EXPLORING THE ROLE, KNOWLEDGE, AND CONFIDENCE OF EDUCATIONAL

PSYCHOLOGISTS IN CONSIDERING HARMFUL SEXUAL BEHAVIOURS AMONG

YOUNG PEOPLE IN EDUCATIONAL CONTEXTS

by

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Abstract:

It has been highlighted that harmful sexual behaviour (HSB) and peer on peer abuse in schools occurs so frequently that it is viewed by children and young people as being commonplace, occurring in hallways, canteens, and playgrounds (Allnock & Atkinson, 2019; Ofsted, 2021). Despite this, HSB is an under-researched area within the educational psychology field, with little research seeking to explore the role of the EP within such casework, or their perceived knowledge of HSB and what it entails. This study aimed to contribute to this under-researched area by exploring the role, knowledge, and confidence of Educational Psychologists (EPs) in considering HSB among young people in educational settings across a national context.

EPs and Trainee EPs practising in England were invited to participate in a mixed methods survey. 82 responses were gained from those practising across England. Quantitative data obtained was analysed using descriptive statistics, while thematic analysis was utilised to explore qualitative data gained from open-response box questions.

Findings suggest a lack of consensus as to whether considering HSB is part of the EP role. A high proportion of respondents also perceive themselves to lack knowledge and confidence supporting schools with such casework. Notably, these findings emphasise the need for further training and input around HSB, its definition and constituting behaviours to aid EP practice. Further, these findings highlight the importance of multiagency working and having opportunities to learn and receive support from colleagues in differing services.

Findings, in addition to key implications for EP services/ practices, EPs and professional training courses are discussed, in addition to potential avenues for future research.

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This research is dedicated to my mom,

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Glossary of terms and abbreviations

Term	Definition
Children and young people (CYP)	This term is used to refer to persons under the age of eighteen years.
Childline	Childline is a charity for children and young people aged nineteen and under residing in the United Kingdom; this is a confidential service which offers children and young people the opportunity to talk to a trained counsellor via phone, email or on the website (Childline, 2024).
Consent	Section 74 of the Sexual Offences Act (2003) defines consent as an agreement made by persons with capacity to make a choice. The individual(s) must be over the legal of age of consent, and their decision to engage in sexual activity must not be forced or controlled by another.
Designated Safeguarding Lead (DSL)	A designated individual within an educational provision who leads on safeguarding and child protection (NSPCC, 2020).
Gillick Competency	Gillick competency is used by healthcare professionals to explore whether CYP have the maturity to make decisions around their own health (NSPCC, 2022b).
Harmful Sexual Behaviour (HSB)	"Sexual behaviours expressed by children and young people under the age of 18 that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person, or adult" (Hackett et al. 2019, p. 13).
Mental Capacity	Mental capacity concerns an individual's ability to understand and make decisions about their life. An individual's capacity can however be impacted, this may be on a short-term or permanent basis (Mind, 2023).

Pupil Referral Unit (PRU)	Pupil referral units (PRUs) are settings which teach children and young people who are unable to attend school, this may be due to illness, medical needs or exclusions (Department for Education, 2014)
Special Educational Needs Coordinator (SENCO)	SENCOs are key contacts within educational provisions who oversee the development of special educational needs policy, provision and implementation (NASEN, 2020).
Systematic Literature Review (SLR)	A SLR is a research approach which "aims to find, assess and analyse the existing evidence that meets a specific set of criteria, in order to answer a precise research question" (University of Birmingham, 2024).
Upskirting	Upskirting is a criminal offence in England and Wales and concerns someone taking images under another person's clothing without their knowledge or permission (Ministry of Justice, 2019).

Chapter 1: Introduction

Sexual assaults involving both a 'victim' and 'perpetrator' under the age of eighteen are reportedly rising, with media outlets such as BBC News, The Guardian and ITV suggesting that this may be due to increased mobile phone use and access to the internet (Keedy, 2024; Savage, 2024; Symonds, 2024). ITV reports consider that increased distribution of images and videos created by artificial intelligence may also contribute to this rise, with young people being increasingly exposed to unrealistic and explicit material (Keedy, 2024). Similarly, BBC News note that young people have increased access to explicit material such as violent and hardcore pornography, which they consider contribute to the increase in harmful behaviours demonstrated (Symonds, 2024). BBC News also consider an increase in reports of HSB may relate to individuals under-18 engaging in exploratory behaviours, which they do not realise are illegal, or could be construed as rape (Symonds, 2024).

These media outlets highlight sexual abuse involving and perpetrated by young people under the age of 18 and this is a growing concern in England. It is critical that young people and educational establishments are supported to challenge these behaviours, and the latter to strengthen their safeguarding policies, seeking to support all involved rather than criminalising children (Savage, 2024). All those in contact with children and young people (CYP) have the responsibility to protect them from harm and promote their safety and welfare (Department for Education, DfE, 2023; NSPCC, 2023; The Children's Society, 2023). As stated in Article 34 of the United Nations Conventions on the Rights of the Child (1989), this includes protecting children from sexual abuse, sexual harm, and exploitation. Child sexual abuse and exploitation is recognised as a serious problem in the UK (Hall, 2006;

Ofsted, 2021) with the Office for National Statistics (ONS, 2020) indicating this is the most common type of abuse reported to the charity Childline. Additionally, they note this type of abuse tends to be perpetrated by a friend or acquaintance of the victim who is under the age of eighteen (Radford et al. 2011; ONS, 2020).

Research concerning sexual abuse perpetrated by CYP is considered a contested topic within policy and legislation, given the perpetrators' and victims' ages (Hackett, 2014). However, it is an important issue which needs to be explored in order to continue promoting the welfare of CYP. Where CYP are the alleged perpetrators of sexual acts which cause harm towards themselves or others, the umbrella term "Harmful Sexual Behaviour" (HSB) is used (DfE, 2023). Associated terminology within this subject area is also contested given the sensitive nature of HSB; this is explored in section 2.1.

My interest in this area began whilst a second year Trainee Educational Psychologist (TEP) undertaking two separate pieces of casework with both primary and secondary school aged pupils. To support my work, I sought to explore existing literature on the topic, and the role of Educational Psychologists (EPs) when supporting with this casework but limited published information was available. I also sought formal supervision and engaged in incidental discussions with members of the Psychology Service to understand this topic further, and to guide my thoughts on how I could uniquely support these pupils or support the multi-agency professionals involved. However, due to limited research into this area, it appeared that professionals' confidence in considering HSB often wavered.

To explore and contribute to an under-researched area, this research firstly examined current literature on the topic of HSB, exploring the identification of HSB and its presence within schools. The potential role of EPs in considering and addressing HSB was also explored, in order to conceptualise the current research project.

It is clear HSB is under-researched within the educational psychology discipline, and the professional role concerning HSB is unclear. Therefore, this research sought to explore whether EPs do perceive this to be part of the role, and what their contribution to casework concerning HSB may entail. Further, given the impact this casework may have on professionals, the confidence of EPs in considering HSB, in addition to the knowledge and the supports EPs feel may be beneficial were also explored.

Chapter 2: Literature Review

To conceptualise this research, the following review firstly explores the legal considerations concerning sexualised behaviours in England, before exploring how this influences the terminology used. Secondly, the conceptualisation of "normative" versus "harmful" sexualised behaviours will be introduced. The prevalence of HSB will then be investigated and instances within educational settings will be introduced. Finally, the involvement and perceived confidence of EPs will be explored, and the current studies research questions will be stated.

2.1 Terminology and Legal Considerations

There is an increasing awareness amongst professionals that sexual abuse can be perpetrated by CYP; however, the notion that CYP can perpetrate sexual harm can be challenging and emotionally distressing (Allardyce & Yates, 2018). As such, terminology used to refer to CYP perpetrating harm is disputed throughout literature and differing academic fields (Hackett et al. 2019).

This lack of consensus is evident throughout literature, with authors and practitioners having varying views as to whether terms should be differentiated for children and adolescents given the legal age of consent for sexual activity and the age of criminal responsibility within the UK (Draugedalen, 2021; Hackett et al. 2014; Norman, 2021).

2.1.1 Legal Considerations

In the UK, the legal age of consent for sexual activity is sixteen years old (Sexual Offences Act, 2003), regardless of whether those involved are the same, or similar in age (Rape Crisis, n.d). As highlighted by the charity Rape Crisis (n.d), not every individual who does something unlawful will be charged, noting "the age of consent

exists to protect children and young people – not to turn them into criminals for no good reason or to cause them unnecessary harm." Under English law, children under thirteen years are deemed 'less capable' in consenting (Rape Crisis, n.d); to emphasise this, the Sexual Offences Act (2003) differentiates between offences against those under and over the age of thirteen.

Additional protections have been implemented for those aged sixteen and seventeen (Rape Crisis, n.d), for example, CYP under eighteen cannot consent to sexual relations with a person in a position of trust (Crown Prosecution Service, 2021). It is also a crime to take indecent images or videos of individuals under the age of eighteen (Sexual Offences Act, 2003), this includes 'upskirting' which has recently been included in an amendment of the Sexual Offences Act (Ministry of Justice, 2019).

In terms of criminal responsibility, CYP aged under eighteen are viewed differently to adults, for example if a crime is committed or suspected by an individual aged between 10 and 17, they can be charged but their identity will not be disclosed outside of court (Crown Prosecution Service, 2022). If a child under the age of 10 commits a crime, they are deemed to be under the age of criminal responsibility and will not be charged (Crown Prosecution Service, 2022).

Consideration was also given to whether a CYP had a learning disability or difficulty which may hinder their understanding, or social interactions with others: for example, if a CYP experiences communication difficulties or if their developmental age differs from their chronological age (Crown Prosecution Service, 2023b). In these instances, the approach to sentencing and prosecution should be individualised and child-

focused, considering the impact sentencing may have rather than focusing on the offence in isolation (Sentencing Council, 2017).

2.1.2 Terminology

Whilst some researchers state that first and foremost, individuals under the age of 18 years should not be viewed or treated as an adult (Allardyce & Yates, 2018), terms such as 'juvenile sexual offender' (i.e. Buker & Erbay, 2021; Siria et al. 2020) and 'adolescent child molesters' (i.e. Aylwin et al. 2003) have been used throughout research exploring potentially harmful sexual behaviours in CYP. However, these behaviours 'label' the individual demonstrating the behaviour (Norman, 2021), in turn viewing them in the same way as adult offenders.

Other terms used include 'problem sexual behaviour', which describes sexual behaviours demonstrated by CYP that are deemed developmentally inappropriate, and 'sexually abusive behaviour', which is used to describe sexual behaviours which are deemed harmful and coercive (Malvaso et al. 2020). These terms distinguish between children and young people, with 'sexually abusive behaviours' being demonstrated by those aged between 10 and 17 years, and 'problem sexual behaviour' demonstrated by those under the age of 10 (Malvaso et al. 2020). This distinction may be due to the age of criminal responsibility (Hacket, 2014), with Hackett (2014) indicating that the term children is used when referring mostly to primary aged children under the age of criminal responsibility, and young person when referring to adolescents and those within the pubescent stage of development.

Given the variation in terminology used in literature and its implications, careful consideration is needed regarding the appropriateness of terms used by researchers

and practitioners. In England, key guidance such as "Keeping Children Safe in Education" (DfE, 2023) uses the umbrella term "Harmful Sexual Behaviour" to refer to sexual behaviours which are considered "problematic, abusive and violent", "developmentally inappropriate" and harmful to themselves or others (DfE, 2023, p. 108). This term is also widely used in research (i.e., Lloyd, 2019; McKibbin et al. 2022; Waters et al. 2021), with Hall (2006, p. 274) suggesting that this may be because it moves "away from labelling children" and instead recognises "that these are still young people who are at a developmental stage in their lives."

As the current study focuses on exploring the role of EPs practising in England, who will be familiar with the statutory guidance noted above (DfE, 2023), the term "Harmful Sexual Behaviour", abbreviated to HSB, will be used. Further, HSB will be understood using the definition provided by Hackett et al. (2019) as this is the recognised definition used by the National Society for the Prevention and Cruelty to Children (NSPCC, p.13):

Sexual behaviours expressed by children and young people under the age of 18 that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person, or adult.

Careful deliberation is also needed when considering how to differentiate between CYP who are a victim of HSB, and those who are demonstrating or perpetrating HSB. As alluded to above, terms such as 'abuser', 'perpetrator' and 'offender' have been used by some, while many use the term 'demonstrating' or 'involved in' as this places less focus on the behaviour itself (NSPCC, 2022; Setty et al. 2024). These labelling behaviours can be problematic, and can hinder the support CYP may receive, whilst also hindering a CYPs own understanding and learning around the situation (Safer

London, n.d). Instead, the umbrella term HSB should be used without distinction (NSPCC, 2022; Safer London, n.d). Using the term HSB is reported to support professionals to look beyond the behaviour and look to safeguard all involved (NSPCC, 2022). However, there are some instances where professionals will need to distinguish between those who are a victim of HSB, and those who have perpetrated. In some cases, however, a CYP demonstrating HSB may be both a perpetrator and a victim (Surrey Safeguarding Children Partnership, 2020).

The term perpetrating is still widely used throughout literature (Kor et al. 2023; Radford et al. 2011). The current study seeks to explore EPs confidence, knowledge, and experiences of considering HSB and whether their views change depending on whether they are considering work with a child who has perpetrated or is a victim of HSB, therefore differentiated terms will be required.

As the term perpetrating is widely used, including within reports commissioned for charities such as the NSPCC (Radford et al. 2011), the term is also adopted for the current research. While adopting this terminology, the researcher acknowledges the reservations practitioners may have regarding this language. Nonetheless, it is important to highlight that a CYP under the age of eighteen who has demonstrated HSBs are still children and should be safeguarded and treated by professionals with care and nurture (Allardyce & Yates, 2018, xiv).

Throughout HSB literature, the term 'intervention' is widely used (e.g., Hackett et al. 2019; Radford et al. 2011). However, this term has been critiqued in international papers, with practitioners suggesting the term 'support' has a more positive focus and highlights that the type and duration of support provided may fluctuate throughout a

CYP's life (Hickey & Leckey, 2021). Despite this, service users have suggested that the term support can be ambiguous (Hickey & Leckey, 2021). In England, the term intervention is commonly used by practitioners and is the chosen terminology of organisations such as the National Children's Bureau (Clements et al. 2017) and the NSPCC (Hackett et al. 2019). The current study uses the term 'intervention', however the limitations of this are considered in section 5.2.5.

2.1.3 Summary of chosen terminology and legislation

In line with the "Keeping Children Safe in Education" legislation (DfE, 2023), the term 'HSB' will be used within this research. While EPs tend to work with young people up to the age of 25 (Association of Educational Psychologists, AEP, 2022), this study explores HSBs demonstrated by CYP aged 18 and under, following the definition of HSB provided by Hackett et al. (2019). Where distinctions are made, the terms 'perpetrating' and 'victim' will be used.

2.2 'Normative' versus 'harmful' sexual behaviours

The conceptualisation of 'healthy', 'acceptable', 'harmful' and 'problematic' sexual behaviours varies across studies, possibly due to differing perceptions across disciplines, or the variation of acceptable and unacceptable sexual behaviours between cultures (Norman, 2021). With such variation between definitions and encapsulated behaviours, there are no consistent conceptualisations of HSB (Norman, 2021). The following section seeks to explore which behaviours may be considered normative, and which are considered problematic throughout literature. The term normative is used in line with other researchers who state that it highlights that not all sexual behaviours should be deemed as negative, whilst highlighting the "developmental nature of sexual development" (Tolman & McClelland, 2011, p 243).

In England, it is compulsory for all children of secondary age to receive input on relationships and sexual health as part of their 'Relationships and Sex Education' (RSE) curriculum (Department for Education, DfE, 2019). Additionally, primary aged children should receive education on healthy relationships which acts as preliminary teaching for their secondary education input (DfE, 2019). By the end of primary school, children should have been taught about respectful relationships, the concept of privacy and inappropriate contact, and staying safe online. These topics are re-addressed through secondary school teaching, alongside input on healthy friendships and relationships, resisting pressure to engage in sexual activity, and not pressuring others and teaching around the concepts of consent, rape, exploitation, and grooming (DfE, 2019). Additionally, CYP should be taught about online risks such as talking with strangers, sharing, and viewing of indecent images and the associated laws around this, and the potential risks of accessing sexually explicit material such as pornography (DfE, 2019). It is important to note that this education does not promote or encourage early experimentation, rather, it teaches CYP about sexuality, how to respect themselves and others, and equips them with the knowledge "to make safe, informed and healthy choices as they progress through adult life" (DfE, 2019, p 25).

Whilst RSE teaching commences in school, researchers suggest sexual development begins in infancy (Norman, 2021). At around two years of age, infants may begin to explore their own body and become more aware of themselves during bath time and toileting (Wurtele & Kenny, 2011), this may include becoming increasingly curious about their body and feeling comfortable with nudity (National Sexual Violence Resource Centre, (NSVRC), 2013). Between the ages of three and

six years, children may begin to express curiosity about their own bodies and those of their parents and start to develop an awareness of their own gender (Davies et al. 2000; Kar et al. 2015; Norman, 2021). Additionally, they may mimic affectionate behaviours such as hugging, kissing, or hold hands with others, however their awareness of the appropriateness of this is not yet formed (Wurtele & Kenny, 2011). Children around these ages may also engage in consensual sexual play, which is exploratory, infrequent and uncoercive (Wurtele & Kenny, 2011). Importantly, these behaviours are not accompanied by fear, anger, coercion, and ceases when asked to stop; if not, they would be considered harmful (Wurtele & Kenny, 2011). Around six to nine years, children become increasingly curious and seek to gain a deeper understanding of gender roles (NSVRC, 2013), and may seek out information around sex from peers or media such as television shows or music, however they would have limited understanding of behaviours which are sexual in nature (Wurtele & Kenny, 2011).

In early adolescence, children around ten to thirteen years begin to experience puberty and may become increasingly aware of their body, self-identity, and body image (Kar et al. 2015). They develop romantic interests in others and may engage in sexual behaviours alone and in private (Wurtele & Kenny, 2011). Interests in others and the desire for romantic relationships persists through middle and late adolescence, as behaviours move away from exploration to expression (NSVRC, 2013; Norman, 2021).

To support professionals in identifying whether a behaviour is normative, or whether it has progressed to harmful, Hackett (2014, p. 18) introduced the "continuum of sexual behaviours" (Figure 1). This is widely referenced throughout literature and used by

the NSPCC as a means of understanding how behaviours move on a continuum from

normal to abusive and violent (Hackett, 2014; NSPCC, 2021).

Figure 1: Continuum of children and young people's sexual behaviours *(taken from Hackett (2014, p. 18).*

Normal	Inappropriate	Problematic	Abusive	Violent
Developmentally expected. Socially acceptable. Consensual, mutual, reciprocal. Shared decision making.	Single instances of inappropriate sexual behaviour. Socially acceptable behaviour within peer group. Context for behaviour may be inappropriate. Generally consensual and reciprocal.	Problematic and concerning behaviours. Developmentally unusual and socially unexpected No overt elements of victimization Consent issues may be unclear. May lack reciprocity or equal power May include levels of compulsivity	Victimizing intent or outcome Includes misuse of power Coercion and force to ensure victim compliance. Intrusive Informed consent lacking, or not able to be freely given by victim. May include elements of expressive violence	Physically violent sexual abuse Highly intrusive Instrumental violence which is physiologically and/ or sexually arousing to the perpetrator Sadism

Hackett (2021) states even when a behaviour is considered developmentally typical, a response from supporting adults is still required, for example supporting parents to discuss these behaviours with their children or signposting to supportive resources. Behaviours considered developmentally problematic should be considered holistically and safeguarding procedures should be implemented whilst behaviours considered developmentally harmful require immediate action, the implementation of safeguarding procedures and the consideration of whether social care or police involvement is needed (Hackett, 2021).

A further tool developed to support professionals in identifying boundaries between healthy, problematic, and HSB is 'The Brook Traffic Light Tool' (Brook, 2024). This tool perceives 'healthy behaviours' as those that are safe and "indicative of positive natural curiosity between those of the same age or developmental ability" (Lewis, 2018, p. 1). 'Problematic behaviours' are those perceived as being outside of healthy development due to the behaviour demonstrated, the frequency and context in which the behaviour occurs, and the ages/ developmental ability of those involved (Lewis, 2018). HSBs are those which cause distress, possibly through force, or imbalances in power (Lewis, 2018). Whilst these two tools are available to support professionals in differentiating between normative and harmful behaviours, the identification of behaviours can be deemed as subjective and based on a professional's own view, given that there is no concrete list of behaviours within each category.

Importantly, it should be noted harmful, abusive, and problematic sexual behaviours have been identified to occur in person, online, or both, further diversifying the behaviours encapsulated within the term "HSB" (Anti-Bullying Alliance, 2022). Belton and Hollis (2016, p. 10) define online HSB as "all sexual acts using the internet or

technology that are harmful to the young person and/or others", this may include accessing illegal pornography, sexual harassment using web-based chat software or social media, grooming, and the taking and distributing of sexual images of others aged under the age of eighteen years. It has also been noted that online HSB includes engaging in 'sexting', shaming others based on their sexuality (Ringrose et al. 2013), accessing age-inappropriate sexual material (Stop It Now, n.d), upskirting and sending or showing others unsolicited material (Ofsted, 2021). Similarly, researchers have stated that name calling and sexual harassment (Lloyd, 2019), frequent use of sexualised language (Firmin et al. 2019) and sexual assault such as unwanted, inappropriate, or non-consensual touching or groping (Lloyd & Walker, 2023; McKibbin & Humphreys, 2023) and rape (Firmin et al. 2019; Ofsted, 2019) are examples of 'in person' HSB.

2.3 Prevalence and under-reporting of HSB

Disparities in terminology, in addition to the diverse range of in person and online behaviours encapsulated under the term 'HSB' (NSPCC, 2021; Hackett et al. 2019), make it difficult for organisations to construct exact prevalence data regarding instances of HSB in England. However, organisations such as the NSPCC (2021) have estimated the prevalence based on available data from charities such as Childline, for example. They have estimated that a third of child sexual abuse is perpetrated by another CYP. Additionally, they stated that 1,069 counselling sessions delivered by Childline regarded peer-on-peer sexual abuse with 97% of sessions being with children aged 12 years or over (NSPCC, 2021). Furthermore, it was found 2,237 phone calls made by adults to the NSPCC regarded concerns over peer-on-

peer sexual abuse or HSBs (NSPCC, 2021), highlighting that HSB is a significant problem (Pelech et al. 2021).

The reporting of sexual abuse to police forces has increased in recent years by approximately 267% between 2013 and March 2020, however these statistics are not exclusive to HSB (HM Government, 2021). Due to differences in the way various behaviours may be defined, offences such as rape against 16- and 17-years olds', in addition to other sexual offences against those over the age of thirteen may not accurately captured by police forces (HM Government, 2021), further hindering the accurate reporting of HSB. The Children's Commissioner (2015) also highlights that HSB can take place in secrecy, such as a young person's home, which can further hinder consistent reporting to police. The Children's Commissioner (2015) estimate that only one in eight instances of sexual assault which takes place in the family home, including intrafamilial abuse, will come to the attention of police or alternative services.

Whilst the reporting of sexual abuse has risen, under-reporting of HSB has been identified to remain a significant problem in England, with Ofsted (2021, p. 6) stating that HSB is reported to be "commonplace" within educational establishments that CYP "see no point in reporting them." Instances of HSB in schools are discussed below.

2.4 HSB in educational settings

Worryingly, HSB has been identified as a problem facing schools nationally and internationally (Walker, 2022), with CYP sharing that HSB occurs so frequently within English schools that instances are seen as commonplace (Ofsted, 2021) or "normal"

(Firmin et al. 2019, p. 1229), often resulting in them being unreported. The inconsistent prevalence rates reported in schools is perceived to be exacerbated by inconsistent responses from staff (Firmin et al. 2019), discrepancies in professional competence, confidence, and levels of training (Firmin et al. 2019; HM Inspectorate, 2013), minimisation of HSB from school staff (Girl Guiding, 2015) and inconsistencies in the consequences and support for those who have been involved in HSB (Firmin et al. 2019).

The following section examines literature exploring HSB in educational settings to understand what behaviours are encapsulated under this term, whether schools have clear policies and procedures which involve seeking support from external professionals, and whether there is consistent support for both victims and perpetrators.

2.4.1 HSB in mainstream settings

As indicated by Ofsted (2021, p. 6), instances of HSB are "much more prevalent than adults realise" and often go unnoticed or unreported. Investigating HSB in educational settings, Ofsted (2021) gathered the views of 900 CYP via focus groups, in addition to completing surveys with 800 CYP aged 13 and over. Survey data indicated that 92% of female students asked had experienced sexist name calling, 80% experienced unwanted or inappropriate comments of a sexual nature, and 81% have had rumours spread regarding their sexual activity (Ofsted, 2021).

The survey responses also indicated that 68% of female students and 27% of male students had been pressured into engaging in sexual acts that they did not want to do and 64% of females and 24% of males had experienced unwanted touching

(Ofsted, 2021); this further highlights the scope of the problem and emphasises the need for further research in this area.

Data obtained from the survey and focus groups indicated that HSB has occurred in school corridors, stairwells, changing rooms, and school toilets, in addition to locations outside of school such as on the bus, at parks or at parties (Ofsted, 2021). Additionally, 88% of female students surveyed indicating that they had received unwanted explicit images or videos, 80% had been pressured into sharing images of themselves and 59% had images of themselves shared without their consent (Ofsted, 2021). In comparison, 49% boys received explicit images, 40% had been pressured into providing sexual images, and 19% had images of themselves shared without their knowledge (Ofsted, 2021).

Ofsted (2021) suggested that teachers and leaders underestimated the scale of HSB within their settings; with Ofsted suggesting that this may be exacerbated by professionals misunderstanding of HSB, subjective views as to what behaviours constitute as HSB, and a lack of available guidance or policies. Professionals also emphasised the challenges of responding to HSB as they were often unaware of its occurrence, with students indicating that they are "worried" about reporting as they may "be branded a snitch", "ostracised from friendship groups", "blamed for doing things they were told not to do", or because they feel they would not be believed or that "nothing would be done" (Ofsted, 2021, p. 28).

In terms of responding to HSB, Ofsted (2021) suggested that good practice within schools include involving parents or carers and other agencies where appropriate, in addition to receiving multiagency support to help schools to tailor their approach to

safeguarding incidents, such as HSB. Further, findings indicated that annual safeguarding training to education staff contained insufficient information regarding HSB. The findings obtained from the Ofsted (2021)report emphasise the scope of HSB within settings, and highlight the need for clear guidance policies, and access to regular safeguarding training to promote the safety of CYP.

Similar to Ofsted's (2021) findings, Waters et al. (2021) found that HSB was accepted, and at times ignored by school staff due a lack of knowledge, understanding and awareness. Semi-structured interviews were conducted with nine teachers from three schools to explore their experiences of HSB within their settings. Findings indicated that HSB was not "seen, heard, or spoken about" due to a lack of training, support, and clear guidelines for responding (Waters et al. 2021, p. 227). In contrast to the findings of Ofsted (2021), the participants within Waters et al. (2021) study indicated that they received minimal support from their local authorities (LA) or multi-agency support from external services. Further, participants had mixed experiences from safeguarding services, with the latter being reluctant to support in cases regarding HSB; participants highlighted that this increased their personal fears for their own safety, their reputation, and careers (Waters et al. 2021).

Allnock & Atkinson (2019) also sought to explore the instances of HSB and barriers for disclosing through focus groups with young people and educational staff. Findings revealed that sexualised and homophobic language, sexually explicit comments, and sexual threats were prevalent, taking place across school grounds including hallways and classrooms (Allnock & Atkinson, 2019). Also identified, but reported to be less prevalent, were violent and abusive HSBs, such as rape, attempted abduction, and grooming for child sexual exploitation within gang contexts (Allnock & Atkinson,

2019). Young People (YP) shared that they tended not to disclose instances of verbal sexual harassment or unwanted touching as they considered them to be less severe and felt that they could be handled between peers without the need for adult intervention (Allnock & Atkinson, 2019). This perspective appeared to be supported by staff who shared that these behaviours were "part of everyday life for young people" (Allnock & Atkinson, 2019, p. 12). YP also discussed a hierarchy of harm within school, sharing that HSB was viewed as less serious than behaviours which are racist or homophobic in nature, influencing decisions to disclose (Allnock & Atkinson, 2019).

Further barriers to disclose include a "culture of not snitching" with YP stating that reporting instances of sexual harm would have "adverse social repercussions for the disclosure or reporter" and organisational barriers such as "complacent school attitudes", lack of trusting relationships between staff and children and judgement from educational professionals (Allnock & Atkinson, 2019, p. 12-13). YP stated that staff had previously handled conversations insensitively and had shared these disclosures widely in school, resulting in peers finding out about the disclosure (Allnock & Atkinson, 2019). The final barrier concerned YP's and staff's anxieties regarding the escalation of reports with YP often stating that they did want their parents or others to be informed (Allnock & Atkinson, 2019).

Kor et al. (2023, p. 2727) also sought to explore "the barriers and enablers for teachers in responding effectively to HSB" by conducting a scoping review of eight data bases and one search engine. 25 publications comprising of journal articles, inquiry reports and research papers were included. This review emphasised the extent to which HSB occurs within schools whilst again highlighting that HSB is often

"minimised", with staff indicating this is due to misunderstandings of the term HSB, insufficient training, or concerns that it would impact a school's reputation (Kor et al. 2023, p. 2726). Further barriers to responding to HSB concerned a lack of support from senior leadership and insufficient involvement and inter-agency collaboration from multi-agency professionals (Kor et al. 2023). The authors noted that insufficient support from external professionals may be due to schools being unaware of what agencies could support and the procedures for gaining their involvement. These findings indicate the need for further research into the barriers and facilitators to responding to HSB, such as exploring the role of multi-agency professionals and the training available for educational settings.

While literature exploring the barriers and facilitators to responding to HSB is beginning to emerge, there continues to be a limited research base exploring instances of HSB, making it difficult to understand which terms professionals are encapsulating under the term HSB and whether there is consistent support for both victims and perpetrators. However, publicised research does emphasise inconsistencies between policy and guidance within schools and highlights inconsistent use of external professionals.

2.4.2 instances of HSB with CYP with learning disabilities and/or in specialist settings
CYP with disabilities are often over-represented in research regarding HSB and sexual harm, particularly CYP with learning disabilities (Allardyce & Yates, 2018, p. 41; Fyson, 2009; Malovic et al. 2016). However, the reasons for this over-representation remain unclear as research in this area overall has remained scarce (Fyson, 2009; Malovic et al. 2016). Fyson (2009) suggested that CYP with disabilities may have an underdeveloped understanding of acceptable and unacceptable

behaviours, resulting in increased instances being noted by their teachers. Additionally, they proposes that CYP with disabilities CYP "tend to be more heavily monitored than those of other youngsters" whilst at school, again increasing the likelihood that behaviours deemed harmful or sexually inappropriate are noted and recorded (Fyson, 2009, p. 85). Other hypotheses for this over-representation include caregivers' preconceptions about sexual maturity (Almond & Giles, 2008), and more closer monitoring in education and care settings (McNeish & Scott, 2023), further speculating that over-representation may be due to subjective views on what others deem acceptable and non-acceptable.

Fyson (2009) sought to explore the extent to which 40 special schools across four LAs in England were aware of CYP with learning disabilities (LD) engaging in behaviours deemed sexually inappropriate or abusive. A survey was employed regarding the nature and frequencies of behaviours observed, the locations in which these behaviours took place, responses of educational staff to these behaviours and whether supporting policies were available (Fyson, 2009). Behaviours reported included inappropriate touch, flashing and rape; however, these categories are ambiguous, as inappropriate touch could include behaviours from accidental touching to more physical and aggressive behaviours, which may also constitute as rape. These behaviours were found to take place across school grounds, including in school buildings, the playground, school transport and during school trips (Fyson, 2009).

Given the range of HSBs observed, and staff's declarations that some behaviours occur daily, it is a concern that only five of the responding schools had a specific policy on sexualised behaviour (Fyson, 2009). Variation between support sought and

received from outside agencies was also concerning; of the 26 schools, 14 sought supports from social services, however only eight schools received support after referral. Seven schools sought and received support from Clinical Psychologists, while 12 schools sought support from EPs, though only nine received EP support following referral, and six schools sought, but only four schools received support from police (Fyson, 2009). Fyson (2009) shared that this variation in supports sought and received may have been influenced by a lack of guidance and structure within formal policies and lack of structured steps practitioners should follow when HSB has occurred.

Supplementing survey findings, respondents were invited to participate in an interview; staff from ten schools agreed to engage, however the exact number of interviews was not disclosed within the study (Fyson, 2009). Findings highlighted that whilst "sexually inappropriate behaviour was a relatively commonplace occurrence, not every incident was necessarily considered abusive" (Fyson, 2009, p. 88). This gain emphasises that support provided, and potential consequences implemented are based on subjective decisions as to whether a behaviour is problematic and may cause harm to an individual and/ or their peers. The findings also demonstrate that HSBs can occur regularly in special schools, but lack of guidelines and policies within schools can result in inconsistent responses and referrals to multi-agency professionals.

The occurrence of HSBs within residential settings has also been investigated, with Pritchard and colleagues (2011) exploring a programme of support devised to support a 16-year-old YP with mild learning disabilities, attention-deficit hyperactivity disorder and attachment disorder who displayed sexually harmful behaviours. The

YP demonstrated verbal and physical aggression towards others, inappropriate touching, making sexual comments and accessing electronic and paper-based pornography; he had also been "charged with a serious sexual assault" when he was 14 (Pritchard et al. 2011, p. 303). The devised programme included supervised access to community visits, structured point systems, cognitive behavioural therapy, and social stories, in addition to teaching focusing on developing functional and daily living skills and relationship education sessions. If incidents of HSB occurred, the YP did not attend his community visits, in comparison, if behaviours did not occur, they were provided with 'points' (Pritchard et al. 2011). Throughout the programme, practitioners continuously adapted the intervention as instances of HSB continued to occur, resulting in the need for additional staff training to ensure they received appropriate support. This research highlights the need for staff to be aware of HSBs, and the importance of ongoing continued professional development opportunities for staff. Additionally, it emphasises the importance of ensuring interventions are individualised and regularly reviewed, whilst highlighting the importance of drawing on support from multi-agency professionals.

Drawing on data obtained from a wider-scale study (Firmin et al. 2019), Walker (2022) explored the association between HSB, gender rules, and the creation of safe spaces within seven schools in England using data obtained from 17 focus groups with 33 male and 26 female young people, and 12 focus groups with 58 members of staff with differing roles in school. Of the seven schools analysed, two were Pupil Referral Units (PRUs), and one was a special school, in addition to two mainstream secondary's and two further education colleges. Walker (2022) found that one PRU, and the special school demonstrated harmful gender rules and pervasive attitudes

towards HSB compared to the other settings, with harmful gendered attitudes appearing more prevalent; these gendered rules were believed to contribute towards instances of HSB and the 'normalisation' of this behaviour within school. These two schools were also found to have an absence of safe spaces away from HSB due to institutional structures and polices which failed to provide effective ways to safeguard pupils from harm (Walker, 2022). In one of the PRUs, lack of clear procedures for staff led to inconsistent responses and messages to those demonstrating HSB, and unhelpful interventions for those who had been the victim of such behaviour, such as recommending that girls wear shorts under their skirts to stop boys from lifting them (Walker, 2022). Whilst only seven schools were included in this study, findings are in line with other studies, highlighting that institutional structures, and inconsistent procedures can impact on the safety of CYP with regards to HSB and gendered harm (Walker, 2022). In addition to lack of procedures and policies, there was no indication of whether specialist services or colleagues from alternative services were consulted with when instances took place, possibly due to the inconsistencies in responses highlighted by Walker (2022).

2.4.3 "Blurring the lines:" occurrences of HSB across settings.

Recent data from Ofcom (2023) indicates that 97% of households with CYP aged between zero and eighteen have access to the internet at home. This increased accessibility may account for a perceived increased frequency of online HSB (Hatton & Duff, 2019; Lewis, 2018) such as sexting and the sharing of explicit images (Allnock & Atkinson, 2019; Lloyd, 2020; Ofsted, 2021), access to explicit material such as pornography (Lewis, 2018) or bullying of a sexual nature (Mendes et al. 2020). These behaviours may occur within school grounds, or outside of the school

environment. Nevertheless, any implications of such behaviours may manifest across settings, for example, Barnardo's (n.d.) shared that CYP who have experienced HSB, either as a victim, perpetrator, or both, may be viewed as 'acting out' in an attempt to communicate distress, or may be experiencing low mood, symptoms of depression, or may be viewed as having low-confidence and low-self-esteem.

Instances of online HSB, and its impact within the school environment, have been explored by Mendes et al. (2020) who emphasised that online sexual harassment and abuse can impact YPs mental health due to feelings of threat, intimidation, and violation. Additionally, YP who have experienced online HSB can feel a loss of autonomy, and a reduction in feelings of self-worth and self-esteem (Mendes et al. 2020). YP may also fear repercussions for example social stigma, or adverse implications on future prospects if explicit material is shared widely (Mendes et al. 2020).

In person HSB can also occur across environments, for example Ofsted (2021) indicated that HSB can occur at house parties, or school trips, while Allnock and Atkinson (2019) highlighted that HSB can occur within gang contexts across environments, again emphasising that HSB can occur and have implications across settings.

2.5   Psychological Theory and HSB

Faure-Walker and Hunt (2022) highlight that despite an increased recognition of HSB, studies exploring the aetiology of such behaviours remain limited. Studies such as Hackett (2014) have suggested that CYP demonstrating HSB are likely to have experienced Adverse Childhood Experiences (ACEs); however, studies have not

sought to explore which ACEs CYP are likely to have experienced; Faure-Walker and Hunt (2022) sought to address this gap by conducting a systematic literature review (SLR); ten studies were included, seven conducted in the UK and three in the USA. The SLR found that CYP demonstrating HSB are likely to have experienced multiple ACEs, including sexual abuse (discussed in all ten studies), physical abuse (nine studies), neglect (eight studies), family separation, breakdown, or bereavement (eight studies) and witnessing domestic violence (six studies). Faure-Walker and Hunt (2022) note that many ambiguities remain, for example studies did not share their definitions of neglect. Nevertheless, the SLR provides insights into ACEs and consequent HSB.

The lasting psychological and physical impact of ACEs is widely discussed throughout literature (e.g., Hughes et al. 2016; Vig et al. 2020), researchers emphasising the importance of professionals, including EPs, considering ACEs within their work (Shaw et al. 2021).

Attachment theory has also been discussed in relation to HSB within educational psychology literature; Talbot (2016) conducted a literature review which drew upon developmental psychology theories to explore how sexualised behaviour in CYP has been conceptualised. Drawing on attachment theory, they discussed how CYP demonstrating problematic sexual behaviours may experience insecure attachment patterns; with such insecurity related to a lack of attunement or inappropriate interactions between the child and their caregiver (Talbot, 2016). While this study provides potential insights into how attachment theory may inform sexualised behaviour, it originates from Bermuda where the role of psychologists and the environments in which they work may differ. Additionally, Talbot (2016) draws upon

Johnson's (2009) continuum of behaviours which uses terminology such as 'children who molest' whereas in England Hackett's (2014) continuum is commonly used, findings may therefore be untransferable to England.

Literature from education also suggests a potential link between attachment and sexualised behaviour, with Owino et al. (2021), drawing on cross-sectional methods, finding a link between preoccupied attachment and risky sexual behaviours, while secure attachments were reported as facilitating less risky behaviours. While Owino et al. (2021) focus on risky behaviours, rather than HSB, their findings highlight the value of drawing on attachment theory when supporting CYP where sexualised behaviour is a factor and seeking to create a nurturing environment where CYP feel safe and secure.

2.6 Involvement of Educational Psychologists

The value of seeking support from external professionals has been noted throughout the above research (e.g., Lloyd & Bradbury, 2023), however this support is reportedly inconsistent, and the specific services sought are often unidentified (Kor et al. 2023; Waters et al. 2021).

Talbot (2016) explains EPs may be one of many multi-agency professional groups consulted when CYP are displaying sexualised behaviour, due to their multifaceted role. The role of EP is described as holding five core functions: assessment, consultation, intervention, research, and training (Atkinson et al. 2022). This work takes place at differing levels across differing contexts (Birch et al. 2023) and can be both preventative and reactive in nature, for example providing crisis support to schools following critical incidents (Kelly & Gray, 2000).

Talbot (2016) highlights EPs are able to draw on Personal Construct Psychology (Kelly, 1955) and solution-focused approaches to support the CYP, and the adults around them. However, Talbot (2016, p. 64) identifies that when CYP are demonstrating sexualised behaviours persistently, or when they are viewed as escalating, "a more comprehensive assessment and treatment beyond the scope of most EPs will be needed." Due to the subjective nature of HSB and the behaviours which may be constituted within this, it can however be challenging for professionals to distinguish between behaviours, in turn making it difficult to understand which professional may be best placed to support, highlighting the need for a multi-agency and collaborative approach.

To explore the experiences of educational practitioners working with CYP who have displayed HSB, and to understand the support provided by different services, Moran (2023) interviewed six members of staff from a mainstream setting. Findings indicated all participants had received and valued support from external services, however, they had tended to contact Clinical Psychologists or an 'Independent Reviewing Officer' rather than speaking with their school's link EP (Moran, 2023). While participants shared that the support received was helpful, Moran (2023, p. 123) argued that there is a place for EPs to support too given they are at the "centre of all interconnected systems of school, LAs and families" and can therefore support schools across individual, organisational, and societal levels. Moran (2023) suggests that moving forwards, EPs could support schools with HSB casework by promoting staff well-being, contributing to policy and guidance development by reviewing existing documents and supporting with the creation of new guidance, and by providing training around HSB.

As highlighted by Moran (2023), EPs can support schools by promoting staff well-being. However, research has indicated that the well-being of professionals supporting CYP who have perpetrated or been the victim of HSB can be impacted (Pelech et al. 2021). Pelech and colleagues (2021) used meta-ethnography to synthesise the experiences of professionals who had worked with CYP demonstrating HSB; the experiences of 116 professionals were encapsulated within the review from ten studies which took place in the UK, USA, and Australia. Four constructs were highlighted, the first being "emotional and visceral reactions to work", which indicated that professionals tended to experience emotions such as "disgust", "anger" and "frustration" when working with CYP with HSB (Pelech et al. 2021, p. 274). Additionally, findings suggested that professionals across the ten studies found it difficult to hear CYP's experiences (Pelech et al. 2021). The second construct concerned the transference of thoughts around HSB casework between the work and home environment, with participants thinking about casework and their own family circumstances when they return home (Pelech et al. 2021). Participants noted that HSB casework can invoke challenging emotions regarding previous trauma they had experienced, or positive emotions towards their own family and circumstances (Pelech et al. 2021). The remaining constructs identified were staying well at work, where the importance of support systems, access to supervision and the need to employ coping strategies were highlighted and systemic challenges referring to the impact in which the professional's employer can have on their well-being (Pelech et al. 2021, p. 277-278). Within systemic challenges, the findings indicated that high workload and pressure, lack of time to support CYP and inadequate training further impacted their well-being (Pelech et al. 2021).

It appears that literature exploring the role of EPs within HSB casework is in its infancy and further research is warranted to explore whether EPs do perceive this work to be part of their role, and to explore what their contribution may entail (Moran, 2023). Additionally, given the impact this casework may have on professionals (Pelech et al. 2021), the confidence of EPs and the supports EPs may need should also be explored.

2.7 Research Questions

This research aims to bridge the gap identified above by exploring the role, knowledge, and confidence of EPs in considering HSB among young people in educational contexts across a national context.

The research is guided by the following questions:

1) How far do EPs believe considering HSB in schools is part of the educational psychologist role?

2) What knowledge and psychological theory underpins EPs approach to HSB casework and formulation?

3) What are the experiences of EPs with regards to considering HSB?

4) To what extent do EPs feel confident in supporting educational settings with HSB?

5) What training, resources and policy do EPs need to support educational settings with HSB?

Chapter 3: Methodology

The epistemological underpinnings of this research are introduced, and alternative approaches discussed. Following this, the chosen methodology is outlined, and the steps involved in the construction of a survey are discussed. Information pertaining to sampling, recruitment stages and piloting phases are also detailed before an overview of the chosen methods of analysis is outlined.

3.1 Theoretical Considerations

Scotland (2012) states that prior to starting a research project, researchers must consider their ontological and epistemological position. Ontology refers to the study of and beliefs about reality (Schraw & Olafson, 2008; Scotland, 2012). Researchers' ontological beliefs differ depending on their philosophical stance (Benton & Craib, 2010), highlighting the importance of researchers considering their own ontological position (Thomas, 2013). Epistemology concerns how knowledge is created and acquired (Scotland, 2012) where researchers seek to further explore their ontologically defined concepts (Schraw & Olafson, 2008; Thomas, 2016).

Differing philosophical positions were deliberated, however, given this study's aims and focus, the pragmatic paradigm has been adopted. Pragmatism concerns action and change in order to construct knowledge (Goldkuhl, 2012). Pragmatists believe there are different ways of interpreting reality based on individual experiences (Kaushik & Walsh, 2019; Kelman & Rumes, 2008). As stated by Saunders et al. (2013, p. 152), "for pragmatists, research starts with a problem and aims to contribute practical solutions for enabling actions to be carried out successfully." Due to this, pragmatism is often associated with mixed methods as focus is on the research

questions and consequences of research, rather than on the methods (Kaushik & Walsh, 2019; Saunders et al. 2023), with researchers using the most appropriate methods for their research questions (Skade, 2018).

3.2 Mixed Methods

Pragmatism is often associated with mixed methods research, with focus first and foremost on using methods considered most appropriate for the research questions (Saunders et al. 2023). Mixed methods involves collecting and analysing both qualitative and quantitative data (Brierley, 2017). Utilising such approaches can help researchers gain further insights into information provided by respondents allowing researchers to answer questions which may be difficult to answer using just one approach alone (Cresswell & Plano Clark, 2018). Mixed methods can triangulate information or can be used to complement one another (Onwuegbuzie & Johnson, 2006). To address the research questions (section 2.6), a mixed methods design was utilised in a concurrent, complimentary manner (Moseholm & Fetters, 2017). As stated by Plano Clark (2017, p 305), "researchers might apply both methods concurrently to more fully capture the overall complexity and multiple facets of a phenomenon." Quantitative data will provide an overview of the research topic, whilst qualitative data allows for a greater understanding of the numerical data provided by participants (Skade, 2018).

3.3 Survey Methods

A survey was selected as the method of data collection; surveys are considered beneficial when seeking to gather both exploratory and descriptive data about views,

attitudes, and experiences within a snapshot in time (Kelley et al. 2003; Saunders et al. 2023), from participants across a wide geographical location (May, 2011).

Surveys can be administered in different ways: self-completion online or by post, face-to-face interview or via telephone (Robson & McCarten, 2016). Due to the sensitive nature of the research topic, and its aims of gathering data from EPs across England, a self-administered web-based survey was selected.

Surveys are considered versatile (Fife-Shaw, 2020; Thomas, 2013), convenient (Rea & Parker, 2014) and when carefully constructed and piloted thoroughly are also viewed to reduce bias in the research process, producing results that are replicable and reliable due to its standardisation (May, 2011; Robson & McCarten, 2016).

The use of self-completion surveys is not without criticism, with May (2011) highlighting that researchers have little control over who engages with or completes surveys once they have been shared and are unaware of whether participants have misinterpreted questions. There is also the risk that participants may not have portrayed their beliefs or views accurately (Robson & McCarten, 2016). Furthermore, surveys are often associated with low response rates (May, 2011), regardless of their administration method (Kelley et al. 2003). These criticisms can be reduced through thorough piloting (Kelley et al. 2003; Punch, 2003); the piloting procedure for the study is outlined in section 3.4.6.

Survey methods were considered the most appropriate method of data collection, as opposed to alternatives such as interviews and focus groups due to the advantages outlined above. Given the sensitive nature of the topic and its aims of exploring individual views on whether casework concerning HSB is considered part of the EP

role, self-administered questionnaires were considered advantageous in allowing participants to provide their views anonymously.

3.4 Survey Research Process

Rea and Parker (2014, p. 28) state that there are eleven stages a researcher should follow to ensure their research is planned as rigorously as possible (Figure 2). One stage has been omitted as this concerns implementing telephone and in-person surveys.

Figure 2:

Stages of Survey Research (adapted from Rea & Parker, 2014, p. 28).

Stage 1:	Identify focus of the research
Stage 2:	Determine research schedule
Stage 3:	Establish information base
Stage 4:	Determine sample
Stage 5:	Determine sample size and selection process
Stage 6:	Design instrument
Stage 7:	Pilot phase – test instrument
Stage 8:	Survey Implementation
Stage 9:	Coding completed questionnaires
Stage 10:	Data analysis

3.4.1 *Identifying a focus of the research.*

The research focus was to explore the role, knowledge, and confidence of EPs in considering HSB among YP in educational contexts across a national context. A

survey was considered the most appropriate means of gaining an understanding of EPs practice concerning HSB.

3.4.2 Determining the research schedule.

Rea & Parker (2014) highlight the importance of establishing a timeframe for each step of the research process prior to project commencement, including establishing how long the survey will be available to participants before it is closed. Robson and McCarten (2016) highlight that initial periods of data collection tend to be less than 20 days, before follow-up contact is made to maximise response rates. This has been supported by software companies. Survey Monkey (n.d) stated that 80% of responses tend to be collected within seven days and Qualtrics (2024) indicated that half of responses are likely to be gathered within the first three days, after which, response rates are likely to diminish.

Following the recommendations of Robson and McCarten (2016), the survey was initially open for twenty days, before follow-up emails were shared and prompting for EPs to share the survey with their colleagues. The survey was later reopened for a period of two weeks (see section 3.4.5).

4.4.3 Establishing an information base

Rea and Parker (2014) emphasise the importance of creating a survey instrument that is underpinned by research, and where there is no research, underpinned by a critical analysis of the evidence available. Given limited pre-existing evidence and no previously constructed tools with this target population, a survey was developed (outlined in section 3.4.5). Questions identified within research conducted by

Fanshawe (2019), Skade (2018) and Clements et al. (2017) were adapted, adding to the construction of novel questions.

4.4.4 Determining the sample

Sampling is a fundamental part of research and should be carefully considered by researchers (Cohen et al. 2017). Researchers may opt to use 'probability sampling', involving randomly selecting members of a population or 'non-probability sampling' where researchers explicitly approach members of a given population due to certain characteristics (Vehovar et al. 2016).

This study utilised non-probability purposive sampling, with participants being approached due to their shared occupation (May, 2011).

In terms of sample characteristics, participants were eligible to participate in the current study if they met one of the following criteria:

- EP practising in England.
- Third year TEP on a recognised training programme and on a supervised placement in England.

TEPs in England currently engage in a three-year doctorate course where they are supervised practising within LA EP Services (AEP, 2024). The researcher opted to include third year TEPs, but not first and second years, as the survey asks participants to share their knowledge of HSB, thus greater access to the three-year curriculum was needed. TEPs were also invited to reflect on their previous year of training; it was deemed that TEPs may have been given increased responsibilities within their second and third years of training, allowing third year TEPs to reflect on previous casework.

Another criterion was that participants were practising or training in England as opposed to Wales, Scotland, or Northen Ireland. This was due to the differing approaches to education policy and structure between the differing countries (Education Policy Institute, 2021).

3.4.5 (i) Determining the Sample Size and Selection Procedures

Appropriate sample sizes have been deliberated throughout research with scholars indicating that there is no definitive answer as to the most desirable sample size (Kelley et al. 2003). Rather, researchers should carefully consider the appropriate sample size based on their research aims, purpose, and whether this facilitates a meaningful analysis (Bartlett et al. 2001; May, 2011). Nonetheless, a sample of 30 is considered the minimum size for statistical analysis to take place, however higher response rates are advised (Cohen et al. 2017; Denscombe, 2021; Shen et al. 2011).

A sample of 100 participants was initially considered desirable because it is believed to minimise non-response bias (Denscombe, 2021). However, a response rate of 80 participants was achieved during an initial period of 30 days. The survey was re-opened for a period of two weeks following consultation with stakeholders who shared that they had hoped to participate but were unable to do so previously. A further 2 responses were obtained during this two-week period, resulting in an overall total of 82 responses following the recruitment period.

3.4.5 (ii) Considerations for changing sample size.

Prompts were sent in the week prior to survey initially closing in the form of follow-up emails (Denscombe, 2021), to PEPs of LAs and the AEP. Additionally, EP colleagues re-shared the survey with PEP groups and colleague networks Despite reminder

emails, and direct emails shared via snowball sampling the response rate did not increase significantly.

Snowballing strategies included participants being asked to share the survey with colleagues and/ or training cohorts in an attempt to increase response rates (Denscombe, 2021). It was hoped that snowball sampling would help to reach participants who are less interested in HSB, would have been harder to reach or unlikely to receive information about the project (Faugier & Sargeant, 1997).

Robson and McCarten (2016, p 259) shared that purposive sampling allows researchers to build a sample which "enables the researcher to satisfy their specific needs in a project." Indicating that if a researcher deems the sample, and subsequent data, to be suitable for their project's aims, the sample size can be amended. Given the project's aims of gaining an understanding of EPs views around HSB casework, it was deemed that a response rate of 82 would provide sufficient data. However, prior to closing the survey, the researcher considered the following:

- Diminishing response rates after 20 days (Robson & McCarten, 2016), had already been found in the current study despite follow-up emails being sent.
- Recent EP theses utilising survey methods have had a response rate of below 100; results lowered generalisability but still provide insights into the EP role (Menzies, 2023).
- Time pressures due to circumstances outside of the researcher's control. The survey was not distributed until January 2024.

Following deliberation, it was deemed that closing the survey at 82 responses was acceptable. Taking a pragmatic approach to the project, literature indicates that it is at

the discretion of the researcher as to whether they believe they have sufficient data to answer the research question (Robson & McCarten, 2016).

3.4.6 Designing the Survey Instrument

When creating surveys, it is imperative that essential data is collected to answer the research question; producing a data requirement table can support researchers to ensure questions are answered and the study's objectives are achieved (Saunders et al. 2023) also ensuring that questions are unambiguous and underpinned by theory or research (May, 2011). Saunders et al. (2023, p. 527) detail six-steps of producing a data requirements table (Figure 3).

Figure 3

Producing a Data Requirements Table (adapted from Saunders et al. 2023, p. 527).

Stage 1. Consider whether the main outcome of the research is descriptive or exploratory	Stage 2: Use research questions to develop more specific investigative questions, noting how it relates to key concepts in the literature	Stage 3: Repeat stage 2 if investigative questions are not precise.
Stage 4: Identify the variables about which you must collect data to answer each investigative question.	Stage 5: Establish level of detail required from each variable.	Stage 6: Use or adapt existing measurement questions or develop new questions to capture the data at the level required for each variable.

Utilising Figure three, the researcher developed investigative sub-questions which sought to answer the study's research questions. Consideration was given to the order of the questions, with personal demographic information being presented last

(Gehlbach, 2018). The sub-questions, a rationale for inclusion and the key concepts these link to (May, 2011), in addition to the overarching question these seek to answer, are included in adapted data requirements tables (Appendix 1). Open response boxes were included throughout the questionnaire, allowing participants the opportunity to expand on their answers (May, 2011). These open response boxes and demographic information are included in sequence within the full survey (Appendix 2).

3.4.7 (i) Piloting Phase

Piloting a survey is essential to explore whether questions are clear, are interpreted by participants as the researcher intended (May, 2011), and whether questions need to be modified (Thomas, 2013).

Participants were directly approached and asked to participate in a pilot based on their varying experiences of HSB casework. Two EPs and two TEPs engaged in a closed pilot; receiving a copy of the participant information sheet and survey, along with a short feedback form (appendix 3) asking participants how long the survey took to complete, whether the questions were clear or ambiguous and whether they felt any questions need to be amended or added.

Two EPs and one TEP completed the feedback form. Responses indicated that the survey took around 30 minutes to complete. Respondents also shared that the survey did contain some ambiguous questions, and detailed that they felt minor amendments were needed. These responses are included in Appendix 4. .

Respondents suggested minor amendments to the formatting and wording of questions, for example where a response item said, 'unconfident or unconfident' instead of 'confident or unconfident' and where a 'multiple response' question with multiple items would only allow participants to select one. One participant also suggested an additional question:

- What skills do we as EPs have that make us able to support with these cases well?

It was deemed that this would not be appropriate for inclusion as it suggests that EPs should be supporting with HSB casework, whereas the study aims to explore whether EPs perceive this work to be part of their role. This is considered further in Chapter 5.

3.4.7 (ii) Reliability and Validity of the Survey Instrument

Reliability relates to the stability of a measure (Langbridge & Hagger-Johnson, 2013); within survey research, Cronbach's Alpha is often used to explore the internal consistency and reliability between items within a survey (Bujang et al. 2018; Howitt, 2019). This can be helpful when exploring whether different questions within the survey consistently measure the same construct (Menzies, 2023). Similar to other educational psychology theses (e.g., Menzies, 2023; Purewal, 2020), this study sought to explore a range of variables, such as knowledge, skills, and confidence, in relation to the role of the EP within HSB casework, rather than a distinct psychological construct. Therefore, Cronbach's Alpha was not applied. Nevertheless, reliability can be enhanced within survey research by piloting survey questions (Creswell & Plano Clark, 2018) and by providing all participants with the same questions (Robson & McCarten, 2016),

Validity concerns the "extent that something measures what it is intended to measure" (Howitt, 2019, p. 392). Robson and McCarten (2016) emphasise the relevance of internal validity within survey research which concerns whether the items within the survey represent the topic which is being explored. If questions are ambiguous or if the information obtained is not relevant, internal validity can be reduced (Robson & McCarten, 2016), further highlighting the importance of piloting surveys (see section 3.4.6 for information pertaining to the piloting phase).

External validity is also relevant to this research; this concerns whether findings are generalisable and representative to the wider population (Andrade, 2018). External validity can be affected by representativeness of the sample (Robson & McCarten, 2016), for example whether EPs working in traded and private settings are adequately represented within the research.

3.4.8 Survey Implementation

Details of the target population are included in section 3.4.4.

Purposive sampling was utilised, in addition to snowballing to maximise impact. A recruitment email (Appendix 4), participant information sheet (Appendix 5) and a link to the Qualtrics (2024) survey was sent to Principal EPs of LAs in England; this was re-shared with prospective participants prior to the closure of the survey. This information was also shared via the researcher's personal network with emails shared directly with the researcher's cohort. Recruitment information was also shared with the AEP who agreed to share the research in their newsletter.

The survey was initially live from January 2nd – January 31st 2024, before being re-opened for a period of two weeks in March 2024 (see section 3.4.5).

3.4.9 Coding the completed questionnaires

Surveys were completed and submitted on the Qualtrics (2024) survey software; following the period of data collection, responses were exported and saved into an Excel document. Qualitative data was then transferred onto a word document prior to being analysed using thematic analysis (Braun & Clarke, 2006). Incomplete surveys were classified as withdrawals during this stage as the software indicated that

participants had closed the survey before completion. Information regarding the coding procedure is included in section 3.4.7.

3.4.10 (i) Analysis Strategy

Descriptive statistics were used to present numerical descriptions of the quantitative data gathered during the survey (Gavin, 2008) whilst thematic analysis (Braun & Clarke, 2006) was used to analyse qualitative responses (Nowell et al. 2017).

Survey items with a closed response option, multiple choice option, or those presented on a Likert scale were analysed using descriptive statistics as this enabled the author to make clear compassions between the options selected by participants. Survey data was exported from Qualtrics (2024) into an excel document where it was anonymised before the quantitative analysis took place. This involved grouping responses and analysing each group as a percentage of the total.

Survey items which generated qualitative data such as open-response boxes and follow-up questions were then analysed using thematic analysis. Thematic analysis is discussed further in section 3.4.10.

3.4.10 (ii)Thematic Analysis

Alternative methods of analysis were explored, including a general inductive approach (Thomas, 2006) and content analysis (Vaismoradi et al. 2013). However, while a general inductive approach is methodologically flexible, it can be viewed as limited as it presents and describes only the most significant themes within the dataset (Liu, 2016; Thomas, 2006). Additionally, content analysis is at risk of missing the context around data as the approach focuses on detecting themes based on the

frequency in which it occurs (Vaismoradi et al. 2013). Therefore, thematic analysis (TA) was considered most appropriate.

This study adopts the step-by-step process outlined in Braun and Clarke's 2006 seminal paper (Figure 4), subsequently re-named 'reflexive thematic analysis' (Baun & Clarke, 2019). Reflexive TA recognises the researcher's role within the data analysis and highlights the importance of being critically reflective throughout the process (Braun & Clarke, 2022). Braun and Clarke (2022) emphasise that Reflexive TA is a 'process' rather than a singular method which reflects on the values and assumptions of the researcher and wider context of the data. However, the steps included within the seminal paper have not been replaced in recent conceptualisations of TA and are used within Reflexive TA as prompts to ensure fidelity (Pugh, 2022).

Braun and Clarke (2022) indicate that there is no singular method of Reflexive TA and the differences between methods can be significant. One consideration is whether an inductive or deductive approach is utilised. An inductive approach is where meaning is data-driven whereas a deductive approach is theory driven (Braun & Clarke, 2022). This study utilises an inductive approach given the study's exploratory nature, with the researcher following a structured process to identify themes in an analytical manner (Braun & Clarke, 2022).

The procedure for TA is outlined in Figure 4.

Figure 4

Phases of Thematic Analysis (taken from Braun and Clarke, 2006, p. 87)

1. Familarising yourself with your data	2. Generating initial codes	3. Searching for themes
4. Reviewing themes	5. Defining and naming themes	6. Producing the report
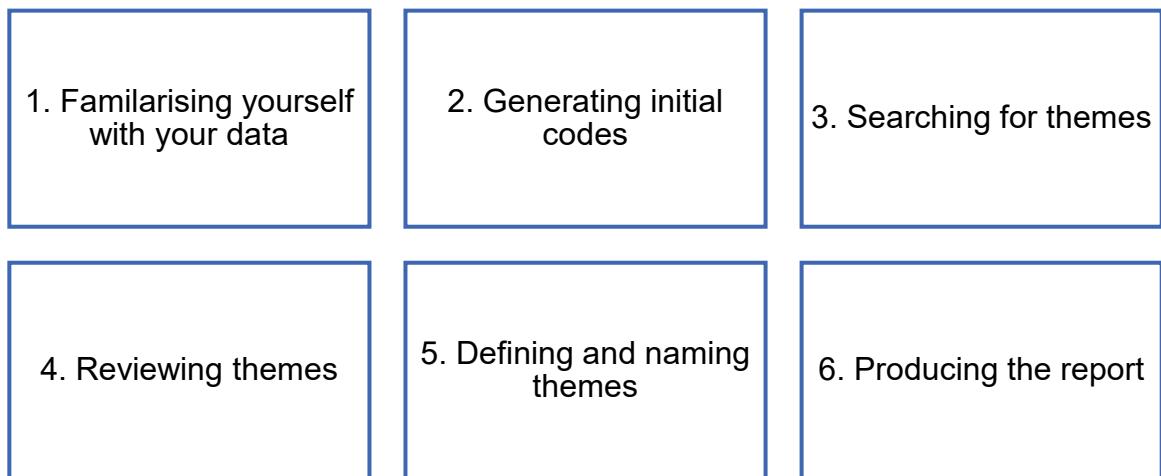
Phase one concerns researcher's immersing themselves within their data prior to any coding taking place (Braun & Clarke, 2022). Researchers can begin to take notes, or mark potential codes to re-explore during phase two (Braun & Clarke, 2006).

Phase two involves coding the dataset systematically and thoroughly; researchers should code for as many emerging patterns or potential themes as possible (Braun & Clarke, 2006).

Phase three has been re-named 'generating initial themes' in newer conceptualisations (e.g., Braun & Clarke, 2022), however the steps within this phase remain the same. Researchers begin to identify patterns of shared meaning by compiling codes that "share a core idea of concept, and which might provide a meaningful 'answer' to your research question" (Braun & Clarke, 2022, p. 35).

Phase four involves researchers reviewing these and considering whether any need to be refined (Braun & Clarke, 2006). During this phase, researchers should begin to

consider the relationship between themes and how this relates to the wider context of their research (Braun & Clarke, 2022). Themes can be further refined, before they are defined and named (Braun & Clarke, 2006).

Phase five involves naming themes; codes should not be paraphrased, instead, the name should "identify what is of interest about them and why" (Braun & Clarke, 2006, p. 92).

Phase six concerns including the themes, and accompanying data extracts, within a report which is clear, concise and provides an account of what the defined themes say about the dataset (Braun & Clarke, 2006).

Coding and the revision of themes for this study are presented in appendix 6.

3.5   Ethical Considerations

Ethical approval was obtained from the University of Birmingham's ethics committee (Appendix 7 and 8). Two amendments were made to maximise the recruitment process which were also approved by the University's ethics committee (Appendix 9). This research also abided by the British Psychological Societies (BPS, 2021) Code of Ethics and the British Educational Research Association (BERA, 2024) ethical guidelines. Details of the ethical considerations are included in Table 1.

Table 1

Ethical considerations and steps taken to address these.

Ethical Considerations	Steps taken to address these
Consent	Respondents were required to read a participant information sheet prior to engaging in the study. A brief version of this was then included at the start of the survey. Respondents were required to agree to the items included in the consent form before they were able to access the survey.
Right to withdraw	Respondents were notified that they could withdraw from the survey at any stage by exiting the Qualtrics (2024) page. All incomplete responses were treated as withdrawals and removed from the dataset prior to analysis. Respondents were notified that once responses had been submitted, their responses could not be removed from the analysis as the researcher would not know which data belonged to them.
Confidentiality/ anonymity	Participants were informed their responses would remain anonymous as possible, with all identifiable information being removed prior to dissemination. However, the researcher was able to identify the participants who engaged

	with the pilot study due to the limited sample and feedback received; in this instance confidentiality was ensured (BPS, 2021).
Security/ Data Storage	Data was held on the Qualtrics (2024) survey software before being exported on a weekly basis. Data was initially transferred onto an excel spreadsheet while information included within open-response boxes were transferred onto a Microsoft Word document to aid analysis. These documents were initially saved onto the University of Birmingham One Drive before being transferred onto the University of Birmingham BEAR portal. Data will be automatically removed from the BEAR system after 10 years.
Psychological Harm	Given the sensitivity of the topic area, consideration was given as to whether participants would be at risk of psychological harm, discomfort, or distress (BPS, 2021). Participants were notified of their right to withdraw and were provided with links to organisations who offer support and additional information around HSB and associated topics. Details of these organisations were included at the end of the survey and were listed on the participant information sheet, along with the researcher and their supervisors' details.

3.6   Reflexive Journal

Practitioners may demonstrate a complex interplay of thoughts and feelings when engaging in HSB casework which may affect their behaviours and considerations around the topic (Allardyce & Yates, 2018, p. 10). There may be instances where these thoughts and feelings unconsciously influence practice (Allardyce & Yates, 2018, p. 12), therefore a reflective journal was kept by the researcher as a means of reflecting on their practice and the decisions made throughout the research process. Example extracts are included in appendix 10.

Chapter 4: Findings

This chapter presents an overview of the demographic information before discussing each research question and their corresponding survey items.

It was deemed most appropriate to present the qualitative and quantitative data together. Limitations and considerations are then discussed in Chapter 5.

4.1 Demographic Information

The following section outlines respondent numbers, their geographical location, and their primary professional role.

4.1.1 (i) Number of respondents

95 respondents engaged with the survey; 13 of which were excluded due to incomplete responses. In total, responses from 82 participants were included in the analysis.

Some participants did not complete individual questions but continued the survey submitting their responses at the end; these were included in the analysis.

4.1.1 (ii) Geographical location

The survey aimed to explore EPs role, knowledge, and confidence across a national context. Figure 5 indicates where respondents primarily worked.

Figure 5

Regions in which respondents primarily work

In which region do you primarily work?
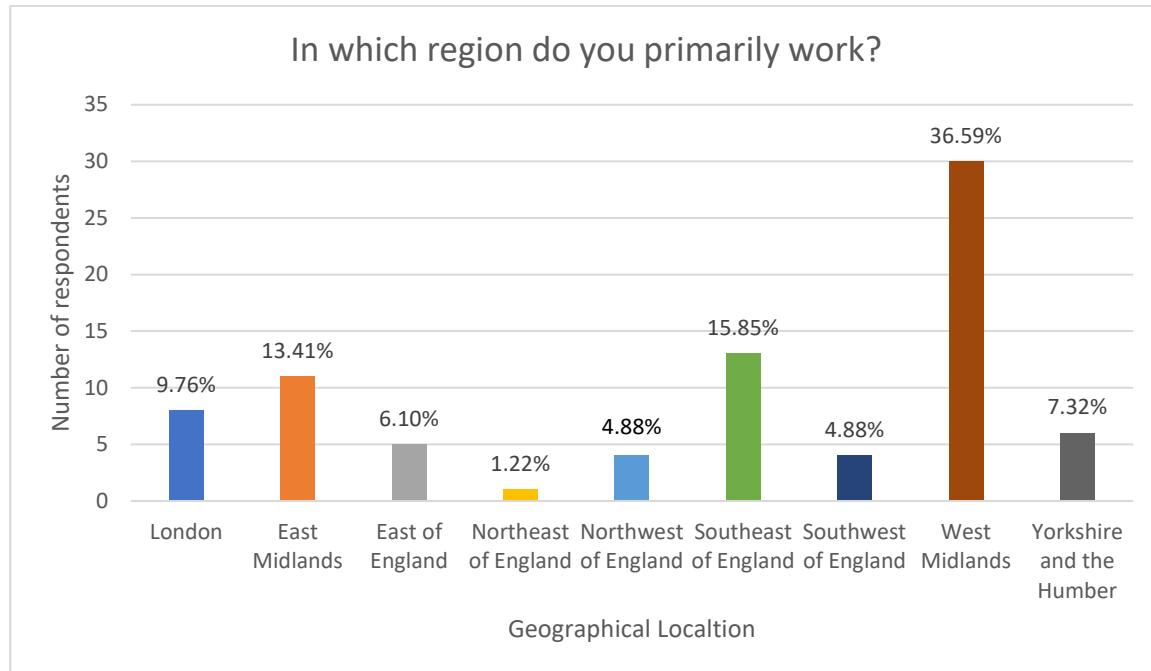
Respondents were predominantly from the West Midlands, with fewest respondents in the Northeast of the country, indicating that these findings do not provide a balanced representation of EP views across the country.

4.1.1 (iii) Model of service delivery

Practitioners indicated the type of service in which they work (Figure 6).

Figure 6

Description of the Educational Psychology Service in which respondents worked.
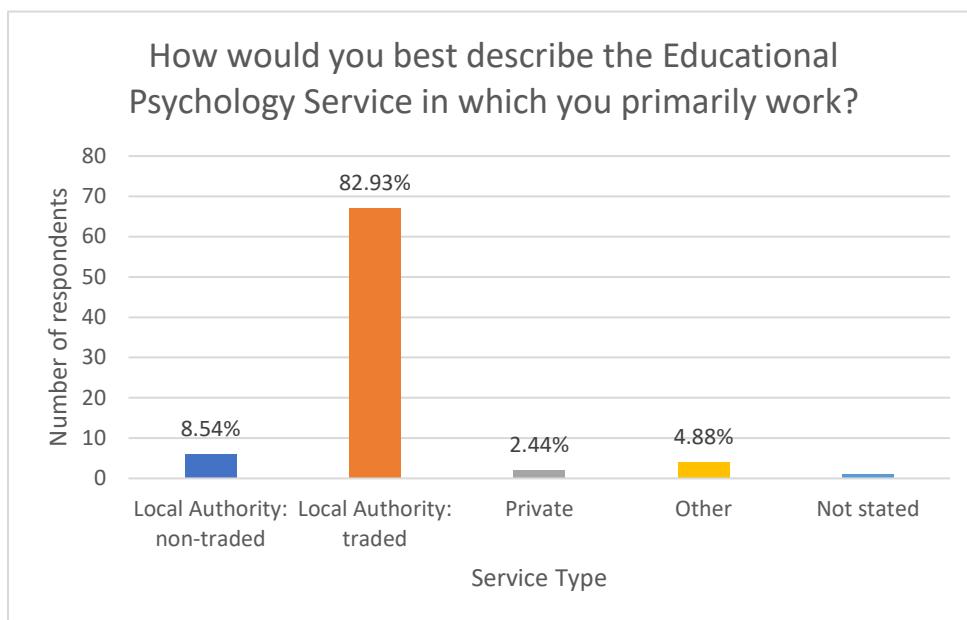
Respondents primarily worked within LA services which tend to be traded in nature. This indicates that the findings may not be indicative of the views of those working within private settings or social enterprise companies.

4.1.1 (iv) Job role and years practising

Respondents indicated their current role (Figure 7), and the number of years they have been practising (Figure 8).

Overview of respondent's current role

How would you best describe your role?
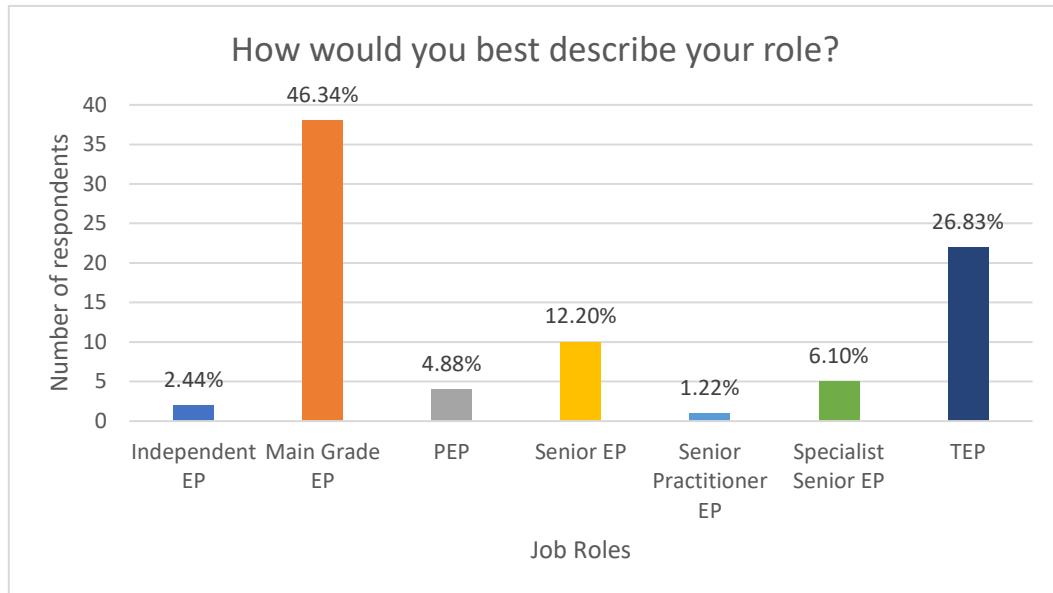
Respondents were predominantly main grade EPs and third year TEPs. Independent

EPs are underrepresented in the responses and therefore these findings may not

fully reflect their perspectives.

Figure 8

Overview of the number of years respondents have been practising as an

Educational Psychologist
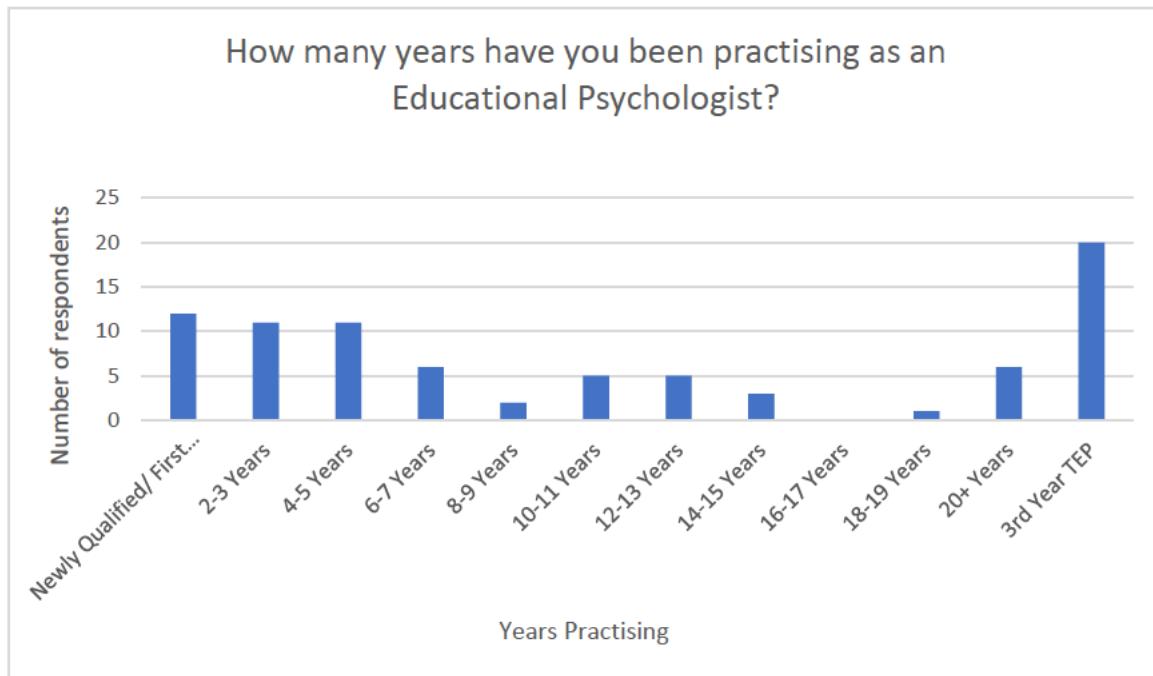
Third year TEPs were the most represented group, with no responses from those

practising for 16-17 years. All remaining groups were represented but were limited in

response numbers (see section 5.2.2).

4.2 Research Question One: Do EPs believe considering HSB in schools is part of the educational psychologist role?

Participants indicated the extent they agreed or disagreed with four statements exploring whether they consider HSB to be part of the EP role (figures 9-12).

Figure 9

Pie chart showing the distribution of EPs who consider supporting CYP who are a victim of HSB to be part of their role.

Supporting children and young people who are a victim of HSB is part of the EP role

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
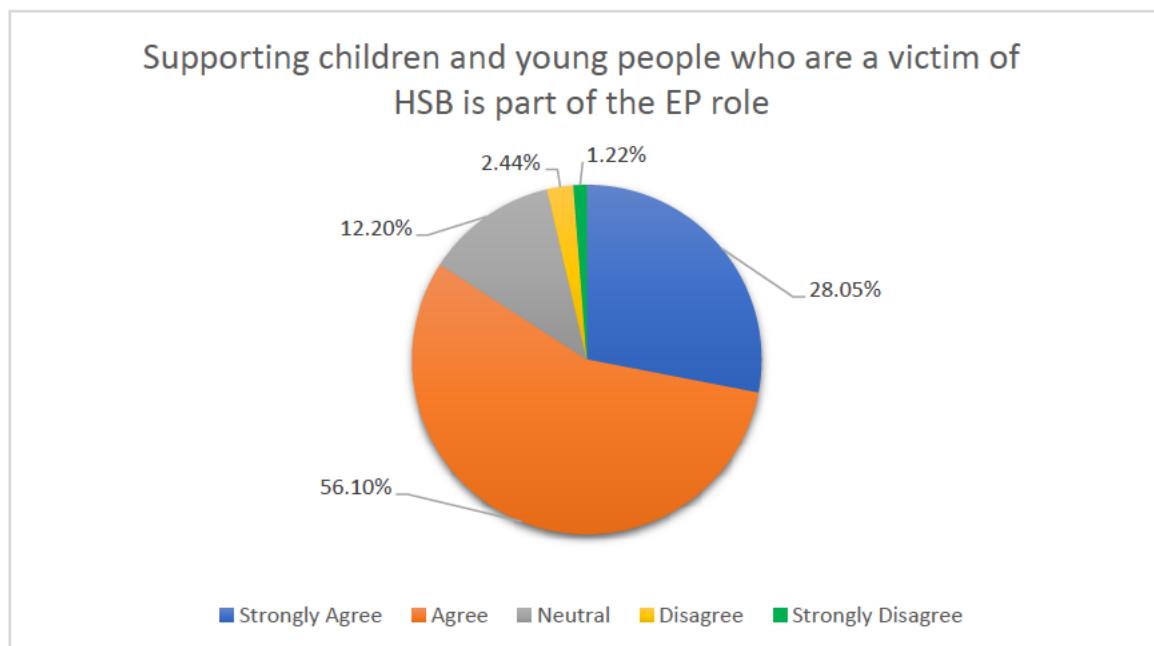
Over half of respondents indicated that they consider supporting CYP who are victims of HSB to be part of the EP role, while few respondents indicated that this was not the case. A considerable percentage of respondents neither agreed nor disagreed.

Figure 10

Pie chart showing the number of EPs who consider supporting CYP perpetrating

HSB in schools to be part of their role.

Supporting children and young people perpetrating HSB in schools is part of the EP role

- 31.71% Strongly Agree
- 56.10% Agree
- 8.54% Neutral
- 2.44% Disagree
- 1.22% Strongly Disagree
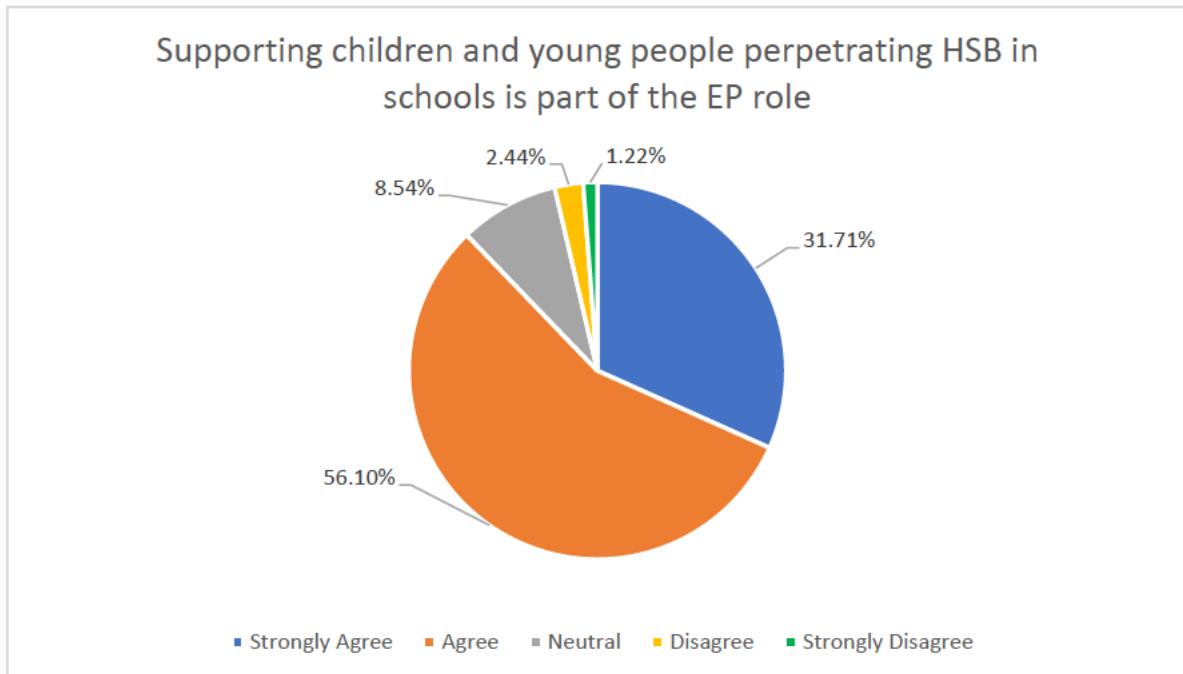
The majority of respondents considered supporting CYP perpetrating HSB in schools

to be part of the EP role; a small number disagreed with the statement.

Figure 11

Pie chart showing the number of EPs who consider supporting CYP perpetrating HSB outside of schools to be part of their role.
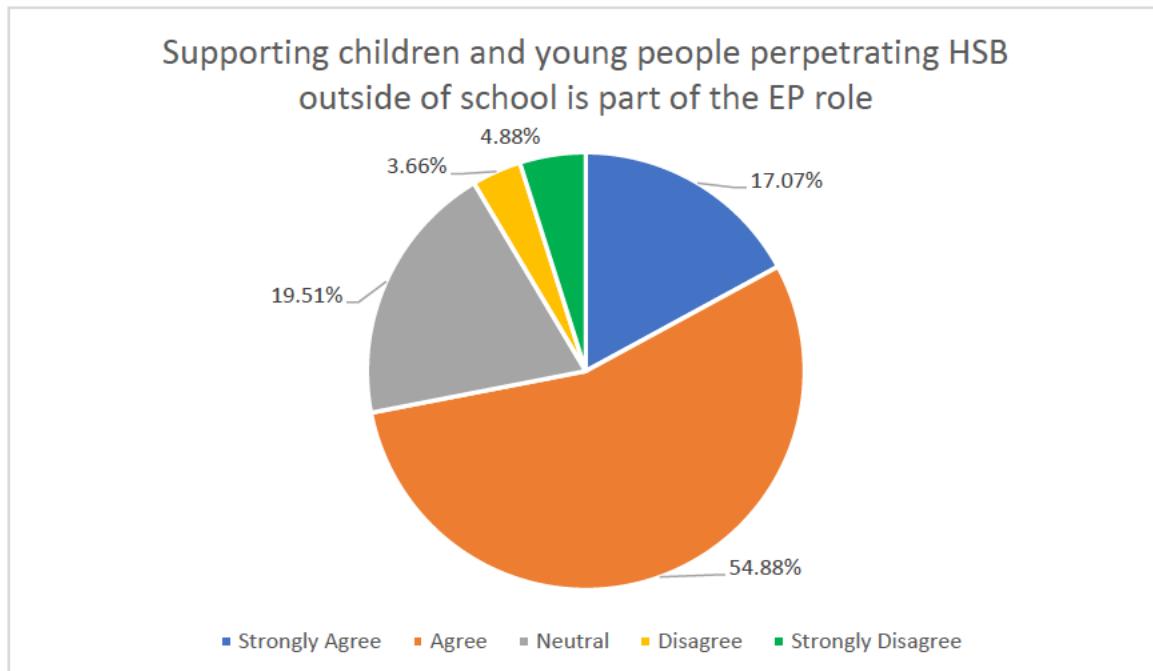
The majority of respondents consider supporting CYP perpetrating HSB outside of school to be part of the EP role. A higher proportion of respondents selected neural compared to the previous statements, suggesting these respondents were unsure whether this is part of their role in these instances.

Figure 12

Pie chart showing whether EPs consider supporting CYP demonstrating HSB online to be part of their role.

Supporting children and young people demonstrating HSB online is part of the EP role

- 3.66%
- 2.44%
- 17.07%
- 19.51%
- 57.32%

Legend: Strongly Agree · Agree · Neutral · Disagree · Strongly Disagree
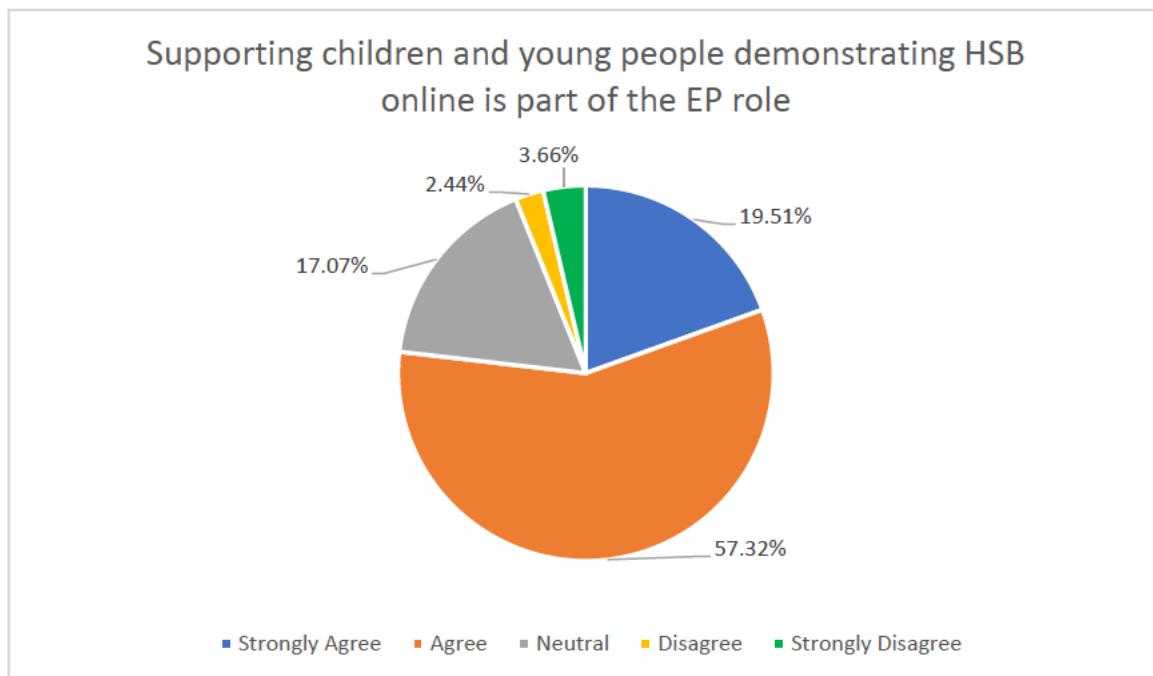
Consistent with previous statements, respondents tended to consider supporting CYP demonstrating HSB online to be part of the EP role. Few respondents disagreed with this statement, while a considerable proportion neither agreed nor disagreed.

4.3 Research Question Two: What knowledge, skills and psychological theory underpins EPs approach to HSB casework and formulation?

4.3.1 Educational Psychologists conceptualisations of the term 'Harmful Sexual Behaviour.'

To understand EPs conceptualisations of HSB, respondents were asked to state their own understanding of the term. Using TA, eight themes and eight subthemes were identified (Figure 13); supporting data extracts are included in Appendix 11.

Figure 13

Thematic map showing respondents (n=82) conceptualisations of the term "Harmful Sexual Behaviour."
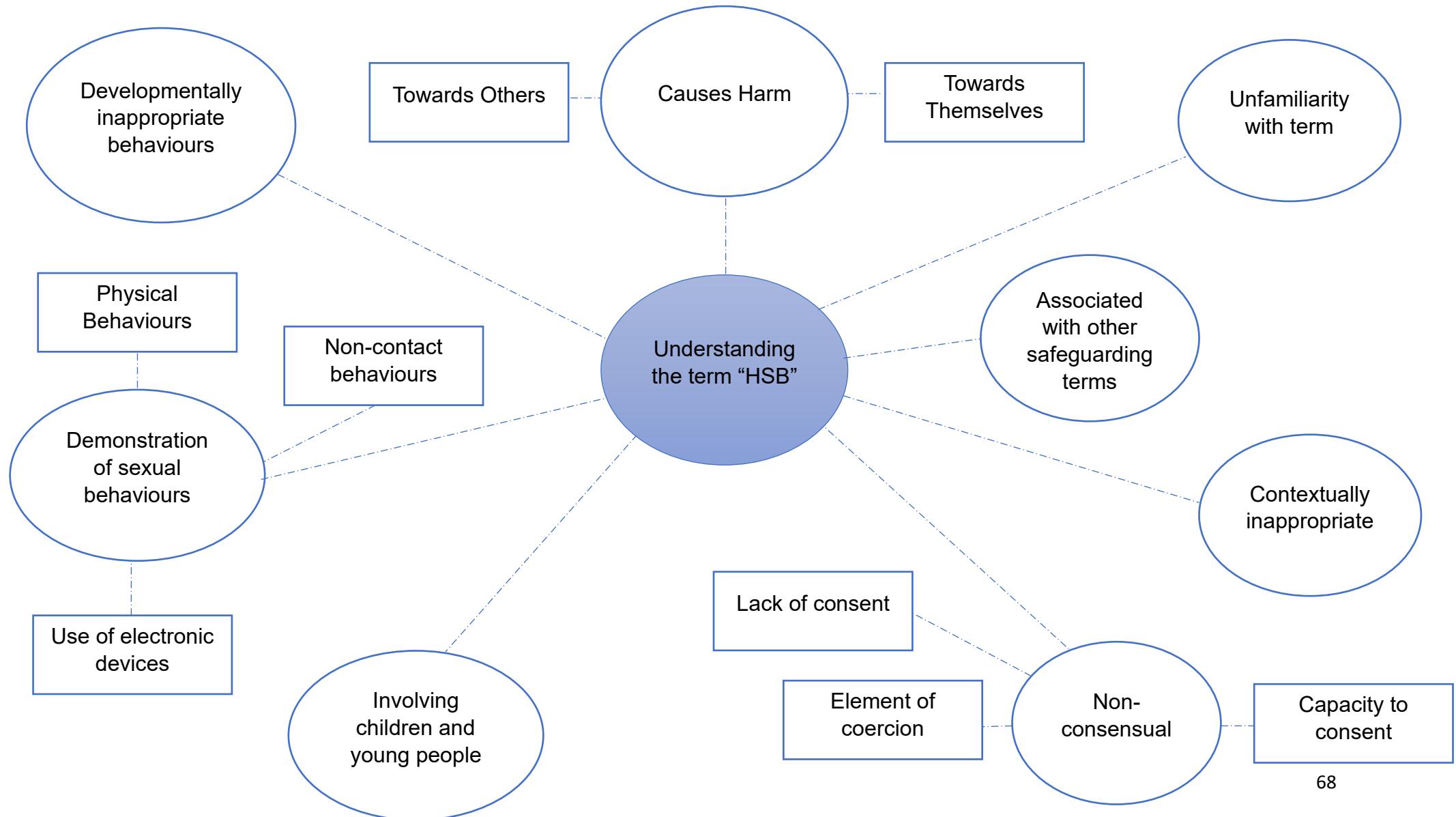
The data suggests that EPs do not have a shared definition of HSB but do hold a broad shared understanding of the term, respondents agreeing that HSB concerns sexually harmful and developmentally inappropriate behaviours demonstrated by CYP under the age of 18 years. These views thus concur with the definition provided by Hackett (2019) included in section 4.3.2.

Respondents conceptualised HSB to include behaviours of a physical nature, non-contact acts and behaviours facilitated by electronic devices; additionally, respondents noted that behaviours may be contextually inappropriate. This suggests an understanding that HSB may comprise of a broad range of actions which can occur in person or through remote communication. Behaviours EPs constitute as HSB are discussed in section 4.3.3.

Respondents emphasised that these behaviours cause harm. Importantly, respondents noted that the individual demonstrating HSB may themselves be harmed as well as those the behaviours are directed towards. This distinction highlights that all involved require support and that professionals should be aware of the impact HSB may have on both victim and perpetrator.

Respondents understood HSB to include behaviours that are non-consensual due to the YPs age or capacity to consent. Respondents also felt that HSB might involve elements of coercion and force (discussed in section 4.3.2).

'Associated with other safeguarding terms' refers to respondents drawing upon their wider knowledge of contextual safeguarding to understand the term HSB.

The final theme captured unfamiliarity with the term, with participants sharing that this is not a topic they have encountered or explored within their practice.

4.3.2 Educational Psychologists agreement with a definition of HSB provided by the National Society for the Prevention of Cruelty to Children (2024).

Respondents were provided with a definition of HSB provided by the NSPCC (2024) and rated the extent in which they agreed or disagreed with this (Figure 14)

The definition, summarised by the NSPCC (2024) is:

"Harmful sexual behaviour (HSB) is developmentally inappropriate sexual behaviour displayed by children and young people which is harmful or abusive (Hackett, 2014).

Peer-on-peer sexual abuse is a form of HSB where sexual abuse takes place between children of a similar age or stage of development. Child-on-child sexual abuse is a form of HSB that takes place between children of any age or stage of development."

Figure 14

Figure to show respondents agreement with the definition of HSB provided by the

NSPCC (2024).

EPs agreement with the NSPCC's (2024) definition of HSB

n=6, 7.32%

n=6, 7.32%

n=17, 20.73%

n=53, 64.63%

- Strongly Agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly Disagree
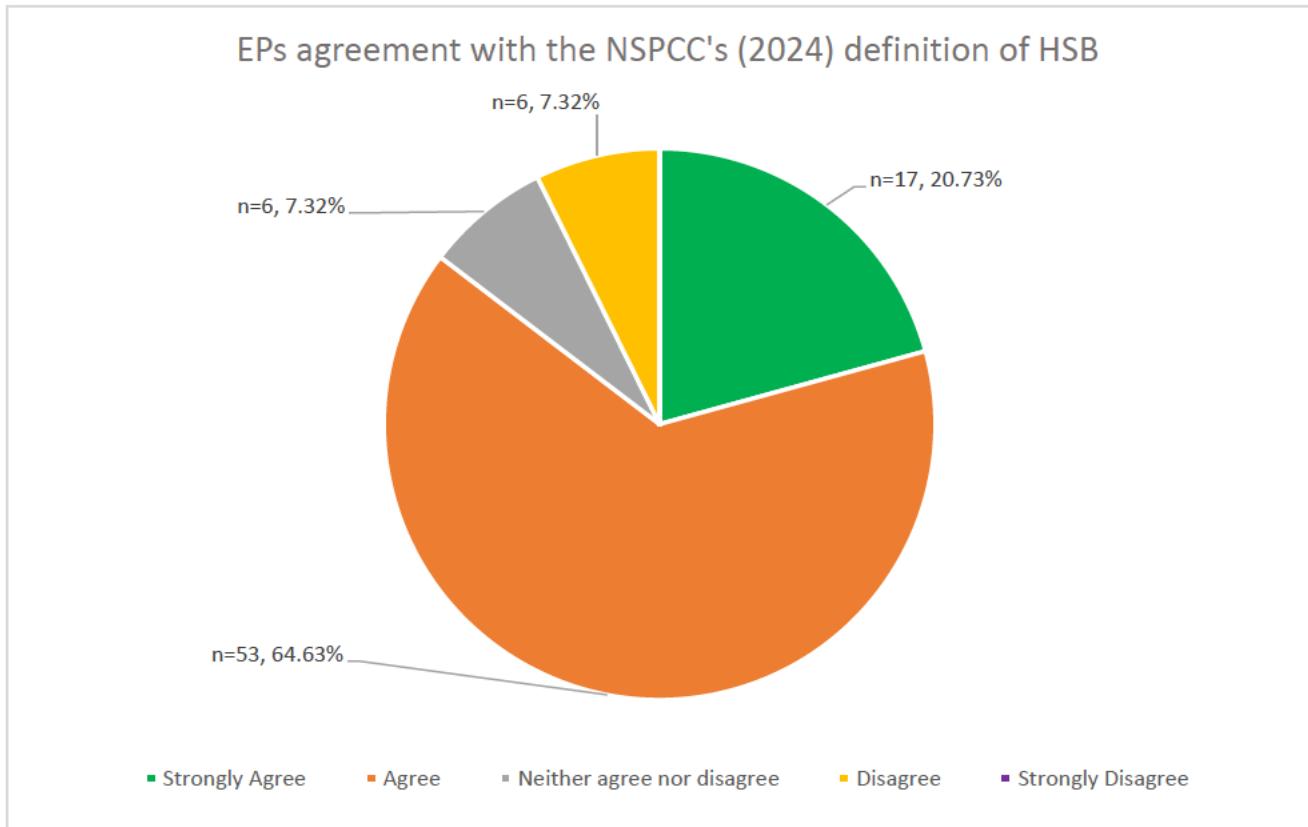
The majority of respondents agreed or strongly agreed with this definition.

Comparatively, only a small proportion of respondents disagreed, and no

respondents strongly disagreed. Respondents elaborated on their selected rating;

key themes are presented in figures 14 to 18. Supporting extracts are included in

Appendices 12-15

Consideration was given as to whether the responses provided by those who agree

or strongly agree should be analysed separately or together. Upon analysis, each

Likert point had key distinctions and were therefore retained as distinct categories as discussed in the interpretation of Figure 16.

Figure 15

Thematic map representing the key themes identified by respondents who 'strongly agreed' with the definition provided by the NSPCC (2024).
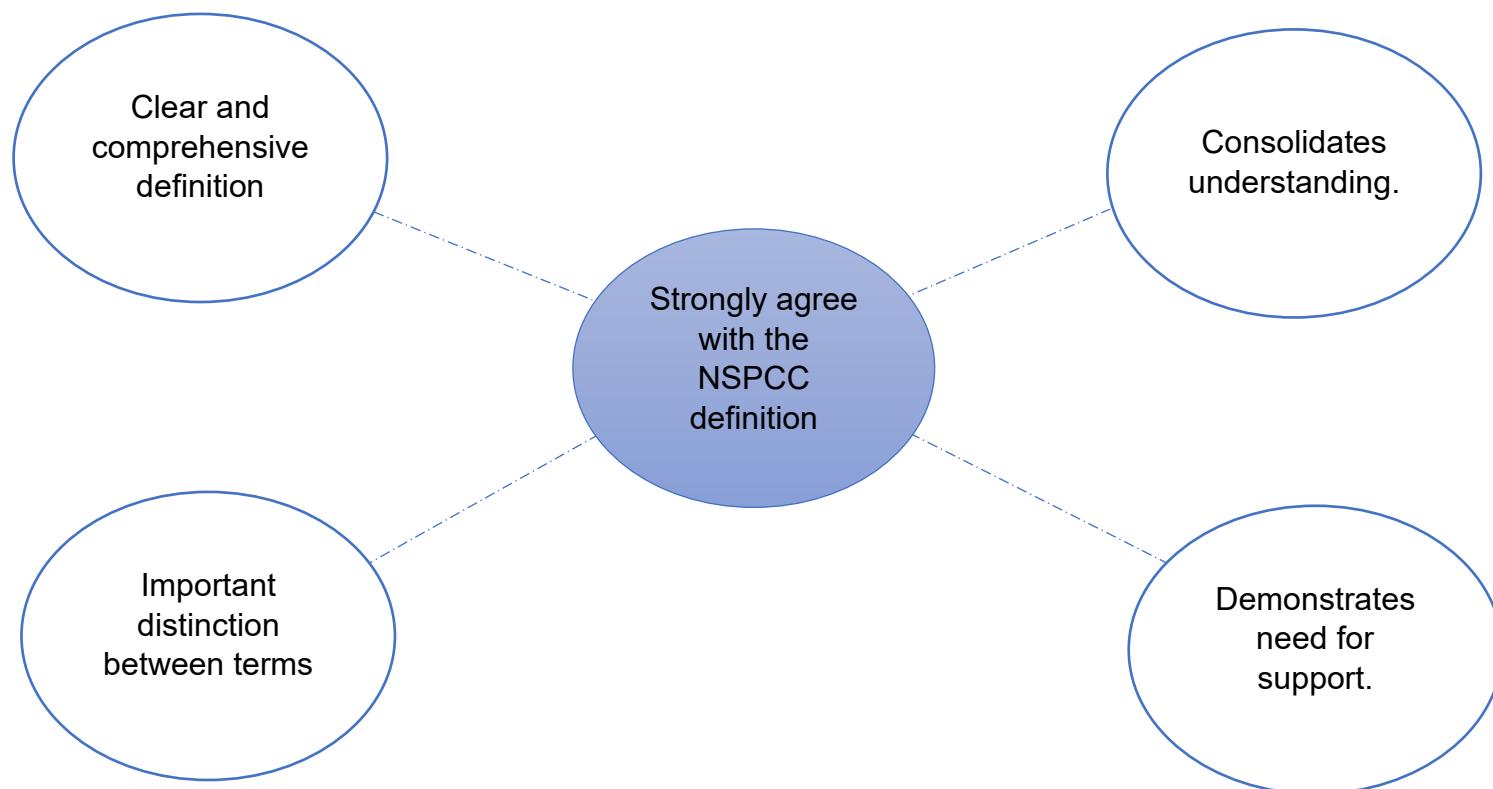
Of the 17 participants who strongly agreed, 11 elaborated on their selection choice. Four key themes were identified (Figure 15): 'clear and comprehensive definition', 'important distinction of terms', 'demonstrates need for support' and 'consolidates understanding.'

Respondents reported the definition was clear, comprehensive, suggesting no amendments to the definition, implying they consider this definition to be all encompassing. Respondents indicated that the definition provided an important distinction between terms, which was viewed as being particularly helpful when supporting CYP with learning disabilities. Respondents also noted that the definition highlights that not all sexualised behaviour has elements of victimisation or abuse but still requires teaching and support.

Figure 16

Thematic map representing the key themes identified by respondents who 'agree' with the definition provided by the NSPCC (2024).
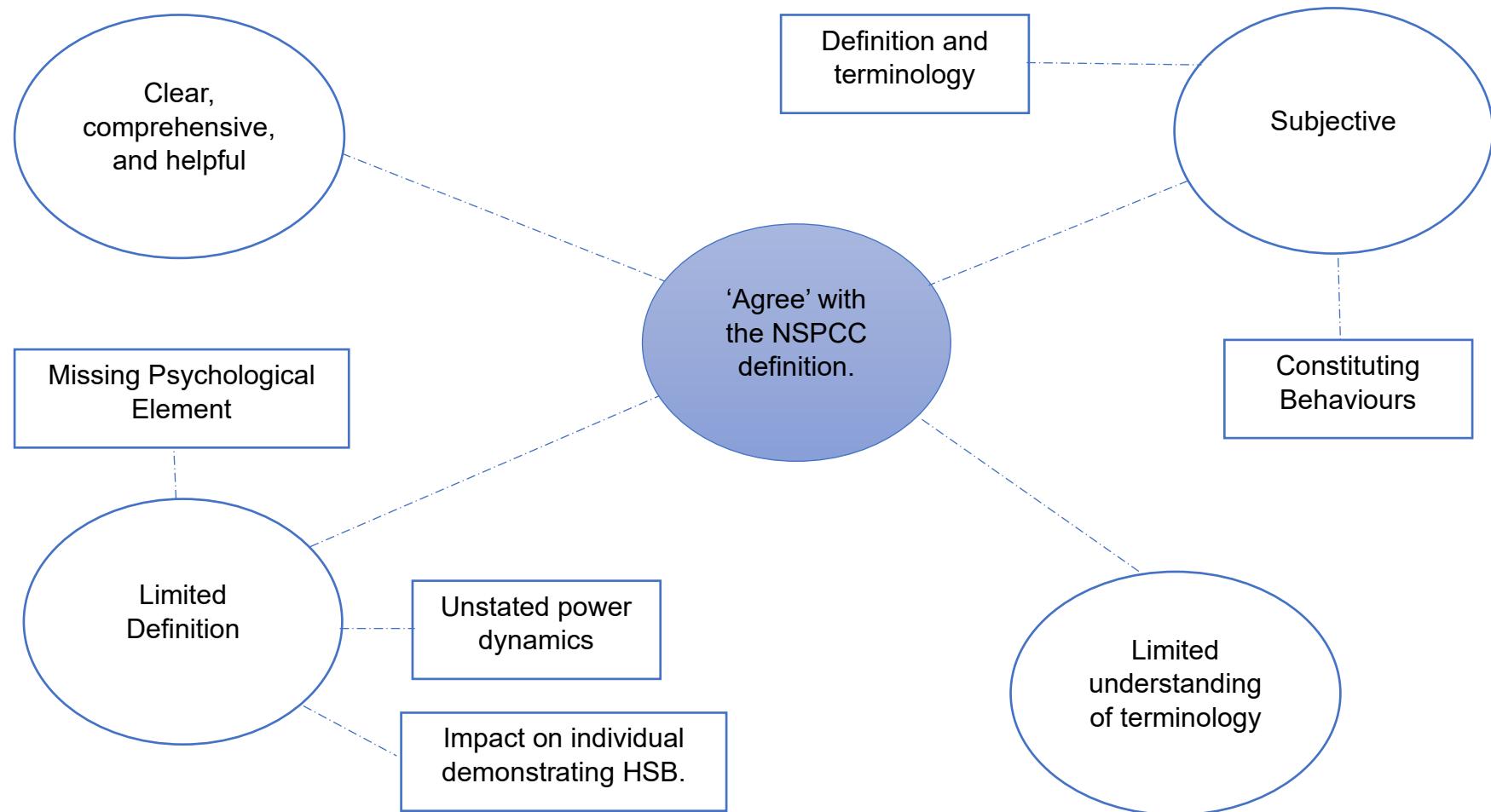
Of the 53 respondents who agreed with the definition, 39 elaborated on their rating. Four key themes were identified (Figure 16).

The TA highlighted that the responses provided by those who agreed were similar to those who strongly agreed with some respondents again noting that the definition was clear and comprehensive. One respondent also noted that they felt the definition accounted for those with learning disabilities through their choice of language, while another indicated that the definition was helpful as it distinguished between terms.

While there are similarities between datasets, there are also key distinctions, with those agreeing highlighting that the definition is not without limitations. Respondents shared that they viewed the definition to be 'subjective' and at risk of misinterpretation. In addition to the extracts included in the table presented in appendix 13 under the theme 'subjective', respondents shared that the definition is "lacking clarity" as it does not state what the term 'harmful' really means", "the interpretation of what is harmful can be varied depending on the individual", and the definition is "wide" and "can be interpreted in many ways." Respondents also indicated that the behaviours constituting as HSB remain ambiguous. These views have been encapsulated under the theme 'subjective' and the sub themes 'definition and terminology' and 'constituting behaviours.'

Respondents reported the definition does not recognise the potential harm to the individual perpetrating HSB or does not account for CYP who engage in HSBs without realising or being aware of the consequences. Additionally, respondents felt the definition does not account for potential age differences and does not make it

clear that HSB may occur between those within different year groups. Further,

respondents reported the definition was lacking a psychological element.

Figure 17

Thematic map representing the key themes identified by respondents who ''neither agree nor disagree' with the definition provided by the NSPCC (2024)
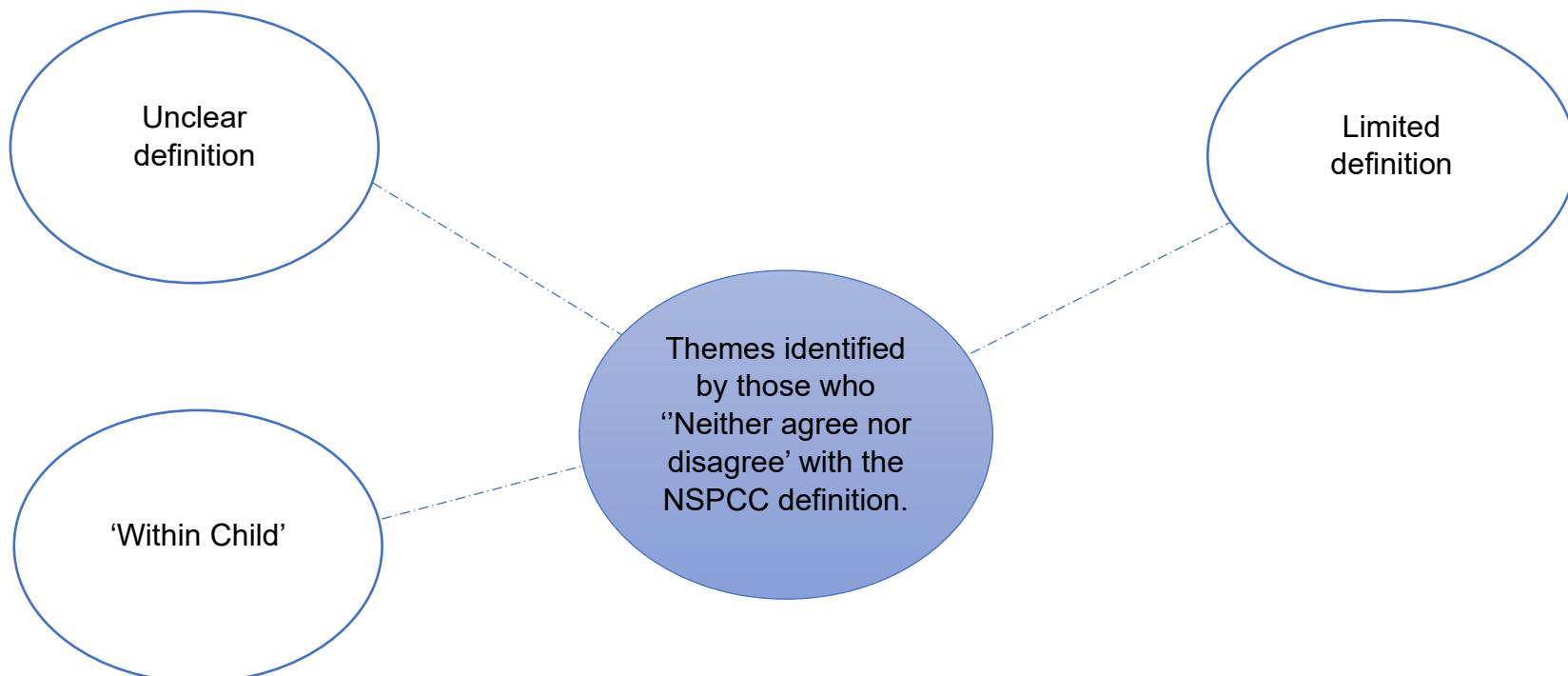
All six respondents who selected neither agree nor disagree elaborated on their rating. Three key themes were identified: 'limited definition', 'unclear definition' and 'within-child.'

Respondents felt the definition is within-child focused, with one respondent stating, "this definition feels quite demonizing and 'within' child, in that the 'harm/abuse' is discussed in relation to other individuals, and there is not mention of the harmful impact on the child." This suggests respondents feel that the definition does not view the CYP or situation holistically, instead focusing on the behaviours demonstrated. This view was also held by other respondents who stated: "surely there is the possibility that the child (in question) may also be a victim" and the definition "lacks clarity about HSB towards oneself." This highlights respondents' felt the definition focuses on behaviours rather than on the impact it may have on all involved.

Respondents felt the definition was limited as it did not address consent (see section 5.1.2.1) and considered the term 'developmentally inappropriate' to be subjective and at risk of misinterpretation, one noting: "it can't always be clear if there is intent to harm (and if this is linked to past trauma, is the child aware this is wrong?). The behaviour may still be classed as harmful but may not be an overt attempt to harm." Another respondent shared "I feel that it is not completely clear what it means." Responses highlight the need to develop a shared definition within services, where EPs can co-construct amendments to this definition (see section 5.3.1).

Figure 18

Thematic map representing the key themes identified by respondents who" disagreed" with the definition provided by the

NSPCC (2024)
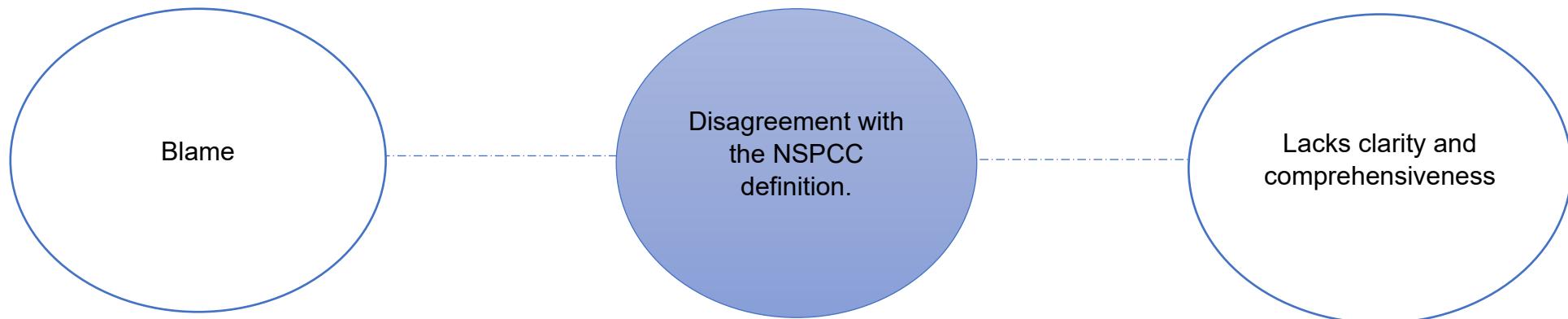
The responses provided by six respondents were analysed, resulting in two key themes being identified: 'blame' and 'lacks clarity and comprehensiveness.'

Respondents felt the definition pathologised those demonstrating HSB, discounting their individual experiences whilst also being viewed as shaming, unhelpful and legally phrased. This suggests respondents felt this definition needs to be amended, instead focusing on viewing the CYP and their behaviours holistically.

Respondents noted the definition lacks clarity, stating it is "not detailed enough to cover all eventualities", and not "clearly enough directed at young people specifically." This suggests these respondents do not view the definition as appropriate, highlighting the need for this to be re-considered, or amended for EP services, with EPs considering the limitations outlined.

4.3.3 Exploration of the behaviours EPs constitute as HSB.

To further explore EPs understanding, participants were asked to share which behaviours they constitute as HSB. The TA is offered in Figure 19, associated quotations can be found in Appendix 16.

Figure 19

Thematic map showing the behaviours EPs constitute as HSB.
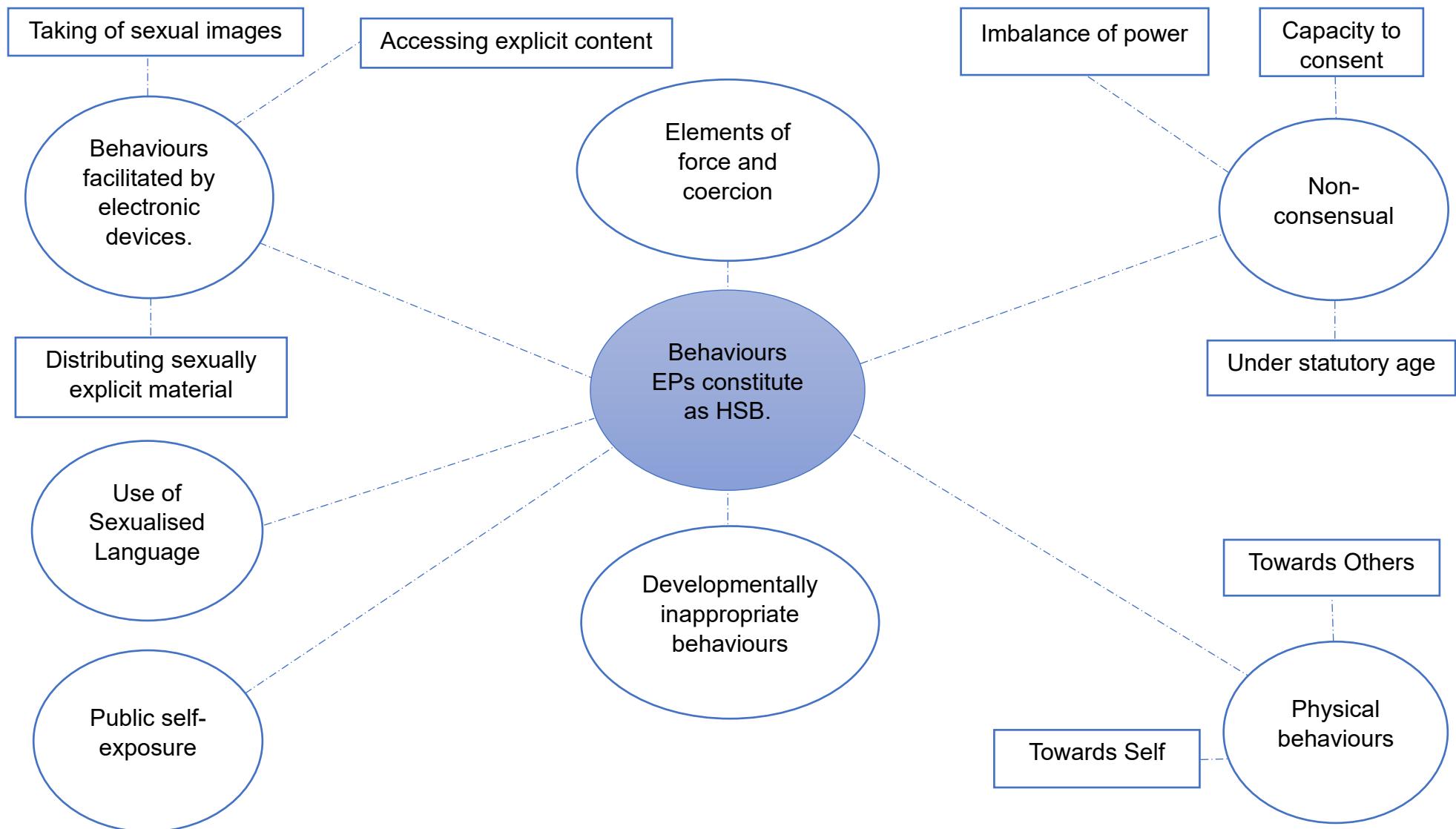
Respondents viewed HSB as including physical behaviours which may or may not be directed towards or involve another; and may be viewed as being non-consensual, with participants stating HSB may involve "kissing without consent", "sexualised touching", "touching another person without their consent in a part of their body that is private - breasts, genitals, buttocks, upper legs" to "penetrative contact", "assault" and "rape." This is in line with Hackett's (2014) continuum, the examples provided ranging from 'inappropriate' to 'abusive' and 'violent.' This highlights that respondents recognise the varied nature of HSBs while suggesting EPs do consider legal implications such as consent and capacity.

However, the responses nevertheless indicate EPs may be unsure of the statutory ages of consent, indicating a training need. One respondent stated HSB involves "any sexual contact involving a child under 13 or not Gillick competent" while another stated "similar to sexual intercourse this would be deeply concerning for any child under 13 (and older dependent on circumstances)." A further respondent stated behaviours constitute as HSB if they are "sexual acts without consent for CYP over 16 years (e.g. assault, rape, up-skirting, sending unsolicited sexual pictures, revenge porn)." Other respondents did not specify an age but shared that it involves "underage sex/foreplay/sexual conversations" or "sexual behaviours of any kind with someone underage, even if they believe they have consented". This suggests terminology such as 'developmentally inappropriate' is highly subjective, also indicating the age of consent, in terms of physical sexual activity, taking, sharing and distribution of online material and consent remains unclear. Legal considerations concerning consent are outlined in section 2.1.1.

Respondents also noted HSB may include public self-exposure such as flashing or masturbating in inappropriate contexts. This highlights respondents are considering behaviours which may occur in a range of contexts such as public areas, rather than focusing on those occurring only in school settings. This suggests respondents consider how CYPs differing systems may interconnect.

Sexualised language was also identified by over half of respondents. This referred to language which is directed towards others, persistent use of sexualised words or phrases or using language to reference sexual acts, or body parts that are age inappropriate

A further theme identified was 'behaviours facilitated by electronic devices', respondents referencing CYP accessing explicit content, sending messages of a sexual nature, and taking and distributing sexual images. This suggests respondents are considering behaviours facilitated by electronic devices.

It is positive that respondents consider HSB to include taking and distributing sexual images given the legal implications (section 2.1.1). Respondents also highlight that a CYP may not intend to cause harm, for example they may take images of themselves without considering the potential consequences. Alternatively, respondents noted that CYP may take images of others, with or without their consent. The implications of this are discussed in section 5.1.2.2.

Further themes included 'developmentally inappropriate behaviours' and 'elements of force and coercion'. Responses emphasised the need for professionals to view each presenting behaviour in the context of the child's age, developmental stage and within the legal considerations of capacity and consent.

4.3.4 Exploring EPs knowledge and skills regarding supporting CYP demonstrating HSB.

EPs perceptions of their knowledge and skills regarding supporting CYP demonstrating HSB were explored through the extent of their agreement with key statements (Figure 20).

Figure 20

Exploration of EPs perceptions of their knowledge and skills regarding supporting CYP demonstrating HSB.

Exploration of EPs knowledge and skills regarding supporting children and young people demonstrating HSB

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
I have knowledge/ skills to effectively manage the emotional impact on me as a professional when working with children and young people displaying or who are a victim of HSB	2.44%	10.98%	7.32%	65.85%	13.41%
I have knowledge/ skills for working directly (delivering interventions) with children and young people who are a victim of HSB	16.67%	35.90%	20.51%	26.92%	0.00%
I have knowledge/ skills for working directly (delivering interventions) with children and young people perpetrating HSB	21.79%	46.15%	14.10%	14.10%	3.85%
I have knowledge/ skills for developing plans/ reports (e.g., Target, Monitoring and Evaluation reports) for children and young people who are a victim of HSB	6.10%	23.17%	30.49%	39.02%	1.22%
I have knowledge/ skills for developing plans/ reports (e.g., Target, Monitoring and Evaluation reports) for children and young people perpetrating HSB	10.98%	21.95%	28.05%	34.15%	4.88%
I have the knowledge/ skills necessary for developing formulations which include HSB	3.66%	13.41%	20.73%	51.22%	10.98%
I have knowledge/ skills for assessing children and young people displaying or experiencing HSB	8.54%	20.73%	25.61%	41.46%	3.66%
I have knowledge/ skills for identifying HSB in children and young people I work with	1.22%	17.07%	23.17%	47.56%	10.98%
I fully understand what HSB in children and young people is	3.66%	30.49%	19.51%	36.59%	9.76%

Figure 20 highlights a significant number of respondents reported they do not feel they are fully equipped to support settings with HSB, over half indicating they do not feel they have the skills and knowledge to identify, assess, or to devise plans/ reports for those who are victims of, or who have perpetrated HSB. A considerable proportion indicated they do not perceive themselves to fully understand what HSB is, highlighting the need for further input and clarification around defining HSB and constituting behaviours.

The majority of respondents consider themselves to have the skills and knowledge to manage the emotional impact of HSB casework on themselves, possibly indicating that respondents are drawing on generic strategies used to manage the emotional impact of other types of casework.

4.3.5 Psychological Theories underpinning EPs practice.

Respondents were asked to state which theories guide their practice when working with CYP demonstrating HSB.

Considerations here involved whether theories should be grouped into themes, or whether they should be listed by the number of times they appeared within the dataset. The researcher opted to list all theories stated by respondents as it was felt this would highlight the broad nature of theories and approaches drawn upon (Table 2).

Table 2

Psychological theories underpinning EPs approach to HSB casework and formulation.

Psychological Theories/ Approaches	Number of respondents
Attachment Theory	28
Trauma theory and trauma informed approaches	26
Theories of development, social skills and understanding	17
Ecological Systems Theory	14
Social learning theory	13
Unsure	10
Cognitivism	6
Psychodynamic Psychology	5
Emotional wellbeing and regulation	4
Behavioural Psychology	4
Self-determination theory	3
Relational Psychology	3
Belonging	3
Theories around autism	3
Resiliency	2
Power Threat	2
Sensory modulation	2
Attribution theory	1
Change models	1
Executive functioning	1

Feminist Theory	*1*
Good lives theory	*1*
Humanistic Psychology	*1*
Motivational Theories	*1*
Narrative approaches	*1*
Person centred planning	*1*
Personal construct psychology	*1*
Polyvagal Theory	*1*
Problem analysis theories	*1*
Psychosexual theories	*1*
Psychotherapy Approaches e.g., PACE	*1*
Risk management theory	*1*
Social identity theory	*1*
Solution focused approaches	*1*
Unconditional positive regard	*1*

EPs draw upon a range of psychological theories when considering HSB, with a few predominant ones. Respondents emphasised that theories they draw upon depend on the context of the behaviours demonstrated. Psychological theories are discussed in section 5.1.2.4.

4.4 Research Question Three: What are the experiences of EPs with regards to considering HSB?

4.4.1 Overview of EPs casework involving HSB over the last five years

EPs were asked to indicate the number of cases within the last academic year (2022-2023) in which HSB has been a factor (Figure 22).

Figure 22

Number of Educational Psychologists cases in the last academic year in which HSB has been a factor.
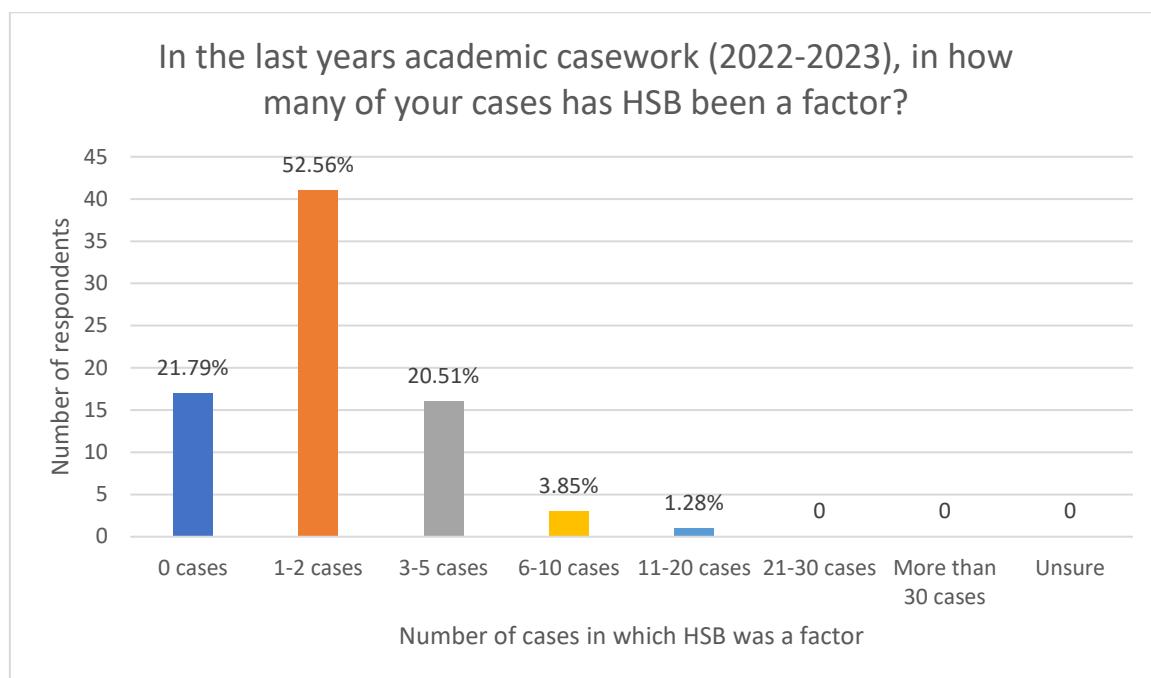
This question was added following the piloting phase, therefore, only 78 responses are captured within Figure 22. Of these, 61 respondents had at least one recent experience of casework which considered HSB.

Figure 23

Graph presenting the key stages in which HSB has been a factor for respondents.

Key Stages in which HSB has been a factor
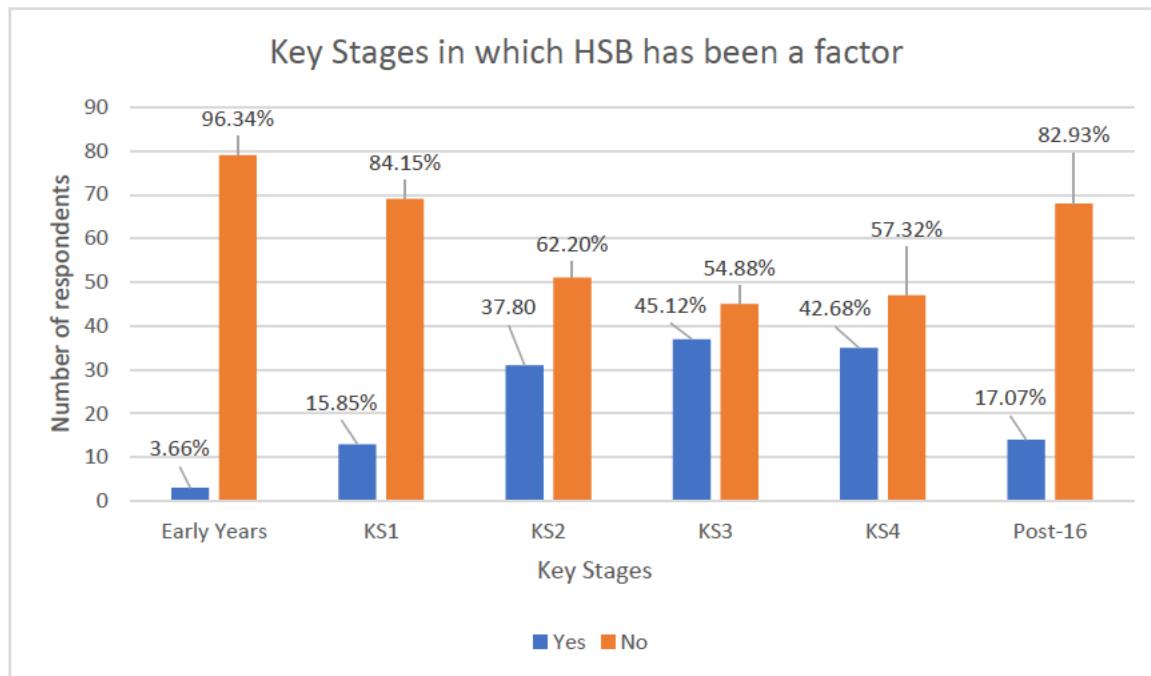
The highest number of reported instances of HSB casework concern pupils in Key Stages 2-4, indicating that casework involving HSB principally involved CYP in Years 4-9. Respondents reported few instances of casework involving CYP in Early Years, KS1 or those within post-16 settings. It should be noted that it is unclear if these results include instances within specialist provisions where key stages distinctions are not always used.

Figure 24

Graph demonstrating the number of reported instances of HSB where the CYP was reported to be a victim or a perpetrator of HSB per key stage.
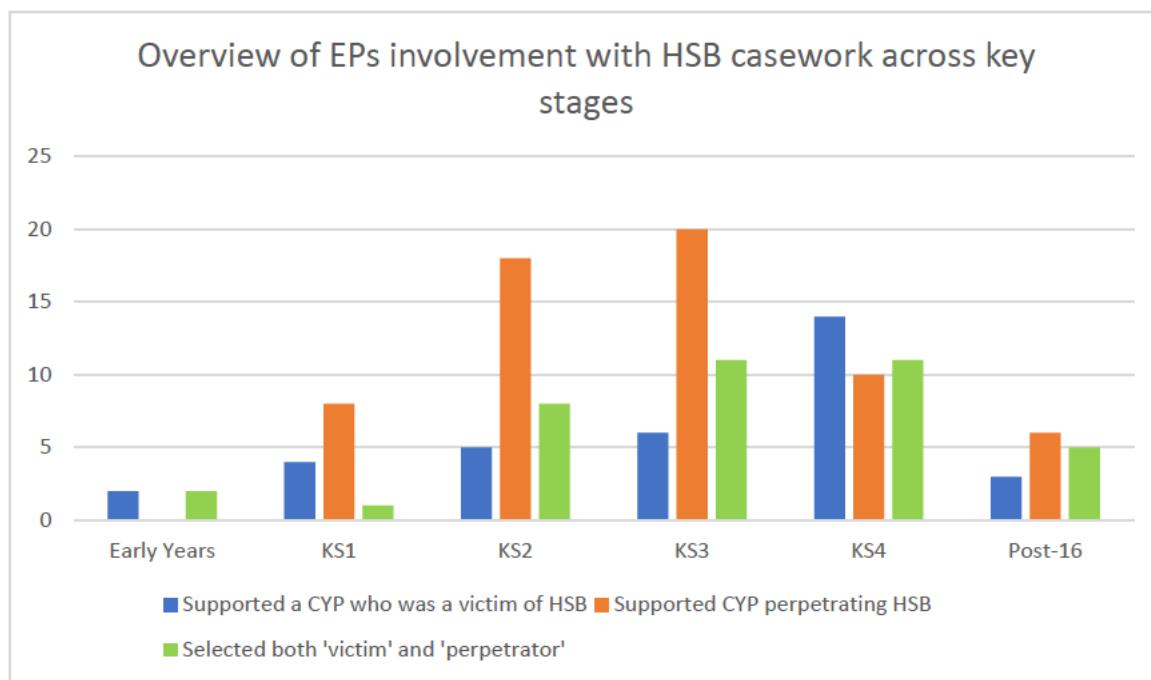
Figure 24 provides an overview of EP involvement with HSB casework across key stages, distinguishing between CYP who are victims or perpetrators of HSB. The categories within this figure are not however exclusive and it is unclear whether EPs who selected both 'victim' or 'perpetrator', supported one CYP who was both a victim and perpetrator, or whether they supported multiple CYP. Nevertheless, Figure 24 provides an overview of EP practice regarding HSB. Notably, the proportion of support provided to victims of HSB at KS4 increases considerably, in contrast to levels of support for perpetrators.

4.4.2 EPs perceptions of whether referrals regarding HSB has changed over the last five years.

Participants were asked whether they felt there has been a change in the number of cases involving CYP perpetrating HSB referred to them by school SENCOs over the last five years. Participants were firstly provided with a multiple-choice question (Figure 25), before being provided with an open-response box allowing them to elaborate on their selection. Few EPs elaborated on the answers given, therefore, one thematic map has been used to present themes across selection types (Figure 26).

Figure 25

Figure to show EPs perceptions of whether there has been a change in the number of cases involving CYP perpetrating HSB referred to them over the past five years.
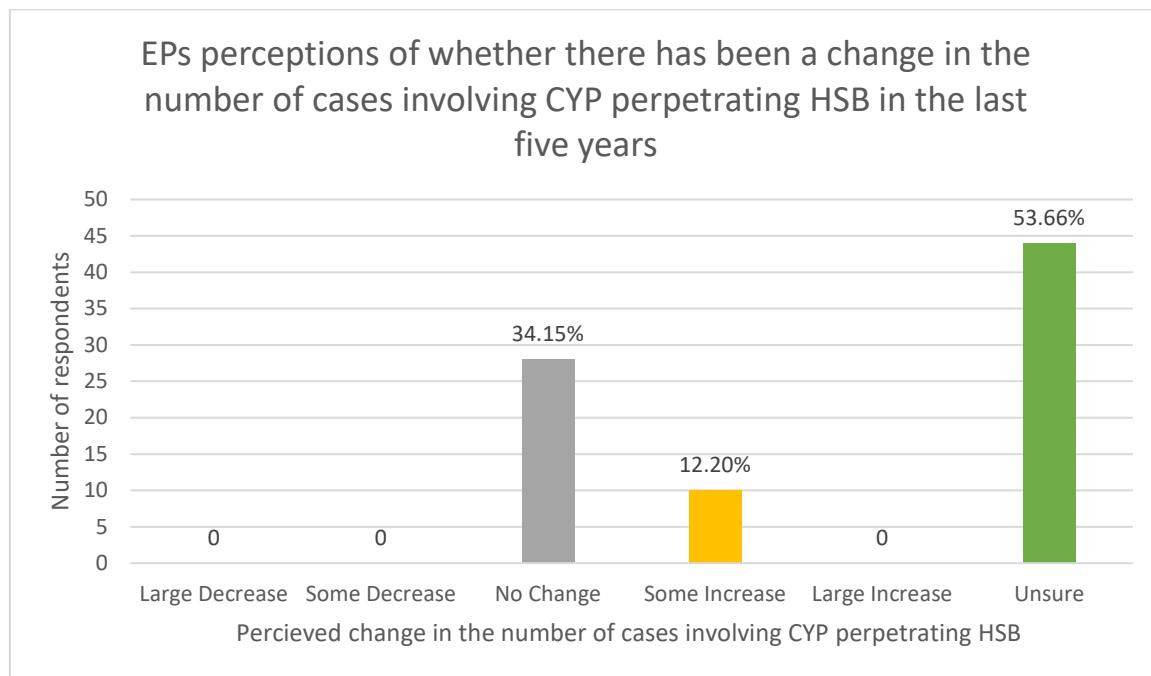
Over half of respondents shared they were unsure whether there had been a change in cases involving CYP perpetrating HSB. This may indicate that services or practices

are not monitoring instances of HSB, or EPs may not be aware of the nature of casework their colleagues are engaging in.

A proportion of EPs shared there were no changes in the number of cases referred, despite increased instances being reported in the media (see Chapter 1). It is unclear whether EPs are monitoring instances, or whether these findings are based on individual practitioners' perceptions.

A small proportion of EPs felt there had been a slight increase with respondents sharing they felt this is due to the impact of COVID and technological advancements (Figure 26).

Figure 26

Thematic map representing the key themes identified by respondents with regards to whether there has been an increase in the number of cases involving CYP perpetrating HSB in the last five years.
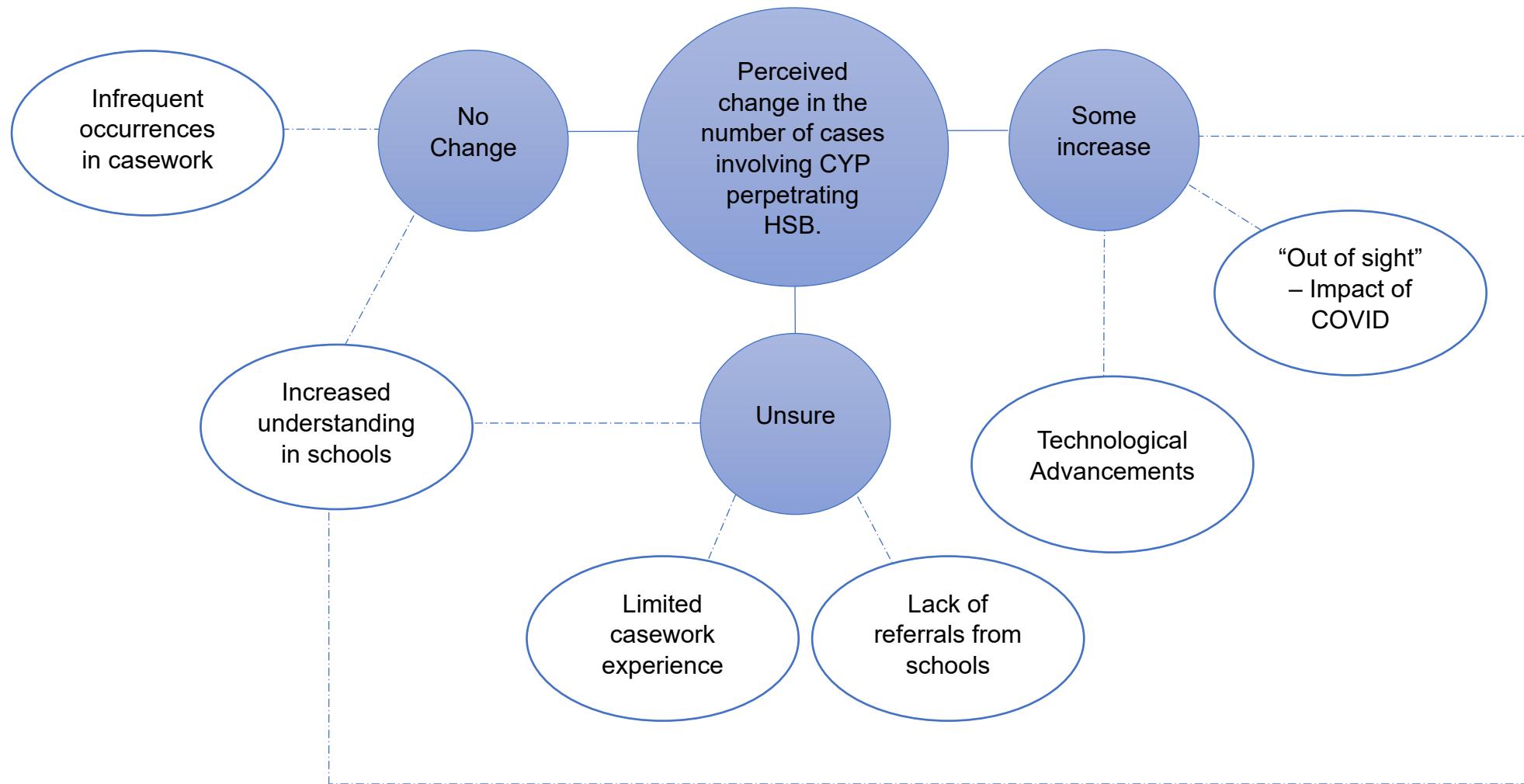
1. Thematic Analysis of data from respondents who indicated there had been 'no change' in the number of cases involving CYP perpetrating HSB.

Two themes were identified: 'increased understanding in schools' and 'infrequent occurrences in casework.'

Increased understanding referred to respondents sharing that cases relating to HSB are potentially not being directed to EP services/ practices "due to increased understanding and awareness in schools about HSB." This suggests that casework may not be referred due to schools supporting in-house or accessing support from other services. This view was supported by a respondent who indicated the EPS may only be notified if a SENCO is involved suggesting if alternative members of staff, such as DSLs are involved, EP support may not be sought.

Infrequent occurrences in casework refers to respondents feeling that they were unable to comment due to HSB occurring infrequently within their work, potentially due to the reasons outlined above. Extracts to support Figure 26 are included in Appendix 17.

2. Thematic Analysis of data from respondents who shared that they were unsure whether there had been a change in the number of cases involving CYP perpetrating HSB.

Of the 44 participants who selected 'unsure', nine elaborated on their responses. Three themes were identified: 'increased understanding in schools', 'limited casework experience' and 'lack of referrals from schools.' While these themes overlap with those who selected 'no change', they have been presented separately as they are viewed as being distinct categories.

In this instance increased understanding in schools refers to respondents feeling that the perception of HSB has changed and there is less acceptance of behaviours which may not have been considered previously.

Closely linked, the theme 'lack of referrals from schools' refers to some participants speculating that schools may not be referring cases to the service due to their own increased understanding of HSB. Additionally, other respondents commented that a lack of referrals has led to 'limited casework experiences', making it difficult for them to comment on this question. Example extracts are included in Appendix 18.

3. Thematic Analysis of respondents who perceived there to be a slight increase in the number of referrals involving CYP perpetrating HSB referred to the EPS.

Of the ten participants who selected 'slight increase', nine elaborated on their selection choice. Three themes were identified: '"Out of sight" – Impact of COVID', 'technological advancements' and 'increased understanding in schools.'

Respondents felt advancements in technology may have led to an increase in referrals, with CYP demonstrating HSB online via social media or image sharing applications. This closely links to '"out of sight" – impact of COVID' with respondents indicating that there may be an increase in referrals due to a "lack of socialisation opportunities leading to increased access to and use of inappropriate pornographic material and creating an alternative and skewed view of sexual relationships."

The remaining theme was a perceived 'increased understanding in schools.' This refers to participants noting that there has been an "increase in guidance and training available to school settings relating to HSB", potentially resulting in more instances being recognised and less tolerance demonstrated when identified. Supporting extracts are included in Appendix 19.

EPs were also asked to indicate whether they felt there had been a change in the number of cases involving CYP who are victims of HSB who had been referred to them by settings over the last five years (Figure 27).

Figure 27

Figure to show EPs perceptions of whether there has been a change in the number of cases involving CYP who are victims of HSB referred to them over the last five years.
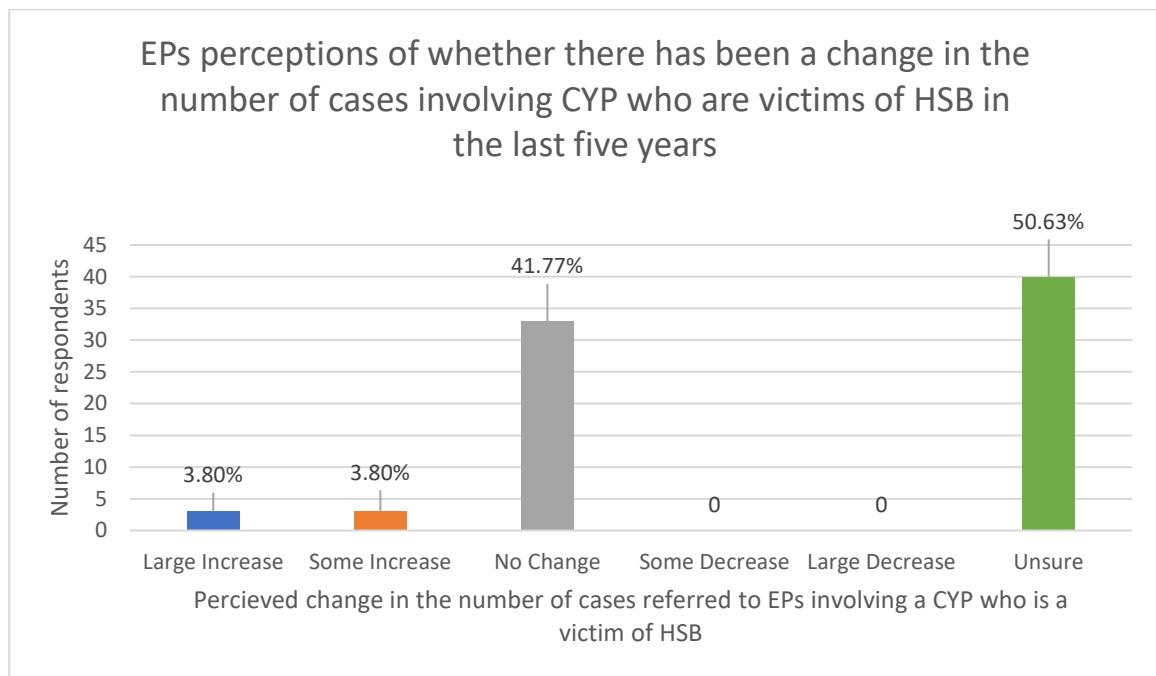
Only 79 respondents answered this question; half of whom stated they were unsure whether there had been a change in the number of cases referred to them, in line with the findings presented in Figure 25. As previously suggested, this may be due to cases involving HSB not being monitored by EP services or practices.

In comparison to cases involving CYP perpetrating HSB, a small proportion of respondents felt there had been an increase in the number of referrals involving CYP

who were victims of HSB. Due to the small number of respondents who elaborated on their answers, it was determined that the data was not comprehensive enough to complete a TA, instead responses have been provided in full in Appendix 20.

Similar themes emerge from the extracts included within appendix 20 regarding referrals for CYP perpetrating HSB. For example, the rising use of social media was noted across datasets, respondents perceiving this to be potential cause for increases in the number of referrals to EP services/practices. Respondents also noted increased technology use may increase access to sexually explicit content and the risk of online grooming.

COVID was also noted by respondents, one participant stating they felt there had been an increase in referrals since the pandemic, potentially due to a surge in technology use and the lack of face-to-face interactions. Additionally, this respondent shared that instances may have gone unnoticed during the pandemic when "protective factors such as attending education" were impacted due to lock-down.

Increased awareness of HSB in schools has been noted across datasets, with one respondent suggesting this may follow the publication of statutory guidance; this respondent also noticed an increase in referrals for CYP with learning disabilities and autism, although no elaboration on this was provided.

4.5 Research Question Four: To what extent do EPs feel confident in supporting educational settings with HSB?

4.5.1 EPs confidence levels when asked to support CYP perpetrating HSB.

Participants were firstly asked to rate the extent in which they felt confident when asked by a schools SENCO to work with a CYP perpetrating HSB (Figure 28) or a CYP who is a victim of HSB (Figure 32).

Participants were provided with an opportunity to elaborate on their given answers; responses were analysed using TA and are presented in figures 29-31.

Figure 28

Figure to show the extent in which EPs feel confident when asked to work with a CYP perpetrating HSB.

To what extent do EPs feel confident when asked to work with a CYP perpetrating HSB

- 3.66%
- 6.10%
- 24.39%
- 40.24%
- 25.61%

Legend: ■ Very confident ■ Confident ■ Neither confident nor unconfident ■ Unconfident ■ Very unconfident
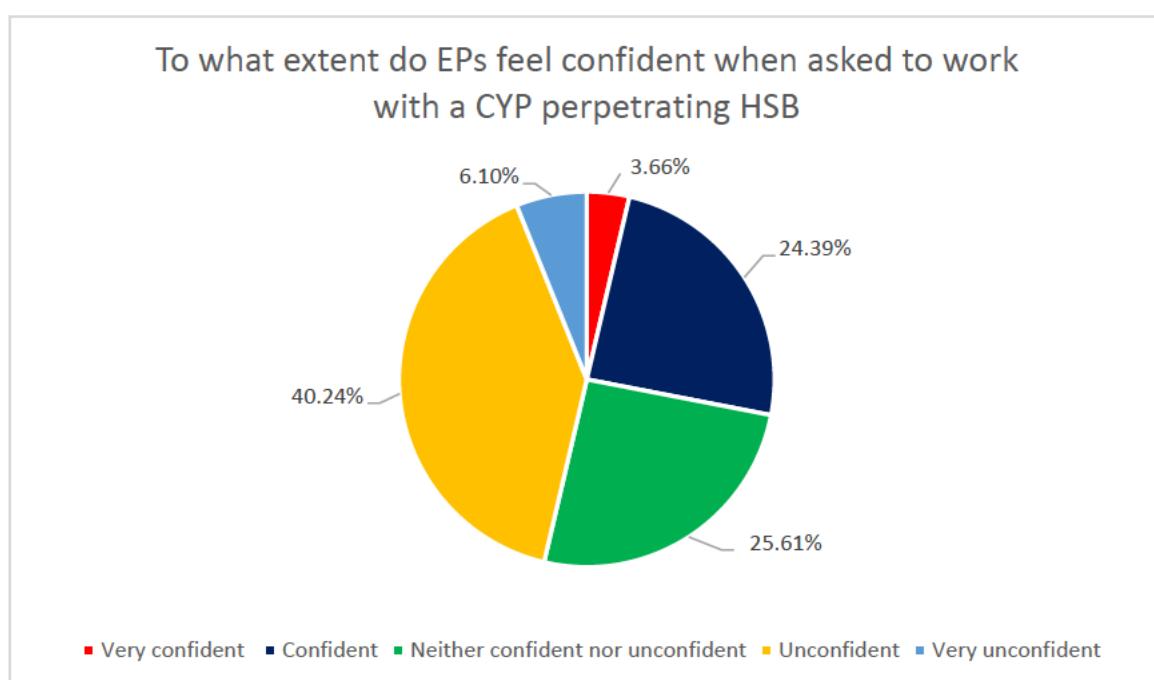
Figure 28 illustrates the lack of confidence amongst respondents, with only a small proportion indicating that they would feel confident when asked to work with CYP perpetrating HSB. The remaining 25.61% indicated that they neither agreed nor disagreed with the statement, suggesting they may be unsure of how confident they would be. This may be influenced by the nature of the casework and the level of involvement within each case.

Figure 29

Thematic map representing the key themes identified by respondents who shared they feel very confident or confident when asked to work with CYP perpetrating HSB.
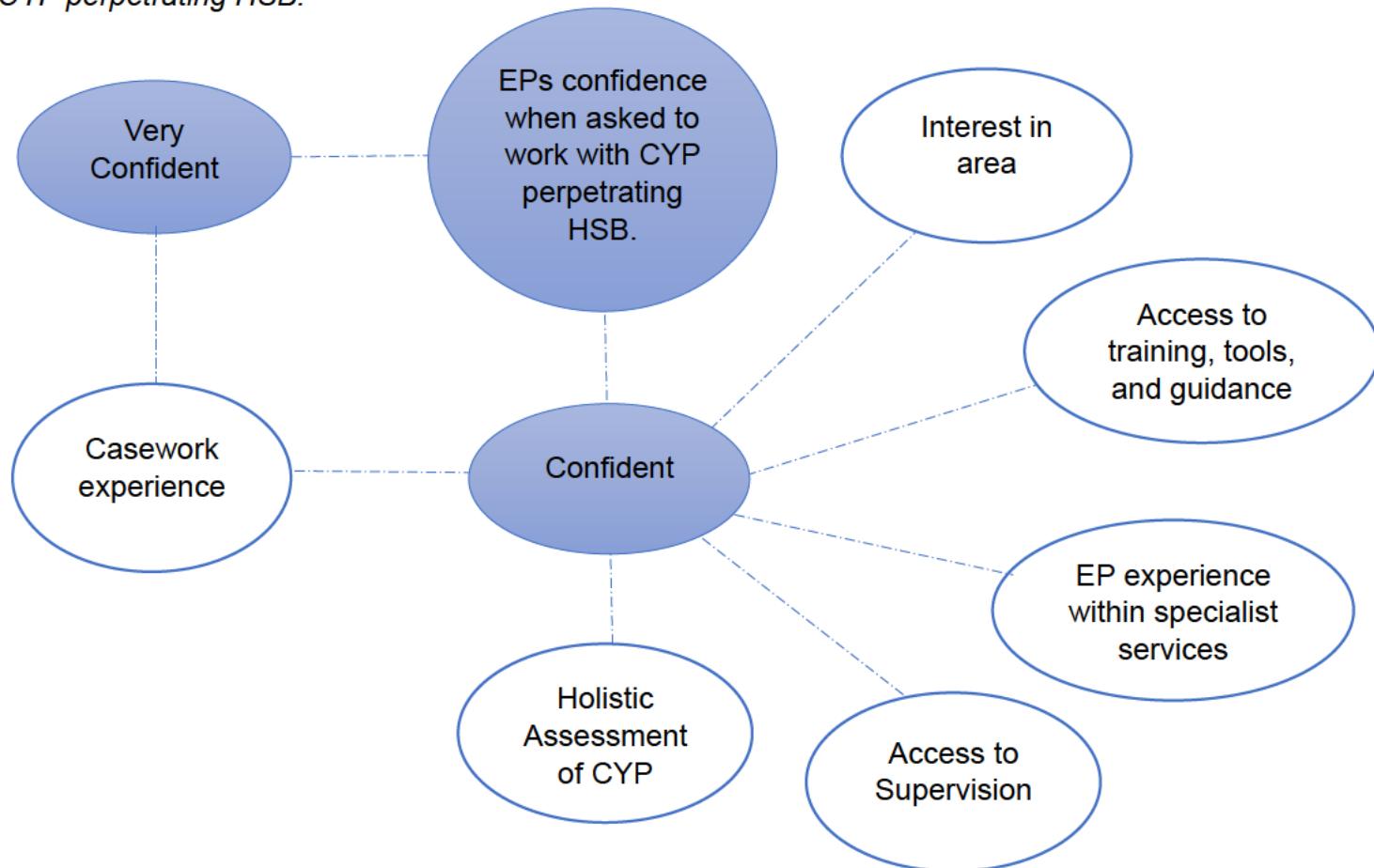
Extracts to accompany Figure 29 are included in Appendix 21; while Figure 29 presents an overlap between themes, these have been maintained as separate categories due to distinct features. The theme 'casework experience' refers to those who feel confident or very confident when SENCOs propose such casework due to previous experience. However, those who selected very confident referenced specific training undertaken such as AIM training (Leonard & Hackett, 2019).

Five additional themes were identified from those who selected confident, including "holistic assessment of CYP." This refers to respondents highlighting the importance of viewing "the perpetration of HSB to be part of wider behavioural and emotional issues…" and considering context, developmental appropriateness and whether the CYP has a special educational need (SEN). Respondents also highlighted the importance of focusing support "on the young person's wellbeing and understanding of the world" rather than concentrating solely on the HSB.

'Access to training, tools and guidance' refers to EPs developing their knowledge base surrounding HSB either through continued professional development (CPD), engagement in working groups based on their own interest in the topic area or having guidance they could draw upon, in turn developing their confidence within this area.

Respondents also noted that working with and learning from colleagues within other services has helped to develop their confidence, for example working with services such as CAHMS and Youth Justice.

The final theme, 'access to supervision' refers to respondents noting that knowing they have access to supervision and that they are able to draw on the knowledge of

their colleagues aids their confidence when asked to support CYP perpetrating HSB

in schools.

Figure 30

Thematic map representing the key themes identified from respondents who indicated that they feel 'neither confident nor unconfident' when asked to work with CYP perpetrating HSB.
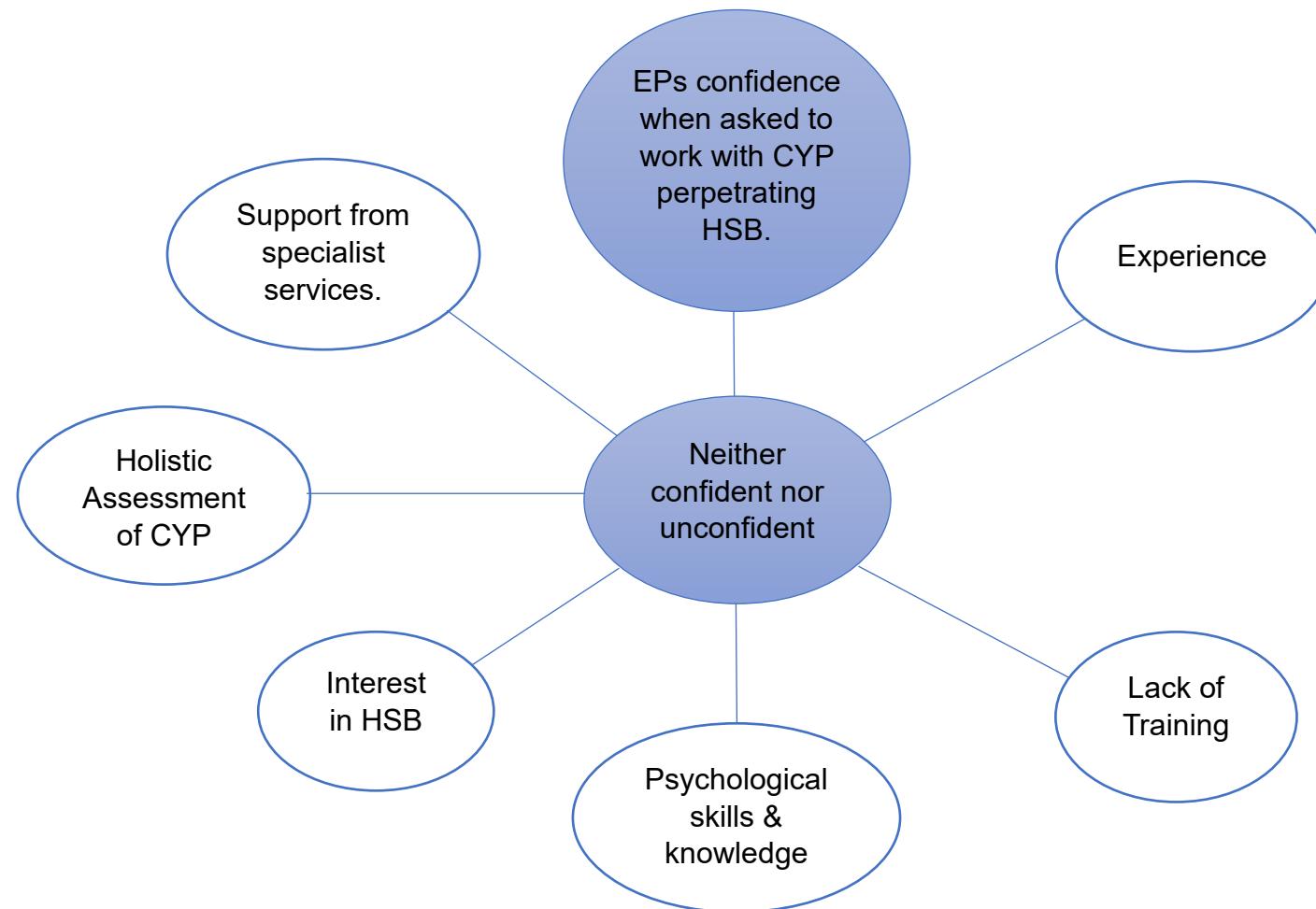
Six themes were identified from the responses encapsulated in Appendix 22. The theme experience refers to a number of respondents sharing that they have some experience of HSB casework, but due to a lack of referrals to the service, they do not feel that their knowledge is up to date. In comparison, other respondents indicated that they have not had any previous experience regarding HSB casework and have not been asked to support CYP perpetrating HSB by a SENCO.

Many themes overlap; however distinctions have been made for the purpose of the analysis. For example, respondents noted that having psychological skills and knowledge on which they could draw aids their confidence when asked to engage with such casework. However, due to limited experiences, respondents were unsure if they would be confident working with CYP perpetrating HSB as reflected within this extract: "I haven't had a great deal of cases in this area so I can't claim to be overly confident in dealing with this situation, but at the same time I believe I have the necessary skills to deal with it."

A further related theme is 'holistic assessment of CYP', with respondents noting "these cases can be more difficult sometimes because the behaviour is uncomfortable for adults to discuss objectively." However respondents noted that they would approach the casework in the same manner as other casework but would additionally draw upon 'support from specialist services.' Respondents did not indicate whether accessing these would increase their confidence when asked to work with CYP perpetrating HSB.

A prominent theme identified from the responses was a lack of training offered during training courses and a lack of CPD opportunities within LAs, one respondent sharing

that the last training received regarding HSB was 16 years ago. In contrast, one respondent stated that they had engaged in further reading and sought additional CPD opportunities due to their own interest in the area. Potentially, having opportunities to engage in training may increase EPs confidence when asked to complete such casework. Respondents' views on training will be explored further in section 4.5.

Figure 31

Thematic map representing the key themes identified by respondents who indicated that they feel unconfident or very

unconfident when asked to work with CYP perpetrating HSB.
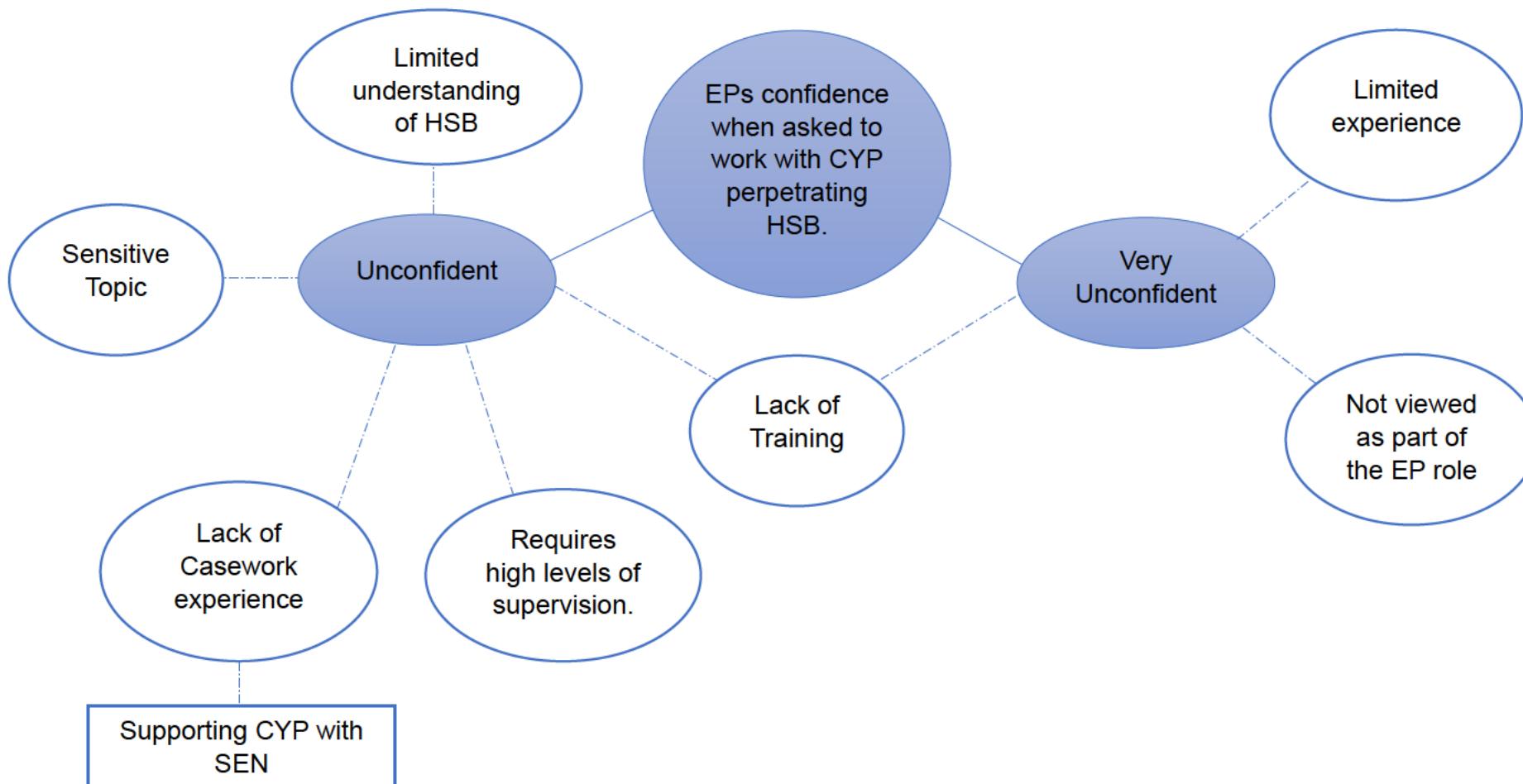
Five themes were identified by those who selected unconfident: 'limited understanding of HSB', 'sensitive topic', 'lack of casework experience', 'requires high levels of supervision' and 'lack of training.' Example extracts to accompany Figure 31 are included in Appendix 23.

Lack of training was prominent within the dataset, with respondents suggesting they lack confidence with casework involving CYP perpetrating HSB due to the lack of HSB specific input received on training courses and a lack of CPD opportunities within their current services. Further, respondents highlighted if they do complete such casework, they require high levels of supervision.

Lack of casework experience appeared to be a factor within respondent's low confidence levels with participants stating that they have "limited experience/ training for engaging with this type of casework" and "it is not something that I come across often." Respondents also noted that while they may have had experience in this area their confidence levels diminish when asked to complete work involving HSB with CYP with SEN. These respondents indicated they feel CYP with SEN do not always receive education around sexual development, and that schools often misunderstand what behaviours are harmful, or are part of, usual sexual development potentially complicating involvement.

Respondents also noted   a 'lack of knowledge' regarding HSB generally, noting that they have a limited understanding of what is considered developmentally appropriate and what their role within this casework should or could be, indicating a training need.

It was also noted that the sensitive nature of this casework can cause discomfort when talking to both CYP and adults and can be emotive to all involved, including the EP themselves.

Following an analysis of responses gathered from those who selected very unconfident, three themes were identified, including 'lack of training' which overlapped with those who selected unconfident. The further themes were 'limited experience', with respondents indicating that they have had no prior experience of being asked to support with such casework, and 'not viewed as EP role' with one respondent querying whether this would be within the EP remit, or whether this would be the role of a social worker.

4.5.2 EPs confidence levels when asked to support CYP who are victims of HSB.

Figure 32

Figure to show the extent in which EPs feel confident when asked to work with CYP who are victims of HSB.

To what extent do EPs feel confident when asked to work with CYP who are victims of HSB

- Very Confident
- Confident
- Neither confident nor unconfident
- Unconfident
- Very Unconfident
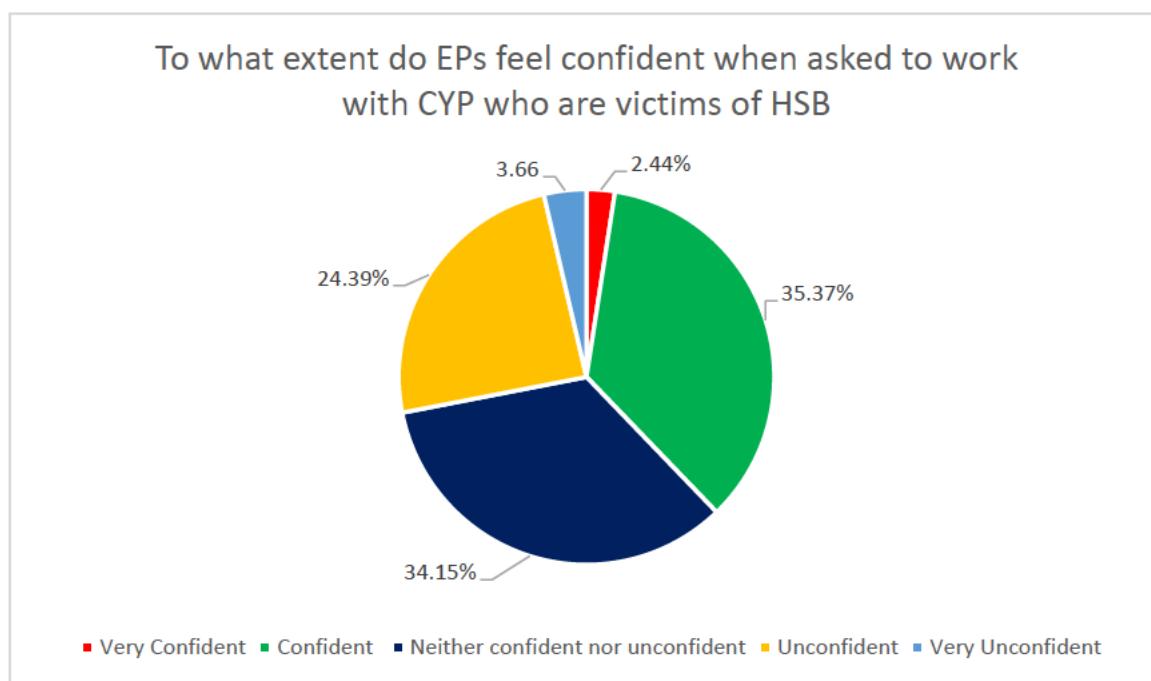
Compared to Figure 28, a high proportion of respondents indicated that they would feel confident if asked to work with a CYP who is a victim of HSB. The number of respondents who indicated they would feel unconfident was also less than the number of respondents who indicated they would feel unconfident working with a perpetrator, indicating that EPs feel more confident when asked to complete HSB casework which focuses on supporting a victim.

Over a quarter of respondents indicated that they neither agree nor disagree with the statement, potentially indicating they may be unsure of how confident they would be, or their confidence may be dependent on the nature of the casework presented to them.

Figure 33

Thematic map representing the key themes identified by respondents who shared they feel very confident or confident when asked to work with CYP who are victims of HSB.
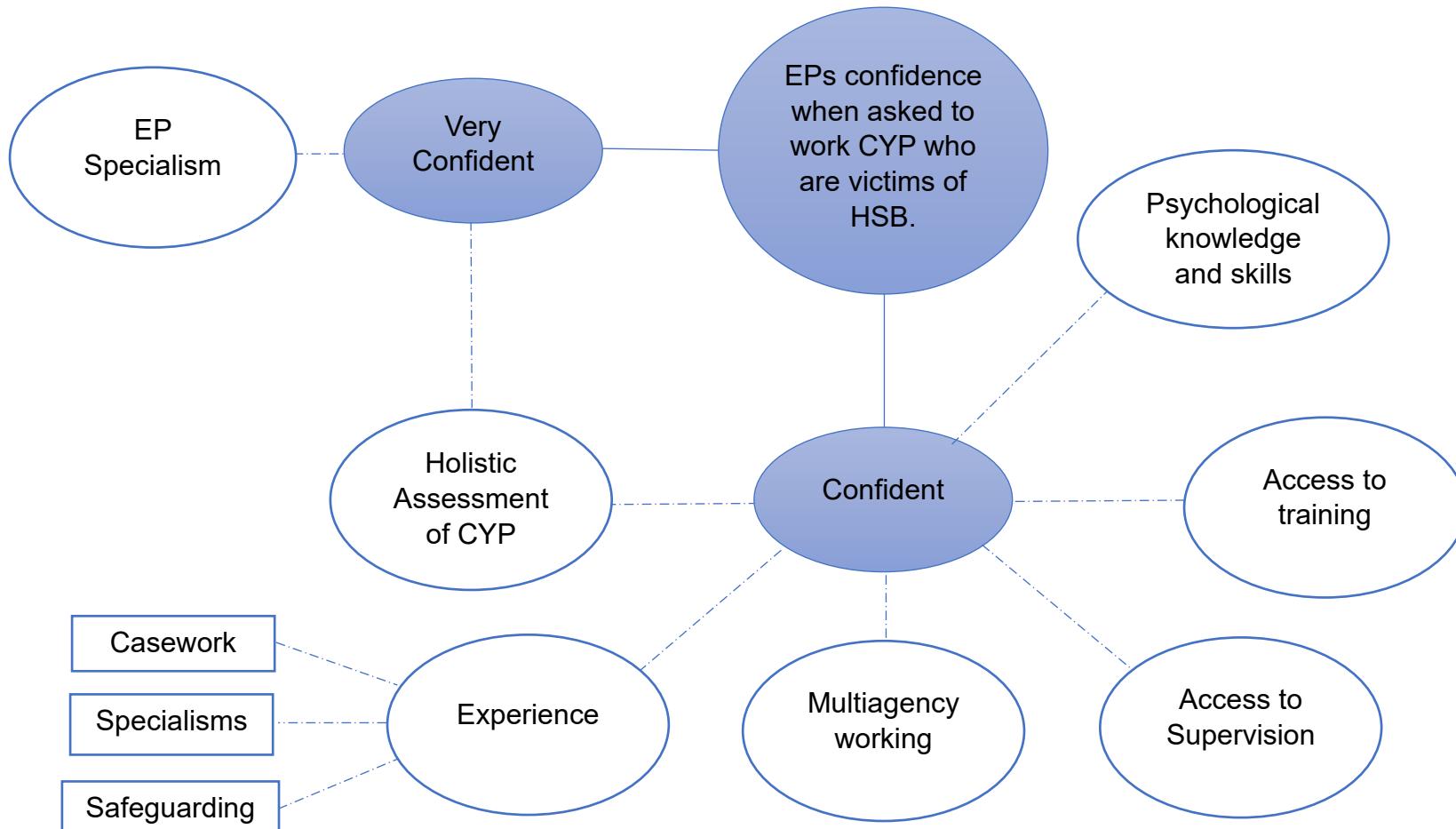
Only two respondents selected 'very confident', both elaborated on their rating. Two themes were identified. 'EP specialism' refers to participants having specialist roles which have provided increased experiences with casework. Whereas 'holistic assessment of CYP' refers to respondents approaching casework in the same manner as other pieces of work, viewing the CYP within the wider context of their interconnecting systems.

In comparison, 28 out of 29 respondents who selected 'confident' elaborated on their choice. Six themes were identified: 'psychological knowledge and skills', 'access to training', 'access to supervision', 'multiagency working', 'experience' and 'holistic assessment of CYP.'

Psychological knowledge and skills refer to participants sharing they feel confident drawing upon theories such as trauma theories to support those who have experienced HSB. Additionally, respondents shared that they feel the core skills of an EP are "valuable in any situation when we are working collaboratively to develop shared understanding about behaviour and the impact of behaviours on others…" This was reflected by another respondent who stated: "working with a victim of HSB most likely involves using a lot of the core psychological principles we, as EPs, use day to day. Whilst I wouldn't feel confident providing support for the HSB itself (e.g., therapeutic support), I believe I could use my skills as a psychologist to support the child in school in other ways."

Having access to training has increased respondents' confidence with this casework, one participant stating they "received some training and signposting at university."

However, this theme was only identified from two responses, suggesting that most EPs may not have received specific training. This is explored in section 4.5.

Respondents also suggested having 'access to supervision' and being able to "draw upon the knowledge of my colleagues in the service" also supported their confidence. Similarly, respondents shared they value 'multiagency working' and being able to draw on the knowledge of colleagues within other services, for example, one participant stated: "I work closely with social care teams in my role and would feel confident in contributing to multi-agency discussions to support formulation and intervention."

The theme 'experience' comprised of three subthemes: 'casework', 'specialisms' and 'safeguarding.' Experience with casework regarding victims of HSB, was also noted, with one respondent stating they "had more experience of victim rather than perpetrator cases" and that they feel "more confident and experienced in supporting CYP through this, as I have had more experience and training in trauma. Many of the tools and ideas are often relevant for these CYP." Additional respondents also shared they had prior experience within specialist services or have worked closely with services which offer support regarding HSB, increasing their confidence. The remaining subtheme, 'safeguarding' referred to participants having "…more experience of responding to safeguarding concerns where the child referred to me is a victim of some sort. I have experience of following safeguarding procedures in these cases."

Example extracts accompanying Figure 33 are included in Appendix 24.

Figure 34

Thematic map representing the key themes identified by respondents who shared they feel neither confident nor unconfident when asked to work with CYP who are victims of HSB.
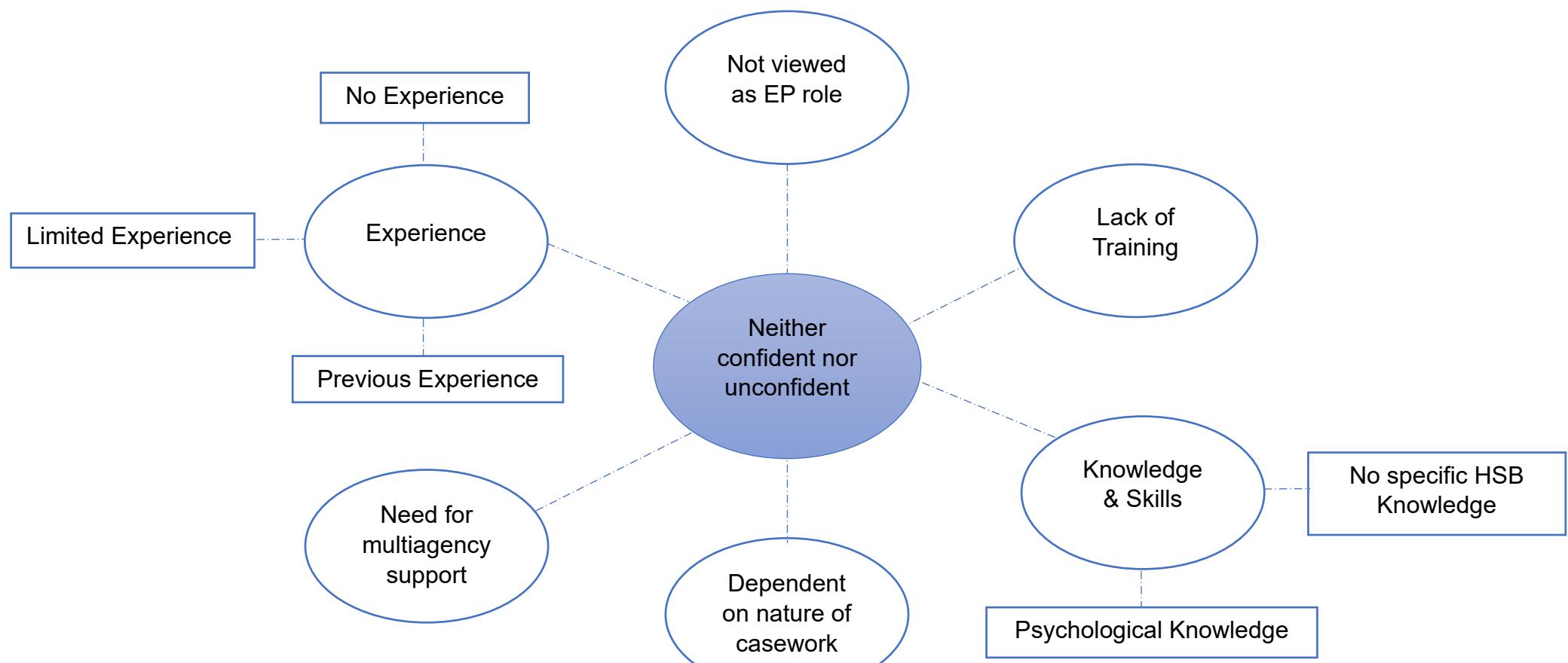
Six themes and five subthemes were identified from the responses provided by those who neither agreed nor disagreed.

'Experience' was a prominent theme with three subthemes: 'no experience', 'limited experience' or 'previous experience.' 'No experience' refers to respondents sharing they neither felt confident nor unconfident because they "…do not have particular direct experience in working with victims of HSB." Further respondents felt they could not accurately estimate their confidence as they had not been in a position where they had been asked to support such casework: "I have never been asked to do this and would need to consider why my involvement was being sought before being able to accurately assess my confidence." 'Previous experience' referred to respondents having experience with HSB casework or supporting CYP who have experienced sexual abuse, in turn increasing their levels of confidence. 'Limited experience', referred to respondents sharing that while they had experiences with HSB previously, they do not feel that they have adequate experience in their current role to confidently support such casework when asked to by a school.

The theme 'knowledge and skills' comprised of two subthemes: 'no specific HSB knowledge' and 'psychological knowledge.' No specific HSB knowledge refers to respondents feeling that they do not have specific knowledge of the subject area and while they feel they could draw on their psychological theory, they worry that the CYP is not receiving the most appropriate support. This is outlined in the extract included in accompanying extract table located in Appendix 25. In comparison, psychological knowledge refers to respondents having knowledge on which they feel they can draw upon to support such casework.

'Dependent on nature of casework' refers to participants confidence supporting CYP who are victims of HSB being influenced by the specific type of work they are asked to support with. One respondent indicated they would feel confident speaking with adults but would not feel comfortable completing direct work with the CYP. While another respondent emphasised the need to clarify what is expected of them prior to undertaking any work to ensure they are the most appropriate professional for the role. This theme closely relates to 'not viewed as EP role' which was noted by three respondents; in two of these responses, participants queried whether this type of work would be the role of a social worker rather than an EP.

The first of the remaining themes was 'lack of training', referring to respondents sharing that they had not received training around HSB, or training they had received was considered outdated. The second theme 'need for multiagency support' referred to one respondent believing that they feel this type of casework requires a multiagency approach, and without support from colleagues from differing agencies, they would query their confidence in working with CYP who are victims of HSB.

Figure 35

Thematic map representing the key themes identified by respondents who shared they feel unconfident or very unconfident when asked to work with CYP who are victims of HSB.
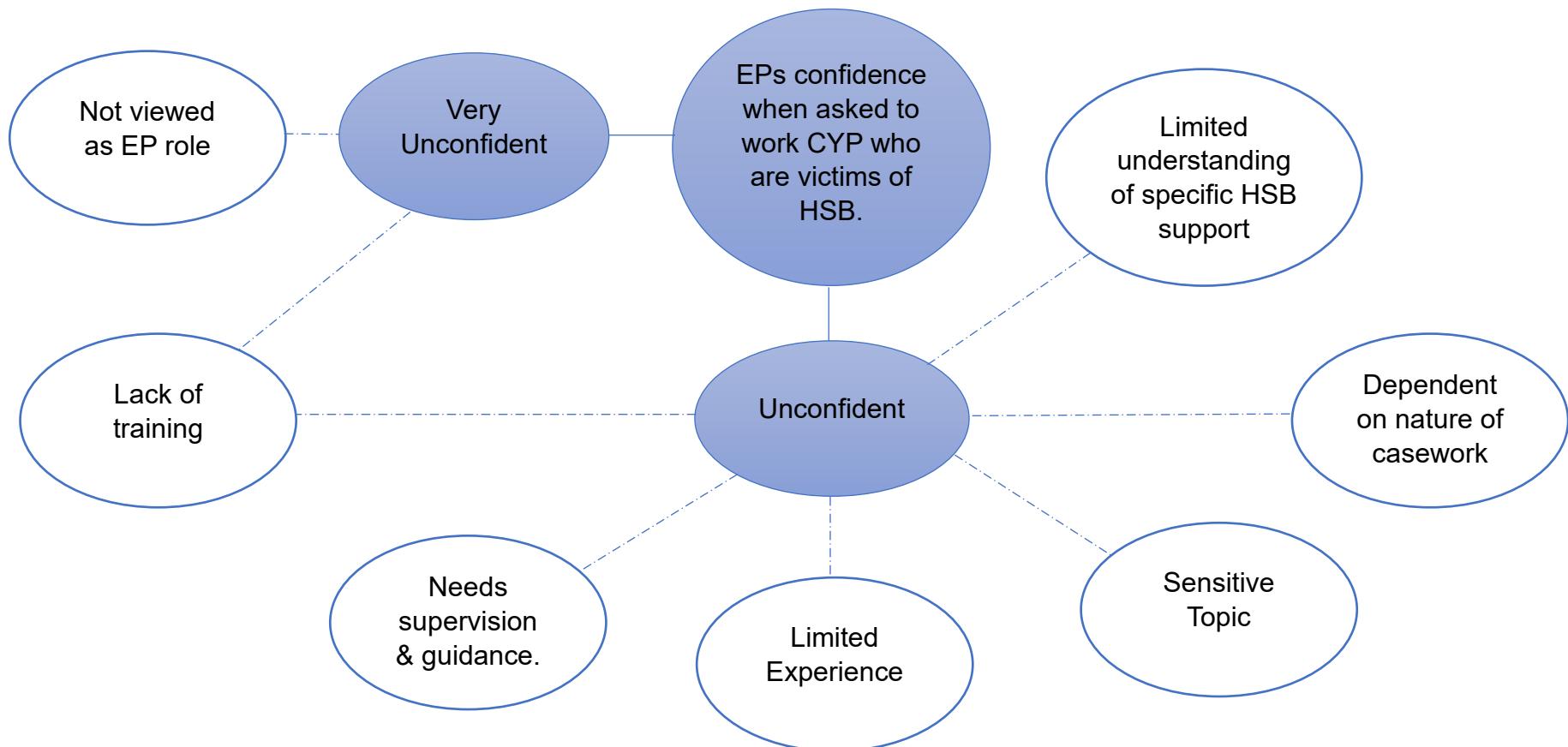
Figure 35 presents the key themes identified from the responses obtained from participants who indicated they feel unconfident, or very unconfident, when asked to work with CYP who are victims of HSBs. These categories were viewed as having distinct features and have therefore been analysed separately.

Six themes were identified from respondents who selected unconfident: 'lack of training', 'limited experience', 'sensitive topic', 'limited understanding of specific HSB support', 'dependent on nature of casework', and 'needs supervision and guidance.'

The most prominent theme is 'lack of training', with respondents indicating they did not receive training on HSB as part of their doctoral training, or through CPD offered by their current employers. Respondents noted this lack of training was impacting their confidence, indicating a need for training around HSB.

'Limited experience' refers to respondents having little or no experience with casework, or with this topic area. This highlights the need for input around this topic, especially as EPs may support such casework within their professional career as shown in Figure 22.

Respondents acknowledged this is a difficult, sensitive, and emotive topic area as reflected in the theme 'sensitive topic.' Respondents shared this can be emotive to all involved, including themselves as professionals, resulting in a level of discomfort. To support their casework, respondents indicated they would require supervision and guidance, particularly to ensure they were proficiently following safeguarding protocol.

The remaining themes included 'limited understanding of specific HSB support' with EPs stating they are unaware of "what might be the most helpful to the CYP…" and

they are" not sure what appropriate intervention is." The final theme was 'dependent on nature of casework', with respondents sharing their confidence is dependent on what their role within the casework would be, for example respondents indicated that they would be confident consulting with adults but would not be comfortable completing direct work.

Overlapping with the themes above, two themes were identified from the responses provided by those who selected very unconfident: 'lack of training' and 'not considered EP role.' Responses indicated that participants are concerned about their lack of training around this topic and worry they would "…inadvertently retraumatise the young person."

Supporting extracts are included within Appendix 26.

4.5.3 Exploring EPs confidence identifying, assessing, and supporting CYP regarding HSB.

To explore EPs confidence in varying contexts, such as having their involvement sought in the identification of HSB, potential direct work with a CYP or working as part of a multiagency team, participants were provided with a series of statements and asked to state the extent in which they agree or disagree (Figure 34).

Figure 36

Exploration of EPs perceptions of their confidence with HSB casework in varying contexts

Exploration of EPs confidence with HSB casework in varying contexts

I feel comfortable supporting schools with HSB casework
- 8.54%
- 21.95%
- 20.73%
- 40.24%
- 8.54%

I am confident identifying HSB in CYP I work with
- 1.23%
- 29.63%
- 19.75%
- 40.74%
- 8.64%

I am confident assessing CYP displaying HSB
- 7.32%
- 31.71%
- 19.51%
- 37.80%
- 3.66%

I am confident including HSB in my psychological formulations
- 3.66%
- 21.95%
- 20.73%
- 45.12%
- 8.54%

I am confident developing plans/ reports (e.g., TME reports) for CYP perpetrating HSB
- 8.54%
- 31.71%
- 26.83%
- 29.27%
- 3.66%

I am confident developing plans/ reports (e.g., TME reports) for CYP who are a victim of HSB
- 7.32%
- 24.39%
- 30.49%
- 36.59%
- 1.22%

Number of respondents

Legend: ■ Strongly Disagree ■ Disagree ■ Neither agree nor disagree ■ Agree ■ Strongly Agree

Legend: ■ Strongly Disagree ■ Disagree ■ Neither agree nor disagree ■ Agree ■ Strongly agree

X-axis: Number of respondents

I am confident working directly with CYP perpetrating HSB (e.g., delivering interventions)
- 14.63%
- 45.12%
- 17.07%
- 20.73%
- 2.44%

I am confident working directly with CYP who are a victim of HSB (e.g., delivering interventions)
- 10.98%
- 40.24%
- 19.51%
- 28.05%
- 1.22%

I am confident working directly with parents or carers of CYP perpetrating HSB
- 12.20%
- 26.83%
- 26.83%
- 30.49%
- 3.66%

I am confident working directly with parents or carers of CYP who are a victim of HSB
- 9.76%
- 29.27%
- 26.83%
- 30.49%
- 3.66%

I am confident working as part of a multidisciplinary team to support CYP perpetrating HSB
- 4.88%
- 13.41%
- 14.6%
- 52.44%
- 14.63%

I am confident working as part of a multidisciplinary team to support CYP who are victims of HSB
- 6.10%
- 9.76%
- 14.63%
- 59.76%
- 9.76%

I am confident creating training in relation to HSB
- 30.49%
- 35.37%
- 15.85%
- 10.98%
- 7.32%

I am confident delivering training in relation to HSB
- 30.49%
- 26.83%
- 23.17%
- 12.20%
- 7.32%

123

Figure 36 highlights that less than half of respondents shared they feel confident supporting schools with HSB casework. Further, less than half of respondents indicated they feel confident identifying and assessing HSB, potentially due to their perceptions around their knowledge and skills regarding these aspects of HSB casework (see section 4.3.4). Respondents also shared they lack confidence developing plans/ reports for both CYP who have perpetrated, or who are victims of HSB.

Over half of respondents also indicated they feel unconfident working directly (e.g., delivering interventions) with CYP perpetrating HSB, while half of respondents indicated they would feel unconfident working directly with CYP who are victims of HSB. Comparatively, half of respondents felt confident considering HSB within their psychological formulations. This suggests that respondent's confidence is dependent on the nature of their involvement, with responses indicating EPs feel confident considering HSB and the potential impact this may have on CYP, but do not feel confident identifying HSB or carrying out direct work.

A high proportion of respondents shared that they would feel confident working as part of a multidisciplinary team to support CYP where HSB has been a factor, but this confidence reduces when working with or consulting parents/ carers of those involved.

There also appeared to be consensus from respondents that they lack confidence creating or delivering training around HSB, which may be linked to respondents indicating they have not received training around this topic themselves (see section 4.6.4).

4.6   Research Question Five: What training, resources and policy do EPs need to

support educational settings with HSB?

To explore what training, resources and policy EPs require to support settings with

HSB casework, respondents were provided with a series of questions which provided

descriptive data, and corresponding qualitative data. Data obtained from these

questions will be discussed in turn.

4.6.1 Exploration of Educational Psychology Service or Practice Guidance and Policies regarding HSB

Respondents were asked to state whether their EP service or practice has a policy

around responding to HSB (Figure 35).

Figure 37

Figure to show whether participants EP service or practice has a policy regarding responding to HSB.

Does your Educational Psychology Service or Practice have a policy around responding to HSB?
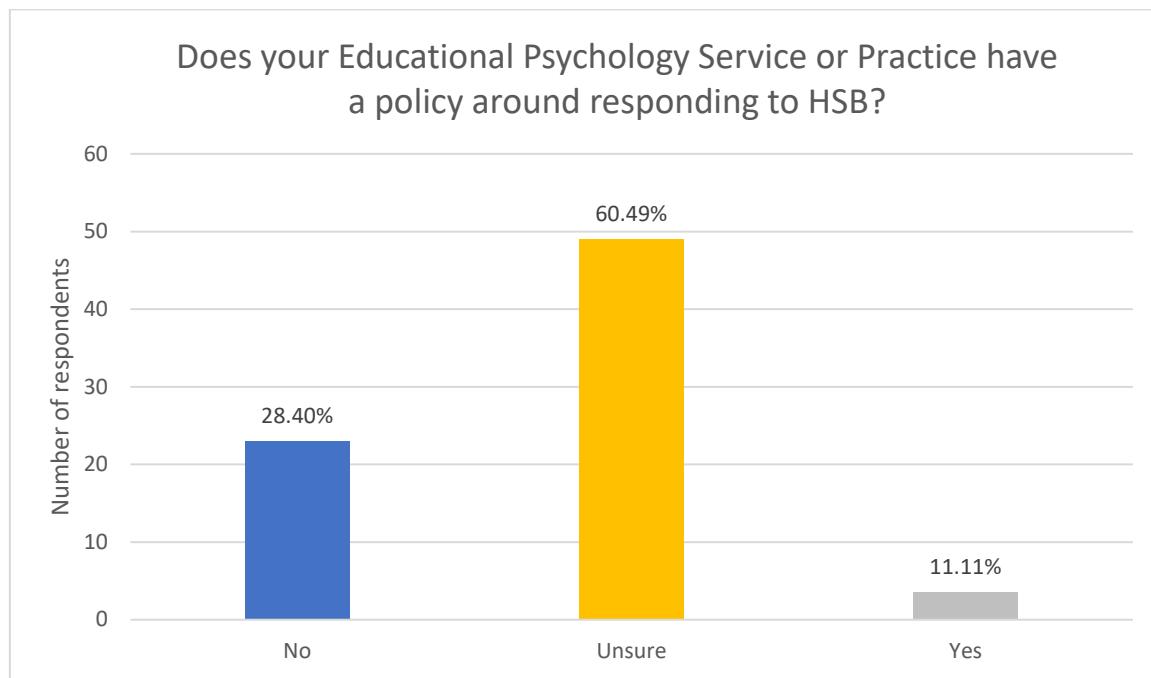
Only a small proportion of respondents indicated their service or practice has a policy regarding HSB, whereas over half of respondents shared they were unsure whether one had been developed.

Following the above question, respondents working for an LA were asked whether the policy was used across other departments, for example social care or adoption services. Responses are presented in Figure 38.

Figure 38

Figure to show whether their local authority policy is used across other departments.
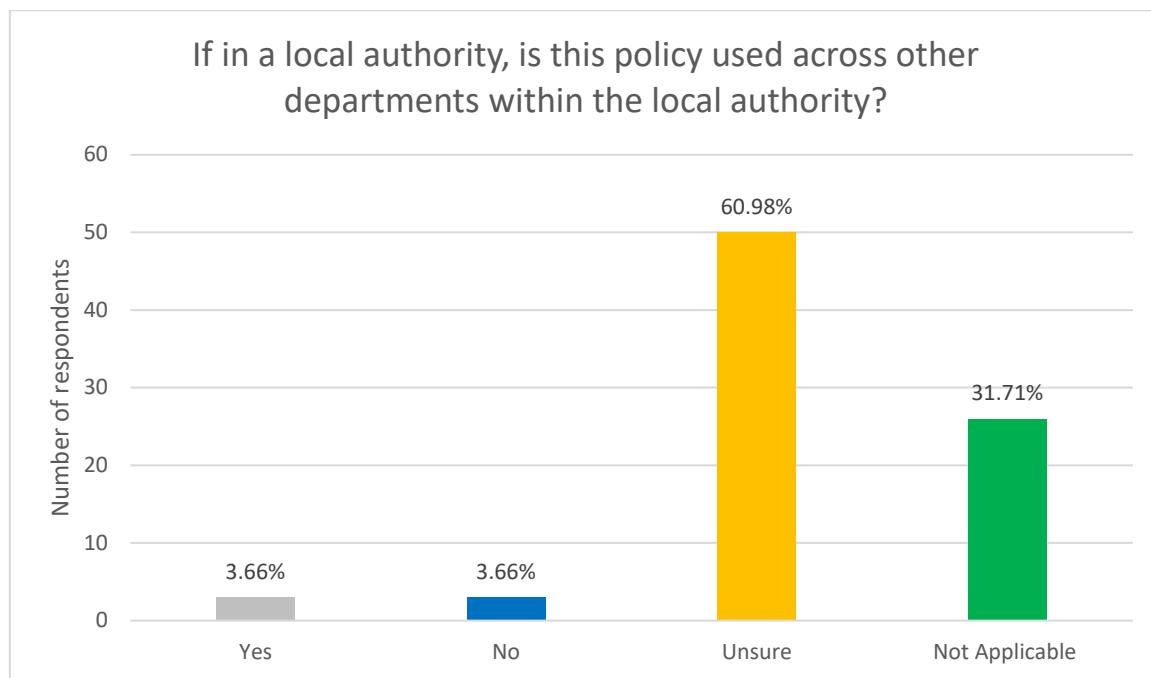
Over half of respondents indicated that they were unsure whether any developed HSB policy was used across other departments within the LA. Of those who indicated that it was, respondents stated the following: "social care" departments, "safeguarding partnerships so all partners have access to it, however, it was launched prior to covid and was not well publicised so it is now being reviewed and

will be relaunched" and "schools and children's services in general would use it. It is a LA policy not an EP one."

Respondents were then asked to indicate if they felt an EP service or practice policy regarding HSB would be helpful (Figure 39).

Figure 39

Figure to show whether EPs feel an EP service or practice policy around HSB would be helpful.
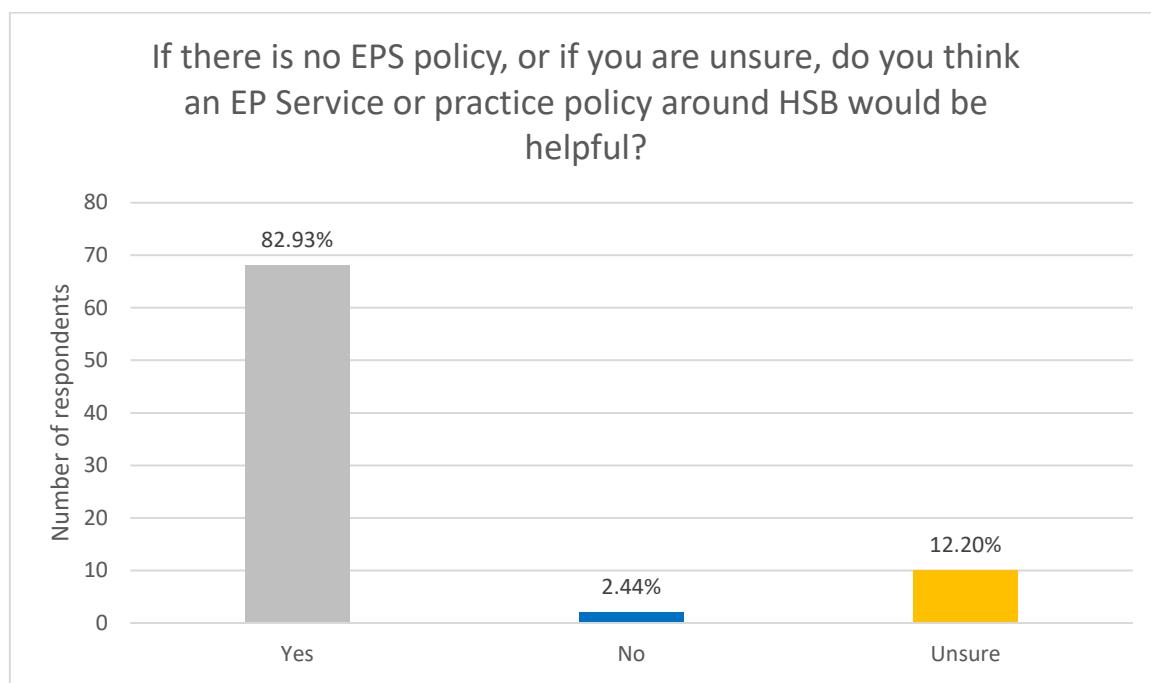
The majority of respondents felt that a service/ practice policy around HSB would be helpful, while a small minority indicated that it would not. Respondents were asked to explain their chosen selection; key themes are included in figures 40 and 41.

Figure 40

Thematic map representing the key themes identified by respondents who shared they feel an EP service or practice policy regarding HSB would be helpful.
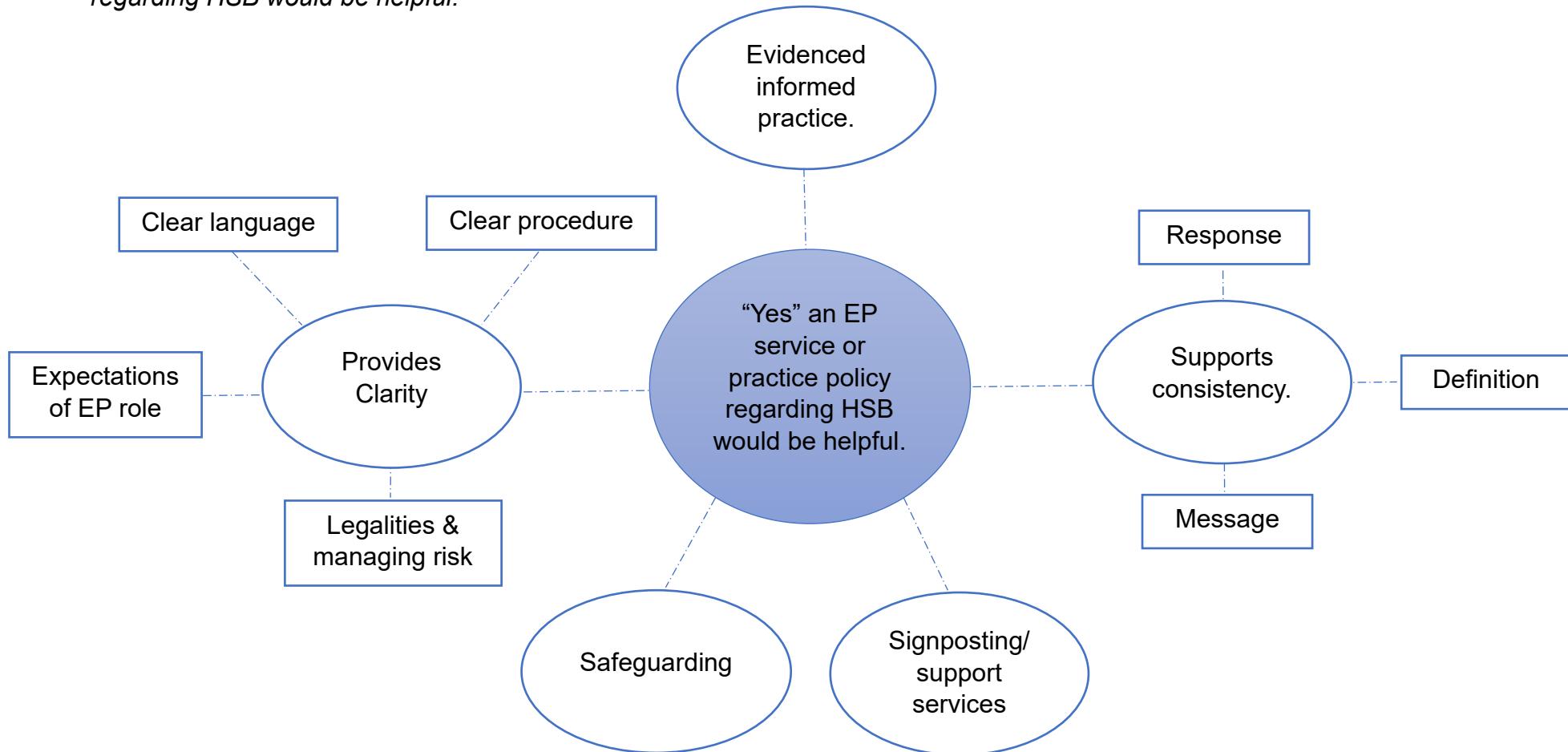
Of the 68 respondents who felt an EP service/ practice policy concerning HSB would be helpful, 65 elaborated. Five themes and seven subthemes were identified, as presented in Appendix 27.

Respondents felt a policy would 'provide clarity' around HSB and the potential role of EPs within such casework, resulting in four subthemes: 'clear procedure', 'clear language', 'expectations of EP role' and 'legalities and managing risk.' Respondents highlighted the need to have a clear, agreed way of responding when casework is referred to the service One respondent highlighted that having a clear procedure and shared response to HSB casework would "limit the 'EP lottery' regarding how individuals might approach such work." Respondents also noted that having a clear procedure would increase their confidence when asked to complete casework as the policy would outline exactly what they needed to do.

This links to the subtheme 'expectations of EP role' with respondents noting they would like a policy which explicitly outlined their role, for example, one respondent stated they would like "guidance for EPs about their role in supporting schools, CYP and families with both perpetration and victimization" while a second respondent shared that they hoped a policy "would offer extensive guidance on how EPs should approach HSB casework and ensure EPs were held accountable for their approach." However, a further respondent noted "some guidance would be helpful, but again there needs to be autonomy in EPs using psychology in the way they feel will be most helpful to the individuals and keeping their response person centered." If a policy document is produced, it would be beneficial if this is created in collaboration with EPs to ensure the voices are heard.

'Clear language' referred to respondents feeling that policies would "give a 'common language' and foundation on which EP professionals can stand and confidently indicate next steps regarding support and signposting." While a further respondent stated, "I think having a consistency of approach to HSB perpetrators/victims would be useful, and having a common language around this work would be useful - as it's something that I imagine many professionals (and parents/carers) are uncomfortable with discussing". This suggests that having clear, clarified language within policy documents may supports EPs to feel more comfortable and potentially, more confident in discussing HSB casework with schools. 'Legalities and manage risk' refer to policy documents outlining legal considerations and clear processes which do not interfere with criminal proceedings, depending on the nature of the behaviours exhibited.

Closely relating to the theme of clarity, a further theme is 'supports consistency', with the subtheme's 'definition', 'message' and 'response.' Respondents noted that a policy document may help to provide consistency towards how EPs view and define HSB, along with the behaviours that constitute HSB, resulting in a more consistent response from the service. Similarly, respondents shared that a policy would allow for a consistent message to be shared with schools and other services regarding the role of EPs, allowing for practitioners to be held accountable. 'Response' refers to respondents indicating that a policy would result in schools and families having a consistent response from the EP service regarding HSB, and consistent signposting to other services.

'Signposting/ support services' refers to respondents indicating that it would be helpful if policies have "guidance and routes for referrals to other agencies if needed"

and "links to services where I could signpost staff, parents and young people, particularly at times of crisis when they need someone to speak too." Linking to signposting, the next identified theme 'safeguarding' refers to respondents wanting "clear guidance on how to manage risk, when to refer to safeguarding, who is the most appropriate professional ect", again providing accountability and promoting the best outcome for the CYP.

'Evidence-informed practice' refers to EPs wanting policies to include "research on best practice and resources that will be helpful to the profession" and explicit guidance on how to approach casework which is "based in grounded research and evidence/ good practice."

Figure 41

Thematic map representing the key themes identified by respondents who shared that they were unsure whether an EP service or practice policy regarding HSB would be helpful, and respondents who did not feel a policy would be helpful.
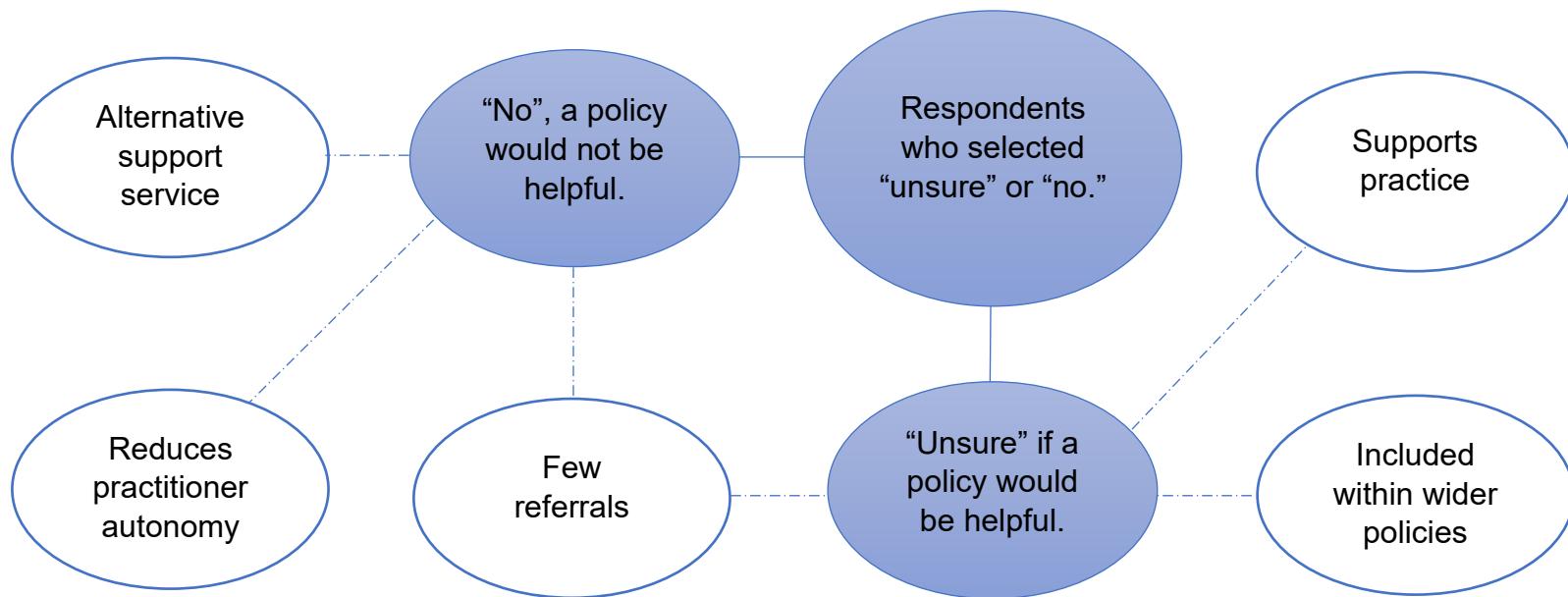
Of the 10 respondents who selected unsure, 8 elaborated on their selection. On one hand, respondents felt policies would 'support practice' by ensuring EPs response and practice was consistent, while also providing EPs with guidance they could draw upon if they were unsure how to approach this casework. On the other hand, respondents felt that there were so 'few referrals', that a policy would not be needed. Whereas other respondents felt that HSB was already encapsulated under wider safeguarding policies within their LA, indicating that they do not feel a separate policy would be required.

Of the 3 respondents who selected no, 2 elaborated; three themes emerged from the responses. 'Few referrals' referred to respondents stating that HSB casework is not routinely referred to them, therefore policies are not needed. Secondly, 'alternative support services' are available to complete work with CYP demonstrating HSB such as CAHMS and thirdly, one respondent felt that a policy would 'reduce practitioner autonomy', potentially limiting "the ability to respond creatively, appropriately and helpfully in individual situations."

Due to the limited number of responses, all extracts regarding the themes within Figure 38 are included in appendix 28.

4.6.2 Exploration of resources, tools and strategies used by EPs to support casework where HSB was a factor.

To explore the resources and strategies used by EPs to support their casework, participants were provided with a number of strategies and asked to indicate whether they had used these within the last academic year to support casework where HSB was a factor, distinguishing between supporting CYP perpetrating HSB, or CYP who are victims of HSB (Figure 40).

Figure 42

Figure to show the strategies EPs have drawn upon in the last academic year to support casework where HSB was a factor.
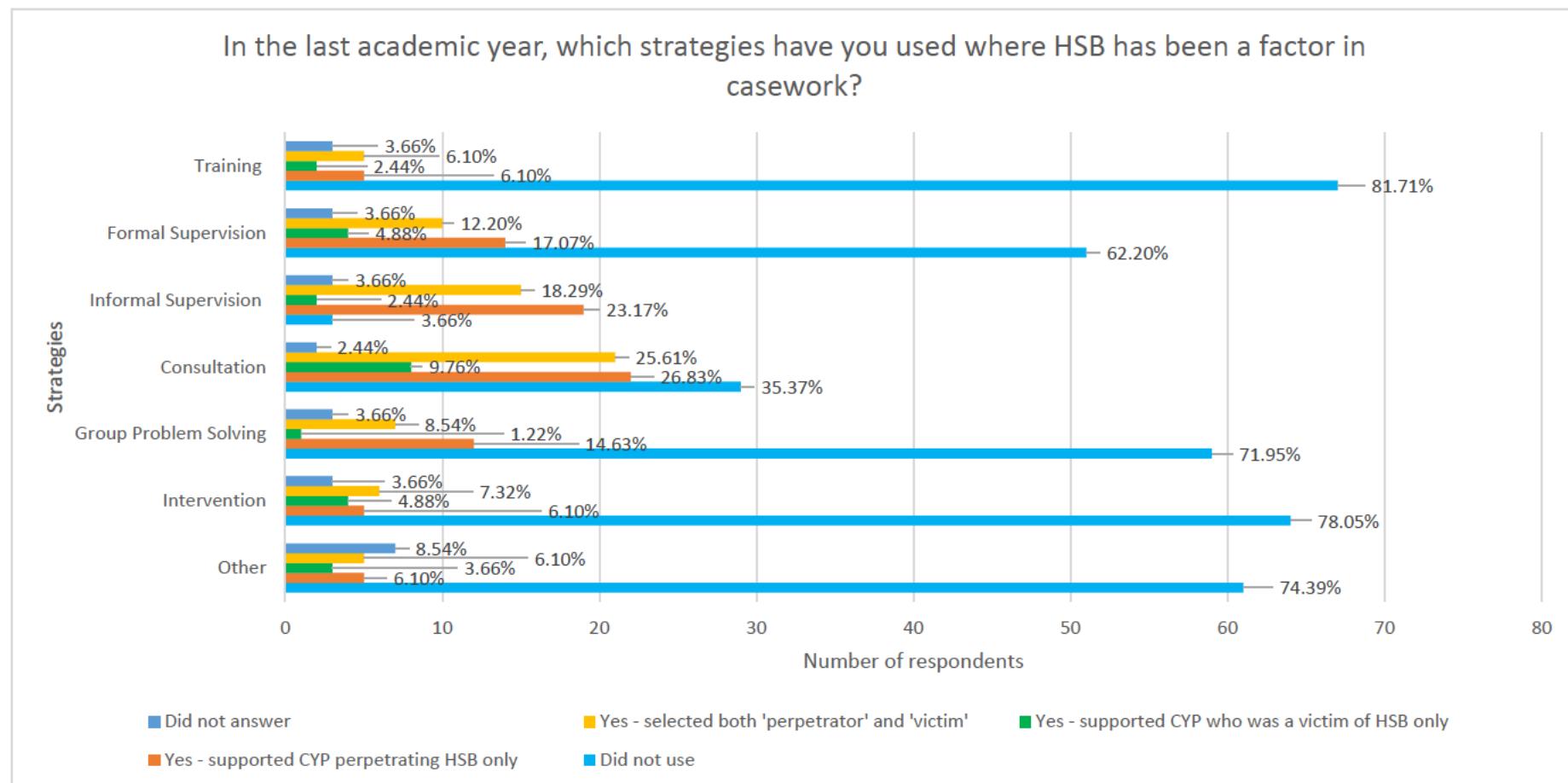
In the last academic year, which strategies have you used where HSB has been a factor in casework?

Table 3

Table to accompany Figure 40, presenting the responses provided by participants who selected 'other.'

Approaches used in the last academic year by respondents who selected "other."	Number of respondents
Signposting to other services	*4*
Consultation	*3*
Participated in a multi-agency planning panel	*2*
AIM-2 Keep Safe Materials	*1*
AIM 3 Assessment	*1*
Referral to a local charity	*1*

Figure 40 presents strategies EPs have drawn upon to support casework where HSB has been a factor within the last academic year. However, during the analysis it became apparent that this question is problematic as it is unclear whether respondents have selected 'no' because they have not utilised the strategies stated within the figure, or whether they have selected 'no' because they did not have any casework regarding HSB. Additionally, the question is also ambiguous in respect to the option 'training' as it is unclear whether respondents have selected training because they themselves have undertaken training to support their casework, or whether they have delivered training in an educational setting following a referral. Additionally, it is also unclear 'intervention' is interpreted by respondents and what this may involve. This too will be discussed in section 5.2.1.

Respondents were also provided with the opportunity to state whether they have used any additional strategies to support casework in the last academic year. In total, 14 respondents stated that they had used an alternative strategy, however, only 12 respondents elaborated, as indicated in table 3.

To further explore what tools, resources or assessments EPs have drawn upon to support HSB casework, they were asked to indicate what they have used within their professional practice to support such casework (table 4) and what tools and resources they would like to use but have not yet had the opportunity to try (table 5).

Table 4

Table to show the tools, resources and assessments EPs have used to support HSB casework.

Tools, resources and assessments used by EPs to support HSB casework	Number of respondents
Brook Traffic Light Tool	16
Information from charities e.g, Barnardo's, NSPCC, Lucy Faithful Foundation	12
AIM Checklists (AIM2 and AIM3)	8
Consultation	5
Hackett Continuum	3
Personal Construct Psychology tools (e.g., Ideal Self, Blob Resources)	3

Brief Functional Assessment of Behaviour	*2*
WARM Warwickshire Resilience Model	*1*
Making Action Plans (MAPs)	*1*
Trauma Recovery Model	*1*
Safeguarding record forms	*1*
Solution Circles	*1*
Circle of Adults	*1*
RSE Curriculum Guidance from the DfE	*1*
Resources obtained from CAHMS	*1*
I don't know/ I am not aware of tools	*1*

The most widely used tool was the "Brook Traffic Light Tool" (Brook, 2024), with respondents indicating that they have used this themselves, while also signposting schools to the tool too. Secondly, respondents signposted schools and families to resources from charities, notably the NSPCC, Barnardo's, and the Lucy Faithful Foundation. Respondents also indicated that they had completed some direct work with CYP demonstrating HSB, listing assessments such as AIM Assessments (Leonard & Hackett, 2019) PCP techniques (Kelly, 1955).

Table 5

Table to show the tools, resources and assessments EPs shared they would consider using, but have not had the opportunity to use to support HSB casework.

Tools, resources and assessments used by EPs to support HSB casework	Number of respondents
Not aware of any/ don't know	*15*
AIM Assessments	*3*
NSPCC Guidance on Sexual Behaviour	*2*
Functional Behavioural Analysis	*2*
EMDR	*1*
Family therapy	*1*
HSB Risk Inventory	*1*
Emotional Literacy Assessment	*1*
Group Problem Solving	*1*
Circle of adults	*1*
Contextual safeguarding toolkit	*1*
Kinetic Family Drawing	*1*
Brook Traffic Light tool	*1*

Table 5 presents the tools, resources, and assessments that respondents shared that they would consider using but have not had the opportunity to use to support casework involving HSB. In addition to indicating that they would like to receive training on specific approaches and tools, such as the AIM assessments (Leonard & Hackett, 2019) respondents also stated that they were unaware of what tools and strategies were available, but noted that they would like to find out what is available to use, indicating that HSB and associated tools and approaches could be a helpful topic for EP services in terms of continued professional development.

4.6.3 Exploration of resources and strategies used by EPs to manage the emotional impact associated with HSB casework.

Acknowledging the emotional impact that can be associated with HSB casework, participants were asked what methods of support they access, if any, when engaging in casework involving HSB (Table 6). Following this, participants were also asked if there were any methods of support they would use, but do not currently have access to (Table 7).

Table 6

Table to show the supports EPs currently access to manage the emotional impact associated with HSB casework.

Supports utilised by EPs	Number of respondents
Supervision	64
Counselling and Support through a local authority	8
Support through external agencies	2
Self-care outside of work	2
Supervision through CAHMS	1
EPS shared resources	1
Support from Family and Friends	1
Read articles	1

Respondents tended to access usual support systems within their services/ practices to help manage the emotional impact of HSB casework, predominantly formal and informal supervision. Participants shared that they also seek support from external agencies such as charities and private counselling, support offered through LAs such as employee wellbeing services and support from families and friends. Participants also shared engaging in self-care activities outside of work helped them to manage emotions, in addition to reading articles to enhance their knowledge within this area

of work. One respondent shared that they do not find casework involving HSB as emotive as other casework such as "cases where there has been neglect or adult-child abuse", potentially reducing their need to access support.

Table 7

Table to show the methods of supports EPs would use but do not currently have access to in order to manage the emotional impact associated with HSB casework.

Supports EPs would use but do not currently have access to	Number of respondents
Training	10
Supervision with other professionals (E.g.,, social workers)	5
Peer supervision	3
Networking Opportunities	3
Counselling	2
Formal Supervision	2
Clinical Supervision	1
Group Supervision	1
Incidental discussions with colleagues who no longer have access to an office	1
Multiagency working	1
Access to a resource bank	1

While respondents utilised supervision (table 6), this was also noted by respondents when asked what supports they would use but do not currently have access to. This included formal supervision, supervision from colleagues trained in clinical psychology, opportunities for peer and group supervision and access to supervision with other professionals who may have more experience with this casework such as social workers.

Respondents also shared that they would value access to training, sharing that increasing their knowledge around HSB would support them to manage their emotional responses to such casework. They also shared that they would like networking opportunities with one respondent sharing that specialisms which focus on supporting CYP demonstrating HSB and associated safeguarding concerns can be 'lonely.'

4.6.4 Exploring training EPs need to support schools with casework regarding HSB.
Participants were asked whether they had received any training or information about CYP demonstrating HSB (Figure 43). Following this, EPs who had received training were asked when they last received input regarding HSB to explore whether their training was outdated (Figure 44). Respondents were asked to indicate if they felt additional training, as part of the training course and continued professional development, would be appropriate and why.

Figure 43

Figure detailing whether EPs have received information or training regarding HSB as part of their EP training or CPD, and who this training was delivered by.

Have you ever in your professional career received any information or training about children and young people who demonstrate HSB?

Figure 43 indicates that 33 of 82 respondents had not received any information or training regarding HSB. The remaining participants had received training, but this varied, suggesting that professionals may be receiving differing content and messages around best-practice in relation to HSB. Nine respondents noted that they had received training from external companies, such as Barnardo's the NSPCC, Hampshire Safeguarding Board and Brook Training. Few respondents received training around HSB as part of their professional qualification. Some respondents received training from more than one provider, this is reflected in Figure 43. The sources of training noted by those who selected other are included in Table 8.

Table 8

Table presenting the training received by respondents who selected 'other.'

Training Provided	Number of respondents
Training through the Child and Adolescent Mental Health Service (CAHMS)	*1*
Own professional research	*2*
Training received in a previous job role	*5*

Figure 44

Figure indicating when EPs last received information and training regarding HSB.

If you have received information and training, when did you last receive this?
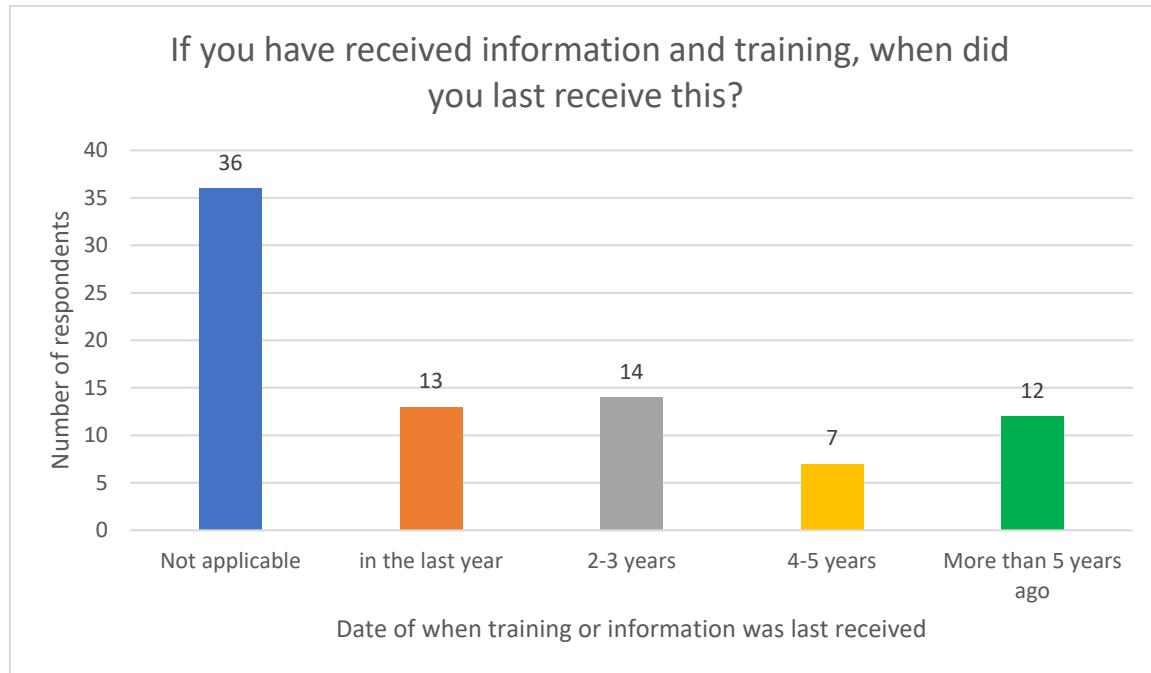
The data presented within this figure do not however appear to correspond with the data presented above; Figure 44 indicates that 33 respondents had not received any information or training regarding HSB. This differs from Figure 43 which shows that 36 respondents selected 'not applicable', suggesting they had not received training, resulting in a discrepancy between 3 respondents. Therefore, these results should be interpreted with caution.

Despite this discrepancy, the figure highlights only 13 respondents received information or training within the last year, while 14 participants received training in the last 2-3 years, indicating that while respondents have received some training and input, this may be considered outdated.

Figures 43 and 44 highlight that a number of EPs had not received training as part of their professional qualification, or through CPD opportunities despite HSB being a factor within some aspects of casework (please see section 4.3.1). Exploring EPs views of training, respondents were asked to indicate whether they felt input regarding HSB should be included within course content as part of their professional training (Figure 45). Participants were then asked to state why they feel training would or would not be helpful (Figure 46). Participants were also asked whether additional/ further training would be beneficial to support their practice, regardless of whether they have or have not received training regarding HSB recently (Figure 47).

Figure 45

Figure outlining whether EPs who did not receive training as part of their professional qualification believe it should be included within the course content.

If you did not receive training as part of your professional qualification, do you feel that input on HSB should be included within the course content?

12.20%

6.10%

81.71%

■ Yes   ■ No   ■ Did not answer
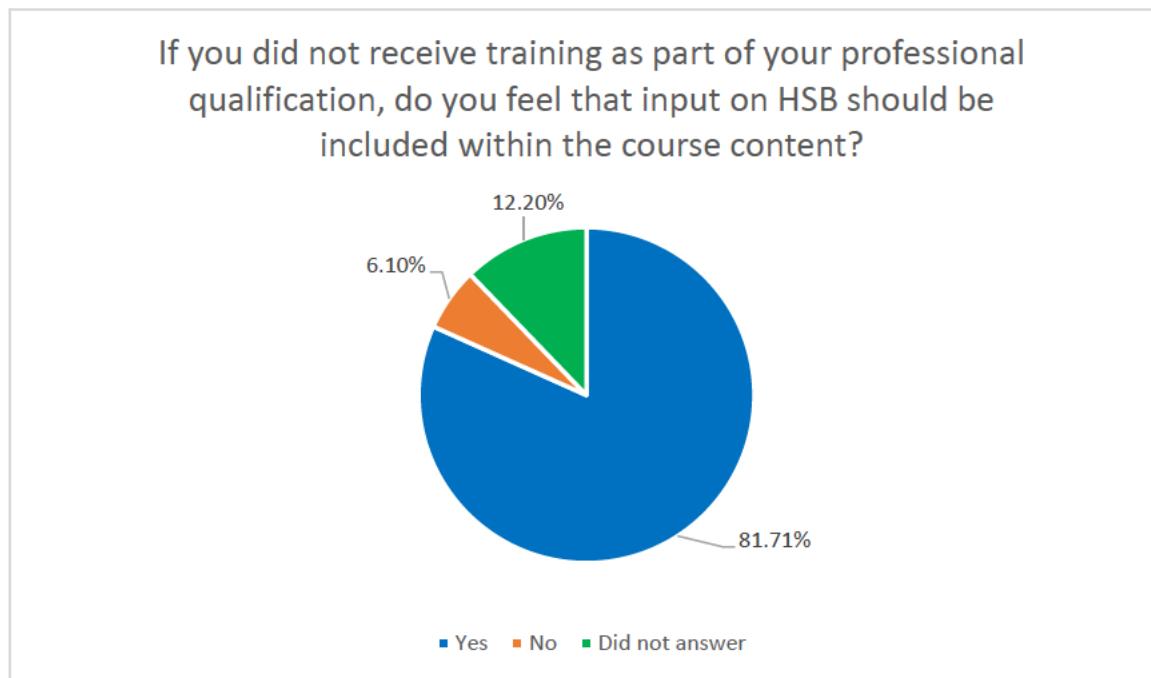
The majority of respondents felt that input on HSB should be included within professional EP training course content. Ten respondents did not answer, potentially

indicating that they had received training as part of their professional training. However, this conflicts with the data included in Figure 43 which indicated that 11 respondents received training, resulting in a disparity between one participant. Upon further analysis, this participant selected 'yes', noting that "what we received was helpful."

Figure 46

Thematic map presenting the key themes identified from the responses provided by respondents indicating why they feel input on HSB should be included within course content as part of the professional training course.
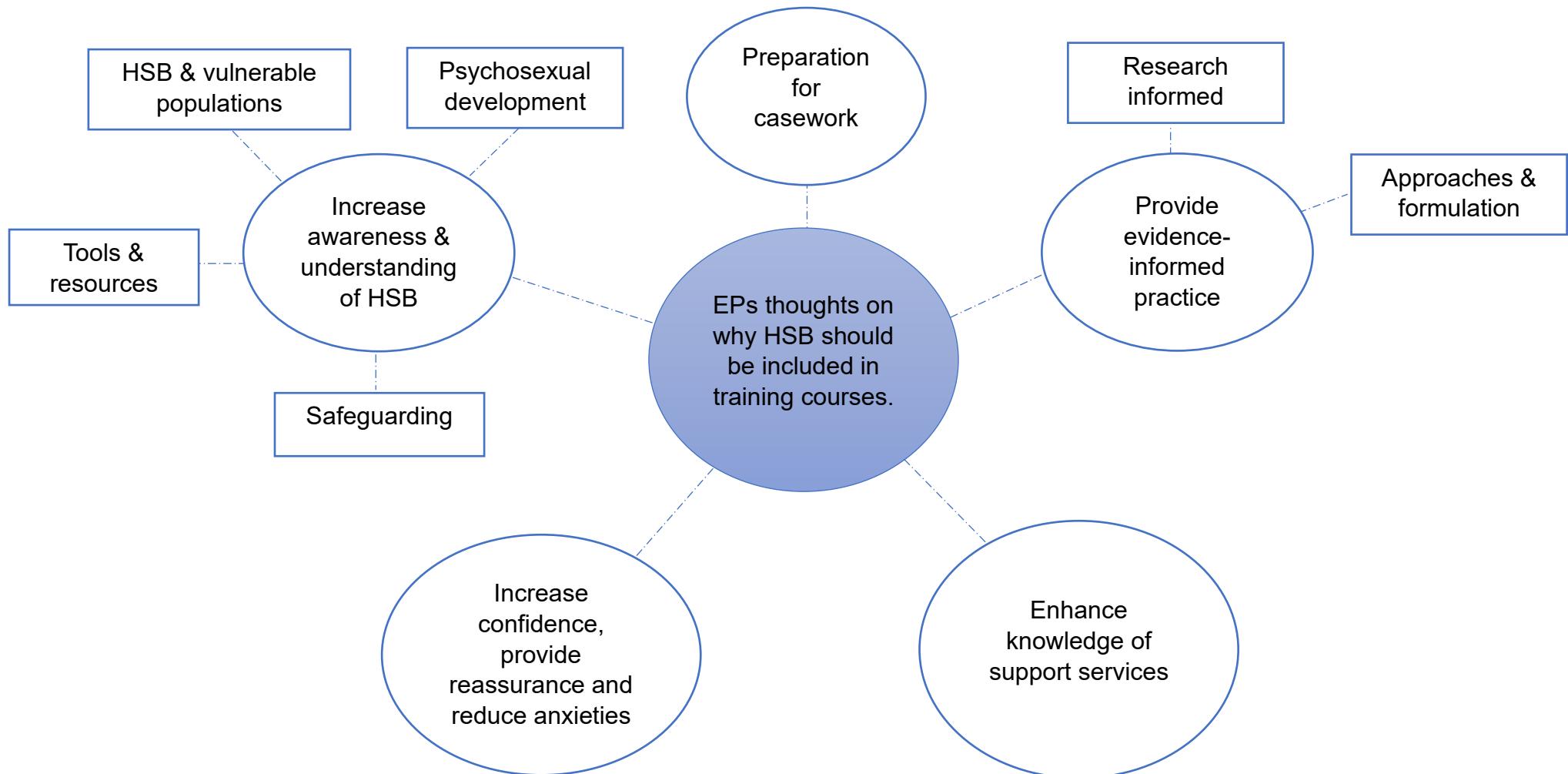
Respondents elaborated on why they felt input during their professional training would be helpful. Five themes and six subthemes were identified, as presented in Appendix 29.

'Increase awareness and understanding of HSB' comprises of four subthemes, "HSB and vulnerable populations', 'psychosexual development', 'tools and resources' and 'safeguarding.' Respondents shared training would be helpful as it would increase TEPs awareness and understanding of HSB. Additionally, respondents shared they could distribute their learning in their placement settings, increasing understanding of HSB generally across the profession. Respondents also shared that it would be particularly beneficial to include information on 'HSB and vulnerable populations', including SEN and SEMH needs and CYP who have experienced ACEs. Respondents also shared that discussing HSB can increase understanding of 'safeguarding' and increase awareness of an often underdiscussed section of the keeping children safe in education document (DfE, 2023).. The remaining subthemes include 'psychosexual development' and 'tools and resources', respondents indicating that training focusing on developing their awareness of sexual development and highlighting any supportive tools/ resources in which they could draw upon, would aid their ongoing practice as a TEP and following qualification. This links closely to the theme 'preparation for casework', with respondents noting that training would prepare them as HSB "will inevitably be encountered in casework."

'Increase confidence, provide reassurance, and reduce anxieties' was noted by respondents with one stating, "we need, as a profession, to opt into the conversation and be agents of change who can use our skill set to support and influence policy rather than silently watch culture change around us", stating that increasing

confidence through training could support EPs to do this. Another respondent noted this is "an area that makes people quite uncomfortable' and "training during professional training would be helpful in developing awareness, knowledge, and confidence so it is not something that is entirely novel when encountered in practice once qualified." While a further respondent noted "training TEPs would definitely increase confidence in knowing how to support school staff…"

'Provide evidence-informed practice' comprised of two subthemes: 'research informed' and 'approaches and formulation.' This theme refers to respondents stating training would allow TEPS and EPs to draw on evidence-informed practice, remain up to date with recent research and approaches, and further their understanding of the possible impact of HSB, supporting their casework formulations.

The remaining theme, 'enhance knowledge of support service', refers to participants feeling training would increase their knowledge of support services and charities who can offer support around HSB, again supporting their practical casework.

Of the five respondents who did not feel training would be beneficial, four respondents elaborated on their answers. However, due to the limited responses provided, a thematic map has not been provided, instead, responses have been provided in full in Appendix 30.

Figure 47

Figure outlining whether EPs feel additional/ further training in this area would be beneficial to support their current EP practice.

Do you feel additional/further training in this area would be beneficial to support your practice?

2.44%

6.10%

91.46%

■ No ■ Unsure ■ Yes
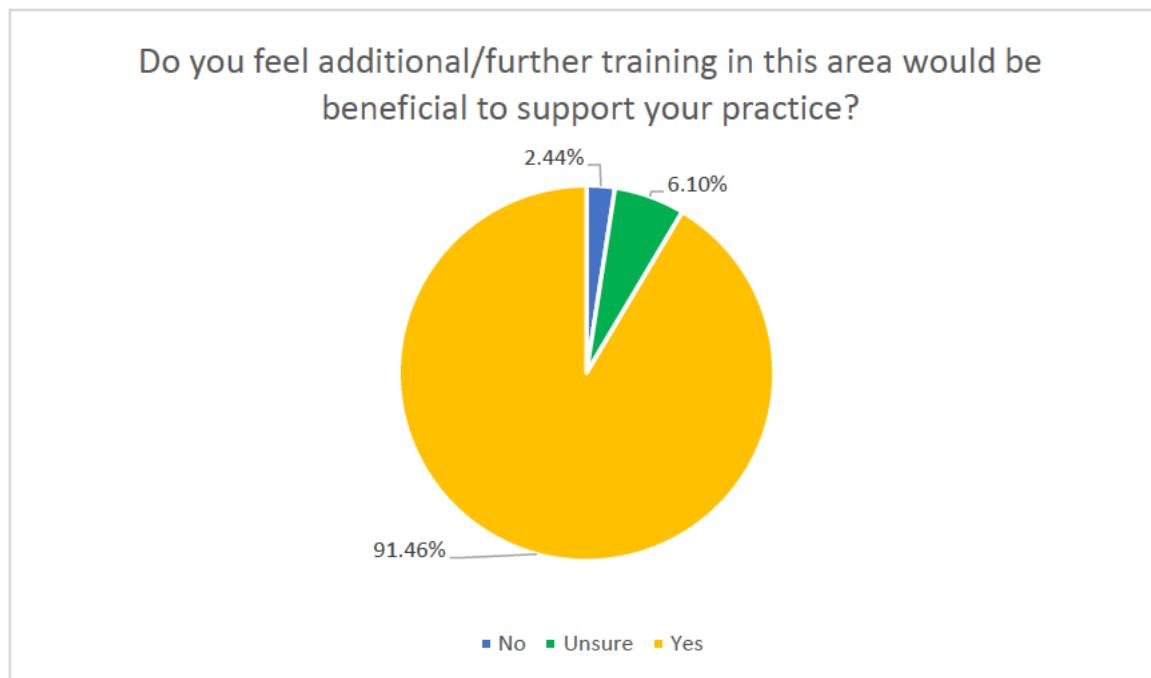
The majority of respondents indicated that they believe additional/ further training around HSB would be beneficial to support their practice. Of the 75 respondents who selected 'yes', 70 specified what they would like training to include. Responses are provided in Table 9.

Table 9

Table outlining what EPs would like training to incorporate.

Desired component of training	Number of respondents
The role of the EP when working in a multiagency context	*16*
Supports and interventions	*16*
Supportive assessments, tools, and resources to aid casework	*16*
Defining and exploring HSB	*14*
Role of the EP in HSB casework	*13*
Other supportive agencies	*12*
Relevant psychological theory and up to date research	*9*
Risk and protective factors	*8*
Potential impact on both victims and perpetrators of HSB	*8*
Behaviours constituting as HSB	*8*
Practicalities of discussing HSB with CYP	*8*
Examples and opportunities to reflect on casework	*7*
Practicalities of discussing HSB with school staff	*6*
Overview of relevant legislation	*6*
Formulations	*6*
Identifying HSB	*6*
How to communicate HSB to parents/ carers	*5*
Psychosexual development	*5*
HSB and CYP with SEN needs	*3*
Responding to HSB	*3*

Potential underlying functions	*2*
Implications for practice	*1*
How to support HSB taking place online	*1*
Prevalence Rates	*1*
Including HSB in reports	*1*

Chapter 5: Discussion

This chapter summarises the study's aims and provides an overview of the findings of each research question, before reviewing the methodological limitations of this study and discussing the implications the findings may have for EPs' professional practice.

5.1   Summary of the study's aims and review of the research findings.

This research aimed to explore the role, knowledge, and confidence of EPs in considering HSB among young people in educational settings across England, bridging a gap in educational psychology literature. The study was guided by five research questions; the findings are discussed in turn, drawing on pertinent literature.

5.1.1   How far do EPs believe considering HSB in schools is part of the educational psychologist role?

A high proportion of respondents considered supporting both victims and perpetrators of HSB within school settings to be within their remit. While the majority considered this still to be the case in instances occurring both outside of school and online, the number considering this to be the case reduced with an increase in respondents selecting neither agree nor disagree. This suggests respondents may be uncertain around the extent of their remit in such casework.

EPs often reflect on their role (Boyle & Lauchlan, 2009; Burnham, 2013), and the potential contributions they can make to support CYP across organisational, group and individual levels (Fallon et al. 2010). Authors note a lack of consensus, more broadly speaking, surrounding what EPs feel they can offer schools and CYP, and the nature of the casework to which they are able effectively contribute (Ashton &

Roberts, 2006; Lee & Woods, 2017), however, despite this, EPs are considered to be professionals who support others to think differently about given situations and provide a unique psychological contribution to differing casework (Allen & Bond, 2021; Fallon et al. 2010).

Given these findings only reflect a small number of EPs practising in England, they may not be generalisable to the wider population. The perceived role of EPs can differ between countries (Boyle & Lauchlan, 2009); as this study focused on those practising in England, data may not reflect the views of those in other countries. Nevertheless, these findings provide a first, indicative insight into the views and potential role of EPs in relation to HSB.

5.1.2 What knowledge and psychological theory underpins EPs' approach to HSB casework and formulation?

5.1.2.1 EPs' knowledge regarding the definition of HSB

Importantly, a third of respondents indicated they did not fully understand what constitutes HSB. Nevertheless, when asked to share their perceptions on how HSB is defined and what behaviours may be construed as HSB, there appeared to be consensus. Respondents conceptualised HSB as developmentally inappropriate behaviour(s) which are sexual in nature; these views are aligned with those outlined by Hackett (2019) who states HSB is demonstrated by those aged 18 years or under, with behaviours directed towards another CYP, adult or themselves.

A minority of respondents indicated that HSB can be perpetrated by adults; this view disagrees with Hackett's (2019) definition, widely used by the NSPCC. Arguably, a case could be made to extend this definition to include young adults when the person

concerned has a SEN which impacts their social understanding, given EPs may work with individuals up to the age of 25 (AEP, 2022). Consideration would however need to be given to the differing legal standing of people over the age of 18. The CPS (2023) guidance states that a person's individual needs may or may not impact on a decision to prosecute; this should be made on a case-by-case basis with prosecutor's decisions guided by the social model of disability. Nevertheless, it is the responsibility of education, health, and social care practitioners to ensure the needs of young adults with SEN and in receipt of an EHCP are met (NICE, 2023), suggesting such a change might be beneficial and should be considered.

EPs' conceptualisations of HSB included behaviours which harmed the individual themselves, non-contact but directed behaviours (e.g. voyeurism or flashing), and those which involve another such as sexual assault (e.g., groping) and rape. Participants also noted that behaviours may include electronic devices such as taking and/or distributing sexual images. The behaviours presented appeared to be on a continuum from inappropriate to violent, in line with Hackett's (2014) continuum (page 14).

EPs viewed HSBs as being non-consensual, noting that HSB may have an element of coercion or imbalance of power. Coercion and control within sexual relations is included within Section 76 of the Serious Crime Act (Home Office, 2015); while this Act focuses on actions within intimate relationships, it highlights the importance of EPs and other practitioners supporting CYP being aware of the impact control and coercion can have. Respondents also referenced the Mental Capacity Act (MCA, 2015), which aims to protect those who lack the mental capacity to make their own decisions (NHS, 2024), either temporarily or permanently (Mind, 2023). The Act

applies to those aged 16 years and over (Young Minds, n.d) who may have a severe learning disability, dementia, or mental health condition (NHS, 2024). This Act does not permit a decision relating to the consent to have sexual relations to be made on behalf of an individual (MCA, 2015). Implicit within the data here, practitioners should be aware of the MCA (2015) and how this relates to sexual relations (Camilla et al. 2019) in order to effectively support individuals accordingly.

Gillick competency is used by healthcare professionals to explore whether CYP have the maturity to make decisions around their own health (NSPCC, 2022b); and was also referenced in the dataset. In terms of sexual health, professionals must be aware of legal frameworks and protocols, for example all sexual activity in under 13-year-olds must result in child protection referrals (NSPCC, 2022; Social Care Institute for Excellence, n.d). While the Gillick competency is noted within AEP (2022b) guidance, it is unclear what aspects of psychological involvement this can be applied to, and the appropriateness of applying this to casework such as HSB or associated safeguarding areas.

The dataset makes apparent disparity in EPs knowledge of legal ages of consent and suggests clarification of these would be beneficial; in respect of these legal considerations, the appropriateness of the use of Gillick competency should be considered and clarified by EP services.

Generally, the responses provided by EPs regarding their own conceptualisations appear to agree with the definition used by the NSPCC (2024). Participants found the definition clear and comprehensive, while also providing valuable distinctions between terms. Contrastingly, some participants felt the definition subjective, as the

behaviours constituting HSB remain unclear. Additionally, some respondents felt that the definition lacked a psychological element and failed to state the importance of consent.

These findings should be considered by professionals who may be looking to explore policies or developing consistent definitions of HSB for their own service, providing a clear, consistent, and agreed definition which can be shared with schools and SENCOs (Lloyd, 2019).

5.1.2.2   *Constituting Behaviours*

Harmful behaviours identified by respondents appeared to range from exploratory to violent, in line with Hackett's (2014) continuum. There appeared to be consensus within the dataset that HSBs are developmentally inappropriate and may or may not be directed towards or involve another. Behaviours such as kissing or touching without consent were also deemed harmful, again highlighting the importance of consent, and practitioners considering capacity.

Sexualised language was also noted by respondents, including language directed towards others, or persistent use of words and phrases referencing sexual acts or body parts inappropriate for the CYP's age. Lloyd et al. (2021) highlights that sexist or homophobic name calling, sexualised comments directed towards another and developing and spreading rumours about another's sexual activity occurs frequently within schools. This was also noted by Ofsted (2021), with YP sharing that sexualised language was viewed as commonplace, occurring in hallways, classrooms, and playgrounds. YP themselves shared that they seek to avoid certain areas within

school due to the frequency of this behaviour (Oftsed, 2021), emphasising the importance of YP's language and comments being taken seriously by professionals.

Behaviours demonstrated online were also highlighted, respondents considering inappropriate access to explicit content such as pornography, sexting and the taking and distributing of sexual images to be encompassed under HSB. This is an increasing concern for schools (Ofsted, 2021), with legal implications (see section 2.1), highlighting the need for further work to be completed with schools and families to highlight the risk of sharing and distributing sexualised context online (Internet Matters, 2024). The Internet Watch Foundation (2023) found that 92% of content removed in 2023 was created by a child or young person. Often these images are re-shared without the CYPs consent (Lloyd et al. 2020). Updated government guidance (DfE, 2024) highlights the legal implications of online HSB, while outlining the legal responsibilities of all professionals working with CYP. This reinforces the importance of EPs being aware that HSB can occur online and what this may entail.

While there appeared to be overall consensus between responses, participants highlighted the subjectiveness of identifying HSBs and this being based on their personal constructions. Arguably, differing interpretations of HSBs could impact identification and thus the subsequent support CYP may receive, as one professional may deem a behaviour harmful, while another may not, highlighting the need for further clarification and training around HSBs to ensure all professionals working with CYP feel confidently able to safeguard them from harm.

5.1.2.3   *Perceived knowledge and skills*

Respondents indicated they did not fully understand what constituted HSB or felt that they had the necessary knowledge to develop plans/ reports for those demonstrating, or who have been the victims of, HSB. To an extent, some respondents perceived themselves as having the knowledge and skills needed to identify HSB and develop formulations which include HSB, however a lack of consensus remained.

These findings do not reflect those of Clements et al. (2017) who found that many practitioners, in varying roles, felt they knew what HSB was and felt they had the necessary skills and knowledge for assessing and identifying HSB. The current study does not however support their findings, with EPs feeling they do not have the knowledge and skills to work directly with CYP displaying HSB, suggesting further exploration is required to understand which professionals are best placed to support with this aspect.

Clements et al (2017) highlight the need for further work with professionals to develop their knowledge, skills, and confidence within this area. Given the variation found within the current study, it can be argued that further support and training to increase EPs understanding and awareness of HSB is necessary, particularly due to the inclusion of HSB within key legislation.

This is the first paper to explore EPs' perceptions of their knowledge in relation to HSB and few papers have been published in other disciplines such as social work, health, and policing, making comparisons challenging. A paper from health and social care, found professionals' knowledge of HSB to be "low and inconsistent" with the authors stating that "more can be done to support professionals who work with

children and families who display HSB" (Branigan, 2020, p. 388). This suggests that the lack of knowledge is cross-disciplinary and not restricted to EPs. As EPs frequently work in a multidisciplinary manner, a common understanding of HSB is required across disciplines to ensure CYP are receiving appropriate and consistent support.

5.1.2.4   Psychological theory

EPs make a unique and distinct contribution to casework by drawing upon psychological knowledge and theory (Allen & Bond, 2021; Fallon et al. 2010). Respondents indicated that they draw upon a range of psychological theories when considering HSB (Figure 36), particularly attachment (Bowlby, 1969) and trauma theories.

As indicated in section 2.5, attachment theory has been discussed in relation to HSB within educational psychology literature with Talbot (2016) noting that CYP demonstrating problematic sexual behaviours may experience insecure attachment patterns potentially due to a lack of attunement or inappropriate behaviours between the child and their caregiver. This study is not however without its criticisms, as reflected in section 2.5.

Respondents in the current study also highlighted that they draw on Bronfenbrenner's (1979) ecological systems theory, enabling them to view the CYP within their wider environments. EPs draw extensively upon this theory when seeking to understand a CYP, their differing environments, and exploring how these systems interconnect (Chounhury & Williams, 2020).

Respondents also noted that they draw upon trauma theory and trauma informed approaches when considering HSB. Hackett et al (2013) suggested that previous trauma experienced by CYP may influence the demonstration of HSBs; noting that two-thirds of CYP within their study experienced trauma (e.g., abuse, neglect, conflict and/or domestic violence) prior to demonstrating HSBs. These findings were identified following an analysis of assessment documentation of 700 CYP referred to services offering support for those demonstrating HSB in England and Wales between 1992 and 2000 (Hackett et al, 2013). The data within this study is over 20 years old and uses terminology such as 'child and adolescent sexual abusers', which is now disputed language (see section 2.1.2). Attitudes and understanding of HSB may have changed, therefore this view that HSB is related to trauma needs to be viewed with caution.

In total, 34 differing theories were noted by respondents, in addition to ten indicating that they were unsure what theories they would draw upon. The data suggests low consensus amongst EPs on how to approach HSB casework, however, findings do highlight EPs are able to draw upon a range of psychological theories and knowledge when approaching casework where HSB is a factor.

5.1.3 What are the experiences of EPs with regards to considering HSB?

The majority of respondents reported having at least one piece of casework where HSB was a factor within the last academic year. It is however unclear from the findings whether EP involvement was primarily due to HSB, or whether any support offered focused on additional behaviours whilst considering coexistent HSB.

Respondents considered that many instances of HSB are not brought to their attention by schools based on their individual perceptions and experiences. This point was also highlighted by Moran (2023) who interviewed staff members from a mainstream setting; finding that school staff sought support from Clinical Psychologists (CPs) or an Independent Reviewing Officer, rather than seeking support from the link EP. Utilising a survey, Fyson (2009) found that 46% of participating schools sought support from EPs while 27% approached CPs to support with HSB casework within special school settings, indicating that schools may be unsure of who the most appropriate professional to contact may be in these instances.

Fyson's (2009) findings demonstrated school's frustrations around a lack of policy and clear guidelines on responding to HSB, noting that this can lead to inconsistent responses to HSBs. Further, they shared frustration over the role of social workers within such casework, noting that their role can be unclear and inflexible (Fyson, 2009). Arguably, school's perceptions around the EP role in relation to HSB and their understanding of what EPs may be able to contribute, may impact school's awareness of what they can bring to EPs attention. Uncertainty of professional support was also highlighted by Kor et al. (2023), noting schools may be unaware of what agencies are available to support with such casework and the procedures for gaining their involvement. This emphasises the value of EPs collaboratively discussing their own service stance on HSB and the types of work they may be able to support with, providing consistency, both in terms of consistent messages and responses to schools (Lloyd, 2019).

Generally, respondents were unsure whether there had been an increase in the number of referrals to their EPS over the last five years. Of those who felt a slight increase may have occurred, it was felt this may be relate to the Coronavirus pandemic and increased use of technology. Additionally, respondents noted potential increases in the number of HSB referrals for CYP with learning disabilities and autism but did not elaborate on why this may be the case. CYP with disabilities are often over-represented in HSB literature (see section 2.4.2), with researchers suggesting that this may be due to caregivers' misconceptions (Almond & Giles, 2008), increased monitoring in schools (McNeish & Scott, 2023), and/or potentially related to the CYP being in the early stages of developing their social skills and understanding of appropriate or non-appropriate behaviours (Fyson, 2009). It is unclear from the information obtained within this study whether casework involving HSB also involved CYP with disabilities; this could however be a potential avenue for further research (see section 5.4).

5.1.4   *To what extent do EPs feel confident in supporting educational settings with HSB?*

Interestingly, a proportion of respondents reported feeling unconfident (40.24%) or very unconfident (6.10%) if asked by a SENCO to work with a CYP who has perpetrated HSB. In contrast, only 24.39% of respondents shared they feel unconfident and 3.66% feel very unconfident when asked to work with a CYP who is a victim of HSB, indicating EPs' greater confidence working with victims of HSB. However, due to the wording of this question, it was unclear whether EPs feel confident working with CYP who is a victim, or a CYP who is both perpetrating and a

victim of HSB and whether this would influence their confidence levels (see Section 5.2.1: limitations).

EP confidence levels were influenced by their casework experiences, their access to training and tools, and by having the opportunity to work with specialist services or in a multi-agency manner. Cameron (2006) notes that due to the everchanging context of service delivery, it can be difficult for EPs to maintain confidence in aspects of their work. This data highlights the value of regular targeted CPD opportunities.

The importance of multi-agency working was prominent throughout the findings, with respondents valuing opportunities to work as part of a wider team to ensure a CYP is fully supported. Farrell et al. (2006) shared that when EPs work in a multi-agency manner, CYP can receive improved services and support, as different professionals can complete varying aspects of work which they consider appropriate and feel competent to deliver. The benefits of approaching HSB casework in a multi-agency manner are emphasised by Ibrahim (2021) who evaluated the first six months of a 'HSB Forum' within one UK borough. They found that professionals valued having the opportunity to formulate alongside colleagues within other services, including CAHMS, Youth Offending and Social Work, and identified that professionals found gaining multi-disciplinary perspectives empowering and reassuring (Ibrahim, 2021).

Respondents' confidence ratings with differing aspects of potential casework, similar to those for knowledge and skills, indicated a lack of consensus. This related to identifying and assessing HSB, and children displaying HSB; and in developing plans of work or working with parents and carers' The lack of consensus, whilst inconclusive, suggests some value in further support and guidance to EPs.

Comparatively, a higher proportion of respondents were confident including HSB within their psychological formulations and of working as part of a multidisciplinary team. A high proportion of respondents were also in consensus that they did not feel confident creating or delivering training in relation to HSB.

The mixed confidence of professionals in assessing HSB here is in contrast to the findings of Clements et al. (2017), who surveyed 589 professionals working within a multi-agency partnership across six LAs to explore their knowledge and confidence support CYP demonstrating HSB. Findings indicated that practitioners felt confident in assessing and identifying HSB, suggesting that additional training and support which focuses on these areas is needed. The sample within Clements and colleagues (2017) study included professionals from various disciplines, including, but not limited to, frontline practitioners and carers, Early Help/ Family Support, Youth Offending, Education and Health. Differences in findings between studies may be due to the variation of professionals included, training received, casework experiences and any specialisms.

However, Clements et al. (2017) did find, as here, that practitioners lacked confidence in developing plans and working directly with CYP and/ or their parents/ carers, thus specific support for understanding intervention approaches may be helpful.

5.1.5 What training, resources and policy do EPs need to support educational settings with HSB?

5.1.5.1 Policies

60.39% of respondents were unsure whether their service or practice already had a policy on HSB, and 20.40% indicating that their service does not. The majority of respondents (82.93%) shared that they felt an EP service/ practice policy concerning HSB would be helpful, providing clarity on the procedures, legal implications, and expectations of the EP role. This would support consistency in terms of the messages and responses to schools and families and provide links to organisations or services, supporting EPs to feel more informed. Arguably, having clear guidelines or policies for EPs and schools may support the commissioning phase where EPs discuss and agree potential casework in schools (Farrell et al. 2006) and may support EPs to feel increasingly confident about how they can support, promoting positive outcomes for the CYP.

5.1.5.2 Strategies, tools, and resources

Respondents indicated that they commonly utilised supervision and consultation to support casework where HSB has been a factor within the last academic year. While supervision is a requirement for practising psychologists (HCPC, 2021), there is increasing empirical evidence for its impact, such as promoting the acquisition of skills, reducing burn-out for psychologists, and enhancing outcomes for clients and positively affecting the working culture across systems (Dunsmuir & Leadbetter, 2010; HCPC, 2021; Kennedy et al. 2018).

It is recognised widely that HSB can be a sensitive and emotive topic (Allardyce &

Yates, 2018), supervision can therefore provide an outlet for practitioners to consider

their own wellbeing (Health Care Professionals Council, 2021), and reflect on their

practices to ensure they have the best interests of the CYP in mind by promoting

ethical practice (BPS, 2018). Hayes and Fredrickson (2008) explored strategies for

managing EPs own stress and reduced well-being following their involvement within

crisis support; they shared that EPs are at risk of experiencing countertransference of

secondary traumatic stress when supporting with sensitive and emotive topics,

stating that supervision can be a supportive outlet. While this research focused on

crisis support generally, it offered insights into how supervision can be utilised for

topics which are considered emotive.

Respondents also noted that they utilised both formal and incidental supervision with

colleagues to support their own well-being when engaging in casework where HSB is

a factor. Following a systematic review of the literature across the USA, UK, and

Australia, Pelech and colleagues (2020) found that opportunities to engage in

supervision helped to prevent burn-out and promoted positive well-being for

professionals who were working with CYP demonstrating HSB. This highlights the

importance of EPs having access to such support and emphasises the need for EPs

to continue having access to supervision throughout their professional practice.

Pelech et al. (2021) found that professionals within three studies expressed a

preference for external supervision. This was also noted by respondents in the

current study who shared that they would like access to supervision with colleagues

in other services, such as social work, to support their well-being and continued

professional development but noted that they are currently unable to access this.

Respondents in the current study also indicated that they draw upon a range of tools and resources to support HSB casework. In total, 15 differing tools were identified (see Table 4, Chapter 4), including specific assessments and information obtained from charities such as the NSPCC, Barnardo's, and the Lucy Faithfull Foundation. Tools such as the Brook Traffic Light Tool (Brook, 2024) and AIM Checklists (Leonard & Hackett, 2019) require EPs to undergo additional training, therefore, these tools will be inaccessible to those who are unable to pay for, or access the training through their services, or have insufficient time to complete training due to increasing demands within services.

As indicated in Table 4, few respondents shared which tools, resources, and assessments they use to support casework, this may potentially be due to respondents not knowing what tools are available. Using the open-response boxes, respondents indicated they would like additional guidance and training around what tools and resources are available to support HSB casework, noting that this does not tend to be covered within their professional training programmes (see below).

5.1.5.3   Training

The information obtained during this study has highlighted that respondents feel they need, and want, additional training to support the development of their knowledge and skills, and their confidence when considering casework involving HSB. While this has been alluded to throughout EP responses, 81.71% of respondents explicitly stated that they felt HSB should be included within training programmes to equip trainees with the knowledge and skills needed to support with casework, with respondents noting that HSB is likely to occur in casework and "EPs need to be

prepared for such cases." Emphasising the need for support in this area, one respondent also stated "When I reflect on the fact, I had no specific training on this issue as part of my doctorate I find that quite shocking actually. It would be extremely useful to have this included in training curriculum, as it will inevitably be encountered in casework."

The responses gathered by participants who felt training should be included in professional training courses felt that it would increase professional confidence, increase awareness and practitioner understanding of HSB, prepare trainees for casework, enhance knowledge of varying support services, and would provide trainees with knowledge around evidence-informed practice.

Similarly, 91.46% of respondents felt that additional training around HSB would be beneficial to support their current professional practice. Table 9 contains a detailed list of components in which respondents shared they would like to be included within training, such as:

- Information on the potential role of the EP in HSB casework, including their role within a multi-agency context.
- Examples of ways in which they may be able to support CYP demonstrating HSB, and subsequent interventions for CYP and their schools.
- Details around specific assessments tools and resources to aid casework, such as information around the AIM Assessments (Leonard & Hackett, 2019).
- An overview of HSB, including definitions, constituting behaviours, legal considerations and possible risk and protective factors.
- Relevant psychological theory.

- Practicalities of HSB casework, such as best practice when communicating with CYP, their families and schools.

Participants noted that the occurrence of HSB in schools is 'inevitable' and they would like training around HSB throughout their careers, both as TEPs and qualified EPs, to help them to feel prepared and able to support CYP. Interestingly, respondents shared they approach, or would approach, HSB casework in a holistic manner, yet their suggestions for training content appeared to contradict this, with respondents sharing that they would like input on their role specifically and ways in which they can support, again suggesting that EPs feel unsure on their contribution to this area. Moran (2023) suggested that EPs' role within HSB casework could be more strategic, or at the school-level, providing support and supervision for teaching staff who are supporting CYP in schools daily. Moran (2023) also emphasised the importance of talking about HSB within the EP profession, noting that EPs should not be passive and should instead discuss this topic in their services to ensure they are not perpetuating harm by remaining silent. EPs within the current study shared that they would like training on HSB and would like support on definitions and constituting behaviours, suggesting EPs do not want to be passive and do feel that talking about HSB would be beneficial.

5.2   Methodological Limitations

This study contributes to the limited understanding of EPs role, knowledge, and confidence of considering HSB in schools across a national context. The study does however have a number of limitations.

5.2.1 Review of the survey tool

This research utilised a survey tool devised by the author which included both novel questions and items adapted from existing survey tools from the NCB (Clements et al, 2017), Fanshawe (2019) and Skade (2018). Despite piloting, it became apparent during the analysis phase that the question presented in Figure 40, which sought to explore which supports, if any, EPs have drawn upon to support their HSB casework in the last academic year was problematic. The researcher added the option for respondents to select 'no' if they had not utilised a support from the multiple-choice menu, however it was unclear whether respondents interpreted the question in this manner, or whether they selected no to indicate that they had no casework regarding HSB within the last academic year. If this survey was to be used in the future, an additional option should be included which participants can select, clarifying this.

It was also unclear how the items 'intervention' and 'training' were interpreted by participants, what training or intervention may have involved, or whether these were aimed at supporting the CYP, school staff or families. This too should be addressed in any replications of the study, with respondents being provided with the option to provide details on what the purpose of the training or intervention was, and the intended recipient.

During piloting, respondents were provided with the opportunity to provide feedback on the tool and share whether they felt any items needed to be added or removed. One participant did suggest an additional question: 'What skills do we as EPs have that make us able to support with these cases well?'

However, the researcher did not consider this question to be appropriate for inclusion within the survey as they felt the question was leading, suggesting that EPs should be supporting with HSB casework. On reflection, the researcher understands that this question could have added further insights into the knowledge and skills EPs perceive themselves as having in relation to HSB. Further, as this study was exploratory in nature, the researcher could have posed this question hypothetically in order to gain additional views from participants.

A further identified limitation concerning the survey tool was the language used within some question items, for example, some items ask EPs about their knowledge, skills and confidence when asked to support schools with HSB casework by their SENCO. However, on reflection, this question may be limiting as Designated Safeguarding Leads (DSLs) may be the professional in a school who oversees such casework. Further exploration into HSB should consider this, and reference both SENCO's and DSLs within their survey items.

5.2.2 Recruitment and Response Rate

As outlined in 3.4.4, a sample size of 100 participants was initially considered desirable as researchers suggested that this minimised non-response bias (Denscombe, 2021). Following a period of 30 days, a response rate of 80 participants was obtained. In an attempt to maximise this, the survey was re-opened for a two-week period, however only 2 additional responses were gained. While 100 responses were not gained, the researcher believed that the information obtained from the 82 respondents provided sufficient information to draw conclusions (Memon et al. 2020) and provided insights into the role, knowledge, and confidence of EPs in relation to HSB, adding to a limited research base.

A further limitation is that only a small proportion of EPs worked in the private sector (2.44%); private EPs have different constraints to those within traded services and may undertake different caseloads (Atfield et al. 2023). Therefore, given the small number of responses, it is unlikely that the perceptions of those within this study are generalisable to all EPs working in the private sector.

This study also focused on a small number of EPs practising in England; as noted in section 5.1.1, the perceived role of the EP is diverse and may differ between countries (Boyle & Lauchlan, 2009), highlighting that the views obtained in this study may not be generalisable to those practising in other areas.

5.2.3 Analysis

Consideration was given as to whether the analysis should include inferential statistics, allowing inferences to be made about the data obtained to the wider population (Chin & Lee, 2008). Yenduri and Silver (2023) note that inferential statistics are beneficial when testing research hypotheses and when a random, unbiased sample has been used. However, given the exploratory nature of the study and lack of predetermined hypothesis, along with a non-randomised sample, inferential statistics were not deemed appropriate by the researcher. Additionally, due to the sampling method utilised (section 4.4.4), this research is arguably at risk of bias with respondents potentially participating due to an interest in the research area.

The lack of inferential analyses are arguably a limitation of the study, given that they can allow researchers to explore and make inferences about relationships within the data (Carlucci & Wright, 2020); further research using appropriate methods could use inferential statistical analysis to explore, for example whether there are relationships

between EPs' confidence levels when considering HSB and their perceived knowledge, or skills.

5.2.4 Word Count Constraints

While key findings from the survey have been discussed and explored in relation to pertinent literature, the researcher was unable to review all findings in depth due to the constraints of the word count. The researcher believed it would be beneficial to explore the psychological theories in which EPs draw upon when supporting HSB casework in increased detail, however given the constraints the researcher instead opted to focus on the theories most prevalently noted by participants in their survey responses. Additionally, the researcher was interested by responses provided by respondents who indicated that they perceived an increase in the number of CYP with autism or a learning disability who had been referred to their service for HSB. This has been outlined in section 5.1.3; however, the researcher was unable to explore this in detail given the constraints of the word count. Future research may seek to explore this, especially given that researchers consider CYP with learning disabilities to be overrepresented within HSB literature (e.g., Allardyce & Yates, 2018, Fyson, 2009).

5.2.5 Literature reviewed and chosen terminology

As noted in section 2.1.2, terminology associated with HSB is often contested. The current study utilised the term 'intervention' in line with key guidance such as the Keeping Children Safe in Education (DfE, 2023) and organisations such as the NSPCC (Hackett et al. 2019) and the National Children's Bureau (Clements et al. 2017). However, the term 'support' is often employed internationally as an alternative to 'intervention', with practitioners noting that this has a more positive focus (Hickey &

Leckey, 2021). Additionally, the term intervention is often associated with the medical model, as it medicalises support (National Disability Authority, 2022).

As the current study sought to explore the perspectives of EPs practising in England, the author opted to review studies primarily conducted in England, as opposed to the rest of the UK or internationally. It was felt that due to differing approaches to educational policy and structure (Educational Policy Institute, 2021), reviewing literature conducted primarily in England would provide insights into the current context regarding HSB in schools. This is arguably a limitation as conducting a more comprehensive literature review which encompasses international literature may provide a more inclusive knowledgebase, (Pare & Kitsiou, 2017). In this instance, exploring international research may provide insights into alternative practices and approaches to HSB casework in schools. Focusing on research conducted in England alone may have also narrowed our understanding of the topic (Snyder, 2019), for example broadening the research may provide insights into how practitioners work with CYP who are victims or perpetrators of HSB worldwide. Future research should review research conducted internationally and compare this to research conducted in England to inform best practice.

5.3   Implications for practice

This section outlines the implications in which these findings have on EP services/ practices at both organisation and individual levels, and on doctoral training courses.

5.3.1 Implications for EP services/ practices and EPs

Despite respondents noting that they considered HSB within at least one piece of casework in the last academic year, they were unsure whether their service/ practice

had a policy regarding HSB or believed that one did not currently exist. These findings are similar to other aspects of EP casework with Skade (2018) also highlighting that EPs are often unaware or do not have access to policies covering domestic violence. The majority of EPs within the current research indicated that they felt a policy would be beneficial as it would provide clarity on the role of the EP, procedures they are required to follow and information pertaining to internal and external support services EPs can contact if required. EP services should consider whether a policy is required to aid practice, and in turn support EPs confidence, or whether they feel HSB is adequately covered in alternative policies such as contextual safeguarding.

Many respondents shared that they did not feel they understood the term HSB fully; EPs may benefit from opportunities to discuss HSB as part of a service meeting or development day to develop a shared definition for their service. It is hoped that having access to opportunities where HSB can be discussed and explored by professionals would support them to build their confidence and understanding of the term, in turn supporting their consideration of HSB within their casework.

Further implications include the need for training and input on HSB. Currently, it is unclear whether HSB is included within standard safeguarding training as this can differ between LAs and services. While HSB may or may not be included, 81.71% of respondents indicated that they would find training and information beneficial in supporting their current professional practice. This suggests that EPs would value and welcome input on HSB as part of their services/ practices continued professional development offer.

Many respondents also shared that they would value receiving training on specific tools and resources such as the AIM Assessments (Leonard & Hackett, 2019), and the Brook Traffic Light Tool (Brook, 2024). However, these training packages do cost and would require EPs to be provided with sufficient time to complete such training.

EPs also shared that they value supervision, both formally and informally, when considering HSB. However, some respondents shared that they would value opportunities for supervision with colleagues in different services, such as social care, who may have more experience with this type of casework. Where possible, EPs would benefit from service managers creating opportunities and links with other services to allow for supervision and increased multiagency working.

As findings identified that EPs may experience casework where HSB is a factor, EPs may seek to develop their own understanding and awareness of HSB and associated legal considerations such as the age of consent and mental capacity. These are areas which have been highlighted throughout the research findings, with professionals demonstrating varying knowledge around the age of consent and the potential legal implications. EPs may benefit from having opportunities to work with and learn from other multiagency partners who support CYP with this casework, such as social workers or safeguarding leads.

A further consideration for services is whether a cross-disciplinary HSB forum as described by Ibrahim (2020) would be beneficial to support professionals with HSB casework; including whether there is a potential role for EPs within this. Ibrahim (2020) shared professionals from varying disciplines could bring cases to this forum, however it was unclear whether EPs were also able to access this within Ibrahim's

example. Having a forum or panel which EPs could contribute to or access could potentially increase confidence and support them to feel empowered when such casework arose, as identified by those who had used the forum evaluated by Ibrahim. If a forum or panel were established, it would benefit from ongoing evaluation work to explore whether this is supportive to all parties.

5.3.2 Implications for professional training courses

Few respondents within this study received input regarding HSB as part of their professional training. Despite this, 81.71% of respondents shared that they felt HSB should be included within their training to equip trainees with the knowledge and skills required to effectively support casework where HSB is a factor. Trainee's may benefit from opportunities to discuss the term and behaviours which constitute as HSB, in addition to having access to EPs who have considered HSB within their own casework, or who have supporting CYP as part of a multiagency team. This would allow trainees to ask questions safely and comfortably given the sensitive nature of the topic, supporting their casework if, or when, HSB is identified as a factor.

5.4   Further research

Suggestions for future research have been noted throughout this research, these, in addition to other potential avenues of research are captured below:

- This research utilised a survey methodology with open-response boxes which allowed respondents to elaborate on answers provided. Further research could include researchers interviewing EPs to further explore their knowledge and confidence concerning HSB.

- Further research could explore learning disabilities and/ or autism and HSB in schools as instances involving HSB are considered to be over-represented in the literature. It would be beneficial to find out why this may be, and whether EPs perceive their confidence and knowledge to differ when considering HSB with differing populations.

- Further research could focus on interviewing key members of school staff such as SENCOs or DSLs to understand their perceptions of the EP role in relation to considering HSB in their casework.

- Research could also focus on exploring the role of EPs within multiagency contexts or meetings when considering HSB.

5.5   Concluding Comments

This exploratory research addresses an under-researched area, providing new insights into whether EPs view considering HSB to be within the remit of their role, and their perceptions of their knowledge and confidence with such casework.

Findings indicate that considering HSB is within the EP remit, regardless of whether this occurred in person or online, with the majority of EPs having at least one piece of casework in the last academic year where HSB was considered a factor. Despite this, respondents perceived knowledge and confidence was inconsistent, emphasising the need for EPs to receive further guidance and support around HSB and the potential role they may have in such casework. Further, this research highlighted the importance of multiagency working, and drawing upon the unique contributions of each professional involved.

In addition to providing insights into the role, knowledge, and confidence of EPs in considering HSB, it is hoped that this research will prompt discussions within services/ practices. It is clear that HSB is a problem within schools, and as professionals who work with CYP and their interconnected systems, they are arguably well-placed to prompt discussions with schools and multiagency professionals around this sensitive and emotive subject, further promoting the safeguarding of CYP.

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Appendices

Appendix 1

Table 1

Data Requirements Table (adapted from Saunders et al. 2023) – Overarching research aims of exploring EPs knowledge of

HSB.

Investigative sub-questions	Detail in which data measured	Rationale and link to key concepts
How do you understand the term "Harmful Sexual Behaviours?"	Open response box	Felt that this would provide participants the opportunity to share their understanding of the term and see whether this is in consensus with definitions commonly used (e.g., NSPCC)
The NSPCC use the following definition of HSB: "Harmful sexual behaviour (HSB) is developmentally inappropriate sexual behaviour displayed by children and young people which is harmful or abusive.	Likert Style: - Strongly agree. - Agree	This was adapted from a survey question by Fanshawe (2019, p. 58) in their doctoral study exploring EP views of coaching.

	- Neither agree nor disagree - Disagree - Strongly disagree	
Peer-on-peer sexual abuse is a form of HSB where sexual abuse takes place between children of a similar age or stage of development. Child-on-child sexual abuse is a form of HSB that takes place between children of any age or stage of development. Problematic sexual behaviour (PSB) is developmentally inappropriate or socially unexpected, sexualised behaviour which doesn't have an overt element of victimisation or abuse." To what extent do you agree with this definition?		
To extend the NSPCC definition of HSB above, Hackett (2019) states that Harmful Sexual Behaviours are those that are "expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person, or adult." What behaviours would you consider to constitute HSB?	Open response box	Question initially included a list of behaviours identified in research (e.g., Barnardo's, 2021; Hackett, 2010; Ofsted, 2021). Changed to an open response to explore whether EPs only identify "in person" behaviours as opposed to

		"online." Question also aims to explore if there is consensus as to which behaviours constitute as this may impact EPs approaches to work.
How far do you agree with the following statements about your knowledge and skills regarding children and young people demonstrating HSB? - I fully understand what HSB in children and young people is - I have knowledge/ skills for identifying HSB in children and young people I work with - I have knowledge/ skills for assessing children and young people displaying or experiencing HSB - I have the knowledge/ skills necessary for developing formulations which include HSB - I have knowledge/ skills for developing plans/ reports (e.g., Target, Monitoring and Evaluation reports) for children and young people perpetrating HSB - I have knowledge/ skills for developing plans/ reports (e.g., Target, Monitoring and Evaluation reports) for children and young people who are the victim of HSB	Five-point Likert scale - Strongly disagree. - Disagree - Neither agree nor disagree - Agree - Strongly agree.	Questions adapted from Clements et al. (2017) for the National Children's Bureau (NCB) "workforce perspectives on harmful sexual behaviour." These questions seek to explore EPs knowledge and understanding of HSB. Also helps to identify areas for possible development (e.g., CPD opportunities).

- I have knowledge/ skills for working directly (delivering interventions) with children and young people perpetrating HSB - I have knowledge/ skills for working directly (delivering interventions) with children and young people who are a victim of HSB - I have knowledge/ skills to effectively manage the emotional impact on me as a professional of working with children and young people displaying or who are a victim of HSB		

Table 2

Data Requirements Table (adapted from Saunders et al. 2023) – Do EPs believe considering HSB in schools is part of the educational psychologist role?

Investigative sub-questions	Detail in which data measured	Rationale and link to key concepts
How far do you agree with the following statements? - Supporting children and young people who are a victim of HSB is part of the EP role. - Supporting children and young people perpetrating HSB in schools is part of the EP role. - Supporting children and young people perpetrating HSB outside of school is part of the EP role. - Supporting children and young people displaying HSB online is part of the EP role.	Five-point Likert scale: - Strongly disagree. - Disagree - Neutral - Agree - Strongly agree	Exploration of whether EPs consider HSB casework to be part of the role; distinguishing between online and in person HSB.

Table 3

Data Requirements Table (adapted from Saunders et al. 2023) – What are the experiences of EPs with regards to considering HSB?

Investigative sub-questions	Detail in which data measured	Rationale and link to key concepts
In the last academic year's casework (2022-2023), in how many cases has HSB been a factor?	Multiple choice	Question adapted from the Clements et al. (2017) - Changed to last academic year as the survey was due to be shared in September 2023.
Please indicate which of the following year groups HSB has been a factor in your casework. Please select all that apply. - Early Years (under 5 years) - KS1 (Years 1-2) - KS2 (Years 3-6)	Presented in a matrix table. 3 points: No, yes – perpetrating HSB, yes – victim of HSB	Question adapted from Skade (2018). This question would provide an overview of the school groups in which HSB has been identified, helping to build a national picture of HSB casework.

- KS3 (Years 7-9) - KS4 (Years 10-11) - Post-18 (e.g., Years 12-13, Sixth Form and College)	6 options of year groups	
Do you feel there has been a change in the number of cases involving children and young people *perpetrating* HSB, referred to you by educational providers in the last five years? Do you feel there has been a change in the number of cases where children and young people *are the victim* of HSB, referred to you by educational providers in the last five years?	Multiple Choice - Large increase - Some increase - No change - Some decrease - Large decrease - Unsure	Question added as this research has taken place after the Coronavirus pandemic; during this time CYP were learning remotely (Ofqual, 2021). Consideration was given as to whether this may have an effect on the number of cases identified. Five years has been selected as this would allow for time before, during and after the pandemic.

Table 4

Data Requirements Table (adapted from Saunders et al. 2023) – To what extent do EPs feel confident in supporting educational settings with HSB?

Investigative sub-questions	Detail in which data measured	Rationale and link to key concepts
How confident do you feel when a SENCO asks you to work with a child or young people perpetrating HSB? How confident do you feel when a SENCO asks you to work with a child or young person who is a victim of HSB?	Multiple Choice: - Very confident - Confident - Neither confident not unconfident - Unconfident - Very unconfident	Research highlights that professionals do not always feel confident supporting with HSB casework; however, this has not been explored with EPs.
How far do you agree or disagree with the following statements? - I feel comfortable supporting schools with HSB casework. - I am confident identifying HSB in children and young people I work with	5-point Likert Scale - Strongly disagree. - Disagree - Neither agree nor disagree - Agree	Questions adapted from Clements et al. (2017) survey. Adapted questions seeking to explore confidence in varying contexts (E.g., working directly with CYP, working indirectly in multiagency team).

- I am confident assessing children and young people displaying HSB. - I am confident including HSB in my psychological formulations. - I am confident in developing plans/ reports (e.g., TME reports) for children and young people perpetrating HSB. - I am confident in developing plans/ reports) e.g., TME reports) for children and young people who are a victim of HSB - I am confident working directly with children and young people perpetrating HSB (e.g., delivering interventions) - I am confident working directly with children and young people who are a victim of HSB (e.g., delivering interventions) - I am confident working directly with parents or carers of children and young people perpetrating HSB.	- Strongly disagree.	

- I am confident working directly with parents or carers of children and young people who are a victim of HSB - I am confident working as part of a multidisciplinary team to support a young person perpetrating HSB - I am confident working as part of a multidisciplinary team to support a young person who is a victim of HSB - I am confident creating training in relation to HSB - I am confident delivering training in relation to HSB		

Table 5

Data Requirements Table (adapted from Saunders et al. 2023) – What training, resources and policy do EPs need to support educational settings with HSB?

Investigative sub-questions	Detail in which data measured	Rationale and link to key concepts
Does your EP service or practice have a policy around responding to HSB?	Multiple Choice - Yes - No - Unsure	Also links to "experiences." Importance of policy concerning HSB highlighted throughout research (e.g, Fyson, 2009). Also explores whether this is at the top of EPs agenda.
If in a local authority, is this policy used across other departments within the local authority? If yes, which departments? (e.g., social care, adoption services, and/or unknown)	Multiple Choice: - Yes - No - Unsure - Not applicable	As above.

If there is no EPS policy, or if you are unsure, do you think an EP Service or practice policy around HSB would be helpful?	Multiple Choice - Yes - No - Unsure	As above.
In the last academic year (2022-2023), which strategies have you used where HSB has been a factor in casework? Please select all that apply. - Training - Formal Supervision - Informal supervision with colleagues - Consultation - Group problem solving (e.g., Circle of Adults) - Intervention - Other	Matrix Box - No - Yes – perpetrating HSB - Yes – victim of HSB - - Yes - both	Exploring which strategies EPs have used to support casework where HSB was a factor. Matrix box items taken from EP literature.
Are there any tools, resources, or assessments that you have used to support HSB casework? Are there any tools, resources, or assessments that you would consider using, that you have not had the opportunity to use, to support HSB casework?	Open response boxes	Exploration of what tools, resources or assessments EPs have used, or would like to use to understand EP practice with HSB casework.

Have you ever in your professional career received any information or training about children and young people who demonstrate HSB? Select all that apply. - Yes – part of my professional qualification (e.g., EP masters or doctoral EP training) - Yes – CPD provided by a local authority educational psychology service. - Yes – CPD provided by an external company (please specify below) - No – I have not received information or training regarding HSB - Other – please state - Unsure	Multiple Choice:	Adapted from Draugedalen (2021), a survey for teachers exploring self-reported knowledge of HSB. Multiple choice options are novel, created by the researcher to gain an understanding of who delivered such training.
If you have received information and training, when did you last receive this?	Multiple Choice: - In the last year - 2-3 years ago - 4-5 years ago	Included to understand when EPs last received training, exploring whether this is on the agenda of services/ practices.

	- More than 5 years ago - Not applicable	
If you did not receive training as part of your professional qualification, do you feel that input on HSB should be included within the course content? (follow up question follows)	Multiple choice: - Yes - No	Exploration of EP perceptions on the helpfulness of training at different times throughout their career.
Do you feel additional/ further training in this area would be beneficial to support your practice?	Multiple choice: - Yes - No - Unsure	As above.
What methods of support do you access when supporting children and young people demonstrating HSB?	Multiple Choice + other "open response" - Formal supervision - Incidental discussions with colleagues - Self-directed reading	Adapted from Clements et al. (2017); multiple choice items amended based on activities EPs may engage with based on general EP literature.

	- Attendance at training or networking events (please specify) - Other (please specify)	
What, if any, support are you able to access to manage the emotional impact associated with HSB casework? (follow-up question) - What, if any, methods of support would you use but do not currently have access to?		Research highlights emotional impact HSB casework can have on professionals (e.g., Allardyce & Yates, 2018).), however this is not EP specific.

Table 6

Data Requirements Table (adapted from Saunders et al. 2023) – What psychological theory underpins EPs approach to HSB casework and formulation?

Investigative sub-questions	Detail in which data measured	Rationale and link to key concepts
What theories guide your practice when working with children and young people demonstrating HSB?	Open response box	Question added to explore what psychological theory underpins EPs practice.

Appendix 2

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Introduction

This is an invitation to participate in a research study exploring the role and confidence of Educational Psychologists when considering Harmful Sexual Behaviours (HSB) in educational contexts.

Background Information:
My name is Sian Thomas, a Trainee Educational Psychologist from the University of Birmingham completing a doctorate in Applied Child and Educational Psychology. As part of my training, I am on placement with Wolverhampton Educational Psychology Service where I am undertaking a research project aiming to explore the role and confidence of Educational Psychologists (EPs) when considering HSB.

The following information outlines why the research is being conducted and what it will involve, please read this carefully before deciding whether to participate.

Why is the research being conducted?

"Safeguarding and promoting the welfare of children is everyone's responsibility" (Department for Education, DfE, 2022). As psychologists practising within educational settings, EPs are well-placed to advocate for the rights of a child, whilst promoting child welfare, and providing psychologically informed support and guidance at universal, targeted, and specialised levels (BPS, 2018; DfE, 2022; Woods, 2011).

Harmful Sexual Behaviours or "HSB", is a term widely used within the context of development and safeguarding to refer to behaviours which are considered "problematic, abusive and violent" (DfE, 2022, 107). However, the term "HSB" and the behaviours included within this term remain ambiguous. Additionally, the responsibilities of differing professionals who may be involved in a young person's care, such as EP's, remains unclear.

This study aims to contribute to a limited research base by exploring if and how EPs' work involves considering HSB in schools, focusing on EPs' perceptions of their role, knowledge and skills around this area and the support and guidance available, in addition to the psychological theory in which they draw upon. Further, this study seeks to explore the confidence of EPs and Trainee EPs who may be involved in HSB casework.

Can I participate?
You are invited to participate in this study if you meet one

of the following criteria:
- You are a practising Educational Psychologist in
England
- You are a third-year Trainee Educational Psychologist
on a recognised training programme and on a
supervised placement in England.

What will I be asked to do?
Participation is voluntary; you can withdraw at any time
by closing the Qualtrics link.

If you choose to participate, you will be asked to
complete a survey which should take around 30 minutes
to complete.

This study will ask you a series of questions relating to
your knowledge, skills and confidence surrounding HSB
casework, along with estimations of the prevalence of
casework where HSB was a factor within your work. You
will also be asked to provide demographic data,
including the region in which you work and job title, in
order to understand our involvement with this casework
across a national context.

What will happen to my data?
Data obtained will be included within my doctoral thesis
for the University of Birmingham and will be published
online in the University e-thesis database. Findings may
also be summarised and shared in different formats for

different audiences, such as published in a peer reviewed journal, or shared at conferences or at local authority events. In all instances, it will be ensured that no identifiable information will be included.

All data collected will be kept confidential and saved in accordance with the University of Birmingham data management protocols. It should however be noted that information will be collected using external software, Qualtrics. Their data protection policies can be found online: https://www.qualtrics.com/support/survey-platform/getting-started/data-protection-privacy/

Who can I contact for further information, or if I have a concern?
If you have any questions, please contact myself, or my supervisor Dr Anthea Gulliford via the details below:

Sian Thomas (Trainee Educational Psychologist) – SET164@student.bham.ac.uk

Dr Anthea Gulliford (Programme Director, Applied Educational and Child Psychology Doctorate, University of Birmingham) - a.gulliford@bham.ac.uk

This project has been approved by the University of Birmingham Ethics Committee.

Thank you for taking the time to read this information

sheet and for considering participation in this research study.

If you would like to participate, please click below.

Consent

I have received and read a copy of the studies participant information sheet

○ Yes
○ No

I understand that my participation in this study is voluntary and that I can withdraw at any time

○ Yes
○ No

I confirm that I have the researchers contact details and know that I am able to contact them for further information

○ Yes

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○ No

I understand that the data gained from this study will be
included in a doctoral thesis and may also be shared in
different formats with different audiences

○ Yes
○ No

I confirm that I am a qualified educational psychologist
working in England, or a third year TEP on an accredited
training course

○ Yes
○ No

I agree to participate in this study

○ Yes
○ No

Block 2

How do you understand the term "Harmful Sexual Behaviours?"

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The NSPCC use the following definition of HSB: "Harmful sexual behaviour (HSB) is developmentally inappropriate sexual behaviour displayed by children and young people which is harmful or abusive.

Peer-on-peer sexual abuse is a form of HSB where sexual abuse takes place between children of a similar age or stage of development. Child-on-child sexual abuse is a form of HSB that takes place between children of any age or stage of development.

Problematic sexual behaviour (PSB) is developmentally inappropriate or socially unexpected, sexualised behaviour which doesn't have an overt element of victimisation or abuse."

To what extent do you agree with this definition?

O Strongly Agree

○ Agree

○ Neither agree nor disagree

○ Disagree

○ Strongly disagree

Please explain your view

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To extend the NSPCC definition of HSB above, Hackett (2016) states that Harmful Sexual Behaviours are those that are "expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person, or adult."

What behaviours would you consider to constitute HSB?

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Block 3

In the last academic year's casework (2022-2023), in how many cases has HSB been a factor?

○ 0
○ 1-2
○ 3-5
○ 6-10
○ 11-20
○ 21-30
○ More than 30
○ Unsure

Please indicate which of the following year groups HSB has been a factor in your casework.

Please select all that apply.

	No	Yes - Perpetrating HSB	Yes - Victim of HSB
Early Years (under 5 years)	☐	☐	☐
KS1 (Years 1-2)	☐	☐	☐
KS2 (Years 3-6)	☐	☐	☐
KS3 (Years 7-9)	☐	☐	☐
KS4 (Years 10-11)	☐	☐	☐

	No	Yes – Perpetrating HSB	Yes – Victim of HSB
Post-16 (e.g., Years 12-13, Sixth Form and College)	☐	☐	☐

Do you feel there has been a change in the number of cases involving children and young people perpetrating HSB, referred to you by educational providers in the last five years?

○ Large increase
○ Some increase
○ No change
○ Some decrease
○ Large decrease
○ Unsure

If you have identified any changes, please identify what factors you think have contributed to this? (e.g., increase in specific age groups where HSB not seen previously, increase/ decrease since COVID etc)

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Do you feel there has been a change in the number of cases where children and young people are the victim of HSB, referred to you by educational providers in the last five years?

○ Large increase
○ Some increase
○ No change
○ Some decrease
○ Large decrease
○ Unsure

If you have identified any changes, please identify what factors you think have contributed to this? (e.g., increase in specific age groups where HSB not seen previously, increase/ decrease since COVID etc)

How confident do you feel when a SENCO asks you to work with a child or young people perpetrating HSB?

O Very confident

O Confident

O Neither confident nor unconfident

O Unconfident

O Very unconfident

Please explain your reason for choosing this option

How confident do you feel when a SENCO asks you to work with a child or young person who is a victim of HSB?

O Very confident

O Confident

O Neither confident nor unconfident

O Unconfident

O Very unconfident

Please explain your reason for choosing this option

[text box]

Does your EP service or practice have a policy around responding to HSB?

○ Yes
○ No
○ Unsure

If in a local authority, is this policy used across other departments within the local authority?

○ Yes
○ No
○ Unsure
○ Not applicable

If yes, which departments? (e.g., social care, adoption services, and/or unknown)

If there is no EPS policy, or if you are unsure, do you think an EP Service or practice policy around HSB would be helpful?

○ Yes
○ No
○ Unsure

Please explain why or how an EPS policy would or would not be helpful:

In the last academic year (2022-2023), which strategies have you used where HSB has been a factor in casework?

Please select all that apply.

	No	Yes – perpetrating HSB	Yes – victim of HSB	Yes – both
Training	☐	☐	☐	☐
Formal Supervision	☐	☐	☐	☐
Informal supervision with colleagues	☐	☐	☐	☐
Consultation	☐	☐	☐	☐
Group Problem Solving (e.g., Circle of Adults)	☐	☐	☐	☐
Intervention	☐	☐	☐	☐
Other	☐	☐	☐	☐

If other, please state approaches used and to which of the above categories was it applied.

Are there any tools, resources, or assessments that you have used to support HSB casework?

Are there any tools, resources, or assessments that you would consider using, that you have not had the opportunity to use, to support HSB casework?

>

How far do you agree with the following statements?

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Supporting children and young people who are a victim of HSB is part of the EP role	O	O	O	O	O
Supporting children and young people perpetrating HSB in schools is part of the EP role	O	O	O	O	O
Supporting children and young people perpetrating HSB outside of school is part of the EP role	O	O	O	O	O
Supporting children and young people displaying HSB online is part of the EP role	O	O	O	O	O

Block 4

Have you ever in your professional career received any information or training about children and young people who demonstrate HSB?

Select all that apply.

☐ Yes – part of my professional qualification (e.g., EP masters or doctoral EP training)

☐ Yes – CPD provided by a local authority educational psychology service.

☐ Yes – CPD provided by a private educational psychology service

☐ Yes – CPD provided by local authority (excluding training delivered by an Educational Psychology Service)

☐ Yes – CPD provided by an external company (please specify below)

[   ]

☐ No – I have not received information or training regarding HSB

☐ [   ] Other - please state

☐ Unsure

If you have received information and training, when did you last receive this?

○ In the last year

○ 2-3 years ago

○ 4-5 years ago

○ More than 5 years ago

○ Not applicable

If you did not receive training as part of your professional qualification, do you feel that input on HSB should be included within the course content?

○ Yes

○ No

Please elaborate on the answer provided:

Do you feel additional/further training in this area would be beneficial to support your practice?

○ Yes

○ No

○ Unsure

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If yes, what would you like the training to include?

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How far do you agree with the following statements about your knowledge and skills regarding children and young people demonstrating HSB?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I fully understand what HSB in children and young people is	O	O	O	O	O
I have knowledge/ skills for identifying HSB in children and young people I work with	O	O	O	O	O
I have knowledge/ skills for assessing children and young people displaying or experiencing HSB	O	O	O	O	O
I have the knowledge/ skills necessary for developing formulations which include HSB	O	O	O	O	O

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I have knowledge/ skills for developing plans/ reports (e.g., Target, Monitoring and Evaluation reports) for children and young people perpetrating HSB	O	O	O	O	O
I have knowledge/ skills for developing plans/ reports (e.g., Target, Monitoring and Evaluation reports) for children and young people who are the victim of HSB	O	O	O	O	O
I have knowledge/ skills for working directly (delivering interventions) with children and young people perpetrating HSB	O	O	O	O	O
I have knowledge/ skills for working directly (delivering interventions) with children and young people who are a victim of HSB	O	O	O	O	O

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	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I have knowledge/ skills to effectively manage the emotional impact on me as a professional of working with children and young people displaying or who are a victim of HSB	O	O	O	O	O

How far do you agree or disagree with the following statements?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I feel comfortable supporting schools with HSB casework	O	O	O	O	O
I am confident identifying HSB in children and young people I work with	O	O	O	O	O
I am confident assessing children and young people displaying HSB	O	O	O	O	O
I am confident including HSB in my psychological formulations	O	O	O	O	O

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	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am confident in developing plans/ reports (e.g., TME reports) for children and young people perpetrating HSB	○	○	○	○	○
I am confident in developing plans/ reports)e.g., TME reports) for children and young people who are a victim of HSB	○	○	○	○	○
I am confident working directly with children and young people perpetrating HSB (e.g., delivering interventions)	○	○	○	○	○
I am confident working directly with children and young people who are a victim of HSB (e.g., delivering interventions)	○	○	○	○	○
I am confident working directly with parents or carers of children and young people perpetrating HSB	○	○	○	○	○
I am confident working directly with parents or carers of children and young people who are a victim of HSB	○	○	○	○	○

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	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am confident working as part of a multidisciplinary team to support a young person perpetrating HSB	○	○	○	○	○
I am confident working as part of a multidisciplinary team to support a young person who is a victim of HSB	○	○	○	○	○
I am confident creating training in relation to HSB	○	○	○	○	○
I am confident delivering training in relation to HSB	○	○	○	○	○

Block 5

What methods of support do you access when supporting children and young people demonstrating HSB?

☐ Formal Supervision

☐ Incidental discussions with colleagues

☐ Self-directed reading

☐ Attendance at training or networking events (please specify)

[   ]

☐ [   ] Other (please specify)

What, if any, support are you able to access to manage the emotional impact associated with HSB casework?

[   ]

What, if any, methods of support would you use but do not currently have access to?

[   ]

Part Five: Psychological Theory

What theories guide your practice when working with children and young people demonstrating HSB?

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[   ]

Part Six: Demographic Information

In which region do you primarily work?

○ Northwest of England

○ Northeast of England

○ Yorkshire and the Humber

○ West Midlands

○ East Midlands

○ East of England

○ London

○ Southwest of England

○ Southeast of England

How would you best describe the Educational Psychology Service in which you primarily work?

○ Local Authority: traded

○ Local Authority: non-traded

○ Private Company

○ Social enterprise

○ [   ] Other (please explain)

How would you best describe your role?

○ Trainee Educational Psychologist (Year 3)

○ Principal Educational Psychologist

○ Main Grade Educational Psychologist

○ Senior Practitioner Educational Psychologist

○ Specialist Senior Educational Psychologist (please state specialism)

[   ]

○ Senior Educational Psychologist

○ Independent Educational Psychologist

○ Locum

○ [   ] Other, please specify

How many years have you been a practising Educational Psychologist?

○ Newly qualified/ first year qualified

○ 2-3 years

○ 4-5 years

○ 6-7 years

○ 8-9 years

○ 10-11 years

○ 12-13 years

○ 14-15 years

○ 16-17 years

○ 18-19 years

○ 20+ years

○ Third Year Trainee Educational Psychologist

Is there anything else you would like to share about your experiences of working with children and young people who have demonstrated HSB?

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Block 8

Thank you for your participation in this survey.

We understand that HSB is a sensitive topic which may result in feelings of discomfort or further questions. Organisations which provide additional information around HSB, or similar topics include:

- Stop It Now! Helping prevent child sexual abuse:

https://www.stopitnow.org.uk/
- ChildLine: https://www.childline.org.uk/
- National Society for the Prevention of Cruelty to
Children: https://www.nspcc.org.uk/

Powered by Qualtrics

Appendix 3

Exploring the role and confidence of Educational Psychologists when considering Harmful Sexual Behaviours (HSBs) in educational contexts

Thank you for agreeing to participate in this pilot which seeks to explore whether the developed survey effectively explores the role and confidence of Educational Psychologists when considering HSB.

Evaluation Form:

How long did the survey take to complete?

Were the questions in the survey clear? Please note any ambiguous questions or wording below:

Do you feel any questions need to be amended? If yes, please explain:

Do you feel any questions should be added or deleted? If yes, please explain:

Do you have any additional comments about this survey?

Thank you for taking the time to provide feedback,

Kind Regards, Sian

Appendix 4

Pilot Evaluation Feedback

Comment	Outcome
"One I was unsure about was it asks how many cases have you had in last academic year- I wasn't sure whether that meant from September e.g. in last 3 months or for an entire academic year. It then talks about experiences across 5 years so wasn't sure."	Year groups were added in brackets (2022-2023).
"My only thought was it asked for cases in a year being 1-5 the lowest option where I would feel that could be split into two as some EPs who've had one in the year may have less experience than 5 for example who have 5 every year.	Response options changed from "1-5" to "1-2, 3-5"
"I wasn't sure if first question wanted us to say what HSB stood for or whether it wanted a clear definition"? "Not sure if it was the plan to not include the full term for the first question, but might be useful to put 'harmful sexual behaviour' rather than just 'HSB'	Question wording changed from: "How do you understand the term HSB?" To: "How do you understand the term Harmful Sexual Behaviour?"
"What methods of support would you use but do not currently have access to? – it would be better to put 'what, if any' as I felt I had to put something in there as there wasn't an option to leave it blank"	"What, if any" was incorporated into questions where participants may not have a response.

Appendix 4

Recruitment Email

Research Project: Exploring the role and confidence of Educational Psychologists when considering Harmful Sexual Behaviour in educational contexts.

Hello,

My name is Sian Thomas, I am a Trainee Educational Psychologist from the University of Birmingham on placement with Wolverhampton Educational Psychology Service. As part of my studies, I am completing a research project which aims to explore the role and confidence of Educational Psychologists in considering Harmful Sexual Behaviours (HSB) in schools.

This study aims to contribute to a limited evidence base by exploring EPs perceptions of their role in relation to HSB casework and the knowledge and skills which support this work. Furthermore, this study will aim to explore EPs' confidence in consideri
ng HSB. It is hoped that this study will provide an insight into the national picture of HSB casework in schools and the role of the EP, whilst also informing practice and identifying areas for continued professional development.

The research will involve a survey which should take around 30 minutes to complete. The survey is open to qualified Educational Psychologists and Trainee Educational Psychologists who are in their third year of training and who are practising in England.

This research has previously been shared with services; however, I have been made aware that some Educational Psychologists wanted to participate but were unable to, therefore, the survey has been re-opened for a period of two weeks, **closing on Friday 22nd March 2024 at 10pm.**

If you would like to complete the survey, please click here:
https://bham.qualtrics.com/jfe/form/SV_aUXFI7qRdIIQO4S

I would appreciate your help in recruiting EPs and TEPs who may be interested in completing the survey enclosed within this email by sharing this email, along with the attached participant information sheet.

Thank you for your time, if you have any queries or would like to know more about the research project, please contact me or my supervisor using the details below:

Sian Thomas (Trainee Educational Psychologist) -
Dr Anthea Gulliford (Programme Director) –

Kind Regards,
Sian Thomas

Appendix 5

Participant Information Sheet

Exploring the role and confidence of Educational Psychologists when considering Harmful Sexual Behaviour in educational contexts

This is an invitation to participate in a research study exploring the role and confidence of Educational Psychologists when considering Harmful Sexual Behaviours (HSB) in educational contexts.

Background Information

My name is Sian Thomas, a Trainee Educational Psychologist from the University of Birmingham completing a doctorate in Applied Child and Educational Psychology. As part of my training, I am completing a two-year supervised placement with Wolverhampton Educational Psychology Service where I am undertaking a research project which aims to explore the role and confidence of Educational Psychologists (EPs) in considering HSB in schools.

This information sheet has been shared with you because I am seeking your support to participate in this research project. I have included information regarding the project below, however, if you would like further information or have any questions about the research, please do not hesitate to contact myself or my supervisor Dr Anthea Gulliford via the contact details included at the end of this document.

Why is this study being conducted?

"Safeguarding and prompting the welfare of children is everyone's responsibility" (Department for Education, DfE, 2022). As psychologists practising within educational settings, EPs are well-placed to advocate for the rights of a child, whilst promoting child welfare, and providing psychologically informed support and guidance at universal, targeted, and specialized levels (BPS, 2018; DfE, 2022; Woods, 2011).

HSB is a term widely used within the context of child development and safeguarding to refer to sexual behaviours which are considered "problematic, abusive and violent" (DfE, 2022, 107). However, the term "HSB" and the behaviours included within this term remain unclear and disputed between professionals, and as a result, no official statistics detailing the prevalence of HSB, its causes or the characteristics of young people displaying these behaviours has been published (NSPCC, 2021). Additionally, the roles and responsibilities of differing professionals who may be involved in a young person's care, such as EPs, remain ambiguous.

This study aims to contribute to a limited research base by exploring the role of EPs in addressing HSB in schools, focusing on EPs perceptions of their role, knowledge and skills around this area and the support and guidance available in addition the psychological theory in which they draw upon. Further, this study seeks to explore the confidence of EPs and Trainee EPs who may be involved in HSB casework.

Am I eligible to participate?

You are invited to participate in this study if you meet one of the following criteria:

- I am a practising Educational Psychologist in England

- I am a third-year Trainee Educational Psychologist on a recognised training programme and on a supervised placement in England.

What will the study involve?

This study consists of a survey hosted by Qualtrics; the survey should take around 30 minutes to complete.

To gain a national picture of the EP role in considering HSB, the survey will ask for demographic data including your job title and the region in which you practice. Additionally, the survey will ask you to estimate the prevalence of HSB casework in which you have been involved in during the last academic year. The survey will also ask a series of questions relating to knowledge, skills, and confidence in this area.

What will the findings be used for?

The research findings will be written in my doctoral thesis for the University of Birmingham which will be published online in the University e-thesis database. The findings may also be summarised and shared in different formats for different audiences, for example this research may be published in a peer-reviewed journal, disseminated at professional conferences, and shared as part of university-based teaching sessions.

The research findings will also be shared with Wolverhampton Educational Psychology Service in a presentation format as part of their continued professional development offer. This presentation may also be shared with other local authority Educational Psychology Services.

Can I withdraw from the study?

Yes, you can withdraw from the survey at any time by closing the Qualtrics link. However, once you select submit, the data will have been submitted anonymously into the system and can no longer be withdrawn.

Will my information be kept anonymous?

Yes, the information provided will be kept anonymous. You will not be asked to provide your name, email, or the organisation/ local authority in which you work.

You will however be asked to provide the region in which you practice, to explore the national picture of HSB casework. Additionally, you will be asked to provide written responses to select answers which will be included within the doctoral thesis and subsequent disseminations. In all instances, no identifiable information will be included.

Where can I seek further information?

If you have any questions, please contact myself, or my supervisor Dr Anthea Gulliford via the details below:

Sian Thomas (Trainee Educational Psychologist) –

Dr Anthea Gulliford (Programme Director, Applied Educational and Child Psychology Doctorate, University of Birmingham) –

This project has been approved by the University of Birmingham Ethics Committee.

Thank you for taking the time to read this information sheet and for considering participation in this research study.

Feedback:

Following completion of this research study, findings will be summarised and published on a University of Birmingham blog.

Further Information:

We understand that HSB is a sensitive topic which may result in feelings of discomfort or further questions, organisations which provide additional information around HSB, or similar topics include:

 Stop It Now! Helping prevent child sexual abuse: https://www.stopitnow.org.uk/

 ChildLine: https://www.childline.org.uk/

 National Society for the Prevention of Cruelty to Children: https://www.nspcc.org.uk/

Appendix 6

Thematic Analysis coding and revising themes.

Unconfident - victims - HSB

Sensitive topic
- Emotive topic
- Difficult topic
- Sensitive topic
- Difficult Subject/Sensitive topic

Lack of Training
- No Specific training
- Lack of training
- No Specific training
- Requires training
- Limited training

- Lack of training around HSB
- Limited training
- No training
- No training
- No CPD

Limited Experience
- No exp.
- No exp.
- Lack of exp.
- Limited Casework exp
- Limited exp
- Limited exp
- No experience
- No experience
- Limited exp

Limited Understanding of HSB Support
- Not knowing what supports would be beneficial
- Limited Understanding of Specific Support.
- Limited Understanding of Specific Support

Need Supervision + guidance
- Requires Supervision
- Would gain Supervision

Dependent on nature of Case
- Dependent on EP role
- Unaware on role
- Dependent on role of EP/ nature of involvement.

Very Unconfident

Lack of training
- Lack of training
- Not included in EP training
- Risk of Causing Further trauma

Not viewed as EP Role
- Not EP role

Neither Confident nor Unconfident - Victim - HSB.
- Limited Casework experience
- Limited Casework experience
- Limited exp.

Experience
- No Exp.
- Limited Exp.
- Previous Exp.

- No experience
- No Casework experiences
- No direct exp.
- No casework exp.
- No experience
- Previous experience

- No Specific HSB Knowledge
- No knowledge of recommendations + Support

Knowledge + Skills
- Psychological knowledge
- No HSB Specific knowledge

- Psychological Knowledge
- Psychological Knowledge
- Can draw upon psychological knowledge
- Psychological Skills
- Holistic Assess of C4P
- Holistic Assess of C4P

Need for Multi-agency Support
- Requires multiagency approach

Lack of training
- No training
- Lack of training
- Lack of training

Dependent on nature of Casework
- Dependent on Specifics of casework
- Dependent on C4B experience
- Dependent on Specific casework
- Dependent on work
- Dependent on specifics of casework
- Confident working with adults
- Unconfident Completing long term work
- Depends on nature of request

Not viewed as EP Role
- Querying whether its EP role
- Do not view this as EP role
- Dont feel its EP role

Confident + Very Confident - Victim - HSB

- Knowledge of trauma
- Psychological Know + Skills
- Psychological Knowledge + Skills
- Psychological Knowledge + Skills
- Aware of EP competencies
- Psychological Knowledge
- Psychological knowledge
- Psychological knowledge
- Psychological knowledge
- Psychological Knowledge
- Aware of Competencies
- Psychological Knowledge

Psychological knowledge + Skills
- Use of psychological skills
- Use EP skills
- Access to tools
- Access to resources

Holistic Assessment of C4P
- Holistic Assess of C4P
- Holistic Assessment of C4P
- Holistic Ass of C4P

Training
- Access to training
- Training

Casework Experience
- Casework exp
- Casework Exp.
- Casework Exp.
- Casework exp
- Previous Exp.
- Casework Exp.

Experiences → Casework
→ Safeguarding
→ Specialisms

Supervision
- Supervision
- Access to Clinical Supervision
- Supervision
- Supervision
- Safeguarding EP
- Exp with Specialist Services

Multi-agency Working
- Access to Specialist Services
- Multiagency working
- Multiagency working
- Connections with Specialist Services

Unconfident - HSB - Perpetrating

- Lack of Casework experience
- Limited Exp.
- Limited Casework exp.
- Limited Exp.
- Limited Casework exp.
- Limited Casework exp.
- Limited Exp.
- No Casework exp
- Limited Casework exp.
- Limited Exp.
- Limited Exp.
- Limited Exp.

Lack of training + CPD
- Lack of training
- Lack of training
- Lack of training
- No training
- No training
- Lack of training
- Lack of training
- Lack of training or exp
- No training
- Limited training
- No training or CPD
- Lack of training

- Lack of exp regarding HSB + SEN
- Challenges considering HSB with SEN

Subtheme → Supporting CYP with SEN

Limited Understanding of HSB
- Limited Understanding
- Limited Understanding of topic
- No knowledge of topic area
- Limited know base
- Lack of knowledge
- Unclear of what is developmentally app.
- Limited Understanding of legalities
- Concerns around Safeguarding + risks to practitioner

Sensitive topic
- Uncomfortable topic area
- Difficult topic area
- Sensitive topic area
- Difficult topic
- Difficult topic area
- Sensitive topic
- Subjective Guidance
- Emotive Subject

Lack of Clarity of EP role
- Outside of Competencies
- Capacity of EP role
- Unsure of EP role with HSB
- Aim of involvement may be unclear
- Lack of Clarity of EP role with HSB
- Lack of Clarity on EP role regarding HSB Casework

- Would require high levels of Support
- Require high levels of Supervision
- Requires high levels of Supervision
- Requires high levels of Supervision

Very Unconfident

Lack of training
- Require further training
- No training
- Lack of training

Limited Experience
- Limited Casework exp.
- No Exp
- Lack of exp

Not viewed as EP role
- Not viewed as EP role

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Top-left board:

Confidence - Perpetrating - Neither agree nor disagree.

Psychological Skills + Knowledge

Limited Casework Experience

Limited Casework | Limited Casework Experience | EP Experience

Infrequent Casework | Limited Casework exp.

Limited Exp. | Limited Casework exp

Holistic Assessment

Holistic Assessment | Holistic Assessment

Holistic Assessment of CYP

Holistic Ass of HsB | Holistic Ass of HsB

Support from Specialist Services

Support from Specialist Services
Support from Specialist Services
Support from Specialist Services

Lack of training

Limited training
Lack of recent training
Limited training

CASEWORK

Skills of Psychologist
Skills of Psychologist
EP Skills
Ability to draw upon psychological skills + knowledge
Use of psychological skills + knowledge

Casework Exp.

Casework Experiences

Interest in Area

Interest in area

Top-right board:

Confidence Supporting CYP Perpetrating HsB

EP Experiences within Specialist Services

EP experience within Specialist Services

Experience with Other Services

Experience with Specialist Services

Access to Supporting Services

Exp. with specialist Services

Core Skills of an EP

Supervision

Access to Supervision | Supervision | Supervision

Support from Colleagues | Supervision

Supervision

Supervision

Holistic assessment of CYP

Viewing HsB holistically | Viewing HsB holistically | Viewing HsB within wider Context

Holistic Assessment of HsB

Access to tools, training + guidance

Access to tools + training

Access to tools | Training + tools | Access to training + tools | LA Guidance

Experience with casework

Experience with Casework | Exp with Casework

Casework Experience | Casework Experience

Interest in area

Individual area of interest

Interest in area

Bottom-left board:

Non-Consensual

Non-Consensual
Non-Consensual
Non-Consensual
Non-Consensual
Non-Consensual
Non-Consensual

Lack of Consent

Capacity

Capacity to Consent
Capacity to Consent
Capacity to Consent
Capacity to Consent

Applicable to both

Legalities

Legal Implications
Legal Considerations

Under the age of Consent | Legal Considerations

Age of Consent

Underage Sex

Underage

Power Imbalances

Power Imbalances

Themes + Subthemes
- Non-Consensual
- Capacity to Consent
- Imbalance of power
- Under Statutory age

Uninvited behaviours

Unwanted | Unwanted

Unwanted

Persistant unwanted advances

Non-Consensual

Coercive + forceful

Force | Force

Forced Acts | Coercive

Coercive behaviour | Use of force | Coercion

Coercion | Forced behaviour | Force

Coercive behaviour | Threatening

Aggressive | Pressure

Element of force

Manipulation

Causes harm or distress

Causes distress | Threatening

Causes harm | Harmful

Harmful

Causes distress

Physical harm

Theme

Element of Force + Coercion

Causes harm + distress

Theme

Bottom-right board:

Neither agree nor disagree

Unclear definition

Unclear definition
Subjective
Unclear definition

Unclear definition

Focus on perpetrator? Disregards?

Disregards Perpetrator

Within Child

Within Child

Limited

Lacks Consent

Limited definition

Limited

Disagree with definition

Blaming?

Pathologising

Blaming/ Attributing

Shaming

Blame

Legally Phrased

Attribution of blame via legal phrasing?

Lacks Comprehensiveness?

Limiting

Lacks Comprehensiveness

Lacks details/ Clarity

Doesn't account for CYP with learning needs

Lacks Comprehensiveness

Disregard for Previous Childhood Experiences

Could go into either theme.

Subjective? Unclear?

Terminology can be misinterpreted

Unclear terminology or not clear enough

Risk of misinterpretation

Subjective

Lacks Clarity + Comprehensiveness

What behaviours do EPs Constitute as HSB?

Behaviour towards Self
- Sexual behaviour towards self
- Touching themselves
- Harmful towards Self
- Touching Oneself
- Masturbation in Inappropriate Contexts
- Theme: Physical behaviour towards Oneself
- Excessive masturbation
- Touching Self

↑ Fib in both
- Touching Self in Public
- Public masturbation

Non-Contact but directed at other
- Exposing Oneself
- Indecent Exposure
- Public Masturbation
- Masturbation in front of Others
- Flashing
- Legal Offences
- Self exposure
- Theme: Public Self Exposure
- Grooming
- Grooming
- Abuse
- Theme: Intent to harm
- Exposing Oneself
- Public masturbation
- Voyurism
- Exposing oneself
- Intent
- Public masturbation
- Sexualised behaviour that cause harm
- Intent

Use of technology → Accessing content

TAKING
- Upskirting
- Accessing Pornography
- Upskirting
- Taking Sexualised Images
- Upskirting

DISTRIBUTING
- Sharing explicit Content
- Distribution of Sexual material
- Sharing of Sexualised material Online
- Distribution of Sexual material
- Distribution of Sexualised material

Applicable to both
- Sexting
- Sexting
- Sexting
- Sexting
- Use of technology
- Taking + distributing Sexual material.
- Sexting
- Use of technology
- Use of technology
- Social media
- Use of Social media

- Sharing of Sexualised Images
- Distributing Sexualised Images
- Sharing Sexualised Images
- Sharing explicit material.

- Watching Pornography
- Viewing explicit Content
- Pornography
- Pornography
- Accessing Pornography
- Accessing online material.
- Accessing Extreme Pornography
- Exposure to explicit Content

Themes + Subthemes
- Theme: Behaviours conducted via electronic devices
  - Taking of Sexual images
  - Distributing Sexually explicit Content
  - Accessing Sexual Content
- Copying Pornography

"Strongly agree with definition"

Important distinction of terms
- Important distinction of sharing of terms
- Distinguishing of terms helpful for Supporting to
- Clear + Comprehensive
- Comprehensive
- Summaries all key areas

Consolidates understanding
- Consolidates Previous understanding
- Demonstrates need for Support
- Demonstrates need to support all involved

"Agree with definition"

Ambiguous terminology?
- Term 'peer' may be misunderstood (may not account for those with LD)
- Word 'Problematic' may lead to misinterpretation
- Ambiguity
- Subjective definition
- Term 'harmful' is subjective

Constituting behs remain Subjective?
- Vague in behaviour
- Limited as to what behaviour Constitute HSB
- Subjective in terms of behs constituted under term HSB
- Constituting behs remain unclear
- Vague + Subjective definition?
- Vague
- Subjective
- Definition up for interpretation
- Subjective as to what harmful means
- Difficult to define when Sexual beh is developmentally inappropriate

Clear definition? — Clear + Comprehensive
- Clear
- Clear

Challenges Profs values?
- Uncomfortable with definition

Limited understanding of HSB
- Limited understanding of terms
- Unfamiliarity with terms
- Understanding limited/ Unfamiliarity with terms
- Definition not previously considered

Elements of definition remain limited — Limited definition
- Missing Psychological Element
- Missing Psychological Element ST
- Missing recognition of those involved
- 'Limiting' does not focus if it accounts for children engage in HSB without help
- Helpful distinction of terms
- Clear, Comprehensive + helpful
- Offering distinction between terms
- Does not indicate potential age differences
- Can be harmful towards themselves not just other
- Limits impact on individual demonstrating HSB
- Missing reference to Power/ Vulnerability
- Power Dynamics ST
- Limited needs focus on harm to self
- Underestimates impact on individual demonstrating HSB
- Learning Disabilities
- Takes into account those with LD
- Difficult to define
- Difficult to define
- Difficult to define
- Limits harm/ doesn't fully consider impact on individual
- Impact on individual demonstrating HSB ST
- Difficult di...

Use of Sexualised language — Developmentally Inappropriate

- Sexualised language
- Sexualised language
- Sexualised language
- Sexualised language
- Sexualised Language
- Sexual language
- Sexualised language
- Sexual language
- Sexualised Language
- Sexual language
- Use of Sexualised Language
- Abusive or harmful language
- Inappropriate Comment
- Sexualised Language
- Theme: Use of Sexualised language
- Directed Comments
- Theme: Physical behs towards other
- Developmentally Inappropriate
- Developmentally Inappropriate
- Developmentally Inappropriate
- Developmentally Inappropriate
- Developmentally Inappropriate
- Developmentally Inappropriate
- Developmentally Inappropriate
- Developmentally Inappropriate
- Developmentally Inappropriate
- Theme: Developmentally Inappropriate

Behaviour towards other
- Physical behaviour e.g. touching
- Inappropriate touching of others
- Inappropriate touching
- Inappropriate touching
- Touching Other
- Sexual behaviour towards Others
- Physical touching of other
- "In person"
- Physical Contact
- Physical Contact
- Sexually touching other
- Touching other
- Groping
- Physical Behaviour
- Inappropriate touching
- Assault
- Assault
- Physical assault
- Assault
- Exposing others genitals
- Sexual Intercourse
- Penetrative Contact
- Penetrative Sex
- Penetration
- Physical advances
- Seeking to touch other
- Rape
- Directed towards other

Appendix 7

Ethics Application

UNIVERSITY OF BIRMINGHAM

Research Ethics Review Form

Project details

Important Information

Please note that this form is only suitable for staff and postgraduate research students. If you are on a postgraduate taught course, your local school/college will review your work and you do not need to apply via the Research Ethics Review system.

If you need help whilst completing the form, FAQs and additional information can be found under the 'Help' section in the black bar at the top of the page. Some questions also have an 'I' on the top right, clicking this will bring up additional help text.

The form will automatically save when you click 'next'. Alternatively, you can click 'save' on the top left to manually save your progress.

Please note that this form is currently in a piloting phase. All applications may be subject to a quality assurance check and a member of the ethics team will be in touch with the lead researcher and/or applicant directly if an application raises any queries. If you would like to contact us directly please use aer-ethics@contacts.bham.ac.uk

Please note that programmes of work are currently being processed outside of the system. Please contact the ethics team directly if you wish to apply under a programme of work.

Is your project considered to be research?

A project is considered to be research if it is likely to result in research outputs (including, but not limited to, journal articles, conference papers, theses and online dissemination). Further indication of what might be considered to be research can be found at http://www.hra-decisiontools.org.uk/research/, but please be aware that if a service evaluation project will result in a research output (including theses) it will be considered to be research from a University perspective. If you are in any doubt as to whether your project should be considered as research, please contact the Research Ethics Team to discuss further.

◉ Yes
◯ No

Is this a staff or a postgraduate research student project?

◯ Staff
◉ Student (PGR only)
◯ Other (by special permission only)

Please confirm the college of the main PI/Supervisor

College of Social Sciences (COSS)

Please confirm which school within CoSS the main PI/supervisor is from

Education

Please provide your student ID number

2375364

Project title and duration

Please give the full title of the research project

Exploring the role of the Educational Psychologist in considering Harmful Sexual Behaviours (HSB) in educational contexts

Please give a short title for the research project (e.g., an acronym or reduced title). You may use the same title as above if the character length allows

Exploring the role of the Educational Psychologist in considering Harmful Sexual Behaviours (HSB) in educational contexts

Please provide the anticipated start and end dates for the project

Please select the year before the month. Months which have already passed in the current year will not show.

| Anticipated start date | 02/10/2023 |
| Anticipated End Date | 28/06/2024 |

Contact Details For Researchers

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Please note, then when entering details for University of Birmingham (UoB) staff/students/supervisors, you can click the 'assign role' button in blue at the top of each contact, selecting the correct role will automatically give that person the correct access/permissions to the current form. Please note that the form owner (i.e. who initially made the form) will automatically be given full access so, a role is not required for them.

Please provide details on any UoB PGR students involved in the project

First Name

Sian

Surname

Thomas

Department

Disability, Inclusion and Special Needs

Email

set164@student.bham.ac.uk

Please enter the details on the UoB supervisors below

First Name

Anthea

Surname

Gulliford

Department

Disability, Inclusion and Special Needs

Email

a.gulliford@bham.ac.uk

Will there be any additonal co-investigators involved in the project **at UoB**?

○ Yes
◉ No

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Are there any further external co-investigators you would like to add to the project? Please note that these individuals will not have access to the system but, you will be able to download the form as a PDF to share with them.

○ Yes
● No

Funder details

Please note that if the project will not proceed without a funding award, that ethics should not be submitted until the funding award is confirmed i.e., that the project will definitely go ahead (unless you have had prior permission from a member of the ethics team).

Is this project funded?

○ Yes
● No

Checklist

Please select which of the following your project will involve

☐ Research involving animals
☐ Research that needs to consider requirements under the Nagoya Protocol

> *This includes uses of genetic material; plant, animal, microbial or other origin containing functional units of heredity which is of actual or potential value, or derivatives. The protocol does not apply to human genetic resources.*

☐ Existing ethical approval from another institution in the UK or abroad, for a project that does not have NHS involvement
☐ Exsisting HRA approval and / or a favourable opinion from a NHS Research Ethics Committee

> *This includes projects which have received sponsorship from UoB or other institutions within the UK. If it is planned that Sponsorship is provided by another institution, please select this option and provide details after sponsorship has been confirmed.*

☐ Research which requires new application for HRA Approval and / or a favourable opinion from a NHS REC, with Sponsorship provided by UoB

> *This includes research projects which will involve NHS patients, staff and services. This also includes projects where UoB will act as the National Co-ordinating Centre*

☐ NHS Service Evaluation

> *The University will review service evaluations where any of the data will be written up for a research output. If the service evaluation data will not be used for a research output then we do not require an ethical review.*

☑ None of the above

> *These projects will still be reviewed by the research ethics team*

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UREC Checklist

Please select all of the following which your study involves:

☑ Human Participants

<u>Risks relating to participant involvement</u>

☐ Potentially Vulnerable participants (including those aged under 16)

> *Examples of vulnerable participants are children, people with learning difficulties, patients, people experiencing emotional distress or mental illness, people living in care or nursing homes, and people recruited through self-help groups, participants in a dependent or unequal relationship with the researcher(s) or research supervisor, or participants recruited because of their membership of groups which are vulnerable in relation to their identity (for instance, sexuality, gender or race)*

☑ The co-operation or approval of a gatekeeper for initial access to the groups or individuals to be recruited

> *For example, a gatekeeper would be considered someone who needs to give permission to access a group (e.g., a head teacher, leader of a self-help group). If your supervisor is putting you in touch with a group of people or, you are using snowball sampling, this would not be considered use of a gatekeeper.*

☐ Participants taking part in the study without their full knowledge and/or consent

> *e.g. covert observation of people in non-public places or any form of minor or major deception*

<u>Data collection risks</u>

☐ Data collection/recruitment via the internet/social media without the consent of the data subjects
☐ The collection or use of obscene, illegal and/or offensive material

> *Including online content of this nature. This includes material which may prompt the University's duties under the government's Prevent strategy (see https://www.gov.uk/government/publications/prevent-duty-guidance/revised-prevent-duty-guidance-for-england-and-wales for further information)*

☐ Visual recordings in which people can be identified

<u>Risks relating to study design</u>

☑ Physical or emotional harm, discomfort or stress
☐ Prolonged experiments or testing which is burdensome on the participant
☐ Financial or other inducements (other than reasonable expenses and compensation for time) for participants
☑ Sensitive or controversial topics or issues (e.g. topics which are politically, socially or culturally sensitive)
☐ Any breaking of security or other systems without the permission of the owners
☐ Potential risks or damage to the environment or society

<u>Insurance/governance concerns</u>

☐ Substances (including placebos, supplements, drugs) being administered to participants
☐ The collection of any form of human tissue NOT considered to be relevant material

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(Relevant material being that which consists of or includes human cells, see
https://www.hta.gov.uk/sites/default/files/Supplementary_list_of_materials_200811252407.pdf) including DNA.

☐ The project will fall within the exclusion of the Clinical Trial Legal Liability cover

Information on this is available at: https://intranet.birmingham.ac.uk/finance/insurance/liability/clinical-trials.aspx

Potential Conflict of Interest Risks

☐ Risks or potential controversy relating to the source of your funding

This may include politically or culturally sensitive funding sources

☐ Any potential conflicts of interest

e.g. staff of other organisations, students at school, members of self-help groups, or residents of a nursing home

☐ Any other ethical issues not covered in the above points that in the opinion of the applicant require further review

☐ None of the above

Project Details

Your answers up to this point have indicated that your project involves more than minimal risk, for this reason a full UoB ethical review is required. Please confirm that you are aware of this. Once this is confirmed, additional questions will be generated by the form.

◉ I understand that a full UoB ethical review is required

Please note that if you will be uploading any participant documents for this application that you will be required to use version controls. Information on version control can be found by clicking 'help' in the top banner of this webpage and then clicking FAQ.

Does your project contain any potentially disturbing materials which the reviewers should know about in advance (e.g. you will be uploading documents/videos etc. which may impact on reviewers well being)?

○ Yes
◉ No

Describe the purpose, background rationale for the proposed project, as well as the hypotheses/research questions to be examined and expected outcomes. This description should be in everyday language that is free from jargon - please explain any technical terms or discipline-specific phrases. Please do not provide extensive academic background material or references.

> As outlined in the "Keeping Children Safe in Education" statutory guidance (Department for Education [DfE], 2022, p. 107), "children's
> sexual behaviour exists in a wide continuum from normal and developmentally expected, to inappropriate, problematic, abusive and

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violent." The DfE (2022) uses the phrase "Harmful Sexual Behaviour (HSB)" as an umbrella term to refer to behaviours which are considered developmentally inappropriate and problematic which result in harm to the young person or others. These behaviours can range from using sexually explicit language, accessing developmentally inappropriate sexual material, engaging in risky behaviours such as engaging in sexual activity or sending and receiving illegal images, and sexual assault (Stop it Now, n.d; Warrilow, 2019). Importantly, it should be noted that these behaviours may take place in person or online (DfE, 2022; NSPCC, 2021a). This study will use the term "harmful sexual behaviour" in line with statutory guidance (DfE, 2022), however, it should be noted that these behaviours may also be referred to as "sexually harmful behaviour", "sexualised behaviour" of "technology assisted harmful sexual behaviour" throughout research (Nottinghamshire Safeguarding Children Partnership, 2022).

The exact prevalence of HSB in schools is unknown, however, the National Society for the Prevention of Cruelty to Children (NSPCC, 2021a) estimate that approximately a third of child sexual abuse is classified as HSB. This estimation is supported by academic literature which also estimated that between one quarter and one third of sexual offences committed against young people within the United Kingdom are committed by other young people (Erooga and Masson, 2006, p. 4). The NSPCC (2021a) also noted that HSB is commonly observed in adolescent boys and highlighted that a significant proportion of young people displaying these behaviours have a special educational need (NSPCC, 2021a). Further, the NSPCC (2021a) found that young people demonstrating HSB had often experienced previous trauma, abuse, or neglect, or were currently experiencing social, emotional, mental health (SEMH) needs. Given the relatively high rates of HSB, its complexity and differences in presentation, it is fundamental that professionals involved use a child-centered approach which considers the young person's situation and lived experiences rather than just focusing on the behaviours demonstrated (NSPCC, 2021b; Talbot, 2016; Warrilow, 2019).

As noted, HSB is complex and to distinguish whether a behaviour is developmentally appropriate or harmful, a holistic assessment which considers the wider context for the individual is required (NSPCC, 2021b). To support educational professionals, the DfE (2022) indicates that the designated safeguarding lead (DSL) within school should incorporate HSB into their school's safeguarding training and within their child protection and behaviour policies to ensure clear guidance is outlined for staff. However, when instances of HSB occur, schools may choose to elicit the support of Educational Psychologists (EPs) for further guidance (Talbot, 2016).

As outlined by Talbot (2016), EPs involvement in HSB cases is not uncommon, yet due to the unclear distinction between developmentally appropriate and problematic behaviours, it can be difficult to decipher whether there is a problem and how best to respond. Whilst there are models which practitioners can draw upon, such as Hackett's (2010) visual continuum and Brook's "Traffic Light Tool" which classifies sexual behaviours as "green", "amber" or "red" across different age groups (Brook, 2023), there is limited research exploring EPs confidence and experiences of addressing HSB (e.g., Talbot, 2016). This research would aim to contribute to an under-researched area (Warrilow, 2019) by exploring EPs perceptions of their role in relation to HSB casework and the knowledge and skills which support this work. Furthermore, this study will aim to explore EPs' confidence in considering HSB. It is hoped that this study will provide an insight into the national picture of HSB casework in schools and the role of the EP, whilst also informing practice and identifying areas for continued professional development.

The research will focus on: "Exploring the role and confidence of the Educational Psychologist in considering Harmful Sexual Behaviours in educational contexts."

The research will be guided by the following questions:

1. Do educational psychologists believe considering HSB in schools is part of the educational psychologist role?
2. What are the experiences of educational psychologists with regards to considering HSBs?
3. To what extent to educational psychologists feel confident in supporting educational settings with HSB?
4. What training, resources and policy do educational psychologists need to support educational settings with HSB?
5. What psychological theory underpins educational psychologists' approach to HSB casework and formulation?

Expected Outcomes:
It is expected that this research will provide an insight into the role of the EP in addressing HSB across a national context, exploring whether EPs perceive HSB casework to be part of their role, the frequency in which HSB is a factor within their casework and what knowledge and skills they find beneficial to support their work. It is hoped that this will inform practice and identify areas for continued professional development.

Please give a description of the research methodology that will be used. If more than one methodology or phase will be involved, please separate these out clearly and refer to them consistently throughout the rest of this form.

A survey encompassing both qualitative and quantitative features will be used; this will include open-ended, Likert-style and multiple-choice questions.

Data will then be collected using an online self-administered questionnaire; this method is considered a useful tool when seeking to gather information from a national sample as they allow researchers to reach a wide geographical area (Sutton, 2022, p. 104). Additionally, surveys shared online are considered to be less intrusive as they can be completed when the respondent is available and large numbers can be reached efficiently (Leeuw, 2008, p. 324).

The survey has been composed by the researcher with the support of their academic supervisor and includes questions adapted from published papers, doctoral theses, in addition to novel questions created for this research.

The survey will be piloted using a sample of Educational Psychologists and third-year Trainee Educational Psychologists. Those engaging in the piloting phase will be asked how long the survey took to complete, whether there were any ambiguous questions and

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whether they felt any of the items in the survey need to be adapted and why.

Following the piloting phase, the survey will be distributed in two phases. Phase one will commence in December 2023 where recruitment emails will be sent to Principal Educational Psychologists of local authorities across England and distributed via snowballing techniques to Trainee Educational Psychologists and professional bodies (e.g., Association of Educational Psychologists, British Psychological Society). Emails will then be re-distributed in January 2024.

State the geographic locations where the project and all associated fieldwork will be carried out. If the project will involve travel to areas which may be considered unsafe, either in the UK or overseas, please ensure that the risks of this (or any other non-trivial health and safety risks associated with the research) are addressed by a documented health and safety risk assessment. The FCO guidance can be found at https://www.gov.uk/foreign-travel-advice

The online survey will be distributed to Educational Psychologists and third year trainee Educational Psychologists across England.

Participants and Recruitment

Does the project involve human participants?

◉ Yes

○ No

Who will the participants be?

Describe the number of participants and important characteristics (such as age, gender, location, affiliation, level of fitness, intellectual ability etc.). Specify any inclusion/exclusion criteria to be used.

Educational Psychologists practising in England will be invited to participate, along with Trainee Educational Psychologists in their third year of training who are on placement within an English local authority.

It is hoped that the survey will reach as many Educational Psychologists and Trainee Educational Psychologists as possible with the researcher hoping to gain a minimum of 100 responses.

How will the participants be recruited?

Please state clearly how the participants will be identified, approached and recruited. Include any relationship between the investigator(s) and participant(s) (e.g. instructor-student).

A recruitment email will be sent to the Principal Educational Psychologists overseeing Educational Psychology Services in England. Additionally, snowball sampling will be utilised with Educational Psychologists and Trainee Educational Psychologists being asked to share the survey with their colleagues and other professional bodies such as the British Psychologist Society or Association for Educational Psychologists.

The participant information sheet and survey link will also be shared with Educational Psychologists working in the local authority in which the researcher is placed during a team meeting.

Recruitment Documents

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Will you be using any recruitment documents e.g. poster(s), advertisement(s) or letter(s), social media post(s)?

○ Yes
○ No

Please upload copies of all the recruitment materials which will be used

Documents

Type	Document Name	File Name	Version Date	Version	Size
Recruitment	Recruitment email for Principal Educational Psychologists	Recruitment email for Principal Educational Psychologists.docx	26/09/2023	1	13.6 KB

Consent

You should start to consider the need to provide open access to your research data as early as possible, particularly whether you need to include consent for this in your participant documentation.

The UK Data Service provides advice on the legal and ethical issue to consider regarding data sharing and providing open access to data, including the need to obtain participant consent, at https://www.ukdataservice.ac.uk/manage-data/legal-ethical.aspx.

You can find more information about archiving and sharing your data at:
https://intranet.birmingham.ac.uk/as/libraryservices/library/research/rdm/Archiving-data/Archiving-and-sharing-data.aspx.

What process will be used to obtain consent?

Describe the process that the investigator(s) will be using to obtain valid consent. If consent is not to be obtained explain why. If the participants are under the age of 16 it would usually be necessary to obtain parental consent and the process for this should be described in full, including whether parental consent will be opt-in or opt-out.

In line with the British Psychological Society (2021) Code of Ethics, participants will need to consent to participation by completing a consent form which will be provided at the start of the survey. Participants will be unable to click through into the survey unless they select the required boxes.

Participants will be asked to read the participant information sheet before agreeing to participate to ensure informed consent has been obtained. If participants are happy to continue, their participation will be entirely voluntary.

The email address of the researcher will be included in the recruitment email, participant information sheet and on the initial page of the survey in case participants have any questions about the study or the information they provide. Participants will be asked to select a box which confirms that they have the researchers email and are aware that they can contact the researcher for additional information.

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Please attach a copy any Participant Information Sheets (if applicable) which will be used.

Documents

Type	Document Name	File Name	Version Date	Version	Size
PIS	Participant Information Sheet	Participant Information Sheet .docx	26/09/2023	1	92.6 KB

Please attach a copy all the Consent Forms (if applicable) which will be used in the project. If consent will be gained in an alternative way (e.g. verbally) please provide a script for this or any other material that will be used in the consent process.

Documents

Type	Document Name	File Name	Version Date	Version	Size
Consent Form	Shorter Participant Information Sheet for survey and consent (2)	Shorter Participant Information Sheet for survey and consent (2).docx	26/11/2023	2	17.4 KB

Deception

Will the participants be deceived in any way about the purpose of the study?

○ Yes

● No

Feedback

What, if any, feedback will be provided to participants?

Explain any feedback/ information that will be provided to the participants after participation in the research (e.g. a more complete description of the purpose of the research, or access to the results of the research). If no feedback will be provided, please explain why.

This research forms volume one of my doctoral theses for the Applied Child and Educational Psychology Doctorate. This will be accessible online and may be published in the future. The research will also be summarised and shared in different formats for different audiences, for example the research will be shared in a PowerPoint format during continued professional development afternoons for Wolverhampton Educational Psychology Service and may be presented at conferences and events. In all instances, no identifiable information will be shared.

The survey will not ask for participants names, or the local authority in which they practice. However, participants will be asked for their job title and geographical location to aid our understanding of HSB practice across the national context.

Following completion of this research study, findings will be summarised and published on a University of Birmingham blog.

Withdrawal

What arrangements will be in place for participant withdrawal?

Describe how the participants will be informed of their right to withdraw from the project, explain any consequences for the participant of withdrawing from the study and indicate what will be done with the participant's data if they withdraw.

> Participants can withdraw from the survey at any time by closing Qualtrics.

Please confirm the specific date/timescale to be used as the deadline for participant to withdraw their data and ensure that this is consistently stated across all participant documentation. This is considered preferable to allowing participants to 'withdraw data at any time' as presumably there will be a point beyond which it will not be possible to remove their data from the study (e.g. because analysis has started, the findings have been published, etc).

> Once data has been submitted via Qualtrics, it will not be possible to remove their data from the study

Compensation

Will participants receive compensation for participation?

- ○ Yes
- ◉ No

Confidentiality/Anonymity

> Participants will be anonymous if you will not be meeting participants face-to-face, or gaining any identifiable data (such as names, e-mail addresses, student ID's etc.)
>
> If you have multiple participant groups, where each group has a different level of confidentiality/anonymity please provide clear details on this in the text box shown at the end of this page (the box will appear after a maximum of two selections have been made).

Will all participants be truly anonymous?

- ○ Yes
- ◉ No

Will all participants' data be treated as confidential?

- ◉ Yes
- ○ No

In what format will data be stored?

Will participants' data be stored in identifiable format, will it be anonymised or pseudo-anonymised (i.e. an assigned ID code or number will be used instead of the participant's name and a key will kept allowing the researcher to identify a participant's data)?

Data will initially be collected and stored on Qualtrics, access has been granted to this using a University of Birmingham license and account. Data will be transferred from Qualtrics and onto the University of Birmingham's BEAR system.

No names or email addresses will be collected as part of the survey. If identifiable information is included within open-ended response boxes, this will be redacted from analysis, write-up and from further publications.

Storage, access and disposal of data

During the project, how and where will the data (both paper and electronic) be stored, what arrangements will be in place to keep it secure and who will have access to it?

After a participant has completed the online survey, their data will be submitted onto the Qualtrics system. Data will be taken from Qualtrics and transferred onto the BEAR system and kept in a password protected folder. Additionally, copies of data stored on my personal laptop, for example during the analysis stage, will be stored in a password protected file on my personal laptop which is also password protected.

After the project is complete, where do you intend to store your data at the end of the project (please select all which are relevant)?

- ☐ University eData repository (https://edata.bham.ac.uk)
- ☐ An external repository
- ☑ Research Data Store (RDS) (https://intranet.birmingham.ac.uk/it/teams/infrastructure/research/bear/research-data-service/rds/research-data-store.aspx)
- ☐ Other

You can find more information about archiving and sharing your data, including your choice of data repository at: https://intranet.birmingham.ac.uk/as/libraryservices/library/research/rdm/Archiving-data/Archiving-and-sharing-data.aspx.

The University usually requires data to be retained in line with the data management policy https://intranet.birmingham.ac.uk/as/libraryservices/library/research/rdm/Policies/Research-Data-Management-Policy.aspx. Will you/your supervisor make arrangements for the data to be retained for in line with this?

- ◉ Yes
- ○ No

Do you intend to make your data openly accessible at the end of the project?

(please see https://intranet.birmingham.ac.uk/as/libraryservices/library/research/open-access/index.aspx for further information)

- ○ Yes. A provision for open access will be put into place (please ensure a consent provision is in place for this)
- ◉ No. Data will only be shared with current research team.
- ○ Other e.g. embargoed for a period of time, data access committee to be set up etc

17 May 2024

What arrangements will be in place for the secure disposal of data?

Data will be stored on the university BEAR data share system for 10 years following the completion of the project. Data will be removed from the system following this 10 year period.

Data Management Plans

Please note that these are live documents, the University Research Data Management Policy (https://intranet.birmingham.ac.uk/as/libraryservices/library/research/rdm/Policies/Research-Data-Management-Policy.aspx) requires that:

1. Funded research projects and unfunded research policies likely to generate data should be supported by a Data Management Plan (DMP)

2. Following completion of a project, Research Data should be made openly available (where appropriate), or made available for access and re-use under appropriate safeguards which take into account legitimate interests of research subjects and in accordance with the Data Protection Act. It should be kept for a minimum of 10 years.

You do not need to submit your DMP with your ethics application, but you must ensure that the information in your ethics application is consistent with the information in your DMP.

Additional Approvals

Are you aware of any other approvals required to carry out this research?

For example, DBS checks, local authority approvals etc.

○ Yes
◉ No

Risks and Benefits

Outline the potential significance and/or benefits of the research

Academically, this research aims to contribute to a limited evidence base by exploring how educational psychologists consider harmful sexual behaviours in schools. Professionally, this research aims to support the development of educational psychology services by providing insights into the workload around HSB, EP's confidence engaging in this work, and insights into how senior leadership can support the confidence of those within their services through exploration of the training and resources EP's would find helpful in their research. It is also hoped that this research will support ongoing strategic development within the local authority in which I am based regarding HSB, the role of different professionals and the promotion of multi-agency working.

Outline any potential risks

The topic in which the survey seeks to explore is sensitive in nature with items within the survey exploring professionals' involvement in casework where a child or young person has been a victim to HSB, or a perpetrator of HSB. It is acknowledged that this area may cause feelings of upset or may result in participants having further questions on the topic area. Due to this, contact details of the lead researcher and their supervisor were included on the participant information sheet and at the start of the survey, along with details of three charitable organisations.

The outlining of the risks in this section does not circumvent the need to carry out and document a detailed Health and Safety risk assessment where appropriate.

For projects of more than minimal H&S risk it is essential that a H&S risk assessment is carried out and signed off in accordance with the process in place within your School/College and you must provide a copy of this with your application. The risk may be non-trivial because of travel to, or working in, a potentially unsafe location, or because of the nature of research that will carried out there. It could also involve (irrespective of location) H&S risks to research participants, or other individuals not involved directly in the research.

Further information about the risk assessment process for research can be found at
https://intranet.birmingham.ac.uk/hr/wellbeing/worksafe/policy/Research-Risk-Assessment-and-Mitigation-Plans-RAMPs.aspx.

Please note that travel to (or through) 'FCO Red zones' requires approval by the University's Research Travel Approval Panel, and will only be approved in exceptional circumstances where sufficient mitigation of risk can be demonstrated.

Does the research raise any ethical issues not dealt with elsewhere in this form?

○ Yes
◉ No

Do you wish to provide any other information about this research not already provided, or to seek the opinion of the Ethics Committee on any particular issue?

○ Yes
◉ No

Peer/Expert Review

Has your project received scientific peer review?

○ Yes
◉ No

Would you like to nominate an expert reviewer for your project?

○ Yes
◉ No

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Supporting Documents

Please upload copies of any additional supporting documents such as questionnaires, interview topic guides, debrief materials etc.

Please note that you do not need to upload consent forms, information sheets or recruitment notices which were uploaded earlier in this form. To see a full list of documents already attached to the current form, please click the 'documents' button on the left hand side.

Documents

Type	Document Name	File Name	Version Date	Version	Size
UREC supporting document	Survey	Survey.docx	26/09/2023	1	31.4 KB
UREC supporting document	Ethics Comments - Additional Information	Ethics Comments - Additional Information.docx	26/11/2023	1	12.7 KB

Declarations

By submitting this checklist, I declare that the questions have been answered truthfully and to the best of my knowledge and belief, and that I take full responsibility for these responses. I undertake to observe ethical principles throughout the research project and to report any changes that affect the ethics of the project to the University Ethical Review Committee for review. I have read and undertake to abide by the University's Code of Practice for Research (http://www.birmingham.ac.uk/Documents/university/legal/research.pdf)

⊙ Yes

I understand that if my study involves more than minimal H&S risks, a H&S risk assessment must be carried out (see https://intranet.birmingham.ac.uk/hr/wellbeing/worksafe/policy/Research-Risk-Assessment-and-Mitigation-Plans-RAMPs.aspx). This includes risks due to the location of the research to be carried out (either in the UK or another location) or risks relating to travel. Further information about risks relating to overseas travel and working overseas can be obtained from the Foreign and Commonwealth Office (see https://www.gov.uk/foreign-travel-advice) and from RiskMonitor Traveller (see https://umal.co.uk/travel/pre-travel-advice/)

⊙ Yes

I understand This form will be processed in accordance with the Data Protection Act 2018. Please see the University's Data Protection Policy at https://www.birmingham.ac.uk/Documents/university/legal/data-prot-policy.pdf for further information.

⊙ Yes

Would you be happy for this application to be used anonymously in future training sessions with the committee and/or other applicants?

○ Yes
⊙ No

17 May 2024

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Please note that once all signatures for the project have been gained, the project will automatically be submitted to the ethics team

If multiple signatures are required, the form will lock so no changes can be made. The form can be unlocked by anyone with access to edit the project. Please note that unlocking the form will invalidate all signatures.

Please confirm you are happy with the form as the **lead supervisor** on the project

Signed: This form was signed by Anthea Gulliford ░░░░░░░░░░░ on 04/12/2023 09:09

Please confirm you are happy with the form as the **lead PGR student** on the project

Signed: This form was signed by Sian Thomas ░░░░░░░░░░░ on 30/11/2023 17:51

Appendix 8

Ethical Approval Letter

Dear Dr Anthea Gulliford, Sian Thomas

RE: Exploring the role of the Educational Psychologist in considering Harmful Sexual Behaviours (HSB) in educational contexts

Application for Ethical Amendment: ERN_1610-Jan2024

Thank you for your application for amendment to the above project, which was reviewed by the Humanities and Social Sciences committee.

On behalf of the Committee, I confirm that this amendment has full ethical approval.

Any adverse events occurring during the study should be promptly brought to the Committee's attention by the Principal Investigator and may necessitate further ethical review.

Please ensure that the relevant requirements within the University's Code of Practice for Research and the information and guidance provided on the University's ethics webpages (available at https://intranet.birmingham.ac.uk/finance/accounting/Research-Support-Group/Research-Ethics/Links-and-Resources.aspx) are adhered to.

Please be aware that whilst Health and Safety (H&S) issues may be considered during the ethical review process, you are still required to follow the University's guidance on H&S and to ensure that H&S risk assessments have been carried out as appropriate. For further information about this, please contact your School H&S representative or the University's H&S Unit at healthandsafety@contacts.bham.ac.uk.

Kind regards,

The Co-Chairs of the Humanities and Social Sciences Committee

E-mail: ethics-queries@contacts.bham.ac.uk

Appendix 9

Approval for Ethical Amendments

UNIVERSITY OF BIRMINGHAM

Dear Dr Anthea Gulliford, Sian Thomas

RE: Exploring the role of the Educational Psychologist in considering Harmful Sexual Behaviours (HSB) in educational contexts

Application for Ethical Amendment: ERN_1610-Feb2024

Thank you for your application for amendment to the above project, which was reviewed by the Humanities and Social Sciences committee.

On behalf of the Committee, I confirm that this amendment has full ethical approval.

Any adverse events occurring during the study should be promptly brought to the Committee's attention by the Principal Investigator and may necessitate further ethical review.

Please ensure that the relevant requirements within the University's Code of Practice for Research and the information and guidance provided on the University's ethics webpages (available at https://intranet.birmingham.ac.uk/finance/accounting/Research-Support-Group/Research-Ethics/Links-and-Resources.aspx) are adhered to.

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Kind regards,

The Co-Chairs of the Humanities and Social Sciences Committee

E-mail: ethics-queries@contacts.bham.ac.uk

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Kind regards,

The Co-Chairs of the Humanities and Social Sciences Committee

E-mail: ethics-queries@contacts.bham.ac.uk

University of Birmingham Edgbaston Birmingham B15 2TT United Kingdom w: www.birmingham.ac.uk

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Appendix 10

Example reflective Journal Extracts

    a) Thoughts while reviewing the literature.

> This is a sensitive topic which does not appear to be discussed frequently in the literature, and when it is it tends to be quite negative – portraying the child or young person negatively – rather than considering the impact the behaviours may have on the individual, or potential reasons for the behaviours. I want to be careful on the terminology and language I use, making it clear that while these behaviours need to be addressed, these are children and young people who require support.

    b) Consideration of where to place demographic information.

> I'm unsure where to place the demographic information – Imperial College London (2023) state that respondents feel more comfortable answering this at the end of the questionnaire as it can feel personal. However, I am unsure whether going straight in with a question around HSB would be appropriate given the sensitive nature of the topic.
>
> Given that the questionnaire will have a participant information sheet at the start outlining what participants should expect, and a separate information sheet containing charities and supports has been included in the recruitment email, I have decided to follow the advice of the Imperial College London.

    c) Recruitment reflection

> Draguedalen (2021) discusses low response rates when completing work with school staff and HSB; I wonder if there is a way I could increase response rates, potentially delivering a short ten-minute presentation to EP services detailing the aims and objectives of the study and providing them with an opportunity to ask questions. However, given the time constraints I do not think this would be practical, instead I will email PEPs and private services inviting them to participate and provide them with contact information in case they have any questions.
>
> I could also contact the AEP as they may have a list of EPs or may be able to share this research on behalf.

    d) Learning around consent and mental capacity

> I found it interesting that the ages of consent differ depending on circumstance with the age of consent currently being 18 when electronic devices are included (E.g., sharing/ distribution of explicit content). I feel this would be a helpful and beneficial CPD topic.

I was unfamiliar with the Gillick competency until this was noted by a respondent; while the AEP (2022b) say this can apply for consent purposes, I do not feel it is appropriate for casework where HSB is the main factor, given the legal implications.

Appendix 11

Table with example survey responses to accompany a thematic map indicating how EPs conceptualise the term "Harmful

Sexual Behaviour."

Theme	Subtheme (x represents no subtheme)	Example extracts (from survey responses)
Developmentally inappropriate behaviours	X	"Sexual behaviours that are not within the sphere of typical development". "Sexualised behaviour in children and young people that may not be age appropriate." "Harmful sexual behaviours that do not seem appropriate for the age or stage of development…"
Demonstration of sexual behaviours	Physical behaviours	"I understand this can range from language used to physical behaviours." "…this may include verbal or physical behaviours." "As an umbrella term for behaviours including rape, sexual assault…"
	Use of electronic devices	"…including interactions between individuals, or online." "Behaviours that can present as risky i.e., sending indecent photos to strangers online or even to peer groups."
	Non-contact behaviours	"…non-contact acts, e.g., pleasuring during voyeurism." "…by a child or adolescent with a younger or more vulnerable child or adolescent…"

Involving those under the age of 18	X	"…displayed by children under 18…" "Developmentally inappropriate sexual behaviour/language that could cause harm to self or others displayed by an under 18."
Non-consensual	Lack of consent	"A range of behaviours associated with sex towards another without their consent…" "Sexual behaviour without consent…" "Behaviour between individuals of a sexual nature and not consensual."
	Element of coercion	"There may also be a power imbalance or involve secretive or manipulative elements." "…there is a power imbalance, an age difference… or behaviours which are unwanted, coercive, abusive, or causing harm in any other way. "…element of coercion or in a context that is characterised by a power imbalance,"
	Capacity to consent	"Lack of consent, and characteristics of both the alleged instigator and potential victim(s) in terms of age, gender, IQ, etc in order to inform if any additional power imbalance was present." "This term could also be applied to those aged 16 and over who perhaps do not have capacity to make harm free decision about themselves."
Contextually inappropriate	X	"…in a context that exploits social relationships." "…inappropriate in the context that they have been displayed,"

Causes Harm	Towards Themselves	"Sexual activity which may harm an individual themselves or others."
		"… raises concerns about the wellbeing of the child/ young person engaging in said behaviours."
		"Sexual activity which may harm individuals themselves or others."
		"The 'harm' is two-fold in my experience. Both the victim and the person identified as carrying out the behaviours."
	Towards Others	"Sexualised behaviour, which may or may not be malicious in nature, that causes harm (physically or emotionally to others."
		"…causes harm or distress to others…"
		"often directed at others."
Associated with other safeguarding terms	X	"the term to me is synonymous with child sexual exploitation, where under age vulnerable children and young people engage or are coerced to engage in sexual activity, which is emotionally, psychologically or physically harmful to them."
Unfamiliarity with term	X	"This isn't something I have looked into before."

Appendix 12

Table with example survey responses to accompany a thematic map presenting key themes identified by EPs who 'strongly agreed' with the definition provided by the NSPCC (2024).

Theme	Subtheme (x represents no subtheme)	Example extracts (from survey responses)
Clear and comprehensive definition	X	"The definition covers that the sexualised behaviour is not appropriate for the child's age and stage of development and that there is an element of the behaviour being targeted/directed towards another (thus inflicting harm)." "It seems to cover all of the things that I would wish the definition to cover. It also alludes to the fact that not all sexual behaviour is harmful."
Important distinction between terms	X	"I think the distinction between harmful and problematic behaviour is important." "I find the definition of Problematic Sexual Behaviour to be helpful, as I think sometimes all sexual behaviour can be given the label HSB…it can place an unhelpful lens on the behaviour, which needs to be addressed through teaching and support."
Demonstrated need for support.	X	"… highlighting the notion that CYP can be the perpetrators of sexual harm and both those engaging in HSB and victims need safeguarding and support."

Consolidates understanding	X	"The term peer on peer also demonstrates that HSB are occurring between CYP under 18 highlighting the notion that CYP can be the perpetrators of sexual harm and both those engaging in HSB and victims need safeguarding and support." "It links closely with my understanding of HSB. In that it is viewed as being inappropriate and can be abusive but not necessarily carried out with the intent of harming others."

Appendix 13

Table with example survey responses to accompany a thematic map presenting key themes identified by EPs who 'agreed'

with the definition provided by the NSPCC (2024).

Theme	Subtheme (x represents no subtheme)	Example extracts (from survey responses)
Clear, comprehensive, and helpful	X	"It's useful to have the additional PSB where there is no clear victim or intent on abuse but is still deemed developmentally inappropriate / socially inappropriate… takes into account those with learning disabilities, where their developmental age differs from their chronological age." "Definitions are always tricky, but I feel the NSPCC have captured the concept well here". "It seems a comprehensive definition to me in relation to children…"
Limited Definition	Missing Psychological Element	"I feel that it may be missing the psychological element".
	Unstated Power Dynamics	"I would strengthen the definition by including reference to power/vulnerability. "I would also add about it could be harmful towards themselves not just others which may be illuded to in PSB".
	Impact on individual demonstrating HSB	

Subjective	Definition and terminology	"I do agree; however, I do not feel that the definition highlights that some people may engage in HSB without realising the impact of it being "harmful and abusive."
		"The term 'peer' could be problematic and misinterpreted by schools …."
		"Child on child does not indicate to the reader that there could be an age difference".
		"Agree in principle but the "overt element of victimisation" seems ambiguous."
	Constituting behaviours	"The only bit I would add is around perception - I think it is important to recognise that what may be considered 'harmful' can be subjective…"
	X	"I wonder if this fails to include other HSB such as those that would be developmental expected e,g. masturbation."
Limited understanding of terminology		"I recognise that my understanding is limited to information from external agencies who specialise in this area, so I don't feel in a position to critique the definitions given above."
		"I did not know the definition but that seems to make sense."

Appendix 14

Table with example survey responses to accompany a thematic map presenting key themes identified by EPs who neither

agreed nor disagreed with the definition provided by the NSPCC (2024).

Theme	Example extracts (from survey responses)
Unclear	"I think it possibly lacks clarity about HSB towards oneself." "I'm unsure how the two definitions really differ…"
Limited	"The term 'Developmentally inappropriate' is also a tricky …. It does not address the context in which these behaviours occur e.g. cultural norms, developmental stages or specific circumstances are not considered. Peer and child abuse is considered, however considerations on power dynamics, consent understanding of age/stage is not explicitly considered. There's a lack of emphasis on the 'victims' perception or experience and impact on wellbeing."
Within Child	"This definition feels quite demonizing and 'within' child, in that the 'harm/abuse' is discussed in relation to other individuals, and there is not mention of the harmful impact on the child…."."

Appendix 15

Table with example survey responses to accompany a thematic map presenting key themes identified by EPs who 'disagreed'

with the definition provided by the NSPCC (2024).

Theme	Subtheme (x represents no subtheme)	Example extracts (from survey responses)
Blame	X	"Feels to be very blaming of the CYP carrying out the behaviour. They are often CYP who have also experienced or witnessed very similar behaviour themselves. It feels very shaming and unhelpful. I don't like the word displaying as it doesn't capture the experiences of these CYP who are often acting out what has happened to them. The language used in all the definitions is very legally phrased and totalising". "It seems like it could be used to unnecessarily pathologise behaviour that isn't harming anyone."
Lacks clarity and comprehensiveness	X	""… I'm not sure the term is clearly enough directed at young people specifically." "I am not sure that it is detailed enough to cover all eventualities." "I don't particularly like the use of "developmentally appropriate" - who decides this?" "I wonder if HSB can be displayed but the intention differ (e.g. a CYP with learning needs)."

Appendix 16

Table with example extracts to accompany a thematic map indicating the behaviours EPs consider to constitute as HSB

Theme	Subtheme (x represents no subtheme)	Example extracts (from survey responses)
Physical Behaviours	Towards others	"Touching another child in a way that makes them uncomfortable Lifting another child's clothing." "Pressure for sex, unwanted touch, rape, so called 'banter'". "Any form of unwanted or no consensual physical touching either above or below the clothing."
	Towards self	"Exposing, self-touching or grabbing private areas." "Excessive masturbation in public settings." "Copying extreme sexual acts seen in pornography which may be degrading either to self or another person."
Public self-exposure	X	"Deliberate self-exposure to others with a sexualised motive/context." "Self-stimulation in the presence of others, exposure of private body parts in public." "Exposing oneself to others (e.g., in a crowded space)."
Use of sexualised language	X	"Using overly sexualised language that is developmentally inappropriate - towards peers or adults."

Theme	Subtheme (x represents no subtheme)	Example extracts (from survey responses)
Behaviours conveyed via electronic devices.		"Making comments about a person's body, calling sexualised names". "Use of sexualised language to shock, destabilise, upset, or gain power over others. commenting on the anatomy of others to shock, destabilise, upset, or gain power." "Sexualised language or preoccupation with sexualised themes and context."
	Accessing explicit content	"Accessing porn/pornographic content". "… exposure to pornographic material" "Accessing unsuitable content online (e.g. pornographic material)."
	Taking of sexual images	"'Sexting', taking pictures of a sexual nature without consent." "Sexting taking and sharing pictures/ videos of sexual nature." "Sending or taking images or videos of a sexualised nature (including upskirting and masturbation)."
	Distributing sexually explicit material	"The use of social media or messaging, such as sending nude pictures or sharing others' pictures/videos." "Possession and distribution of inappropriate content via phone/online."

Theme	Subtheme (x represents no subtheme)	Example extracts (from survey responses)
Developmentally inappropriate behaviours	X	"The concept of developmentally appropriate is important but generally speaking: - sexualised behaviour that is: - excessive / preoccupying - non-consensual - not what you expect a child of that age to know."
Elements of force and coercion.	X	"Anything coercive, forceful, degrading or threatening. Secretive behaviours or trickery. Manipulation, such as grooming." "Forcing someone to do something without consent would also be included in HSB." "Using coercion or force to place another person in a sexualised position."
Non-consensual	Imbalance of power	"Sexual interactions with significant power differences…" "Use of sexualised language to shock, destabilise, upset or gain power over others." "non-consensual … use of power to coerce others into sexual acts"
	Capacity to consent	"Sexual intercourse/interactions where there is power in balance/lack of consent able to be given…" "Accessing inappropriate material online, sharing inappropriate material images, sexual threats given to others, sexual intercourse/interactions where there is power in balance/lack of consent able to be given, sexually violent behaviours."

Theme	Subtheme (x represents no subtheme)	Example extracts (from survey responses)
	Under statutory age	"Any unwanted physical contact that is sexualised in nature any sexual contact involving a child under 13 or not Gillick competent". "Sexual behaviours of any kind with someone underage, even if they believe they have consented." "Similar to sexual intercourse this would be deeply concerning for any child under 13 (and older dependent on circumstances)."

Appendix 17

Example extracts obtained from respondents who indicated that they perceived no changes in the number of cases referred to services regarding HSB.

Theme	Example extracts (from survey responses)
Increased understanding in schools	"I do believe that there has been an increase in identified cases but perceive that this is largely due to increased understanding and awareness in schools about HSB, but such cases are not routinely referred to the Educational Psychology Service…due to wider societal developments there is less denial…and more understanding about the significance and impact of HSB."
Infrequent occurrences in casework	"There does appear to be an incongruence between the number of cases related to HSB and requests made to the Educational Psychology Service for support." "Thankfully it does not occur frequently in my work, and I could not say that I have noticed a clear increase."
Quotation which can be linked with both themes.	"I think it also depends massively in how incidents are dealt with in setting (for example if the Senco is not normally involved, the setting may not know to seek support from the EPS)."

Appendix 18

Example extracts obtained from respondents who shared that they were unsure whether there had been changes in the

number of cases involving CYP perpetrating HSB.

Theme	Example extracts (from survey responses)
Increased understanding in schools	"I think that understanding of what constitutes HSB has changed; there is less "boys will be boys" acceptance of behaviours."
Limited casework experience	"Third year trainee so I haven't noticed a change in this." "I'm a Year 3 TEP, so in terms of my own experience, I'm not sure." "I have not been practising long so I don't know whether there is an increase" "I have only been at the service since September 2023 so I feel I am unable to comment fairly"
Lack of referrals from schools	"I work a lot with on particular secondary around PfA and once we started doing work around teens with HSBs, the school does not refer more young people as they know that I am a professional who are willing to do that work."

Appendix 19

Example extracts obtained from respondents who perceived there to be a slight increase in the number of referrals involving

CYP perpetrating HSB.

Theme	Example extracts (from survey responses)
Increased understanding in schools	"Increase in guidance and training available to school settings relating to HSB …" "…there has been a shift in understanding in schools. There is more of an awakening that this is happening. I don't think the numbers have increased but there is a recognition." "Increased awareness of HSB across the LA, partly due to increased presence of a specialist CAMHS Service for HSB offering consultation and training in schools."
Technological advancements	"More cases relating in HSB and technology - CYP have more access to social media and harmful sexual content online without understanding risks or appropriate limits …" "Lack of socialisation opportunities through COVID leading to increased access to and use of inappropriate pornographic material and creating an alternative and skewed view of sexual relationships."
"Out of Sight" – Impact of COVID	"Social media (allowing YP to share inappropriate material easily and be increasingly more vulnerable to others). "Impact of post-COVID world e.g. some on-line activity becoming normalised and impact of lack of access to support services, such as some children not being removed from sexually harmful environments earlier because "out of sight" to schools/professionals due to lock downs etc."

Appendix 20

Open-box responses provided by participants when asked whether they perceived any changes in the number of cases involving CYP who are victims of HSB in the last five years.

	Extracts taken from open-response box
Unsure	"The victim of HSB that I worked with was not referred relating to their experience of HSB, this was something that transpired separate to the work, so I wouldn't feel confident to comment on referrals relating to HSB." "I have only been at the service since September 2023 so I feel I am unable to comment fairly." "As above, third tear trainee so have not noticed this." "May not be known about (or the information may have not been shared, either with or by the school)."
No Change	"See above social media access and grooming but this was there prior to a few years ago too." "… I could not say that I have noticed a clear increase." "I haven't had any referred to me as being victims of HSB." "… this is a factor in many cases, not the reason for raising the case or seeking support. This is particularly the case for secondary and girls who have reported some form of sexual abuse/assault but has not lead to consequences for the perpetrator or further investigation. This is a very common "variable" in casework in PRUs and APs as well as for cases we support with around acute Mental Health concerns (e.g. suicide attempts)." "There are other specialist services that work with CYP who have experienced sexual violence and often they are involved so it maybe that as EPs we would not be routinely asked to be involved…."

Some increase	"Increase since COVID, as protective factors, such as attending education removed during lockdowns/isolation. Impact of technology, including increasingly young children accessing inappropriate content online intentionally or unintentionally, peer to peer sharing of sexual content. The proliferation of increasingly extreme on-line content." "More cases relating in HSB and technology …access to social media at an earlier age, so more likely to see sexual content, have sexual content shared with them, or coerced into sharing sexual pictures. Again, might feel less direct/risky engaging with this online." "My role changed and i now hear about this from those in schools who work to support those children (in my supervision) - so likely that from my personal perspective."
Large decrease	"Greater awareness from other professionals; increase in social care related cases where HSB is part of a big picture." "There seems to be an increase in reporting of peer-on-peer abuse and increasing responsiveness from schools following the Keeping Safe in Education Guidance. I have also noticed an increase in referrals for CYP with LD and Autism."

Appendix 21

Example extracts to accompany the thematic map exploring the themes identified from respondents who indicated they feel confident or very confident when asked to work with CYP perpetrating HSB.

	Theme	Extracts taken from open-response box
Very Confident	Casework experience	"I'm AIM3 trained and linked to the YJS and have undertaken a few AIM assessments and additional training." "… experience working within a specialist CAMHS service for HSB, have attended specialist training, and have previously provided consultation and advice to schools. Although I am aware that this level of confidence is unlikely to be reported by my EP colleagues, who will frequently seek informal supervision around casework that features HSB."
Confident	Casework experience	"I have been involved with several cases on HSB so researched the area and sought supervision." "I have had some cases now where this was a consideration that I feel quite comfortable in my knowledge base and how to support the school and families unpick and understand what may be going on and try to address it alongside other colleagues when necessary." "I would consider the perpetration of HSB to be part of wider behavioural or emotional issues which I would attempt to apply psychology to in order to formulate and plan actions." "Support is based on the young person's wellbeing and understanding of the world. Much like many other areas of need."

	Holistic Assessment of CYP	"The YP in question may have their own special educational needs and therefore my role is to offer expertise in how this YP is perceiving their own HSB."
	Access to training, tools, and guidance	"We received some training and signposting at university." "Previous experience of using risk assessments and guidance within the LA." "Use of tools e.g. Brook traffic lights."
	EP experience within specialist services	"I was previously seconded into a camhs team for harmful sexual behaviour. my colleagues without this experience would have no confidence in this type of case." "13 years' experience of working with developmentally traumatised children and young people in the care system." "It would depend on the complexity of the case as to how confident I might feel going in. I might feel more confident than some as I have some experience in a previous career with adult sex offenders."
	Interest in area	"This is an area of special interest for me and I have researched and worked in this area." "I am currently leading a working group developing HSB guidance for the partnership so I have more recently developed my knowledge in this area."
	Access to supervision	"I also feel that I would be able to draw upon the knowledge of my colleagues in the service." "I would also seek support in supervision."

Appendix 22

Example extracts to accompany the thematic map exploring the themes identified from respondents who indicated that they

feel 'neither confident nor unconfident' when asked to work with CYP perpetrating HSB.

Theme	Extracts taken from open-response box
Experience	"I have some experience of HSB and addressing this by looking at risk and protective factors, but it has been some time since I have had to use this." "I have not had experience of this in my current role but have in previous roles. Therefore, I would need to explore useful and up to date information regarding support available."
Holistic Assessment	"Just like any other casework, the challenge is to identify the need that is being met by the behaviour. These cases can be more difficult sometimes because the behaviour is uncomfortable for adults to discuss objectively." "Would take the specifics of the individual case and work through this as in any other situation, building a psychological conceptualisation. I would seek out specific knowledge and research on the topic (through peer supervision and research), if it were one I was unfamiliar with."
Support from specialist services.	"Have sought advice from forensic services about a case so I feel reassured in what I am doing but feel a tension between protecting the YP and others without demonising the individual." "I would refer to safeguarding if individual case / check with supervisor or refer to SEMH team".

Lack of training	"My last training on this was about 16 years ago!" "I am a TEP and still learning. We haven't had any specialised teaching input on this topic so it has been largely through supervision on placement and experiences in placement, which haven't been very many."
Psychological skills and knowledge	"I am confident in the psychology and approach to take but less confident in what recommendations and support I would take nor who I would need to go to in order to ensure the child is receiving the right support." "…I know I can use my psychology toolkit to work with the YP and adults…"
Interest in area	"I feel as a newly qualified EP this is not something we were taught during our doctoral training course. My interest for this topic has come from my own thesis … As such I have a very limited knowledge of consent and topics taught as part of this curriculum (for example sharing of images online, healthy relationships etc)."

Appendix 23

Example extracts to accompany the thematic map exploring the themes identified from respondents who indicated they feel unconfident or very unconfident when asked to work with CYP perpetrating HSB.

	Theme	Subtheme (X indicates no subtheme)	Extracts taken from open-response box
Unconfident	Lack of casework experience	X	"I would need to do some reading around the area, and possibly seek supervision as it is not something that I come across often". "Not had a great range of experience… I would feel unsure on what the 'official advice' to give is."
		Supporting CYP with SEN	"I recently had a post-16 case for a young person with significant SEN who had been a perpetrator and felt much less confident in this case." "I think when working mainly with children with SEN there is a preference for schools not to address normal sexual development education with those young people and at times what might be raised as a problem is just a misunderstanding between what the young person is expressing (a normal interest in sex as part of development) and the behaviour (trying to find out more about it) but often this is happening in a context of very little educational support. …."

	Sensitive topic area	X	"… aware it's very sensitive/emotive and is likely to have safeguarding implications. I would struggle to respond, 'off the cuff' but did not put very unconfident as I am aware of shared resources in our service that I could refer to on this topic." "It is often difficult for adults to talk openly with you or with the young person about what is happening which makes finding a way forward more challenging." "Wasn't covered in our training and quite an uncomfortable topic to discuss with parents, staff etc. especially where SEND is involved too."
	Limited understanding of HSB	X	"I feel I have limited understanding of the area and what would be considered developmentally appropriate for a young person. I feel unsure of the legalities of giving advice (e.g., I know a bit about child-on-child abuse, and the responsibilities to educate both children, but it is limited and vague)." "I do not feel I am familiar enough with appropriate type of support and how to best advise … unsure what my role is and where social care's role is."
	Requires high levels of supervision.	X	"Seek supervision and look at the safeguarding manual about guidance on how to respond in such cases." "This has not been covered through my training and therefore I would be seeking a high level of supervision to support in any work of this nature."

	Lack of training	X	"I have not had formal training on this but rather drawing on experience from previous roles. training is needed." "I am a third-year trainee and do not feel it is something that has been covered at university or through CPD on placement."
Very unconfident	Limited Experience	X	"I am a trainee EP with little experience in this area. The cases I've had referred to me have always been victims of HSB." have had no experience or training to support CYP perpetrating HSB. I feel my confidence would also be affected based on the age of the perpetrator probably because I used to be a primary school teacher."
	Lack of Training	X	"…I would value further training to be able to provide support." "Not covered in EP training - I would say this is a social worker's job."
	Not viewed as EP role	X	"Not covered in EP training - I would say this is a social worker's job."

Appendix 24

Example extracts to accompany the thematic map exploring the themes identified from respondents who indicated they feel confident or very confident when asked to work with CYP who are victims of HSB.

	Theme	Subtheme (X indicates no subtheme)	Extracts taken from open-response box
Very confident	Holistic Assessment of CYP	X	"They are children or young people first who need the support of their school community which includes their EP."
	EP Specialism	X	"… I have direct experience of working therapeutically with CYP who have displayed HSB so feel confident to either carry out this work directly or support schools to do so (e.g., planning a Keep Safe/Protective Behaviours intervention). …."
Confident	Holistic Assessment of CYP	X	"Support is based on the young person's wellbeing and understanding of the world. Much like many other areas of need." "Depending on the exact nature of the case, I would approach this like I would any other (particularly other cases where there are significant safeguarding concerns). I would feel fairly confident in assessing and unpicking their needs, with the lens of HSB in mind, but I am not aware of many 'specific' tools that I would use to discuss HSB with CYP."

	Experiences	Casework	"I have additional experience of working therapeutically with children and young people so feel able to contain difficult emotions and feel I know when it would be appropriate to refer on to someone else." "Over the course of my second and third year of training I've had at least 4 cases where the child/young person has been a victim of sexual abuse. Often females…"
		Safeguarding	"I have more experience of responding to safeguarding concerns where the child referred to me is a victim of some sort. I have experience of following safeguarding procedures in these cases."
		Specialisms	"I have experience with [omitted] (team support CYP at risk of sexual exploitation."
	Multiagency working	X	"There are also strong networks in the LA where I work, offering support to YP who have experienced domestic violence and HSB in relationships. I work closely with social care teams in my role and would feel confident in contributing to multi-agency discussions to support formulation and intervention."
	Access to supervision	X	"I also feel that I would be able to draw upon the knowledge of my colleagues in the service." "Conversations during supervision helped me build my skill and confidence in managing this type of case work."

	Access to training	X	"Completion of relevant training in this area."
	Psychological knowledge and skills	X	"I feel that I have knowledge of psychological models which I can use in schools in the area of developmental trauma which can be used to understand young people's presenting needs in the context of the trauma that they have experienced, leading to evidence-based, trauma-informed intervention." "I feel confident in my skills around trauma informed practice and emotional wellbeing." "I could use my existing understanding of trauma etc. but have no specific training or experience."

Appendix 25

Example extracts to accompany the thematic map exploring the themes identified from respondents who indicated they feel neither confident nor unconfident when asked to work with CYP who are victims of HSB.

Theme	Subtheme (X indicates no subtheme)	Extracts taken from open-response box
Experience	No experience	"I am familiar with trauma etc but do not have particular direct experience in working with victims of HSB." "I have never been asked to do this and would need to consider why my involvement was being sought before being able to accurately assess my confidence."
	Limited experience	"I don't have lots of experience." "I haven't had a great deal of cases in this area so I can't claim to be overly confident in dealing with this situation, but at the same time I believe I have the necessary skills to deal with it."
	Previous experience	"I have not had experience of this in my current role but have in previous roles. Therefore, I would need to explore useful and up to date information regarding support available."

Knowledge & Skills	Psychological Knowledge	"Have knowledge of trauma informed approaches regarding supporting YP but not specifically about sexual abuse." "… I know I can use my psychology toolkit to work with the YP and adults around them to support the difficulties in the way I do with any case - every case is new and I often find myself working with a young person who has a difficulty I have not encountered before."
	No specific HSB knowledge	"I could do work with them, but it is unlikely to be specifically about the HSB." "I am confident in the psychology and approach to take but less confident in what recommendations and support I would take nor who I would need to go to in order to ensure the child is receiving the right support."
Need for Multiagency Support	X	"…however, I feel that this would very much need to be a multiagency approach in which a young person is also supported by an appropriately skilled mental health professional (as I am lacking in skills, knowledge and confidence)."
Lack of Training	X	"I haven't covered this in my training; however I'd feel slightly more confident to support in this instance." "While there is still an issue around lack of specific training, general strategies may be more applicable in this case.

Dependent on nature of casework	X	"Again, it depends on the nature of the request to work with the young person." "… I would not feel confident in what my role would be relating to HSB and would want to clarify what the role would be and if there are others who are better placed to focus / work on post trauma work for the victim/survivor. I would not feel confident in the supervision/support available for this kind of therapeutic work in my service, to help me understand my remit and manage the emotional impact on myself (in my non youth offending role, as I do not work with victims in youth services)." "This would be very context … it's really important to consider whether it would be best for the EP to work with the individual or to work with members of staff who the individual trusts and who they see regularly. I would feel confident meeting the individual to gather their views on what happened and to help them reflect on the situation but wouldn't have capacity to do any longer-term work (which I would have less confidence in)."
Not viewed as the EP role	X	"I choose not to work with a victim as I do not believe that I am the appropriate professional to do so. There are specialist professionals who should be contacted in the first instance." "Again, I am not sure as an EP we would be best placed to carry out this work …"

Appendix 26

Example extracts to accompany the thematic map exploring the themes identified from respondents who indicated they feel unconfident or very unconfident when asked to work with CYP who are victims of HSB.

Theme	Subtheme (X indicates no subtheme)	Extracts taken from open-response box
Unconfident	Sensitive topic	"It is often difficult for adults to talk openly with you or with the young person … makes finding a way forward more challenging." "… anticipation about parent and child's state of mind and how best to hold and manage the emotions this brings." "It's a sensitive topic for all involved…"
	Lack of training	"I have limited experience / training for engaging with this type of casework." "Again, I have not had any CPD around this. It was not featured in my doctoral training." "No specific training in this but could apply other skills."
	Limited experience	"Little experience within case work so don't feel confident about what support I could offer." "I don't have much experience in this area. However, I would feel confident asking my supervisor or colleagues for help."

	Limited understanding of specific HSB support	"Not sure what appropriate "intervention" is." "Same as above - I don't feel I have had relevant training specifically related to HSB. I would be able to offer advice around trauma but would lack confidence with the HSB support." "Again, I think it is about not knowing what might be the most helpful to the CYP and a lack of training in this area."
	Dependent on nature of casework	"I would prefer to work consultatively as I question my ability to support long-term." "No experience in this. confident if the work does not involve direct work in relation to the HSB."
	Needs supervision and guidance.	"I don't have much experience in this area. However, I would feel confident asking my supervisor or colleagues for help." "As above, I would be likely to seek supervision. It would also need to ensure that I handled things correctly from a safeguarding point of view and involved the other appropriate teams and professionals."
Very Unconfident	Lack of Training	"Similarly, I don't feel I have had the training to work with a child or young person who is a victim of sexual abuse." "I feel there are less resources available on this. I would worry that some types of support could inadvertently retraumatise the young person."
	Not considered EP role	"Not covered in EP training - I would say this is a social worker's job."

Appendix 27

Extracts to accompany the thematic map exploring the themes identified by respondents who shared they feel an EP service

or practice policy regarding HSB would be helpful.

Theme	Subtheme (X indicates no subtheme)	Extracts taken from open-response box
Provides clarity	Clear pathway and procedure	"To support EPs confidence in knowing what steps to follow…" "I think it would provide some direction in terms of how to begin tackling this work when asked to. It might increase my confidence in working with victims or perpetrators of HSB."
	Clear language	"This would give a 'common language' and foundation on which EP professionals can stand and confidently indicate next steps regarding support and signposting."
	Expectations of EP role	"It would set out our position on HSB." "I think it would be important for EPs to understand their role in supporting CYP who display … HSB is part of a broader picture of their unmet and unexpressed needs, often linked to adverse childhood experiences, potentially their own experiences of abuse or neglect, I think EPs need to consider these behaviours within their psychological formulations. …Our response to HSB shouldn't just be about risk management, it should also focus on how we

		build the CYP's "Good Life" and build up their protective factors (which ultimately reduces risk); EPs can play a significant role in the latter."
		"It would be very helpful to support confidence with EP practice and recognising the unique contribution of our role, as well as the role of other agencies in ensuring that CYP are fully supported, and appropriate intervention is received. …."
	Legalities & managing risk.	"Clear guidance on how to manage risk…" "It is important that guidance is given to clearly outline the role of the EP… there may or may not be a criminal investigation and the EP must not interfere with this process."
Evidenced-informed practice	X	"It will include research on best practice and resources that will be helpful to the profession." "Specific guidance around the strategies, recommendations and programmes the EPS endorses would be useful." "It would be helpful in order to ensure research and evidence-based practice in responding to such cases and ensuring consistency in response across the team."
Supports consistency.	Definition	"Would give greater understanding of the term, of when behaviours are concerning and how best to respond." "…. A shared definition would therefore be really helpful. Staff also need to be clear about thresholds for safeguarding and involvement of other agencies."
	Message	

	Response	"Having a clear policy is good to ensure a streamlined and consistent approach to such casework, supports those who are less confident in their role and usually lays out clear lines of accountability for all." "It would give consistency in the team's response and would signpost to other services." "It would be useful to have a shared view and response to limit the 'EP lottery' regarding how individuals might approach such work." "It would be helpful to have a policy that is responsive to current research in this area."
Signposting/ support services	X	"I also feel it would be useful to include links to services where I could signpost staff, parents and young people, particularly at times of crisis…." "Give guidance and routes for referrals to other agencies if needed."
Safeguarding	X	"Clear guidance on how to manage risk, when to refer to safeguarding, who is the appropriate professional etc." "To give clear guidance around expectations for our role as well as ensuring safeguarding." "Then there would be clear safeguarding guidelines around how we support these CYP."

Appendix 28

Example extracts to accompany the thematic map exploring the key themes identified by respondents who shared that they were unsure whether an EP service or practice policy regarding HSB would be helpful, and respondents who did not feel a policy would be helpful.

	Theme	Subtheme (X indicates no subtheme)	Extracts taken from open-response box
Unsure	Supports Practice	X	"Policy documents are important to offer guidance on how to respond. They also ensure consistency of approach across the service/LA. Policy documents support team members to practice is ways that are consistent with service/organisational values and guide team members to fulfil agreed objectives."
	Few Referrals	X	"To my knowledge, this hasn't come up as a query in any of the local authorities in which I have worked (four in total). I don't believe we have been asked to become directly involved in this work."
	Included within wider policies	X	"I think it falls under safeguarding and does not necessarily need to be a separate policy."

No	Alternative support services	X	"I am not sure this needs to be a policy. …. Sexualised behaviour and sexual development in children should be part of our knowledge base and practice, EPs should be knowledgeable enough to support settings around it like we are for other areas of our practice". "I think department specific documents run the risk of being out of date compared with safeguarding partnerships and current social care practice, so it would be important that it would be a live document and created with safeguarding partnerships to ensure it stays current and does not perpetuate harm unintentionally …" "We also have a specialist CAMHS team for harmful sexual behaviour that would have most of these cases referred onto them for intervention instead."
	Few referrals	X	"If we were completing this type of work routinely then yes. but in our authority we are currently doing almost entirely statutory assessments with no direct intervention."
	Reduces practitioner autonomy	X	"I can't see the purpose of having a blanket policy, because that might limit the ability to respond creatively, appropriately and helpfully to individual situations. Guidelines about what to consider, together with a list of possible sources of support might be helpful."

Appendix 29

Example extracts to accompany the thematic map exploring the key themes identified by respondents who felt HSB should be included within professional training programmes.

Theme	Subtheme (X indicates no subtheme)	Extracts taken from open-response box
Increase awareness & understanding of HSB	HSB & vulnerable populations	"I think this would help EPs feel more able to contribute in multi-agency contexts when hypothesising about HSB and support for CYP, think about trauma, adverse childhood experiences, adverse environmental experiences in the local community, additional needs and social/relational understanding." "I think some brief information on this area would be helpful as it does appear to be an increasing need and I think EPs have a contribution to make at an individual and also LA level. HSB is also more prevalent in cyp with special educational needs and semh needs, which is a group of children which EPs mostly work with."
	Safeguarding	"I think this is an area of keeping children safe that is not always given as much attention as it should, perhaps because it is uncomfortable to think about. But it is important we have knowledge and training so that we can support CYP in this area."

Preparation for casework	Tools & Resources	"It would add an element of course content and an additional layer to our safeguarding knowledge." "Half a day input on tools / resources would be helpful." "I think this would be a helpful element of the course, although I understand that fitting everything in can be a challenge - even signposting to resources and a short input would be welcomed."
	Psychosexual development	"… it would be helpful if we had access to training on psychosexual development; harmful actions; and interventions- again a format or approach to refer to in this work, would provide us with a degree of certainty and reassurance I feel" "EPs should be aware of typical sexual development and understand how HSB manifests and the implications for the child displaying the behaviours and other children around them…."
	X	"If HSB is deemed to be an appropriate remit of EP role it should be included within course training to prepare Trainees." "… It is an area through which there is a lot of uncertainty and safeguarding concerns. Alongside the fact that access to technology increases the risk of seeing sexual content. EPs need to be prepared for such cases." "When I reflect on the fact I had no specific training on this issue as part of my doctorate I find that quite shocking actually. It would be extremely useful to have this included in training curriculum, as it will inevitably be encountered in casework."

Increase confidence, provide reassurance and reduce anxieties	X	"It is an area that a lot of EPs are not confident in." "I think it would help newly qualified EPs feel confident in talking to SENCOs when they bring HSB cases for consultation. people worry about getting it wrong or making it worse so they avoid it. This can perpetuate the cycle of shame and instil the belief that these CYP can't be helped. I believe that this can be very traumatising."
Enhance knowledge of support services	X	"It would help trainees to feel confident to do this work and to know the of sign posting available."
Provide evidence-informed practice	Research informed	"Might be useful as part of problem-based learning or scenario-based learning, in order to understand frameworks that are useful and research that has been conducted on risk/protective factors, frameworks for intervention." "Because it would help trainees to feel more confidence. Also, lectures could provide up to date research etc, which could then be disseminated to our LAs."
	Approaches and formulation	"This is a sensitive topic and therefore training would give confidence and allow me to approach this more accurately."

		"…. We need to be confident on when a sexual behaviour stops being a healthy developmental expression and when it becomes a HSB as well as how to respond and how to formulate around needs when HSB is part of the picture."

Appendix 30

Responses provided by participants who did not feel HSB training as part of the doctoral training programme would be beneficial.

Extracts obtained from open-response box
"This has not been a focus for the service."
"Maybe. There's not space to cover everything in the doctoral training and sometimes training is more useful when it is location-specific so it is part of local culture. All the local authorities I've worked in have had HSB training as part of their induction process, that seems appropriate to me."
"I'm not sure if it should be specifically included in course content? I think it's important to be aware of, but I'm not sure it it is a big enough topic in our field for that much focus to be on it in the doctoral training, I think there are other more relevant. topics that would benefit more. However, this is from my perspective as a Y3 TEP who has not had any HSB casework."

"This is a tricky question to answer and I suppose it comes back to what is appropriate for an educational psychologist to become involved in. Our focus is largely around education and integration (I would say). I believe we have to be extremely careful about extending our offer into what might be more appropriately managed via the health service or social care (safeguarding). In my experience, other agencies would love EPs to take on all sorts of work that we aren't trained to do, or have supervision around (i.e., it would take the load off them). Due to the great demand on EP Services, I am not sure that extending our offer at this moment in time is practical or helpful (i.e., it would take resources away from our core responsibilities and expertise). It is also a concern that we have a responsibility to only offer what we are trained and competent to do - but others (e.g., more senior local authority officers) might feel we should take on a range of other referrals due to the pressure on other agencies. We have to be careful to work ethically and only offer what we are trained and competent to offer."