argyll & bute child protection committee

MULTI AGENCY PROTOCOL

Getting It Right
for children and young people displaying sexually harmful behaviours

August 2014

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1. INTRODUCTION

1.1 ARGYLL & BUTE CONTEXT

Argyll & Bute does not have a specific team or service working with children and young people with sexually harmful behaviours. It is not felt that this would be practical in terms of geography or identified need. However we recognise the need to provide quality services which enable these children and young people to look at their behaviours and create change, and which ensure the safety of the people who may be harmed by their behaviour. To this end it's important that people from all agencies work together and have a shared understanding and protocol to ensure a uniform and quality response and intervention, regardless of where the individual may reside in Argyll & Bute.

Argyll & Bute Child Protection Committee have adopted the Management, Assessment and Risk Reduction process created by Christine McCarlie and Ann Brady (M.A.R.R. 2012) as a model for assessment and intervention with children and young people with sexually harmful behaviours. Argyll & Bute have engaged Christine McCarlie to provide multi-agency training on this subject, and there are a number of professionals trained to support practitioners carry out assessments and interventions with children and young people and their families *(See Appendix 6).* It is anticipated that this training will be re-visited as necessary at future dates.

Sexually problematic behaviour requires to be considered on a continuum of behaviour ranging from normal, through harmful and in a small number of cases abusive. Professionals require understanding of this continuum of behaviours to ensure appropriate intervention. This protocol is intended for practitioners and managers to assist in the early identification and assessment of children and young people who require support and identify those who require specialist intervention to address behaviours. This protocol aims to set out a risk management framework to manage, evaluate, risk assess and intervene.

Whilst research points us in the direction of a number of pre-cursers to sexually problematic behaviours in children and young people, for example experiencing domestic violence, all children and young people are individuals and should be treated and assessed as such. It requires key agencies involved to meet regularly on a case by case basis to manage, evaluate and monitor risk assessments and long term interventions.

Intervention does reduce the risk of recidivism and it is important to note that children who show these behaviours do not necessarily go on to behave this way as adults. Children with these behaviours must not be considered or discussed in the same way as adult offenders.

This protocol requires to be read and implemented in conjunction with existing GIRFEC and Child Protection principles, protocols and procedures.

1.2 ROLES & RESPONSIBILITIES

The Lead Professional for children and young people displaying sexually harmful behaviours will be from social work, as this is likely to be a child protection matter however, the effectiveness of the protocol will be determined by the ability of agencies to come together to share the responsibility for risk management. This Protocol offers a multi agency means via the Child Protection / Multi-agency Child's Plan procedures to manage risk more effectively.

The Lead Professional's role is to:
- Establish relevant partners to the process
- Complete and update the integrated risk assessment
- Co-ordinate assessments, safety plans and interventions
- Ensure agencies act as a team around the child / young person and each partner is clear about their role
- Offer a key point of contact for the child / young person and their parents / carers
- Overseeing a timely and appropriate monitoring and review of the child's Plan and risk management around the child.
- Ensure the plan is concluded at the right time

The protocol requires the key agencies involved in risk management to come together for an initial case discussion where a Risk Management Team may be identified. The Risk Management Team should meet regularly to manage, evaluate and monitor risk as assessments and long term interventions are undertaken.

1.3 CHILDREN & YOUNG PEOPLE IN THE CONTEXT OF THIS PROTOCOL

It is essential that there are robust processes in place to manage children and young people displaying problematic sexual behaviours. This protocol makes the distinction between children under 10 years and those children 11 yrs and older:

- **Children 10 years and under** - where there are concerns about problem sexual behaviours the child protection procedures should be used and a child protection case discussion should be convened to consider the child's behaviour and to identify potential victim issues.

- **Children 11 yrs and over** – Multi-agency Child's Plan procedures would normally be used unless there were specific victim/safety issues that required formal child protection procedures.

Note - *For some children around the age of 8–10 yrs who are Looked After and Accomodated (LAAC), the Multi-agency Child's Plan process may better meet the child's needs, and the risk management strategy can be managed within this process. It will be the responsibility of the Social Work Area Manager to agree which care management process best meets the needs of the individual child.*

2. WHAT IS SEXUALLY HARMFUL BEHAVIOUR

The identification of problem sexual behaviours is a difficult task facing all professionals. Chapter 3 and Appendix 2 can assist professionals in determining the need to refer to social work as well as assisting workers and managers within social work services to determine the relevant processes thereafter.

The boundaries between what is abusive, what is inappropriate, and what is part of normal child or adolescent experimentation can often feel blurred. Professionals' ability to determine if children / young people's sexual behaviors are developmentally normal, inappropriate or abusive will be based on issues around knowledge about healthy and problematic behaviours and about issues in relation to informed consent, power imbalance and exploitation.

There are currently confusions and disagreements as to a definition of sexually harmful behavior. It's therefore important to develop multi-agency operational definitions. In looking at the type of sexual behaviour it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about the child / young person.

It should be recognised that some behaviours may be motivated by information seeking but still cause significant upset or damage to others. It may also be that the behaviour is a re-enactment of sexual situations that a child / young person has been exposed to. Generally the younger the child who is displaying problematic sexual behaviours the more likely it is that they have or are being exposed to some form of sexual behaviours. (Pithers and Gray 1993). In all cases it is important to produce a detailed multi-agency chronology to highlight what events have impacted on their life and behavior.

2.1. LEVEL OF INTENT TO CAUSE HURT AND HARM

While sexual behaviours can be harmful in their effects on others, sometimes there is no intention on the part of the young person to hurt others. Many children / young people do not coerce others into sexual behaviours but act out their confusion on them. These children / young people may have no insight into their own and others rights to privacy. Consideration of these issues in relation to intent assists in the process of categorising behaviours.

2.2. UNDERSTANDING BEHAVIOUR AND THE CHILDREN / YOUNG PEOPLE'S INNER WORLD

Most children / young people with problematic sexual behaviours have lived in confusing and hostile environments since birth. Their inner world has been corrupted in terms of how they view relationships and sex. While sex offenders work challenges cognitive distortions, it will be internal working models that will inform problematic beliefs and

resultant difficulties in cognitions those children / young people may have developed. Each children / young people's internal working model will incorporate a sense of values and beliefs about themselves and others that informs their behaviours. It is therefore essential to explore and work on the children / young people's internal working model to be effective in the longer term on risk reduction.

2.3 TRAUMA

The relationship that can exist between the young person's trauma experiences and their behaviours can be very complex and both may share a variety of similar trauma/anxiety cues.

2.4 MOTIVATION AND MEANING

Young people may display a range of behaviours to meet a variety of needs. To be effective we have to intervene on the underlying needs being met by each behaviour. Establishing meaning to behaviours not only identifies an intervention strategy it also helps to determine ongoing risk by being able to predict ongoing motivational factors that may continue to be around for a young person at any given time. It is therefore essential that assessment and treatment programmes reflect both the diversities of young people and their behaviour. It is important to understand the need for each behaviour. To simply prevent a behaviour without understanding it and offering it another outlet or treatment for it may lead to the child acting out in another way or being caused psychological harm.

2.5 SEXUAL ABUSIVE BEHAVIOURS

Some children / young people with harmful sexual behaviours will have distorted views about children / young people and sexuality and others will not. Sexual behaviours may change as the young person develops into adolescence, for example, may become a more dominant feature. A thorough assessment should identify if this is a matter of concern as this has implications in determining future risk.

Categorising behaviour has significant benefits in helping workers understand routes in to, and the meanings of different behaviours. It therefore helps to target interventions more effectively. Christine McCarlie describes 5 categories of sexual behaviours ranging form natural and healthy to abusive and harmful. These are helpful in assisting practitioners to identify levels of risk and appropriate interventions necessary. For example victim awareness and victim empathy would not be major components to working with children / young people with reactive behaviours but would be essential for children / young people with abusive behaviours. Anger management may be crucial to a young person with abusive behaviours while attachment repair work might form a significant part of work with a young person with extensive mutual behaviours.

a) Natural and healthy sexual Behaviors

- Information gathering
- Similar age, development status
- Extension of friendships and play
- Limited with no feelings of shame, fear or anxiety
- Learning about intimacy
- Understanding personal roles, standards and practices re sexual expression
- Adjusting to body image and integrating erotic feelings
- Developing an understanding and appreciation of reproductive process

b) Inappropriate sexual behaviours
- No history of trauma
- Can include trying to engage others in adult type sexual behaviours
- Behaviours directed at "right" person
- Cease when met with resistance
- No intention to cause hurt/harm

c) Reactive Behaviours
- Problematic early sexual scripts/may have been sexually abused
- Sexual knowledge and behaviours beyond years
- Sexual behaviours out of balance with other aspects of child's life
- Sexualising themes during play, conversation
- No sense of boundaries, personal space
- Behaviours reducing negative feelings/ processing past experiences
- Sometimes beyond conscious awareness
- Behaviours involve no force and cease when met with resistance
- No targeting or planning
- Shows shame and anxiety about behaviours

d) Extensive mutual sexual behaviors
- Likely to have experienced chronic levels of neglect
- Engaging in full spectrum of adult sexual behaviours
- Sexual behaviours meeting emotional needs
- Deep mistrust of adults
- Sexual preoccupation
- Behaviours directed towards similar children
- No obvious use of coercion
- Blasé, matter of fact attitude towards behaviour

e) Abusive Behaviours

Physical abuse/ domestic abuse pathway:
- Likely to have witnessed extreme physical violence between their parents
- Often displays other problematic Behaviours

- Sexual Behaviours linked with feelings of anger, rage, fear, loneliness
- Impulsive and aggressive quality to behaviours
- Targeting and grooming behaviours
- Attempts to secure secrecy
- Angry and aggressive when caught

Intimacy deficits pathway:
- Has difficulty relating to peers
- Shy and rigid interpersonal style
- Awkward personality features
- Social isolation
- Sexual behaviours linked with sexual experimentation, gratification and loneliness
- Targeting and grooming behaviours
- Attempts to secure secrecy
- Behaviours usually commencing in adolescence
- Pro social attitudes and behaviours

f) Sexual behaviours diagram

Extensive Mutual   Abusive

Therapeutic
Intervention
plus specialist
residential

Focused therapeutic
Intervention

Reactive   Inappropriate

Needs more focused intervention from
family/carer/teacher e.g.
instruction, guidance, coaching, reflection

Needs limited intervention from family/carer
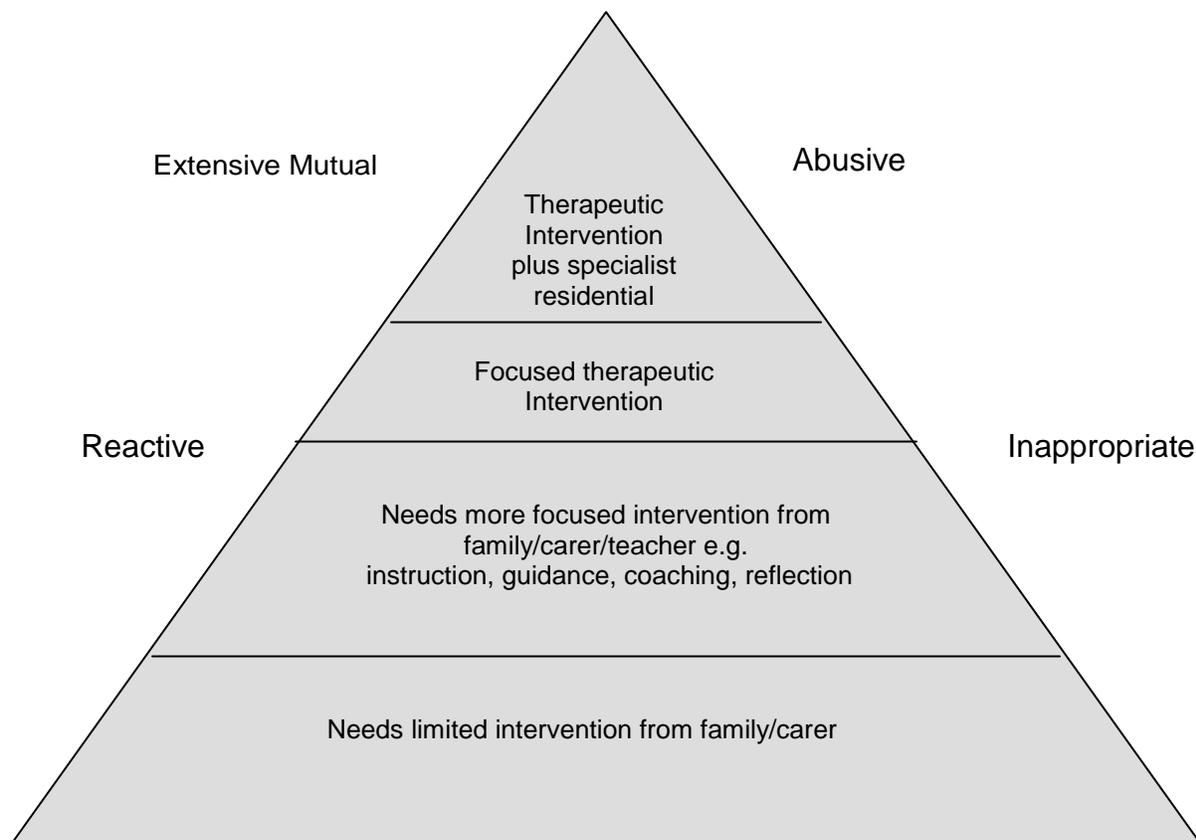
3. IDENTIFYING SEXUALLY HARMFUL BEHAVIOUR

Defining normal, problematic or abusive behaviours in children and young people can present difficulties for professionals with responsibility for protecting them. The uncertainty created can sometimes leave workers feeling powerless to respond to behaviours that concern them. This can then result in a failure to respond to the needs of both children / young people displaying the behaviours and their actual or potential victims.

In considering the behaviours of younger children / young people, American Psychologist and leading expert in her field, Toni Cavanah Johnson, has developed sexual behaviour checklists to assist in determining the nature of behaviours.

This list describes behaviours indicating concern:
- A children / young people showing an interest in, and knowledge of, sex out with the developmental norm
- The sexual behaviours exhibited being significantly different from other children / young people of the same age
- The children / young people being unable to stop the behaviours after being told to do so
- The sexual behaviours eliciting complaints from others
- The sexual behaviours making adults uncomfortable
- Sexual behaviours that increase in frequency, intensity or intrusiveness
- When fear, anxiety, deep shame or intense guilt is associated with the behaviours
- Children / young people who are engaging animals in sexual behaviours
- Sexual behaviours that are causing physical/emotional pain/discomfort to self or others children / young people who use sex to hurt others
- Anger preceding or following or accompanying sexual behaviour
- Children / young people who use force, bribery, manipulation and threats

While Johnson's work concerns younger children, the above may be useful in considering the sexual behaviours of adolescents. However an additional aspect to teenage years is the onset of puberty. This is a stage of major social, emotional and physical change. These include physical maturation, experiences of sexual arousal and awareness of orientation, more complex peer interaction, and a greater autonomy around decision making. During this time adolescents need to synthesise a variety of experiences in order to establish a healthy sexual identity.

Because there is a wider range of sexual behaviours on display in adolescence it can be more difficult to determine what is normal and healthy and what is problematic. The following has been adapted from Ryan and Lane (1991)

Normal Adolescent Behaviours:

- Explicit sexual discussion amongst peers, use of swear words, obscene jokes

- Interest in erotic material and its use in masturbation

- Expression through sexual innuendo, flirtation and courtship behaviours

- Mutually consenting non coital sexual behaviour (kissing, fondling etc)

- Mutually consenting masturbation

- Mutually consenting sexual intercourse

Adolescent Behaviours that Cause Concern (Showing escalation in seriousness)

- Sexual preoccupation/anxiety

- Use of hard core pornography

- Indiscriminate sexual activity/intercourse

- Twinning of sexual behaviours with aggression

- Sexual graffiti relating to individuals or which have disturbing content

- Single occurrences of exposure, peeping, frottage or obscene telephone calls

- Compulsive masturbation

- Persistent or aggressive attempts to expose other's genitals

- Chronic use of pornography with sadistic or violent themes

- Sexually explicit conversations with significantly younger children / young people

- Touching another's genitals without permission

- Sexually explicit threats

- Persistent obscene telephone calls, voyeurism, exhibitionism, and frottage

- Sexual contact with significantly younger children / young people

- Forced sexual assault or rape

- Inflicting genital injury

4. RISK MANAGEMENT FRAMEWORK

4.1 VALUES & PRINCIPLES

The framework is based on the following values & principles:
- The responsibility for risk management has to be held within a multi-agency perspective
- Children / young people need to be recognised as significantly different to adult sex offenders
- Research indicates positive outcomes
- Fluid and dynamic nature of risk
- Responsibility in a process, starting with adults
- The environment has a huge influence on the young person and on making risk more or less manageable
- Viewing risk in terms of its manageability offers a tangible means for responding to it.
- Interventions are respectful
- Children, young people, parents and carers understand why we are asking them to share with us their private life experiences
- Introducing complex concepts and explanations to children, young people in a manner and pace that is understandable and motivating for them
- Giving children and young people opportunities to develop a sense of self-respect and respect of others as they discover their own sense of justice, courage, honour and integrity

4.2 THE SYSTEMS

The framework considers how all the 'systems' (e.g. school environment community environment, home environment, service providers), including the family, impact on the young person making risk more or less manageable. In practice this means considering how these systems interact with each other and with the child / young person on a day to day basis. By being this explicit about the impact that the systems have on risk, it naturally increases the demands and the responsibility being placed on the systems. It also recognises the enormous impact that the systems can have on assisting in the skills development of the young people. This requires an assessment of the systems and their capacity to both manage risk and facilitate change.

4.3 THE PROCESS

The framework helps to reflect the complex and dynamic nature of risk as the children / young people/ young person goes through the process of being able to take responsibility for managing their own risk effectively. This process is most usefully considered in four phases. The advantages of the framework includes the following:

- It highlights specific factors that impact on risk, thus making it easier to implement strategies to manage it.
- It recognises and utilises the crucial role that meeting needs has in relation to managing risk.
- It offers realistic expectations of children / young people and the risk they present dependant on where they are in the intervention process.
- It highlights the accountability and responsibility for managing risk promoting a shared responsibility amongst the agencies

PHASE 1 – INITIAL ASSESSMENT AND PLANNING PROCESS

When an incident of harmful sexualised behaviour is brought to the attention of Social Work and the alleged perpetrator is a child or young person, the Team Leader will commence and Initial Referral Tripartite Discussion (IRTD). This will involve discussion with Police, Health and Education regarding the nature of the behaviour and the vulnerability of those involved and the need for any medical intervention.

The expectation for IRTD within this protocol will be to hold an initial case discussion meeting to:
- Review what information is available at this time and what is to be obtained
- Identify immediate risk – how manageable is it, what's making it more or less manageable.
- Determine if further action is required and if so, a decision will be made whether to progress through a child protection investigation or multi-agency child's plan meeting
- Put in place any immediate home, school or community safety plan required (Appendix 3-5)

The relevant Social Work Area Manager will be informed and consulted at all stages. The responsibility for managing risk at this phase is owned by those involved in the initial case discussion. Considerations for this initial assessment are contained within guidance notes in Appendix 1, and immediate considerations and safety plans will include:
- Who lives in the house
- Do any other children visit
- Does anyone else regularly provide care
- Level of supervision
- Rules and boundaries and how there are/need to be communicated
- Bedroom arrangements
- Bathroom activity
- Social network
- What needs to be communicated to young person now and by whom

The involvement of the individual child, young person, parents or carers at this stage requires very careful consideration. Parents and carers are a key part in the child's environment and will provide a significant role in influencing behaviour change and managing risk. If parents and carers understanding and acceptance of the child or young person's behaviour is such that their involvement would be helpful to the planning process they should be included. However, it must not be assumed that all parents and carers will be willing to take part or accept the nature of the concern. Some may deny that the incidents occurred and be unwilling to take part; others may not feel ready to engage in the process and require time to come to terms with events. If there are no child protection concerns relating to the parents that would prevent it, parents should be kept informed of everything that occurs and is decided, in a timely and sympathetic fashion.

If the individual child or young person has a high level of understanding of their behaviour and a willingness to engage it may be appropriate to have them at the initial meeting. However in most cases this initial meeting would consider how best to engage the child or young person in the process including:
- Gauging the child's level of functioning
- What is the understating of their behaviour
- Are they willing to become involved

In most cases it will be the Lead profession's task to share the outcome of the meeting with the child, young person and their family, and to explain the nature of concerns and assessment process they will be asked to engage with.

PHASE 2 – COMPREHENSIVE ASSESSMENT

In this phase the child and family are engaging in comprehensive assessment and safety planning in order to move towards a shared ownership of responsibility for managing risk, including:
- Behaviour analysis
- Current levels of functioning
- Developmental context pathways
- Completion of home (residential), school and community safety plans

An assessment planning meeting at this stage will be led by the Lead Professional from Social Work. This will be either a Multi-agency Child's Plan meeting or Core Group meeting if the child/young person is on the child protection register. The purpose of this meeting is to review assessment outcomes to date, review safety plans and implement changes as necessary, and plan the comprehensive assessment and interventions with the child and family to:
- Clarify what will be asked of them in the comprehensive assessment process and why
- Share the initial stages of the assessment process and review the interim safety plans

- Plan the completion of home, school and community safety plans and engagement of the child/ young person and parents/ carers in specific work.
- Allow an opportunity for different views to be heard about the level of concern
- Allow the opportunity to clarify what the child has been told and agree messages we want the child to have
- Clarifying outcomes
- Identify outstanding information required

The Lead Professional should provide to this meeting information regarding a work plan with the child / young person and their family. They should also inform as to what other needs are identified and what resources are necessary to address them. A timescale for this work should be identified and review date set.

The practitioners, parents/ carers move from a learning stage to proactively working with the young person to meet their needs and assist them in skills development, with the aim of:
- Assisting the young person to take responsibility of past behaviours
- Exploring the process involved in problem sexual behaviours and meaning of behaviours for the young person, and to reach a shared understanding about this within the different environmental settings.
- Developing and rehearsing strategies for managing risk with the young person and the environment
- Maximising the levels of support and intervention provided by the systems

PHASE 3 – ACHIEVING OUTCOMES

By this stage the child / young person will have engaged in work, and in particular will have been able to discuss their behaviour and risk in a meaningful way with significant others. This is a period of intensive ongoing work with the child / young person towards achieving their treatment goals.

At this stage the specific treatment goals are becoming more achievable and the management of their risk is now a shared responsibility.

Within the living environment in particular it is anticipated that there will be a joining with the child / young person in negotiating and making decisions about risk on a day-to-day basis from an informed perspective. This would include:

- Anticipating situations or stresses in the child / young people's daily life and formulating opinions about the child / young person's ability to cope
- Formulating an opinion about how manageable the child / young person's risk is, based on the above.
- Being inclusive with the child / young person in discussing the above and reaching a decision about risk

- Being confident in decisions about increasing and decreasing external controls
- Helping the children / young people learn through reflective practice and coaching using actual situations (reactive) or through anticipating situations (proactive)

The expectations of the child / young person are equally different from phase one and two. In phase three it is anticipated that they are much more able to demonstrate in their day to day living that they are attempting to apply their learning to a more pro-social lifestyle. In particular it is anticipated that they are able to do the following:
- Engage in discussions about their emotions and feelings and how this might impact on risk
- Accept the fluid nature of the increase and decrease of external controls and their own internal processes
- Use the environment proactively to help them deal with challenging situations and emotions.
- Continue to use situations as learning processes
- Accept the guidance and controls of their environment

PHASE 4 - FINAL PHASE

In this phase it is important to use the identified individual goals to determine whether or not a young person can take responsibility for managing their risk. It would be expected that these goals (skills and insights) would be evidenced in different settings. The aims within this phase are:
- Systems to monitor and evaluate young person's ability to manage risk
- providing additional short term supports as needed
- Preparation for ending and disengagement from any focused intervention

A review meeting led by the Lead Professional will enable all partners to identify:
- Is the assessment process complete
- Are safety plans still required if so in what form
- How far has the young person progressed
- Is he or she now able to take full responsibility for managing risk
- Are we at the stage where we can begin to prepare for endings and disengagement from any focused intervention
- Is the process going to take longer and if so what needs to happen.

The framework clearly places expectations on the systems both in terms of embracing responsibility for managing risk and taking a clear role in progressing a child / young person through a process of change.

However there will be circumstances where this is not possible. For example a young person living with their birth family where there are enmeshed, unhealthy relationships, or a young person who has exhibited sexually abusive behaviours and is residing in their own tenancy. In these cases there are fewer opportunities to influence living environments and they are not necessarily able to accept responsibility for managing

risk to the same extent. In these circumstances it would not be possible to use the systems, in particular the living environment, as intensively. In such circumstances the framework can be used to:

- Consider the extent and be specific about how they are helpful or unhelpful in managing risk
- Identify what parts of the system can be targeted for change
- Identify realistic areas for intervention
- Identify additional resources that would be useful/necessary to assist in managing risk

Guidance Notes

INITIAL ASSESSMENT

Martin Calder has written extensively about assessment and the following has been adapted from Calder and Goulding (2000) WITHIN Glasgow CPC protocol)

Planning

The following are important considerations when planning an initial assessment

- **Philosophy of intervention**
- **Purpose of assessment**
- **Who is appropriate to undertake the assessment**
- **What is the timescale for the assessment**
- **What information is required**
- **What will be the sources for obtaining the information**
- **Potential impact on the children / young people! Young person**
- **Potential impact on family**

Purpose

The purpose of the initial assessment is to:

- **Collate relevant information to assist in decision making processes about immediate risk and risk management. This includes consideration of risk in the home, community, school and extended family**
- **Collect details about the presenting problem behaviours and situational contexts**
- **Consider any predisposing factors for behaviours e.g. family background, parental attitudes**
- **Consider opportunities for repeat behaviours**
- **Identify immediate needs of the young person and other family members**
- **Consider level of cooperation from the family**
- **Consider need for legal mandate**
- **Consider needs for third party disclosures**
- **Identify areas and planning for a more comprehensive assessment**

It is important that as early on in the process as possible the following key factors are considered:

- **Access to victims and potential victims**

- **Developmental factors (history and stage of development)**
- **The family's level of co-operation with the assessment**
- **Family's views about behaviours and risk**
- **Family functioning and attitudes**
- **Exact nature of sexual behaviours (act, use of force evidence of planning, level of aggression)**
- **History of sexual behaviours (when they started, frequency, type and past responses)**
- **Level of stability in living environment**
- **Presence of any immediate risk factors (other behaviours)**

During this investigation/initial assessment period it is important to be aware of the following:

- **It is likely that the family will be experiencing intense feelings that may include, anger, shock, disbelief, fear. An assessment of their responses should take this into account. Often families are unable to engage meaningfully until they have processed and come to terms with information concerning their children / young people. Initial contact with families has to be supportive as well as conducive to fact finding.**

- **In the early stages of contact with young people and their families they seldom offer more information about the nature and type of sexual behaviours. Contact with other systems e.g. Schools can often be helpful sources of information.**

GUIDANCE NOTES TO ASSIST IN DECISION MAKING PROCESSES

(Adapted from Calder 200)

Legal mandate

The need for a legal mandate may be considered where
- **There is no support for interventions or there is collusion with the young person by the parents**
- **When there are indications of other behaviours particularly evidencing poor impulse control**
- **Where there is no stable home base**
- **Where drugs and alcohol are also involved**
- **Where the behaviours are of a serious nature and this needs to be reflected by formal proceedings**
- **Where violence and aggression is involved in the behaviours**
- **Where attitudes continue to support aggression and violence and problematic sexual behaviours**

Staying at home or being accommodated

Placement decisions about a young person staying at home should take account of the following

- **Victims and potential victims living in household**
- **Level of co-operation by parents**
- **Level of sharing concern by parents**
- **Ability to work alongside agencies (openness, honesty)**
- **Level of culpability/ability to protect**
- **Risk awareness**
- **Ability to identify and meet needs**
- **Ability to employ risk management strategies**
- **Level of alienation of young person in family home**
- **Threats of retribution to young person**
- **Known history of abuse in family home**

It is important to recognise that shock, denial anger and fear can all be normal initial responses allegations of problem sexual behaviours. Usually decision making about the viability of a young person remaining at home would be informed by a longer and more comprehensive period of assessment where it is important to observe and assess change in family responses particularly in relation to the above.

Specialist Residential Considerations

- **Community safety issues and nature of behaviours e.g. use of violence or weapons**
- **Compulsive patterns in offending history**
- **Degree and nature of substance misuse**
- **Degree and nature of previous delinquent/ aggressive behaviours**
- **History of unsuccessful community programmes**
- **Potential risk to others**

HOME SAFETY PLAN

During each phase of intervention it is necessary to consider and respond to a number of areas that could contribute to further sexual behaviours occurring. The Home Safety Plan is a framework to facilitate discussions that inform risk management. The completion of the safety plan is an initial information gathering process highlighting areas that need to be considered further. It clarifies the external controls and limits designed to help parents/carers manage potential risk situations. It is not a risk assessment.

There are core sections (S.1 – S.5) that should be completed in the initial stages of the process with the family. However S.7 and 8 would potentially be completed when a relationship has been established with the parents. The timing of completing these more sensitive sections will be informed by presenting issues at the point of disclosure.

Safety plans contribute to the overall Risk Management Plan. They should be ratified within Risk Management Meetings. Risk management is an on-going process and the plan can be developed and reviewed by workers as the assessment and intervention is on-going. Alternatively, if there are on-going risk management meetings then the process of reviewing risk management issues can be held in these meetings.

Name of child/young person:

Date of birth:

Worker:

Parent/Carers:

Date Safety Plan agreed:

Date of review:

M.A.A.R, 2012 (Management, Assessment, Risk Reduction) A Brady, Halt Project, Glasgow City Council and C McCarlie, Safer Futures Ltd

1. Sexual Behaviour in the Home

- Has there been any sexual behaviour within the home?

- If yes in what circumstance?

- Do the children touch the adults in a sexualised way in the home and if so in what circumstances?

- Do the children/young people in the homes discuss sex and sexual behaviours with each other?

2. Home Occupancy

Who lives in the house and what are their ages?

Who are regular visitors to the home who could be in need of protecting? (include frequency of visitors)

Does anyone else regularly care for this child young person in the family home?

3. Bedrooms and sleeping
Who sleeps where in the house?

Rules required for bedroom and sleeping

In considering the rules required about bedrooms and sleeping it may be helpful to consider the following:

Privacy and Boundaries
- What are the family routines around going to bed, getting up?
- When do family members tend to go to sleep and how is this know?
- Are there locks on any of the bedroom doors and if so are they used, when and why?
- Are siblings allowed in each other's rooms and how is this decided?
- Are children allowed in parent's bedroom and how is this decided?
- Do friends play in/hang out in bedrooms?
- Do other visitors go into bedrooms?
- Are bedroom doors open/closed/locked and how is this decided?
- If guest stay where do they tend to sleep?
- Proximity of parent's bedroom to other bedrooms?
- Do parents hear what is going on at night in different rooms?

Activity

- Is there access to multi-media in the child/young person's bedrooms or any other bedrooms? If so are there any rules re access?
- How do people spend time in bedrooms?

Dress code
- Is there a rule re night attire, dressing and undressing particularly in room sharing situations?

Communication of Rules

How is the above communicated to the children? Is any of the above assumed or communicated non-verbally? What are appropriate consequences? Are family meetings necessary?

4. Bathroom/toilet

In considering the rules required about the bathroom it may be helpful to consider the following:

Privacy and boundaries

- Has the bathroom/toilet/s got a working lock?
- Who uses the lock and who doesn't and are there any rules about this?
- Do people share the bathroom at the one time, if so who tends to do this most often and what are parental views on sharing the bathroom?

Activity

- Do any family members bathe/shower together and if so who and in what circumstances e.g. assistance to small children, sexual intimacy?
- Do older siblings help to bathe/toilet younger children?
- Can parents hear what is going on in the bathroom from other rooms in the house?
- Are family members up during the night to use the bathroom?

Dress Code

- What do family members wear to and from the bathroom?

Communication of rules

How are any rules communicated to the children? Is any of the above assumed or communicated non-verbally? What are appropriate consequences? Are family meetings necessary?

5. Play and other activities in the family home

In considering the rules required about play and other activities it may be helpful to consider the following:

Activities
- How and where does the young person spend his/her time at home?
- How and where do the siblings spend their time together?
- Is there a lot of physical contact during play?
- Do parents know when friends are in the house?
- How does the young person spend their time with friends in the house?
- What are the current levels of supervision and is this adequate?

New Technologies
- Has the child access to the internet? If so is this through PC, laptop, games console, mobile phone. Where are these devices located?
- Is there a webcam on the PC? Is there wireless connection?
- What length of time does the child spend on the computer?
- What sites does the child access?
- Are there any filters/safeguards on computer/laptop?
- Do parents/carers check online activity? How is this checked?

Communication of rules

How are any rules communicated to the children? Is any of the above assumed or communicated non-verbally? What are appropriate consequences? Are family meetings necessary?

5. Play and other activities outside the family home

(See community safety plan)

Family Nudity
In considering the rules required about nudity it may be helpful to consider the following: **Privacy and boundaries** • Are parents nude in front of the children, and if so in what context? • Are adults naked around children, children naked around adults and children naked around other children? If so, what is the context? • Is underwear worn around the house?
Communication of Rules How are any rules communicated to the children? Is any of the above assumed or communicated non-verbally? What are appropriate consequences? Are family meetings necessary?

8. Family Sexuality

A family's sexuality is like an unwritten code from which family members understand acceptable and unacceptable ways of interacting with each other and with other out with the family. This cover privacy, intimacy and access to sexual information as well as sexual behaviours and helps us understand the messages a child or young person is being given about sexuality. The sexual socialisation section within the assessment will also assist workers to consider areas in this section in more detail.

In considering the rules required about sexuality it may be helpful to consider the following:

Privacy and Boundaries

- Are children potentially exposed to sexualised behaviours of older siblings?
- How do parents show affection to each other in front of the children?
- Has the child/young person unlimited access to TV? If so what stations are available?

The following areas are more sensitive. Workers should consider how they explore these with parents/carers and when in order to facilitate a meaningful discussion. Information may also be gathered from alternative sources such as files review. It should be remembered that the purpose of gathering information is to inform what risk management activity is required.

- Is the child exposed to sexual contact between parents?
- Do parents talk about sex or sexual acts in front of the children?
- Are there pornographic magazines in the homes and where are they kept and who has access to them?
- Are there pornographic DVD's and if so where are they kept and who has access to them?
- Does anyone in the house have access to sexually explicit material online, use pornography or internet related sexual activities?

9. Risk Management Reviews

Has the child/young person been engaged in a discussion about the sexual behaviours? If yes what has been communicated?

Has the child/young person been engaged in a discussion about risk management? I f yes what has been communicated?

Are changes/issues needing to be discussed at the next risk management review? If yes please identify changes/issues needing to be discussed below:

SCHOOL SAFETY PLAN

During each phase of intervention it is necessary to consider and responds to a number of areas that could contribute to further sexual behaviours occurring. The School Safety Plan is a framework to facilitate discussions and inform risk management. The completion of the safety plan is an initial information gathering process that highlights areas that need to be considered further and clarifies the external controls and limits designed to help parents/carers manage potential risk situations within a school setting. It is not a risk assessment.

The plan should be developed and reviewed by workers undertaking the assessment and intervention in collaboration with school staff. It should be formally reviewed in risk management meetings.

Careful consideration should be given as to how to communicate the safety plan with the child/young person and how this can be incorporated in their own safety plan. It is important the child/young person receive positive messages about the plan and that positive behaviour is supported.

Name of child/young person:

Date of birth:

Worker:

School:

School staff member:

Date Safety Plan agreed:

Date of review:

Sexual Behaviour in School
- Has there been any sexual behaviour in school?   - If yes in what circumstances?

M.A.A.R, 2012 (Management, Assessment, Risk Reduction) A Brady, Halt Project, Glasgow City Council and C McCarlie, Safer Futures Ltd

1. Staffing and layout

In considering staffing and location it may be helpful to consider the following:

Staffing:

- What staff are involved in teaching/supporting the child/young person?
- Who is aware of concerns about their harmful sexual behaviours?
- Do other staff need to be made aware and if so how will this be managed (does this require to be discussed within the Risk Management Review)?
- What is the current level of supervision and is this appropriate?
- Is the level of supervision required achievable in the current circumstances?
- Are all staff aware of the level of supervision required?
- Who is responsible for discussing the child/young person' risk and needs to other staff?

Layout:

- Are there areas within the school and grounds that are unsupervised?
- Are there any other building issues that may increase risk? E.g. building works, nursery or primary school located in the same building, communal playground

2. In the classroom

In considering in the classroom it may be helpful to consider the following:

- Who in the class may be vulnerable and why
- Is the level of supervision in the class adequate?
- How much information does the class teacher and any others responsible for the child/young person in the class have about the child/ young person's behaviours, risks and needs?
- Are there particular times or circumstances where the child/young person seems more unhappy /upset/ distracted/ irritable/ distressed?
- Can extra support/ supervision be put in place during difficult times?
- Are the seating arrangements satisfactory?
- Are there times when the child/ young person is allowed to leave the class during class times?
- Is the classroom environment free of confusing sexual images and behaviours?
- Are there any other children displaying sexually harmful behaviour / language?
- How is sex education managed and does the child/young person need further information?
- Does the class teacher need to be able to talk to the child/ young person about their sexually harmful behaviours?
- If so what level of support will the teacher require?
- Are there particular areas of risk in the class e.g. when the teacher is occupied with other pupils, and how can this be managed?
- Are there occasions where there is physical contact between adults/children, children/adults?

3. Times out with classroom structure

In considering times out with the classroom structure it may be helpful to consider the following:

- What children may be particularly vulnerable and how can this be managed?
- What levels of supervision is there where the child/ young person is
  - Going between classes,
  - Lunch time
  - Break time
- If more supervision is required how will this be achieved?
- Are particular rules required for going to the toilet?
- Are there rules for showering, dressing and undressing for PE that need to be considered?
- Is the environment free of confusing sexual messages, images and behaviours, e.g. access to computers, phones, games consoles etc?

4. Risk Management Reviews

Are changes / issues needing to be discussed at the next risk management review

YES

NO

If yes please identify changes/issues needing to be discussed below:

 Has the child/ young person been engaged in discussion about risk management in school? If yes, what has been communicated?

COMMUNITY SAFETY PLAN

During each phase of intervention it is necessary to consider and respond to a number of areas that could contribute to further sexual behaviours occurring. The Community Safety Plan is a framework to facilitate discussions that inform risk management. The completion of the safety plan is an initial information gathering process that highlights areas that need to be considered further and clarifies the external controls and limits designed to help parents/carers manage potential risk situations out with the child/young person's living environment. It is not a risk assessment.

This plan should be developed and reviewed by workers undertaking the assessment and intervention in collaboration with the family and other relevant professionals. It should be formally reviewed in risk management meetings.

Careful consideration should be given as to how to communicate the safety plan with the child/young person and how this can incorporated in their own safety plan. It is important that the child/young person receive positive messages about the plan and that positive behaviour is supported.

Name of child/young person:

Date of birth:

Worker:

Date Safety Plan agreed:

Date of review:

Sexual Behaviour in the Community (either outside or in another persons home)
• Has there been any sexual behaviour in the community? • If yes in what circumstance?

M.A.A.R, 2012 (Management, Assessment, Risk Reduction) A Brady, Halt Project, Glasgow City Council and C McCarlie, Safer Futures Ltd

1. Activities in local neighbourhood

Note: There is a specific Community Groups Safety Plan that should be completed if required

In considering the rules required about activities in local neighbourhood it may be helpful to consider the following if appropriate:

Activity
- How does the child/young person spend their time in the local neighbourhood?
- Are there particular things they are fond of doing?
- Are there particular activities that increase emotional arousal?
- Are they in other people's houses?
- What is in the local neighbourhood e.g. parks, schools
- What is the lay out like and where can be seen from where they live?
- What level of supervision is there, and is this adequate?
- What rules are there for playing out and going into other people's houses?
- How is their access to multi media monitored in other people's houses?

People
- Is the child/young person vulnerable in the local neighbourhood?
- Does the child/young person have friends who live locally?
- Who do they have contact with?
- Who might be vulnerable within the local community and how will this be managed?
- How appropriate are the young people's relationships in the local neighbourhood?
- Do other children/young people seem comfortable being with the child/young person?
- Does being around certain others increase the young person's stress level?
- Is the young person exposed to, or influenced by older children's/young people's behaviours
- How do the parents/carers know they are with who they say they are going to be with?
- How able are the adults to provide the level of supervision required?
- If they are in other people's houses who does this bring them into contact with?
- How is it decided if they go into other people's houses?
- Are there any adults locally who need to know about concerns and risk? This should be discussed within Risk Management Review
- If so how will this be managed?

Please give relevant detail in relation to activities undertaken by the child/young person

ACITIVTY   PEOPLE   AGE

RISK MANAGMENT CONSIDERATIONS

ACITIVTY   PEOPLE   AGE

RISK MANAGMENT CONSIDERATIONS

ACITIVTY   PEOPLE   AGE

RISK MANAGMENT CONSIDERATIONS

ACITIVTY   PEOPLE   AGE

RISK MANAGMENT CONSIDERATIONS

ACITIVTY   PEOPLE   AGE

RISK MANAGMENT CONSIDERATIONS

ACITIVTY   PEOPLE   AGE

RISK MANAGMENT CONSIDERATIONS

3. Risk Management Reviews
Are changes/issues needing to be discussed at the next risk management review **YES**   **NO**   If yes please identify changes/issues needing to be discussed below: Has he child/young person been engaged in discussion about risk management?   If yes, what has been communicated?

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