



Children & Young People

Harmful Sexual Behaviour (HSB)

Multi-Agency Practice Guidance

Purpose:

This document has been developed to set out a multi-agency strategy and framework to provide workers with the steps to be taken in managing and responding to children and young people where it is believed they present with/have engaged in Harmful Sexualised Behaviour (HSB) to ensure their safety and well-being.

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This system of recording review dates is designed to ensure staff at all times use the correct version of the up to date Policy.

| CONSULTATION |
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| <p>This guidance has been developed by the multi-agency working group on harmful sexual behaviour, which has included representatives of the following services/ organisations:</p> <p>City of Wolverhampton Council Children’s Services Wolverhampton Clinical Commissioning Group City of Wolverhampton Council Public Health Service City of Wolverhampton Council Education Service West Midlands Police Royal Wolverhampton Hospital Trust Black Country Partnership Foundation Trust Aquarius Base 25 Schools</p> <p>The guidance was approved by Wolverhampton Safeguarding Children Board Law, Policy and Procedures Committee on 8 May 2018 and the Wolverhampton Safeguarding Board on 13th June 2018.</p> |

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1.0 INTRODUCTION

The aim of this guidance/procedure is to provide workers with the steps to be taken in managing and responding to children and young people where it is believed they present with or have engaged in Harmful Sexual Behaviour (HSB).

This enables a coordinated multi agency approach to the identification, assessment, and consistent response to harmful sexual behaviour. The procedure applies to children and young people up to the age of 18 years or 25 if they have physical or learning disabilities where it is believed they present with / have engaged in harmful sexual behaviour. The victim of this behaviour may be a younger child, peer or adult.

2.0 CONTEXT AND KEY PRINCIPLES

Work with children and young people who abuse others- including those who sexually abuse / offend, should recognise that such children are likely to have considerable needs themselves, and that they may pose a significant risk of harm to other children.

The Youth Offending Team (YOT) have an important role to play in cases where an offence may have been committed by the young person. YOT should ensure that there is a clear operational framework in place within which assessment, decision-making and case-management take place. Neither child welfare nor criminal justice agencies should embark on a course of action that has implications for the other agencies without appropriate consultation.

Key principles to guide the work with children and young people who exhibit harmful sexual behaviour:

- Work with children and young people who abuse others must recognise that such children are likely to have considerable needs themselves, and should be treated as children in need of help or protection and that they also pose a risk of harm to other children and young people;
- The needs of children and young people who abuse others should be considered separately from their victims;
- Young people who sexually harm others have a right to be consulted and involved in all matters and decisions that affect their lives. Their parents have a right to information, respect and participation in matters that affect their family;
- Considerable diversity exists among children and young people who display harmful sexual behaviours. This diversity applies to their backgrounds and experiences, the motivations and the meaning of their behaviours;
- A number of factors indicate higher risk and for this reason a multi-agency assessment should be carried out in each case, appreciating these children may have considerable unmet needs, as well as specific needs arising from their behaviour;
- Cognitive behavioural interventions, relapse prevention work and involvement of significant others such as parents/carers are effective alongside increasing resilience factors and reducing negative factors in a young person's life.

Research evidences (Hackett 2001) that young people who commit sexual offences are not a homogenous group and this form of behaviour indicates a level of complexity from an emotional, cognitive and behavioural perspective. There is no one single factor or experience which leads to the development of harmful sexual behaviour in a young person. Indeed it is common for a combination of factors which contributes to the development of the behaviour for example:

- Personal abuse history
- Attachment difficulties/deficits
- Family dynamics including being given too much responsibility
- Deficits in social skills and low self esteem
- Lack of sexual knowledge
- Socialisation difficulties

Evidence suggests that children and young people who display harmful sexual behaviour towards others may have suffered considerable disruption in their lives, been exposed to violence within the family, may have witnessed or been subjected to abuse, have problems with their educational and/or social development and may have committed other offences. Often the demonstration of harmful sexual behaviours is a means of communicating there is some form of unmet needs and/or distress. Such young people are likely to be children in need and some in addition will be suffering or be at risk of significant harm and may themselves be in need of protection. Children and young people who display harmful sexual behaviour are often emotionally immature and cannot be treated the same way as adults. Young people are still developing their sexual feelings and understanding. Early intervention can assist this development and channel it in a positive way.

There has been a broad shift in focus within research, as it has become increasingly clear that confrontational and punitive methods which were traditionally used in treating adult sex offenders have been rejected in the adolescent field. In their place has emerged a strong call for the notion of child-focused and holistic interventions, treating the whole child, not solely the issues specific to the offending behaviour. Children who display harmful sexual behaviours are first and foremost children and should not be regarded as mini sex offenders (Hackett et al, 2003).

Research in Practice “Research Review: Children and young people with harmful sexual behaviours” (2014). Written by international expert Professor Simon Hackett, the Review provides leaders in safeguarding and child protection with essential evidence for developing strategy and services in this challenging area. Professor Hackett said: “Knowledge has developed steadily about children and young people with harmful sexual behaviours over the last two decades. It’s now time to take stock of what’s been learnt. It’s a complex problem that carries with it immense stigma for children and their families. We need a balanced approach to this issue that recognises both the risks and needs of children presenting with harmful sexual behaviours.”

3.0 LEGISLATIVE FRAMEWORK

This guidance is underpinned by the following legislation:

- The Children and Young Persons' Act 1993-this lists Schedule 1 offences
- The Children Act 1989
- The Children Act 2004
- The Crime and Disorder Act 1998
- The Criminal Justice Act 2003
- The Sexual Offences Act 2003

4.0 TERMINOLOGY AND DEFINITIONS

Harmful sexual behaviour is defined as one or more children engaging in sexual discussions or acts that are inappropriate for their age or stage of development. These can range from using sexually explicit words and phrases to full penetrative sex with other children or adults (Rich, 2011). This definition is utilised by the National Society for the Prevention of Cruelty to Children (NSPCC).

It covers a range of behaviours including the following:

- Sexual penetration;
- Touching parts of the body;
- Exposure of sexual organs;
- Intrusive observations;
- Stealing underwear;
- Masturbating into another's clothes;
- Obscene communication (such as obscene messages, sexual harassment or denigration);
- Accessing child pornography or showing pornographic material;
- Facilitating sexual behaviour by others.

Electronic as well as verbal or written, transmission of such messages and materials should also be considered abusive.

Harmful sexual behaviour takes place when:

- There is no informed consent by the victim¹ and/or
- The young person has allegedly displayed a harmful sexual behavioural threat (verbal, physical or emotional) to coerce, threaten or intimidate the victim

To give consent to sex or a sexual act a person must be 16 years old or over, understand, and be able to make a choice or change their mind. If a young person is under the age of 13 years, under the Sexual Offences Act 2003 they cannot legally consent to any form of sexual activity. The Sexual Offences Act 2003 reinforces that, whilst mutually agreed, non-exploitative sexual activity between teenagers does take

¹ 'Consent is based on choice. Consent is active not passive. Consent is possible only when there is equal power. Forcing someone to give in is not consent. Going along with something because of wanting to fit in with the group is not consent...If you can't say no comfortably then 'yes' has no meaning. If you are unwilling to accept 'no' then 'yes' has no meaning,' (Adams et al, 1984).

place and that often no harm comes from it, the age of consent should still remain at 16. This acknowledges that this group is still vulnerable, even when they do not view themselves as such. An assessment should be completed which should take into consideration the young person's competency to give consent, and the nature of the relationship. Consideration must be given to age, maturity, developmental stages, functioning and experience and also the awareness of the potential consequences of their act.

In respect of sexual behaviours, there are sometimes difficulties in distinguishing between normal childhood sexual development and experimentation, and sexually inappropriate or harmful behaviour. The indicators below should be used as a guide only. Sometimes expert professional judgement may be needed within the context of knowledge of sexually harmful behaviours and normal child sexual development. It is also important to not over-react to the presenting behaviour as this can have long term consequences for the child (i.e. becoming ashamed about their sexuality or closing down opportunities for them to develop).

Alongside harmful sexual /inappropriate behaviours there are often more complex behaviours evident such as conduct disorder, problems with anger management, PTSD, anxiety, clingy, aggression, disruption, poor peer relationships. Abuse, trauma, poor attachments with parents and siblings, little empathy, disrupted patterns of care and loss of a significant person and lack of role models are often features within harmful sexual behaviours. Specialist sexually harmful research and assessment tools will also highlight particular features within harmful sexual behaviours that will increase risk factors (e.g. behaviour committed in a public place, stalking, recent mood swings).

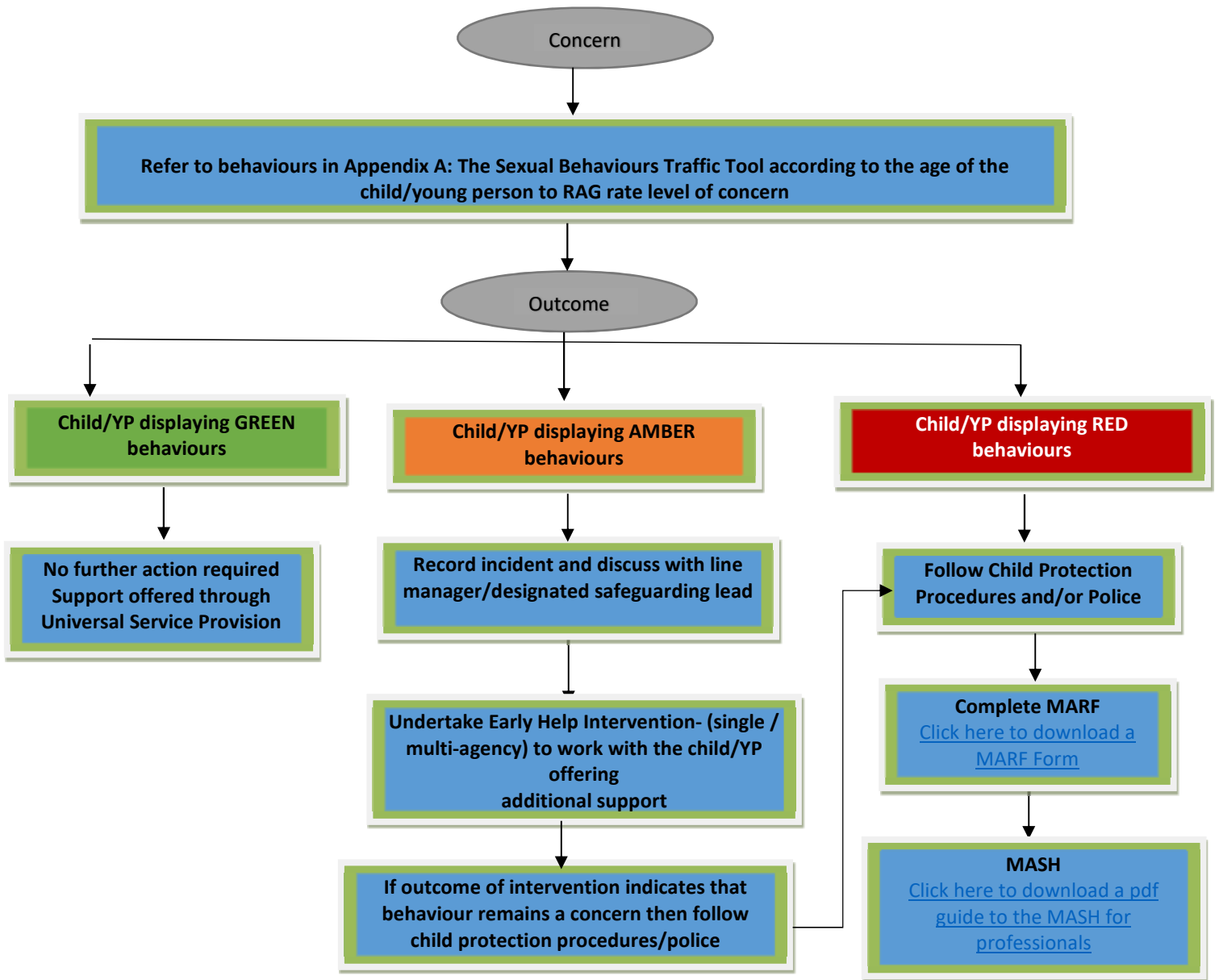
5.0 DENIAL USED AS A COPING MECHANISM

Children and young people who deny an allegation of harmful sexual behaviour do so for a multitude of reasons, some of which are:

- They are innocent;
- It is a normal response to a challenge, specifically if it relates to something that is wrong and socially unacceptable so it is used as a coping mechanism as they fear the reaction of others; or
- They are being advised by a solicitor to not discuss the allegation or minimise their involvement due to lack of evidence within police interviews or court proceedings.

Clinicians had previously noted the existence of denial as a risk factor and often professionals deemed the young person's risk to be higher because denial is present. However, research has found that denial and minimisation have no relationship with sexual recidivism (Worling 2002 quoted by Hackett 2004). Children and young people who deny their involvement in sexual offences even following conviction use denial as a coping mechanism. Denial or other types of coping mechanisms such as justification, minimising, or blaming others etc. is used as a means to protect themselves. These are normal responses especially in children when they have done something wrong. Given the serious nature of the behaviour it is completely understandable that these coping mechanisms will be present.

6.0 HSB PROCESS MAP



7.0 IDENTIFYING THE APPROPRIATE COURSE OF ACTION

Definitions in the context of sexually harmful behaviour can be difficult. Identification of harmful sexual behaviours and categorising appropriately is key to ensure the correct intervention is delivered and risks are appropriately managed. In Wolverhampton we use the Sexual Behaviours Traffic Light Tool ('The Traffic Light Tool'), which has been adapted for use in the UK by Brook (www.brook.org.uk) {See Appendix A}.

The 'Traffic Light Tool' categorises the sexual behaviours of young people to help professionals:

- Understand healthy sexual development and distinguish it from harmful behaviour
- Assess and respond appropriately to sexual behaviour in children and young people
- Make decisions about safeguarding children and young people

By using this resource, practitioners can learn to identify, assess and respond to sexual behaviour in children and young people in a confident and appropriate manner.

The traffic light tool lists examples of green, amber and red behaviours within four different age groups. These are examples only and should not be applied as simplistic labels on their own, such as "it is an amber behaviour". It is important that professional judgement is applied to provide a timely and appropriate response as well as establish relevant contextual information.

The age categories deliberately overlap to demonstrate the fluidity and variable nature of development. These are indicative, and understanding may vary. The 13 to 17 age category may also be a useful guide for vulnerable young people, or young people with physical or learning disabilities, up to age 25.

8.0 USING THE SEXUAL BEHAVIOURS TRAFFIC LIGHT TOOL

The behaviours identified in the Traffic Light Tool are examples used to show the difference between healthy and unhealthy sexual development. The resource does not aim to define how children and young people should behave, but to show which behaviours are a natural part of development and exploring sexuality, and which are problematic and may need intervention, assessment and support.

The Traffic Light Tool is designed to help practitioners think through their decisions and does not replace organisational procedures or assessment frameworks. It assists in identifying whether the presenting sexual behaviour is a safeguarding concern which needs to be further investigated using the local safeguarding policies and procedures.

By identifying sexual behaviours as Green, Amber or Red, practitioners across different agencies can work to the same criteria, informing their assessments and

decisions about appropriate action, leading to a unified approach to protecting children and young people. In assessing the distinction between behaviour that is experimental in nature and behaviour that is abusive, the notions of consent, power, equality, and authority need to be considered by the assessors.

9.0 WHAT IF THE PRESENTING BEHAVIOUR IS NOT IN THE NORMATIVE LIST?

The normative list provides examples of the types of behaviours that would sit within each colour category. If the presenting behaviour is not given as an example it may be useful to consider the following questions:

- Is the behaviour consensual for all children or young people involved?
- Is the behaviour reflective of natural curiosity or experimentation?
- Does the behaviour involve children or young people of a similar age or developmental ability?
- Is the behaviour unusual for that particular child or young person?

10.0 SHARING OF YOUTH PRODUCED SEXUAL IMAGES (“SEXTING”)

Sharing photos and videos online is part of daily life for many people, enabling them to share their experiences, connect with friends and record their lives. Photos and videos can be shared as text messages, email, posted on social media or increasingly via mobile messaging apps, such as Snapchat, WhatsApp or Facebook Messenger. This increase in the speed and ease of sharing imagery has brought concerns about young people producing and sharing sexual imagery of themselves. This can expose them to risks, particularly if the imagery is shared further, including embarrassment, bullying and increased vulnerability to sexual exploitation. Producing and sharing sexual images of under 18s is also illegal.

The UK Council for Child Internet Safety has developed [guidance](#) on sexting in schools and colleges. This guidance states:

We should not, however, unnecessarily criminalise children. Children with a criminal record face stigma and discrimination in accessing education, training, employment, travel and housing and these obstacles can follow a child into adulthood. Whilst young people creating and sharing sexual imagery can be very risky, it is often the result of young people’s natural curiosity about sex and their exploration of relationships. Often, young people need education, support or safeguarding, not criminalisation.

The National Police Chiefs Council (NPCC) has made clear that incidents involving youth produced sexual imagery should primarily be treated as safeguarding issues.

In relation to disclosures of incidents in schools, the guidance states that:

All incidents involving youth produced sexual imagery should be responded to in line with the school’s safeguarding and child protection policy. When an

incident involving youth produced sexual imagery comes to a school or college's attention:

- The incident should be referred to the DSL as soon as possible
- The DSL should hold an initial review meeting with appropriate school staff
- There should be subsequent interviews with the young people involved (if appropriate)
- Parents should be informed at an early stage and involved in the process unless there is good reason to believe that involving parents would put the young person at risk of harm
- At any point in the process if there is a concern a young person has been harmed or is at risk of harm a referral should be made to children's social care and/or the police immediately.

An immediate referral to police and/or children's social care¹⁶ should be made if at this initial stage:

1. The incident involves an adult
2. There is reason to believe that a young person has been coerced, blackmailed or groomed, or if there are concerns about their capacity to consent (for example owing to special educational needs)
3. What you know about the imagery suggests the content depicts sexual acts which are unusual for the young person's developmental stage, or are violent
4. The imagery involves sexual acts and any pupil in the imagery is under 13
5. You have reason to believe a pupil is at immediate risk of harm owing to the sharing of the imagery, for example, the young person is presenting as suicidal or self-harming

11.0 RESPONDING TO HARMFUL SEXUAL BEHAVIOUR

Incidents of harmful sexual behaviour come to light, either through discovery or disclosure which may be third-party or second-hand information. The details provided should be accurately recorded by the person receiving the initial account.

All Green, Amber and Red behaviours require some form of attention and response; however the type of intervention will vary according to the behaviour. An assessment of the child/young person presenting harmful sexual behaviour/s should be undertaken by the practitioner/s involved against the criteria within the Brook Traffic Light Tool. The Brook Traffic Light Tool should be used alongside the [Threshold of Need and Support in Wolverhampton](#) to assist everyone involved in making decisions about the most appropriate support to provide to child/ren/young people.

Behaviours identified in the green range are age appropriate, those in the amber range require further assessment and those in the red range require immediate referral to the MASH and/police. Where another child has been harmed as a result of harmful sexual behaviour, this must be referred to the MASH.

Practitioners should consult with each other, share information and work together to ensure that the child/young person and their family get the most appropriate and effective support. They should discuss concerns with their line manager/ designated safeguarding lead and follow the **HSB Process Map in 6.0**. Practitioners should also be guided by the principle of proportionality and the primary concern must be the welfare and protection of the children/young people involved.

11.1 Green Behaviours

Green behaviours reflect safe and healthy sexual development. They are:

- Displayed between children or young people of similar age or developmental ability
- Reflective of natural curiosity, experimentation, consensual activities and positive choices

Thresholds of Need and Support - (Universal Support)

Providing behaviours are age appropriate and are in line with what is considered “healthy” these behaviours do not warrant concern but the practitioner may be able to discuss with the child or young person and advise parent(s) of the discussion. Green behaviours provide opportunities to provide positive feedback and information that supports healthy sexuality. A universal support service is sufficient to positively reinforce appropriate behaviour, and to provide further information, advice and support about normal behaviours. Healthy sexual development should be encouraged, similar to any other aspect of child development.

11.2 Amber Behaviours

Amber behaviours have the potential to be outside of safe and healthy development. They may be:

- Unusual for that particular child or young person
- Of potential concern due to age or developmental differences
- Of potential concern due to activity type, frequency, duration or the context in which they occur

Amber behaviours cannot be ignored, and it is important to think through the options available to the agency/establishment. However not all behaviours in the amber range will require serious level of intervention or even a formal referral to the MASH and/police. The decision to respond to an amber behaviour without involving the MASH and/or police will be made when the designated safeguarding lead is confident that they have enough information to assess the risks to the child/ren involved and the risks can be dealt with by single-agency or multi-agency intervention through Early Help. With low level concerns, re-direction of the behaviour, boundary setting may be all that is required, or discussion with the parent/carer etc.

Practitioners should also consider why the behaviours may be being displayed, and, where possible, gather further information, record what is said and share the information with their line manager/designated safeguarding lead and continue to monitor behaviour.

The following questions should also be considered as appropriate:

- Is the presenting behaviour consensual for all children involved?
- Is the behaviour reflective of natural curiosity or experimentation?
- Is the behaviour unusual for the child?
- Is the behaviour a one-off or repeated behaviour?
- How does the child respond to it?
- Does the behaviour involve children of a similar age or developmental ability?
- Is the behaviour occurring in a public or private space? Does this increase or reduce concerns?
- Is the behaviour excessive, coercive, degrading or threatening or intended as bullying?
- Are other children showing signs of alarm or distress as a result of the behaviour?
- Is the behavior premeditated action to gain attention or annoy others?
- Is it influenced by an imbalance of power?
- Are there any other concerns on the child's welfare?

Practitioners should ensure that the behaviour causing concern is clearly described and include information on the frequency of the behaviour, the age and/or vulnerability of the child or young person displaying the behaviour and the child or young person targeted. Any available information about impact on the child targeted, the extent of consent and any indications of remorse should also be included. The potential risks to other children, particularly siblings must be considered. Other children in the household must be identified and advice must be sought from the MASH.

Threshold of Need and Support-Early Help (single agency or multi-agency)

Amber behaviours may indicate that the young person has additional needs that cannot be met by universal services but may be met by an additional piece of work. Practitioners should consider whether targeted support is appropriate, either through an existing support plan or through Early Help Assessment (single agency or multi-agency) to assess and manage risks.

Early Help via single agency will be delivered in a co-ordinated way by the agency who has identified the need whilst Early Help via a multi-agency approach will involve all relevant practitioners to ensure co-ordinated support is offered to the child/young person.

Amber behaviours may require an educative piece of work around sexual behaviours exploring aspects such as puberty, law, consent, appropriate/inappropriate sexual behaviour and boundaries and a referral to specialist agencies for support or advice. Support may also require observation, documentation, referral to intervention services, increased supervision, assessment, risk management plan, safeguarding assessment and/or a legal response.

At any point in the process if there is a concern a child/young person has been harmed or is at risk of harm a referral should be made to MASH and/ the police immediately.

11.3 Red Behaviours

Red behaviours are outside of safe and healthy behaviour. They may be:

- Excessive, secretive, compulsive, coercive, degrading or threatening
- Involving significant age, developmental or power differences
- Of concern due to the activity type, frequency, duration or the context in which they occur

Red behaviours indicate a need for immediate intervention and referral to the MASH and/police, though it is important to consider actions carefully. When determining the appropriate action, identify the behaviour, consider the context and be guided by:

- Relevant national legislation and guidance
- Organisational policies, procedures and guidance
- Human rights
- The identified risks or needs of the young person
- The potential or real risks to others

Threshold of Need and Support- Specialist Support

Red behaviours indicate that the child/young person has acute needs and is at risk of significant harm and may present a risk of other children/young people. Professionals should speak to their line manager/ designated safeguarding lead, record the behaviours and make a referral to the MASH [or to the Police if necessary to prevent a crime or the destruction of evidence] immediately.

If either the victim or the young person who has allegedly displayed sexually inappropriate or harmful sexual behaviour is an out of City child or young person then the MASH will inform the relevant local authority. Where the victim is either at the current time or time of the offence an adult, the police will lead the investigation. If deemed reasonable and proportionate, police can consider putting as a condition of Police Bail for the young person to engage with Social Care.

12.0 PROTECTIVE ACTION TO BE TAKEN

Following a referral being made to the MASH, a determination as to whether any child or young person is suffering or is likely to suffer immediate significant harm an assessment will be made about which service is best placed to respond to the concerns. The MASH will triage the level of risk and apply RAG rating and threshold (see HSB Process Map 6.0).

The MASH will jointly discuss and agree the appropriate course of action and decide whether to:

- Hold a Strategy Discussion and/or MASH Discussion

- Commence a Single Agency Assessment
- Utilise Early Intervention support services

12.1 Single Assessment

Assessments are undertaken of the needs of individual children to determine what services to provide and action to take. They may be carried out:

- To gather important information about a child and family;
- To analyse their needs and/or the nature and level of any risk and harm being suffered by the child;
- To decide whether the child is a Child in Need (Section 17) and/or is suffering or likely to suffer Significant Harm (Section 47); and
- To provide support to address those needs and make them safe

12.2 Strategy Discussion/Meeting

Where there is evidence that the threshold for enquiries under S47 of the Children Act has been met, an interagency strategy discussion will take place if there are concerns that a child/ren is/are likely to suffer significant harm. The aim of the Strategy Discussion/Meeting is to agree how and who will interview both the victim and young person who has displayed sexually inappropriate or harmful sexual behaviour and how the investigation will be managed, and what immediate steps need to be taken to protect both the victim and any other young children or young people who has allegedly displayed such behaviour may have contact with.

Agency involvement in the strategy discussion/meeting will depend on the individual circumstances. In addition to police and children's' social care, schools, Youth Offending services or any other agency with significant contact to any of the young people should also be invited to the meeting where appropriate.

The strategy meeting should consider:

- Issues of child and public protection, including a clear understanding and description of any alleged incident;
- An assessment of the child/young person's needs, and the need for further specialist assessment;
- The roles and responsibilities of Social Care and criminal justice agencies;
- Any on-going safety issues for all of the young people involved.

The context of the behaviour and background of the young people and their family are important factors in determining next steps. Where there is no requirement to hold a formal strategy meeting, it is still good and useful practice to hold a multi-agency planning meeting to consider the needs of the children or young people involved. Strategy meetings will make contingency plans for future actions following further assessment and investigation of the incident. The option of reconvening the strategy meeting post the investigation may be useful in some cases.

Specialist opinion may be required to inform the assessment from those providing specialist treatment services for young people who sexually harm others. Following the investigation, if the decision is made to engage the young person in further work, it is important that these discussions take place as soon after the investigation as possible. Successful engagement of families significantly diminishes if there is a time delay in arranging specialist intervention.

13.0 TALKING TO THE CHILD/YOUNG PERSON

Children/young people involved in harmful sexual behaviour have a right to be consulted and involved in matters and decisions that affect their lives. Every effort should be made to discuss the matter with the child/young person and obtain their account of the situation and reason for their behaviour in a meaningful way and the use of interpreter services should be accessed if needed to achieve this. They may be able to explain exactly what they think their needs are. There may be subsequent interview with other children/young people involved (if appropriate). Where a criminal offence has been committed, any decisions about speaking to the child about the behaviour should be guided by the police, so that there is no possibility that the investigation is being undermined.

14.0 INFORMING PARENTS OR CARERS

Parents have a right to information, respect and participation in matters that affect their family. Parents will be informed and involved in the process at an early stage unless there is good reason to believe that involving the parents would put the child/young person at risk of harm.

Discussions should take place between practitioners/agencies as to best methods of communication with parents. The timing and content of this contact will depend on the nature and circumstances of the sexual behaviour, for example if there is a legal process on going. Any decision not to inform the parents would generally be made in conjunction with other services such as the MASH and/or the police who would take the lead in deciding when the parents should be informed. Where a concern is subject to a Section 47 enquiry, the strategy discussion will determine how and when the parents will be communicated with.

15.0 PROTECTION OF CHILDREN TARGETED

Specific arrangements need to be made to ensure that any children who have been targeted feel safe. This should be done in conjunction with their families. Their views on how to feel safe should be sought and considered. Arrangements may need to be made to move a child to a different class or year group. Individual work and support needs to be offered to the child.

Appendix A- Sexual Behaviours Traffic Light Tool

Behaviours: age 0 to 5

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

What is a green behaviour?

Green behaviours reflect safe and healthy sexual development. They are:

- displayed between children or young people of similar age or developmental ability
- reflective of natural curiosity, experimentation, consensual activities and positive choices

What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

Green behaviours

- holding or playing with own genitals
- attempting to touch or curiosity about other children's genitals
- attempting to touch or curiosity about breasts, bottoms or genitals of adults
- games e.g. mummies and daddies, doctors and nurses
- enjoying nakedness
- interest in body parts and what they do
- curiosity about the differences between boys and girls

What is an amber behaviour?

Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be:

- of potential concern due to age, or developmental differences
- of potential concern due to activity type, frequency, duration or context in which they occur

What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

Amber behaviours

- preoccupation with adult sexual behaviour
- pulling other children's pants down/skirts up/trousers down against their will
- talking about sex using adult slang
- preoccupation with touching the genitals of other people
- following others into toilets or changing rooms to look at them or touch them
- talking about sexual activities seen on TV/online

What is a red behaviour?

Red behaviours are outside of safe and healthy behaviour. They may be:

- excessive, secretive, compulsive, coercive, degrading or threatening
- involving significant age, developmental, or power differences
- of concern due to the activity type, frequency, duration or the context in which they occur

What can you do?

Red behaviours indicate a need for immediate intervention and action.

Red behaviours

- persistently touching the genitals of other children
- persistent attempts to touch the genitals of adults
- simulation of sexual activity in play
- sexual behaviour between young children involving penetration with objects
- forcing other children to engage in sexual play

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Brook sexual behaviours traffic light tool adapted from Family Planning Queensland. (2012). Traffic Lights guide to sexual behaviours. Brisbane: Family Planning Queensland, Australia.

Behaviours: age 5 to 9

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

What is a green behaviour?

Green behaviours reflect safe and healthy sexual development. They are:

- displayed between children or young people of similar age or developmental ability
- reflective of natural curiosity, experimentation, consensual activities and positive choices

What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

Green behaviours

- feeling and touching own genitals
- curiosity about other children's genitals
- curiosity about sex and relationships, e.g. differences between boys and girls, how sex happens, where babies come from, same-sex relationships
- sense of privacy about bodies
- telling stories or asking questions using swear and slang words for parts of the body

What is an amber behaviour?

Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be:

- of potential concern due to age, or developmental differences
- of potential concern due to activity type, frequency, duration or context in which they occur

What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

Amber behaviours

- questions about sexual activity which persist or are repeated frequently, despite an answer having been given
- sexual bullying face to face or through texts or online messaging
- engaging in mutual masturbation
- persistent sexual images and ideas in talk, play and art
- use of adult slang language to discuss sex

What is a red behaviour?

Red behaviours are outside of safe and healthy behaviour. They may be:

- excessive, secretive, compulsive, coercive, degrading or threatening
- involving significant age, developmental, or power differences
- of concern due to the activity type, frequency, duration or the context in which they occur

What can you do?

Red behaviours indicate a need for immediate intervention and action.

Red behaviours

- frequent masturbation in front of others
- sexual behaviour engaging significantly younger or less able children
- forcing other children to take part in sexual activities
- simulation of oral or penetrative sex
- sourcing pornographic material online

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Brook sexual behaviours traffic light tool adapted from Family Planning Queensland, (2012). Traffic Lights guide to sexual behaviours. Brisbane: Family Planning Queensland, Australia

Behaviours: age 9 to 13

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

What is a green behaviour?

Green behaviours reflect safe and healthy sexual development. They are:

- displayed between children or young people of similar age or developmental ability
- reflective of natural curiosity, experimentation, consensual activities and positive choices

What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

Green behaviours

- solitary masturbation
- use of sexual language including swear and slang words
- having girl/boyfriends who are of the same, opposite or any gender
- interest in popular culture, e.g. fashion, music, media, online games, chatting online
- need for privacy
- consensual kissing, hugging, holding hands with peers

What is an amber behaviour?

Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be:

- of potential concern due to age, or developmental differences
- of potential concern due to activity type, frequency, duration or context in which they occur

What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

Amber behaviours

- uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing
- verbal, physical or cyber/virtual sexual bullying involving sexual aggression
- LGBT (lesbian, gay, bisexual, transgender) targeted bullying
- exhibitionism, e.g. flashing or mooning
- giving out contact details online
- viewing pornographic material
- worrying about being pregnant or having STIs

What is a red behaviour?

Red behaviours are outside of safe and healthy behaviour. They may be:

- excessive, secretive, compulsive, coercive, degrading or threatening
- involving significant age, developmental, or power differences
- of concern due to the activity type, frequency, duration or the context in which they occur

What can you do?

Red behaviours indicate a need for immediate intervention and action.

Red behaviours

- exposing genitals or masturbating in public
- distributing naked or sexually provocative images of self or others
- sexually explicit talk with younger children
- sexual harassment
- arranging to meet with an online acquaintance in secret
- genital injury to self or others
- forcing other children of same age, younger or less able to take part in sexual activities
- sexual activity e.g. oral sex or intercourse
- presence of sexually transmitted infection (STI)
- evidence of pregnancy

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Behaviours: age 13 to 17

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

What is a green behaviour?

Green behaviours reflect safe and healthy sexual development. They are:

- displayed between children or young people of similar age or developmental ability
- reflective of natural curiosity, experimentation, consensual activities and positive choices

What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

Green behaviours

- solitary masturbation
- sexually explicit conversations with peers
- obscenities and jokes within the current cultural norm
- interest in erotica/pornography
- use of internet/e-media to chat online
- having sexual or non-sexual relationships
- sexual activity including hugging, kissing, holding hands
- consenting oral and/or penetrative sex with others of the same or opposite gender who are of similar age and developmental ability
- choosing not to be sexually active

What is an amber behaviour?

Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be:

- of potential concern due to age, or developmental differences
- of potential concern due to activity type, frequency, duration or context in which they occur

What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

Amber behaviours

- accessing exploitative or violent pornography
- uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing
- concern about body image
- taking and sending naked or sexually provocative images of self or others
- single occurrence of peeping, exposing, mooning or obscene gestures
- giving out contact details online
- joining adult- only social networking sites and giving false personal information
- arranging a face to face meeting with an online contact alone

What is a red behaviour?

Red behaviours are outside of safe and healthy behaviour. They may be:

- excessive, secretive, compulsive, coercive, degrading or threatening
- involving significant age, developmental, or power differences
- of concern due to the activity type, frequency, duration or the context in which they occur

What can you do?

Red behaviours indicate a need for immediate intervention and action.

Red behaviours

- exposing genitals or masturbating in public
- preoccupation with sex, which interferes with daily function
- sexual degradation/humiliation of self or others
- attempting/forcing others to expose genitals
- sexually aggressive/exploitative behaviour
- sexually explicit talk with younger children
- sexual harassment
- non-consensual sexual activity
- use of/acceptance of power and control in sexual relationships
- genital injury to self or others
- sexual contact with others where there is a big difference in age or ability
- sexual activity with someone in authority and in a position of trust
- sexual activity with family members
- involvement in sexual exploitation and/or trafficking
- sexual contact with animals
- receipt of gifts or money in exchange for sex

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