



**Policies and Procedures**

**Supplementary Guidance**

# **Children's Harmful Sexual Behaviour Protocol**

**May 2019**

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## 1. Introduction

- 1.1 This Protocol is to be read together with the overarching Youth @ Risk Strategy, a multi-agency commitment to work together to prevent all exploitation of children and young people in Bath and North East Somerset. The shared vision is for all children and young people and their families and communities to be safe from all forms of criminal exploitation and the values and approaches set out in the Youth @ Risk Strategy fully apply here. This is one of six Protocols that underpin the Youth @ Risk Strategy.
- 1.2 This protocol is for use whenever there is any suspicion, allegation or observation of a child or young person carrying out harmful sexual behaviour or being at risk of doing so. It has been refreshed in light of the overarching Strategy and is now jointly overseen by the Youth Offending Service Management Board and the Exploitation sub-group of the Community Safety and Safeguarding Partnership.
- 1.3 Strong and effective leadership in all agencies, clear procedures, effective multi-agency information sharing and joint working underpin our ability to keep this group of children safe and others safe from them. The Head of Young People's Prevention Services is the lead manager responsible for monitoring policies and performance relating to young people's harmful sexual behaviour. The Harmful Sexual Behaviour (HSB) Clinical Specialist is employed by the Child and Adolescent Mental Health Service (CAMHS) to provide advice and consultation to professionals in identifying, evaluating and intervening with harmful sexual behaviour concerns. The role is intended to help develop a psychosocial understanding related to all levels of harmful sexual behaviour concerns with children up to 18 years old across the whole workforce. Where mental health is also a concern alongside harmful sexual behaviour, the specialist worker can intervene directly to provide or access specialist assessment and intervention.
- 1.4 Staff from across Children's Services are able to support children and families at a preventative level where there are concerns about harmful sexual behaviour. They can access training and support for this work via the specialist worker. Where the presenting concerns are deemed to be beyond usual safe and healthy behaviour and there are concerns about harm to others and/or a relevant admission or conviction, they will be allocated to staff from Children's Social Care and the Youth Offending Service (and others) who are members of a virtual team who have undertaken the required specialist training for joint assessment and any agreed intervention.

## 2. Definitions

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

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

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

- 3.1 This protocol focuses on the needs of the child or young person who is or may be causing harm. Separate consideration will be given to the victim's support and safeguarding needs in accordance with usual safeguarding procedures, including calling a separate Strategy meeting. Where the victim is aged over 18, safeguarding adult principles and procedures apply.
- 3.2 Many children and young people who carry out harmful sexual behaviour have themselves been victims of abuse, neglect or other trauma. It is vital to view them as children first, to address their needs in a holistic way at the earliest opportunity and, in doing so, involve all relevant agencies in establishing safety and positive change. They may benefit from a trauma-informed approach to meeting their needs.
- 3.3 Locally, the Brook Traffic Light Tool<sup>1</sup> is used to inform the level at which work should be undertaken with young people and the AIM3<sup>2</sup> framework as the vehicle for assessing and intervening with young people who have admitted harmful sexual behaviour.
- 3.3 The Hackett continuum may be used by Social Care duty to inform decision-making about how to proceed with a request for service. A local checklist to help in clarifying the concern, developed from Chaffin et al 2002, can be found at Appendix C.
- 3.4 Specific AIM3 assessment and intervention with a young person who has admitted carrying out harmful sexual behaviour is undertaken by two trained staff, usually from the Youth Offending Service and Children's Social Care. These staff will effectively constitute a 'virtual team' and the work will be allocated on a rota basis in agreement with respective managers. The Clinical Specialist will oversee and support this arrangement in consultation with relevant line managers.
- 3.5 All assessment must take full account of the voice of the child.

### **4. Initial contact**

#### **4.1 All agencies**

When concerns come to attention about a child's harmful sexual behaviour, the Brook Traffic Light Tool provides examples of presenting sexual behaviours within four age categories. Many factors influence sexual development and so when using the traffic light tool to categorise behaviour, staff need to consider the familial and wider context. The tool must be used within the context of the guidance provided here and staff should also draw on other information available. The CAMHS HSB Clinical Specialist can provide support and consultation in deciding an appropriate level of response.

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

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

**‘Green’** behaviours between children or young people of similar age or developmental ability reflect safe and healthy sexual development influenced by natural curiosity and consensual activities. Parents/carers and/or any agency working with the child can help equip them with the information and skills they need to form healthy and positive sexual relationships. See [Appendix 3](#) and the B&NES Early Help App for resources.

**‘Amber’** behaviours are beyond safe and healthy development and may come to attention because of the type of activity or the context. Gathering further information will help to establish any risk to the child displaying harmful sexual behaviour, using the checklist at [Appendix 2](#). Discussion with the agency’s safeguarding lead will include consideration of a single agency referral, Early Help Assessment or Children’s Social Care [request for service](#) or notification to existing Social/Youth Offending Service Worker.

**‘Red’** behaviours cause the greatest concern, sometimes including secretive, compulsive, coercive, degrading or threatening activities and sometimes taking advantage of developmental or power differences. They indicate a need for immediate action, beginning with contacting the parents/carers unless indicated otherwise, and contacting Children’s Social Care directly on 01225 396312 and notifying existing Social/Youth Offending Service Worker immediately.

#### 4.2 **Police**

Police will liaise directly with Children’s Social Care at the earliest opportunity concerning any allegations of harmful sexual behaviour by and/or against under 18s, including those not subject to further action.

#### 4.3 **Children’s Social Care Duty Team**

Upon receipt of a request for service, Duty will check available systems, evaluate thresholds, consider referral history and refer to the [Hackett continuum](#) and [Appendix 2](#) checklist to decide how to proceed. In all cases, where a child or young person has a mental health difficulty, they will discuss the possibility of direct work with the CAMHS HSB Clinical Specialist. Possible next steps are:

1. [Referring agency further action](#) – Duty will discuss further actions the referring agency can take to address the concerns.
2. [Early Help interface](#) - if sexual behaviours are inappropriate/problematic but not abusive, and the Child in Need threshold has not been reached, there is potential for ongoing early help support. The CAMHS HSB Clinical Specialist can be consulted. Potential further actions include:
  - supporting parents/carers with advice and further information;
  - increased monitoring, supervision and/or support for the child;
  - making a single agency referral;
  - completing an Early Help Assessment;
  - Signpost to further resources as outlined in [Appendix 3](#).
3. [Single Assessment](#) – if sufficient concerns are present and a Strategy discussion is not required; e.g. some ‘amber’ behaviours on the Brook Traffic Light Tool, consult with CAMHS HSB Clinical Specialist.

4. Strategy meetings – if there is reasonable cause to suspect that that a child has suffered, or is likely to suffer, significant harm. Invite the CAMHS HSB Clinical Specialist and/or the Youth Offending Service Operational Manager. Consider the vulnerability and safeguarding needs of the alleged perpetrator when considering a Strategy. Note that separate strategy meetings may be needed for the alleged perpetrator and the victim if under 18.
5. Notify existing team (where the case is already open) for consideration of a Strategy or planning meeting. Invite/consult with the CAMHS HSB Clinical Specialist. Where there is no requirement to hold a formal Strategy meeting, it is still good practice to hold a multi-agency planning meeting to consider the needs of the children or young people involved. Consider bringing forward a Child in Need or Team around the Child meeting.

## **5. Assessment**

### **5.1 Early Help Assessment**

Inappropriate and problematic sexual behaviours (as per [Hackett continuum](#)) are often an expression of further underlying problems or vulnerabilities. Consider the need for prevention or early intervention work with the child and their family as appropriate, whether through your own agency, a single agency referral or the Early Help Assessment process. Consent will need to be given. Consider any learning or neurodevelopmental needs such as autism and consult with the CAMHS HSB Clinical Specialist for support with assessment, decision making and intervention planning.

### **5.2 Single Assessment**

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

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

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

- a. the nature and extent of the harmful sexual behaviour: Refer to where it features on the Brook Traffic Light Tool and specify any age/developmental differences between alleged perpetrator and victim, emotional distress caused to victim(s) and any coercion or violence used. State the alleged perpetrator's response to the allegations and examine the needs met by the behaviour
- b. the context of the abusive behaviours – where, when, how it was discovered and reaction of carers

- c. the child/young person's learning needs and any neurodevelopmental needs, such as autism spectrum conditions. Examine the relevance of this for the harmful sexual behaviour
- d. any family or wider social factors that have contributed to the harmful sexual behaviour
- e. parent/carers' capacity to adequately supervise the child/young person to prevent further harm
- f. the impact of the harmful sexual behaviour on other family members
- g. ongoing education and accommodation arrangements in relation to the risk of further harm
- h. Agree with the family a proportionate safety plan or schedule of expectations that sets out who will support and supervise the child/young person alleged to have carried out the harmful sexual behaviour, and what changes need to be made to prevent further harm.

### 5.3 **Section 47**

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

### 5.4 **Specific assessments**

Where *abusive* and/or *violent* sexual behaviour (as per the Hackett continuum, see [Appendix 1](#)) is established to have taken place, use a recognised Harmful Sexual Behaviour assessment tool such as the AIM3 frameworks to inform the assessment and plan. Where [problematic](#) sexual behaviour (as per the Hackett continuum) has taken place, consider the need for such an assessment tool, considering the [Appendix 2](#) checklist, as well as contextual factors. Record the reason for the decision. Where the assessment involves a female alleged perpetrator or a child/young person with neurodevelopmental and/or learning difficulties, discuss with the CAMHS HSB Clinical Specialist the best tool to use.

- a. The allocated Team Manager will inform the CAMHS HSB Clinical Specialist of the decision to commence a specific assessment. Allocation will be discussed within the virtual team
- b. Contact the manager of the available trained assessor to discuss allocation to that worker as lead assessor
- c. Discuss appointment of a co-assessor, depending on who is most appropriate in relation to skills base, capacity and existing involvement for the child/young person – e.g. a keyworker, a Youth Offending Service worker (if the lead assessor is from Children's Social Care), and vice versa.
- d. The assessor should ensure they are given access to all relevant records in relation to the child/young person to inform the assessment process.

## **6. Multi-agency plan and provision of services**

- 6.1 Following any assessment, a well-co-ordinated multi-agency plan is key to facilitate safe and effective work and it also promotes information sharing. This should be integrated, in most cases, with the existing service case-management processes such as Team around the Child, Child in Need, Looked After Child or through the Core Group meetings. To avoid delay, call an early review or additional meeting if necessary to ensure timely action is taken to intervene and ensure safety.
- 6.2 Upon completion of the assessment, the allocated worker will convene a multi-agency planning meeting with all relevant agencies, including education and parents/carers wherever possible. Invite or consult with the Harmful Sexual Behaviour Clinical Specialist to discuss the plan, including any intervention work. The plan needs to:
- a. address all assessed needs, not just the sexual behaviour concerns, and takes account of the child/young person's learning and neurodevelopmental ability
  - b. support the child/young person to build a positive social identity free from harmful sexual behaviour
  - c. be reviewed in a timely way and takes account of any changes in risk
  - d. make effective use of the safety plan framework to address any specific risk of further harmful sexual behaviour, including via technology where appropriate
  - e. Where direct intervention work is indicated to address sexual behaviour concerns identified in the assessment report, trained intervention workers can be drawn primarily from the virtual team. Allocation should be discussed between team managers, taking account of the need to promote continuity of relationship. Use recognised intervention tools such as AIM3 and the [Good Lives Model](#)
  - f. Provide clear information to the family regarding any planned interventions, and ensure parents are included in the work (unless this is judged not to be in the child's interests)

## **7. Criminal Justice**

### **7.1 Out of Court Disposal Panel**

For those aged 12 years and over who admit to harmful sexual behaviour, an AIM3 risk assessment may be requested to inform the appropriate course of action. Based on the assessment, the Out of Court Disposal Panel can decide to issue the young person with a Community Resolution, a Caution with Voluntary Programme, a Youth Conditional Caution or recommend that the young person be charged to Court.

- a. The Police Investigating officer will consult with child if needed, and agree to refer the case to the Out of Court Disposal Panel for a decision. The offence must have been admitted by the young person for this to be an option.
- b. The Youth Offending Service will allocate a worker as AIM3 assessor. Social Care may also allocate a Social Worker, depending on whether the case meets the threshold for a



Single Assessment or Section 47 Enquiry. If there is no Social Worker, the virtual team will allocate a co-assessor depending on who is most appropriate in relation to need, skills base, capacity and any existing involvement with the young person.

## 7.2 Referral Order

If a young person pleads guilty and is sentenced to a Referral Order, an AIM3 assessment should be carried out prior to the Referral Order Panel meeting, to inform the report and intervention plan.

## 7.3 Custodial Sentence

If the Court is considering custody or wants further assessment to inform sentencing, it will be necessary to request an adjournment to carry out the specific assessment, which should inform the Pre-Sentence Report and intervention planning as part of a Youth Rehabilitation Order. If the young person is sentenced to custody, then all assessments which evidence their vulnerability will be used to inform the assessment of vulnerability which is shared with the custodial setting.

## 7.4 MAPPA

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

## 7.5 Registration

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

## 7.6 Transition between custody and community

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

7.7 If a young person is found not guilty or their case is discontinued, a further Strategy or multi-agency professionals' meeting should be called to consider any outstanding risk. In this instance, an AIM3 assessment may still be offered to the young person and their family depending on risk and level of engagement.

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<sup>3</sup> Specific offences – Schedule 15 Criminal Justice Act 2003

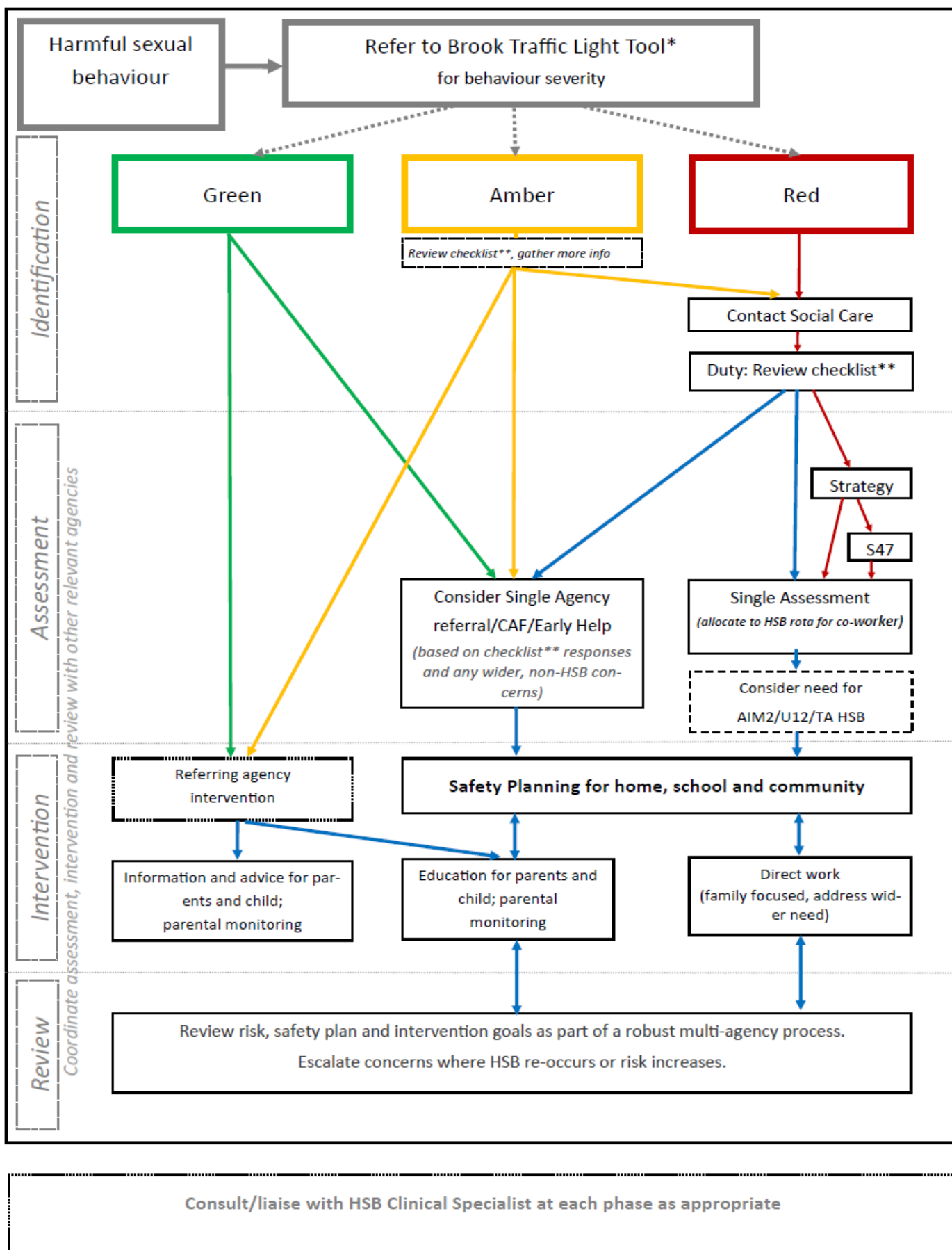
## **8. Educational Settings**

- 8.1 **Designated Safeguarding Leads and Head Teachers:** Please read this protocol in conjunction with DfE advice on [Sexual violence and sexual harassment between children in schools and colleges](#), particularly part four, “Responding to reports of sexual violence and sexual harassment” (page 16).
- 8.2 Ensure you have access to adequate information from other professionals to inform your decision making when you are aware that harmful sexual behaviour has taken place.
- 8.3 When assessing risk of further harm caused by a child/young person’s sexual behaviour, consider the needs of both the child/young person and any victim, if they are a pupil at the school. Take account of the victim and the victim’s parents’ views when planning safety and making related decisions. Where appropriate, consider the impact on the victim of being taught in the same lesson as the alleged perpetrator; move the alleged perpetrator to an alternative class or provision when any ongoing emotional distress to the victim is considered possible.
- 8.4 Where a managed move or exclusion is being considered, discuss this with the multi-agency team to ensure any issues regarding ongoing safety and rehabilitation can be considered, as well as the impact of such a move on the wider plan.
- 8.5 Consider the potential for bullying toward the alleged perpetrator resulting from other pupils learning of the harmful sexual behaviour, and take steps to reduce the risk of this where necessary.

## **9. Governance**

- 9.1 Immediate staff supervision of those undertaking this work rests within their own service. Clinical governance for consulted cases rests with the commissioned Child and Adolescent Mental Health Service.
- 9.2 The specialist post is funded by NHS England and the initiative is offered jointly within Bath and North East Somerset and Wiltshire. There is a joint Steering Group informed by bi-annual meetings within Bath and North East Somerset to review agreed outcomes.
- 9.3 Responsibility for this protocol sits jointly with the Youth Offending Service Management Board and the Exploitation sub group and both will receive annual reports of outputs and outcomes of this work. Reports may also be made available to the Children’s Health and Wellbeing Steering Group and the Sexual Health Board, as required.

# Appendix A: Harmful Sexual Behaviour Flowchart



\* Access the Brook Traffic Light Tool online at: <https://www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool>

\*\* Use checklist in Appendix 2 of the B&NES Harmful Sexual Behaviour Protocol

## Appendix B: The range of sexual behaviours

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

Normal	Inappropriate	Problematic	Abusive	Violent
<ul style="list-style-type: none"> <li>• Developmentally expected</li> <li>• Socially acceptable</li> <li>• Consensual, mutual, reciprocal</li> <li>• Shared decision making</li> </ul>	<ul style="list-style-type: none"> <li>• Single instances of inappropriate sexual behaviour</li> <li>• Socially acceptable behaviour within peer group</li> <li>• Context for behaviour may be inappropriate</li> <li>• Generally consensual and reciprocal</li> </ul>	<ul style="list-style-type: none"> <li>• Problematic and concerning behaviours</li> <li>• Developmentally unusual and socially unexpected</li> <li>• No overt elements of victimisation</li> <li>• Consent issues may be unclear</li> <li>• May lack reciprocity or equal power</li> <li>• May include levels of compulsivity</li> </ul>	<ul style="list-style-type: none"> <li>• Victimising intent or outcome</li> <li>• Includes misuse of power</li> <li>• Coercion and force to ensure victim compliance</li> <li>• Intrusive</li> <li>• Informed consent lacking, or not able to be freely given by victim</li> <li>• May include elements of expressive violence</li> </ul>	<ul style="list-style-type: none"> <li>• Physically violent sexual abuse</li> <li>• Highly intrusive</li> <li>• Instrumental violence which is physiologically and/or sexually arousing to the perpetrator</li> <li>• Sadism</li> </ul>

(Simon Hackett, 2010 taken from NSPCC Harmful Sexual Behaviours Framework [www.nspcc.org.uk/services-and-resources/research-and-resources/2016/harmful-sexualbehaviour-framework](http://www.nspcc.org.uk/services-and-resources/research-and-resources/2016/harmful-sexualbehaviour-framework))

## **Appendix C: Clarifying the degree of concern**

When considering how concerned to be about children or young people's sexual behaviour (particularly those that fall under the amber category of the Brook Traffic Light Tool) use the following questions to clarify your concerns.

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

1. Is the behaviour occurring more often than would normally be expected for the developmental stage?
2. Is the behaviour getting in the way of the child's development? In what ways, and to what degree (be specific)?
3. Did or does the child use coercion, intimidation or force in the process of carrying out the sexual behaviour?
4. Were or are any of the children involved emotionally distressed by what has happened?
5. Did or does the behaviour occur between children of divergent ages or developmental abilities?
6. Has the behaviour persisted even after intervention from staff or caregivers?

(Questions adapted from Chaffin et al., 2002)

## Appendix D: Further information and resources

To explore further, the following links can be helpful to use or pass on. Either ctrl + click on the link or enter the title and into a search engine

### a) Advice for Young People

- Think U Know is a good starting point and has good introductory videos [Children and young people](#)
- Young people's sexual health services: if you are under 25 contact Ask Brook, [www.askbrook.org.uk](http://www.askbrook.org.uk)
- Contraceptive and sexual health information: visit FPA on [www.fpa.org.uk](http://www.fpa.org.uk)

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

- Think U Know is a good starting point and has good introductory videos [Think U Know – Parents](#),
- Parents Protect!: 0808 1000 900 or [www.parentsprotect.co.uk](http://www.parentsprotect.co.uk)
- [Helping you understand the sexual development of children under the age of 5](#) (Parents Protect)
- [Helping you understand the sexual development of children aged 5-11](#) (Parents Protect)
- [Healthy bodies guides to puberty and sexual development](#) for parents of CYP with learning disabilities (Vanderbilt)
- [Growing up, sex and relationships – a guide for young disabled people](#) and [a guide to support parents of young disabled people](#) (Contact)
- [Nude selfies – a parents' guide](#) (Think U Know)

### c) Sexual behaviour and development

- [Brook Traffic Light Tool](#) (Brook)
- [Child's play? Preventing abuse among children and young people](#) (Stop it Now!)
- [Healthy sexual behaviour](#) (NSPCC)
- [Healthy and unhealthy relationships](#) (Childline)
- [PANTS sexual harm prevention resources](#) for conversations and work with children (NSPCC)

### d) Online safety and pornography resources

- [What's the problem? A guide for parents of children and young people who have got in trouble online](#) (Parents Protect)
- [Think U Know – Parents, Children and young people, professionals](#)
- [Keeping children in care safe online](#) (Think U Know)
- [Keeping children safe - Online porn](#) (NSPCC)
- [Keeping children safe - Online safety](#) advice for parents (NSPCC)
- [Your guide to social networks your kids use](#) (NSPCC)

### e) Sexting

- [Sexting in schools and colleges: Responding to incidents and safeguarding young people](#) (UK Council for Child Internet Safety 2016)
- [Sexting: how to respond to an incident](#)
- [Searching, screening and confiscation: Advice for headteachers, school staff and governing bodies](#)
- [Keeping children safe - Sexting](#) (NSPCC)

#### **f) NICE Guidance for professionals**

- [NICE Guidance on harmful sexual behaviour](#) includes recommendations on:
- [multi-agency approach](#) and [universal services](#)
- [early help assessment](#)
- [risk assessment for children and young people referred to harmful sexual behaviour services](#)
- [engaging with families and carers before an intervention begins](#)
- [developing and managing a care plan for children and young people displaying harmful sexual behaviour](#)
- [developing interventions for children and young people displaying harmful sexual behaviour](#)
- [supporting a return to the community for 'accommodated' children and young people](#)

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

##### **Peer on peer abuse**

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

#### **h) Child Protection**

- [South West Child Protection Procedures \(SWCPP\)](#) are a joint set of procedures agreed by LSCBs in the south west. They include information and guidance on all aspects of safeguarding and child protection based on current legislation, national policy and research, including a section on Harmful Sexual Behaviour
- NSPCC Helpline: 0800 800 5000 (England and Wales) or [www.nspcc.org.uk](http://www.nspcc.org.uk)
- National Child Protection Line: 0800 022 3222 (Scotland)
- Child Exploitation and Online Protection Centre (CEOP): 0870 000 3344 or [www.ceop.police.uk](http://www.ceop.police.uk)
- Stop it Now!: 0808 1000 900 or [www.stopitnow.org.uk](http://www.stopitnow.org.uk)

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

- <https://mappa.justice.gov.uk/connect.ti/MAPPA/groupHome>