

Sexual Harm Consultation Group

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PLEASE NOTE THIS GUIDANCE IS AN ADDITION TO THE FOLLOWING PROCEDURES

https://www.proceduresonline.com/durham/scb/p_sexually_harm_behav.html

Purpose

The role of the Sexual Harm Consultation Group is to provide strategic direction and leadership to ensure that children and young people where intrafamilial child sexual abuse or harmful sexual behaviour is present. This is to ensure the child/young person receives the appropriate interventions, support, reduced risk and better outcomes. To make secure decisions around future steps, assessment and intervention for young people who display HSB or have been a victim of IFCSA. It is imperative to ensure a multi-agency approach is used. In contextualising the concerns by drawing information from Police, Social Care, One Point Early Help, Youth Justice Service, Full Circle Therapeutic Services, Health and Education together, a richer understanding of the young persons' needs can be established. Therefore, the purpose of the Sexual Harm Consultation Group will be to do the following:

- To meet on a monthly basis and provide oversight and scrutiny of care planning to those cases where children or young people are identified as Medium/High or High risk of HSB or IFCSA
- To ensure that all children arrested or referred to Children's Social Care, County Durham Youth Justice Service or Durham Constabulary via the HSB pathway are considered for referral to the Sexual Harm Consultation Group.
- To identify as early as possible, where intervention would be beneficial in preventing a pattern of further offending or HSB and to advise on the appropriate interventions and/or referrals.
- To discuss the findings and recommendations of any specialist HSB reports including AIM3 assessments in Medium/High or High risk cases, to ensure that recommendations including safety planning are agreed and implemented.
- Monitor high risk police cases through to outcome.
- To ensure that where children or young people are identified as Medium/High or High risk of HSB or IFCSA the appropriate interventions are in place including signposting and operational advice.

- To report to the DSCP and offer assurance around on practice developments

Consultation Group Structure

The Sexual Harm Consultation Group will be made up with representatives from a wide range of multi-agencies and could also, on occasion, benefit from attendance of other specialist services by invitation. The consultation group will include the following:

- Families First team Manager
- Strategic Manager South
- Harmful Sexual Behaviour Lead/Youth Justice
- Youth Justice Representative
- Independent Reviewing Officer
- Education
- Health
- Educational Psychologist
- Full Circle Team practitioner
- Police
- One Point Early Help
- The Meadows

Sexual Harm Consultation Group Process

The practitioner and the care team identifies intrafamilial child sexual abuse or harmful sexual behaviour as a worry for the child/young person



The practitioner and care team completes the risk matrix referral tool relevant to the issue and scores the matrix as low, medium, high

Practitioner completes and sends the referral matrix tool along which incorporates the family composition, details of the network/ecomap, reason for involvement and the current safety plan to; sexualharmconsultationgroup@durham.gov.uk



The group chair will review the matrix as part of the pre-screening process, agree the risk level and decide if the child/young person needs to be discussed in the group meeting.



Med/High or High Risk - Attend Consultation Group

The practitioner and their team manager attend the sexual harm consultation group at the provided date and time.

Notes are record on the child's file. Any recommendations are to be included in the child/young person's plan and actioned. An up to date matrix is required to evidence the worries reducing.

The practitioner and team manager may be asked to attend future consultation groups.



Low or Medium Risk - Signpost

Pre-screening notes recorded in LCS. Any recommendations are to be actioned.

Appendix 1

SEXUAL HARM CONSULTATION GROUP

Terms of Reference

1. Context/Definition

Sexual Harm is being considered as part of the Action Plan under the remit of Children who display Harmful Sexual Behaviour (HSB) and Children who are victims or at risk of Intra-Familial Child Sexual Abuse (IFCSA) in line with the agreed threshold

Harmful sexual behaviour (HSB) can be defined as “**Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate**, may be harmful towards self or others and/ or be abusive towards another child, young person or adult.” (Hackett, Holmes and Branigan, 2016).

The term ‘harmful sexual behaviour’ is used to **describe a continuum of sexual behaviours**, from **inappropriate to problematic to abusive**. There is a range of common and healthy behaviours at different developmental stages.

There is no single agreed definition of Intra-Familial Child Sexual Abuse. The UK Government’s definition of child sexual abuse is “forcing or enticing a child or young person to take part in sexual activities, not necessarily a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing or touching outside of clothing. They may also include non-contact activities, such as involving the children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children’ (Department for Education, 2015).

When considering Intra-Familial CSA it is recognised that in addition to parents, grandparents, aunts/uncles and siblings, an abuser may be someone close to the child that they consider to be family such as a step-parent or close family friend.

2. The need for a multi-agency response:

Working Together 2010 (now archived) states in relation to children and young people who display harmful sexual behaviour:

- There should be a coordinated approach between youth justice, children's services, police and health (including child and adolescent mental health services).
- DSCP's should ensure there is a clear operational procedure in place within which assessment, decision making, and case management should take place.

NICE guidelines (HSB among child and young people: 2016) state that local authorities should develop local safeguarding policies and agree a harmful sexual behaviour framework between agencies, meet regularly to plan, implement and evaluate care pathways for children and young people. It also recommends that the care plan is the responsibility of the whole multi-agency team and not individual practitioners.

Research shows that the number of children subject to child protection plans under the category of sexual abuse is at it's lowest in over 20 years despite Police reporting an increase in the number of CSA crimes recorded. (Kelly and Karsna, 2017). There are worries that this is a reflection of changing priorities in Local Authority's, a focus on Child Sexual Exploitation (CSE) or Domestic Abuse. It may also reflect the professional challenges involved with Intra-Familial CSA. Overcoming these challenges required confident and able professionals and a supportive child protection system rather than a bureaucratic and target centred one. (Munro, 2011).

Recent innovations seeking to achieve such change have highlighted the importance of social workers combining empathy and collaboration with purpose and authority, good reflective supervision, and the use of multi-disciplinary teams. (McNeish et al, 2017).

Following DSCP Child Safeguarding Practice Review (2020) in cases where Sexual Harm was a theme it was found that improvements were required by Durham Children's Social Care. An action plan has been agreed around Sexual Harm which incorporates a new procedure and the development of a sexual harm consultation group. This is one of the four key priorities for 2021 from the DSCP.

3. Purpose of the Sexual Harm Consultation Group:

The role of The Sexual Harm Consultation Group is to provide strategic direction and leadership to ensure that children and young people where sexual harm is present receive the appropriate interventions, support, reduced risk and better outcomes. To make secure decisions around future steps, assessment and intervention for young people who display HSB or have been a victim of IFCSA. It is imperative to ensure a multi-agency approach is used. In contextualising the concerns by drawing information from Police, Social Care, One Point Early Help, Youth Justice Service, Full Circle Therapeutic Services, Health and Education together, a richer understanding of the young persons' needs can be established. Therefore, the purpose of the Sexual Harm Consultation Group will be to do the following:

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- To report to the DSCP and offer assurance around on practice developments

4. Consultation Group representation:

The Sexual Harm Consultation Group will be made up with representatives from a wide range of multi-agencies and could also, on occasion, benefit from attendance of other specialist services by invitation.

The core Consultation Group members will comprise of;

Bernadette Toomey – Strategic Manager / Strategic Oversight

Rachel Shuttleworth – YJS Team Manager, HSB Lead / Youth Justice

Paula Mather – Team Manager, Newton Aycliffe Families First / Children’s Social Care

Karen Gallagher – IRO / Children’s Social Care

Tracy Tait – Education Equalities Team Leader / Education

Sofia Friedrich- Counselling Team Leader / Educational Psychologist

Michelle Summerbell – Full Circle Team Manager / Therapeutic Services

Steve Richards & Lliane Pacewich – Police

Alex Eley – Senior Safeguarding Lead / Health HDDFT

Judith Bowman - One Point/Early Help

Alison Foster – The Meadows

Child’s Social Worker/Key Worker and relevant Team Manager

5. Conduct of meetings:

- The child or young person’s Social Worker or Key Worker will make referrals by completing the sexual harm risk matrix relevant to the issue and provide a case synopsis in line with the Sexual Harm Procedure. These will be reviewed and screened by the Consultation Group chair to have a pre-screening process, at this stage it will be agreed to discuss the case at the consultation group or signpost.

- CYPs Management Support team will collate referrals then share the agenda approximately 1 week prior to the sexual harm consultation group. The agenda will list the child or young person to be discussed, their date of birth and current involvement. Consultation Group members are expected to prepare their information in advance to allow for timely discussions.

- Each Consultation Group member will represent their own service area and will be responsible for sharing relevant contextual information relating to the young person being discussed.
- Consultation Group members are encouraged to challenge ideas and information shared by colleagues as there is no one collective 'information management system' which covers all agencies represented therefore clarification and clear and accurate information gathering is imperative.
- For cases where onward referral is deemed to be an important action, members will collaboratively make decisions and the most relevant member will take this as an action moving forwards.
- The recommendations of the Consultation Group should be incorporated into the child's plan and recorded in a timely manner within each agencies case management system.
- The Sexual Harm Consultation Group will be fully administered by the CYPS Management Support team who will record the discussions and any actions for Consultation Group members and timescales by which these need to be actioned.
- It is anticipated that some cases will be kept on the agenda as 'ongoing' due to the nature of the concern, these children will remain on the agenda until agreed by the Consultation Group. An up to date risk matrix should be completed to evidence that the child or young person is no longer at risk.
- Minutes from the sexual harm consultation group will be circulated with members no later than 10 working days following the meeting. A case note under Sexual Harm Consultation Group will be added to the child's records with key outcomes.
- The Sexual Harm Consultation Group will be held once a month, duration is expected to be half a day with 20 minutes allocated to each case and will be held until further notice via MS Teams.
- The Consultation Group will collate findings on a 6 monthly basis to present to the executive DSCP for assurance as part of the Sexual Harm Action Plan.

- Any disagreements should be raised with the group chair in the first instance. If an agreement cannot be reached then this should be raised with the agencies senior manager and any escalation be referred through the DSCP under the professional challenge policy.

6. Escalation Policy

If the consultation group are concerned for the immediate safety and wellbeing of any child discussed at the sexual harm consultation group this should be raised with the group chair, Strategic Manager Bernadette Toomey and it will be the responsibility of the chair to escalate the concern to the appropriate senior manager. If a concern relates to a partner agency, the chair will ensure that this is raised with the senior manager of that service.

7. Amendment, Modification or Variation:

This Terms of Reference may be amended, varied or modified in writing after consultation and agreement by the Sexual Harm Consultation Group members.