NICE National Institute for Health and Care Excellence

Expert testimony to inform NICE guideline development

Section A: Developer to complete	
Name:	Peter Clarke
Role:	Director
Institution/Organisation (where applicable): **Contact information:**	Glebe House
Guideline title:	Harmful Sexual Behaviour
Guideline Committee:	Public Health Advisory Committee F
Subject of expert testimony:	Harmful Sexual Behaviour – the development of standardised assessment tools and intervention resources for girls who have engaged in harmful sexual behaviour.
Evidence gaps or uncertainties:	[Please list the research questions or evidence uncertainties that the testimony should address]

1. The development of the Glebe House model and learning to date.
2. The voice of children and young people as service users.
3. Residential issues relevant to this group of children and young people.
4. Cross cutting themes that may be relevant to this area and of interest to the committee:
    - Minority populations
    - Young women/gender issues
    - Learning difficulties
    - Autism
    - Parents and carers

Section B: Expert to complete

Summary testimony:	[Please use the space below to summarise your testimony in 250–1000 words. Continue over page if necessary]

The Therapeutic Community model is supported by a clear theoretical framework (based on Rapoport's Four Cornerstones model). Participation and partnership lie at the heart of the interventions. In 'Unit Ideology' Rapoport identified four categories that offered a self-definition of the therapeutic community ward he was studying. This concept has been developed at Glebe House to assist the Community's ability to self-define and our ability to focus efforts on the therapeutic task.

The Cornerstones as they currently stand are:

Democracy – the idea that all Community Members have an expertise to bring to Community decisions. The decision-making process uses consensus rather than voting.

Glebe House is a residential Therapeutic Community specialising in work with older teenagers with a history including sexually harmful behaviour. The service is accredited as a Therapeutic Community by the Royal College of Psychiatry, is a registered Children's Home (OFSTED) and the treatment of disorder and disease registered with CQC through the pathway of treatment od . It works across a range of ability from mainstream to mild or moderate learning difficulty. Young people may come as an alternative to custody, or post custody or from a non-judicial safeguarding route. Young people are placed for 2-3 years and the majority of the intervention is offered on site by an integrated team of practitioners.

Reality Confrontation – the idea that the Therapeutic Community should remain cognisant of the wider community and prepare members for that world. In addition, the idea that all behaviour has meaning and that all members of the Therapeutic Community have the right to speculate about the meaning of any behaviour within the safety of the daily Community Meetings. These Community Meetings are held three times a day and are Chaired by Resident Chairmen.

Tolerance – previously Permissiveness, this Cornerstone acknowledges that (within reason) there needs to be a culture of tolerating challenging behaviour. If the Community is working to heal severe trauma then there will be times when behaviour becomes challenging. The group's ability to tolerate these times often has long-term positive effects.

Communalism – the idea that the process of living together as a group managing conflict and establishing boundaries for the group is itself a healing tool.

The work of the Community has been extensively evaluated by an independent 10 year longitudinal research project. This project tracked a 'completers' group of over 40 young people for between 2 and 10 years. The research also tracked a sub-group of 'non-completers' and significantly a 'comparison' group. The comparison group was identified by a paper referral that broke down pre-assessment (usually due to funding issues). This group gives a context to the detailed analysis of the outcomes for the completers group through analysis of Ministry of Justice data. The use of a comparison group is the closest the researchers could manage to a control group. They were matched demographically to the completers group.

The analysis of conviction/reconviction data for the three groups researched reflected established research patterns in that the highest risk group was the non-completers. In addition, the highest risk to all groups was of non-sexual criminal convictions. This has significance in the plotting of future intervention programmes.

When the completers data is looked at with the context of the matched comparison group there is a notable reduction of sexual and non-sexual events. In addition, the severity of the criminal behaviours in the completers group is reduced.

The research highlighted a number of positive outcomes for the completers group that relate to problem solving, quality of life and engagement with local communities. The experience of completing the Glebe House programme has often been carried by those young people into their adulthood. There is a strong sense of the relationships that were formed during those placements creating a positive sense of the potential for future relationships, and a connection to others that had previously not been experienced. These lessons learned mirror the findings of their outcome research projects for this group. Professionals spend a lot of time and energy devising, and debating the best intervention models while service –users remember the relationships and people years after.

The research also highlighted deficits. The three core areas researchers felt needed consideration were:

- Managing long-term transition out of the service. This has been a concern for our service for some time. With the shift in the economic landscape what were patchy services are now even more depleted. This is a great challenge and as a response Glebe House is piloting a Circles of Support and Accountability service (and a parallel 18 month enhanced transitions service). These transition options are free at point of delivery.

- Employment issues for leavers. Youth unemployment is a challenge, care leavers unemployment a greater challenge and employment for young people with a history of sexually harmful behaviour (and potentially convictions and continued state monitoring) makes the situation even bleaker. We have an enhanced education programme to give the best potential available and have started a 'Social Enterprise' project (linking with a homelessness charity) as a way of encouraging creative thinking related to employment.

- Consideration for improved access to mental health diagnosis. The traits for a both the completer and non-completer groups includes a significantly high proportion of emerging mental health issues (particularly PTSD and dissociative tendencies). The non-completers were reported with significantly higher prevalence that the completers.

In conclusion the intervention process needs: a strong theory model that can be understood at all levels of the organisation, a stable staff team who are supported, and a commitment to self-evaluation and reflection. Treatment works but also needs to be supported by longer-term support and commitment. We do not expect our own children to be fully independent at 18 or even 25 – why should we expect those with such early year disadvantages to manage without difficulty.

References to other work or publications to support your testimony' (if applicable):

Re: Research Project Methodology

Boswell, G.R. and Wedge, P. (2002) Evaluation of a residential therapeutic treatment facility for adolescent male sexual abusers. Community and Criminal Justice Monographs: DeMontford University, Leicester.

Boswell, G.R. and Wedge, P. (2003) 'A Pilot evaluation of a Therapeutic Community for Adolescent Male Abusers', International Journal of Therapeutic Communities 24 (4) 259-76

Re: Glebe House as a Therapeutic Community

Clarke, P. (2002) 'Therapeutic Communities: A Model for Effective Intervention with Teenagers Known to have Perpetrated Sexual Abuse'. In Calder, M. [Ed] Young People who sexually abuse: building the evidence base for your practice. Lyme Regis. Russell House Publishing.

Clarke, P. (2011) 'Specialist Intervention Services for Young People: where are we now and where can we go'. In Calder, M. [Ed] Contempory Practice with Young People who Sexually Abuse: evidence-based developments. Lyme Regis. Russell House Publishing.

Hockley, T. (2009) 'Experts by Experience: A Community Chair Model Managed by Residents of 'Glebe House' Therapeutic Community, Therapeutic Communities: The International Journal of Therapeutic Communities. 30 (3): 313-324.

Re: Four Cornerstone Model

Rapoport, R.N. (1960) Community as Doctor. London. Tavistock.

Re: Outcome Studies

Hackett, S. and Masson, H. (2011) 'Recidivism, desistance and life course trajectories of young sexual abusers. An in-depth follow-up study, 10 years on. ESRC Impact Report, RES-062-23-0850. Swindon: Economic and Social Research Council.

Boswell, G., Wedge, P., Mosley, A., Dominey, J. and Poland, F. (2014) Treating Sexually Harmful Teenage Males: a longitudinal evaluation of a therapeutic community. Full paper and Summary Report available to download: http://www.ftctrust.org.uk/research.php

Expert testimony papers are posted on the NICE website with other sources of evidence when the draft guideline is published. Any content that is academic in confidence should be highlighted and will be removed before publication if the status remains at this point in time.