**Harmful Sexual Behaviour**

**AMENDMENT**

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**1. Definition**

These procedures are intended to provide workers with a guide to the steps to be taken in dealing with children and young people who display sexually harmful behaviour. They incorporate recent changes in the law and in national and local guidance concerning this group of young people.

The purpose of these procedures is to provide a clear operational framework within which the processes of assessment, decision-making and case management can take place. This requires a collaborative approach between children's services and criminal justice agencies.

In order to facilitate this collaborative approach, there needs to be some consensus on the philosophy of intervention. Research has shown that work with children and young people who harm others, including those who present with sexually harmful behaviours should recognise that such children are likely to have considerable needs themselves, and also that they may pose a significant risk of harm to other children. Evidence suggests that children who harm others may have suffered considerable disruption in their lives, been exposed to violence within the family, may have witnessed or been subject to physical, neglect or sexual abuse, have problems in their educational development; have emotional and mental health wellbeing needs; have associated developmental delay including speech, language and communication needs; some children may have learning difficulties or diagnosable/diagnosed intellectual disabilities (ID) and may have committed other offences. There is often huge potential for change and thus it is essential that a system is in place that identifies those at highest risk of re-offending in order to target limited resources effectively.

Note Schools should follow the statutory guidance: [**Keeping Children Safe in Education**](https://www.gov.uk/government/publications/keeping-children-safe-in-education--2) which came into force on 3rd September 2018.

**2. Principles**

* The complex nature of the problem requires a co-ordinated multi-disciplinary/agency risk management approach, which addresses both child protection and criminal justice issues;
* This response should be timely and initiated at the earliest opportunity;
* The needs of the children and young people who sexually harm should be considered separately from the needs of their victims – be mindful that both victim and perpetrator could potentially be accessing the same building/service but for differing reasons so consideration of safety and planning must be evidenced;
* The primary objectives of intervention must remain at all times the protection of victims and potential victims and the avoidance of any repetition of the sexually harmful behaviour;
* The young person will be helped to take responsibility for their actions;
* Wherever possible, young people who sexually harm have a right to be consulted and involved in all matters and decisions which affect their lives. Their parents / carers have a right to information, respect and participation in matters that concern their family / children in their care;

**3. Sexually Harmful Behaviour by Children and Young People**

Sexually harmful behaviour by young people includes a wide range of behaviours, in a variety of situations and can be defined as:

'A minor of any age who commits a sexual act with a person of any age:

* against the victim's will;
* without consent;
* in an aggressive/exploitative manner.

Contact behaviours: touching, rubbing, disrobing, frottage, sucking or penetrating penile or with an object (vaginal or anal), sexual behaviours with animals.

Non-contact behaviours: exhibitionism, voyeurism, sexting, obscene communication, verbal or written sexual harassment or denigration.'

Additionally, sexual behaviour which seems to be compulsive, is repeated in secrecy and continues after interventions from parents or carers, is a cause for concern.

Work with children and young people who sexually harm requires a coordinated, multi-agency response. It is important that all agencies work closely together to enhance communication and ensure consistency of approach. The safety and wellbeing of children is paramount, and the primary objective is the prevention of future victims and perpetrators.

It can be useful to think of sexual behaviour as a range or continuum from those behaviours that are developmentally and socially accepted to those that are violently abusive.

Most healthy sexual behaviour can be characterised by:

* Mutuality (Children of a similar developmental and chronological age);
* Absence of coercion in any form (bullying, emotional blackmail, fear of the consequences);
* Absence of emotional distress.

The [**Brook Traffic Light Tool**](https://www.brook.org.uk/brook_tools/traffic/Brook_Traffic_Light_Tool.pdf) may also be useful in distinguishing between 'normal' age-appropriate behaviour and behaviour which causes concern.

The link between online behaviour and harmful sexual behaviour may also be a cause for concern. Technology-assisted harmful sexual behaviour (TA-HSB) can range from developmentally inappropriate use of pornography (and exposing other children to this), through to grooming and sexual harassment. Online behaviour may be a trigger for sexual abuse and the long-term effect of exposure to pornography can affect the ability to build healthy sexual relationships.

**3.1 Information Sharing**

[Link to Information Sharing procedure](https://www.proceduresonline.com/nesubregion/p_info_sharing.html)

**3.2 Child Protection Procedures and Public Protection Procedures**

Nothing in these procedures is intended to replace any requirements of either public protection or child protection procedures. Rather, these procedures are seen as complementary. It may be that it is possible, in particular cases, to amalgamate some meetings. If this is possible, without being to the detriment of the tasks of any meeting, then this should be encouraged.

**3.3 The Two Routes to an AIM Process**

The need to develop multi-agency risk management and care plans is not just restricted to those who have committed criminal offences. Rather, there is often a need to intervene before the young person's behaviour requires the intervention of the criminal justice system or when the criminal justice system is not seen as the most appropriate method of dealing with sexually harmful behaviour. Many young people with histories of sexually harmful behaviour are placed, by other Local Authorities, within Gateshead or they may receive services from agencies within Gateshead. It is equally important that these young people receive the same level of multi-agency response as any other young person and that risk management plans are as equally robust.

**Consequently, there are two routes which would trigger the AIM process. These are:**

* **Criminal Justice Route**;
* **Concern Route**.

**3.3.1 Criminal Justice Route**

When a child or young person (over the age of 10) is interviewed by the Police for an alleged offence of sexually harmful behaviour and a decision taken as to the progress of the case (Out Of Court Disposal or Charge). Notification will be made by the Police to YJS.

This does not apply to a decision to take No Further Action. If a Police Officer has concerns about a young person for whom the decision is to take no further action, then they should refer the case via a Police Child Concern (see **Section 3.3.2, Concern Route**).

Should Police investigations need to continue for some time after the initial interview, then the Police should refer the young person, **promptly**, to the AIM process by making a referral to YJS using the appropriate referral route; **this should not wait until the completion of the Police investigations**. In this situation, consideration will need to be given to the limitations of the multi-agency approach (including risk assessment) in order to prevent compromising the Police investigation.

The Integrated Referral Team (IRT) process (MASH police team) will check Children's Services Case Management System and associated systems and if it is identified that the family are already allocated to a worker, will refer the case directly to the Case Manager and the Team Manager for the relevant team. If the check of Children's Services Case Management System identifies the young person as **not** currently active, then the police child concern will be discussed at the Police triage meeting at the earliest opportunity and a decision made as to which area of Children’s Services will respond (CSC/YOT/EH).

Where threshold is met for a [Strategy Meeting](https://www.proceduresonline.com/nesubregion/p_ch_protection_enq.html#4.-strategy-discussion-/-meeting) for any of the children involved, this will be convened as soon as possible with a maximum timescale of 72 hours.

The agencies to be invited to this meeting **must** include:

* Children's Social Care Team Manager / Social Worker if active case (to chair);
* YJS (responsible for completing AIM3 checklist);
* Education (if relevant);
* Police;
* Health
* Relevant agencies involved with the family

The purpose of this meeting will be for all agencies to:

* Share relevant information and to develop an initial safety plan;
* Determine if a threshold of significant harm has been met and whether a [s47 enquiry](https://www.proceduresonline.com/nesubregion/p_ch_protection_enq.html#5.-the-section-47-enquiry) needs to be initiated
* Decide whether an AIM assessment is considered appropriate. An assessment can still be undertaken if the young person is denying the offence(s) or refusing to co-operate. In these circumstances, the assessment will gather the best available information from all agencies/professionals.

If a full AIM assessment is considered appropriate, then the **lead agency for production of the assessment, under the Criminal Justice Route, will be YJS**. All assessments, where appropriate, will be undertaken jointly by a YJS Case Manager and Social Worker. Timescales for completion of the assessment will be agreed at the Strategy Meeting. **It is essential that only YJS Case Managers and Children's Social Care Social Workers trained in AIM Assessments undertake the lead role for these assessments**.

Consideration must always be given at both meetings to the following:

* Referral to MAPPA / potentially dangerous persons procedure, via MAPPA co-ordinator;
* Whether there are sufficient relevant risk factors of Child Exploitation for a referral to be made following the [**Child Exploitation Procedure**](https://www.proceduresonline.com/nesubregion/p_ch_sexual_exploit.html) **and** [**MSET Exploitation Framework**](https://www.gatesheadsafeguarding.org.uk/media/13303/MSET-Exploitation-Framework/pdf/Exploitation_MSET_Framework_Dec_18.pdf?m=636917346872070000)

**3.3.2 Concern Route**

If any worker from any agency considers that the behaviour of any young person (from 10 years upwards) is cause for concern (in terms of sexually harmful behaviour) then they must make a referral to IRT.

IRT will discuss the case with referrer and, using the Brooks Traffic Model to agree whether the case is appropriate for a [Strategy Meeting](https://www.proceduresonline.com/nesubregion/p_ch_protection_enq.html#4.-strategy-discussion-/-meeting) to be called.

The agencies to be invited to this meeting **must** include:

* Children's Social Care Team Manager / Social Worker if active case (to chair);
* YJS (responsible for completing AIM3 checklist);
* Education (if relevant);
* Police;
* Health
* Relevant agencies involved with the family

The purpose of this meeting will be for all agencies to:

* Share relevant information and to develop an initial safety plan;
* Decide whether an AIM assessment is considered appropriate.
* Determine if a threshold of significant harm has been met and whether a [s47 enquiry](https://www.proceduresonline.com/nesubregion/p_ch_protection_enq.html#5.-the-section-47-enquiry) needs to be initiated
* Timescales for the completion of the assessment and how it will be shared with relevant professionals and the young person/parents/carers.
* Decide whether further meetings to consider the initial safety plan are required.

Should an AIM assessment be considered appropriate then the lead agency for completion of the assessment will be Gateshead Children’s Services, unless the young person is an active case to YJS. YJS will appoint a co-worker to assist the assessment or vice versa if the lead agency is YJS. **It is essential that only YJS Case Managers and Children's Social Care Workers trained in AIM Assessments undertake the lead role for these assessments**.

**3.4 Role of Lead Agency/Co-worker for the AIM Assessment**

The 'Lead Agency' is responsible for:

* Obtaining consent from the young person and family/carers to complete the AIM assessment;
* Gathering and collating relevant information;
* Liaising with other professionals;
* Interviewing the young person and family/carers;
* Completing the AIM assessment and ensuring the conclusions and recommendations are shared as appropriate, as agreed.

The co-worker assists with all of the above apart from obtaining consent and sharing 6of the assessment.

**Appendix 1: AIM Assessment Report Suggested Format**

* Child/young person's details, e.g. name, date of birth, address, parents/carers, siblings, ethnicity;
* Context to Report
* Overview of Aim 3 model of assessment
* Aim3 assessment of young person
* Intervention and Safety Planning
* Conclusion and Recommendations
* Author and date of report

**Appendix 2 Brook Traffic Light Model;**

Brook has developed a [tool](https://www.brook.org.uk/training/wider-professional-training/sexual-behaviours-traffic-light-tool/) to support professionals working with children and young people to identify and respond appropriately to sexual behaviours. The tool uses a traffic light system to categorise the sexual behaviours of young people in order to help professionals to make decisions about safeguarding, assess and respond to sexual behaviours appropriately and better understand the differences between healthy sexual behaviour and HSB. The tool lists examples of presenting sexual behaviours within four age categories and grades them as either red, amber or green.