

Sheffield's Multi-Agency Response to the Assessment and Intervention of Children and Young People with Harmful Sexual Behaviour

Introduction

The aim of this procedure is to establish a consistent referral pathway for children and young people in Sheffield who display Harmful Sexual Behaviour and to ensure they receive a consistent and appropriate response that involves interventions both in relation to safeguarding concerns and public protection.

The purpose is to provide a clear operational framework for the management of, and response to, children and young people where it is believed they present with, or have engaged in, harmful sexualised behaviour. This will enable a swift, consistent and coordinated multi agency approach to the identification, assessment and planning for the most appropriate intervention for children and young people who present with this behaviour.

Principles

The complex nature of the problem requires a co-ordinated multidisciplinary approach, which addresses both child protection and criminal justice issues.

The needs of the children and young people who sexually harm should be considered separately from the needs of their victims. Children and young people who sexually harm others are in need of help and are entitled to appropriate services.

The reasons why young people sexually harm are multi-faceted and to explore this further a full risk assessment and an assessment of need must be carried out in every case.

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 harmful sexual behaviour. The young person will be held accountable for his or her behaviour.

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.

Multi Agency Screening Process

The process will enable professionals working with children in Sheffield to identify sexualised behaviour in young people and assess its appropriateness. Where this behaviour is deemed inappropriate the process will provide a referral pathway to a multi-agency screening process.

Relevant professionals in partnering 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 and Red require immediate referral.

All concerns in relation to children and young people who display sexually harmful behaviour will be referred to the Sheffield Safeguarding Hub (SSH).

This could be done either by a worker from an agency considering that the behaviour of any young person of any age is a concern in relation to sexually harmful behaviour or by the police through the criminal justice route.

The initial contact details will be taken by a Social Worker in the Sheffield Safeguarding Hub, who will use the Brook Traffic Light tool to identify cases which require further assessment and intervention.

When it is unclear whether a case requires a Social Care Assessment (for example with Amber cases) a telephone consultation can be held between the Safeguarding Hub Senior Fieldwork Manager, and Safeguarding Service Manager. This discussion will be recorded within the Referral Record.

There will be two potential responses depending on whether the concern is deemed as a Child Welfare concern under Section 17 or a Child Protection concern under Section 47 of the Children Act 1989.

S.17 Child Welfare Concern:

If the child/young person is deemed to be a Child in Need, a decision will be made regarding whether a Social Care Assessment is required at this stage or whether advice could be given to the referrer/family, including sign posting to any other appropriate agencies or services. The Social Worker in the Safeguarding Hub will inform the referrer of the decision made in writing.

When the decision is made that further assessment is required, a Social Worker in the area will be allocated to undertake a Social Care Assessment.

S.47 Child Protection Concern:

If the criteria for initiating a S.47 investigation have been met, then a Strategy Discussion/ Meeting will be held between the Safeguarding Hub Senior Fieldwork Team Manager and Protecting Vulnerable People PVP Sergeant.

The Strategy Discussion will decide whether an investigation will be a 'joint agency' or 'single agency' investigation. If it is decided that there should be no further action regarding a S.47 enquiry, then consideration should be given as to whether an assessment is necessary under S.17.

If it is decided that a joint investigation is required then the case will be reassigned to a Safeguarding Hub Social Worker and Protecting Vulnerable People officer will undertake any necessary enquires.

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:

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

The following recommendations should be made dependent on the circumstances of the case and complexities.

The potential outcome can be for more than one service to become involved:

- **No Further Action**

The decision of no further action will be made when the initial concern has not been substantiated or when appropriate support is already in place from universal services.

- **MAST**

Multi Agency Support Teams (MAST) work locally with children, young people and families to provide a range of services which help improve well-being, school attendance, learning, behaviour and health.

The aim is to promote the early identification of additional needs and deliver preventative and supportive services that enable children to continue living successfully with their families and communities.

MASTs provide advice and support for children and families on a range of issues including:

- parenting skills - helping parents build a close relationship with children and encourage better behaviour.
- Being healthy and happy - supporting families to be healthier, happier and more confident
- Help with children's learning and behaviour - supporting children through school which can help improve the way they behave.
- Attending School - helping to improve both children's attendance at school and their performance.
- Finding services - helping families to find out what services are available

A referral to MAST will be made when it is determined that the child/young person or parents/carers would benefit from such support.

• **Community Youth Team**

A referral to the CYT will be made when 'keep safe' and educational work has been identified as appropriate for the child/young person or parents/carers. The referral will be made by the social worker via the MAAM panel.

• **Aim 2 Assessment**

A joint Aim 2 Assessment will be undertaken when the concerns in relation to harmful sexual behaviour have been confirmed. The assessment will be completed by an Aim 2 trained Social Worker within the Permanence and Through Care Service and a Youth Justice Worker/Officer

This could be as part of the preparation for a Pre-Sentence Report for either Youth or Crown Court or as part of a Youth Conditional Caution.

This assessment will determine what intervention is required and will be implemented alongside any child in need/child protection plan. The intervention plan will be co-worked between the Children and Family Services and the Youth Justice Service.

Criminal Justice Route

The AIM assessment process can apply to any child or young person between the age of 10 -18 years who has committed and admitted guilt to an alleged sexual offence against children, adolescents, and adults, within the family, outside the family or against a stranger.

Where a young person has denied the offence or makes a not guilty plea early AIMS assessment is **not** appropriate. However it may be completely appropriate for social care staff to risk assess the victim / family environment

and to take necessary action to prevent future harm. In these circumstances it would be most appropriate to utilise AIMS trained staff.

Young people who have been subject to no further action following an allegation of harmful sexual behaviour may be considered as appropriate for referral to the Social Care's Screening teams based in the area where the child/young person resides.

Whilst key decision making regarding charging and the progression of cases will sit clearly with the Police / Crown Prosecution Service (CPS), this multi-agency process is designed to improve informed decision making across partners in an attempt to achieve the most appropriate outcome for both victims and perpetrators.

• **Forensic CAMHS Intervention**

A referral to the Forensic CAMHS will be made when:

- Significant concerns have been identified in relation to a child/young person's mental and emotional needs, alongside the harmful sexual behaviour
- There are ongoing forensic CAMHS or learning issues in relation to ongoing complex cognitive behaviour
- There are psychotic issues and need for medication
- The child or young person is on the Autistic Spectrum
- There are callous and unemotional traits
- The sexually harmful behaviour is of significant complexity

• **Child in Need / Child Protection Plans**

Further social care assessment and intervention may be required under either a Child in Need, Child Protection or LAC plan. The case will remain open to Social Care, potentially alongside other agencies.

HSB Operational Group

The HSB Operational group has been set up to ensure that young people with harmful sexual behaviour in Sheffield receive a consistent and appropriate response that involves interventions both in relation to safeguarding concerns and public protection.

The HSB Operation group meet on the first and third Monday of every month to discuss and quality assure HSB cases. **Therefore all social care assessments must be presented to the HSB Operational group before cases are referred to other agencies or closed.**

A copy of the Social Care assessment will need to be emailed to the HSB Operational Group made up of representatives from the following agencies:

- Safeguarding Service Manager - Steve Hill (Chair)
- Social Care Senior Fieldwork Manager – Jane Philips/Yasmin Khan/Chris Acraman (Shared role)
- Clinical Psychologist, Forensic CAMHS – Berit Ritchie
- MAST - Social Worker for Prevention and Intervention (SWIPI) – Yasmin Knowles/ Kate Testa/Sam Griffiths/ Peter Cornell - (Shared role)
- Community Youth Team - Maria Lysandrou/Jessica Wallace (Shared role)
- CSE – Jane Fidler/John Burke (Shared role)
- YJS – Team Manager – Mark Scott
- YJS – Seconded Police Officer – Angela Stubbs

A Harmful Sexual Behaviour Discussion form will be completed on Liquid Logic following the meeting in relation to the multi-agency discussion and recommendations.

Any representative from any agency at the HSB Operational Group will be responsible for taking any information, recommendations and agreed actions back to their service area for appropriate dissemination and allocation.

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