



## **BARNSLEY SAFEGUARDING CHILDREN BOARD**

## **HARMFUL SEXUAL BEHAVIOUR STRATEGY 2017**

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### **Multi-Agency Work with Young People with Harmful Sexual Behaviour**

#### **Introduction**

The aim of this document is to ensure a multi-agency approach to early identification, assessment and intervention for young people who exhibit harmful sexual behaviour. Our aim is to safeguard the young people themselves, their victims and potential future victims.

#### **How it works**

The new process will enable professionals working with children and young people in Barnsley to identify sexualised behaviour and assess how appropriate it is. When behaviour is deemed inappropriate the process will provide a referral pathway to a multi-agency screening process.

Relevant professionals in partner organisations will be trained to use the Brook Traffic Light Tool which divides young people's sexualised behaviour into red, amber and green behaviours.

- Green are age appropriate
- Amber require further information
- Red require immediate referral

Referrals are sent to Children's duty and Assessment team, where both the CSE and MASH arrangements are on hand. These teams are trained in the use of the Traffic Light Tool and can support residents, schools and agencies in Barnsley. From this discussion an appropriate outcome is identified including further assessment or specific interventions.

#### **The Benefits**

- Opportunities for early intervention are not missed
- Safeguarding issues are considered in relation to both the perpetrator and the victim
- The needs of the children and young people who sexually harm are considered separately from the needs of their victims
- Multi-agency working ensures individual needs and risks are addressed with clearly defined roles and responsibilities
- The reduction in the risk of future harmful sexual behaviour and the protection of future victims

# Draft Barnsley LSCB Harmful Sexual Behaviour Strategy

(November 2016)

## 1. Definition

Harmful Sexual Behaviour (HSB) involves one or more children engaging in sexual discussions or acts that are inappropriate for their age or stage of development. These can range from using sexually explicit words and phrases to full penetrative sex with other children or adults (Rich, 2011).

Young people (below the age of eighteen years) who engage in any form of sexual activity with another individual, over whom they have power by virtue of age, emotional maturity, gender, physical strength or intellect and where the victim in this relationship has suffered sexual exploitation and betrayal of trust.

Sexual activity includes sexual intercourse (oral, anal or vaginal), sexual touching, exposure of sexual organs, showing pornographic material, exhibitionism, voyeurism, obscene communication, frottage, fetishism and talking in a sexualised way. We should also include any form of sexual activity with an animal and where a young person sexually abuses an adult.

[This definition is taken from: CALDER, M.C. with HANKS, H., EPPS, K, J., PRINT, B., MORRISON, T. and HENNIKER, J. (2001). Juveniles and Children who Sexually Abuse. Second edition, Lyme Regis: Russell House Publishing. P.5.]

## References

- NICE guideline NG55 - Harmful sexual behaviour among children and young people (2016)
- Research in Practice – Children and Young People with Harmful sexual behaviours (2014)
- NSPCC – A review of the research on children and young people who display harmful sexual behaviour online (2016)
- NSPCC – Harmful Sexual Behaviour Framework (2016)
- Child's Play? Preventing Abuse Among Children and Young People (Stop It Now publication)
- Examining Multi-Agency Responses to Children and Young People who sexually offend - A joint inspection of the effectiveness of multi-agency work with children and young people in England and Wales who have committed sexual offences and were supervised in the community: A Joint Inspection by HMI Probation, Care and Social Services Inspectorate Wales, Care Quality Commission, Estyn, Healthcare Inspectorate Wales, HMI Constabulary, HMI Prisons and Ofsted 2013
- Clinical Governance: Quality in the new NHS (HSC 1999.065)
- Race Relations Amendment Act (2000)
- Data Protection Act (1988)
- The Client Access to Personal files Act 1987.
- Employment law and relevant E.U. legislation.
- Public Health Act.
- NHS and Community Care Act 1990.
- Mental Health Act 1983.
- Disabled person Act 1986.

- Disability Discrimination Act 2004.
- Carers (Recognition and Services) Act 1995.
- Children Act 1989.
- Human Rights Act.
- Relevant European Community Legislation.
- Local Safeguarding Polices
- Working Together
- Crime and Disorder Act

## 2. Risks

- Two thirds of contact sexual abuse is committed by peers;
- History of abuse, especially sexual abuse, can contribute to a child displaying harmful sexual behaviour;
- All children, including the instigator of the behaviour, need to be viewed as victims;
- Children have greater access to information about sex through technology and this has had an impact on their attitudes to sex and sexual behaviour;
- Children with harmful sexual behaviours who receive adequate treatments are less likely to go on to commit abuse as an adult compared to children who receive no support;
- Incidents of sexually harmful behaviour should be dealt with under the specific child protection procedures which recognise the child protection and potentially criminal element to the behaviour. There should be a coordinated approach between the agencies;
- The needs of the children should be considered separately from the needs of their victims;
- An assessment should recognise that areas of unmet developmental needs, attachment problems, special educational needs and disabilities may all be relevant in understanding the onset and development of abusive behaviour;
- The family context is also relevant in understanding behaviour and assessing risk.

Why anyone offends sexually is a complex question. One popular model which seeks to organise thinking around this topic is known as Finckelhor's Four Stage model which suggests that four pre-conditions should be in place before an abusive act takes place. Interruption at any stage will prevent abuse taking place

The stages are:

1. Motivation to sexually abuse – this can arise from a number of sources which vary with the individual;
2. Overcoming Internal Inhibitions – most young people who sexually abuse are aware of the taboos against this behaviour, yet because of their experiences or a specific set of circumstances, they can overcome these;
3. Overcoming external inhibitions – this can include grooming the victim and involve creating the physical opportunity to commit the offence;
4. Overcoming the resistance of the child – the offender will employ a variety of methods to commit the offence and equally important keep the victim quiet. These may include bribery, threats or other forms of coercion.

Exploring behaviour using this model may help open up discussion and avoid the pitfalls of falling into asking too many “why” questions. Instead, open questions should be used such as ‘tell me’, ‘explain to me’, ‘describe to me’.

### **3. Indicators**

There are no diagnostic indicators in personal or family functioning that indicate a pre-disposition towards sexual offending although the following characteristics have been found in the background of some young people who sexually offend:

- Attachment disorders - poor nurturing and parental guidance;
- Domestic violence and abuse;
- Previous sexual victimisation - a younger age at the onset of the abuse is more likely to lead to sexualised behaviour;
- Social rejection and loneliness;
- Poor empathy skills.

Many of these factors exist alongside typical family environments where other forms of abuse are present.

There is a significant minority of young people who display this behaviour who have a level of learning need - up to 40% in some studies. Their needs must be carefully assessed as some assessment tools are not suitable. Also, the intervention may need to be extended and involve a high degree of coordination between agencies.

#### 4. Protection and Action to be Taken

Incidents of sexually harmful behaviour come to light, either through discovery or disclosure, which may be third-party or second-hand information. The details provided should be accurately recorded by the person receiving the initial account. Concerns about the behaviour and the welfare and safety of the child/ren should be referred to Children social care as set out in the Referrals Procedure.

Children's social care will undertake an assessment and there will be an interagency strategy meeting if the concerns are that a child has suffered, or a child or children are likely to suffer, significant harm. The Strategy Discussion/Meeting is a forum for analysing risk, sharing background information on the young people and planning further action. In addition to police and Children's social care, schools, Youth Offending services or any other agency with significant contact to any of the young people should also be invited to the meeting where appropriate.

The strategy meeting should consider:

- Issues of child and public protection;
- An assessment of the child/young person's needs;
- The roles and responsibilities of child welfare and criminal justice agencies.

The context of the behaviour and background of the young people and their family are important factors in determining next steps. Where there is no requirement to hold a formal strategy meeting, it is still good and useful practice to hold a multi-agency planning meeting to consider the needs of the child involved.

Strategy meetings will make contingency plans for future actions following further assessment and investigation of the incident. The option of reconvening the strategy meeting post the investigation may be useful in some cases.

Specialist opinion may be required to inform the assessment from those providing specialist treatment services for young people who sexually harm others.

Where there are concerns that the alleged abuser is also a victim of abuse consideration should be given to convening a Child Protection Conference if the young person is deemed to have suffered, or is likely to suffer, significant harm.

Where a child protection conference is convened the multi-agency meeting could be incorporated into it in order to avoid repeat meetings. The child protection conference will therefore need to address the needs of the child/young person both as an abuser and as a victim, and this should be made clear at the outset.

In cases where the threshold is met, a meeting should be convened under the Multi-Agency Public Protection Arrangements to consider public protection matters and safety.

Following the investigation, if the decision is made to engage the young person in further work, it is important that these discussions take place as soon after the investigation as possible. Successful engagement of families significantly diminishes if there is a time delay in arranging specialist intervention.

## 5. Issues

Young people may be in denial about having a problem with their sexual behaviour and this may be supported by parents who do not want to confront reality of their child behaving in this way. There is often no legal requirement for the child or family to accept help and it may be easier to ignore the problem than confront it. This is a common response to this issue; practitioners will need to be familiar with the proposed intervention if they are to encourage anyone to accept it. The offer of further work may be helpfully framed as an opportunity to understand how the young person came to be in a position where they behaved in a way considered to be abusive.

Support of parents and carers is extremely helpful in promoting engagements and successful outcomes. Parents need to be informed about the program to the extent that they are aware that sexually explicit conversations will take place, also they may be asked to speak to their child about sexual issues. They may also be asked to model appropriate and respectful sexual attitudes and language.

Evidence suggests that young people 'take on' and internalise labels, and therefore to describe a young person only as a 'sex offender' or 'young abuser' may impact on their motivation and responsiveness in both assessment and treatment, leaving them feeling they cannot change.

Delays in completing criminal investigations need not necessarily delay referral for specialist help; there is often a significant delay between completing enquiries and decision and a decision being made about whether to prosecute. A programme of work can be agreed with police and CPS usually with the proviso that the victim and specific incidents are not discussed.

### Barnsley HSB Pathway

#### Underpinning Principles

- Sexually harmful behaviour should be responded to in a consistent way with an emphasis on early intervention and prevention.
- HSB is a complex area of practice that requires an appropriate multi-disciplinary response.
- Young people and adults who are subject to HSB have a right to receive support and provision to enable them to deal with their experiences.
- Children who commit acts of HSB have a right to receive timely and early interventions to reduce the risk of further problematic behaviour.
- The factors that lead to HSB can be complex and multi-faceted. It is critical that these factors are assessed by appropriately trained staff using appropriate assessment tools and that interventions are carried out in an appropriate way.
- The primary focus of any intervention is to ensure that there is no further repetition of the behaviour that causes concern.
- It is appropriate that young people who commit acts of HSB are held to account for their actions in a way that enables them to take responsibility, is responsive to the needs of those affected by this behaviour and is congruent with the public interest.
- Where appropriate young people who commit acts of HSB have a right to be consulted and included in the planning of any interventions or programmes to address their behaviour. The same is true of their parents.

## Service Model

The primary issue in working with HSB is to ensure that no further harm occurs. This process does not replace or supplant any criminal or child protection processes that exist. The intention of this model is to ensure that behaviour is responded to appropriately.

**All professionals with lead safeguarding responsibility within the borough will need to be trained on the use of the Brook Traffic Light Tool.**

Sexually harmful behaviour will be initially assessed using the Brook Traffic Light Tool. Behaviours identified in the green range are age appropriate, those in the orange range require further assessment and understanding and those in the red range require immediate referral to Children's Social care.

All concerns relating to children who commit acts of HSB or who have been the subject of acts of HSB must be referred to Social Care for assessment and appropriate action.

### Social Care Assessment

When completing the Social Care Assessment, the **Brook Traffic Light Tool** should be used to determine the risk of the behaviour being presented.

Where multiple orange or red behaviours present the social worker is responsible for brokering (or delivering) an AIM2 specialist asses

### 0 – 5 Years:

Green Light	Yellow Light	Red Light
holding or playing with own genitals	preoccupation with adult sexual behaviour	persistently touching the genitals of other children
attempting to touch or curiosity about other children's genitals	pulling other children's pants down/skirts up/trousers down against their will	persistent attempts to touch the genitals of adults
attempting to touch or curiosity about breasts, bottoms or genitals of adults	talking about sex using adult slang	simulation of sexual activity in play
games e.g. mummies and daddies, doctors and nurses	preoccupation with touching the genitals of other people	sexual behaviour between young children involving penetration with objects
enjoying nakedness	following others into toilets or changing rooms to look at them or touch them	forcing other children to engage in sexual play
interest in body parts and what they do	talking about sexual activities seen on TV/online	
curiosity about the differences between boys and girls		



**5 – 9 Years:**

Green Light	Yellow Light	Red Light
solitary masturbation	questions about sexual activity which persist or are repeated frequently, despite an answer having been given	frequent masturbation in front of others
curiosity about other children's genitals	sexual bullying face to face or through texts or online messaging	sexual behaviour engaging significantly younger or less able children
curiosity about sex and relationships, e.g. differences between boys and girls, how sex happens, where babies come from, same-sex relationships	engaging in mutual masturbation	forcing other children to take part in sexual activities
sense of privacy about bodies	persistent sexual images and ideas in talk, play and art	simulation of oral or penetrative sex
telling stories or asking questions using swear and slang words for parts of the body	use of adult slang language to discuss sex	sourcing pornographic material online

**9 - 13 years:**

Green Light	Yellow Light	Red Light
solitary masturbation	uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual	exposing genitals or masturbating in public
use of sexual language including swear and slang words	verbal, physical or cyber/virtual sexual bullying involving sexual aggression	distributing naked or sexually provocative images of self or others
having girl/boyfriends who are of the same or opposite gender	LGBT (lesbian, gay, bisexual, transgender) targeted bullying	sexually explicit talk with younger children
interest in popular culture, e.g. fashion, music, media, online games, chatting online	exhibitionism, e.g. flashing or mooning	sexual harassment
need for privacy	giving out contact details online	arranging to meet with an online acquaintance in secret
consensual kissing, hugging, holding hands with peers	viewing pornographic material	genital injury to self or others presence of sexually transmitted infection (STI)
	fear of pregnancy/STIs	forcing other children of same age, younger or less able to take part in sexual activities
		sexual activity e.g. oral sex or intercourse evidence of pregnancy

**13 - 17 years:**

Green Light	Yellow Light	Red Light
solitary masturbation	concern about body image	exposing genitals or masturbating in public
sexually explicit conversations with peers	taking and sending naked or sexually provocative images of self or others	preoccupation with sex, which interferes with daily function
obscenities and jokes within the current cultural norm	single occurrence of peeping, exposing, mooning or obscene gestures	sexual degradation/humiliation of self or Others sexual activity with family members
interest in pornography	giving out contact details online	attempting/forcing others to expose genitals
use of internet/e-media to chat online	joining adult- only social networking sites and giving false personal information	sexually aggressive/exploitative behaviour
having sexual or non-sexual relationships	arranging a face to face meeting with an online contact alone	sexually explicit talk with younger children
sexual activity including hugging, kissing, holding hands		sexual harassment genital injury to self or others
consenting oral and/or penetrative sex with others of the same or opposite gender who are of similar age and developmental ability		non-consensual sexual activity use of/acceptance of power and control in sexual relationships
		sexual contact with others where there is a big difference in age or ability
		sexual activity with someone in authority and in a position of trust

Subject to the outcome of the assessment by social care there maybe a number of recommended outcomes. These could involve more than one agency involvement.

**No Further Action** is appropriate when the concerns are not substantiated or when a universal service is able to adequately respond to the issues which exist.

**Early Help Offer** is appropriate when the capacity of parents to keep the young person safe is assessed as positive, that parents show resilience to dealing with these types of issues and that the primary need the child has is assessed educational.

This will be appropriate where there are examples of one or two orange behaviours.

**Targeted Youth Support** is appropriate when the young person is 11 or older, is assessed as needing support on boundaries, education and the parents require support to implement basic safety plans.

This will be appropriate where there are more than two orange behaviours.

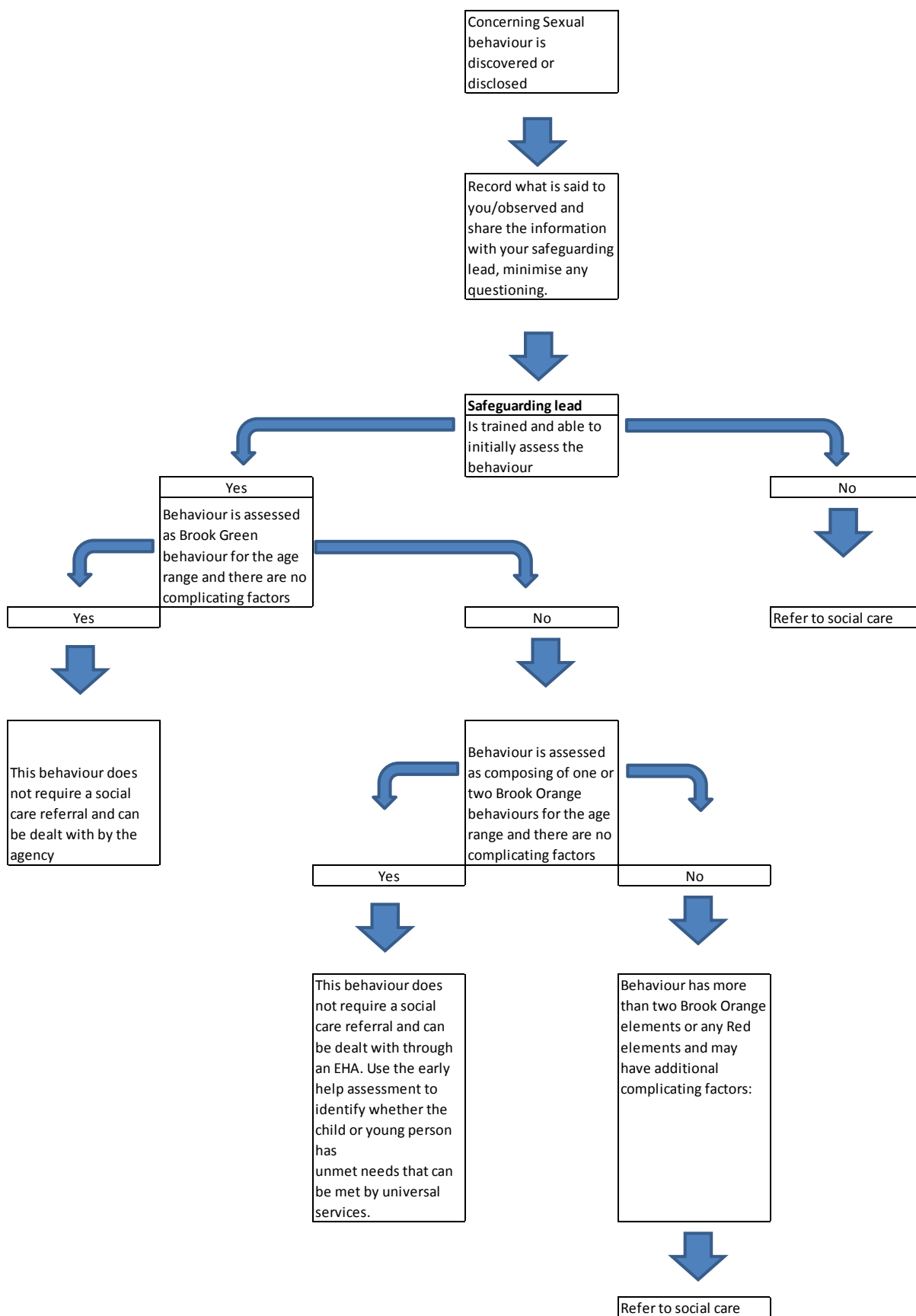
**Aim 2 Assessment** is appropriate when the young person is confirmed to have engaged in red behaviours. This work will be carried out jointly between the Youth Offending Team and Social Care. It will be jointly undertaken by AIM2 trained YOT and Social Work staff.

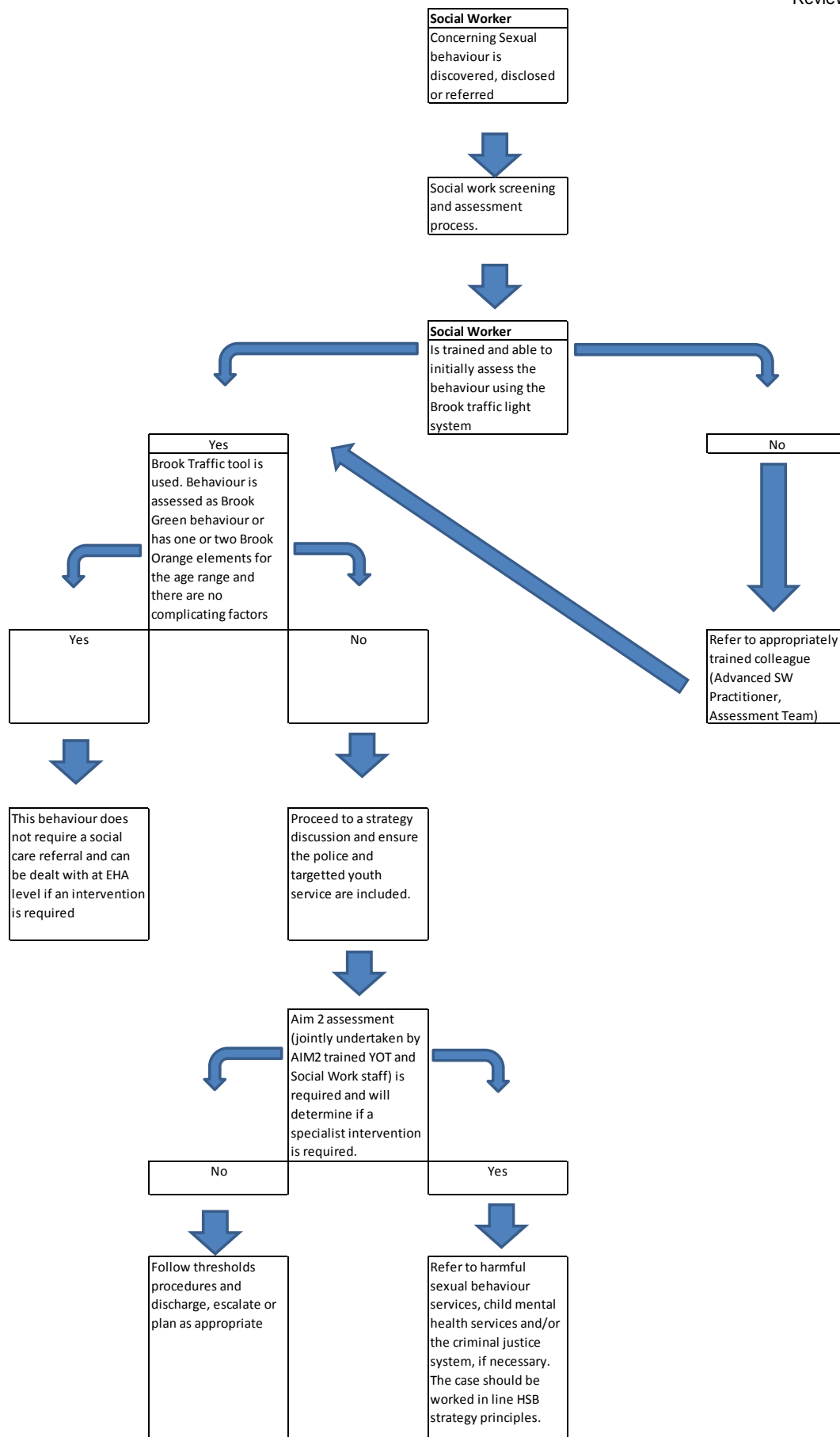
The assessment may be used as part of the assessment process for an Out of Court Disposal, Pre-Sentence Report or to provide advice to the Crown Prosecution Service about the balance of the public interest in prosecution.

The assessment will enable the production of a plan of work. The plan of work will be co-delivered by staff from the YOT and Children's Social Care.

Forensic Assessment For a small number of children HSB may be accompanied by pre-existing mental illness or developmental disorder that makes assessment of red level behaviours difficult for YOT/ CSC/ JP practitioners. The HSB of concern may also be accompanied by callous or unemotional responses by the perpetrator. The offence may be significantly complex. In these circumstances a referral will be made for a forensic assessment.

## Harmful Sexual Behaviour (HSB) Pathway





<b>BTLT Level</b>	<b>HSB Pathway response</b>	<b>Response to YP consists of</b>	<b>Response to parents</b>	<b>Delivered by</b>
Green	No further action	Advice and guidance about normal behaviours	Normalisation	Universal service
1-2 orange behaviours	Universal services/ Early Help – confirm journey	Awareness raising, education, basic interventions	Development of safety plan to maintain post intervention level of risk and to respond appropriately in future	Early Help Service provider. Consultation and advice from the Junction Project
3 or more orange behaviours	EH – confirm journey  Targeted Youth Support: EIP	Awareness raising, education, specific intervention on behaviour of concern, safety work	Work on parents role to protect, development of appropriate levels of monitoring, safety plan, how to respond in future	TYS: Key worker with specific support from Junction Project, potential for co-delivery
Red behaviours	Social Care/ YOT/ Junction Project Aim2 assessment	AIM2 assessment, full response to risk and risk management, work on understanding, boundaries and offence focussed work	Assessment of parent's needs, development of their understanding of their child's behaviour, use of statutory powers where appropriate	YOT/ CSC with direct intervention and consultation from the Junction project
Red behaviours with additional complications such as pre-existing mental health or developmental disorder, or unemotional or callous offending behaviour, significantly complex offending behaviour	Forensic CAMHS referral supported by YOT/ CCS casework staff	Psychiatric assessment of child	Assessment of parents where appropriate	YOT/ CSC and Junction project with support from Forensic services

## HSB Steering Group

The HSB workflow will be overseen by a steering group that will meet quarterly. The role of the steering group will be;

- To monitor workload levels
- To ensure that the HSB pathway is meeting its objectives
- To trouble shoot any issues that arise
- To report to BSCB on this area of work
- To monitor the use of assessment tools and ensure the evidence base is periodically reviewed (NICE NG55 recommends caution when using AIM2 for females and children with learning disabilities and the group is to be cognisant of this and similar issues)
- To audit the BSCB response to HSB using the NSPCC HSB Framework Audit Tool

The HSB Steering Group will be comprised of;

- PPU DI
- YOT Service Manager
- Safeguarding Service Manager
- Head of Service, Safeguarding
- Manager, Junction Project
- CSC Rep
- CAMHS Rep
- BMBC commissioner for HSB
- LSCB Training Lead

Relevant Identified Issue	Specific Actions	Time Specific Completion date	Agreed Lead Officer	Measurable outcome/s	Progress (RAG)
<p><b>Harmful sexual behaviour</b></p> <p><b>The Plan has three distinct elements:</b></p> <p><b>Prevention;</b> Ensure that people living and working within Barnsley understand and follow a consistent approach to HSB.</p> <p><b>Intelligence building;</b> Ensure data and reporting systems can capture the extent of the issue and track the effectiveness in dealing with harmful sexual behaviour.</p>	<p><b>Prevention actions</b></p> <p>1. Briefing sessions are delivered to staff in education settings</p> <p>2. Information about HSB is incorporated into Safeguarding Week 2017</p>	<p>1. June 2017</p> <p>2. June 2017</p>	<p>1. Monica Green</p> <p>2. Nigel Leeder</p>	<p>1. Delivery of the session, attendance at the session, session evaluation.</p> <p>2. Inclusion in the Safeguarding Week evaluation report.</p>	<p>1. Amber</p> <p>2. Amber</p>
	<p><b>Intelligence building actions</b></p> <p>3. Establish a HSB steering group to take lead responsibility for the completion of this plan.</p> <p>4. Agencies to amend their data systems to ensure they can record and report incidents of harmful sexual behaviour.</p> <p>5. LSCB to produce an annual update that covers the extent and response to harmful sexual behaviour</p> <p>6. LSCB to conduct an annual Multiagency audit of HSB.</p>	<p>3. April 2017</p> <p>4. Nov 2016</p> <p>5. June 2017</p> <p>6. April 2017</p>	<p>3. Ben Finley</p> <p>4. Ben Finley</p> <p>5. Ben Finley and Nigel Leeder</p> <p>6. Leanne Winter</p>	<p>3. Group minutes, membership list.</p> <p>4. Performance reports are developed for HSB</p> <p>5. Measures in the report will include, reported incidents, responses to incidents and a demographic based estimation of the extent of HSB</p> <p>6. Inclusion in the Safeguarding Week evaluation report.</p>	<p>3. Amber</p> <p>4. Amber</p> <p>5. Amber</p> <p>6. Amber</p>

<b>Offer training;</b>	<b>Training Offer Actions</b>				
Ensure the workforce can recognise and respond to harmful sexual behaviour.	7. The LSCB training programme to offer sessions on HSB	7. Feb 2017	7. Karen Harrison	7. Programme will include HSB. Attendance on sessions and feedback from sessions will be reported.	7. Amber
	8. Training after an ASYE qualifies to include mandatory material on HSB and the Brook traffic light tool.	8. Sept 2017	8. Suzi Rockett	8. Audit will demonstrate that social workers recognise, assess and respond to HSB appropriately	8. Amber
	9. Brook traffic light training for safeguarding leads and all SW's in the assessment team.	9. June 2017	9. Amanda Glew	9. Annual audit will demonstrate an effective response to HSB	9. Amber
	10. Assessment team Advanced Social Work Practitioners to be Aim2 trained	10. Sept 2017	10. Monica Green	10. Audit will demonstrate that social workers recognise, assess and respond to higher risk HSB appropriately	10. Amber