

# Be Safe – Stay Safe Children’s Programme UK



## Type of intervention



Group Work



Family Work

## Target groups, levels of prevention and sub-groups:

(Potential)  
Offenders

### Secondary prevention

Children (6-11 Years), Young People (12-17 Years) | Male & Female | Includes individuals with disabilities/learning difficulties | Group Work, Family Work | English

(Potential)  
Offenders

### Tertiary prevention

Children (6-11 Years), Young People (12-17 Years) | Male & Female | Includes individuals with disabilities/learning difficulties | Group Work, Family Work | English

## Target population

The Be Safe Children’s programme is a group programme which can be offered to children aged 8 – 12 years (up to 14 for young people with learning disabilities) with worrying sexual behaviour and their parents/carers. The programme is currently provided for children in Bristol and South Gloucestershire.

## Delivery organisation

Be Safe Service – North Bristol National Health Service Trust in collaboration with Barnardo’s South West region.

## Mode and context of delivery

The Be Safe-Stay Safe Children’s Programme is a manualised 18 session cognitive behavioural therapy psycho-educational group programme for children aged 8 to 12 and up to 14 for those with learning disabilities with problematic sexual behaviour and their parents/carers. It can also be delivered as a family intervention. The programme is a replication of the manualised programme developed initially by Bonner, Walker & Berliner (1999) and further developed by Silovsky, Swisher and Widdifield (2013).

The programme is interactive and includes the use of role play, puppets, storytelling and addresses what is appropriate sexual behaviour, sexual behaviour rules, safe boundaries, safety planning, keeping safe, sex education, parent training, impulse control, coping strategies, and child-parent relationships.

### **Level/Nature of staff expertise required**

Staff delivering the intervention come from a range of professional backgrounds including social work, counselling, psychotherapy and psychology with training and bi-weekly clinical consultation from Dr Jane Silovsky, Clinical Psychologist and Jimmy Widdifield, Children's Counsellor, Oklahoma University Health Sciences Centre, and internal 1:1 supervision and training. The delivery team includes substantive staff, trainees and volunteers.

### **Intensity/extent of engagement with target group(s)**

It is a group work programme provided over a 4 – 6 month period in one hour weekly group session, 7 of which are joint parent/care/child sessions. New participants can join the group throughout the programme following an assessment phase. The programme can be provided to individual families when a group intervention is not appropriate.

### **Description of intervention**

The Be Safe-Stay Safe Children's Programme is a manualised 18 session cognitive behavioural therapy psycho-educational group programme for children aged 8 to 12 years (and up to 14 years for those with learning disabilities) with problematic sexual behaviour and their parents/carers. It can also be delivered as a family intervention.

The programme aims to eliminate/reduce problematic sexual behaviour (PSB) through addressing appropriate sexual behaviour, sexual behaviour rules, safe boundaries, keeping safe, sex education, apology and empathy and includes ways to improve:

- child behaviour via better safety planning, parental monitoring, supervision
- parent-child interaction and communication
- personal resilience through developing coping, self-control, and social skills
- parent/carer understanding of PSB.

Referrals are considered where:

- there are concerns with regards to the child's problematic/harmful sexual behavior;
- they are supported by a significant adult who is willing to participate in the programme;
- the child is considered to be in a safe environment.

Social care, youth offending, health, education professionals, and the police can refer. Ideally children will have a named social worker, but at minimum it is asked that a safeguarding service has undertaken an assessment as to whether the child meets safeguarding service thresholds. Any criminal investigations and proceedings with regards to children aged 10 years or over must be concluded.

Prior to coming on the programme therapeutic practitioners will undertake a focused Intake Assessment over 3 to 4 appointments with the child and their parents/carers which considers their suitability for the programme as well as completing a range of pre-treatment psychometric measures. The Trauma Symptom Checklist is used to screen

children to ensure that they do not have trauma symptoms which may make accessing the programme problematic. A multi-agency planning meeting takes place prior to an Intake Assessment commencing and would include the referrer, the child's social worker, a representative from the child's school, child's parent/carer, and other key people in the child's support network. The assessment includes consideration of:

- reason for the referral
- family composition and background
- history of sexual behaviour and child's view of this
- abuse history
- impact of sexual behaviour on child and family
- health, social, emotional and behavioural development education
- parenting capacity
- current safety plan
- formulation
- summary of suitability for group and recommendations

Programme reviews take place with the child, parent/carers, referrer and support networks including school representatives half way through the programme and/or where there are serious concerns. Just prior to the completion of the programme, children and their parents/carers are asked to complete the post treatment questionnaires. A discharge summary is completed when the child moves on from the programme.

## **Evaluation**

In collaboration with Dartington Social Research Unit (Realising Ambition Consortium Partner), Dr Jane Silovsky and Jimmy Widdifield (OUHSC) a number of pre and post measures have been agreed to monitor and evaluate the outcome of the programme against agreed programme outcomes in line with the Outcome Framework for the Realising Ambition Programme and Be Safe Service aims. The outcomes the programme wishes to influence are:

- improved mental health
- improved emotional regulation
- reduction in problematic sexual behaviour
- improved family management

The following measures are being used:

- (3) the Child Sexual Behaviour Inventory (Friedrich, 2002)
- (1,2) the Strengths and Difficulties Questionnaire (Goodman, 1997)
- the Child Self Image Profile (Butler, 2001)
- (4) the Parent Support Stress and Skills Questionnaire (an adaptation by the OUHSC of the APQ Multi-dimensional Support Measure)
- (4) Score 15 (Stratton et al., 2010)

It is planned to follow-up post completion at 6 monthly periods with the referring organisation to find out whether there have been further concerns of problematic sexual behaviour.

In addition to this service user feedback is invited at the end of each session through the use of simple feedback questionnaires. To date these have been highly positive.

At the end of each group session and on a termly basis the team meets to consider key learning points. The team adapts materials so they are suitable for the specific group participants whilst maintaining fidelity to the programme.

## **References**

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Briere, J. (1996) Trauma Symptom Checklist for Children: Professional manual. Florida: Psychological Assessment Resources Inc.

Butler, R.J. (2001) The Self Image Profiles For Children & Adolescents. London: Harcourt Assessment.

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Friedrich, W.N. (2002). Psychological assessment of sexually abused children and their families. Thousand Oaks, CA: Sage.

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