Johnson (1999) suggests that adults may
be upset by children’s sexual behaviour and may consider this to be “bad”
behaviour, Webber (2011) also notes that the adult concept of childhood
must be considered when investigating reactions to SIB as in the adult
concept of childhood innocence is central and when children behave in a
sexual manner this challenges that idea of innocence. Kellogg (2010) states
that sexual behaviour problems are defined as being, developmentally
inappropriate or intrusive acts that typically involve coercion or distress.
Heiman, Leiblum, Esquilin & Pallitto (1998) also discuss the characteristics
of SIB in children, stating that problematic sexual interactions between
children seem to be characterised by dominance, coercion, threats, force,
also state that children who display SIB typically continue the behaviour
even after they have been requested to stop. In conclusion, Heiman
Leiblum, Esquilin & Pallitto (1998) state that attitudes and beliefs about what
constitutes healthy and normal childhood sexual behaviour or SIB affect how
adults respond to children’s behaviours. They suggest that due to the limited
knowledge of adults about childhood sexual development, the possibility
could occur that an adult will under react and minimise SIB as normal
explorative behaviour or over react and pathologies typical behaviour as
deviant

There is currently no research in the UK which examines schools’ responses
to incidents of this nature. Some research discusses how adults and
professionals may respond to children who display SIB. Staiger (2005)
reports that community responses to children who engage in SIB are diverse
in nature, with attitudes ranging from denial and minimisation to outrage and
condemnation. Flanagan (2010) states that when children display SIB it is
important that abusive actions are not minimised or excused, however, it is
important that children who display SIB are not classed as and responded to
only as offenders. Flanagan (2010) also suggests that how incidents of SIB
are managed by adults can have a negative impact upon the relationships between children and professionals such as, teachers and psychologists leading to feelings of mistrust and isolation. The majority of relevant literature in relation to SIB was found to have been completed in Australia and outside of the UK with a dearth of research being present in UK literature. There is also no current research in relation to how schools manage these incidents and why some children and young people are placed in specialist settings (Social, Emotional and Behavioural) and why some are able to remain in mainstream settings. In relation to how this can influence the practice of Educational Psychology, would teachers who have training on the development of sexual behaviour in children feel better equipped to manage incidents and therefore lead to children remaining in mainstream settings?

2.8 Research Questions

The current research aims to investigate the reactions and responses of professionals when managing cases of SIB. The existing policies and pathways in this area will be investigated to provide background information of what LAs currently do to manage these incidents and the thoughts, feelings and responses of professionals will be researched to provide information on how cases have been managed and how they can be managed more effectively. This study intends to achieve these aims through the following research questions:

R.Q. 1 – What policies and practices related to SIB and children are in operation in Local Authorities?

R.Q. 2 – What are the teaching staffs’ thoughts, feelings and knowledge about SIB and children?

R.Q. 3 – What processes within schools and a LA lead to decisions about educational provision and placement for a child displaying SIB?

The expected contribution to knowledge provided by this research will be a review of how LAs manage incidents of SIB and whether existing pathways and processes are thought helpful and effective by teaching staff. Detailed
investigation into school staffs’ thoughts and feelings about their ability to manage SIB within the school environment and the processes that lead to children being placed in specialist settings will also be provided. This study also hopes to provide information about how Educational Psychologists can work with school staff to increase their confidence in managing incidents of SIB in mainstream settings.

The social impact of this research will aim to address issues of inclusion and anti-discriminatory practice within the LA and school settings in their approach to children displaying SIB. The economic impact of this research relates to financial limitations of all Local Authorities, including Alt LA and the imperative which exists for public bodies to maximise optimum use of resources.

The outcome of the research is to aid the LA in devising an effective SIB policy and procedure that can be utilised in all schools when incidents of this nature occur, which will have an impact upon the decisions made as to where a child will be educated. A summary of the research will be provided to the LA strategy group which has responsibility for developing policies and procedures for the LA. The participants will also receive a summary of the research findings to inform their future practice.
Chapter 3. METHODOLOGY

3.1 Chapter Outline

The reported research aims to explore professional action around SIB and children in schools. To explore these research aims the following research questions were devised:

R.Q. 1 – What policies and practices related to SIB and children are in operation in Local Authorities?

R.Q. 2 – What are the teaching staff thoughts, feelings and knowledge about SIB and children?

R.Q. 3 – What processes within schools and a LA lead to decisions about educational provision and placement for a child displaying SIB?

This chapter discusses the research design implemented in the present study, starting with the rationale for this approach which includes an exploration of the researcher’s epistemological, ontological and axiological position. This is followed by data access, data gathering methods and data analysis methods. A critique of the present research methodology is presented by the researcher and ethical considerations of the research are explored.

3.2 Philosophical Considerations

When completing research, Guba and Lincoln (1994) suggest that the researcher is guided by their basic belief system or world view. The views and beliefs of the researcher will have an impact not only on the topic chosen for investigation but upon the methodologies used to explore the topic. Therefore, it is important for the researcher to consider their epistemological, ontological and axiological positions within the present study.
3.2.1 Ontological and Epistemological position

Ontology involves considering the nature of reality and, in regards to research, the perspectives from which the research is viewed. It has been discussed that quantitative researchers consider reality to be singular and objective and therefore separate from the researcher, whilst qualitative researchers acknowledge that the world is a subjective experience, which is influenced by the participants and researcher (Heron & Reason, 1997). The epistemological position of the researcher in this study is that of the critical realist. The stance of critical realism has often been taken in studies in the field of education (Robson 2002.) This position is taken by the researcher as critical realism states that it is possible to acquire knowledge about the external world as it really is, independently of the human mind or subjectivity; however, it rejects the view of naïve realism that the external world is as it is perceived. Critical realism recognises that perception is a function of the human mind, and it holds that one can only acquire knowledge of the external world by critical reflection on perception and its impact on the world.

This position is particularly apt in relation to this study as it involves the perceptions of the participants regarding their thoughts, feelings and knowledge of SIB, the circumstances that led to the decisions about where a child displaying these behaviours would be educated and reflections on the processes involved.

The critical realist stance adopted by the researcher has therefore had implications for the methodologies chosen within the present study. Robson (2002) states that for researchers from a realist stance, it is possible to study social objects scientifically; however the methods used must fit the subject matter. The methodology utilised by the researcher in the present study will be discussed in further detail in Section 3.5.

Within this study the researcher aimed to gather and explore professionals’ thoughts and feelings about SIB and children in schools from the ontological and epistemological stance of critical realism. Therefore it must be noted that the data gathered will be influenced by the researcher’s own views and
experiences. However, it should also be noted that the researcher accurately detailed and represented the participants’ views.

3.2.2 Axiological Position

Axiology is the subject of human values (Hart, 1971). It allows researchers to identify the internal value systems that influence our perceptions, decisions and actions. Therefore it is assumed that a researcher’s internal values can have an influence upon many aspects of research. A researcher’s values can have an impact upon the topic of the research, the methodologies used within the research and how the findings are reported and discussed. Therefore within this research, it is important for the researcher to identify and understand her values and beliefs.

A primary belief of the researcher, that is intrinsic to this research, is that professionals’ and school staff’s knowledge of sexual behaviours displayed by children will have an impact upon how incidents of SIB are managed. Professionals involved with children need to know what sexual behaviours are typical in order to recognise when children are displaying SIB. If professionals who are involved with children lack this knowledge incidents may be mismanaged, over reacted or under reacted to.

A further belief of the researcher is that adult feelings about children’s sexual behaviours will have an impact upon how incidents are managed. Research has stated that children are perceived as innocent and asexual (Heiman, Leiblum, Esquilin & Pallitto, 1998). Webber (2011) suggests that the adult concept of childhood must be considered when investigating reactions to SIB. Webber (2011) states that in the adult concept of childhood, innocence is central and that when children behave in a sexual manner, this challenges the idea of innocence and may threaten the adult view of the sexually pure and asexual child. The researcher believes that this concept can have an impact upon how incidents of SIB are managed and how adults involved with the child will view the behaviour and ultimately the child as a whole.

In relation to this belief the researcher feels that how incidents of SIB are managed will have an impact upon a child's emotional wellbeing. A child
may feel stigmatised and the researcher believes that moving a child to a specialist placement can have emotional consequences for the child involved. Therefore, it can be stated that the researcher holds a value of inclusion for children displaying SIB.

Another belief of the researcher is that policies and pathways provided by the LA will have an impact upon how incidents are managed. If the LA takes an early intervention stance towards incidents of SIB, then this can result in children remaining in mainstream settings. The researcher also believes that if the LA has set out clear guidelines for how school staff should manage incidents of SIB, this can lead to reduced levels of concern and higher levels of confidence in managing this type of behaviour.

A final belief of the researcher that is intrinsic to this research is that children who display SIB should not be seen as offenders. The life history of the child should be examined and understood by adults who work with children displaying SIB and the child should be treated with compassion and understanding. However, it is important to note that the researcher does not believe that incidents of SIB should be minimised.

3.3 Design

The research consists of a qualitative mixed methods investigation (Creswell & Plano-Clarke, 2010), which consists of a policy/pathway search, semi structured interviews and a focus group. A search was conducted into the existing policies and pathways that are used by other LAs within the region and a documentary analysis consisting of a content analysis of the policies was completed. Semi structured interviews with EPs who have worked with children who have displayed SIB have been completed to discuss the processes and procedures that have been employed within the LA. A focus group with teaching staff who have experience of children with SIB was utilised to discuss the knowledge, thoughts and feelings of these staff members in relation SIB and the current processes and pathways in use within the school and the LA.
The design of this study is both sequential and concurrent. To elaborate, sequentially the investigation into existing policy documents and content analysis of these documents came before the EP and teacher interviews. The data provided by the initial step informed what was asked at the EP and teacher interviews. Then the EP and teacher interviews were concurrently investigating the process used in SIB cases within the LA. The investigation was completed in 3 phases. As stated the first phase involved completing a search of current policies/pathways and completing a content analysis of these documents. This first stage influenced the questions that would be asked at the semi structured interviews. The second phase involved completing semi structured interviews with EPs from within the LA and a focus group with teaching staff. The third and final stage involved semi structured interviews with EPs from other LAs. How the phases of the research relate to the R.Q.s are detailed in Table 3.1 below.

Table 3.1: Phases of data collection in relation to the research questions

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Data</th>
<th>Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>R.Q. 1 – What policies and pathways related to SIB and children are in operation in Local Authorities?</td>
<td>Policies and pathways from other LAs within the region underwent a documentary analysis.</td>
<td>1</td>
</tr>
<tr>
<td>R.Q. 2 – What are the teaching staff thoughts, feelings and knowledge about SIB and children?</td>
<td>Focus group with mainstream and special school teaching staff.</td>
<td>2</td>
</tr>
<tr>
<td>R.Q. 3 – What processes within schools and a LA lead to decisions about educational provision and placement for a child displaying SIB?</td>
<td>Semi structured interviews with EPs. Focus group with mainstream and special school teaching staff.</td>
<td>2</td>
</tr>
<tr>
<td>R.Q. 1 – What policies and pathways related to SIB and children are in operation in Local Authorities?</td>
<td>Semi structured interviews with the professionals</td>
<td>3</td>
</tr>
</tbody>
</table>
The rationale for focusing on the above professionals i.e. teachers and EPs is that they provided two rather different but valid standpoints with respect to decision making in cases of SIB. Teachers will have been directly affected by incidents of SIB and will have operational experience of managing these cases within the school environment. Teachers will also have had experience of working with parents and children when incidents of SIB occur and have experience of the thoughts and feelings of other staff members when these incidents occur. EPs support school staff in managing incidents of SIB and will have experience of sharing knowledge and strategies in relation to these cases. Both sets of professionals have worked closely with cases of this nature at an individual child and school level. Both have an important insight into how these cases have been managed and how to improve the current approach used within the LA. Both sets of professionals have been highly influential in cases of SIB and have had input into the decision making process regarding the settings where these children have been placed.

3.4 Data Access

3.4.1 Policies and Pathways

Policies and pathways from other LAs within the region were identified through an internet search. The researcher accessed LA Safeguarding Children Board’s websites which contain all policies and pathways for child protection and safeguarding documents. From these websites policies and pathways related to SIB were identified. A content analysis of the documents found was then completed. See Table 3.2 for the inclusion/exclusion criteria of the policies and pathways. Those policies and pathways which were found to be current and comprehensive were then identified. The EPs working within these LAs who had experience of cases of
SIB and of utilising the policies/pathways were then approached and asked if they would be willing to take part in a semi structured interview.

**Table 3.2: Inclusion and Exclusion Criteria for Polices and Pathways**

<table>
<thead>
<tr>
<th>Inclusion Criteria</th>
<th>Exclusion Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policies and pathways available in an electronic format via the Children’s Safeguarding Board website.</td>
<td>Polices/pathways only available in hard copy format.</td>
</tr>
<tr>
<td>Policies/pathways were current and comprehensive.</td>
<td>Policies/pathways were outdated or under review.</td>
</tr>
<tr>
<td>Polices/pathways were from LAs within the region.</td>
<td>Polices/pathways were from LAs outside of the region.</td>
</tr>
</tbody>
</table>

**3.4.2 EPs from within the Local Authority**

The researcher identified EPs within the LA who had experience of working with cases of SIB. An email was sent to these EPs detailing the research and inviting them to take part in a semi structured interview. As above, 2 EPs volunteered to take part in the research and a cooling off period was implemented before a date was set for the semi structured interview. See Table 3.3 for the inclusion/exclusion criteria for EPs within the LA

**Table 3.3: Inclusion and Exclusion Criteria for EPs within the Local Authority**

<table>
<thead>
<tr>
<th>Inclusion Criteria</th>
<th>Exclusion Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPs who have experience of working with more than one case of SIB.</td>
<td>EPs who have had minimal experience of cases of SIB, for example, those who have only had one case.</td>
</tr>
<tr>
<td>EPs who have recent experience (within the last 5 years) of working with cases of SIB.</td>
<td>EPs who have had experience of working with cases of SIB but not within the last 5 years.</td>
</tr>
</tbody>
</table>
3.4.3 School staff focus group

Information about the research being undertaken and the involvement in the focus group was disseminated to SENCos across the city. An invitation via email was issued asking them to take part in a focus group discussing the topic of SIB and children. From the respondents to the email the participants were selected to ensure equitable representation from across the LA and from the varying settings within the LA. Six participants were selected who represented primary school settings, secondary school settings and specialist primary and secondary settings. The participants were also selected to represent a range of teaching roles, for example SENCos, Learning Mentors and Specialist Teachers. After the participants had volunteered a cooling off period was given before the date for the focus group was set. The table below, Table 3.4, details the exclusion/inclusion criteria for the focus group.

Table 3.4: Inclusion and Exclusion Criteria for the Focus Group

<table>
<thead>
<tr>
<th>Inclusion Criteria</th>
<th>Exclusion Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching staff had experience of cases of SIB within their schools.</td>
<td>Teaching staff had not encountered incidents of SIB within their schools.</td>
</tr>
<tr>
<td>Teaching staff were happy to discuss their experiences in a group setting.</td>
<td>Teaching staff were not happy to discuss the topic in a group setting. If discussing the topic would cause problems within the school environment between teaching staff and senior management.</td>
</tr>
<tr>
<td>Teaching staff were able to attend the focus group.</td>
<td>Teaching staff could not be released to attend the focus group.</td>
</tr>
</tbody>
</table>
3.4.4. EPs from other Local Authorities

From the policy search discussed above EPs who had been involved with using these policies/pathways and had experience of working with incidents of SIB were approached via letter. The letter explained the research being undertaken and asked 2 EPs from differing LAs if they would be interested in taking part in a semi structured interview. Once the participants had been approached and had agreed to take part, a cooling off period was given to the participants before a date was arranged to complete the semi structured interviews. See Table 3.5 for the inclusion/exclusion criteria for EPs from outside the LA.

Table 3.5: Inclusion and Exclusion Criteria for EPS from other Local Authorities

<table>
<thead>
<tr>
<th>Inclusion Criteria</th>
<th>Exclusion Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPs who had been involved in the development of the policy/pathway.</td>
<td>EPs who had not utilised the policy/pathway or do not have knowledge of the policy/pathway.</td>
</tr>
<tr>
<td>EPs who have implemented the policy/pathway in case work.</td>
<td>EPs who do not have experience of implementing the policy/pathway in case work</td>
</tr>
<tr>
<td>EPs who have experience of cases of SIB.</td>
<td>EPs who do not have experience of cases of SIB.</td>
</tr>
</tbody>
</table>

3.5 Data Gathering Methods

The researcher utilised various qualitative methods to investigate professional actions round SIB and children. The research was completed in phases with the first phase involving a policy/pathway search and a documentary analysis. This phase of the data gathering was undertaken to investigate RQ 1. The second phase to investigate the thoughts, feeling and actions of professionals involved with SIB (RQ 2 and 3) involving methods such as semi structured interviews and a focus group were undertaken. The
third and final stage of the investigation involved gathering data via semi structured interviews with EPs from outside of the LA (RQ1 & RQ3). The qualitative methods utilised by the researcher will now be discussed in more detail. The researcher ensured that all data collected was anonymised and was held securely throughout the research process. This was completed in accordance with ethical guidelines and procedures which are discussed in section 3.8.

3.5.1 Policies and pathways

Policies and pathways were identified through an internet search of LA Children Safeguarding Board’s websites. Once the Children Safeguarding Board’s websites were accessed the researcher found the policies/pathways by searching within the child protection policies for SIB, children who abuse children and children who sexually offend. From this 6 policies were initially identified. The policies/pathways were read by the researcher and an initial screening was completed which identified 4 policies/pathways that were considered current and comprehensive. These policies/pathways were deemed current and comprehensive as they were up to date, and contained sufficiently comprehensive information. The two policies/pathways which were excluded were identified as being a position statement rather than a full policy/pathway, were a sub section of a policy/pathway or were outdated and due for revision.

3.5.2 Semi structured interviews

Semi structured interviews were completed with EPs from within the LA who had experience of working with incidents of SIB and EPs from other LAs who were identified from the policy/pathway search.

For the purposes of this research semi structured interviews were adopted, therefore, the interviewer was able to devise the list of questions to be asked whilst having the freedom to decide upon the sequencing of questions, the wording of the questions and the amount of time spent on topics. Powney & Watts (1987) describe this form of interviewing as a respondent interview. Utilising this method also allows the researcher to add questions or to omit
questions depending upon the flow of the conversation within the interview (Robson, 2002). Robson (2002) suggests that semi structured interviews can take the following arrangement:

- Introductory comments, which can follow a script and be delivered verbatim.
- List of topic headings and/or key questions.
- Associated prompts relating to the key heading/questions
- Closing comment.

Within this research this approximate schedule was utilised with all semi structured interview participants. Questions/prompts varied between the interviews conducted with EPs within the LA and those from other LAs. See Appendices 1 and 2 for the interview schedules used.

The utilisation of semi-structured interviews enabled the participants to express their views in their own terms and raise points they felt to be important, whilst allowing the interviewer to guide the conversation so that topics for comparison could be sought across the interviews. This is a flexible method which allows for the gathering of rich and detailed data (Cohen, Manion & Morrison, 2007). This method was felt to be a suitable choice for gathering information on how incidents of SIB are managed.

The semi-structured interviews ranged from 30 to 45 minutes, each interview was audio recorded using a digital voice recorder and then downloaded to a secure personal computer. The interviews were transcribed verbatim and identified by a unique number.

3.5.2.1 Semi structured interviews with EPs from within the Local Authority

When considering the semi structured interviews with EPs from within the LA, the interviews provided detailed information as to what currently occurs within the LA in relation to SIB and data which may inform future policy development. The semi structured interviews in this instance provided data about the EPs experience of SIB and how incidents of SIB have been managed in schools and within the LA. The interviews provided a
professional opinion from EPs in relation to how the process could be improved and how children displaying SIB could be educated. The questions for these interviews were informed by reviewing of the existing policies/pathways from other LAs described in section 3.5.1 (See Appendix A). It was decided by the researcher that the interviews with the EPs would be completed separately. This was done firstly due to time constraints, as the EPs did not have coinciding free time to take part in the interview simultaneously. However, the researcher also acknowledged that completing the interviews separately would provide each EP with the maximum time to discuss their views on the topic of SIB; also each of the EPs had differing experiences of working with incidents of SIB even though working for the same LA. It was thought that this would be valuable as it would give a fuller depiction of how incidents had been managed within schools and the LA and therefore what the EPs thought would be useful in a policy of this nature.

3.5.2.1 Semi structured interviews with EPs from other Local Authorities

When considering the interviews completed with EPs from other LAs data were gathered relating to their experience of SIB, interventions used in incidents of SIB, the implementation of policies and pathways and the effectiveness of these procedures and how cases had been managed within their LA. The questions for these interviews were informed by the information obtained during the semi structured interviews with EPs from within Alt LA and the focus group with school staff. (See Appendix B for the interview schedule). This allowed the interviewer to structure the questions so that the implementation of the policies in real life situations could be discussed along with the discussion of improvements that could be made to any existing policies. The interviews were completed separately with the two EPs due to the location of the LAs. The EPs worked in LAs that were of a considerable distance from each other and therefore to make it easier for the participants the researcher travelled to the two LAs to complete the interviews.
3.5.3 School staff focus group

The researcher ran a focus group with school staff to discuss experiences of SIB, and the thoughts and feelings of those who have worked with children who have displayed SIB.

Focus groups originated in market research and have subsequently been used by political parties to seek responses to proposed policies (Robson, 2002). As an aim of this research is to investigate policies/pathways in relation to children who display SIB and to provide information in the development of such a policy/pathway in Alt LA, a focus group of professionals who work within this area was deemed to be an appropriate data gathering method. Focus groups are a qualitative data collection method which allow the researcher and participants to meet as a group and discuss a topic (Mack, Woodsong, MacQueen, Guest & Namey, 2005). The researcher asked open ended questions throughout the session which encouraged in-depth responses. When considering the size of a focus group there are varying thoughts on the most advantageous size. It is suggested by Morgan (1988) the smallest number of participants should be four and there should be no more than twelve. Morgan suggests that the most common size ranges from six to twelve participants.

As the stance taken by the researcher is that of the critical realist, a focus group was also thought to be an appropriate data gathering method, as according to Johnson (1996) focus groups have the potential to raise the consciousness of participants and to empower them. Robson (2002) states that a major advantage of using focus groups is that it is a highly effective technique for qualitative data collection as the amount and range of data are increased by collecting from several people at the same time. Robson (2002) also states that the facilitation can be an advantage in a focus group when discussing taboo or controversial topics as less inhibited members may start the discussion and provide mutual support for those who are not as confident. As the topic being discussed within this research can be controversial this was also taken into account when selecting this as a data gathering method. Morgan (1988) also states that an advantage of utilising a
focus group is that the dynamics provided by a group can facilitate richer discussions. Participants are able to hear and then discuss the perspectives of other group members and this can prompt thoughts and the expression of opinions.

The focus group was designed to allow flexibility when asking the questions and to allow for expansion of the discussions that arose. The questions asked in the focus group included experiences of SIB and children, how school staff responded to these incidents, the thoughts/feelings of school staff in relation to SIB, the managing of these incidents and policy/pathway development. This was done with the intention that the responses received from the focus group may have an impact upon the future development of a policy/pathway within Alt LA. (See Appendix C for the focus group question schedule).

The researcher acknowledged that there could have been a potential for bias when designing the focus group schedule and therefore this could have had an impact upon the questions asked. To account for this bias and to ensure that the questions were clear to the participants the questions were discussed with the researcher’s university tutor and with the researcher’s supervisor within the LA.

Mack, Woodsong, MacQueen, Guest & Namey (2005) also suggest that the location in which the focus group is to be held should be considered. The location should offer privacy to the participants and be free from interruptions. Therefore the researcher organised a private room within a school setting that was easy for all of the participants to travel to and provided a comfortable location to discuss the topics presented. The researcher was also mindful that building a rapport with the participants was an important part of allowing a full and frank discussion. The participants were made to feel comfortable upon arrival and were offered refreshments. The researcher ensured that all of the participants had the opportunity to express their views and that the discussions were not dominated by one or more members.
The focus group was led by the researcher; however, a second professional was utilised in the running of the group. This allowed the researcher to make notes throughout the discussion without the flow of the conversation being disrupted. The notes taken by the researcher allowed points made to be clarified with the group. The group discussion was audio recorded.

3.5.4 Summary

In summary three main data gathering methods were utilised by the researcher. The researcher gathered data through an internet search of existing policies/pathways in relation to SIB, semi structured interviews with professionals who have experience in this field and a focus group with school staff.

3.6 Data Analysis

The data analysis process will consist of the following steps. Initially the policies and procedures collected from other LAs within the region will undergo a documentary analysis. This will involve a content analysis (Hsieh & Shannon, 2005) of each document to identify the main themes, in the endeavour to answer R.Q 1. This will be followed by the data collected from the semi structured interviews with EPs being analysed using thematic analysis. Themes from these interviews will be identified and will provide information as to experiences of SIB, the processes and procedures used in cases of children displaying SIB and any improvements that could be made to enhance the process (RQ 2 & RQ 3). The final step in the data analysis process will be to view the data collected from the focus group with teaching staff and to analyse it using thematic analysis (Braun & Clarke, 2006). The themes identified from this analysis will provide information as to the knowledge, thoughts and feelings of school staff about SIB, the decisions made in relation to where children displaying these behaviours should be educated, how these incidents of SIB can be managed effectively and how a policy/pathway could be developed (RQ 2 & RQ 3).
3.6.1 Content Analysis

According to Robson (2002) documentary analysis can take the form of content analysis. In this study the gathering of data from the policies and procedures is an unobtrusive measure which is non-reactive as the document will not be affected by its use in the study (Robson, 2002). Content analysis can take three main forms, conventional, directed and summative (Hsieh & Shannon, 2005). All forms involve the interpretation of texts, which can be in the format of books, articles or any form of written communication. Within this research the texts analysed were existing policies/pathways from LAs in relation to SIB and children. Content analysis in this instance allows the researcher to compare the content of these policies, whilst identifying strengths and weaknesses within the policies. The content analysis allows the researcher to identify common aspects between policies and therefore determine a “gold standard” in how LAs manage incidents of SIB. From reading and rereading the documents and recursive comparative analysis, the researcher devised an initial Content Analysis Framework (CAF). The researcher reviewed the literature in relation to the information provided by the policies to determine if any aspects/key features had been omitted from the policies/pathways. Throughout the research including the information provided during the semi structured interviews, the researcher triangulated this information with the identified key features to identify whether the any further features should form a part of the CAF. The CAF contained 21 key features which can appear in policies/pathways related to SIB (see table 4.7 in Section 4.2).

The content analysis of the existing policies allowed the researcher to gain an understanding of common themes that occur across LAs by analysing the documents as a whole. The analysis provided information on strategies that are used by LAs when managing incidents of SIB, signposting and information provided to professionals who work with children displaying SIB.

3.6.2 Transcription

The process of the data analysis of the semi structured interviews and the focus group started with the transcription of the audio recorded data.
Reissman (1993) states that transcribing data can be viewed as a method of the researcher familiarising themselves with the data they have collected. Braun and Clarke (2006) report that there are no set methods in which to complete a transcript, therefore, the researcher decided to complete a partial transcription of the recordings. This partial transcription involves the omission of some detail in with regards to non-verbal communication and any off topic conversation. Some detail was also omitted upon request from the participant. This involved contextual detail about a case of SIB which could have led to a reader identifying the child being spoken of.

### 3.6.3 Thematic Analysis

The qualitative data derived from the semi structured interviews and the focus group were analysed using a thematic analysis approach. According to Braun and Clarke (2006) thematic analysis is a method for identifying, analysing and reporting patterns within data. Within this research Braun and Clarke’s (2006) step by step guide to thematic analysis was used as a guide line for analysing the interview and focus group data. The six steps provided as guidance are outlined in the table below.

**Table 3.6 – Steps of Thematic Analysis**

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Familiarising yourself with the data</td>
<td>Transcribing the data, reading and rereading the data, noting down initial ideas.</td>
</tr>
<tr>
<td>2. Generating initial codes</td>
<td>Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.</td>
</tr>
<tr>
<td>3. Searching for themes</td>
<td>Collating codes into potential themes, gathering all data relevant to each potential theme</td>
</tr>
<tr>
<td>4. Reviewing themes</td>
<td>Checking if the themes work in</td>
</tr>
</tbody>
</table>
Braun & Clarke (2006) state that there are no set guidelines as to the amount of data needed to demonstrate a theme, therefore researcher judgement dictates what a theme is considered to be. When considering themes, Braun and Clarke (2006) suggest that a theme demonstrates something that is important in relation to the research questions. The data analysis within this research and the themes derived are supported by quotations from the transcripts, and excerpts from the text to provide evidence for the generated themes.

Braun and Clarke (2006) discuss two methods of completing thematic analysis, inductive and theoretical analysis. When utilising inductive analysis, themes can be considered to be identified in a bottom up manner. This suggests that the analysis is not determined by the researcher’s interests but is closely related to the data. Theoretical analysis is therefore seen to be a top down approach and is motivated by the researcher’s interests in the subject. This involves coding the data for the specific research questions being investigated. In this research the research

<table>
<thead>
<tr>
<th>5. Defining and naming themes</th>
<th>On-going analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Producing the report</td>
<td>The final opportunity for analysis. Selection of vivid, compelling extract samples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.</td>
</tr>
</tbody>
</table>

| relation to the codes extracts and the entire data set, generating a thematic map of the analysis. |  |
question were derived from the literature and therefore a theoretical analysis has been conducted.

When completing thematic analysis, the level at which themes are identified should also be considered. Boyatzis (1998) suggests that themes can be identified at a semantic, latent or interpretive level. At the semantic level, the researcher focuses on the explicit meaning of the data, therefore at a surface level. At a latent level, this involves the researcher trying to find the underlying meaning of the data and therefore an element of interpretation by the researcher takes place. In the current research the data was analysed at a semantic level before the researcher made interpretations at a latent level. This will be discussed more fully in Chapter 5.

As stated above, the researcher implemented Braun & Clarke (2006) six step process when analysing the data. The method used in relation to the research herein is described in detail in Table 3.7 below.

**Table 3.7: Thematic analysis 6 step process**

<table>
<thead>
<tr>
<th>Step 1: Familiarising yourself with your data</th>
<th>The researcher familiarised herself with the data firstly by transcribing the semi structured interviews and the focus group. The researcher listened to the audio recordings and then completed partial transcriptions. The transcriptions were then read and reread by the researcher. When rereading the transcripts and from looking at the notes taken during the interviews and the focus group, the researcher made note of initial ideas for coding of the data.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 2: Generating initial codes</td>
<td>The next step involved the researcher creating formal codes from the data. Codes are used to identify aspects of the data that are relevant to the research and which enables the researcher to gather data into groups. The researcher generated these codes with the research questions in mind as a theoretical approach was</td>
</tr>
</tbody>
</table>
taken. The coding of the data was completed by hand by the researcher, utilising highlighters and annotating points in the data. Colour coded post its were used to match the colour of the highlighted sections of the transcripts. (See Appendix D and E for photographic evidence of the coding process).

<table>
<thead>
<tr>
<th>Step 3: Searching for themes</th>
<th>After the initial coding in step 2 the researcher commenced with organising the codes into themes. Once themes had been organised the extracts of the data that corresponded to the themes were assembled. The researcher also asked a colleague to review the data and the identified themes to ensure reliability. (See Appendix F for photographic evidence of the codes organised into themes).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 4: Reviewing themes</td>
<td>During this step the researcher reviewed the themes and amalgamated or rejected them as appropriate. The themes that were rejected were done so due to a lack of evidence to support them. Other themes were deemed to be similar to one another and were therefore amalgamated. If the evidence suggested it was appropriate further themes were separated and became independent themes. Once the themes were identified the researcher reviewed the data set/transcripts to ensure that the data was accurately represented. (See Appendix G for photographic evidence of the revised themes and devised thematic networks).</td>
</tr>
<tr>
<td>Step 5: Defining and naming themes</td>
<td>The researcher during this step ensured that the core of each theme was identified correctly. This involved referring to the data set and refining the themes as appropriate. The researcher then gave each of the themes a clear</td>
</tr>
</tbody>
</table>
name, which would allow the reader to understand what the theme was about.

| Step 6: Producing the report | Braun & Clarke (2006) suggest that during this stage of the process the researcher should “tell the complicated story of [the] data in a way which convinces the reader of the merit and validity of [the] analysis” (page 93). This involves the researcher providing quotes/extracts from the data that support the themes. The researcher aimed to connect the thematic analysis to the research questions presented. |

3.6.3.1 Thematic Networks

The above process of thematic analysis results in the production of a thematic network. A thematic network can be described as a diagram that looks similar to a mind map. The diagram is organised by basic themes, organising themes and global themes (Attride-Stirling, 2001). The thematic map is organised from basic themes leading to organising themes to global themes. The basic themes contain rudimentary ideas which are taken directly from the text and should be read in conjunction with other basic themes. When the basic themes are read together they represent an organising theme. Therefore, the organising theme organises the basic themes into groupings of similar points. Organising themes can be seen to be more abstract themes that provide the reader with more information about what is happening in the text. A global theme is then derived from a group of organising themes. Therefore, global themes provide an overview of the main themes of the text and are an interpretation from the researcher about the text. To create the thematic networks the researcher placed the themes into categories which were based upon their similarities. These themes then became the basic themes. The basic themes were then grouped together based on the shared issues that they represented; this resulted in the development of the organising themes. The underlying meaning of the
organising themes was then devised and this meaning created the global themes. This process was repeated for all of the data sets. The thematic networks are depicted in Chapter 4.

To ensure accuracy and validity in the development of the basic, organisational and global themes the researcher had a colleague review the transcripts, codes and themes. This helped to ensure that codes had been appropriately applied to the data and that themes represented the data accurately. In order to further ensure the validity of the analysis, the researcher, once the transcript had been analysed, met with the participants in order to check that the codes and themes were an accurate representation of their views. Fereday & Muir-Cochrane, 2006 refer to this process as member checking.

3.7 Critique of the method

3.7.1 Design

When considering the design of the research, alternative methods were considered. One option was that of utilising a case study method. Initially it was thought that examining individual children’s case files would provide information as to how these incidents of SIB were managed within the LA. However, this method was primarily dismissed for two reasons. Firstly, as the overall aim of this research is to investigate the processes used in cases of SIB at a systemic level, it was deemed inappropriate to use individual cases. Secondly, the inherent ethical issues which may have arisen from viewing individual children’s case files was considered and it was thought that this was an unneeded difficulty when answering the research questions. The method utilised within the current research allowed for the perspectives of different professionals to be investigated and in depth research into professional action around SIB and children to be undertaken.

3.7.2 Semi structured interviews

Semi structured interviews were utilised to obtain the views of EPs from within Alt LA and from two LAs within the region. Semi structured interviews can be seen to have their limitations. One of the primary limitations of the
semi structured interview is that they can be inconvenient for the participant. For example, participants can perceive them as being time consuming. To counter this the researcher designed the interviews to be less than an hour in length and the time scale was agreed with the participants before the interview. To resolve any further inconvenience for the participant, the researcher arranged the interview at a time and a place that was convenient for the participant. A further consideration when completing semi structured interviews is the factor of anonymity. It can be more difficult to ensure that anonymity is maintained. To resolve this, the researcher ensured that all of the transcriptions were anonymised and if a participant wished a section of the interview to be omitted from the transcript this was adhered to by the researcher. The information provided by the participant must also be considered, for example the participant may make comments that they believe the researcher wishes to hear. The researcher may, due to their own biases, also interpret what the participant has said incorrectly. In this instance the researcher attempted to rectify this by checking with the participants during the interview that comments made had been understood, by repeating back to participants comments to check that a true representation of the participant’s views had been recorded. The researcher also attempted to resolve this by member checking after the analysis had been completed which allowed the researcher to check that the outcomes were a true representation of participants’ views.

3.7.3 Focus groups

Focus groups were utilised in this research to gain the views of teaching staff. Barbour (2007) states that when conducting research involving a focus group a researcher should preferably use a pilot focus group which can test out the questions to be asked. This is to establish whether the questions are going to elicit the data required by the researcher. Unfortunately the researcher was unable to conduct a pilot group during this piece of research due to the time constraints of the research. The final focus group schedule was devised after the semi structured interviews took place, as the data gathered through the interviews and the documentary analysis had an
impact upon what questions would be used during the focus group. Therefore the time scale of the research did not allow for a pilot group.

The researcher was aware that there are several limitations to using a focus group method. For example, as with semi-structured interviews the participants' views may be misinterpreted or misunderstood by the researcher. The researcher resolved this issue by asking participants to elaborate on points made and by repeating comments back to be checked by the participants to ensure that the meaning had not been misunderstood. A further limitation that the researcher considered was that the group can be dominated by one or two members who have strong opinions and views. Robson (2002) suggests that this can lead to a bias in the data gathered. The researcher hoped to reduce this bias by facilitating the group and ensuring that all members had the opportunity to express their views. Robson also suggests that a further limitation is that results obtained cannot be generalised to a larger group as they are not representative of the wider population or systems. The researcher endeavoured to counteract this by including participants who were representative of different school settings and roles within schools, for example staff from mainstream and specialist settings with roles such as SENCo, Learning Mentor and teacher. Therefore, differences in educational provision, ethos of the school settings, ages ranges of the children taught in the settings and the level of need of the pupils were included within the participant sample, allowing a wider representation to be included.

**3.7.4 Dual role practitioner-researcher**

When completing research of this nature one must consider the role of the practitioner-researcher. This is a professional who works in an area and also carries out research in this area which is applicable to their employment. When considering the present research, the researcher is employed as a Trainee Educational Psychologist (TEP) within the LA in which the research was carried out. The TEP is also a member of the strategy group that has been assembled to devise the policy/pathway in
relation to SIB. Therefore, the researcher must consider any limitations as well as advantages that come from being a practitioner-researcher.

3.7.4.1 Advantages of the practitioner-researcher role

The primary advantage of the practitioner-researcher role is that the practitioner-researcher will have pre-existing knowledge of the LA and the issues and strengths within the service. The researcher also had prior experience of working in differing settings throughout the LA and of working with these incidents of SIB. The researcher was also fortunate enough to have had experience of working with the staff members who attended the focus group. This ensured that a rapport had been built up before the group took place and enabled the researcher to facilitate the group in a successful manner. A further benefit in regards to this research is that the researcher will have in depth knowledge to feedback to the strategy group to aid the development of a policy/pathway for SIB.

3.7.4.2 Disadvantages of the practitioner-researcher role

Robson (2002) discusses several disadvantages with the practitioner-researcher role, the first being time. Robson suggests that completing a thorough and systematic investigation can be difficult on top of other commitments. The researcher found this to be true in the present study to some degree as she was working as a TEP within the LA. This meant that as some of the participants worked with the researcher in her TEP role and would therefore wish to discuss individual children during the research time. However, this difficulty was lessened by the TEP having a bursary placement which allowed time for research to be undertaken and therefore the researcher could explain to the participants that individual children would be discussed during her placement days. Robson also suggests that a lack of confidence can be a disadvantage within this role, if the researcher does not have confidence in carrying out systematic studies. This disadvantage was mitigated by the researcher having carried out research projects throughout her academic studies, therefore the researcher felt confident in completing this investigation. A final disadvantage Robson labels “insider difficulties” (p. 535) Robson describes this issue as “the insider may have
preconceptions about issues and/or solutions. There can also be hierarchy difficulties, with high status and low status practitioner-researchers” (p. 535). To mitigate this difficulty the researcher took part in reflection within supervision, to help challenge any preconceptions, for example the idea that children may be maintained within the city rather than being placed in outside specialist settings due to the need to save money by the LA. When considering the hierarchy the TEP was aware that she may be perceived by some participants as high status, to resolve this difficulty during the focus group the researcher was clear to state that all of the participants had equal expertise in this area and that all input was highly valued. The researcher was also aware that some participants may perceive her as low status as she is currently a TEP and not yet fully qualified. To counter this, the researcher explained her role as a researcher gathering information to continue her progress in her studies.

3.8 Ethics

As the topic being investigated within this study is of an extremely sensitive nature provisions were made to ensure that all participants were comfortable with their role in the study and with any information they wished to share. All participants were fully informed as to the nature of the research and what will be expected of them. All participants were reassured of the confidentiality and anonymity of the data gathered and made aware of their right to withdraw at any point.

In order for data collection to be possible it was necessary to obtain consent from the professionals in other LAs and EPs within the LA to take part in the semi structured interviews. It was necessary to take into consideration how working in this area may be emotive to the professional involved in designing and implementing these pathways and to those within the LA who may feel uncomfortable critiquing the LA they work for. To counter this issue, I explained the purpose of the research in full and detailed how their involvement was necessary to discuss effective methods of managing these incidents and how all input would be fully anonymised.
It was also necessary to take into consideration the thoughts and feelings of the school staff who have been involved with incidents of this nature. As I wished to complete a focus group with school staff who worked closely with the children identified as displaying SIB, I had to consider that the staff might be uncomfortable discussing this topic or with how they felt the school managed these incidents. The participants might also feel uncomfortable discussing this topic in a group situation. Furthermore I wished to audio record the focus group session and some school staff might not be comfortable with this. To overcome these issues the purpose of the research was explained in full to the staff members and their right to withdraw at any point was explained. I also ensured that the participants would be fully anonymised so that what was said could not be attributed to any one person. The consent of each member of school staff taking part was be gained before any data was gathered. All participants in the focus groups were made aware that a fully qualified psychologist would also be available to them for support and consultation should any issues arise for them as individuals. As school staff might wish to discuss case examples in the focus group, all of the participants within the focus groups were asked to anonymise any children/cases they wish to discuss so that no individual child or school could be identified through the research.

The School of Education’s ethical practice policy and guidelines (University of Manchester 2010) were consulted by the researcher when considering the ethical implications of the present research and ethical approval was sought from The School of Education. The researcher completed the relevant ethical approval documents and submitted them for consideration during the thesis proposal panel (See Appendix J for Ethical approval email). Following the panel in January 2012 amendments were made and ethical approval granted in September 2012.

The researcher has ensured that the current study complies with AEP, HCPC and University guidelines with respect to completing ethically approved research. For example the research complies with the HCPC document, Guidance on Conduct and Ethics for Students (2009) and Standard of Conduct, Performance and Ethics (2008).
The researcher considered the following ethical issues. The researcher ensured that informed consent was obtained from all participants (See Appendix J & K for information and consent forms).

The participants were informed of the nature of the research and what would be expected of them if they wished to participate and gave their consent. The participants were also informed of their right to withdraw from the research at any point and they were reminded of this right at all stages of the research. Confidentiality was ensured throughout the research and all transcripts were fully anonymised along with policies/pathways found during the internet search. The audio recordings of the semi structured interviews and the focus group are all stored securely on an encrypted pen drive provided by the University.

3.9 Time Line and time budget

Please see Appendix L for the time line and time budget pertaining to the present research.
Chapter 4. FINDINGS

4.1 Chapter Overview

This chapter will discuss the details of the findings from the three phases of the investigation. Firstly the findings from phase one which consisted of the content analysis of existing policies/pathways of SIB will be presented. This will be followed by the findings from phase two. These findings consist of the thematic analysis of the semi structured interviews with EPs from within Alt LA and the thematic analysis of the focus group with teaching staff. The findings from the third phase will then be detailed; this consists of the thematic analysis of the semi structured interviews with EPs from other LAs. The chapter will conclude with a summary of the results.

4.2 Phase 1 - Content Analysis of Local Authority Policies/Pathways

A content analysis was carried out to address R.Q.1:

R.Q. 1 – What policies and practices related to SIB and children are in operation in Local Authorities?

Policies/pathways were identified through an internet search. The researcher accessed LAs' Safeguarding Children Boards' websites and downloaded policies/pathways that were related to SIB. Each document was viewed as a whole as Weber (1990) suggests that documents should be sampled in their entirety in order to preserve semantic coherence. (See section 3.6.1 for full details of the data analysis of the policies/pathways). Four documents were identified as being current and comprehensive.

The key features of the policies/pathways were identified and are displayed in Table 4.1 below. This is done with the aim of providing a comparison of the key features of each of the policies/pathways. Following the table an in-depth discussion of each policy/pathway will be presented. The aim of the comparison and the analysis is to critically analyse the content of each policy/pathway and to explore specific features that are thought to be of use within a policy/pathway related to SIB. This is done with the aim of exploring what a comprehensive and useful policy/pathway in this area may contain.
Table 4.1: Comparisons of the policies/pathways.

<table>
<thead>
<tr>
<th>Policy/pathway key features</th>
<th>Local Authority A</th>
<th>Local Authority B</th>
<th>Local Authority C</th>
<th>Local Authority D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Includes a detailed description of typical sexual development</td>
<td>✗</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Includes a detailed description of SIB</td>
<td>✗</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Includes causes and explanations for the displaying of SIB</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Information of sexual offences committed by under 18s</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Assessment of children displaying SIB described</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Discussion of protecting children who display SIB</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Identifying the needs of children who display SIB</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Early intervention identified as being important</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>---</td>
<td>----</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Referral procedure described</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Advice on how to respond to the child displaying SIB</td>
<td>✗</td>
<td>✗</td>
<td>✓</td>
<td>✗</td>
</tr>
<tr>
<td>Clear procedure for managing incidents of SIB</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Multi agency approach identified</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Signposting to relevant professionals</td>
<td>✗</td>
<td>✗</td>
<td>✓</td>
<td>✗</td>
</tr>
<tr>
<td>Training for staff on appropriate/ inappropriate sexual behaviours</td>
<td>✗</td>
<td>✓</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Regular reviewing of incidents of SIB</td>
<td>✗</td>
<td>✓</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Use of language such as offenders/victims</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
<td>✗</td>
</tr>
</tbody>
</table>
### 4.2.1 Analysis of policy/pathway from Local Authority A

The policy/pathway from LA A has a primary focus upon the end of the spectrum of SIB associated with sexual offences. Statistics about young people under the age of 18 who commit sexual offences are given and language such as offenders and victims, is used throughout. Therefore this policy/pathway does not discuss typical sexual development in children and how to identify appropriate and inappropriate behaviours. As the behaviours discussed within this document are at the extreme end of the SIB spectrum,
readers may be unclear about how to identify other types of SIB and how to manage these incidents. Readers may feel that only extreme SIB should be addressed through this policy which may leave those who have experienced incidents of SIB at a loss as to how to proceed. However the policy/pathway does give some information related to the causes and explanations for extreme SIB, mainly that children who display these behaviours may have been the victims of abuse. However, as the literature states, not all children who have experienced abuse will display SIB and not all of those who display SIB will have been abused. The policy/pathway also mentions briefly that children who display these behaviours need to be protected; however no practical advice or strategies are given as to how to do this. The policy/pathway also states that early intervention with children who display these behaviours is important, but again the methods of early intervention are not given. The procedure for managing incidents of this nature is described and it emphasises a multiagency approach that manifests as a child protection route, with the key professionals being social services. Assessments of children who display this type of behaviour are also described; however, the professionals who would undertake the assessment are not identified. In this policy/pathway the information is not tailored towards school staff and sign posting to relevant professionals is not clear.

4.2.2 Analysis of policy/pathway from Local Authority B

The policy/pathway from LA B also has a primary focus on the end of the SIB spectrum associated with sexual offences and utilises language such as offender and victim. As stated by Flanagan (2010) the use of terms such as offender and victim can be harmful to children who display these behaviours. Policy/pathway B differs from A as it notes the importance of training for professionals on appropriate and inappropriate sexual behaviours. Training for staff in this area is important as it can empower staff to know how to manage incidents of SIB and when to pursue further advice and support. This policy/pathway also discusses protecting children who display SIB and that it is important to meet the needs of these children. However, practical strategies of how to do this are not provided. Policy/pathway B also states that a multiagency approach is need when managing incidents of SIB and
again this involves the key professionals being identified as social services. Within this policy/pathway there is a clear procedure for managing incidents which utilises a strategy meeting for key professionals, such as YOT, social workers and the police if necessary. The policy/pathway also states that regular reviews of the child’s behaviour are essential. It is also recognised that supporting parents and carers of children who display SIB is important when managing incidents of this nature as it can be highly upsetting for parents/carers; however how to support parents is not identified.

4.2.3 Analysis of policy/pathway from Local Authority C

Of the policies and pathways found, the one from LA C appears to be one of the most comprehensive. The document gives a detailed account of typical sexual development in children comprising of behaviours and knowledge at differing ages. The document also provides detailed information on all types of SIB within differing age ranges, not just those at the extreme end of the spectrum. This provides the reader with a base knowledge of how children develop typically and when these behaviours may become problematic. The policy/pathway, like policies A and B, also recognises that children displaying these behaviours need to be protected and have their needs met, however as above, advice as to how to do this is not provided. As with the policies/pathways from LA A and LA B, the document from LA C also notes the importance of multiagency working. However, other professionals such as EPs are identified as a part of the professional group who can manage these incidents, not just social care and YOT staff. This policy/pathway also differs in that it gives practical advice concerning how to respond to children who display SIB, which for frontline staff, such as teachers, can be beneficial when first identifying a child who is displaying these behaviours. A further advantage of this policy/pathway is that the procedure for managing incidents of SIB is set out in a clear and concise flow chart as well as being supported by written steps. This allows professionals utilising the pathway to understand the next steps that can be taken. The document also provides clear signposting to other agencies so that further advice and support can be gained if needed.
4.2.4 Analysis of policy/pathway from Local Authority D

Policy/pathway from LA D also appears to be one of the most comprehensive. The document gives a detailed account of typical sexual development in children comprising of behaviours and knowledge at differing ages. The document also provides detailed information on when sexual behaviour may become inappropriate or even abusive. This provides the reader with a base knowledge of how children develop typically and when these behaviours may become problematic. The policy/pathway like the two previously discussed also recognises that children displaying these behaviours need to be protected and have their needs met; however as above, advice as to how to do this is not provided. As with the policies/pathways from LA A, LA B, and LA C the document from LA D also notes the importance of multiagency working. Other professionals such as social care, the police and YOT staff are identified. EPs are not specifically identified; however the policy/pathway does state that the educational development of children displaying SIB may be affected. As with LA C, this document provides a clear procedure for managing incidents of SIB which is set out in a clear and concise flow chart as well as being supported by written steps. This allows professionals utilising the pathway to understand the next steps that can be taken.

4.2.5 Summary of the key features within the policy/pathways

From the content analysis of the policies/pathways from all of the LAs, it would appear that there are key features which make up a clear and comprehensive document. Firstly descriptions of typical sexual development, if they are provided, give the reader a baseline knowledge of how behaviours manifest in children. Descriptions of when behaviours become problematic provide the reader with information of when a child may need further support and interventions for their behaviours. Clear procedures for managing incidents of SIB give the reader identified steps in managing these incidents, including the type of meetings that may need to be set up and the professionals who may need to be involved with the child. If these steps are supplemented with a flow chart this allows the
professionals involved with the child to see clearly what to do next and who to contact for support. The policies/pathways identify that children who display SIB also need protection and their needs to be met; however, how this can be achieved is not set out within the documents. None of the documents includes practical strategies or interventions that can be implemented by school staff or have identified professionals for signposting for school staff. Contact numbers for professional teams are not included which can leave schools unaware of how to contact outside agencies for support. Overall the policies/pathways from LA C and LA D appear to be the most comprehensive; however revisions could be made when looking at the documents from a school perspective to make the documents more useful.

4.3 Phase 2 – Thematic analysis of the semi structured interviews with EPs from Alt Local Authority

The partial transcriptions of the semi structured interviews with the EPs from within Alt LA were analysed using thematic analysis in order to investigate RQ 3:

R.Q. 3 – What processes within schools and a LA lead to decisions about educational provision and placement for a child displaying SIB?

This section will describe the themes identified from the semi structured interviews using the Braun & Clarke (2006) method which was detailed in Chapter 3 (please see Section 3.6.3.1). The themes will be supported by quotations from the original transcripts.

Once the initial codes from the partial transcriptions of the semi structured interviews with the EPs from Alt LA had been identified, they were organised into 31 basic themes. The basic themes were then divided into groups which represented similar ideas which resulted in 6 organising themes. The organising themes were then grouped into 3 global themes which were entitled, outcomes/placement, factors in decision making and policy/pathway development.
See Figure 4.1 below for an overview of the three thematic networks.
Figure 4.1 Overview of thematic network semi-structured interviews with EPs within LA
Each of the thematic networks will now be presented with accompanying evidence from the transcripts.

4.3.1 Thematic network for Global Theme 1 – Outcomes/placement

The figure below (Figure 4.2) presents the thematic network for global theme 1.

Figure 4.2 – Thematic Network for global theme 1: Outcomes/placement.

The thematic network consists of 2 organising themes and twelve basic themes. The network represents the EPs’ responses to questions asked during the semi-structured interviews about where children who display SIB will be educated and the factors that affect where these children will be placed. It was evident from the interviews that children who displayed SIB
were either maintained in their mainstream placement or were educated in alternative provision, which included specialist EBD settings, residential placements or in some instances secure placements.

4.3.1.1 Organising theme – Remain in mainstream

From the semi structured interviews, it transpired that some children who had displayed SIB had continued to be educated in their mainstream placements. There were numerous factors that led to these children remaining in mainstream provision and they will now be explored in more detail through the discussion of the basic themes.

4.3.1.1.1 Basic theme – Less serious SIB

From the semi structured interviews, it was evident that the type of SIB displayed and whether this was of a less serious nature had an impact upon whether a child would remain in the mainstream provision. The EPs felt that schools were able to manage incidents of a less serious nature and put in-school strategies in place for these less serious incidents so that the child could remain in mainstream. EP 1 said “some of the less serious incidents of SIB have been in mainstream settings where it has been managed within school”. EP 1 also felt that the majority of incidents of SIB encountered by schools’ staff are at this less serious end of the spectrum and are managed within schools so that the child can maintain their place within the school, “the majority of cases would be managed within the mainstream”. EP 1 also reported that incidents of SIB in primary schools which were of a less serious nature tended to be managed well by the school and have resulted in the child remaining in mainstream, “in terms of the primary less complex cases, I think schools in my experience have been effective in managing that”.

4.3.1.1.2 Basic theme – EP involvement

A further factor that was evident through the semi structured interviews was the influence of EP involvement in children remaining in mainstream. EPs can support school staff when incidents of SIB occur, through referral and discussion with SENCo's and other staff members.
EP 1 “It’s been through referral to our service, usually the child protection officer would refer to us”, “If they had concerns, in which case it would be a direct referral to us (EPS)”.

Through working with schools to manage incidents of SIB, EPs can have an impact upon the decisions made about where a child will be educated. This has in some cases enabled children to remain in mainstream settings.

EP 2 “This one was definitely managed with the input of psychologists, as I was involved from really early on and even before he went into care a colleague saw him at primary school. I feel that I was involved in decisions that were made and that advice had been sought appropriately.”

EP 2 also suggests that the role of the EP is important in managing incidents of SIB as EPs can work not only with school staff but with children and families to help everyone feel supported when children display SIB, “There is a very important subtle role which EPs can do with schools, families and social workers about all types of behaviours but particularly because people panic so much about SIB”.

4.3.1.1.3 Basic theme – Knowledge of the child

The EPs suggested that if school staff have a good knowledge of the child who is displaying SIB, whether this is in relation to any additional needs the child has or issues that the child is experiencing at home, then incidents are managed by school and the child is more likely to remain in a mainstream placement. Children who are known to school staff as having additional difficulties such as ASD and who display SIB are supported by school staff. This can enable them to remain in a mainstream setting. EP 1 “Some of the less serious incidents have been managed in school, sometimes the young person has been on the autistic spectrum and its been inappropriate touching, sense of space and proximity and what is appropriate and what is not”. EP 1 also suggests that if schools have a good knowledge of the child’s home life and any difficulties that the child may be experiencing, then incidents of SIB are managed effectively.
“You have got your families where the school are already aware that there are lots of issues, there could be domestic violence, alcohol abuse and the schools are aware of that and there is suspicion over where the SIB has come from”.

4.3.1.1.4 Basic theme – Multiagency work

Multiagency work is a means of supporting schools so that children who display SIB can remain in mainstream placements. When professionals work together to provide advice and support, school staff can implement interventions to work with children to reduce incidents of SIB. EP 2 gives an example of how utilising a team around the child meeting with all of the professionals involved, supported a teacher who had concerns about SIB.

“In a recent team around the child meeting representatives from all of the settings were there and I was invited and the Community Paediatrician was invited, the health visitor, the school nurse. It was really well attended as there is such concern.”

EP 2 also stated how she felt that multiagency working had allowed a child to remain in a mainstream setting as the behaviours the child was displaying could be discussed and work with the child could be arranged.

“I feel in some cases the work I have been able to do with a social worker, family and a school to ameliorate some of the misunderstandings that are going on have helped a child to remain in a placement rather than a move which is expensive.”

Multiagency work can also provide information about a child and therefore help those working with the child to understand the reasons for their behaviours. EP 2 “He was in an all boys school when I first went to see him, he was known to our service and he’s known to the psychiatric team. He had a psychiatric report”. EP 1 also discussed how multiagency involvement can support schools in managing incidents of SIB, “school were managing that ok because they were making sure she was supervised, social services were involved and the family were being supported.”
4.3.1.1.5 Basic theme – No child protection issues

A further issue identified in children remaining in mainstream placements was the absence of child protection issues. If a child was in the care of the LA, decisions about where a child should be educated appeared to be taken out of the school’s hands. EP 1 suggests that if there are no child protection concerns with the child displaying SIB, then schools are able to discuss the incident with parents and then monitor the child’s behaviour. However if there are child protection issues, schools refer to social services. This can then lead to a child being placed into the care of the LA and if appropriate, the child may then need to be educated in a specialist setting or a residential setting.

“Other cases within mainstream schools may have been inappropriate behaviour that has been discussed with parents but there hasn’t been any child protection concerns so they have been monitored and then other cases where there has been child protection issues, school have referred to social services and then the more sort of complex cases have been in special SEBD schools”.

4.3.1.1.6 Basic theme – In school strategies

A final theme that was identified in relation to children who display SIB remaining in mainstream settings was the strategies and resources schools have in place to manage incidents of SIB. Schools which have resources and strategies available to them in managing incidents of SIB are effective in enabling the child to remain in mainstream provision. If schools have strategies for discussing with children appropriate behaviour, appropriate touching, personal space and proximity to others, this can be used to manage incidents of SIB. If schools also have the resources to have additional adult support for the child displaying SIB, this can increase confidence in managing SIB.

“I know in one case they did actually have somebody employed to support that one person”, “As I said I think there are cases where one to one
support has been implemented by the school to make sure the other young people are safe”.

4.3.1.2 Organising theme – Specialist settings

From the semi structured interviews it was evident that some children who had displayed SIB had been moved to specialist or residential settings to continue their education. There were numerous factors that led to these children being educated in alternative provisions and they will now be explored in more detail through the discussion of the basic themes.

4.3.1.2.1 Basic theme – Serious SIB residential

Some children display serious SIB, which results in them having to be educated in a residential placement. This can be due to the need to protect other children and young people from the child displaying SIB, to protect the child displaying SIB or to ensure that the child displaying SIB is able to have their needs met in terms of therapeutic approaches.

EP 1 discusses how children who are transferred to residential placements have usually come from a specialist SEBD setting. They will have attended a mainstream provision in which their educational and personal needs could not be met, then have moved to a specialist setting before being relocated to a residential setting, “the young person did end up in an SEBD provision, key stage four SEBD provision before being moved to *****”. The residential setting will have been appropriate as the child displaying SIB may also have other needs which cannot be met in a SEBD provision, “but the more complex, where they have to go to residential, the SIB has been additional to their other needs.”

EP 2 discusses the reasons why a child may be educated in a residential placement. This may be to protect the child displaying SIB,

“the place they sent him to was a place where you could send children who were at risk of becoming sexual offenders”, “it was thought it was best to completely remove him and to put him so far away (from home) that he could not get home. And that separating them was a good decision
and moving him to somewhere far away where he couldn’t take himself or other people home was good”.

EP 2 also discusses how educating children in residential settings can have positive outcomes in protecting them from themselves and others. In relation to the case of the child who was placed into 52 week residential provision, EP 2 states,

“Interestingly when he got to the age at which he was leaving the residential place, he chose to stay living in the area, he had got involved with the rugby club and he had chosen to stay in that area, and as far as I heard there were no (SIB) concerns.”

In this instance the placement of a child displaying SIB in a residential provision can have the advantage of removing them from a situation in which they can end up committing crimes and being labelled as a schedule one sexual offender,

“This seemed to have a really good repercussion, as he was moved so far away that he could not walk back, he would have walked through the night to get home. I think I agree with social services that he was in significant danger of being the next generation of offenders”.

EP 2 gives a further example of a positive outcome from placing a child in a residential setting.

“But somehow what the LA managed to do was to introduce him to an alternative normality which the rest of us would appreciate, before he had committed a crime against another young person or an adult, or had any further crimes committed against him”.

EP 2 also discusses how a residential placement can meet the needs of some children who display SIB in a manner that other specialist provisions cannot. For example residential placements can offer in depth therapeutic support that is not always available in specialist or mainstream settings.

“I spoke to the head of therapeutic services at the school who said the boy is engaging really well with their clinical psychologist, is talking and is
able to engage in therapies that involve talking and that they have now no concerns about SIB, they are really pleased with him, it’s like he wants to make some changes”. “So he ended up in the 52 week placement and again he has not ended up as a schedule 1 offender, again he has ended up doing well, engaging in what’s being offered to him and wanting to change and understanding what he can do to help himself”.

4.3.1.2.2 Basic theme – Serious SIB specialist

Some children who display more serious SIB cannot maintain their place in a mainstream setting. These children are then often educated in a specialist setting which is usually an SEBD provision. The specialist settings can offer children displaying SIB support that cannot be provided in mainstream provisions. The behaviours displayed by children that led to them being educated in a specialist setting are often more serious or complex in nature, “the more sort of complex cases have been in special SEBD schools where there has been quite a high level of serious SIB”. EP 1 suggests that special settings can offer a higher ratio of adult to child support and can therefore be a safe place for both children displaying SIB and other children being educated with those who display SIB.

“One young person was managed with one to one within the special provision”, “in those cases school isn’t a dangerous place, school is actually quite a safe place due to the adult supervision”.

4.3.1.2.3 Basic theme – Concerns from professionals

The analysis revealed the concerns from other professionals such as social workers, community paediatricians and other psychologists can have an impact upon where a child is ultimately educated. For example, if the professionals involved with a child feel that a child’s needs are not being met in a mainstream placement or that there is a risk to other children, then this can lead to the child being placed in a specialist setting. EP 2 discusses how if concerns are raised by social workers about the SIB, this can have an impact upon the placement of a child.
“I think the decision was made by social services, we could meet his learning needs in that setting, we had the specialist teachers, the skills and the expertise to address all of his learning needs but there was no way we could offer the therapeutic input that he would have benefited from”.

EP 2 also discussed how after a team around the child meeting attended by other professionals, concerns were raised about a child remaining in mainstream provision.

“There were lots of concerns about this boy and whether or not it was appropriate for him to remain in a mainstream school, in an environment with access to many other children”.

4.3.1.2.4 Basic theme – Not school/Local Authority decision

When considering where children who display SIB are educated, both of the EPs discussed how this decision can be taken out of the school and the LAs hands. This occurs in incidents of serious SIB where the Criminal Justice System will dictate where a child should be educated. This can occur if a child has committed a criminal offence and is therefore remanded to a secure placement or if it is thought that a child is at risk of committing an offence and therefore would benefit from being placed in a residential provision.

“The secure placements that have resulted from some of the SIB they have involved police investigations any way so it has actually been things that have been investigated and they have been found guilty of whatever it is they have been accused of”, “but in those more complex cases where they have ended up in residential it has been a very serious case where police have been involved”.

EP 1 gives an example of when decisions about placement have been taken out of the school and LA hands,

“I think when the cases are really serious it is taken out of the school’s hands, I’m thinking about one boy at one of my schools which is for children with SEBD. He had just started at the school and there was an allegation
that he had raped a young boy and he was found guilty of this and has been placed in secure, so it’s not necessarily what the school can do, they have to make sure that the other children are safe”.

EP 2 discusses how the court system has a major influence upon decisions that are made about children who display serious SIB,

“Sometimes a judge directs us to do certain things, I sit on the ***** panel, sometimes when a young person goes to court for a crime related to SIB, the court has on occasion remanded, they have not given the child a custodial sentence but they have remanded them to the care of the LA and have told us to do A, B and C”.

4.3.1.2.5 Basic theme - Exclusion

On occasion children who display SIB will receive a permanent exclusion from their mainstream setting: This will have an impact upon where they may be educated in the short term and long term. When children receive a permanent exclusion, they will in the first instance attend a primary or secondary education centre (PEC/SEC) or what is also known as a pupil referral unit (PRU). During their time at the PEC/SEC a decision will be made by the LA as to whether they can be reintegrated into a mainstream setting or whether their needs will be more appropriately met in a special provision. EP 1 gives an example of an exclusion due to SIB and other behavioural difficulties.

“There is young girl at one of the mainstream schools that was exhibiting SIB ….. there had been allegations of her having gone into the boys’ toilets…..that was being managed ok in school but then her behaviour became such that she was excluded, but it wasn’t just for SIB and now she is in the PEC”.

4.3.1.2.6 Basic theme – Multiagency work

As reported in section 4.3.1.6 multiagency work can help to support schools to allow children displaying SIB to remain in mainstream settings; however multiagency work can also lead to decisions being made about children
being placed in specialist provisions. Multiagency work can identify if a child’s behaviour has become too serious to be managed in a mainstream setting, EP 2,

“He was known to our service and he’s known to the psychiatric service, he had a psychiatric report, the psychiatrist recommended that the child was not returned into the care of his birth mother. So there were lots of concerns about his boy and whether or not it was appropriate for him to remain in a mainstream school”.

Professionals can also identify if a child is not having their needs met or has become a risk to their peers. Multiagency work can also help to identify issues that may not be picked up by one professional working in isolation, EP2 gives a clear example of this.

“I think being co-located with safeguarding means that if a school has a concern about a child I can pop over and walk into safeguarding and have a chat with someone for 10 minutes and they can get up all the information, there have been times when I have gone in and asked a what I thought to be a fairly innocuous question and then when we have got all of the information up it’s the 6th time that seemingly innocuous question has been asked.”
4.3.2 Thematic Network for Global Theme 2 – Factors in decision making

The figure below (Figure 4.3) presents the thematic network for global theme 2.

![Thematic Network for global theme 2: Factors in decision making](image)

Figure 4.3 – Thematic Network for global theme 2: Factors in decision making

The thematic network consists of 2 organising themes and eleven basic themes. The network represents the EPs’ responses to questions asked during the semi structured interviews about the factors that affect the decisions about where children who display SIB will be educated. It was evident from the interviews that there are numerous factors which consist of within school factors and external factors that have an impact upon where children who displayed SIB will be placed. These factors have an effect upon whether these children will remain in their mainstream placement or
are educated in alternative provision, which includes specialist EBD settings, residential placements or in some instances secure placements.

4.3.2.1 Organising theme – External factors

From the semi structured interviews, it was evident that there are many factors that relate to the decision making about where a child displaying SIB will be educated. Some of these factors can be seen to be external to schools and how schools manage incidents of SIB. These external factors will now be discussed in more detail through the discussion of the basic themes.

4.3.2.1.1 Basic theme – Court decision

As discussed in section 4.3.2.4 on occasion schools and LAs do not have any influence in where a child will be educated. This usually occurs when a young person has displayed such serious SIB that a sexual offence has been committed and the courts will instruct a LA as to where the child should be placed,

“Sometimes a judge directs us to do certain things, I sit on the ***** panel, sometimes when a young person goes to court for a crime related to SIB, the court has on occasion remanded, they have not given the child a custodial sentence but they have remanded them to the care of the LA and have told us to do A, B and C”.

EP 1 discusses how this results in the police force being involved and completing investigations into any allegations made,

“the more complex cases have been in special SEDB schools were there has been quite a high level of serious SIB. A lot of them have involved the police and investigations”, “another case the young person is in secure, but that’s custodial”, “those who have ended up in residential it’s more the police have been involved in that route so it’s not really something that schools would have control over”.

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4.3.2.1.2 Basic theme – Funding/Budgets

The funding for specialist out of city placements is taken into account by LAs when making decisions on where a child is to be educated. EP 2 discusses how decisions are not made by considering if a placement is too expensive but that placements need to be monitored to ensure that they are value for money.

“\textit{I have sat on the ***** panel for a lot of years and I have never heard anyone actually say that’s too expensive, what I have heard them say is that is expensive, let’s monitor this and see that we are getting value for money}”.

EP 2 reports that the expense of placements is considered by LAs and there is an importance in reviewing these placements.

“\textit{I am going down to ***** in a couple of weeks to see a child who we have placed in ***** who has massive needs, not all related to SIB, there are 3 of us from the LA going down, so there is great staff expense to monitor a very expensive placement}.”

EP 2 feels that the current financial climate is a positive one, as LAs even though they have constricted budgets, are ensuring that professionals have the resources that need to review out of city placements.

“\textit{If we are placing someone out of LA who was displaying SIB we have ring fenced time for a psychologist to travel and see the child, so I think given the current financial climate that is really positive}”.

4.3.2.1.3 Basic theme – Protecting the child

A further factor that can affect where a child is placed is if the child needs to be protected. This can mean being protected from their families if there are concerns about abuse. In these instances a child will be taken into care by the LA and decisions will be made by the courts and social care as to where it is best to educate a child displaying SIB. EP 2 gives an example of a child who was looked after by the LA as he had experienced abuse. This child was displaying SIB however that was not the primary reason for educating
him in a residential placement. This decision was made as he needed to be protected from the family members he was having contact with.

“It was about 4 miles from his children’s home to his dad’s house and he in contact had developed some sort of code that the social workers had noticed. So they had a series of code words about getting home, so he would try and get home according to the plans that had been made in contact.”

EP 2 discusses how for this child the decision was made for him to be placed in a residential setting that was far enough away from his family that he could not make his way home. “Separating them was a good decision and moving him somewhere far away where he couldn’t take himself or other people home was good”. EP 2 states that the decision to move this child to a residential placement not only protected him from his family members but also protected him from displaying behaviours that may have led to a criminal conviction.

“Because he’s not a schedule 1 offender himself, he never got that status, whereas other children who have engaged in SIB towards other children they become schedule 1 offenders themselves. So because he didn’t have that he was able to go there and benefit from whatever the placement had put in place for him and build a life for himself.”

4.3.2.1.4 Basic theme - Abuse

If it has been identified that a child who is displaying SIB has or is being abused this can affect where a child is educated. In these instances social care and the LA will have responsibility for ensuring that the child is moved away from harm and this can impact where a child lives and is educated. EP 2 gives an example of a child who was displaying SIB and who had experienced physical and sexual abuse.

“The reason they had been taken into care was because his granddad and his dad were both schedule 1 offenders and they had, social services, very good reason to believe that inappropriate things had been happening to him and his sister”. 
In this instance social care and the LA felt that the mainstream school he was attending while it could meet his learning needs, could not meet the therapeutic needs he had in relation to experiences of abuse. Therefore, the external factor of this child having been abused had an influence upon the decision making process about where he would continue his education.

4.3.2.2 Organising theme – Within school factors

From the semi structured interviews it was evident that as well as external factors that affect decision making about managing incidents of SIB, there are also within school factors that have an impact. The within school factors that have an impact upon how incidents of SIB are managed will now be explored in more detail through the discussion of the basic themes.

4.3.2.2.1 Basic theme – School staff knowledge of SIB

A within school factor when managing incidents of SIB is that of school staff knowledge of the area. There is a wide range of knowledge across schools and members of staff, with some school staff having little knowledge of the area. A lack of knowledge about what is appropriate and inappropriate behaviour at different ages can have an impact upon how cases are managed. EP 1 suggests that school staff would benefit from having a general understanding about what typical sexual development looks like and how this manifests, she suggests that a lack of knowledge about behaviours at different developmental stages can have an impact upon how staff react to incidents and therefore how they are managed.

“It would be useful to have knowledge of appropriate behaviours so schools are not concerned when behaviours that they might see as being SIB are actually appropriate”. “If they had training and they are more aware that this is completely appropriate then this would help as they can sometimes go off the deep end over something that is not really a concern”.

4.3.2.2.2 Basic theme – School staff confidence

A factor related to school staff knowledge is that of school staff confidence in managing incidents of SIB. As SIB can be considered to be a controversial
School staff may not feel that they have the skills to manage incidents. School staff may be uncomfortable discussing the topic with the children displaying the behaviours and with the parents of children who have displayed SIB. This can be due to the assumption that is made that children who display SIB may be being sexually abused. School staff would have to broach this question with parents, which they may find difficult, “The problem is that they would have to consider that (abuse) could be reason, for child protection you have to have that as a query, but I do think that for some schools it is scary for school staff”. Teaching staff may also have difficulties in discussing incidents with parents of the children whom the behaviour has been directed at. EP 1 discusses an incident where school staff had to address parents of the other child and found this difficult, “it was more of a case of not being supervised at home and mixing with older children and boys in the area and then that was resulting in complaints from parents to school”. EP 2 also discusses an incident in which it was felt that school staff did not have the confidence to manage the SIB “they were panicking about it. When I went in he had a diagnosis of ADHD, ASD, he had a whole load of stickers. It seems that people are more freaked out by same sex sexualised behaviour.”

**4.3.2.3 Basic theme – LAC and SIB**

EP 1 suggests that there may be a difference in how incidents of SIB are managed when a child is looked after to if a child is not looked after. If a child is looked after by the LA school staff will have in depth knowledge of the child’s family history and may be more understanding and accepting of behaviours displayed by these children.

“I suppose with a lot of the LAC when you know what their experiences have been then yes it is probably taken for granted that a lot of these behaviours you are going to see with LAC, when you know as well that’s their background you are more aware of it anyway and that’s managed really well in schools”.

EP 1 suggests that LAC who display SIB are managed well in school due to school staff knowledge of the child’s family history. School staff may also
have preconceptions about the causes for the SIB displayed by LAC that are not necessarily the same for non-looked after children,

“Well I think because schools are involved in the case conferences and everything else with LAC, and those on the child protection register, then they are aware of what is going to be impacting on their behaviours. Where as if they are not looked after then it’s more of a question mark of where has this come from. Whereas you will quite often know in terms of LAC, there are probably more alarm bells when they are not LAC and are suddenly exhibiting SIB.”

4.3.2.2.4 Basic theme – SEN and SIB

As with LAC who display SIB, incidents of SIB that are displayed by children with additional special educational needs may also be managed differently. For example, EP 1 suggests that schools are able to manage incidents of SIB displayed by children with ASD effectively. Schools are able to discuss appropriate touching, personal space and proximity, “in mainstream settings where its been managed within the school it’s sometimes cases where the young person has been on the autistic spectrum and it’s been inappropriate touching, sense of space and what’s appropriate and what isn’t”. This could be due to schools having strategies and interventions to use with children with additional needs, while they have a lack of these resources in relation SIB in general.

4.3.2.2.5 Basic theme – Inclusion ethos

A further factor that affects decision making and managing incidents of SIB appears to be the ethos of the school. When a school has an inclusive ethos, strategies and interventions can be put into place to manage incidents of SIB and therefore allow the child to remain in the mainstream setting. EP 1 suggests that schools across the authority all have differing ways of managing challenging behaviours,

“I think that any inappropriate behaviour is dealt with differently in different areas and different schools and that would be included in terms of how that school manages it”. “In my experience I don’t think they have
panicked and I think they can manage it within the mainstream schools, but that could very well be dependent on the area on how inclusive the schools are”.

EP 2 also suggests that different schools will have different ideas and thoughts on SIB and this may have an impact upon how incidents are managed. “This school had a particular view about gay people, so a particular view was taken about SIB in this school because of their beliefs”. This would suggest that if a unified pathway was in place within the authority, this would lead to a more systematic and consistent approach to managing incidents of SIB rather than the ad hoc way in which incidents are managed at present.

4.3.2.2.6 Basic theme – Early intervention

A final factor that would appear to have an impact upon decision making and managing incidents of SIB is early intervention. When children are identified as displaying SIB at an early stage, incidents can be managed by school staff before the child progresses to displaying more serious SIB. EP 1 suggested that children who are looked after are more likely to receive early interventions as their difficulties are known to school staff and the behaviours are more likely to be understood. However, if the child is not looked after they could still have had experiences in their life which have resulted in their displaying SIB at a later age.

“If a child is looked after from a young age and they have experienced whatever, it’s the sort of families where if they were removed from a disturbing background at an early stage then that’s likely to be addressed at a young age. Where when they have not been removed, there may be social services involvement but they have not been removed, they may have been exposed to whatever behaviours and experiences at home until they are possibly 15 and are then displaying the behaviours”.

This would suggest that early intervention is important for all children displaying SIB; this can help schools to manage incidents and therefore have an impact upon the decisions about where a child is to be educated.
4.3.3 Thematic Network for Global Theme 3 – Policy/pathway development

The figure below (Figure 4.4) presents the thematic network for global theme 3.

![Thematic Network for global theme 3: Policy/pathway development](image)

Figure 4.4 – Thematic Network for global theme 3: Policy/pathway development

The thematic network consists of 2 organising themes and eight basic themes. The network represents the EPs’ responses to questions asked during the semi structured interviews about the lack of a unified policy/pathway for SIB and what should be included in a policy/pathway of this nature. It has been identified throughout the interviews that the lack of a policy/pathway for SIB has had an impact upon how incidents of SIB are managed within schools and this in turn has had an impact upon where children displaying these behaviours are educated.
4.3.3.1 Organising theme – Policy content

It was evident from the semi structured interviews that the lack of a cohesive policy/pathway for SIB has an impact upon how incidents of SIB are managed within schools and the LA. Themes were identified in relation to what the content of a policy/pathway of this nature should be. The basic themes in relation to policy/pathway content will now be discussed in detail.

4.3.3.1.1 Basic theme – Practical strategies

It was identified that a policy/pathway for SIB should contain practical strategies for managing incidents of SIB. Practical strategies would be of benefit for school staff when they encounter children displaying SIB, as this would empower school staff to know how to manage incidents before calling upon outside agencies. EP 1 suggests that teachers have strategies and interventions to manage other behaviours encountered in school but this is lacking for SIB. The practical strategies could include descriptions of appropriate and inappropriate behaviours as a building block for intervention, “some guidance in terms of what would be appropriate and what is inappropriate”. EP 1 suggests that in relation to strategies schools know how to manage other behavioural incidents so a toolkit for SIB would be useful.

“I don’t think a lot of teachers know how to raise/address those behaviours in school and that’s worrying for teachers. You know if somebody is hitting out on the playground teachers have strategies to manage this, whereas in terms of staff not knowing how to address SIB that would help. A toolkit for staff would be helpful.”

This suggests that school staff would benefit not only from theory about SIB but practical suggestions as to how to manage this behaviour.

4.3.3.1.2 Basic theme – Protected EP time

As EPs play a significant role in helping schools to manage incidents of SIB, a theme that arose when thinking about the content of a policy/pathway was that of protected EP time. EP 2 suggests that protected time would allow
relationships to be built when working in a multiagency approach and gives an example of how this protected time for LAC has been reduced due to budget cuts.

“We no longer have designated time for working with LAC and I realise that not all children who display SIB are LAC, but having 2 EPs that did that work really frequently, our contact with the LAC social workers, adoption team etc. was kept fresh and current. That’s now going to fall by the wayside”.

EP 2 also discusses how protected EP time would enable EPs who are interested in the area of SIB to have space within their workload to help schools manage incidents. “It is an area I am interested in but I feel that I have got no leeway in my workload, I am up to my eyes keeping track of dyslexia, ASD queries”. Protected EP time in a policy/pathway would also give users of the policy/pathway a designated person whom they could approach when incidents occur.

“If there were to be a SIB pathway I would want protected EP time so that schools could contact one email address and say this has just happened, could you offer some advice, I’m not talking about opening a file on every one of these children, I mean there being someone you can consult.”

4.3.3.1.3 Basic theme – Multiagency work

Throughout all of the thematic networks having a multiagency component to managing incidents of SIB has arisen as an important factor. When considering the content of a policy/pathway ensuring a multiagency approach appears to be vital. EP 1 discusses how a multiagency approach used to be of benefit when working with children who display SIB

“what was useful, which is no longer in existence is a lot of the young people where it was more complex were involved with the YOT or the prevention team and they as part of a team had a clinical psychologist who specialised in that area (SIB) and would work with the young person”. 
EP 2 throughout the interview and the thematic networks has stressed the importance of multiagency working; this could include social workers, community paediatricians, CAMHs and safeguarding. This would provide schools with a network of support when incidents of SIB arise.

### 4.3.3.1.4 Basic theme – Good practice examples

As with practical strategies, it is suggested that a policy/pathway which is to be utilised by teaching staff would benefit from a section containing examples of good practice. Schools could then pick up this section of the policy/pathway and have a complete idea of how incidents have been managed successfully within other schools. This would allow schools to feel empowered to manage incidents. EP 1, “As well (as training) examples of good practice, for example those who have managed the behaviours within the mainstream setting”. As with practical strategies, examples of good practice could form a part of a tool kit for school staff which, along with theory about SIB could help to give them the knowledge and skills needed to manage incidents of SIB within the mainstream setting. This in turn could have an impact upon the decisions that are made about where a child displaying these behaviours will be educated.

### 4.3.3.1.5 Basic Theme – EP therapeutic work

As with protected EP time, a theme that emerged was in relation to the type of work an EP can do in the area of SIB. EP 2 suggests that when managing incidents of SIB, it would be of benefit to schools to have EPs completing therapeutic work with these children. However, at present there is not the time needed for EPs to complete this work and schools would prefer to utilise EP time in other ways.

“If I went to a [school cluster] meeting and said I would like to work with Billy for an hour a week over the next term, they [schools] would find that very difficult, they would find a different professional to complete that work. Whilst professionals from other schools are very skilful I don’t think they have the same skills as an EP”.
When considering the content of a policy/pathway if it designated the type of work an EP could complete when working with children who display SIB, EP 2 suggests that this would support schools more fully and allow EPs to be utilised more fully, rather than schools seeing EPs as just completing cognitive assessments, “I would like to train someone to do a dyslexia assessment and do the therapeutic work myself”.

4.3.3.2 Organising theme - Practice

It was evident from the semi structured interviews that the lack of a cohesive policy/pathway for SIB has an impact upon how incidents of SIB are managed within schools and the LA. Themes were identified in relation what the practice of a policy/pathway of this nature should be. The basic themes in relation to how a policy/pathway could be put into practice will now be discussed in detail.

4.3.3.2.1 Basic theme – Training

As a starting point for implementing a policy/pathway for SIB, it would appear that school staff would benefit from training as to what is typical sexual development throughout the age ranges and what is SIB. This would help staff to identify if a behaviour is inappropriate and what interventions may need to be put into place.

“it would be useful to have knowledge of appropriate behaviours so schools are not concerned when behaviours that they might see as being sexually inappropriate are actually appropriate”, “If they had training and they are more aware that this is completely appropriate then this would help as they can sometimes go off the deep end over something that is not really a concern”.

This would enable school staff to manage incidents of SIB that occur within their schools and to have a greater knowledge of the reasons and causes for SIB. This would also lead to a more uniform approach to identifying SIB and the management of these issues. EP 1 also discusses who should attend the training as having training for whole school staff may be impractical, however
key staff members could be trained and then disseminate the information received to other staff members.

“I think as long as the child protection officers and the SENCos were able to attend training so not necessarily the whole school staff to be involved the child protection officer can then go back and relay that information back to schools. You could have one city wide conference.”

4.3.3.2.2 Basic theme – Identified Professionals

When considering the implementation of a policy, a theme that has arisen is that there should be identified professionals who can be contacted by those utilising the policy for advice and support. Ideally not only would the services be named, but the professionals themselves, along with contact details and times that the professional would be available for consultation. EP 2 suggests that a specific EP could be identified for consultation in respect to SIB and protected time should be given to this EP for working with incidents of SIB. This could be beneficial not just for school staff but for other professionals who would like advice and support in managing incidents of SIB.

“If there were to be somebody who was given not a massive amount of time, say 25 sessions throughout the year, a session a fortnight, so if somebody phoned up you would be able to say to them, I can come on Wednesday afternoon and we can talk about this a bit more or attend meetings. So if I’m stuck with a case I know that on a particular day I can go to this EP and they will have time, they won’t be writing a report, they won’t be phoning other people. They will have an open door for me to talk to them.”

The naming of professionals within the policy/pathway could also ensure that the policy/pathway is kept up to date as, if and when the named professionals leave the service, amendments will need to be made to the document.
4.3.3.2.3 Basic theme – Chart/flow chart

In the practical implementation of a policy/pathway a final theme that was identified was the usefulness of having a developmental chart and a flow chart describing steps in implementing the procedure. The chart should include key sexual behaviours at developmental stages, so that school staff can see at a glance what behaviours are appropriate at what developmental stages and can therefore identify when behaviours are inappropriate. EP 2 “so a chart would be helpful, like reception, year 1, these are the behaviours you may see”.

A flow chart has also been identified as a practical tool for those utilising the pathway. This could consist of behaviours that may be seen, practical strategies for managing incidents, leading on to signposting to identified professionals if further advice/support is needed. “A general guideline for schools, with signposting. So a school could look at it and go, we are seeing this, this and this, what do we do? What strategies do we use?”

4.4 Phase 2 continued - Thematic analysis of school staff focus group

The partial transcription of the focus group with school staff was analysed using thematic analysis in order to investigate RQ 2 and to some extent RQ 3:

R.Q. 2 – What are the teaching staff thoughts, feelings and knowledge about SIB and children?

R.Q. 3 – What processes within schools and a LA lead to decisions about educational provision and placement for a child displaying SIB?

This section will describe the themes identified from the focus group using the Braun & Clarke (2006) method which was detailed in Chapter 3 (please see Section 3.6.3.1). The themes will be supported by quotations from the original transcript.

Once the initial codes from the partial transcriptions of the focus group had been identified, they were organised into 31 basic themes. The basic themes were then divided into groups which represented similar ideas which
resulted in 6 organising themes. The organising themes were then grouped into 3 global themes. See Figure 4.5 for an overview of the three thematic networks.
Figure 4.5 – Thematic Network Overview School Staff Focus Group

Thoughts/feelings
- Personal responses
  - Fear
  - Distress/worry
  - Lack of confidence
  - Concern
  - Dissillusionment
  - Acceptance
- Professional responses
  - Protecting children
  - Multiagency
  - Managing risk
  - Parent involvement
  - Strategies

Knowledge of SIB
- Mainstream
  - Appropriate behaviours
  - Developmental stages
  - Managing incidents
  - Causes of SIB
  - Context of behaviours
- Specialist settings
  - Higher level of knowledge
  - Knowledge of age ranges
  - Managing incidents
  - Causes

Wants and needs
- Policy/theory
  - Pathway
  - Support from LA
  - Multiagency support
  - Signposting
  - Identified Professionals
- Practical applications
  - Practical strategies
  - Tailored training
  - Chart/flow chart
  - Early interventions
Each of the thematic networks will now be presented with accompanying evidence from the transcript.

**4.4.1 Thematic network for Global theme 1 – Thoughts/feelings**

The figure below (Figure 4.5) presents the thematic network for global theme 1.

![Thematic network for Global theme 1 – Thoughts/feelings](image)

**Figure 4.5 – Global theme 1: Thoughts/feelings**

The thematic network consists of 2 organising themes and eleven basic themes. The network represents the school staff responses to questions asked during the focus group about the thoughts and feelings of school staff in relation to SIB. How the thoughts and feeling of school staff has affected managing incidents of SIB is also explored, along with how school staff have reacted professionally to incidents of SIB.
4.4.1.1 Organising theme – Personal responses

It was evident from the focus group that school staff have an emotional response to incidents of SIB. From the thematic analysis, it appears that these feelings about SIB tend to be negative in nature. Themes were identified in relation to the types of thoughts and feelings school staff have when encountering incidents of SIB. The basic themes in relation to thoughts and feelings about SIB will now be discussed in detail.

4.4.1.1.1 Basic theme – Fear

It was evident that that school staff can have a fear response to incidents of SIB. Staff from mainstream settings and specialist settings reported that staff can feel scared of the managing the incidents and also feel scared of the children and young people themselves.

“The trauma that he caused to the female members of staff was dreadful and it is scary and these people grow very tall and become quite powerful in their physique and it was absolutely awful and it was a constant danger being in the room with him”.

The school staff also reported feeling threatened by the young people who display SIB which leads to feelings of fear. “It’s also an implicit threat, so even when it’s not an overt threat made towards you, when you are aware of the fact that the child perceives you in a sexual manner”. This fear response towards SIB and the children who display it can lead to school staff feeling abused in the work place “because it is abuse, you are being abused daily”.

4.4.1.1.2 Basic theme – Distress/worry

Further emotions felt by school staff in relation to SIB are distress and worry. The school staff from the mainstream settings reported that when incidents of SIB occur they can feel worried, particularly if the reasons for the behaviour are not obvious. “If he’s displaying a behaviour that you have no idea where that came from then that worries me enormously”. Also school staff can be distressed if SIB continues after interventions have been put into
place. “We didn’t get that overwhelming oh gosh feeling, it was a bit distressing really to see it continue and for him to do other things as well.”

4.4.1.3.3 Basic theme – Lack of confidence

It was also evident that school staff from the mainstream primary and the specialist primary setting felt a lack of confidence in managing incidents of SIB. The school staff believe that members of staff need a certain level of expertise to manage incidents of SIB which they feel they do not have, “do you think you are qualified enough to deal with that? I don’t think I am”, “my specialism doesn’t extend to that”. School staff also have a lack of confidence in their knowledge of interventions and managing SIB. “In a day school setting I don’t know if I’ve got the wherewithal and the time, so hey ho what do you do?” “It’s like where do we go with that?” School staff also have a lack of confidence in their ability to change behaviour and to help children to modify their behaviours “It’s about we are not going to work and change their behaviours at all because we are not equipped, I’m not equipped personally and I think I’m quite experienced.” The members of staff from the secondary special school acknowledge that they are the best setting for children displaying SIB to be educated; however they also have a lack of confidence in their ability to manage these children.

“In relation to the general school population we were probably one of the most able schools to deal with those behaviours because we are very experienced in managing them, however, who would be equipped to teach him day to day, realistically it would be extremely difficult”.

4.4.1.4 Basic theme – Concern

It would appear that school staff are concerned about differing aspects that accompany SIB. School staff feel concern about managing incidents of SIB and how in some instances displaying SIB can lead to exclusion for some children.

“The fact that we continue to see it and it was repeated in a number of different ways made us really focus our attention on it, to ensure it wasn’t
going to happen again. “Because I could see us going down a route where we would be forced into an exclusion”.

Related to this, school staff are also concerned about the reactions of parents to SIB, these can be the parents of children who are displaying SIB “they were really shocked as he’s quite a sheltered boy” or the parents of other children “their initial reaction was very, very strong and it warranted us taking it really seriously”. School staff are concerned for the children displaying these behaviours, the other children exposed to the behaviours and also there is concern for the school staff who manage these incidents.

“You have a concern about potential victims, you have a concern about their potential to become offenders and as a practitioner you do have concerns about working with them because some of their behaviours can be very explicit”.

4.4.1.5 Basic theme – Disillusionment

A further theme that was noted is that school staff feel disillusioned with how incidents of SIB are managed by the LA and the lack of support given to staff by the LA. Staff feel that children displaying SIB are sent to special settings as there is a lack of other options available

“How can you mange that risk with other children and invariably you can’t change it, so then you say we’ll have to remove the risk and then they get sent to a special school”. “I then have difficulties; I think why am I put in this position. We have to deal with these children for financial reasons, it is not appropriate for them to be placed with us, with the vulnerable children and a lot of the time it’s not about we are going to work or change their behaviours at all, because we are not equipped”.

School staff are also disillusioned by the interventions they can put in place for children who display SIB and the effectiveness of the interventions.

“So the objection is we are not going to in a classroom setting, delivering the national curriculum, going to change this child’s really
damaged way and deal with things, then your job then is a warder and you are watching them, being vigilant”.

4.4.1.6 Basic theme – Acceptance

School staff stated that it can be easier to manage incidents of SIB if the behaviour is accepted by staff. In the mainstream settings staff reported that behaviours are more likely to be accepted if they are displayed by younger children as staff have the preconception that sexual behaviours at a young age are part of the maturation process. “To be honest with you, with very young children it sometimes it’s almost developmentally appropriate that they show each other their bits and that’s what young children tend to do”. With the specialist secondary setting, SIB is more likely to be accepted as it is encountered on a regular basis by staff, “it’s not to say that people overreact to it at all because I don’t think they do, in fact in some ways I think you can almost be quite accepting of it because it’s so constant”. School staff in the specialist setting are also more accepting of SIB as it is acknowledged that these children have a variety of difficulties and this may manifest in this way.

“Yes it’s going back to being a toddler and that’s a problem with a lot of our young men, they have not been parented either at all or parented inappropriately and they need to experience all most all of infancy, toddler stage and then develop from there”.

4.4.2 Organising theme – Professional response

It was evident from the focus group that school staff thoughts and feelings about SIB can have an effect upon managing incidents when they occur. Themes were identified as to the professional responses of school staff and how incidents are managed. The basic themes in relation to professional responses when managing incidents of SIB will now be discussed in detail.

4.4.2.1 Basic theme – Protecting children

The school staff identified that when managing incidents of SIB, it is important to protect the children who display the behaviours and to protect
the other children within the settings. When considering protecting the child who is displaying the behaviours, it is important to think about adult reactions and how adult reactions can have an impact upon future behaviours.

“If you start to demonise it and you appear shocked and outraged then the likelihood is he would go, I can’t upset those people again but I still want to do it, and then the logical mind would go I’ll take them round the back and do it round there. So I think how you deal with it can prevent it from becoming a massive anti-social problem”.

The school staff from the specialist secondary setting also considered the need to protect children displaying SIB from becoming offenders. “It can be difficult to manage as you wouldn’t want to put him in a position where he was having a one to one teacher because of the potential vulnerability for both of them, because you are as likely to make him an offender as you are to make somebody else a victim”.

When considering other children within the setting, they must also be protected and have their educational needs met. Other children can be affected emotionally by incidents of SIB, “I think he does perform to a certain extent in front of an audience, however his audience when it is made up of his peers tend to be quite embarrassed and uncomfortable with the behaviour”. The level of knowledge and awareness of other children about sexual matters must also be taken into account. “It’s the other boys as well isn’t it? Not everybody has the same level of awareness about that sort of behaviour at that age”. As well as having an emotional impact incidents of SIB can have an impact upon the educational needs of peers. “That’s the kind of behaviour we deal with frequently and it’s incredibly disruptive in class”.

4.4.1.2.2 Basic theme – Multiagency work

A factor in professional responses to SIB has been school staff recruiting help from outside agencies. The mainstream school staff reported that when incidents of SIB have occurred, they have referred to either the school EP or CAMHs.
“This case, an infant boy who we had already had our eye on, because behaviours were a little off and we were ready to ask the EP to come in and see the little chap because the teacher was having a tough time with him”. “I would always, if the EP hadn’t been with us, I’d have always gone to the CAHMs team or the working together team.”

This provision of multiagency work has allowed school staff to either apply interventions when incidents arise and to feel supported in their managing of incidents. “Once the EP started working with us, we were tending to think that it was immature behaviour, a child who was quite capable and quite bright but emotionally they were working at a much lower level”. Multiagency work can also provide school staff with a greater knowledge about the causes of SIB, particularly if the child is given a diagnosis.

“We have one pupil at the moment who’s a year 9 pupil and he’s been diagnosed with non-sexual, sexualised behaviour. When reading the report this means that it is not physical sexual behaviour, it’s verbal sexual behaviour, it’s constantly sexually explicit throughout every conversation at all times.”

4.4.1.2.3 Basic theme – Managing risk

At a secondary specialist level, the risk to staff has to be considered when managing incidents of SIB and working with young people who display these behaviours. Children who display SIB do not just do so towards their peers, these behaviours can be directed towards staff members.

“We have a whole range of behaviours from very sexually offensive language to quite overt physical behaviours and certainly as a female practitioner in what’s quite a small school you are aware you have to manage risk constantly”.

The gender of the staff member also has to be considered as this can place an adult at risk when working with a young person of the opposite sex.

“Our whole pupil cohort is only male, they are only teenage boys and there is quite a high proportion of female staff and so the chance are quite
high you will work alone at points with these young men. So the risk management is a huge factor we have to consider.” “It’s far more directed at female practitioners in general than male practitioners or peers.”

When working with older children who display SIB, school staff have to aware of the risks that come along with the young people perceiving the staff in a sexual manner and then displaying SIB towards staff members.

“You are aware of the fact that a child perceives you in a sexual manner, you are conscious that you could potentially be at risk at any point that you are alone with that child. The behaviour is not predictable and so you would be foolish to feel secure at all times”.

4.4.1.2.4 Basic theme – Parental involvement

When teaching staff respond to incidents of SIB, it is crucial that parents are involved. School staff will need to have involvement with the parents of children who display SIB and with the parents of the other children involved. School staff have to be careful about how they manage incidents of SIB as parents of the other children can have strong reactions if they believe their child has been a target.

“We had to do lots with the parent of the first little girl who happened to be involved. We had to do lots of kind of soothing work with her and we thought that if she suspected, she had to trust us and we had to work really hard to regain her trust, if she thought that this had continued at any level I felt we would have had real trouble with the parents.”

School staff have to work with the parents of the other children to help increase understanding of why some children display SIB and to instil confidence in parents that incidents are managed safely.

“The parents, of the other child, did come back to say once we’d been working with them, that they felt they’d overreacted”. “I do think the parents of the little girl eventually realised that you know we were still talking about very young children and they accepted that was what we were talking about rather than some other kind of deviant behaviour”.

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School staff also have to have a good relationship with parents of the children who display SIB. Some parents can be reluctant to acknowledge that there is a difficulty, this can be due to the fear of labelling their child or how others will perceive them as parents.

“A lot of our parents run scared so as soon as you mention something that they don’t know how to deal with, all the barriers go up and they feel that they are being got at. It has caused problems”. “I think it is the subject, parents get so scared”.

As parents are scared of their child being labelled in any way, school staff have to work with parents to allay fears.

“It’s the taboo still of being labelled, either as sexually inappropriate child or sexually inappropriate adult or an inadequate parent and you have to remove all of these things, as soon as the taboo is removed people can exhale”.

School staff need to have the support of parents for interventions to be successful. “We can manage that (SIB) but mainly because there is a lot of parental support there. That is the key I find”. It has been identified that parental support for school is key to understanding incidents of SIB and in planning interventions and having successful outcomes. However, school staff have identified that this has to done in a sensitive manner to also support parents.

“We did have a very softly softly approach, because even with very young children you’ve got to know you’re going to have the parents onside to begin to plan and work together and what we are going to do to support him”.

Unfortunately, school staff also acknowledge that in some instances parents will not work with schools and can sometimes blame the school for behaviours that their child is exhibiting.

“We had a meeting with the parent and it was deliberately our fault and it was our lack of care and we had been exposing him to everything”.
“Unfortunately, you can’t always factor in the fact that parents are going to support you”.

4.4.1.2.5 Basic theme – Strategies

School staff have strategies to manage incidents of SIB: Within the mainstream settings it would appear that these strategies involve utilising a teaching assistant to support the child displaying the behaviours and to protect other children from being subjected to the behaviours.

“We removed him from his class and put him in another class, but we put a classroom assistant in with him and she stayed during the morning and he had to come to us in the nurture room every afternoon and we also monitored and observed him on the yard”.

Within the primary settings, a further strategy for managing incidents of SIB appears to be having the child accessing a nurture room.

“He’s got full time support now and he does access the nurture room, he has a one to one with him at the moment”. “Within a nurture room environment the child can have in-depth input into appropriate behaviours and learning about issues such as appropriate touch and personal space.”

Within the specialist settings, strategies such as talking to the child are implemented.

“It’s easier within social times to manage the behaviour, because you can spend a lot of time talking through with him his behaviours, the inappropriateness of behaviours, the effect on other people, how he would feel if someone demonstrated those behaviours to a female member of his family and often during those conversations you have more immediate interaction with him and more impact”.

Staff can discuss appropriate behaviours with older children and can have conversations about the reasons behind SIB. This can lead to the child having an understanding of what is expected of them and how their behaviours may affect others.
“We talked to him about it and explained it to him and I spoke to him about it the following day, he understood what was appropriate and we have had no repeat of that behaviour”. “We had a whole weekly programme whereby we would deal with the problem, deal with him, deal with his self-esteem, deal with the behaviour and deal with the impact it had on other children”.

However, all of the school staff reported that managing incidents in school can be difficult. Strategies that demand a higher level of staffing and time can be costly and difficult to organise within school settings. “It’s having the resources to manage it and the time to manage it, it can be really demanding in terms of resources”.

4.4.2 Thematic Network for Global Theme 2 – Knowledge of SIB

The figure below (Figure 4.6) presents the thematic network for global theme 2.
Figure 4.5 – Thematic Network for Global Theme 2: Knowledge of SIB

The thematic network consists of 2 organising themes and ten basic themes. The network represents the school staff responses to questions asked during the focus group about the levels of knowledge of school staff in relation to SIB. The levels of knowledge of SIB and school staff is explored from mainstream settings to specialist settings.

4.4.2.1 Organising theme – Mainstream

It was evident from the thematic analysis that the level of knowledge of SIB and mainstream school staff varies. Mainstream school staff have knowledge of appropriate behaviours and some knowledge of these behaviours at some of the developmental stages, however there seems to be a lack of knowledge in other areas of SIB and interventions. The basic themes in relation to the knowledge of mainstream school staff will now be discussed in more detail.

4.4.2.1.1 Basic theme – Appropriate behaviours

It was apparent that mainstream school staff have some knowledge of appropriate sexual behaviours particularly in the earlier key stages. Staff acknowledged that young children are interested in their sexual parts and the sexual parts of others. “With very young children it’s almost developmentally appropriate that they show each other their bits, that’s what very young children tend to do”. Staff appear to have a good understanding of behaviours that are displayed by younger children, however they do not appear to have a greater knowledge of appropriate behaviours as children mature and may be at a loss to recognising appropriate behaviours as children mature throughout primary school. “We’ve not come across that before, that was the first one. There are often minor incidents where the very little ones will show each other their bits and pieces, that’s developmentally appropriate”. Mainstream staff did however have more knowledge of appropriate behaviours as children enter puberty and start relationships with one another. “A boy from one of the secondaries was
excluded for having a relationship with another boy, but that is actually appropriate”.

4.4.2.1.2 Basic theme – Developmental stages

Mainstream school staff also appear to have a baseline knowledge of behaviours as they occur at developmental stages. This again is seen with the staff who work with children in the lower key stages. It is understood that typically developing children will be explorative in their sexual behaviours. “With very young children it’s almost developmentally appropriate that they show each other their bits, that’s what very young children tend to do”. Mainstream school staff also appear to have an understanding of how a child’s developmental level may not be equivalent to their chronological age. School staff understand that children who do not have difficulties with their cognitive ability may have a difficulty with their social and emotional development and this may manifest in incidents of SIB. “He was operating very socially and emotionally at a much lower level than his intellectual and academic ability. He’s very immature generally anyway very small and quite fragile looking and very immature”. Mainstream school staff acknowledge that as children progress through the key stages their knowledge of developmental stages in relation to SIB decreases. School staff state that as children mature they do not feel they have the knowledge and skills to manage incidents and support children.

“At that stage, very young children, yes it’s developmentally appropriate, but once we got to that year group, even though he’s a very young one in the year group we knew it was inappropriate, we knew it was beyond our skill to work and support him”.

4.4.2.1.3 Basic theme – Lack of knowledge of intervention

Mainstream school staff identify the importance of intervention when working with children who display SIB, however they appear to be at a loss as to how to intervene. School staff as stated in the above section understand that children may behave in an explorative sexual manner when they are young, however when this behaviour continues, school staff do not have the
knowledge of interventions to be utilised. “So the question is why does a child behave like that at such a young age but then carry on when it’s gone past the normal maturation type thing? How do you intervene?” Mainstream school staff appear to be compassionate towards the children who display SIB and can identify when a child is in need of intervention. However it would appear that school staff in mainstream settings do not have the knowledge required to proceed with interventions. “You go, give the lad a break, he’s not actually calling you, he’s exploding, this child’s behaviour is not rational, he’s not directing this at you, he is in some desperate need of some intervention”.

4.4.2.1.4 Basic theme – Managing incidents

Mainstream school staff understand the importance of managing incidents of SIB in a calm and sensitive manner, as how an incident is managed can have negative repercussions for the child involved. “The way you deal with it is really important, if you demonise the behaviour that could be something very easily that could be taken to the side lines to be away from public view, so the way you deal with it you can stop demonising the behaviour and deal with the behaviours”. However, school staff identify that they do not always have the necessary skills to manage incidents effectively. “Once we got to that year group, even though he’s a very young one in the year group we knew it was inappropriate, we knew it was beyond our skill to work and support him”.

4.4.2.1.5 Basic theme – Causes of SIB

When considering knowledge of the causes of SIB mainstream school staff have a good baseline knowledge. The school staff were able to identify some of the causes of SIB due to their high knowledge of the child. School staff were able to identify the causes and triggers for the SIB from working closely with the child.

“It transpired that he had dreadful problems with dyslexia and he used to display the behaviour to be excluded from the classroom and it just progressed and accelerated and it became almost a stress control for him. If
he found himself to be in a situation that he was losing control of he was likely to do that and the teacher would send him out”.

However, it was also identified that not all of the causes of SIB were known by school staff. School staff had a difficulty with understanding behaviours that they could not reconcile as being learned behaviours. “But normally you learn a behaviour, a behaviour doesn’t just land on you, you genuinely have to learn a behaviour, see a behaviour, absorb a behaviour”.

4.4.2.1.6 Basic theme – Context of behaviours

Mainstream school staff also appeared to have an understanding of when behaviours may become problematic by viewing the context in which the behaviours occur. School staff know that if a child is displaying SIB in a secretive and coercive manner this is more of a concern than a child who displays these behaviours openly in front of adults and peers.

“The fact that it wasn’t done in a very underhand way, everything he’d done was in a very public arena so he hadn’t sought somebody out and taken them anywhere where people couldn’t see him, it was all done in the dinner centre”.

Mainstream school staff also have a good knowledge of the family life and backgrounds of the children they work with. This provides a context in which the behaviour is occurring. Therefore the mainstream school staff have a greater knowledge in some cases of why these behaviours occur and can therefore support the child and the family.

“There were a few hiccups early on in his family life, so you could kind of draw the threads together, with parents separating and then he was an only child and then suddenly his mum got a new partner and 3 new siblings and one, one of the siblings died very early. So they’ve had some traumas as well, so within 2 years there’s been a lot of change and a lot of trauma in his life”.
4.4.2.2 Organising theme – Special settings

It was evident from the thematic analysis that there is a greater level of knowledge of SIB in special school staff. Special school staff have more knowledge of appropriate and inappropriate behaviours and knowledge of these behaviours at some of the developmental stages. Special school staff also have a better knowledge of interventions and how to manage incidents of SIB. The basic themes in relation to the knowledge of special school staff will now be discussed in more detail.

4.4.2.2.1 Basic theme – Higher level of knowledge

The staff in the specialist setting believe that they have a good knowledge of SIB. This includes what behaviours are appropriate and inappropriate. “I’d say staff have a very good baseline knowledge of what is and isn’t appropriate and what’s developmentally appropriate”. School staff in specialist settings have received more training on SIB than mainstream staff and this has helped to increase their knowledge of the area in general. “I went on the training delivered by AIM and that was all around SIB, appropriate behaviour, managing SIB, but also how you manage conversations with parents, how you collate and present the information and it was quite comprehensive”. Specialist setting staff feel confident in their knowledge of SIB. Please see Appendix N for a basic outline of the Aim assessment.

4.4.2.2.2 Basic theme – Knowledge of age ranges

As the special school staff work with children in the higher key stages, they have more knowledge of sexual behaviours at the older age ranges. Staff are able to identify appropriate behaviours at different age ranges, for example if an older child has entered into a relationship with a peer. “A boy from one of the secondaries was excluded for having a relationship with another boy, but that is actually appropriate, the key word here is relationship”. Staff in the specialist settings also have an understanding of how inappropriate behaviours can manifest in older children.
“He was making lots of suggestive comments to me and then he got on the table and gyrated in front of me and told me that he’d like me to take him out on a date. Now that is a physical behaviour which is inappropriate towards an adult”.

4.4.2.2.3 Basic theme – Managing incidents

The staff from special schools feel more confident in managing incidents of SIB and value talking to the child and discussing their behaviours. Staff feel confident in talking to children about their displays of SIB.

“It’s easier within social times to manage the behaviour, because you can spend a lot of time talking through with him his behaviours, the inappropriateness of behaviours, the effect on other people, how he would feel if someone demonstrated those behaviours to a female member of his family and often during those conversations you have more immediate interaction with him and more impact”.

Staff in special settings also acknowledge that some of the children displaying these behaviours will have additional needs and this will need to be taken into consideration when managing incidents.

“We’ve had conversations with him and at times you can see there’s some understanding there, but a lot of our pupils have additional needs apart from their social, emotional and behavioural difficulties. We’ve got a lot of ASD pupils and we’ve got a lot of MLD and CLD pupils, so there are a lot of difficulties”.

However, the staff in special settings also at times feel that their knowledge of managing incidents is not as comprehensive as it could be and that they do not always have the expertise to manage incidents effectively and to offer appropriate interventions for the child.

“At the end of the day they’re not being addressed by anyone apart from people who are trying to keep working with that child in possibly quite a cobbled together fashion, with the best of intentions but not necessarily the expertise”.

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4.4.2.2.4 Basic theme – Causes

The staff in the specialist settings have a good knowledge of the causes of SIB. With the causes ranging from the child having additional learning needs, “staff explained it to him, he was devastated and somebody else seeing it could think it’s completely inappropriate for a child of that age, but cognitively he’s not functioning at that age”, to other emotional and social difficulties, “but their behaviours tend to be exhibited when they are not functioning as reasonably as we would normally expect them to, so when they are angry, upset or distressed that’s when the behaviours come out”. The staff also identify that children who display SIB may not have had the life experiences to understand and moderate their behaviours, “ours are bright but they don’t have the skills because they may have been out of school for 2 years before they come to us, so it’s not about academic ability, it’s about the opportunities they have”. Finally the staff in the specialist settings acknowledge that being looked after and possibly experiencing abuse in their early lives may have had an impact upon a child’s behaviour.

“He’s probably permanently at some level of distress due to the fact that he’s looked after, he’s not with a foster family because all of those have failed, he’s in a care home”, “if there’s not a specific safeguarding issue there will be a lot of chaos within the family home and there’d be family moves, there’ll be lots of fragmented parts of the family, there might be a couple of partners or there might be a history of domestic violence”. 
4.4.3 Thematic Network for Global Theme 3 – What school staff want and need

The figure below (Figure 4.7) presents the thematic network for global theme 3.

The thematic network consists of 2 organising themes and nine basic themes. The network represents the school staff responses to questions asked during the focus group about what school staff want and need when working with and managing incidents of SIB. The policy and theory that is needed by school staff and the practical applications of this are explored in more detail in the following sections.
4.4.3.1 Organising theme – Policy/theory

It was evident from the thematic analysis that school staff want and need support when managing incidents of SIB. This support can take a theoretical basis, providing information, knowledge and support to school staff. Themes have been identified as to what school staff would like to have in a policy/pathway in relation to SIB. The basic themes will now be discussed in more detail.

4.4.3.1.1 Basic theme – Pathway

All of the school staff identified the need for a unified pathway. It was suggested that a pathway could provide schools with a systematic response to incidents of SIB.

“Yes but isn’t it like reinventing the wheel if each school is encountering the problem and going let’s get everything together, we’re going to do x, y and z. If there was a clear tried and tested way of dealing with this behaviour we would stop. We wouldn’t need to reinvent the wheel”.

A pathway would be a method of providing school staff with advice and support as and when it is needed. “If the child displays this behaviour in key stage 1 it would help if there was a pathway to follow in order to get help and assistance and provide support for children who are displaying SIB”. It was also suggested that an official pathway would help special school staff to understand why a child has been placed in their setting and would provide information as to how to manage that child. “That would be ideal, it would take away that resentment that we had, that we are just a holding bay”. It was suggested by the school staff that the policy/pathway should not be thought of and designed as a hierarchy as this does not acknowledge the work and dedication of front line staff. “An underpinning of support rather than a hierarchy, because that makes me think of the people at the top, whereas it’s the people underneath that really support the child”.

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4.4.3.1.2 Basic theme – Support from Local Authorities

The school staff suggested that a policy/pathway would provide clearer ideas of the support offered by the LA to schools managing incidents of SIB. Currently school staff do not feel supported by the LA. Staff within the specialist settings do not always agree that children displaying SIB should be placed within their setting and believe that this occurs for financial reasons.

“I then have difficulties, I think why am I put in this position, we have to deal with these children because for financial reasons, it is not appropriate for them to be placed with us they shouldn’t be placed with us, with the vulnerable children and a lot of the time it’s not about we’re going to work or change their behaviours at all because we’re not equipped”. Some of the school staff believe that children are placed within their settings by the LA as not only is there a lack of funding but of places in other provisions for these children.

“You know they are offenders, they are classed as offenders because they have been found guilty, but it’s like what do we do with them and how do we save money. It costs a lot of money for them to go to [residential school], so we put them in here. So the objection is I am not personally going to, in a classroom setting, delivering the national curriculum, going to change this child’s really damaged ways and then your job is then a warder”. “Well I think there should be some more specialist places for children”.

When children are placed within special settings within the LA, school staff would like more support in terms of time and resources to help with meeting the needs of these children.

“It’s having the resources to manage it and the time to manage it, it can be really demanding in terms of resources and if that child hasn’t come in statemented with one to one, it’s going through the process of getting funding for one to one. I think it can be difficult to manage it”.

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4.4.3.1.3 Basic theme – Multiagency support

A theme that was identified was that of multiagency support. School staff would welcome multiagency support when managing incidents of SIB and identifying if behaviours have been changed successfully. “What I’m saying, we’ve modified his behaviour somewhat, whether he’s gone underground, internalising it, that’s not for us to say because there are professionals out there that we would send them to, not that much keeps coming back”. School staff would benefit from multiagency support, particularly if a child had been given a diagnosis. “Could be if you have children that come with a diagnosis, that’s how to deal with it”.

However, all of the school staff stated that currently they do not feel supported by other agencies and that in some instances staff feel that other agencies feel do not offer any support to children displaying SIB. “We will get young people who get to us with a diagnosis from CAHMs of extremely dangerous and worrying behaviour and CAMHs will say, we can’t work with him because of the level of danger he presents”. In some instances other agencies feel they cannot work with a child displaying SIB, therefore school staff are left to work with these children without support.

“It’s no good to me when somebody says, well they are too damaged I just can’t work with them, but I can and I’m not a specialist mental health practitioner. So yes I can appreciate if they’re not attending, if parents won’t engage, it must be extremely difficult, but we have all of that and we still hold the care of the child. So it seems like a bit of a cop out sometimes when a practitioner says, we can’t work with that child”.

School staff also feel that there is a lack of equity in the allocation of multiagency support, “It shouldn’t depend on who you know and what relationship you’ve got with different practitioners”. A clear policy/pathway in relation to SIB would provide school staff with equitable access to multiagency support so that they feel supported in managing incidents of SIB
4.4.3.1.4 Basic theme – Signposting

School staff identified that a feature of a policy/pathway should be signposting. School staff wish there to be clear signposting to other agencies whom they can contact for advice and support when incidents of SIB occur. “It's not just a case of needing a pathway, it's needing a team of professionals to contact”. School staff would like clear signposting so that it is clear who can be contacted and how to contact them. “So you know where to go to, and you could ring up and go I would really like to talk to you about this”. This signposting could be to the EP service, however school staff would like the contact information of other professionals who have expertise in this area, “not necessarily an EP, I think people who are practised and able and even know how to get the information they are needing”.

4.4.3.1.5 Basic theme – Identified professionals

In concurrence with signposting teaching staff would also like identified professionals that they can contact when incidents occur. School staff liken this to the outreach specialist currently available within the LA for ASD and SEBD. “Like [name] does with outreach, you need someone like that, if I’m stuck with some behaviour I go, [name] come in”. School staff would like identified professionals who have a level of expertise in SIB. This would provide schools with support and advice when managing incidents as and when they arise. “You can go to more of a specialism, as in an EP who will come out or a social worker, with a bit more knowledge”.

4.4.3.1.6 Basic theme – Early intervention

The school staff also identify the importance of early intervention in cases of SIB. Early intervention can be a benefit for the child as it can stop behaviours from displaying in a more serious manner at a future date. “So really it’s the way it’s dealt with earlier on is the real way of hopefully modifying behaviour before it becomes such a dreadful problem because that behaviour must have displayed in some small way a long time ago”. Early intervention can also provide support for the child, so that the behaviours are understood. “It was just we might have found that out 2/3
years sooner and stopped it 2 or 3 years sooner so his behaviour would have been modified and he would have felt as though somebody was listening to him”.

Early intervention not only has benefit for the child in the first instance, but can have a benefit for the LA when considering resources and funding.

“Early intervention is key, it shouldn’t get to the stage where the child is unmanageable and again it is a resource issue, if you put it in early it’s got to be cheaper than if you put it in later when they do get to crisis or they become an offender or they need to be in specialist provision”.

4.4.3.2 Organisational theme – Practical applications

It was evident from the thematic analysis that school staff want and need practical applications of the theory provided in a policy/pathway for managing incidents of SIB. This practical application can take various forms and the themes have been identified. The following sections will discuss the basic themes in relation to the practical applications of a policy/pathway.

4.4.3.2.1 Basic theme – Practical strategies

From the thematic analysis it was identified that school staff want practical strategies for managing incidents of SIB within the school setting. “Practical strategies for age groups, this is appropriate and this is where you might have concerns”. It would appear that schools would like strategies that would empower school staff in relation to managing incidents themselves, this may be professionals providing strategies for school staff to implement, “can you give us some strategies or over the phone, what we should be alert to or what we should accept and what we shouldn’t accept”. School staff have interventions that they can implement for child with other educational needs and it would appear that school staff would like a similar toolkit for SIB. “Techniques, like you know we have for dyslexia, practical stuff”, “Some of the strategies that somewhere like [residential school] uses, evidenced based strategies”. Schools would also like practical strategies for discussing incidents with parents. “If you had information there that you
could share with parents and say look this is developmentally normal or the reasons she’s doing this behaviour are these and these”.

4.4.3.2.2 Basic theme – Tailored training

School staff identified that training in the area of SIB would be useful. However it was noted that the training needs to be appropriate for the setting and it needs to take into account the resources that the school has available.

“I think training is useful, but it needs to sit within the system and there’s no point in being trained on techniques that work in [residential school] if your set up is completely different. If it can work within your environment then it can be valid, but if I’m being taught a technique where I need 3 staff to work with 1 child and I’ve got 3 staff working with 6 or 9 children it’s not going to work. So the training has to be realistic”.

Training needs to be tailored to the school, particularly when providing information on interventions. Training has been received by some of the schools within the LA. However, because it has not been tailored to the setting it has not been considered of use to school staff.

“The training sat alone it wasn’t linked to anything and that was the problem, you’d had the training but then there was nothing to do with it. So I did the training but then it didn’t sit anywhere so it didn’t go any further”.

4.4.3.2.3 Basic theme – Chart/flow chart

The school staff identified that a chart/flow chart would be of use when managing incidents of SIB. School staff would then have a visual aid in determining the seriousness of incidents and knowing who to contact. “If you’ve got concerns go to box b, if no concerns go to box c, that sort of thing, like a flow chart”, “A flow chart, graded, like you need this and the next step and then after that”. It was identified that a flow chart would be useful as this is a medium that has been used for managing other incidents that arise in school settings, for example when managing child protection issues.

“You need a practical level, I’d like go to the back of my door, like I used to with a child protection flow chart and say oh, I’ll ring Betty and Betty would
tell me, I’m over reacting or whatever. You know something for the mainstream and us, like a flow chart”.

School staff also suggested that the flow chart needed to be multi levelled so that it could be applied by mainstream and special school staff. “Multi levelled, like at primary mainstream level these are things you can do and could try, these are early interventions and then at a specialist level this is the support that can be offered”.

4.5 Phase 3 - Thematic analysis of semi structured interviews with EPs from other Local Authorities

The partial transcription of the semi structured interviews with EPs from outside of Alt LA were analysed using thematic analysis in order to investigate RQ 1:

R.Q. 1 – What policies and practices related to SIB and children are in operation in Local Authorities?

This section will describe the themes identified from the semi structured interviews using the Braun & Clarke (2006) method which was detailed in Chapter 3 (please see Section 3.6.3.1). The themes will be supported by quotations from the original transcript.

Once the initial codes from the partial transcriptions of the semi structured interviews had been identified, they were organised into eleven basic themes. The basic themes were then divided into groups which represented similar ideas which resulted in two organising themes. The organising themes were then grouped into one global theme. See Figure 4.8 for an overview of the thematic network
4.5.1 Thematic Network for the Global Theme – Existing policies/pathways

The thematic network consists of 2 organising themes and eleven basic themes. The network represents the EPs’ responses to questions asked during the semi structured interviews about existing policies/pathways within the region. The key features contained within existing policies/pathways and areas identified for improvement are explored in more detail in the following sections.
4.5.1.1 Organising theme – Key features of policies/pathways

It was evident from the thematic analysis that there are key features of the policies/pathways that are common to both of the LAs. These key features and how they are implemented in the practice of EPs who are involved with incidents of SIB will now be discussed in more detail through the examination of the basic themes.

4.5.1.1.1 Basic theme – Assessment

A key feature of the policies/pathways was that of assessing the children who displayed SIB. Within LA 1 the EP identified that there was a unified assessment process that professionals involved with the pathway are trained to deliver which gives comprehensive information about the child.

“The Aim assessment, the first part is gathering information and then it is a table where you place the young person on a spectrum of healthy, sexualised behaviour, problematic behaviour and harmful and you have a grid for each section to answer where you would put the young person”.

(Please see Appendix N for a brief outline of the Aim assessment). The assessment process is not as detailed in LA 2, however it is identified that assessing the risk of the presented behaviours is of high importance. “The first thing that is done is a risk assessment of the behaviours”.

4.5.1.1.2 Basic theme – Multiagency work

Within both of the LA’s policies/pathways the importance of multiagency work was emphasised and put into practice when managing incidents of SIB. Many professionals were seconded to work together when incidents arose.

“I was seconded to the PCMHT and completed Aim training”, “professionals from the Parenting team, YOT, CAMHs mental health workers, pupil welfare officers, behaviour advisory teachers, EPs and clinical psychologists all worked together”.

The multiagency work consists of strategy meetings with other professionals to support assessments.
“I met with social care managers and myself and a social worker were prepared to do the Aim assessment, I supported the social worker in completing the assessment”, “it was the social worker who did the assessment, I was involved in terms of completing the psychologists assessments and sharing my thoughts on where the young person would be on the sexualised behaviour spectrum”.

The multiagency work also consists of supporting schools and families with managing incidents of SIB.

“There were lots of meetings with people within the LA to try and get the young person reintegrated back into school”, “One of the things about ***** is that we have had EPs working through a team called *****. It was a multiagency team. The team was able to work within the school and the home context”.

Within LA 2 the strategy meetings took the form of a termly planning meeting.

“We would have a termly planning meeting and the ***** professionals would come along and then we would determine what was appropriate for ***** and what was appropriate for the other agencies. There would be a case worker attached to each school, we would go through the children who were brought up as priorities and then we would devise how to support the children”.

The planning meetings in practice were successful in supporting schools as the professionals within the team were all highly knowledgeable in the area of SIB. “The team members were all working from the base of what is and what’s not appropriate from the point of view of development”.

4.5.1.1.3 Basic theme – Referral route

Within both of the LAs there was a referral route which school staff knew how to access as discussed in section 4.4.3. Within LA 2 schools knew to refer to the specialist team during termly planning meetings. Within LA 1 the referral route was not as explicit. However, schools knew that referrals for
assessment could be made during consultation sessions with an identified professional, for example an EP. “Referrals from secondary schools have come through consultation and assessment”.

4.5.1.4 Basic theme – Identified professionals

Within the policies/pathways of both LAs a key feature was having identified professionals who can complete assessments. Professionals from agencies are identified and can be approached for support. Within LA 2 there is a wider range of professionals who can help with managing incidents of SIB, “Parenting team, YOT, CAMHs mental health workers, pupil welfare officers, behaviour advisory teachers, EPs and clinical psychologists”. Within LA 1 the range of identified professionals is more limited, “There are people in YOT, social care and people in PCMHT who have been trained”. Yet the professionals are identified within the policy/pathway, “those who are trained and can carry out the assessments are identified”.

4.5.1.5 Basic theme – Allocated time

Within both of the LAs polices/pathways a key feature is the allocation of time for professionals to work with incidents of SIB. In practice the EP from LA 1 gives an example of how this time is ring fenced. “The EPS have said that they would commit to 2 full assessments a year”. As part of the policy if professionals are asked to complete assessments this time is found, “we get the time in the sense that as part of the protocol if we are asked to do an Aim assessment we would be allocated the time”. However, the amount of time is limited as the assessments are time consuming and have an emotional impact upon the professionals carrying them out. “The EPs have said they will commit to 2 full assessments a year because of the length of time needed to complete an assessment and because the nature of the work is quite emotionally draining”.

4.5.1.2 Organising theme – Improvements to policies/pathways

It was identified through the thematic analysis that the EPs from other LAs after utilising their policies/pathways in their work would like to make some improvements. The EPs suggested revisions that could be made to the
policies/pathways and the basic themes deriving from these will now be discussed in more detail.

4.5.1.2.1 Basic theme – Wider range of professionals

The EP from LA 1 identified that the policy/pathway within her LA had not seemed to have gained as much awareness by other professionals as could be expected. To remedy this it was suggested that if the policy/pathway were under review it would benefit from having a wider range of professionals on the working party. This would allow professionals to take ownership of the policy/pathway and to fully understand how to utilise it. “But I think really the protocol does not have seemed to have gained legs, maybe because I haven’t been on the working party”.

4.5.1.2.2 Basic theme – Training

Within LA 2 training had been delivered in the past to school staff, however it was identified that as time progresses not all school staff will have had access to the training. “I think most of the SENCos would be aware of the training, but now it’s younger people coming through and they haven’t necessarily had that training”. Within the theme of training, how the training should be modified and what it should contain were identified. Schools should be provided with basic knowledge of appropriate and inappropriate behaviours, “Some form of information sharing with schools so things that I have done are shared with schools, such as healthy behaviour and the spectrum of SIB so schools don’t fly off the handle”. It was also identified that training should include the causes for SIB as this is an area of knowledge that is lacking in school staff. “They will see a child behaving that way and will automatically think it’s because a child is being abused, when it could be children with learning difficulties, those who are socially isolated, children with social communication difficulties”.

4.5.1.2.3 Basic theme – Signposting

It was identified that although professionals within the LAs are identified in the policies/pathways as being able to work with incidents of SIB it is not always clear how to contact them. When reviewing the policies/pathways it
should be made clear which agencies and professionals to contact and how to contact them. “Making it clear who is involved in the protocol and how to contact them, making that transparent to schools”.

4.5.1.2.4 Basic theme – Management support

A theme that was identified as needing to be included in a reviewed policy/pathway was that of management support. Within LA 1 the EPs who work with incidents of SIB and complete assessments do not currently have access to supervision as managers are not trained in the area. “None of my managers are trained in this area, so none could supervise the delivery of the assessments or where to go next”. Professionals working in this area need support from their supervisors as the work can have an emotional impact. “We commit to so many sessions per year, not just because of the time aspect but because of the emotional aspect as it is draining especially with severe cases”.

4.5.1.2.5 Basic theme – Trained professionals

When considering revisions that could be made to a policy/pathway it was identified that there need to be more trained professionals who can deliver assessments.

“I found it frustrating when I did the assessments that there were certain groups who should always have someone experienced in the delivering of the assessments. In my experience it was social care who didn’t have anybody trained or they couldn’t commit to the assessment which was frustrating.”

Professionals not only should be trained in working with incidents of SIB but they should have the support from their line managers in being able to deliver assessments. “From my experience people were trained but their managers have said they can’t do it because they have never done it before”.
4.5.1.2.6 Basic theme – Practical strategies

A final theme that was identified is that policies/pathways should include practical strategies for school for managing incidents of SIB. This could be a chart/flow chart which helps schools to identify inappropriate behaviours and provides advice as to how to manage them.

“A flow chart which says this child is displaying this type of behaviour, these are the factors that you need to look at and explore and when you have explored those factors, here are the risk factors for those behaviours then you may want to refer to CAMHs or the EPS”.

The policy/pathway should include practical strategies that can be implemented without outside agency involvement, “alongside the pathway should be resources, interventions, books. Things that staff can do. A lot of schools are up for that”. This would help to empower schools so that they are confident in managing incidents of SIB. “Helping schools move away from that dependence culture, as schools are more having to say themselves, ok how do I deal with that”.

4.6 Summary of Findings

A summary of the findings from all of the three phases of the investigation will now be presented in the following sections.

4.6.1 Summary of findings in phase 1

Within phase 1 a content analysis was carried out to address R.Q. 1

R.Q.1 – What policies and pathways related to SIB and children are in operation in Local Authorities?

Four policies/pathways were identified as being current and comprehensive and from these documents 21 key features were identified. Some of the key features which make up a comprehensive policy/pathway are descriptions of typical sexual development, descriptions of when behaviours become problematic, procedures for managing incidents of SIB, signposting to agencies and a flow chart as a visual representation of how to manage
incidents. All of the policies/pathways made reference to the need to protect children and young people who display SIB and that these children need to have their needs met. However, none of the policies/pathways stated how this should be done. It was noted that all of the policies/pathways did not contain all 21 identified key features. The policies/pathways from LA C and LA D contained the most key features (15 out of the 21 identified) and therefore they were viewed as being the most comprehensive. It was noted that all of the policies/pathways had omitted features missing that would be of benefit to school staff. For example, none of the policies/pathways included practical strategies for managing incidents of SIB. Also within the policies/pathways, a key feature of signposting was not always present and when it was, it was not clear how to contact the identified teams/professionals. For example, the policy/pathway may state that at a certain point, a referral should be made to social care or CAMHs; however, professionals are not identified by name and contact details are not given.

In conclusion the researcher found that, within the region, there are four current and comprehensive policies/pathways in relation to SIB. From content analysis of the documents, 21 key features were identified. Of the policies/pathways, the documents from LA C and LA D were found to be the most comprehensive, containing 15 out of the 21 identified key features.

4.6.2 Summary of the findings in phase 2

Within phase 2, a thematic analysis of the semi structured interviews with EPs from within the LA was carried out along with a thematic analysis of the focus group of school staff. This was completed to address R.Q. 2 and R.Q. 3:

R.Q. 2 – What are the teaching staff thoughts, feelings and knowledge about SIB and children?

R.Q. 3 – What processes within schools and a LA lead to decisions about educational provision and placement for a child displaying SIB?

From the thematic analysis of the semi structured interviews with EPs from within the LA, 3 global themes were identified. Global theme 1
outcomes/placements discussed where a child displaying SIB would be educated. It was found that children displaying SIB either remain within the mainstream setting or are transferred to a specialist setting. Those who remain in mainstream do so due to their displaying less serious SIB or the school receiving multiagency support and the school having within school strategies to address incidents of SIB when they occur. The children who are removed from the mainstream are placed in specialist or residential settings. Global theme 2, factors in decision making, identified that there are external factors and within school factors that have an impact upon where children displaying SIB will be educated. External factors can include the court system making a decision about where a child should be educated, the LA and social care making a decision about where a child will be educated or if there are outside agencies working with the child. Within school factors are to do with school staff knowledge and confidence of dealing with incidents and the ethos of the setting and early interventions. Global theme 3 policy/pathway identified that the lack of a unified approach to managing incidents of SIB has an effect upon the decisions made about where children displaying SIB will be educated. Features of what a policy/pathway should contain and how this should be put into practice were also identified.

From the thematic analysis of the focus group with school staff 3 global themes were identified. Global theme 1 thought/feelings identified that school staff have a personal reaction to incidents of SIB and this can affect their professional responses to incidents. Personal reactions of school staff tended to be negative in nature, with feelings of fear, distress and concern being prevalent. The professional responses of school staff were affected by the involvement of parents, multiagency support and the need to protect children. Global theme 2, knowledge of SIB, identified differences in levels of knowledge between mainstream staff and special school staff. Mainstream staff had less knowledge of the causes of SIB and behaviours in the older age ranges. Special school staff had a greater knowledge of SIB in general and of interventions to utilise when incidents occur. Global theme 3 wants and needs identified what school staff want and need in relation to policy/theory and practical applications. School want a unified approach to
managing incidents of SIB which can take the form of a pathway. Schools also want more support from the LA and other agencies when managing incidents. Finally, school staff need practical strategies for managing incidents and tailored training so that knowledge of the area is improved.

4.6.3 Summary of findings in phase 3

Within phase 3, a thematic analysis of the semi structured interviews with EPs from other LAs, was carried out to address R.Q. 1

R.Q.1 – What policies and pathways related to SIB and children are in operation in Local Authorities?

From the thematic analysis of the semi structured interviews with EPs from other LAs, one global theme was identified. The global theme i.e. existing policies/pathways, identified the key features of the policies/pathways that are utilised in practice by professionals working with incidents of SIB and how the policies/pathways could be improved, if reviewed. The key features that are utilised by professionals are multiagency working, having identified professionals to complete assessments and having allocated time for professionals to complete work. Policies and pathways could be improved by having a wider range of professionals present at the development stage, providing training to school staff, having clear signposting for school staff and practical strategies for school staff and the inclusion of management support and supervision for professionals working with incidents of SIB.
Chapter 5. DISCUSSION

5.1 Outline of chapter
This chapter will summarise and discuss the findings in relation to the three research questions (R.Q.) presented in this study. Professional action around children who display SIB will be discussed in detail. The chapter will conclude by discussing the implications of the findings within this study in relation to practice, theory and future research and the limitations of the research will also be presented.

5.2 Aims of the study
The present study aimed to address the following RQs:

R.Q. 1 – What policies and practices related to SIB and children are in operation in LocalAuthorities?

R.Q. 2 – What are the teaching staff thoughts, feelings and knowledge about SIB and children?

R.Q. 3 – What processes within schools and a LA lead to decisions about educational provision and placement for a child displaying SIB?

The researcher will now summarise and discuss the findings in relation to each of the R.Qs.

5.3 Research Question One - What policies and practices related to SIB and children are in operation in Local Authorities?

A content analysis of existing policies/pathways was completed to partially address R.Q. 1. The researcher then triangulated the findings from the content analysis with a thematic analysis of the semi structured interviews with EPs from other LAs within the region. The data provided from both the content analysis and the thematic analysis will now be presented and discussed in detail.

Through an internet search which accessed the Children Safeguarding Board’s websites of LAs within the region, the researcher identified four policies/pathways that were current and comprehensive. From reading and
rereading the documents 21 key features of the policies and pathways were identified. None of the policies/pathways contained all of the 21 key features; however, two of the policies/pathways, those from LA C and LA D contained the most features (15 each) and were therefore deemed as being the most comprehensive. However, it should be noted that all of the policies contained some common elements. Firstly, all of the policies/pathways included causes of and explanations for the displaying of SIB. However, not all of the causes were stated; the primary cause for SIB being identified as the child having suffered abuse. This may be seen as inadequate, as the literature states not all children who have been abused will display SIB and not all of those who display SIB will have been abused (Johnson 1999). All of the policies/pathways also report that children who display SIB should be assessed and protected. However, the policies/pathways from LA A and LA B do not detail how this assessment should take place or the methods that should be used in assessing children. Again, as mentioned, all of the policies/pathways state that children displaying SIB should be protected and have their needs met; however, none of them described how this should happen. Children who display SIB need to have their needs met, as Johnson (1999) suggests that a child’s sexual development is important and that if their needs are not met this may deter them from further sexual exploration and have an impact upon their attitudes to sex and sexuality. All of the policies/pathways described the referral procedure for when incidents of SIB occur; however, the procedure was described to varying degrees within the policies/pathways. All of the policies/pathways applied a multiagency approach to the managing of incidents of SIB; this occurs through multiagency strategy meetings which can begin the process of assessing children who display SIB. When considering the differences in the policies/pathways, it was noted that policies/pathways from LA A and B were based at the serious end of the SIB spectrum and used language such as “victim” and “offender”. Flanagan (2010) states that it is important that abusive reactions are not minimised or excused, however it is important that children are not classed as and responded to only as offenders. Flanagan (2010) also states that the use of such language can have a negative effect upon children who display SIB. Also as the policies/pathways are focused
upon the more extreme end of the spectrum, school staff who are
experiencing less serious incidents of SIB, but who still need support in
managing these incidents, may feel at a loss in relation to obtain support.
Heiman, Leiblum, Esquilin & Pallito (1998) suggest that adults including
school staff may have limited knowledge about sexual development and how
to manage these incidents and will therefore need support so that incidents
are not under reacted to or over reacted to and therefore normal behaviours
are thought of as deviant. The policies/pathways all identify teams or
agencies that can be contacted for support when incidents of SIB occur;
however, only basic information with respect to signposting to other agencies
is provided, for example contact numbers or email addresses are not given
and individual professionals are not identified. This can leave the reader
wondering who can be contacted when incidents arise and how
professionals can be contacted.

It would appear that the most comprehensive policies/pathways contain
introductory information concerning the typical sexual development of
children at different age ranges. This allows school staff to compare the
behaviours which they may be seeing to descriptions of typical
development, which can aid in making decisions as to whether a behaviour
is appropriate. At the most basic level, Johnson (1999) suggests that
appropriate behaviours take the form of exploration during childhood
whereby children will explore their own and others bodies through looking,
touching and exploring gender roles. The most comprehensive
policies/pathways also include a detailed description of SIB. This allows the
reader to determine when a behaviour has moved from being appropriate to
inappropriate and decisions can then be made about intervention or
requesting outside agency support. When looking at the two most
comprehensive policies/pathways, both are supported by a flow chart. This
provides a visual aid for readers as the next steps in managing incidents are
clearly set out.

It would appear that policies/pathways in relation to SIB and children vary
greatly throughout the region. All of the policies/pathways identified in the
present research contain some common elements; however, there is also a
lot of variation. Within all of the policies/pathways, there also appears to be a lack of how to practically apply the information provided. These practical applications could include case study examples of good practice which would allow school staff to see how incidents have been managed successfully within other schools. The case studies could illustrate the importance of early identification of SIB with information as to causation. They could then further offer possible interventions which have been effective in addressing incidents of differing levels of SIB. The practical applications could also be strategies for managing incidents and interventions that schools staff could use in the first instance before requesting multiagency support.

This would suggest that all of the policies, if reviewed, could have further features added to ensure they are helpful to front line staff who work with incidents of SIB. It should also be noted that when searching for the policies/pathways the researcher encountered some difficulties in locating them. If someone wished to read the policies/pathways, they would have to know to look for them via the Children Safeguarding Boards’ websites and then how to access the document within the site. This could suggest that the policies/pathways are not readily available and accessible to school staff and could even pose the question of whether school staff know they exist.

The semi structured interviews with EPs from outside of Alt LA provided information as to how the policies are implemented by professionals. The EPs noted that some of the key features of the policies/pathways are implemented in their work with children displaying SIB. A key feature of the policies/pathways that appears to have been implemented successfully is multiagency work. Thorp (2011) suggests that multiagency work is key as broaching the topic of SIB with a child or young person can be embarrassing and discomforting for professionals. Working as part of a team can help to alleviate feelings of awkwardness and can therefore enable the professionals involved to support the child fully (Thorp, 2011). Both of the EPs discuss how incidents of SIB have been managed through utilising multiagency support. Teams of professionals including colleagues from YOT, social care, CAMHs, EPS and mental health practitioners work
together to gather information about the child, deliver assessments and provide support to schools and families. It was noted that in LA 1, in theory multiagency work was thought to be key; however, in practice this was not always the case. The EP from LA 1 identified that although colleagues from other agencies had been trained in delivering assessments, they were not always allowed to undertake this responsibility due to a lack of experience in delivering the assessment. This resulted in professionals from the EPS having to complete the work as there was a lack of other professionals who could undertake the assessment. The multiagency approach undertaken in LA 2 appeared to be successful in managing incidents of SIB and in supporting schools. Termly planning meetings were held and school staff knew they could approach the team for advice and support with children who they had been deemed as a priority. This referral route was known by school staff and was a reliable method for school staff to refer children about whom they had concerns. A further key feature of the policies/pathways which was implemented in the practice of the EPs was that of having allocated time and in relation identified professionals. Both of the policies/pathways had identified professionals who were given allocated time to complete assessments. In practice, the EPS within LA 1 had allocated time for two full assessments to be completed by EPs and within LA 2, allocated time was given to the multiagency team for managing incidents of SIB. However, as stated in section 5.3.1 these professionals are not identified by name and contact details are not given. This can seem to have an impact upon how easy it is for school staff to access the support.

From discussing how the policies/pathways are implemented within practice, the EPs identified areas in which the documents could be improved. Both of the EPs reported that they were unsure about how the documents were developed and who sat on the working parties. It was suggested that if the development groups consisted of a wider range of professionals, this would help to increase the applicability of the policies/pathways. Having a wider range of professionals to develop the policies/pathways would lead to the inclusion of features which are essential for a comprehensive approach. Also the inclusion of professionals who work with school staff on a regular
basis may help with making the documents more user friendly. It was also suggested that the policies/pathways should include training for school staff on the area of SIB. Heiman, Leiblum, Esquilin & Pallito (1998) suggest that as adults have a limited knowledge of childhood sexual development, it will have an impact upon adult responses to incidents of SIB and therefore how they are managed. Therefore, training would allow school staff to identify appropriate/inappropriate behaviours, have an understanding of the causes of SIB and possibly empower school staff to manage incidents when they occur. When school staff have received training in the past, it would be necessary to review who has attended the training, as staff may have left and new staff may have joined a school who would have therefore not had access to the training. A further feature that is not present within the policies/pathways, which professionals who work with children who display SIB would find beneficial, is that of managerial support. The EP from LA 1 identified that supervision and support is not provided by the line manager, as the line manager is not trained in assessing SIB. The EP therefore felt that she did not have the appropriate emotional and professional support. It was stated that working with incidents of serious SIB and assessing these children can have an emotional impact upon the professionals involved. Therefore, it would be of benefit if the requirement for supervision for the practitioners is included within a policy/pathway. A final feature that is not included within the policies/pathways, which, upon review, would be of benefit, is inclusion of practical strategies for school staff. Both of the EPs identified that school staff are willing to manage incidents within school if they have the practical means of doing this. Schools have other behaviour management strategies which they implement on a daily basis, and if they had a toolkit of strategies for SIB, schools would then feel empowered and able to manage incidents without having to resort, in the first instance, to outside agency support.

It would appear that, in practice, some features of policies/pathways are utilised by practitioners. However after reviewing these documents, when professionals have utilised them, there are changes that could be made. Such changes could make the documents even more comprehensive and
useful to front line staff. If revised the policies/pathways could provide support to professionals identified within them, clear signposting for school staff when multiagency support is needed and could empower schools to manage incidents of SIB, as and when they occur within the setting.

5.4 Research question 2 - What are the teaching staff thoughts, feelings and knowledge about SIB and children?

A focus group with school staff was held to address R.Q.2. The researcher completed a thematic analysis of the focus group and the findings will now be discussed in detail in the following section.

When considering the thoughts and feelings of school staff towards SIB, it was noted that there is an emotional response when incidents occur and this response tends to be negative in nature. It was identified that school staff tend to feel emotions such as fear, worry, distress and concern. Heiman, Leiblum, Esquilin & Pallito (1998) state that the attitudes and beliefs about what constitutes healthy and normative childhood sexual behaviour or SIB affect how adults respond to children. School staff may feel upset when a child displays a sexual behaviour and may consider this to be bad behaviour (Johnson, 1999). Therefore it is suggested that adult concepts of childhood must be considered when looking at emotional reactions to SIB (Webber, 2011). It is suggested in the literature that within the adult concept of childhood innocence is central and when children behave in a sexual manner, this concept is challenged (Webber, 2011). This can led to feelings of fear, worry and distress. These feelings can be directed towards the child displaying the behaviours, for other children exposed to the behaviours and relate to parental reactions. When considering feelings of fear, this manifested differently for mainstream school staff and for specialist teachers. Within the mainstream settings, the fear can be in relation to how to manage the incidents. Mainstream school staff feel they do not have to skills to manage incidents of SIB effectively and this can have repercussions for the child displaying the behaviours. Within the secondary specialist settings, feelings of fear can be directed towards the child displaying the behaviours. One teacher noted that sometimes these young people can be quite large
and therefore there can be a level of physical threat to teachers when these children display SIB. Levels of risk have to be managed within these settings as not only do some teaching staff experience fear for their person, but there is also the fear of mismanaging a situation and putting someone in the position of becoming a victim as well as making the young person an offender. At the mainstream level, school staff also experience feelings of worry and concern when discussing incidents of SIB with parents. This can be discussing incidents with the parents of children who have displayed the behaviour and the parents of those who have been exposed to the behaviour. For the parents of children who have displayed the behaviour, the concern of school staff is how to address the incident without the parent feeling defensive or unwilling to acknowledge there is a problem. School staff worry that parents will feel that are being castigated and their child is being labelled, which reflects upon their parenting skills. Flanagan (2010) states that children being given labels is of utmost concern as if children are given totalising and troublesome identities, this can have a negative impact upon the child’s and their families interactions with professionals who may be able to provide support. When trying to identify the causes of SIB, school staff also have to have difficult conversations with parents with regards to child protection and the possibility of abuse. As stated, abuse is not always the cause for children displaying SIB; however, it is an area that has to be explored by school staff to ensure safeguarding of children. Therefore school staff worry that they are seen to be accusing parents when discussing incidents of SIB. School staff also have concerns when discussing incidents of SIB with the parents of children who have been exposed to the behaviours. School staff indicated that these parents can have a very strong reaction as they can think that their child is being victimised. School staff feel that they have to manage these conversations sensitively, so that the parent understands that the incident is being managed and that the child displaying the behaviours is not thought of as an offender. Therefore, school staff have to be able to support the parents of the child displaying the behaviour, the parents of other children involved and the children within the school.
The levels of knowledge of school staff also varied from mainstream to specialist staff. Within the mainstream, school staff had a good knowledge of appropriate behaviours in children at the younger age range. This finding appears to fit with Haugaard (1996) who states that sexual behaviours displayed by younger children are viewed as exploratory and therefore are more acceptable. Staff could identify exploratory sexual development in the early years and felt they knew how to manage incidents of this nature. School staff had less knowledge of sexual development as children mature and found incidents of SIB in older primary school aged children to be more difficult to understand and manage. Haugaard (1996) suggests that this is due to adults finding sexual behaviours in older children as less acceptable, for example, within Haugaard’s study 88% of professionals (including teachers) rated looking at genitals acceptable at age 4, while only 31% thought it was acceptable at age 8 and 13% at age 12. This is thought to be due to adults feeling that the behaviours become less exploratory as children age and therefore less acceptable. Within the primary mainstream settings, school staff also had a limited knowledge of the causes of SIB; however, school staff had a greater knowledge of the home life of these children and could identify environmental factors that may lead to children displaying SIB. Within the specialist settings the teaching staff had a greater knowledge of typical sexual development throughout the age ranges and when these behaviours become inappropriate. This could be due to teaching staff in the specialist setting having more access to training in this area. Also the staff within these settings have had a broader range of experience of children displaying SIB and therefore are more aware of how behaviours can manifest. Staff in the specialist settings are also more aware of the causes of SIB and can identify why incidents have occurred. Due to the high levels of experience these school staff have of SIB, they are also more confident in managing incidents and implementing interventions.

It was noted that school staff from the primary specialist settings felt disillusioned with how children displaying SIB are managed by the LA and ultimately with decisions about the placement of these children. It was felt by the school staff that children who display SIB are placed in the primary
SEBD settings as there are no alternative provisions for these children or that it is too costly to place these children in out of city specialist settings. Therefore, these staff feel that the LA’s intention to “capacity build” within the current available provision may not, in fact, be in the best interests of the children or provide the most appropriate educational experience to meet their needs. Clearly they feel that the needs of some children can only be met within specialist settings which are not available within the LA. Primary specialist settings staff feel that, consequently, they are unable to meet the needs of these children, and end up as “warders” who are there to watch these children rather than educate them. It is suggested that due to the lack of a systematic pathway, the reasons informing the decisions around why these children are placed in the primary SEBD settings are not transparent and this can lead to feelings of resentment by staff towards the LA.

The school staff identified what they wanted and needed when managing incidents of SIB. Firstly it was acknowledged that a systematic pathway would provide information and support for school staff in managing incidents of SIB. Staff suggested that a flow chart would be useful as this would provide them with a clear route for managing SIB and for accessing outside agency support when needed. School staff also identified the need for multiagency support when working with SIB as currently school staff do not always feel supported by all agencies. School staff can feel abandoned when other professionals deem a child as being too dangerous to work with and yet schools have to meet the needs of the same child on a daily basis. It was also suggested that if multiagency work was indicated within a policy/pathway, this would lead to all schools equitably receiving the support to which they are entitled, as some schools currently feel that support is not given fairly to all. Training was identified as a need of school staff; however, there were prerequisites for this. The training needs to be tailored to the setting, so that the information and interventions provided are applicable. School staff feel that in the past they have received training that has not been applicable to their setting and, as a result, it has not been beneficial to them. As identified in section 5.3.2, the school staff also wanted a policy/pathway to contain practical strategies that can be utilised within the
school setting. Staff would like to have strategies to implement to manage SIB as they do with other behavioural difficulties before they need to enlist outside agency support. There appears to be a need to empower school staff so that they have to knowledge and strategies to manage incidents of SIB

5.5 Research question 3 - What processes within schools and a LA lead to decisions about educational provision and placement for a child displaying SIB?

A thematic analysis of the semi structured interviews with EPs from within the LA was completed to address R.Q. 3. The researcher then triangulated the findings from the thematic analysis of the semi structured interviews with the thematic analysis of the focus group with school staff. The data provided from the thematic analyses will now be presented and discussed in detail.

When considering the processes within schools and a LA that lead to decisions about where a child will be placed, differences were identified as to the level of seriousness of the behaviours. It was identified that schools have processes in place for managing incidents of less serious SIB. The EPs from within Alt LA suggested that when less serious incidents of SIB occur, school staff have processes for managing the incident which can include within school strategies, requesting support from the EPS and support from other outside agencies. It would appear that if schools have within schools strategies for managing incidents of SIB, it is more likely that the child will remain within their mainstream placement. These in school strategies appear to be providing the child with one to one support from a teaching assistant. The teaching assistant can then monitor the child’s behaviour and work with the child through interventions to modify behaviours. However, being able to provide a child with this level of support is costly and therefore not always an option for all schools. Also the teaching assistant can be utilised to watch the child and to protect other children, as their presence can be seen to deter children from behaving in a sexually inappropriate manner. When this occurs it can be argued that the causes for the behaviour are not really being addressed and therefore the child’s behaviour is not really being
modified. When managing an incident of SIB, children are more likely to remain in the mainstream setting if schools are supported by outside agencies such as the EPS and CAMHs. Flanagan (2010) suggests that school staff often feel ill equipped to recognise and respond effectively to incidents of SIB and therefore the role of the outside agencies can be crucial. The outside agencies can provide explanations for behaviours that can allay staff fears and concerns, as well as providing practical strategies enabling school staff to implement interventions and change behaviours. In some instances when a school cannot manage a child’s behaviour or the behaviours become more serious this can lead to an exclusion. In these instances the LA will place the child in a Primary Education Centre (PEC) whilst the child is assessed. If the child is deemed as having complex needs they may then be transferred to a specialist setting.

When behaviours are of a more serious nature it would appear that the decisions about where children should be placed are taken out of the hands of schools and the LA. If a young person has committed an offence or is at risk of committing an offence then the decision about where the young person should reside and therefore be educated is made by the court system. This will usually entail the child being placed in a residential setting if they are at risk of committing an offence or in a secure setting if they have been found guilty of an offence. As stated when a child is at risk of committing an offence they may be placed in a residential setting. This can be advantageous for the young person, as it can remove them from an unsafe environment and can provide them with therapeutic interventions which are not available in a mainstream or specialist setting.

The above discussion indicates that the factors which affect decision making in relation to the placement of children displaying SIB are interrelated. The level of seriousness of the behaviour and the degree to which staff have the knowledge and experience to manage this or are provided with external help, appear to have a direct correlation to decisions as to whether the child remains in a mainstream setting. As stated occasionally external factors prevail; however, these are in the minority. Figure 5.1 illustrates the
interactions of the factors progressing from mainstream to specialist provision.

Figure 5.1: Factors Effecting Decision Making Moving From Mainsteam to Specialist Provision for Children Displaying SIB

It was also identified that a uniform and systematic policy/pathway would have an impact upon how incidents of SIB are managed and how decisions are made about where children will be educated. At present due to the lack of a policy/pathway, how incidents are managed and decisions about where children are educated are made on a case by case basis. Therefore the processes within schools vary dependant on the amount of knowledge school staff have about SIB, their confidence in managing incidents, the resources they have available and the level of support they receive from outside agencies. The processes within the LA authority for deciding upon the placement of children displaying SIB also vary from a cases to case basis, the needs of the child are reviewed and decisions are then based upon where these needs can be best met. When discussing the development of a policy/pathway so that there can be a consistent approach to the processes of managing incidents and making decisions about children who display SIB it was suggested that it should contain key features.

5.6 Implications of the research for practice

The use of different qualitative methods within the present study allowed the researcher to gain a rich picture of professional action around SIB and children in schools. This resulted in a greater understanding of how
incidents of SIB are managed and how decisions are made about children displaying these behaviours, within schools in the LA, within the LA itself and within the region. This led to suggestions as to how a policy/pathway could be developed and what key features should be included in a policy/pathway,

The present research suggests that current policies/pathways within the region contain key features that are implemented in practice and are able to support schools in managing incidents of SIB effectively. Professionals utilising the policies/pathways felt that multiagency work is key in supporting schools, children and families when incidents of SIB occur. However, improvements to the polices/pathways were suggested by the professionals who utilise them. This has an implication that existing policies/pathways may need to be reviewed in the future to ensure they contain all of the elements which professionals have identified as helpful and lend themselves to consistent implementation.

The present research also identified school staffs’ thoughts, feelings and knowledge of SIB. It was noted that school staff tend to have negative reactions to incidents of SIB and that knowledge of the topic varies greatly from mainstream settings to specialist settings. It was noted that if school staff knowledge of the area is increased this would help to abate the negative feelings that are associated with SIB. Also if schools are supported by outside agencies when managing incidents of SIB, this can increase the confidence of staff and reduce feelings of fear, concern and worry. A further implication of this is that the schools within Alt LA would find a unified and systematic policy/pathway beneficial. This would help to ensure that professional responses to SIB are consistent across schools and within the LA. Schools would also feel empowered by having this systematic approach to managing incidents of SIB within their settings, which could have an impact upon decisions about where children are educated.

The present research also discussed with EPs from within Alt LA how incidents of SIB are managed within schools and the LA. It was again identified that the LA as a whole and schools within the LA would benefit from a unified policy/pathway for SIB as currently incidents are managed
inconsistently and in an ad hoc manner. Key features for a policy/pathway for SIB were identified and discussions were held about how to devise a policy/pathway within the LA. Therefore, an implication of this research may be the designing and future implementation of a policy/pathway for SIB, which includes consultation with frontline staff and is not written from a “top down” perspective. Figure 5.2 provides an example of what a flow chart for a policy/pathway could include. For example, the following key elements from the research findings could be included. The need for practical strategies for school staff (see Section 4.5.2.6), the need for multiagency support (see section 4.5.1.2.) and the need for assessment and intervention (see Section 4.5.1.1.). Figure 5.2 is an example flow chart that could be added to a policy/pathway. The flow chart could be utilised by school staff as and when concerns about a child’s behaviour arise. School staff would start at the top of the chart and follow the suggestions for including other agencies with the child, if appropriate. The red boxes represent supplementary information and documents that would be available to school staff as part of the policy/pathway. For example, the first red box suggests that school staff consult a behavioural chart which will detail appropriate sexual behaviours at different development stages. This would enable school staff to identify the level of seriousness of the displayed behaviour. If developed further the flow chart could include contact names and details for signposting. The researcher shared this prototype with participants of the focus group. The participants stated that if fully developed the flow chart would be of use and represents their ideas expressed in section 4.3.3.2.3.
Figure 5.2 Example of a prototype policy/pathway flow chart for the management of SIB in schools
The researcher ensured that the findings of this study were shared with the participants, the EPS team and other relevant professionals within the strategy group for designing a policy/pathway. This was in order to ensure that findings about what a policy/pathway could contain, to be useful to the schools and professionals utilising it, would be included in future discussions when designing the policy/pathway. Therefore, the present research has an implication in relation to the researcher’s TEP role. As stated at the time of completing this study the TEP is a member of the strategy group within Alt LA for devising a policy/pathway for SIB. The researcher will endeavour to utilise her knowledge and the experience that she has acquired throughout completing the present research. The researcher intends to bring the findings of the present research to the strategy group so that key features identified by professionals and schools staff can be included in the policy/pathway.

5.7 Limitations of the research

An aspect of the present study that some may consider to be a limitation is that only policies/pathways within the region were utilised within the content analysis. This was done as after the researcher had identified that there is not a national policy/pathway within this area, time constraints stopped the researcher compiling individual policies/pathways from across the UK. Also as specified in R.Q. 1 the research was aiming to identify current and comprehensive polices/pathways within the region, which could provide local information to Alt LA as to what the practice is within the region. However, the researcher does acknowledge that as policies/pathways were only collected from one region within the UK the present research does not fully address what a current and comprehensive policy/pathway may contain.

A further limitation of the research could be thought to be the sample size of the participants within the focus group. The focus group contained 6 participants which some may argue may not be representative of teaching staff as a whole, and that if other teaching staff had been included, different information may have been gathered. However, to combat this, the
researcher ensured that the focus group participants represented a wide range of teaching staff, from various settings across the LA.

5.8 Implications for future research

Following the cessation of this research, it is hoped by the researcher that a policy/pathway for SIB will be designed and implemented within Alt LA. Therefore, there is the scope to complete a future evaluation of how the policy/pathway has been implemented within the LA. A future evaluation of the policy/pathway could initially include a questionnaire to SENCos from all types of settings within the LA. This could provide data on who has had to utilise the policy/pathway and gain a general understanding of the types of incidents that have resulted in staff using the policy/pathway. The questionnaire could also provide data on the overall satisfaction of school staff in relation to the policy/pathway. A future evaluation could then also gather in-depth data by implementing focus groups with school staff and professionals who have utilised the policy/pathway within their practice. The focus groups could provide information as to how well the policy/pathway has been designed and how useful it has been in managing incidents of SIB. This evaluation could therefore provide data as to how the policy/pathway could be improved and would identify any areas/features that may have been omitted at development. The focus groups could also provide data as to whether the implementation of the policy/pathway has increased the knowledge and confidence of school staff in managing incidents of this nature. Completing an evaluation of the policy/pathway would also allow the document to be updated and reviewed to ensure that it remains current and comprehensive.

Future research could also pay specific attention to the individual components of the pathway to assess their usefulness in managing incidents of SIB. For example, if multiagency interventions prove to be the most effective tool in the pathway, these could be further developed rather than with in school strategies. In addition, an evaluation of the prototype flow chart would offer information as to its helpfulness in guiding school staff
through the differing stages of the agreed pathway and how they were able to apply the steps in the pathway in their daily practice.

Future research could also involve completing an analysis of policies/pathways for SIB at a country wide level. This would provide further information as to what key features are included within comprehensive policies for SIB. Future researchers could also extend the participant group to include semi structured interviews with professionals from LAs across the country to determine how these policies are utilised in practice and then how these policies could be improved upon.

Future research if completed at a national level could possibly help to inform what should be contained within a national policy or strategy for SIB and children.

5.9 Implications for EP practice

The research can also be seen to have implications for EP practice at the individual casework level and at a systemic level for EPS. Firstly, when considering the individual case work level, it could be suggested that EPs may need training in this area to be able to fully support schools when incidents of SIB occur. EPs may themselves need training into what is and is not appropriate behaviour at the differing developmental stages. EPs may need further training to be able to offer advice on interventions and strategies that can be employed by school staff.

At a more systemic level the research suggests that as part of a policy/pathway EPs could offer training to school staff and other professionals in the area of SIB. However, it should be noted that not all EPs would feel comfortable in this role as they do not feel they would have the level of knowledge needed to deliver this service. A further factor is that not all EPs would necessarily have the time allocation to be able to deliver training in this area.

This could appear to have an impact upon Principle Educational Psychologists in relation to managing how the EPs within their services will gain access to continued professional development in the area of SIB and
have the time to support schools when incidents arise and at a more systemic level.

Whilst acknowledging that EPs are in an advantageous position for supporting schools with this difficult area, it must also be noted that they may need further training to be able to deliver quality services in relation to SIB.
REFERENCES


Department of Education: Permanent and Fixed Exclusions from Schools in England 2010/11.


DfES (2001) Promoting children’s mental health within early years and school settings

Education Act (2002)


http://publications.dcsf.gov.uk/eOrderingDownload/00305-2010DOM-EN.PDF


http://www.education.gov.uk/munroreview/downloads/8875_DfE_Munro_Report_TAGGED.pdf


Appendix A: Interview Schedule for Semi Structured Interviews with EPs from other LAs

Would you please provide me with some background information as to the reasons for the development of the policy/pathway?

How was the policy/pathway developed? For example through a multi-agency strategy group?

How long has the policy/pathway been implemented within the LA?

How effective do you believe the policy/pathway to be for school staff?

What changes if any would you now make to the policy/pathway?
Appendix B: Interview Schedule with EPs from within the LA

Could you please tell me about some of the incidents of SIB that you have worked with? Please do not name any children or schools whilst doing this.

Could you provide some information as to the decision making processes that were used in the school and within the LA in these cases, in relation to how the child should be managed and where they should be educated?

How effectively do you think these cases were managed and what improvements do you think could be made?

What information do you think could be included in a SIB policy/pathway that would be useful for schools and professionals who work with these cases?

As an EP how do you think you could further help schools with cases of SIB? For example, providing training?
Appendix C: Question Schedule for the Focus Group with School Staff

Can you tell me a little about any cases of SIB that you have worked with and the outcomes for the children involved? Please do not identify the children in the examples.

What were your thoughts/feelings at the time of the case?

Do you feel that you had enough knowledge of SIB to work with the child effectively?

How were decisions made about the placement of the child? What processes were utilised?

Do you feel that the decision making processes used in deciding how to manage these cases was effective? If not what improvements could be made?

Would a policy/pathway that detailed how to manage cases of SIB be useful and what should it contain?

What further support that could be provided by the school EP would be useful to you in this area?
Appendix D: Example of the coding process

P2: I think it is the subject isn’t it, the parents get so scared
P4: It’s the taboo still of being labelled either as sexually inappropriate child or sexually
inappropriate adult or an inadequate parent and you have to remove those things like in
everything else as soon as the taboo is removed people can exhale and go “God bless you we
know if only we could call”
P1: They did a project in ********* the Aim Project for practitioners because when we were
under TAMHS I went on that training and it was delivered here in ********* and that was all
around that managing sexually inappropriate behaviour but also how you manage the
conversations with parents how you collate and present the information and it was quite
comprehensive but it sat alone it wasn’t linked to anything and that was the problem you’d had
the training but then there was nothing to do with it so I did the training but then it didn’t sit
anywhere so you could use it as a school but it didn’t go any further
P2: and sometimes your working on your own gut instincts you know and that’s not always the
way to do it yeah because with our little one we would we were at the point were we thought it
wasn’t happening anymore we thought and then I don’t know there was something I went away over the weekend and you know when you think and think and think over something and
I said to the Head I’m still not happy I want somebody in with him and we observed it was still
all going on we were thinking it had stopped but you know when you think that’s not going to
stop overnight

Appendix E: Example of the devising of basic themes

Parental support for school

Parents attitudes to SIB
Discussion with parents
Parents reactions
Appendix F: Example of the organising themes

Appendix G: Example of a thematic network
Appendix I: Ethical approval email

Dear Esther

Ref: PGR-7713381-A1

I am pleased to confirm that your ethics application has now been approved by the School Research Integrity Committee (RIC) against a pre-approved UREC template.

If anything untoward happens during your research then please ensure you make your supervisor aware who can then raise it with the RIC on your behalf.

Regards

Gail Divall

PGT & Quality Assurance Administrator

School of Education
Appendix J: Participant info and consent sheet 1

Exploring professional action around sexually inappropriate behaviour and children in schools

Participant Information Sheet For Educational Psychologists

Dear Sir/madam,

You are being invited to take part in a research study. Before you decide if you wish to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

As you are aware, I am currently a Trainee Educational Psychologist working within (name) Local Authority and studying at the University of Manchester. As part of my training I am carrying out a piece of research exploring the area of professional action around sexually inappropriate behaviour and children. Part of my research involves examining what processes within the schools and the LA that lead to decisions about educational provision and placement for a child displaying SIB. As Educational Psychologists who have had experience working in this area and developing policies and pathways within your LA your thoughts and opinions on professional action in the area would be highly valued.

I propose to investigate this by asking EPs who have experience of work and have helped to develop policies on this area to take part in a semi structured interview. The interview can take place at a venue and time of your convenience and will take approximately 45 minutes. The interview will be audio recorded with your permission. As I would like the participants to be able to speak freely I will ensure that no individual participants are identifiable in the writing up of the research and all information and comments will be kept anonymous. If you consent to taking part, you have the right to withdraw at any point and should you choose to do so your data will be removed from the research. The data gathered will be stored securely on an encrypted pen drive and only myself and my supervisor Professor Kevin Woods will have access to it throughout the research project.

The only exception to anonymity in the study will be

- If a participant reveals that they are being harmed in any way, then the researcher has a duty to report to an appropriate authority. This will be done with the person's knowledge and it will be agreed with them whom to tell.
- if the participant states that they have, or intend to harm someone.

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. Which is attached overleaf. If you decide to take part you are still free to withdraw at any time without giving a
reason. Your participation would be greatly appreciated. If you wish to participate please sign the form provided and return it to:

Esther Nelson,

If you have any further questions about the research or the focus group specifically please do not hesitate to contact me on (phone number) or via email (email address)

Alternatively, if there are any issues regarding this research that you would prefer not to discuss with members of the research team, please contact the Research Practice and Governance Co-ordinator by either writing to 'The Research Practice and Governance Co-ordinator, Research Office, Christie Building, The University of Manchester, Oxford Road, Manchester M13 9PL', by emailing: Research-Governance@manchester.ac.uk, or by telephoning 0161 275 7583 or 275 8093

Yours sincerely

Esther Nelson

Trainee Educational Psychologist
Exploring professional action around sexually inappropriate behaviour and children in schools

CONSENT FORM

If you are happy to participate please complete and sign the consent form below

1. I confirm that I have read the attached information sheet on the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.

2. I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason.

3. I understand that the interviews will be audio/video-recorded

4. I agree to the use of anonymous quotes

5. I agree that any data collected may be published in anonymous form in academic books or journals.

I agree to take part in the above project

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Appendix K: Participant info and consent form 2

Exploring professional action around sexually inappropriate behaviour and children in schools

Participant Information Sheet For Educational Psychologists

Dear Sir/madam,

You are being invited to take part in a research study. Before you decide if you wish to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

As you are aware, I am currently a Trainee Educational Psychologist working within (name) Local Authority and studying at the University of Manchester. As part of my training I am carrying out a piece of research exploring the area of professional action around sexually inappropriate behaviour and children. Part of my research involves examining what processes within the schools and the LA that lead to decisions about educational provision and placement for a child displaying SIB. As Educational Psychologists who have had experience working in this area and developing policies and pathways within your LA your thoughts and opinions on professional action in the area would be highly valued.

I propose to investigate this by asking EPs who have experience of work and have helped to develop policies on this area to take part in a semi structured interview. The interview can take place at a venue and time of your convenience and will take approximately 45 minutes. The interview will be audio recorded with your permission. As I would like the participants to be able to speak freely I will ensure that no individual participants are identifiable in the writing up of the research and all information and comments will be kept anonymous. If you consent to taking part, you have the right to withdraw at any point and should you choose to do so your data will be removed from the research. The data gathered will be stored securely on an encrypted pen drive and only myself and my supervisor Professor Kevin Woods will have access to it throughout the research project.

The only exception to anonymity in the study will be

- If a participant reveals that they are being harmed in any way, then the researcher has a duty to report to an appropriate authority. This will be done with the person's knowledge and it will be agreed with them whom to tell.
- If the participant states that they have, or intend to harm someone.

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. Which is attached overleaf. If you decide to take part you are still free to withdraw at any time without giving a
reason. Your participation would be greatly appreciated. If you wish to participate please sign the form provided and return it to:

Esther Nelson,

If you have any further questions about the research or the focus group specifically please do not hesitate to contact me on (phone number) or via email (email address)

Alternatively, If there are any issues regarding this research that you would prefer not to discuss with members of the research team, please contact the Research Practice and Governance Co-ordinator by either writing to ‘The Research Practice and Governance Co-ordinator, Research Office, Christie Building, The University of Manchester, Oxford Road, Manchester M13 9PL’, by emailing: Research-Governance@manchester.ac.uk, or by telephoning 0161 275 7583 or 275 8093

Yours sincerely

Esther Nelson

Trainee Educational Psychologist
Exploring professional action around sexually inappropriate behaviour and children in schools

CONSENT FORM

If you are happy to participate please complete and sign the consent form below

Please Initial Box

5. I confirm that I have read the attached information sheet on the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.

6. I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason.

7. I understand that the interviews will be audio/video-recorded

8. I agree to the use of anonymous quotes

5. I agree that any data collected may be published in anonymous form in academic books or journals.

I agree to take part in the above project

Name of participant ___________________________ Date ___________________________ Signature ___________________________

Name of person taking consent ___________________________ Date ___________________________ Signature ___________________________
Appendix L: Participant info and consent sheet 3

**Exploring professional action around sexually inappropriate behaviour and children in schools**

**Participant Information Sheet for SENCo’s and teaching staff**

Dear Sir/madam,

You are being invited to take part in a research study. Before you decide if you wish to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

I am currently a Trainee Educational psychologist working for (name) Local Authority and studying at the University of Manchester. As part of my training I am carrying out a piece of research exploring the area of professional action around sexually inappropriate behaviour and children.

The research aims to gather information on:

- What are the teaching staff thoughts, feelings and knowledge about SIB and children?
- What processes within the schools and a LA lead to decisions about educational provision and placement for a child displaying SIB?

I propose to investigate this by asking SENCo’s to take part in a focus group to discuss this topic. The focus group will be facilitated by myself and Senior Educational Psychologist. The focus group will be made of approximately 6 volunteers and will take approximately 45 minutes. The focus group will be audio recorded with the volunteer’s permission. As I would like the participants to be able to speak freely I will ensure that no individual participants are identifiable in the writing up of the research and all information and comments will be kept anonymous. In the interest of anonymity I would request that if participants would like to share case examples during the session that children’s names are changed to ensure that they are not identifiable. If you consent to taking part, you have the right to withdraw at any point and should you choose to do so your data will be removed from the research. The data gathered will be stored securely on an encrypted pen drive and only myself and my supervisor Professor Kevin Woods will have access to it throughout the research project.

The only exception to anonymity in the study will be

- If a participant reveals that they are being harmed in any way, then the researcher has a duty to report to an appropriate authority. This will be done with the person’s knowledge and it will be agreed with them whom to tell.
- If the participant states that they have, or intend to harm someone.
It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. Which is attached overleaf. If you decide to take part you are still free to withdraw at any time without giving a reason. Your participation would be greatly appreciated. If you wish to participate please sign the form provided and return it to:

Esther Nelson,

If you have any further questions about the research or the focus group specifically please do not hesitate to contact me on 07921086069 or via email.

Alternatively, If there are any issues regarding this research that you would prefer not to discuss with members of the research team, please contact the Research Practice and Governance Co-ordinator by either writing to 'The Research Practice and Governance Co-ordinator, Research Office, Christie Building, The University of Manchester, Oxford Road, Manchester M13 9PL', by emailing: Research-Governance@manchester.ac.uk, or by telephoning 0161 275 7583 or 275 8093

Yours sincerely

Esther Nelson

Trainee Educational Psychologist
Exploring professional action around sexually inappropriate behaviour and children in schools

CONSENT FORM

If you are happy to participate please complete and sign the consent form below

9. I confirm that I have read the attached information sheet on the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.

10. I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason.

11. I understand that the interviews will be audio/video-recorded

12. I agree to the use of anonymous quotes

5. I agree that any data collected may be published in anonymous form in academic books or journals.

I agree to take part in the above project

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## Appendix M: Time line and time budget

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<td>Literature Review and submission of A2 on April 2012</td>
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<td>Interviews with EPs from ALT and focus group with school staff</td>
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<td>Transcription of semi structured interviews and focus group measures with pupils</td>
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<td>February 2013 - March 2013</td>
<td>Write Methodology section – hand in draft on end of January</td>
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<td>Thematic analysis of all data</td>
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<td>Complete data analysis and write Results section – hand in draft end of March</td>
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Appendix N
Background information on the Aim Project (taken from AIM PROJECT /Julie Henniker 2007)

The AIM (Assessment Intervention Moving on) Project was set up in January 2000 to address the way that agencies and professionals across Greater Manchester respond to children and young people who display sexually harmful behaviour and their families. These procedures have been written to provide professionals with a common and consistent framework of response. Assessment of these children and young people has been central to the project’s work as assessment is anchored firmly within these procedures. The AIM model of initial assessment for adolescents (2001) has now been replaced by AIM2 (2007). This new assessment model incorporates changes suggested by an evaluation of the original AIM model which was commissioned by the Youth Justice Board (2004), feedback from practitioners and relevant additional research. Similarly, the AIM assessment model for under 10’s (2002) has been replaced by an initial assessment model for under 12’s (2007). The assessment models for young people with intellectual disabilities and parents and carers, to date remain the same. The AIM models of initial assessment, although useful as stand alone assessments, need to be located within a common and consistent multi-agency integrated response to children and young people who have displayed sexually harmful behaviour. The AIM models assess the risk, management and therapeutic needs of the child or young person who has abused. However, it is crucial that this occurs alongside consideration of the National Youth Justice Board and Safeguarding policies of those community services involved in the decision making processes surrounding children and young people who sexually harm. The AIM procedures within this booklet therefore seek to ensure that the outcomes of AIM assessments are contributed to and shared with all relevant agencies and services. An integrated approach is vital to ensure that, not only the needs of the abuser are assessed, but that societal and victim safety concerns are also addressed as part of the response. This is essential to ensure that information from AIM assessments cannot only be used to help meet the needs of the child or young person who has sexually harmed but those of his/her victims and potential victims.

The AIM and AIM2 initial assessment models provide a framework to assist professionals working with children and young people who display sexually harmful behaviour to conduct an initial assessment of the behaviour in order to:

- Identify potential risk of repeated sexually harmful behaviour
- Predict risk
- In child protection terms identify risk to either the child/young person carrying out the behaviours or their actual /potential victim(s)
- Identify the child/young person’s needs
- Assess the child/young person’s motivation and capacity to engage in services and plans
- Identify the capacity of the parents/carers to manage and support the child/young person
- Suggest priorities for initial response