

PROTOCOL FOR WORKING WITH CHILDREN AND YOUNG PEOPLE WITH SEXUALLY HARMFUL BEHAVIOUR

1. Purpose

- 1.1 This document sets out Bournemouth, Dorset and Poole's Inter-Agency policy and procedures to be followed when there are concerns about a child behaving in ways that are sexually harmful.

2. Policy

- 2.1 Our policy is to work with service users, the wider community and partner agencies and organisations to protect and promote the welfare of children in need, recognising that children and young people who present with sexually harmful behaviour are children in need, who may also pose a risk to others. The aim is to improve their life chances through providing or commissioning services which:

- support the upbringing of children in their own families. Where this is not possible provide stable, safe and effective alternative care at the right time and for the right length of time;
- are responsive to individual needs, circumstances and choice and are based on evidence of what works for service users;
- recognise and are sensitive to the ethnic and cultural needs of the child/young person;
- are child-centred.

- 2.2 In respect of children and young people who exhibit sexually harmful behaviour our policy is to ensure that a multi-agency assessment of concerns and strengths takes place to ensure that the child/young person's needs are clearly identified, a multi-agency plan is agreed and risk to others minimised, utilising the services and expertise of those other agencies who have skills in assessment and treatment.

3. Race, Culture, Ethnicity

- 3.1 Throughout the assessment process issues relating to ethnicity will be identified and consideration given to the use of interpreter services. Cultural tradition and religious beliefs alone neither explain nor condone acts of commission or omission which place a child or young person at risk of significant harm.

4. Definitions

- 4.1 In the absence of a nationally agreed single definition the following will be adopted for the purposes of this policy as a broad definition of behaviours that are sexually harmful and/or abusive.

Young people (below the age of eighteen years) who engage in any form of sexual activity with another individual, that they have powers over by virtue of age, emotional maturity, gender, physical strength, intellect and where the victim in this relationship has suffered sexual exploitation and betrayal of trust. Sexual activity includes sexual intercourse (oral, anal or vaginal), sexual touching, exposure of sexual organs, showing pornographic material, exhibitionism, voyeurism, obscene communication, frottage, fetishism and talking in a sexualised way. We should also include any form of sexual activity with an animal and where a young person sexually abuses an adult.

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

- 4.2 Evidence suggests that young people 'take on' and internalise labels, and therefore to describe a young person only as a 'sex offender' or 'young abuser' may impact on their motivation and responsiveness in both assessment and treatment, leaving them feeling they cannot change.
- 4.3 Although cumbersome, the term *children and young people with sexually harmful behaviour* recognises that this client group are children first; is more developmentally sensitive; is not unduly punitive; describes behaviour and defines the young person holistically. This behaviour is not the entirety of who they are.

5. Procedure

5.1 Context

- 5.2 In research it is thought that children and young people commit between a quarter to a third of all child sexual abuse. (*Derwent Initiative /LeisureWatch 2000/Glasgow et al 1994.*) Work with adult abusers has shown that many of them begin committing abusive acts during childhood or adolescence and that significant numbers of them have been subjected to abuse themselves. Early intervention with children and young people may therefore play an important part in protecting the public by preventing the continuation or escalation of abusive behaviour.
- 5.3 The revised edition of *Working Together* (1999) continues to allocate lead responsibility for the management of children and young people who sexually abuse to the Area Child Protection Committee (ACPC). However, they are now to be dealt with outside of the child protection

system unless there is clear evidence that they are themselves the victims of abuse and continue to be at risk. The Department of Health *Framework for the Assessment of Children in Need* is the assessment tool Children's Social Services Departments are required to use.

- 5.4 A Section 47 Child Protection Enquiry (Children Act 1989) will be undertaken in respect of the child victim(s) of sexual abuse when the alleged perpetrator is under the age of 18.

6. Key Principles

- 6.1 The complex nature of this client group requires a co-ordinated multi-disciplinary approach to address:

- issues of child and public protection;
- an assessment of the child/young person's needs including their psychiatric and psychological needs;
- the roles and responsibilities of child welfare and criminal justice agencies.

Within this context the following key aims and principles will apply:

- The primary objective of intervention is the protection of victims and potential victims and the avoidance of repetition of the abusive behaviour;
- The needs of the child/young person with sexually harmful behaviour should be considered separately from those of their victim(s);
- Children and young people who abuse others should be held responsible for their abusive behaviour, whilst being identified and responded to in a way which meets their needs as well as protecting others.
- Children and young people with sexually harmful behaviour are in need of help and are entitled to appropriate services;
- The assessment will address the specific concerns and assess the child/young person's needs; this will include identifying strengths to address their offending behaviour;
- Wherever possible, children/young people have a right to be consulted and involved in all matters and decisions that effect their lives. The parent(s)/carers have a right to information, respect and participation in matters that concern their family.

7. Children's Social Services

7.1 When a referral is made to Children's Social Services about a child or young person who is exhibiting sexually harmful behaviour, an initial assessment will normally be undertaken within 7 days. The exception to this is if it is apparent from the outset that behaviours are healthy/age-appropriate, in which case there may be no further action or advice only given. (See Appendix 1)

7.2 The initial assessment may conclude:

- i) no further action,
- ii) no ongoing role for Children's Social Services but onward referral to another agency,
- iii) ongoing involvement of Children's Social Services

7.3 In making an initial assessment relevant considerations include:

- The relative chronological and developmental age of the two children (the greater the difference the more likely the behaviour should be defined as abusive)
- A differential in power or authority
- The actual behaviour (both physical and verbal factors must be considered) including duration and frequency
- Whether the behaviour could be described as age appropriate or involves inappropriate sexual knowledge or motivation
- Whether physical aggression, bullying, bribery or coercion was involved
- The possibility the abuser is or was also a victim
- Attempts to ensure secrecy
- Whether a particular type of victim appears to be targeted
- Whether the alleged abuser acknowledges the problem; denies, minimises or accepts concerns
- Whether substance misuse is a feature
- Whether parents/carers are in a position to control the behaviour
- Whether learning disability, conduct disorder or mental health issues are present

7.4 Expert opinion may be needed, for example from those providing specialist treatment services for young people who sexually harm others.

7.5 If the initial assessment concludes that the child or young person does exhibit sexually harmful behaviour (see definition in para 7.1),

Children's Social Services will convene and chair a multi-agency meeting - see paragraph 11 for details.

- 7.6 Where there are concerns that the alleged abuser is also a victim of abuse child protection procedures will be followed. This may include convening a Child Protection Conference if the young person is deemed to be at continuing risk of significant harm.
- 7.7 Where a child protection conference is convened the multi-agency meeting should be incorporated into it to avoid repeat meetings. The child protection conference will therefore need to address the needs of the child/young person both as an abuser and as a victim, and this should be made clear at the outset.
- 7.8 In cases where the threshold is met, the meeting should be convened under the Multi-Agency Public Protection Arrangements (see Inter-Agency Child Protection Procedures, Appendix 1).
- 7.9 Work with a child or young person who has been abused by another young person will be undertaken separately to the work of the perpetrator.
- 7.10 A decision will need to be taken at the strategy meeting on how best to undertake this work. It will be essential to ensure the child/young person's safety and determine whether the parents can be proactive in this respect, especially if both young people are in the same family/household.
- 7.11 An assessment of the victim's circumstances will be key to identifying what actions, strategies and services need to be put place to ensure protection from further abuse.

8. Response by Youth Offending Teams

- 8.1 The YOT's role in working with children and young people who sexually abuse, is to ensure their offending behaviour is addressed and to work with other agencies to assess and manage the risk they present to the community.
- 8.2 The YOT may become involved with those accused of sexual offences at the very earliest stage by acting as appropriate adult. However, this is usually a one-off involvement often undertaken by sessional workers.
- 8.3 Children/young people who are subsequently charged and given police bail may be supported by the YOT, where this is agreed with the child/young person and their family. Where a case is adjourned, for whatever reason, YOT will also be involved if a bail supervision order is made.

- 8.4 If the young person is pleading not guilty, YOTs may have no contact with that young person or their family until after a finding of guilt at Court. However, where a multi-agency meeting is convened by Children's Social Services, the appropriate YOT team manager should attend in order to play their part in risk management.
- 8.5 Where a child or young person is charged with an offence and admits their guilt, or is subsequently found guilty, it is the YOTs responsibility to co-ordinate an assessment of the risk of harm. In Dorset, though not in Bournemouth or Poole, the YOT have a Service Level Agreement with the NSPCC, who carry out assessments on behalf of the YOT jointly or in consultation with the allocated YOT officer.
- 8.6 There will be occasions when the child/young person receives an order from the court and is not known to either YOT or Children's Social Services; or known only to the YOT. In these cases the YOT team manager should convene and chair the multi-agency meeting.
- 8.7 It is acknowledged that the child/young person order from court may expire before the work with him/her is completed, thus ending the role of the YOT. A multi-agency meeting should be convened before any order expires and an agreement reached about which agency will assume the key worker role until work with the child/young person is completed.

9. NSPCC

- 9.1 Bournemouth, Dorset and Poole Social Services and Dorset YOT, have Service Level Agreements with the NSPCC to provide assessments and treatment services to children and young people with sexually harmful behaviour.
- 9.2 A possible outcome of the initial/core assessment and Children in Need/Risk Assessment Meeting might be a recommendation that further specialist assessment is required. In such cases a referral to the NSPCC should be considered and the NSPCC should normally attend the meeting. The NSPCC undertake specialist assessments using AIM (Assessment Intervention and Moving-On).
- 9.3 The AIM assessment findings and recommendations can be added as a supplementary section to the Initial/Core Assessment paperwork, or recorded as a stand-alone report. As stated earlier, *Working Together* highlights the importance of a multi-agency response to the needs of and concerns presented by this client group. Therefore the outcomes of the AIM Assessment(s) will be presented to the review Children in Need/Risk Assessment Meeting.

10. CAMHS/HEALTH

- 10.1 Dorset HealthCare NHS Trust/West Dorset General Hospital NHS Trust (West Dorset)/Dorset HealthCare NHS Trust (East Dorset) is fully committed to working with partner agencies where young people with problematic, inappropriate and or criminal sexual behaviour are concerned.
- 10.2 Where a young person (Under 18 years of age) is referred to or is already an active case within Child and Adolescent Mental Health Services and it becomes apparent that such behaviours are being exhibited, an immediate referral will be made to the appropriate Children's Social Services.
- 10.3 CAMHS will attend all initial multi-agency meetings for children/young people with sexually harmful behaviour, whether or not the child/young person is known to them.
- 10.4 A referral may be made to CAMHS, either directly by another agency or via the multi-agency meeting. Such referrals will be prioritized in recognition of the high potential for harm to themselves and also to other children/young people.
- 10.5 Such referrals may be for an assessment of underlying mental disorders and/or therapeutic work with the child/young person where they themselves have been abused. Depending on the identified need, work may be undertaken before, during or after the offence-focused work.

11. Multi-Agency Meeting

- 11.1 It is expected that a protocol for multi-agency meetings will be produced which will form Appendix 4 of the Inter-Agency Child Protection Procedures.
- 11.2 The child/young person who is the subject of a multi-agency meeting will need to have his/her needs considered and an action plan devised to meet those needs. However, where the meeting concerns a child/young person with sexually harmful behaviour, the action plan will additionally need to address any risk he/she may present to the community.
- 11.3 Needs are likely to be significant in this group of children and young people, so it is important that relevant agencies co-operate to ensure appropriate services are provided in a reasonable timescale. To this end, agency representatives invited to the multi-agency meeting should prioritize their attendance, and be prepared to commit resources to ensure the child or young person's needs can be appropriately met and that the risk to the community can be minimized and managed effectively.

- 11.4 The following suggestions give additional general guidance about multi-agency meetings for children/young people with sexually harmful behaviour, but professional judgement will clearly be required in individual cases.

Who should be invited?

- The meeting should be convened and chaired by a Children's Social Services Manager, a YOT Manager or an Independent Reviewing Officer (where Children's Social Services do not have a current involvement)
- Children's Social Services (where the meeting is being convened by the YOT)
- YOT - Where the child/young person is already known to the YOT or where a criminal prosecution is likely or where the child/young person has been charged
- CAMHS - invitation to the initial meeting should be sent to the Locality Manager
- Education
- Health
- NSPCC
- Police - where appropriate
- The child/young person (where appropriate) and their parent/ carer - the social worker or youth offending officer should ensure that the child/young person is adequately prepared for the meeting
- Representatives from the other local authority where the child/young person is placed outside the originating authority
- Adult Services - where the child/young person is likely to require services beyond their 18th birthday
- Any other professional who has significant involvement with the child/young person and/or their family

When should the meeting be held/reviewed?

- The meeting should be held as soon as possible after the need for such a meeting is identified, and at least within 15 days.
- The action plan developed should be reviewed within one month and thereafter at not less than three-monthly intervals.
- A review meeting should be held prior to the expiry of any court order

Links to other meetings

- Where the threshold is met, the meeting should be convened under the Multi- Agency Public Protection Arrangements
- Where a Child Protection Conference is convened in respect of the child/young person, the additional issues that would have been addressed via the multi-agency meeting should be covered in the Child Protection Conference. The Child Protection Conference should therefore address the needs of the child/young person both as a victim and as an abuser, and this dual function should be stated clearly at the outset.
- Where the child/young person is Looked After, an initial multi-agency meeting will be needed to develop the plan. However, the review of the multi-agency meeting plan may be combined with the statutory review process where possible, to avoid duplication of meetings.

What additional areas should be covered in the multi-agency meeting where the child/young person exhibits sexually harmful behaviour?

- What further enquiries should be made?
- What further assessments are required?
- Should a meeting be convened under MAPPAs or CP procedures?
- What are the risks to the community?
- How can these be managed?
- What information should be shared with whom, and who will do this? Including distribution of meeting minutes and action plan.
- Should the review of the Child in Need Meeting be combined with any other meeting already being held in relation to the child/young person? (eg: statutory review of Child Looked After).

BIBLIOGRAPHY

- Children Act 1989
- Bournemouth, Dorset & Poole ACPC Inter-agency Child Protection Procedures 2002
- Working Together to Safeguard Children From Harm 1999
- Childhood Lost, DM Overview Report
- Framework for the Assessment of Children in Need and their Families - 2000
- AIM Project - Guidelines for Identifying & Managing Sexually Problematic/Abusive Behaviour in Schools and Nurseries - 2002

AGE APPROPRIATE SEXUAL BEHAVIOURS

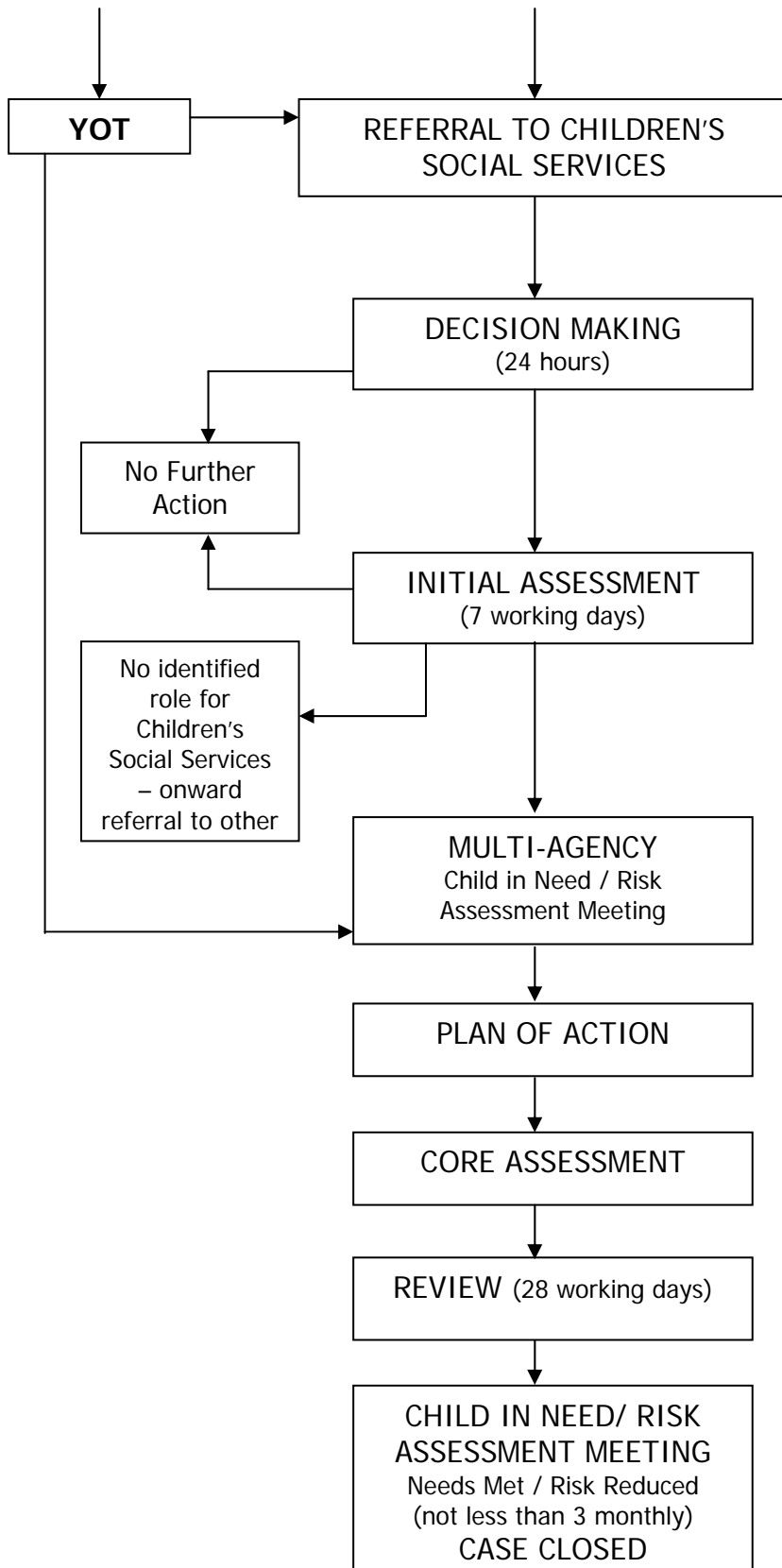
The table below gives a brief overview of age appropriate sexual behaviours.

AGE APPROPRIATE SEXUAL BEHAVIOURS [reproduced from 'Child's Play?' a STOP IT NOW leaflet]		
	They commonly.....	They rarely.....
Pre-school Children [0-5]	<ul style="list-style-type: none"> • Use childish 'sexual' language to talk about body parts • Ask how babies are made and where they come from. • Touch or rub their own genitals • Show and look at private body parts 	<ul style="list-style-type: none"> • Discuss sexual acts or use sexually explicit language • Have physical sexual contact with other children • Show adult-like sexual behaviour or knowledge
School-age [6-12]	<ul style="list-style-type: none"> • Ask questions about menstruation, pregnancy and sexual behaviour • Experiment with other children, often during games, kissing, touching, showing and role-playing e.g. mums and dads or doctors and nurses • Masturbate in private [Older children in this age range are also more likely than pre-school children to use sexual words and discuss sexual acts, particularly with their friends] 	<ul style="list-style-type: none"> • Masturbate in public • Show adult-like sexual behaviour or knowledge
Adolescents [13-16]	<ul style="list-style-type: none"> • Ask questions about relationships and sexual behaviour • Use sexual language and talk about sex acts between themselves • Masturbate in private • Experiment sexually with adolescents of similar age [NB About one-third of adolescents have sexual intercourse before the age of sixteen] 	<ul style="list-style-type: none"> • Masturbate in public • Have sexual contact with much younger children or adults

(Further information and guidelines for identifying and managing sexually problematic/abusive behaviour in schools and nurseries can be obtained from the Aim Project, Building Three, Quays Reach, South Langworthy Road, Salford, Manchester, M50 2PW. Tel: 0161 743 4665. E-mail: aimproject@msn.com - © Carol Carson & AIM Project 2002)

CHILDREN AND YOUNG PEOPLE WITH SEXUALLY HARMFUL BEHAVIOUR

FLOWCHART



NB

- *CONSIDER CPC FOR VICTIMS/OTHER CHILDREN IN HOUSEHOLD*
- *CONSIDER CPC FOR C/YP WITH SEXUALLY HARMFUL BEHAVIOUR ONLY IF THEY ARE ALSO BELIEVED TO BE A VICTIM OF ABUSE AND AT CONTINUING RISK OF SIGNIFICANT HARM (IE : FOLLOWING A S47 ENQUIRY)*
- *CONSIDER AMALGAMATING REVIEW PROCESSES IF C/YP WITH SEXUALLY HARMFUL BEHAVIOUR IS ALSO LOOKED AFTER*
- *CONSIDER MAPPA IF CRITERIA MET*