

Harmful Sexual Behaviour Conference

Thursday 19th June 2025



Gloucestershire Safeguarding Children Partnership



Gloucestershire Safeguarding Children Partnership

**LUCY
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FOUNDATION**



Gloucestershire Safeguarding Children Partnership

Dave Jones
Partnerships Business Manager

Hannah Mackie
Detective Chief Inspector –
Gloucestershire Constabulary



Gloucestershire Safeguarding Children Partnership

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Managing and preventing harmful sexual behaviour in schools

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Training hopes & fears

Please introduce yourself to someone on your table that you don't know well and discuss:

What are your **hopes** for this training?

Do you have any **fears** about today or when working with children who display HSB?

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Training agreement

- ✓ Take care
- ✓ Take part
- ✓ Take breaks

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Aims of training

- to establish baseline confidence measures
- to recap LFF's services for schools, the prevalence & causes of HSB and the 6 Rs model of managing HSB
- to apply LFF's traffic light tools to case study examples
- to practice using LFF's safety plan templates
- to try out co-designed reflective workbooks
- to provide an overview of prevention models & explore how PHE's 8 domains model has been applied in schools
- to begin to develop your setting's HSB prevention plan
- to assess learning and confidence after training

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Baseline confidence measures

Harmful Sexual Behaviours at
Kingsholm Rugby Stadium 19th
June Pre questionnaire.



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We listen.

We research. We innovate.

We intervene.

We talk, we share, we support.

We do everything we can to
stop child sexual abuse.

BEFORE IT HAPPENS.

LFF's services



Helpline – call backs, websites



Advocacy, comms & campaigns



Assessments, interventions
and expert consultancy



Scotland



Wales



Children and Young People:
A&I, Shore, Inform YP, schools



Training



Programmes: Inform Plus,
Engage Plus, Inform



Research & international work

LFF's work with young people



Assessments, interventions and expert consultancy



Delivering training



Inform Young People Programme



Shore website and chat service

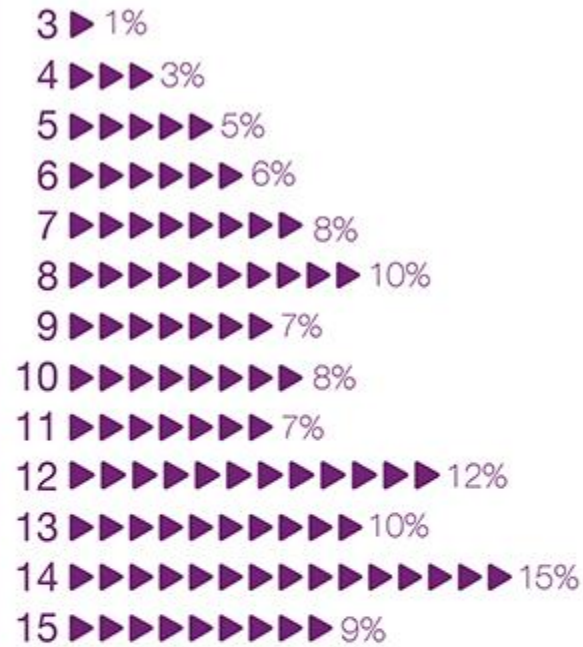


Research and development projects e.g. Everyone's Safer

The need for LFF's services: prevalence of CSAE



Age when abuse started



The likelihood of experiencing child sexual abuse **does not vary significantly with ethnic group** in England, but people from some minority ethnic communities **face barriers to reporting abuse**



1 in 8 victims come to the attention of the authorities at the time

The most serious and repeated offences are more likely to be committed by **known persons**



For boys, abuse by authority figures is more common



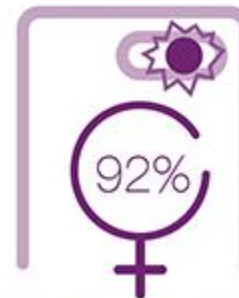
For girls, abuse by family members is more common

Disabled adults are **2x**

As likely as non-disabled adults to say they had been abused in their childhood



of those who had lived in a care home reported experiences of child sexual abuse - almost **4x as many as those living with family / carers**



of child sexual abuse **images depicted girls** only in 2019



of **perpetrators** of child sexual abuse are **male**

The need for LFF's services: nature of CSAE

There were around **107,000** offences reported in 2022 – nearly quadruple what it was 10 years ago. Evidence continues to suggest many crimes remain **unreported**.

Around **75%** of CSAE offences related to sexual offences committed directly against children, and around **25%** relate to online offences of Indecent Images of Children.

Reported CSAE is **heavily gendered**, as expected, with males (82% of all CSAE perpetrators) predominantly abusing females (79% of victims). Sexual offending involving male victims are more common in offences involving indecent images and younger children.

The crime types regarding CSAE are changing. For example, historically Child-on-Child abuse accounted for around third of offences. The data in the report suggests that today this is **just over half. 52%** of all CSAE cases involved reports of children (aged 10 to 17) harming other children.

(National Police Chief's Council report, January 2024)

Defining Harmful Sexual Behaviour

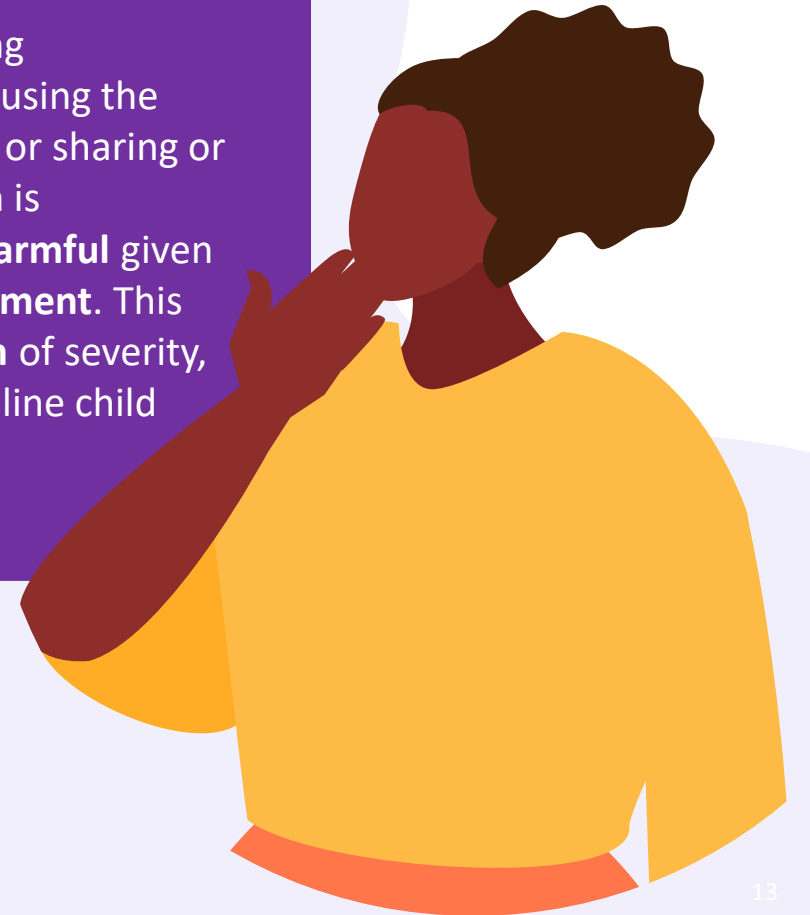
Harmful sexual behaviour (HSB)

is a term used to describe sexual actions that are outside what is safe for the young person's stage of development. HSB includes actions that put either the young person **themselves**, or **another person**, at harm. This can include a **spectrum** of behaviour such as; using inappropriate language, undertaking mutual sexual activity they are not ready for with peers or sexually violent behaviour.

Technology-assisted harmful sexual behaviour

"One or more children engaging in **sexual discussions or acts** – using the internet or any image-creating or sharing or communication device – which is considered **inappropriate** or **harmful** given their **age** and **stage of development**. This behaviour falls on a **continuum** of severity, from use of pornography to online child sexual abuse."

(NSPCC, 2017)



Continuum of sexual behaviour (Hackett, 2010)

Normal

- Developmentally expected
- Socially acceptable
- Consensual, mutual, reciprocal
- Shared decision making

Inappropriate

- Single instances of inappropriate sexual behaviour
- Socially acceptable behaviour within peer group
- Context for behaviour may be inappropriate
- Generally consensual and reciprocal

Problematic

- Problematic and concerning behaviours
- Developmentally unusual and socially unexpected
- No overt elements of victimisation
- Consent issues may be unclear
- May lack reciprocity or equal power
- May include levels of compulsivity

Abusive

- Victimising intent or outcome
- Includes misuse of power
- Coercion and force to ensure victim compliance
- Intrusive
- Informed consent lacking, or not able to be freely given by victim
- May include elements of expressive violence

Violent

- Physically violent sexual abuse
- Highly intrusive
- Instrumental violence which is physiologically and/or sexually arousing to the perpetrator
- Sadism

Continuum of technology-assisted HSB

TA-HSB is harmful for child/ young person and may directly or indirectly harm another				The TA-HSB is likely to <u>directly</u> harm another person		
Developmentally inappropriate use of adult pornography (DIP) Harmful to Self	Showing another young person developmentally inappropriate pornography	Sexting i.e. sharing sexual selfies	Possessing, making and distributing indecent images of children (IIOC)	Technology Assisted sexual grooming	Sexual Harassment and sexual solicitation	Sexual abuse of children online
Other forms of TA-HSB	May include writing of sexually explicit stories which have been shared using technology. Phoning adult sex lines.					

Common forms of technology-assisted HSB



Non-consensual
sharing of intimate
images



Unwanted sexualisation,
sexual bullying,
exploitation, coercion
and threats



Downloading or sharing
illegal sexual images

Characteristics of YP displaying T-A HSB

More likely to live with one or both parents

Less likely to be from a lower socio-economic group

More likely average or above average academically

Less likely to be on the child protection register

More likely to be in employment, education or training

(Hollis and Belton, 2016, NSPCC)

HOWEVER – lockdown saw more young people from all backgrounds displaying T- A HSB

Characteristics of YP who display HSB

- Research indicates that under-18s are responsible for at least **one third to one half** of recorded sexual offences against children and young people in the UK.
- The vast majority of abuse is perpetrated by **boys**, with girls typically over-represented among victims.
- The average onset of harmful sexual behaviour among boys tends to be around the ages of **13 to 14**, coinciding with onset of puberty
- **Learning disability** and **autism** are over-represented among young people who have displayed harmful sexual behaviour
- The majority of abuse takes place in the **family home**, but abuse online and in schools is common
- **Maltreatment** is common. Those who sexually abuse are six times more likely to have been sexually abused than those known to law enforcement for non-sexual crime
- Around half of young people who have displayed harmful sexual behaviour have **experienced sexual abuse** themselves
- The vast majority of young people who display harmful sexual behaviour **do not persist** with such behaviours into adulthood – but non-sexual criminality rates are higher for this cohort of young people, and welfare outcomes in adulthood for many are poor

Possible contributing factors

Background	Triggers	Maintaining	Protective
Distant relationships & lack of warmth	Experience of trauma	Poor coping strategies	Good physical health
Parental violence & conflict in family	Current stressors at home	Low self-esteem	Positive social skills
Lots of family changes/disrupted care	Experience of loss/rejection	Difficulties regulating emotions	Personal & parental motivation to solve problems
Blurred family roles/poor parental role models	Confusion over identity and role in family/peer group	Limited peer network	Positive goals for future
Fathers with little/no parenting responsibilities	Jealousy (e.g.sibling)	Lack of birth family support	Positive interaction with carers & supportive environment
Lack of openness & unhealthy secrets	Attachment issues	Lack of belonging	Parents showing protective attitudes and taking protective action
Parents with unresolved abuse histories		Lack of positive parenting	Having someone to talk to about feelings
Lack of/over-strict sexual boundaries			Appropriate sex education

Harmful Sexual Behaviour in schools



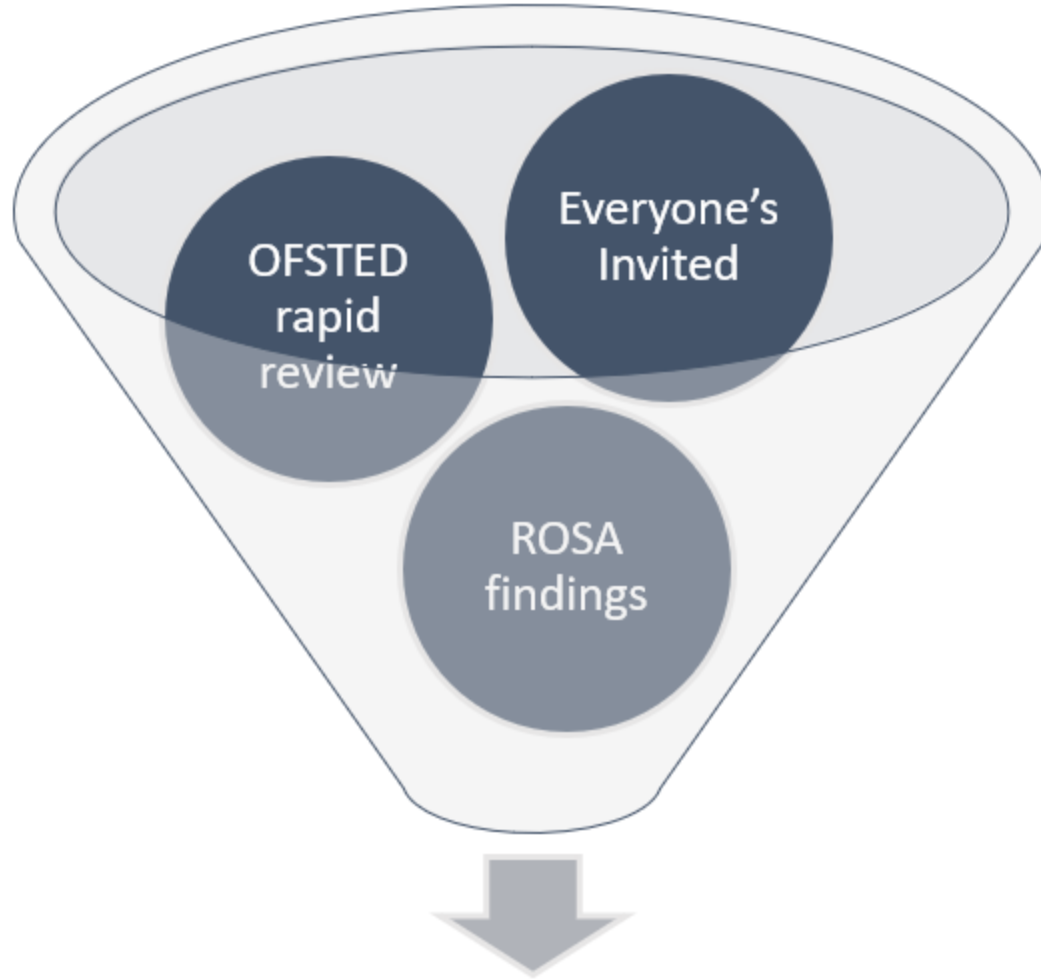
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Everyone's Invited is a safe
place for survivors to share
their stories completely
anonymously

The need for our research



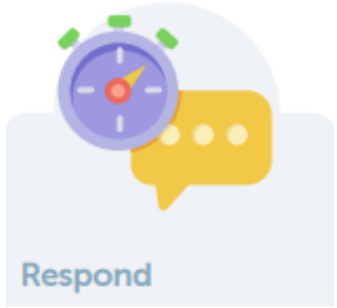
Everyone's Safer project



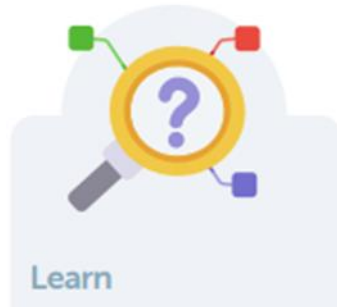
Everyone's Safer

**Harmful sexual behaviour
in schools:
supporting effective
leadership responses**

Project aims



For schools to respond well when a harmful sexual behaviour incident occurs



For project evidence and insights to influence education and government strategy



To make schools safer places for young people by preventing harmful sexual behaviour

Project design



Recruit 10 secondary schools per year – 30 in total



Collaborate with partnership organisations to deliver tailored programmes



Use baseline measures to collect pre- and post- intervention data



Establish support mechanisms for schools outside the scope of the research



Conduct initial visits with staff and students to identify key issues



Create new resources for students, staff and parents



Develop engagement plans to deliver bespoke packages of interventions in each school



Build relationships with key stakeholders to disseminate our learning

Key findings: staff

Year 1: recognising the challenge

Staff feeling ill-equipped and isolated
Differences in staff/student perceptions
Concerns for students with additional needs
The 'big three' - nudes, consent, pornography

Year 2: building partnerships and capacity

The need to 'safeguard the safeguarders'
Strengthen active & participatory RSE
Maximise multi-agency partnerships
Shared use of protective behaviours

Year 3: implementing strengths-based strategies

Designing a whole-school public health approach to prevention
Move from punitive approaches towards reflective & restorative interventions

Key findings: students

Year 1: recognising the challenge

Reporting systems won't be used if not trusted
RSE matters but value depends on the teacher & style
Want to be part of the solution, not just viewed as the problem (especially boys)

Year 2: building partnerships and capacity

Bystander education
Empowering meaningful student voice work
Embedding the protective behaviours approach
Co-design active & participatory RSE

Year 3: implementing strengths-based strategies

Student voice to improve school environment
Focus on what is healthy rather than over-focus on what is harmful
Promote positive masculinity with boys & girls

Key findings: parents

Year 1: recognising the challenge

Concerned with innocence & guilt
Stigma & taboo around HSB issues
Difficulties engaging with school-led parent workshops – low attendance
Lacking confidence to address HSB issues

Year 2: building partnerships and capacity

Develop three-way communication between school, students & families

Year 3: implementing strengths-based strategies

Recognising the unique and vital role of families & supporting them to support their children

Conclusions and recommendations

Conclusion	Recommendation
Teachers & safeguarding leads are on the frontline in tackling HSB & they need ongoing training, support & practical tools	DfE to facilitate workforce development to give staff more time, resources & confidence to tackle HSB in schools
Schools play a vital role in preventing HSB but cannot do so alone. The most promising responses came when schools viewed HSB through a <i>public health lens</i>	Schools are supported to adopt a whole-school, public health approach to HSB, with support from external agencies & policy-level backing
Punitive, zero-tolerance approaches are often ineffective or harmful. Restorative, strengths-based practices can lead to more meaningful behaviour change	Embed restorative approaches within safeguarding & behaviour policies, with safeguards to ensure they remain survivor-centred & proportionate
Boys are often overlooked in HSB prevention efforts, despite playing a key role in both the problem & the solution	Through gender-sensitive RSE & school culture, ensure boys are included constructively & staff are supported to lead these conversations
High-quality RSE, delivered in a consistent, relevant & participatory way, is key to preventing HSB in schools	Strengthen RSE provision through sustained curriculum time, staff training, scenario-based learning & student voice work

Learning outcomes: resources for schools

Our Everyone's Safer project

We ran a three-year action research project, collaborating with schools and the University of Surrey to develop effective leadership responses to harmful sexual behaviour.

Aims

- making schools safer places for children and young people
- increasing the knowledge, resources, and tools available to schools, promoting a preventative approach to stop abuse before it happens.
- influencing both local and national policy

What we found?

- [Read our year one report.](#)
- [Read our shorter Faithfull Paper.](#)
- [Read our year two report.](#)

Learning outcomes: resources for schools

Safety plans

Professionals

[Safety plan](#)

[Review](#)

Child friendly

[Safety plan](#)

[Review](#)

Easy read

[Safety plan](#)

[Review](#)

These school safety plan templates have been adapted from a version originally created by NSPCC practitioners in Stoke.

Before completing a safety plan, we recommend reading this [guidance from the Centre of expertise on child sexual abuse](#), and their guides to [communicating with children who may have been affected by sexually abused](#) and to [supporting parents affected by child sexual abuse](#).



EN ^

Learning outcomes: resources for schools



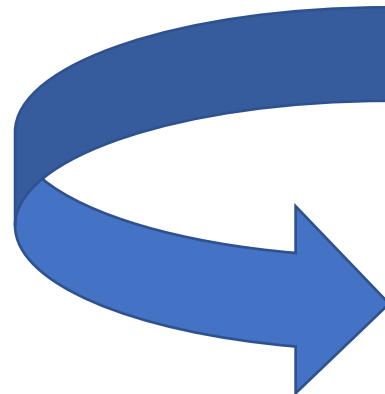
Managing HSB: recognising

Principles of **recognising** HSB:

- ✓ A **whole-school approach** is vital to achieve consistent identification of HSB
- ✓ There must be a **shared understanding** of the continuum of behaviours
- ✓ Inconsistent identification of HSB leads to some **behaviours going unchallenged**
- ✓ When staff demonstrate a shared understanding, **students and parents are helped to recognise HSB**
- ✓ A consistent approach to recognising HSB helps to **prevent HSB**
- ✓ There are **various tools** to assist with consistently recognising HSB

Managing HSB: recognising

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



Traffic light tools: LFF, Brook, NSPCC

Identifying the behaviour of children aged between 5-11 years

We have used a traffic light framework to help you in identifying if a behaviour is GREEN, AMBER or RED

These are natural and expected behaviours

This doesn't mean that you would want these behaviours to continue, but they do provide an opportunity to talk, teach, explain about what is appropriate.

- Increased sense of privacy about their body
- Body touching and holding own genitals
- Masturbation, usually with awareness of privacy
- Curiosity about other children's genitals involving looking at and/or touching the bodies of familiar children
- Curiosity about sexuality e.g. questions about babies, gender, relationships, sexual activity
- Telling stories or asking questions using swear words, 'toilet' words or names for private parts
- Use of mobile phones and Internet in relationships with known peers

These can be of concern and have the potential to be outside safe and healthy behaviours if they persist

They require a response from a protective adult, extra support and close monitoring.

- Self masturbation in preference to other activities, whether in private or in public or with peers, and/or causing self injury
- Explicit talk, art or play of sexual nature
- Persistent questions about sexuality despite being answered
- Persistent nudity and/or exposing private parts in presence of others
- Persistently watching or following others to look at or touch them
- Putting other children's pants down or skirts up against their will
- Persistently mimicking sexual flirting behaviour too advanced for age, with other children or adults
- Touching genitals/private parts of animals
- Covert/secret use of mobile phone and Internet with known and unknown people which may include giving out identifying details
- Attempts to do any of the above in secret

These are outside healthy and safe behaviours

These behaviours can signal a need for immediate protection and support from a childcare professional, e.g. GP or social worker. As a first step the Stop It Now! helpline is one place you could go for advice and guidance. Call 0808 1000 900.

- Compulsive masturbation to the point of self harm or seeking an audience
- Disclosure of sexual abuse
- Persistent bullying involving sexual aggression
- Simulation of, or participation in, sexual activities, including sexual behaviour with younger or less able children, e.g. oral sex, sexual intercourse
- Accessing the rooms of sleeping children to touch or engage in sexual activity
- Presence of a sexually transmitted infection
- Any sexual activity with animals
- Use of mobile phones and Internet for sending or receiving sexual images

Managing HSB: recognising

Group task:

Please work in 2s or 3s with staff from the same stage school as you
(primary or secondary)

Please find the Lucy Faithfull Foundation traffic light tool relevant to your age
group

Managing HSB: recognising

LFF traffic light tools:

LUCY FAITHFULL FOUNDATION

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Advice for parents, carers, professionals, and survivors, providing guidance on understanding key issues, responding to challenges, keeping children safe, maintaining wellbeing and where to find additional support.

Quick exit

Understanding child sexual abuse

How to keep children safe

Young person's sexual behaviour

Wellbeing and self-care

Survivors of child sexual abuse

Creating safer places

Resources

If your child gets into trouble for online behaviour

The internet and technology are key parts of everyday life. There are many positives for everyone, including young people, but there are also risks.

Read more

Quick exit

Is a child's sexual behaviour age appropriate

We can help you understand whether a child's sexual behaviour is expected for their age, or if it could harm them or other people.

Read more

Understanding the sexual behaviour of teenagers

Help you understand the difference between expected teenage sexual exploration and behaviour that can harm others or themselves.

Read more

free from child sexual abuse **LFF**

Managing HSB: recognising

Applying LFF traffic lights tools to a primary school case study

K is a 6 year old pupil in Year 2 (mainstream primary).

K has recently (over the past 4 weeks) started pinching and slapping bottoms of teachers, almost every day and sometimes multiple times a day. He also tried to lift up the shirt of his supporting adult, thrusting into items claiming to be 'shagging them' and using sexually explicit language such as claiming he will do the work his support worker asks 'if I can finger your bumhole'.

No touching behaviours towards other children.

K has reported watching things that scare him at home - when staff have checked, the content has been explicit inappropriate material online (sexual and violent). Parents have been contacted - they do not know where he has learned this behaviour or language and believe he is hearing this from other children, but school staff have not seen this behaviour in peer group.

How would you categorise this behaviour? Green, amber or red?

Which continuum category does this behaviour fall into?

Managing HSB: recognising

Applying LFF traffic lights tools to a secondary school case study

C is a 15 year old boy in Year 11 (mainstream secondary).

He moved to the school in Year 9 after a bereavement and family eviction.

He had settled in well but in May last year he was suspended for a week for masturbating in class. A student saw him and reported him. C was very embarrassed and did not appear to have wanted to be seen.

He recently was seen masturbating again in class – the student who reported it was distressed. C has admitted to having done this in several lessons recently, saying that it happens when he is bored.

How would you categorise this behaviour? Green, amber or red?

Which continuum category does this behaviour fall into?

Managing HSB: recognising

Applying LFF traffic lights tools to a specialist school case study

J is a 12-year-old girl in year 8 with an EHCP and a diagnosis of Autism. J is non-verbal but uses echolalic phrases (repeated, heard phrases) occasionally. J, until recently, lived at home with her Mum. Dad left the family home when J was 5 and they resided in a safe house for 6 months. Dad has contact.

J came back from the summer holidays presenting with new behaviours: grabbing, hitting, biting, throwing items and generally not appearing to be her usual self. J also presented with new self-injurious behaviour, including pulling her own hair out and eating it, biting her hand and banging her head. 1 month later J moved in to live with her Dad.

Managing HSB: recognising

Applying LFF traffic lights tools to a specialist school case study

J's presentation and behaviour continued to change over a 6-month period. The behaviours noted were as follows:

- touching her classmates' breasts and bottoms without their consent
- biting her breasts, pulling her trousers and underwear down at inappropriate times and pulling out her pubic hair
- being tearful and sad and absent from school for 3 months
- newly becoming incontinent
- saying phrases that included, 'kiss it', 'suck it' 'you do it'
- bruising noted on her inner and outer thighs
- increased masturbation during school day
- struggling to transition home at the end of the school day - taking up to 30 mins to encourage leave the building.

Throughout this time Mum continually called school raising her concerns about J being with her Dad.

How would you categorise this behaviour? Green, amber or red?

Which continuum category does this behaviour fall into?

Managing HSB: recognising

Applying LFF traffic lights tools to an FE college case study

L is a 16 year-old female student studying A Levels.

A tutor has reported L to the wellbeing & safeguarding team due to overhearing L speak to others about visiting over-18 adult sites under a false name. Another student reported that L had taken sexually explicit pictures of herself and posted them to one of the websites. This student became distressed as she explained L had been receiving messages from older men from the adult site.

During a lesson, L was recently seen watching violent and aggressive pornography. L admitted to showing her friends the content to “teach them what men want”.

L has previously been seen by the wellbeing team for low self-esteem regarding her body image & a previous relationship breakdown.

How would you categorise this behaviour? Green, amber or red?

Which continuum category does this behaviour fall into?

Managing HSB: recognising

Group discussion:

How **easy** were the tools to use?

Did you all **agree** on the categories?

What worked **well**?




Does anything cause you any **concern**?

Managing HSB: recognising

Traffic light tools: LFF, Brook, NSPCC

Identifying the behaviour of children aged between 5-11 years

We have used a traffic light framework to help you in identifying if a behaviour is GREEN, AMBER or RED

 These are natural and expected behaviours	 These can be of concern and have the potential to be outside safe and healthy behaviours if they persist	 These are outside healthy and safe behaviours
<p>This doesn't mean that you would want these behaviours to continue, but they do provide an opportunity to talk, teach, explain about what is appropriate.</p> <ul style="list-style-type: none">• Increased sense of privacy about their body• Body touching and holding own genitals• Masturbation, usually with awareness of privacy• Curiosity about other children's genitals involving looking at and/or touching the bodies of familiar children• Curiosity about sexuality e.g. questions about babies, gender, relationships, sexual activity• Telling stories or asking questions using swear words, 'toilet' words or names for private parts• Use of mobile phones and Internet in relationships with known peers	<p>They require a response from a protective adult, extra support and close monitoring.</p> <ul style="list-style-type: none">• Self masturbation in preference to other activities, whether in private or in public or with peers, and/or causing self injury• Explicit talk, art or play of sexual nature• Persistent questions about sexuality despite being answered• Persistent nudity and/or exposing private parts in presence of others• Persistently watching or following others to look at or touch them• Pulling other children's pants down or skirts up against their will• Persistently mimicking sexual flirting behaviour too advanced for age, with other children or adults• Touching genitals/private parts of animals• Covert/secret use of mobile phone and Internet with known and unknown people which may include giving out identifying details• Attempts to do any of the above in secret	<p>These behaviours can signal a need for immediate protection and support from a childcare professional, e.g. GP or social worker. As a first step the Stop It Now! helpline is one place you could go for advice and guidance. Call 0808 1000 900.</p> <ul style="list-style-type: none">• Compulsive masturbation to the point of self harm or seeking an audience• Disclosure of sexual abuse• Persistent bullying involving sexual aggression• Simulation of, or participation in, sexual activities, including sexual behaviour with younger or less able children, e.g. oral sex, sexual intercourse• Accessing the rooms of sleeping children to touch or engage in sexual activity• Presence of a sexually transmitted infection• Any sexual activity with animals• Use of mobile phones and Internet for sending or receiving sexual images

Children with additional needs, a learning disability or a learning difficulty can be over-represented in children who display HSB

(Barnardo's, 2016)

It's really important that HSB in children with additional needs is managed as effectively as you would for non-disabled peers.

Responses need to be aimed at each child's own level of ability, paced appropriately and repeated to allow for information to be retained.
(Carson, 2017)

Managing HSB: responding

Using LFF's traffic light tools to inform a proportionate response

Responding to sexual behaviour in children aged 5-11

Green category scenario

A 9 year old boy who, whilst reading, puts his hand in and out of his underpants when there are other people present in the room.

Responding to this scenario

Describe the unwanted behaviour clearly. Explain that there is a time and a place for touching private parts of the body. Distract him by removing him from the situation.

Amber category scenario

During outside playtime, a 9 year old boy asks two girls aged 5 and 6 years old if they would 'sex' with him and show their 'boobs' to him.

Responding to this scenario

Describe their behaviour clearly. Remind the children what is appropriate behaviour and that some parts of the body are to remain private. Explain to the children that the boy's behaviour is not OK and discuss how the girls could respond. Distract by removing them from the

Managing HSB: responding



- ✓ **Model** emotional regulation
- ✓ **Be calm**
- ✓ **Provide** a proportional response
- ✓ **Correct** the behaviour - do not label the young person
- ✓ **Redirect** the young person to a safe activity
- ✓ **Record** the specifics about the behaviour
- ✓ **Inform** the named safeguarding officer
- ✓ **Gain consensus** among the protective adults about how to prevent or respond to future incidents

Managing HSB: recording

The importance of recording:

- Facilitates accurate assessment, action and safety planning
- Avoids under- or over-estimating risk
- Helps to identify patterns of behaviour (escalation? Increased frequency?)
- Evidences and informs proportionate decision-making, ensures accountability and guides action

Best practice:

- The person who witnessed the incident should record it, supported by their DSL/SMT

What to record:

• Details of child/young person:

Name, DOB, any vulnerabilities, other behavioural concerns, previous incidents of HSB?

• Details of the incident:

Description of the incident observed/reported, other significant factors, power imbalances, reactions of children/young people involved, behaviour management action, reaction of parents/carers

• Details of the person/people completing the form

Name, role



Managing HSB: reporting



Managing HSB: risk-managing

SAFETY PLANNING

Background Information:

Identifying concerns:

Identifying strengths:

Implementing strategies

Review:

Safety planning principles

- Consider who needs to be involved in a collaborative process
- Acknowledge that everyone involved is a child
- Adopt a rights-led, welfare-centred approach
- Avoid a punitive approach: focus on safety and support
- Recognise that these are values-based decisions
- Consider the child within their context
- Identify any unmet needs that the children may have – was their sexual behaviour meeting any of these needs? How can these needs be met in a safe way?
- Identify and promote strengths - what support / tools does the child need to promote their strengths?
- Be proportionate
- Review regularly

When to create a school safety plan

- When a student is displaying sexual behaviour in school which is considered inappropriate / problematic / abusive
- When a student has been involved in sexual behavior outside school which may cause a risk to peers if repeated in school
- To provide teachers with guidance and increase their confidence to keep all children safer at school
- To ensure that all children's rights and welfare needs are considered

Challenges in creating a school safety plan

- Many incidents go unreported
- Students may not know which sexual behaviours are healthy, inappropriate, problematic and/or abusive
- Students may attempt to deal with matters themselves rather than reporting incidents to school staff: this can include 'trial by peers' and social exclusion
- Parents may have strong and conflicting views about next steps
- Sharing and gaining information with other agencies can be difficult
- All children involved have the right to an education, but consequences of their behaviour may make this very difficult to deliver e.g. restrictive bail conditions
- If there is a police investigation, checks will need to be made about when it is appropriate to ask a child about their behaviour

Managing HSB: safety planning

Applying LFF safety planning templates to a primary school case study

Please use your case study information to begin to complete a safety plan

You will have to invent some information yourself

Managing HSB: safety planning

Group discussion:

How **easy** was the template to use?

What worked **well**?

Does anything cause you any **concern**?

Managing HSB: reflecting with students



Write or draw on each part of the iceberg to explain your thoughts, feelings and behaviour.

What other people can see

My behaviour:

My thoughts:

My feelings:

Managing HSB: reflecting with students

Group task:

Please work in 2s or 3s with staff from the same stage or setting as you (primary, secondary,)

Please choose an activity – imagine you are completing this one-to-one with a student

Managing HSB: reflecting with students

Group discussion:

What did your activity involve?

What did you like about it?

What could be improved?

How effective do you think it would be to help a student reflect?

Managing HSB: reflecting with staff

Questions to ask:

Who has been affected by this incident? YP **AND** staff

Does everyone affected have effective support in place?

What can be learnt from this incident? Consider PLACE as well as people.

What can be learnt from our response to this incident?

What went well?

Where could we make improvements?

Do we need to make any changes to our systems/policies?

Managing HSB



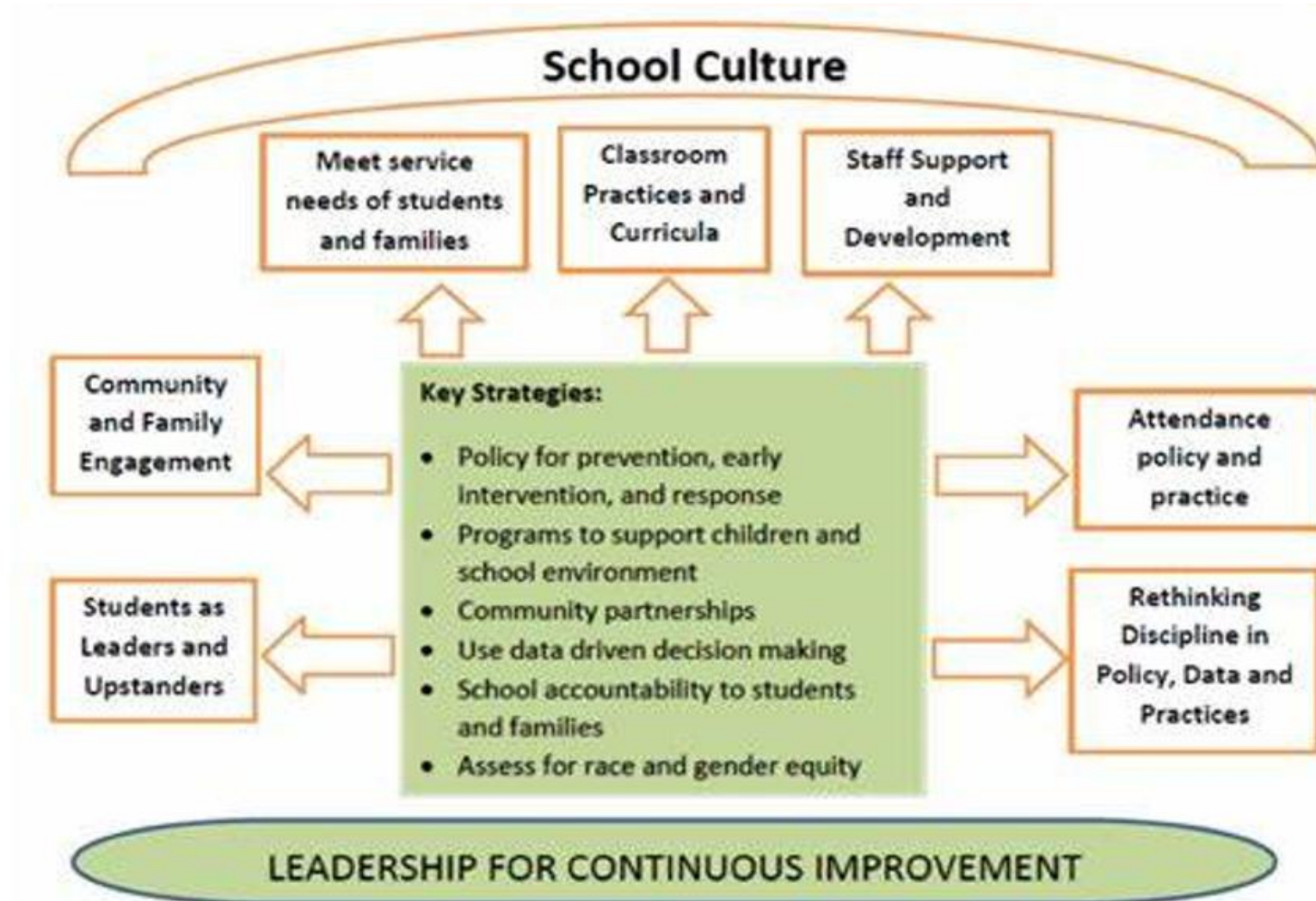
Preventing HSB

**WELCOME
BACK**

Whole-school approaches



Whole-school approaches



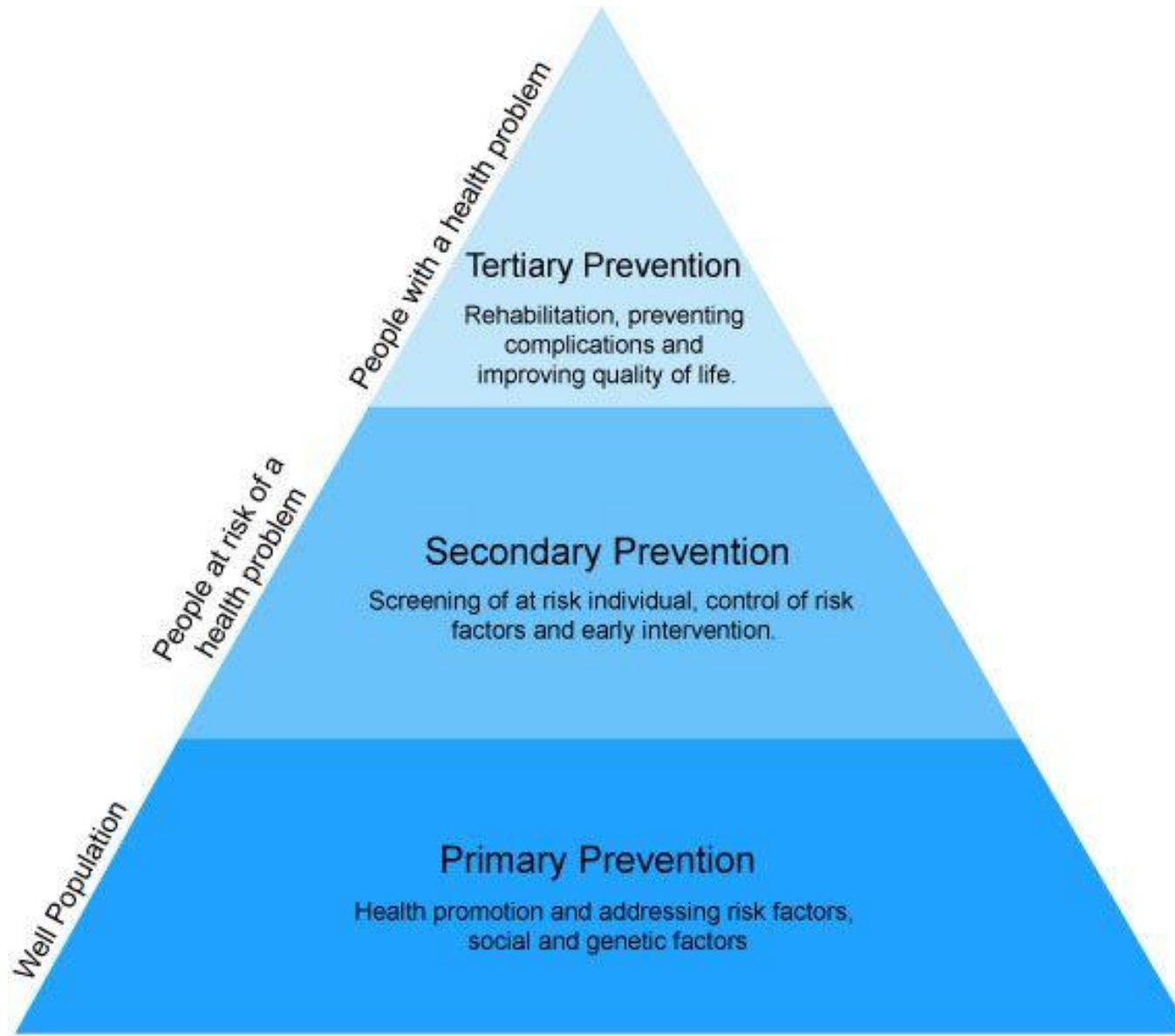
Prevention models

What do we mean by prevention?

How can we measure prevention?

What is HSB prevention?

Prevention models: a public health approach



Prevention models: a public health approach

Typically focused on healing, restoration, and interruption of the cycle of violence among a focused subset of those already impacted by violence.

Long-term response to violence

Tertiary Prevention

Violence or associated risk factors are addressed in the early stages, perhaps before all symptoms are apparent.

Early intervention or response to an immediate threat of violence

Secondary Prevention

Lay the groundwork so violence does not emerge. Often involves infusing activities into the fabric of society.

Approaches that take place before violence has occurred to prevent initial perpetration or victimization

Primary Prevention

Prevention models



PHE's 8 domains model



Applying PHE's 8 domains to HSB prevention



HSB prevention planning in your setting

Points to consider:

- Where are you starting from and where do you want to get to?
- How do you ensure a whole-school approach?
- What should YOUR prevention plan look like?

HSB prevention planning in your setting

Introducing a template for whole-school HSB prevention planning...

[add school logo]

A framework to prevent harmful sexual behaviour (HSB) at [add school name]

Aim: At [add school name], we believe that HSB “does happen here” however we aim to do all we can to ensure that this is prevented wherever possible. This evidence-based framework gives us a consistent whole school approach to assessing where we currently are, where we want to be and how we can get there.

We recognise that our students are sometimes affected by factors outside of our sphere of influence, but we know that we have a vital role to play in keeping them safe and nurturing their healthy development. By taking a whole school approach to prevention, working in partnership with students, parent/carers and multi-agency services, we have the best chance of keeping our students and schools safer.

Eight principles of our whole school approach



The model above is adapted from Public Health England’s eight principles to promoting a whole school or college approach to mental health and wellbeing.¹

¹ https://assets.publishing.service.gov.uk/media/614cc965d3bf7f718518029c/Promoting_children_and_young_people_s_mental_health_and_wellbeing.pdf

Introducing a template for whole-school HSB prevention planning...

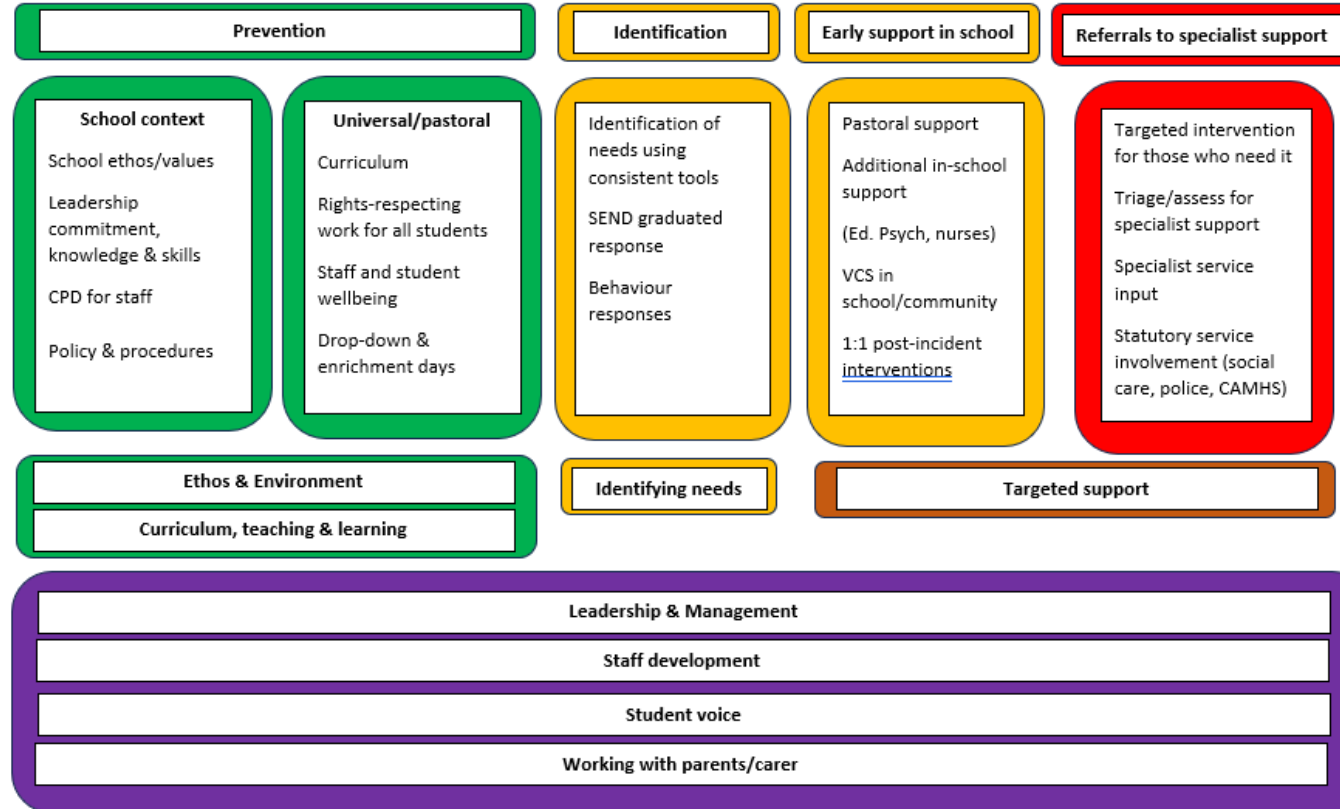
Creating a world free from child sexual abuse **LFF**

HSB prevention planning in your setting

Introducing a template for whole-school HSB prevention planning...

[add school logo]

Conclusion: By embedding whole school principles to HSB prevention using public health models, we have developed a holistic, evidence-based approach which helps us to focus our energy and resources at the right level. The model below shows that in moving towards prevention, we commit to dedicating the most focus to the 'green' areas of universal provision so that all of our students can benefit. We recognise the need for our involvement at the 'amber' level and commit to working effectively with specialist partners when students' needs approach or reach the 'red' level of intervention.



HSB prevention planning in your setting

What format will be most useful?

Where will plans be stored?

Who will be responsible for completing them?

Who will be responsible for monitoring/evaluating them?

How often will they be reviewed?

How will you measure progress?



**Reflections or
questions?**

LUCY FAITHFULL FOUNDATION



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Anonymous and confidential support to
stop child sexual abuse

0808 1000 900

Creating a world free from child sexual abuse

Stop it now

Post-training confidence

Harmful Sexual Behaviours at
Kingsholm Rugby Stadium 19th
June Post questionnaire.



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Gloucestershire Safeguarding Children Partnership

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