**Harmful Sexual Behaviour Protocol**

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1. **Introduction**

1.1 This protocol is for use whenever there is any suspicion, allegation or observation of a child or young person carrying out HSB or being at risk of doing so. It has been refreshed in light of the overarching Strategy and is now jointly overseen by the Youth Justice Service Management Board (YJMB) and the Exploitation sub-group of the Community Safety and Safeguarding Partnership.

1.2 Staff from across Children’s Services are able to support children and families at a preventative level, where there are concerns about HSB. They can access training and support for this work, via the specialist worker. Where the presenting concerns are deemed to be beyond usual safe and healthy behaviour and there are concerns about harm to others and/or a relevant admission or conviction. As a result, they will be allocated to staff from Children’s Social Care (CSC) and the Youth Justice Service (YJS) who have undertaken the required specialist training for joint assessment and any agreed intervention.

**2. Definition**

**Child:** anyone who has not yet reached their 18th birthday. ‘children’ and ‘young people’ are used throughout this protocol to refer to anyone under the age of 18.

**Harmful Sexual Behaviours:** For this protocol and among partner agencies, these are defined as sexual behaviours expressed by children, that are developmentally inappropriate, may be harmful towards themselves or others, and/or are abusive towards another child, young person or adult. The definition is deliberately broad, and this protocol encourages an appropriate response at all levels, including prevention, early intervention and a specialist targeted response.

**3.** **Specific Principles and Tools**

3.1 This protocol focuses on the needs of the child or young person, who is, or may be causing harm. Separate consideration will be given to the victim’s support and safeguarding needs, in accordance with usual safeguarding procedures. This will include, calling a separate strategy meeting to address the victim’s welfare. Where the victim is aged over 18, safeguarding adult principles and procedures will apply.

3.2 Many children and young people who carry out HSB have themselves been victims of abuse, neglect or other trauma. It is vital to view them as children first, to address their needs in a holistic way, at the earliest opportunity and, in doing so, involve all relevant agencies, in ensuring safety while promoting positive change. They may benefit from a trauma-informed approach to meeting their needs.

3.3 The Hackett continuum can be used by CSC Advise and Duty to inform decision-making about how to proceed with a request for service. Please see Appendix A.

3.4 Specific AIM 3 assessment and intervention with a young person who has admitted carrying out HSB is undertaken by two trained staff, usually from CSC and YJS. These staff will be allocated, on a rota basis in agreement with management across both services who have a lead in regard to HSB.

At the time this protocol was produced, Andrea Worthington [andreaworthington@oldham.gov.uk](mailto:andreaworthington@oldham.gov.uk) has the Strategic Lead for HSB and AIM within CSC alongside Clare Griffiths [claregriffiths@positive-steps.org.uk](mailto:claregriffiths@positive-steps.org.uk) from Oldham Youth Justice Service.

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**4. AIM 3 and under 12s Model**

The AIM 3 Assessment model incorporates new research and practice issues such as technology assisted sexual behaviours, and a change in practice towards the development of a model, that does not determine risk simply as low, medium, or high.

AIM 3 consists of a 25-item assessment framework designed to help practitioners consider relevant targets for intervention, in addition to quantifying risk and levels of supervision. It is not an actuarial risk assessment tool (Leonard and Hackett, 2019)

The framework provides guidance on the relevant information and how to analyse this to develop a profile of the young person, their sexual behaviours, their general functioning, and their context. Through case formulation, the young person's specific needs and risks are identified, leading to more targeted interventions to reduce the likelihood of a repetition of the HSB.

Foregoing the previous risk levels, the scoring of factors as 0, 2 or 4 acts as a guide for the assessor. Each domain has a maximum of 20 points available, with scoring ranging from 0 to 100. Totalling up scores across domains is categorised in a colour-matrix: red scores of 14-20, which may indicate an area of relative need or risk requiring specific or immediate intervention; amber, scores of 6-12, which may indicate the need to lower risk and meet needs requiring intervention in the medium term; green, score of 0-4, which may indicate an area of relative strength in the individual’s presentation/context, something which may be utilised to support interventions with the individual. The assessor is to use their professional judgment to reach a final decision about the individual’s risk level, with the use of AIM 3 having the potential to act as a guide for risk management, interventions and safety planning (Leonard and Hackett, 2019).

The AIM 3 model allows assessment to be more fluid, capable of being updated and adapted as progress takes place, or significant new stressors or risks are added to the profile. This encompasses a visual graph which represents to children, young people and families, their strengths and needs that have been identified. This will support in identifying the right interventions



Whilst acknowledging the importance of historical information, AIM 3 looks at the impact of historical factors on the current presentation and functioning of the individual being assessed. This allows for a more dynamic assessment, whereby historical factors are considered for their relevance to the individual at the present time (Leonard and Hackett, 2019) The unique characteristics of victims (e.g.race, gender, learning disabilities) should be considered when using the AIM3 (Leonard and Hackett, 2019).

The AIM 3 model heavily supports utilising knowledge already gathered on a child or young person, who has sexually harmed and using other assessments and analytical work to inform the AIM 3 assessment. The assessment will be informed by Lead professional and all professionals involved in the case. This could be a support worker, education worker, mentor, or anyone else deemed suitable.

The relevance and appropriateness of completing an AIM 3 assessment will be determined by Strategic Heads of Service, Operational Lead’s within CSC, YJS and the Criminal Courts.

* The lead agency in the case shall be responsible for undertaking the AIM 3 assessment in the first instance
* Where an AIM 3 assessment is required as part of an out of court disposal (OOCD) or criminal proceedings, the assessment will be led by a YJS case manager.
* Where it is agreed that a welfare AIM assessment is necessary, the AIM assessment will be led by CSC.
* The lead professional is responsible for completion of the AIM assessment and AIM report within agreed timescales.
* Any issues or barriers to completion, will be reported in the first instance to Operational Leads across CSC and YJS, who will address the issue with the Case workers line manager. If unresolved, this will escalate to Strategic Leads for AIM in CSC and YJS.

Working with young people who sexually harm others, is a fundamental part of work undertaken by CSC and YJS. It is therefore imperative to have a competent and adequately trained staff group across both services to undertake assessments and to intervene appropriately.

A review of trained staff across CSC and YJS will be made annually. This will establish if further training on AIM 3 is required. This will ensure a healthy pool of assessors are available at any given time to complete this work when the need arises and avoid any unnecessary delay in the process.

Heads of Service and Operational Lead Will ensure trained staff across CSC will work closely with the Workforce Learning & Development team on the timing, delivery, and staff attendance, regarding all future AIM 3 and HSB training.

The YJS Head of Service and Operational Lead Manager will ensure training is arranged for staff as often as necessary and will work collaboratively with YJS staff across Greater Manchester to organise this.

**5. Initial contact – Advice and information Service**

4.1 All agencies

When concerns arise about a child’s HSB, Hackett’s sexualised behaviour continuum provides examples of presenting sexual behaviours within four age categories. Many factors influence sexual development and so when using the Hackett’s sexualised behaviour continuum to categorise behaviour, staff need to consider the familial and wider context including background information and any Adverse Childhood Experiences (ACE’s). The tool must be used within the context of the guidance provided here and staff should also draw on other information available. The Lead Professional from CSC and YJS can provide support and consultation in deciding an appropriate level of response.

**‘Developmentally Typical’** behaviours between children or young people of similar age or developmental ability reflect safe and healthy sexual development, influenced by natural curiosity and consensual activities. Parents/carers and/or any agency working with the child can help equip them with the information and skills they need to form healthy and positive sexual relationships.

**‘Problematic’** behaviours are beyond safe and healthy development and may come to attention because of the type of activity or the context. Gathering further information will help to establish any risk to the child displaying harmful sexual behaviour, using the checklist at Appendix A. Discussion with the agency’s safeguarding lead will include consideration of a single agency referral, Early Help Assessment or CSC request for service or notification to existing Social/Youth Justice Service Worker.

**‘Harmful’** behaviours cause the greatest concern, sometimes including secretive, compulsive, coercive, degrading or threatening activities and sometimes taking advantage of developmental or power differences. They indicate a need for immediate action, beginning with contacting the parents/carers unless indicated otherwise, and contacting CSC directly on 0161 770 7777 and notifying existing CSC and YJS worker immediately.

4.2 Police

Police will liaise directly with CSC at the earliest opportunity concerning any allegations of HSB by and/or against under 18s, including those not subject to further action. A care plan will be completed by the police for each case where HSB is documented and sent to the [child.mash@oldham.gov.uk](mailto:child.mash@oldham.gov.uk) inbox

4.3 Children’s Social Care Duty Assessment and Intervention Team:

Upon receipt of a request for service, duty will check available systems, evaluate thresholds, consider referral history and refer to the Hackett continuum and Appendix A to decide how to proceed. In all cases, where a child or young person has a mental health difficulty, they will discuss the possibility of direct work with the Lead Professional from CSC and YJS. Possible next steps are:

1. No further action – Duty will discuss further support and guidance in signposting the referring agency to assist in addressing the concerns.

2. Early Help - if sexual behaviours are inappropriate/problematic but not abusive, and the Child in Need threshold has not been reached, there is potential for ongoing Early Help support which should include the following:

* Proving support to parents/carers with advice and further information.
* Increased monitoring, supervision and/or support for the child.
* Completing an Early Help Assessment.
* Documentation of the ‘voice of the child’, in particular how they feel living in the environment
* Consideration given to any difficulties with emotional functioning and additional needs/diagnosis
* Signpost to further resources as outlined in Appendix D
* Safety plan for the child and family

3. Single Assessment where problematic harmful sexual behaviours are present, consult with the Lead Professional from CSC Service and YJS.

4. Strategy meetings – if there is reasonable cause to suspect that that a child has suffered, or is likely to suffer, significant harm. Invite the Lead Professional from CSC and YJS as well as professionals from the police, health, education and any other relevant support agency having contact with the child. If the case is not yet open to the YJS an invitation to a strategy discussion must still be sent to [triage@positive-steps.org.uk](mailto:triage@positive-steps.org.uk)

During the meeting, consider the vulnerability and safeguarding needs of the alleged perpetrator. Note that separate strategy meetings may be needed for the alleged perpetrator and the victim if under 18.

5. Notify existing team (where the case is already open) for consideration of an AIM 3 Strategy meeting. Invite/consult with the Lead Professional from CSC and YJS.

6. Section 47

The assessor will consider the safeguarding needs of both the alleged perpetrator and other children, particularly in the same household, and whether the child suspected of the HSB can remain in the home safely. Carry out checks with relevant organisations and share information as appropriate to enable them to manage the risks.

6.1 Early Help Assessment

Inappropriate and problematic sexual behaviours (as per Hackett continuum) are often an expression of further underlying problems or vulnerabilities. Consider the need for prevention or early intervention work with the child and their family as appropriate, whether through your own agency, a single agency referral or the Early Help Assessment process. Consent will need to be given. Consider any learning or neurodevelopmental needs such as a diagnosis of Autism and consult with Children with disability team for advice and guidance.

6.2 Single Assessment

When assessing the child’s needs, consider them as primarily in need of support and/or safeguarding, with the HSB a part of this overall picture. Remember that lack of parenting concerns does not in itself indicate that there is no role for Social Care.

The assessor will give separate consideration to the needs of both the alleged perpetrator and other children, particularly in the same household. Invite all professionals involved, including education, to a meeting, in line with usual case co-ordination guidelines, to share information and co-ordinate the plan to safeguard children involved. Invite or consult with the HSB Lead for CSC and YJS.

In the assessment of need and the report, the assessor will outline:

a. The nature and extent of the HSB: Refer to where it features on the Hackett Continuum of Harm and specify any age/developmental differences between alleged perpetrator and victim, emotional distress caused to victim(s) and any coercion or violence used. State the alleged perpetrator’s response to the allegations and examine the needs met by the behaviour

b. The context of the abusive behaviours – where, when and how it was discovered and the reaction of carers

c. The child/young person’s learning needs and any neurodevelopmental needs, such as autism spectrum conditions. Examine the relevance of this for the harmful sexual behaviour

d. The voice of the child, including how they feel about living in their current environment and/or placement at the time the behaviour was reported

e. Emotional functioning of the child and the family and how this will be addressed

f. Mental and physical health needs of the child and family

g. Any family or wider social factors and exposure to ACE’s that have contributed to the HSB

h. Parent/carers’ capacity to adequately supervise the child/young person to prevent further harm. Consideration to be given to the challenge of parent/carers attitude towards the HSB reported. The impact of the harmful sexual behaviour on other family members

j. Ongoing education and accommodation arrangements in relation to the risk of further harm

k. Agree with the family a proportionate safety plan or schedule of expectations that sets out who will support and supervise the child/young person alleged to have carried out the harmful sexual behaviour, and what changes need to be made to prevent further harm.

l. multi agency decision making to be recorded on the child’s record

6.3 Referral/Allocation pathway (See Appendix B)

Where abusive and/or violent sexual behaviour (as per the Hackett continuum, see Appendix A) is established to have taken place, use the AIM 3 framework to inform the assessment and plan. Where problematic sexual behaviour (as per the Hackett continuum) has taken place, consider the need for such an assessment tool, considering the Appendix A checklist, as well as contextual factors. Clearly record an evidenced based decision on proceeding or not with an AIM 3 assessment.

a. The allocated Team Manager will refer to the HSB Lead for CSC and YJS of any presenting child or young person with indicators of abusive and/or violent behaviours.

b. Contact the manager of the available trained assessor to discuss allocation to that worker as lead assessor

c. Discuss appointment of a co-assessor, depending on who is most appropriate in relation to skills base, capacity and existing involvement for the child/young person – e.g., a keyworker, a YJS worker (if the lead assessor is from CSC), and vice versa.

d. The assessor should ensure they are given access to all relevant records in relation to the child/young person to inform the assessment process.

**Desktop AIM completion** (please see supporting documents below)

Please note a desktop AIM can be completed in regard to HSB that has progressed criminally or is to be dealt with on a welfare basis. Desktop AIM completion enables support needs to be addressed at the earliest opportunity and intervention to be put in place from a prevention perspective. Previously, AIM assessments would not take place until an admission of guilt or the finalisation of Court proceedings. However, a desk top AIM through the completion of the documentation below ensures that needs are addressed within a timely manner and the child and family are supported, without having to wait for criminal matters to be finalised.

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Completion of a desktop AIM assessment is decided through referral into an AIM strategy meeting (see above referral form). After interviews have taken place with the child and family, the scoring and analysis document is completed, and the scores are then implemented onto the graph (both documents are above). The graph can be used to highlight support needs and strengths when communicating with the child and family and also used to demonstrate progress through review.

**7. Criminal Justice**

7.1 Out of Court Disposal Panel

For those aged 12 years and over who admit to HSB an AIM3 risk assessment may be requested to inform the appropriate course of action. Based on the assessment, the Out of Court Disposal Panel can decide to issue the young person with a

Community Resolution, a Caution with Voluntary Programme, a Youth Conditional Caution or recommend that the young person be charged to Court.

a. The Police Investigating officer will consult with child if needed and agree to refer the case to the Out of Court Disposal Panel for a decision. The offence must have been admitted by the young person for this to be an option.

b. The YJS will allocate a worker as AIM 3 assessor. CSC may also allocate a Social Worker, depending on whether the case meets the threshold for an AIM assessment, once the Single Assessment or Section 47 Enquiry has been completed and had oversight from a manager. If there is no Social Worker, the CSC Operational Lead will allocate a co-assessor depending on who is most appropriate in relation to need, skills base, capacity and any existing involvement with the young person.

7.2 Referral Order

If a child or young person pleads guilty at Court for a first offence and is sentenced to a Referral Order, an AIM3 assessment should be carried out alongside the Asset Plus assessment, prior to the Referral Order Panel meeting, to inform the report and intervention plan.

7.3 Youth Rehabilitation Order

If the child is appearing in the Crown Court for a first offence, where all sentencing options are available, or is due to appear at the Magistrates Court, for an offence that is not their first offence and they have had a Referral Order previously, the Court is likely to grant an adjournment. The YJS will be tasked in carrying out an Asset Plus assessment and AIM 3 assessment as well as Pre-Sentence Report (PSR) (the findings for all can be included within the PSR, it is not essential for the completion of two separate reports) for a matter involving HSB. The Court should grant a minimum adjournment of 6 weeks, which is the recommended timeframe for completion of an AIM 3 assessment.

7.4 Custodial Sentence

If the young person is sentenced to custody, then all assessments which evidence their vulnerability will be used to inform the assessment of vulnerability which is shared with the custodial setting. YJS and the secure estate should work in partnership to deliver the suggested intervention plan for the child or young person in respect of their HSB

7.5 MAPPA

Under the Criminal Justice Act 2003, Multi-Agency Public Protection Arrangements (MAPPA) protect the public from serious harm by sexual (and violent) offenders. Occasionally, a young person may be referred to MAPPA either as a Registered Sex Offender (Category 1) or as a sex offender sentenced to 12 months or more in custody or to hospital order (Category 2). Most cases will be managed at Level 1 by the YJS, within internal Risk Management Meetings, but where the young person presents a high or very high risk and needs multi agency oversight, they are managed at Level 2 by a multi-agency partnership including CSC, Police and Health. Exceptionally, where strategic oversight is necessary because of cross-border, media or public interest issues, they are managed at MAPPA Level 3.

7.5 Registration

Under the Sexual Offences Act 2003, young people cautioned or convicted of a sexual offence may be required to register with Police within 3 days (or on transfer from custody). Their details are kept on the Violent and Sex Offender Register (ViSOR) for a period of time depending on the sentence or disposal; time spent on the register is usually reduced by half for children.

7.6 Transition between custody and community

The YJS case manager will call a multi-agency planning meeting well in advance of any such transitions. They will also call a multi-agency planning meeting to ensure robust risk assessment, safety planning and intervention work can be carried out.

7.7 If a young person is found not guilty or their case is discontinued, a further Strategy or multi-agency professionals’ meeting should be called to consider any outstanding risk. In this instance, an AIM 3 assessment may still be offered to the young person and their family depending on risk and level of engagement.

**8. Educational Settings**

8.1 Designated Safeguarding Leads and Head Teachers: Please read this protocol in conjunction with DfE statutory guidance ‘Keeping Children Safe in Education 2023 Part 5 ‘Sexual Violence & Sexual Harassment’. On Sexual violence and sexual harassment between children in schools and colleges, particularly part four, “Responding to reports of sexual violence and sexual harassment” (page 16).

8.2 Ensure you have access to adequate information from other professionals to inform your decision making when you are aware that HSB has taken place.

8.3 When there is a report of sexual violence or sexual harassment the designated safeguarding lead or deputy should complete an immediate written risk and needs assessment. The risk assessment should be recorded and regularly reviewed by school. When assessing risk of further harm caused by a child/young person’s sexual behaviour, consider the needs of both the child/young person and any victim, if they are a pupil at the school. Take account of the victim and the victim’s parents’ views when planning safety and making related decisions. Where appropriate, consider the impact on the victim of being taught in the same lesson as the alleged perpetrator; move the alleged perpetrator to an alternative class or provision when any ongoing emotional distress to the victim is considered possible.

8.4 Where a managed move or exclusion is being considered, discuss this with the multi-agency team to ensure any issues regarding ongoing safety and rehabilitation can be considered, as well as the impact of such a move on the wider plan.

8.5 Consider the potential for bullying toward the alleged perpetrator resulting from other pupils learning of the HSB and take steps to reduce the risk of this where necessary.

**Appendix A: The range of sexual behaviours**

Sexual behaviours range from those that are developmentally expected, consensual and exploratory to those that are violent and highly abusive, with many types of behaviours in between. Be as specific as possible when describing the nature of the behaviour under discussion, rather than resorting to overly generalised terms. The following continuum shows the range and definitions within the umbrella term harmful sexual behaviour:



(Simon Hackett, 2010 taken from NSPCC Harmful Sexual Behaviours Framework)

<https://learning.nspcc.org.uk/research-resources/harmful-sexual-behaviour-hsb-framework-audit>

**Appendix A : Clarifying the degree of concern (Checklist)**

When considering how concerned to be about children or young people’s sexual behaviour use the following questions to clarify your concerns.

More positive responses entail greater concern since the harm for both the child carrying out the behaviour and any potential victims is likely to be more significant.

1. Is the behaviour occurring more often than would normally be expected for the developmental stage?

2. Is the behaviour getting in the way of the child’s development? In what ways, and to what degree (be specific)?

3. Did or does the child use coercion, intimidation, or force in the process of carrying out the sexual behaviour?

4. Were or are any of the children involved emotionally distressed by what has happened?

5. Did or does the behaviour occur between children of divergent ages or developmental abilities?

6. Has the behaviour persisted even after intervention from staff or caregivers?

(Questions adapted from Chaffin et al., 2002)

**Appendix B: Harmful Sexual Behaviour Flowchart.**

**Referral Received**

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| --- |
| * Clarification with referring agency in respect of the young person and their family’s understanding of the referral. * What to do if the young person is denying the referral behaviour and awaiting trial though remembering AIM 3 is not focused only on the referral behaviour. * Arrange strategy discussion and invite universal services (police, health, education, YJS, CAMHS etc) |

**Allocation to Assessors**

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| --- |
| * Identification and allocation to co-worker assessors, consideration of any   Individual/diversity characteristics which may impact on the assessment and engagement of the young person and their parent/carer.   * Identifying areas for further clarification/information. |

**Information**

|  |
| --- |
| * Contacting all relevant professionals and agencies who have contact/information about the young person, their family. * Important to gain as much information as possible from the victim perspective, accessing victim statements, ABE interviews. MG5 summary of offence if applicable * Clarify what the HSB is and in cases is a sexual offence is stated, seek further information beyond the offence wording and undertake pattern mapping. |

**Interviewing**

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| --- |
| * AIM co assessors should plan the interviews with the young person and their parent/carer * Consider what gaps in information exist which need to be covered in the interview.   (Assessment should cover pre-natal to present day experiences)   * Consider any individual characteristics which may impact on the interview such as learning needs, culture, religious, gender, language or physical disabilities * Complete interviews with young person and their parents/carers. Minimum criteria for interview (1) child and parent/carer 2) child alone 3) parent/carer alone |

**Analysis/Scoring**

|  |
| --- |
| * Review and score the AIM3 Factors following the interviews. * Complete the AIM 3 scoring, analysis and summary sheet. * Enter AIM3 scored into Excel spreadsheet for graph profile. * Review and amend the pattern mapping exercise. * Analysis of the Domain and Factor scores and the AIM3 graph profile of the young person. |

**Safety Planning, Interventions & AIM 3 Report**

* Collate the information and analysis of the AIM3 profile of the child to

develop recommendation for intervention, to manage immediate risks, and implement long and short-term safety planning.

* The Lead professional (Welfare AIM = CSC, Criminal/OOC AIM = YJS) writes the AIM report and shares the first draft with their co-worker for consideration of amendment/addition. Once agreed, sends to their line manager for gatekeeping and oversight.
* Share report with family and all relevant professionals and upload to the child’s record.

**Appendix C: Pathway for Response to Harmful Sexual Behaviour**

CSC = Children Social Care

YJS = Youth Justice Service

Concern re Sexual Harmful Behaviour from a professional or the public

Police

Liaison with each other

CSC Referral and Assessment

Initial AIM strategy discussion within 24 hours Immediate decision to Caution or Charge may be made by

Police

or bail for 28 days for AIM Assessment, or manage through

child protection route

AIM3 YJS lead – contact CSC to co-work – book AIM Strategy Meeting

Court – serious offence/previous offending

AIM3 – CSC lead – contact YOS to co-work – book AIM Strategy Meeting

AIM Strategy Meeting

Needs of child/YP and victim addressed

Guilty Plea/Found Guilty – preparation of Pre-Sentence Report AIM3 by YOS

Children Social Care Intervention Plan Reviews

Youth Justice Service Intervention Plan Reviews

Custodial sentence –

Book AIM Strategy meeting on release

Review – AIM Strategy Meeting

**Appendix D: Further information and resources**

To explore further, the following links can be helpful to use or pass on.

**a) Advice for Young People**

 Think U Know is a good starting point and has good introductory videos Children and young people

 Young people's sexual health services: if you are under 25 contact Ask Brook, www.askbrook.org.uk

 Contraceptive and sexual health information: visit FPA on www.fpa.org.uk

**b) Advice for Parents/Carers (see also section d)**

 Think U Know is a good starting point and has good introductory videos Think U Know – Parents,

 Parents Protect!: 0808 1000 900 or www.parentsprotect.co.uk

 Helping you understand the sexual development of children under the age of 5 (Parents Protect)

 Helping you understand the sexual development of children aged 5-11 (Parents Protect)

 Healthy bodies guides to puberty and sexual development for parents of CYP with learning disabilities (Vanderbilt)

 Growing up, sex and relationships – a guide for young disabled people and a guide to support parents of young disabled people (Contact)

 Nude selfies – a parents’ guide (Think U Know)

**c) Sexual behaviour and development**

 Brook Traffic Light Tool (Brook)

 Child’s play? Preventing abuse among children and young people (Stop it Now!)

 Healthy sexual behaviour (NSPCC)

 Healthy and unhealthy relationships (Childline)

 PANTS sexual harm prevention resources for conversations and work with children (NSPCC)

**d) Online safety and pornography resources**

 What's the problem? A guide for parents of children and young people who have got in trouble online (Parents Protect)

 Think U Know – Parents, Children and young people, professionals

 Keeping children in care safe online (Think U Know)

 Keeping children safe - Online porn (NSPCC)

 Keeping children safe - Online safety advice for parents (NSPCC)

 Your guide to social networks your kids use (NSPCC)

**e) Sexting**

 Sexting in schools and colleges: Responding to incidents and safeguarding young people (UK Council for Child Internet Safety 2016)

 Sexting: how to respond to an incident

 Searching, screening and confiscation: Advice for headteachers, school staff and governing bodies

 Keeping children safe - Sexting (NSPCC)

**f) NICE Guidance for professionals**

 NICE Guidance on harmful sexual behaviour includes recommendations on:

 multi-agency approach and universal services

 early help assessment

 risk assessment for children and young people referred to harmful sexual behaviour services

 engaging with families and carers before an intervention begins

 developing and managing a care plan for children and young people displaying harmful sexual behaviour

 developing interventions for children and young people displaying harmful sexual behaviour

 supporting a return to the community for 'accommodated' children and young people

**g) Advice and guidance for schools and colleges**

**Peer on peer abuse**

 Sexual violence and sexual harassment between children in schools and colleges: Advice for governing bodies, proprietors, head teachers, principals, senior leadership teams and designated safeguarding leads (DfE, 2017)

**h) Child Protection**

 The Greater Manchester Safeguarding Partnership (GMSP) are a joint set of procedures agreed by LSCBs in the North west (Section 5.11.3 Harmful Sexual Behaviours Presented by Children and Young People). They include information and guidance on all aspects of safeguarding and child protection based on current legislation, national policy and research, including a section on Harmful Sexual Behaviour

 NSPCC Helpline: 0800 800 5000 (England and Wales) or www.nspcc.org.uk

 Child Exploitation and Online Protection Centre (CEOP): 0870 000 3344 or www.ceop.police.uk

 Stop it Now!: 0808 1000 900 or www.stopitnow.org.uk

h) **Multi-agency Public Protection Arrangements**

 https://mappa.justice.gov.uk/connect.ti/MAPPA/groupHome

1 True Relationships & Reproductive Health. (2012) Brook Limited Company is a registered charity

2 The AIM Project (Assessment, Intervention, Moving On) is a registered charity and provides training for use of its models and approaches.