



**North East Lincolnshire Council
North East Lincolnshire
Safeguarding Children Partnership**

**Harmful Sexualised Behaviour
Practice Guidance & Procedure
2024**

**Includes Traffic Light Tool for assessing sexualised
behaviour in children and young people**

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Introduction

The aim of this guidance/procedure, developed by North East Lincolnshire Council (NELC) Safeguarding Children Partnership, is to provide workers with the steps to be taken in managing and responding to children and young people where it is believed they present with or have engaged in Harmful Sexualised Behaviour (HSB).

This enables a coordinated multi agency approach to the identification, assessment, and consistent response to sexually harmful behaviour.

The procedure applies to children and young people up to the age of 18 years (19 if disabled) where it is believed they present with / have engaged in sexually harmful behaviour. The victim of this behaviour may be a younger child, peer or adult.

Equality and Diversity: All developments are intended to ensure that no-one is treated in any way less favourably on the grounds of race, colour, national or ethnic or social origin, race, disability, gender, sexual orientation, gender reassignment, marriage & civil partnership, pregnancy & maternity, age, religion / belief or political / other personal beliefs

Our aim within this procedure is to recognise that all children and young people are potentially at risk of harm. Although it is recognised that some groups maybe more at risk. For example, children and young people with a Disability or in particular Learning Disability or who have been abused or have experienced other disruptions to their development or socialisation may be at an increased risk of exposure to, or developing, unhealthy sexual behaviours. However we aim to ensure that all cases should be looked at individually and consideration of age, developmental ability and social function will be included in any assessment undertaken.

Outcomes

- Reduction in reoffending rates.
- Reduction in risk classification.
- Reduction of children and young people escalating into statutory services.

Context

Children and young people who abuse others, including those who sexually abuse / offend, are likely to have considerable needs themselves, and that they may pose a significant risk of harm to other children.

North East Lincolnshire safeguarding children's partnership (NELSCP) and Youth Justice Service (YJS) should ensure that there is a clear operational framework in place within which assessment, decision-making and case-management take place. Neither child welfare nor criminal justice agencies should embark on a course of action that has implications for the other agencies without appropriate consultation.

Process - Tiered Approach

NELC takes the "Think Family" approach to Prevention and Early Intervention, and The Prevention and Early Help Strategy outlines the approach to providing the right level of support at the right time based on the child's assessed needs. This procedure is consistent with and works alongside the NELSCP safeguarding procedures. It should be used in conjunction with the NELC Threshold of Need and Response Child Concern Model which provides guidance to assist practitioners in their assessment of the factors impacting on

children and young people. This is supported by the Harmful Sexualised Behaviour Model (also known as the “Traffic Light Tool”) which supports agencies in understanding the behaviours and in identifying potential indicators which may highlight that the child / young person is vulnerable or is in need or at risk and it supports in informing the appropriate course of action.

ALL ALLEGED ABUSE BY CHILDREN AND YOUNG PEOPLE MUST BE REFERRED TO THE INTEGRATED FRONT DOOR.

Identifying the Appropriate Course of Action

Research suggests that both workers and parents tend to minimise the seriousness of sexually harmful behaviour by children and young people. (*“Child Abuse & Neglect” C. May-Chahal, P Cawson, Pub: Elsevier 2005*)

The ‘Traffic Light Tool’ categorises the sexual behaviours of young people to help professionals:

- Understand healthy sexual development and distinguish it from harmful behaviour.
- Assess and respond appropriately to sexual behaviour in children and young people.
- Make decisions about safeguarding children and young people.

By using this resource, professionals can learn to identify, assess and respond to sexual behaviour in children and young people in a confident and appropriate manner.

[Appendix 1](#) offers more detail and examples of the types of behaviour that can be categorised by the Traffic Light Tool

The behaviours identified in the [Traffic Light Tool](#) are examples used to show the difference between healthy and unhealthy sexual development. The resource does not aim to define how children and young people should behave, but to show which behaviours are a natural part of development and exploring sexuality, and which are problematic and may need intervention, assessment and support.

By identifying sexual behaviours as Green, Amber or Red, professionals across different agencies can work to the same criteria, informing their assessments and decisions about appropriate action, leading to a unified approach to protecting children and young people.

All Green, Amber and Red behaviours require some form of attention and response; however, the type of intervention will vary according to the behaviour. Green behaviours may provide opportunities to provide positive feedback and information that supports healthy sexual behaviours. Amber and Red behaviours may require Safety Planning, documentation, education, referral to intervention services, increased supervision, therapy, an AIM assessment, risk management plan, safeguarding assessment and/or a legal response.

In assessing the distinction between behaviour that is experimental in nature and behaviour that is abusive, the notions of consent, power, equality, and authority need to be considered by the assessors.

This is a support tool designed to help professionals think through their decisions and does not replace organisational procedures or assessment frameworks.

Green Behaviours reflect safe and healthy sexual development. They are:

- Displayed between children or young people of a similar age or developmental ability.
- Reflective of natural curiosity, experimentation, consensual activities and positive choices.

Amber behaviours have the potential to be outside safe and healthy development. They may be:

- Unusual for that particular child or young person.
- Of potential concern due to age or developmental differences.
- Of potential concern due to activity type, frequency, duration or context in which they occur.

These behaviours should be monitored and recorded. There should be a number of repeated incidents, however minor as opposed to a specific incident.

Red behaviours are outside safe and healthy behaviour. They may be:

- Excessive, secretive, compulsive, degrading or threatening.
- Involving significant age, development or power differences.

If the traffic light tool indicates an Amber or Red concern, professionals should speak to their line manager, record the incident on Liquid Logic and seek advice from the specialist lead in HSB or a HSB supervisor in family hubs and refer to the HSB panel by sending a Early Help Assessment to the HSB e-mail inbox HSB@nelincs.gov.uk. Where consideration will be made by trained HSB assessors whether the case will escalate to the HSB panel for further discussions, appropriate assessments, or support with a package of intervention based on individual needs.

AIM Assessment Framework

The AIM (Assessment, Intervention and moving on) assessment framework and procedures are designed to assist professionals in taking a partnership approach to assessing children and young people who have committed a sexual assault or engaged in sexually harmful behaviour. It incorporates the concepts of the [Department of Health 'Framework for the Assessment of Children in Need and their Families'](#) used by Safeguarding & Specialist Services and other agencies, as well as the 'ASSET' framework used by YJS. Its use is intended to fit within the timescales agreed by the criminal justice and child welfare systems.

The AIM initial assessment framework is the first stage in gathering and analysing Information, which will assist practitioners to consider what further assessments and interventions might be required to support the young person and their parents / carers. It recognises the importance of parents and family support for the child or young person throughout, therefore adopts a holistic approach to assessing the young person and their family.

The framework provides a model to assist all professionals within Safeguarding & Specialist Services, YJS ~~teams~~ and other agencies or services, who have contact with children and young people to conduct an initial assessment in order to:

- Identify potential risk of re-offending.
- Identify risk to either the young person or their actual / potential victim(s).
- Identify the young person's needs.
- Identify risk classification.

- Assess the young person's motivation and capacity to engage in services and plans.
- Identify the capacity of the parents / carers to support the young person.
- Suggest priorities for initial response.
- Consider referral into the Public Protection system.

In circumstances of alleged abuse by a child or young person which is an open case to the Children's Social Care the matter should be referred to the allocated social worker who will discuss with their Practice Supervisor to agree appropriate route through this procedure, as stated later in this document.

Consent

Consent should be sought by the lead agency, i.e. YJS or Integrated Front Door from parents and the young person in undertaking the Aim Assessment and in giving permission to contact agencies to inform the assessment. Where consent is not given and where there are safeguarding children concerns consideration must be given to overriding consent. Consideration should also be given to overriding consent where there are safeguarding concerns and where the risk would be raised by informing the family of the young person. Consent is also over ridden if the referral comes through on a statutory police outcome.

The Routes to an Assessment / Information Sharing Meeting (AIM)

The need to develop multi-agency risk management and care plans is not just restricted to those who have committed criminal offences. Rather, there is often a need to intervene before the young person's behaviour requires the intervention of the criminal justice system or when the criminal justice system is not seen as the most appropriate method of dealing with sexually harmful behaviour.

Route for Referral

The two routes to an AIM assessment/Information sharing meeting are:

- (a) Concern Route
- (b) Criminal Justice Route

The following criteria should be considered for each route prior to a referral being made:

Concern Route

Concern Route Criteria

These behaviours tend to go beyond normal exploration and experimentation generating a concern that indicates a problematic or harmful sexualised behaviour. The examples given are not exhaustive and any sexual behaviour that is considered inappropriate, after discussion with the line manager should be considered for referral to the HSB Panel. Professionals should use the Harmful Sexualised Behaviour Traffic Light Tool to aid identification of need.

Where concerns are around a child or young person who is below the age of criminal responsibility (under 10 years) the question of prosecution will not arise. Nevertheless, when an allegation is made, it is still important that the behaviour is reported and decisions made as to whether it is appropriate for an AIM assessment to be undertaken and/or the most appropriate course of intervention for the child and any alleged victim.

Where a child or young person displays sexually inappropriate behaviour but where there is no actual complaint or specific incident, HSB referral route should be followed. A multi-agency decision will be taken as to whether an AIM assessment (Concern Route) should be completed.

Where a decision has been made through the Criminal Justice Route that No Further Action should be taken, the Concern Route should be followed.

Concern Route Process

If any worker from any agency considers that the behaviour of any young person (of any age) is a cause for concern (in terms of sexually harmful behaviour) the Harmful Sexualised Behaviour Traffic Light Tool to aid assessment will be completed by the agency concerned. Whilst this tool supports assessment, it is not exhaustive and there needs to be a level of professional judgement when undertaking the Traffic Light Tool. Practitioners are advised to discuss assessment outcomes with line managers in supporting professional decision making.

If the traffic light tool indicates a Red concern professionals should speak to their line manager, record the incident and seek advice and guidance from HSB panel or follow safeguarding procedures and refer through to IFD for further advice and guidance.

IFD or HSB Panel will determine if the child or young person is (a) **not** currently receiving a service and (b) meets the criteria for consideration for an assessment or intervention.

IFD will ensure that the referrer is made aware of the Harmful Sexualised Behaviour referral routes and AIM process and will, using the "Criteria for Referral" agree whether the case is appropriate to be taken to HSB Panel for consideration for assessment or intervention. HSB panel meets monthly and considers referrals and pathways.

The purpose of the HSB panel meeting will be for all agencies to share relevant information and to develop an interim risk management plan / care plan. In addition, the meeting will decide whether a full AIM assessment is considered appropriate or appropriate level of support offered through intervention services and review cases to ensure outcomes are achieved and risk is reduced.

Where the AIM assessment criteria, has not been met, the child / young person and family will be supported through universal / multi-agency Early Help Assessment and Plan.

Should an AIM assessment be considered appropriate then the lead agency for completion of the assessment will be determined at the HSB panel and workers allocated to complete the assessment. The assessment will be completed within agreed timescales and will report back to HSB panel for multi-agency decision to be made regarding next steps.

The HSB Panel consists of partner agencies with a vested interest in the assessment, risk management, planning and intervention of children and young people, presenting with Harmful Sexualised Behaviour:

- Service Lead Chair

- Youth Justice Service
- HSB Trained Practice Supervisor Clinical Psychologist NAVIGO, Young Minds Matter
- Police Inspector Vulnerable Persons Unit
- Social Worker CASS children's safeguarding service
- Health Representation
- Representation - Alternative education
- Representation – Education Inclusion NELC
- Service manager – SEND LA
- Dedicated Business Support

The AIM Assessment is used to inform other statutory assessments, such as Children In Need Core Assessments, Single Assessments and Early Help Assessment.

Role of Lead Agency / Co-worker

The 'Lead Agency' is responsible for:

- Obtaining consent from the young person and family / carers to complete the AIM assessment.
- Gathering and collating relevant information.
- Liaising with other professionals.
- Interviewing the young person and family/carers.
- Completing the AIM assessment and ensuring its distribution.

The co-worker assists with all the above apart from obtaining consent and with distribution of the assessment. Please refer to [consent paragraph](#) of this document.

Criminal Justice Route

Criminal Justice Route Criteria

The AIM assessment process will apply to any child or young person between the age 10 - 17 years who has committed and/or an alleged sexual offence against children, adolescents, and adults, within the family, outside the family or against a stranger.

Whilst key decision-making regarding charging and the progression of cases will sit clearly with the Police / Crown Prosecution Service (CPS), this process is designed to improve informed decision making across partners in an attempt to achieve the most appropriate outcome for both victims and perpetrators.

Where a young person has denied the offence or makes a not guilty plea early AIMS assessment is **not** appropriate. However it may be completely appropriate for Vulnerable Children's Services IFD to risk assess the victim / family environment and to take necessary action to prevent future harm. In these circumstances it would be most appropriate to utilise AIMS trained staff.

Young people who have been subject to no further action following an allegation of sexually harmful behaviour may be considered as appropriate for referral via the ["Concern Route"](#).

All young people via the crime route where the intervention offered diverts the young person away from being prosecuted working in conjunction with the CPS and police will be managed by YJS AIM trained practitioners but under the guise of the AIM panel working

within a community setting to ensure the young person does not identify as a criminal and attach that label, the second assessor is ideally from another agency.

It will also be appropriate to assess some young people post-conviction whilst under supervision to the YOS.

Criminal Justice Route Process

When a child or young person (over the age of 10) is interviewed by the Police for an alleged offence of sexually harmful behaviour and an admission of guilt has been received a referral will be made by the Police to the YJS Spoc box or via court. An AIM assessment should always be considered prior to charge in these circumstances and the use of bail should be an option to allow time for the assessment to be completed.

Where a decision to charge has been made (i.e. due to the seriousness of the offence) the officer in charge will need to evidence the reason for not considering the AIM route at this stage. Following charge the police in the ~~Public Protection Unit (PPU)~~ will follow the above process.

This does not apply to a decision to take No Further Action. If a Police Officer has concerns about a young person for whom the decision is to take no further action, then the appropriate professionals (who may still be the police who do not have enough evidence for the criminal justice route but still have concerns) should follow the [“Concern Route.”](#) Making contact via IFD with the HSB referral pathway where a multi-agency decision is made as to whether a full AIM assessment is completed.

Where there is no admission of guilt or a not guilty plea is entered, professionals will need to allow legal processes to take their course unless the Police opt for an outcome 22. An AIM assessment would be most likely to take place post-conviction or change of plea stage in these circumstances. However, consideration of an AIM assessment being completed through the concern route, and safeguarding procedures can be considered but practitioners need to be mindful of the police investigation and ensure any assessments do not impact on any criminal investigation.

If IFD receive a contact / referral in relation to HSB, the IFD should consider a referral through to HSB panel even when a decision of NFA have been taken by the Police. Practice Supervisor in the Integrated Front Door who is working cases where Harmful Sexualised Behaviour is a concern should consider directing Social Workers to refer through to HSB panel for consideration of AIM assessment, risk management planning and appropriate intervention pathways based on individual needs.

If a full AIM assessment is agreed appropriate through the [“Criminal Justice Route”](#), then the lead agency for production of the assessment will be YJS, unless the young person is already an active case to children’s social care. If this is the case the AIM assessment will be undertaken jointly with the allocated social worker acting as co-worker in the assessment. In all cases the assessment will be conducted jointly (co-worked) and will be completed within agreed timescales.

The role of the [Lead Agency / Co-Worker](#) is as stated in the Concern Route.

The completed assessment will be discussed at the HSB panel as part of the reviewing process.

The key purposes of the second meeting will be to:

- agree the assessment and to develop a multi-agency risk management / care plan for the young person.
- Make recommendations to police in relation to decision making Ensure appropriate interventions based on assessment or multi agency decisions are in place.
- Review progress of the case and re-assess levels of risk and concern.

The AIM Assessment is used to inform other statutory assessments, such as Children in Need Core Assessments, Single Assessments, Youth Justice and Early Help Assessment.

Consideration must always be given at both meetings to the following:

- Whether the criteria for a referral is met to Multi-Agency Public Protection Arrangement (MAPP) / potentially dangerous person's procedure, via MAPP co-ordinator.
- Whether Restorative Justice Work would be beneficial considering the appropriateness of this in relation to assessment of risk and the victim's views.
- If the young person is attending school or other education resource, information must be shared and disseminated to Team Around the Family (TAF) in accordance to information sharing protocol

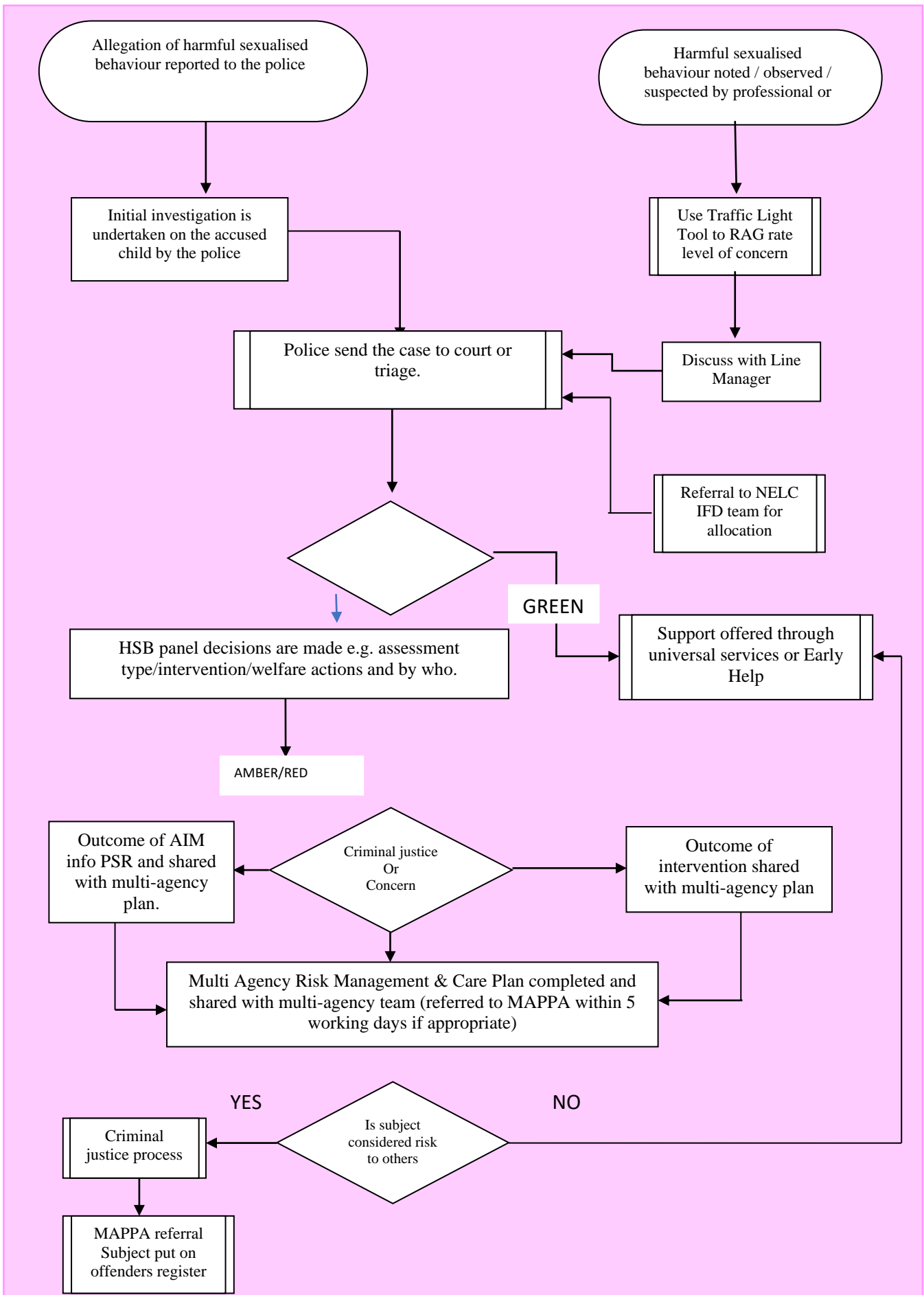
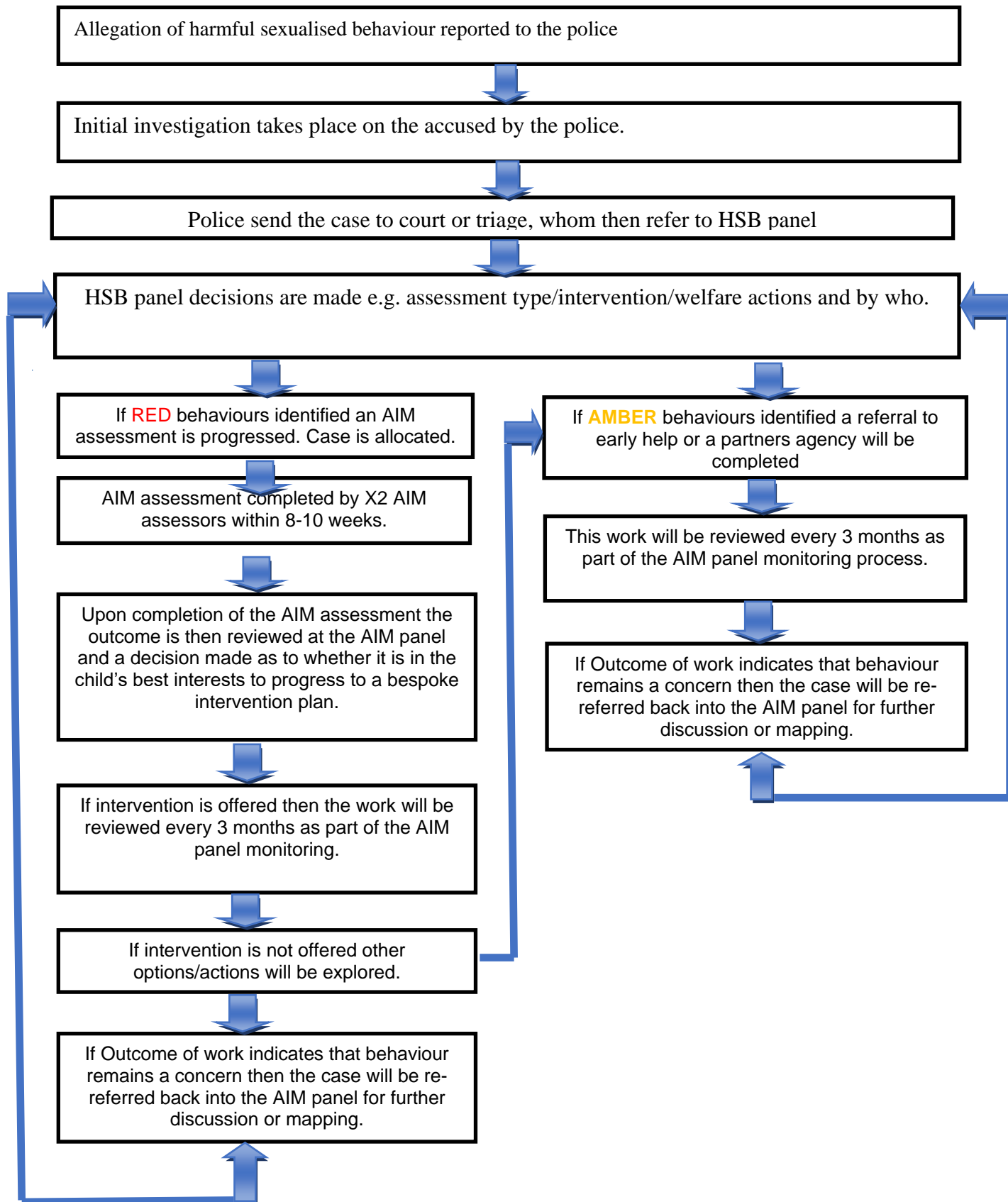


Figure 1 **If Young person is convicted and meets MAPPA criteria then it goes to MAPPA**

Harmful Sexualized Behaviour Referral Process Flowchart



Information for Good Practice: The AIM Model

It is essential that the lead agency / practitioner are trained in the use of the AIM if undertaking assessments.

If a YOS worker acts as the 'appropriate adult' in a Police and Criminal Evidence (PACE) interview of a child or young person, it is not appropriate for that worker to subsequently undertake the assessment.

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

If the victim has a Social Worker, s/he must not be directly involved in the assessment.

Consideration needs to be taken that the child or young person might not remain living with their family during the assessment and / or treatment process as they may be considered a risk to other children in the household.

Consideration should always be given to ensure that legal processes are not interfered with. This can be achieved through clear communication with all parties and should always include the alleged person's solicitor.

Where the young person and / or their families have a different preferred language from the assessors, or there are mental health issues, learning disabilities or physical health issues, arrangements must be made to ensure equal access to service provision, e.g. interpretation or advocacy services. These arrangements will be considered and addressed at the initial AIM / Information Exchange Meeting.

When a child or young person is an open case to Vulnerable Children's Services, consideration needs to be given on existing risk assessments / assessments in relation to the child and his / her on-going harmful sexualised behaviour. Professionals should consider whether these are sufficient in meeting needs in relation to risk and harm or whether further assessment through the AIM process would provide added value and additional insight. Decision should be clearly recorded on relevant electronic systems and shared with appropriate agencies involved.

AIM Assessment Report

- The assessment report will provide an assessment of risk and need.
- The assessors will share the report with the young person and their parents and note any areas of disagreement before sharing it with other professionals.

Appendix 1 – Sexualised Behaviour Model (the “Traffic Light Tool”)



Introduction

The Brooke Sexual behaviours Traffic light tool 2012 was developed by "Brook" and should be used alongside the North East Lincolnshire Local Safeguarding Children Board "Harmful Sexualised Behaviour Practice Guidance and the "Threshold of Need and Response / Child Concern Model". The Traffic Light tool supports professionals to work to the same criteria using a unified approach to assessing sexual behaviours when working with Children and Young People. The model is consistent with the "Threshold of Need and Response / Child Concern model" in providing guidance in assessing the factors impacting on children and young people and in identifying the appropriate level of support / intervention required.

A guide to assessing sexual behaviours

This innovative resource is based on the original 'Traffic Light Framework' developed by Family Planning Queensland in Australia and has been adapted for use within the UK. The resource uses a traffic light tool to categorise the sexual behaviours of young people, to help professionals:

- Make decisions about safeguarding children and young people
- Assess and respond appropriately to sexual behaviour in children and young people
- Understand healthy sexual development and distinguish it from harmful behaviour

By identifying sexual behaviours as green, amber or red, professionals across different agencies can work to the same criteria when making decisions and protect children and young people with a unified approach.

This resource has been designed to help professionals think through their decisions and does not replace organisational procedures or assessment frameworks.

The resource

Using the resource, professionals can learn to identify, assess and respond to sexual behaviour in children and young people in a confident and appropriate manner.

The resource is based on current knowledge and research and should be used within the context of your own policies, legal frameworks and competencies, and in conjunction with other relevant assessment tools. It is not intended to replace organisational procedures or assessment frameworks; neither does it cover all presenting behaviours.

The behaviours identified in the tool are examples used to show the differences between healthy and unhealthy sexual development. The resource does not aim to define how

children and young people should behave, but to show which behaviours are a natural part of growing up and exploring sexuality, and which are problematic and may need intervention or support.

Professionals who work with children and young people have told us they often struggle to identify which sexual behaviours are potentially harmful and which represent healthy sexual development. It is vital that professionals agree on how behaviours should be categorised regardless of culture, faith, beliefs, and their own experiences or values.

By using a standardised normative list we hope to enable professionals across different agencies to use the same criteria when making decisions, thereby creating a unified approach to protecting children and young people.

Sexual behaviour

Knowing how to take a positive view and recognise healthy sexual behaviour in children and young people helps to support the development of healthy sexuality and protect children and young people from harm or abuse.

Many expressions of sexual behaviour are part of healthy development and no cause for concern. However, when children or young people display sexual behaviour that increases their vulnerability or causes harm to someone else, adults have a responsibility to provide support and protection.

It may be misleading to label behaviours displayed by young children in the birth to 5 categories, or even the 5 to 9 category, as 'sexual'. A child who plays with his or her genitals may or may not be seeking sexual pleasure.

It is not clear how aware younger children are of sexual feeling, and behaviours are more likely to be seen as sexual because of the perception of the adult making the observation.

Influences

Many factors influence sexual behaviour, including:

- Lack of sex and relationships information
- Lack of privacy
- Boredom, loneliness, anxiety, confusion or depression
- Family/carer conflict or information and support needs
- Lack of rules, appropriate consequences or boundaries
- Emotional, physical or sexual abuse
- Sexual exploitation and/or trafficking
- Communication difficulties
- Sexual excitement or curiosity
- Attention or relationship needs
- Gender issues
- Copying the behaviour of other children and young people
- Copying behaviours seen on the internet or TV

Identifying any of these factors may help you to decide on the most appropriate intervention. However, this is not an exhaustive list and you may need specialist support to clearly identify the reason for the behaviour and the correct intervention.

Dealing with unhealthy sexual behaviour at an early stage can help to prevent subsequent sexually harmful behaviours from developing. Professionals can begin to help young people change their traffic lights from red to amber and / or from amber to green.

Vulnerability

All children and young people are potentially at risk of harm, though some groups – for example, children and young people who have a disability, have been abused, or have experienced other disruptions to their development or socialisation – may be at increased risk of exposure to, or of developing, unhealthy sexual behaviours. It is important to recognise that in these cases extra support and guidance may be needed.

- Is the behaviour excessive, coercive, degrading or threatening?
- Is the behaviour occurring in a public or private space? How does this affect the colour categorisation?
- Are other children or young people showing signs of alarm or distress as a result of the behaviour?

Female genital mutilation (FGM)

Female genital mutilation (FGM), also known as female circumcision or female genital cutting, is defined by the World Health Organisation as being "all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reason".

It has not been included in the normative lists as it is not behaviour. FGM is illegal in this country and it is also illegal to take a child out of the country for FGM. FGM is always a safeguarding issue. However, if it is suspected that a child or young person may be at risk or has been subjected to FGM, this should be treated as a red indicator.

Children, young people, sex and the law

The legal age for children and young people to consent to sex is 16 whether they are straight, gay or bisexual. However, young people are unlikely to be prosecuted for mutually agreed sexual activity where there is no evidence of exploitation.

The law does not affect young people's right to confidential advice on contraception, condoms, pregnancy and abortion, or their ability to consent to treatment, even if they are under 16.

Sexual offences legislation in all parts of the United Kingdom assumes that children and young people under 13 do not have the capacity to consent to sexual activity.

It is illegal for an adult who is in a position of trust to a child or young person under the age of 18, such as a teacher or carer, to have sex with them.

The law covers all intercourse, other penetration or sexual touching of a child. It includes sexual touching of any part of their body, clothed or unclothed, either with a body part or with an object.

It is also against the law to persuade a child to take part in sexual activity, to engage in sexual activity in their presence, to cause them to watch a sexual act (including videos, photographs or on websites) or to arrange to meet them following sexual grooming.

Consent

Sexual offences legislation provides statutory definitions of consent that are relevant in the case of offences such as rape, sexual assault and other non-consensual offences.

Sexual offences legislation in all parts of the United Kingdom assumes that children and young people under 13 do not have the capacity to consent to sexual activity.

In England, Wales and Northern Ireland a person is deemed to consent if she / he agrees by choice and has the freedom and capacity to make that choice. A person may not have the freedom to consent because she/he is forced by, for example, violence or threat of violence, to engage in sexual activity. A person may not have the capacity to consent to sexual activity because, for instance, they have a mental disorder.

Recognising the challenges of personal and professional values

Many professionals say they experience a 'gut feeling' when children or young people they are working with are at risk of harm, or of harming others. This resource is designed to support that instinct by helping professionals make effective assessments and decisions.

It is important when making decisions about children and young people that professionals acknowledge that they have their own personal judgements, beliefs and values that could affect their choices. If behaviour is deemed 'inappropriate' by one professional but does not concern another, young people are more likely to get mixed messages about their sexuality and behaviour.

Beliefs

Culture, beliefs and ethnicity play a vital and challenging role when assessing and responding to sexual behaviour. What is considered 'acceptable' sexual behaviour differs vastly from community to community. It is important to consider that this resource is focused on protecting young people from harm and that this does not differ within the context of beliefs. Where sexual behaviours are considered to be a safeguarding issue, procedures must be adhered to regardless of culture and beliefs within communities.

Challenging assumptions about gender

Professionals and parents often feel different levels of concern dependent on the gender of the child or young person displaying sexual behaviours. It is important to challenge these concerns and to think about why a behaviour may be considered acceptable for one gender but not for the other. These reactions are likely to be based on personal values, beliefs or social assumptions.

Challenging assumptions about sexuality

Young people become aware of their sexual orientation at different ages and a range of factors will impact at what age they feel safe and ready to explore their sexual orientation and to tell others about it. If a young person comes out as lesbian, gay or bisexual then

Whatever their age, they should be taken seriously and provided with age-appropriate information and guidance.

It is safe and healthy for all young people, whether they are straight, lesbian, gay or bisexual to begin exploring healthy sexual behaviour. However, professionals often regard sexual contact between young people of the same sex with greater concern than they would regard the same sexual contact between young people of the opposite sex.

The sexual development of lesbian, gay and bisexual young people does not in itself require intervention. If professionals react to behaviour simply because it is taking place between two young people of the same sex, it could lead to those young people feeling ashamed about engaging in what is normal healthy behaviour. It sends the message that there is something 'wrong' with the way their sexuality is developing.

There are things that may legitimately give concerns about the sexual behaviour of young people and may lead to an intervention such as if there were a significant age or developmental difference between the partners or the relationship seemed coercive or abusive. Such things would raise concern regardless of whether that behaviour involves someone of the same sex or opposite sex.

The internet and the media

Children and young people are increasingly exposed to a variety of sexual content through the internet. The accessibility of potentially harmful sexual information, imagery and pornography causes concern from professionals, parents and carers. It is vital that young people are given robust and appropriate sex and relationships education to help them process and question this information.

Using the tool

The traffic light tool lists examples of green, amber and red behaviours within four different age groups. These are examples only and must be considered in context.

The age categories deliberately overlap to demonstrate the fluidity and variable nature of development. These are indicative, and understanding may vary. The 13 to 17 age category may also be a useful guide for vulnerable young people, or young people with physical or learning disabilities, up to age 25.

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

Sexual development is influenced by many factors. When using the traffic light tool to categorise behaviour, it is necessary to consider the current social, cultural, legal, community and familial context.

What if the presenting behaviour is not in the normative list?

The normative list provides examples of the types of behaviours that would sit within each colour category. If the presenting behaviour is not given as an example it may be useful to consider the following questions:

- Is the behaviour consensual for all children or young people involved?
- Is the behaviour reflective of natural curiosity or experimentation?

- Does the behaviour involve children or young people of a similar age or developmental ability?
- Is the behaviour unusual for that particular child or young person?

Process/ What Next

The child/ young person's presenting behaviour/s should be assessed by involved professionals against the criteria within the Traffic light tool (please see matrix Page 10). The Traffic light tool will assist professionals in identifying and in assessing sexual behaviour in children and young people. The tool should be used alongside the Child Concern Model. Please refer to the NEL SCP "Harmful Sexualised Practice Guidance".

Professionals should discuss concerns with their line manager/ designated child protection officer and follow the process below.

I have identified a green behaviour

Green behaviours reflect safe and healthy sexual development. They are:

- Displayed between children or young people of similar age or developmental ability
- Reflective of natural curiosity, experimentation, consensual activities and positive choices

Child concern model (Level 1 Universal) – Amber behaviours are consistent with the child/ young person's needs being met through universal service provision.

Expressing sexuality through sexual behaviour is natural, healthy and a part of growing up. Green behaviours provide an opportunity to positively reinforce appropriate behaviour, and to provide further information and support.

All children and young people have the right to relationships and sex education which equips them with the information and skills they need to form healthy and positive sexual relationships and keep their traffic lights green.

I have identified an amber behaviour

Amber behaviours have the potential to be outside of safe and healthy development. They may be:

- Unusual for that particular child or young person
- Of potential concern due to age or developmental differences
- Of potential concern due to activity type, frequency, duration or the context in which they occur.

Amber behaviours signal the need to take notice and gather information to consider appropriate action.

Recognising that behaviour may be unhealthy is the first step in a process. Please refer to the NELSCP Harmful sexualised behaviour guidance above. You may be required, or feel it is necessary, to inform your safeguarding lead or another member of staff.

Amber behaviours cannot be ignored, and it is important to think through the options available to you. Consider why the behaviours may be being displayed, and, where possible, gather further information and continue to monitor behaviour.

Child concern model (Level 2 Vulnerable) - Amber behaviours may indicate that the young person has additional needs that cannot be met by universal services but may be met by an additional piece of work. An example is where there is an isolated incident as opposed to a number of repeated incidents. **When a multi-agency piece of work is required the Early Help Services will need to be initiated at this level.**

Child concern model (Level 3 Complex) – Where there are a number of repeated incidents rather than an Early Help incident it may be indicated that the young person has more significant or complex needs and may meet the criteria for statutory involvement as a child in need. **Professionals should speak to their line manager / designated child protection officer, monitor and record the behaviours and seek advice from the Integrated Front Door.**

The Integrated Front Door will determine if the child/ young person is (a) not currently receiving services (b) meets the criteria for AIM (Assessment, Intervention and Management) information sharing exchange meeting through the “Concern process”

I have identified a red behaviour

Red behaviours are outside of safe and healthy behaviour. They may be:

- Excessive, secretive, compulsive, coercive, degrading or threatening.
- Involving significant age, developmental or power differences.
- Of concern due to the activity type, frequency, duration or the context in which they occur.

Red behaviours indicate a need for immediate intervention and action, though it is important to consider actions carefully. When determining the appropriate action, identify the behaviour, consider the context and be guided by:

- Relevant national legislation and guidance
- Organisational policies, procedures and guidance
- Human rights
- The identified risks or needs of the young person
- The potential or real risks to others

Child concern model (Level 4 Severe) –Red behaviours indicate that the child / young person has acute needs and is at risk of significant harm and may present a risk of other children / young people. **Professionals should speak to their line manager / designated child protection officer, record the behaviours and make a referral for consideration for Single Assessment and where the case is open to Children’s Social Care.**

MASH will determine if the child/ young person is (a) not currently receiving services (b) meets the criteria for AIM (Assessment, Intervention and Management) information sharing exchange meeting through the “Concern process”.

I am not a professional working with young people. Where can I go for help?

If you are not a professional working within an organisation with internal procedures or frameworks, please refer to the NELSCP guidance

In addition you may want to consider contacting a Specialist organisation that can advise you. These include:

- Young people's sexual health services: call Ask Brook on 0808 802 1234 for details
- Contraceptive and sexual health services: call FPA on 0845 122 8690
- Stonewall, the lesbian, gay and bisexual charity: 08000 502020
- NSPCC Helpline: 0800 800 5000 (England and Wales)
- National Child Protection Line: 0800 022 3222 (Scotland)
- Child Exploitation and Online Protection Centre (CEOP): 0870 000 3344
- Your local authorities' children's services 01472 325555
- Stop it Now!: 0808 1000 900 or www.stopitnow.org.uk
- Parents Protect!: 0808 1000 900 or www.parentsprotect.co.uk

Print date of Sexualised Behaviour Model only: 17/08/2012 – Brook has taken every care to ensure that the information contained in this publication is accurate and up-to-date at the time of being published. As information and knowledge is constantly changing, readers are strongly advised to use this information for up to one month from print date.

Brook accepts no responsibility for difficulties that may arise as a result of an individual acting on the advice and recommendations it contains.

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GREEN BEHAVIOURS	0 to 5 years	5 to 9 years	9 to 13 years	13 to 17 years
<p>Green behaviours reflect safe and healthy sexual development. They are:</p> <ul style="list-style-type: none"> displayed between children or young people of similar age or developmental ability reflective of natural curiosity, experimentation, consensual activities and positive choices 	<ul style="list-style-type: none"> holding or playing with own genitals attempting to touch or curiosity about other children’s genitals attempting to touch or curiosity about breasts, bottoms or genitals of adults games e.g. mummies and daddies, doctors and nurses enjoying nakedness interest in body parts and what they do curiosity about the differences between boys and girls 	<ul style="list-style-type: none"> solitary masturbation curiosity about other children’s genitals curiosity about sex and relationships, e.g. differences between boys and girls, how sex happens, where babies come from, same-sex relationships sense of privacy about bodies telling stories or asking questions using swear and slang words for parts of the body 	<ul style="list-style-type: none"> solitary masturbation use of sexual language including swearing and slang words having girl/ boyfriends who are of the same or opposite gender interest in popular culture, egg fashion, music, media, online games, charting online need for privacy consensual kissing, hugging, holding hands with peers 	<ul style="list-style-type: none"> solitary masturbation sexually explicit conversations with peers obscenities and jokes within the current cultural norm interest in pornography use of internet/e-media to chat online sexual activity including hugging, kissing, holding hands

<p>AMBER BEHAVIOURS</p>	<p>0 to 5 years</p>	<p>5 to 9 years</p>	<p>9 to 13 years</p>	<p>13 to 17 years</p>
<p>Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be:</p> <ul style="list-style-type: none"> • unusual for that particular child or young person • of potential concern due to age, or developmental differences • of potential concern due to activity type, frequency, duration or context in which they occur 	<ul style="list-style-type: none"> • preoccupation with adult sexual behaviour • pulling other children’s pants down/skirts up/trousers down against their will • talking about sex using adult slang • preoccupation with touching the genitals of other people • following others into toilets or changing rooms to look at them or touch them • talking about sexual activities seen on TV/online 	<ul style="list-style-type: none"> • questions about sexual activity which persist or are repeated frequently, despite an answer having been given • sexual bullying face to face or through texts or online messaging • engaging in mutual masturbation • persistent sexual images and ideas in talk, play and art • use of adult slang language to discuss sex 	<ul style="list-style-type: none"> • uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual • verbal, physical or cyber/virtual sexual bullying involving sexual aggression • LGBT (lesbian, gay, bisexual, transgender) targeted bullying • exhibitionism, e.g. flashing or mooning • giving out contact details online • viewing pornographic material • fear of pregnancy/STIs 	<ul style="list-style-type: none"> • concern about body image • taking and sending naked or sexually provocative images of self or others • Early Help occurrence of peeping, exposing, mooning or obscene gestures • giving out contact details online • joining adult- only social networking sites and giving false personal information • arranging a face to face meeting with an online contact alone • consenting oral and/or penetrative sex with others of the same or opposite gender who are of similar age and developmental ability

RED BEHAVIOURS	0 to 5 years	5 to 9 years	9 to 13 years	13 to 17 years
<p>Red behaviours are outside of safe and healthy behaviour. They may be:</p> <ul style="list-style-type: none"> excessive, secretive, compulsive, coercive, degrading or threatening involving significant age, developmental, or power differences of concern due to the activity type, frequency, duration or the context in which they occur 	<ul style="list-style-type: none"> persistently touching the genitals of other children persistent attempts to touch the genitals of adults simulation of sexual activity in play sexual behaviour between young children involving penetration with objects forcing other children to engage in sexual play 	<ul style="list-style-type: none"> frequent masturbation in front of others sexual behaviour engaging significantly younger or less able children forcing other children to take part in sexual activities simulation of oral or penetrative sex sourcing pornographic material online 	<ul style="list-style-type: none"> exposing genitals or masturbating in public distributing naked or sexually provocative images of self or others sexually explicit talk with younger children sexual harassment arranging to meet with an online acquaintance in secret genital injury to self or others forcing other children of same age, younger or less able to take part in sexual activities sexual activity e.g. oral sex or intercourse presence of sexually transmitted infection (STI) evidence of pregnancy 	<ul style="list-style-type: none"> exposing genitals or masturbating in public preoccupation with sex, which interferes with daily function sexual degradation/humiliation of self or others attempting/forcing others to expose genitals sexually aggressive/exploitative behaviour sexually explicit talk with younger children sexual harassment non-consensual sexual activity use of/acceptance of power and control in sexual relationships genital injury to self or others sexual contact with others where there is a big difference in age or ability sexual activity with someone in authority

RED BEHAVIOURS	0 to 5 years	5 to 9 years	9 to 13 years	13 to 17 years
				and in a position of trust <ul style="list-style-type: none">• sexual activity with family members• involvement in sexual exploitation and/or trafficking• sexual contact with animals• receipt of gifts or money in exchange for sex