



Somerset

Harmful Sexual Behaviour Protocol

Owners	Somerset County Council & Avon and Somerset Police
Authors	Becky Hopkins & Lise Bird – Head of Service Co-author version 3.0 Kat Brooklyn
Compiled by:	Becky Hopkins, Lise Bird
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1. Introduction

- 1.1. Harmful sexual behaviour (HSB) raises the anxiety of many professionals working with children and young people and therefore guidance is required to support professionals to manage these behaviours and to support the children and young people themselves involved and their family networks.
- 1.2. Learning from serious case reviews demonstrates that we do not always get our response right for the child perpetrating the behaviour and the child who may be the victim. These are complex situations that are not dealt with regularly which require robust guidance for child protection professionals.
- 1.3. This protocol is for professional use if there is any suspicion, allegation or observation of a child or young person having carried out harmful sexual behaviour or being at risk of doing so. It has been developed jointly by the Youth Offending Service and Children's Services and is overseen by the Somerset Youth Justice Partnership Board and Somerset Safeguarding Children Partnership. In Somerset lower level and/or inappropriate sexualised behaviour is managed by the Gift programme (see Appendix D).
- 1.4. For HSB that is assessed as problematic, abusive or violent the assessment model in use in Somerset is AIM3 (see Appendix E). AIM3 replaced AIM2 in December 2020 in Somerset and is designed to be used with those young people aged 12-18 years who have committed, or there is strong professional evidence or belief, that they have committed harmful sexual behaviour. The AIM3 model includes young women who present with HSB, as well as young people with learning and developmental disabilities and young people from minority ethnic backgrounds. AIM3 is not an actuarial risk assessment tool but an assessment framework designed to assist practitioners in the task of assessing HSB within the context of multiple domains of a young person's life and identifying the needs HSB is meeting both sexual and non-sexual (Leonard and Hackett, 2019).
- 1.5. 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. Within Somerset a number of professionals have received specialised training in identifying, evaluating and intervening with harmful sexual behaviour concerns. Principally these roles are embedded in the Family Intervention Service, Youth Offending Service and Children's Social Care as part of the statutory function of preventing offending and safeguarding and are intended to help develop a

psychosocial understanding related to all levels of harmful sexual behaviour concerns with children up to 18 years old. Where mental health is also a concern alongside harmful sexual behaviour, the Forensic Psychologist embedded within the Youth Offending Service can intervene directly to provide specialist consultation and links back to child and adolescent mental health services.

- 1.6 Staff from any service where staff work with children can support children and families at a preventative level where there are concerns about harmful sexual behaviour. Where the presenting concerns are deemed to be beyond usual safe and healthy behaviour, a discussion with a Gift facilitator from the Family Intervention Service should be considered. Where there are concerns about significant harm to others, consideration will be given to completion of an Early Help Assessment and request for involvement to appropriate services including Children's Social Care and/or involvement of the police. All partners retain their responsibilities to record and report behaviours which are indicative of serious harm being occasioned.

2. Specific Principles

- 2.1. This protocol focuses on the needs of the child or young person who is or may be causing harm. Separate consideration needs to be given to the alleged victim's support and safeguarding needs in accordance with usual safeguarding procedures, including the possible need to call a separate Strategy Meeting or provide separate workers especially if within the same family. Note that the victim may be an adult, although this is less common.
- 2.2. Most 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. The use of language is worth consideration and labelling children as 'sex offenders' should be avoided.
- 2.3. **Identifying Sexual Behaviours/the continuum of Sexual Behaviours from healthy/normal to harmful**
- 2.4. There are no officially agreed ways of describing sexualised behaviours which cause concern. This practice guidance refers to sexual behaviour as being either green (healthy/normal), orange (concerning) or red (harmful), based on the Brook Sexual Behaviours Traffic Light Tool. The Sexual Behaviours Traffic

Light Tool complements organisational safeguarding procedures by supporting professionals working with children and young people to identify, understand and respond appropriately to sexual behaviours.

Using the Tool supports you to:

- Identify behaviour and establish if sexual behaviour is typical or developmentally appropriate, problematic or harmful.
- Understand what that behaviour is communicating and why the child or young person may be exhibiting the behaviour.
- Respond appropriately, considering how the type of response will depend on what's motivating the behaviour, what the behaviour is communicating and the severity of the behaviour.

The Tool provides characteristics and examples of green, orange and red behaviours, broken down by five age groups within 0-18 years. When using the tool, it is important to consider the developmental age and ability level of the child or young person (and others involved) as well as the location, frequency and nature of the behaviour. (Brook.org.uk)

- 2.5. To use the Brook traffic light tool a worker will need to have completed training either through locally provided licensed Brook training (see SSCP Training webpage [Training – SSCP \(safeguardingsomerset.org.uk\)](https://safeguardingsomerset.org.uk), or other training and link to the training page of the Brook Website: [Sexual Behaviours Traffic Light Tool – Brook](#). Alongside the Brook Traffic Light Tool, the Hackett Continuum (see appendix B) can assist professionals in their decision making, as can the use of clarifying questions and professional curiosity as to the degree of concern (see appendix C).
- 2.6. It is important to understand (when considering healthy sexual development in children and young people) that not all behaviours displayed are **GREEN** sexual development under the Brook tool. **ORANGE** behaviours have the potential to be outside of safe and healthy behaviour but are not the most worrying behaviours. **RED** behaviours are those which are harmful or dangerous.
- 2.7 **Green, Orange and Red behaviour identification** (Brook.org)

All behaviours must be considered in context. When considering how to categorise a sexual behaviour the age and ability level of the child or young person and other involved must be taken into account along with the location, frequency and nature of the behaviour.

2.8. **GREEN:** Sexual behaviours which are typical and developmentally appropriate

Sexual behaviours which are typical and developmentally appropriate are:

- Spontaneous, curious, light-hearted, easily diverted, enjoyable, mutual and consensual
- Appropriate to the child's age and/or stage of development
- Activities or play among equals in terms of age, size and ability levels
- About understanding and gathering information, balanced with curiosity about other parts of life

2.9. **ORANGE:** Sexual behaviours which cause concern

Sexual behaviours which cause concern because of:

- Persistence, intensity, frequency or duration of behaviours
- The type of activity or knowledge for the age and/or stage of development
- Inequality in age, size, power or developmental ability
- Risk to the health and safety of the child or others
- Unusual changes in a child's behaviour

2.12. **RED:** Sexual behaviours which indicate or cause harm

Sexual behaviours which indicate or cause harm because they are:

- Excessive, compulsive, coercive, forceful, degrading or threatening
- Secretive, manipulative or involve bribery or trickery
- Not appropriate for the age and/or stage of development
- Between children with a significant difference in age, developmental ability or power
- Abusive or aggressive

3. Responding to and managing situations

3.1. **All those working with children and young people**

3.2. All those working with children and young people have a role to play in identifying and responding to sexually concerning or harmful behaviours, this includes making an initial response to the child/young person; then reporting

their concerns to the named person with responsibility for safeguarding within their agency and to appropriate services if necessary; recording concerns accurately and where appropriate being involved in the implementation of a plan of work to support that child/young person.

3.3. Sexual behaviours should be handled like any other behaviour problem – calmly and firmly unless there is information to warrant an immediate referral to the police or CSC. If you become aware of an incident of sexually concerning/harmful behaviour, whether it is the first incident or one of a pattern, the following steps, based upon work by Ryan 1999, should, be taken:

- **Stop the behaviour** – move the child/young person away from others to speak to them
- **Describe the behaviour** – describe the behaviour accurately to avoid any misunderstanding e.g. ‘you pulled down X’s pants in the playground’ or ‘you grabbed X’s breast’
- **Point out the impact on others** - e.g. ‘when you pulled her pants down X was embarrassed and upset’ or ‘When you grabbed X’s breast you embarrassed and hurt her’
- **Remind the child/young person of the normal expected behaviour** – ‘private parts should be kept covered and not shown in public’ or ‘no one should be touched particularly on their private parts without their consent’
- **Consider if any medical assessment is required**
- **Report the incident to the named person with responsibility for safeguarding** – in schools this is the Designated Safeguarding Lead (DSL) often the Head Teacher, every agency should have a DSL if you are unsure check with your line manager or a senior manager within your agency. When you report the incident to the DSL make sure you include details regarding any response from the child/young person doing the behaviour and any response from the child/young person they have targeted, using the children’s own words.
- **Make a written record** – be as specific as possible about; what was seen and heard; where and when the incident took place and who else was there or nearby at the time. See Appendix 2, the ‘Sexual Behaviour Recording Form’ that is used in North Yorkshire schools but can be adapted to other services.
- **Give the written record or a copy** (depending on your own organisation’s record keeping policies) to the Designated Safeguarding Lead.

3.4. **All agencies including education providers**

3.5. Following use of the Brook Traffic Light Tool (As referred to in Section 2) consider the level of concern in relation to the behaviour.

All green, orange and red behaviours require some form of attention and response, but the type of intervention will vary according to the behaviour. Green behaviours may highlight opportunities to provide positive feedback and information that supports healthy sexuality. Orange and red behaviours may require observation, documentation, education, referral to other services, increased supervision, therapy, safeguarding assessment and/or a legal response.

3.6. If the behaviour is 'green' and considered normal age-appropriate sexual behaviour, the agency first noting the behaviour should review the situation and involve parents/carers as appropriate having regard to the behaviour's content and context.

3.7. If the behaviour is 'Orange': gather further information, including contacting parents/carers and any current/previous agencies involved. Establish any risk to the child displaying the sexual behaviour. Complete Sexual Behaviour Recording Form (appendix A) and discuss with own agency safeguarding lead. Consider need for Team Around the Family / Team Around the School approaches, Early Help Assessment for request for involvement to appropriate services including Children's Social Care, notifying any known existing Social/Youth Offending Service/ Family Intervention Service Worker.

3.8. If the behaviour is 'red': Gather information as above including use of the sexual behaviour recording form (appendix A); contact parents/carers unless indicated otherwise and contact Children's Social Care. Notify any known existing Social/Youth Offending Service/Family Intervention Service Worker immediately.

3.9. **Police**

3.10. Police staff should liaise directly with Children's Social Care at the earliest appropriate point concerning any allegations of harmful sexual behaviour by or against under 18s.

3.11. **SCC Children's Services Front Door**

- 3.12. First Response services will check available systems, evaluate thresholds and consider referral history with reference to the [Hackett Continuum](#) in making the decision how to proceed. In all cases where a child or young person has a mental health difficulty, consideration should be given to any additional support the child may need, subject to consent being provided.

4. Assessment

4.1. Early Help Assessment

- 4.2. Inappropriate and problematic sexual behaviours (see appendix B - the 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 input, the Early Help Assessment process or, where indicated through the Brook Tool and Hackett Continuum, a referral into the Family Intervention Service for Gift work to be facilitated or Childrens Social Care. Consideration should be given to any learning, psycho-social or neurodevelopmental needs (such as autistic spectrum disorder). The Youth Offending Service Team Leaders or Family Intervention Team Leader with the lead for Gift work may be consulted for advice and support.
- 4.3. The agency completing the Early Help Assessment will retain responsibility for the child or young person, whilst the outcome of the EHA may include providing advice and further information to the child or young person and their parents/carers, increased monitoring, supervision and/or support for the child or young person, signposting to further resources (as outlined in Appendix G), or provision of a service from one or more partners.

4.4. Strategy Meeting

- 4.5. If there is reasonable cause to suspect that a child has suffered, or is likely to suffer, significant harm a Strategy Meeting will be convened by Children's Social Care. Relevant professionals, which should include Police, Health, any Education provision, the Youth Offending Service Operational or Local Team Leader (if the child is ten or over) will be invited. The vulnerability and safeguarding needs of the child / young person alleged to be causing the harm must be considered as part of a strategy discussion, as must the needs of the victim in a separate strategy.

4.6. **Section 47**

4.7. One outcome of a strategy meeting may be to progress to a section 47 investigation. This will consider the safeguarding needs of the child / young person alleged to be causing the harm, the victim and any other children, particularly in the same household, family group or social network, and whether the child suspected of the harmful sexual behaviour can remain in the home safely. Checks will be carried out with relevant organisations and information shared as appropriate in developing a robust safety plan.

4.8. **Child and Family Assessment**

4.9. A Child and Family Assessment may be completed by CSC, informed by the family, child and any other professionals involved. This assessment may be undertaken as part of the Section 47 investigation.

4.10. The assessment of the needs of the child alleged to have caused the harm should consider them as primarily in need of support and/or safeguarding, with the harmful sexual behaviour as part of this overall picture. The lack of parenting concerns does not in itself indicate that there is no role for Children's Social Care. Further consideration should be given to the context of the behaviour which may include exploitative or coercive elements within or outside the home. Professionals are urged to remain curious about the context of the behaviour.

4.11. The assessment should evidence separate consideration of the needs of the child / young person alleged to be causing the harm and any other linked children, particularly in the same household. A C and F assessment or EHA may be offered to the victim and their family, dependent upon presenting circumstances and needs.

4.12. The C and F assessment must outline:

- the nature and extent of the harmful sexual behaviour with reference to where it features on the Brook Traffic Light Tool and Hackett Continuum and specify any age/developmental differences between alleged perpetrator and victim, emotional distress caused to victim(s) and any coercion or violence used. The child / young person alleged to be causing the harm's response to the allegations should be considered alongside examination of the needs met by the behaviour.

- the context of the abusive behaviours – where, when, how it was discovered and reaction of carers with reference to the Sexual Behaviour Recording Form (appendix A)
- the child/young person’s learning needs and any neurodevelopmental needs, such as autism spectrum conditions and the relevance of this for the harmful sexual behaviour
- any family or wider social factors that may have contributed to the harmful sexual behaviour
- parent/carer capacity to adequately supervise the child/young person 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 should be considered by all relevant partners
- the response of the local community to the child and an assessment of the risks to the child as a result

4.13. **Assessment Outcome**

4.14. Any assessment must agree a proportionate, needs based plan with the family or carers 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. The likelihood of further harmful sexual behaviour must be outlined and evidenced with a plan about how this can be safely managed, including management in any education setting.

4.15. This is most likely to include partnership working and robust information exchange around the support plan for both the child / young person exhibiting the harmful sexual behaviour, the victim and parents / carers of all parties within their family network / context.

4.16 **Specific AIM3 assessments**

4.17. Where Abusive and/or Violent sexual behaviours ([Hackett Continuum](#)) are established to have taken place, a recognised Harmful Sexual Behaviour assessment tool such as the AIM3 framework should be used to inform the assessment and plan. A referral to the Reactive and Harmful Sexual Behaviour (RaHSB) Forum must be made for consideration of an AIM3 assessment via HSBforum@somerset.gov.uk using the referral form (see appendix G).

The Reactive and Harmful Sexual Behaviours (RaHSB) Forum is a multi-agency forum that aims to address the needs of children and young people aged 10 to 18 who have/are displaying reactive and/or harmful sexual behaviour. The forum will consider and discuss relevant referrals and make recommendations for appropriate assessment and interventions.

4.18 AIM3 has identified 5 Domains:

1. **Sexual Behaviour**
2. **Non-Sexual Behaviour**
3. **Developmental**
4. **Environmental/Family**
5. **Self-Regulation**

(Leonard and Hackett, 2019)

4.19 The AIM3 Model of Assessment is designed to assist practitioners in reviewing with the young person and their parent/carer what are the most appropriate interventions to reduce the areas of concern. It ensures individualised safety plans and targeted interventions as the young person progresses in their pathway to addressing the HSB.

4.20 Any AIM3 assessment must be co-worked by two AIM3 trained professionals, and this will depend on who is most appropriate in relation to skills base, capacity and existing involvement for the child/young person – the trained professionals allocated to complete the AIM3 assessment will be from either the Youth Offending Service, Children’s Social Care or the Family Intervention Service.

4.21 Allocation of all AIM3 assessments will be made through the monthly HSB forum. A dedicated AIM3 supervisor will be allocated to each pair of workers to oversee the specific assessment; this will be in addition to the usual line management and supervision processes in the workers’ own team(s).

5. Multi-agency plan and provision of services

5.1. Following any assessment, a well-coordinated multi-agency plan is key to facilitate safe and effective work and promote effective information sharing. This should be integrated, in most cases, with any existing service’s case management process such as Team Around the Child / School, Child in Need, Looked After Child or through the Core Group meetings or prevention service involvement or YOS Risk and Wellbeing Panel approach. To avoid delay, an

early review or additional meeting should be called, if necessary, to ensure timely action is taken to intervene and ensure safety.

- 5.2. The lead professional or allocated worker should coordinate a multi-agency planning meeting on completion of the assessment with all relevant agencies, including education and parents / carers wherever possible.
- 5.3. The plan should:
- address all assessed needs, not just the sexual behaviour concerns, and takes account of the child/young person's learning and developmental ability including neurodevelopment.
 - support the child/young person to build a positive social identity free from harmful sexual behaviour
 - be reviewed in a timely way and take 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
 - provide clear information to the family regarding any planned interventions, and ensure parents/carers are included in the work (unless this is judged not to be in the child's interests)
- 5.4. Where direct intervention work is indicated to address sexual behaviour concerns identified in the assessment report, trained intervention workers should be drawn primarily from the virtual team around the child. Allocation should be discussed between team managers, taking account of the need to promote the continuity of relationships which will use recognised intervention tools such as AIM and the [Good Lives Model](#). If the behaviours are assessed by the AIM3 model at least one of the AIM3 assessors will remain involved with the agreed interventions as the AIM3 assessment will require review at regular intervals, usually every 8 weeks, to update the assessment and review the concerns and strengths identified.

6. Criminal Justice Route

6.1. Out of Court Disposal - Criminal Proceedings and Pre-Court Protocol

- 6.2. The age that a child can be held criminally responsible is 10 years. The decision for there to be a police investigation must be made because of a

strategy discussion. The Officer in the Case must complete a Form 143 (Report re Youth) for any incident or offence involving a youth (aged 10-17 inclusive) and task to Youth Justice, all via Niche.

- 6.3. Youth Justice, a Police Unit who ensure that local and national policy is followed force wide, is available in an advisory capacity for all youth matters via email Youth Justice Unit.
- 6.4. If, because of their investigation Police assess that criminal proceedings are likely, charge advice will need to be sought from the CPS. Pre involving the CPS, a further multi agency strategy discussion should be held to gather and incorporate the views of the agencies involved with the young person. YOT must be invited. If there is a disagreement, Police may still seek CPS charge advice but must ensure all agency views are represented to the reviewing CPS lawyer.
- 6.5. If there is a clear and reliable admission to the offence, the offence has a Gravity Matrix Score of 3 or under and the previous offending history of the youth makes it appropriate, an Out of Court disposal can be considered. This must be made by an Inspector who takes into consideration the documented mitigating and aggravating factors. If agreed by an Inspector, the Child or Young Person will be referred to a Youth Out of Court Panel to consider out of court disposals.
- 6.6. As soon as it is thought the Crown Prosecution Service (CPS) may be required to authorise a charging decision, early advice can be sought from them but pre any formal decision is made, the views of the relevant partner agencies must be sought as 6.4 above.
- 6.7. There are no formal timescales for police investigations but taking in to account the ages of the parties involved, all cases should be investigated as expeditiously as possible.
- 6.8. Serious Sexual Offences will be investigated by accredited Specialist Child Abuse Investigators and reviewed by a supervisor monthly. Should there be concern regarding the progress of a police investigation then the escalation policy can be utilised.

- 6.9. The Code for Crown Prosecutors in relation to child defendants and sexual offences states that the weight to be attached to a particular factor will vary depending on the circumstances of each case.
- 6.10. Prosecutors should have regard to the following factors:
- The age and understanding of the offender. This may include whether the offender has been subjected to any exploitation, coercion, threat, deception, grooming or manipulation by another which has led him or her to commit the offence
 - The relevant ages of the parties, i.e., the same or no significant disparity in age
 - Whether the complainant entered sexual activity willingly, i.e., did the complainant understand the nature of his or her actions and that she/he was able to communicate his or her willingness freely?
 - Parity between the parties regarding sexual, physical, emotional and educational development
 - The relationship between the parties, its nature and duration and whether this represents a genuine transitory phase of adolescent development
 - Whether there is any element of exploitation, coercion, threat, deception, grooming or manipulation in the relationship
 - The nature of the activity e.g., penetrative or non-penetrative activity
 - What is in the best interests and welfare of the complainant and
 - What is in the best interests and welfare of the defendant
- 6.11 In summary, where a defendant, for example, is exploitative, or coercive, or much older than the victim, the balance may be in favour of prosecution, whereas if the sexual activity is truly of the victim's own freewill the balance may not be in the public interest to prosecute.
- 6.12 In addition, it is unlikely to be in the public interest to prosecute children who are of the same or similar age and understanding that engage in sexual activity, where the activity is truly consensual for both parties and there are no aggravating features, such as coercion or corruption. In such cases, protection will normally be best achieved by providing education for the children and young people and providing them and their families with access to advisory and counselling services. This is the intention of Parliament.
- 6.13 The guidance goes on further to say that the Chief Crown Prosecutor or Deputy Chief Crown Prosecutor's must be notified of any such case where

there are both defendants and victims under the age of 13. This includes cases which are diverted from prosecution, whether on evidential or public interest grounds

6.14 When reviewing a case, in which a youth under 18 is alleged to have committed an offence contrary to sections 5 to 8 Sexual Offences Act 2003, prosecutors should obtain and consider:

- The views of Local Authority Children's and Young People's Service
- Any risk assessment or report conducted by the local authority or Youth Offending Service in respect of harmful sexual behaviour (such as AIM3, ERASOR or J'SOAP)
- Background information and history of the parties
- The views of the families of all parties

6.15. Careful regard should be paid to the following factors:

- The relative ages of both parties
- The existence of and nature of any relationship
- The sexual and emotional maturity of both parties and any emotional or physical effects as a result of the conduct
- Whether the child under 13 in fact freely consented (even though in law this is not a defence) or a genuine mistake as to her age was in fact made
- Whether any element of seduction, breach of any duty of responsibility to the girl or other exploitation is disclosed by the evidence
- The impact of a prosecution on each child involved

To support decision making, either the Police or CPS may refer the case to the HSB forum to request a relevant assessment is completed to inform the final charging decision.

6.16 If a very young child has been abused by a youth, or a baby-sitter in a position of responsibility has taken advantage of a child under 13 in his/her care; prosecution is likely to be in the public interest. Where a child under 13 has not given ostensible consent to the activity, then a prosecution contrary to sections 5 to 8 is likely to be the appropriate course of action.

- 6.17 There is a fine line between sexual experimentation and offending and in general, children under the age of 13 should not be criminalised for sexual behaviour in the absence of coercion, exploitation or abuse of trust.
- 6.18 The CPS provides detailed guidance concerning Rape and Sexual offences.
- 6.19 When a case is before the Youth or Crown Court, the Youth Offending Service (YOS) will ensure that information is shared between the Court and relevant agencies and provide assessments to assist with bail decisions and presentence reports following any conviction. The YOS will consult victims and Officer(s) in the Case as part of the assessment process. If the child is remanded or sentenced to a secure establishment, the YOS will assess the child's safety and well-being at Court and provide information about the child to the secure establishment.
- 6.20 If the child is convicted, a referral to MAPPa by the Youth Offending Service will be considered and made if the National criteria are met (see [Multiagency Public Protection Arrangements](#)).

6.21 Out of Court panel

- 6.22 In Somerset - For those aged 12 years and over who admit to the allegation of harmful sexual behaviour, an AIM3 assessment may be requested to inform the appropriate course of action. All requests for an AIM3 assessment must go from the Out of Court Panel to the HSB forum for decision making and allocation. Based on the assessment, the Out of Court Disposal Panel can decide to issue the young person with a Community Resolution, a simple Youth Caution, a Caution with Voluntary Programme, a Youth Conditional Caution or recommend that the young person should be charged to Court.
- 6.23 Professionals should note that some offences will meet the automatic threshold for Sex Offender Registration even if an OOC disposal is the outcome (Youth Caution or above). Reference can be found in [Home Office Guidance](#) on Part 2 of the Sexual Offences Act 2003 section 3.
- 6.24 The investigating police officer must consult with the child/young person and parents / carers 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.

6.25 If an AIM3 assessment is agreed through the HSB forum, an assessing worker will be allocated via the forum chair (May 2021 – charring sits with YOS). Children' Social Care or the Family Intervention service will work alongside the YOS to support the AIM3 assessment. If there is no Social Worker or FIS worker involved, allocation of a co-assessor will depend on who is most appropriate in relation to need, skills base, capacity and existing involvement for the child/young person.

6.26. Young people charged in relation to harmful sexual behaviour

6.27 A specific assessment (e.g., AIM3) of risk should be completed when a young person admits guilt or is found guilty in relation to harmful sexual behaviour. An adjournment before sentencing will be necessary to carry out the specific assessment, which should inform the Pre-Sentence Report.

6.28 Not guilty findings or discontinued cases

6.29. A Strategy or multi-agency professionals' meeting should be called to consider any outstanding risk. In this instance, the case must be referred to the HSB forum for consideration of an AIM3 assessment – this may be offered to the young person and their family on a consensual basis depending on risk and level of engagement.

6.30. Referral Order

6.31. If a young person is sentenced to a Referral Order following conviction of a sexual offence, an AIM3 assessment should be carried out prior to the Referral Order Panel meeting, to inform the intervention plan. This AIM3 assessment decision will not need to go via the HSB forum as it will be a requirement as part of the statutory Court Order.

6.32. Transition between custody and community

6.33. A multi-agency planning meeting should be held well in advance of any such transitions wherever possible to ensure robust risk assessment, safety planning and intervention work can be carried out.

7. Education and Safeguarding

7.1. Principles

7.2. Paragraph 25, 29 and 30 of the statutory guidance on [Keeping Children Safe in Education 2020](#) from the Department for Education state:

The sexual abuse of children by other children is a specific safeguarding issue in education

All staff should be aware that children can abuse other children (often referred to as peer-on-peer abuse). This is most likely to include, but may not be limited to:

- bullying (including cyberbullying).
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm.
- sexual violence, such as rape, assault by penetration and sexual assault.
- sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be stand-alone or part of a broader pattern of abuse.
- up skirting, which typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm.
- sexting (also known as youth produced sexual imagery) and
- initiation/hazing type violence and rituals

All staff should be clear as to the school's or college's policy and procedures with regards to peer-on-peer abuse. Within this statutory guidance Annex, A contains important additional information about specific forms of abuse and safeguarding issues including allegations of sexual violence or sexual harassment

Governing bodies and proprietors should ensure that children are taught about safeguarding, including online safety. Schools should consider this as part of providing a broad and balanced curriculum.

This may include covering relevant issues through Relationships Education and Relationships and Sex Education (formerly known as Sex and Relationship Education), tutorials (in colleges) and/or where delivered, through Personal, Social, Health and Economic (PSHE) education. The Government has made regulations which will make the subjects of Relationships Education (for all primary pupils) and Relationships and Sex Education (for all secondary pupils) and Health Education (for all pupils in state-funded schools) [mandatory from September 2020](#).

Relationships Education (RE) and Relationships and Sex Education (RSE) contributes to personal development by helping pupils to build their

confidence, resilience and self-esteem, and to identify and manage risk, make informed choices and understand what influences their decisions.

RE and RSE should be age-appropriate, building knowledge and life skills over time in a way that prepares pupils for issues they will soon face. They will likely focus on:

- different types of relationships, including friendships, family relationships, dealing with strangers and, at secondary school, intimate relationships.
- how to recognise, understand and build healthy relationships, including self-respect and respect for others, commitment, tolerance, boundaries and consent, and how to manage conflict, and how to recognise unhealthy relationships.
- how relationships may affect health and wellbeing, including mental health.
- healthy relationships and safety online; and
- factual knowledge, at secondary school, around sex, sexual health and sexuality, set firmly within the context of relationships.

7.5. **Designated Safeguarding Leads and Head Teachers**

7.6. The 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 19) should be considered in all education interactions and decision making with a child / young person exhibiting harmful sexual behaviour.

7.7. In addition, any education professional must ensure access to adequate information from other professionals to inform decision making.

7.8. When assessing risk of further harm caused by a child/young person’s sexual behaviour, the needs of both the child/young person and any victim, if they are a pupil at the school, must be considered. This must include the account of the victim and the victim’s parents’ views when planning safety and making related decisions. Where appropriate, the impact on the victim of being taught in the same lesson as the alleged perpetrator should be considered.

7.9. Where a managed move or exclusion is being considered, this should be discussed with the multi-agency team around the child exhibiting HSB to

ensure any issues regarding ongoing safety and rehabilitation can be considered, as well as the impact of such a move on the wider safety and intervention plan.

- 7.10. The potential for bullying toward the alleged perpetrator resulting from other pupils learning of the harmful sexual behaviour should be considered, with appropriate steps taken to reduce the risk of this where necessary.

Appendix A: Sexual Behaviour Recording Form

This form should be completed each time there is an incident concerning sexual behaviour which is considered harmful. This form should be kept on the child/young person's confidential file in accordance with agency protocols and shared with other professionals where it is assessed that a multi-agency approach is required.

Childs Name:

.....

DOB:

.....

Date/time of incident:

.....

Form completed by:

.....

This should be the person who observed or had the incident reported to them

Type of behaviour: describe in as much detail as possible, what the child/yp did or said:

.....
.....
.....
.....
.....

Context of the behaviour: e.g., was the behaviour spontaneous or planned? Was there use of force, coercion? Manipulation, threat. The use of social media to entice / bully or threaten. The use of extortion?

.....
.....
.....
.....
.....

Relationship between the child/yp involved: e.g., are they of a similar age, would they normally associate with each other; is there anything to suggest that one child/yp might be more in control than the other e.g., size, ability, status, strength differences?

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.....

Response of the other children/yp, adult involved: e.g., did they engage freely? Were they uncomfortable? Were they anxious or fearful?

.....
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.....
.....
.....

Response of the child/yp: e.g., were they defensive, denying, aggressive, angry, or were they passive; or were they embarrassed, regretful, taking responsibility?

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.....
.....

What was the attempt to address the behaviour and what was the child response to that? e.g., could the child be easily focused on another task or were they difficult to distract and kept returning to the behaviour. Did they respond to the boundaries that were set?

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.....
.....
.....
.....

What was the response of the parents when informed of their child's sexual behaviour?

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.....

Other actions taken? Please document any contact made with other agencies for e.g. for purposes of seeking advice or making a referral. Include whom you spoke to, actions agreed by whom and when etc.

.....
.....
.....
.....
.....

Signed..... Date.....

Appendix B: The range of sexual behaviours

The Hackett Continuum

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

Simon Hackett, 2010 taken from NSPCC Harmful Sexual Behaviours Framework www.nspcc.org.uk/services-and-resources/research-and-resources/2016/harmfulsexualbehaviour-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 orange 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.

Is the behaviour occurring more often than would normally be expected for the developmental stage?

Is the behaviour getting in the way of the child's development? In what ways, and to what degree (be specific)?

Did or does the child use coercion, intimidation or force in the process of carrying out the sexual behaviour?

Were or are any of the children involved emotionally distressed by what has happened?

Did or does the behaviour occur between children of divergent ages or developmental abilities?

Has the behaviour persisted even after intervention from staff or caregivers?

(Questions adapted from Chaffin et al., 2002)

Appendix D: The Gift

'The Gift' in Somerset is a set of direct work tools or interventions which focus on the 'growing gift' of the body, puberty and sexuality. There are two versions, one for pre-puberty and one for in/post puberty.

It is deemed appropriate for under 11's displaying reactive sexualised behaviours, general keep safe work and for over 11s displaying reactive and/or harmful sexual behaviours but who do not reach the threshold of requiring an AIM3 assessment and intervention.

It may not be appropriate for children and young people with severe attachment issues and challenging behaviours, those displaying particularly violent behaviour and young people with significant mental health issues.

Pre-puberty:

Children who have yet to enter puberty are not able to feel, think and act sexually as older children are beginning to do in their journey through puberty towards adult sexuality. However, if younger children have been exposed to sexual content either directly or indirectly, they may act out behaviours which they may have little understanding of, but which adversely affects their own safety and welfare, and the safety and welfare of other children. Such behaviours are termed 'reactive'. An intervention may be required that helps the child understand and change maladaptive behaviours but does not stigmatise the child as a potential 'sex offender'. All work should be holistic in approach and fiercely child centric.

Post Puberty:

The Gift for children and young people post puberty is holistic, and the treatment should be built around the young person's individual needs and abilities, and his place within the community. The Treatment is integral to their functioning and aspirations and whilst being mindful of the relevant risk factors, the work requires positive protective factors to motivate and make it effective.

The guide is not prescriptive: it is designed to be fitted according to the young person's needs and abilities.

Intended outcomes of the Guide are both universal and individual. Universal outcomes would be desistence from further sexually harmful/inappropriate behaviour, achievement and integration into school/community, making positive life choices, and returning to normal pathways. Individual outcomes will be about evidencing change in the shorter term such as being able to go to the toilet with peers, making progress in reading, pro-social play with peers, joining out-of-school activities etc.

Appendix E: Aim3 Model Outline

Roles and Tasks

It is essential that only people trained in the use of the AIM3 model undertake assessments.

Where staff act as the 'appropriate adult' in a PACE (Police and Criminal Evidence) interview of a child or young person, it may not be appropriate for that worker to subsequently undertake the AIM3 assessment.

Where there is an immediate decision to charge the child or young person, the staff member from YOS who undertakes the AIM3 assessment will also complete the pre-sentence report.

If the victim has an allocated Social Worker, this social worker must not be directly involved in the AIM3 assessment.

AIM3 Assessment Framework

The AIM3 Model of Assessment is designed to provide practitioners with a structured framework to assist in the analysing the HSB in the overall contact of the young person. It is designed to be used with those young people aged 12-18 years who have committed, or there is strong professional evidence or belief, that they have committed harmful sexual behaviour.

The AIM3 model includes young women who present with HSB, as well as young people with learning and developmental disabilities and young people from minority ethnic backgrounds. The Domains and Factors which make up the core of the model are broad based and are of relevance to both young men and women presenting with HSB. However, when using the indicative items which are offered to help practitioners consider each of the factors, practitioners need to consider the specific issues of diversity and difference as they relate to the individual young person being assessed.

AIM3 is not an actuarial risk assessment tool but an assessment framework designed to assist practitioners in the task of assessing HSB within the context of multiple domains of a young person's life and identifying the needs it is meeting both sexual and non-sexual. The importance of continuing to review risks and needs cannot be over-stated, not least because young people are developmentally in flux.

Structure of the AIM3 Assessment

AIM3 has identified 5 Domains:

1. Sexual Behaviour
2. Non-Sexual Behaviour
3. Developmental
4. Environmental/Family
5. Self-Regulation

Within each Domain there are 5 Factors for the practitioner to consider, which cover the key elements of each Domain. The Factors are scored numerically and the cumulation of the 5 scores gives an overall score for the relevant Domain. These are then plotted on a profile graph which gives a visual representation of the areas of concern and potential strength.

Supervision and Review of AIM3

AIM3 has been designed to provide a profile of the young person and as such could be utilised within professional supervision to review the progress being made by the young person in the intervention work. The review of the AIM3 scoring is a fundamental aspect of this model to ensure the areas of concern are current, interventions are targeted, and the young person is not subject to a static assessment of level of risk posed which fails to recognise their development, learning and ability to change. The AIM3 Model of Assessment graph profile should be a core agenda item in supervision with practitioners in their immediate and long-term intervention with the young person and their family.

Time frame

Because the AIM3 assessment model is intended to provide guidance on immediate risk management as well as medium and longer-term interventions, the authors recommend that it is usually completed within a short 6-week timeframe. Any delay in completing the AIM3 must be defensible in delaying the young person's access to intervention when the outstanding information may not immediately influence the assessment.

Appropriateness of AIM3 on all cases of HSB

In recognising, for the victim, that any HSB will have caused significant emotional distress and potential long-term impact, not all HSB committed by a young person will require a complete AIM3 assessment.

It is important that managers/supervisors consider the referral and whether a full AIM3 Assessment is required. Using Hackett's (2010) continuum as a resource to assist in determining the nature of the referral behaviour is recommended. Other factors to consider in this decision making are:

- Was it age-appropriate sexual behaviour?
- There was no violence in the sexual behaviour
- There was an absence of behaviours to secure secrecy
- The behaviours did not cause serious harm to others/or self
- There was an absence of the behaviours continuing after adult intervention
- Was it a single occurrence?
- Was there one victim?
- Was the victim peer aged?
- Are the concerns centred on consent?
- Are the concerns centred on environment/location of where the sexual behaviour took place?
- Is the young person expressing regret for the sexual behaviour?
- Is the young person engaging with professionals?
- There are no other non-sexual, developmental family concerns
- The parent/carer has engaged with professionals
- The young person is admitting to the victim's account of the sexual behaviour

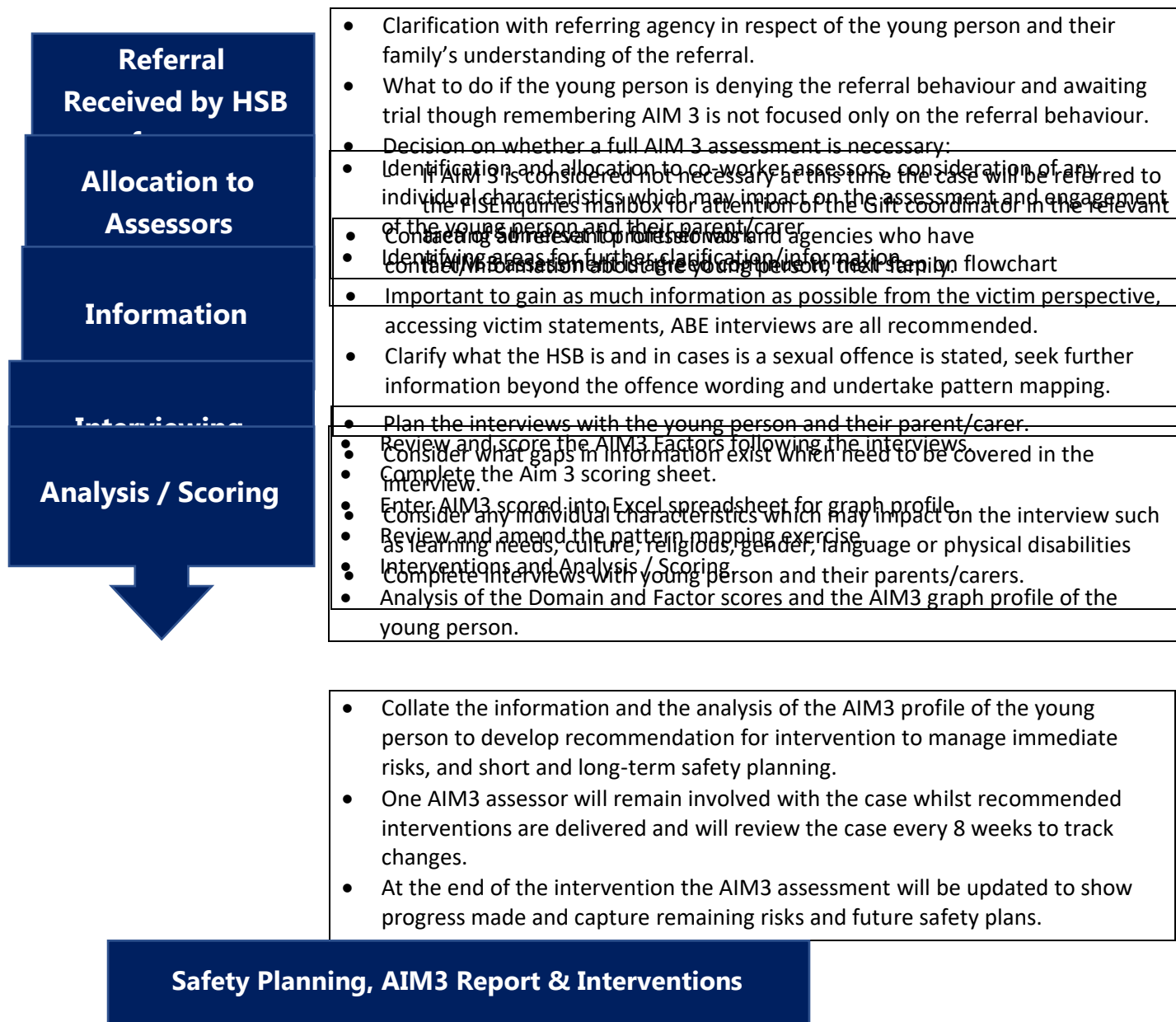
If the answers to these questions are generally in the positive, then it is not recommended that an AIM3 assessment is undertaken but a professional discussion takes place to agree what appropriate education/intervention the young person requires to reduce likelihood of sexual behaviour reoccurring. (Leonard and Hackett, 2019)

Somerset processes

If there is a degree of uncertainty, or the answers to the above questions are generally in the negative a referral to the HSB forum must be made for consideration of an AIM3 assessment. The HSB forum will consider referrals and the flowchart for AIM3 assessments will be followed (see Appendix E).

If the HSB forum decides that an AIM3 assessment is not required, the case will be referred for advice on appropriate next steps to the Family Intervention Service 'Gift' lead in the relevant area of Somerset.

Appendix F: AIM3 Assessment Process Flow Chart



Appendix G:

Reactive and Harmful Sexual Behaviour Forum referral form

Referrer's details			
Name of referrer:		Date of referral:	Click or tap to enter a date.
Agency:	Choose an item.	Contact details:	Telephone number: Email address:
Young person's details			
Name of young person:			
Area of Somerset young person is currently resident in:	Choose an item.		
Date of birth:			
Case management system ID			
Reason for referral:			
View of child:			
View of parent/carer:			
Outcome sought from Panel:			

Please attach all relevant assessments and documents with this referral to help the Forum members decide on the appropriate outcome.

All referrals to be submitted with relevant accompanying paperwork by the Friday prior to the next forum. Referrals received without accompanying information will be returned to the referrer for more information. Referrals received after the deadline may not be discussed that month.

Referrals submitted via email to: HSBForum@somerset.gov.uk

Note: Please DO NOT include the young person's name in the email subject line

Appendix H: Further information and resources

To explore further, and when advising parents and professionals, 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) Sexual behaviour and development

[Brook Sexual Behaviours Traffic Light Tool](#) (Brook)

[Child's play? Preventing abuse among children and young people](#)(Stop it Now!)

[Healthy sexual behaviour](#) (NSPCC)

[Helping you understand the sexual development of children under the age of 5](#)

(Parents Protect)

[Helping you understand the sexual development of children 5-11](#)

(Parents Protect)

[Healthy and unhealthy relationships](#) (Childline)

[PANTS sexual harm prevention resources](#) for conversations and work with children

(NSPCC)

b) Sexual development of SEND children and young people

[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)

c) Online safety and pornography

For resources, Think U Know is a good starting point and has good introductory videos for parents and young people.

[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)

d) Sexting

[Sharing nudes and semi-nudes: advice for education settings working with children and young people](#), Guidance on responding to incidents and safeguarding children and young people, (DfD,C,M&S, 2020)

[Sexting: how to respond to an incident](#)

[Searching, screening and confiscation: Advice for headteachers, school staff and governing bodies](#)

[Keeping children safe - Sexting](#) (NSPCC)

[Nude selfies – a parents' guide](#) (Think U Know)

e) 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](#)

f) 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, headteachers, principals, senior leadership teams and designated safeguarding leads (DfE, 2018)

g) Shared Procedures

[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.