



Gloucestershire Multi-Agency Children's Harmful Sexual Behaviour Protocol

2024

Summary: This protocol is for use whenever there is any suspicion, allegation or observation of a child engaging in harmful sexual behaviour or being at risk of doing so. It is to be used alongside existing Gloucestershire Safeguarding Children's procedures.



Gloucestershire Safeguarding Children Partnership



Contents

Summary:.....	1
1. Introduction	3
2. Definitions	4
3. Specific Principles and Tools	4
4. Initial contact.....	5
5. Assessment.....	6
6. Multi-agency Plan and Provision of Services.....	7
7. Criminal Justice.....	10
8. Educational Settings.....	11
9. Governance	12
Appendix 1: HSB Pathway.....	13
Appendix 2: Sexual Behaviours Checklist - Clarifying the degree of concern.....	14
Appendix 3: Further information and resources	15

Document Revision Table

Revision	Date	Comment
1.0	22 nd October 2024	First Version, approved by the Quality and Improvement in Practice Subgroup.
1.1	13/03/2025	Slight wording change to 7.1 – removal of “a Caution with Voluntary Programme”

1. Introduction

1.1 This protocol is for use whenever there is any suspicion, allegation or observation of a child engaging in harmful sexual behaviour or being at risk of doing so. It is to be used alongside existing Gloucestershire Safeguarding Children's procedures.

1.2 This protocol has been written by a multi-agency task and finish group with representation from the following agencies:

- Children's Social Care
- Health – Children's Services (including Child & Adolescent Mental Health Services and Harmful Sexual Behaviours Team (HSB) Team
- Education
- Police
- Youth Support Team - Youth Justice Team (YJ)
- Youth Support Team - Exploitation and Complex Engagement Team (ECET)

The protocol has been overseen by the Gloucestershire Safeguarding Children's Partnership and the Youth Justice Management Board and approved by the GSCP Quality Improvement in Practice Group (QIIP) and Partnership Executive Board.

1.3 Strong and effective leadership in all agencies, clear procedures, effective multi-agency information-sharing and joint working underpin our ability to keep children safe.

1.4 The Harmful Sexual Behaviour (HSB) Team is part of the Gloucestershire Child and Adolescent Mental Health Service (CAMHS). It provides advice and consultation to professionals in identifying, assessing, evaluating and intervening with harmful sexual behaviour concerns. The team also offer specialist assessment and intervention to children and their families. A current multi agency plan (CIN or CP) needs to be in place to ensure safety of the children and family whilst intervention is ongoing. The HSB Team's role is intended to help develop a psychosocial understanding related to all levels of harmful sexual behaviour concerns with children up to 18 years old across Gloucestershire. A mental health concern or diagnosis is not a precondition or criteria necessary for CAMHS HSB Team to consult, assess or intervene with children with harmful sexual behaviour concerns.

1.5 The Youth Support Team has two teams that carry out harmful sexual behaviour work. One is the Exploitation and Complex Engagement team (ECET). This team works alongside social care and uses the AIM Framework to carry out assessment and undertakes interventions when the child is not going to court. There are occasions when the ECET work with children who are likely to go to court, but this is when there is work that can still take place around the behaviour, to support whilst waiting for an investigation to take place. The other team is the Youth Justice Team for those children that are receiving a youth justice disposal for harmful sexual behaviour. They also use the same assessment and intervention tools. Both Teams work collaboratively with the CAMHS HSB Team.

- 1.6 Professionals across Gloucestershire Children's Services can support children and families at a preventative level where there are concerns about harmful sexual behaviour. They can access support for this work (see appendix 1 and/or by contacting the CAMHS HSB Team). Where the presenting concerns are deemed to be beyond usual safe and healthy behaviour and there are concerns about harm to others and/or a relevant conviction, they will be allocated to staff from Children's Social Care, the Youth Justice Service, the CAMHS HSB Team, and others as appropriate, who have undertaken the required specialist training for joint assessment and any agreed intervention.

2. Definitions

- 2.1 **Child:** anyone who has not yet reached their 18th birthday. 'The words 'child/children' are used throughout this protocol to refer to anyone under the age of 18. In order to safeguard against the risk of adultification bias, the protocol intentionally refers to children and young people as 'children'.
- 2.2 **Harmful Sexual Behaviours:** For this protocol and among agencies in Gloucestershire, these are defined as sexual behaviours expressed by children that are developmentally inappropriate, may be harmful towards self or others, and/or be abusive towards another child or adult. The definition is deliberately broad, encouraging an appropriate response at all levels, including preventative, early intervention, and specialist.
- 2.3 **Victim:** The word victim will be used during this protocol to describe abuse to a child by an adult. Where we are referring to a child who has been harmed as a result of another child's harmful sexual behaviour they will be referred to as a child who has been harmed. This is not to minimise the harm experienced by the child but to use language that cares when thinking about a child who has engaged in harmful sexual behaviour. This also further reduces the adultification of children.

3. Specific Principles and Tools

- 3.1 This protocol focuses on the needs of the child who is or may be causing harm. Separate consideration will be given to the child who has been harmed in accordance with usual local safeguarding procedures, to ensure a multi-agency and holistic assessment of risk. Where the victim is aged over 18, safeguarding adult principles and procedures apply.
- 3.2 Many children who engage in 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. A trauma informed approach should be adopted when assessing, planning, and delivering intervention to meet their needs, and the adoption of language that cares is paramount.
- 3.3 The Traffic Light Tool (Appendix B) should be used to inform the level at which work should be undertaken with children and when indicated the AIM framework is used as the vehicle for assessing and intervening with children who have engaged in harmful sexual behaviour.
- 3.4 A checklist to help in clarifying the concern, developed from Chaffin et al 2002, can be found at Appendix B.

3.5 Specific AIM framework assessment and intervention with a child who has admitted carrying out harmful sexual behaviour is undertaken by two trained staff from the Youth Support Team and/or the CAMHS HSB Team, there may be occasions where a Social Worker is involved in the AIM assessment.

3.6 All assessments must take full account of the voice of the child.

4. Initial contact

4.1 All agencies

When concerns come to attention about a child's harmful sexual behaviour, the Traffic Light Tool provides examples of presenting sexual behaviours within four different age categories. Many factors influence sexual development and so when using the traffic light tool to categorise behaviour, professionals need to consider the familial and wider context.

Professionals should also draw on other information available. The CAMHS HSB Team can provide support and consultation in deciding an appropriate level of response.

'Green' behaviours between children of similar age or developmental ability reflect safe and healthy sexual development influenced by natural curiosity and consensual activities. Parents/carers and/or any agency working with the child can help equip them with the information and skills they need to form healthy and positive sexual relationships. See Appendix D for helpful information and resources.

'Amber' behaviours are beyond safe and healthy development and may come to attention because of the child's activity or the context. Professionals must gather further information will help to establish any risk to the child displaying harmful sexual behaviour, using the checklist in Appendix C. Discussion with your agency's Safeguarding Lead must include consideration of a single agency referral, Early Help Assessment or Children's Social Care request for service or notification to existing case holding Social Worker or Youth Justice/ECET Worker.

'Red' behaviours are beyond safe and healthy development and may cause harm to themselves and others. They indicate a need for immediate action, beginning with contacting the parents/carers unless indicated otherwise, and contacting **Children and Families Front Door Service directly on 01452 42 6565 and submitting a MARF (Multi-Agency Request for Service Form)** [Professional \(gloucestershire.gov.uk\)](https://www.gloucestershire.gov.uk/professional). If the child has an existing social worker, they must be notified immediately as per Gloucestershire Safeguarding Children Processes.

Please note if a child or adult is at immediate risk of harm then the police must be contacted immediately.

4.2 **Police** - Police will liaise directly with Children's Social Care by submitting a Vulnerability Identification Screening Tool (VIST) to the Multi-Agency Safeguarding Hub concerning any allegations of harmful sexual behaviour by and/or against under 18s, including those not subject to further action.

4.3 **Children's Social Care Front Door Services (MASH)** - Upon receipt of a request for service, Children's Social Care will check available systems, evaluate thresholds,

consider referral history, and refer to the Appendix A – The Harmful Sexual Behaviours Flowchart to decide how to proceed.

4.4 Possible next steps are:

- Single agency action: if sexual behaviours are worrying but are screened as developmentally appropriate and consensual Children's Social Care will advise on further actions with the referring agency to support the child and/or carer/s. No further action from Children's Social Care.
- Early Help: if sexual behaviours are screened as concerning and beyond safe for a child's age and development and the Child in Need threshold has not been reached, ongoing early help support can be offered. The CAMHS HSB Team can be consulted as required.

Potential further actions include:

- supporting parents/carers with advice and further information;
- increased monitoring, supervision and/or support for the child;
- Early Help assessment/The Graduated Pathway of Early Help and Targeted Support; [Graduated Pathway practice guidance | Gloucestershire County Council](#)
- signpost to further resources as outlined in Appendix C.
- Single Assessment (Section 17): if sufficient concerns are present, but not at the level of significant risk or harm, e.g, some 'amber' behaviours on the Traffic Light Tool, consult with CAMHS HSB Team for input and advice.
- Strategy Meeting: convene a Strategy Meeting if there is reasonable cause to suspect that a child has suffered, or is likely to suffer, significant harm. Consider the safeguarding needs of the child alleged to have caused harm. Consideration should be given to holding separate strategy discussions for the child with the alleged behaviour and any siblings or other children who have been harmed or are at risk of harm. Invite the CAMHS HSB Team and the Youth Support Team to the Strategy Meeting. Best practice is to consider having a separate strategy discussion and social worker for the child who has been harmed and those harmed.
- Notify existing Social Worker: (where the case is already open to Children's Services) - for consideration of a Strategy Meeting or planning meeting. Invite/consult with the CAMHS HSB Team and the Youth Support Team. Where there is no requirement to hold a formal Strategy meeting, it is best practice to hold a multi-agency planning meeting to consider the needs of the children involved. Consider bringing forward a Child in Need or Team around the Child meeting.

5 Assessment

5.1 Graduated Pathway - Early Help Assessment

Sexual behaviours which are considered beyond safe for a child's age and development are often an expression of further underlying problems or vulnerabilities. Consider the need for prevention or early intervention work with the child and their family as

appropriate, whether through your own agency, a single agency referral or the Early Help Assessment process. Consent will need to be given by whomever has parental responsibility. It is important to consider any learning or neurodevelopmental needs of any children involved in the referral. Consult with the CAMHS HSB Team as required.

5.2 Single Assessment

When assessing the child's needs, consider them as primarily in need of support and/or safeguarding, with the harmful sexual behaviour as part of this overall picture. Follow a Trauma Informed Approach and use language that cares. Also, remember that a lack of concerns in relation to parenting and parenting capacity does not in itself indicate that there is no role for Social Care.

The assessor must give separate consideration to the needs of both the child alleged to have caused harm and any other children, particularly if they are in the same household. Liaise with all professionals involved, including education, CAMHS HSB Team and Youth Support Team, to share information and co-ordinate the plan to safeguard all children involved.

The assessment should include:

- the nature and extent of the harmful sexual behaviour: refer to where it features on the Traffic Light Tool and specify any age/developmental differences between the child alleged to have caused harm and children harmed, emotional distress caused to those harmed and any coercion or violence used. State the child alleged to have caused harm's response to the allegations and examine the needs met by the behaviour.
- the context of the harmful sexual behaviour – where, when, how it was discovered, and reaction of carers.
- the child's learning needs and any neurodevelopmental needs, such as autism spectrum conditions. Examine the relevance of this for the harmful sexual behaviour.
- any family or wider social factors that have contributed to the harmful sexual behaviour.
- parent/carers' capacity to adequately supervise the child to prevent further harm.
- the impact of the harmful sexual behaviour on other family members.
- ongoing education and accommodation arrangements in relation to the risk of further harm.
- the agreement made with the family for a proportionate safety plan.

6 Multi-agency Plan and Provision of Services

6.1 Services in Gloucestershire

CAMHS Harmful Sexual Behaviour Team

CAMHS HSB Team is a highly specialist multi-disciplinary team working with children and young people who have displayed harmful sexual behaviour and their parents or carers in Gloucestershire. The CAMHS HSB Team offers consultation, training, holistic assessment, and therapeutic intervention, all of which are trauma informed and strengths based, and use systemic, cognitive behavioural, narrative, relapse prevention and attachment-based approaches. Where appropriate, the team can access CAMHS psychiatry, psychotherapy and other specialist input.

CAMHS Referral criteria:

- Open to social care for multi-agency safety planning
- Meet threshold for concern re HSB in line with the Brook Traffic Light Tool
- Harm has been caused to self or other
- Can work with Children in Care
- Will always work with the family and system for both consultation, assessment and intervention
- Will work with the individual for assessment and intervention when indicated by the formulation/assessment of risk and history

The Exploitation and Complex Engagement Team (ECET)

The ECET receives referrals from Children's Social Care, for work with children where there are concerns involving harmful sexual behaviour. The ECET liaise with the CAMHS HSB team when the referral is more appropriate for that team or case discussion will be useful.

The ECET complete an AIM 3 assessment to guide the delivery of direct work with the child and family, providing interventions for the indicated areas of need. This may include work focusing on sex and relationships, consent, but also support for other needs that may impact on the child's wellbeing and behaviour. ECET also work jointly with other partner agencies involved, to ensure our interventions are congruous with the wider plan.

The practitioners in ECET are trained in AIM 3 and attend other relevant harmful sexual behaviour training to ensure they have the appropriate knowledge and expertise for this work.

Referral criteria:

- The child needs to be open to Children's Social Care on a CP or CiN plan.
- The child needs to agree to meet with us or accept that some work will be helpful for them.
- If a child is being investigated by the police, we cannot talk to them about the offence or issue that is being investigated, but we can do more generalized work around topics such as sex and relationships, consent etc. to reduce the risk of further harmful incidents and provide targeted support.

Harmful Sexual Behaviour assessments

Where *abusive* and/or *violent* sexual behaviour (see Appendix 1) is established to have taken place, and there is no youth justice order a referral must be made to either the CAMHS HSB team or ECET. This will enable a thorough assessment informed by the AIM framework to understand why the behaviours have occurred, considering contextual factors and the needs of the child, and inform intervention.

Following any assessment, a well-co-ordinated multi-agency plan is key to facilitate safe and effective work and it also promotes information sharing. This should be integrated, in most cases, with the existing service case-management processes such as Team around the Child, Child in Need, Looked After Child or Core Group meetings. To avoid delay, call an early review or additional meeting if necessary to ensure timely action is taken to intervene and ensure safety.

Upon completion of the assessment, the allocated social worker will convene a multi-agency planning meeting with all relevant agencies, including education and parents/carers wherever possible. The plan needs to:

- address all assessed needs, not just the sexual behaviour concerns, and takes account of the child's learning and neurodevelopmental ability
- support the child to build a positive social identity free from harmful sexual behaviour
- be reviewed in a timely way and takes account of any changes in risk
- make effective use of a safety plan framework to address any specific risk of further harmful sexual behaviour, including via technology where appropriate
- Where direct intervention work is indicated to address sexual behaviour concerns identified in the assessment report, this will be undertaken by CAMHS HSB team or ECET. Where it is not appropriate for either team to undertake the work then they can support other professionals to undertake interventions.
- Provide clear information to the family regarding any planned interventions, and ensure parents are included in the work (unless this is judged not to be in the child's interests)

6.3 Harmful Sexual Behaviour Interventions

CAMHS HSB

If Gloucestershire CAMHS HSB Team is delivering the intervention it will follow the National Institute of Clinical Excellence Guidance and use current evidence-based interventions that engage with the child, parents/carer and system around them. Gloucestershire CAMHS HSB Team offer therapeutic intervention programmes over a 6-to-18-month period. Please note, for the Gloucestershire CAMHS HSB team to be involved then the need the child and their family to be open to Social Care.

Programmes are holistic and address strength and concern factors, and potential drivers for the harmful sexual behaviour and consider past trauma. Parent/carer involvement in the intervention is required as well as the child's involvement. Regular reviews are

held with the child and their parents/carers and their support system including social care, school/education and health professionals. An integrative approach using a range of therapeutic modalities is used depending on the presentation and needs of the child and can include systemic, narrative, strengths based, CBT, and attachment-based approaches. Interventions may include individual, family work or groups.

ECET

The AIM 3 assessment explores the wider context as well as the specific behaviors, and level of risk posed. It identifies the key areas for intervention and will inform the work that needs to be carried out, sometimes as part of a multi-agency plan to support the child and family. This might include work around understanding sex and relationships, consent etc. as well as ensuring an holistic response to address the underlying needs that impact on the harmful sexual behaviour. This is likely to include work with the family.

7 Criminal Justice

7.1 Out of Court Disposal Panel

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

The Police Investigating Officer will consult with the child if needed and agree to refer the case to the Out of Court Disposal Panel for a decision. The offence must have been admitted by the child for this to be an option.

The Youth Justice Service will allocate a worker as AIM3 assessor. Social Care may also allocate a Social Worker, depending on whether the case meets the threshold for a Single Assessment or Section 47 Enquiry.

7.2 Custodial and Court Sentence

If the Court is considering custody or wants further assessment to inform sentencing, it will be necessary to request an adjournment to carry out an assessment, an AIM3 risk assessment may also be requested which should inform the Pre-Sentence Report and intervention planning as part of an Order. If the child is sentenced to custody, then all assessments which evidence their vulnerability will be used to inform the assessment of vulnerability which is shared with the custodial setting.

7.3 MAPPA

Under the Criminal Justice Act 2003, Multi-Agency Public Protection Arrangements (MAPPA) protect the public from serious harm by sexual (and violent) offenders. Occasionally, a child may be referred into MAPPA either as a Registered Sex Offender (Category 1) or as a sex offender sentenced to 12 months or more in custody or to hospital order (Category 2 - Specific offences– Schedule 15 Criminal Justice Act 2003).

Most cases will be managed at Level 1 by the Youth Justice Service but where the child presents a high or very high risk and needs multi-agency oversight, they are managed at Level 2 by a multi-agency partnership including Social Care, Police and Health. Exceptionally, where strategic oversight is necessary because of cross-border, media or public interest issues, they are managed at Level 3.

7.4 Registration

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

7.5 Transition between custody and community

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

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

8 Educational Settings

8.1 Designated Safeguarding Leads and Head Teachers

Please read this protocol in conjunction with DfE advice on Sexual violence and sexual harassment between children in schools and colleges, particularly part four, “Responding to reports of sexual violence and sexual harassment” (page 16) [Sexual violence and sexual harassment between children in schools and colleges \(education.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/626232/Sexual_violence_and_sexual_harassment_between_children_in_schools_and_colleges_education.gov.uk.pdf) and DfE Keeping children safe in education - part five [Keeping children safe in education - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/626232/Keeping_children_safe_in_education_-_GOV.UK_(www.gov.uk).pdf). At a Local Level the GSCP offer the following guidance to schools on Child-on-Child Sexual Violence and Sexual Harassment. [child-on-child-leaflet-for-staff-v6-august-23.pdf gloucestershire.gov.uk](https://www.gloucestershire.gov.uk/media/1234567/child-on-child-leaflet-for-staff-v6-august-23.pdf).

Ensure you have access to adequate information from other professionals to inform your decision making when you are aware that harmful sexual behaviour has taken place.

When assessing risk of further harm caused by a child’s sexual behaviour, consider the needs of both the child who has engaged in harmful sexual behaviour and the child who has been harmed. It is important to take into account the views and risks of the children and the views of relevant parents when safety planning and decision making. Consideration should be given to class, playtime, lunch time and after school arrangements.

Where a managed move or exclusion is being considered, discuss this with the multi-agency team to ensure any issues regarding ongoing safety and rehabilitation can be considered, as well as the impact of such a move on the wider plan.

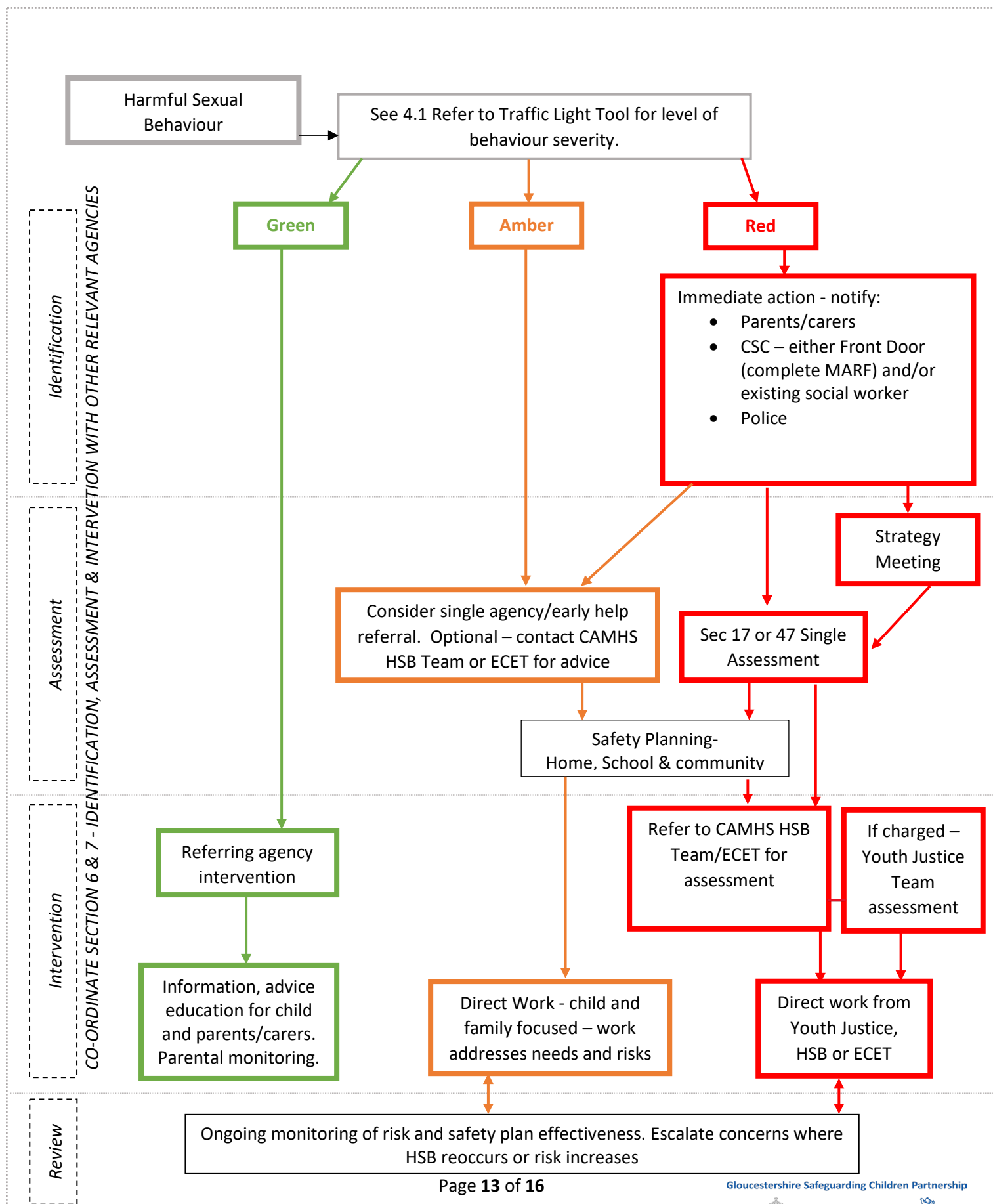
Consider the potential for bullying toward the child alleged to have engaged in harmful sexual behaviour resulting from other pupils learning of the harmful sexual behaviour and take steps to reduce the risk of this where necessary.

9 Governance

Immediate staff supervision of those undertaking this work rests within their own service. Clinical governance for consulted cases rests with the commissioned CAHMS Service.

Responsibility for this protocol and review and updating sits jointly with the GSCP.

Appendix 1: HSB Pathway



Appendix 2: Sexual Behaviours Checklist - Clarifying the degree of concern

When considering how concerned to be about children's sexual behaviour, use the following questions to clarify your concerns. Please refer to the below links for the relevant age of the child for guidance when answering the questions:

[PP Preschool Traffic Lights Under 5 ENG.pdf \(parentsprotect.co.uk\)](#)

[PP Primary Traffic Lights 5 11 ENG.pdf \(parentsprotect.co.uk\)](#)

[Traffic Light Guide Teenager.pdf \(parentsprotect.co.uk\)](#)

'Yes', responses indicate a greater level of concern, since the harm for both the child engaging in the behaviour and any potential person who is at risk of harm 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 3: Further information and resources

To explore further, the following links can be helpful to use or pass on.

a) Advice for Children

Think U Know is a good starting point and has good introductory videos. [Professionals | CEOP Education \(thinkuknow.co.uk\)](#)

Children's sexual health services: if you are under 25 contact Ask Brook, www.askbrook.org.uk

Contraceptive and sexual health information: visit FPA on www.fpa.org.uk

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

Think U Know is a good starting point and has good introductory videos.

[Parents and carers | CEOP Education \(thinkuknow.co.uk\)](#)

Parents Protect: 0808 1000 900 or www.parentsprotect.co.uk

Helping you understand the sexual development of children under the age of 5

[Parents Protect](#)

Helping you understand the sexual development of children aged 5-11

[Parents Protect](#)

Nude selfies – a parents' guide (Think U Know) [Nude selfies: a parents' guide \(thinkuknow.co.uk\)](#)

c) Sexual behaviour and development

Brook Traffic Light Tool [CPD: Brook Sexual Behaviours Traffic Light Tool \(RSE\) Course](#)

Healthy sexual behaviour (NSPCC) [Understanding Sexual Behaviour in Children | NSPCC](#)

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

PANTS sexual harm prevention resources for conversations and work with children (NSPCC) [Let's talk PANTS with Pantosaurus! | NSPCC](#)

d) Online safety and pornography resources

What's the problem? A guide for parents of children who have got in trouble online (Parents Protect)

[LFF eResource Pack for Parents JUNE17.pdf \(parentsprotect.co.uk\)](#)

Think U Know – Parents, Children, professionals [Parents and carers | CEOP Education \(thinkuknow.co.uk\)](#)

Keeping children safe - Online porn (NSPCC) [Online porn | NSPCC](#)

Keeping children safe - Online safety advice for parents (NSPCC) [Keeping children safe online | NSPCC](#)

e) Sexting

Sexting in schools and colleges: Responding to incidents and safeguarding children (UK Council for Child Internet Safety 2016) [Sharing nudes and semi-nudes: advice for education settings working with children and young people - GOV.UK \(www.gov.uk\)](#)

Sexting: how to respond to an incident [Overview of Sexting Guidance.pdf \(publishing.service.gov.uk\)](#)

Keeping children safe - Sexting (NSPCC) [Sharing nudes and semi-nudes | NSPCC](#)

f) NICE Guidance for professionals

NICE Guidance on harmful sexual behaviour [Overview | Harmful sexual behaviour among children and young people | Guidance | NICE](#)

g) Advice and guidance for schools and colleges

Peer on peer abuse

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

h) Child Protection

Gloucestershire Safeguarding Procedures Manual (Gloucestershire Safeguarding Children Partnership). Include information and guidance on all aspects of safeguarding and child protection based on current legislation, national policy and research.

[Welcome to the Safeguarding Procedures Manual \(trixonline.co.uk\)](#)

NSPCC Helpline: 0800 800 5000 (England and Wales) or www.nspcc.org.uk

National Child Protection Line: 0800 022 3222 (Scotland)

Child Exploitation and Online Protection Centre (CEOP): 0870 000 3344 or www.ceop.police.uk

Stop it Now!: 0808 1000 900 or www.stopitnow.org.uk

i) Multi-agency Public Protection Arrangements

[Multi-Agency Public Protection Arrangements - MAPPA \(justice.gov.uk\)](#)