

**Ending Rape, Assault and Sexual Exploitation**

Multi-Agency Harmful Sexualised Behaviour Assessment Tool

|  |  |  |
| --- | --- | --- |
| **Young person’s name** | |  |
| **Practitioner’s Name** | |  |
| **Practitioner’s Agency** | |  |
| **Date of Assessment** | |  |
| **Educational Setting** | |  |
| **Has Consent been sought & gained?** | **Yes / No** | **If not, why not?** |

**You will notice that there are certain ‘Red’ answers. These are high risk scores and due to the level of concern or harm, would require an immediate referral to ChECS and the Police, regardless of the final score.**

A logo for a children's partnership

Description automatically generated Graphical user interface

Description automatically generated

**This tool should only be used once you have attended a Pan Cheshire ERASE Briefing or Harmful Sexual Behaviour Training or you are being supported by a Safeguarding Lead who has undertaken this training**

***Please note, St Helens have no objections in the sharing/circulation of this tool - but in these circumstances; have no responsibility in relation to the use of this tool.***

**Introduction**

This protocol has been created by the St Helens Safeguarding Children Partnership (StHSCP) Harmful Sexual Behaviours (HSB) group to support the children’s workforce with the identification and assessment of children and young people who display sexually harmful behaviour (HSB).

It has been created by a multi-agency task and finish group comprising of professionals from within the safeguarding partnership, which include the Safeguarding Children in Education Coordinator, Designated Nurse Safeguarding Children, Operational Manager for Youth Justice, Secondary School Designated Safeguarding Lead and the Learning and Improvement Officer. **This resource surrounds the evidence base outlined by Hackett.**

Following identification, the intention of this resource is to support the development of a multi-agency intervention pathway. The ERASE Tool should be used in conjunction with Cheshire East Safeguarding Children Partnership policies and procedures, which available on the website [Pan Cheshire Safeguarding Policy & Procedures](https://www.proceduresonline.com/pancheshire/)  Most forms of safeguarding are multi-faceted and there can be multiple issues at any one time. Any assessment or response to Harmful Sexual Behaviour should be considered alongside other safeguarding topics, procedures and policies to ensure effective practice.

It is important to locate the term ‘harmful sexual behaviours’ in the broader context of other terms used to describe and classify types of sexual abuse and sexual violence; in particular, the relationship between the terms ‘Harmful Sexual Behaviour (HSB)’ and ‘Child Sexual Exploitation (CSE)’ warrants some clarification. It is clear that some young people who display HSB are committing acts which would fit with the above definition of CSE. In particular, those young people who sexually abuse other young people within the context of relationships, often described as ‘child on child’ abuse, fit both the definition of HSB as sexual behaviour which victimises others and CSE as exploitative, exchange-based abuse. It is perhaps most appropriate therefore to view both HSB and CSE as distinct but overlapping forms of sexual abuse. Both share the elements of coercion, misuse of power, violence and lack of consent and choice. As such, it is important for practitioners to be familiar with the Pan Cheshire Contextual Safeguarding Assessment Tool and local pathways in order that children receive the right support dependent on the circumstances.

‘Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult’. (Hackett 2014, Children and Young People with Harmful Sexual Behaviours). They may also be an indicator or result of harm or adverse childhood experiences faced by the young person themselves.

Serious safeguarding concerns occur when there is an imbalance of power between the child or young person displaying HSB (e.g. which may arise as a result of age, learning or physical disability, size, perceived status, or a more able or more sexualised child) and the person harmed. The Sexual Offences Act 2003 states that no child or young person under the age of 13 can give consent to penetrative sex (this includes vagina, anus or mouth). Between the ages of the 13 and 16 there needs to be an assessment based on the individual child or young person’s ability. Professionals should focus particularly where there are issues relating to disability or special educational needs, cognitive function and a discrepancy between cognitive age and chronological age which would impair an individual’s ability to give “informed consent”.

In assessing HSB it is important that we separate out those healthy behaviours and behaviours that are unacceptable but developmentally appropriate from behaviour that is harmful, unacceptable and unhealthy. This resource has been designed to support agencies and their safeguarding leads to use their professional judgement to assess the level of risk posed by the child or young person displaying the behaviour to the victim, their peers and the community.

Harmful Sexual Behaviour can be displayed face-to-face or via online platforms, such as social media or the sending and receiving of nude images (sexting or youth produced imagery). Both face-to-face and online HSB can be equally damaging to children and young people and professionals need to apply equal weight as to the severity of this form of abuse, regardless of the means.

All professionals have a responsibility to respond appropriately when they have a concern relating to HSB. Professionals should:

* Use this resource to identify if the behaviour is developmentally appropriate or whether it is harmful sexual behaviour.
* Initially manage the incident using the immediate risk assessment to ensure the safety of all concerned until the point of next steps (such as the referral is screened and allocated or work has been completed).
* Consider the use of language – professionals should not use victim blaming language or language that could be harmful to the child or young person.
* Liaise with parent or carers to develop a joined up and consistent approach.
* Consider the response of parents or carers when informed of the harmful sexual behaviour such as their views, poor attachment to the child, historical abuse, adverse childhood experience or any long-standing family issues.
* Using this resource, decide if a safeguarding referral, contact with the Police or early help support is appropriate.
* Be aware whether the information constitutes a criminal offence or suspect that it may.
* Consider the response of both the person displaying the harmful sexual behaviour and the other child or young person involved.
* Consider that the alleged perpetrator may also be a victim of abuse themselves.

**Risks to consider:**

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

**NSPCC Stages of healthy sexual behaviour**

All children go through phases of sexual development. Just like every other part of growing up, some children mature sooner or later than others. For example, some children may have developmental delays whilst others may reach puberty early.

Below are some examples of age-appropriate healthy sexual behaviour.

|  |  |
| --- | --- |
| **From 0- to 4-years-old**  At this stage, you might notice natural exploratory behaviour emerging for the first time like:   * enjoying being naked * kissing and hugging people they know well, for example friends and family members * touching or rubbing their own private parts as a comforting habit * showing curiosity about or attempting to touch the private parts of other people * being curious about the differences between boys and girls * talking about private body parts and their functions, using words like ‘willy’, ‘bum’, ‘poo’ and ‘wee’ * role playing about different relationships, for example marriage. | **5- to 9-year-olds**  As children get a little older they become more conscious of sex and their own sexuality. This can be displayed by:   * becoming more aware of the need for privacy * asking questions about sex and relationships, such as what sex is, where babies come from and same-sex relationships * kissing, hugging and holding hands with a boyfriend or girlfriend * using swear words or slang to talk about sex after hearing other people use them. |
| **9- to 13-year-olds**  During these ages, children begin to get more curious about sex. Examples of healthy sexual behaviour during this stage are:   * having a boyfriend or girlfriend (of the same or different gender) * using sexual language as swear words or slang * wanting more privacy * looking for information about sex online (this might lead to accidentally finding sexual pictures or videos) * masturbating in private. | **13- to 17-year-olds**  During adolescence, sexual behaviour becomes more private with young people and they begin to explore their sexual identity. They might be:   * forming longer-lasting sexual and non-sexual relationships with peers * using sexual language and talking about sex with friends * sharing obscenities and jokes that are within the cultural norm * experimenting sexually with the same age group * looking for sexual pictures or videos online. |

**Assessment Tool**

**This tool is to assess the child or young person displaying Harmful Sexual Behaviour. If there are multiple individuals involved, an assessment should be completed for each child or young person displaying the behaviour.**

**1. How old is the child/young person displaying the harmful behaviour?**

**(If the incident is historical, use the age the young person was at the time of the incident.)**

|  |  |  |
| --- | --- | --- |
| 0-5 years | 5 |  |
| 6-9 years | 4 |  |
| 10-13 years | 3 |  |
| 14 to 17 years | 2 |  |

**2. How old is/are the victim(s)?**

**(If the incident is historical, use the age the young person was at the time of the incident.)**

**(If there is no victim, please leave the scores blank)**

|  |  |  |
| --- | --- | --- |
| 0-5 years | 5 |  |
| 6-9 years | 4 |  |
| 10-13 years | 3 |  |
| 14 to 17 years | 2 |  |

**3. Is the child displaying the behaviour and the victim(s) related?**

|  |  |  |
| --- | --- | --- |
| Yes | 5 |  |
| No | 2 |  |

**4. Is this the first incident by the child displaying the harmful behaviour?**

|  |  |  |
| --- | --- | --- |
| Yes | 1 |  |
| No – 1 previous incident and work and planning has been completed | 2 |  |
| No – 2 previous incidents and work and planning has been completed | 3 |  |
| No – 3 previous incidents and work and planning has been completed | 4 |  |
| No – 4 previous incidents and work and planning has been completed | 5 |  |
| **No – 5+ previous incidents** and work and planning has been completed | **5** |  |



**5. Has the child experienced Adverse Childhood Experiences (ACEs)?**

Ensure that you take into account the number of ACE’s experienced when deciding on [scaling](#Scaling)

|  |  |  |
| --- | --- | --- |
| Yes | 5 |  |
| No | 2 |  |
| Unsure | 3 |  |

**6. Were drugs and/or alcohol a factor in the incident?**

|  |  |  |
| --- | --- | --- |
| Yes | 5 |  |
| No | 2 |  |

**7. What was the nature of the incident?**

**Please note that this is not an exhaustive list. Tick all that apply. Please tick the most appropriate behaviour if the detail of the incident you are dealing with is not listed:**

****

|  |  |  |
| --- | --- | --- |
| Using adult sexualised and inappropriate language | 2 |  |
| Preoccupation with adult sexualised behaviour | 2 |  |
| Accidental or indirect touch to genitals | 2 |  |
| Pulling up/down skirt/trousers | 3 |  |
| Exposure | 3 |  |
| Following others to the toilets/changing rooms to look at or touch them | 3 |  |
| Simulation of sexual activity in play | 3 |  |
| Viewing pornographic or inappropriate material online or through other mediums | 3 |  |
| Persistently touching the genitals of other children or adults | 4 |  |
| Accessing pornographic or inappropriate material online | 4 |  |
| Intended touch to genitals | 4 |  |
| **Forcing other children/young people to engage in sexual play or activity** | **5** |  |
| **Isolating others in order to groom or abuse** | **5** |  |
| **Unwanted sexual touch (direct)** | **5** |  |
| **Sexual activity with animals** | **5** |  |
| **Downloading, distributing or producing sexual images which involve a criminal or abusive element beyond the creating, sending or possession of these images themselves, without adult involvement.** | **5** |  |
| **Rape, penetration** | **5** |  |

****

|  |  |  |
| --- | --- | --- |
| Persistent questions about sexual activity, despite answers being provided | 2 |  |
| Accidental or indirect touch to genitals | 2 |  |
| Exposure | 3 |  |
| Sexual bullying, face to face or through texts or online messaging | 3 |  |
| Engaging in mutual masturbation | 3 |  |
| Persistent sexual images and ideas in talk, play and art | 3 |  |
| Use of adult slang to discuss sex | 3 |  |
| Use of derogatory language | 3 |  |
| Frequent masturbation in front of others | 3 |  |
| Viewing pornographic or inappropriate material online or through other mediums | 3 |  |
| Sexual behaviour engaging significant younger or less able children | 4 |  |
| Forcing other children/young people to engage in sexual play or activity | 4 |  |
| Simulation of oral or penetrative sex | 4 |  |
| Accessing pornographic or inappropriate material online or through other mediums | 4 |  |
| Exposing other children to pornography online | 4 |  |
| Intended touch to genitals | 4 |  |
| Threats to harm or harass | 4 |  |
| **Unwanted sexual touch or harassment** | **5** |  |
| **Sexual activity with animals** | **5** |  |
| **Downloading, distributing or producing sexual images which involve a criminal or abusive element beyond the creating, sending or possession of these images themselves, without adult involvement.** | **5** |  |
| **Rape, penetration** | **5** |  |

****

|  |  |  |
| --- | --- | --- |
| Accidental or indirect touch to genitals | 2 |  |
| Uncharacteristic and risk-related behaviour e.g. sudden / inappropriate change of dress, withdrawal from friends, mixing with older people, having more or less money than usual, going missing.  **PLEASE CONSIDER THE PAN-CHESHIRE CONTEXTUAL SAFEGUARDING PROTOCOL.** | 3 |  |
| Verbal, physical or cyber/virtual sexual bullying involving sexual aggression. | 3 |  |
| LGBT+ targeted bullying | 3 |  |
| Exhibitionism e.g. flashing or mooning | 3 |  |
| Giving out contact details online | 3 |  |
| Accessing inappropriate sites online, engaging in inappropriate sexualised discussions online | 4 |  |
| Exposing genitals or masturbating in public | 4 |  |
| Requesting/demanding nude images | 4 |  |
| Sending unwanted nude images | 4 |  |
| Distributing naked or sexually provocative images to others | 4 |  |
| Sexually explicit talk with younger children | 4 |  |
| Sexual harassment | 4 |  |
| Intended touch to genitals | 4 |  |
| Threats to harm or harass | 4 |  |
| Arranging to meet with an online acquaintance in secret  **PLEASE CONSIDER THE PAN-CHESHIRE CONTEXTUAL SAFEGUARDING PROTOCOL.** | 4 |  |
| **Genital injures to self or others** | **5** |  |
| **Forcing other children or less able to take part in sexual activities** | **5** |  |
| **Sexual activity e.g. oral sex or intercourse** | **5** |  |
| **Sexual activity with animals** | **5** |  |
| **Downloading, distributing or producing sexual images which involve a criminal or abusive element beyond the creating, sending or possession of these images themselves, without adult involvement.** | **5** |  |
| **Rape** | **5** |  |

****

|  |  |  |
| --- | --- | --- |
| Accidental or indirect touch to genitals | 2 |  |
| Giving out contact details online | 2 |  |
| Concern about body image | 2 |  |
| Experimental or sexual attention seeking with no real intent to harm another young person | 2 |  |
| Joining adult only social networking and giving false personal information | 2 |  |
| Single occurrence of peeping, exposing, mooning or obscene gestures | 2 |  |
| Sending unwanted nude images **(Please consult with Youth Offending Team OR Police to determine whether an offence has been committed).** | 3 |  |
| Requesting/demanding nude images | 3 |  |
| Accessing exploitative or violent pornography | 3 |  |
| Engaging in inappropriate sexualised discussions online | 3 |  |
| Distributing naked or sexually provocative images to others | 3 |  |
| Consensual activity between children the same age | 3 |  |
| Exposing genitals or masturbating in public | 4 |  |
| Preoccupation with sex, which interferes with daily function, sexual degradation/humiliation of self or others | 4 |  |
| Attempting/forcing others to expose genitals | 4 |  |
| Sexually aggressive/exploitative behaviour | 4 |  |
| Sexually explicit talk with younger children | 4 |  |
| Sexual harassment | 4 |  |
| Intended touch to genitals | 4 |  |
| Threats to harm or harass | 4 |  |
| Use of/acceptance of power and control in sexual relationships | 4 |  |
| **Non-consensual sexual activity** | **5** |  |
| **Genital injury to self or others** | **5** |  |
| **Sexual contact with others where there is a big difference in age or ability.** | **5** |  |
| **Involvement in sexual exploitation and/or trafficking of others** | **5** |  |
| **Sexual activity with animals** | **5** |  |
| **Downloading, distributing or producing sexual images which involve a criminal or abusive element beyond the creating, sending or possession of these images themselves, without adult involvement.** | **5** |  |
| **Rape** | **5** |  |

**8. Does the child displaying the behaviour know the victim(s)?**

|  |  |  |
| --- | --- | --- |
| Yes | 3 |  |
| No | 5 |  |

**9. Does the child displaying the HSB have any learning difficulties or additional needs?**

**(tick all that apply)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **If there is a victim:** | | **If there is no victim:** | |
| No | 5 |  | 2 |  |
| Communication difficulties | 4 |  | 2 |  |
| Yes – Mild Learning Difficulties | 3 |  | 3 |  |
| Traits of but undiagnosed Autistic Spectrum Disorder or Attention Deficit Hyperactivity Disorder | 3 |  | 3 |  |
| Attention Deficit Hyperactivity Disorder | 3 |  | 3 |  |
| Autistic Spectrum Disorder | 2 |  | 4 |  |
| Complex learning needs or disability | 1 |  | 4 |  |
| Profound and multiple disabilities | 1 |  | 5 |  |
| Multiple Sensory Impairment | 1 |  | 5 |  |
| Other | 3 |  | 3 |  |

**10. Does the victim have any learning difficulties, additional needs or disabilities?**

**(tick all that apply)**

|  |  |  |
| --- | --- | --- |
| No | 2 |  |
| Communication difficulties | 2 |  |
| Yes – Mild Learning Difficulties | 3 |  |
| Traits of but undiagnosed Autistic Spectrum Disorder or Attention Deficit Hyperactivity Disorder | 3 |  |
| Attention Deficit Hyperactivity Disorder | 3 |  |
| Autistic Spectrum Disorder | 4 |  |
| Complex learning needs or disability | 4 |  |
| Profound and multiple disabilities | 5 |  |
| Multiple Sensory Impairment | 5 |  |
| Other | 3 |  |

**11. Does the child displaying the HSB have support from external agencies/social care?**

|  |  |  |
| --- | --- | --- |
| No | 1 |  |
| Single agency intervention | 2 |  |
| Early Help Assessment | 2 |  |
| Special Educational Needs or Disability/Medical Support | 3 |  |
| Child in Need Plan | 3 |  |
| Child Protection Plan | 4 |  |
| Child Exploitation Pathway | 4 |  |
| Looked After Child | 5 |  |
| Previously Looked After/Adopted/Special Guardianship Order | 5 |  |
| Previously open to services | 2 |  |

**12. Does the victim have support from external agencies/social care?**

|  |  |  |
| --- | --- | --- |
| No | 1 |  |
| Single agency intervention | 2 |  |
| Early Help Assessment | 2 |  |
| Special Educational Needs or Disability/Medical Support | 3 |  |
| Child in Need Plan | 3 |  |
| Child Protection Plan | 4 |  |
| Child Exploitation Pathway | 4 |  |
| Looked After Child | 5 |  |
| Previously Looked After/Adopted/Special Guardianship Order | 5 |  |
| Previously open to services | 2 |  |

**13. Has the child who has displayed the behaviour experienced Child Sexual Abuse**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | 5 |  |  |
| Unknown | 3 |  |  |

**14. Scores**

**Final Score:**

**Any red answers go**

**straight to referral**

|  |  |  |
| --- | --- | --- |
| **Score** | **Level of harm** | **Response required** |
| Up to 22 | Green | * Speak to children involved. Speak to parents and carers * Complete interim risk assessment * Single agency support, intervention and education or to be addressed as part of MA plan where applicable. (Consider interventions such as bespoke 1:1 work; Voice of the Child; NSPCC P.A.N.T.S Rule; Sex and Relationships Education; Boxall Profile assessments; Pastoral Intervention; Play Therapy or other therapeutic work). * Referral to police where a crime has or alleged to have been committed. |
| 23-35 | Green | * Speak to children involved. Speak to parents and carers * Complete interim risk assessment * Single agency support, intervention and education or to be addressed as part of MA plan where applicable (Consider interventions such as bespoke 1:1 work; Voice of the Child; NSPCC P.A.N.T.S Rule; Sex and Relationships Education; Boxall Profile assessments; Pastoral Intervention; Play Therapy or other therapeutic work). * Consider Early Help where there are additional concerns * Referral to police where a crime has or alleged to have been committed. |
| 36-59 | Amber | * Speak to children involved. **Please refer to the guidance enclosed in the Erase Protocol for best practice.** * Speak to parents and carers unless this places the child or young person at further risk * Complete interim risk assessment * As a minimum start a TAF / MAP / Early Help assessment * Targeted work. Use of specialist agencies such as The Lucy Faithful Foundation, RASAC, Vibe, YJS etc. * Consider opening Early Help Assessment Process or to be addressed as part of MA plan (a referral to the Local Authority Early Help Team should be considered where a professional will not be in ongoing contact with a child). * Referral to police where a crime has or alleged to have been committed. * If other information needs to be shared with the police, such as intelligence, this should be done through the ‘Tell Us’ system. |
| 60+ | Red | * Speak to children involved. **Please refer to the guidance enclosed in the Erase Protocol for best practice.** * Speak to parents and carers unless this places the child or young person at further risk * Complete interim risk assessment * Referral to Children’s Social Care iCART * Referral to police * If other information needs to be shared with the police, such as intelligence, this should be done through the ‘Tell Us’ system. |

**15. Scaling Question**

If a 10 is that we have no concerns about the child, they are happy, do not show harmful sexual behaviour and have a good understanding around inappropriate behaviours, and 0 is that we are extremely worried about the child, they are a risk to other children and they display the most harmful of sexual behaviour with little to no insight that is it harmful, where would you rate the situation at the moment?

**0** **10**

What would you need to see happen next to move your score up the scale?

|  |
| --- |
|  |

**16. Risk Assessment**

This is a risk assessment to be completed for children and young people who have displayed and/or been victims of harmful sexual behaviour. In cases where the incident is referred to other agencies, this risk assessment should be used as an interim measure to ensure the immediate safety and wellbeing of those involved. Following screening and allocation, it may be that a more formal risk assessment (such as the AIM assessment) is completed.

This risk assessment should be completed by all agencies currently working with the child or young person. The risk assessment should also run alongside any early help or multi-agency plan that is put in place for the child or young person.

1. **Child or young person displaying harmful behaviour**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Age** |  |
| **Score on Erase Protocol** |  | **Current status (Early Help/ Referral/ CiN/ CP/ LAC)** |  |
| **Any additional needs?** |  | **Have other agencies involved been informed?** |  |

**Location of the incident**

|  |  |
| --- | --- |
| **Location of incident** |  |
| **Date and Time of incident** |  |

**What measures are or will be taken to ensure this area is safe?**

|  |
| --- |
|  |

**High risk times/areas**

*(Consider use of toilets or changing rooms, periods where the child or young person could be alone with others, other potential victims etc.).*

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk** | **Response** | **Responsibility** | **Review** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Maintaining education**

**What strategies will be put in place to ensure the child continues to receive their education?**

|  |  |
| --- | --- |
| **Strategy for maintaining education** | **Review date** |
|  | Click or tap to enter a date. |
|  | Click or tap to enter a date. |
|  | Click or tap to enter a date. |

**If the child is going to be excluded, what are the strategies to ensure the child or young person is safe whilst not in school?**

*Consider external or extra-curricular activities the child or young person may attend and other natural family, friend or community-based safety networks that may be in place.*

|  |  |
| --- | --- |
| **Strategy for ensuring safety at home** | **Review date** |
|  | Click or tap to enter a date. |
|  | Click or tap to enter a date. |
|  | Click or tap to enter a date. |

**At Home**

**Are there any siblings or children at home who may be at risk?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Age** | **Relationship to person displaying HSB** | **Safety strategies** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Are there any risks at home or support for parents or carers that needs to be provided?**

|  |  |
| --- | --- |
| **Strategy for ensuring safety at home** | **Review date** |
|  | Click or tap to enter a date. |
|  | Click or tap to enter a date. |
|  | Click or tap to enter a date. |

**Are there any risks in the community for the child or young person who has displayed the harmful sexual behaviour?**

|  |  |  |
| --- | --- | --- |
| **Risk** | **Strategy** | **Review date** |
|  |  | Click or tap to enter a date. |
|  |  | Click or tap to enter a date. |
|  |  | Click or tap to enter a date. |

1. **The victim or potential victims**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Age** |  |
| **Could there be a risk for a wider cohort of children?** |  | **Current status (Early Help/ Referral/ CiN/ CP/ LAC)** |  |
| **Any additional needs?** |  | **Have other agencies involved been informed?** |  |

**High risk times/areas**

*(Consider use of toilets or changing rooms, periods where the child or young person could be alone with others, other potential victims etc.).*

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk** | **Response** | **Responsibility** | **Review** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Maintaining education**

**What strategies will be put in place to ensure the child continues to receive their education?**

|  |  |
| --- | --- |
| **Strategy for maintaining education** | **Review date** |
|  | Click or tap to enter a date. |
|  | Click or tap to enter a date. |
|  | Click or tap to enter a date. |
|  | Click or tap to enter a date. |

**At Home**

**Are there any risks at home or support for parents or carers that needs to be provided?**

|  |  |
| --- | --- |
| **Strategy for ensuring safety at home** | **Review date** |
|  | Click or tap to enter a date. |
|  | Click or tap to enter a date. |
|  | Click or tap to enter a date. |
|  | Click or tap to enter a date. |

**Are there any risks in the community for the child or young person who has been the victim of this incident?**

|  |  |  |
| --- | --- | --- |
| **Risk** | **Strategy** | **Review date** |
|  |  | Click or tap to enter a date. |
|  |  | Click or tap to enter a date. |
|  |  | Click or tap to enter a date. |

**17. Advice and Guidance for Speaking to Children and Young People**

**Initial Conversations:**

* **Establish a rapport with the child or young person** – it may help for the individual to speak to a member of staff with whom they feel comfortable or already have a strong relationship with
* **Initialise and support a free narrative account**
* **Avoid leading questions** - however open questions can be asked.
* **Keep the conversation structured** – think about what you want to ask and some key areas prior to speaking to any children or young people
* **Consider any additional needs or communication difficulties that may require additional support or strategies.**
* **Some suggested ways to start the conversation**:
* “Tell me why you are here today”
* “If there is something troubling you, it is important for me to understand”
* “I heard you said something to X. Tell me what you talked about”
* “I heard that something may have been bothering you. Tell me everything you can about that”
* **Young people can often feel out of control of the situation** - be open about what will happen next.

**Key Principles:**

* **Remain open minded** – we don’t want to appear shocked or judgemental, we want children and young people to feel confident to speak to us and tell us anything.
* **Avoid rewarding the interviewee** – we want children and young people to be open and honest and not say things for our benefit. Avoid saying thinks like “right”, “ok”, “I see” and “well done” as there are not neutral.
* **Be understanding** – we don’t know what a victim or child displaying HSB may have gone through and both may need support

**Record keeping:**

* Make sure you keep factual and accurate records of any incidents
* Record things in the child or young person’s own words
* Ensure that any records, assessments or referrals are stored confidentially.

**18. Resources and Strategies**

**All agencies**

* [NSPCC Harmful Sexual Behaviour Framework](https://learning.nspcc.org.uk/research-resources/2019/harmful-sexual-behaviour-framework)
* [NSPCC Report It Tool – To remove a nude shared image online](file:///C:\Users\aj867g\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\XLQ4MG2C\Remove%20a%20nude%20image%20shared%20online%20|%20Childline)
* [NSPCC P.A.N.T.S Rule](https://www.nspcc.org.uk/keeping-children-safe/support-for-parents/pants-underwear-rule/)
* [Working Together to Safeguard Children](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf)

* [Cheshire East Harmful Sexual Behaviour (proceduresonline.com)](https://www.proceduresonline.com/pancheshire/halton/p_sexually_harm_behav.html?zoom_highlight=hsb)
* [Boxile profile](https://www.nurtureuk.org/wp-content/uploads/2021/11/Boxall-Profile-Leaflet-2019.pdf)

**Education**

* [Keeping Children Safe in Education](https://www.gov.uk/government/publications/keeping-children-safe-in-education--2)
* [Beyond Referrals Toolkit – Schools](https://www.contextualsafeguarding.org.uk/toolkits/beyond-referrals-toolkit-schools/)

**Health**

* [Understanding sexualised behaviour in children](file:///C:\Users\aj867g\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\XLQ4MG2C\•%09https:\learning.nspcc.org.uk\health-safeguarding-child-protection\harmful-sexual-behaviour-guidance-health#article-top)
* [Harmful Sexual Behaviour among children and young people NICE guidelines](http://www.nice.org.uk/guidance/ng55)

**19. Contacts**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Cheshire East Consultation Service (ChECS) - Contact and Referral Team  0300 123 5012  Please do not post or email your concerns to us, call for a consultation | **Police**  101 (non emergency)  Tell Us: [Tell us about | Cheshire Constabulary](https://www.cheshire.police.uk/tua/tell-us-about/) | **Children’s Social Care**  **Emergency Duty Team (EDT)**  0300 123 5022 |
| Safeguarding Children in Education Team – FOR SCHOOLS ONLY  SCiES TEAM EAST [SCiESTeamEast@cheshireeast.gov.uk](mailto:SCiESTeamEast@cheshireeast.gov.uk) | | **Youth Justice Service**  0345 145 0055 | **RASASC**  Cheshire and Merseyside  01928 477980  [support@rapecentre.org.uk](mailto:support@rapecentre.org.uk)  **SARC** 24-hour helpline: 0161 276 6515 |
| NSPCC Report Abuse in Education Helpline  0800 136663  help@nspcc.org.uk | **The Lucy Faithful Foundation**  01527 591922  referrals@lucyfaithful.org.uk | **NSPCC**  [Report child abuse | NSPCC](https://www.nspcc.org.uk/keeping-children-safe/reporting-abuse/report/) |