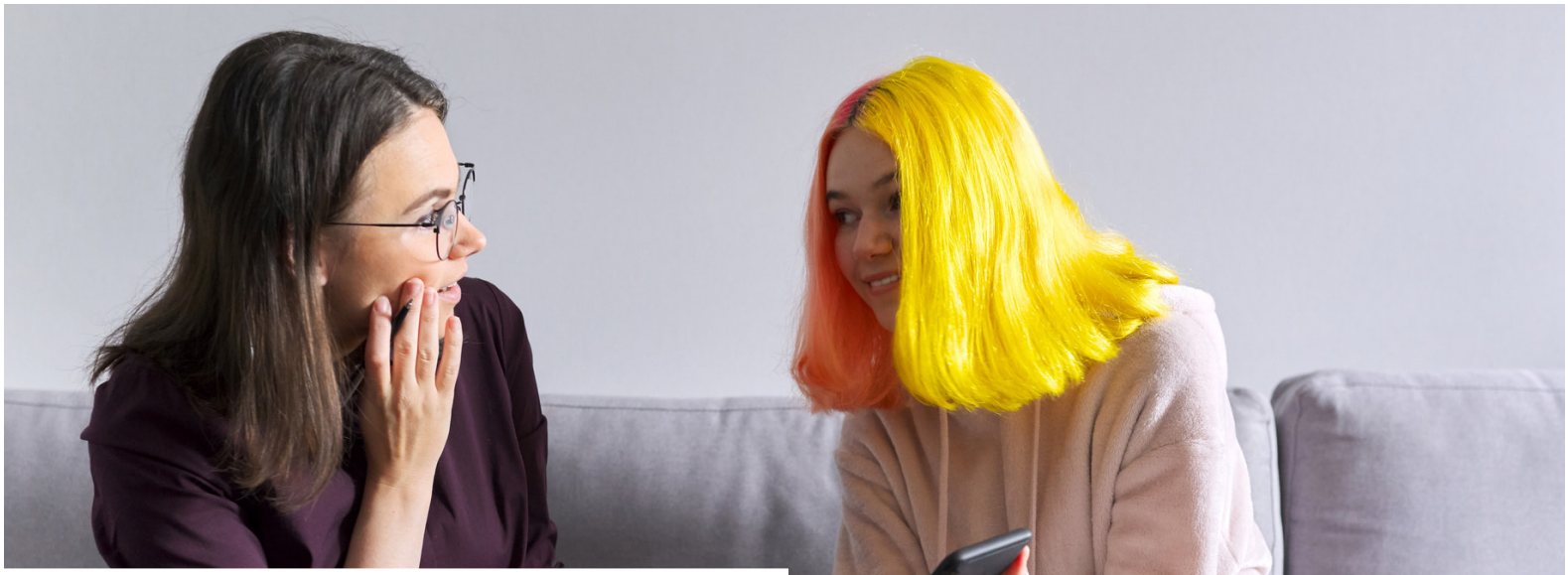

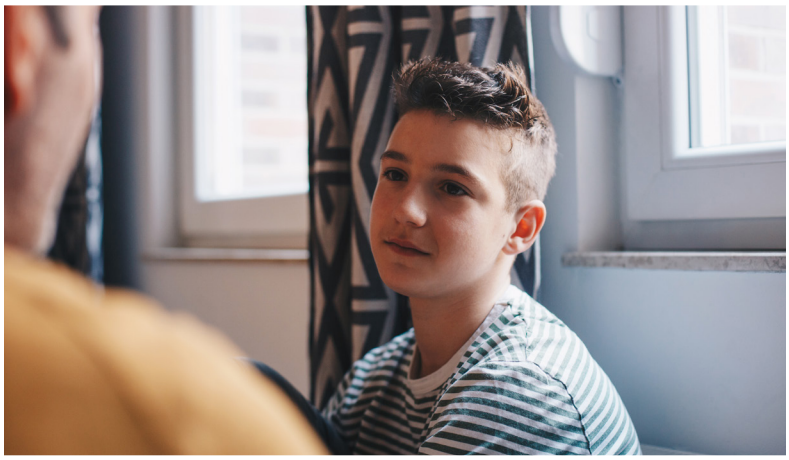

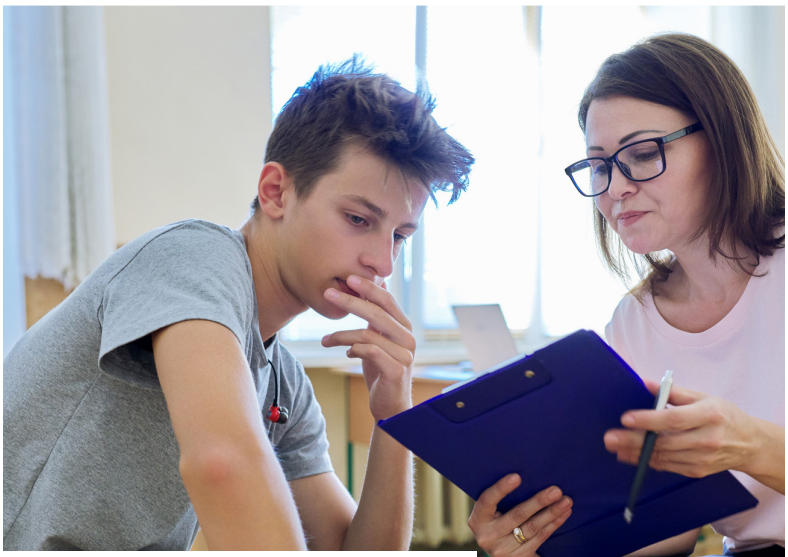

Rochdale

Harmful Sexualised Behaviour Policy

policy and procedure in conjunction with TRI X

April 2021

(revised December 2022)

ROCHDALE BOROUGH COUNCIL

Contents

Mission statement

Rochdale mission statement/ guidance regarding harmful sexualised behaviour (HSB) by children and the AIM process.

The purpose of this statement/guidance is to elicit and underpin a cohesive approach by all agencies in Rochdale tasked with safeguarding children when dealing with referrals regarding harmful sexualised behaviour in children under the age of 18 years. It is important that this statement is read in conjunction with Greater Manchester Safeguarding Children Procedures (TRI X) Manual. The aim of is to ensure we have robust multi-agency responses and timely intervention to ensure both perpetrators and victims of SHB are protected and given the necessary support to move forward in a safe way. Also to ensure **ALL** young people are receiving the same response.

What is HSB?

Harmful sexualised behaviour (HSB) is developmentally inappropriate **sexual behaviour** which is displayed by children and young people and which may be **harmful** or abusive. It may also be referred to as **harmful sexualised behaviour** or sexualised **behaviour**.

Professor Simon Hackett is a Professor of Child Abuse and Neglect in the Department of Sociology at Durham University, and has extensively researched issues relating to child abuse, but also child sexuality and safeguarding.

Hackett defines Harmful Sexual Behaviour as:

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

In addition, sexual behaviour between young people, where one of the pair is much older can be considered harmful (especially if there is more than two years difference, and if one is pre-pubescent and one is not). However, a younger child can still harm an older child. Harmful sexual behaviour is characterised by a range of behaviours that can include:

- Sexual name-calling
- Sexual harassment
- Online sexual bullying
- Sexual image sharing
- Sexual assault
- Rape

This is an especially difficult issue to deal with, partly because it is hard for us to think of children sexually abusing other children, but also because it is not always easy to tell the

difference between abusive and normal sexual behaviours in children. Children, particularly in the younger age groups, may engage in such behaviour with no knowledge that it is wrong or abusive. For this reason, it may be more accurate to talk about sexually harmful behaviour rather than abuse.

While around one third of child sexual abuse is committed by other children and young people under the age of 18, the circumstances are often very different from when adult's abuse, meaning they often require a different response.

In such circumstances, instead of talking about 'the abuser', we often use the term 'young person who has exhibited harmful sexual behaviour'. As children themselves, they have the right to be protected and supported to lead better lives. We must not ignore the risk they may continue to pose, but we must also recognise that, with the right help, the vast majority will not re-offend.

All referrals to either Greater Manchester Police (GMP) or children's social care (CSC) regarding HSB should be considered in conjunction with the child protection procedures for Rochdale local authority. Once a referral has been received and it is suspected or confirmed that harmful sexualised behaviour has taken place, a child protection strategy discussion/meeting must be called within 24 hours of the referral. Early liaison between Greater Manchester Police and children's social care is vital irrespective of which agency has received the referral.

The strategy discussion/meeting should always start from the premise that the child/ young person who has displayed HSB may be a victim of significant harm themselves and therefore child protection enquiries under s47 should be considered in relation to both the victim and the child/ young person who has displayed HSB.

In conclusion, the process of dealing with referrals for HSB should not be seen as somehow separate or different to child sexual abuse referrals of any other type and in order that children are safeguarded (victim and/or perpetrator) agencies and their representatives will need to commit to the multi-agency requirements for child protection strategy discussions/meetings as outlined in our child protection procedures (NSPCC).

Interagency working

The development of an interagency framework documenting the process of referral, assessment, intervention and case management has been identified as integral to the effective management of HSB cases in children and young people (Hackett, Masson and Phillips, 2003). Interagency policies demonstrate agencies' commitment to a partnership approach and a common philosophy that outlines what is expected of workers and other professionals. They guide actions, clarify individual roles and responsibilities, and provide a benchmark for good practice. This shared ownership is crucial for this group of children, young

people and their families: they often have complex needs that can't be addressed by a single agency and, as such, require a consistent, combined response.
(https://learning.nspcc.org.uk/media/1657/harmful-sexual-behaviour-framework.pdf)

Referral process *(Appendix A – referral pathway flow chart)*

All cases of HSB should be referred in to EHASH from the public/ police/ social care/ youth justice service (YJS)/ education/ health or another professional organisation/person. The strategy discussion/ meeting should be multi-agency in its composition dependent on which agencies have an involvement with the child/ young person displaying the SHB and with the victim. **This should *always* include CSC, GMP, health, education and YJS.** However, the child protection HSB strategy discussion/ meeting may also include the professional or agency that made the referral and any other relevant professionals such as safeguarding leads and accommodation providers.

The following procedure should then be followed;

- EHASH/FRT to hold an initial HSB multi-agency strategy discussion ideally within 24 hours of the initial referral but absolutely within 5 days.

HSB strategy meetings

At the initial strategy meeting decisions should be made as to thresholds for both S.47 and AIM (*Appendix D - HSB strategy meeting/ review pro-forma* should be used). The information presented to the strategy discussion/meeting will mandate one of the following considerations/outcomes:

- Is the behaviour age appropriate/ non-abusive/ non-exploitative and very likely to be experimental or age appropriate and therefore does not warrant action under s47 or further use of the child protection procedures (there is guidance on this in The Greater Manchester Safeguarding Children Procedures Manual and also within the Brook Traffic Light Tool; however the procedures do warn to tread carefully when making a decision not to carry out enquires under s47).
  If this route is taken then the child and family should be supported/advised under lower level processes e.g. early help/ CIN. These interventions could always raise other child protection concerns at a later date in which case a further child protection strategy discussion/meeting should be called. Much of the decision making in such cases will be guided by things such as the child/ children's age(s), cognitive functioning etc. and the strategy discussion/meeting, on consideration of the referral information, may establish that the reported behaviour is not harmful or abusive.

- Is there anything that suggests that the HSB is the result of the child/young person who is displaying such behaviour having experienced or being at risk of experiencing significant harm themselves as a result of sexual abuse, physical abuse, emotional

abuse or neglect. If there is then enquiries under s47 must commence in the normal way.

- The strategy discussion may decide that, in cases where HSB has taken place but there is no evidence of abuse of the child/young person displaying the HSB that enquires under s47 are not needed and intervention with that child/young person should be under child in need.

- Should the outcome of a child protection strategy discussion confirm or suspect that HSB has taken place, irrespective of the initiation of child protection enquires under s47 or not, that meeting should also consider if the threshold has been met for an assessment and intervention under the AIM Process. Whilst the decision to exercise Police powers of investigation lies solely with that organisation, the experience and expertise of the YJS is vital in aiding the Police and CSC and other partner agencies in deciding if an AIM intervention is to be a criminal (led by the YJS) or a welfare (led by CSC) process and consequently the YJS ***must*** be invited to all child protection strategy discussions/meetings where SHB is a factor/consideration. If information is outstanding or there are ongoing police investigations a review meeting should be arranged at the initial strategy meeting. Appropriate safety plans should also be in place where necessary. These should be signed by all relevant parties.

- If it is agreed the case does not meet thresholds for either AIM and/ or S.47 there needs to be consideration of whether some low level intervention/ prevention work is needed. Also if there is going to be a lengthy police investigation some interim intervention/ education work should be considered. If intervention/ support is identified it should be clear in the actions what is required and which service will be delivering this.

    - The service providing the intervention needs to ensure that the work is completed and reviewed within their own service structures and shared, where appropriate.
    - Minutes should be shared with all attendees within 5 working days.
    - A multi-disciplinary approach ensures that no sole agency embarks upon a course of action that has implications for other agencies without appropriate consultation.

Weekly triage meetings

A weekly triage meeting has been set up by Rochdale YJS to assist in reducing the number of strategy meetings whilst ensuring all cases of HSB are considered and responded to from a multi-agency perspective. This meeting includes representatives from YJS, Police and EHASH and also have a forum for other professionals/ agencies to refer a case in. Any

cases were a strategy meeting has not been held in accordance with the process above but is deemed necessary by the triage panel will be escalated to EHASH or the relevant CSC team.

AIM (assessment intervention and moving on)

The AIM procedure applies to all children and young people who admit responsibility, or are found guilty in a Court of Law of a sexual offence, either pre-trial or pre-sentence (criminal route). Those children who plead not guilty and deny guilt are ordinarily ineligible; however there is still scope to complete an AIM under a welfare remit. The AIM procedure is also applicable for children and young people who come to the attention of partner agencies, for example children's social care who accept some level of responsibility for sexually abusive/ harmful acts (welfare route). The age range for both criminal and welfare cases is ordinarily between 10 and 18 years old but there is scope to be flexible around this. This procedure should only be used with a child under 10 years old if they have/ are acting in a sexually aggressive or sexually inappropriate manner.

An AIM assessment may also be mandated by the Criminal Courts as part of a pre-sentence report to assist sentencing or by the Crown Prosecution Service (CPS) to assist with a charging decision or to consider an Out Of Court Disposal (OOCD). In such cases the YJS is likely to be the first agency to be notified of the need for an AIM Assessment/ intervention. This situation should also result in a child protection strategy discussion to consider what, if any, further child protection considerations there might be resulting from the referral by the courts. However, having received a referral initially, GMP should have already liaised with EHASH at the point of complaint in order to call a child protection HSB strategy discussion. In respect of a Welfare AIM this is a voluntary process and the parent/ guardian of the young person must give consent and be willing to engage in the process.

The purpose of the **AIM Assessment** is to offer an **assessment** of the young person and his or her family to assess the concerns, risks and strengths of the young person across four key domains; **sexual** and **non-sexual behaviours**, **development**, **family and environment** considering both static and dynamic factors (*see appendix B*). This will be followed by intervention using the 'Good Lives Model' (*appendix C)* or other appropriate intervention plan.

These procedures are only intended to provide workers with a guide to deal with children and young people who perpetrate harmful sexualised behaviour. These procedures will provide a clear operational framework within which the processes of assessment, decision making and case management/ interventions can take place. This requires collaboration between CSC, YJS, Police and other relevant agencies.

If it is deemed that an AIM assessment is appropriate the following will apply;

- YJS and CSC managers will allocate an AIM trained social worker from CSC and an AIM trained YJS officer within 5 days of the initial/review meeting.

- The lead case worker must coordinate the AIM assessment process and book the Initial AIM meeting with the AIM IRO. In terms of timescales the Initial AIM meeting must be held within 12 weeks for a welfare AIM of the initial referral in to EHASH. The timescales of a Criminal AIM (usually 6 weeks) are often dictated by criminal procedures and as such the YJS case worker must ensure that those timeframes are adhered to.

- The AIM report and recommendations must be presented at the initial AIM meeting which will be chaired by the relevant AIM IRO. The recommendations must be presented as a plan of actions stating the outline of interventions; who is responsible for completing that; and the date it is to be completed by. The young person and family must attend; and those professionals involved in the assessment process and future plan. Safety plans if needed should also be signed and submitted.

- Subsequent reviews must be chaired by the AIM IRO every 6 weeks until the interventions are complete and the case is reviewed and closed. Any outstanding concerns or any signposting should also be considered at the final meeting with an exit plan completed if needed.

Safety planning

Where HSB has been identified a safety plan should be put in place where necessary at the earliest opportunity. This should be in a readable form with all parties signing to the agreement/s in place. These plans should take into account any risks posed to others or to the child displaying HSB with a clear plan as to how these are being addressed. There are a range of plans available both from AIM and Barnardos (*See Appendix D*) covering home, community and educational settings. Safety plans should be reviewed as necessary and at a minimum every 3 months. These should also be considered as part of exit planning.

Interventions

Interventions can range from low level interventions and educational work through to a full AIM intervention using the 'Good Lives Model'. Interventions should be delivered by the most appropriate agency/ individual for that young person. AIM interventions should usually be delivered by the practitioners undertaking the AIM assessment. This is for continuity for the young person and the fact that relationship building will already have started. It can prove to be a setback for the young person if they have to engage with someone new part way through the process. Sometimes there will be occasions where this isn't possible but this should be discussed and agreed at the initial AIM meeting.

Specific school based programmes are also being developed by both the YJS and schools to assist in both prevention of SHB and addressing any identified areas of HSB concern.

Lead practitioners

All services involved for Rochdale should have a designated HSB lead practitioner and a lead manager. A current list should be updated and maintained by all services. The role of the lead practitioner/ manager is to provide advice and support within their own service area and to ensure any changes to process/ procedure or updates on theory, working practices, training etc. is disseminated within their teams. HSB practitioner forums will be held every 6 months to offer support to all involved. Further training will also be offered to the leads.

The process and procedure will also be reviewed initially at 3 monthly intervals to ensure its success and to provide feedback on improving processes and practice.

Training

Both workforce development departments across Rochdale CSC will have an online introduction to HSB course as part of the mandatory training for all staff. There will also be opportunities for training around HSB for all newly qualified social workers and foster carers. These will be delivered by the YJS.

We are building in the AIM assessment and intervention training onto the training calendars for Rochdale to ensure that there are enough AIM trained practitioners across both services to undertake the work in a timely manner.

We are undertaking briefings with the CID teams in Rochdale. We are also on the training programme at Sedglely Park for all trainee detectives.

We will be undertaking briefings with all Rochdale front line staff once Covid restrictions are eased.

An up to date list of AIM practitioners should also be kept by the training sectors.

Education providers

The aim is for the designated safeguarding leads (DSL'S) within schools/ colleges to be the HSB lead practitioners.

They will attend any strategy meetings called to provide a consistent approach to attendance and decision making within their setting. The ethos when working with education will be one

of keeping all children in education with appropriate and informed safety planning in place. This should then avoid the need for isolation and exclusion.

Health

The aim is to have a dedicated HSB lead practitioner for health.

They will attend any strategy meetings called to provide a consistent approach to attendance and decision making within health.

Police

Rochdale Police have agreed that all HSB cases will come either via the weekly triage meeting or EHASH in all cases. They have also agreed that all young people alleged to be exhibiting HSB will be spoken to either by voluntary interview or joint visit with CSC or YJS to ascertain their views. This will also be the case if the case isn't being progressed criminally.

Future aims

A review of the effectiveness of the new policy and procedure will be undertaken with monthly meetings initially to check all cases referred to Police or EHASH have had an adequate response. These will then move to quarterly.

More robust links with schools and education providers will be established and training will be ongoing for all lead practitioners/ managers.

harmful sexualised behaviour (HSB) pathway

Concern re harmful sexualised behaviour from the Police, public or professional.

Liaison

Ehash/or if open case allocated social worker.

Police

Initial strategy meeting within 24 hours attended by Police, CSC, health and YJS/ other relevant. Decision made on threshold for AIM/S.47.

Court - serious offence and public protection concerns. Strat to still be called post charge.

Decision from Police not to prosecute or, police not involved.

Decision from Police to deal with out of Court or Bail pending an AIM assessment.

Decision from Police to charge - no admission of guilt.

Prevention work to be considered to address any HSB concerns, if needed welfare AIM to be completed. CSC to lead.

YJS & CSC to complete assessment. YJS to lead.

Guilty plea / found guilty AIM assessment requested YJS & CSC.

AIM assessment

Initial AIM strategy meeting chaired by IRO. Risk understood. Intervention plan agreed. Needs of perpetrator and victim considered. This done prior to court if relevant.

CSC led intervention and plan.

YJS led intervention and plan.

Review meetings until ended.

Custodial sentence

- Work commences in secure if possible.

AIM Strategy meeting required prior to release.

Intervention may be started on release.

Appendix B - HSB initial strategy meeting

Name:		DOB:		Date of meeting:	
Attendees:					
CSC manager/team CSC SW/team: Health: YJS: Education: Police: Other:					
Family composition:					
Known/open to YJS/CSC:					
Purpose of strategy discussion/nature of harmful behaviour:					
Agencies sharing information:					

CSC: Police: Education: Health: YJS: Accommodation provider:
Thresholds met for S.47/AIM:
AIM: S.47:
Chairs summary:
What are we worried about? What's working well? What needs to happen?
Decisions/actions:

Has a safety plan been put in place? Who has formulated it? Has it been agreed multi-agency?
Review date:

Triage Referral Document - see appendix F attached

Appendix C - AIM

AIM PROJECT (**A**ssessment **I**ntervention **M**oving on)

History

The establishment of a National Youth Justice Board following the Crime and Disorder Act (1998) provided, at long last, an opportunity to address the development of services for young people who sexually harmed/ offended in a more strategic and consistent manner; a significant opportunity to build an infrastructure for practice that had been so far missing.

In response in 1999 the ten Youth Offending Teams and Social Service Departments, NSPCC, the police, education, health and G-Map all working across Greater Manchester successfully made a joint bid to the Youth Justice Board for a three year development project (AIM) with the objective of establishing policies, training and services to young people who display harmful sexualised behaviour / offend against others. A coordinator was appointed and an inter-agency steering group established.

The vision from the outset was that collaboration across agencies and local authority boundaries could enable the establishment of a range of services to meet the diverse needs of these young people and their families.

An early decision was made to **not** establish AIM as a service provider into which agencies would refer children and young people for assessment and treatment. It was felt that focusing responses around a specialist resource would not only fail to address the level of demand, but also result in unhelpful delays to service provision.

Research across Greater Manchester (Henniker & Foster 2000) discovered that in over a quarter of cases young people charged with sexual offences had not been subject to any form of assessment. Moreover 49% of YJS workers interviewed reported significant concern about current approach, process and outcomes for young people who display harmful sexualised behaviour. The consequences of inadequate assessment could include; under and over estimation of risk,; failure to provide appropriate services; low risk cases being referred for intensive and lengthy intervention programmes; neglect of wider family and social influencing factors; failure to engage parents and inter disciplinary conflicts and miscommunication**.**

Development

In brief AIM went on to develop;

- A range of tools for assessment and intervention with children and young people who display harmful sexualised behavior that were distributed and trained too across Greater Manchester

- Assessment and interventions with under 10's linked to the core and initial assessment; now revised for under 12's;
- Assessment and interventions for adolescents 10- 18 years (which has updated 2012 and now is relevant for females and those with a learning disability; also includes information on young people who misuse new technologies, supervision of staff and community safety planning);
- Assessment of families and intervention work;

Following these developments AIM became aware of the need for specialist agencies to have specific tools and hence developed 'pre AIM assessment models' for;

- Education
- Foster carers
- Residential staff

To try and ensure that they were linked/ integrated into the AIM policies and procedures and could be assisted in recording incidents of harmful sexualised behaviour in a meaningful and consistent way and therefore produce robust referrals.

Since 2008 AIM has been a registered charity. Since this date AIM has concentrated on national perspective of work with children and young people who sexually harm; continuing to develop/ update models of assessment and intervention in conjunction with our range of associates, providing training and consultation to a wide range of local authorities' alongside developing policies and maintaining standards for this group of children and young people.

AIM has continued to listen to practitioners and their need for 'user friendly tools' 'take home tools' to use in their practice, promoting a co-working multi-agency approach. One specific area that the project has considered is in the field of Restorative Justice (RJ).

AIM has run a pilot caseload in respect of RJ and HSB. From this three sets of guidelines outlining best practice in relation to victim contact, referral order practice and running a restorative meeting in cases of RJ have been produced (see store for details). Additionally a thorough restorative assessment framework has been developed and revised (available from April 2013) to assist restorative practitioners to judge suitability and ensure safety in cases of SHB.

The project currently works with a wide range of local authorities in the United Kingdom sharing and promoting policies, models of working, training and consultation. With an ultimate aim of influencing and contributing to the development a common national response to children and young people who display harmful sexualised behaviour.

In addition the project has worked internationally and the AIM assessment model has now been translated into Dutch, Spanish, German and discussions are currently underway with specialists in Italy.

AIM celebrated its **20th birthday** in 2020; proof that the need for good tools and processes to enable statutory front line staff to address the challenge of HSB still exists.

AIM Project - assessment models introduction

Context

To date the project has established policies, procedures and best practice linked to a comprehensive training programme for practitioners and managers. Central to the vision of the project was the development of an initial multi-disciplinary assessment model that sits within a framework of response and links to subsequent interventions.

Agreement was reached with Greater Manchester police to allow a 28 day bail period for the AIM initial assessment to take place in respect of those young people admitting a first sexual offence, which was not serious enough to go straight to court. In respect of those going immediately to court, an additional protocol is in place. In the court arena the assessment model can be used to form the basis of a pre-sentence report, thus giving practitioners an increasingly recognised and structured basis from which to argue their case.

This means that all young people regardless of the route they come to the professional's attention would be subject to the same assessment model that should provide much of the information required for the ASSET or Children in Need assessments and vice versa. The language and terminology employed by the initial AIM model is not specific to a particular discipline and the model is designed to be used within the existing timescales in operation by the criminal justice and child protection system.

A partnership approach to the assessment process is advocated whereby co-workers from youth justice (for those young people over 10 years) and child care agencies conduct joint initial assessments.

The following 10 steps wherever possible, should be adhered to by the assessors.

1. The agency to whom the referral is made (lead agency) should identify a co-assessor, agree a date for the completion of the report and book an AIM multi-disciplinary meeting to be held and chaired within the child protection unit.
2. Watch the memorandum interview or read the victim statement.
3. Listen to the PACE interview or any account given by the young person regarding their sexual behaviour.

4. Read any available files and collate information held by other professionals.
5. Refer to the relevant assessment model to identify what is now known/ not known.
6. Plan the interviews with the young person and their parents/carers with a view to gaining the missing information and engaging them in a process that prepares them for a helping service to be received.
7. Interview the young person.
8. Interview the parents/carers.
9. Use the assessment model to draw conclusions around risk, strengths, needs, capacity to change and the degree of support parents/carers can provide. To make a recommendation to the police regarding disposal.
10. Take the completed assessment to the AIM multi-disciplinary meeting, where roles, tasks and resources can be identified and agreed. Review date set, if appropriate.

The models of assessment

Following on from the original AIM initial assessment model for those young people aged 10 – 18 years, has been the development of three additional and complimentary models that give a wider and more holistic perspective to this area of assessment, than previously seen. All 4 of these assessment models will assist the practitioner in gathering and analysing relevant information in order to focus on early identification gathering and analysing relevant information in order to focus on early identification of concern, risk, need and strengths in order to inform initial recommendations, based on a continuum of responses ranging from early community based intervention with low risk cases to intensive work with the most high risk groups, often in out of home settings.

They will indicate to the practitioner, either progress to a comprehensive assessment and/ or plan delivery of interventions. They are not intended for use at the latter stages of assessment, although the information gathered here may form a useful baseline for subsequent evaluation.

Ultimately, the models do not make decisions for assessors but can support decision making. They are drawn on current evidence; understanding and thinking which should inform and influence good practice.

In circumstances where the young person and their family are unwilling to engage in the assessment interviews, indirect assessment (paper exercise) may take place using the model. Although it should be noted that in such circumstances the assessment outcomes will be less reliable.

All the models emphasize the importance of using the assessment process to engage young people and their families in a process that they can view as fair and beneficial.

Finally, recent developments in this area of work place particular emphasis on a partnership approach and it is therefore appropriate to acknowledge the partnership working via multi-disciplinary training events, focus groups and consultation with practitioners from Greater Manchester that contributed to these models.

Appendix D – 'Good Lives' programme

Number	Module title
1a	Starting work – Old life – New life
1b	Starting work – Using the six boxes to plan for change
2a	Healthy sexuality – growing up
2b	Healthy sexuality – what is abuse
2c	Healthy sexuality – being sexual in a safe way
3	Exploring my own abuse
4	Steps to sexual abuse
5	Exploring sexual interests
6	Consequences of sexual abuse
7	Managing risk
8	Communicating with others
9	Relationships with others
10	Managing anger

Appendix E – Safety plans

Community safety plan

During each phase of intervention it is necessary to consider and respond to a number of areas that could contribute to further sexual behaviours occurring. The community safety plan is a framework to facilitate discussions that inform risk management. The completion of the safety plan is an initial information gathering process that highlights areas that need to be considered further and clarifies the external controls and limits designed to help parents/carers manage potential risk situations out with the child/young person's living environment. It is not a risk assessment.

This plan should be developed and reviewed by workers undertaking the assessment and intervention in collaboration with the family and other relevant professionals. It should be formally reviewed in risk management meetings.

Careful consideration should be given as to how to communicate the safety plan with the child/young person and how this can be incorporated in their own safety plan. It is important that the child/young person receive positive messages about the plan and that positive behaviour is supported.

Name of child/young person:

DOB:
Worker:
Parents/carers:
Date safety plan agreed:
Date of review:

Sexual behaviour in the community (either outside or in another person's home)
• **Has there been any sexual behaviour in the community?** • **If yes in what circumstances?**

1. Activities in the local neighbourhood

In considering the rules required about activities in local neighbourhood it may be helpful to consider the following if appropriate:

Activity

- **How does the child/young person spend their time in the local neighbourhood?**
- **Are there particular things they are fond of doing?**
- **Are there particular activities that increase emotional arousal?**
- **Are they in other people's houses?**
- **What is in the local neighbourhood? E.g. parks, schools**
- **What is the lay out like and where can be seen from where they live?**
- **What level of supervision is there, and is this adequate?**
- **What rules are there for playing out and going into other people's houses?**
- **How is their access to multimedia monitored in other people's houses?**

People

- **Is the child/young person vulnerable in the local neighbourhood?**
- **Does the child/young person have friends who live locally?**
- **Who do they have contact with?**
- **Who might be vulnerable within the local community and how will this be managed?**
- **How appropriate are the child/young person's relationships in the local community?**
- **Do other children/young people seem comfortable being with the child/young person?**
- **Does being around certain others increase the young person's stress level?**
- **Is the young person exposed to, or influenced by older children's/young people's behaviours?**
- **How do the parents/carers know they are with who they say they are going to be with?**
- **How able are the adults to provide the level of supervision required?**
- **If they are in other people's houses who does this bring them into contact with?**
- **How is it decided if they can go in other people's houses?**
- **Are there any adults locally who need to know about concerns and risks? This should be discussed within the risk management review.**
- **If so how will this be managed?**

2. **Please give relevant detail in relation to activities undertaken by the child/young person:**

ACTIVITY **PEOPLE** **AGE**

RISK MANAGEMENT CONSIDERATIONS

ACTIVITY **PEOPLE** **AGE**

RISK MANAGEMENT CONSIDERATIONS

ACTIVITY **PEOPLE** **AGE**

RISK MANAGEMENT CONSIDERATIONS

ACTIVITY **PEOPLE** **AGE**

RISK MANAGEMENT CONSIDERATIONS

ACTIVITY **PEOPLE** **AGE**

RISK MANAGEMENT CONSIDERATIONS

ACTIVITY **PEOPLE** **AGE**

RISK MANAGEMENT CONSIDERATIONS

3. Risk management reviews

Are changes/issues needing to be discussed at the next risk management review? YES/NO

If yes please identify changes/issues needing to be discussed below:

Has the child/young person been engaged in discussion about risk management? If yes, what has been communicated?

Home safety plan

During each phase of intervention it is necessary to consider and respond to a number of areas that could contribute to further sexual behaviours occurring. The home safety plan is a framework to facilitate discussions that inform risk management. The completion of the safety plan is an initial information gathering process highlighting areas that need to be considered further. It clarifies the external controls and limits designed to help parents/carers manage potential risk situations. It is not a risk assessment.

There are core sections (S.1 – S.5) that should be completed in the initial stages of the process with the family. However S.7 and 8 would potentially be completed when a relationship has been established with the parents/carers. The timing of completing these more sensitive sections will be informed by the presenting issues at the point of disclosure.

Safety plans contribute to the overall risk management plan. They should be ratified within risk management meetings. Risk management is an on-going process and the plan can be developed and reviewed by workers as the assessment and intervention is on-going. Alternatively, if there are on-going risk management meetings then the process of reviewing risk management issues can be held in these meetings.

Name of child/young person:
DOB:
Worker:
Parents/carers:
Date safety plan agreed:
Date of review:

1. Sexual behaviour in the home
• **Has there been any sexual behaviour within the home?** • **If yes in what circumstances?** • **Do the children touch the adults in a sexualised way in the home, and if so in what circumstances?** • **Do the children/young people in the home discuss sex and sexual behaviours with each other?**

2. Home occupancy
Who lives in the house and what are their ages?
Who are regular visitors to the home who could be in need of protecting? (include frequency of visits)
Does anyone else regularly care for this child/young person in the family home?
3. Bathroom/toilet
In considering the rules required about the bathroom it may be helpful to consider the following: **Privacy and boundaries** • **Has the bathroom/toilet got a working lock?** • **Who uses the lock and who doesn't and are there any rules regarding this?** • **Do people share the bathroom at one time, if so who tends to do this most often and what are parental views on sharing the bathroom?**

Activity

- **Do any family members bathe/shower together and if so who and in what circumstances? Eg. Assistance to small children, sexual intimacy.**
- **Do older siblings help to bathe/ toilet younger children?**
- **Can parents hear what is going on in the bathroom from other rooms in the house?**
- **Are family members up during the night to use the bathroom?**

Dress code

- **What do family members wear to and from the bathroom?**

Communication of rules

How are any rules communicated to the children? Is any of the above assumed or communicated non-verbally? What are appropriate consequences? Are family meetings necessary?

4. Family nudity
In considering the rules required about nudity it may be helpful to consider the following: **Privacy and boundaries** • **Are parents nude in front of the children, and if so in what context?** • **Are adults naked around children, children naked around adults and children naked around other children? If so what is the context?** • **Is underwear worn around the house?**
Communication of rules **How are any rules communicated to the children? Is any of the above assumed or communicated non-verbally? What are appropriate consequences? Are family meetings necessary?**
5. Risk management reviews
Has the child/young person been engaged in a discussion about the sexual behaviours? If yes what has been communicated? **Has the child/young person been engaged in a discussion about risk management? If yes what has been communicated?**

Are changes/issues needing to be discussed at the next risk management review? **If yes please identify changes/issues needing to be discussed below:**

School safety plan

During each phase of intervention it is necessary to consider and respond to a number of areas that could contribute to further sexual behaviours occurring. The school safety plan is a framework to facilitate discussions that inform risk management. The completion of the safety plan is an initial information gathering process that highlights areas that need to be considered further and clarifies the external controls and limits designed to help parents/carers manage potential risk situations within the school setting. It is not a risk assessment.

This plan should be developed and reviewed by workers undertaking the assessment and intervention in collaboration with the school staff. It should be formally reviewed in risk management meetings.

Careful consideration should be given as to how to communicate the safety plan with the child/young person and how this can be incorporated in their own safety plan. It is important that the child/young person receive positive messages about the plan and that positive behaviour is supported.

Name of child/young person:
DOB:
Worker:
School:
School staff member:
Date safety plan agreed:
Date of review:

1. Sexual behaviour in school
• **Has there been any sexual behaviour in school?** • **If yes in what circumstances?**
2. Staffing and layout
In considering staffing any location it may be helpful to consider the following:

Staffing

- **What staff are involved in teaching/supporting the child/young person?**
- **Who is aware of concerns about their harmful sexual behaviour?**
- **Do other staff need to be made aware, and if so how will this be managed? (does this require to be discussed within the risk management review)**
- **What is the current level of supervision and is this appropriate?**
- **Is the level of supervision required achievable in the current circumstances?**
- **Are all staff aware of the level of supervision that is required?**
- **Who is responsible for discussing the child/ young person's risks and needs to other staff?**

Layout

- **Are there areas within the school and grounds that are unsupervised?**
- **Are there any other building issues that may increase risk? E.g. building works, nursery or primary school located within the same building, communal playground.**

3. In the classroom

In considering in the classroom it may be helpful to consider the following

- **Who in the class may be vulnerable and why?**
- **Is the level of supervision in the class adequate?**
- **How much information does the class teacher and any others responsible for the child/young person in the class have about the child/young person's behaviours, risks and needs?**
- **Are there particular times or circumstances where the child/young person seems more unhappy/upset/distracted/irritable/distressed?**
- **Can extra support/supervision be put in place during difficult times?**
- **Are the seating arrangements satisfactory?**
- **Are there times when the child/young person is allowed to leave the class during class times?**
- **Is the classroom environment free of confusing sexual images and behaviours?**

- **Are there any other children displaying sexually harmful behaviour/language?**
- **How is sex education managed and does the child/young person need further information?**
- **Does the class teacher need to be able to talk to the child/young person about their sexually harmful behaviour?**
- **If so what level of support will the teacher require?**
- **Are there particular areas of risk in the class eg. When the teacher is occupied with other pupils, and how can this be managed?**
- **Are there occasions where there is physical contact between adults/children, children/children?**

4. Times out with classroom structure

In considering times out with the classroom structure it may be helpful to consider the following:

- **What children may be particularly vulnerable and how can this be managed?**
- **What level of supervision is there when the child/young person is**
    - **Going between classes**
    - **Lunch time**
    - **Break time**
- **If more supervision is required how will this be achieved?**
- **Are particular rules required for going to the toilet?**
- **Are there rules about showering, dressing and undressing for PE that need to be considered?**
- **Is the environment free of confusing sexual messages, images and behaviours e.g. access to computers, phones/games consoles etc.?**

5. Risk management reviews
Are changes/issues needing to be discussed at the next risk management review? YES/NO **If yes please identify changes/issues needing to be discussed below:** **Has the child/young person been engaged in discussion about risk management in school? If yes what has been communicated?**

Rochdale Youth Justice Service

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