Bath & North East Somerset
Community Safety & Safeguarding Partnership

Children's Harmful Sexual Behaviour Protocol

Policies and Procedures Supplementary Guidance

Updated December 2022
Next update due December 2025

Contents

1. Introduction

1.1 This protocol was written to complement the overarching Youth @ Risk Strategy, a multi-agency commitment to work together to prevent all exploitation of children in Bath and North East Somerset. The shared vision remains for all children 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[1] fully apply here. This is one of six protocols[2] that underpin the Youth @ Risk Strategy and they each have an accompanying One Minute Guide.

1.2 This protocol is for all agencies in any sector who work with children and families and where there is a concern, allegation, observation or admission of a child carrying out harmful sexual behaviour against a younger child, a peer or an adult or where there is a risk they may do so. It does not apply where there is consenting, non-exploitative sexual activity between 13-16 year olds but as under 13 year-olds cannot consent, any alleged sexual behaviour involving an under 13 year old must be considered under this protocol.

1.3 The intention is to ensure a consistent and co-ordinated response to harmful sexual behaviour. 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 this Protocol at a multi-agency level. A 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 where there are 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 (contact details are at the end of Appendix 3).

1.4 Where mental health is also a concern alongside harmful sexual behaviour and the child is not already known to CAMHS, the CAMHS Clinical Specialist can support professional network consultation and consider if specialist assessment or intervention may be indicated. Where a child is known to CAMHS, the CAMHS Clinical Specialist will link directly with those supporting them to include them within network consultation and multi-agency working if the request for consultation has come from outside of CAMHS.

1.5 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 CAMHS Clinical Specialist. Where the presenting concerns are deemed to be beyond usual safe and healthy behaviour and there are concerns about harm

[1] The Youth @ Risk Strategy will be updated to align with the new Serious Violence Duty expectation of a local Serious Violence Strategy, due for publication by 31.01.24

[2] The others are on Child Criminal Exploitation, Child Sexual Exploitation, Missing Children, Radicalisation and Serious Youth Violence

to others and/or a relevant admission or conviction, they will be allocated to staff from Children's Social Care and/or the Youth Justice Service (YJS) to undertake specialist assessments.

2. Definitions

Child: anyone who has not yet reached their 18th birthday.

Harmful Sexual Behaviours: 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, adult and/or animal. The definition is deliberately broad and this protocol encourages an appropriate response at all levels, including preventative, early intervention and specialist help.

The Sexual Offences Act 2003 includes a comprehensive list of illegal sexual behaviour.

3. Training and Development

3.1 Multi-agency awareness training is offered by the CAMHS Clinical Specialist in partnership with staff from Children's Social Care and the Youth Justice Service and can be booked via the Training Portal. This can alternatively be tailored to the needs of particular settings e.g. schools. All sectors of the workforce are encouraged to ensure they have at least one member of staff, perhaps the safeguarding lead, who has completed this half-day course.

3.2 The CAMHS Clinical Specialist offers regular consultation sessions, promoted through the Violence Reduction Unit. Places can be booked for discussion about individual children and/or situations, drawing on learning from training and/or application of dedicated tools.

3.3 Specialist training in use of the AIM3 framework[3] is procured periodically to ensure the Local Authority has sufficient numbers of staff with specialist skills in assessment and intervention. Training is also available for supervisors.

4. Principles and Tools

4.1 This protocol focuses on the needs of the child who is or may be displaying concerning sexualised behaviour. Those harmed will be supported in accordance with usual safeguarding procedures, including calling a separate Strategy meeting. Where the victim is aged over 18, safeguarding adult principles and procedures will apply.

[3] The Assessment, Intervention, Moving on framework 2019, is B&NES' chosen approach to addressing HSB

4.2 Many children who display 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 plans and achieving positive change. They are likely to benefit from a trauma-informed approach to meeting their needs.

4.3 A range of assessment tools can be used to inform understanding of the level of risk and need and the CAMHS Clinical Specialist can advise staff who have not received relevant training on their suitability and use.

The Hackett Continuum is used to understand the level of concern and inform decision-making with teenagers; for children aged under 12 years, the NSPCC Healthy Sexual Development tool is used to inform understanding (summaries of both can be found in the appendices).4

4.5 The AIM3 framework is a vehicle for assessing and intervening with children who have admitted harmful sexual behaviour. The CAMHS Clinical Specialist can oversee and support this arrangement in consultation with relevant line managers but responsibility for the assessment, planning, intervention and decision-making will remain with the identified lead agency.

4.6 All assessment must take full account of the voice of the child, mothers, fathers and carers and, wherever appropriate, the wider family. Information and assessment from other agencies is also important to gain an understanding of strengths and concerns. The assessor should ensure they are given access to all relevant records in relation to the child to inform the assessment process and that they clearly articulate where there are gaps in known information.

5. Initial Responses

5.1 All agencies

Allegations of a child's harmful sexual behaviour are always to be taken seriously and referred to Children's Social Care and/or Police. When other concerns come to attention but no allegation has been made, staff should consult with their own agency's safeguarding lead in order to determine the level of response needed to keep all parties safe. The CAMHS Clinical Specialist can provide ~~support advice~~ and consultation in deciding an appropriate level of response.

5.2 Police

Police will liaise directly with Children's Social Care at the earliest opportunity concerning any allegations of harmful sexual behaviour by under 18-year-olds. This may include a Strategy discussion.

[4] Following concerns raised in a Serious Case Review, the Brook Traffic Light Tool is only supported for local use by specifically trained and licensed staff. Please raise any queries about this in the first instance with the CAMHS Clinical Specialist

5.3 Children's Social Care

When concerns come to attention, Social Care will check available systems, evaluate thresholds, consider referral history and refer to the Hackett Continuum or the NSPCC Healthy Sexual Development tool to inform decisions. These tools are also available to staff working in prevention services' triage. In all cases where a child also appears to have a mental health difficulty and is not already working with CAMHS, they will discuss the possibility of referral into CAMHS for assessment of mental health needs.

Possible responses:

- Discuss follow up action the referring agency can take within their own setting, including increased support and supervision of the children involved, supporting parents/carers with advice and further information and/or signposting to further resources (see Appendix C and the Early Help App);
- Recommend completion of an Early Help Assessment if sexual behaviours are inappropriate and problematic but do not appear to be abusive, and the Child in Need threshold has not been reached. This will help clarify the nature and level of concern for the child and their family and can inform a Team around the Family meeting where a support plan can be put in place;
- Where it is clear what service a child needs, a direct referral can be made or the Early Help Allocation Panel can be asked to support this;
- If there is reasonable cause to suspect a child has suffered, or is likely to suffer, significant harm, a Strategy Meeting will be called with Police and Health, and the CAMHS Clinical Specialist and the Youth Justice Service Operational Manager are to be invited. The meeting will consider vulnerability and safeguarding needs as well as the most appropriate response to the concerning behaviour, including any need for a Police investigation. Note that separate Strategy Meetings will be needed for the child who may have caused harm and any child who has suffered harm;
- Where there is no requirement to hold a Strategy Meeting, it is still good practice to call a multi-agency planning meeting to consider the needs of the children involved or to bring forward a Child in Need or Team around the Child meeting;
- If sufficient concerns are present, a Single Assessment may be requested to inform decision-making.

6. Assessment

6.1 Early Help Assessment

Inappropriate and problematic sexual behaviours as per the Hackett Continuum or NSPCC guidance are often an expression of other underlying problems or vulnerabilities. Consider the behaviour in the wider context of needs and strengths and the opportunity 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. HSB consultation with the CAMHS clinical specialist can be requested to support understanding of inappropriate and problematic sexual behaviours.

6.2 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 child who has caused harm and other children affected, particularly any in the same household. All professionals involved, including colleagues from education settings, are to be invited 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 Clinical Specialist.

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

- the nature and extent of the harmful sexual behaviour: Refer to agreed assessment tools and specify any age/developmental differences between the child who has caused harm and the person harmed, emotional distress caused to those harmed and any coercion or violence used. State the child's response to the allegations against them and examine the needs met by the behaviour
- the context of the abusive behaviours – where, when, how it was discovered and the reaction of carers
- the child's learning needs and any neurodevelopmental needs, such as autism spectrum conditions, examining the relevance of this for the harmful sexual behaviour. The HSB clinical specialist can consider whether further advice from a a CAMHS Learning Disability Nurse or a Speech and Language Therapist is required.
- any family or wider social factors that have contributed to the harmful sexual behaviour
- parent/carers' capacity to adequately supervise the child to prevent further harm
- the impact of the harmful sexual behaviour on other family members
- ongoing education and accommodation arrangements in relation to the risk of further harm
- Agree with the family a proportionate safety plan or schedule of expectations that sets out who will support and supervise the child alleged to have carried out the harmful sexual behaviour, and what changes need to be made to prevent further harm.

6.3 Section 47

The assessor will consider the safeguarding needs of both the child who has allegedly caused harm 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.

6.4 AIM3 assessment

Where *abusive and/or violent* sexual behaviour as per the Hackett Continuum or NSPCC guidance is established to have taken place, a recognised harmful sexual behaviour assessment tool will be used to inform the assessment and plan. The B&NES assessment of choice is AIM3 which has been developed primarily for use with adolescent boys. For children aged 12 or under, there is an adapted version. When a girl or a child with neurodevelopmental and/or learning difficulties is causing the harm, the CAMHS Clinical Specialist can offer consultation to ensure learning needs are considered within assessment framework.

Where *problematic* sexual behaviour as per the Hackett Continuum has taken place, still consider the need for such an assessment tool and record the reason for the decision.

The decision to undertake an AIM3 assessment can be taken by managers, supervisors or AIM3 trained staff and can be discussed with the CAMHS Clinical Specialist, particularly where there are differing opinions or lack of certainty about whether such an assessment is required.

AIM3 guidance states that best practice is for two AIM3 trained professionals to complete the assessment together in order to provide support/discussion to one another and sharing of tasks. It states that only staff who are certified by AIM3 training as being competent to use the AIM3 assessment model will be approved to complete the assessment and they require supervision and line management to ensure AIM3 is being administered properly. If it is agreed locally that an AIM3 trained assessor can co-work with a non-AIM3 approved professional, perhaps because they already have a positive established relationship with the child, then the AIM3 approved colleague will take sole responsibility for the AIM3 assessment and will sign it off, together with their supervisor.

The Youth Justice Service and Children's Social Care will ensure they have suitably trained staff to co-work on assessments. Broadly, the lead will be Social Care for children already allocated and with the Youth Justice Service for those where there is to be a criminal justice response.

The CAMHS clinical specialist can offer consultation to staff undertaking AIM3 assessment to offer support. Staff supervision should ideally be undertaken by someone who has completed the AIM3 supervisors' training. This includes helping to identify how to address support for staff experiencing any vicarious impact from the work. Assessments will be signed off by a supervisor to confirm their quality.

7. Multi-agency planning and intervention

7.1 Following any assessment, a well-co-ordinated multi-agency plan is key to facilitate safe and effective work and 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 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.

7.2 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. Consult with the CAMHS Clinical Specialist to discuss the plan, including any intervention work. The plan needs to:

- address all assessed needs, not just the sexual behaviour concerns, and take account of the child's learning and neurodevelopmental ability
- support the child/young person to build a positive social identity free from harmful sexual behaviour
- be reviewed in a timely way and takes account of any changes in risk
- make effective use of the safety plan framework to address any specific risk of further harmful sexual behaviour, including via technology where appropriate
- 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
- Provide clear information to the family regarding any planned interventions, and ensure parents are included in the work (unless this is considered not to be in the child's interests

8. Criminal Justice

8.1 Out of Court Disposal

For children who admit to harmful sexual behaviour, an AIM3 assessment will be undertaken. Based on the assessment, the Out of Court Disposal Panel can decide from a range of voluntary and non-voluntary pre-Court options or recommend that the young person be charged to Court. The Youth Justice Service will allocate a worker as AIM3 assessor. The second assessor may also be from the Youth Justice Service or from Social Care, depending on who is most appropriate in relation to need, skills base, capacity and any existing involvement with the child.

8.2 Court Appearance

If a child pleads guilty in Court 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.

If the Court is considering a community or custodial sentence, it will be necessary to request an adjournment to carry out an AIM3 assessment, which should inform a 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.

8.3 Transition

For children sentenced to custody, the AIM3 assessment will be used to inform all multi-agency planning for their return to the community. The Youth Justice Service case manager will call a planning meeting well in advance of transition back to the community and ensure robust risk assessment, safety planning and intervention work can be carried out.

8.5 MAPPA

Under the Criminal Justice Act 2003, Multi-Agency Public Protection Arrangements (MAPPA) protect the public from serious harm by sexual (and violent) offenders. Occasionally, a child 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[5] (Category 2). Most will managed at Level 1 by the Youth Justice Service but where the child 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.

8.6 Registration

Under the Sexual Offences Act 2003, children 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.

8.7 Acquittal and Discontinuation

If a child 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 child and their family depending on risk and level of engagement.

[5] Specific offences– Schedule 15 Criminal Justice Act 2003

9. Educational Settings

9.1 **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).

9.2 Ensure access to adequate information from other professionals to inform your decision making when you are aware that harmful sexual behaviour has taken place, particularly when a managed move, suspension or exclusion is being considered.

9.3 When assessing risk of further harm caused by a child's sexual behaviour, consider the needs of both the child and anyone they may have harmed, if they are a pupil or member of staff at the school. Take account of all respective parents' views when planning safety and making related decisions. Where appropriate, consider the impact on the harmed child of being taught in the same lesson as the child who has allegedly harmed them and consider moving the latter to an alternative class or provision. Consider the potential for bullying toward the child who has caused harm resulting from other pupils learning of the harmful sexual behaviour and take steps to reduce the risk of this where necessary.

10. Governance

10.1 Immediate staff supervision and case responsibility including decision-making rests within individual agencies. It is important that all agencies involved share relevant information and that an identified lead professional co-ordinates all planning and intervention at a multi-agency level. Clinical governance for cases consulted with the CAMHS Clinical Specialist rests with the commissioned Child and Adolescent Mental Health Service.

10.2 The CAMHS Clinical Specialist initiative is offered jointly within Bath and North East Somerset and Wiltshire, with each having a 0.5 fte worker. The B&NES worker meets regularly with the Head of Young People's Prevention Service to plan consultation and training activity and agree reporting arrangements.

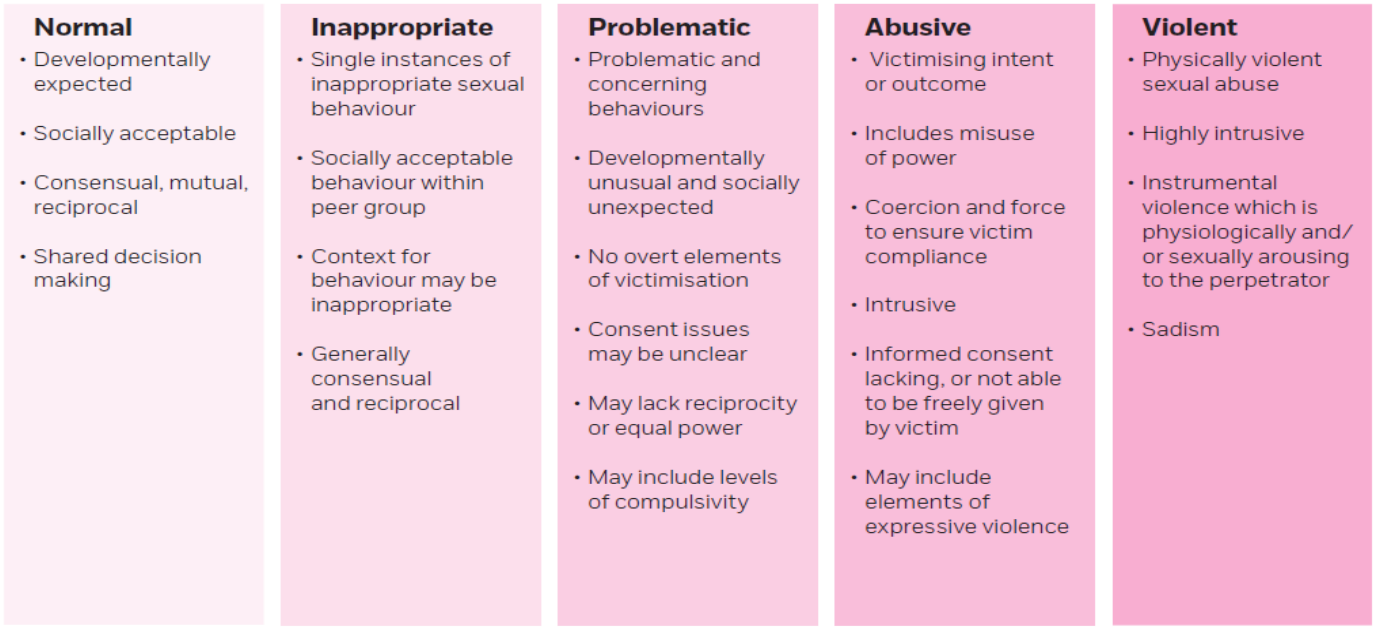
10.3 Responsibility for this protocol is shared by the Youth Offending Service Management Board and the Exploitation sub group, both of which sit under the B&NES Community Safety and Safeguarding Partnership. They each receive annual reports of outputs and outcomes of this work. Going forward, as well as CAMHS Clinical Specialist activity, this will include:

- Number of children notified to Social Care in relation to their harmful sexual behaviour, including age, gender and ethnicity, and outcomes
- Number of children entering the youth justice system as a result of harmful sexual behaviour, including age, gender and ethnicity, and outcomes

- Number of AIM3 assessments completed
- Number of harmful sexual behaviour interventions commenced and completed within Social Care and the Youth Justice Service, with outcomes.

Appendix A: Hackett's continuum of range of sexual behaviours

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



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

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Appendix B: NSPCC Healthy Sexual Development of children and young people, July 2020

From 0- to 4-years-old
At this stage, you might notice natural exploratory behaviour emerging for the first time like:

- enjoying being naked
- kissing and hugging people they know well, for example friends and family members
- touching or rubbing their own private parts as a comforting habit
- showing curiosity about or attempting to touch the private parts of other people
- being curious about the differences between boys and girls

- talking about private body parts and their functions, using words like ‘willy’, ‘bum’, ‘poo’ and ‘wee’
- role playing about different relationships, for example marriage.

5- to 9-year-olds
As children get a little older they become more conscious of sex and their own sexuality. This can be displayed by:

- becoming more aware of the need for privacy
- asking questions about sex and relationships, such as what sex is, where babies come from and same-sex relationships
- kissing, hugging and holding hands with a boyfriend or girlfriend
- using swear words or slang to talk about sex after hearing other people use them.

9- to 13-year-olds
During these ages, children begin to get more curious about sex. Examples of healthy sexual behaviour during this stage are:

- having a boyfriend or girlfriend (of the same or different gender)
- using sexual language as swear words or slang
- wanting more privacy
- looking for information about sex online (this might lead to accidentally finding sexual pictures or videos)
- masturbating in private.

13- to 17-year-olds
During adolescence, sexual behaviour becomes more private with young people and they begin to explore their sexual identity. They might be:

- forming longer-lasting sexual and non-sexual relationships with peers
- using sexual language and talking about sex with friends
- sharing obscenities and jokes that are within the cultural norm
- experimenting sexually with the same age group
- looking for sexual pictures or videos online.

The age of consent to engage in sexual activity in the UK is 16-years-old. However the law is there to protect children and young people from abuse or exploitation, rather than to prosecute under-16s who participate in mutually consenting sexual activity.

Schools, colleges and other education settings play an important role in teaching children and young people about healthy relationships.
Website address: https://learning.nspcc.org.uk/child-health-development/healthy-sexual-development-children-young-people
Healthy sexual development of children and young people | NSPCC Learning

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Appendix C: Further information and resources

a) Advice for Young People

- Think U Know has good introductory videos Children and young people

- Young people's sexual health services: if you are under 25 contact Ask Brook, www.askbrook.org.uk
- Contraceptive and sexual health information: visit FPA on www.fpa.org.uk

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

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

c) Sexual behaviour and development

- 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
- National Child Protection Line: 0800 022 3222 (Scotland)
- Child Exploitation and Online Protection Centre (CEOP): 0870 000 3344 or www.ceop.police.uk
- Stop it Now!: 0808 1000 900 or www.stopitnow.org.uk

i) Early Help Assessment

Support, training and advice on completion of an Early Help Assessment and working with a multi-agency partnership to agree and review a support plan can be obtained from the Integrated Working Team: Lyn_Tapping@bathnes.gov.uk and Kevin_Clark@bathnes.gov.uk

j) Multi-agency Public Protection Arrangements

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

k) Harmful Sexual Behaviour (HSB) Clinical Specialist:

HSB consultations for Social Care and Youth Justice Service staff are held on Wednesdays and alternating Thursday and Fridays, to understand the needs of the case. The CAMHS HSB Clinical Specialist shares contact information and availability via email to children's social care regularly but can also be contacted via BANES CAMHS, Consultations can also be held with the professional network to provide a space to jointly think about child who is displaying harmful sexual behaviour and consider next steps in supporting them and their family/carers. Consultations can be booked by email but do not include sensitive information.

Consent from the family is required and you will be asked to complete a consultation form prior to the session as well as a feedback form after the session, to ensure your needs are being met. Consultation slots last up to 60 minutes and follow up consultations can be held as needed. NB: All new incidents of HSB must be shared with Social Care prior to consultation to ensure safeguarding needs have been triaged.

Appendix D

Bath & North East Somerset
Community Safety & Safeguarding Partnership

One Minute Guide to Children's Harmful Sexual Behaviour (HSB) updated 2023

Definition of HSB - sexual behaviours expressed by children and young people aged under 18 years that are developmentally inappropriate and may be harmful towards themselves or others, and/or be abusive towards others.

Developmentally Appropriate Sexual Behaviours
We have adopted the NSPCC framework (updated 2017) for understanding these:
Healthy sexual development of children and young people | NSPCC Learning

0- to 4-years-old - emerging natural exploratory behaviour such as:

- enjoying being naked
- kissing and hugging people they know well, friends and family members
- touching or rubbing their own private parts as a comforting habit
- showing curiosity about or attempting to touch the private parts of others
- being curious about the differences between boys and girls
- talking about private body parts and functions, using words like 'willy', 'bum'
- role playing about different relationships, for example marriage.

5- to 9-year-olds - becoming more conscious of sex and their own sexuality:

- more aware of the need for privacy
- asking what sex is, where babies come from, same-sex relationships etc
- kissing, hugging and holding hands with a boyfriend or girlfriend
- copying swear words or slang to talk about sex

9- to 13-year-olds – becoming more curious about sex.

- having a boyfriend or girlfriend (of the same or different gender)
- using sexual language as swear words or slang
- wanting more privacy
- looking for information about sex online (finding sexual pictures or videos)
- masturbating in private.

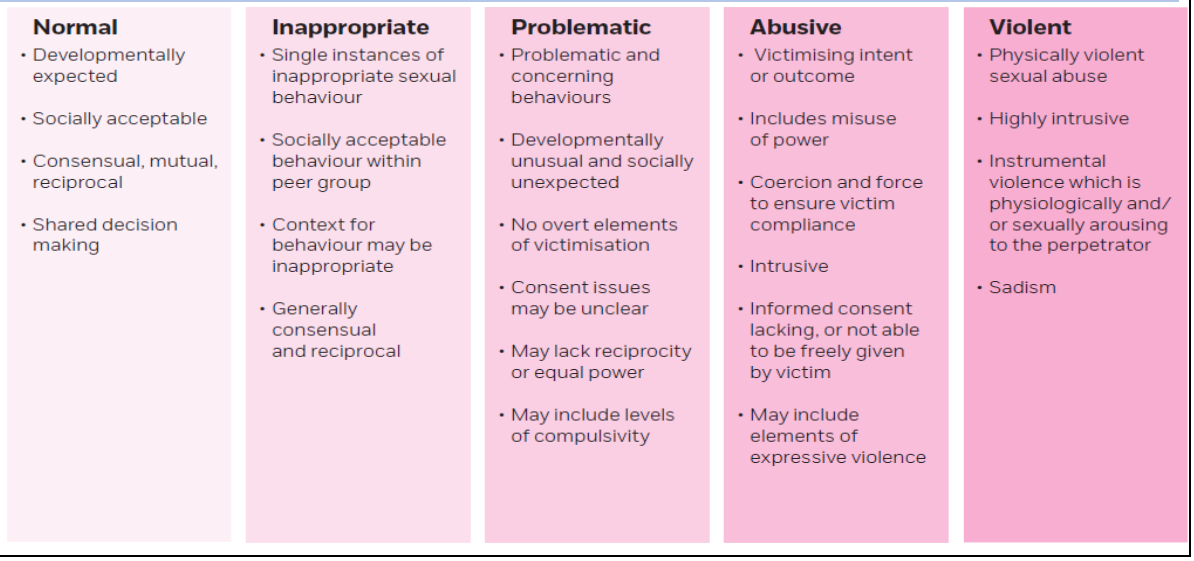
13- to 17-year-olds – becoming more private and exploring their sexual identity:

- forming longer-lasting sexual and non-sexual relationships with peers
- using sexual language and talking about sex with friends
- sharing obscenities and jokes that are within the cultural norm

- experimenting sexually with the same age group
- looking for sexual pictures or videos online.

Harmful Sexual Behaviours

We have adopted Hackett's Continuum (2010), best used for children aged 12+:



What to do if you have concerns:

1. Consult with your safeguarding lead to help clarify the level of concern. Safeguarding procedures are at: https://www.proceduresonline.com/swcpp
2. If there is no identified risk, this may be an opportunity to positively reinforce appropriate behaviour or provide relevant information and support.
3. If you identify a risk of harm, complete or update an Early Help Assessment and call a Team around the Family meeting to make a multi-agency plan. Early Help procedures can be found here: https://thehub.bathnes.gov.uk/
4. If there is an immediate risk of significant harm, consult with Social Care Duty on 01225 396312 or 396313 or https://www.bathnes.gov.uk/services/children-young-people-and-families/child-protection
5. If behaviour may be abusive or violent, trained staff will undertake a specific 'AIM3' assessment to understand needs and risks and plan to address these.
6. Where Police have been notified, the Youth Justice Service may also become involved in the assessment and work with the child and their parents/carers.
7. Specialist services have access to a CAMHS HSB Specialist and other professionals involved may also be invited to consultation meetings.

Other considerations:

1. Take full account of the voice of the child in any assessment.
2. Give priority consideration to the needs of any children harmed or at risk.
3. It is vital to view those displaying HSB as children first and offenders second.
4. Consider the need for fathers, mothers and other carers to have opportunity to discuss their concerns and receive support and information.