



Core competencies for
safeguarding young people in care

COLOFON

This report is one of the products of the Erasmus+ project 'Safeguarding Young People in Care'.

Safeguarding Young People Care is a collaboration of university partners Absalon University College (Denmark), Amsterdam University of Applied Sciences (The Netherlands), Antwerp Plantijn University College (Belgium), University of Strathclyde (United Kingdom) and work field partners Fonden Clemens (Denmark), Spirit / Qpido (The Netherlands) and Vzw Wingerdbloei (Belgium).

Author(s)

Claire Bernaards, Mirjam Walpot, Gitte Riis Hansen, Gwendy Moentjes

© Safeguarding young people in care
July 2017

Safeguarding
Projectmanagement: AUAS
PO.Box 1025
1000 BA Amsterdam
The Netherlands
E: l.boendermaker@hva.nl
WWW.AMSTERDAMUAS.COM/SAFE



SUMMARY

Since October 2015, four European universities of applied sciences and three youth care organisations in Belgium, Denmark, Netherlands and Scotland, have been working as partners to develop education and training for (future) professionals. The goal of this partnership is to help (future) professionals: 1. To support healthy sexual development of young people in care; 2. To interact with young people, their (foster) parents, colleagues, and other professionals, concerning the topics of sexual behaviour, intimacy, and inter-personal relationships, in order to prevent sexual abuse of young people in care. This report shows the steps taken to develop a set of core competencies that form the basis of the education and training for (future) professionals.

The study described in this report resulted in a list of 61 competency items (knowledge, skills and attitudes) that (future) professionals need in order to support healthy sexual development of young people in care. The most relevant items were grouped into the following clusters: 1. Discussing sexuality, 2. Supporting the needs of young people concerning sexuality, 3. Act professionally in relation to the topic of sexuality, 4. Dealing with different norms, values and cultures with regard to sexuality, 5. Recognizing and responding to offensive sexual behaviour, including sexual abuse.

SAFEGUARDING YOUNG
PEOPLE IN CARE



TABLE OF CONTENTS

Summary	3
Preface / introduction	5
Causes of sexual abuse in care	5
Avoidance of the subject.....	5
Professionals as perpetrators	6
Supporting a healthy sexual development.....	6
Goal of the project	6
Research questions.....	7
Method	8
Participating countries and their youth care system.....	8
Review of materials	8
(Focus group) Interviews	8
Method to prioritize competencies.....	9
Results	10
Selection of competency items.....	10
Ranking of competency items	12
Selecting the most important competency items.....	20
Clustering of competency items	20
Discussion	22
Summary of goal and findings.....	22
Strengths and limitations of the study	22
Suggestions for future research	23
Conclusion	23
Appendix	24
Appendix 1 References.....	24
Appendix 2. Code tree model.....	27

PREFACE / INTRODUCTION

National investigations in several European countries have shown a high prevalence of sexual abuse in residential and foster care (Committee Samson, 2012; Final report expert panel 2013). In the Netherlands, a national investigation showed that the risk of sexual abuse in residential care is twice as high as outside residential care (Committee Samson, 2012). In Belgium, a helpline for sexual abuse (helpline 1712) has been introduced, in response to a key publication on sexual abuse in Flanders (Final report expert panel 2013). Even though no data is available on the prevalence of sexual abuse in Danish youth care settings, there has been an increased focus in recent years on measures against sexual assaults, according to the National Social Board in Denmark. Despite the high prevalence of sexual abuse, professionals notice very few of the cases of sexual abuse in residential and foster care, and in many cases the perpetrators turn out to be peers (Committee Samson, 2012).

CAUSES OF SEXUAL ABUSE IN CARE

What do we know about the causes of sexual abuse in residential and foster care? A recent and elaborate literature review commissioned by the Royal Commission into Institutional Responses to Child Sexual Abuse in Australia gives a thorough overview of the risk and protective factors involved in sexual abuse in care (Kaufman & Erooga, 2016). The study shows that these factors can be ordered among victims, perpetrators and institutions.¹ Like the national reports, the authors show that especially (but not solely) girls, children and young people from troubled families and disabled youth are at risk for sexual abuse. Especially the fact that these vulnerable groups use to live together in residential facilities, with little control over their daily activities is a risk factor. Professionals expect them to be compliant and well behaved, there is a clear power difference between children and caregivers and children 'depend on adults for their survival' (page 70).

AVOIDANCE OF THE SUBJECT

A risk factor that the authors address on the institutional level is the avoidance or absence of discussions about sex.² Caregivers avoid the subject as they feel it as inappropriate and believe they will encourage young people to become sexually active when they do. "Taboos around frank discussions of sex may create an environment where children are uncertain about what is and what is not appropriate or abusive" (page 70). Also, the lack of expertise on how to best serve children with histories of abuse is noted as a risk factor and an important factor in avoiding discussions on the topic of sex and sexual abuse. Another concern of staff is "how to interact physically with a child, without it being misconstrued as sexual" (page 70). Also, the lack of expertise on how to best serve children with histories of abuse is noted as a risk factor and an important factor in avoiding discussions on the topic of sex and sexual abuse. Another concern of staff is "how to interact physically with a child, without it being misconstrued as sexual" (pag 70). Also, the inadequate resources and lack of coaching and supervision of staff in residential care turns out to be a risk factor.

It is suggested in a literature review of Timmerman & Schreuder (2014) that the avoidance of the subject of sex and sexuality is in many out-of-home care settings related to a 'sexist' attitude that 'boys will be boys' and that force is a normal part of male sexuality. This is an important factor in peer-to-peer-abuse. Further, "a culture of silence regarding sex and sexual abuse" may lead to the idea that "sexual exploration includes sexually aggressive and – abusive behaviours" (Kaufman & Erooga, 2016, page 71). Both in foster- and kinship care and in residential care, regular visits by the child's social worker, turns out to be a important protective factor. It facilitates disclosure of abuse. But even

¹ It is important to realise that Kaufman & Erooga's study is focused on a broad range of 'institutions', which includes not only residential and foster care, but also schools, sporting clubs, religious organisations and for instance day care centres for young children. For this chapter we only report on the factors reported on out-of-home care (page 69-74). The authors note that little research is available on home-based family care, like foster of kinship care (page 69).

² See also Timmerman et.al.(2012) on this subject

more important as a protective factor is a 'common language' or 'vision' on sex education and the prevention of abuse in a facility. When it is clear (for children as well as professionals) what is and what is not appropriate, children feel more safe and sure to ask for help.

PROFESSIONALS AS PERPETRATORS

According to Kaufman & Erooga, little research is available on profiles of adult perpetrators. So far, no clear profile of a typical sex offender exists. But research does show 1) that selection based on a criminal record is not effective and 2) that perpetrators turn out to invest in building relationships not only with children and young people but also with their caregivers (including professionals). Behaviours can be non-sexual in the beginning, slowly escalating. Grooming with staff / adults leads to 'desensitization' to perceive potentially risky behaviour as 'risky'³ (think of being alone with certain children, spend an unusual amount of time with certain children or trying to see a child outside the facility). Protective factors are: value based interviewing when recruiting professionals (are the values congruent with those of the organization?), creating a positive, child centered culture and clarity on what is and what is not considered as appropriate behaviour.

SUPPORTING A HEALTHY SEXUAL DEVELOPMENT

Kauffman & Erooga's study supports the conclusion of the national investigations mentioned above, that the most central issue in the prevention of sexual abuse in residential and foster care is the ability of professionals to talk about sex and to support a healthy sexual development of those in their care. On the whole, professionals lack the knowledge and skills to support a healthy sexual development in children and young people. Furthermore, they appear to be incapable of recognizing unacceptable sexual behaviour (of young people as well as colleagues), setting limits, discussing sexuality, and intervening effectively. Capacity building in (future) professionals seems crucial here. Therefore, competencies to support a healthy sexual development in young people and to recognize and respond to unacceptable sexual behaviour should be trained during professional (social work) schooling.

GOAL OF THE PROJECT

The goal of the project "Safeguarding young people in care: Supporting healthy sexual development" is to develop an educational program for (future) professionals working in care.

In this report, we will use the terms 'young people in care' and 'professionals working in care', to indicate 'children and young people growing up in residential or foster care' and 'professionals working in residential or foster care'.

The project consists of a European collaborative partnership between four (applied sciences) universities and three youth care organisations in Belgium, Denmark, the Netherlands, and Scotland. Together they develop education and training for (future) professionals, to help them to build competencies to support young people's healthy sexual development and to interact with young people, their (foster) parents, colleagues, and other professionals, concerning the topics of sexual behaviour, intimacy, and inter-personal relationships, in order to prevent sexual abuse of young people in care.

The educational program to be developed will consist of:

- An international summer school on the subject of sexuality, for social work students.
- An online course for professionals working in youth care or foster care services. Special attention will be paid to organising team meetings (peer-coaching) in youth care organisations, for reflection on the subject of sexuality.
- A workbook for peer-coaching and reflection during internships and in professional life.

A website with materials for European lecturers who teach future social workers on the subject. The website will provide them with information, exercises, and materials such as film, game, texts, and

³ See Kaufman & Erooga, chapter four, for the existing information on perpetrators and grooming in institutions.

case examples, to teach future social workers how to interact with children, young people, (foster)parents, and other professionals, on the subject of sexual development.

The educational program will be based on a set of well-described core competencies and behavioural characteristics that enable social work professionals to guide young people's healthy sexual development.

RESEARCH QUESTIONS

In order to develop the educational program, the following central research question needed to be answered:

Which competencies do (future) professionals working in care need, in order to:

- support healthy sexual development of young people in care, and
- discuss intimacy, relationships, and sexual development with young people in care, their (foster)parents, and other professionals?

METHOD

PARTICIPATING COUNTRIES AND THEIR YOUTH CARE SYSTEM

Data described in this report was collected in Belgium, Denmark, and the Netherlands. A uniform data collection method was used in all three countries, despite differences in youth care system. Denmark, for instance, does not have foster care workers who coach foster parents and monitor the development of foster children, as in Belgium and the Netherlands. Although Scotland is one of the partners in the project, no data was collected in Scotland. The Scottish partners fulfill an advisory role, sharing their expertise in the field of online courses.

To answer our research questions, we interviewed professionals and conducted materials on competencies needed to support healthy sexual development of young people in care.

REVIEW OF MATERIALS

A review of publicly available materials in Denmark, Belgium and The Netherlands was conducted, in order to search for information about necessary competencies of professionals working in care. The following types of materials were included in the review: guidelines, policy documents, interventions, training programs for professionals, educational programs, tools, and websites.

In order to be included in the review, materials needed to be developed for residential care and/or foster care. Materials developed for other purposes, such as school interventions, were excluded. To be included in the review, interventions needed to have a theoretical background and guidelines and policy documents needed to be developed with the involvement of clients. Furthermore, interventions exclusively developed for disabled children (f.e. deaf children, ADHD, autistic children) were excluded. Finally, 31 materials (consisting of 36 publications) met the inclusion criteria and were included in the review (these materials consisted of 14 guidelines and policy documents, 7 interventions, 1 training program for professionals, 1 educational program, 5 tools and instruments and 3 websites (see appendix 1 for an overview).

The following information was collected from these materials by using an uniform coding scheme:

- Knowledge, skills, and attitude required to support healthy sexual development of young people in care (for professionals);
- Directions for professionals as to how to acquire the required knowledge, skills and attitude;
- Behavioural characteristics (i.e. observable behaviour that displays the required competencies).

(FOCUS GROUP) INTERVIEWS

Professionals working in care, policy makers, and researchers working in the field of sexuality and/or residential and foster care were interviewed. In each country, the interviews were conducted by using a semi-structured interview manual, with the following main topics/questions: 1. characteristics of young people living in residential and foster care, 2. their special needs with regard to sexuality and sexuality-related issues, 3. differences with young people growing up in 'normal' families with regard to sexuality, 4. necessary competencies of professionals working with young people living in residential and foster care, with regard to sexuality, 5. organisational preconditions, 6. difficult situations of professionals with regard to sexuality-related issues.

Altogether six experts (in the field of sexuality) and seven policy makers at the institutional level were interviewed. Focus groups were conducted with 23 professionals working in residential care and 12 professionals working in foster care. In the Netherlands, three focus group interviews were conducted with a mix of professionals from residential and foster care. In Belgium, one focus group was conducted with professionals from residential care, and one focus group was conducted with

professionals from foster care. In Denmark, three focus groups were conducted with professionals from residential care (Table 1).

Table 1. Number and type of professionals interviewed in each country

	Belgium	Denmark	Netherlands
Experts	2	1	3
Policy makers	2	0	5
Professionals residential care	1 focus group	3 focus groups	3 focus groups
Professionals foster care	1 focus group	0 focus groups	

The interviews took place in the period March through August 2016 and were coded according to a “code tree model” (appendix 1).

METHOD TO PRIORITIZE COMPETENCIES

Based on the materials and interviews, a list of competencies was made separately describing knowledge, attitude and skills. During a consensus meeting with the researchers from the three countries, competencies that more or less duplicated others were removed from the list. In addition, 38 out of 137 remaining competencies were removed for being too general or not specific to supporting a healthy sexual development of young people in care (see flow chart in figure 1). These were competencies such as humor, practice-based knowledge, and cognitive behavioural techniques. Finally, 99 remaining competencies were included in an online questionnaire that was sent to about 150 professionals, experts, policy makers, and teachers in Belgium, Denmark, Scotland and the Netherlands. The goal of this questionnaire was to prioritize these 99 remaining competencies. Professionals were asked to indicate how important each of these competencies was for supporting healthy sexual development of young people in care, using the following answering categories: 1. Not important, 2. Slightly important, 3. Moderately important, 4. Important, 5. Very important. The original plan was to organize a second round to gain consensus on the most important competencies which is common in the Delphi method (Hsu et al. 2007). Since professionals reported that many items were closely linked to other items in the questionnaire and all items were considered important, a new strategy was used to end up with a clear list of core competencies. First of all, the competency items with the highest ranks were selected in each category. Secondly, items were grouped into well described clusters. Some items were slightly rephrased to make a clear distinction between items.

RESULTS

This chapter describes the results from the interviews and review of materials to answer the following research question:

Which competencies do (future) professionals working in care need, in order to:

- support healthy sexual development of young people in care, and
- discuss intimacy, relationships, and sexual development with young people in care, their (foster)parents, and other professionals?

SELECTION OF COMPETENCY ITEMS

Figure 1 shows the selection procedure of the most relevant competencies that (future) professionals working in care should have to support healthy sexual development of young people in care. The 99 competency items in the online questionnaire were ranked by 47 professionals working in youth care organisations (N=27), universities of applied sciences (N=12), expertise centers on sexual and reproductive health and rights (N=9), research institutions (N=2) and an institute for family therapy (N=1), by giving a score from 1 (not important for sexuality) to 5 (very important for sexuality). Some professionals worked in more than 1 organisation.

Table 2 shows the characteristics of the 47 professionals who participated in this ranking procedure. Most participants were working in the Netherlands (55.3%).

Table 2. Characteristics of professionals who filled in the online questionnaire to prioritize competencies (N=47)

Characteristics	%
Gender	
• Male	23.4
• Female	76.6
Country	
• Netherlands	55.3
• Belgium	36.2
• Denmark	6.4
• Scotland	2.1
Organisation*	
• Youth care	57.4
• University of applied sciences	25.5
• Expertise center on sexuality	19.1
• Research institution	4.3
• Institute for family therapy	2.1
Current position*	
• Residential care worker	17.0
• Foster care worker	12.8
• Psychologist	8.5
• Working in an expertise center on sexuality	19.1
• Lecturer	21.3
• Researcher	6.4
• Other (e.g. clinical psychologist, consultant, coordinator, director, family therapist)	31.9
Mean number of years working in current position	9.3 (SD 7.3)
Mean number of years working for or with children and young people in residential and foster care	13.5 (SD 10.7)

*Professionals could work in more than one organisation or position

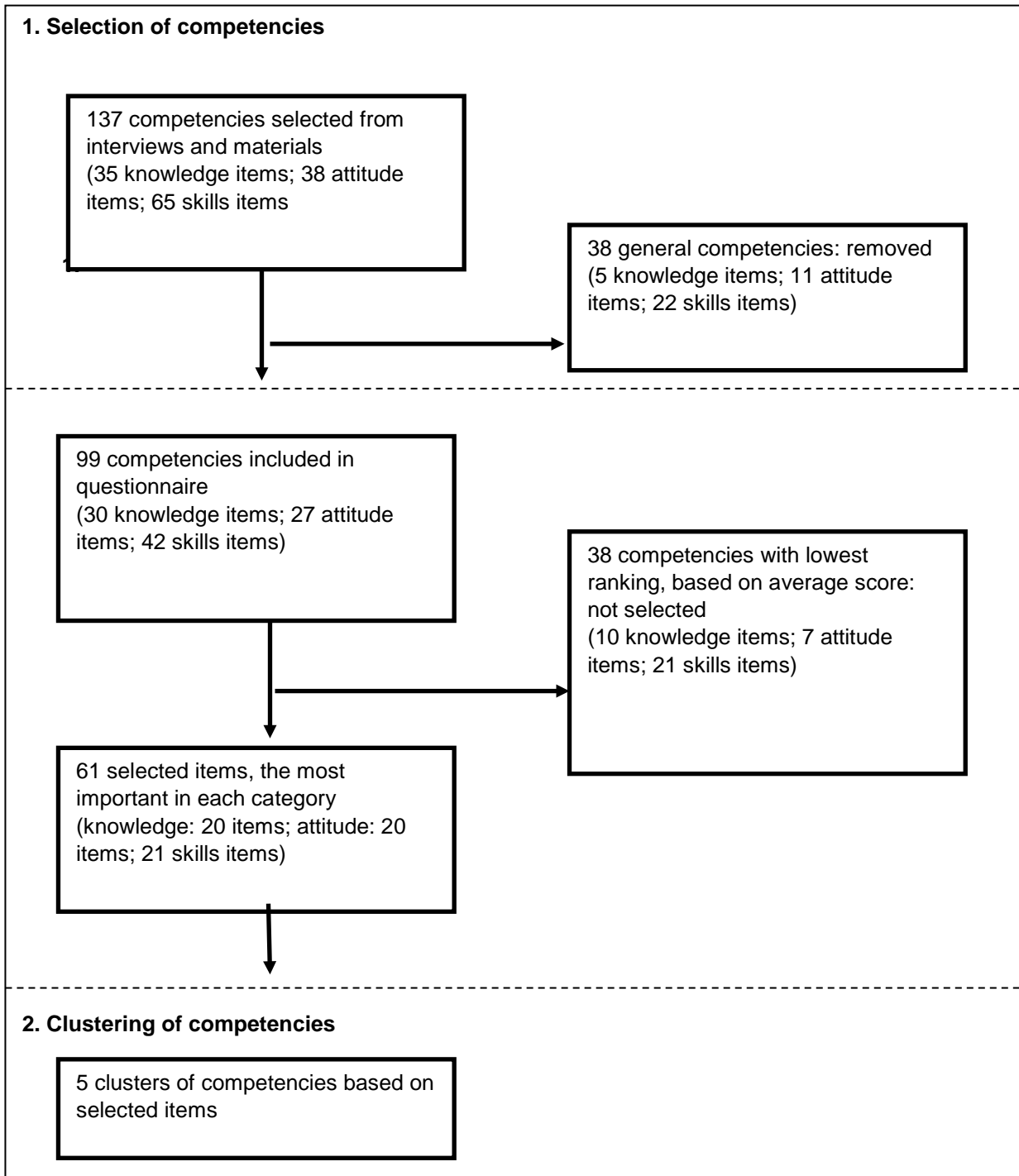


Figure 1. Flow chart describing the procedure of selecting and clustering the most relevant competencies of (future) professionals working in residential- or foster care to support healthy sexual development of young people in care

RANKING OF COMPETENCY ITEMS

Competency items were ranked based on the mean scores provided by professionals. Tables 3, 4, and 5 show the results of this ranking procedure. The results show that all competency items were considered important, since mean values of even the least important items were high, with mean values of 3.45 (knowledge), 3.73 (skills), and 3.85 (attitude). With regard to attitude, 'Being aware of your position as a role model' was considered the most important, followed by normalizing sexuality and focusing on healthy sexual behaviour and being aware of your own norms, values, and beliefs. 'Normalizing sexuality' is closely related to the skills 'talking about sexuality in a positive / normal way' and 'speaking about a healthy sexual development and reacting in a positive way'. Both skills were considered very important. Other important skills were 'raising awareness in young people to respect their own boundaries and that of others' and 'support young people in making their own choices and learn to make responsible decisions.' With regard to knowledge, the most important item is that professionals should know that sexuality is a healthy part of the development of young people. Other important competency items are knowing how to recognize signals of sexual abuse and how to react to offensive sexual behaviour. Furthermore, it was considered important that professionals should be aware that they don't have to know everything about sexuality in order to speak about it with young people.

Table 3. Ranking of 30 knowledge items based on mean scores

Ranking	N	Knowledge items	Mean	SD	Median	Range
1	4 7	Knowing that that sexuality is a healthy part of the development of children and young people	4.70	0.5	5.0	3-5
2	4 7	Knowing about the needs of vulnerable children, concerning healthy sexual development	4.55	0.6	5.0	3-5
3	4 7	Knowing how to respond to offensive sexual behaviour	4.51	0.6	5.0	3-5
4	4 7	Knowing about signals indicating sexual abuse	4.49	0.7	5.0	3-5
5	4 7	Realizing that you don't have to know everything about sexuality as a professional, to be able to speak about this with children and young people	4.47	0.8	5.0	1-5
6	4 7	Knowing your own values and norms with regard to sexuality	4.43	0.7	5.0	3-5
6	4 7	Knowing about healthy sexual development at different ages	4.43	0.7	5.0	3-5
7	4 7	Knowing about which behaviour is healthy and acceptable and which behaviour isn't	4.40	0.7	5.0	2-5
8	4 7	Knowing about trauma behaviour of sexually abused children and young people	4.38	0.8	5.0	2-5
9	4 7	Knowing about child-specific risk and protective factors that can influence the child's sexual behaviour and development	4.36	0.6	4.0	3-5
10	4 7	Knowing about what is expected from you as a professional	4.23	0.8	4.0	2-5
10	4 7	Knowing about frequently asked questions from children and young people, concerning sexuality and sexual behaviour	4.23	0.7	4.0	3-5
11	4 7	Knowing about sexual development for specific groups that are at risk for problematic or potentially damaging sexual development	4.21	0.7	4.0	3-5

11	4 7	Knowing about psychological coping skills of children and young people concerning sexuality	4.21	0.8	4.0	2-5
12	4 7	Knowing about existing prejudices about gender roles concerning sexuality	4.17	0.8	4.0	3-5

Table 4. Ranking of 27 attitude items based on mean scores

Ranking	N	Attitude items	Mean score	SD	Median	Range
1	47	Being aware of your position as a role model for the group and being a positive role model	4.55	0.7	5.0	3-5
2	47	Having the needs of children as your starting point	4.53	0.6	5.0	3-5
3	47	Being willing to make a well-considered judgement of the situation; taking alarming/disturbing signals concerning sexuality seriously, but not overreacting	4.51	0.7	5.0	3-5
3	47	Being unprejudiced	4.51	0.7	5.0	3-5
4	47	Focusing on healthy sexual behaviour	4.47	0.6	5.0	3-5
4	47	Normalizing sexuality	4.47	0.8	5.0	2-5
5	47	Being aware of your own norms, values, beliefs, personal issues, and dilemmas concerning sexuality	4.45	0.7	5.0	3-5
5	47	Daring to ask for support	4.45	0.7	5.0	3-5
6	47	Behaving in a mature way, by taking responsibility and by being there for the children when they need you (physically and emotionally)	4.43	0.8	5.0	2-5
7	47	Being authentic, open, transparent and honest	4.38	0.8	5.0	2-5
8	47	Being sensitive	4.36	0.7	5.0	3-5
8	47	Accepting the person even though you don't accept the behaviour	4.36	0.8	5.0	3-5
9	47	Taking care of each other in the team, in a non-controlling way	4.34	0.7	4.0	3-5
10	47	Being sensitive and acting professionally in regard to distance and proximity with children and young people	4.32	0.7	4.0	3-5
10	47	Having a willingness for self-reflection, a teachable attitude	4.32	0.9	5.0	1-5
10	47	Having the courage to discuss sexuality	4.32	0.7	4.0	3-5
11	47	Being proactive	4.23	0.7	4.0	3-5

12	47	Taking the professional freedom to deviate from the standards and delivering custom-made work for a specific child when necessary	4.21	0.8	4.0	2-5
13	47	Being aware of your own sexual development as a professional	4.17	0.9	4.0	2-5
14	47	Being willing to talk to your team about sexuality	4.13	0.8	4.0	2-5
15	47	Being willing to keep learning (lifelong learning)	4.04	1.0	4	1-5
16	47	Having self-esteem	4.02	1.1	4.0	1-5
17	47	Regarding and understanding ethical standards, as social pedagogical frameworks for safeguarding others	4.00	0.9	4.0	2-5
17	47	Daring to be vulnerable	4.00	0.9	4	2
18	47	Being alert and noticing small details	3.89	0.9	4	1
19	47	Displaying an intentional pedagogical approach - aiming for the good, not avoiding the bad. Having a goal of development concerning sexuality and heading for the goal	3.87	1.1	4	1
20	47	Having a positive feeling about sexuality	3.85	0.9	4	2

Table 5. Ranking of 42 skills items based on mean scores

Ranking	N	Skills items	Mean	SD	Median	Range
1	47	Daring to respond to offensive sexual behaviour or sexual abuse	4.64	0.5	5.0	3-5
2	47	Talking about sexuality in a positive /normal way	4.61	0.6	5.0	3-5
2	49	Being able to recognize alarming signals concerning sexuality and reacting upon them in a professional way	4.61	0.6	5	3-5
3	48	Raising awareness in children to respect their own boundaries and the boundaries of others	4.60	0.6	5.0	3-5
3	48	Speaking about healthy sexual development and reacting in a positive way	4.60	0.6	5.0	2-5
4	48	Supporting children and young people in their autonomy to make their own choices and to learn to make responsible decisions	4.59	0.6	5.0	3-5
5	48	Daring to initiate a conversation about sexuality with children and young people	4.57	0.5	5.0	4-5
5	48	Being able to adapt your vocabulary depending on the context and the people with whom you're talking about sexuality	4.57	0.6	5.0	3-5
6	48	Daring to talk with children, colleagues, and parents about (the suspicion of) abuse	4.53	0.7	5.0	2-5
7	49	Being able to recognize sexual risk factors	4.51	0.6	5.0	3-5
8	48	Repairing the trust of children and young people in others	4.47	0.8	5.0	2-5
9	48	Stimulating and supporting children in the process of talking about their experiences	4.45	0.6	5.0	3-5
9	48	Being able to discuss possible sexual abuse confidentially and appropriately when needed	4.45	0.7	5.0	3-5
10	48	Increasing self-esteem of children and young people	4.43	0.7	5.0	2-5

10	48	Being able to think objectively regarding offensive sexual behaviour	4.43	0.7	5.0	3-5
10	48	Having self-reflection skills	4.43	0.7	5.0	2-5
10	48	Being able to discuss all sexually related subjects with your colleagues	4.43	0.6	5.0	3-5
11	48	Being able to coach foster parents in talking about sexuality	4.41	0.6	4.0	3-5
11	48	Being able to talk about sexuality in a neutral, non-emotional way	4.41	0.7	5.0	3-5
12	48	Knowing how to recognize non-verbal signs of (un)healthy sexual behaviour and knowing how to react to them	4.40	0.6	4.0	3-5
12	48	Stimulating social skills and teaching children and young people to talk about intimacy in their relationships	4.40	0.7	4.5	2-5
13	47	Listening carefully to children and young people and using their input to start a discussion about sexuality	4.36	0.8	5	2-5
14	48	Giving children and young people space to experiment with sexual behaviour	4.33	0.7	4	2-5
15	47	Creating and actively working on a safe environment in your team to talk about sexuality	4.32	0.7	4	2-5
16	48	<i>Keeping sexual diversity in mind</i>	4.31	0.7	4	3-5
17	49	Being able to react to traumatized behaviour	4.29	0.8	4	1-5
17	49	Acting preventively	4.29	0.9	5	1-5
18	49	Providing psycho-education to foster parents about having conversations about sexuality with their foster children	4.27	0.8	4	3-5
19	47	Being able to have informal conversations with children and young people	4.26	0.8	4	2-5
20	48	Creating a safe environment for group discussions about sexuality	4.25	0.8	4	2-5
21	49	Being able to spread and implement the organisational vision about sexuality without crossing your own norms/values and boundaries	4.24	0.7	4	3-5
22	49	Being able to deal with timing and conditions	4.18	0.9	4	2-5

22	49	Providing psycho-education as a foster care worker to (foster) parents about healthy distance and proximity between foster parents and children and young people	4.18	0.8	4	2-5
23	49	Being able to change sexual risk factors into protecting factors, prevention	4.16	1	4	1-5
24	48	Being able to deal with group dynamics concerning sexuality in residential care	4.13	0.8	4	2-5
24	47	Offering structure, safety, and clarity	4.13	0.9	4	1-5
25	48	Giving children the tools to reflect on their own behaviour	4.04	0.8	4	2-5
25	47	Encouraging children, young people, and foster parents to reflect upon their own sexual norms, values, and behaviour	4.04	0.9	4	1-5
26	48	Teaching children and young people basic hygiene skills	4.00	0.9	4	2-5
27	48	Being able to find and use materials that contain information or tools useful for sexual education	3.94	0.7	4	2-5
28	49	Having decision-making skills, working thoughtful and systematically	3.90	1	4	1-5
29	48	Being able to use standardised questionnaires to assess (un)healthy sexual behaviour of children and young people	3.73	1	4	1-5

SELECTING THE MOST IMPORTANT COMPETENCY ITEMS

In each category, the competency items with the highest ranks were selected. In both the knowledge and attitude categories, the 20 items with the highest mean values were selected. In the skills category, the 21 items with the highest mean values were selected. In this category some items had similar scores which made it impossible to select a top 20. All competencies in the top 20/21 were considered important and had mean values of at least 4.0.

CLUSTERING OF COMPETENCY ITEMS

Many selected competency items were closely related and were therefore grouped into the following five clusters:

Cluster 1. Discussing sexuality

Cluster 1 contains competencies that are needed to discuss sexuality with young people, (foster) parents, and colleagues in a positive and normal way, or in a neutral and non-emotional way in case of sexual offensive behaviour (including sexual abuse).

- Knowing that sexuality is a healthy part of the development of young people
- Knowing about healthy sexual development for different age groups
- Knowing about the needs of vulnerable young people, concerning healthy sexual development
- Realizing that you don't have to know everything about sexuality to be able to speak about sexuality with children and young people
- Talking about sexuality in a positive, normal way
- Being able to discuss subjects related to sexuality with young people, colleagues and (foster) parents
- Focusing on healthy sexual behaviour
- Being able to discuss sexuality in a neutral, non-emotional way in case of sexual offensive behaviour (including sexual abuse)
- Being able to make a well-considered judgement of the situation; taking warning signals concerning sexuality seriously, but not overreacting
- Being able to adapt your vocabulary depending on the context and the people with whom you are talking about sexuality
- Stimulating and supporting young people in the process of talking about their experiences
- Being able to coach foster parents in talking about sexuality
- Knowing about methods and materials (e.g. Flag System) that professionals can use to discuss sexuality with children, young people, (foster) parents, and colleagues

Cluster 2. Supporting the needs of young people concerning sexuality

Cluster 2 contains competencies that are needed to support the needs of young people in care with regard to relations, intimacy and a healthy sexual development and to act accordingly.

- Having the needs of young people as your starting point
- Knowing about questions that young people frequently ask concerning sexuality and sexual behaviour
- Knowing about psychological coping skills of young people concerning sexuality
- Learning young people to respect their own boundaries and the boundaries of others
- Supporting young people to make their own choices and to learn to make responsible decisions
- Repairing the trust of young people in others
- Increasing the self-esteem of young people
- Stimulating social skills and teaching young people to talk about intimacy in their relationships

Cluster 3. Act professionally in relation to the topic of sexuality

Cluster 3 contains competencies that are needed to act as a professional, be reflective, and have an open and honest attitude in relation to the topic of sexuality.

- Being aware of your position as a role model for the group and being a positive role model
- Knowing what is expected from you as a professional
- Being aware of your own sexual development
- Daring to ask for support
- Taking responsibility and being there for the young people when they need you (physically and emotionally)
- Being able to think objectively regarding offensive sexual behaviour (including sexual abuse)
- Accepting the person even though you do not accept the behaviour
- Having self-reflection skills
- Being unprejudiced
- Being authentic, open, transparent, and honest
- Being sensitive and acting professionally with young people in regard to distance and proximity
- Being proactive

Cluster 4. Dealing with different norms, values and cultures in regard to sexuality

Cluster 4 contains competencies that are needed to recognize and deal with different norms, values, and cultures and to have knowledge about the impact thereof.

- Knowing your own values and norms with regard to sexuality
- Knowing about existing prejudices about gender roles concerning sexuality
- Knowing about the use and influence of social media
- Dealing with social and cultural influences on the sexual norms/values of young people
- Dealing with gender, cultural and religious differences that influence sexual norms/values of young people

Cluster 5. Recognizing and responding to offensive sexual behaviour, including sexual abuse

Cluster 5 contains competencies that are needed to recognize and respond to (suspected) sexual offensive- or unhealthy sexual behaviour, including sexual abuse.

- Being able to recognize warning signals concerning offensive sexual behaviour (including sexual abuse) or unhealthy sexual behaviour and respond in a professional way
- Knowing how to respond to offensive sexual behaviour (including sexual abuse)
- Daring to respond to offensive sexual behaviour
- Being able to discuss suspicions of offensive sexual behaviour (including sexual abuse) appropriately and confidentially with young people, colleagues, and (foster) parents
- Knowing about trauma behaviours of sexually abused young people
- Knowing about child-specific risk and protective factors that can influence the young persons' sexual behaviour and development
- Knowing about sexual development for specific groups that are at risk for problematic or potentially damaging sexual development

Some of the items were rephrased, merged with other items or deleted due to overlap with other competency items.

DISCUSSION

SUMMARY OF GOAL AND FINDINGS

The goal of the project was to investigate which competencies (future) professionals need to have in order to support healthy sexual development of young people in care. These competencies will be used in the project 'Safeguarding youth people in care', to develop an educational program for (future) professionals working in care. The assumption is that improving the educational program of (future) professionals in care is a prerequisite for reducing in the prevalence of sexual abuse of young people in care.

The interviews with professionals and the review of existing materials resulted in a list of 99 knowledge, skills, and attitude items. Most of them were ranked important to very important for professionals supporting healthy sexual development of young people in care. Since many competency items were closely related to each other, a proposal was made to categorize the most relevant items into the following five clusters: 1. Discussing sexuality; 2. Supporting the needs of young people concerning sexuality; 3. Act professionally in relation to the topic of sexuality; 4. Dealing with different norms, values, and cultures with regard to sexuality; Supporting the needs of young people in care; 5. Recognizing and responding to sexual offensive behaviour, including sexual abuse.

STRENGTHS AND LIMITATIONS OF THE STUDY

A strength of this study is that data was collected in three countries. By using a uniform interview manual and similar coding schemes to collect information from existing materials, data from the three countries could be merged.

Although several professionals were interviewed in each country, we were only able to interview a relatively small and selective group of professionals in each country. Despite this limitation, the results from the interviews (i.e. most important competencies for professionals working in residential- and foster care with regard to healthy sexual development of young people in care) were rather similar between countries and professionals. In addition, results from the interviews were largely confirmed by the review study of materials.

Although standard protocols and interview manuals were used to collect data in the participating countries, there were some differences in data collection procedures between countries. This, however, did not seem to have much impact on the results of the study because there was a large overlap in findings between countries. The consensus among professionals was also confirmed by the results of the ranking procedure, based on the online questionnaire. This suggests that our findings are rather robust despite the fact that we interviewed only a selective group of professionals in each country.

A potential limitation of our study was that the professionals who filled in the English questionnaire were not native English speakers. This might have hampered the understanding of the questionnaire, although 87% of the respondents reported no difficulties with the language.

Also, no (foster) parents or young people were interviewed about the competencies that professionals working in residential and foster care should have in order to support healthy sexual development of young people.

Finally, it should also be noted that we did not conduct a systematic search for materials and literature. Although relevant national websites were searched and organisations working in the field of sexuality were contacted in order to find existing materials, some relevant materials and literature might have been missed.

SUGGESTIONS FOR FUTURE RESEARCH

Future research should collect information from all relevant stakeholders, including young people living in residential or foster care and (foster) parents. Indeed, in the project 'Safeguarding young people in care', we have started a few small student projects, in which young people in residential care have been interviewed. In addition, a more systematic search for materials and literature could bring more competencies to light.

CONCLUSION

This study resulted in a list of 61 competency items (knowledge, skills and attitudes) that (future) professionals need in order to support healthy sexual development of young people in care. The most relevant items were grouped into the following clusters: 1. Discussing sexuality, 2. Supporting the needs of young people concerning sexuality, 3. Act professionally in relation to the topic of sexuality, 4. Dealing with different norms, values and cultures with regard to sexuality, 5. Recognizing and responding to offensive sexual behaviour, including sexual abuse.

APPENDIX

APPENDIX 1. REFERENCES

Baat, M. de, Bergh, P. van den, & Lange, M. de. (2015a). *Richtlijn Pleegzorg voor jeugdhulp en jeugdbescherming*. Utrecht: Nederlands Jeugd Instituut.

Baat, M. de, Bergh, P. van den, & Lange, M. de. (2015b). *Onderbouwing Richtlijn Pleegzorg voor jeugdhulp en jeugdbescherming*. Utrecht: Nederlands Jeugd Instituut.

Bontes, M., & Bakker, S. (2015). *Trainershandleiding Romeo*. [Manual Romeo]. Amsterdam: Qpido. Retrieved from: <https://www.qpido.nl/aanbod/romeo-en-julia/>

Bullens, R. A. R., Brilleslijper-Kater, S. N., & Hulsebosch, A. (2005). The relevance of non-relevant answers: Between-group differences in the communication of sexually abused and nonabused 3- to 7-year-old children during a sexual knowledge interview. In Brilleslijper-Kater S.N. (Ed.), *Beyond words. Between-group differences in the ways sexually abused and nonabused preschool children reveal knowledge* Enschede: Febodruk BV.

Cleef, M. (2015). *Trainershandleiding Julia*. [Manual Julia]. Amsterdam: Qpido. Retrieved from: <https://www.qpido.nl/aanbod/romeo-en-julia/>

Cleef, M. (2017). *Trainershandleiding NOVA*. [Manual NOVA]. Amsterdam: Qpido. Retrieved from: <https://www.qpido.nl/aanbod/nova/>

Committee Rouvoet. (2016). *Quality framework for prevention of sexual abuse in youth care*. Utrecht: Jeugdzorg Nederland

Committee Samson. (2012). *Surrounded by care, but still not safe. Sexual abuse of children in care, 1945 to the present*. [Omringd door zorg, toch niet veilig. Seksueel misbruik van door de overheid uit huis geplaatste kinderen, 1945 tot heden]. Amsterdam: Boom Uitgevers

Diamond, D., Blatt, S. J., & Lichtenberg, J. D. (2007). *Attachment & Sexuality*. New York: Taylor & Francis Group

Ejrnæs, M. (2006). *Faglighed og tværfaglighed. Vilkårene for samarbejde mellem pædagoger, sundhedsplejersker, lærere og socialrådgivere* (2nd ed.). København: Akademisk Forlag

Final report expert panel (2013). Choosing unambiguously for recognition. Historical violence and abuse in residential youth care – and educational settings in Flanders [Eindrapport expertenpanel. Ondubbelzinnig kiezen voor erkenning. Historisch geweld en misbruik in jeugd- en onderwijsinstellingen in Vlaanderen]. Belgium.

Frans, E., & Bruycker, A. de. (2012). *Raamwerk Seksualiteit en Beleid. Kwaliteit, preventie en reactie in jouw voorziening. Versie voor de Integrale Jeugdhulp*. Antwerpen/Brussel: Sensoa/Child Focus.

Frans, E., & Franck, T. (2017). *Vlaggensysteem. Reageren op seksueel (grensoverschrijdend) gedrag van kinderen en jongeren* (6th Rev. ed.). Antwerpen: Garant-Uitgevers [Frans, E. (2018). *Sensoa Flag system. Reacting to sexually (un)acceptable behaviour of children and young people*. Antwerp: Garant-Uitgevers.]

- Frans, E., De Wilde, K., Janssens, K., Van Berlo, W., & Storms, O. (2016). *Sensoa Vlaggensysteem Buiten de lijnen. Sensoa Vlaggensysteem voor kinderen en jongeren met bijzondere behoeften*. Antwerpen: Garant-Uitgevers
- Finkelhor, D. (2009): The prevention of childhood sexual abuse. *The future of children*, 19, 169-194. DOI: <https://doi.org/10.1353/foc.0.0035>
- Hagelskjær, M., & Zeuthen, K. (2013). Prevention of Child Sexual Abuse: Analysis and Discussion of the Field. *Journal of Child Sexual Abuse*, 22, 742-760. DOI: 10.1080/10538712.2013.811136
- Hsu, C., & Sandford, B.A. (2007). The Delphi Technique: Making sense of consensus. *Practical Assessment, Research and Evaluation*, 12(10), 1-7.
- IPPF (2006). *Framework for comprehensive sexuality education*. London
http://www.ippf.org/sites/default/files/ippf_framework_for_comprehensive_sexuality_education.pdf
- Januscentret (n.d.). Bekymringsbarometer. Retrieved from: http://januscentret.dk/wp-content/uploads/Januscentret_bekymringsbarometer_online.pdf
- Jeugdzorg Nederland (2016). *Quality framework for prevention of sexual abuse in youth care*. Utrecht.
- Kaufman, K., & Erooga, M. (eds.).(2016). Risk profiles for institutional child sexual abuse. A literature review. Sidney: Royal Commission into Institutional Responses to Child Sexual Abuse.
- Kinderrechtencommissariaat (2011). *Dossier jongeren en seksualiteit*. Brussel
- Kuyper, A. (2013). *Seksualiteitsbeleid of struisvogelpolitiek? Model voor visie en beleid op seksualiteit, relaties en omgangsvormen 12+ voor de residentiële jeugdzorg*. Utrecht: Rutgers WPF
- Lammers, M., & Brants, L. (2010). *Veiligheid in de residentiële jeugdzorg. Van Incident tot fundament. Vormgeving en implementatie van beleid rond bejegening, seksualiteit en seksueel misbruik in de residentiële jeugdzorg*. Utrecht: MOVISIE
- Lange, M. de, Addink, A., Haspels, M., & Geurts, E. (2015a). *Richtlijn Residentiële jeugdhulp voor jeugdhulp en jeugdbescherming*. Utrecht: Nederlands Jeugd Instituut.
- Lange, M. de, Addink, A., Haspels, M., & Geurts, E. (2015b). *Onderbouwing Richtlijn Residentiële jeugdhulp voor jeugdhulp en jeugdbescherming*. Utrecht: Nederlands Jeugd Instituut.
- Maris, S., Van der Vlucht, I., Deurloo, J., & Lanting, C. (2014). *JGZ-Richtlijn Seksuele Ontwikkeling (0-19 jaar)*. TNO en Rutgers/WPF
- Moncarey, I., Vandevelde, K., Maes, L., Voets, J., Gemmel, P., & Bourdeaudhuij, I. (2015). *Analyse en beleidsvoorstellen voor een betere implementatie van methodieken op het vlak van het preventieve gezondheidsbeleid*. Leuven: Steunpunt Welzijn, Volksgezondheid en Gezin.
- Qpido (2014). *Trainershandleiding training Seksualiteit en opvoeden voor professionals*. [Manual training sexuality and education for professionals]. Amsterdam: Qpido. Retrieved from: <https://www.qpido.nl/aanbod/seksualiteit-en-opvoeden/>
- Rutgers WPF (2012). *Over seks gesproken. Handleiding seksuele en relationele vorming voor lerarenopleidingen (2^e druk)*. Utrecht: Rutgers WPF.

Rutgers (2015). *Make a Move. Programma voor jongens ter bevordering van gezond seksueel gedrag en ter voorkoming van grensoverschrijdend gedrag*. Utrecht: Rutgers.

Rutgers (2017). *Girls' Talk. Programma voor meiden ter voorkoming van grensoverschrijdend gedrag en onbedoelde zwangerschap*. Utrecht: Rutgers.

Strange, M. (2008a). Holistisk behandling af børn og unge. *Psykolog Nyt*, 23, 22-29. Retrieved from: <http://wp.januscentret.dk/wp-content/uploads/Holistisk-behandling-af-b%C3%B8rn-og-unge1.pdf>

Strange, M. (2008b). Når børn og unge krænker. *Psykolog Nyt*, 21, 3-9. Retrieved from: <http://infolink2003.elbo.dk/PsyNyt/Dokumenter/doc/15580.pdf>

Timmerman, M.C., Schreuder P.R., Harder, A.T., Dane, J., Van der Klein, M., & Walhout, E.C. (2012). Aard en omvang van seksueel misbruik in de residentiële jeugdzorg en reacties op signalen van dit misbruik (1945-2008). Groningen: Rijksuniversiteit Groningen.

Timmerman, M.C. & Schreuder, P.R. (2014). Sexual abuse of children and youth in residential care: An international review. *Aggression and Violent Behavior*, 19, 715-720. DOI: 10.1016/j.avb.2014.09.001

UNESCO (2009). *International technical guidance on sexuality education. Vol. II – Topics and learning objectives*. Paris
http://data.unaids.org/pub/ExternalDocument/2009/20091210_international_guidance_sexuality_education_vol_2_en.pdf

WHO (2006). *Defining sexual health. Report of a technical consultation on sexual health, 28–31 January 2002*. Geneva
http://www.who.int/reproductivehealth/publications/sexual_health/defining_sexual_health.pdf.

WHO regional office for Europe, & Bundeszentrale für gesundheitliche Aufklärung (2010a). *Standards for sexuality education in Europe: a framework for policy makers, educational and health authorities and specialists*. Cologne: Federal Centre for Health Education (BZgA).
http://www.oif.ac.at/fileadmin/OEIF/andere_Publikationen/WHO_BZgA_Standards.pdf

WHO Department of Reproductive Health and Research (2010b). *Developing sexual health programmes: A framework for action*. Geneva
http://apps.who.int/iris/bitstream/10665/70501/1/WHO_RHR_HRP_10.22_eng.pdf

WHO regional office for Europe, & Bundeszentrale für gesundheitliche Aufklärung (2013). *Guidance for implementation*. Cologne: Federal Centre for Health Education (BZgA).

Zeuthen, K. (2011). *Spillerum*. Samt vejledningsmaterialet: *Spilleregler. Vejledning til Spillerum*. Udarbejdet i samarbejde med SISO, Socialstyrelsen. Narayana Press
<https://socialstyrelsen.dk/filer/born/overgreb/udvikling-af-spillerum.pdf>

APPENDIX 2. CODE TREE MODEL

Category 1: Needs of the children in residential care / foster care

- a. Needs of children
- b. Differences residential care / foster care
- c. Differences care/non-care
- d. Special needs
- e. Creating context positive experiences

Category 2: factors in noticing / recognizing sexual (un)healthy behaviour

- a. Factors in recognizing (un)healthy sexual behaviour
- b. Factors easy to miss
- c. Factors demanding more attention (other than factors 'easy to miss')

Category 3: Dealing with sexuality related issues (discussing, recognizing, reacting non-verbal etc.)-

- a. dealing with parents and foster parents
- b. Dealing with youngsters
- c. Dealing with colleagues

Category 4: Reactions to healthy and unhealthy sexual behaviour

- a. Possibilities healthy behaviour
- b. Reaction to healthy sexual behaviour (verbally)
- c. Other ways of reacting (non-verbally)
- d. Reacting to sexual offensive behaviour (verbally)
- e. Other ways of reacting to sexual offensive behaviour (non-verbally)
- f. Reporting sexual offensive behaviour

Category 5: Dilemma's/ core themes

- a. Dilemmas e.g. in creating a safe environment
- b. Dilemmas e.g. in working culture
- c. Societal dilemmas
- d. Challenges in educating

Category 6: Preconditions (Facilitators and barriers on the organizational level)

- a. Education / Social work students
- b. Organisational facilitators
- c. Supporting team members
- d. Safe environment
- e. Vision organization
- f. policy documents
- g. Functioning care workers

© Safeguarding young people in care
July, 2017

Safeguarding

Projectmanagement: AUAS

PO.Box 1025

1000 BA Amsterdam

E: l.boendermaker@hva.nl

www.amsterdamuas.com/safe